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Opinion

Challenges and Opportunities for Innovation in Child Abuse and Neglect Research within the Child Welfare System in Australia

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Child abuse and neglect is a preventable public health issue, yet a complex global phenomenon with considerable adverse impacts on children, families, health and social services, as well as the Australian community. Despite the widespread adverse impact of child abuse and neglect, the research in this field within Australian child welfare systems is relatively scarce. What is needed is to understand the various challenges, barriers and limitations that face child abuse and neglect researchers and impede methodologically rigorous research within child welfare systems in Australia. This paper provides a brief overview of the key methodological limitations, barriers and challenges, as well as the strengths of the research methods used in studying child abuse and neglect. This paper also explores the potential gains from adopting a national translational research framework. Innovative translation of research and knowledge into effective care system responses and evidence-based practices for children remains a pressing issue. Further advances in Australian research and the evidence base will require substantial investment in research and evaluation activities, with a new emphasis on translational research and active collaboration between researchers and practitioners. Finally, this paper concludes with key recommendations and directions for future Australian-based research with the ultimate goal of improving practices and policies.

■ **Keywords:** research with children in out-of-home care, methodology, child abuse and neglect, child welfare organisations

Introduction

The cost of child abuse and neglect in Australia sits as high as $30.1 billion over 12 months (Taylor et al., 2008). The most recent estimate of the lifetime economic and social cost of child abuse and neglect associated with reduced quality of life and premature mortality was $17.4 billion, or $328,757 per child (McCarthy et al., 2016). Despite the economic burden, there are increasing numbers of children entering out-of-home care both in Australia and internationally (Higgins & Katz, 2008; O'Donnell et al., 2016). A combination of various factors, including the growing number of children entering the Australian out-of-home care system, have contributed to a system that was 'approaching a crisis point' (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005, p. 3), and has been described as 'still damaging and disturbing' (Sammut, 2014, p. 1). While there are different types of out-of-home care (e.g., home-based care, foster care, kinship care, residential care and others), as well as different categories of child abuse and neglect, in terms of research, there is a substantial knowledge gap in each of these areas, 'such that it is not possible to claim an adequate Australian evidence base for sound policy and practice decisions' (Bromfield & Osborn, 2007, p. 35). More broadly, about 14 years ago, the first comprehensive audit of Australian research in the out-of-home care sector between 1995 and 2004 indicated that research in this domain was marked by a lack of a coherent national research agenda, minimum investment in research and evaluation activities and a weak research infrastructure (Cashmore & Ainsworth, 2004). Although there has been some progress in the research domain (e.g., establishing the Australian Research Alliance for

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Children and Youth), there is still an urgent need to undertake an updated systematic analysis, review and audit of Australian out-of-home care research as a way of identifying strengths, gaps and priorities for a national research agenda.

Moreover, a lack of translation of research to fill practice gaps is pervasive throughout various areas of Australian out-of-home care research, and arguably international research too (Toth & Cicchetti, 2011). There appears to be a number of factors that contribute to the limited uptake and translation of emerging research and knowledge into meaningful and impactful practices. It is argued that this may largely be attributed (though not limited) to deficiencies in methodologically robust research designs pertaining to the evaluation of effective prevention activities and programmes, interventions and practices, as well as limited reliable and valid measures to assess trends and characteristics, and further understand correlates of child abuse and neglect, including community, parental and child-related risk factors. Hence, there is a need for an in-depth systematic analysis of the barriers and facilitators to the translation of research and knowledge into practice within child welfare systems in Australia. This would be a key finding in this field, which may considerably add towards reducing the gap between research and practice.

Further, child abuse and neglect researchers face considerable challenges and limitations that impede them from conducting methodologically rigorous research within the child welfare systems in Australia. These challenges, limitations and knowledge shortfalls represent significant barriers to efficiently plan appropriate responses and applying evidence-based interventions and practices. The aim of this paper is to provide a brief overview of the key methodological limitations, challenges and barriers, as well as the strengths of the research methods used in studying the broad phenomena of child abuse and neglect. This paper also discusses opportunities for innovation, as well as the potential gains from adopting a national translational research framework, which is yet to emerge within the child abuse and neglect research in Australian child welfare systems.

