



Review

# Child Welfare Reform: A Scoping Review

Jill R. McTavish <sup>1,\*</sup> , Christine McKee <sup>1</sup>, Masako Tanaka <sup>1</sup> and Harriet L. MacMillan <sup>1,2</sup>

<sup>1</sup> Offord Centre for Child Studies, Department of Psychiatry and Behavioural Neurosciences, McMaster University, 293 Wellington Street North, Hamilton, ON L8L 8E7, Canada

<sup>2</sup> Department of Pediatrics, McMaster University, 1280 Main Street West, Hamilton, ON L8S 4K1, Canada

\* Correspondence: mctavisj@mcmaster.ca

**Abstract:** While there have been ongoing calls to reform child welfare so that it better meets children's and families' needs, to date there have been no comprehensive summaries of child welfare reform strategies. For this systematic scoping review, we summarized authors' recommendations for improving child welfare. We conducted a systematic search (2010 to 2021) and included published reviews that addressed authors' recommendations for improving child welfare for children, youth, and families coming into contact with child welfare in high-income countries. A total of 4758 records was identified by the systematic search, 685 full-text articles were screened for eligibility, and 433 reviews were found to be eligible for this scoping review. Reviews were theoretically divided, with some review authors recommending reform efforts at the macro level (e.g., addressing poverty) and others recommending reform efforts at the practice level (e.g., implementing evidence-based parenting programs). Reform efforts across socioecological levels were summarized in this scoping review. An important next step is to formulate what policy solutions are likely to lead to the greatest improvement in safety and well-being for children and families involved in child welfare.

**Keywords:** child maltreatment; child welfare; child protection; reform; scoping review; policy



**Citation:** McTavish, J.R.; McKee, C.; Tanaka, M.; MacMillan, H.L. Child Welfare Reform: A Scoping Review. *Int. J. Environ. Res. Public Health* **2022**, *19*, 14071. <https://doi.org/10.3390/ijerph192114071>

Academic Editor: Paul B. Tchounwou

Received: 20 September 2022

Accepted: 24 October 2022

Published: 28 October 2022

**Publisher's Note:** MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



**Copyright:** © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

Child maltreatment includes physical, sexual, and emotional abuse, neglect, and children's exposure to intimate partner violence [1,2]. It is a prevalent experience with many potentially serious negative consequences, such as injuries, developmental delay, anxiety and mood disorder symptoms, poor peer relationships, substance use and other risky behaviours [3–7]. Gilbert and colleagues [8] have specified two approaches to the response of child maltreatment: a child safety approach, where government-based agencies are responsible almost entirely for the response to child maltreatment; and a child and family welfare approach, where child welfare organizations respond to allegations of child maltreatment alongside referrals regarding other vulnerable children. The former involves a more investigative response whereas the latter involves more of a preventative and service-oriented response. At the time of publication, Gilbert et al. [8] noted that Canada, the United States, and Australia have taken a child safety approach, whereas New Zealand, the United Kingdom, and several western European countries have taken a child and family welfare approach.

In this article we refer to child welfare as a set of government and private services primarily designed to protect children from child maltreatment, encourage family stability, and, when necessary, arrange foster care and adoptions and child protection services (CPS) as a narrower set of services within child welfare that investigate allegations of child maltreatment [9]. Data from several countries suggests a high cumulative number of children are being investigated for experiences of maltreatment—in New Zealand approximately 25% of children were referred to CPS by age 18 [10] and in the United States 37.4% were referred by age 18 [11]. Certain groups are more likely to come into contact with CPS than others related to a complex array of factors, including colonialism, racism, discrimination,

and poverty [12,13]. For example, data from the 2019 First Nations Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) reported on child welfare investigations involving First Nations and non-Indigenous children. This study found that, in Canada, First Nations youth are 3 to 4 times more likely to be the focus of a child protection report and 17 times more likely to experience an out-of-home placement related to a CPS investigation [12].

In general, the evidence regarding the effects of child welfare contact on children is absent or mixed [14,15]. It is challenging to assess the benefits and harms of child welfare interventions, including out-of-home care, as it is unclear if the differences between groups are reflective of the services or differences in a broad range of baseline factors, including socioeconomic status, caregiver educational status, immigration status, family risks, child welfare worker propensity to place children, and children's safety and well-being at the time of placement [16–21]. There has been increasing recognition of the high service demands on CPS and child welfare more broadly in high-income countries [22], as well as ongoing calls to reform child welfare so that it better meets children's and families' needs [23–26]. While much attention has been paid to the need for primary prevention of child maltreatment [27–37], to date there have been no comprehensive summaries of authors' recommendations for improving child welfare (secondary and tertiary prevention efforts involving child welfare).

This scoping review of reviews summarized authors' recommendations for improving child welfare. This review was guided by the following research question: What are authors' recommendations for improving child welfare across socioecological levels, including at the societal-level (e.g., policy), community-level (e.g., coordination of services), institutional level (e.g., child welfare initiatives), relationship level (e.g., ideal strategies to support children and families), and individual level (e.g., training)? A summary of author-proposed child welfare solutions across socioecological levels is important for policy and practice efforts to improve child welfare responses, including informing next steps for child welfare reform.

## 2. Materials and Methods

The present review followed principles of a systematic scoping review. According to Daudt et al. [38], a scoping review is a type of research synthesis that aims to “map the literature on a particular topic or research area and provides an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research” (p. 8). While systematic reviews tend to have clear a priori inclusion and exclusion criteria, scoping reviews are guided by broader research questions related to mapping the literature base [39]. Unlike systematic reviews, scoping reviews also do not evaluate the quality of included studies. Most scoping reviews do not aim to synthesize the existing evidence base, but to map or chart the data within the evidence base. Systematic scoping reviews, alternatively, blend characteristics of systematic reviews and scoping reviews and require the following: an a priori protocol, descriptions about the objectives of the review, inclusion and exclusion criteria (at least the population, concept, and context), and methods for conducting the review [39]. Below we detail the proposed methods for the present systematic scoping review. An earlier version of this review was funded in a project to investigate child welfare reform in Canada, which led to the focus on high-income countries.

### 2.1. Inclusion Criteria

Systematic scoping reviews typically specify included populations, as well as the focusing ‘concept’ and ‘context’ of the review (see Table 1). In this scoping review we included reviews that addressed authors' recommendations for improving child welfare for children, youth, and families coming into contact with child welfare in high-income countries. Reviews that focused on child maltreatment only (e.g., etiology, risk and protec-

tive factors, or health outcomes of child maltreatment) without discussing aspects of child welfare reform were not included.

**Table 1.** Inclusion criteria.

Category	Inclusion Criteria
Population	Children, youth (0–25 years of age) and families with prior or current involvement with child welfare.
Concept	Study author recommendations to improve child welfare at the societal-level (e.g., policy), community-level (e.g., coordination of services), institutional-level (e.g., child welfare initiatives), relationship-level (e.g., social worker skills), and individual-level (e.g., training).
Context	Peer-reviewed reviews that summarized recommendations to improve child welfare in high-income countries. Reviews could include systematic reviews, meta-analyses, qualitative reviews (e.g., meta-syntheses), rapid reviews, scoping reviews, and narrative reviews.
Timeline	2010 to 2021 (when the search was conducted)

## 2.2. Systematic Search

The systematic search was conducted by an information professional (JRM). Index terms and keywords related to child welfare and out-of-home care (e.g., foster care, out-of-home care, child protection investigation) and reviews (e.g., scoping review, meta-analyses) were used in the following databases: Medline (OVID), PsycINFO, Sociological Abstracts, and Social Science Citation Index (see Table 2 for an example search strategy). Databases were searched for results from the past 10 years (1 January 2010 to 4 June 2021, when the search was conducted). Titles and abstracts and full-text articles were screened by one author (JRM) for inclusion and a second author (CM) screened all excluded titles and abstracts and full-text articles to ensure relevant articles were not excluded. Differences in screening decisions were resolved by consensus.

**Table 2.** Example of database search strategy.

Example of Database Search Strategy
Database: Ovid MEDLINE(R) ALL <1946 to June 04, 2021> Search Strategy:
1 Child Protective Services/ (602) 2 (child * adj3 (welfare or aid)).tw, kw. (5015) 3 (child * protect * adj3 (service? or agenc * or organi?ation?)).tw, kw. (1560) 4 ("foster care" or "foster home?" or "residential care" or "kin care" or "kinship care"). tw. (6280) 5 (out-of-home adj3 (placement? or care)). tw. (894) 6 or/1-5 (12838) 7 exp child/ or exp infant/ (2552666) 8 (child * or girl or girls or boy or boys or infant * or baby or babies or toddler * or preschool * or pre-school * or "young person" or "young people" or teen * or adolescen * or youth *).tw. (2106256) 9 or/7-8 (3282693) 10 6 and 9 (9547) 11 meta-analysis/ or "systematic review" / or review/ (2915611) 12 (review? or meta-analy * or metaanaly * or metasynthe * or meta-synthe * or (information adj2 synthesis) or (data adj2 synthesis)).tw. (1971484) 13 ((systematic or state-of-the-art or scoping or literature or umbrella) adj3 (review * or bibliographic * or overview * or assessment *)).tw. (512487) 14 "scoping study".tw. (339) 15 or/11-14 (3640612) 16 10 and 15 (1374) 17 limit 16 to yr="2010 -Current" (752)

### 2.3. Data Analysis

Data analysis summarized the included reviews with attention to the: number of reviews published; type of review (e.g., meta-analysis, rapid review); populations included in reviews (e.g., children, parents, or families involved in child welfare or out-of-home care, child welfare professionals, foster carers); and thematic focus of the included review (e.g., health sector interventions and outcomes, child welfare sector interventions and outcomes, international focus). Data was primarily drawn from the article title, abstract, study inclusion criteria, and methods. For some narrative reviews, such as those without a methods section, information was drawn from the entire article. Analysis also summarized the socioecological level of authors' recommendations to improve child welfare (e.g., policy-related versus institutional proposal for reform). The socioecological model is commonly used in violence prevention research to outline the range of factors influencing risk and prevention of violence [40]. The model was used in the present scoping review to organize and analyze trends and gaps in authors' recommendations for child welfare reform. This information was primarily drawn from the discussion of included articles. For some narrative reviews, such as those without a clear discussion section or those that offered recommendations throughout, information was drawn from the entire article.

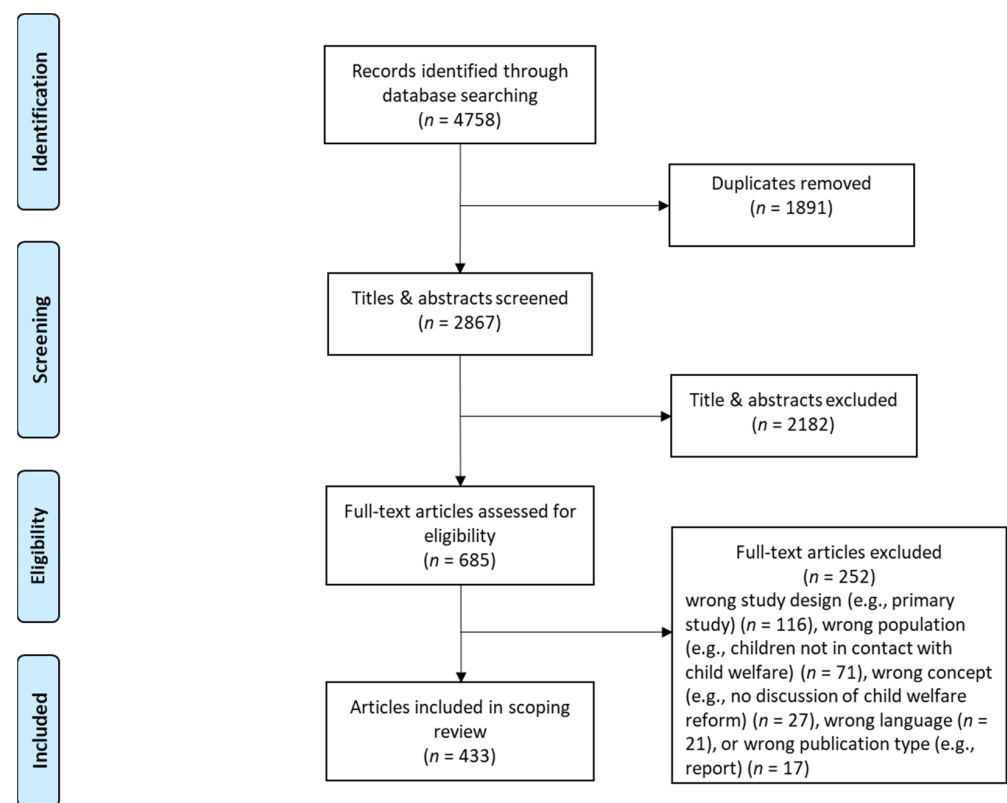
Codes for types of reviews reflected review authors' descriptions of their work; review methods were not scrutinized to determine the accuracy of the authors' descriptions of their work. For example, if the authors of a review called their work a systematic review in the title or methods, it was labelled as a systematic review even if it did not critically appraise articles. Reviews that did not identify their work as a specific type of review were labelled as narrative reviews. Population data was primarily drawn from the review's inclusion criteria, if available. One code for the population was preferred, when possible. For example, if the review included children in "out-of-home care" the population was coded as "out-of-home care, children" unless it was obvious that results were only provided for children in a specific type of out-of-home care (e.g., only children in foster care). However, there were many instances where reviews addressed multiple populations, such as children in foster care and foster carers, in which case both populations were coded.

