



Illinois Child Welfare Research Agenda¹

The Illinois Child Welfare Research Agenda serves as a guide to the research community regarding the current priorities of the Illinois Department of Children and Family Services (IDCFS, the Department). IDCFS is pleased to receive requests from researchers interested in conducting protocols involving clients served by IDCFS. All such research requests need to be approved by the Department's Institutional Review Board (IRB). This document is intended to provide guidance to researchers seeking IRB approval from IDCFS.

The IDCFS IRB will give priority review to research requests that address one or more of the priority research areas identified below. However, requests that do not address one of the following priority areas may also be considered. The Illinois Child Welfare Research Agenda seeks to create conversations between researchers and practitioners that will facilitate meaningful knowledge creation and capacity-building for our key populations being served.

The current array of research projects reflects inquiry and evaluation for a range of interventions and populations that utilize diverse research methods and designs, and analyze various outcomes. The research portfolio informing the Department's work is intended to support meaningful application of research findings to policies and practices that positively affect children and families.

Outcomes of Interest. IDCFS is interested in research projects that help the agency and its partners to improve its capacity and success in achieving its mission: "The mission of Illinois IDCFS is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in our care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities and work in partnerships with communities to fulfill this mission."

The Department realizes that preferred outcomes for persons are best achieved through well-established and research-supported child welfare practices and programs. To advance this goal, IDCFS developed its preferred practice model framework, family-centered, trauma-informed, and strengths-based practice (FTS). The Department embarked on a coordinated strategy to incorporate brain science and accumulated knowledge on the impact of trauma to inform the development of a FTS practice model that would incorporate new knowledge within a coordinated strategy to serve families, promote permanency, and prevent harm to children. IDCFS has had a long-standing commitment to a trauma-informed practice and provides trauma-informed care training for its caseworkers and investigators.² IDCFS is interested in research that advances this practice and results in a better understanding of the effectiveness of this model.

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² Illinois Department of Children & Family Services. (2007) IDCFS Strategic Plan for Trauma.

Research projects that help understand what works to improve the following outcomes in **Table 1** are therefore high priority.

Table 1. Research Priorities by Outcomes for Children and Family Members/Other Caregivers

	Children and Youth	Family and Other Caregivers
Safety	Children and youth safe from abuse, neglect, serious harm, and death (by abuse or neglect)	Parenting attitudes and competencies of biological parents and family members; Biological parents and family members supported to provide safe and loving homes for their children; Foster, kinship, or guardianship homes that provide safe, permanent, high-quality care
Permanency	Children and youth with shortest possible time to permanent placements; placement stability for children and youth in care	Biological parents, family members, and substitute caregivers supported to provide adequate and appropriate care for their children, and reduce risks of removal or repeat maltreatment, neglect, serious harm, or death
Wellbeing	Education, physical health, mental health, and behavioral health outcomes for children and youth involved or transitioned out of State care	Families, caregivers, and service providers supported to effectively close outcome gaps for children and youth in care in education, physical health, mental health, and behavioral health

Across research questions, IDCFS seeks meaningful examination of racial equity and social justice implications for our work with children, youth, and families. IDCFS serves many vulnerable populations and participates as one agency among many entities working to reduce outcome and service gaps for marginalized populations relative to historically advantaged peers. The desired result of research projects is to inform IDCFS’ system and cross-agency strategy to affect disproportionate outcomes and service delivery for children, youth, and families who are most at-risk of child welfare entry, and those currently and formerly involved in Illinois’ child welfare system.

In addition to the primary research priorities focused on outcomes for children, youth, and families in IDCFS’ care and those most at-risk of child welfare entry, IDCFS is also interested in research on how to improve its system of support to best serve our children, youth, and families. Four main factors are of interest: 1) Workforce recruitment and retention, 2) Trauma-informed workforce development, 3) Evidence-based approaches to service delivery in child welfare settings, and 4) system of care³ practices for child-welfare involved families, particularly multi-disciplinary settings (e.g. courts, medical, education, child welfare).

Populations. IDCFS has many vulnerable populations that it must work to serve well in relation to the outcomes described above, i.e., safety, permanency, and wellbeing. IDCFS is interested in research that helps achieve improvements in key outcomes and service quality for the following populations disproportionately represented in the child welfare system, or underserved by the child welfare system:

1. Young children who are experiencing, or have been victimized by, child abuse and neglect (ages 0-3)
2. Child-welfare involved children and youth with disabilities or special needs

³ System of care values and practices establish an organizational framework for providing supports and services for children, youth, and young adults with a serious emotional disturbance and their families/ guardians/caregivers. System of care philosophy encourages collaboration across agencies and promotes the active involvement of families, children, youth, and young adults in the design and implementation of individualized, strength-based Individual Plans of Care.