Child Abuse and Neglect Research: Past and Present

Some time ago, the broad field of child abuse and neglect research was described as methodologically messy (Socolar, Runyan, & Amaya-Jackson, 1995) and largely irrelevant to key policy questions facing the field of child welfare (Besharov, 1981). The weakness of the research in this area pertained to collective research and methodological factors such as variations in the definition of child abuse and neglect, poor study design, measures with no appropriate psychometric properties, lack of taxonomic delineation of abuse and neglect, issues of contributing risk factors; causality and reporting biases, as well as constraints on the generalisation of research findings (Besharov, 1981; Briere, 1992; McGee, Wolfe, Yuen, Wilson, & Carnochan, 1995; Socolar et al., 1995). However, considerable advances – and some progress – have been made to address some of these gaps; in particular, appropriate screening methods (Hoft & Haddad, 2017); addressing measurement issues and methodological limitations (Camilo, Garrido, & Calheiros, 2016; Fallon et al., 2010); trauma-informed practices and therapeutic care (Fratto, 2016; Jackson, Waters, Meehan, Hunter, & Corlett, 2013); advances in understanding the neurobiological and psychosocial sequelae of child abuse and neglect on brain development (Beal & Greiner, 2016; Kaufman & Charney, 2001; Perry, 2009; Teicher & Samson, 2016; Thomason & Marusak, 2017; Weber, Jud, & Landolt, 2016); as well as practical intervention and prevention activities and programmes (Barth, 2009; Constantino, 2016; James, 2000; Lane, 2014; MacMillan et al., 2009).

However, the aforementioned citations are largely non-Australian-based clinical research studies. Within the context of Australian child welfare systems and related practices, there is a poor evidence base for the various issues pertaining to children in out-of-home care, and significant research gaps in key areas (Bromfield et al., 2005; Bromfield & Osborn, 2007; Cashmore & Ainsworth, 2004). The key question remains as to the validity of generalising internationally based research findings to Australian children and families. Similarly, of critical importance is the argument that in terms of Aboriginal and Torres Strait Islander children and families ‘there is relatively little scope for international research to inform direction in this area due to the unique cultural needs’ (Bromfield et al., 2005, p. 25). Nevertheless, it is important to systematically examine and analyse the extent to which international pioneering research advances and emerging Australian-based research has been influential in informing and shaping the development of effective child protection practices and clinical service delivery within Australian child welfare systems. Currently, there has been no systematic attempt to synthesise the available research literature and related policies to address this question.

Effective Interventions and Programmes

The development, implementation and evaluation of evidence-based practices (EBP) for children in out-of-home care, as well as effective preventative interventions, remains a challenge for child welfare organisations in Australia (Frederico, Long, McNamara, McPherson, & Rose, 2016; Hanson, Self-Brown, Rostad, & Jackson, 2016). Further, the overall concept of evidence in protecting children in general, and EBP in social work in particular, is both complex and controversial (Appleton & Stanley, 2008; Webb, 2001). Despite this, governments, child welfare-related policymakers and funding organisations place considerable emphasis on the development and implementation of EBP and/or manualised programmes that have been endorsed as effective and impactful through rigorous research and evaluation methodologies, such as randomised controlled clinical trials (Barth, 2008; Buckley, Tonmyr, Lewig, & Jack, 2014).

Similarly, the National Research Agenda for Protecting Australian Children (Babington, 2011; COAG, 2009) prioritises the focus on instrumental research into what interventions work best, and for whom.

What is the best practice is a justifiable question, yet both the implementation and evaluation of EBP in child welfare are complex processes that require in-depth consideration of various factors and levels, including the dynamics of the care system, organisational factors, service provision, method of delivery and the characteristics of the consumers (Aarons & Palinkas, 2007; Atkins & Frederico, 2017). The discussion of these domains is beyond the scope of this brief paper, but generally there is a critical gap in Australian-based research on the barriers, challenges and facilitators to the development, implementation and evaluation of EBP in child welfare. Further, Aarons and Palinkas (2007) highlight that there is even less understanding of service provider perspectives on these issues. Further research and evaluation activities in the aforementioned domains are likely to advance and progress the Australian evidence base.

Nevertheless, one of the key challenges related to EBP that faces child abuse and neglect researchers within the child welfare system is to delineate the specifics of any form of intervention and/or programme and its direct impact on the primary clients of child protection, namely the children. In other words, the systematic evaluation and comparison of practice and service models. The comprehensive report entitled 'Supporting the Roadmap for Reform: Evidence-informed Practice' (Moore et al., 2016) utilised a rapid evidence assessment methodology and identified 33 Australian-based programmes that met the criteria of efficacy in addressing various facets of child maltreatment. Specifically, trauma-informed specialist programmes such as Take Two, a Victorian state-wide therapeutic service (Jackson, Frederico, Tanti, & Black, 2009), as well as the Evolve therapeutic services in Queensland (Klag et al., 2016), are considered promising programmes (Bath, 2015; Moore et al., 2016); yet this field of research requires considerable translational research if the goal of effective prevention, and the provision of strength and needs-based treatment is to be progressed (Kemp, Marcenko, Lyons, & Kruzich, 2014). Overall, at the current juncture, the efficacy of interventions and/or programmes in this area remains debatable.