Coding for the main theme of the review and authors' recommendations for child welfare reform was primarily inductive and akin to a high-level thematic analysis [41]. Thematic analysis involves familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing up the themes in a manuscript form. For data analysis, one author (JRM) reviewed all the articles and developed a high-level coding scheme for the thematic focus of articles and authors' recommendations for child welfare reform. For the thematic focus of the articles, two authors (CM, MT) then used the coding scheme to independently code 10 percent ( $n = 45$ ) of the included articles using the coding scheme. Differences between the primary authors (JRM) and other authors coding (CM, MT) were then discussed, the coding scheme was refined, and used by the primary author to recode all of the articles.

To analyze the authors' recommendations for improvement, one author (JRM) coded recommendations for approximately half the included articles (codes were typically found in the discussion, as mentioned above) and developed a coding scheme. Two other authors (CM, MT) coded 10% of additional articles ( $n = 45$ ) using this coding scheme. The coding scheme was then updated by both expanding it to include additional, needed codes (e.g., mental health, intimate partner violence) and collapsing it to merge less-used codes (e.g., "disability" was placed under "complex needs"). Following this, each author (CM, HLM, JRM, MT) coded approximately a quarter of articles with the coding scheme for authors' recommendations for improvement.

### 3. Results

A total of 4758 records was identified in the systematic search, 2867 titles and abstracts were screened, and 685 full-text articles were screened for eligibility. A total of 433 were found to be eligible for this scoping review (see Figure 1).



**Figure 1.** PRISMA flow diagram.

### 3.1. Types of Reviews

Table 3 indicates the types of reviews addressed by included articles. The majority of reviews were narrative reviews, followed by systematic reviews, scoping reviews, meta-analyses, integrative reviews, rapid reviews, and meta-syntheses. One mapping review was also included. Narrative reviews [42] “generally are comprehensive and cover a wide range of issues within a given topic” (p. 104) and tend to provide an overview of “background knowledge, evolving concepts and controversy” (p. 104) within a field. Systematic reviews [43] generally involve a summary of literature “that uses explicit and reproducible methods to systematically search, critically appraise, and synthesize [literature] on a specific issue” (p. 10). Scoping reviews [38], as discussed above, “map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research” (p. 8). Meta-analyses [43] involve “the combination of data from several independent primary studies that address the same question to produce a single estimate like the effect of treatment or risk factor” (p. 10). Integrative reviews [44] are a broad type of research review that allow for the “inclusion of experimental and non-experimental research in order to more fully understand a phenomenon of concern” (p. 547). Rapid reviews [45] are “a form of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner” (p. 2). Meta-syntheses [46] involve “the systematic review and integration of findings from qualitative studies” (p. 1). Mapping reviews [47] are like scoping reviews in that they “map out and categorize existing literature” (p. 94) but their results tend to be more visual compared to scoping reviews.

**Table 3.** Types of Reviews.

	Count <sup>1</sup>
Narrative reviews	249
Systematic reviews	118
Scoping reviews	31
Meta-analyses	23
Integrative reviews	8
Rapid reviews	5
Meta-syntheses	3
Mapping review	1

<sup>1</sup> Some reviews were both systematic reviews and meta-analyses, so a sum of the counts does not equal the total number of included articles ( $n = 433$ ).

### 3.2. Population Focus

As is shown in Table 4, the majority of reviews focused on out-of-home care, followed by families (families, parents, children) involved with child welfare. Some articles also focused on child welfare organizations, child welfare professionals, and interdisciplinary initiatives (e.g., children’s advocacy centres or family drug courts).

**Table 4.** Population Focus of Included Articles.

	Count <sup>1</sup>
Involved with child welfare	128
• Families	51
• Parents	22
• Children	55
Out-of-home care	367
• Foster carers	28
• Kinship carers	12
• Parents	6
• Children	321
○ Out-of-home care	57
○ Foster care	141
○ Kinship care	83
○ Residential care	24
○ Adoption	16
Child welfare organizations	57
Child welfare professionals	46
Interdisciplinary focus	22

<sup>1</sup> Some review articles addressed multiple populations, so a sum of the counts does not equal the total number of included articles ( $n = 433$ ).

### 3.3. Thematic Focus

Table 5 summarizes the thematic focus of included articles across socioecological levels [40]. As discussed above, the socioecological model helps to organize core themes in violence prevention, pointing to research trends and gaps. Each of the four levels of the socioecological model is shaded in Table 5 with examples of the level listed (e.g., “Society” themes tend to focus on international and national laws and policies whereas “Individual” themes tend to focus on knowledge, attitudes and skills of individuals). Within each socioecological level of themes, sometimes groups of sub-themes were found. For example, many articles focused on interventions or programs (e.g., parenting programs) and services (e.g., foster care) from different sectors (child welfare, health, education, research, justice,



housing). Counts of themes are listed in Table 5; these counts indicate the number of articles that addressed the theme (e.g., in the Excel coding file, 40 articles are coded as discussing the theme “collaboration models, strategies, and components”). Headings associated with socioecological theme levels (e.g., “Society—laws and policy”) and bolded sub-theme levels (e.g., “Child welfare professionals”) in Table 5 have no associated counts as these lines are provided to help visually organize the thematic focus of included articles. Each level is discussed in more detail below. While relationships were a key factor mentioned in many articles, they were the primary focus of very few articles (and so are not coded in Table 5). Additional codes related to relationships are found in the next section (improvements across socioecological levels).

**Table 5.** Thematic Focus of Included Articles. <sup>1</sup>

	Count <sup>2</sup>
<b>Society—laws and policies</b>	
Cross-country analysis of aspects of child welfare	20
International actors influencing child welfare	15
Human rights	7
National child welfare structure	68
National child welfare policies and legislation	51
Systemic disadvantage in child welfare	47
National institutional actors influencing child welfare	11
<b>Community—relationships among organizations, institutions and informal networks</b>	
Collaboration models, strategies, and components	40
<b>Institution—characteristics and rules for operations</b>	
Child welfare organizational policies, procedures, and overall environment	38
Child welfare workforce	17
Child welfare organizational performance and evaluation	12
Professional support for child welfare professionals	9
<b>Interventions, services, programs and outcomes associated with different sectors</b>	
• Child welfare	252
◦ Placement	94
◦ Biological family	64
◦ Usage of child welfare services	52
◦ Participation in child welfare	48
◦ Transition from care	46
◦ Safety	42
◦ Foster/kinship care (as a service)	41
• Health	197
◦ Mental health	121
◦ Social health	79
◦ Physical health	69
◦ Usage of health services	22
• Education	41
• Research	22
• Justice	21
• Housing	19
<b>Individual—knowledge, attitudes, skills, etc.</b>	
<b>Child welfare professionals</b>	
• Knowledge, skills, abilities, needs	38
• Decision-making	23
• Personal characteristics	13
• Impact of role	7

**Table 5.** *Cont.*

	Count <sup>2</sup>
<b>Foster/kinship carers</b>	
• Knowledge, skills, abilities, needs	40
• Personal characteristics	15

<sup>1</sup> In the table the shaded headings indicate a level of the socioecological model [40], which was used to organize the themes. Bolded headings represent higher-order themes that were used to organize relevant sub-themes. The bolded headings are not associated with coded articles in the Excel file. <sup>2</sup> Most review articles had multiple themes, so a sum of the counts does not equal the total number of included articles ( $n = 433$ ).

### 3.3.1. Societal-Level Thematic Focus

Some reviews addressed international or national factors affecting child welfare. These reviews addressed cross-country analyses of specific aspects of child welfare (e.g., development of family support services compared across countries); international influences, such as international actors influencing child welfare (e.g., international governmental organizations); and the impact of human rights treaties. National aspects of child welfare were also discussed, such as aspects of child welfare structure (e.g., history of child welfare, universal services versus targeted services, types of services offered at national level, funding streams, child welfare standards); national child welfare legislation and policies (e.g., mandatory reporting, COVID policies affecting child welfare, austerity policies); systemic disadvantage in child welfare (e.g., poverty, colonialism, disparity); and national actors influencing child welfare (e.g., courts, policymakers, child advocates).

### 3.3.2. Community-Level Thematic Focus

Some review articles addressed multi- and inter-disciplinary collaboration models, strategies, and components.

### 3.3.3. Institutional-Level Thematic Focus

It is notable that the majority of reviews addressed interventions, services, programs, and outcomes associated with child welfare or health. Reviews coded for child welfare interventions, services, programs, and outcomes included the following primarily child services and outcomes related to: placement (e.g., placement stability, breakdown, reunification, preventing re-entry); biological family (placement prevention, family functioning, contact, and programs directed at biological family, such as intensive family preservation or parenting programs); service usage (e.g., rates of service usage); participation (e.g., participation of children and families in child welfare services); transition from care (e.g., programs and services related to transitioning from care); safety (safety, recurrence, occurrence, peer violence in out-of-home care); and foster or kinship care as a service (e.g., comparing foster care as a service versus kinship care). Reviews coded for health interventions, services, programs, and outcomes addressed the following child services and outcomes: mental health (e.g., mental health diagnoses and disorders, eating and food-related problems, well-being, resilience); social health (e.g., attachment, peer relationships, identity development, social support); physical health (e.g., development, immunizations, medication management, physical activity, sexual health); and service usage (e.g., rates of service usage).

Services, programs, interventions, and outcomes related to other sectors were less commonly reviewed, but included those related to education (e.g., speech/language, academic skills, academic achievement), research (e.g., fidelity), justice, (e.g., delinquency, crime prevention, offending behaviour), and housing (e.g., risk for homelessness, housing instability).

### 3.3.4. Individual-Level Thematic Focus

Some review articles addressed aspects of child welfare professionals and foster or kinship carers. Specifically, they focused on child welfare professionals' knowledge, skills, abilities, and needs; decision-making; personal characteristics; and the impact of their role



(e.g., vicarious trauma). Similarly, for foster and kinship carers, articles discussed personal characteristics and knowledge, skills, abilities, and needs.

### 3.4. Improvements across Socioecological Levels

Table 6 summarizes author-proposed improvements for child welfare across socioecological levels. Each level is discussed below. Given the number of articles addressing each theme, only a small sample of citations are listed after each theme below.

**Table 6.** Authors' Recommendations for Improving Child Welfare Across Socioecological Levels. <sup>1</sup>

	Count <sup>2</sup>
<b>Society—laws and policies</b>	
Political (policy/legislative) support and associated funding for child welfare	56
Need for holistic, not fragmented policies	52
Address systemic disadvantages	46
Youth voices in decision-making and policies	24
<b>Community—relationships among organizations, institutions and informal networks</b>	
Multi- and inter-disciplinary collaboration and coordination	118
Increased access to services	67
Cross-disciplinary training	35
Information sharing	22
<b>Institution—institutional characteristics and rules for operations</b>	
<b>Cross-disciplinary focus</b>	
• <b>Important populations to serve better</b>	
◦ Ethnically/racially diverse families and children	59
◦ Families experiencing substance use/mental health concerns	43
◦ Youth transitioning from care	28
◦ Families experiencing low socioeconomic status	20
◦ Children with complex needs (such as chronic illness, disability or sensory impairment and needs additional support on a daily basis)	15
◦ Families experiencing intimate partner violence	11
◦ LGBTQ+ families and children	6
• <b>Important principles to inform services</b>	
◦ Evidence-based/effective	87
◦ Tailored (specific to needs of family/child)	64
◦ Culturally sensitive/appropriate/safe	58
◦ Preventative approach	47
◦ Developmentally sensitive/age appropriate	44
◦ Trauma-informed	44
◦ Comprehensive	37
◦ Strengths-based	23
• <b>Child welfare research focus</b>	
◦ Robust research (randomized controlled trials/longitudinal)	155
◦ Qualitative research (voices of children, youth, and families)	66
<b>Relationships—formal and informal relationships</b>	
<b>Improving relationships with families/children or assistance for families/children through:</b>	
• Support	104
• Assessment	83
• Advocacy	30
• Referral	25

Table 6. Cont.

	Count <sup>2</sup>
Individual—knowledge, attitudes, skills, etc.	
<b>Training for healthcare, social service providers (including child welfare professionals), and foster carers</b>	
• Training on unique needs of children/families involved in child welfare or out-of-home care	108
• Training on health topics	18
• Training on navigating child welfare and out-of-home care	12

<sup>1</sup> In the table the shaded rows indicate a level of the socioecological model [40], which was used to organize the themes. Bolded headings represent higher-order themes that were used to organize relevant sub-themes. The bolded headings are not associated with coded articles in the Excel file. <sup>2</sup> Most review articles had multiple suggestions for child welfare reform, so a sum of the counts does not equal the total number of included articles ( $n = 433$ ).

