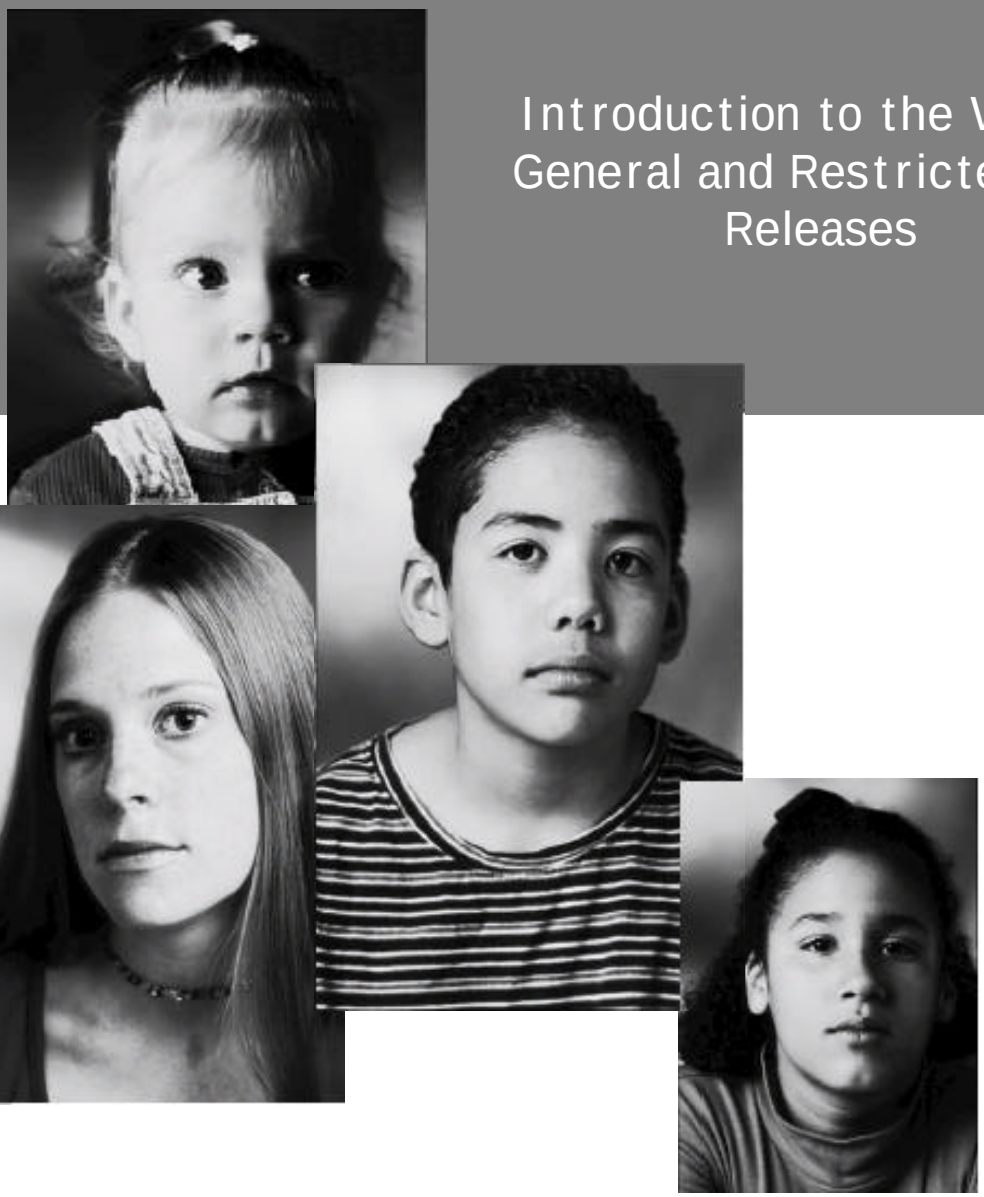
National Survey of Child and Adolescent Well-Being (NSCAW)



Introduction to the Wave 1 General and Restricted Use Releases

Distributed by:

National Data Archive on Child Abuse and Neglect
Cornell University
Ithaca, NY 14853

APRIL 2002

National Survey of Child and Adolescent Well-Being
NSCAW

Introduction to the Wave 1 General and Restricted Use Releases

Sponsored by: **Administration on Children, Youth, and Families (ACYF)**

Conducted by: **Research Triangle Institute**
University of North Carolina at Chapel Hill
Caliber Associates
University of California at Berkeley

Distributed by: **National Data Archive on Child Abuse and Neglect**

Authors: **Kathryn Dowd**
Susan Kinsey
Sara Wheeless
Rita Thissen
Jean Richardson
Frank Mierzwa
Paul Biemer

Table of Contents

Table of Contents (Continued)

Table of Contents (Continued)

List of Exhibits

List of Appendices

1. Introduction

This manual provides an overview of the general and restricted use release data for the National Survey of Child and Adolescent Well-Being (NSCAW). It will familiarize prospective data users with the study's baseline effort and provide an overview of the study team, the purposes of the study, the sample design, the data collection instruments, data collection procedures, and the processing of the data before release. It also provides information on how to obtain the general and restricted use data.

1.1 The National Survey of Child and Adolescent Well-Being (NSCAW)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193) authorized the Department of Health and Human Services (DHHS) to conduct a longitudinal study intended to answer a range of fundamental questions about the outcomes for abused and neglected children and their involvement in the child welfare system. The resulting study, named the National Survey of Child and Adolescent Well-Being, or NSCAW, was designed by a federal steering committee at DHHS with consultation from a wide range of child development and child welfare experts to address crucial program, policy, and practice issues of concern to the federal, state, and local governments, and child welfare agencies. NSCAW is the first national study of child welfare to collect data from children and families, and the first to relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors. Other studies (e.g., the National Studies of Protective, Preventive and Reunification Services and the National Incidence Studies) have been national in scope but have involved sampling of agency files or of information from professionals, but have not involved surveying children or families (Waldfogel, in press).

NSCAW examines the interplay among the history and characteristics of children and families, their experiences with the child welfare system, other concurrent life experiences, and outcomes. The study brings to bear perspectives from child welfare, child development, and other fields to focus on children's well-being, including their health and physical well-being, social functioning, academic achievement, mental health, and behavioral adjustment. These factors are placed in the context of developmental stage, prior experience, caregiver behavior, social services use, and community environment. By drawing on these different perspectives, the study aspires to provide new understandings of how family, child, community, and service factors affect children's well-being, and to provide the foundation for improving policies, programs, and practices. Key questions that the study intends to answer include the following: Who are the children and families that come into contact with the child welfare system? What pathways and services do children and families experience while in the child welfare system? What are the shorter- and longer-term outcomes for these children and families?

1.1.1 Overview of the Study Design

Familiarity with the NSCAW design is crucial to appropriate use of the data. The NSCAW cohort includes 6,231 children, ages birth to 14 (at the time of sampling), who had contact with the child welfare system within a fifteen-month period which began in October, 1999. These children were selected from two groups: 5,504 interviewed from those entering the system during the reference period (October 1999 - December 2000), and 727 from among children who had been in out-of-home placement for about 12 months at the time of sampling. These 6,231 children were selected from 92 Primary Sampling Units (PSUs) in 97 counties nationwide. The sample of investigated/ assessed cases includes both cases that receive on-going services and cases that are not receiving services, either because they were not substantiated or because it was determined that services were not required.

This sample design required oversampling of infants (in order to ensure that we would have enough cases going through to permanency planning), sexual abuse cases (in order to ensure that we would have enough cases to have the statistical power to analyze this kind of abuse alone), and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of services). The age of children at investigation was capped at 14 years of age to increase the likelihood that youth could be located—a task made more difficult when youth emancipate. This approach allows for generation of national estimates for the full population of children and families entering the system, with power to consider key sub-groups of the child welfare population. In response to the mandate in the authorizing legislation, the sample was designed to also calculate state-level estimates for the eight states with the largest numbers of CPS cases.

Both children who remain in the system and those who leave the system will be followed for the full study period. The current overall study design provides for

- baseline face-to-face interviews or assessments with children, their parents or other permanent caregivers, non-parent adult caregivers (e.g., foster parents and custodial kin caregivers) if applicable, teachers (for school-aged children), and child welfare investigators

- interim interviews at 12 months after the close of the investigation or assessment focused on the services received since the baseline interview. With the current caregiver, these interviews are primarily conducted by telephone, although families that cannot be contacted by phone are interviewed in person, and includes a brief child well-being measure. This round also includes interviews with services caseworker, conducted in person.

- face-to-face interviews or assessments with children, their parents or other permanent caregivers, non-parent adult caregivers (e.g., foster parents and custodial kin caregivers) if applicable, teachers (for school aged children), and

child welfare workers at 18 months (Wave 3) and potentially at 36 months (Wave 4) after the close of the investigation or assessment

Exhibit 1-1 below graphically represents the study design and timeline. As indicated, there are four possible respondents for each "case;" this is reduced to three when the child remains at home and is not school-aged.

Exhibit 1-1. Timeline of NSCAW Data Collection

Wave	1	2	3	4*
Start and End Dates	11/15/99-04/30/01	10/01/00-03/31/02	04/01/01-09/30/02	10/01/02-03/31/04
MONTHS AFTER CLOSE OF INVESTIGATION	2-6	12	18	36
RESPONDENT				
Child	X		X	X
Current Caregiver	X	X	X	X
Investigator / Services Caseworker	X	X	X	X
Former Caregiver	X			
Teacher	X		X	X

* The 36-month follow-up is proposed but not yet funded.

1.2 NSCAW Sponsors and Collaborators

The National Survey of Child and Adolescent Well-Being was undertaken under a contract funded and administered by the Administration on Children, Youth, and Families (ACYF) and the U.S. Department of Health and Human Services (DHHS). The study has been conducted through collaboration between staff at the Research Triangle Institute (RTI), the University of North Carolina at Chapel Hill (UNC), Caliber Associates (Caliber), and the University of California at Berkeley (UCB). The project team has engaged a number of experts in fields of research related to the NSCAW; this Technical Work Group, collectively and individually, has been enormously helpful in the design and implementation of the study. Information about each of these organizations and their contributions to the research appear in this section.

1.2.1 The Administration on Children, Youth, and Families (ACYF)

The Administration for Children and Families (ACF), within the Department of Health and Human Services (DHHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following: families and individuals empowered to increase their own economic independence and productivity; strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children; partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries; services planned, reformed, and integrated to improve needed access; and a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities. ACF programs provide financial assistance to states, community-based organizations, and academic institutions to provide services, carry out research and demonstration activities and undertake training, technical assistance, and information dissemination.

The Administration on Children, Youth and Families is a part of the Administration for Children and Families (ACF), under the Department of Health and Human Services. The Commissioner's Office of Research and Evaluation (CORE), located within the office of the Administration on Children, Youth and Families (ACYF) Commissioner, is the unit responsible for providing scientific consultation, coordination, executive direction, and support for the implementation of short- and long-term research agendas within and across the four Bureaus of ACYF: *Child Care Bureau, Children's Bureau, Family and Youth Services Bureau;* and *Head Start Bureau.* Each of these units is responsible for different issues involving children, youth and families. Dr. Mary Bruce Webb serves as the NSCAW Federal Project Officer.

1.2.2 Research Triangle Institute

Research Triangle Institute (RTI), working with ACYF and a team of collaborators, is responsible for sample design and selection, data collection, data processing, and reporting activities for the NSCAW.

RTI is a not-for-profit organization that conducts research for national, state and local government agencies, for public service organizations and trade associations, and for private associations and companies. RTI was incorporated as a separate entity in 1958 by the University of North Carolina at Chapel Hill, Duke University in Durham, and North Carolina State University in Raleigh. The Institute occupies a 180-acre campus in the Research Triangle Park, an area located near the center of a geographic triangle formed by Raleigh, Durham, and Chapel Hill, North Carolina. Dr. Paul Biemer serves as the principal investigator for statistics. Kathryn Dowd is the NSCAW Project Director. Michael Weeks and Dr. Richard Kulka provide senior technical and corporate oversight.

1.2.3 The University of North Carolina at Chapel Hill

Faculty and staff from the University of North Carolina at Chapel Hill (UNC) Departments of Social Work and Social Medicine and in the Center for Maternal and Child Health, including NSCAW principal investigators Dr. Richard Barth and Dr. Desmond Runyan, have played critical roles in the development of the sampling plan, the design of the questions, and the analysis planning, and lead the conduct of the analysis activities.

1.2.4 Caliber Associates

Caliber Associates, a Fairfax, Virginia social science research organization, serves a broad and expanding spectrum of policy making and management organizations within the federal, state, and local governments, and the private sector. Staff at Caliber led the state and county agency contacting and recruitment efforts, and coordinated the activities of a dozen professional child welfare researchers and practitioners who made visits to each state and county agency and made presentations to key policy, political, and bureaucratic contacts in each organization. Dr. Janet Griffith leads the Caliber team on NSCAW.

1.2.5 The University of California at Berkeley

The Child Welfare Research Center (CWRC) at the University of California at Berkeley has also contributed to NSCAW. The CWRC is part of the Family Welfare Research Group of the Center for Social Services Research in the School of Social Welfare. CWRC staff have developed strong relationships with the practice and policy communities in California.

1.2.6 The NSCAW Technical Work Group

Two advisory groups were established once NSCAW began. Experts on child welfare agencies and systems, social welfare policy, child and youth development, and other areas serve as members of a Technical Work Group (TWG). This group meets periodically to provide advice and consultation to the Federal Project Officer and the project team on such areas as policy and research issues; research design, methods, and operations; and priorities and strategies for dissemination of results. In addition, TWG members and other experts participate in survey instrument development, sample design, and other study activities. ***Exhibit 1-2*** contains a list of the members of the Technical Work Group.

The Federal Steering Committee includes representatives from the Administration on Children, Youth, and Families; the Administration for Children and Families; the Children's Bureau; the Office on Child Abuse and Neglect; and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). ***Exhibit 1-3*** lists the members of the Federal Steering Committee.

Participation in design and planning from other federal agencies has included representatives from the National Institute on Mental Health, the Office of Special Education Programs, the National Center for Education Statistics, the National Center for Health Statistics,

Exhibit 1-2. NSCAW Technical Work Group Members and Consultants

NAME	AFFILIATION	PRIMARY AREA OF CONTRIBUTION
Larry Aber	Center on Poverty, Columbia University	Schedule conflict has not allowed participation to date
Steven Barnett	Graduate School of Education, Rutgers University	Instrument selection
Robert Clyman	Department of Pediatric Psychiatry, Children's National Medical Center	Child well-being instrumentation
Peter Digre	Director, Los Angeles County Department of Children's Services	Practitioner's perspective, Challenges of implementation
Greg Duncan	Joint Center for Poverty Research, Northwestern University	Caseworker Instrumentation
Byron Egeland	Child Development, University of Minnesota	Instrument selection, Sampling Plan
Diana English	Office of Children's Administration Research, Washington State Department of Social and Health Services	Instrument selection, Human subjects issues, Challenges of implementation
John Fairbank	Department of Psychiatric and Behavioral Sciences, Duke University	Human subjects issues, Research design
Robert Goerge	The Chapin Hall Center for Children, University of Chicago	Sampling Plan, Instrument selection
Brenda Jones-Hardin	Human Development, University of Maryland	Research design, Instrument selection
Kimberly Hoagwood	Services Research Branch, NIMH	Mental health status and services instrumentation
Kelly Kelleher	Child Services Research and Development, University of Pittsburgh Medical Center	Services instrumentation, Research design
John Landsverk	Child and Family Research Group, San Diego State University	Instrument selection, Sampling Plan
Jess McDonald	Director, Illinois Department of Child and Family Services	Human subjects issues, Challenges to implementation, Caseworker and Agency instrumentation
Robert Ortega	School of Social Work, University of Michigan	Cultural diversity, Instrument selection
Karabelle Pizzigati	Director of Research and Public Policy, Child Welfare League of America	Research design, Instrument selection

Exhibit 1-3. Members of the Federal Steering Committee

NAME	AFFILIATION
Mary Bruce Webb	Federal Project Officer, Administration on Children, Youth, and Families
Matt Stagner	Office of the Assistant Secretary for Planning and Evaluation
Penny Maza	Children's Bureau
Catherine Nolan	Director, Office of Child Abuse and Neglect (OCAN)
Helen Howerton	Administration for Children and Families
Cecelia Sudia	Children's Bureau (now retired)

the National Institute for Child Health and Human Development, and other agencies. Staff from the National Institute on Mental Health and the Office of Special Education Programs were particularly interested in the NSCAW and made helpful contributions on mental health and special education services.

1.3 NSCAW Data and Documentation

Data obtained in the conduct of the National Survey of Child and Adolescent Well-Being are available through licensing agreements with the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University (www.ndacan.cornell.edu). Two levels of data access are specified in the licensing agreements: a **general release** data file and a **restricted release** data file. Both release versions contain the Child Protective Services (CPS) and Long Term Foster Care (LTFC) sample components, identified through one sample type variable. Data File User's Manuals, developed for use with the general release and restricted release versions, are available with the data.

1.3.1 Access to the NSCAW Data

This tiered approach to data release was developed because of the considerable risk to participants if their data were reidentified with them as individuals. The children are especially vulnerable to social stigmatization if details of their experiences and perceptions were to become known. Therefore, release of these data to the research community are more restrictive than in most federally funded studies involving human subjects.

The general release data are more accessible by researchers, requiring only the completion of the general release application and provision of the signed licensing agreement and her/his institution's Institutional Review Board (IRB) committee's approval for the proposed research. The general release does not, however, contain geographic or sampling strata identifiers and can therefore only be used for limited analytic purposes. The data have also been analyzed for disclosure risks, and some variables have been recoded to mitigate risks of participant

reidentification. The general release will provide researchers with a detailed understanding of the data files (e.g., their structure and contents) and can be used for many descriptive analyses. Researchers are encouraged to obtain access to the general release before making application for the restricted release.

While the extremely high value that is placed on protecting participants—not only by federal regulation, but also by ACYF and contractor standards—justifies these alterations of the data, we recognize that some of these protections against reidentification may at times reduce the analysis potential of certain variables in the data set. For example, when only ranges of percentages are given for a variable, threshold points that may be important for some analyses may be obscured, or nonlinearities in relationships hidden. No matter how thoughtfully continuous variables are transformed into categorical form, different cut points for the categories may be desirable, depending on the particular analytic purpose. For these reasons, the NSCAW data are also available in the restricted release, providing more flexibility in analysis.

Because microdata (that is, individual-level data from multiple sources) carries with it some risk of statistical disclosure of institutional or individual identities, the NSCAW data at both levels of release have been extensively analyzed to determine which items of information, used alone or in conjunction with other variables, have significant disclosure potential. Variables that were found to pose significant risk of reidentification were suppressed or altered to remove or reduce such risks. For example, in some cases continuous variables have been recast as categorical variables, or fine-grained categorical variables have been more grossly recategorized. In a few instances, data elements have been suppressed or changed. Because of this, a particular individual child might be characterized in terms of a certain variable on the restricted release of the NSCAW data, but be coded to missing or to a different adjacent value in the general release data.

The restricted release data are more complete and have been only minimally altered through suppression and recoding, but have significantly greater controls on access. To obtain a licensing agreement for the restricted release, a researcher must complete an application and provide her/his institution's Institutional Review Board (IRB) committee's approval for the proposed research, a signed licensing agreement, a data security plan, signed confidentiality affidavits by research staff who will have access to the data, and payment of a fee to cover administrative costs and a site visit to monitor compliance with the data security plan.

To further protect those who provided data to us, individuals who could know of the participation status of sampled children, families, and the caseworkers who investigated the case or provided services are prohibited from having access to the data at either release level. This is because the data cannot be sanitized sufficiently to eliminate the possibility of reidentification of participants by individuals who have information about the children and families. State and county government and service provider staff interested in the NSCAW data should seek a collaborative relationship with academic researchers who can directly access the data, conduct the statistical analyses of interest, and provide the non-identifying results to their collaborators. Individuals who have interests other than legitimate research—for example, attorneys with

pending divorce or child custody cases involving NSCAW participants—are expressly prohibited from accessing the data in any form.

1.3.2 Documentation of the NSCAW

The general and restricted release versions of the Data File User's Manual provide much of the information necessary for most analytic purposes. For example, we have addressed in both versions of the manual the details of sample implementation, quality measures such as unit and item nonresponse, the calculation of the various analysis weights, and the derivation of constructed variables. Questions not anticipated in the manual can be directed to NDACAN staff, and responses will be provided.

Further assessment and analyses of the NSCAW data are planned by the study team. These include the *NSCAW Wave 1 Methodology Report*, which will investigative unit and item nonresponse in greater detail than provided here and will compare young child assessment data against norms and data from other national studies. The link to the ACF website for the *NSCAW Wave 1 Methodology Report* will be provided to licensees by NDACAN staff as soon as the report has been posted.

1.4 Using the NSCAW Data

The NSCAW study design is very complex, and requires careful thought and planning for its use. The sheer volume of data—nearly 7,000 variables per case for children with five contributing respondents—can be overwhelming. Even the most basic descriptive analysis techniques require subsetting the data file by sample type, as well as the choice and application of the appropriate statistical weight, in order for results to be accurate. Similar care must be taken in the selection of variables; the same or analogous data elements may have been sought from multiple respondents and the various data sources may produce different results. Sophisticated analyses will require the use of a statistical software package (e.g., SUDAAN or WesVar) that can properly accommodate the complex sample design. We have attempted to maximize the utility of the data to users by encasing the data in a data delivery software system that facilitates the subsetting of cases and variables and the generation of files that can easily be imported into one of three common data analysis software packages (e.g., SPSS, SAS, and STATA).

1.5 Organization of this Document

This manual is a condensed version of the general release version of the Data File User's Manual. It is designed to introduce users to the NSCAW and provide information to facilitate the research subject protection review necessary to complete licensing agreements for the general and/or restricted release data. ***Chapter 2*** describes the sample design and implementation procedures, and summarizes the analysis weights and estimation of standard errors. ***Chapter 3*** provides a detailed description of the content of the baseline instruments for caregivers, children, caseworkers, and teachers, as well as the state and local agency interviews. The baseline data collection procedures and results are summarized in ***Chapter 4.*** The Appendices include a

summary of the NSCAW measures, a description of the NSCAW item overlap with other studies of children and adolescents, the sampling frame data request specifications, and copies of all baseline advance letters, project brochures, and consent forms.

The general and restricted release versions of the Data File User's Manual are more comprehensive and provide information to guide researchers through analysis planning and use of the NSCAW data. In addition to the information conveyed in this abbreviated manual, it provides a detailed discussion on the instrument development process, data collection procedures and results, quality control procedures, processing of the data files, calculation of the statistical weights, and use of the NSCAW data delivery system. It also includes additional appendices on the weights, flags, and derived variables; the specifications used to program the computerized questionnaires; hardcopy versions of the questionnaires administered via paper and pencil; and a glossary of NSCAW terms. The table of contents from the general use release version of the Data File User's Manual is provided as ***Exhibit 1-4***.

Exhibit 1.4 Table of Contents from General Use Version of DFUM

Table of Contents

Exhibit 1.4 Table of Contents from General Use Version of DFUM (Continued)

Exhibit 1.4 Table of Contents from General Use Version of DFUM (Continued)

Exhibit 1.4 Table of Contents from General Use Version of DFUM (Continued)

Exhibit 1.4 Table of Contents from General Use Version of DFUM (Continued)

List of Exhibits

Exhibit 1.4 Table of Contents from General Use Version of DFUM (Continued)

List of Appendices

2. Sample Design, Implementation, and Weighting

The NSCAW sample consists of two populations of children:

Children who are the subject of child abuse or neglect investigations conducted by Child Protective Service agencies; this is is referred to as the CPS sample.

Children who had been in out-of home care for approximately one year and whose placement had been preceded by an investigation of child abuse or neglect; this is referred to as the LTFC sample.

The target population for the NSCAW CPS sample consists of all children in the U.S. who are subjects of child abuse or neglect investigations (or assessments) conducted by CPS agencies, with one exception. Excluded from the study were those states in which state law required that the first contact of a caregiver whose child was selected for the study be made by CPS agency staff rather than by a NSCAW Field Representative. Thus, the target population for the NSCAW CPS sample is modified to be "all children in the U.S. who are subjects of child abuse or neglect investigations (or assessments) conducted by CPS and who live in states not requiring agency first contact."

There were many definitional issues among the states and counties participating in NSCAW. To handle these differences to the extent possible, we chose the definitions in place for the National Child Abuse and Neglect Data System (NCANDS). Project staff worked with each site to map the data in their administrative systems to the NCANDS definitions. The document used to guide these discussions, the NSCAW Sampling Frame Data Request Specifications, is provided in ***Appendix C***.

The target population for the NSCAW LTFC sample consists of children who had been in out-of home care for approximately one year, and whose placement in out-of-home care was preceded by an investigation of child abuse or neglect or by a period of in-home services. Like the CPS, children living in states requiring agency first contact are excluded.

The NSCAW sample was selected using a two-stage stratified sample design. At the first stage, the U. S. was divided into nine sampling strata. Eight of the strata correspond to the eight states with the largest child welfare caseloads, and the ninth stratum consists of the remaining 42 states and the District of Columbia. Within each of these nine strata, primary sampling units (PSUs) were formed and selected. The PSUs for the sample were defined, in general, as geographic areas that encompass the population served by a single child protective services (CPS) agency. In most cases, these areas correspond to counties or contiguous areas of two or more counties. Some agencies serving a small number of children were combined to form PSUs. However, in larger metropolitan areas, smaller geographic areas were defined so that sampling of the areas could be accomplished within a small number of CPS agencies/offices within the metropolitan area.

The sample PSUs were randomly selected using a probability-proportionate-to-size (PPS) procedure that gave a higher chance of selection to PSUs having larger caseloads. To counterbalance this propensity to select areas having the largest caseloads, the sampling scheme prescribed selecting the same number of children within each PSU regardless of PSU size. In this manner, a child who was investigated for child abuse or neglect during the NSCAW sampling period would be included in the sample with approximately equal probabilities within sampling strata regardless of the relative size of the PSU.

2.1 Selection of Counties

The NSCAW PSU frame was composed of all counties in the U.S. that were large enough to support at least one interviewer-workload, or about 60 cases or more per year. Counties smaller than this size were deleted from the frame; however, we estimate that less than 3 percent of the target population reside in these counties. The PSU frame was then stratified to create nine strata corresponding to the eight largest states and the remainder of the U.S. This ninth stratum (sometimes referred to as the Remainder Stratum) consists of the remaining states and DC, excluding the agency contact states. PSUs were sampled with probability proportionate to a composite size measure.

Eight mutually exclusive and exhaustive categories of children were of interest for the study. They form the within PSU sampling strata, which will be referred to in this document as sampling domains, to avoid confusion with the nine sampling strata formed for primary stage selection process. The eight within PSU sampling domains are described in ***Section 2.2.*** To select the sample of PSUs, each PSU in the population was assigned a size measure that was a function of the desired sampling rate for each of the eight domains within each stratum and the estimated target population size in each PSU. The actual PSU population counts from the National Child Abuse and Neglect Data System (NCANDS) data base were used when they were available or from data supplied by the state agencies when NCANDS data were not available. However, when neither were available, the population sizes for each domain were estimated using logistic and log-linear modeling methods.

The composite size measure for each PSU was computed as follows. There are 9 strata for PSU selection and within each selected PSU, there are 8 second-stage strata (or domains). Then, the composite size measure for the *i*-th PSU in the *h*-th stratum is calculated as following:

$$S_{hi} = \sum_{d=1}^{8} f_{hd} N_{hdi}, \qquad \text{for } d = 1,2,...,8, \quad h = 1,2,...,9, \tag{2.1}$$

where

f_{hd} is the sampling rate for the *d*-th second-stage stratum within the *h*-th first-stage stratum,

N_{hdi} is the population total of the *d*-th second-stage stratum within the *i*-th PSU, in the *h*-th first-stage stratum.

The selection frequency of the *i*-th PSU in the *h*-th first-stage stratum was calculated as

$$?_{hi} ? n_{1h} \frac{S_{hi}}{S_{h?}}, \qquad \text{for } h = 1,2,...,9, \tag{2.2}$$

where $S_{h?} ? ? _i S_{hi}$ is the total size measure of all PSUs in the *h*th first-stage stratum and n_{1h} was the desired sample size of PSUs from stratum h.

An independent sample was then drawn from each first-stage stratum with probability proportional to size (PPS) using systematic sampling. Implicit stratification was achieved by sorting the first-stage frame before the sample selection. The sample consisted of 100 PSUs. After selection, 7 of the sampled PSUs were determined to be very small and were combined with adjacent counties for the study. Of the original 100 sampled PSUs, 6 refused and were replaced with PSUs of approximately the same measure of size, and 8 were determined to be ineligible because they were in states requiring first contact and were dropped from the study. Thus, the sample consisted of 92 responding, eligible PSUs.

Note that the NSCAW target population includes all children who are subjects of either an investigation or CPS agency assessment of child abuse or neglect, whether or not the investigation was founded or substantiated. In some sites selected for the NSCAW sample, sampling unsubstantiated cases was problematic because of state law to maintain the privacy and confidentiality of the case files for unsubstantiated investigations, with no provision for access by researchers. Thus, in some PSUs the sampling procedures were modified to exclude unsubstantiated cases. However, unlike the exclusion described for the agency contact sites, the weighting procedures include coverage adjustments that account for these missing frame components. Thus, inferences to the entire population of unsubstantiated cases—excluding those in the aforementioned agency-contact sites, are possible at the national-level. However, at the stratum-level, inferences to the unsubstantiated child welfare populations will not be possible for some key states. These nuances of the NSCAW weighting scheme are described in more detail in ***Section 7.1.***

2.2 Selection of Child Protective Services Children

The within PSU sampling frame for selecting children for the CPS sample was constructed from lists or files of children who were investigated for child abuse or neglect within the sample PSUs during the months October 1999 through December 2000. Within each PSU, eight mutually exclusive and exhaustive categories of children were created and sampled

independently. These within PSU sampling strata are referred to as sampling domains to avoid confusion with the nine sampling strata formed for primary stage selection process. ***Exhibit 2-1*** contains descriptions of the eight within-PSU sampling domains.

Exhibit 2-1. Descriptions of the Sampling Domains

Domain	Description
1	Infants (age < 1 year old) who are not receiving CPS agency funded services
2	Children age 1 to 14 years old who are not receiving CPS agency funded services
3	Infants (age < 1 year old) who are receiving CPS agency funded services and are not in out of home care
4	Children age 1 to 14 years old who are receiving CPS agency funded services and are not in out of home care and are investigated for allegations of sexual abuse
5	Children age 1 to 14 years old who are receiving CPS agency funded services and are not in out of home care and are investigated for allegations of other abuse or neglect
6	Infants (age < 1 year old) who are receiving CPS agency funded services and are in out of home care
7	Children age 1 to 14 years old who are receiving CPS agency funded services and are in out of home care and are investigated for allegations of sexual abuse
8	Children age 1 to 14 years old who are receiving CPS agency funded services, are in out of home care, and are investigated for allegations of other abuse or neglect

Essentially, the domain structure consists of the cross-classification of four characteristics. At the first level, children are divided into "not receiving services" (Domains 1 and 2) and "receiving services" (Domains 3-8). The group "not receiving services" is further subdivided into two subdomains corresponding to children who are less than 1 year old (Domain 1) and older children (Domain 2). The group "receiving services" is further subdivided into six subdomains, first by age (less than 1 year old and 1-14 years old) and then, within each of these age groups by type of service (in-home care and out-of-home care). Finally, the older group by type of care domains are further subdivided by type of abuse/neglect (children who were investigated for sexual abuse allegations and all other children).

The NSCAW sampling process was conducted over a 15-month period and included all children investigated between October, 1999 and December 2000. Each month, the agencies in the sample provided files that contained all children who were investigated for child abuse or neglect in the previous month. (The specifications provided to data contacts in the state and local

agencies for the frame files is included in ***Appendix C***.) Only children ages 0 to 14 were eligible for the study; children 15 years old or older were removed from the frame. Children on the file who were included in a prior month's file were deleted from the current month's file to avoid the chance of selecting the child again in the current month. In addition, children who were members of the same family of a previously selected child (for example, siblings of a previously selected child) were also deleted from the current month's file in order to limit the burden on families.

In addition, children who were investigated as perpetrators of the abuse, as opposed to victims, were also ineligible for the study and deleted, as were children older than 14 years of age. After deleting siblings and children selected in previous months and applying the other eligibility rules, a simple random sample of children was selected from within each domain.