There remains a critical need to ascertain the effectiveness of interventions and programmes. From an analytical perspective, a powerful tool to estimate practice effectiveness and/or effect sizes across interventions and programmes is the meta-analytic technique. This method allows ranking practices with minimal subjectivity and identifies the potential usefulness of interventions or programmes by accounting for factors that may impact programme efficacy. However, there has been no Australian research utilising meta-analytical techniques to systematically review the efficacy of interventions and/or programmes that have employed a specified treatment modality to ameliorate the impact of child abuse and neglect. On the other hand, from a clinical research perspective, further innovation and development in the area of intervention and practice is needed, along with methodologically rigorous evaluation activities. This is likely to require substantial investment, resources and active collaboration between child abuse and neglect researchers and practitioners/professionals.

Further, there is little Australian research about what aspects of mainstream interventions and/or programmes are replicable and flexible enough to be adapted to diverse populations and settings, such as to strengthen the social and emotional well-being of Aboriginal and Torres Strait Islander children and families (Day & Francisco, 2013; Day, Nakata, & Miller, 2016; Newton, Day, Gillies, & Fernandez, 2015). Critically, there is an overall shortage of Australian-based research about what works with, and for, culturally and linguistically diverse groups in general, and Aboriginal and Torres Strait Islander families and children in particular (Bromfield & Osborn, 2007; Cashmore & Ainsworth, 2004). Many questions remain unanswered about the best ways to prevent and/or treat the impact of child abuse and neglect across various cultural and ethnic groups (Widom, 2013). It is also plausible to argue that a 'scientifically-endorsed' effective treatment modality or programme may not necessarily be endorsed and/or perceived as meeting the particular cultural needs of these diverse groups. This argument warrants further research and investigation.

Methodological Considerations

Research and evaluation activities within child welfare systems face considerable limitations broadly related to study methodologies, organisational barriers, ethical issues and cultural difficulties. Generally, these challenges and difficulties impede the use of experimental research designs and systematic data collection strategies. Hence, it is almost impossible to control and specify every single factor or variable that may impact on child outcomes within the out-of-home care context (Mbagaya, Oburu, & Bakermans-Kranenburg, 2013; Pecora, Whittaker, Maluccio, & Barth, 2012). Nevertheless, rigorous observational study designs with matched control groups offer exciting opportunities for innovative research (MacMillan et al., 2007). However, this is also largely obscured by various factors, such as the inherent complexities and dynamics of the care and child welfare systems and children's heterogeneous clinical presentations (Afifi & MacMillan, 2011; Haskett, Nears, Ward, & McPherson, 2006). Overall, a combination of these factors, including methodological heterogeneity in child abuse and neglect research as well as the diversity in the clinical presentations of children impacted by abuse and neglect, considerably add to the challenges facing researchers who attempt to delineate clinical and functional outcomes at an individual child level.

Some of the major research design-related issues within child abuse and neglect research include the challenges related to sampling and methods for participant recruitment, retention rates, ethical issues and cultural difficulties (Petersen, Joseph, & Feit, 2014; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). For example, in terms of sampling, the two primary sampling methods – random and convenience sampling – present their own sets of challenges and limitations. The latter method, the most common non-random sampling type, is rapid, inexpensive and greatly expands access to hidden populations (e.g., parents who are homeless and involved with child protection authorities, culturally and linguistically diverse populations and other disadvantaged groups). The recruitment methods and techniques include snowball, facility-based, targeted and respondent driven-sampling, as well as 'research' participation as a result of referral to a particular programme or intervention (Spreen & Bogaerts, 2015). However, unlike random sampling, research findings cannot be extrapolated to the general population because of the non-representative nature of the particular group recruited. For example, clients of child protection recruited from therapeutic services would not be representative of children who do not access these services, reside in other areas or have (or have not) experienced the same level of abuse and neglect. The limited ability to generalise research findings is among the key limitations facing child abuse and neglect researchers.