### 3.4.1. Societal-Level Suggestions for Improvements

Some review authors noted the need for better funding and political support for child welfare [48–50], including resources for supporting kinship families [51,52]. Authors also mentioned the need for more holistic policies [51,53,54], with the most common policy referenced being the extension of care beyond age 18 (to age 21 or 25) and better support of youth transitioning from care [48,54–63]. Other policy suggestions included the need for youth voices in policy decisions [64,65]. Some authors also discussed the need to address systemic disadvantages faced by families involved with child welfare, including poverty, racism, colonialism, and ableism [66–79]. The latter reviews were especially concerned with why certain groups were overrepresented in child welfare, with some review authors detailing systemic bias [74,75,80] and others discussing a higher risk for maltreatment due to a range of preventable societal and community risk factors, such as poor housing and experiences of poverty [71].

### 3.4.2. Community-Level Suggestions for Improvements

The recommendation referred to most commonly for child welfare improvement was increased multi- and inter-disciplinary collaboration. Specific suggestions for how to do so varied and included: dialogues across key groups of stakeholders, such as caseworkers, children/youth, birth parents, foster parents, kinship carers, residential care workers, medical providers, school personnel, juvenile detention facilities, members from the court system, emergency shelter workers, researchers and government leaders [51,58,81–86]; increased information and data sharing [56,81,87–89]; cross-disciplinary training [53,90,91]; collaboration during treatment planning and implementation [92]; and increased team communication and feedback loops [93]. Many authors also discussed the need for increased access to services, including more services in the community and reduced barriers to existing services [57,67,87,94–100].

### 3.4.3. Institutional-Level Suggestions for Improvements

Review authors acknowledged that certain child welfare populations needed to be served better: ethnically and racially diverse families and children [67,71–78,80,101–112]; families experiencing mental health or substance use concerns [53,91,106,113–127]; youth transitioning from care [54,59,60,62,63,65,96,128–133]; families experiencing low socioeconomic status [66,68,70]; children with complex needs [88,134–139]; families experiencing intimate partner violence [140–142]; and LGBTQ+ families and children [57,69,143,144]. Other important groups identified by review authors to be served better that were not listed in Table 6 included siblings entering care [145,146], kinship carers [83,97,147], and children with overall health and mental health concerns (the latter was a concern so ubiquitous across included articles that it was not coded as a unique concern).

In addition to these important populations, authors also acknowledged several important principles that should inform services: evidence-based and effective [50,56,57,82,84,88,89,91,92,95,120,148–154]; tailored to the specific family/child (including develop-

ment of interventions for the unique needs of children involved with child welfare or in out-of-home care) [53,56,57,59,67,147,151,153–155]; culturally sensitive, appropriate, or safe [54,59,67,84,89,97,116,120,149,156,157]; preventative approach [56,98,151,153]; developmentally sensitive and age-appropriate [54,57,97,99,120,150]; trauma-informed [64,82,120,156]; comprehensive [57,62,82,88,93,116,148]; and strengths-based [120,158].

Many reviews discussed the need for robust child welfare research, such as use of randomized controlled trials, quasi-experimental designs, longitudinal research, and other recommendations for ‘rigorous’ research [50,52,62,86,91,97,99,129,130,155,158–164]. Many reviews also discussed the need to include the voices of those being served by child welfare, including biological family members, foster parents and kinship carers, and especially the voices of children involved in child welfare or in out-of-home care [52,56,62,64,85,89,91,93,97,162,165–167].

#### 3.4.4. Relationship-Level Suggestions for Improvements

There were numerous references to the importance of collaborative relationships between healthcare and social service providers and families and children involved with child welfare. There were a variety of roles expected of providers, such as surveillance [49,92,96,99,168,169], collaboration with other providers and coordination of services [91,93,170], and documentation [56,82,88,99,168,170]. However, four specific relational roles were discussed in many of the articles (see Table 6). These roles included the importance of comprehensive assessments for children involved in child welfare or in out-of-home care [50,52,56,58,82–84,91,93,96,99,130,134,148,153,159,160,169,171–174], advocacy on behalf of children and families [82,96,134,168,170,174], referral to effective or evidence-based services [50,54,55,168,172,175], and a variety of ways that children and families could be supported [49,50,55,56,58,61,82,83,87,88,91,96,120,130,145,152,153,168,171,173–177], such as through psychoeducation, enhancing support networks, or through help navigating or overcoming barriers in the system.

#### 3.4.5. Individual-Level Suggestions for Improvements

At the individual level, the proposal most frequently identified by authors for child welfare improvement involved training of healthcare and social service professionals, including child welfare professionals, foster carers, and kinship carers. Training suggestions most often focused on the awareness and ability to respond to the unique needs of children and families involved in child welfare or out-of-home care [54,83,88,89,93,116,130,134,156,159,168,178,179]; training on health topics [48,56,57,153,178]; and training on how to navigate child welfare and out-of-home care and by extension how to support children and families who are navigating these systems [88,180].

### 4. Discussion

This scoping review sought to summarize reviews addressing children, youth, and families coming into contact with child welfare in high-income countries. A particular focus was given to authors’ recommendations for improving child welfare across socioecological levels.

Over 20 years ago, Waldfogel [181] identified five main issues with the existing CPS system in the United States:

1. over-inclusion (for example, unnecessary child protection reports);
2. under-inclusion (such as, inadequate support and protection for vulnerable children, particularly in response to sexual abuse and exploitation);
3. service capacity (for example, severe funding shortages; gaps in services);
4. service delivery (such as, adversarial relationships with parents; discrimination towards low-income families); and
5. service orientation (for example, residual child welfare, or only providing support as a last resort when all other avenues fail; crisis intervention orientated).

Many of these issues were raised by authors of included reviews as concerns that continue to affect child welfare, including the over-representation of certain populations (e.g., Indigenous families, Black families, and families facing poverty), the under-inclusion of certain populations (e.g., children with disabilities experiencing maltreatment), service capacity concerns (e.g., underfunding and lack of political support for child welfare, difficulty in accessing services in communities), service delivery concerns (e.g., bias in professionals towards racialized, impoverished families), and service orientation concerns (e.g., a tendency towards reactive, additive protocols, priorities, and requirements in child welfare). A fundamental question to ask, then, is: Where to start with improving child welfare for children, families, and for the professionals whose role it is support them?

Below we organize our discussion by reform strategies across socioecological levels. Many of these themes correspond with policy and practice recommendations issued by a Lancet Commission regarding institutionalisation and deinstitutionalisation of children, including the need to improve children's outcomes and key elements of a national reform system [182]. Specific subthemes, such as the need for multi- and inter-disciplinary collaboration, a revaluation of workforce involvement and better evaluation of child outcomes, also correspond with reviews on public health approaches to child welfare [13,22] and a recent policy review on foster care [183].

#### 4.1. Societal-Level Reform

A key concern for several review authors was the need for holistic policy reform. Authors [13] noted that there was “no ideal one-size-fits-all reform process” as “a variety of informed strategies to promote child, family and community health, well-being and social care are required across multiple services and programs, each with their own particular organizational and community context” (p. 5).

An important concern for a smaller subset of articles was systemic discrimination—including racism, colonialism, ableism, and poverty—and how these factors put some families at increased risk of contact with child welfare. This is in comparison to most articles that focused on more ‘malleable’ factors such as individual factors (e.g., training), institutional factors (e.g., principles of good services), and community factors (e.g., need for increased collaboration) (discussed further below). As such, there tended to be a theoretical division in the included reviews regarding where improvement in child welfare would be most beneficial. Some authors focused on factors at the macro level, which are more difficult to shift (e.g., poverty) but would benefit a significant number of people, thus potentially reducing the need for child welfare involvement (primary prevention). Other authors focused on factors at the practice level; these factors can be more malleable (e.g., parenting skills) in the short- and medium-term to address the maltreatment the child is experiencing or had experienced in the past (secondary and tertiary prevention). Policy and decision-makers conducting child welfare reform must address how to meaningfully engage these two distinct groups who both have commitment and important ideas for improving child welfare.

#### 4.2. Community-Level Reform

The most common proposal to improve child welfare identified by authors was the need for improved multi- and inter-disciplinary collaboration and coordination of services. While specific suggestions for improving collaboration and coordination across disciplines were sometimes offered [13,184,185], this theme was often not well described by authors.

An important proposal from several reviews was that the protection of children should involve more than just child welfare workers [13,22] and one review [13] noted that child welfare reform ideally required a “re-imagining of which workforce(s) are in scope, and re-crafting of the workforce knowledge, skills and values to ensure system capacity and practitioner capability to deliver properly targeted prevention strategies” (p. 8). Sectors that are in scope at different points of the child's life include education, healthcare, social services, housing, and justice [13,22].

#### 4.3. Institutional-Level Reform

At the institutional level, review authors identified that there were a number of key populations who need to be served better in child welfare; they also consistently referenced a number of fundamental principles to effectively serve these populations. A key concern for authors was how to do so with limited resources and systemic barriers. For example, Font et al. [183] discussed how foster care reform efforts to date have been mostly “additive, layering more protocols, priorities, and requirements to foster care practice over time” (p. 19). One strategy to better serve populations referenced by several included reviews was the need to understand the components of services, interventions, and programming [94,186], and to effectively evaluate them, in order to improve their effectiveness. For example, improving foster care so it addresses children’s well-being and safety (vs. process indicators, such as number of placements) requires (a) assessing what outcome measures accurately determine child safety and well-being, (b) discarding measures that are not clearly associated with child well-being and safety, and (c) evaluating programs and services with these measures, in order to determine which components are essential to child outcomes of safety and well-being [183]. It also ideally requires the use of measures that are not easily manipulated by overworked child welfare workers and administrators, such as data from health care, juvenile justice, and education (e.g., student honour role, sickness days, emergency room visits) [183]. This point resonates well with reviews that emphasized the need for integrative data systems [13,22].

A review by Herbert et al. [187] discussing components of child welfare services presented the collective program logic of multidisciplinary teams responding to child physical and sexual abuse. In delineating the assumptions of each program component, the authors [187] strived to move towards ‘opening the black box’ of program theory so that evidence-bases can be developed “not around programs or models, but around the common components that appear across many programs” (p. 9). These authors [187] argued that such work is necessary to evaluate the “explanation underlying the connection between team and centre activities and their intended outcomes” (p. 10). For example, does a “warm referral” (a facilitated introduction to another service provider) to therapeutic services increase engagement and completion of services offered by multidisciplinary teams, as well as improve child or family outcomes, as is assumed?

Aside from better evaluation of components of services, programs, and interventions, review authors also commented on the need for services to be tailored to and representative of those using the services. This especially involved an investment in culturally appropriate services and effectiveness research that accounts for diversity in racial, ethnic and cultural groups [67,77].

#### 4.4. Relationship-Level Reform

Many of the reviews summarized within this scoping review discussed the importance of relational aspects of service provision, including comprehensive assessment, advocacy, referral, and support. More specifically, many authors noted that children involved in child welfare need comprehensive initial and ongoing assessment that includes, but is broader than mental health symptoms [187–189], as children may need referral to services and support before serious problems develop, including assessment and referral or support for their social-emotional well-being [148,188]; physical health [190], including developmental needs [99], dental care [191], sexual health [172], substance use or prenatal substance exposure [124]; and food-related behaviours [192]. Assessments of needs were recommended for various service entry and exit times, including entry into care, at regular intervals while in care [97], as well as exits from care [62] and transitions to adult mental health services [96]. Assessments of safety of children involved in child welfare were also of concern to review authors [193–195]. With respect to advocacy, review authors argued that healthcare and social service providers, including child welfare workers, should advocate for services, supports, and opportunities to increase the well-being and participation of children and families throughout and beyond their involvement with child welfare [96,134,196–198]. As



was noted above, support was broadly conceived by review authors to include a variety of activities to improve the lives and well-being of children and families involved in child welfare, including psychoeducation, enhancing support networks, and help to navigate the child welfare system, among others. Often, review authors simply noted that health and social services providers should “support” children and families.

In spite of significant theoretical differences informing child welfare research and summaries in this review, review authors [199,200] noted that one area of overlap is the importance of forming relationships during service provision. In social services there is an increasing focus on the need for services to be relationship-based [201]; however, in social services practice, including child welfare practice, there continues to be an emphasis on administrative processes, such as documentation, rather than relational processes [202]. Authors [203] have summarized a number of occupational risk factors faced by child welfare workers, such as “a personal history of maltreatment, inadequate support, high workloads, low salaries, long working hours, exposure to clients’ trauma . . . violence and aggression from clients . . . political interference . . . and schedules which negatively impacted services rendered to clients” (p. 7). These risk factors and other factors across socioecological levels (e.g., demographic characteristics of child welfare workers; organizational support for workers, including peer support and supportive supervision) [204–207] lead to high staff turnover, which negatively impacts relationships with children and families. One of the key policy strategies raised by authors to reduce the occupational risk factors of child welfare workers was increased governmental funding for more workers, in order to reduce caseloads.