In most PSUs, these frame files were provided by electronic file transfer (FT); however, in 11 sites, NSCAW field representatives keyed the frame information into a laptop computer from paper reports using computer assisted data entry (CADE) methods. These CADE files were handled in essentially the same manner as the FT files in the sampling process.

In one PSU, a listing of all children who were investigated was provided on paper reports which were printed from their computer system on a monthly basis. Identifiers for the 8 domains of interest were not provided. However, indictors for substantiated versus unsubstantiated were provided. As a result, the sampling procedures in this PSU were modified to accommodate a list-based manual sampling approach and to sample from the substantiated versus unsubstantiated domains.

Exhibit 2-2 gives the targeted number of CPS respondents, the number selected, and the number of final respondents in each of the first and second stage strata. The actual number of respondents is very close to, and in many cases exceeds, the targeted number. Sampling rates and the achieved sample sizes were monitored monthly, and the sampling rates were adjusted as necessary so that at the end of data collection, the number of interviews in each domain would be as close as possible to the targeted sample sizes. Adjustments to the sampling rates were made so as to keep the monthly workload within each PSU within an acceptable rage, considering the interviewing staff available for the PSU, and to keep the unequal weighting effect for each domain as small as possible for each PSU.

Exhibit 2-2. Comparison of CPS Allocated Sample, Number Selected, and Responding Sample Size, for First and Second Stage Strata

		Second StageStrata (Domains)							
		Not Receiving Services		Receiving Services Not Placed In Out-of-Home Care			Receivng Sevices Placed in Out-of-Home Care		
First Stage Strata	Total	<1 yr. old	1-14 yrs. old	<1 yr. old	1-14 yrs. old Sexual Abuse	1-14 yrs. Old Other	<1 yr.	1-14 yrs. old Sexual Abuse	1-14 yrs. old Other
Allocated Sample Size (Targeted number of Respondents)									
Key State 1	703	52	121	98	47	220	39	19	107
Key State 2	304	5	27	47	29	124	19	10	43
Key State 3	284	18	52	41	19	86	19	11	38
Key State 4	297	26	53	44	25	90	15	8	36
Key State 5	402	27	67	59	32	124	27	10	56
Key State 6	293	17	54	39	21	90	21	12	39
Key State 7	300	16	43	37	22	110	18	15	39
Key State 8	473	27	81	77	38	145	28	14	63
Remainder	2,381	151	397	341	179	760	148	78	327
Total	5,437	339	895	783	412	1,749	334	177	748
Number Selected									
Key State 1	1,359	89	241	179	102	449	70	38	191
Key State 2	503	17	54	75	39	209	33	14	62
Key State 3	445	19	72	67	31	147	32	22	55
Key State 4	435	43	96	60	35	132	18	1	50
Key State 5	686	63	160	73	29	213	45	9	94
Key State 6	433	27	85	60	32	128	30	19	52
Key Stare 7	439	27	75	51	32	150	28	22	54
Key State 8	683	48	133	97	54	202	41	23	85
Remainder	3,978	262	999	472	264	1,187	204	104	486
Total	8,961	595	1,915	1,134	618	2,817	501	252	1,129

Responding Sample Size									
Key State 1	695	53	113	105	53	191	45	21	114
Key State 2	298	8	28	45	26	114	21	11	45
Key State 3	285	15	45	43	15	87	27	15	38
Key State 4	336	33	64	48	26	107	16	1	41
Key State 5	408	47	97	47	18	119	28	4	48
Key State 6	314	17	53	46	22	91	27	13	45
Key State 7	301	20	53	36	21	104	18	12	37
Key State 8	485	29	84	78	37	144	33	16	64
Remainder	2,382	138	524	321	157	703	155	71	313
Total	5,504	360	1,061	769	375	1,660	370	164	745

2.3 Selection of Long Term Foster Care Children

The sampling frame for the Long Term Foster Care (LTFC) sample was constructed from lists or files obtained from the sampled PSUs. The children who were eligible for the LTFC sample are those who met the following criteria:

- Placed into out-of-home (OOH) care approximately one year before the sample selection period,
- Placement into out-of-home care was preceded by an investigation of child abuse or neglect or by a period of in-home services, and
- Were in out-of-home care at the time that the sampling frame was produced.

In order to reduce the burden on caregivers of the LTFC children, only one child per household (where the "household" is the residence where the child lives) was included in the frame for LTFC sample selection.

The LTFC sample selection period was December 1999 through February 2000. As a result, the time period from December 1998 to February 1999 was set as the time interval for eligibility—only children placed in out-of-home care in those three months were eligible for the LTFC sample. In many PSUs, the number of children on the frame for the original time period was found to be too small to support the sample sizes required. As a result, the window of inclusion for frame construction was extended in those PSUs, when necessary, to include children who were placed in out-of-home care between July 1998 and February 1999 to meet the desired allocations. Consequently, children in the LTFC sample spent between 8 and 18 months

in out-of-home care. ***Exhibit 2-3*** shows the distribution of responding LTFC children by their time in foster care.

Exhibit 2-3. Duration of Placement at Time of Sampling

Number of months	Number of children in sample
Less than 12	45
12	47
13-14	373
15-17	193
18-20	69
Total	727

There were two primary reasons for the smaller than expected numbers of children in the PSUs. Some child protective services agencies were implementing new policies with regards to the placement of children in foster care. These agencies were initiating in-home services for children who before would have been placed directly into foster care. Only after unsuccessful attempts to improve the children's home environments or if the safety of the children were at risk, were the children removed from their homes and placed in out-of-home care. As a result, in many PSUs, the number of children in foster care and their length of stay in care were reduced dramatically. In addition, many small, rural PSUs in our sample did not have many foster care children, let alone long-term foster care children.

The completeness of some states' records affected the criteria for selecting these children. Children in the NSCAW LTFC sample component were in out-of-home care at the beginning and end of the time period; however, they may not have been in out-of-home care continuously for the entire time. Administrative records in many states and PSUs would not support the more rigorous definition.

2.4 Analysis Weights and Estimates of Standard Errors

As just described, the children in the NSCAW CPS and LTFC samples were selected using a two-stage stratified sample design. Selection probabilities for children differed depending on the first stage strata and second stage domains, and were set to achieve specific sample sizes. Selection probabilities also varied due to more or fewer population members than expected on the frame, inadequate sampling domain population sizes to support the required sample, and restrictions on sampling to facilitate fieldwork. Consequently, the sample was weighted to account for the differential selection probabilities. These weights must be used when analyzing the NSCAW data, regardless of sample component (CPS or LTFC) in order to obtain

unbiased estimates of characteristics such as means, proportions, and regression coefficients. Analyzing the data without the weights will likely result in misleading results. Unweighted data are appropriate to use for examining cell sizes prior to producing estimates.

In the weighting of the NSCAW sample, no attempt was made to adjust the estimates for the states that are missing due to requiring agency first contact; rather, these states are excluded from the NSCAW inferential population. This requires that inference from the NSCAW data should be limited to the U.S. child welfare population excluding the child welfare populations of the states requiring agency first contact. Inference beyond this target population is subject to unknown coverage bias and should be avoided.

The analysis weights for CPS and LTFC were constructed in stages corresponding to the stages of the sample design, with adjustments due to missing months of frame data or types of children, nonresponse, and undercoverage.

Two analysis weights were constructed for the CPS cases. In some of the strata and/or PSUs, unsubstantiated cases were not included in the sampling frames. At the national level, the weights were adjusted to account for the undercoverage caused by not having these cases on the frame. A second weight was constructed to allow for inference at the stratum-level; in this case inferences will only apply to the substantiated cases.

Calculations of variances, standard errors, confidence intervals, and tests of hypotheses must take into account the stratified, clustered sample design. Software such as SUDAAN, WesVar, STATA, or the SAS procedures SURVEYMEANS and SURVEYREG will compute proper weighted estimates and design-based estimates of the standard errors. Ignoring the sample design will result in standard errors that are too small.

3. Data Collection Instruments

This chapter provides a brief description of the NSCAW Wave 1 data collection instruments: child, current caregiver, former caregiver, investigative caseworker, teacher, and state and local agency. The general and restricted release versions of the Data File User's Manual provide a comprehensive discussion on the instrument development process. The information is supplemented by ***Appendix A***, which groups the child, family, and caseworker constructs by instrument, noting the CAPI section in which the data are collected, the selected measure, applicable child age, and author/publisher. ***Appendix B*** summarizes the item overlap with other studies of children and adolescents.

3.1 Child Instrument

The NSCAW Wave 1 Child Instrument was designed for administration to all children, although the interview protocol varied considerably depending on the age of the child. Very young children were assessed to measure developmental, cognitive, and language skills using a variety of toys and other manipulatives. Physical measurements (height, weight, and head circumference) were taken for infants and toddlers (up to age 4). For school-aged children, the interview included items on social competence and relationships (including relationships with foster parents if in out-of-home care), behavior regulation, exposure to violence, mental health, school engagement, socialization, and achievement, and service experience and satisfaction. For children who were age 11 and older, the interview was significantly longer and included questions on physical health, mental health, and assessments of cognitive development and academic achievement. It also covered sensitive topics such as exposure to violence, substance abuse, sexual behavior, injuries and maltreatment, and risky behaviors and delinquency. These topics were presented using ACASI technology.

Exhibit 3-1 provides an overview of the NSCAW Child Instrument, including:

- the module name and CAPI section identifier,
- the applicable construct and measure, including identification of project-developed questions
- the author/publisher of established measures
- the age of the child administered each module
- the waves in which each module is administered
- a brief description of the information collected in the module.

The Child Instrument was designed for administration at Waves 1 and 3, with Wave 3 data collection slated for 18 months after the investigation completion date.

Exhibit 3-1. Overview of NSCAW Child Instrument

Module	CAPI Section	Construct	Measure	Author / Publisher	Child Age	Information Gathered
Child Household	CH	Child characteristics	Project-developed questions	N/A	All[1]	Child's demographic information, and height, weight, and head circumference for children < 4
Cognitive Status	KB	Developmental / Cognitive status	Kaufman Brief Intelligence Test (K-BIT): Expressive Vocabulary, Definitions, and Matrices	Kaufman & Kaufman, 1990, American Guidance Service, Inc.	▼4	Standardized assessment tool comprised of two subsets: Vocabulary (expressive vocabulary and definitions) & Matrices (ability to perceive relationships & complete analogies).
Cognitive Status	BC	Developmental / Cognitive status	Battelle Developmental Inventory (BDI) & Screening Test: Cognitive Skills section	Newborg, Stock, Wnek, Guidubaldi, & Svinicki, 1988, Riverside Publishing	<4	Cognitive skills
Neurodevelopmental Impairment	NI	Developmental / Cognitive status	Bayley Infant Neurodevelopmental Screener (BINS)	Aylward, 1995	▼2	Basic brain function, ability to comprehend and express, and intellectual processes
Communication	CO	Communication skills	Preschool Language Scales-3 (PLS-3)	Zimmerman, Steiner, & Pond, 1992, The Psychological Corporation	<6	Standardized assessment tool comprised of three scales: expressive communication, auditory comprehension, and total language, which include pre-linguistic and language skills
School Achievement	AH	Academic achievement	Mini Battery of Achievement (MBA)	Woodcock, McGrew, & Werder, 1994, Riverside Publishing	▼6	Standardized test of academic achievement with respect to reading and mathematics
School Engagement	SE	School engagement	Drug Free Schools (DFSCA) Outcome Study Questions	U.S. Department of Education: Office of the Under Secretary	▼6	School achievement; student's disposition toward learning and school

[1] Child household information was provided by caregivers for very young children.

Exhibit 3-1. Overview of NSCAW Child Instrument (Continued)

Module	CAPI Section	Construct	Measure	Author / Publisher	Child Age	Information Gathered
Relationship with Peers	RP	Peer relationships, including social rejection	Loneliness and Social Dissatisfaction Questionnaire for Young Children	Asher et al., 1984; Asher and Wheeler (rev.), 1985	5-7	Success in making and keeping friendships; school adjustment
Relationship with Peers	RR	Peer relationships, including social rejection	Loneliness and Social Dissatisfaction Questionnaire for Young Children	Asher et al., 1984; Asher and Wheeler (rev.), 1985	▼8	Success in making and keeping friendships; school adjustment
Protective Factors	PF	Protective factors	Resiliency Scale - LongSCAN	Runyan, Curtis, Hunter, Black, Kotch, Bangdiwala, Dubowitz, English, Everson, Landsverk, 1997	▼11	Resources that a child has that facilitate resiliency
Relationship with Caregiver(s)	RC	Relationship with parents and other significant adults	Revised Adolescent Health Survey Questions; Relatedness Scale from Research Assessment Package for Schools - Self-Report Instrument for Middle School Students (RAPS-SM)	James P. Connell, 1998	▼11	Degree of supportive relationships between child and adult
Closeness to Caregiver(s)	CL	Relationship with parents and other significant adults	Project-developed questions	N/A	▼11	Degree of supportive relationships between child and adult
Parental Monitoring	PM	Behavioral Monitoring	Parental Monitoring from UNOCCAP	Use, Need, Outcome, and Costs in Child and Adolescent Populations Steering Committee	▼10	Extent to which the caregiver monitors the child's activities
Relationship with Out-of-Home Parents	OH	Child in out-of-home care; Perceptions of Permanency, Disruptions, Contact with Family	University of California at Berkeley Foster Care Study	Fox, Frasch, & Berrick, 2000	▼6	Adjustment of children in out-of-home placement, including concerns about how well they fit in with their foster family and how permanent they view the placement

Exhibit 3-1. Overview of NSCAW Child Instrument (Continued)

Module	CAPI Section	Construct	Measure	Author / Publisher	Child Age	Information Gathered
Satisfaction with Caseworker Services	SW	Satisfaction with Caseworker services	Project developed satisfaction questions	N/A	▼11	Degree of satisfaction with caseworker services
Future Expectations	FE	Future expectations	Expectations About Employment, Education, and Life Span Section from Adolescent Health Survey	Bearman, Jones, and Udry, 1997	▼10	Expectations as related to children's life experiences
Depression	CD	Mental health	Children's Depression Inventory	Kovacs, 1992; Multi Health Systems	▼7	All aspects of well-being, including behavior problems
Trauma	TR	Mental health	Trauma Symptom Checklist for Children - PTSD Section	Briere, 1996	▼8	Indicators of Post-traumatic Stress Disorder
Exposure to Violence	EV	Loss, violence and other stressors in and out of the home	Violence Exposure Scale (VEX-R) - Home Set	Fox & Leavitt, 1995	▼5	Violence observed and experienced in the home
Youth Activities	YA	Participation in activities	Youth Self Report - Social Competence Scale	Achenbach, 1991, University Associates in Psychiatry; Burlington, VT	▼11	Involvement in activities which may promote social skills or cognitive development
Youth Behavior	YB	Behavior problems	Youth Self Report - Syndrome and Total Problems Scale	Achenbach, 1991, University Associates in Psychiatry; Burlington, VT	▼11	Magnitude of aggressive behavior and impulse control
ACASI Introduction	AC	N/A	Project-developed practice questions	N/A	▼11	N/A
Services Received (ACASI)	SV	Services received	Project-developed questions	N/A	▼11	Factors that affect the service provision process
Substance Abuse (ACASI)	SA	Substance abuse	Drug Free School Community Act Outcome Study Questions	U.S. Department of Education: Office of the Under Secretary	▼11	Misuse of controlled substances as associated with depression and maltreatment

Exhibit 3-1. Overview of NSCAW Child Instrument (Continued)

Module	CAPI Section	Construct	Measure	Author / Publisher	Child Age	Information Gathered
Sexual Activity (ACASI)	SX	Sexual behavior	LongSCAN	Runyan, Curtis, Hunter, Black, Kotch, Bangdiwala, Dubowitz, English, Everson, Landsverk, 1997	▼11	Early sexual activity
Delinquency (ACASI)	DE	Delinquency	Modified Self Report of Delinquency	Achenbach, 1991, University Associates in Pyschiatry; Burlington, VT; Elliott and Busse, 1992	▼11	Participation in delinquent or criminal activities
Injuries (ACASI)	IJ	Maltreatment	Injury Questions from Child Health and Illness Profile-Adolescent Edition	Starfield, Ensminger, Green, Riley, Ryan, Kim-Harris, Crawford, Johnston, 1995	▼11	Nature and extent of injuries in the past 12 months
Child Maltreatment (ACASI)	CM	Maltreatment	Adaption of Parent-Child Conflict Tactics Scale	Straus, M.A., Hamby, S.L., Finkelhor, D., Moore, D.W., & Runyan, D, 1998	▼11	Additional maltreatment information in order to better understand the effects of the severity and specific type of abuse
ACASI Finish	AF	N/A	Project-developed script to close ACASI module	N/A	▼11	N/A
Child Interview Close	CC	N/A	Project-developed end-of-interview script	N/A	All	N/A

3.2 Current Caregiver Instrument

The NSCAW Current Caregiver Instrument was designed for administration at baseline and at each yearly wave to the child's permanent or non-permanent caregiver. Non-permanent caregivers included formal foster parents, kin foster parents, and informal foster caregivers. The content of the interview varied somewhat for permanent and non-permanent caregivers; non-permanent caregivers received an additional module on foster parent services, and were not administered the ACASI portions of the interview.

The current caregiver interview captured information about the child, the caregiver, experiences with the child welfare system, and contextual factors such as the home and community environment. The instruments measuring child characteristics and functioning were included as constructs for which caregivers were the best informants. The broad areas measured in the child sections included social competence, health and disabilities, temperament, adaptive behavior, behavior problems, placement history and disruptions, and the child's service needs and experiences. The instruments measuring constructs relating to the caregivers included physical and mental health, caregiving behavior, monitoring and discipline, substance abuse and criminal behaviors, domestic violence, and social support. In addition, caregivers were asked to report on both formal and informal services they received, as well as their satisfaction with their caseworker. Instruments covering sensitive topics, including discipline, substance abuse, domestic violence, and criminality, were designed for administration via ACASI. Additional questions about the neighborhood, the quality of the home environment, and demographic information about the family were also asked of caregivers.

Exhibit 3-2 provides an overview of the NSCAW Wave 1 Current Caregiver Instrument, including:

- the module name and CAPI section identifier, including the ages of children targeted by the module and identification of sections administered via ACASI
- the applicable construct and measure, including an identification of project-developed questions
- the author/publisher of established measures
- an indicator of whether the module is administered to permanent caregivers, non-permanent caregivers, or both (Permanent = P, Non-permanent = NP)
- the waves in which each module is administered
- a brief description of the information collected in the module.

Exhibit 3-2. Overview of NSCAW Current Caregiver Instrument

Module	CAPI Section	Construct	Measure	Author / Publisher	Perm/ Non-Perm[2]	Information Gathered
Questionnaire Introduction	QP	N/A	Project-developed introduction script	N/A	P/NP	N/A
Up-Front Verification Module	NP	N/A	Project-developed verification questions to drive instrument wording/flow	N/A	P/NP	Verification of respondent contact information, relationship to child, out-of-home placement status, and legal guardianship
Household Roster	HH	Family composition and demographics	Project-developed questions	N/A	P/NP	Family composition and demographic information necessary for classification and description of subjects.
Child Living Environment	LE	Disruption in living environment	Project-developed questions	N/A	P/NP	Variations/Changes of household composition or placement situations
Community Environment	CE	Neighborhood factors	Abridged Community Environment Scale from National Evaluation of Family Support Programs	Abt Associates, Inc., 1996	P/NP	Behavior of individuals and families in terms of the environment of their community

[2] Some items or sections of the NSCAW Caregiver instrument were dependent on whether the sampled child was living with a permanent caregiver (e.g., biological parent, adoptive parent) or a non-permanent caregiver (e.g., foster parent, relative, or informal foster caregiver).

Exhibit 3-2. Overview of NSCAW Current Caregiver Instrument (continued)

Module	CAPI Section	Construct	Measure	Author/ Publisher	Perm/ Non-Perm[2]	Information Gathered
Child Health & Services	HS	Health and disabilities Services received by child	Child and Adolescent Services Assessment (CASA); Child Health Questionnaire from National Evaluation of Family Support Programs; Brief Global Health Inventory; and project developed questions on services	Burns, Angold, Magruder-Habib, Costello, & Patrick, 1996	P/NP	History of health, injury, and disability status of child; services received by the child
Adaptive Behavior	VI for Children 0-2 VN for Children 3-5 VE for Children 6-10	Adaptive Skills	Vineland Adaptive Behavior Screener - Daily Living Skills	Sparrow, Balla, & Cicchetti, 1984, American Guidance Service	P/NP	Regular behaviors the child exhibits
Prosocial Skills	PS for Children 3-5 PT for Children 6-10 PU for Children 11+	Global Social Competence	Social Skills Rating System -- Social Skills Scale	Gresham and Elliot, 1990, American Guidance Service	P/NP	Level of development of social skills possessed by the child
Emotional Regulation - Temperament (Child Ages ▼ 3)	TE	Emotional regulation / Temperament	How My Infant/Toddler/Child Usually Acts from National Longitudinal Survey of Youth	Baker, Keck, Mott, Quinlan, 1993	P/NP	Child's demonstration of ability to express emotions and cope with highly charged emotional situations
Youth Behavior Checklist	TC for Children 2-3 BC for Children 4-18	Behavior problems	Child Behavior Checklist	Achenbach, 1992, University of Vermont-Burlington	P/NP	Degree to which child exhibits different types of behaviors; The Behavior Problems Index (BPI) is administered at Wave 2 in place of the full checklist.
Income	IN	Income	Project-developed questions	N/A	P/NP	Financial resources available to the child's household
Caregiver Services	SH/SR	Services received by caregiver	Project-developed questions	N/A	P	Frequency and duration that services have been/are being received

Exhibit 3-2. Overview of NSCAW Current Caregiver Instrument (continued)

Module	CAPI Section	Construct	Measure	Author/ Publisher	Perm/ Non-Perm[2]	Information Gathered
Social Support	SS	Social Support and other family resources, including assistance with child-rearing	Adapted from Duke Functional Social Support Scale and Sarason Social Support Questionnaire-3	Sarason, Levine, Basham, & Sarason, 1983; Sarason, Sarason, Shearin & Pierce, 1987	P	Perceived social support for child and family
Physical Health - SF	PH	Physical Health	Short-Form Health Survey (SF-12)	Ware, Kosinski & Keller, 1996	P/NP	Caregiver's physical health status
Foster Caregiver Services	FC	Services received by foster caregivers	Project-developed questions	N/A	NP	Frequency and duration that services have been/are being received
Depression	DP	Mental Health - Depression	Composite International Diagnostic Interview Short-Form (CIDI-SF) - module for depression	Kessler, Andres, Mroczek, Ustun, & Wittchen, unpublished	P	Caregiver experiences that indicate symptoms of depression
ACASI Introduction	AZ	N/A	Project-developed ACASI practice questions	N/A	P	N/A
Alcohol Dependence (ACASI)	AD	Mental Health - Substance Abuse	Composite International Diagnostic Interview Short-Form (CIDI-SF) - module for alcohol dependence	Kessler, Andres, Mroczek, Ustun, & Wittchen, unpublished	P	Caregiver experiences that indicate symptoms of alcohol dependence
Drug Dependence (ACASI)	DD	Mental Health - Substance Abuse	Composite International Diagnostic Interview Short-Form (CIDI-SF) - module for drug dependence	Kessler, Andres, Mroczek, Ustun, & Wittchen, unpublished	P	Caregiver experiences that indicate symptoms of drug dependence
Involvement with the Law (ACASI)	IL	Criminal Involvement of Parents	Project-developed questions	N/A	P	Caregiver criminal history and involvement with the justice system

Exhibit 3-2. Overview of NSCAW Current Caregiver Instrument (continued)

Module	CAPI Section	Construct	Measure	Author/ Publisher	Perm/ Non-Perm[2]	Information Gathered
Discipline (ACASI)	DS	Behavioral Monitoring and Discipline	Parent-Child Conflict Tactics Scale (CTSPC) with Neglect and Substance Abuse questions added	Straus, Hamby, Finkelhor, Moore, & Runyon (in press)	P	Methods and frequency of discipline measures used by the caregiver with the child during the last 12 months
Domestic Violence (ACASI)	DV	Domestic Violence in the Home	Conflict Tactics Scale (CTS1)	Straus, M.A. (1990)	P	Type and frequency of violence occurring in the home and directed toward female caregiver in the last 12 months, and subsequent use of services
Satisfaction with Caseworker	SF	Satisfaction with Caseworker	Project-developed questions	N/A	P	Satisfaction level with services received from caseworker
HOME Scales - Scripted Items (Child Age < 10)	HO	Emotional Nurturing, Cognitive/Verbal Responsiveness and Stimulation	Home Observation for Measurement of the Environment-Short Form (HOME-SF)	Baker, Keck, Mott, & Quinlan, 1993	P/NP	Scripted items about the child's home environment
Locator Form	LF	N/A	Project-developed questions to track respondent for future interview waves	N/A	P/NP	Locator information for caregiver and up to 3 contact persons
Verifications	VF	N/A	Project-developed script informing respondent of potential recontact for interview QC purposes	N/A	P/NP	N/A
Teacher Authorization	TA	N/A	Project-developed questions to collect contact information for teacher survey	N/A	P/NP	Teacher contact information, including school name, address, and phone number
HOME Scales - Observational Items (Child Age < 10)	OB	Emotional Nurturing, Cognitive/Verbal Responsiveness and Stimulation	Home Observation for Measurement of the Environment-Short Form (HOME-SF)	Baker, Keck, Mott, & Quinlan, 1993	P/NP	Field Representative observations of the child's home environment

3.3 Former Caregiver Instrument

The NSCAW Former Caregiver Instrument was designed to be administered to the caregiver from whom the child was removed when placed in out-of-home care. The interview served two purposes: (1) to provide information about the child's history (e.g., health and disabilities) and experiences (e.g., services, disruptions in living arrangements) during the period when the child was living with that caregiver, and (2) to gather information about the former caregiver. The constucts relating to the former caregiver included measures of his/her physical and mental health status; the contextual factors affecting her/him, including domestic violence, social support, and involvement with the law; the services the former caregiver had received; and satisfaction with the caseworker. Instruments including sensitive topics (e.g., substance abuse, involvement with the law, domestic violence) were designed for administration via ACASI.

Exhibit 3-3 provides an overview of the NSCAW Former Caregiver Instrument, including:

- the module name and CAPI section identifier, including an identification of sections administered via ACASI
- the applicable construct and measure, including an identification of project-developed questions
- the author/publisher of established measures
- the age of the child targeted by the module
- a brief description of the information collected in the module.

The content of the former caregiver interview was very similar to that of the current caregiver interview. However, former caregivers were not asked to provide information about the child's current functioning and service needs and experiences.

As noted earlier in this manual, former caregiver interviews were completed for only a portion of the sampled children, with data collected between October 1999 and October 2000. For this reason, data from these interviews should be used with great caution; generalizations cannot be made to any population.

Exhibit 3-3. Overview of NSCAW Former Caregiver Instrument

Module	CAPI Section	Construct	Measure	Author/Publisher	Child Age	Information Gathered
Questionnaire Introduction	QB	N/A	Project-developed introduction script	N/A	All	N/A
Household Roster	HB	Family composition and demographics	Project-developed questions	N/A	All	Family composition and demographics
Child's Living Environment	LI	Disruption in living environment	Project-developed questions	N/A	All	Variations/changes of household composition, or placement situation
Community Environment	CV	Neighborhood factors	Abridged Community Environment Scale from National Evaluation of Family Support Programs	Abt Associates, Inc., 1996	All	Behavior of individuals and families in terms of the environment of their community
Child's Health and Services	NS	Health and disabilities Services received by child	Child and Adolescent Services Assessment (CASA); Child Health Questionnaire from National Evaluation of Family Support Programs; Brief Global Health Inventory; and project developed questions on services	Burns, Angold, Magruder-Habib, Costello, & Patrick, 1996	All	Health, injury, and disability status of child
Income	IC	Income	Project-developed questions	N/A	All	Financial resources available to the child's household
Services	SB	Services received by former caregiver	Project-developed questions	N/A	All	Frequency and duration that services have been/are being received
Social Support	SU	Social Support and other family resources, including assistance with child-rearing	Adapted from Duke Functional Social Support Scale and Sarason Social Support Questionnaire-3	Sarason, Levine, Basham, & Sarason, 1983; Sarason, Sarason, Shearin & Pierce, 1987	All	Perceived social support for child and family

Exhibit 3-3. Overview of NSCAW Former Caregiver Instrument (continued)

Module	CAPI Section	Construct	Measure	Author/Publisher	Child Age	Information Gathered
Physical Health - SF12	PY	Physical Health	Short-Form Health Survey (SF-12)	Ware, Kosinski & Keller, 1996	All	Former caregiver's physical health status
Depression	DR	Mental Health - Depression	Composite International Diagnostic Interview Short-Form (CIDI-SF) - module for depression	Kessler, Andres, Mroczek, Ustun, & Wittchen, unpublished	All	Former caregiver experiences that indicate symptoms of depression
ACASI Introduction	AI	N/A	Project-developed ACASI practice questions	N/A	All	N/A
Alcohol Dependence (ACASI)	AL	Mental Health - Substance Abuse	Composite International Diagnostic Interview Short-Form (CIDI-SF) - module for alcohol dependence	Kessler, Andres, Mroczek, Ustun, & Wittchen, unpublished	All	Former caregiver experiences that indicate symptoms of alcohol dependence
Drug Dependence (ACASI)	DG	Mental Health - Substance Abuse	Composite International Diagnostic Interview Short-Form (CIDI-SF) - module for drug dependence	Kessler, Andres, Mroczek, Ustun, & Wittchen, unpublished	All	Former caregiver experiences that indicate symptoms of drug dependence
Involvement with the Law (ACASI)	IW	Criminal Involvement of Parents	Project-developed questions	N/A	All	Former caregiver criminal history and involvement with the justice system
Discipline (ACASI)	DC	Behavioral Monitoring and Discipline	Parent-Child Conflict Tactics Scale (CTSPC) with Neglect and Substance Abuse questions added	Straus, Hamby, Finkelhor, Moore, & Runyon (in press)	All	Methods and frequency of discipline measures used by the former caregiver with the child during the last 12 months
Domestic Violence (ACASI)	DM	Domestic Violence in the Home	Conflict Tactics Scale (CTS1)	Straus, M.A. (1990)	All	Type and frequency of violence occurring in the home and directed toward female former caregiver in the last 12 months, and subsequent use of services
Satisfaction with Caseworker	ST	Satisfaction with Caseworker	Project-developed questions	N/A	All	Satisfaction level with services received from caseworker

Exhibit 3-3. Overview of NSCAW Former Caregiver Instrument (continued)

Module	CAPI Section	Construct	Measure	Author/Publisher	Child Age	Information Gathered
Locator Form	LO	N/A	Project-developed questions to track respondent for future interview waves	N/A	All	Locator information for former caregiver and up to 3 contact persons
Verifications	VE	N/A	Project-developed script informing respondent of potential recontact for interview QC purposes	N/A	All	N/A

3.4 Investigative Caseworker Instrument

The NSCAW Investigative Caseworker Instrument was designed to assess the investigator's opinion of the level of risk to the child at the time he/she conducted the investigation, as well as the investigator's decision-making process during the investigation. It also collected information about the investigation of the report of maltreatment that led to the child's inclusion in the NSCAW and the level of risk to the child from the primary and/or secondary caregivers. The instrument included questions about the decisions that were made about the case, such as substantiation of the report, placement of the child in out-of-home care, and referral to specific services, and the factors that influenced these decisions. The factors may have included the presence or absence of substance abuse, domestic violence, excessive discipline, or other problems in the home. The interview also contained detailed questions about the specific nature of the alleged abuse or neglect, including physical abuse, sexual abuse, physical neglect, abandonment, exploitation, and other forms of maltreatment. It also collected a few pieces of background information about the investigative caseworker. For long-term foster care cases, detailed questions about services to parents and children were asked as part of the Wave 1 caseworker interview.

Exhibit 3-4 provides an overview of the NSCAW Investigative Caseworker Instrument, including:

- the module name and CAPI section identifier
- the applicable construct and measure, including an identification of project-developed questions
- the author/publisher of established measures
- the waves in which each module is administered
- a brief description of the information collected in the module.