Some time ago, Socolar and colleagues (1995) identified the lack of prospective population-based research as the key limitation to progress in the field of child abuse and neglect research. More recently, a similar pressing concern has been the absence of population-based and prospective epidemiological data that can ascertain and discern the distribution and interactive nature of the multiple risk and protective factors for child abuse and neglect (Putnam-Hornstein, Needell, & Rhodes, 2013). Longitudinal studies using either representative or purposive samples in cohort selection are critical to advance and progress the Australian evidence base. These types of studies add considerably to our understanding of the multiple risk and protective factors involved, the consequences of child abuse and neglect, the dynamics of the care system, treatment pathways, short and long-term impact of interventions on child-related outcomes, child-care pathways and developmental trajectories, as well as the extent of intergenerational transmission of child abuse and neglect (Barth & Jonson-Reid, 2000; Berzenski, Yates, & Egeland, 2014; Widom, Czaja, & DuMont, 2015).

However, there remains a paucity of such studies, with very few carried out in Australia to date. Examples where such research is occurring include the 'Pathways of Care' longitudinal study (Paxman, Tully, Burke, & Watson, 2014), the 'Growing Up in Care' (Fernandez, 2004) and 'Wards Leaving Care' (Cashmore & Paxman, 1996) studies. In addition, a South Australian study utilised a retrospective longitudinal design to explore the effects of placement changes and psychosocial outcomes of children in foster care (Barber, Delfabbro, & Gilbertson, 2004; Delfabbro & Barber, 2003). While longitudinal studies involving primary data collection with parents, carers, and the children involved with child welfare services (in particular clients of child protection) are important for determining short- and long-term outcomes, such approaches are expensive and require substantial resources, such as a well-funded, stable and strong research team over a long period of time, with extensive collaborative efforts.

In terms of longitudinal studies, the accuracy of participant recall and successful retention of participants at each subsequent wave of assessment is limited due to a range of complex factors, for example, parental disengagement with services (Kemp et al., 2014), comorbid health conditions (e.g., alcohol-other drugs use/misuse, mental health issues, domestic violence) (Mirick, 2014); intergenerational transmission of child abuse and neglect (Berzenski et al., 2014), as well as the child's placement instability (Jackson, 2010; Simon et al., 2017). These are among the many factors that may restrict the conduct of rigorous and methodologically sound research. Despite these challenges and limitations, an innovative approach would be to use the aforementioned Australian longitudinal studies as potential comparison groups for longitudinal studies in other jurisdictions, such as Victorian children impacted by abuse and neglect.

Data Collection Strategies

Data collection strategies in child abuse and neglect studies adopt qualitative, quantitative and/or mixed methods. They include the use of surveys, questionnaires, participant observation, ethnographic fieldwork, drawings, photography, narrative techniques, standardised measures, telephone and/or face-to-face interviews and drop-and-collect data collection practices (Fargas-Malet, McSherry, Larkin, & Robinson, 2010; Johnson & Turner, 2003). These are useful methods, but child abuse and neglect researchers operating within social welfare systems predominately rely on clinicians, practising social workers and other professionals for data collection. Generally, the data collected are derived from clinical practice; in other words, case-loads, which are not random samples and/or research participants. This significantly limits the generalisability of research findings.

In addition, professionals working with and for children impacted by abuse and neglect may use a range of inconsistent methods to collect the information that informs their assessment and intervention planning. For example, some clinical practitioners may utilise standardised measures to inform their practice and treatment planning (Jacob, Edbrooke-Childs, Law, & Wolpert, 2017), while others may consider these tools as a bureaucratic tick-box exercise (Badham & Minds, 2011; Wolpert, Fugard, Deighton, & Görzig, 2012). It appears that methods used to collect clinically-relevant information are influenced by practitioners' theoretical orientation, professional training and clinical experience, as well as attitudes towards the use of measures in practice (Norman, Dean, Hansford, & Ford, 2014). Overall, there is controversy with regard to how to measure matters related to children and their families, in a way that is clinically meaningful to inform best practice and treatment. Nevertheless, the inconsistent and varied methods of clinical data collection limit the quality and usefulness of such data for research purposes. Hence, data useful for sophisticated analyses are often not available and/or are of poor quality. This is among the many factors that limit the translation and uptake of research findings by service providers and professional workers.