#### 4.5. Individual-Level Reform

Blome et al. [208] argued that focusing on funding to reduce caseloads is important but noted that caseworkers still need to be skilled: “focusing on size may obfuscate other larger issues within the agency like the level of education and experience required for front-line positions” [203]. This scoping review made clear the—arguably impossible—variety of administrative and clinical skills that child welfare workers were expected to have. Authors from different disciplines (education, healthcare, child welfare, criminal justice) all concluded by suggesting how better training of child welfare workers was needed—very few authors concluded that their own discipline needed to better support children experiencing maltreatment. While many reviews recommended better training for child welfare professionals, very few reviews evaluated training strategies for child welfare professionals [142,209,210].

The unrealistic expectations towards child welfare workers by society underscores the need for a “comprehensive workforce needs analysis in collaboration with all relevant stakeholders (within universal, secondary and tertiary services), followed by development of a plan to address current and ongoing system and service user needs” [13]. As has been stated by several review authors (and stated several times in the present review), the important needs of children experiencing maltreatment cannot be served by child welfare alone—an investment of the skills and resources from many sectors is required.

#### 4.6. Limitations, Future Research, and Implications

As this scoping review summarized published reviews in between 2010 and 2021, it is limited by the content of available reviews and excludes all articles that have not yet been included in published reviews. In our attempt to succinctly summarize the wide variety of author-proposed suggestions for child welfare reform, we have not critically appraised individual reviews or their empirical research. For example, a number of reviews spoke to the over-inclusion of families experiencing poverty in child welfare due to factors like implicit bias, but we have not critically examined individual studies that have sought to address if low-income families are referred to child welfare because of implicit bias. A recent commentary by Barth and colleagues [211] is an example of an accessible summary of individual studies seeking to address pressing child welfare reform queries. Given the



sheer volume of reviews summarized, we have also not analyzed or assessed individual programs, services, or policy recommendations. For example, several reviews summarized specific child welfare services, including evidence-based programs to support children and families. We have not critically appraised these reviews or their included studies and as such were not able to make recommendations about the value of specific programs and services.

The 433 reviews summarized in this scoping review offer a variety of informed strategies to promote child, family and community well-being that have important and wide-ranging practice implications. Thematic analysis suggests that many of the issues plaguing child welfare have not changed in the past few decades. This suggests that while much evidence-based research has accumulated over the past decade in terms of services and supports for children and families involved in child welfare, as in other areas of violence prevention, the leadership, governance, and political will necessary to tackle child welfare reform is underdeveloped [212]. As such, future research and practice in the area of child welfare reform needs to move beyond identifying what should be done and examine how to undertake reform efforts with accompanying evaluation. For example, many reviews over the past decade have suggested that better collaboration between child welfare and other sectors is needed (the “what”), but it is less clear how this collaboration should be undertaken. In line with how collaboration might be undertaken, Luckock et al. [199] have summarized innovative models of practice at the interface between the United Kingdom’s National Health Service and child and family social work. One relevant example of multi-sector collaboration cited by the authors [199] included “approaches to multi-agency team working in children’s services [that] have emerged in which ‘co-location’ of health, social and other practitioners (especially police) is the preferred means of service integration at those points where ‘early help’ needs better alignment with a ‘child protection’ response” (p. 65). While the authors [199] noted that “developments of this kind are becoming widely established across England” (p. 65), their review found only two evaluations of these efforts, neither of which accounted for child and family well-being outcomes. As such, like Luckock et al. [199], future work should detail how child welfare reform can be meaningfully executed and these efforts should evaluate if and how such innovations improve the lives of children and families.

Future research is needed to assess the readiness of child welfare for any specific avenue of reform, including the readiness to evaluate its effectiveness at the level of child and family well-being. Such assessment, especially for widespread reform, can be challenging. For example, given that in Canada it is the responsibility of individual provinces and territories to implement child welfare services, it is politically and practically difficult to implement and assess the effectiveness of any national child welfare reform efforts. Important avenues of child welfare reform in Canada are seen with Indigenous efforts for child welfare sovereignty; however, these efforts are mired by funding and infrastructure (e.g., service delivery) issues [213,214]. Any particular avenue of reform, including the example of multi-sector collaboration discussed above, must therefore be tailored to the specific jurisdiction of interest and any particular contextual challenges.

## 5. Conclusions

This scoping review sought to summarize reviews addressing children, youth, and families coming into contact with child welfare in high-income countries by focusing on authors’ recommendations for improving child welfare across socioecological levels. Several key strategies were discussed in this review, such as holistic policy reform that moves away from layered, additive, reactive protocols, priorities, and requirements; addressing underlying disparities and social determinants of health problems; meaningful engagement with children and youth involved in child welfare at all levels of decision-making; multi- and inter-disciplinary collaboration, including a comprehensive workforce analysis to re-imagine what workforces are in scope; component analysis of all levels of child welfare services and evaluation of services with attention to child well-being and safety outcomes;

and increased access to services in communities, including services that follow key principles (e.g., trauma-informed, comprehensive, tailored, relationship-based), accountability and better preventive services for populations that are overrepresented in child welfare (e.g., racialized groups and families experiencing poverty). As several authors noted, there is no one way to conduct a child welfare reform process. An important next step is to formulate what policy solutions are likely to lead to the greatest improvement in safety and well-being for children experiencing maltreatment and to rigorously evaluate these solutions at the level of child and family well-being.

**Author Contributions:** Conceptualization, J.R.M. and H.L.M.; methodology, J.R.M. and H.L.M.; data analysis, C.M., J.R.M., H.L.M. and M.T.; writing—original draft preparation, J.R.M.; writing—review and editing, C.M., J.R.M., H.L.M. and M.T. All authors have read and agreed to the published version of the manuscript.

**Funding:** This project was funded by the Public Health Agency of Canada (4500428191) and the Chedoke Health Chair in Child Psychiatry (H.L.M.).

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The Excel file with all of the coding is available on Dryad Data Repository (<https://datadryad.org/stash>, doi:10.5061/dryad.jsxksn0dc). All other material and data used for this review are available in the paper and tables.

**Conflicts of Interest:** The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results. The views expressed in this paper do not necessarily represent the views of the Public Health Agency of Canada.

## References

1. McTavish, J.R.; MacGregor, J.C.D.; Wathen, C.N.; MacMillan, H.L. Children's Exposure to Intimate Partner Violence: An Overview. *Int. Rev. Psychiatry* **2016**, *28*, 504–518. [CrossRef] [PubMed]
2. World Health Organization. Development of Guidelines for the Health Sector Response to Child Maltreatment. Available online: [http://www.who.int/violence\\_injury\\_prevention/violence/child/child\\_maltreatment\\_guidelines/en/](http://www.who.int/violence_injury_prevention/violence/child/child_maltreatment_guidelines/en/) (accessed on 26 June 2017).
3. McCrory, E.; De Brito, S.A.; Viding, E. The Link between Child Abuse and Psychopathology: A Review of Neurobiological and Genetic Research. *J. R. Soc. Med.* **2012**, *105*, 151–156. [CrossRef]
4. Miller, G.E.; Chen, E.; Parker, K.J. Psychological Stress in Childhood and Susceptibility to the Chronic Diseases of Aging: Moving toward a Model of Behavioral and Biological Mechanisms. *Psychol. Bull.* **2011**, *137*, 959–997. [CrossRef]
5. Naughton, A.M.; Maguire, S.A.; Mann, M.K.; Lumb, R.C.; Tempest, V.; Gracias, S.; Kemp, A.M. Emotional, Behavioral, and Developmental Features Indicative of Neglect or Emotional Abuse in Preschool Children: A Systematic Review. *JAMA Pediatr.* **2013**, *167*, 769–775. [CrossRef] [PubMed]
6. Norman, R.E.; Byambaa, M.; De, R.; Butchart, A.; Scott, J.; Vos, T. The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLoS Med.* **2012**, *9*, e1001349. [CrossRef] [PubMed]
7. Veenema, T.G.; Thornton, C.P.; Corley, A. The Public Health Crisis of Child Sexual Abuse in Low and Middle Income Countries: An Integrative Review of the Literature. *Int. J. Nurs. Stud.* **2015**, *52*, 864–881. [CrossRef]
8. Gilbert, R.; Kemp, A.; Thoburn, J.; Sidebotham, P.; Radford, L.; Glaser, D.; MacMillan, H.L. Recognising and Responding to Child Maltreatment. *Lancet* **2009**, *373*, 167–180. [CrossRef]
9. Canadian Child Welfare Research Portal Frequently Asked Questions (FAQs). Available online: <http://cwrp.ca/faqs> (accessed on 5 October 2015).
10. Rouland, B.; Vaithianathan, R. Cumulative Prevalence of Maltreatment among New Zealand Children, 1998–2015. *Am. J. Public Health* **2018**, *108*, 511–513. [CrossRef]
11. Kim, H.; Wildeman, C.; Jonson-Reid, M.; Drake, B. Lifetime Prevalence of Investigating Child Maltreatment among US Children. *Am. J. Public Health* **2017**, *107*, 274–280. [CrossRef]
12. Fallon, B.; Lefebvre, R.; Trocmé, N.; Richard, K.; Hélie, S.; Montgomery, M.; Bennett, M.; Joh-Carnella, N.; Saint-Girons, M.; Filippelli, J.; et al. *Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019*; Public Health Agency of Canada: Ottawa, ON, Canada, 2021.