Exhibit 3-4. Overview of NSCAW Investigative Caseworker Instrument

Module	CAPI Section	Construct	Measure	Author/Publisher	Waves	Information Gathered
Questionnaire Introduction	QC	N/A	Project-developed introduction script	N/A	1,3	N/A
Up-Front Module	UF	N/A	Project-developed questions to drive instrument wording/flow and ensure data linkage	N/A	1,3	Caseworker name and employee ID (to link child interviews to caseworker interviews); employer, date of birth, and name and relationship of child's current caregiver
Case Investigation	CI	Case Investigation	Project-developed questions	N/A	1	Circumstances surrounding the investigative report; background of the caseworker
Alleged Abuse	AA	Nature of abuse	Project-developed questions	N/A	1	Details about the specific nature of the alleged abuse or neglect
Risk Assessment	RA	Risk Assessment	Project-developed questions based on questions from Michigan, New York, Washington, Illinois, Colorado risk assessment forms and checklists	N/A	1	Factors determining case decisions, including prior history of abuse or neglect, caregiver substance abuse, domestic violence in the home, caregiver mental health problems, poor parenting skills, excessive discipline, and so forth.
Services to Parents	SP	Services to parents	Project-developed questions	N/A	1,2,3	Service needs, regardless of **availability; asked for long-term foster care (LTFC) cases only at Wave 1**
Services to Child	SC	Services to child	Project-developed questions	N/A	1,2,3	Service the child may have received; **asked for long-term foster care (LTFC) cases only at Wave 1**
Caseworker Interview Close	CW	N/A	Project-developed script to end caseworker interview	N/A	1,2,3	N/A

3.5 Teacher Instrument

The NSCAW Wave 1 teacher survey was designed as a self-administered, paper-and-pencil (PAPI) questionnaire for teachers of children in grades K-12. In addition to collecting data on the child's achievement and behavior in the school setting, the instrument included constructs related to social competence and relationships, school socialization and engagement, behavior problems, academic achievement, and school-based services.

Exhibit 3-5 summarizes the content of the instrument, as well as:

- the module name
- the applicable construct and measure, including an identification of project-developed questions
- the author/publisher of established measures
- the waves in which each module is administered
- a brief description of the information collected in the module.

Exhibit 3-5. Overview of NSCAW Teacher Survey Instrument

Module	Construct	Measure	Author/Publisher	Waves	Information Gathered
A. Your Relationship with Student	Teacher-Child relations	Project-developed questions	N/A	1,3	Subject area taught, average class size, knowledge of child
B. Peer Relationships	Peer relationships	Teacher Checklist of Reactive and Proactive Agession	Dodge and Coie, 1987	1,3	Student's relationship with peers in class
C. Social Skills (Grades K-6)	Social skills and school socialization	Social Skills Rating System (SRSS)	Gresham and Elliott, 1990, American Guidance Service	1,3	Level of development of social skills possessed by the child
D. Social Skills (Grades 7-12)	Social skills and school socialization	Social Skills Rating System (SRSS)	Gresham and Elliott, 1990, American Guidance Service	1,3	Level of development of social skills possessed by the child
E. Student Behavior	Student behavior	Teacher Report Form	Achenbach, 1991	1,3	Behavior of student now or in the past 2 months
F. Grade Progression & Academic Performance	Grade progression, academic performance, school absences, home-teacher contacts	Project-developed questions	N/A	1,3	Grade progression, academic performance by subject, behavior/discipline problems, reading level
G. Special Educational Needs of the Child	Special educational needs	Project-developed questions	N/A	1,3	Physical, emotional or mental conditions which limit child, IEP, classification of special needs

3.6 State Instrument

A State Agency Discussion Guide (SADG) was developed to collect data from state agencies on a number of factors affecting the delivery of child welfare services. These included:

- Organization and structure of child welfare service delivery
- Formal and informal collaborative agreements with agencies and service providers
- Use of subcontractors for various types of service delivery
- Investigation processes and caseworker assignments
- Use of performance-based measures and accountability
- Impact of federal legislation on state policies and child welfare service delivery
- Concerns and promising developments in child welfare

State agency interviews were designed for telephone administration. In addition to informing the NSCAW, this information was requested by a number of state contacts when they agreed to participate in the study.

3.7 Local Agency Instruments

A mixed-mode approach was used to collect information from the local agencies. The Local Agency Director Interview (LADI) was a paper-and-pencil instrument designed for administration by the field representatives to the agency director or his/her designee. The LADI collected information about agency characteristics and practices, and the service environment. A Self-Administered Questionnaire (SAQ) was also developed and provided to agency personnel at the time of the LADI interview. The SAQ was designed to collect more detailed information on agency expenditures, staff resources, foster care resources, service activities, and service delivery for the most recent fiscal year. These questions were placed in the self-administered questionnaire to allow agency staff to check records and other sources to provide the requested data. Other questions gauged the impact of various federal policies (e.g., Temporary Aid to Needy Families, Adoption and Safe Families Act) on service delivery to children and families. These items were included in the self-administered questionnaire to allow agency staff to provide a detailed written response that might be difficult to obtain during an in-person interview.

4. Data Collection

4.1 Pre-Data Collection Activities

This section summarizes the data collection preparation activities that were undertaken for Wave 1. These included recruiting state and local agencies and obtaining OMB clearance and IRB approval. The Data File User's Manuals provide more comprehensive information on other pre-data collection activities, including pretesting and pilot testing the NSCAW instruments and auxiliary systems and recruiting and training field staff.

4.1.1 Recruitment of State and Local Agencies

The goal of the recruitment effort was to inform the sampled states and agencies about the study and their role in the sampling and data collection activities, gain their cooperation, and secure a signed letter of agreement between the state or agency and the project. Additionally, recruiters sought to identify and address barriers to participation, such as access to family contact information, agency and caseworker burden, and confidentiality concerns arising from interpretations of state laws and agency policies.

Between April 1998 and July 1999, a total of 40 states and 110 county-level sites were recruited for NSCAW. (The term "site" is used here as the shorthand equivalent for county child welfare agency.) Among those were six replacement sites that were selected when the original sites declined to participate because of staff burden and confidentiality concerns. Replacement sites were selected based on their similarity to the sites that declined to participate.

Sampling Contacts

After each site was recruited and a signed agreement letter was provided, NSCAW sampling team members contacted each participating agency to discuss the procedures for obtaining the monthly Wave 1 sample frame files. As part of these discussions, child eligibility guidelines and definitional differences (e.g., definitions of the target population and other key child welfare terms) were reviewed to ensure that sample files provided by each site met the needs of the study. Sites were also provided with detailed specifications for the sampling frame data, including:

- the data fields required to develop the list of children from which the NSCAW sample would be drawn
- the preferred formats for the requested data
- a description of each requested data field, and rationale for its use
- the preferred file format and method for transferring the file

- a glossary containing definitions of the terms used in the data request specifications

Appendix C contains the NSCAW Sampling Frame Data Request Specifications distributed during this phase of the project.

Data Collection Contacts

Following the sampling contacts, members of the NSCAW data collection team contacted the recruited agencies to collect information to facilitate the data collection effort in each site. These discussions focused on:

- general characteristics of the agency, including number of caseworkers and specialization of functional responsibilities (e.g., investigative versus service workers)
- recordkeeping methods, including processing and storage of intake forms, availability of computerized records, and storage of records for both CPS and Long Term Foster Care cases
- mandatory reporting requirements
- points of contact for various aspects of the data collection operation, including information access within the agency, obtaining consent for interviews with children in out-of-home care, and mandatory reporting
- the preferred approach for introducing the assigned field representative to agency staff

Additionally, the agency was asked to provide a list of caseworkers, a letter of endorsement from the agency director, any existing amplification of the state laws on child abuse and neglect, and a list of local resources (e.g., suicide hotlines, shelters, etc.). Information collected from each agency was compiled and provided to field representatives as part of their training package.

Family Contact Information

A critical component of the recruitment process was the determination of which procedures for contacting sampled families would be implemented in each participating site. Recruiters presented states and agencies with several contact options, listed below, and worked with them to select an approach that would satisfy relevant state laws or agency policies. These options included:

- direct contact of sampled families by the NSCAW field representative
- postcard with passive consent

- postcard with active consent
- direct contact of families by the agency (telephone and in-person)

With the passive consent process, sample members were notified about their selection for the study and asked to return a postcard refusing the NSCAW contact. Consent was inferred if the family did not return the postcard. The active consent option involved similar notification procedures; however, sample members were required to sign and return the postcard before information was released to NSCAW.

The majority of the states and agencies agreed to the direct field representative contact of sampled families. However, to address confidentiality concerns or work within state laws, 14 sites stipulated that parental/legal guardian consent be obtained via the active or passive postcard process before family contact information was released. Of these, nine sites mandated advance consent from all sampled families. The remaining five sites mandated advance consent from those families who had been investigated and had unsubstantiated outcomes. All but one of the 14 advance contact sites opted for the active consent process. The remaining site implemented the passive consent process.

The advance contact operations were carefully monitored by the NSCAW project team. Careful attention was given to each agency's ability to locate sampled families in a timely manner and obtain consent for the release of contact information. As Wave 1 data collection progressed, it became apparent that the advance contacts in the 13 sites requiring active consent from the family were yielding poor results. Families failed to return signed postcards and agencies were unable to provide the resources needed to contact them by telephone or in-person to seek consent. While efforts were made to improve the consent rates in these sites, including asking sites to switch to the passive consent option, the impact on the Wave 1 response rates was significant. As a result, the NSCAW project team, in consultation with the Federal Project Officer, withdrew from the sample the advance contact sites achieving little or no cooperation from the active consent process. Between March and April 2000, seven of the 14 advance contact sites, and all families selected in previous months, were withdrawn from the study. One site agreed to forego the advance agency contact in favor of the direct field representative contact for the remaining sample months. Five sites, struggling to obtain active consent for unsubstantiated cases, chose to stop sampling unsubstantiated cases in order to remain a part of the study. The remaining advance contact site, achieving acceptable consent rates from sampled families, continued their passive consent process for the duration of the Wave 1 sampling period.

It should be noted that one additional site was dropped from the study when approval of the study protocol could not be obtained from the state's child welfare system Institutional Review Board. Of the initial 110 recruited agencies, therefore, Wave 1 was completed with samples from a total of 97 sites in 92 PSUs.

4.1.2 Obtaining Institutional Review Board Approval

The NSCAW IRB review process was iterative and quite lengthy, given the complexities of the study design, the sensitivity of the subject matter, the vulnerability of the children being sampled, and the risks to participating families. RTI's IRB paid particular attention to the content of the consent forms, mandatory reporting procedures, incentive payment plans, communication of update information including adverse events, and the data release plan for NSCAW. To reach accord on these issues, the committee appointed a subcommittee to work with the Project Director to finalize materials and procedures for Wave 1 data collection. As part of the approval process, the chair of the IRB committee accompanied Pilot Study interviewers to two homes to observe the informed consent and interview processes.

Over a 7-month period, the IRB subcommittee and the project team worked collaboratively to consider the designation of risk by type of respondent and the protections required in 45 CFR 46 for both adult and child respondents. The subcommittee recommended revised procedures and consent forms to the full committee for a vote in June 1999, at which time the Wave 1 and Wave 2 data collection procedures were approved. The RTI IRB approval was conditioned on quarterly update meetings with the Project Director, submission of a mutually acceptable data release plan, and timely reporting of any adverse events experienced (e.g., reporting of suspected child abuse or neglect, distressed respondents, intervention procedures initiated because of apparent suicidal intent).

Throughout Wave 1, project staff met quarterly with the RTI IRB committee to provide updates on the status of NSCAW. An annual renewal application was submitted and approved in June 2000 for continuation of Waves 1 and 2.

In addition to the RTI's IRB, NSCAW project staff were required to prepare and submit four state IRB review packages before the commencement of data collection. Other institutions within the NSCAW research consortium also prepared and submitted study protocols to their IRBs for approval. These included the University of North Carolina at Chapel Hill, the University of California at Berkeley, Duke University, San Diego Children's Hospital, and the University of Pittsburgh Medical Center.

An application for a federal Certificate of Confidentiality was submitted to NIMH in September 1999, and approval received immediately.

The consent and assent forms approved by the IRB and OMB and used in Wave 1 are included in ***Appendix D***.

4.2 Wave 1 Data Collection Procedures

This section describes the data collection procedures that were implemented for Wave 1 child, current caregiver, former caregiver, and investigative caseworker interviews, as well as the data collection activities for state and local agency interviews and teacher surveys. In general, field representatives received case samples on a monthly basis over the course of Wave 1. Upon

receipt of their monthly case assignments, field representatives contacted the agency to collect detailed contact information for the child and family, mailed introductory letters and study brochures to sample members, contacted sampled families to obtain consent for the interview, and administered the interview in accordance with the study procedures. Detailed descriptions of these activities follow.

4.2.1 Collection of Case Initiation Database Information

The NSCAW Case Initiation Database (CID) was designed as the primary tool for verifying and/or supplementing data collected during the sampling process and for collecting the contact data for current caregivers, former caregivers, children, and their legal guardians. In most cases, the sample selection task produced the following information:

- child name and unique case ID
- child date of birth and age
- child gender
- child case type (CPS or long-term foster care)
- whether the child was currently receiving services
- whether the child was in out-of-home care
- investigation completion date (the completion date for the investigation that led to the child's selection for NSCAW)
- investigation start date (the date that the report was made or the investigation was opened)
- start date of child/family services

The information obtained during sampling was a "snap shot" of the child's living situation and service receipt status, and was provided to the field representative through preloading the information into the CID. At any time after sample selection, it was recognized that the child's situation could change. For example, between sampling and the start of data collection, the child could have been placed in out-of-home care or reunified with his/her biological caregivers. As a result, the CID was developed to update or confirm the information collected from sampling, and to collect the contact information needed to facilitate the child and family interviews. The information collected in the CID served these purposes:

- to determine which interviews were required for the case

- to drive wording (e.g., pronoun choice) and routing of the CAPI/ACASI instruments (e.g., administer the out-of-home module to all children for whom it was appropriate at the time of the interview, regardless of the child's status at the time of sampling)

- to collect detailed contact information for children, caregivers, legal guardians, and investigative caseworkers

CID data were collected from the designated agency liaison within several days of case assignment. Field representatives entered the information into the laptop computer and then printed Interview Control Cards for each required interview. In Wave 1, the following CID data were confirmed from the sampling information, corrected, or collected for each sampled child:

- the name of the investigative caseworker who handled the child's case

- date the child/family began receiving services

- start date of the investigation that led to the child's inclusion in the study

- date of initial report that led to the investigation

- child name, date of birth, age, gender, language preference, Social Security Number, out-of-home status, and start date of current placement (for children in out-of-home care)

- child's current primary caregiver's name, address, telephone number, and their relationship to the child

- for children in out-of-home care, the names of primary and secondary caregivers the child was taken from, their relationship to the child, address and telephone number

- name and contact information of the legal guardian of the child (if different from the current or former caregiver)

Key elements of the sampling and CID data, such as child age and out-of-home placement status, were again verified at the start of the child and current caregiver interviews to ensure accurate routing in the CAPI/ACASI programs.

4.2.2 Child and Current Caregiver Interviews

The following section describes the procedures for contacting sampled families and conducting the Wave 1 interviews. The procedures for contacting and interviewing CPS and LTFC cases were identical; only minor differences in the instruments were specified for the two sample types, as noted in ***Chapter 3***.

Contacting Procedures

Following the collection of the CID data, field representatives mailed a personalized introductory letter and NSCAW question and answer brochure to each caregiver. The lead materials, which were tailored to the various respondent types, were mailed approximately eight weeks after the close of the investigation. They emphasized the importance of the study, the study's sponsorship and non-affiliation with the local CPS agency, confidentiality of the data, and the fact that participation in the study provides each family the opportunity to register their experiences. (See ***Appendix D*** for copies of project materials.) After allowing sufficient time for receipt, the field representative telephoned or visited the household in order to schedule an appointment to conduct the in-person child and caregiver interviews.

Key Respondent Rules

For the purposes of calculating response rates and determining which cases were included in the release to researchers, a key respondent was identified for each sampled child. For children younger than 10 years old, the key respondent was defined as the adult caregiver; for children 10 - 14 years old, the child was defined as the key respondent. Participation of the key respondent was necessary in Wave 1 for inclusion in the NSCAW cohort and in the NSCAW data files released for research. (Note that nonresponse in subsequent rounds will not effect cohort membership. All cohort members will be followed and contacted for particpation at each subsequent wave of data collection.) The overall response rate reported for NSCAW is based on this key respondent definition. ***Section 4.3.1*** provides these response rates.

The key respondent definition also established the ideal order for the NSCAW interviews. Field representatives were encouraged to conduct the key respondent interview first; however, it was common for the caregiver interview to be done first regardless of the child's age and key respondent designation. This allowed the caregiver to experience the interview process first-hand, which increased the likelihood of their child's cooperation.

Completed Interview Definitions

As with the key respondent definitions, a set of rules was established to determine which cases would be included on the data files released to the research community. For partial interview cases—that is, cases in which the field representative was unable to complete some questions or sections with the respondent—the NSCAW project team used the following rules to categorize interviews as complete (and therefore included on the data file) or incomplete (and excluded from the data file):

- **Child:** Interviews were considered complete if at least one of the well-being measures was obtained (BINS, PLS-3, KBIT, Mini Battery, or BDI)

- **Caregiver:** Interviews were considered complete if the questionnaire module on services received by the child was completed

Selection of the Current Caregiver

In many instances there was little question regarding who should be interviewed about the child. In other situations we carefully sifted through information to identify the most appropriate adult respondent. Regardless of the family situation, the guiding principle was to interview the adult in the household who knew the sampled child best and who could most accurately answer questions about the child's well-being.

Specifically, in situations in which there was more than one caregiver in the household, we asked to interview the adult "most knowledgeable" about the child and who had co-resided with the child for two months or more. The co-residency requirement was important to ensure that caregiver respondents had sufficient knowledge of the child to answer the NSCAW questions. In situations where there were multiple possible respondents who met these criteria, we applied the hierarchy of parent-child relationships employed on the NIMH Methods for Epidemiology of Child and Adolescent Mental Disorders Study (MECA), and used in other studies of children and adolescents, to select the caregiver respondent. This hierarchy delineated the following order for respondent selection:

- Mother (biological, stepmother, adoptive mother, foster mother)
- Grandmother
- Father (biological, stepfather, adoptive father, foster father)
- Aunt
- Adult sister (biological, step, adoptive)
- Uncle
- Adult brother (biological, step, adoptive)
- Other

In situations where the sampled child was found to be living in therapeutic foster care or in a residential treatment center, the details of these cases were examined individually in order to appropriately weigh time spent directly interacting with the child and other factors to determine the adult respondent for the sampled child.

Gaining Cooperation

Approximately one week after mailing an introductory letter to the caregiver respondent, field representatives attempted telephone and in-person contact. Study protocol mandated that the initial contact with the study subject be by telephone, unless information from the agency or caseworker indicated that an in-person visit was preferable or if the family did not

have a phone. The telephone contact was used as a means to schedule either an interview or an in-person meeting to address any concerns the caregivers had. If two caregivers resided in the household, field representatives were instructed to try to schedule a time for an in-person visit when both caregivers could be present for explanation of the study. Field representatives were issued photo ID badges, a project authorization letter, a confidentiality agreement, and a copy of NSCAW's Federal Certificate of Confidentiality. These tools established the study's validity and the representatives' legitimacy.

Once initial concerns and questions about the survey were answered, field representatives conveyed the need for a private setting to conduct both the caregiver and child interviews. The private interview setting was necessary for children ages 5 and older and caregivers. Given the sensitive nature of some questions in CAPI, it was important that the study subject, no matter what age, be comfortable enough with the situation to answer questions honestly. Privacy also helped to minimize the number of distractions, and thereby minimize cognitive burden and promote data quality.

Wave 1 child and family interviews were originally initiated at 63 days after the close of the investigation. This window was viewed as both a "cooling off period" for families who had been the target of an investigation and a "honeymoon period" for children whose placement had changed. This window was shortened to 40 days early in the data collection period in response to the significant difficulties field staff experienced in contacting and interviewing families at the addresses provided by the agencies. This reduced the age of the contact data, decreasing the need for locating activities, while maintaining a reasonable window of time between the investigation and the NSCAW interview.

Informed Consent Procedures

The adult respondent was asked to consent to participate for both her/himself and the sampled child. However, field representatives were carefully trained to confirm with the agency that the adult respondent chosen had legal guardianship and the resulting legal right to consent to the child's participation. If the chosen adult respondent did not have legal guardianship, the field representative identified and contacted the person or agency who did have the authority to consent for the child. In some sites the agency had legal guardianship for out-of-home placement children; in other sites the juvenile or family court held legal guardianship. The field representative contacted the legal guardian, explained the study and the child's selection, and sought permission to interview the child and authorization for others (e.g., a teacher) to release information about the child.

As with the informational letters and brochures, the content of the NSCAW consent forms was tailored to the different respondent types—current caregiver, former caregiver, and legal guardian. The consent forms explained the sample selection procedures; the purpose of the study; the study's sponsorship and non-affiliation with the local CPS agency; the data collection procedures and types of questions to be asked; the approximate length of the interviews; any discomforts, risks, or benefits associated with participation; and data confidentiality protections. The consent forms also included a separate request for the CARI quality control recordings, as

described in detail in the Data File User's Manual. Copies of the adult consent forms are provided in ***Appendix D***. The field representative was responsible for reading the full consent form to the respondent and obtaining his/her signed approval before proceeding with the interview.

We also utilized a form for the legal guardian to permit teachers to release information about the child's school behavior, peer relationships, and academic functioning. (Refer to ***Appendix D***.)

Mandatory Reporting

The human subjects and research ethics issues presented by the NSCAW were quite challenging. To address these issues thoroughly, the project convened a work group to discuss and recommend approaches to these challenges. The work group was aided by input from members of the NSCAW Technical Work Group, and extensive discussions with RTI's IRB.

Using an approach developed for the Longitudinal Study of Child Abuse and Neglect (LongSCAN), we narrowly defined "serious ongoing abuse" for the NSCAW baseline interviews. By using a narrow definition, we were able to alert authorities to situations of a serious nature, while not intruding on the process started by the child welfare investigation finished only weeks before the child and adult caregiver interviews. To define these threats more broadly at baseline would have put participating families at greater risk of losing custody of their children than nonparticipation, would have second guessed the child welfare investigative process recently completed, and may have introduced a confounding intervention in a study that seeks to evaluate the very processes established to intervene on the children's behalf. However, it was recognized that definitions and procedures in post-baseline interviews would need to be less narrow in definition because of the lag in time from the family's interactions with the child welfare system.

Using the definitions for serious ongoing abuse, the NSCAW work group identified questionnaire items that could illicit information requiring mandatory reports, developed scripted probes to help the field representative clarify the situation, and discussed ways that field representatives were to interact with both respondents and local child welfare agency staff in mandatory reporting and other distressing situations. Items most likely to illicit reportable responses , as well as any scripted follow-up questions that were administered as a result of positive responses to potential report-triggering items, were placed in the ACASI modules of the instruments in order to:

- provide a more private setting in which to respond to the questions
- minimize the field representatives' involvement in any resulting mandatory reports

The ACASI probes were designed to collect additional information on the frequency and recency of a positive report of maltreatment, and whether the alleged abuse involved an adult caregiver living in the household. Field representatives were not notified about positive responses to mandatory report items triggered by transmitted data; instead, the interview data were transmitted to RTI daily, reviewed by members of the NSCAW project team, and decisions made about the necessity of a report based on the responses to the interview questions, report probes, and guidelines established with the affected site. Mandatory reports were filed by NSCAW project team members, in accordance with the procedures established with the individual sites. Copies of all reports were provided to the RTI IRB and, as required, to IRBs in two participating states.

In addition to mandatory report situations, the NSCAW Child Interview included several questions about suicide ideation, including probes about suicidal thoughts in the past two weeks and presence of a plan to commit suicide. In cases where the answer to both items was affirmative, the field representative was alerted at the end of the interview by the CAPI program and required to take steps in response to the situation. These included telling the child that his/her parent or caregiver would be told about the situation, and reporting the situation to the parent or caregiver. Children were given the option of being present for the discussion with the parent/caregiver. The field representative was not allowed to leave the home until the report was made to the parent/caregiver. Parents and caregivers were encouraged to alert appropriate mental health professionals or another service provider. Field representatives were trained to handle spontaneous reports of suicidal attempts or threats that were not in response to interview questions, including those from adult respondents, in a similar manner.

Beyond these procedures, field representatives were trained to prepare Incident/Adverse Event Reports in situations in which a respondent became distressed during the course of an interview or in which they observed or suspected abuse or neglect as defined on state CAN laws. (During training field representatives were provided with detailed documentation of the report requirements and guidelines for their assigned sites, as related to governing state and local laws.) Additionally, field representatives were advised to consult with their field supervisors or NSCAW project team members about potential report situations to ensure appropriate procedures were followed. ***Section 4.3.2*** details the number and type of reports filed in Wave 1.

Collecting Data from Current Caregivers

As noted earlier, Wave 1 current caregiver interviews were conducted in-person with the selected adult respondent. In addition to gaining cooperation and obtaining informed consent, key elements of the data collection task included:

- administering the CAPI interview in accordance with the procedures covered in training, including resolving inconsistencies detected during the interview and probing to elicit more detailed responses

- utilizing the appropriate interview aides, including a showcard booklet listing response choices for specific questions in the instrument

- teaching the respondent to use the laptop computer for the ACASI portion of the interview, including use of the keyboard and entry of responses

- collecting detailed locator information to facilitate contact in future interview waves

- paying incentives

- obtaining authorization to contact the child's teacher for the NSCAW teacher survey (for children in grades K-12)

- leaving a change of address card for the respondent to return to the project team in the event they move before the next interview wave

At the end of the interview, current caregivers were paid a $25 cash incentive, later increased with OMB and IRB approval to $50, for their participation in the interview. The incentive increase was adopted to improve response rates, reduce the number of contact attempts required to obtain child and family interviews, and to address respondent concerns about interview burden.

Informed Consent for Selected Children

As noted earlier, signed consent for the child interview was obtained from the child's legal guardian. However, children age 7 to 14 were asked for their assent for the interview. As with the adult caregivers, the field representatives were required to read the assent forms aloud and obtain signed permission to conduct the interview. The assent form introduced the study to the child, described the types of questions to be asked, assured the child that almost everything they said would kept confidential (with the exceptions of serious ongoing abuse and suicidal intent), and addressed the voluntary nature of participation and his/her right to refuse to answer any question. Given the vulnerability of this particular population, it was considered especially important to provide the children with this information, even though their signed assent form is not legally binding and the Office for Protection against Research Risks (OPRR), now the Office for Human Research Protections (OHRP), regulations did not mandate this assent process. Assent from younger children was not sought because the pretest experience suggested that children younger than 7 would not fully understand some of the fundamental concepts of informed consent, necessary to meaningfully process the information. ***Appendix D*** includes copies of the NSCAW assent forms for children age 7 to 10 and the assent form for children age 11 and older.

Collecting Data from Children

Once a signed consent form was obtained from the legal guardian, the study was explained to the child's caregiver (if different), and the child's assent form was signed, the field representative attempted to conduct a CAPI interview with the child, and for infants and toddlers, collect physical measurements and observation data. The timing of the adult caregiver and child

interviews varied by circumstances and the convenience of respondents; field representatives were encouraged to schedule both interviews in the same visit to the household when possible. The ease of accomplishing this goal varied with the age of the child and with the associated interview time required, being much easier for cases that involved young children and more difficult for older children who were more independent from their caregivers and whose interviews were longer on average. Approximately 30% of the NSCAW interviews required repeat visits to the home to secure both the caregiver and child interviews.

The CAPI instrument guided the child interview and prompted the field representative to administer the required assessments in the designated order. When prompted, the field representative retrieved the assessment materials and administered the various activities appropriate for the child's age. The child's item-level scores were entered directly into the computer, and the program's logic controlled routing to the next appropriate item or section, and calculated basals and ceilings and subdomain scores.

To maintain an effective testing environment, field representatives were instructed to provide breaks for children who became distracted, bored, tired, or otherwise unresponsive during the interview/assessment. When an appropriate interview environment could not be re-established, the field representative ended the session with the child and rescheduled the interview for another day.

At the end of the interview, young children (age 10 and under) were given a $10 gift certification to a local toy store. Children age 11 and older were given a $10 gift certificate to a local music or video store. The incentive for older children was increased during data collection, with OMB and IRB approval, to $20. The incentive increase was adopted to increase response rates, reduce the number of contact attempts required to complete child and family interviews, and to address interview burden concerns for older children.

4.2.3 Data Collection from Former Caregivers

As described in ***Chapter 3***, former caregiver interviews were attempted for a small portion of children in out-of-home settings. In these cases, field representatives attempted to interview the adult caregiver from whom the child was removed as a result of the investigation. As with other caregiver respondents, a selection hierarchy was used to select the adult respondent for the former caregiver interview if multiple adults had equal knowledge of the child.

Contacting Procedures and Informed Consent

Contact information for former caregivers was collected in the CID. Field representatives were instructed to follow the same contacting procedures for former caregivers as they did for current caregivers. In cases where the former caregiver had to be contacted in order to obtain informed consent for the child's participation, the field representative talked with the caseworker and relied on his/her suggestions for the best approach. Appropriate introductory letters were mailed and field representatives attempted contact within a week of the mailing. The content of the letters and consent forms varied depending upon whether or not the former

caregiver retained legal guardianship of the sampled child (see ***Appendix D)***. Informed consent procedures were similar to those of the current caregiver. Former caregivers who retained legal guardianship of the sampled child were asked to consent to the child interview and the teacher survey.

Field representatives were trained to understand, and to the extent possible, to be sensitive to some of the possible experiences and feelings of caregivers who lost custody of their children as a result of a CPS investigation or assessment. This understanding aided them in maintaining control of the interview, while still demonstrating respect for and sensitivity to the feelings of the respondent.

Collecting Data from Former Caregivers

The data collection procedures for former caregivers mirrored those described for current caregivers. From the outset of the Wave 1 data collection period, the field staff experienced significant problems with the quality and availability of contact data for former caregivers. While these caregivers were assumed to be highly transient, field staff found that agencies often did not have reliable contact data, especially in situations where there were no plans to reunify the child with the former caregiver. As a result, extensive in-house and field tracing was required to locate former caregivers. Moreover, significant response rate problems were experienced as a result of the former caregivers' reluctance to participate in the interviews.

In response to these problems and the high costs associated with obtaining the former caregiver interviews, the NSCAW project team, in consultation with the Federal Project Officer, decided to halt efforts to interview former caregivers. This change in field procedures was implemented in October 2000, affecting samples that were pending in the field and those scheduled for release in subsequent months. Following this change, field representatives were instructed to pursue only those former caregivers who retained legal guardianship of the child, in order to obtain signed consent for the child interview.

4.2.4 Data Collection From Investigative Caseworkers

Contacting Procedures

Upon receipt of their monthly case assignments, field representatives used the CID to collect information to facilitate contact with the investigative caseworker—that is, the caseworker who conducted the investigation or assessment of the alleged abuse or neglect of the child. The field representatives then mailed or delivered a copy of the introductory letter and study brochure to the caseworkers, and made arrangements for a convenient time to conduct the Wave 1 interview. All caseworker interviews were conducted in-person at the child welfare agency to facilitate access to confidential case records. In setting appointments, field representative were sensitive to the demands on the caseworkers' time.

Wave 1 caseworker interviews were originally intended to be conducted within 10 days of sampling and case assignment. The tight schedule was important because the caseworker

interview was designed to assess the investigator's opinion of the level of risk to the child at the time he/she conducted the investigation. Over the course of data collection, however, field staff experienced problems in completing caseworker interviews within this prescribed time frame. For example, it was difficult to collect the CID data in a timely manner in some sites as a result of more cumbersome record-keeping processes; it was also difficult for some caseworkers to fit the interview into their busy schedules without several week's notice.

Field staff collected more caseworker interviews than child and family interviews, since the caseworker interviews were completed first and not all families agreed to cooperate. To address the high costs associated with completing caseworker interviews for which no corresponding key respondent interview was obtained, the NSCAW project team, in consultation with the Federal Project Officer, altered the field contact procedures in May 2000, encouraging field staff to conduct the child and family interviews before obtaining the caseworker interview. As noted in ***Section 4.3.4***, there were 1,687 more caseworker interviews obtained than key respondent interviews. However, as required by RTI's IRB, these interviews were used only for purposes of nonresponse analysis and nonresponse adjustment in calculation of the statistical weights and were subsequently destroyed.

Overcoming Objections and Gaining Cooperation

The child welfare agencies were critical to the success of the NSCAW data collection operations. In addition to providing the monthly sample files, the agencies were responsible for providing family contact information for the sampled cases and for participating in the Wave 1 interviews. Field representatives made every effort to foster the ongoing cooperation of the agency staff, with special attention given to maintaining a positive relationship with the agency liaison and caseworkers. A variety of tools and techniques were used to foster these relationships, including meetings with and presentations to agency personnel, study introductory materials, agency agreement letters, and other materials to introduce the study to caseworkers and explain the agency's role in the data collection effort. Field representatives also asked the agency director to encourage continued cooperation of his/her agency staff.