Further, research and evaluation activities in the field of child abuse and neglect within Australian child welfare organisations and therapeutic programmes face various methodological limitations pertaining to study design, instruments and survey construction; as well as data-related limitations, including lack of attention to basic psychometric properties. For example, listening to children in care is a well-established priority within the Australian child welfare system, but there is a paucity of Australian-based studies with systematic attempts to obtain high quality data regarding children's experiences and satisfaction with out-of-home care-related services (Barber & Delfabbro, 2005; Holland, 2009). However, a recent Australian-based study utilised an innovative data analysis approach to address the limitations within the available secondary data, yet also highlighted that the 'voices of the primary clients of child protection systems are rarely heard' (Withington, Duplock, Burton, Eivers, & Lonne, 2017). A collection of obstacles and barriers has been identified that impede systematic data collection about the views and experiences of children in the care system (Gilbertson & Barber, 2002). These include a set of limitations including recruitment difficulties, high non-response rates, missing or transient participants, lack of cooperation from social and other workers, declining to participate, placement instability, lack of follow-up by social and other workers, participants being assessed by social workers as too distressed to participate in research and/or too dangerous to interview, as well as participants not keeping research-related appointments (Gilbertson & Barber, 2002).

Despite these limitations, the Australian-based CREATE Foundation Report (McDowall, 2013), examined the views and experiences of over 1,000 children in the care system across jurisdictions utilising adequate data collection methodologies. A key recommendation included supporting the active participation of children in making decisions about their lives, which is consistent with the United Nation Convention on the Rights of the Child (McDowall, 2013). Further, from a research point of view, it is recommended that 'governments need to improve access to children and young people in care so that research can be conducted more easily and social workers need to recognise the importance of research and make their clients more amenable to the process' (Bromfield et al., 2005, p. 18). Overall, many of the challenges that child abuse and neglect researchers face in recruiting and engaging children in research relate to broader 'administrative, political, legal, and pragmatic barriers' (Berrick, Frasch, & Fox, 2000, p. 119), which considerably limit researchers' capacity to progress and strengthen the evidence base in this domain. The dominant socio-political philosophy of the care system, to protect children impacted by trauma from the perceived adverse effects of participating in research, is one of the many key factors contributing to greater difficulties facing child abuse and neglect researchers (Berrick et al., 2000).

Generally, data collection strategies within the child welfare system are often derived from general surveys, anecdotal information or routinely collected administrative data, such as referral, case management and treatment service datasets (Buckley et al., 2014; Chipungu & Bent-Goodley, 2004). These data collection strategies and outputs can complement each other to create opportunities for innovative research and contribute to translation of knowledge into effective practices. For example, when Australian jurisdictions adopt a common data collection strategy and a consistent administrative data system, then child abuse and neglect researchers have opportunities to conduct extensive comparative analyses of various factors such as 'caseload dynamics, entries and exits from care, reunification and adoption' (Berrick et al., 2000, p. 119).

However, the aforementioned methodologies and data collection strategies also have significant limitations and shortcomings. For example, the types of child abuse and neglect reported and parental co-occurring health and risk factors are often based on the subjective opinion of the referrer, in most cases a case manager. In addition, these may not have been identified as substantiated concerns and this is not always clearly reported. Also, ambiguities in the classification of abuse and neglect limit the validity of such administrative data, since these are based on referrers' identification and documentation of child abuse and neglect. Further, care system priorities are to keep the child safe rather than the precise measurement and description of their past and/or current abuse and neglect experiences. In addition, the main function of administrative and secondary datasets is not research and evaluation, but to comply with record management standards and to meet the funding and operational requirements of any given organisation and/or programme within the child welfare system (Drake & Jonson-Reid, 1999). Nevertheless, to combat this limitation, enhancing quality data collection and availability with a focus on systematic approaches to research and data collection is one of the key factors contributing to innovative research in the child abuse and neglect domain.

Data Linkage and Opportunities for Collaboration

In Australia, the Australian Institute of Health and Welfare (AIHW) works with the States and Territories to collate and annually report on rates of child abuse and neglect notifications, investigations and substantiations (AlEissa et al., 2009). However, this has been reported as not being a 'high quality surveillance data system' (Broadley, Goddard, & Tucci, 2014, p. 16), and identified as unreliable with many data-related deficiencies and limitations (Broadley & Goddard, 2014). One of the implications of these child protection data-related limitations is that they may substantially limit the ability of government and the public health community to respond to the problem of child abuse and neglect from a public health perspective (Broadley & Goddard, 2014). Consequently, there is an urgent need to consistently collect relevant information that is comparable across Australian jurisdictions. In fact, Broadley and colleagues (2014) strongly recommend a unified child protection system across Australia with consistent data collection strategies.

