

# National Survey of Child and Adolescent Well-Being: Overview of NSCAW and NSCAW II, and Main Findings of NSCAW

**The NSCAW Research Group**

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The National Survey of Child and Adolescent Well-Being was developed under contract to RTI International from the Administration of Children and Families of the US Department of Health and Human Services. Conclusions do not necessarily represent those of the Administration of Children and Families.

# Presentation Overview

- Description of the NSCAW study (**NSCAW I** and **NSCAW II**)
  - Main research questions, measures, design
- Contributions of NSCAW to the scientific literature and Child Welfare field at large
- Planning a NSCAW analysis
- Specific research findings from **NSCAW I**
  - Safety
  - Permanency
  - Well-Being

# What is NSCAW?

A national, longitudinal study of children and families who have had contact with child welfare system for maltreatment reports

- Data collection from children, current caregivers, caseworkers, teachers, and agency administrative records
- Designed to address crucial program, policy, and practice issues of concern to the federal, state, and local governments, and child welfare agencies

# NSCAW I Study Overview

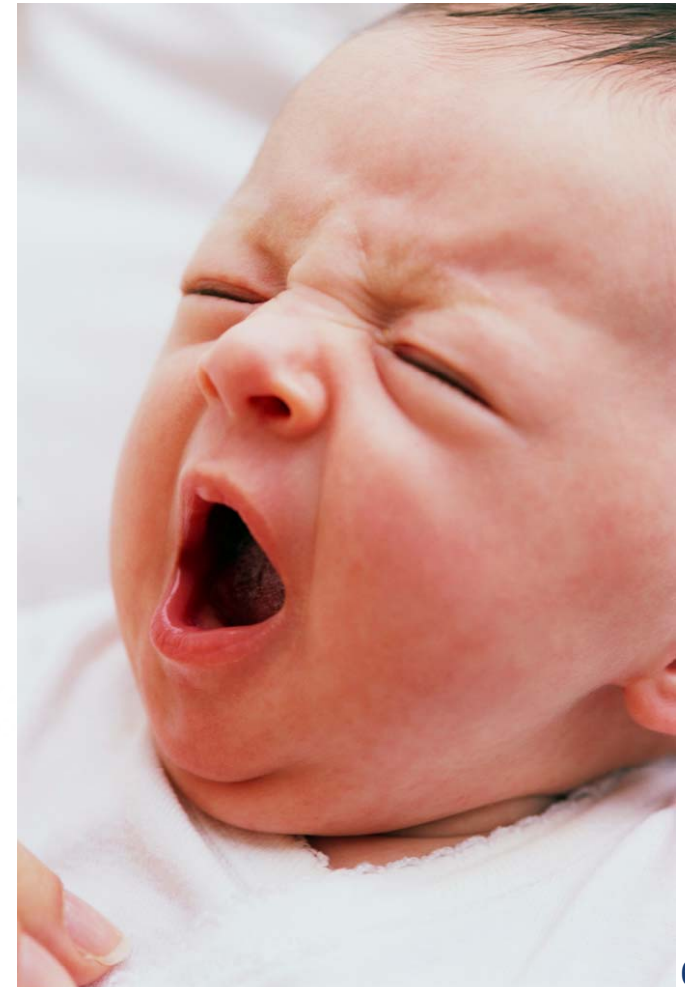
- Mandated by Congress in 1996
- Study began in 1999
- 6,200 children aged birth to 14 at the time of sampling
- Five waves of data collection completed in December 2007
- First national study of child welfare to collect data from children and families
- Release data for Waves 1-5 are available to all qualified researchers through licensing agreements with the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University ([www.ndacan.cornell.edu](http://www.ndacan.cornell.edu)).