Thank-you and letters of support were provided by the Federal Project Officer to the agency director and liaison during data collection, encouraging their ongoing commitment to the study. Field representatives also provided small tokens of appreciation (e.g., holiday poinsettias and candy) to the agency for their assistance with the study. Finally, agencies were given a small remuneration, ranging from $100 to $1000, to help cover the costs associated with participation in the study. These contributions were often made to special funds maintained by the agency to meet special needs of the children in the system or to purchase toys or other materials for the agency waiting room.

Informed Consent Procedures

Caseworkers were required to provide signed consent for participating in the NSCAW Wave 1 interview. The consent form, included in ***Appendix D***, covered the selection of the child; the purpose of the study; the study's sponsorship; sampling and data collection

procedures; the approximate length of the interview; any discomforts, risks, or benefits associated with the caseworker's participation; and data confidentiality protections. The consent form also provided telephone numbers to call if the respondent had any questions about the study or his or her rights as a study participant.

Data Collection from Caseworkers

As described above, the investigative caseworker was interviewed about the level of risk to the child at the time of the investigation and the factors influencing the decisiosn made about the case. For children who were living with a permanent caregiver (e.g., mother, father, both parents, or other permanent caretakers), the focus of the interview was on the child's primary and secondary caregivers. For children in out-of-home care, that is, those children who were placed in foster care or other living situations, the focus of the interview was on the caregivers from whom the child was removed.

The content of the Wave 1 caseworker interview varied for children in the LTFC sample component. For these cases, the investigator was asked additional questions about the services the child and his/her caregivers received in the twelve months prior to the interview. These were included in the Wave 1 interview because long-term foster care children, unlike children who had been involved in a recent investigation, were likely to have been receiving services provided or paid for by the child welfare system. With these additional sections, the Wave 1 caseworker interview for LTFC cases took more time to administer and required scheduling longer appointments with the caseworkers.

4.2.5 Teacher Data Collection

In addition to data collected from caregivers, children and caseworkers, another component of the NSCAW involved collecting data from the child's teacher via a mailed paper-and-pencil questionnaire. No teacher was contacted without the legal guardian's express approval. At the close of each current caregiver interview, the CAPI program prompted the field representative to complete a Teacher Authorization Form if the sampled child was of school-age (grades K-12) and not home-schooled. In situations where the current caregiver did not have legal guardianship of the child, appropriate consent for the teacher contact was obtained from the legal guardian.

The current or former caregiver interview included a script for field representatives to use in explaining the need for and purpose of the teacher survey. Field representatives were also provided with instructions for selecting the most appropriate teacher respondent for the child. This was especially important in situations in which the child had multiple teachers—for example, in middle and high school settings—and in situations where the child had regular and special education teachers. The following teacher selection rules were applied for NSCAW:

- If the child had more than one teacher who had taught the child for at least two months, the field representative requested the name of the English or Language Arts teacher

- If the child had a regular classroom teacher and a special education teacher, the field representative requested the name of the regular classroom teacher. The special education teacher was selected if he/she was the child's only teacher.

- For situations in which the caregiver interview occurred during summer or other school breaks between grades, field representatives requested the name of the teacher in the previous year.

In situations where the child had only recently started school (for example, children recently enrolled in kindergarten) and the teacher had not had a 2-month period to get to know the child, the field representative obtained the name of the kindergarten teacher and made a note on the teacher authorization form. The teacher survey mailing was then delayed by two months.

In addition to teacher name, field representatives were trained to collect school names and addresses to ensure prompt delivery of the teacher survey packets. Field representatives were provided with detailed lists of schools in their assigned areas, but also relied on telephone books and information available in the child's home to obtain accurate contact information. This information was entered on the paper authorization form, as well as in the CAPI interview program. These data were used to generate mailing labels for the teacher questionnaire packets.

Because this survey targeted teachers, questionnaire mailings only took place during the school year. The first mailing was conducted in early May 2000 for all cases in which the teacher authorization had been provided by the child's guardian. The next batch of teacher surveys were mailed in September 2000 when the next school year began, with subsequent mailings occurring every other month thereafter. Teacher data collection efforts concluded in June 2001. (Completed teacher questionnaires returned after the deadline for delivery of the Wave 1 data will be processed and delivered in the next release of the NSCAW data.)

The results of the teacher survey are presented in ***Section 4.3.5***.

4.2.6 Local Agency Data Collection

Information about the local agencies was collected in two stages from agency administrators, with data collection completed about eight months into the Wave 1 data collection period. Field representatives assigned to each site interviewed child welfare agency directors using the Local Agency Director Interview (LADI). At the end of that interview, directors were asked to complete a Self-Administered Questionnaire (SAQ), which included questions focusing on staff resources, foster care resources, and service activities for the most recent fiscal year. The LADI was designed to provide important information about agency characteristics and practices, and the service environment. The self-administered portion of the Local Agency Director Survey, which was completed by agency staff, was designed to capture more detailed information about agency expenditures, staff resources, foster care resources, service activities, and service delivery. These questions were purposefully placed in the self-administered questionnaire to allow agency staff to check records and other sources to provide the requested data, much of which focused on the most recent fiscal year. Additionally, other

questions gauged the impact of various federal programs (e.g., TANF, Adoption and Safe Families Act) on service delivery to children and families.

The SAQ and LADI were first pilot tested with administrators from a small convenience sample of PSUs, and revisions were made based on participant feedback. Revised instruments and procedures were developed.

The Local Agency interviews with child welfare managers, on average, took 44 minutes to complete. The child welfare directors were then given a copy of the SAQ and asked to complete and return the questionnaire to the field representatives within two weeks. During pilot testing, the NSCAW project team found that completion of many of the items about caseload and financing would require input from administrative databases and other agency staff—for example, personnel managers or fiscal officers—hence the decision to split the instrument. Based on information provided on the form, the completion of these SAQs took longer than anticipated, an average of 6 hours, 43 minutes, with high item nonresponse.

To improve data quality, the field representative conducted a brief manual edit of the completed self-administered questionnaire when it was picked up from the agency director to ensure that all required items had been completed. The field representatives encouraged the agency director to provide any missing data or to explain why information could not be provided.

To expedite the closure of data collection for the SAQ, a shortened version of the questionnaire, containing only critical items, was offered to the agency personnel in sites that had not yet completed the SAQ. Only four of the final 65 completes were critical-item-only versions.

After completed SAQs and LADIs were received, the responses were keyed for analysis. NSCAW project team members converted the few critical-item-only questionnaires to standard questionnaires for keying.

4.2.7 State Agency Data Collection

Team members from Caliber Associates used the State Agency Discussion Guide (SADG) to collect data from state agencies on a number of factors affecting the delivery of child welfare services, among them:

- Organization and structure of child welfare service delivery;
- Formal and informal collaborative agreements with agencies and service providers;
- Use of subcontractors for various types of service delivery;
- Investigation processes and caseworker assignments;
- Use of performance-based measures and accountability;

- Impact of Federal legislation on state policies and child welfare service delivery;
- Concerns and promising developments in child welfare.

Information on innovative programs and state representatives' perspectives on the future of child welfare was also collected. This information was requested by the majority of the states when they agreed to participate in NSCAW.

The SADG was used to facilitate discussions with those who had been designated as the state policy representative (for states participating in NSCAW) or with the State Liaison Officers (for states not participating in NSCAW). The effort to include all 50 states was intended to provide a national perspective on extant and emerging child welfare polices and practices.

The SADG was pilot-tested with representatives from three states. Revisions were made based on participant feedback. A revised SADG was developed, and a second pilot-test was conducted with two states. Based on positive participant response, the data collection process was initiated. Representatives from each of the 50 states were contacted and asked to participate. A list of the general areas of inquiry included in the SADG was faxed to each of the 50 participants prior to the interview. This approach allowed respondents to seek input from colleagues on issues with which they may not have been directly familiar. Data collection was conducted by a trained team of interviewers between March and September 2000. All interviews were conducted by telephone, and the average length of time for each interview was 55 minutes. Telephone interviews were completed with 46 state representatives. Representatives in the remaining four states did not respond to interview requests.

In April 2000 a new item was added to the SADG concerning the use of IV-E funding and licensure of temporary, emergency, or kinship caregivers. States that had been interviewed in March were re-contacted to collect the additional information. However, only three states interviewed in March responded, resulting in data on this item only being collected from 27 states.

4.3 Wave 1 Data Collection Results

This section summarizes the results of the Wave 1 data collection activities for key respondents, including:

- weighted response rates by case type and respondent characteristics
- interview administration time by instrument and child age
- mandatory reporting results by respondent type

We also provide a summary of the completeness of the key respondent data records, that is, the number of cases in which all required interviews were obtained.

4.3.1 Key Respondent Interviews

The key respondent weighted response rates are presented in ***Exhibits 4-1*** and ***4-2*** for the CPS and LTFC samples, respectively. The CPS weighted response rates are presented by sampling stratification variables, as defined in the NSCAW Sampling Frame Data Request Specifications included in ***Appendix C***. ***Exhibit 4-3*** summarizes the characteristics of the children and families in the NSCAW cohort. A summary of the completeness of the NSCAW Wave 1 data records, including the frequency of cases in which all attempted interviews were obtained, is provided in ***Exhibit 4-4***. The majority (64.3%) of cases have complete data records—2,704 have all three data sources for which the case was eligible (the child was too young to be eligible the Teacher Survey or was home schooled) and 1,303 have all four types of respondents represented in the data record. Only 10.8% of the cases have data from only one or two data sources.

Exhibit 4-1. Key Respondent Weighted Response Rates for CPS Cases by Sampling Stratification Variables

Sampling Stratification Variable	Weighted Response Rate
Overall	64.3%
Case Type:	
Substantiated	67.3%
Unsubstantiated	62.2%
Status Not Provided on Sampling File	67.7%
Service Receipt:	
Receiving Services	68.1%
Not Receiving Services	62.9%
Abuse Type:	
Sexual Abuse	60.6%
Other Abuse	64.7%
Out-of-Home Placement:	
In Out-of-Home Placement	88.6%
Not in Out-of-Home Placement	62.0%
Location of PSU[3]:	
Urban	63.5%
Rural	67.4%
Size of Agency[4]:	
Small	67.0%
Medium	62.7%
Large	64.2%

[3] Based on 1990 U.S. Census data for the county. Counties with > 50% urban were classified as Urban. The remaining counties were classified as Rural.

[4] The size of the agency was determined by the frame count of the number of CPS children in the sample. Small, medium, and large classifications were based on the 33rd and 66th percentiles of the distribution.

Exhibit 4-2. Key Respondent Weighted Response Rates for LTFC Cases, Overall and by Location and Size of PSU

Sample Characteristic	Weighted Response Rate
Overall	73.4%
Location of PSU[5]:	
Urban	72.7%
Rural	81.6%
Size of Agency[6]:	
Small	69.8%
Medium	71.0%
Large	75.5%

[5] Based on 1990 U.S. Census data for the county. Counties with > 50% urban were classified as Urban. The remaining counties were classified as Rural.

[6] The size of the agency was determined by the frame count of the number of CPS children in the sample. Small, medium, and large classifications were based on the 33rd and 66th percentiles of the distribution.

Exhibit 4-3. Characteristics of Children and Families in NSCAW Cohort

Characteristics of Children and Families	CPS		LTFC		Total	
	N	%	N	%	N	%
Child's Age:						
Age birth - < 2	1,701	30.9%	124	17.1%	1,825	29.3%
Age 2-5	1,131	20.5%	215	29.5%	1,346	21.6%
Age 6-10	1,492	27.2%	200	27.5%	1,692	27.1%
Age 11-14[7]	1,180	21.4%	188	25.9%	1,368	22.0%
Child's Race:						
American Indian or Alaskan Native	342	6.2%	47	6.5%	389	6.2%
Asian, Hawaiian, or other Pacific Islander	142	2.6%	9	1.2%	151	2.4%
Black or African American	1,863	33.8%	362	49.8%	2,225	35.7%
White	2,817	51.2%	272	37.4%	3,089	49.6%
Some Other Race	335	6.1%	37	5.1%	372	6.0%
Unknown/Not Ascertained	5	0.1%	0	0.0%	5	0.1%
Child's Ethnicity:						
Hispanic	956	17.4%	119	16.4%	1,075	17.3%
Not Hispanic	4,531	82.3%	606	83.4%	5,137	82.4%
Unknown/Not Ascertained	17	0.3%	2	0.3%	19	0.3%
Caregiver's Age:						
< 35 years old	2,976	54.1%	153	21.0%	3,129	50.2%
35-44 years old	1,445	26.3%	247	34.0%	1,692	27.2%
45-54 years old	659	12.0%	180	24.8%	839	13.5%
Age 55 and older	376	6.8%	141	19.4%	517	8.3%
Unknown/Not Ascertained	48	0.8%	6	0.9%	54	0.9%
Family's Income:						
Less than $20,000	2,497	45.4%	160	22.0%	2,657	42.6%
$20,000 - $39,999	1,454	26.4%	181	24.9%	1,635	26.2%
$40,000 or more	1,042	18.9%	284	39.1%	1,326	21.3%
Unknown/Not Ascertained	511	9.3%	102	14.0%	613	9.8%

[7] Includes 126 children who turned 15 and 2 who turned 16 between the investigation date and the Wave 1 interview date.

Exhibit 4-4. Summary of NSCAW Wave 1 Data Completeness

Data Record Summary	Number of Cases
Total Key-Respondent Interviews at Wave 1	6,231
Number of Cases with Child as Key-Respondent:	1,368
Number of Cases with Caregiver as Key-Respondent:	4,863
Completeness of Records	
Number of Cases where the Key-Respondent interview was the only data obtained:	76 (1.2%)
Number of cases where the Key-Respondent and other family compliment (child or caregiver) were the only data obtained (no caseworker interview):	302 (4.8%)
Number of cases where the Key-Respondent and Caseworker interview were the only data obtained (no other family compliment or teacher interview):	295 (4.7%)
Number of cases with complete data and child not eligible for Teacher Survey:	2,704 (43.4%)
Number of cases where Child, Caregiver, and Caseworker Interview were completed, but Teacher data not obtained (for child eligible for Teacher Survey):	1,424 (22.9%)
Number of cases containing complete data (including teacher data):	1,303 (20.9%)
Number of cases where the Caregiver and Teacher Survey were the only data obtained (no caseworker or child interview):	3 (0%)
Number of cases where the Caregiver, Caseworker, and Teacher survey were the only data obtained (no child interview):	48 (0.8%)
Number of cases where the Caregiver, Child, and Teacher survey were the only data obtained (no caseworker interview):	76 (1.2%)

4.3.2 Child and Current Caregiver Interview Length

The Wave 1 child and current caregiver interview administration times are presented in ***Exhibit 4-5*** by instrument and child age. Overall, Wave 1 child interviews averaged 73 minutes in length, with the administration time ranging from 36.3 to 119.7 minutes depending on the child's age. (As noted in ***Chapter 3***, older children received a number of interview modules that younger children did not, including those administered via ACASI.) The Wave 1 current caregiver interview averaged 92.9 minutes in length, though the administration time varied by child age.

Exhibit 4-5. Average Interview Administration Times by Instrument and Child Age

Category	Child	Caregiver
Overall:	72.7 minutes	92.9 minutes
By Child Age:		
Birth to Age < 2	36.3 minutes	75.3 minutes
Age 2 - 5	63.8 minutes	100.8 minutes
Age 6 - 10	79.1 minutes	106.3 minutes
Age 11+	119.7 minutes	92.1 minutes

On average, Wave 1 current caregiver interviews were conducted 117 days after the investigation completion date; child interviews were conducted 118 days after the investigation completion date.

Child and Current Caregiver Mandatory Reports

During Wave 1 data collection, a total of 52 mandatory reports of serious ongoing abuse or suicidal intent were made to state or local authorities, in accordance with reporting requirements established in each site. This included 49 reports triggered by responses in the ACASI portion of the child interview, and one report triggered by responses in the ACASI portion of the current caregiver interview. In addition to the reports that were prompted by responses to the ACASI questions, there were two additional reports filed by NSCAW field representatives. The reports are summarized by type and child age in ***Exhibit 4-6***.

4.3.3 Former Caregiver Interviews

A total of 657 former caregiver interviews were completed in Wave 1 for cases in which the key respondent interview was obtained. This included 393 CPS cases and 264 LTFC cases. Former caregiver interviews averaged 85.7 minutes in length, with a range of 73 to 98 minutes depending on the child's age. Interviews were conducted 121 days, on average, after the investigation completion date.

Exhibit 4-6. Wave 1 Child and Current Caregiver Mandatory Reporting Result

Results	Child		Current Caregiver		Interviewer Reports	
	N	%	N	%	N	%
Total Interviews Completed	5,849	100%	6,191	100%	6,231	100%
Total Mandatory Reports	51	0.9%	1	0.02%	2	0.03%
Type of Report:						
Serious on-going abuse or neglect	27	0.5%	1	0.02%	2	0.03%
Suicidal intent	24	0.4%	0	0.0%	0	0.0%
Serious on-going abuse or neglect (by age):						
Child age 0-4					1	0.02%
Child age 5-9	14	0.2%				
Child age 10-12	6	0.1%	1	0.02%	1	0.02%
Child age 13 and older	7	0.1%				
Suicidal Intent (by age):						
Child age 5-9	4	0.1%				
Child age 10-12	6	0.1%				
Child age 13 and older	14	0.2%				

4.3.4 Investigative Caseworker Interviews

Exhibit 4-7 presents the final disposition of Wave 1 investigative caseworker interviews for cases in which the key respondent interview was completed. As shown, interviews were completed with 5,099 of the CPS cases (92.6%) and 669 LTFC cases (92.0%) in which the key respondent was interviewed. Partial interviews were completed for an additional 2 CPS and 4 LTFC cases. The primary source of caseworker non-response was lack of availability during the data collection window, affecting 6.5% and 6.7% of the CPS and LTFC cases, respectively.

Wave 1 caseworker interviews averaged 19.7 minutes in length for CPS cases and 44.3 minutes for LTFC cases. The longer LTFC interview was due to the administration of the child and family services modules, as described in ***Section 4.2.4.*** Caseworker interviews were conducted an average of 101 days after the investigation completion date. This lag reflects the decision made by the NSCAW project team, and described in ***Section 4.2.4***, to reduce field costs by pursuing only those caseworkers for whom a key respondent interview had already been obtained.

Exhibit 4-7. Final Disposition of Investigative Caseworker Interviews for Cases in which the Key Respondent Interview was Obtained

Disposition	CPS		LTFC	
	N	%	N	%
Number of Key Respondent Interviews Obtained	5,504	100%	727	100%
Investigative Caseworker Case Status:				
Completed Full Interview	5,099	92.64%	669	92.79%
Completed Partial Interview	2	0.04%	4	0.55%
Investigative Caseworker Non-Response:				
Unavailable after Repeated Attempts	359	6.52%	49	6.74%
Final Refusal	42	0.76%	2	0.28%
Final Other	2	0.04%	3	0.41%

4.3.5 Teacher Data Collection Results

As described in ***Section 4.2.5***, teacher surveys were attempted for all children in grades K-12 who were not home schooled. A total of 3,108 children met this eligibility criteria, and signed permission forms were received for 2,559 (or 82.3%) of these children. However, a number of the signed forms could not be used because of incomplete and/or inaccurate contact data provided by respondents. For example, respondents often could not provide the name of the child's school or his/her teacher. Although extensive efforts were made to collect missing data, including searching school databases via the Internet, recontacting field representatives, and calling schools, teacher surveys could only be mailed to 84.6% of the cases (2,164) for which a signed form was received. Of these, completed questionnaires were received from 1,430 teachers, including 1,264 CPS and 166 LTFC cases, for a 66.1% cooperation rate.

Exhibit 4-8. Final Results of Wave 1 NSCAW Teacher Survey

Final Disposition	Frequency	Percent
Total number of children in NSCAW cohort ages 4 and older who were in grades K-12 (and not home schooled)	3,108	100%
Number of children for whom a signed authorization form received	2,559	82.3%
Number of children for whom a teacher survey was mailed	2,164	84.6%[8]
Number of completed teacher surveys received	1,430	66.1%[9]

[8] Questionnaires were mailed to 82.3% of the cases for which a signed authorization form was received. Other authorization forms could not be used because of incomplete or inaccurate teacher/school contact data.

[9] 69.6% represents the cooperation rate among those teachers that received a questionnaire.

4.3.6 Local Agency Data Collection

Ultimately, Local Agency Director Interviews (LADIs) and Self-Administered Questionnaires (SAQs) were collected from administrators representing 92 PSUs involved in the overall NSCAW study. There were 83 LADIs completed out of 92 that were expected, for a 90.2% response rate. Sixty-four 64 out of 92 expected SAQs were returned, for a 69.6% response rate. The weighted response rates are 96.0% for the LADIs and 85.8% for the SAQs.

4.3.7 State Agency Data Collection

State Agency Discussion Guide (SADG) interviews were completed with 46 of 50 state representatives, resulting in a 92% response rate. Representatives in the remaining four states did not respond to interview requests. In April 2000 a new item was added to the SADG concerning the use of IV-E funding and licensure of temporary, emergency, or kinship caregivers. States that had been interviewed in March were re-contacted to collect this additional information. However, only three of these states responded, resulting in data on this item only being collected from 27 of the 46 cooperating states.

Appendix A

Description of Instruments to be Used to Measure Child and Family Well-Being in the NSCAW

Description of Instruments to be Used to Measure Child and Family Well-Being in the NSCAW

Social Competence/Relationships

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Social Skills Rating System, Gresham and Elliott, 1990, American Guidance Service	3 Forms: Parent, Teacher, Student *Parent Form:* Social Skills Scale (Cooperation, Assertive, Responsibility, Self-Control subscales); Problem Behaviors Scale (Externalizing, Internalizing subscales); *Teacher Form:* same as Parent Form but includes an Academic Competence Scale; *Student Form:* Social Skills Scale (Cooperation, Assertive, Self-control, Empathy subscales) *Yields:* raw scores for Social Skills Scale and subscales; raw scores for Problem Behaviors Scale and subscales; standard scores for Social Skills Scale and Problem Behaviors Scale; *Age range:* ▾5	4,170 children/youth, gender-balanced, regular and special education students; slight over-representation of whites and blacks; 27% minority students; 1027 parents and 259 teachers	*Internal consistency*: ▾=.73-.95 (median O=.90) *Test-retest reliability*: Teacher rating: ▾=.84-.93; Parent rating: ▾=.65-.87; Student rating: ▾=.68 *Criterion-Related Validity:* Teacher Form: Correlations between the Social Behavior Assessment (SBA) and the social skills scale ranged from -.15 to -.73. Total scale correlations were -.68. The social skills scale correlated .70 with the Harter Teacher Rating Scale (TRS). Parent Form: The Child Behavior Checklist- Parent Report Form (CBCL) correlates .58 with the social skills scale *Convergent Validity:* Teacher-parent ratings of social skills subscales at the preschool level range from r=.16 to .25 with a median of r=.18. All coefficients are significant at, at least the .02 level.	Multirater system Benes (1995) finds that Gresham & Elliot have provided a psychometrically sound means of measuring the perceived social skills of youth from preschool to secondary school with the SSRS.	Benes, 1995; Gresham & Elliott, 1990

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Research Assessment Package for Schools - Self-Report Instrument for Middle School Students (RAPS-SM); James P. Connell, 1998	*Domains:* Engagement, Beliefs about Self, and Experiences of Interpersonal Support *Subdomains:* Ongoing Engagement, Reaction to Challenge, Perceived Competence, Perceived Autonomy, Perceived Relatedness, Experiences of Support From Parents, and Experiences of Support From Teachers *Age Range:* ▼11	2,429 male and female subjects from three middle schools in an urban school district and one from an adjacent suburban district; stratified by gender and ethnicity	*Reliability:* Construct: Parental Emotional Security r_{ii} = .49, O=.74 (all students) Construct: Peer Emotional Security r_{ii} = .40, O=.73 (all students) Subdomain: Perceived Parental Support r_{ii} = .27, O=.86 (all students) *Validity:* Parental Emotional Security: High Risk, Optimal, and High Risk v. Optimal (extreme groups) - correlations and phi coefficients of .10-.50 (all significant at p<.0001) Peer Emotional Security: High Risk, Optimal, and High Risk v. Optimal (extreme groups) - correlations and phi coefficients of .10-.50 (all significant at p<.0001) Parental Support: High Risk and Optimal - correlations and phi coefficients of.10-.50 (all significant at p<.0001) High Risk v. Optimal (extreme groups) - correlations and phi coefficients of .51 and higher (all significant at p<.0001)		
Loneliness and Social Dissatisfaction Questionnaire for Young Children; Asher et al., 1984; Asher and Wheeler (rev.), 1985	*16 principal items:* yes/no/sometimes questions focusing on feelings of loneliness, social adequacy vs. Inadequacy, subjective estimations of peer status, and appraisals of whether important relationship provisions are being met *8 "filler" items:* e.g., re: hobbies to help children feel open and relaxed *Score:* created using all principal items *Age range:* as early as kindergarten and first grade		*Item-to-Total Score correlation:* ranged from .26 to .55 *Internal reliability:* ▼=.79 *Validity:* Low scores may be suspect due to the possibility of children providing socially desirable or defensive responses. The underreporting of feelings, thoughts, and behaviors that might reflect negatively on the self may result in scores that underestimate true feelings.	Focus on school setting For research focused on connections between loneliness and related constructs, the use of only items that directly tap loneliness (ie., vs. dissatisfaction) is recommended Note: in the study described in the reference article, one item was inadvertently omitted from the 16 principal items	Asher et al., 1984; Asher & Wheeler, 1985; Cassidy & Asher, 1992; & Parkhurst & Asher, 1992.

Functional Status/Adaptive Behavior

Title, Author, Publisher	General Description (Subtests, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Mini-Battery of Achievement (MBA); Woodcock, McGrew, & Werder, 1994, Riverside Publishing	*4 subtests:* Reading (includes letter-word identification, vocabulary, & comprehension), Writing, Mathematics, & General Knowledge); *Yields:* standardized scores, percentile ranks, age & grade equivalents, & 1-page narrative report via computer scoring program; *Age range:* ▾6	6,026 individuals 4 to 95 yrs. from 100 geographically diverse communities; Stratified by region, community size, gender, ethnicity, funding & type of college, distribution of adult education, & adult occupation in the community/Representative of the population at large	*Internal consistency reliability:* Reading r=.88-.98, Mdn r =.94 (across age groups); Mathematics r =.70-.98; Msn r = .93; Factural Knowledge r = .80-.96; Mdn r = .87; *Test-retest reliability:*) Reading r = .89 Mathematics r = .86; Factual Knowledge r = .88; (6th graders); Concurrent validity: Reading r =.70-.75; Mathematics r = .57-.72; Factural Knowledge r = .64-.74 *Convergent & discriminant validity:* Correlations of speciific areas higher with same areass than those of differet areas.	Brief, broad battery of basic skills & knowledge; New measure/No reviews available; Items are a subset from WJ-R which had positive reviews	Woodcock et al., 1994
Vineland Adaptive Behavior Screener (VABS);- Daily Living Sparrow, Balla, & Cicchetti, 1984, American Guidance Service	*33 domains:* communication (C), daily living skills (DL), socialization (S) *Yields:* standard scores, percentile scores, adaptive level, & age equivalence scores for each domain, Adaptive Behavior (AB) composite, & Maladaptive Behavior (MB) as well as age equivalent scores & adaptive levels for subdomains; *Age range:* all ages	536 children, representative in terms of gender, ethnicity, region of the country, community size, & parental education by 1980 U.S. Census Bureau data;	*Reliability:* has been high. Results indicate excellent corresondence between the screeners and the full Vineland (correlations between .87 and .98) *Validity:* *Screener Standard Score Correlations w/ Vineland Full Scale:* Daily Living (ages 6-12) =.93 (ages 13-18) = .92 *Correlations between Same Day Administration of Vineland Screener and Survey Form*: Standard Scores (DL) = .71 Age Equivalents (DL) = .90 For Full Vineland: *Internal consistency reliability*: Mdn r=.90 (DL), *Test-retest reliability:* r=.85 (DL), r *Interrater reliability:* r=.72 (DL), *Criterion-related validity:* r=.55 (AB & Vineland Social Maturity Scale Social Quotient), r=.58 (AB & Adaptive Behavior Inventory for Children), r=.40-.70 (subdomains & AAMD Adaptive Behavior Scale); r=.13-.41 (VABS & K-ABC MPC), r=.12-.37 (VABS & PPVT-R)		Campbell, 1985; Sattler, 1989; Sparrow, Balla, & Cicchetti, 1984

Emotional Development, Behavior Regulation, and Mental Health

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Child Behavior Checklist for Ages 2-3 (CBCL 2-3); Achenbach, 1992, University of Vermont-Burlington	*9 scales:* 6 syndrome (Anxious/ Depressed, Sleep Problems, Aggressive Behavior, Withdraw, Somatic Problems, & Destructive Behavior) & 3 compiled {Internalizing (I), Externalizing (E), & Total Problems (TP)}; *Yields:* raw scores for syndrome scales & standardized scores & percentiles for syndrome & compiled scales; *Age range:* 2 to 3 yrs.;	368 children ages 2 to 3 yrs., gender-balanced, 3 SES levels equally represented, predominately white Northeasterners; Additional 640 mental health service recipients used to derive syndrome scales	*Test-retest reliability:* r=.72-.93 (syndrome scales), r=.87 (I), r=.84 (E), r=.91 (TP); *Interrater agreement:* r=.45-.71 (syndrome scales), r=.69 (I.), r=.67 (E.), r=.67 (TP) (all 2 yrs.); r=.39-.65 (syndrome scales), r=.67 (I.), r=.60 (E.), r=.60 (TP) (all 3 yrs.); *Stability:* r=.50-.69 (syndrome scales), r=.65 (I), r=.67 (E), r=.78 (TP); *Criterion validity:* differences between referred & non-referred children on all syndrome scales; odds ratios for clinical range & referral status significant for all scores (3.7-10.9); *Construct validity:* significant relation with Richman Behavior Checklist (r=.56-.77); *Discriminant validity:* no significant associations with developmental test scores	Based on empirical research/reliable & valid; Comprehensive; Easy to administer & score; Used in IHDP	Achenbach, 1988; Achenbach, 1992; Freeman, 1985;Kelley, 1985; McConaughy & Achenbach, 1992
Child Behavior Checklist (CBCL 4-18) Achenbach, 1992 University Associates in Psychiatry; Burlington, VT	*Behavior problem scales:* 2 broad problem scales--Externalizing and Internalizing; also, Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior, and Sex Problems *Social competence scales:* Activities, Social, and School *Yields:* raw and standardized scores for each problem scale and compiled scores; *Age Group:* 4-18 years	2,368 children; 73% white, 16% black, 7% Hispanic, 4% "other"; 81% from middle to upper class Separate norms were not developed for different ethnic groups or social classes because the differences between these groups were judged to be minimal	*Internal consistency:* very high for the Total, Internalizing and Externalizing scores and reasonably good for most of the scale scores; noticeably lower for the social competence scores *Test-retest reliability:* high for both the problem and social competence scales in the short term *Interrater reliability:* reasonably high between parents *Construct validity:* the problem items cluster into meaningful scales, and the problem scales correlate highly with similar scales from other checklists and with corresponding DSM diagnoses *Criterion-related validity:* in research studies, both the problem scales and social competence scales have discriminated between a number of different childhood problem groups and their respective comparison groups	One component of a five-part assessment tool (rarely sufficient by itself as either a clinical or program evaluation tool); Computerized scoring available; Relatively easy to administer; May be used with a wide range of outpatient children; Supported by data on very large samples; May prove difficult for respondents with limited reading skills; May potentially misrepresent the capability of such groups as children with chronic illness; Results may be distorted where parents have reason to exaggerate or minimize children's problems	Achenbach, 1991a

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Youth Self-Report (YSR); Achenbach, 1992; University Associates in Psychiatry; Burlington, VT	*Problem behavior scales*: 8 syndromes (Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Disorder, Attention Problems, Delinquent Behavior, Aggressive Behavior); and 3 compiled (Internalizing, Externalizing, and Total Problems); *Social competence scales*: Total Competence and Activities and Social; *Yields:* raw scores and standardized scores *Age range*: ▾ 11	1,719 children out of a pool of 1,942 ages 11 to 18 who were considered to be healthy (i.e., not received mental health services or special remedial school in past 12 months). Sample representative in terms of gender, SES, ethnicity, and region.. Norms are provided for boys and girls separately divided into two age groups each.	*Test-retest reliability:* Whole sample *r*=.80 (Total Competence), *r* = .79[a] (Total Problems), *r*=.80[ab] (Internalizing); *r* =.81[ab] (Externalizing); Boys *r* = .74 (Total Competence), *r* =.78 (Total Problems), *r* =.76 (Internalizing); *r* =.80 (Externalizing); Girls *r* = .84 (Total Competence), *r* =.86[a] (Total Problems), *r* =.85[a] (Internalizing); *r* =.84[ab] (Externalizing). [a]Time 1 > Time 2, p<.05, by *t* test. [b]When corrected for the number of comparisons, Time 1 vs. Time 2 difference was not significant.	A number of translations of the instrument are available Comparisons with appropriate age and sex group norms are possible Psychometric properties of the Social Competence scales need additional research Reading level of the adolescent may affect time required to complete the instrument Elliot & Busse (1992) recognize the satisfactory test-retest validity, adequate behavior reliabilities, and adequate discriminant validity for the problem scales, but not for the competence scales.	Achenbach 1991c; Elliott & Busse, 1992
Teachers Report Form; Achenbach, 1991	*8 scales*: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior; also Internalizing, Externalizing, and Mixed scales *Age Range:* ▾ 5	1,391 children out of a pool of 1,613 ages 5 to 18 who were considered to be healthy (i.e., not received mental health services or special remedial school in past 12 months). Sample representative in terms of gender, SES, ethnicity, and region.. Norms are provided for boys and girls separately divided into two age groups each.	*Test-retest reliability:* Whole sample *r*=.93 (Total Adaptive), *r* = .95 (Total Problems), *r*=.92 (Internalizing); *r* =.95 (Externalizing); Boys *r* = .93 (Total Adaptive), *r* =.92 (Total Problems), *r* =.92 (Internalizing); *r* =.86 (Externalizing); Girls *r* = ..94 (Total Adaptive), *r* =.99 (Total Problems), *r* =.87 (Internalizing); *r* =.97 (Externalizing).		Achenbach, 1991b

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Caregiver-Teacher Report Form for Ages 2-5 (C-TRF/2-5); Achenbach, 1997	*Scales:* 7 Syndrome (Anxious/Obsessive, Depressed/Withdrawn, Fears, Somatic Problems, Immature, Attention Problems, and Aggressive Behavior) and 3 compiled {Internalizing (I), Externalizing (E), andTotal Problems (TP)}; *Age Range:* 2 to 5 yrs.	405 boys and 405 girls out of a pool of 596 boys and 405 girls ages 2 to 5 drawn from diverse daycare and preschool settings in 15 states, Australia, and Holland. (Including children referred for mental health or special education services or those with total problems scores at or above the median) Sample representative in terms of gender, SES, ethnicity, and region	*Test-retest reliability:* r=.84 (syndrome scales), r=.77 (I), r=.90 (E), r=.88 (TP)		Achenbach, 1997
Children's Depression Inventory; Kovacs, 1982; Western Psychiatric Institute and Clinic	*Domains:* Single dimension of depression *Yield:* Total depression score with cutoff scores for determining depression *Age range:* ▼7	No large standardization sample and no norms for specific age groups or minority populations	*Internal consistency:* ▼=..71-.87; *Test-retest reliability*: r=.38-.87(depending on interval and sample); *Concurrent validity*: correlated positively with Revised Children's Manifest Anxiety Scale scores and negatively with Coopersmith Self-Esteem Inventory; *Construct validity*: with non-clinically referred children, factor analysis found one factor; with clinically-referred children, factor analysis has shown multiple factors. *Criterion-related validity*: correlates with global severity ratings of depression based on semi-structured interviews	Limited normative data Additional investigation of test-retest reliability is needed	Kovacs, 1982; Saylor, Finch, Spirito, & Bennett, 1984; Helsel & Matson, 1984; and Hodges & Craighead 1990.