Consistent and comparable national child protection statistics would offer enormous opportunities for innovative research, such as a multi-method approach to data linkage incorporating national and/or state data with secondary data, such as data from law enforcement organisations, emergency and health services (in particular family and child services), employment, education, disability services and data registries available in the public domain. The Western Australian Data Linkage System is an example that has demonstrated the benefits and contributions of data linkage activities to generate knowledge and identify areas for progress in population health (Holman et al., 2008). Similarly, the Victorian Data Linkage System could be creatively utilised to undertake innovative research using linkable data drawn from existing datasets within Victoria. Examples where such research is occurring include the proposal for collaborative efforts between Harvard University (United States) and the Department of Prime Minister and Cabinet (Australia), utilising creative research designs (e.g., Victorian-based data linkage encouragement design, Ames & Hiscox, 2016) to evaluate the efficacy and clinical impact of the Berry Street Take Two programme.

Australian-based research indicates that data linkage research is a cost-effective way to enhance the utility and policy relevance of both primary data collections and routinely collected data (Brook, Rosman, & Holman, 2008; Roos, Menec, & Currie, 2004). Accordingly, data linkage offers an innovative, powerful and methodologically robust approach to create a rich source of data for a fraction of the cost of studies designed to collect primary and/or prospective data. Further, enhanced collaboration between researchers, clinicians, service providers and policymakers to link and share data and information across the child social welfare organisations provide enormous opportunities to undertake translational research that ensures that research and services synergistically work together to reach and benefit vulnerable children and families (Toth & Cicchetti, 2011). However, the uptake of data linkage to enhance and progress research and translating knowledge into improved practices and policies within the child abuse and neglect field has been limited in Australia.

Translational Research on Child Abuse and Neglect

Despite various definitions, the core concept of translational research is translating research into practice (Woolf, 2008), including attempts to bridge the gap between understanding and intervention (Gunnar et al., 2006). In terms of child abuse and neglect, researchers may draw upon translational research to better understand (a) multiple risk factors, (b) the impact of abuse and neglect on basic developmental processes, and to (c) advance knowledge pertaining to the development, implementation and evaluation of empirically and culturally informed intervention strategies for children and families most in need (Toth & Cicchetti, 2011). Generally, translational research includes two interrelated areas of research, namely T1 and T2 (Woolf, 2008). T1 refers to the application and translation of research findings derived from basic research (e.g., risk factors) to inform and develop new methods of assessment, diagnosis, early detection and prevention, new treatment options and performing controlled trials involving human participants. T2 research translates and applies clinical research findings to everyday clinical practice that is likely to influence health and policy decision making (Woolf, 2008). It is argued that the field of child abuse and neglect in general, and prevention in particular, is likely to be best advanced through a national translational research framework.

There remains a critical need to 'bridge the gap between basic and applied research and its application to problems of clinical importance' (Toth & Gravener, 2012, p. 135). In terms of Australian out-of-home care research, there appears to be few examples of T1 and T2 research, with a considerable gap in the strategies linking T1 and T2 to inform practices and related policies. Further, more than a decade ago Cashmore, Higgins, Bromfield, and Scott (2006) highlighted significant gaps in Australian out-of-home care research and strongly highlighted the urgent need to develop a national research agenda with adequate resources and funding, to support multi-site cross-jurisdictional studies, as well as enhanced collaboration between researchers, policymakers and practitioners. In fact, both child abuse and neglect researchers and practitioners are urged to 'stretch beyond traditional boundaries' (Toth & Gravener, 2012, p. 136). For example, as a social worker, Jennifer Lehmann's (2015) narrative reflections on out-of-home care stretch traditional clinical boundaries and hence are sometimes perceived as rule breakers 'in order to achieve excellence' for these children and young people and their families (Broadley, Hunt, & Goddard, 2015, p. 288). Similarly, child abuse and neglect researchers need to stretch the research boundaries to innovatively explore the many unanswered questions in this field.

Conclusion

Despite an overall shortage of Australian out-of-home care research, as well as key methodological challenges and barriers facing child abuse and neglect researchers, opportunities for innovative translational research exist through the application of current, complementary and multi-method approaches. Development and extension of collaborative relationships between government, research institutions and child welfare organisations also offers enormous opportunities for child abuse and neglect research in Australian welfare systems. Further, appropriate knowledge translation and dissemination strategies will ensure the uptake of findings derived from child abuse and neglect research, with the ultimate goals being to (a) implement and consistently evaluate EBP, (b) enhance informed policy decision making, and (c) contribute to positive functional outcomes for children, families and the Australian community as a whole.

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