13. Lonne, B.; Higgins, D.; Herrenkohl, T.I.; Scott, D. Reconstructing the Workforce within Public Health Protective Systems: Improving Resilience, Retention, Service Responsiveness and Outcomes. *Child Abus. Negl.* **2020**, *110*, 104191. [\[CrossRef\]](#)
14. Vinnerljung, B.; Sundell, K.; Löfholm, C.A.; Humlesjö, E. Former Stockholm Child Protection Cases as Young Adults: Do Outcomes Differ between Those That Received Services and Those That Did Not? *Child. Youth Serv. Rev.* **2006**, *28*, 59–77. [\[CrossRef\]](#)
15. White, O.G.; Hindley, N.; Jones, D.P. Risk Factors for Child Maltreatment Recurrence: An Updated Systematic Review. *Med. Sci. Law* **2014**, *55*, 259–277. [\[CrossRef\]](#) [\[PubMed\]](#)
16. Berger, L.M.; Bruch, S.K.; Johnson, E.I.; James, S.; Rubin, D. Estimating the “Impact” of out-of-Home Placement on Child Well-Being: Approaching the Problem of Selection Bias. *Child Dev.* **2009**, *80*, 1856–1876. [\[CrossRef\]](#) [\[PubMed\]](#)
17. O’Higgins, A.; Sebba, J.; Gardner, F. What Are the Factors Associated with Educational Achievement for Children in Kinship or Foster Care: A Systematic Review. *Child. Youth Serv. Rev.* **2017**, *79*, 198–220. [\[CrossRef\]](#)
18. Gypen, L.; Vanderfaellie, J.; De Maeyer, S.; Belenger, L.; Van Holen, F. Outcomes of Children Who Grew up in Foster Care: Systematic-Review. *Child. Youth Serv. Rev.* **2017**, *76*, 74–83. [\[CrossRef\]](#)
19. Li, D.; Chng, G.S.; Chu, C.M. Comparing Long-Term Placement Outcomes of Residential and Family Foster Care: A Meta-Analysis. *Trauma Violence Abus.* **2019**, *20*, 653–664. [\[CrossRef\]](#)
20. Strijbosch, E.L.L.; Huijs, J.A.M.; Stams, G.J.J.M.; Wissink, I.B.; van der Helm, G.H.P.; de Swart, J.J.W.; van der Veen, Z. The Outcome of Institutional Youth Care Compared to Non-Institutional Youth Care for Children of Primary School Age and Early Adolescence: A Multi-Level Meta-Analysis. *Child. Youth Serv. Rev.* **2015**, *58*, 208–218. [\[CrossRef\]](#)
21. Xu, Y.; Bright, C.L. Children’s Mental Health and Its Predictors in Kinship and Non-Kinship Foster Care: A Systematic Review. *Child. Youth Serv. Rev.* **2018**, *89*, 243–262. [\[CrossRef\]](#)
22. Malvaso, C.G.; Delfabbro, P.H.; Day, A. The Child Protection and Juvenile Justice Nexus in Australia: A Longitudinal Examination of the Relationship between Maltreatment and Offending. *Child Abus. Negl.* **2017**, *64*, 32–46. [\[CrossRef\]](#)
23. Pine, B.A. Child Welfare Reform and the Political Process. *Soc. Serv. Rev.* **1986**, *60*, 339–359. [\[CrossRef\]](#)
24. Courtney, M.E. The Costs of Child Protection in the Context of Welfare Reform. *Future Child.* **1998**, *8*, 88–103. [\[CrossRef\]](#) [\[PubMed\]](#)
25. Callahan, M.; Walmsley, C. Rethinking Child Welfare Reform in British Columbia, 1900–60. In *People, Politics, and Child Welfare in British Columbia*; Foster, L.T., Wharf, B., Eds.; UBC Press: Vancouver, BC, Canada, 2011; ISBN 978-0-7748-4097-2.
26. Swift, K.J.; Parada, H. Child Welfare Reform: Protecting Children or Policing the Poor. *J.L. Soc. Pol’y* **2004**, *19*, 1.
27. Altafim, E.R.P.; Linhares, M.B.M. Universal Violence and Child Maltreatment Prevention Programs for Parents: A Systematic Review. *Psychosoc. Interv.* **2016**, *25*, 27–38. [\[CrossRef\]](#)
28. Liyana Amin, N.A.; Tam, W.W.S.; Shorey, S. Enhancing First-Time Parents’ Self-Efficacy: A Systematic Review and Meta-Analysis of Universal Parent Education Interventions’ Efficacy. *Int. J. Nurs. Stud.* **2018**, *82*, 149–162. [\[CrossRef\]](#) [\[PubMed\]](#)
29. Coore Desai, C.; Reece, J.-A.; Shakespeare-Pellington, S. The Prevention of Violence in Childhood through Parenting Programmes: A Global Review. *Psychol. Health Med.* **2017**, *22*, 166–186. [\[CrossRef\]](#) [\[PubMed\]](#)
30. Branco, M.S.S.; Altafim, E.R.P.; Linhares, M.B.M. Universal Intervention to Strengthen Parenting and Prevent Child Maltreatment: Updated Systematic Review. *Trauma Violence Abus.* **2021**, *23*, 15248380211013132. [\[CrossRef\]](#)
31. Mikton, C.; Butchart, A. Child Maltreatment Prevention: A Systematic Review of Reviews. *World Health Organ. Bull.* **2009**, *87*, 353–361. [\[CrossRef\]](#)
32. Chen, M.; Chan, K.L. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. *Trauma Violence Abus.* **2015**, *17*, 88–104. [\[CrossRef\]](#)
33. Euser, S.; Alink, L.R.; Stoltenborgh, M.; Bakermans-Kranenburg, M.J.; IJzendoorn, M.H. van A Gloomy Picture: A Meta-Analysis of Randomized Controlled Trials Reveals Disappointing Effectiveness of Programs Aiming at Preventing Child Maltreatment. *BMC Public Health* **2015**, *15*, 1068. [\[CrossRef\]](#)
34. Segal, L.; Sara Opie, R.; Dalziel, K. Theory! The Missing Link in Understanding the Performance of Neonate/Infant Home-Visiting Programs to Prevent Child Maltreatment: A Systematic Review. *Milbank Q.* **2012**, *90*, 47–106. [\[CrossRef\]](#)
35. Poole, M.K.; Seal, D.W.; Taylor, C.A. A Systematic Review of Universal Campaigns Targeting Child Physical Abuse Prevention. *Health Educ. Res.* **2014**, *29*, 388–432. [\[CrossRef\]](#)
36. Walsh, K.; Zwi, K.; Woolfenden, S.; Shlonsky, A. School-Based Education Programmes for the Prevention of Child Sexual Abuse: A Systematic Review. *Cochrane Database Syst. Rev.* **2015**, *16*, CD004380. [\[CrossRef\]](#)
37. van der Put, C.E.; Assink, M.; Gubbels, J.; Boekhout van Solinge, N.F. Identifying Effective Components of Child Maltreatment Interventions: A Meta-Analysis. *Clin. Child Fam. Psychol. Rev.* **2018**, *21*, 171–202. [\[CrossRef\]](#) [\[PubMed\]](#)
38. Daudt, H.; Mossel, C.; Scott, S. Enhancing the Scoping Study Methodology: A Large, Interprofessional Team’s Experience with Arksey and O’Malley’s Framework. *BMC Med. Res. Methodol.* **2013**, *13*, 48. [\[CrossRef\]](#)
39. Peters, M.D.J.; Godfrey, C.M.; Khalil, H.; McInerney, P.; Parker, D.; Soares, C.B. Guidance for Conducting Systematic Scoping Reviews. *JBI Evid. Implement.* **2015**, *13*, 141–146. [\[CrossRef\]](#)
40. Krug, E.G.; Dahlberg, L.G.; Mercy, J.A.; Zwi, A.B.; Lozano, R. *World Report on Violence and Health*; World Health Organization: Geneva, Switzerland, 2002.
41. Miles, M.; Huberman, M. *Qualitative Data Analysis: An Expanded Sourcebook*, 2nd ed.; Sage Publications: Thousand Oaks, CA, USA, 1994; ISBN 978-0-8039-5540-0.

42. Collins, J.A.; Fauser, B.C.J.M. Balancing the Strengths of Systematic and Narrative Reviews. *Hum. Reprod. Update* **2005**, *11*, 103–104. [\[CrossRef\]](#)
43. Gopalakrishnan, S.; Ganeshkumar, P. Systematic Reviews and Meta-Analysis: Understanding the Best Evidence in Primary Healthcare. *J. Fam. Med. Prim. Care* **2013**, *2*, 9–14. [\[CrossRef\]](#)
44. Whitemore, R.; Knafl, K. The Integrative Review: Updated Methodology. *J. Adv. Nurs.* **2005**, *52*, 546–553. [\[CrossRef\]](#)
45. Tricco, A.C.; Antony, J.; Zarin, W.; Striffler, L.; Ghassemi, M.; Ivory, J.; Perrier, L.; Hutton, B.; Moher, D.; Straus, S.E. A Scoping Review of Rapid Review Methods. *BMC Med.* **2015**, *13*, 224. [\[CrossRef\]](#)
46. Lachal, J.; Revah-Levy, A.; Orri, M.; Moro, M.R. Metasynthesis: An Original Method to Synthesize Qualitative Literature in Psychiatry. *Front. Psychiatry* **2017**, *8*, 269. [\[CrossRef\]](#)
47. Grant, M.J.; Booth, A. A Typology of Reviews: An Analysis of 14 Review Types and Associated Methodologies. *Health Inf. Libr. J.* **2009**, *26*, 91–108. [\[CrossRef\]](#) [\[PubMed\]](#)
48. Skouteris, H.; McCabe, M.; Fuller-Tyszkiewicz, M.; Henwood, A.; Limbrick, S.; Miller, R. Obesity in Children in Out-of-Home Care: A Review of the Literature. *Aust. Soc. Work* **2011**, *64*, 475–486. [\[CrossRef\]](#)
49. Jones, A.M.; Morris, T.L. Psychological Adjustment of Children in Foster Care: Review and Implications for Best Practice. *J. Public Child Welf.* **2012**, *6*, 129–148. [\[CrossRef\]](#)
50. Davidson, R.; Tomlinson, C.; Beck, C.; Bowen, A. The Revolving Door of Families in the Child Welfare System: Risk and Protective Factors Associated with Families Returning. *Child. Youth Serv. Rev.* **2019**, *100*, 468–479. [\[CrossRef\]](#)
51. Hong, J.S.; Algood, C.L.; Chiu, Y.-L.; Lee, S.A.-P. An Ecological Understanding of Kinship Foster Care in the United States. *J. Child Fam. Stud.* **2011**, *20*, 863–872. [\[CrossRef\]](#)
52. Winokur, M.A.; Holtan, A.; Batchelder, K.E. Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes. *Res. Soc. Work Pract.* **2018**, *28*, 19–32. [\[CrossRef\]](#)
53. Choi, S. Family Drug Courts in Child Welfare. *Child Adolesc. Soc. Work J.* **2012**, *29*, 447–461. [\[CrossRef\]](#)
54. Kang-Yi, C.D.; Adams, D.R. Youth with Behavioral Health Disorders Aging out of Foster Care: A Systematic Review and Implications for Policy, Research, and Practice. *J. Behav. Health Serv. Res.* **2017**, *44*, 25–51. [\[CrossRef\]](#)
55. Eastman, A.L.; Palmer, L.; Ahn, E. Pregnant and Parenting Youth in Care and Their Children: A Literature Review. *Child Adolesc. Soc. Work J.* **2019**, *36*, 571–581. [\[CrossRef\]](#)
56. Svoboda, D.V.; Shaw, T.V.; Barth, R.P.; Bright, C.L. Pregnancy and Parenting among Youth in Foster Care: A Review. *Child. Youth Serv. Rev.* **2012**, *34*, 867–875. [\[CrossRef\]](#)
57. Winter, V.R.; Brandon-Friedman, R.A.; Ely, G.E. Sexual Health Behaviors and Outcomes among Current and Former Foster Youth: A Review of the Literature. *Child. Youth Serv. Rev.* **2016**, *64*, 1–14. [\[CrossRef\]](#)
58. Milde, A.M.; Gramm, H.B.; Paaske, I.; Kleiven, P.G.; Christiansen, Ø.; Skaale Havnen, K.J. Suicidality among Children and Youth in Nordic Child Welfare Services: A Systematic Review. *Child Fam. Soc. Work* **2021**, *26*, 708–719. [\[CrossRef\]](#)
59. Atwool, N. Transition from Care: Are We Continuing to Set Care Leavers up to Fail in New Zealand? *Child. Youth Serv. Rev.* **2020**, *113*, 104995. [\[CrossRef\]](#)
60. Avery, R.J. The Potential Contribution of Mentor Programs to Relational Permanency for Youth Aging out of Foster Care. *Child Welf.* **2011**, *90*, 9–26.
61. Curry, S.R.; Abrams, L.S. Housing and Social Support for Youth Aging out of Foster Care: State of the Research Literature and Directions for Future Inquiry. *Child Adolesc. Soc. Work J.* **2015**, *32*, 143–153. [\[CrossRef\]](#)
62. Häggman-Laitila, A.; Saloekkilä, P.; Karki, S. Transition to Adult Life of Young People Leaving Foster Care: A Qualitative Systematic Review. *Child. Youth Serv. Rev.* **2018**, *95*, 134–143. [\[CrossRef\]](#)
63. Harder, A.T.; Mann-Feder, V.; Oterholm, I.; Refaeli, T. Supporting Transitions to Adulthood for Youth Leaving Care: Consensus Based Principles. *Child. Youth Serv. Rev.* **2020**, *116*, 105260. [\[CrossRef\]](#)
64. Bargeman, M.; Smith, S.; Wekerle, C. Trauma-Informed Care as a Rights-Based “Standard of Care”: A Critical Review. *Child Abus. Negl.* **2021**, *119*, 104762. [\[CrossRef\]](#)
65. Hiles, D.; Moss, D.; Wright, J.; Dallos, R. Young People’s Experience of Social Support during the Process of Leaving Care: A Review of the Literature. *Child. Youth Serv. Rev.* **2013**, *35*, 2059–2071. [\[CrossRef\]](#)
66. Bai, R.; Collins, C.; Fischer, R.; Groza, V.; Yang, L. Exploring the Association between Housing Insecurity and Child Welfare Involvement: A Systematic Review. *Child Adolesc. Soc. Work J.* **2020**, *39*, 247–260. [\[CrossRef\]](#)
67. Briggs, H.E.; McBeath, B. Infusing Culture into Practice: Developing and Implementing Evidence-Based Mental Health Services for African American Foster Youth. *Child Welf.* **2010**, *89*, 31–60.
68. Conrad, A.; Gamboni, C.; Johnson, V.; Wojciak, A.S.; Ronnenberg, M. Has the US Child Welfare System Become an Informal Income Maintenance Programme? A Literature Review. *Child Abus. Rev.* **2020**, *29*, 529–543. [\[CrossRef\]](#)
69. Prince, D.M.; Ray-Novak, M.; Gillani, B.; Peterson, E. Sexual and Gender Minority Youth in Foster Care: An Evidence-Based Theoretical Conceptual Model of Disproportionality and Psychological Comorbidities. *Trauma Violence Abus.* **2021**, *23*, 15248380211013128. [\[CrossRef\]](#) [\[PubMed\]](#)
70. Zilberstein, K. Parenting in Families of Low Socioeconomic Status: A Review with Implications for Child Welfare Practice. *Fam. Court Rev.* **2016**, *54*, 221–231. [\[CrossRef\]](#)
71. Barth, R.P.; Jonson-Reid, M.; Greeson, J.K.P.; Drake, B.; Berrick, J.D.; Garcia, A.R.; Shaw, T.V.; Gyourko, J.R. Outcomes Following Child Welfare Services: What Are They and Do They Differ for Black Children? *J. Public Child Welf.* **2020**, *14*, 477–499. [\[CrossRef\]](#)