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Violence Exposure Scale for Children (VEX); Fox & Leavitt, 1995	*Domains:* Witness or Victim of violence at school, home, neighborhood, or on TV *Age*: ▼6	134 Israeli children in the second and fourth grades of two schools and their mothers 155 Families with children ages 3 ½ to 4 ½ living in a low-income, moderately violent neighborgood near Washington, D.C. predominantly African-American	Israeli children: *Reliability:* Cronbach's Ο = .822-.824 (mild violence), Ο= .484 - .562 (severe violence) Home Subscale: Ο=.514 (mild violence), Ο=.040 (severe violence) *Validity*: There was no significant differences between child report as witness compared to victim regarding mild violence at home. There were no reports of child as victims of severe violence at home and very few reports of child as witness. Negative correlation between PRQ scores and child report of exposure to mild violence as a witness at home, r(134)= -.230, p<.05 and exposure to mild violence as a victim at home, r (134)=-.385,p<.01 D.C. Children: *Reliability*: Cronbach's Ο = .80 (mild violence), Ο= .86 (severe violence) *Validity*: Discordance between parent and child reports		Fox & Leavitt 1995; Raviv, Dar, Fox, Leavitt, Shahinfar, Raviv, Greenbaum, & Erel; & Shahinfar, Fox, Leavitt, & Richters
Trauma Symptom Checklist for Children (TSCC); Briere, 1989	*Domains*: Anxiety, Depression, Post-Traumatic Stress (PTS), Sexual Concerns, Dissociation, Anger *Yields*: Total and subscale raw scores *Age range*: ▼8	3,008 children combined from three nonclinical samples in Illinois, Colorado, and Minnesota sample representative of gender and ethnicity	*Internal consistency*: ▼=.82-.89 *Concurrent validity*: with CBCL r=.72-.80 *Reliability: Internal consistency* (Standardization sample for PTS scale) Ο=.87 *Convergent Validity*: CBCL Youth-report Internalization correlated most with PTS: r=.75 with p<.01		Briere, 1989; Lanktree, Briere, & Hernandez, 1991; Briere 1996
Infant Behavior Questionnaire (IBQ); Rothbart, 1981, University of Oregon-Eugene; Worobey & Blajda, 1989, *Developmental Psychology*	6 *scales*: Activity Level, Smiling/Laughter, Fear, Distress to Limitations, Soothability, & Duration of Orienting; *Yields:* 6 scale scores; *Age range:* ▼*1 yr.*	463 parents of children aged 3, 6, 9, & 12 mos.; Heterogeneous social class	Original *Alpha reliability:* r=.79 (Activity Level, Smiling & Laughter, & Distress to Limitations), r=.81 (Fear), r=.71 (Duration of Orienting), r=.78 (Soothability); *Stability:* r=.11-.86 (increased with age); *Discriminant validity:* interscale correlations less than intrascale correlations; *Concurrent validity:* few significant correlations between maternal ratings & observer report; Adapted version *Split-half reliability:* r=.70 (2 wks.), r=.79 (2 mos.); *Test-retest reliability:* r=.33-.65, Mdn=.46 (2 wks. & 2 mos.), r=.20-.50, Mdn=.38 (2 & 12 mos.)	Recommended for studies with wide range of social class groups; Most specific of temperament measures in terms of behavior, context, & time frame; No norms available; Conflicting validity data between scales	Hubert, et al., 1982; Rothbart, 1981; Rothbart & Mauro, 1990; Seifer, 1988; Williamson & Zeitlin, 1990; Worobey & Blajda, 1989

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Toddler Behavior Assessment Questionnaire (TBAQ); Goldsmith 1996	***Dimensions*: Activity Level, Tendency to Express Pleasure, Social Fearfulness, Anger Proneness, Interest/Persistence** ***Age range*: <3**	**261children, age 14-24 months, mixed gender; no stratification for age**	***Internal consistency reliability*: ▾=.78-.89** ***Discriminant validity*: scales are largely independent** ***Convergent validity*: TBAQ Activity level with ICQ Overall Difficulty, Fussy/Difficult subscale, Persistence subscale r=.54-.64;**		**Goldsmith, 1996**

Child Health, Neurophysiological, and Cognitive and Academic Status

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Bayley Infant Neurodevelop-mental Screener (BINS);Aylward, 1995.	***4 conceptual areas assessed:*** **Basic Neurological Functions/Intactness, Receptive Functions, Expressive Functions, and Cognitive Processes** ***6 item sets*** **(for different developmental ages) The set contains 11 to 13 items.** ***Age range:*** **▾ 2 yrs.**	**(For 9- and 18-month item sets): 608 infants at five sites representative in terms of gender, ethnicity, region, and parental education (For 3-, 6-, 12-, and 24-month item sets): 595 infants who participated in the St. John's Hospital/ Southern Illinois University School of Medicine Developmental Continuity Clinic.**	***Internal Consistency Reliability:*** **3 mos. O=.73; 6mos. O=.83; 9 mos. O=.84; 12 mos. O=.73; 18 mos. O=.83; and 24 mos. O=.85** ***Test-Retest Reliability:*** **r=.71 (3 mos.), r=.83 (9 mos.), and r=.84 (18 mos.)** ***Construct Validity:*** **The BINS correlates with the *Bayley Scales of Infant Development-Second Edition(*BSID-II; Bayley, 1993) (median r=.6275 for Mental Development Index and median r= .465 for Psychomotor Development Index), the *Battelle Developmental Inventory* (Battelle; Newborg et al., 1988) (for 12 mos. Communication r=.50, Cognitive r=.51 and motor r=.50), and the *Denver II* (Frankenberg et al., 1990). They assess cognitive, language and motor development.**		**Aylward 1995; Bayley 1993**
Battelle Developmental Inventory & Screening Test (BDI); Newborg, Stock, Wnek, Guidubaldi, & Svinicki, 1988, DLM Teaching Resources	**5 *domains*: personal-social, adaptive behavior, motor, communication, & cognitive skills;** ***Yields:*** **developmental quotient age scores for domains, subdomains, & total;** ***Age range:*** **▾ 4 yrs.**	**800 children in 10 age groups from 0 to 95 mos. (49 to 108 children per age group); Roughly gender-balanced, predominately white & urban, quotas set to match 1981 U.S. Census Bureau data**	***Test-retest reliability:*** **r=.76-.99, most above .90 (domains &total);** ***Construct validity:*** **high intercorrelations of domain & subdomain scores that support prediction of common rate of development; supported by factor analysis;** ***Concurrent validity: with SB r=.43, with Vineland r=.94***	**No significant differences in performance by race or gender; No formal requirements for training; Validity data use old tests as criterion measures; concurrent validity uses small sample sizes; Long-term stability studies needed; Domains more accurate for children over 2 yrs.**	**Jens, Huber, Coop, 1993; Newborg et al., 1988; Oehler-Stinnett, 1989; Paget, 1989**

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Kaufman Brief Intelligence Test (K-BIT); Kaufman & Kaufman, 1990, American Guidance Service, Inc.	*2 subtests:* Vocabulary (expressive vocabulary & definitions) & Matrices (ability to perceive relationships & complete analogies); *Yields:* standard scores, percentile ranks, normal curve equivalents, stanines, & qualitative descriptions for Vocabulary & Matrices subtests as well as IQ Composite; *Age range:* ▾4 yrs.	2,022 individuals ages 4 to 92 yrs. with 105 to 116 children at yearly age intervals through 10 yrs., 148 to 207 individuals at biyearly age intervals through 19 yrs., 213 adults ages 20 to 34 yrs., 172 adults ages 35 to 54 yrs., & 115 adults ages 55 to 90 yrs.; Stratified by gender, geographic region, SES, & ethnicity; from 60 different locations in 29 states; not randomly selected but matched U.S. population in terms of gender, race, & ethnicity	*Internal consistency:* r=.89-.98, Mdn=.92 (Vocabulary), r=.74-.95, Mdn=.88 (Matrices), r=.88-.98, Mdn=.93 (IQ); *Test-retest reliability:* r=.96 (Vocabulary), r=.80 (Matrices), r=.93 (IQ) (adolescents 13 to 19 yrs.); r=.97 (Vocabulary), r=.86 (Matrices), r=.95 (IQ) (adults 20 to 54 yrs.); *Content validity:* domains correspond to distinctions found in full-length measures of intelligence (i.e., Wechsler, K-ABC, Stanford-Binet, & Woodcock-Johnson-Revised); subtests both found to be good measures of general intelligence; *Construct validity:* subtest intercorrelations indicate overlap but distinction in domains (r=.38-.75, Mdn=.58); mean scores of standardization sample show expected pattern of increases & decreases across age range; *Concurrent validity:* with K-ABC MPC r=.58-.69, with K-ABC Achievement r=.74-.76; with WISC-R Full-Scale IQ r=.75 & .80	Well-constructed brief measure of intelligence; State of the art procedures used for norming; Internal consistency estimates may be inflated due to items included below/above basal/ceiling; Validity studies not performed to examine uses recommended by authors (i.e., screening); Interpretation of standard scores for subjects over 20 yrs. questionable given small sample size of normative group	Kaufman & Kaufman, 1990; Miller, 1994
Preschool Language Scale-3 (PLS-3); Zimmerman, Steiner, & Pond, 1992, The Psychological Corporation	3 *scales*: Expressive Communication (EC), Auditory Comprehension(AC), & Total Language which include pre-linguistic skills (attention, vocal development, & social communication) & language skills (syntax, morphology, vocabulary, concept development); *Yields:* standard & age equivalent scores for all 3 scales; *Age range:* <6 yrs.	1200 children 2 wks. to 6-11 yrs. with 50 to 100 at each of 14 age levels; Gender-balanced & stratified by parent education, geographic region, & ethnicity by 1986 U.S. Census Bureau data update	*Internal consistency*: Mdn r=.84 (EC), Mdn r=.79 (AC), Mdn r=.88 (Total); *Test-retest reliability*: r=.82-.92 (EC), r=.89-.90 (AC), r= .91-.94 (Total); *Interrater reliability*: 89%, r=.98 (EC); *Construct validity:* discriminates language disordered children 66%-80% of the time; *Concurrent validity*: with PLS-R r=.86 (EC), r=.66 (AC), r=.88 (Total); with CELF-R r=.69 (AC), r=.82 (EC & Total)	Relies on observed behavior/eliminates problems of parental report; Age norms through age 6; offers a single measure throughout early childhood; Spanish version & data available but more information is needed about its validity; No published reviews; most original deficiencies have been corrected	*Jens, Huber, & Coop, 1993; Proger, 1978; Stark, 1972; Wallace & Roberts, 1995; Zimmerman, Steiner, & Pond, 1992*

Parental Health

Title, Author, Publisher	General Description (Domains/Scales, Score, Age, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Short-Form Health Survey (SF-12); Ware, Kosinski & Keller, 1996	***8 health concepts*** **(12 items): physical functioning, role limitations due to phyical helath problems, bodily pain, general health, vitality (energy/fatigue), social functioning, role limitations due to emotional problems, and mental health (psychological distress and psychological well being)** ***Age Range:*** **all ages**	**12 items were selected and scored from the SF-36 Health Survey from the National Survey of Functional Health Status (NSFHS) database. Also, the Medical Outcomes Study (MOS), an observaional study of adult patients with chronic conditions provided data to cross-validate.**	**Test-Retest correlations: O=0.89 (Physical component summary) and O=0.76 (Mental component summary)** **Validity: In 14 validity tests involving physical criteria, relative validity estimates ranged from 0.43 to 0.93 (median = 0.67). In 6 tests involving mental criteria, relative validity estimates ranged from 0.60 to 1.07 (median = 0.97).**		**Ware, Kosinski, & Keller 1996**

Parent/Caregiver Attitudes and Behaviors

Title, Author, Publisher	General Description (Domains/Scales, Score, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Adult-Adolescent Parenting Inventory (AAPI); Bavolek, 1984, Family Development Resources, Inc	*4 domains:* developmental expectations of children, belief in the use of corporal punishment, empathetic awareness of children's needs, reversing parent-child family needs; *Yields:* standard scores in each domain & index of risk;	782 adults with known histories of abuse, 1,045 adults from the general population, 2,541 high-school students, 91 teens with documented histories of physical & sexual abuse & neglect	*Alpha reliability:* ▾=.70-.82, Mdn=.78 (dimensions, adolescents), ▾=.75-.86, Mdn=.84 (dimensions, adults); *Test-retest reliability:* r=.39-.89 (dimensions), r=.76 (total); *Construct validity:* parenting attitudes of abused adolescents & abusive parents significantly more abusive than those of non-abused/abusive adolescents/parents; parents showed less abusive parenting attitudes upon completing comprehensive parenting & nurturing program	Alternate test forms available to reduce practice effect; Spanish version available; Broader conception of abuse than other measures; Used in CCDP & Parent-Child Problem Solving Program/Problem Solving Program found: some scales did not adequately reflect parenting attitudes, pre-post data did not indicate change in attitudes although change detected by other measures, & racial differences with blacks & Hispanics showing more negative scores than whites	Bavolek, 1984; Bavolek, 1989; Haskett & Myers, 1994; Larsen & Juhasz, 1985
The Home Observation for Measurement of the Environment (HOME); Caldwell & Bradley, 1984, University of Arkansas-Little Rock	6-7 *scales:* Emotional & Verbal Responsivity, Acceptance of Child's Behavior, Organization of the Environment, Provision of Play Materials, Parental Involvement with Child, & Opportunities for Variety (Infant/Toddler); Learning Stimulation, Language Stimulation, Physical Environment, Warmth & Affection, Academic Stimulation, & Modeling (Preschool); *Yields:* total & subscale scores with separate means and standard deviations for 6, 12, 24, 36 to 42, & 48 to 57 mos.; *Age range: <11* yrs;	174 infants with 67 4 to 12 mos., 59 13 to 24 mos., & 48 25 to 36 mos.; 51% male & 66% African American with 59 families receiving public assistance & most parents high school graduates (Infant/Toddler); 117 preschool age children (Preschool)	Infant/Toddler *Internal consistency:* r=.89 (total), r=.44-.89, Mdn=.74 (subscales); *Stability:* r=.62 (total), r=.29-.62, Mdn=.42 (subscales) (6 & 12 mos.); r=.64 (total), r=.27-.64, Mdn=.34 (subscales)(6 & 24 mos.);r =.77 (total), r=.30-.77, Mdn=.56 (subscales)(12 & 24 mos.); Preschool *Internal consistency:* r=.93 (total), r=.53-.88, Mdn=.67 (subscales); *Stability:* r=.70 (total), r=.05-.70, Mdn=.33 (subscales) (36 & 54 mos.); Both *Construct validity:* scores associated with race (r=-.09-(-).54), crowding in the home (r=-.19-(-).51), & SES (r=-.02-.31); mothers with higher HOME scores talked & read to infants more & turned on TV less; *Predictive validity:* higher than distal measures of environment (including SES); associated with measures of language development & success in school	Used in over 200 published studies including studies of intellectual & academic attainment, SES, language competence, low birthweight/disabled children, cognitive development, social & behavioral development, health-related outcomes, family ecology, program evaluation; Effective across race & various specialized groups; Sensitive to interventions designed to improve mother-child interaction; Can provide user with in-depth understanding of quality of environment & lead to identification of aspects of the home in need of intervention Newly devised supplement for families living in impoverished urban environments with excellent reliability and validity.	Barrera, et al., 1986; Boehm, 1985; Bradley et al., 1989; Bradley, 1993; Bradley & Caldwell, 1984a; Bradley & Caldwell, 1984b; Caldwell & Bradley, 1984; Casey et al., in press; Elardo & Bradley, 1981; Elardo et al., 1977; Ertem et al., 1997 Olds et al., 1985; Ross, 1984

Title, Author, Publisher	General Description (Domains/Scales, Score, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
The Conflict Tactics Scale (CTS1); Straus	*Domains: Physical Assault, Psychological Aggression, Negotiation, Injury, andSexual Coercion* *Age Range:* Adults with at least a 6th grade reading level	Pretest of 317 male and female undergraduate students	*Internal consistency reliability*: O=.79 to .95 There is preliminary evidence of construct validity and discriminant validity. Since the CTS2 is fundamentally the same as the CTS1, the extensive evidence supporting the validity of the CTS1 may also apply to the CTS2.		Straus, Hamby, Boney-McCoy, & Sugarman 1996.
Parent-Child Conflict Tactics Scales (CTSPC); Straus	*6 scales:* nonviolent discipline, psychological aggression, physical assault, supplemental questions on discipline in the previous week, neglect, and sexual abuse *Age range:* all ages	Nationally representative sample of 1,000 U.S. children	*Alpha reliability:* r=.55 (Overall Physical Assault), r=.60 (Psychological Aggression), r=.70 (Nonviolent Discipline), r=.22 (Neglect), r=-.02 (Severe Physical Assault) *Test-retest reliability:* data not yet available for the CTSPC, it is available from the three studies using the parent-to-child physical assault scale of the original CTS.	The low internal consistencyreliability of the severe assault scale is because the items measure rare events.	Straus, Hamby, Finkelhor, Moore, & Runyoun (in press).

Contextual Factors

Title, Author, Publisher	General Description (Domains/Scales, Score, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Social Support Questinnaire (SSQ3); Sarason, Sarason, Levine, & Basham	Three item measure of social support that can be administered in a few minutes and is psychometrically sound. (Derived from original SSQ of 27 items- 2 parts each)	182 male and female undergraduates (47 women & 29 men were only tested once and 61 women & 45 men were retested to provide test-retest data.)	*Internal reliability:* O=0.75 (SSQ3 number), O=0.79 (SSQ3 satisfaction) O=0.97 (SSQ number & satisfaction) *Validity:* Correlations of number- r(100) = 0.84 (p<0.001) and satisfaction- r(97) = 0.85 (p<0.001) Correlations of SSQ3 with SSQ: Number- r=0.81 (p<0.001) and Satisfaction- r=0.85 Correlations of SSQ3 with adjusted (short-form items removed) SSQ: Number- r(179)= 0.80 (p<0.001) and Satisfaction- r(172)= 0.84 (p<0.001) There were significant negative correlations for women between the SSQ(Number) and SSQ(Satisfaction) measures of social support and measures of emotional discomfort, such as the MAACL (Three Multiple Adjective Affect Check List Scales) Anxiety, Depression, and Hostility scales. A similar result obtained for the LP (Lack of Protection scale) that dealt with recollections of separation anxiety in childhood. The EPI (Eysenck Personality Inventory) Extraversion measure was negatively correlated only with SSQ(Number) only and Neuroticism measure was negatively correlated with SSQ (Satisfaction) in women. The results for men were in the same direction, but not as strong.		Sarason, Levine, Basham, & Sarason, 1983; Sarason, Sarason, Shearin, & Pierce, 1987

Title, Author, Publisher	General Description (Domains/Scales, Score, Time)	Standardization Sample	Psychometrics (Reliability & Validity)	Comments	References
Duke-UNC Functional Social Support Questionnaire (FSSQ); Broadhead et al., 1988, Dept. of Community & Family Medicine, Duke University Medical Center	***2 scales:*** **confidant support and affective support** ***Yield:*** **total score (sum of response values)** ***Age range:*** **adults** ***Time required:*** **5 min.**		***Test-retest reliability:*** **r=.66 (2-week)** ***Construct validity:*** **demonstrated by significant correlations with health and demogrphic variables known to be significant correlates of social support** ***Concurrent validity:*** **shown by significant correlation with 3 out of 4 previously described social activities measures**	**Original scale weak on instrumental support—2 items on instrumental support added for LONGSCAN, increasing questionnaire to 3 scales** **Short, simple, used at age 4 in LONGSCAN, acceptable reliability and validity**	**Broadhead, et al., 1989; Broadhead, Gehlbach, DeGruy, & Kaplan, 1988.**

Appendix B

Description of NSCAW Measures Adapted From Other Studies of Children and Adolescents

Appendix B. Description of NSCAW Measures Adapted From Other Studies of Children and Adolescents

Survey Name and Sponsor	Years	Participant Information	Survey Purpose and Topics	Measures Adapted for NSCAW	References
National Evaluation of Family Support Programs **Administration on Children, Youth, and Families, DHHS**	**1994-1999**	**Participants in state family resource initiatives in Virginia, Maryland, Connecticut and in prospectively designed studies of family support programs that include program families and comparison families (approximately 1,000 families) .**	**To document, describe, and assess the relative impact and effectiveness of family support programs designed to improve the life chances of low-income families and their children. Outcomes include measures of child, family, and community well being. The data**	**Community Environment Scale** **Child Health Questionnaire**	**Abt Associates, Inc. (1996)** ***Design Report: National Evaluation of Family Support Programs.***
Outcomes of the Drug-Free Schools and Communities Act (DFSCA): State and Local Programs **U.S. Department of Education: Office of the Under Secretary**	**1990 - 1998**	**10,000 fifth and sixth graders from 19 school districts across the U.S.**	**Self-reported knowledge, attitudes, and behavior regarding use of alcohol and other drugs**	**Child Substance Use** **School Engagement**	
Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) **National Center on Child Abuse and Neglect, DHHS**	**1989 - 2001**	**Multi-site study of maltreated children. Recruited at 4 years of age or younger; followed at regular scheduled intervals into young adulthood (4, 6, 8, 12, 16, 20). No identified risk beyond their low income status to a sample of children in foster care.**	**Provides a scientific understanding regarding the risks and protective factors influencing the risk of maltreatment and to inform service providers, policymakers, and legislators regarding optimal strategies to provide protection and effective interventions for children.**	**Resiliency Scale** **Sexual Behavior (ASEA)**	**Runyan, Curtis, Hunter, Black, Kotch, Bangdiwal, Dubowitz, English, Everson, Landsverk (1997).** ***LONGSCAN : A consortium for longitudinal Studies of maltreatment and the life course of children.***
UNOCCAP: Use, Need, Outcomes, and Costs in Child and Adolescent Populations **National Institute of Mental Health, Department of Health and Human Resources**	**1996 - 1999**	**Nationwide household sample of approximately 10,000 children and adolescents between the ages of 4 and 17 years; households screened to identify approximately 2,400 additional children in the target age range who have received services from outpatient mental health clinics and school services; a sample of about 2,000 children who have received or are presently receiving inpatient hospitalization or residential treatment will be interviewed**	**The research objectives are to investigate issues relating to the mental health and the use of mental health ser vices among children and youth (ages 4 to 17 years) and to estimate the costs of that service usage for policymaking purposes; of particular interest is the nature of outpatient, inpatient, and residential mental health services used by children and adolescents in this country.**	**Parental Monitoring**	

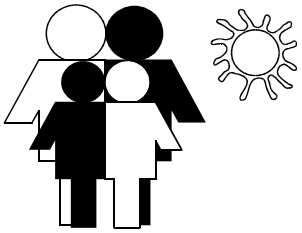
Survey Name and Sponsor	Years	Participant Information	Survey Purpose and Topics	Measures Adapted for NSCAW	References
National Longitudinal Survey of Youth (NLSY) Child **Bureau of Labor Statistics, US Dept of Labor and National Institute of Child Health and Human Development**	**1986, 1988, 1990, 1992, 1994**	**Children born to one of the original NLSY female respondents who were, themselves, a nationally representative sample of women between the ages of 25 and 32 on 1/190. 409 children < 1 year old 457 children 1 years old 1326 children 2-6 years old of whom 897 were 2 - ≤ 3 yrs old. In the 1979 cohort, there was over representation of blacks, Hispanics, and economically disadvantaged whites.**	**The studies of the children of the NLSY mothers were designed to examine child cognition, health, socio-emotional functioning, behavior, and the home environment. The data collected were designed to be used in conjunction with the extensive body of data collected from their mothers.**	**HOME-Short Form Temperament Scales/How My Infant/Toddler/ Child Usually Acts**	**Baker, Keck, Mott, Quinlan (1993). *NLSY Child Handbook (rev. ed.)***
National Longitudinal Study of Adolescent Health (Ad Health) **National Institute of Child Health and Human Development**	**1994 - 1996**	**90,000 adolescents in grades 7 - 12 surveyed in 80 high schools and a feeder school for each high school, of whom 15,991 were included in an in-home survey. There was additional sampling of 4 ethnic groups: African American adolescents from high education families, and Cuban, Chinese, and Puerto Rican adolescents.**	**Survey examines causes of adolescent health related behavior. It includes topics such as diet, physical activity, health service use, morbidity, injury, violence, sexual behavior, suicidal ideation, substance use/abuse, mental health, chronic and disabling conditions, height, weight, and pubertal development.**	**Relationships with parents and other significant adults Future Expectations**	

Appendix C

NSCAW Sampling Frame Data Request Specifications

Revised: February 26, 1999

Appendix C
NSCAW Sampling Frame Data Request Specifications
Revised: February 26, 1999



This document describes the types of samples we will select from your state or county for the National Survey of Child and Adolescent Well-Being (NSCAW). It also provides the specifications for the data files we have requested in order that we may select the sample. In the tables to follow, the following items are included:

- the data fields we require in order to develop a list of children, from which the NSCAW sample will be drawn,
- the preferred formats for the data that we have requested,
- a description of each requested field and the reason we need it,
- the preferred file format and method for transferring the file to RTI, and
- a glossary containing definitions for the terms used in the documentation.

These data file specifications have been developed for general use in all NSCAW agencies so some of the items may not apply to your particular situation. Nevertheless, we hope the specifications will still be useful for communicating some of the specifics of our data request and for adapting our procedures for the types of files and data fields available in your agency.

I. NSCAW Samples

The following is a brief description of the samples that we will be selecting from the requested data files during the 12 months of the NSCAW data collection:

1. The CPS Sample

The CPS sample consists of children who have gone through the formal CPS investigation / assessment process that follows reports of child abuse or neglect. All children who have been investigated are eligible for sampling regardless of whether the allegations of child abuse or neglect were substantiated. Our sample size goal is to interview 5,400 CPS children nationwide.

To do this, we will start with a list of all children who had a closed (or completed) investigation / assessment in the previous month. For example, in May, 1999 we will be selecting from April, 1999's list of CPS cases. From this list of the previous month's cases, we will select a random sample of about 5 to 7 children. This will be done each month for 12 months so that over the course of the 12-month period, between 65 and 73 children will be selected from each county. The actual size of the sample needed will depend upon our success in obtaining interviews.

Children who have certain characteristics that we are particularly interested in will be selected at higher rates than other children; ie. in survey sampling terminology, certain groups will be "oversampled". In the NSCAW, we are particularly interested in changes in measures of well-being for children, particularly as these changes are related to the particular types of services they receive. For this reason, we will oversample children who are receiving services. Each child will be classified into one of the following sampling strata listed in Table 1, regardless of the disposition of his/her investigation / assessment.

Table 1. NSCAW Within-County Sampling Strata

- Not receiving services
  - Age less than 1 year old
  - Age 1 to 14 years old
- Receiving services
  - Not in Out-of-Home Placement
    - Age less than 1 year old
    - Age 1 to 14 years old
      - Alleged sexual abuse
      - Alleged other abuse/neglect
  - Out-of-Home Placement
    - Age less than 1 year old
    - Age 1 to 14 years old
      - Alleged sexual abuse
      - Alleged other abuse/neglect

For the groups listed in the table, the following groups will be oversampled: children who receive CWS services, children who receive out-of-home placement services, children who are less than one year old, and children who were alleged or substantiated to have been sexually abused.

Once the children are selected to be in the study, we will be interviewing either the children or their care givers between 9 and 14 weeks after the investigation was completed. Due to the time sensitive nature of the data we are requesting, we are willing to work with each site to obtain the most recent records of completed investigations / assessments despite any time lags that might exist in the data entry of the disposition information into the computer system after the investigation / assessment has been completed.

2. Non-CPS Sample

In most agencies, there are some children in the child welfare system who are receiving some types of child welfare funded service, but who did not enter the CPS system due to a CPS investigation / assessment. Such children could have entered the CPS system through voluntary services, court ordered services or other channels. For a definition of Non-CPS cases, please refer to the attached glossary at the end of this document. Nationally, we will conduct 600 completed interviews from children in this sample or about 6 interviews per sample county.

To select this sample, we will create a list of Non-CPS children who started receiving services in the previous month and from this list select approximately 7 to 8 such children at random. This sample will only be drawn once per county during the 12 months of data collection. The month this sample will be drawn will differ by county and will be determined for your county/counties after further discussions with the data specialists.

3. Long Term Foster Care Placement Sample

We are also interested in interviewing about 7 children in each sample county who have been in foster care, more or less continuously, for 12 months. This sample will also be selected in only one month during the 12-month baseline period. To draw this sample, we will require a list of children who have been in foster care continuously for 12 months and are still in foster care at the time the list is being created. From this list, we will select a simple random sample of 8 to 9 children in each sample county.

II. Data Elements Specifications

Table II (Data Elements Needed for NSCAW Within-County Sampling) contains the minimal set of data elements that are critical to the NSCAW sampling frame construction. The data elements and formats that are listed are what we consider to be the ideal; however, we will accept virtually any format should the preferred format prove to be too burdensome for your programming staff.