3. Children and youth at-risk of child welfare involvement or in State care with mental health service needs (i.e. those in psychiatric hospitals, children with disruptive behavior disorders, children with trauma-and stress-related disorders).
4. Dually-involved youth,⁴ and children and youth in State care at risk of juvenile justice involvement
5. Youth in congregate care/residential care settings, independent living programs, transitional living programs, etc.
6. Pregnant and parenting youth in State care, and those who have transitioned out of State care through age 26
7. LGBTQ youth at-risk of child welfare involvement or in State care
8. Children and youth who may be at-risk for child welfare involvement or re-involvement (e.g., hotline call received, but no substantiated report; children in adoptive placements at-risk of disruption; children recently reunified with family)
9. Children and youth in families with high-risk of being placed in State care if preventive services are not provided (e.g., those eligible for Intact Family Services)
10. Any other population of substantial interest to IDCFS

IDCFS is also interested in learning about improving parenting outcomes among adult caregivers of children and youth in State care, and those at-risk of IDCFS' involvement. This includes consideration of effective ways to support adult caregivers to deal with their adverse childhood experiences while supporting the parenting/caregiving role with children served by IDCFS.

Adult caregiver populations:

- Biological parents
- Foster and adoptive parents
- Prospective foster and adoptive parents
- Guardians and prospective guardians
- Staff of congregate/residential care settings

In relation to research questions on improving the systems of support, IDCFS has some key service constituencies. Research questions of interest include those focused upon workforce recruitment and retention, trauma-informed workforce development, evidence-based approaches to service delivery in child welfare settings, and system of care practices for child-welfare involved families, particularly multi-disciplinary settings.

IDCFS key service constituencies:

- DCFS and POS caseworkers
- DCFS and POS supervisors
- Judges and court personnel
- Mental and behavioral health providers
- Juvenile justice staff and administration
- Primary care physicians and dentists
- Other personnel who serve children and youth in State care or at-risk of State care

⁴ Youth involved in both the child welfare and juvenile justice system

Interventions. IDCFS is interested in research on interventions, programs, and projects focused on the target populations mentioned above that aim to improve safety, permanency, and wellbeing outcomes for Illinois children and youth. Several federal and state policies and consent decrees influence priorities and requirements for IDCFS service delivery.

Arguably, the Family First Prevention Services Act (FFPSA or “Family First”) of 2018 is one of the most influential of these policies affecting research impacting IDCFS, partly due to the evidence-based requirements imposed to receive Title IV-E funding. The FFPSA is new federal legislation that affects the types of interventions and programming that IDCFS offers to families. FFPSA transforms federal financing for child welfare programming in two major ways:

- FFPSA allows Title IV-E funding to be used to fund up to one-year of evidence-based prevention services for children and families who are “candidates for foster care,” i.e., at “imminent risk” of child welfare involvement
- FFPSA regulates financial support for youth in congregate care settings to limit long stays in congregate care, provide residential treatment options for youth with clinical need, and establishes criteria for Qualified Residential Treatment Programs (QRTPs)

Family First provides an unprecedented opportunity for jurisdictions to implement preventive services aimed at strengthening and supporting families and preventing removals to foster care. Illinois will leverage the opportunity to (1) mobilize and broaden the array of evidence-based parenting skills, substance use disorder prevention and treatment, and mental health services, and (2) strengthen and improve the ability to engage families as active partners in identifying and meeting their own needs. Research and evaluations that meet study rigor criteria of the Title IV-E Prevention Services Clearinghouse (<https://preventionservices.abtsites.com/>) are valuable.

By maximizing the use of existing evidence-based resources and building upon the system’s capacity to engage families, the state will not only build a continuum of care that provides comprehensive and coordinated support to families to prevent them from entering the child welfare system, but also reinforce the family-centered, trauma-informed, and strengths-based approach to engaging families that has been implemented over the last ten years. In partnership with community-based providers, sister agencies, and local community networks, IDCFS will build cohesive community supports and resources to help each child realize his or her potential and safeguard vulnerable families. IDCFS is interested in research that supports these aims.

Research Designs. A separate document has been created to support researchers in developing well-crafted research questions and selecting research methodologies to answer them. See the Illinois DCFS Research Agenda Appendix.