72. Bibbs, T.D. Leading with Racial Equity: Promoting Black Family Resilience in Early Childhood. *J. Fam. Soc. Work* **2019**, *22*, 315–332. [[CrossRef](#)]
73. Boyd, R. African American Disproportionality and Disparity in Child Welfare: Toward a Comprehensive Conceptual Framework. *Child. Youth Serv. Rev.* **2014**, *37*, 15–27. [[CrossRef](#)]
74. Cénat, J.M.; McIntee, S.-E.; Mukunzi, J.N.; Noorishad, P.-G. Overrepresentation of Black Children in the Child Welfare System: A Systematic Review to Understand and Better Act. *Child. Youth Serv. Rev.* **2021**, *120*, 105714. [[CrossRef](#)]
75. Dettlaff, A.J.; Boyd, R. Racial Disproportionality and Disparities in the Child Welfare System: Why Do They Exist, and What Can Be Done to Address Them? *Ann. Am. Acad. Political Soc. Sci.* **2020**, *692*, 253–274. [[CrossRef](#)]
76. Gatwiri, K.; McPherson, L.; Parmenter, N.; Cameron, N.; Rotumah, D. Indigenous Children and Young People in Residential Care: A Systematic Scoping Review. *Trauma Violence Abus.* **2021**, *22*, 829–842. [[CrossRef](#)]
77. Haight, W.; Waubanasum, C.; Glesener, D.; Marsalis, S. A Scoping Study of Indigenous Child Welfare: The Long Emergency and Preparations for the next Seven Generations. *Child. Youth Serv. Rev.* **2018**, *93*, 397–410. [[CrossRef](#)]
78. Kelly, D.C.; Varghese, R. Four Contexts of Institutional Oppression: Examining the Experiences of Blacks in Education, Criminal Justice and Child Welfare. *J. Hum. Behav. Soc. Environ.* **2018**, *28*, 874–888. [[CrossRef](#)]
79. Lee, J.Y.; Gilbert, T.; Lee, S.J.; Staller, K.M. Reforming a System That Cannot Reform Itself: Child Welfare Reform by Class Action Lawsuits. *Soc. Work* **2019**, *64*, 283–291. [[CrossRef](#)] [[PubMed](#)]
80. Ma, J. The Intersection and Parallels of Aboriginal Peoples’ and Racialized Migrants’ Experiences of Colonialism and Child Welfare in Canada. *Int. Soc. Work* **2021**, *64*, 901–916. [[CrossRef](#)]
81. Lahti, M.; Linno, M.; Pael, J.; Lenk-Adusoo, M.; Timonen-Kallio, E. Mental Health Care Interventions in Child Welfare: Integrative Review of Evidence-Based Literature. *Issues Ment. Health Nurs.* **2018**, *39*, 746–756. [[CrossRef](#)] [[PubMed](#)]
82. Schilling, S.; Fortin, K.; Forkey, H. Medical Management and Trauma-Informed Care for Children in Foster Care. *Curr. Probl. Pediatr. Adolesc. Health Care* **2015**, *45*, 298–305. [[CrossRef](#)] [[PubMed](#)]
83. Falconnier, L.A.; Tomasello, N.M.; Doueck, H.J.; Wells, S.J.; Luckey, H.; Agathen, J.M. Indicators of Quality in Kinship Foster Care. *Fam. Soc.* **2010**, *91*, 415–420. [[CrossRef](#)]
84. Fong, R.; Berger Cardoso, J. Child Human Trafficking Victims: Challenges for the Child Welfare System. *Eval. Program Plan.* **2010**, *33*, 311–316. [[CrossRef](#)] [[PubMed](#)]
85. Greeson, J.K.P.; Garcia, A.R.; Tan, F.; Chacon, A.; Ortiz, A.J. Interventions for Youth Aging out of Foster Care: A State of the Science Review. *Child. Youth Serv. Rev.* **2020**, *113*, 105005. [[CrossRef](#)]
86. Isokuortti, N.; Aaltio, E.; Laajasalo, T.; Barlow, J. Effectiveness of Child Protection Practice Models: A Systematic Review. *Child Abus. Negl.* **2020**, *108*, 104632. [[CrossRef](#)]
87. Robertson, R.D. The Invisibility of Adolescent Sexual Development in Foster Care: Seriously Addressing Sexually Transmitted Infections and Access to Services. *Child. Youth Serv. Rev.* **2013**, *35*, 493–504. [[CrossRef](#)]
88. Seltzer, R.R.; Henderson, C.M.; Boss, R.D. Medical Foster Care: What Happens When Children with Medical Complexity Cannot Be Cared for by Their Families? *Pediatr. Res.* **2016**, *79*, 191–196. [[CrossRef](#)] [[PubMed](#)]
89. Gordon, D.M.; Oliveros, A.; Hawes, S.W.; Iwamoto, D.K.; Rayford, B.S. Engaging Fathers in Child Protection Services: A Review of Factors and Strategies across Ecological Systems. *Child Youth Serv. Rev.* **2012**, *34*, 1399–1417. [[CrossRef](#)] [[PubMed](#)]
90. Campie, P.E.; Pakstis, A.; Flynn, K.; McDermott, K. Developing a Coherent Approach to Youth Well-Being in the Fields of Child Welfare, Juvenile Justice, Education, and Health: A Systematic Literature Review. *Fam. Soc.* **2015**, *96*, 175–184. [[CrossRef](#)]
91. Morton, C.; Wells, M. Behavioral and Substance Use Outcomes for Older Youth Living with a Parental Opioid Misuse: A Literature Review to Inform Child Welfare Practice and Policy. *J. Public Child Welf.* **2017**, *11*, 546–567. [[CrossRef](#)]
92. Naylor, M.W.; Wakefield, S.M.; Morgan, W.; Aneja, A. Depression in Children and Adolescents Involved in the Child Welfare System. *Child Adolesc. Psychiatr. Clin. N. Am.* **2019**, *28*, 303–314. [[CrossRef](#)]
93. Barnett, E.R.; Concepcion-Zayas, M.T.; Zisman-Ilani, Y.; Bellonci, C. Patient-Centered Psychiatric Care for Youth in Foster Care: A Systematic and Critical Review. *J. Public Child Welf.* **2019**, *13*, 462–489. [[CrossRef](#)]
94. Barth, R.P.; Liggett-Creel, K. Common Components of Parenting Programs for Children Birth to Eight Years of Age Involved with Child Welfare Services. *Child. Youth Serv. Rev.* **2014**, *40*, 6–12. [[CrossRef](#)]
95. Bergström, M.; Cederblad, M.; Håkansson, K.; Jonsson, A.K.; Munthe, C.; Vinnerljung, B.; Wirtberg, I.; Östlund, P.; Sundell, K. Interventions in Foster Family Care: A Systematic Review. *Res. Soc. Work Pract.* **2020**, *30*, 3–18. [[CrossRef](#)]
96. Christian, C.W.; Schwarz, D.F. Child Maltreatment and the Transition to Adult-Based Medical and Mental Health Care. *Pediatrics* **2011**, *127*, 139–145. [[CrossRef](#)]
97. Coleman, K.L.; Wu, Q. Kinship Care and Service Utilization: A Review of Predisposing, Enabling, and Need Factors. *Child. Youth Serv. Rev.* **2016**, *61*, 201–210. [[CrossRef](#)]
98. Duong, M.T.; Bruns, E.J.; Lee, K.; Cox, S.; Coifman, J.; Mayworm, A.; Lyon, A.R. Rates of Mental Health Service Utilization by Children and Adolescents in Schools and Other Common Service Settings: A Systematic Review and Meta-Analysis. *Adm. Policy Ment. Health* **2021**, *48*, 420–439. [[CrossRef](#)]
99. Goemans, A.; van Geel, M.; van Beem, M.; Vedder, P. Developmental Outcomes of Foster Children: A Meta-Analytic Comparison with Children from the General Population and Children at Risk Who Remained at Home. *Child Maltreat.* **2016**, *21*, 198–217. [[CrossRef](#)]

100. Gustavsson, N.; MacEachron, A. Educational Policy and Foster Youths: The Risks of Change. *Child. Sch.* **2012**, *34*, 83–91. [\[CrossRef\]](#)
101. Anyon, Y. Reducing Racial Disparities and Disproportionalities in the Child Welfare System: Policy Perspectives about How to Serve the Best Interests of African American Youth. *Child. Youth Serv. Rev.* **2011**, *33*, 242–253. [\[CrossRef\]](#)
102. Jones, L.V.; Mountz, S.E.; Trant, J.; Quezada, N.M. A Black Feminist Approach for Caseworkers Intervening with Black Female Caregivers. *J. Public Child Welf.* **2020**, *14*, 395–411. [\[CrossRef\]](#)
103. Day, A.G.; Murphy, K.S.; Whitekiller, V.D.; Haggerty, K.P. Characteristics and Competencies of Successful Resource Parents Working in Indian Country: A Systematic Review of the Research. *Child. Youth Serv. Rev.* **2021**, *121*, 105834. [\[CrossRef\]](#)
104. Landers, A.L.; Danes, S.M. Forgotten Children: A Critical Review of the Reunification of American Indian Children in the Child Welfare System. *Child. Youth Serv. Rev.* **2016**, *71*, 137–147. [\[CrossRef\]](#)
105. Lucero, N.M.; Leake, R. Expressions of Culture in American Indian/Alaska Native Tribal Child Welfare Work: A Qualitative Meta-Synthesis. *J. Public Child Welf.* **2016**, *10*, 327–347. [\[CrossRef\]](#)
106. McLachlan, A.; Levy, M.; McClintock, K.; Tauroa, R. A Literature Review: Addressing Indigenous Parental Substance Use and Child Welfare in Aotearoa: A Whānau Ora Framework. *J. Ethn. Subst. Abus.* **2015**, *14*, 96–109. [\[CrossRef\]](#)
107. Quinn, A. Nurturing Identity among Indigenous Youth in Care. *Child Youth Serv.* **2020**, *41*, 83–104. [\[CrossRef\]](#)
108. Sahota, P.C. Kinship Care for Children Who Are American Indian/Alaska Native: State of the Evidence. *Child Welf.* **2019**, *97*, 63–78.
109. Sinha, V.; Kozlowski, A. The Structure of Aboriginal Child Welfare in Canada. *Int. Indig. Policy J.* **2013**, *4*. [\[CrossRef\]](#)
110. Davidson, R.D.; Morrissey, M.W.; Beck, C.J. The Hispanic Experience of the Child Welfare System. *Fam. Court Rev.* **2019**, *57*, 201–216. [\[CrossRef\]](#)
111. Degener, C.J.; van Bergen, D.D.; Grietens, H.W.E. The Ethnic Identity Complexity of Transculturally Placed Foster Youth in the Netherlands. *Child. Youth Serv. Rev.* **2020**, *113*, 104957. [\[CrossRef\]](#)
112. Sawrikar, P.; Katz, I.B. Recommendations for Improving Cultural Competency When Working with Ethnic Minority Families in Child Protection Systems in Australia. *Child Adolesc. Soc. Work J.* **2014**, *31*, 393–417. [\[CrossRef\]](#)
113. Anthony, E.; Austin, M.; Cormier, D. Early Detection of Prenatal Substance Exposure and the Role of Child Welfare. *Child. Youth Serv. Rev.* **2010**, *32*, 6–12. [\[CrossRef\]](#)
114. Canfield, M.; Radcliffe, P.; Marlow, S.; Boreham, M.; Gilchrist, G. Maternal Substance Use and Child Protection: A Rapid Evidence Assessment of Factors Associated with Loss of Child Care. *Child Abus. Negl.* **2017**, *70*, 11–27. [\[CrossRef\]](#)
115. De Bortoli, L.; Coles, J.; Dolan, M. Linking Illicit Substance Misuse during Pregnancy and Child Abuse: What Is the Quality of the Evidence? *Child Fam. Soc. Work* **2014**, *19*, 136–148. [\[CrossRef\]](#)
116. Doab, A.; Fowler, C.; Dawson, A. Factors That Influence Mother-Child Reunification for Mothers with a History of Substance Use: A Systematic Review of the Evidence to Inform Policy and Practice in Australia. *Int. J. Drug Policy* **2015**, *26*, 820–831. [\[CrossRef\]](#) [\[PubMed\]](#)
117. Hayward, R.A.; DePanfilis, D.; Woodruff, K. Parental Methamphetamine Use and Implications for Child Welfare Intervention: A Review of the Literature. *J. Public Child Welf.* **2010**, *4*, 25–60. [\[CrossRef\]](#)
118. Lloyd, M.H. Family Drug Courts: Conceptual Frameworks, Empirical Evidence, and Implications for Social Work. *Fam. Soc.* **2015**, *96*, 49–57. [\[CrossRef\]](#)
119. Lloyd, M.H.; Brook, J. Drug Testing in Child Welfare: A Systematic Review. *Child. Youth Serv. Rev.* **2019**, *104*, 104389. [\[CrossRef\]](#)
120. Marcellus, L.; MacKinnon, K.; Gordon, C.; Shaw, L. Interventions and Programs That Support the Health and Development of Infants with Prenatal Substance Exposure in Foster Care: A Scoping Review. *JBI Evid. Synth.* **2021**, *19*, 1844–1886. [\[CrossRef\]](#)
121. Marsh, J.C.; Smith, B.D. Integrated Substance Abuse and Child Welfare Services for Women: A Progress Review. *Child Youth Serv. Rev.* **2011**, *33*, 466–472. [\[CrossRef\]](#)
122. Murphy, A.L.; Harper, W.; Griffiths, A.; Joffrion, C. Family Reunification: A Systematic Review of Interventions Designed to Address Co-Occurring Issues of Child Maltreatment and Substance Use. *J. Public Child Welf.* **2017**, *11*, 413–432. [\[CrossRef\]](#)
123. Oliveros, A.; Kaufman, J. Addressing Substance Abuse Treatment Needs of Parents Involved with the Child Welfare System. *Child Welf.* **2011**, *90*, 25–41.
124. Richards, T.; Bertrand, J.; Newburg-Rinn, S.; McCann, H.; Morehouse, E.; Ingoldsby, E. Children Prenatally Exposed to Alcohol and Other Drugs: What the Literature Tells Us about Child Welfare Information Sources, Policies, and Practices to Identify and Care for Children. *J. Public Child Welf.* **2022**, *16*, 71–94. [\[CrossRef\]](#) [\[PubMed\]](#)
125. Sheridan, K. A Systematic Review of the Literature Regarding Family Context and Mental Health of Children from Rural Methamphetamine-Involved Families: Implications for Rural Child Welfare Practice. *J. Public Child Welf.* **2014**, *8*, 514–538. [\[CrossRef\]](#)
126. Wolfson, L.; Schmidt, R.A.; Stinson, J.; Poole, N. Examining Barriers to Harm Reduction and Child Welfare Services for Pregnant Women and Mothers Who Use Substances Using a Stigma Action Framework. *Health Soc. Care Community* **2021**, *29*, 589–601. [\[CrossRef\]](#) [\[PubMed\]](#)
127. Zhang, S.; Huang, H.; Wu, Q.; Li, Y.; Liu, M. The Impacts of Family Treatment Drug Court on Child Welfare Core Outcomes: A Meta-Analysis. *Child Abus. Negl.* **2019**, *88*, 1–14. [\[CrossRef\]](#) [\[PubMed\]](#)
128. Ferguson, L. Could an Increased Focus on Identity Development in the Provision of Children's Services Help Shape Positive Outcomes for Care Leavers?" A Literature Review. *Child Care Pract.* **2018**, *24*, 76–91. [\[CrossRef\]](#)