Included in the table are four columns: (1) the data element name (Data Element), (2) the preferred data type (Preferred Format), (3) the sample for which the data element is required (Sample), and (4) brief explanations / comments of that element (Explanations / Comments). In general, the Explanations / Comments column provides the guidance on how equivalent information can be obtained if the data elements requested are not available. Inside the Explanations / Comments box (column 4) can be found several items describing the data element. First is the *purpose*, which explains our need for the item and its purpose in the construction of the sampling frame. Second is the *comments*, which describes the variable as we understand it and special requirements on the variable. It also discusses alternative variables that we could use to obtain the required information. Next is the *confidentiality concerns*, which describes confidentiality issues which may arise in gathering the data element and some alternatives. The final variable is *mapping*, which describes the data element in relation to variables on other data bases in order to denote how this data element compares to the variables that the site may already be submitting to NCANDS and AFCARS. The *mapping* also includes any mappings between the requested data elements and corresponding SACWIS definitions, where appropriate. Each of these four detailed comments in the Explanations / Comments column is included as it applies to that item.

We hope that the inclusion of these mappings will help to ease the programming burdens in preparing the data files. If variables that are different from those requested, but provide the same information, are available and can be extracted, we will work with the site to formulate a strategy to utilize those variables in obtaining the required information.

III. File Specifications and Methods of Transfer

As mentioned previously, we will accept the data in almost any format that the site can provide it, but the preferred method of transfer of these data is an ASCII flat, comma delimited or fixed width file sent via FTP (File Transfer Protocol). In case this transfer method is not possible we prefer that the data be placed on a CD-ROM or a 1.44MB floppy disk with other vital documentation, such as a data dictionary specifying each variable that is included in the file.

Because of the sensitivity of these files and the identifying data elements on the files, we strongly encourage encryption, regardless of the transfer method. We will offer encryption software, as well as instruction and documentation for this purpose. In subsequent discussions with the data specialists, we will review these options in more detail.

IV. Glossary of Important Terms

The attached glossary is a collection of terms that are used in the descriptions of the different samples and in the tables listing the preferred data elements. For the most part, the definitions are based on those in the SACWIS glossary; however, modifications have been made when necessary, to address the specific needs of this study.

Table II. Data Elements Needed for NSCAW Within-County Sampling

Data Element (1)	Preferred Format (2)	Sample (3)	Explanations / Comments (4)
1. CPS Child ID/SSN (key)	None	CPS Non-CPS Long Term FC	Purpose: The CPS Child ID/SSN is to link the selected sample records back to the CPS agency data system. Comments: The CPS child ID should be a unique ID for the child, not for the case. This ID should be permanent and the child should not receive a second ID if he/she is investigated again. Mapping: None.
2. County of Investigation/Assessment (key) 2A. Regional/Local Office ID (key, if applicable)	Alphanumeric 3	CPS Long Term FC	Purpose: To identify the case's geographical origin. The County of Investigation/Assessment should reflect the county in which the investigation/assessment of the case was conducted. If applicable, the Regional/Local Office ID should indicate the office that has jurisdiction over the investigation / assessment. Comments: A 3-digit County FIPS code or other county identifier that is being used by the agency system. If the county is divided between 2 or more regional offices and/or if there are 2 or more local offices within the county, a Regional/Local Office ID should be included in the file. Mapping: None.
3. Date of Birth/Child Age (key)	Age: Alphanumeric 2 DOB: Alphanumeric 8 (CCYYMMDD)	CPS Non-CPS Long Term FC	Purpose: Date of Birth is used to distinguish infants (less than 1 year old) from the older children. Children who are 15 or older at the closing of the investigation/assessment will be excluded from the study. Comments: Date of Birth should follow as: century (2), year (2), month (2), day (2). When the date of birth (DOB) is not available, the child's age should be accurate as of the closing of the investigation / assessment. Mapping: Date of Birth can be mapped to SACWIS (Date of Birth), NCANDS (CHBDATE), and AFCAR (field 06 of the Foster Care Detail File). Child Age can be mapped to SACWIS (Age) and NCANDS (CHAGE).
4. Sexual Abuse (key)	Alphanumeric: 1 or 0 1 – Sexual abuse 0 – Other abuse	CPS	Purpose: To distinguish sexual abuse cases from those with other types of abuse and neglect so that more sexual abuse cases can be selected. Comments: For a definition of sexual abuse, see Glossary. For substantiated cases, the abuse type should be determined from the disposition. For unsubstantiated cases, the abuse type should be determined from the allegation. If the system is not able to create a sexual abuse indicator variable, we will accept abuse type variables or allegation variables that would allow us to extract the required information. Mapping: This maps to AFCARS (field 27 of the Foster Care Detail File). Sexual abuse can be indirectly mapped to SACWIS (Allegation=Sexual Abuse) and NCANDS (CHMAL1 - CHMAL4).[1]

5. Receiving CWS Services (key)	Alphanumeric: 1 or 0 1 – Receiving services 0 – Not receiving services	CPS Non-CPS	Purpose: To distinguish children and their families who receive services provided by the CPS agencies from those who do not receive CWS services. This information will be used to oversample children who receive CWS services. Comments: For a definition of services provided by CPS agencies, see Glossary. Whether or not a child is receiving services should be indicated by the child or family's current service status at the time the data files are compiled. If the system is not able to create a receiving services indicator variable, we will accept service variables that would allow us to extract the required information. Mapping: Can be directly mapped to SACWIS (service) only.
6. Receiving Out-of-Home Placement Service (key)	Alphanumeric: 1 or 0 1 – Placement service 0 – No placement service	CPS Long Term FC	Purpose: To distinguish children who receive out-home-placement services so that more foster care children can be selected. Comments: For a definition of the out-of-home placement services provided by CPS agencies, see Glossary. Any child who has been placed in out-of-home care for more than 72 hours or who has an open out-of-home placement case management plan as a result of the recent investigation / assessment should be classified as receiving out-of-home placement services. Also, any child who is currently receiving out-of-home placement services as a result of a previous investigation / assessment should be classified as receiving out-of-home placement services. If the system is not able to create a receiving out-of-home placement services indicator variable, we will accept service variables that would allow us to extract the required information. Mapping: Can be indirectly mapped to SACWIS (Service=Foster Care Services). Any record in AFCARS Foster Care Detail File implies a child has received Foster Care Services.
7. Date Placed (key)	Alphanumeric 8 (CCYYMMDD)	CPS Long Term FC	Purpose: To establish the eligibility of the cases for inclusion on the sampling frame. Comments: Date the child received the most recent out-of-home placement services. Mapping: Can be mapped to AFCARS (field 23 of the Foster Care Detail File).
8. Investigation Start Date (key) 9. Investigation End Date (key)	Alphanumeric 8 (CCYYMMDD) Alphanumeric 8 (CCYYMMDD)	CPS	Purpose: To establish the eligibility of the cases for inclusion in the sampling frame. Comments: Dates for when the investigation/assessment of child abuse or neglect began and ended (or closed). Mapping: Can be mapped to SACWIS (Opened(Case) and Case Close Date).
8A. Services Start Date (key) 9A. Services End Date (key)	Alphanumeric 8 (CCYYMMDD) Alphanumeric 8 (CCYYMMDD)	Non-CPS	Purpose: To establish the eligibility of the cases for inclusion in the sampling frame. Comments: Dates for when the child or family is/was receiving CW services. If the child is currently receiving services at the time that the data file is compiled, the Services End Date field should be left blank. Mapping: None

10. Family ID (key)	None	CPS Non-CPS Long Term FC	Purpose: The Family ID will allow us to identify families so that only one child will be selected from a family. Comments: A unique identification number given to families under investigation / assessment. Mapping: Can be mapped to SACWIS (Family ID).
11. Case / Investigation / Report ID (key)	None	CPS	Purpose: The Case ID should be used to link selected sample records back to the same case/report in the CPS data system. This also will allow us to uniquely identify child records for unduplication. Comments: A unique identification number given to a case or report under investigation / assessment. The Case/Report ID may be the same as the Family ID. Mapping: None.
12. Substantiated/ Indicated (Key)	Alphanumeric: 1 or 0 1 – Substantiated/ Indicated case 0 – Unsubstantiated case	CPS	Purpose: The disposition of the investigation / assessment will allow us to refine our sampling strata. It will also be important information for improved estimates when conducting analysis of the data. Comments: A disposition of substantiated or indicated as a result of a CPS investigation / assessment. Mapping: Can be mapped indirectly to NCANDS (MAL1LEV - MAL4LEV).
13. Child's Race (key)	Alphanumeric: 1, 2, 3 1 – Black 2 – White 3 – Other	CPS Non-CPS Long Term FC	Purpose: Key demographic information. It can also be used to assist us in uniquely identifying child records for unduplication. Comments: The race of the child. For a definition please see Glossary. Mapping: Can be indirectly mapped to SACWIS (Race), NCANDS (CHRACE), and AFCARS (field 08 of the Foster Care Detail File).
14. Hispanic Origin (key)	Alphanumeric: 1 or 0 1 – Hispanic origin 0 – Otherwise	CPS Non-CPS Long Term FC	Purpose: Key demographic information. It can also be used to assist us in uniquely identifying child records for unduplication. Comments: Denotes a child has a Hispanic ethnicity. For a definition please see Glossary. Mapping: Can be mapped to SACWIS (Hispanic Origin), NCANDS(CHISP), and AFCARS (field 09 of the Foster Care Detail File).
15. Child's Gender (key)	Alphanumeric: 1 or 0 1 – Male 0 – Female	CPS Non-CPS Long Term FC	Purpose: Key demographic information. It can also be used to assist us in uniquely identifying child records for unduplication. Comments: Sex of child, male or female. Mapping: Can be mapped to SACWIS (Sex), NCANDS (CHSEX), and AFCARS (field 07 of the Foster Care Detail File).

16. Child's First Name (optional) 17. Child's Middle Name (optional) 18. Child's Last Name (optional)	Char 25 Char 25 Char 25	CPS Non-CPS Long Term FC	Purpose: To assist in uniquely identifying child and family records for unduplication. Comments: The child's legal name. Confidentiality Concerns: If the child's name can not be released, any other information that allows us to unduplicate the child records would also be useful. Mapping: Can be mapped indirectly to SACWIS (Name).
19. Child's Residential Street Address (optional) 20. Child's Residential City (optional) 21. Child's Residential State (optional) 22. Child's Residential Zip Code (optional)	Alphanumeric 40 Char 25 Char 2 Alphanumeric 10	CPS Non-CPS Long Term FC	Purpose: To assist in uniquely identifying child records for unduplication. Comments: For the CPS file, this is the child's home address at the time of the report, rather than the child's current residential address. For the Long Term FC children, we would prefer to have the address at the time of the report, if it is available; otherwise, we would like to receive the child's current address. For the Non-CPS file, the child's current residential address would be of interest. Confidentiality Concerns: If the child's full address can not be released, the zip code would be useful to allow us to unduplicate child records and to identify the county in which the child should be classified. Mapping: This can be mapped indirectly to SACWIS (Address (Residence)).
23. Mother's or Head of Household's (HoH) ID/SSN (optional)	ID - None SSN - Alphanumeric 9	CPS Non-CPS Long Term FC	Purpose: To assist in identifying children from the same family for unduplication. Comments: Mother's or Head of Household's ID or social security number. Confidentiality Concerns: If the mother's ID/SSN can not be released, any other information that allows us to identify children from the same family would also be useful. Mapping: None.
25. Mother's or HoH's First Name (optional) 26. Mother's or HoH's Middle Name (optional) 27. Mother's or HoH's Last Name (optional)	Char 25 Char 25 Char 25	CPS Non-CPS Long Term FC	Purpose: To assist in identifying children from the same family for unduplication. Comments: Mother's or Head of Household's legal name. Confidentiality Concerns: If the mother's name can not be released, any other information that allows us to identify children from the same family would also be useful. Mapping: No known direct or indirect mapping scheme.

1 – When mapping comments mention that items are indirectly mapped, this implies that some recoding may be required.

NSCAW Glossary

ADOPTION SERVICES: Services or activities provided to assist in bringing about the adoption of a child. Examples may include, but are not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post-placement training and/or counseling.

AFCARS: The Adoption and Foster Care Analysis Reporting System. The Administration for Children and Families' system for tracking abuse and neglect children for the Department of Health and Human Services.

AGE: An individual's age in years calculated from his/her date of birth. When reporting for NCANDS, age refers to the victim's age at the time of the report of abuse or neglect. Age can be the primary factor or condition for special needs as defined by the State.

ALLEGATION: An assertion that a parent, caretaker, or other person, as defined under State law, caused or allowed the child to be subjected to physical abuse, neglect, medical neglect, sexual abuse, or emotional abuse, harm, or risk of harm.

ASSESSMENT: See CPS Investigation / Assessment.

BIOLOGICAL MOTHER / FATHER: The birth mother or father rather than the adoptive or foster parent or the stepparent.

BLACK / AFRICAN-AMERICAN: A person whose ancestry is any of the black racial groups of Africa.

CASE / INVESTIGATION / REPORT ID: A unique identification assigned to each report of child maltreatment. The ID should uniquely identify the case/investigation/report record within the agency's data system.

CASE MANAGEMENT SERVICES: Services or activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families. These may include, but are not limited to, individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

CHILD ID: A unique identification assigned to each child. The ID should uniquely identify the child within the agency's data system.

CHILD WELFARE SERVICES: Services paid by the Child Welfare Agency and provided to the child or family. Such services include adoption, case management, counseling, day care, educational and training, employment, family planning, family support, family preservation/reunification, foster care, health-related and home health, home-based, housing, independent and transitional living, information and referral, legal, mental, post investigation / assessment, pregnancy and parenting,

prevention and intervention, recreation, residential treatment, transportation, and others. Any child will be classified as receiving CW services if s/he or his/her family is receiving at least one of the above types of CW services at the time that the data files are compiled.

CHILD'S AGE: See Age.

CHILD'S GENDER: See Sex.

CHILD'S RACE: See Race.

CHILD'S RESIDENTIAL STREET ADDRESS: The street address for the child's current residence.

CHILD'S RESIDENTIAL CITY: The city for the child's current residence.

CHILD'S RESIDENTIAL STATE: The state postal abbreviation for the child's current residence.

CHILD'S RESIDENTIAL ZIP CODE: The zip code for the child's current residence. The zip code may be in the form of the 5 digit zip code (12345) or the (9 digit) zip code + 4 (12345-6789).

CLOSED-NO FINDING: A type of investigation / assessment disposition that does not conclude with a specific finding because the investigation / assessment could not be completed for such reasons as: the family moved out of the jurisdiction; the family could not be located; or necessary diagnostic or other reports were not received within required time limits.

COUNSELING SERVICES: Services or activities that apply the therapeutic processes to personal, family, situational or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or drug abuse.

COUNTY OF INVESTIGATION / ASSESSMENT: The geopolitical substate jurisdiction in which the report originated. The unique identification number assigned to the county under the Federal Information Processing Standards (FIPS) guidelines is preferred.

CPS CHILD ID: See Child ID.

CPS CHILD: A child who has gone through a Child Protective Services agency initiated investigation / assessment because of a report of child abuse and neglect.

CPS INVESTIGATION / ASSESSMENT: The gathering and assessment of objective information to determine if the child has been or is at-risk of being maltreated.

DATE PLACED (IN CURRENT FOSTER CARE SETTING): Century, year, month, and day the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.

DATE OF BIRTH: The century, year, month, and day of birth for the individual selected (e.g., child).

DAY CARE SERVICES: Services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. The component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, plan development, and licensing and monitoring of child care homes and facilities.

DISPOSITION: The determination of a CPS investigation / assessment. The investigation / assessment could be determined as substantiated, indicated or reason to suspect, unsubstantiated, closed-no finding, or other.

EDUCATIONAL AND TRAINING SERVICES: Services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

EMPLOYMENT SERVICES: Services or activities provided to assist individuals in securing employment or acquiring learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

FAMILY ID: Unique identifier assigned to the family case for use in documenting and providing agency services. The ID should uniquely identify the family record within the agency's data system.

FAMILY PLANNING SERVICES: Educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include preconceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

FAMILY PRESERVATION / REUNIFICATION SERVICES: Family preservation services typically are services designed to help families alleviate crises that might lead to out of home placement of children; maintain the safety of children in their own homes; support families preparing

to reunify or adopt; and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. (If a child cannot be protected from harm without placement or the family does not have adequate strengths on which to build, family preservation services are not appropriate).

FAMILY SUPPORT SERVICES: Family support services are primarily community-based preventative activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families.

FOSTER CARE DETAIL FILE (AFCARS): Section V of the Federal AFCAR System. Contains all records of those children receiving foster care services.

FOSTER CARE PLACEMENT: See Out-of-Home Placement.

FOSTER CARE SERVICES: See Out-of-Home Placement Services.

FOSTER FAMILY HOME (NON-RELATIVE): A licensed foster family home regarded by the state as a foster care living arrangement.

FOSTER FAMILY HOME (RELATIVE): A licensed or unlicenced home of the child's relatives regarded by the state as a foster care living arrangement for the child.

FOSTER PARENT: An individual who is licensed to provide a home for orphaned, abused, neglected, delinquent or disabled children, usually with the approval of the government or a social service agency. This individual can be a relative or a non-relative.

HEALTH-RELATED AND HOME HEALTH SERVICES: Services to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

HISPANIC ORIGIN: A Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child.

HOME-BASED SERVICES: In-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-

being. Includes homemaker services, chore services, home maintenance services and household management services. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child. Component services or activities may include protective supervision of children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance; teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

HOUSING SERVICES: Services or activities designed to assist individuals or families in locating, obtaining or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

INDEPENDENT AND TRANSITIONAL LIVING SERVICES: Services and activities designed to help older youth in foster care or homeless youth make the transition to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. Specific component services and activities may include supervised practice living and post-foster care services.

INDICATED OR REASON TO SUSPECT: A type of investigation / assessment disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was reason to suspect that the child may have been maltreated or was at-risk of maltreatment.

INFORMATION AND REFERRAL SERVICES: Services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not a diagnosis and evaluation) to facilitate appropriate referral to these community resources.

INVESTIGATION: See CPS Investigation / Assessment.

INVESTIGATION END DATE: The century, year, month, and day that the investigation/ assessment was closed (completed).

INVESTIGATION START DATE: The century, year, month, and day that the investigation/ assessment was opened.

LEGAL SERVICES: Services or activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

LONG TERM FOSTER CARE: Children who have been receiving out-of-home placement services continuously during the previous 12 months will be classified under this category.

MALTREATMENT DISPOSITION LEVEL: The disposition of each alleged maltreatment. The disposition level may be substantiated, indicated or reason to suspect, unsubstantiated, closed-no finding, other, or unknown.

MALTREATMENT TYPE: A particular form of child maltreatment that is either alleged or substantiated, such as physical abuse, neglect or deprivation of necessities, sexual abuse, psychological or emotional maltreatment, and other forms included in state law.

MEDICAL NEGLECT: The harm by a caretaker to a child's health due to failure to provide for appropriate health care of the child, although financially able to do so, or offered financial or other means to do so.

MENTAL HEALTH SERVICES: Services to overcome issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. It is usually provided by public or private mental health agencies and includes residential services (inpatient hospitalization, residential treatment, and supported independent living) and non-residential services (partial day treatment, outpatient services, home-based services, emergency services, intensive case management and assessment).

NAME: The legal first name, middle name, and last name of the client.

NCANDS: The National Child Abuse and Neglect Data System. This study uses the Detailed Case Data Component Guidelines and Procedures.

NEGLECT: Alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care.

NON-CPS CHILD: A child that is receiving CPS services and is assigned a caseworker, but entered the CPS system by any other means other than a Child Protective Services Agency initiated investigation / assessment. Examples of non-CPS children includes dependency cases, status offenders, children on probation or persons in need of supervision (PINS), and children of families who voluntarily seek child welfare services. Cases that receive only such services as well-baby visits from a public health nurse, mental health services, or preventive services to teen mothers are not included, except when the child is in child welfare custody, or the services are provided under the child welfare budget.

OTHER ABUSE: Any other abuse to a child besides sexual abuse. See Maltreatment Type.

OTHER RACE: Any other race besides Black or White.

OTHER SERVICES: Services or activities that have been provided to the child victim or family of the child victim, but which are not included in these services listed. See CPS Services.

OUT-OF-HOME PLACEMENT: The child is placed with an individual or facility which is licensed to provide a home for orphaned, abused, neglected, delinquent or disabled children, usually with the approval of the government or a social service agency.

OUT-OF-HOME PLACEMENT SERVICES: Services or activities associated with 24 hour substitute care for all children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. Any child who has been placed in out-of-home care for more than 72 hours or has an open out-of-home placement case management plan should be classified as receiving out-of-home services. Also, any child who is currently receiving out-of-home placement services at the time that the data files are compiled should be classified as receiving out-of-home services.

OVERSAMPLE: To assign a probability of selection or sampling rate to members of a sampling strata that is higher than the probability that the members of the sampling strata would be selected from the complete sampling frame under simple random sampling (each member of the sampling frame has the same probability of being selected for the sample).

PHYSICAL ABUSE: Alleged or substantiated physical abuse, injury, or maltreatment of the child by a person responsible for the child's welfare.

POST INVESTIGATION SERVICES: The child protective services agency, social services agency, and/or the child welfare agency provides or arranges post investigation / assessment services for the child/family as a result of needs discovered during the course of the investigation / assessment. If services were being provided at the time of the report of alleged child maltreatment, the continuation of, or addition to, the service provisions constitute post investigation / assessment services. Services include: family preservation, family support, foster care and other services. See also CPS Services.

PREGNANCY AND PARENTING SERVICES FOR YOUNG PARENTS: Services or activities for married or unmarried adolescent parents and their families to assist them in coping with social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, child care education, and training in and development of parenting skills.

PREVENTION AND INTERVENTION SERVICES: Those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of abuse, neglect, or family violence, or to assist in making arrangements for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling,

including mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management, and transportation.

PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: A type of maltreatment that refers to acts or omissions, other than physical abuse or sexual abuse, that caused, or could have caused, conduct, cognitive, affective, or other mental disorders; such as emotional neglect, psychological abuse, mental injury, etc.

RACE: In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child.

RECEIVING CWS SERVICES: Children or their families receiving services that are either provided or paid by CWS agencies. For CPS children (i.e., children who have gone through formal CPS investigations) and their families, CWS services include only post-investigation services.

RECREATIONAL SERVICES: Those services or activities designed to provide, or assist individuals to take advantage of, individual or group activities directed towards promoting physical, cultural, and/or social development.

RESIDENTIAL TREATMENT SERVICES: Those services that provide short-term residential care and comprehensive treatment and services for children whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation; alcohol and drug detoxification services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or prevocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.

SACWIS: Statewide Automated Child Welfare Information System. State agency case management system for monitoring child welfare.

SAMPLING FRAME: A list of all members of the desired population from which the sample will be selected.

SAMPLING STRATA: Category in which the members on the sampling frame are selected at a specified sampling rate or probability, which may be different from other members in the sampling frame placed in a different category.

SERVICES: See Child Welfare Services.

SEX: The gender of a person.

SEXUAL ABUSE: Alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child's welfare. Sexual abuse is a type of maltreatment that refers to the

involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, prostitution, pornography, exposure, or other sexually exploitative activities.

SOCIAL SECURITY NUMBER: Number assigned by the Social Security Administration for the selected individual.

SUBSTANTIATED: A type of investigation / assessment disposition that is used when the allegation of maltreatment or risk of maltreatment was supported or founded by state law or state policy.

TRANSPORTATION SERVICES: Services or activities that provide or arrange for travel, including travel costs of individuals, in order to access services, or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

UNSUBSTANTIATED: A type of investigation / assessment disposition that determines that there is not sufficient evidence under state law to conclude or suspect that the child has been maltreated or is at-risk of being maltreated.

WHITE: A person of European, North African, or Middle Eastern Origin.

Appendix D

NSCAW Advance Letters, Project Brochures, and Consent Forms

Parent Lead Letter

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Research Triangle Institute • P.O. Box 12194 • Research Triangle Park, North Carolina 27709-2194 USA

PARENT
[Address]
[Address #2]
[City, State, Zip]

[Date]

Dear Parent:

The Children's Bureau and the Administration on Children, Youth, and Families (ACYF), an agency within the United States Department of Health and Human Services, is sponsoring the first ever nationwide survey of children and families who have had contact with the child welfare system. The survey is called the National Survey of Child and Adolescent Well-Being. Our organization, the Children's Bureau, has hired the Research Triangle Institute (RTI), a not-for-profit survey research organization, to conduct the study. The results of this study will be used to make improvements to the child welfare system.

This survey gives you a unique opportunity to talk about your experiences with the child welfare system and your level of satisfaction with the services your family may have received. By participating, you can help us better understand the issues that affect children and families like yours. We want to talk with you about your family's experiences in the child welfare system and about your child, [NAME OF CHILD]. Depending on the age of your child, we also want to observe or talk with him or her to learn how the system serves children of different ages with different needs. Because your contribution is important, we will pay you **$50** and give your child a gift certificate for participating in the interview. The amount of the gift certificate is **$20** for children age 11 or older and **$10** for children age 10 or younger.

We realize you are busy, taking care of a family, working outside the home, or going to school — possibly all three. The professional interviewer who will contact you will conduct the interview whenever it is convenient for you and your child.

Your help in this study is voluntary, but we urge you to participate. Your participation will help us learn about the child welfare system from a family's point of view. The information you provide will be completely confidential, as required by law. Neither this project or the local representative who will contact you is affiliated with the child welfare agency. No individual participant or family will be identified in reports or data files released by ACYF. Your participation will not affect any benefits or services you or your child receives.

Additional information about the survey is in the enclosed brochure. When the RTI interviewer arrives to explain the survey, he or she will be glad to answer any questions you have. Please ask to see his or her personal identification card; an example of the ID card is shown below.

Your help is extremely important to the success of this survey, and I thank you in advance for your cooperation.

Sincerely yours,

Mary Bruce Webb, Ph.D.
Project Officer
Administration on Children, Youth and Families

Name of Interviewer Who Will Contact You: _____

Version C

Sponsored by: Administration on Children, Youth and Families
Conducted by: Research Triangle Institute, Caliber Associates, University of California at Berkeley, University of North Carolina at Chapel Hill

Foster Parent Lead Letter

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Research Triangle Institute • P.O. Box 12194 • Research Triangle Park, North Carolina 27709-2194 USA

FOSTER PARENT
[Address]
[Address #2]
[City, State, Zip]

[Date]

Dear Foster Parent:

The Children's Bureau and the Administration on Children, Youth, and Families (ACYF), an agency within the United States Department of Health and Human Services, is sponsoring a large national study of children and families in the child welfare system. The study is called the National Survey of Child and Adolescent Well-Being. It will help us learn about the needs of children and families and their use of child welfare services. Our organization, the Children's Bureau, has hired the Research Triangle Institute (RTI), a not-for-profit survey research organization, to conduct the study. The results of this study will be used to help policy makers improve the child welfare system.

As a foster parent, you have a unique understanding of the issues that face children and families in the child welfare system. To better understand the issues, we want to talk with you about one of your foster children, [CHILD], and about your experiences in the child welfare system. Depending on the age of your foster child, we also want to observe or talk with him or her to learn how the system serves children of different ages with different needs. By participating, you have the opportunity to contribute to this important study. Because your contribution is important, we will pay you **$50** and give your foster child a gift certificate for participating in the interview. The amount of the gift certificate is **$20** for children age 11 or older and **$10** for children age 10 or younger.

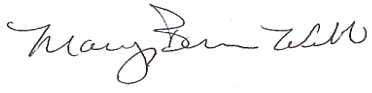
We realize you are busy, taking care of a family, working outside the home, or going to school — possibly all three. The professional interviewer who will contact you will conduct the interview whenever it is convenient for you and your foster child.

Your help in this study is voluntary, but we urge you to participate. The information you provide will be completely confidential, as required by law. Neither this project or the local representative who will contact you is affiliated with the child welfare agency. No individual participant or family will be identified in reports or data files released by ACYF. Your participation will not affect any benefits or services you or your foster child receives.

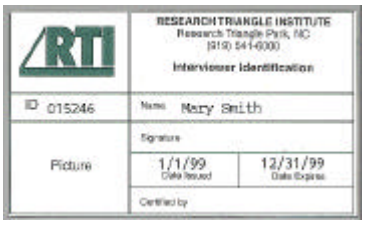
Additional information about the study is in the enclosed brochure. When the RTI interviewer arrives to explain the survey, he or she will be glad to answer any questions you have. Please ask to see his or her personal identification card; an example of the ID card is shown below.

Your help is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely yours,



Mary Bruce Webb, Ph.D.
Project Officer
Administration on Children, Youth and Families



Name of Interviewer Who Will Contact You: _____ Version B

Sponsored by: Administration on Children, Youth and Families
Conducted by: Research Triangle Institute, Caliber Associates, University of California at Berkeley, University of North Carolina at Chapel Hill

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Research Triangle Institute • P.O. Box 12194 • Research Triangle Park, North Carolina 27709-2194 USA

[Address]
[Address #2]
[City, State, Zip]

Dear Caseworker:

The Children's Bureau and the Administration on Children, Youth, and Families (ACYF), an agency within the U.S. Department of Health and Human Services, is sponsoring a Congressionally mandated study of children and families in the child welfare system. Called the ***National Survey of Child and Adolescent Well-Being*** (NSCAW), the study will make available for the first time nationally representative longitudinal data drawn from first-hand reports from children and families or other caregivers, as well as reports from service providers, teachers, and data from administrative records. Our organization, ACYF, has hired the Research Triangle Institute (RTI), a not-for-profit survey research organization, to conduct the study. In the short-term, the results of this study will provide policy makers and practitioners with important information about the characteristics of children and families who enter the child welfare system, their service needs, and the kinds of services provided to them. In the longer term, the study will examine outcomes for children and families who enter the system. Information gathered will be used to improve policy and practice in child welfare.

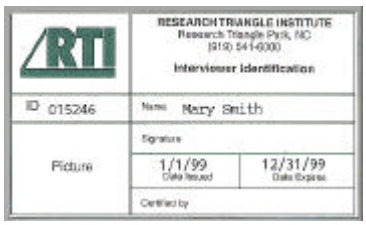
Your agency has agreed to help us with this monumental study. During the next 12 months, a small number of children will be selected from your agency each month for inclusion in the study. If you are the primary caseworker for one of the selected children, the professional interviewer assigned to your agency will contact you to schedule a convenient time to talk with you about the child.

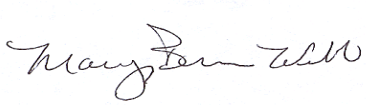
Your caseworker expertise is vital to helping us better understand the issues that face children and families in the child welfare system and how the system serves children of different ages and with different needs. There are two ways you may be asked to participate in the NSCAW. If you completed the investigation or assessment on any selected case, you will be asked to complete a brief interview so we can obtain some basic information about the circumstances surrounding the investigation/assessment and the report or other situation that led to it, about the characteristics of the family, and about the factors that contributed to your recommendation. We will contact you about this interview just after the agency's cases have been selected for the month. If you serve as the primary caseworker for one of the participating children, you will be asked to complete a lengthier interview at six-month intervals after the investigation/assessment closing date, as long as the child or the family is receiving services from you. This interview will focus on the child's history in the child welfare system and the services he/she receives. In addition, you will be asked a few questions about your work, background, and other work-related topics.

We recognize the heavy demands your work places on your time; however, the success of this important national study rests on collecting a complete history of the child's services in the child welfare system. Be assured that the information you share with us will be used for research purposes only and will be completely confidential, as required by law. No individual participant or family will be identified in reports or data files released by ACYF.

Additional information about the study is in the enclosed brochure. The interviewer assigned to your agency will be glad to answer any questions you have. Your help is extremely important to the success of this study, and I thank you in advance for your cooperation.

Sincerely yours,





Mary Bruce Webb, Ph.D.
Project Officer
Administration on Children, Youth and Families

Name of Interviewer Who Will Contact You: _____ Version A

Sponsored by: Administration on Children, Youth and Families
Conducted by: Research Triangle Institute, Caliber Associates, University of California at Berkeley, University of North Carolina at Chapel Hill

Research Triangle Institute • P.O. Box 12194 • Research Triangle Park, North Carolina 27709-2194 USA

PARENT
[Address]
[Address #2]
[City, State, Zip]

[Date]

Dear Parent,

The Children's Bureau and the Administration on Children, Youth, and Families (ACYF), an agency within the United States Department of Health and Human Services, is sponsoring the first ever nationwide survey of children and families who have had contact with the child welfare system. The survey is called the National Survey of Child and Adolescent Well-Being. Our organization, the Children's Bureau, has hired the Research Triangle Institute (RTI), a not-for-profit survey research organization, to conduct the study. The results of this study will be used to make improvements to the child welfare system.

This survey gives you a unique opportunity to talk about your experiences with the child welfare system and your level of satisfaction with the services your family may have received. By participating, you can help us better understand the issues that affect children and families like yours. We want to talk with you about your family's experiences in the child welfare system and about your child, [NAME OF CHILD]. Depending on the age of your child, we also want to observe or talk with him or her to learn how the system serves children of different ages with different needs. Because your contribution is important, we will pay you **$50** and give your child a gift certificate for participating in the interview. The amount of the gift certificate is **$20** for children age 11 or older and **$10** for children age 10 or younger.

We realize you are busy, taking care of a family, working outside the home, or going to school — possibly all three. The professional interviewer who will contact you will conduct the interview whenever it is convenient for you.

Your help in this study is voluntary, but we urge you to participate. Your participation will help us learn about the child welfare system from a parent's point of view. The information you provide will be completely confidential, as required by law. Neither this project or the local representative who will contact you is affiliated with the child welfare agency. No individual participant or family will be identified in reports or data files released by ACYF. Your participation will not affect any benefits or services you or your child receives.

Additional information about the survey is in the enclosed brochure. When the RTI interviewer arrives to explain the survey, he or she will be glad to answer any questions you have. Please ask to see his or her personal identification card; an example of the ID card is shown below.

Your help is extremely important to the success of this survey, and I thank you in advance for your cooperation.

Sincerely yours,


RTI
RESEARCH TRIANGLE INSTITUTE
Research Triangle Park, NC
(919) 541-6000
Interviewer Identification
ID 015246
Name Mary Smith
Signature
Picture
1/1/99 Date Issued
12/31/99 Date Expires
Certified by

Mary Bruce Webb, Ph.D.
Project Officer
Administration on Children, Youth and Families

Name of Interviewer Who Will Contact You: _____ Version E

Sponsored by: Administration on Children, Youth and Families
Conducted by: Research Triangle Institute, Caliber Associates, University of California at Berkeley, University of North Carolina at Chapel Hill

Former Caregiver Lead Letter

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Research Triangle Institute • P.O. Box 12194 • Research Triangle Park, North Carolina 27709-2194 USA

PARENT
[Address]
[Address #2]
[City, State, Zip]

[Date]

Dear Parent,

The Children's Bureau and the Administration on Children, Youth, and Families (ACYF), an agency within the United States Department of Health and Human Services, is sponsoring the first ever nationwide survey of children and families who have had contact with the child welfare system. The survey is called the National Survey of Child and Adolescent Well-Being. Our organization, the Children's Bureau, has hired the Research Triangle Institute (RTI), a not-for-profit survey research organization, to conduct the study. The results of this study will be used to make improvements to the child welfare system.

This survey gives you a unique opportunity to talk about your experiences with the child welfare system and your level of satisfaction with the services your family may have received. By participating, you can help us better understand the issues that affect children and families like yours. We want to talk with you about your family's experiences in the child welfare system and about your child, [NAME OF CHILD]. Because your contribution is important, we will pay you **$50** for participating in the interview.

We realize you are busy, taking care of a family, working outside the home, or going to school — possibly all three. The professional interviewer who will contact you will conduct the interview whenever it is convenient for you.

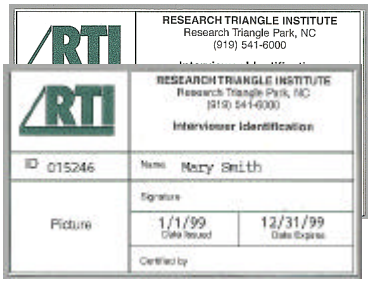
Your help in this study is voluntary, but we urge you to participate. Your participation will help us learn about the child welfare system from a parent's point of view. The information you provide will be completely confidential, as required by law. Neither this project or the local representative who will contact you is affiliated with the child welfare agency. No individual participant or family will be identified in reports or data files released by ACYF. Your participation will not affect any benefits or services you receive.

Additional information about the survey is in the enclosed brochure. When the RTI interviewer arrives to explain the survey, he or she will be glad to answer any questions you have. Please ask to see his or her personal identification card; an example of the ID card is shown below.

Your help is extremely important to the success of this survey, and I thank you in advance for your cooperation.

Sincerely yours,

Mary Bruce Webb, Ph.D.
Project Officer
Administration on Children, Youth and Families



Name of Interviewer Who Will Contact You: _____

Version D

Research Triangle Institute • P.O. Box 12194 • Research Triangle Park, North Carolina 27709-2194 USA

LEGAL GUARDIAN
[Address]
[Address #2]
[City, State, Zip]

[Date]

Dear Legal Guardian,

The Children's Bureau and the Administration on Children, Youth, and Families (ACYF), an agency within the United States Department of Health and Human Services, is sponsoring the first ever nationwide survey of children and families who have had contact with the child welfare system. The survey is called the National Survey of Child and Adolescent Well-Being. Our organization, the Children's Bureau, has hired the Research Triangle Institute (RTI), a not-for-profit survey research organization, to conduct the study. The results of this study will be used to make improvements to the child welfare system.

This survey gives respondents a unique opportunity to talk about their experiences with the child welfare system. By participating, they can help us better understand the issues that affect children and families. Depending on the age of the child, we want to observe or talk with a child for whom you (or your state or agency) are a legal guardian. We would like to talk with him or her to learn how the system serves children of different ages with different needs. Because every child's participation is important, we will give each child a gift certificate for participating in the interview. The amount of the gift certificate is **$20** for children age 11 or older and **$10** for children age 10 or younger.

We realize you are busy. The professional interviewer who will contact you will meet with you to discuss the consent for the child interview whenever it is convenient for you.

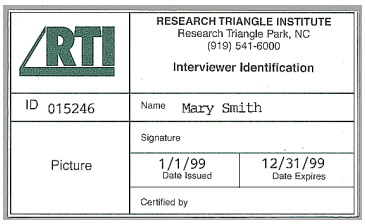
Your consent for the child's participation in this study is voluntary, but we urge you to allow the child to participate. Each child's participation will help us learn about the child welfare system from a child's point of view. The information the child provides will be completely confidential, as required by law. Neither this project or the local representative who will contact you or the child is affiliated with the child welfare agency. No individual participant or family will be identified in reports or data files released by ACYF. The child's participation will not affect any benefits or services the child or his/her family receives.

When the RTI interviewer arrives to gather consent for the child's interview, he or she will be glad to answer any questions you have. Please ask to see his or her personal identification card; an example of the ID card is shown below.

Your help is extremely important to the success of this survey, and I thank you in advance for your cooperation.

Sincerely yours,

Mary Bruce Webb, Ph.D.
Project Officer
Administration on Children, Youth and Families



Name of Interviewer Who Will Contact You: _____ Version F

Sponsored by: Administration on Children, Youth and Families
Conducted by: Research Triangle Institute, Caliber Associates, University of California at Berkeley, University of North Carolina at Chapel Hill

QUESTIONS AND ANSWERS ABOUT THE **NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING**

You have been chosen to participate in an important survey called the National Survey of Child and Adolescent Well-Being. In this brochure, you will find answers to some of the most common questions that are asked about the survey.

What is the National Survey of Child and Adolescent Well-Being?

The National Survey of Child and Adolescent Well-Being (NSCAW) is designed to collect data from children and their parents or guardians. Information will also be collected from teachers, case workers and other child welfare agency personnel, and administrative records. The information will be used to learn about the needs of children and families, about the kinds of services used by children and families, and about other services provided by child welfare agencies.

Why should I participate?

This is an opportunity to have your voice heard, to talk about your child's needs from your own point of view, and help other families in similar situations.

Who is doing this study?

The survey is being sponsored by the Children's Bureau of the United States Department of Health and Human Services. Research Triangle Institute (RTI) is conducting the survey, and is not affiliated with the child welfare agency.

Who is RTI?

Research Triangle Institute (RTI) is a private, not-for-profit research organization located in Research Triangle Park, North Carolina. Closely associated with the University of North Carolina, Duke University and North Carolina State University, RTI conducts laboratory and survey research for government and industrial clients. Professional RTI interviewers will conduct the interviews with children, families, and case workers.

How was I chosen?

In doing this survey, we cannot talk to everyone in the country. That would cost too much and take too long. So, we scientifically selected a "sample" of children who have come into contact with the child welfare system during the past 12 months. Because your contribution is important, we will pay you $50 for your time and will give your child a gift certificate for participating in the study. The amount of the gift certificate is $20 for children age 11 or older and $10 for children age 10 or younger.

How will I be involved?

You will be asked to answer questions about your child's development, including his or her learning, behavior, health, and friendships. You will also be asked about the services your family receives and your family's situation.

To help us understand how the well-being of children changes over time, we would like to contact you and your child again 1 year, 2 years, and 3 years after the first interview. We would also like to talk with you again if the child is still in your care. Each of these additional interviews will also be completely voluntary.

We will also call you in between these visits to ask some questions about services the child may have received.

How will my child be involved?

Your child's involvement will vary depending on his or her age. Young children will be observed by a professional RTI interviewer to assess their development and language skills. The interviewer will talk with older children about their development, family experiences, school, and friends. The interviewer will ask your permission to observe or talk with the sampled child.

How is the study being conducted?

A professional RTI interviewer will make a personal visit to interview the child's primary care giver, usually the child's mother, foster mother, stepmother, or father. The interviewer will read the questions off of a computer screen and type the answers into the computer.

Upon completion of the interview with the child's primary caregiver, we will request permission to keep and use in our research any information we may obtain in talking to the child's caseworker. Also, we will request permission to contact the child's teacher or child care provider.

How will I recognize the RTI interviewer?

The interviewer will carry an RTI identification badge with his or her picture on it. The interviewer will also have letters of authorization from the Children's Bureau, U.S. Department of Health and Human Services and the Research Triangle Institute.

How long will it take?

The length of the interview varies by the age of the child and his or her family experiences. Generally, interviews with young children will last about 45 minutes and about one hour for children ages 4-8. Interviews with 9-17 year olds will take a little longer. The parent/caregiver interview may last up to 90 minutes. We will schedule the interview whenever it is most convenient for you and your child.

Are the questions personal?

Some questions may seem a little personal to some people. All answers are confidential; no one else (even other household members) will know what you said during the interview. Respondents do not have to answer any question that they do not want to answer.

What happens to the information?

The information the interviewer enters into the computer is sent to RTI. The answers are then combined with other interviews and reported in summary form. Your name and your child's name will not be linked with the information you provide. Your names and other identifying information will be kept separate from your answers. It will only be used when we contact you again. RTI may also telephone you or send a letter to check on the quality of the interviewer's work.

How will teachers and child welfare agency personnel be contacted?

After you have given us permission, we will contact your child's teacher or child care provider by mail to participate in the survey. Teachers will be asked questions about your child's school performance, behavior, relationships with other children, and participation in school activities such as sports and clubs but will not be told about the family's contact with the child welfare system. Child care providers will be asked about your child's behavior while in child care, his or her play, and how he or she gets along with other children.

Also we will ask permission to keep and use in our research any information we may obtain from talking to the child's caseworker. The caseworker will be asked questions about the child welfare services provided to your child and family. The caseworker will be asked to refer to your child's service records.

What about Confidentiality?

All information collected as part of the study will be held strictly confidential. All RTI staff members and interviewers have signed a Confidentiality Agreement guaranteeing that they will not reveal any information to anyone other than authorized project staff. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

However, there are two important exceptions. If the interviewer or project staff feel they are required by law to report that the life or health of your child is in danger, they will inform the appropriate county or state agency. Also, if they feel that your life or health is in serious danger, they will contact appropriate professional assistance.

The interviewer will ask for your permission before approaching your child for an interview. At that point, your child may choose whether or not to participate in the study. We will ask for your permission before we contact your child's teacher or child care provider. We will also request your permission to keep and use any information we may obtain from talking to your child's caseworker.

To protect your privacy and that of your child, neither of you will know the other's answers to the interview questions. Answers obtained during all NSCAW surveys will be combined with those from thousands of others from around the country. The results will be reported only in percentages, averages and other statistics.

Where do I get more information?

If you have other questions about this survey, you may call:

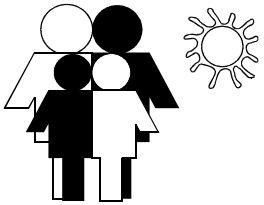
Kathryn Dowd at *Research Triangle Institute* at 1-877-254-1953, extension 59.

If you have any questions about your rights as a study participant, or the rights of your child, call:

Steve Garfinkel at *Research Triangle Institute* at 1-800-334-8571, extension 6382.

QUESTIONS AND ANSWERS ABOUT THE

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING



Parent Brochure

Conducted by:

Research Triangle Institute

Collaborating scientists from:

the University of California at Berkeley, University of North Carolina at Chapel Hill, and Caliber Associates

Sponsored by:

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services

Version C

QUESTIONS AND ANSWERS ABOUT THE **NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING**

You have been chosen to participate in an important study called the National Survey of Child and Adolescent Well-Being. In this brochure, you will find answers to some of the most common questions that are asked about the survey.

What is the National Survey of Child and Adolescent Well-Being?

The National Survey of Child and Adolescent Well-Being (NSCAW) is designed to collect data from children and their parents or guardians. Information will also be collected from teachers, case workers and other child welfare agency personnel, and administrative records. The information will be used to learn about the needs of children and families, about the kinds of services used by children and families, and about other services provided by child welfare agencies.

Who is doing this study?

The study is being sponsored by the Children's Bureau of the United States Department of Health and Human Services. Research Triangle Institute (RTI) is conducting the study, and is not affiliated with the child welfare agency.

Who is RTI?

Research Triangle Institute (RTI) is a private, not-for-profit research organization located in Research Triangle Park, North Carolina. Closely associated with the University of North Carolina, Duke University and North Carolina State University, RTI conducts laboratory and survey research for government and industrial clients. Professional RTI interviewers will conduct the interviews with children, families, and case workers.

How was I chosen?

In doing this survey, we cannot talk to everyone in the country. That would cost too much and take too long. So, we scientifically selected a "sample" of children who have entered the child welfare system during the past 12 months. Because your contribution is important, we will pay you $50 for your time and will give your foster child a gift certificate for participating in the study. The amount of the gift certificate is $20 for children age 11 or older and $10 for children age 10 or younger.

How will I be involved?

You will be asked to answer questions about your child's development, including his or her learning, behavior, health, and friendships. You will also be asked about the services your family receives and your family environment.

To help us understand how the well-being of children changes over time, we would like to contact your foster child again 1 year, 2 years, and 3 years after this first interview. We would also like to talk with you again then if the child is still in your care. Each of these additional interviews will also be completely voluntary.

How will my child be involved?

Your child's involvement will vary depending on his or her age. Young children will be observed by a professional RTI interviewer to assess their development and language skills. The interviewer will talk with older children about their development, family experiences, school, and friends. The interviewer will ask your permission to observe or talk with the sampled child.

How is the study being conducted?

A professional RTI interviewer will make a personal visit to interview the child's primary care giver, usually the child's mother, foster mother, stepmother, or father. The interviewer will read the questions off of a computer screen and type the answers into the computer.

Upon completion of the interview with the child's primary caregiver, we will request permission to keep and use in our research any information we may obtain from talking to the child's caseworker. Also, we will request permission to contact the child's teacher or child care provider.

How will I recognize the RTI interviewer?

The interviewer will carry an RTI identification badge with his or her picture on it. The interviewer will also have letters of authorization from the Children's Bureau, the U.S. Department of Health and Human Services and the Research Triangle Institute.

How long will it take?

The length of the interview varies by the age of the child and his or her family experiences. Generally, interviews with young children will last about 45 minutes and about one hour for children ages 4-8. Interviews with 9-17 year olds will take a little longer, while the parent/caregiver interview may last up to 90 minutes. We will schedule the interview whenever it is most convenient for you and your child.

Are the questions personal?

Some questions may seem a little personal to some people. All answers are confidential; no one else (even other household members) will know what you said during the interview. Respondents do not have to answer any question that they do not want to answer.

What happens to the information?

The information the interviewer enters into the

computer is sent to RTI. The answers are then combined with other interviews and reported in summary form. Your name and your child's name will not be linked with the information you provide. Your names and other identifying information will be kept separate from your answers. It will be used only when we contact you again. RTI may also telephone you or send a letter to check on the quality of the interviewer's work.

How will teachers and child welfare agency personnel be contacted?

After you have given us permission, we will contact your child's teacher or child care provider by mail to participate in the survey. Teachers will be asked questions about your child's school performance, behavior, relationships with other children, and participation in school activities such as sports and clubs. Child care providers will be asked about your child's behavior while in child care, his or her play, and how he or she gets along with other children.

Also we will ask your permission to keep and use in our research any information we may obtain in talking to the child's caseworker. The caseworker will be asked questions about the child welfare services provided to your child and family. The caseworker will be asked to refer to your child's service records.

What about Confidentiality?

All information collected as part of the study will be held strictly confidential. All RTI staff members and interviewers have signed a Confidentiality Agreement guaranteeing that they will not reveal any information to anyone other than authorized project staff. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

However, there is one important exception. If the interviewer or project staff feel that they are required by law to report that the life or health of the your child is in danger, they will inform the appropriate county or state agency.

The interviewer will ask for your permission before approaching your child for an interview. At that point, your child may choose whether or not to participate in the study. We will ask for your permission before we contact your child's teacher or child care provider. We will also request your permission to keep and use any information we may obtain from talking to your child's caseworker.

To protect your privacy and that of your child, neither of you will know the other's answers to the interview questions. Answers obtained during all NSCAW surveys will be combined with those from thousands of others from around the country. The results will be reported only in percentages, averages and other statistics.

Where do I get more information?

If you have other questions about this survey, you may call:

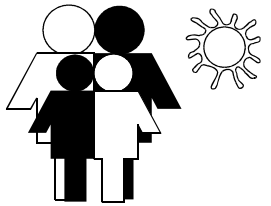
Kathryn Dowd at *Research Triangle Institute* at 1-877-254-1953, extension 59.

If you have any questions about your rights as a study participant, or the rights of your child, call:

Steven Garfinkel at *Research Triangle Institute* at 1-800-334-8571, extension 6382.

QUESTIONS AND ANSWERS ABOUT THE

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING



Foster Parent Brochure

Conducted by:

Research Triangle Institute

Collaborating scientists from:

the University of California at Berkeley, University of North Carolina at Chapel Hill, and Caliber Associates

Sponsored by*:*

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services

Version B

QUESTIONS AND ANSWERS ABOUT THE **NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING**

Your agency has agreed to participate in an important study called the ***National Survey of Child and Adolescent Well-Being***. In this brochure, you will find answers to some of the most common questions that are asked about the study.

What is the National Survey of Child and Adolescent Well-Being (NSCAW)?

The National Survey of Child and Adolescent Well-Being (NSCAW) is a Congressionally-mandated study designed to collect for the first time, nationally representative longitudinal data from children and families in the child welfare system. Information will also be collected from teachers and child care providers, caseworkers, other child welfare agency personnel, and administrative records. The data will be used to learn about the needs of children and families, about the kinds of services used by children and families, and about other services provided by child welfare agencies. In addition, this will be the first national study that examines child and family well-being outcomes within the context of their experience in the child welfare system.

Who is doing this study?

The study is being sponsored by the Administration on Children, Youth and Families (ACYF) of the U.S. Department of Health and Human Services. Research Triangle Institute (RTI) has been hired to conduct the study.

Who is RTI?

Research Triangle Institute (RTI) is a private, not-for-profit research organization in North Carolina founded in 1958 by the University of North Carolina at Chapel Hill, Duke University at Durham and North Carolina State University at Raleigh. RTI conducts research projects for a wide variety of government agencies, universities, and private companies.

What is the NSCAW Caseworker Survey?

During the next 12 months, children will be selected from your agency for inclusion in this study. Note that you may be asked to complete interviews for more than one child during the year. We will work with you to find a convenient time to do the interview. There are two ways you may be asked to participate in NSCAW:

Baseline Interview
If you completed the investigation or assessment on any selected case, we will ask you to complete a brief interview so we can obtain some basic information about the circumstances surrounding the investigation/assessment and the report or other situation that led to it, about the characteristics of the family, and about the factors that contributed to your recommendation. We will contact you about this interview just after the agency's cases have been selected for the month, and several weeks before we contact the family. When we contact the family, we will seek permission from the child's parent or legal guardian to keep and use these data in our research. If that permission is not granted, we will retain only a small portion of the data for purposes of calculating weights for participants' data, to statistically adjust for those who choose not to participate.

Interviews about Services Received
If you serve as the primary caseworker for one of the participating children, you will be asked to complete a lengthier interview at six-month intervals after the investigation/assessment closing date, as long as the child or the family is receiving services from you. The questionnaire focuses on the child's history in the child welfare system and the services he/she receives. In answering these questions, it may be necessary for you to refer to the child's service records. In addition, you will be asked a few questions about your work, background, and other work-related topics. For these interviews, we will only be asking about children and families who have agreed to participate in the study.

How will children be chosen to participate?

Most surveys involve drawing a scientific sample from the population of interest and then concentrating the study on this relatively small sample. This is also the approach that will be used in the NSCAW. First, a random sample of 100 child welfare agencies was drawn from the entire U.S. Now, within each of these agencies, we are randomly selecting a small sample of children who enter the child welfare system between August 1, 1999 and July 31, 2000. This will result in a sample of about 7000 children for the study that will represent all children in child welfare agencies across the entire U.S.

How will children be involved?

The child's involvement will vary depending on his or her age. Young children will be observed by an RTI interviewer to assess their development and language skills. The interviewer will talk with older children about their development, family experiences, school, and friends. The interviewer will obtain permission from the child's legal guardian before observing or talking with him or her.

How will parents/guardians be involved?

Parents or caregivers of selected children will be asked to answer questions about the child's development, including his or her learning, behavior, health, and friendships. They will also be asked about the services the family receives and their family environment. Additional questions will focus

on their attitudes about raising children, family support, involvement with school and community activities, and their interaction with the selected child.

Upon completion of the interview with the child's primary caregiver, the interviewer will request permission to interview the child's teacher or child care provider and child welfare caseworker.

How is the Caseworker Survey conducted?

A professional RTI interviewer will be assigned to work with your agency. This interviewer will contact you in advance to schedule a convenient time to complete the interview. In conducting the interview, the interviewer will read the questions off of a computer screen and type the answers into the computer. You may need to refer to the child's service records to answer some questions.

How will I recognize the RTI interviewer?

The interviewer will carry an RTI identification badge with his or her picture on it. The interviewer will also have letters of authorization from the Children's Bureau, the U.S. Department of Health and Human Services and the Research Triangle Institute.

How long will the Caseworker interview take?

The *Baseline Interview* which collects information concerning the investigation/assessment lasts about 15 minutes. *Interviews about Services Received* which are conducted at six-month intervals after the investigation/assessment closing date, may average about an hour per child, depending on the child's history in the child welfare system and the amount of services he or she receives. We will schedule the interviews whenever they are most convenient for you.

Will the selected child or his/her guardian know my answers?

No. The information you provide is considered strictly private and confidential. The selected child, his/her guardian, and agency staff will not know any of your responses to the interview questions. The information you provide will be used for research purposes only and your name will be kept separate from the information.

What happens to the information?

The information the interviewer enters into the computer is sent to RTI. The answers are then combined with other interviews and reported in summary form. Participant names will not be linked with the information they provide. They will be kept separate from the survey information. They will only be used when we contact participants again. RTI may also telephone participants or send a letter to check on the quality of the interviewer's work.

What about Confidentiality?

All information collected as part of the study will be held strictly confidential. All RTI staff members and interviewers have signed a Confidentiality Agreement guaranteeing that they will not reveal any information to anyone other than authorized project staff. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects. However, there is one important exception: if the interviewer feels that the life or health of the sampled child is in danger, the interviewer will follow established procedures to contact his/her supervisor and, if necessary, the appropriate county or state agency.

The selected child and his/her guardian, and other agency staff will not know any of your responses to the interview questions. You do not have to answer any question you do not want to answer and you can stop the interview at any time.

The information provided by all study participants, including caregivers, children, teachers and child care providers, caseworkers, and other agency personnel, will be kept strictly confidential. Answers obtained during all NSCAW interviews will be combined with those from thousands of others from around the country. The results will be reported only in percentages, averages and other statistics so that no single participant can be identified.

Where do I get more information?

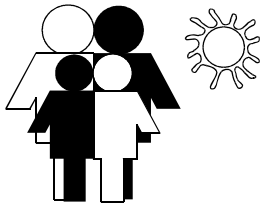
If you have other questions about this survey, you may call:
Kathryn Dowd at *Research Triangle Institute* at 1-877-254-1953, extension 59.

If you have any questions about your rights as a participant, call:
Steven Garfinkel at *Research Triangle Institute* at 1-800-334-8571, extension 6382.

QUESTIONS AND ANSWERS ABOUT THE

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Caseworker Brochure



Conducted by:

Research Triangle Institute

Collaborating scientists from:

the University of California at Berkeley, University of North Carolina at Chapel Hill, and Caliber Associates

Sponsored by*:*

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services

QUESTIONS AND ANSWERS ABOUT THE **NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING**

You have been chosen to participate in an important survey called the National Survey of Child and Adolescent Well-Being. In this brochure, you will find answers to some of the most common questions that are asked about the survey.

What is the National Survey of Child and Adolescent Well-Being?

The National Survey of Child and Adolescent Well-Being (NSCAW) is designed to collect data from children and their parents or guardians. Information will also be collected from teachers, case workers and other child welfare agency personnel, and administrative records. The information will be used to learn about the needs of children and families, about the kinds of services used by children and families, and about other services provided by child welfare agencies.

Why should I participate?

This is an opportunity to have your voice heard, to talk about your child's needs from your own point of view, and help other families in similar situations.

Who is doing this study?

The survey is being sponsored by the Children's Bureau of the United States Department of Health and Human Services. Research Triangle Institute (RTI) is conducting the survey, and is not affiliated with the child welfare agency.

Who is RTI?

Research Triangle Institute (RTI) is a private, not-for-profit research organization located in Research Triangle Park, North Carolina. Closely associated with the University of North Carolina, Duke University and North Carolina State University, RTI conducts laboratory and survey research for government and industrial clients. Professional RTI interviewers will conduct the interviews with children, families, and case workers.

How was I chosen?

In doing this survey, we cannot talk to everyone in the country. That would cost too much and take too long. So, we scientifically selected a "sample" of children who have come into contact with the child welfare system during the past 12 months. Your child was selected to participate in this study. We want to interview you about your child, your experiences with the child welfare system, and your family. Because your contribution is important, we will pay you $50 for participating in the study.

How will I be involved?

You will be asked to answer questions about your child's first year of life and the time they spent with you. You will also be asked about services your child or family receives and your family's situation.

How will my child be involved?

Your child's involvement will vary depending on his or her age. Young children will be observed by a professional RTI interviewer to assess their development and language skills. The interviewer will talk with older children about their development, family experiences, school, and friends.

How is the study being conducted?

A professional RTI interviewer will make a personal visit to interview you. The interviewer will read the questions off of a computer screen and type the answers into the computer.

How will I recognize the RTI interviewer?

The interviewer will carry an RTI identification badge with his or her picture on it. The interviewer will also have letters of authorization from the Children's Bureau, U.S. Department of Health and Human Services and the Research Triangle Institute.

How long will it take?

The interview may last up to 90 minutes. We will schedule the interview whenever it is most convenient for you.

Are the questions personal?

Some questions may seem a little personal to some people. All answers are confidential; no one else (even other household members) will know what you said during the interview. Respondents do not have to answer any question that they do not want to answer.

What happens to the information?

The information the interviewer enters into the computer is sent to RTI. The answers are then combined with other interviews and reported in summary form. Your name will not be linked with the information you provide. Your name and other identifying information will be kept separate from your answers. It will only be used when we contact you again. RTI may also telephone you or send a letter to check on the quality of the interviewer's work.

What about Confidentiality?

All information collected as part of the study will be held strictly confidential. All RTI staff members and interviewers have signed a Confidentiality Agreement guaranteeing that they will not reveal any information to anyone other than authorized project staff. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

However, there is an important exception. If the interviewer or project staff feel that your life or health is in serious danger, they will contact appropriate professional assistance.

Answers obtained during all NSCAW surveys will be combined with those from thousands of others from around the country. The results will be reported only in percentages, averages and other statistics.

Where do I get more information?

If you have other questions about this survey, you may call:

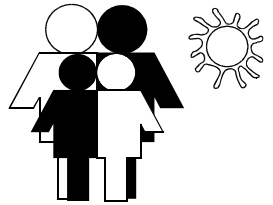
Kathryn Dowd at *Research Triangle Institute* at 1-877-254-1953, extension 59.

If you have any questions about your rights as a study participant, or the rights of your child, call:

Steve Garfinkel at *Research Triangle Institute* at 1-800-334-8571, extension 6382.

QUESTIONS AND ANSWERS ABOUT THE

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING



Former Caregiver Brochure

Conducted by:

Research Triangle Institute

Collaborating scientists from:

the University of California at Berkeley, University of North Carolina at Chapel Hill, and Caliber Associates

Sponsored by*:*

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services

Version D

QUESTIONS AND ANSWERS ABOUT THE **NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING**

You have been chosen to participate in an important survey called the National Survey of Child and Adolescent Well-Being. In this brochure, you will find answers to some of the most common questions that are asked about the survey.

What is the National Survey of Child and Adolescent Well-Being?

The National Survey of Child and Adolescent Well-Being (NSCAW) is designed to collect data from children and their parents or guardians. Information will also be collected from teachers, case workers and other child welfare agency personnel, and administrative records. The information will be used to learn about the needs of children and families, about the kinds of services used by children and families, and about other services provided by child welfare agencies.

Why should I participate?

This is an opportunity to have your voice heard, to talk about your child's needs from your own point of view, and help other families in similar situations.

Who is doing this study?

The survey is being sponsored by the Children's Bureau of the United States Department of Health and Human Services. Research Triangle Institute (RTI) is conducting the survey, and is not affiliated with the child welfare agency.

Who is RTI?

Research Triangle Institute (RTI) is a private, not-for-profit research organization located in Research Triangle Park, North Carolina. Closely associated with the University of North Carolina, Duke University and North Carolina State University, RTI conducts laboratory and survey research for government and industrial clients. Professional RTI interviewers will conduct the interviews with children, families, and case workers.

How was I chosen?

In doing this survey, we cannot talk to everyone in the country. That would cost too much and take too long. So, we scientifically selected a "sample" of children who have come into contact with the child welfare system during the past 12 months. Your child was selected to participate in this study. We want to interview you about your child, your experiences with the child welfare system, and your family. Because your contribution is important, we will pay you $50 for participating in the study.

How will I be involved?

You will be asked to answer questions about your child's first year of life and the time they spent with you. You will also be asked about services your child or family receives and your family's situation.

To help us understand how the well-being of children changes over time, we would like to contact you and your child again 1 year, 2 years, and 3 years after the first interview. We would also like to talk with you again if the child is back in your care. Each of these additional interviews will also be completely voluntary.

We will also call you in between these visits to ask some questions about services you may have received.

How will my child be involved?

Your child's involvement will vary depending on his or her age. Young children will be observed by a professional RTI interviewer to assess their development and language skills. The interviewer will talk with older children about their development, family experiences, school, and friends. The interviewer will ask your permission to observe or talk with the sampled child.

How is the study being conducted?

A professional RTI interviewer will make a personal visit to interview you. The interviewer will read the questions off of a computer screen and type the answers into the computer.

The interviewer will ask for your permission before approaching your child for an interview. Your child may choose whether or not to participate in the study. We will ask for your permission before we contact your child's teacher or child care provider.

How will I recognize the RTI interviewer?

The interviewer will carry an RTI identification badge with his or her picture on it. The interviewer will also have letters of authorization from the Children's Bureau, U.S. Department of Health and Human Services and the Research Triangle Institute.

How long will it take?

The interview may last up to 90 minutes. We will schedule the interview whenever it is most convenient for you.

Are the questions personal?

Some questions may seem a little personal to some people. All answers are confidential; no one else (even other household members) will know what you said

during the interview. Respondents do not have to answer any question that they do not want to answer.

What happens to the information?

The information the interviewer enters into the computer is sent to RTI. The answers are then combined with other interviews and reported in summary form. Your name and your child's name will not be linked with the information you provide. Your name and other identifying information will be kept separate from your answers. It will only be used when we contact you again. RTI may also telephone you or send a letter to check on the quality of the interviewer's work.

How will teachers and child welfare agency personnel be contacted?

After you have given us permission, we will contact your child's teacher or child care provider by mail to participate in the survey. Teachers will be asked questions about your child's school performance, behavior, relationships with other children, and participation in school activities such as sports and clubs but will not be told about the family's contact with the child welfare system. Child care providers will be asked about your child's behavior while in child care, his or her play, and how he or she gets along with other children.