129. Everson-Hock, E.S.; Jones, R.; Guillaume, L.; Clapton, J.; Duenas, A.; Goyder, E.; Chilcott, J.; Cooke, J.; Payne, N.; Sheppard, L.M.; et al. Supporting the Transition of Looked-after Young People to Independent Living: A Systematic Review of Interventions and Adult Outcomes. *Child Care Health Dev.* **2011**, *37*, 767–779. [[CrossRef](#)] [[PubMed](#)]
130. Häggman-Laitila, A.; Salohekkilä, P.; Karki, S. Integrative Review of the Evaluation of Additional Support Programs for Care Leavers Making the Transition to Adulthood. *J. Pediatr. Nurs.* **2020**, *54*, 63–77. [[CrossRef](#)] [[PubMed](#)]
131. Havlicek, J. Lives in Motion: A Review of Former Foster Youth in the Context of Their Experiences in the Child Welfare System. *Child Youth Serv. Rev.* **2011**, *33*, 1090–1100. [[CrossRef](#)]
132. Jones, L. Remaining in Foster Care after Age 18 and Youth Outcomes at the Transition to Adulthood: A Review. *Fam. Soc.* **2019**, *100*, 260–281. [[CrossRef](#)]
133. Lee, T.; Morgan, W. Transitioning to Adulthood from Foster Care. *Child Adolesc. Psychiatr. Clin. N. Am.* **2017**, *26*, 283–296. [[CrossRef](#)] [[PubMed](#)]
134. Flynn, S. Towards Parity in Protection: Barriers to Effective Child Protection and Welfare Assessment with Disabled Children in the Republic of Ireland. *Child Care Pract.* **2021**, *27*, 333–351. [[CrossRef](#)]
135. Flynn, S. Social Work Intervention Pathways within Child Protection: Responding to the Needs of Disabled Children in Ireland. *Practice* **2021**, *33*, 51–63. [[CrossRef](#)]
136. Friedman, S.L.; Kalichman, M.A. Council on Children with Disabilities; Council on Children with Disabilities Out-of-Home Placement for Children and Adolescents with Disabilities. *Pediatrics* **2014**, *134*, 836–846. [[CrossRef](#)]
137. Stalker, K.; McArthur, K. Child Abuse, Child Protection and Disabled Children: A Review of Recent Research. *Child Abus. Rev.* **2012**, *21*, 24–40. [[CrossRef](#)]
138. Welch, V.; Jones, C.; Stalker, K.; Stewart, A. Permanence for Disabled Children and Young People through Foster Care and Adoption: A Selective Review of International Literature. *Child. Youth Serv. Rev.* **2015**, *53*, 137–146. [[CrossRef](#)]
139. Ziviani, J.; Feeney, R.; Cuskelly, M.; Meredith, P.; Hunt, K. Effectiveness of Support Services for Children and Young People with Challenging Behaviours Related to or Secondary to Disability, Who Are in out-of-Home Care: A Systematic Review. *Child. Youth Serv. Rev.* **2012**, *34*, 758–770. [[CrossRef](#)]
140. Cross, T.P.; Mathews, B.; Tonmyr, L.; Scott, D.; Ouimet, C. Child Welfare Policy and Practice on Children's Exposure to Domestic Violence. *Child Abus. Negl.* **2012**, *36*, 210–216. [[CrossRef](#)]
141. Ogonnaya, I.N.; Pohle, C. Case Outcomes of Child Welfare-Involved Families Affected by Domestic Violence: A Review of the Literature. *Child. Youth Serv. Rev.* **2013**, *35*, 1400–1407. [[CrossRef](#)]
142. Turner, W.; Hester, M.; Broad, J.; Szilassy, E.; Feder, G.; Drinkwater, J.; Firth, A.; Stanley, N. Interventions to Improve the Response of Professionals to Children Exposed to Domestic Violence and Abuse: A Systematic Review. *Child Abus. Rev.* **2017**, *26*, 19–39. [[CrossRef](#)]
143. Sharples, H. Widening Inclusion for Gay Women Foster Carers—A Literature Review of the Sociological, Psychological and Economic Implications. *Practice* **2017**, *29*, 37–53. [[CrossRef](#)]
144. Gatwiri, K.; Cameron, N.; McPherson, L.; Parmenter, N. What Is Known about Child Sexual Exploitation in Residential Care in Australia? A Systematic Scoping Review. *Child. Youth Serv. Rev.* **2020**, *116*, 105188. [[CrossRef](#)]
145. Boyle, C. 'What Is the Impact of Birth Family Contact on Children in Adoption and Long-Term Foster Care?' A Systematic Review. *Child Fam. Soc. Work* **2017**, *22*, 22–33. [[CrossRef](#)]
146. Seale, C.; Damiani-Taraba, G. Always Together? Predictors and Outcomes of Sibling Co-Placement in Foster Care. *Child Welf.* **2018**, *95*, 9.
147. Hegar, R.L.; Scannapieco, M. Foster Care to Kinship Adoption: The Road Less Traveled. *Adopt. Q.* **2017**, *20*, 83–97. [[CrossRef](#)]
148. Ai, A.L.; Foster, L.J.J.; Pecora, P.J.; Delaney, N.; Rodriguez, W. Reshaping Child Welfare's Response to Trauma: Assessment, Evidence-Based Intervention, and New Research Perspectives. *Res. Soc. Work Pract.* **2013**, *23*, 651–668. [[CrossRef](#)]
149. Dijkstra, S.; Creemers, H.E.; Asscher, J.J.; Deković, M.; Stams, G.J.J.M. The Effectiveness of Family Group Conferencing in Youth Care: A Meta-Analysis. *Child Abus. Negl.* **2016**, *62*, 100–110. [[CrossRef](#)] [[PubMed](#)]
150. Cassarino-Perez, L.; Crous, G.; Goemans, A.; Montserrat, C.; Sarriera, J.C. From Care to Education and Employment: A Meta-Analysis. *Child. Youth Serv. Rev.* **2018**, *95*, 407–416. [[CrossRef](#)]
151. Finigan-Carr, N.M.; Murray, K.W.; O'Connor, J.M.; Rushovich, B.R.; Dixon, D.A.; Barth, R.P. Preventing Rapid Repeat Pregnancy and Promoting Positive Parenting among Young Mothers in Foster Care. *Soc Work Public Health* **2015**, *30*, 1–17. [[CrossRef](#)]
152. Gonzalez, M.J. Mental Health Care of Families Affected by the Child Welfare System. *Child Welf.* **2014**, *93*, 7–57.
153. Leve, L.D.; Harold, G.T.; Chamberlain, P.; Landsverk, J.A.; Fisher, P.A.; Vostanis, P. Practitioner Review: Children in Foster Care—Vulnerabilities and Evidence-Based Interventions That Promote Resilience Processes. *J. Child Psychol. Psychiatry* **2012**, *53*, 1197–1211. [[CrossRef](#)]
154. Bullen, T.; Taplin, S.; McArthur, M.; Humphreys, C.; Kertesz, M. Interventions to Improve Supervised Contact Visits between Children in out of Home Care and Their Parents: A Systematic Review. *Child Fam. Soc. Work* **2017**, *22*, 822–833. [[CrossRef](#)]
155. Evans, R.; White, J.; Turley, R.; Slater, T.; Morgan, H.; Strange, H.; Scourfield, J. Comparison of Suicidal Ideation, Suicide Attempt and Suicide in Children and Young People in Care and Non-Care Populations: Systematic Review and Meta-Analysis of Prevalence. *Child. Youth Serv. Rev.* **2017**, *82*, 122–129. [[CrossRef](#)]
156. Mayer, S.S. Enhancing the Lives of Children in Out-of-Home Care: An Exploration of Mind-Body Interventions as a Method of Trauma Recovery. *J. Child Adolesc. Trauma* **2019**, *12*, 549–560. [[CrossRef](#)]