Also we will ask permission to keep and use in our research any information we may obtain from talking to the child's caseworker. The caseworker will be asked questions about the child welfare services provided to your child and family. The caseworker will be asked to refer to your child's service records.

What about Confidentiality?

All information collected as part of the study will be held strictly confidential. All RTI staff members and interviewers have signed a Confidentiality Agreement guaranteeing that they will not reveal any information to anyone other than authorized project staff. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

However, there are two important exceptions. If the interviewer or project staff feel they are required by law to report that the life or health of your child is in danger, they will inform the appropriate county or state agency. Also, if they feel that your life or health is in serious danger, they will contact appropriate professional assistance.

The interviewer will ask for your permission before approaching your child for an interview. At that point, your child may choose whether or not to participate in the study. We will ask for your permission before we contact your child's teacher or child care provider. We will also request your permission to keep and use any information we may obtain from talking to your child's caseworker.

To protect your privacy and that of your child, neither of you will know the other's answers to the interview questions. Answers obtained during all NSCAW surveys will be combined with those from thousands of others from around the country. The results will be reported only in percentages, averages and other statistics.

Where do I get more information?

If you have other questions about this survey, you may call:

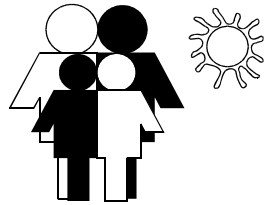
Kathryn Dowd at *Research Triangle Institute*
at 1-877-254-1953, extension 59.

If you have any questions about your rights as a study participant, or the rights of your child, call:

Steve Garfinkel at *Research Triangle Institute*
at 1-800-334-8571, extension 6382.

QUESTIONS AND ANSWERS ABOUT THE

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING



Former Caregiver who is also Child's Legal Guardian Brochure

Conducted by:

Research Triangle Institute

Collaborating scientists from:

the University of California at Berkeley, University of North Carolina at Chapel Hill, and Caliber Associates

Sponsored by*:*

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services

Parent/Guardian Informed Consent/Permission for Child Interview

National Survey of Child and Adolescent Well-Being (NSCAW)

NSCAW
The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services is funding a national survey of children and families in the child welfare system. Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina, and staff at the University of North Carolina at Chapel Hill, the University of California at Berkeley, and Caliber Associates are conducting this survey.

SELECTION OF CHILDREN
RTI Field Interviewers are contacting families of children selected from child welfare agencies throughout the United States. Your child is among over 6,000 children randomly selected to be interviewed. We must have permission from a parent or legal guardian before we observe or talk with the child. At that point, your child may choose whether or not to participate in the study.

PURPOSE OF THIS NSCAW INTERVIEW
We want to interview you about your child, your experiences with the child welfare system, and your family. Your answers combined with the answers of other care givers in the study will help us describe the needs of children and their use of available child welfare services. The information will be summarized in research reports and be used to help policy makers improve the child welfare system.

TYPES OF QUESTIONS FOR PARENT
Your interview may last up to 90 minutes. The interviewer will ask questions about your child's learning, behavior at home and at school, health, and relationships with friends. For older children, we will ask you about their participation in potentially risky behaviors. You will also be asked about services your child or family may receive, including your level of satisfaction with those services. In addition, we will ask questions about your attitudes about raising children, life experiences, family support, involvement with school and community activities, your interaction with your child, and things that may happen in your family like violence in the home, drug abuse, and other risky behaviors such as drinking, drug use, and involvement with the police. If you are the child's legal guardian, we will ask your permission to keep and use in our research any information we may obtain from talking to the child's caseworker. Also, we will ask your permission to contact the child's teacher or child care provider.

TYPES OF QUESTIONS FOR CHILD
The interview with your child may last from 45 to 90 minutes, depending on the child's age and personal experiences. You will not know how your child answers the questions. Very young children will be observed to assess their language skills and how well they understand and perform certain tasks. Older children will be interviewed about the kinds of things they can do, their behavior at home and at school, how they feel about family, friends, and school, and about people who help them at school or at other places. We will also ask about their participation in potentially risky activities, such as skipping school, smoking, and drinking, and their exposure to violence. Older children will be asked about their drug use and sexual activities.

VOLUNTARY PARTICIPATION
Your participation in this study is completely voluntary. You can refuse to answer any and all questions. Your refusal would not affect any benefits that you or your child may be receiving. You have the right to stop the interview at any time.

Your child's participation in this study is also completely voluntary. He or she can refuse to answer any and all questions. His or her refusal would not affect any benefits or services that he/she may be receiving. Your child has the right to stop the interview at any time.

RISKS
There are no physical risks to you or your child from participating in this interview. It is possible that some questions might make you or your child uncomfortable or feel various emotions, such as sadness. If we learn during the course of these interviews that the life or health of the child is in danger, we will share that information with the appropriate county or state agency. More information is provided in the Confidentiality section below.

BENEFITS
There are no direct benefits to you or your child from answering our questions. However, you will be helping us learn more about the needs of children and the services available to them.

FUTURE CONTACTS
To help us understand how the well-being of children changes over time, we would like to contact you and your child again 18 months after the first interview. We would also like to talk with you again if the child is still in your care. Each of these additional interviews will also be completely voluntary.

We will also call you in between these visits to ask some questions about services the child may have received, and to ask about your child's well-being.

CONFIDENTIALITY
Your answers will be entered into a computer and labeled with a case identification number. Your name and that of your child will not be reported with any information you provide. Information you provide will be combined with answers of many others and reported in a summary form. To protect the privacy of both you and your child, neither of you will know the other's interview answers. All staff involved in this research are committed to confidentiality and have signed a Confidentiality Pledge. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

There are two important exceptions. If the interviewer or project staff feel that they are required by law to report that your child's life or health is in danger, they will inform the appropriate county or state agency. Also, if they feel that your life or health is in serious danger, they will contact appropriate

professional assistance.

QUESTIONS
If you have any questions about the study, you may call Kathryn Dowd at the Research Triangle Institute, 1-877-254-1953 Extension 59 (toll-free number). If you have any questions about your rights as a study participant, you may call Steven Garfinkel at the Research Triangle Institute, 1-800-334-8571 (toll-free number).

You will be given a copy of this consent form to keep. Because your contribution is important, we will pay you $50 in cash for participating in the interview. We will also give your child a gift certificate for participating in the study. The amount of the gift certificate is $20 for children age 11 or older and $10 for children age 10 or younger. If you participate in future rounds of the study, you and your child will be paid for participating in the in-person interviews.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete the parent interview is estimated to be 90 minutes. The time required to complete the child interview is estimated to be 45 to 90 minutes, depending on the child's age and personal experiences.

The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.

The above information has been explained to me and I give consent for:

___ my interview.

I give my permission for:

___ my child to be approached for an interview.

~~Signature of Parent/Guardian~~ ~~Printed Name of Youth~~

~~Signature of Interviewer~~ Date

We are using a new quality control system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording our conversation. The recording will be reviewed by project staff at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it all right with you if this quality control system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer

____ No, I do not want any portion of this interview recorded.

Version C

Foster Parent Informed Consent/Permission for Child Interview

National Survey of Child and Adolescent Well-Being (NSCAW)

NSCAW

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services is funding a national survey of children and families in the child welfare system. Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina, and the University of North Carolina at Chapel Hill, the University of California at Berkeley, and Caliber Associates are conducting this survey.

SELECTION OF CHILDREN

RTI Field Interviewers are contacting families of children selected from child welfare agencies throughout the United States. Your foster child is among over 6,000 children randomly selected to be interviewed. We must have permission from a parent or legal guardian before we observe or talk with the child. At that point, your foster child may choose whether or not to participate in the study.

PURPOSE OF THIS NSCAW INTERVIEW

We want to interview you about your foster child, your experiences with the child welfare system, and your family. Your answers combined with the answers of other caregivers in the study will help us describe the needs of children and their use of available child welfare services. The information will be summarized in research reports and be used to help policy makers improve the child welfare system.

TYPES OF QUESTIONS FOR FOSTER PARENT

Your interview may last up to 90 minutes. The interviewer will ask questions about your foster child's learning, behavior at home and at school, health, and relationships with friends. For older children, we will ask about their participation in potentially risky behaviors. You will also be asked about services your foster child or family may receive. In addition, we will ask questions about your attitudes about raising children, life experiences, family support, involvement with school and community activities, and your interaction with your foster child. If you are the child's legal guardian, we will ask your permission to keep and use in our research any information we may obtain from talking to the child's caseworker. Also, we will ask your permission to contact the child's teacher or child care provider.

TYPES OF QUESTIONS FOR CHILD

The interview with your foster child may last from 45 to 90 minutes, depending on the child's age and personal experiences. You will not know how your child answers the questions. Very young children will be observed to assess their language skills and how well they understand and perform certain tasks. Older children will be interviewed about the kinds of things they can do, their behavior at home and at school, how they feel about family, friends, and school, and about people who help them at school or at other places. We will also ask about their participation in potentially risky activities, such as skipping school, smoking, and drinking, and their exposure to violence. Older children will be asked about their drug use and sexual activities.

VOLUNTARY PARTICIPATION

Your participation in this study is completely voluntary. You can refuse to answer any and all questions. Your refusal would not affect any benefits that you or your foster child may be receiving. You have the right to stop the interview at any time.

Your foster child's participation in this study is also completely voluntary. He or she can refuse to answer any and all questions. His or her refusal would not affect any benefits or services that he/she may be receiving. Your foster child has the right to stop the interview at any time.

RISKS

There are no physical risks to you or your foster child from participating in this interview. It is possible that some questions might make you or the child uncomfortable or feel various emotions, such as sadness.

BENEFITS

There are no direct benefits to you or your foster child from answering our questions. However, you will be helping us learn more about the needs of children and the services available to them.

FUTURE CONTACTS

To help us understand how the well-being of children changes over time, we would like to contact your foster child again 18 months after this first interview. We would also like to talk with you again then if the child is still in your care. Each of these additional interviews will also be completely voluntary.

We will also call you in between these visits to ask some questions about services the child may have received, and to ask about the child's well-being.

CONFIDENTIALITY

Your answers will be entered into a computer and labeled with a case identification number. Your name and that of your foster child will not be reported with any information you provide. Information you provide will be combined with answers of many others and reported in a summary form. To protect the privacy of both you and your foster child, neither of you will know the other's interview answers. All staff involved in this research are committed to confidentiality and have signed a Confidentiality Pledge. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

There is an important exception. If the interviewer or project staff feel that they are required by law to report your foster child's life or health is in danger, they will inform the appropriate county or state agency.

QUESTIONS
If you have any questions about the study, you may call Kathryn Dowd at the Research Triangle Institute, 1-877-254-1953 Extension 59 (toll-free number). If you have any questions about your rights as a study participant, you may call Steven Garfinkel at the Research Triangle Institute, 1-800-334-8571 (toll-free number).

You will be given a copy of this consent form to keep. Because your contribution is important, we will pay you $50 in cash for participating in the interview. We will also give your foster child a gift certificate for participating in the study. The amount of the gift certificate is $20 for children age 11 or older and $10 for children age 10 or younger. If you participate in future rounds of the study, you and your foster child will be paid for participating in the in-person interviews.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete the foster parent interview is estimated to be 90 minutes. The time required to complete the child interview is estimated to be 45 to 90 minutes, depending on the child's age and personal experiences.

The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.

The above information has been explained to me and I give consent for:

____ my interview.

As legal guardian, I give my permission for:

___ my foster child to be approached for an interview.

Signature of Parent/Caregiver _____ Printed Name of Youth _____

Signature of Interviewer _____ Date _____

We are using a new quality control (QC) system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording our conversation. The recording will be reviewed by project staff at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it alright with you if this QC system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer to test the quality control system.

____ No, I do not want any portion of this interview recorded.

Version B

Agreement for Youth Aged 7 to 10

National Survey of Child and Adolescent Well-Being (NSCAW)

NAME OF YOUTH: _____

NAME OF PARENT/CAREGIVER: _____

My name is _____. I work for a company called the Research Triangle Institute. We are talking to some kids across the United States. The questions we will ask you are about the kinds of things you can do, how you behave at home and at school, how you feel about your family, your friends, and school, and about people who may help you. There are also some questions about things that may have happened in your home that scared or hurt you. You may also find that some of these questions bring back sad or frightening memories.

_____ said it was okay for you to talk with me about these things. If it is okay with you, I would like to ask you some questions. Our talk today will last between one and two hours, depending on how much you have to say. We'd like to come back to talk to you again in about 18 months.

I am going to enter your answers into a little computer I carry with me. Your answers will be labeled with a special number instead of your name so no one else will know these are your answers. No one will see your answers. There is one special case where I can't promise not to tell anyone. If during our talk today I learn that your life or health is in danger, I will have to tell someone whose job it is to see that you are safe and protected.

If you don't want to talk to me, that is okay. If you don't want to answer a certain question, that is also okay. If you want to take a break at any time, just tell me.

You will be given a copy of this consent form to keep. When we finish I will give _____ a $10 gift certificate from (TOY STORE) for you to say thanks for taking the time to talk with me.

May I ask you the questions?

☐ YOUTH AGREES -----> Would you like to sign your name on this form?

☐ YOUTH DOES **NOT** AGREE

☐ YOUTH DID NOT APPEAR TO UNDERSTAND EXPLANATION

_____	_____	_____
Signature of Youth	Signature of Interviewer	Date

We are using a new quality control (QC) system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it alright with you if this QC system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer.

____ No, I do not want any portion of this interview recorded.

Version H

Agreement for Youth Aged 11 to 17

National Survey of Child and Adolescent Well-Being (NSCAW)

NAME OF YOUTH: _____

NAME OF PARENT/CAREGIVER: _____

My name is _____. I work for a company called the Research Triangle Institute. We are talking to kids all over the United States about this study. The questions we will ask you are about the kinds of things you can do, how you behave at home and at school, how you feel about your family, your friends, and school, and about people who may help you. We also want to ask you about things you may do that your parents don't know about or don't like for you to do, such as skipping school, smoking, drinking, vandalism, using drugs, sexual activities, and other risky or illegal behaviors. There are also some questions about things that may have happened in your home that scared or hurt you. You may also find that some of these questions bring back sad or frightening memories.

_____ has given permission for you to talk with me about these things. If it is okay with you, I would like to ask you some questions. Our talk today will last between one and two hours, depending on your experiences. We'd like to come back to talk to you again in about 18 months.

I am going to enter your answers into a portable computer. Your name will be kept private. Your answers will be labeled with a special number instead of your name so no one else will know these are your answers. No one will see your answers to any of these questions. There is one exception. If I learn during our talk that your life or health could be in danger, I will tell someone whose job it is to see that you are safe and protected.

If you don't want to talk to me, that is okay. If you don't want to answer a certain question, that is also okay. If you want to take a break at any time, just tell me.

You will be given a copy of this consent form to keep. When we finish I will give you a $20 gift certificate to thank you for taking time to talk to me.

May I talk to you and ask you the questions?

☐ YOUTH AGREES

☐ YOUTH DOES **NOT** AGREE

☐ YOUTH DID NOT APPEAR TO UNDERSTAND EXPLANATION

The above information has been explained to me and I agree to participate in this study.

_____	_____	_____
Signature of Youth	Signature of Interviewer	Date

We are using a new quality control (QC) system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it alright with you if this QC system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer.

____ No, I do not want any portion of this interview recorded.

Version I

Authorization for Child Care Provider or Teacher to Release Information

Child Care Provider/Teacher Authorization Form
National Teacher Survey of Children and Adolescents

Name of Child:_____ Case ID#:_____

By signing this form, I give permission to the Research Triangle Institute to contact my child's primary teacher, language arts teacher, special education teacher, child care provider, or other classroom instructor who has taught my child for at least two months within the current or last school year. I understand that information regarding my child's behavior during class time, interactions with classmates, teachers, peers, and involvement in school-related activities such as sports and clubs will be collected. I further understand that school performance and attendance information will also be obtained.

The purpose or need for such disclosure is to obtain information for a research study my child and I are participating in to learn more about the behavior, learning, development, and needs of children up to 18 years of age. The study is being funded by the U.S. Department of Health and Human Services (DHHS) and is being conducted by the Research Triangle Institute.

I understand that this information will be kept strictly confidential. Any information released because I have signed this consent will be seen only by research personnel and will be used only for research purposes. This information will not be given to anyone else and will not be used in any way other than that explained in this form without my specific written permission. The time period covered by this authorization is one year, ending on _____.

The above information has been explained to me and I give permission to my child's teacher or child care provider to release information to the researchers involved in this study.

PLEASE PRINT

Parent/Guardian's name: _____
FIRST LAST

Name of Child's Teacher/
Child Care Provider: Mr/Ms _____
FIRST LAST

Name of Principal/Center Director: Mr/Ms _____
FIRST LAST

Name of School/Child Care Provider: _____

Address of School/Child Care Provider: _____
NUMBER AND STREET
_____
CITY STATE ZIP

_____ _____
Signature of Parent (if applicable) Date

_____ _____
Signature of Legal Guardian Date

Disposition: Original (white) and yellow to RTI; pink to respondent.

Caseworker Informed Consent

National Survey of Child and Adolescent Well-Being (NSCAW)

NSCAW

The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services is funding a national survey of children and families in the child welfare system. Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina, and staff at the University of North Carolina at Chapel Hill, the University of California at Berkeley, and Caliber Associates are conducting this survey.

SELECTION OF PARTICIPANTS

RTI project staff are contacting families of children randomly selected from child welfare agencies throughout the United States. You have been contacted because a child in your care was selected to be interviewed. We must have permission from a parent or legal guardian before we observe or talk with the child. At that point, the child may choose whether or not to participate in the study. We will be following these children and their current caregivers for three years, and may recontact you in six months, if the child is still in your care.

CASEWORKER INTERVIEWS

The majority of the information we collect regards the child, their family, the circumstances of the investigation, and services recommended or provided by your agency. In addition, we would like to ask you a few questions about yourself, your job satisfaction, and the work environment. Your answers combined with the answers of others in the study will help us describe the needs of children and their use of available child welfare services. The information will be summarized in research reports and be used to help policy makers improve the child welfare system.

VOLUNTARY PARTICIPATION

Your participation in this study is completely voluntary. You can refuse to answer any and all questions. Your decision about participation will not affect you, your job, or any services that the child may be receiving. You have the right to stop the interview at any time.

RISKS

There are no physical risks to you from participating in this interview. It is possible that some questions might make you uncomfortable or feel various emotions, such as sadness.

BENEFITS

There are no direct benefits to you or the child from answering our questions. However, you will be helping us learn more about the needs of children and the services available to them.

CONFIDENTIALITY

Your answers will be entered into a computer and labeled with a case identification number. Your name and that of the child will not be reported with any information you provide. Information you provide will be combined with answers of many others and reported in a summary form. All staff involved in this research are committed to confidentiality and have signed a Confidentiality Pledge. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

Version A

QUESTIONS
If you have any questions about the study, you may call Kathryn Dowd at the Research Triangle Institute, 1-877-254-1953 Extension 59 (toll-free number). If you have any questions about your rights as a study participant, you may call Steven Garfinkel at the Research Triangle Institute, 1-800-334-8571 (toll-free number).

You will be given a copy of this consent form to keep.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete the initial interview is estimated to be 15 minutes. The time required to complete follow-up interviews related to services received is estimated to be one hour.

The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.

The above information has been explained to me and I give consent for my interview.

Signature of Caseworker	Printed Name of Youth
Signature of Interviewer	Date

We are using a new quality control (QC) system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording our conversation. The recording will be reviewed by project staff at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it alright with you if this QC system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer to test the quality control system.

____ No, I do not want any portion of this interview recorded.

Version A

Former Caregiver Informed Consent

National Survey of Child and Adolescent Well-Being (NSCAW)

NSCAW
The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services is funding a national survey of children and families in the child welfare system. Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina, and staff at the University of North Carolina at Chapel Hill, the University of California at Berkeley, and Caliber Associates are conducting this survey.

SELECTION OF CHILDREN
RTI Field Interviewers are contacting families of children selected from child welfare agencies throughout the United States. Your child is among over 6,000 children randomly selected to be interviewed.

PURPOSE OF THIS NSCAW INTERVIEW
We want to interview you about your child, your experiences with the child welfare system, and your family. Your answers combined with the answers of others in the study will help us describe the needs of children and families and their use of available child welfare services. The information will be summarized in research reports and be used to help policy makers improve the child welfare system.

TYPES OF QUESTIONS FOR YOU
Your interview may last up to 90 minutes. The interviewer will ask questions about your child's first year of life and the time they spent with you. For older children, we will ask you about their participation in potentially risky behaviors. You will also be asked about services your child or family may have received, including your level of satisfaction with those services. In addition, we will ask questions about your attitudes about raising children, life experiences, family support, involvement with school and community activities, your interaction with your child, and things that may happen in your family like violence in the home, drug abuse, and other risky behaviors such as drinking, drug use, and involvement with the police.

VOLUNTARY PARTICIPATION
Your participation in this study is completely voluntary. You can refuse to answer any and all questions. Your decision about participation will not affect any benefits or services that you or your child may be receiving. You have the right to stop the interview at any time.

RISKS
There are no physical risks to you from participating in this interview. It is possible that some questions might make you uncomfortable or feel various emotions, such as sadness. It is also possible that some answers to questions will require that we share that information with the appropriate county or state agency. More information is provided in the Confidentiality section below.

BENEFITS
There are no direct benefits to you from answering our questions. However, you will be helping us learn more about the needs of children and the services available to them.

FUTURE CONTACTS
To help us understand how the well-being of children changes over time, we may contact you again by telephone 18 months after the first interview. This additional interview will also be completely voluntary.

We will also call you in between these visits to ask some questions about services the child may have received.

CONFIDENTIALITY
Your answers will be entered into a computer and labeled with a case identification number. Your name and that of your child will not be reported with any information you provide. Information you provide will be combined with answers of many others and reported in a summary form. All staff involved in this research are committed to confidentiality and have signed a Confidentiality Pledge. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

There is an important exception. If the interviewer or project staff feel your life or health is in serious danger, they will contact appropriate professional assistance.

QUESTIONS
If you have any questions about the study, you may call Kathryn Dowd at the Research Triangle Institute, 1-877-254-1953 Extension 59 (toll-free number). If you have any questions about your rights as a study participant, you may call Steven Garfinkel at the Research Triangle Institute, 1-800-334-8571 (toll-free number).

You will be given a copy of this consent form to keep. Because your contribution is important, we will pay you $50 in cash for participating in the interview. If you participate in future rounds of the study, you will be paid for your participation.

Disposition: Original to RTI; Copy to Respondent

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete this collection is estimated at 90 minutes.

The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.

The above information has been explained to me and I give consent for my interview.

Signature of Parent/Guardian	Printed Name of Youth
Signature of Interviewer	Date

We are using a new quality control system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording our conversation. The recording will be reviewed by project staff at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it all right with you if this quality control system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer

____ No, I do not want any portion of this interview recorded.

Version D

Former Caregiver Informed Consent/Permission for Child Interview

National Survey of Child and Adolescent Well-Being (NSCAW)

NSCAW
The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services is funding a national survey of children and families in the child welfare system. Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina, and staff at the University of North Carolina at Chapel Hill, the University of California at Berkeley, and Caliber Associates are conducting this survey.

SELECTION OF CHILDREN
RTI Field Interviewers are contacting families of children selected from child welfare agencies throughout the United States. Your child is among over 6,000 children randomly selected to be interviewed. We must have permission from a parent or legal guardian before we observe or talk with the child. At that point, your child may choose whether or not to participate in the study.

PURPOSE OF THIS NSCAW INTERVIEW
We want to interview you about your child, your experiences with the child welfare system, and your family. Your answers combined with the answers of others in the study will help us describe the needs of children and families and their use of available child welfare services. The information will be summarized in research reports and be used to help policy makers improve the child welfare system.

TYPES OF QUESTIONS FOR YOU
Your interview may last up to 90 minutes. The interviewer will ask questions about your child's first year of life and the time they spent with you. For older children, we will ask you about their participation in potentially risky behaviors. You will also be asked about services your child or family may have received, including your level of satisfaction with those services. In addition, we will ask questions about your attitudes about raising children, life experiences, family support, involvement with school and community activities, your interaction with your child, and things that may happen in your family like violence in the home, drug abuse, and other risky behaviors such as drinking, drug use, and involvement with the police. We will ask your permission as the child's legal guardian to keep and use in our research any information we may obtain from talking to the child's caseworker. Also, we will ask your permission to contact the child's teacher or child care provider.

TYPES OF QUESTIONS FOR CHILD
The interview with your child may last from 45 to 90 minutes, depending on the child's age and personal experiences. You will not know how your child answers the questions. Very young children will be observed to assess their language skills and how well they understand and perform certain tasks. Older children will be interviewed about the kinds of things they can do, their behavior at home and at school, how they feel about family, friends, and school, and about people who help them at school or at other places. We will also ask about their participation in potentially risky activities, such as skipping school, smoking, and drinking, and their exposure to violence. Older children will be asked about their drug use and sexual activities.

VOLUNTARY PARTICIPATION
Your participation in this study is completely voluntary. You can refuse to answer any and all questions. Your refusal would not affect any benefits or services that you or your child may be receiving. You have the right to stop the interview at any time.

Your child's participation in this study is also completely voluntary. He or she can refuse to answer any and all questions. His or her decision about participation will not affect any benefits or services that he/she may be receiving. Your child has the right to stop the interview at any time.

RISKS
There are no physical risks to you or your child from participating in this interview. It is possible that some questions might make you or your child uncomfortable or feel various emotions, such as sadness. It is also possible that some answers to questions will require that we share that information with the appropriate county or state agency. More information is provided in the Confidentiality section below.

BENEFITS
There are no direct benefits to you or your child from answering our questions. However, you will be helping us learn more about the needs of children and the services available to them.

FUTURE CONTACTS
To help us understand how the well-being of children changes over time, we would like to contact you and your child again 18 months after the first interview. We would also like to talk with you again if the child is back in your care. Each of these additional interviews will also be completely voluntary.

We will also call you in between these visits to ask some questions about services you may have received.

CONFIDENTIALITY
Your answers will be entered into a computer and labeled with a case identification number. Your name and that of your child will not be reported with any information you provide. Information you provide will be combined with answers of many others and reported in a summary form. To protect the privacy of both you and your child, neither of you will know the other's interview answers. All staff involved in this research are committed to confidentiality and have signed a Confidentiality Pledge. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

There are two important exceptions. If the interviewer or project staff feel that they are required by law to report that your child's life or health is in danger, they will inform the appropriate county or state agency. Further, if they feel that your life or health is in serious danger, they will contact appropriate professional assistance.

QUESTIONS
If you have any questions about the study, you may call Kathryn Dowd at the Research Triangle Institute, 1-877-254-1953 Extension 59 (toll-free number). If you have any questions about your rights as a study participant, you may call Steven Garfinkel at the Research Triangle Institute, 1-800-334-8571 (toll-free number).

You will be given a copy of this consent form to keep. Because your contribution is important, we will pay you $50 in cash for participating in the interview. We will also give your child a gift certificate for participating in the study. The amount of the gift certificate is $20 for children age 11 or older and $10 for children age 10 or younger. If you participate in future rounds of the study, you and your child will be paid for participating in the in-person interviews.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete your interview is estimated to be 90 minutes. The time required to complete the child interview is estimated to be 45 to 90 minutes, depending on the child's age and personal experiences.

The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.

The above information has been explained to me and I give consent for:

___ my interview.

I give my permission as legal guardian for:

___ my child to be approached for an interview.

_____ _____
Signature of Parent/Guardian Printed Name of Youth

_____ _____
Signature of Interviewer Date

We are using a new quality control system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you or I will know when the computer is recording our conversation. The recording will be reviewed by project staff at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who you are. Is it all right with you if this quality control system runs during this interview?

____ Yes, I consent to having portions of this interview recorded by the computer.

____ No, I do not want any portion of this interview recorded.

Version E

Legal Guardian Permission for Child Interview

National Survey of Child and Adolescent Well-Being (NSCAW)

NSCAW
The Administration on Children, Youth and Families of the U.S. Department of Health and Human Services is funding a national survey of children and families in the child welfare system. Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina, and staff at the University of North Carolina at Chapel Hill, the University of California at Berkeley, and Caliber Associates are conducting this survey.

SELECTION OF CHILDREN
RTI Field Interviewers are contacting families of children selected from child welfare agencies throughout the United States. A child under your guardianship is among over 6,000 children randomly selected to be interviewed. We must have permission from a parent or legal guardian before we observe or talk with the child. At that point, the child may choose whether or not to participate in the study.

PURPOSE OF THIS NSCAW INTERVIEW
The data we obtain from the child and about the child from his/her current and former caregivers, caseworker, and teacher or child care provider will be combined with the answers of others in the study to help us describe the needs of children and families and their use of available child welfare services. The information will be summarized in research reports and be used to help policy makers improve the child welfare system.

We are asking your permission as the child's legal guardian to keep and use in our research any information we may obtain from talking to the child's caseworker. Also, we will ask your permission to contact the child's teacher or child care provider.

TYPES OF QUESTIONS FOR CHILD
The interview with the child may last from 45 to 90 minutes, depending on the child's age and personal experiences. You will not know how the child answers the questions. Very young children will be observed to assess their language skills and how well they understand and perform certain tasks. Older children will be interviewed about the kinds of things they can do, their behavior at home and at school, how they feel about family, friends, and school, and about people who help them at school or at other places. We will also ask about their participation in potentially risky activities, such as skipping school, smoking, and drinking, and their exposure to violence. Older children will be asked about their drug use and sexual activities.

VOLUNTARY PARTICIPATION
The child's participation in this study is also completely voluntary. He or she can refuse to answer any and all questions. His or her decision about participation will not affect any benefits or services that he/she may be receiving. The child has the right to stop the interview at any time.

RISKS
There are no physical risks to the child from participating in this interview. It is possible that some questions might make the child uncomfortable or feel various emotions, such as sadness. It is also possible that some answers to questions will require that we share that information with the appropriate county or state agency. More information is provided in the Confidentiality section below.

BENEFITS
There are no direct benefits to you or the child from answering our questions. However, you will be helping us learn more about the needs of children and the services available to them.

FUTURE CONTACTS
To help us understand how the well-being of children changes over time, we would like to contact the child and his/her family again 18 months after the first interview. We will also seek the legal guardian's permission at that time. We will also call the current and former caregiver in between these visits to ask some questions about services the child may have received, and some questions about the child's well-being. Each of these additional interviews will also be completely voluntary.

CONFIDENTIALITY
The child's answers will be entered into a computer and labeled with a case identification number. The name of the child nor any other respondents will not be reported with any responses provided. Information we obtain will be combined with answers of many others and reported in a summary form. To protect the privacy of the child, neither the child nor the caregivers will know the other's interview answers. All staff involved in this research are committed to confidentiality and have signed a Confidentiality Pledge. In addition, Research Triangle Institute has obtained a federal Certificate of Confidentiality for this study to protect the identity of the research subjects.

There is an important exception. If the interviewer or project staff feel that they are required by law to report that the child's life or health is in danger, they will inform the appropriate county or state agency.

QUESTIONS
If you have any questions about the study, you may call Kathryn Dowd at the Research Triangle Institute, 1-877-254-1953 Extension 59 (toll-free number). If you have any questions about the child's rights as a study participant, you may call Steven Garfinkel at the Research Triangle Institute, 1-800-334-8571 (toll-free number).

You will be given a copy of this consent form to keep. Because each respondent's contribution is important, we will pay the current caregiver $50 in cash for participating in the interview and will also give the child a gift certificate for participating in the study. The amount of the gift certificate is $20 for children age 11 or older and $10 for children age 10 or younger. If the child and family participate in future rounds of the study, the caregiver and child will be paid for participating in the in-person interviews.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0202. The time required to complete the child interview is estimated to be 45 to 90 minutes, depending on the child's age and personal experiences.

The Federal Government has issued a Certificate of Confidentiality (authorized by the Public Health Service Act Section 301(d), 42 U.S.C Section 241 (d), 1988) to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who participate.

The above information has been explained to me and I give my permission as legal guardian for

_____ to be approached for an interview.

Signature of Legal Guardian	Printed Name of Youth
Signature of Interviewer	Date

We are using a new quality control system. The system runs on the computer and may record what the child and I say to each other during parts of the interview. Neither the child nor I will know when the computer is recording our conversation. The recording will be reviewed by project staff at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The files will be destroyed after they have been used to review my work. Those project staff who listen to the recording will know who I am, but will not know who the child is. Is it all right with you if this quality control system runs during this interview?

____ Yes, I consent to having portions of the child's interview recorded by the computer.

____ No, I do not want any portion of the child's interview recorded.

Version F