157. Barth, R.P.; Greeson, J.K.P.; Zlotnik, S.R.; Chintapalli, L.K. Evidence-Based Practice for Youth in Supervised out-of-Home Care: A Framework for Development, Definition, and Evaluation. *J. Evid. Based Soc. Work* **2009**, *6*, 147–175. [[CrossRef](#)] [[PubMed](#)]
158. Frost, N.; Abram, F.; Burgess, H. Family Group Conferences: Evidence, Outcomes and Future Research. *Child Fam. Soc. Work* **2014**, *19*, 501–507. [[CrossRef](#)]
159. Vasileva, M.; Petermann, F. Attachment, Development, and Mental Health in Abused and Neglected Preschool Children in Foster Care: A Meta-Analysis. *Trauma Violence Abus.* **2018**, *19*, 443–458. [[CrossRef](#)]
160. Lehmann, S.; Kaye, N.S. Children Placed in Alternate Care in Norway: A Review of Mental Health Needs and Current Official Measures to Meet Them. *Int. J. Soc. Welf.* **2018**, *27*, 364–371. [[CrossRef](#)]
161. McKenna, S.; Donnelly, M.; Onyeka, I.N.; O'Reilly, D.; Maguire, A. Experience of Child Welfare Services and Long-Term Adult Mental Health Outcomes: A Scoping Review. *Soc. Psychiatry Psychiatr. Epidemiol.* **2021**, *56*, 1115–1145. [[CrossRef](#)]
162. Kothari, B.H.; Blakeslee, J.; Miller, R. Individual and Interpersonal Factors Associated with Psychosocial Functioning among Adolescents in Foster Care: A Scoping Review. *Child. Youth Serv. Rev.* **2020**, *118*, 105454. [[CrossRef](#)]
163. Yelick, A. Research Review: Independent Living Programmes: The Influence on Youth Ageing out of Care (YAO). *Child Fam. Soc. Work* **2015**, *22*, 515–526. [[CrossRef](#)]
164. Bell, T.; Romano, E. Permanency and Safety among Children in Foster Family and Kinship Care: A Scoping Review. *Trauma Violence Abus.* **2017**, *18*, 268–286. [[CrossRef](#)]
165. Biehal, N. Maltreatment in Foster Care: A Review of the Evidence. *Child Abus. Rev.* **2014**, *23*, 48–60. [[CrossRef](#)]
166. Kuit, N.; Ryke, E.H. A Rapid Review of Non-Death Bereavement Interventions for Children in Alternative Care. *Child Adolesc. Soc. Work. J.* **2021**. [[CrossRef](#)]
167. Harder, A.T.; Köngeter, S.; Zeller, M.; Knorth, E.J.; Knot-Dickscheit, J. Instruments for Research on Transition: Applied Methods and Approaches for Exploring the Transition of Young Care Leavers to Adulthood. *Child. Youth Serv. Rev.* **2011**, *33*, 2431–2441. [[CrossRef](#)]
168. Kekoni, T.; Miettinen, J.; Häkälä, N.; Savolainen, A. Child Development in Foster Family Care—What Really Counts? *Eur. J. Soc. Work* **2019**, *22*, 107–120. [[CrossRef](#)]
169. Fisher, P.A.; Mannering, A.M.; Van Scoyoc, A.; Graham, A.M. A Translational Neuroscience Perspective on the Importance of Reducing Placement Instability among Foster Children. *Child Welf.* **2013**, *92*, 9–36.
170. Collins, J.L. Integrative Review: Delivery of Healthcare Services to Adolescents and Young Adults during and after Foster Care. *J. Pediatr. Nurs.* **2016**, *31*, 653–666. [[CrossRef](#)]
171. Casey, C.M.; Cook-Cottone, C.; Beck-Joslyn, M. An Overview of Problematic Eating and Food-Related Behavior among Foster Children: Definitions, Etiology, and Intervention. *Child Adolesc. Soc. Work J.* **2012**, *29*, 307–322. [[CrossRef](#)]
172. Connolly, J.; Heifetz, M.; Bohr, Y. Pregnancy and Motherhood among Adolescent Girls in Child Protective Services: A Meta-Synthesis of Qualitative Research. *J. Public Child Welf.* **2012**, *6*, 614–635. [[CrossRef](#)]
173. Forslund, T.; Granqvist, P.; van IJzendoorn, M.H.; Sagi-Schwartz, A.; Glaser, D.; Steele, M.; Hammarlund, M.; Schuengel, C.; Bakermans-Kranenburg, M.J.; Steele, H.; et al. Attachment Goes to Court: Child Protection and Custody Issues. *Attach. Hum. Dev.* **2022**, *24*, 1–52. [[CrossRef](#)]
174. Ackerman, A.M. An Integrated Model for Counselor Social Justice Advocacy in Child Welfare. *Fam. J.* **2017**, *25*, 389–397. [[CrossRef](#)]
175. Deutsch, S.A.; Lynch, A.; Zlotnik, S.; Matone, M.; Kreider, A.; Noonan, K. Mental Health, Behavioral and Developmental Issues for Youth in Foster Care. *Curr. Probl. Pediatr. Adolesc. Health Care* **2015**, *45*, 292–297. [[CrossRef](#)]
176. Brown, L.; Sen, R. Improving Outcomes for Looked after Children: A Critical Analysis of Kinship Care. *Practice* **2014**, *26*, 161–180. [[CrossRef](#)]
177. Washington, T.; Wrenn, A.; Kaye, H.; Priester, M.A.; Colombo, G.; Carter, K.; Shadreck, I.; Hargett, B.A.; Williams, J.A.; Coakley, T. Psychosocial Factors and Behavioral Health Outcomes among Children in Foster and Kinship Care: A Systematic Review. *Child. Youth Serv. Rev.* **2018**, *90*, 118–133. [[CrossRef](#)]
178. Alavi, Z.; Calleja, N.G. Understanding the Use of Psychotropic Medications in the Child Welfare System: Causes, Consequences, and Proposed Solutions. *Child Welf.* **2012**, *91*, 77–94.
179. Kinsey, D.; Schlösser, A. Interventions in Foster and Kinship Care: A Systematic Review. *Clin. Child. Psychol. Psychiatry* **2013**, *18*, 429–463. [[CrossRef](#)] [[PubMed](#)]
180. Benesh, A.; Cui, M. Foster Parent Training Programmes for Foster Youth: A Content Review. *Child Fam. Soc. Work* **2017**, *22*, 548–559. [[CrossRef](#)]
181. Waldfogel, J. Rethinking the Paradigm for Child Protection. *Future Child.* **1998**, *8*, 104–119. [[CrossRef](#)] [[PubMed](#)]
182. Goldman, P.S.; Bakermans-Kranenburg, M.J.; Bradford, B.; Christopoulos, A.; Ken, P.L.A.; Cuthbert, C.; Duchinsky, R.; Fox, N.A.; Grigoras, S.; Gunnar, M.R.; et al. Institutionalisation and Deinstitutionalisation of Children 2: Policy and Practice Recommendations for Global, National, and Local Actors. *Lancet Child Adolesc. Health* **2020**, *4*, 606–633. [[CrossRef](#)]
183. Font, S.A.; Gershoff, E.T. Foster Care: How We Can, and Should, Do More for Maltreated Children. *Soc. Policy Rep.* **2020**, *33*, 1–40. [[CrossRef](#)]
184. Macvean, M.L.; Humphreys, C.; Healey, L. Facilitating the Collaborative Interface between Child Protection and Specialist Domestic Violence Services: A Scoping Review. *Aust. Soc. Work* **2018**, *71*, 148–161. [[CrossRef](#)]

185. Ogbonnaya, I.N.; Keeney, A.J. A Systematic Review of the Effectiveness of Interagency and Cross-System Collaborations in the United States to Improve Child Welfare Outcomes. *Child. Youth Serv. Rev.* **2018**, *94*, 225–245. [\[CrossRef\]](#)
186. Herbert, J.L.; Bromfield, L. Evidence for the Efficacy of the Child Advocacy Center Model A Systematic Review. *Trauma Violence Abus.* **2016**, *17*, 341–357. [\[CrossRef\]](#)
187. Herbert, J.L.; Bromfield, L. Multi-Disciplinary Teams Responding to Child Abuse: Common Features and Assumptions. *Child. Youth Serv. Rev.* **2019**, *106*, 104467. [\[CrossRef\]](#)
188. Steenbakkers, A.; Van Der Steen, S.; Grietens, H. The Needs of Foster Children and How to Satisfy Them: A Systematic Review of the Literature. *Clin. Child Fam. Psychol. Rev.* **2018**, *21*, 1–12. [\[CrossRef\]](#) [\[PubMed\]](#)
189. Mitra, R.; Hodes, M. Prevention of Psychological Distress and Promotion of Resilience amongst Unaccompanied Refugee Minors in Resettlement Countries. *Child Care Health Dev.* **2019**, *45*, 198–215. [\[CrossRef\]](#)
190. Deutsch, S.A.; Fortin, K. Physical Health Problems and Barriers to Optimal Health Care among Children in Foster Care. *Curr. Probl. Pediatr. Adolesc. Health Care* **2015**, *45*, 286–291. [\[CrossRef\]](#) [\[PubMed\]](#)
191. Mensah, T.; Hjern, A.; Håkanson, K.; Johansson, P.; Jonsson, A.K.; Mattsson, T.; Tranæus, S.; Vinnerljung, B.; Östlund, P.; Klingberg, G. Organisational Models of Health Services for Children and Adolescents in Out-of-home Care: Health Technology Assessment. *Acta Paediatr.* **2020**, *109*, 250–257. [\[CrossRef\]](#)
192. Cox, R.; Skouteris, H.; Hemmingsson, E.; Fuller-Tyszkiewicz, M.; Hardy, L.L. Problematic Eating and Food-Related Behaviours and Excessive Weight Gain: Why Children in out-of-Home Care Are at Risk. *Aust. Soc. Work* **2016**, *69*, 338–347. [\[CrossRef\]](#)
193. Vial, A.; Assink, M.; Stams, G.J.J.M.; van der Put, C. Safety Assessment in Child Welfare: A Comparison of Instruments. *Child. Youth Serv. Rev.* **2020**, *108*, 104555. [\[CrossRef\]](#)
194. Vis, S.A.; Lauritzen, C.; Fossum, S. Systematic Approaches to Assessment in Child Protection Investigations: A Literature Review. *Int. Soc. Work* **2021**, *64*, 325–340. [\[CrossRef\]](#)
195. Cuccaro-Alamin, S.; Foust, R.; Vaithianathan, R.; Putnam-Hornstein, E. Risk Assessment and Decision Making in Child Protective Services: Predictive Risk Modeling in Context. *Child. Youth Serv. Rev.* **2017**, *79*, 291–298. [\[CrossRef\]](#)
196. Fowler, P.J.; Farrell, A.F.; Marcal, K.E.; Chung, S.; Hovmand, P.S. Housing and Child Welfare: Emerging Evidence and Implications for Scaling up Services. *Am. J. Community Psychol.* **2017**, *60*, 134–144. [\[CrossRef\]](#) [\[PubMed\]](#)
197. Geiger, J.M.; Beltran, S.J. Readiness, Access, Preparation, and Support for Foster Care Alumni in Higher Education: A Review of the Literature. *J. Public Child Welf.* **2017**, *11*, 487–515. [\[CrossRef\]](#)
198. Kennan, D.; Brady, B.; Forkan, C. Supporting Children's Participation in Decision Making: A Systematic Literature Review Exploring the Effectiveness of Participatory Processes. *Br. J. Soc. Work* **2018**, *48*, 1985–2002. [\[CrossRef\]](#)
199. Luckock, B.; Barlow, J.; Brown, C. Developing Innovative Models of Practice at the Interface between the NHS and Child and Family Social Work Where Children Living at Home Are at Risk of Abuse and Neglect: A Scoping Review. *Child Fam. Soc. Work* **2015**, *22*, 62–69. [\[CrossRef\]](#)
200. Karpetsis, G. Theories on Child Protection Work with Parents: A Narrative Review of the Literature. *Child Welf.* **2017**, *95*, 33.
201. Ruch, G.; Turney, D.; Ward, A. *Relationship-Based Social Work: Getting to the Heart of Practice*; Jessica Kingsley Publishers: London, UK, 2010; ISBN 978-1-84905-003-6.
202. Murphy, D.; Duggan, M.; Joseph, S. Relationship-Based Social Work and Its Compatibility with the Person-Centred Approach: Principled versus Instrumental Perspectives. *Br. J. Soc. Work* **2013**, *43*, 703–719. [\[CrossRef\]](#)
203. Boonzaaier, E.; Truter, E.; Fouché, A. Occupational Risk Factors in Child Protection Social Work: A Scoping Review. *Child. Youth Serv. Rev.* **2021**, *123*, 105888. [\[CrossRef\]](#)
204. Olaniyan, O.S.; Hetland, H.; Hystad, S.W.; Iversen, A.C.; Ortiz-Barreda, G. Lean on Me: A Scoping Review of the Essence of Workplace Support among Child Welfare Workers. *Front. Psychol.* **2020**, *11*, 287. [\[CrossRef\]](#)
205. Wilke, D.J.; Radey, M.; King, E.; Spinelli, C.; Rakes, S.; Nolan, C.R. A Multi-Level Conceptual Model to Examine Child Welfare Worker Turnover and Retention Decisions. *J. Public Child Welf.* **2018**, *12*, 204–231. [\[CrossRef\]](#)
206. Kim, H.; Kao, D. A Meta-Analysis of Turnover Intention Predictors among U.S. Child Welfare Workers. *Child. Youth Serv. Rev.* **2014**, *47*, 214–223. [\[CrossRef\]](#)
207. McFadden, P.; Campbell, A.; Taylor, B. Resilience and Burnout in Child Protection Social Work: Individual and Organisational Themes from a Systematic Literature Review. *Br. J. Soc. Work* **2015**, *45*, 1546–1563. [\[CrossRef\]](#)
208. Blome, W.W.; Steib, S.D. The Organizational Structure of Child Welfare: Staff Are Working Hard, but It Is Hardly Working. *Child. Youth Serv. Rev.* **2014**, *44*, 181–188. [\[CrossRef\]](#)
209. Bogo, M.; Shlonsky, A.; Lee, B.; Serbinski, S. Acting like It Matters: A Scoping Review of Simulation in Child Welfare Training. *J. Public Child Welf.* **2014**, *8*, 70–93. [\[CrossRef\]](#)
210. Collins, M.E.; Kim, S.H.; Amodeo, M. Empirical Studies of Child Welfare Training Effectiveness: Methods and Outcomes. *Child Adolesc. Soc. Work J.* **2010**, *27*, 41–62. [\[CrossRef\]](#)
211. Barth, R.P.; Berrick, J.D.; Garcia, A.R.; Drake, B.; Jonson-Reid, M.; Gyourko, J.R.; Greeson, J.K.P. Research to Consider While Effectively Re-Designing Child Welfare Services. *Res. Soc. Work Pract.* **2022**, *32*, 483–498. [\[CrossRef\]](#)
212. García-Moreno, C.; Hegarty, K.; d'Oliveira, A.F.L.; Koziol-McLain, J.; Colombini, M.; Feder, G. The Health-Systems Response to Violence against Women. *Lancet* **2015**, *385*, 1567–1579. [\[CrossRef\]](#)

213. Blackstock, C. Indigenous Child Welfare Legislation: A Historical Change or Another Paper Tiger? *First Peoples Child Fam. Rev.* **2019**, *14*, 5–8. [[CrossRef](#)]
214. Blackstock, C.; Bamblett, M.; Black, C. Indigenous Ontology, International Law and the Application of the Convention to the over-Representation of Indigenous Children in out of Home Care in Canada and Australia. *Child Abus. Negl.* **2020**, *110*, 104587. [[CrossRef](#)] [[PubMed](#)]