# NSCAW Firsts

- First national study of child welfare services to collect data from children and caregivers
- First national study to collect detail about the home environment
- First study with the sampling methodology to produce national estimate of well-being, safety and permanency of children involved with CPS
  - Two-state random sampling of agencies and children within agencies
- Only system that has national data

# Who Sponsors and Conducted the NSCAW I Study?

- Sponsored by:
  - Administration for Children and Families (U.S. Department of Health and Human Services)
- Conducted by:
  - RTI International (lead organization)
  - ICF Caliber
  - Walter R. McDonald & Associates, Inc.
  - The Child and Adolescent Services Research Center
  - Tufts-New England Medical Center
  - University of Illinois at Urbana-Champaign



6

# Main NSCAW Research Questions



- 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 system?
- What are the shorter- and longer-term outcomes for those children?

# Questions from the field

- Who gets investigated and why?
- How do agencies make decisions in investigations?
- Are services available equal to the need?
- Does foster care work well? Or should children stay with very challenged parents?
- Which families come in and go out of the system quickly? Which stay for long-term services?
- Is there anything about caseworkers or agencies that increase the likelihood of good outcomes for kids?



# NSCAW I - Response Rates and Completed Interviews

	<b>Wave 1</b>	<b>Wave 2</b>	<b>Wave 3</b>	<b>Wave 4</b>	<b>Wave 5</b>
<b>Child / Young Adult</b>	65.95% (5,827)		82.37% (5,077)	83.36% (5,123)	76.92% (4,137)
<b>Current Caregiver</b>	70.29% (6,236)	83.27% (5,175)	85.38% (5,298)	85.39% (5,253)	79.12% (3,380)
<b>Caseworker</b>	85.66% (7,456)	85.15% (3,705)	94.21% (2,927)	96.77% (2,094)	90.61% (531)

# Uses Of NSCAW I Data

- Congressional briefings
- Books entirely about NSCAW
- Journal articles and book chapters
- Presentations at conferences

**NSCAW data has fundamentally changed the way research is done about children and families at risk**

# Uses Of NSCAW I Data

- About 120 researchers hold data use licenses (50 restricted release). Approximately 130 peer-reviewed publications
  - Briefs
  - Longitudinal reports (Wave 5)
    - Entry to school (Infants and toddlers)
    - Adolescents
    - Young Adults
  - Baseline reports
    - CPS population
    - One Year in Foster Care population
    - Local Agency Survey
- see [http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/)

# Why conduct NSCAW II?

- The **NSCAW II** responds to a continuing need for better understanding of the child welfare system, the children and families who come in contact with it, and the services they receive.
- Since **NSCAW I**, formal federal assessment of local agency practice was initiated with the Child and Family Services Reviews (CFSR).
- This legislation imposes greater accountability and levies penalties if standards are not met.
- While agencies are reacting to these demands, state budget cuts have diminished the resources available to meet these and other challenges.



12

# Why conduct NSCAW II?

- Other changes in past 9 years and impact on child welfare
  - Different client composition (in-migration, methamphetamine use)
  - New federal requirements, changes in welfare and other programs
  - New level of public awareness
  - Different programs and initiatives being implemented to help children and families
- All of these changes have altered the context and the challenges agencies, children, and families face
- **NSCAW II** attempts to examine child and family outcomes within the current context as a means of guiding future policymaking, child welfare practice, and effective resource allocation

# NSCAW Sample of Children

Oversampled on the basis of:

- Children/Families Receiving Services
- Infants
- Sexually Abused Children (only **NSCAW I**)

Not Sampled on the basis of:

- Substantiated Reports (cases are included whether substantiated or not)

# Differences in the study design of NSCAW II as compared to NSCAW I

- The same counties were approached for participation in NSCAW II, and 76% were retained (81 counties in 30 states)
- The sample design includes only Child Protective Services (CPS) cases and excludes the longer-term foster care sample component.
- The sample is distributed to support only national estimates sample design excludes the calculation of state level estimates
- The allocation of the child sample to domains focus more on infants, children receiving services and children in out-of-home placement, eliminating the abuse type sampling domains (e.g., sexual abuse).

# Differences in the study design of NSCAW II as compared to NSCAW I

- The upper bound of the eligible age range was extended from 14 to 17.5 years due to increasing interest in adolescents and young adults in the child welfare system.
- Measures were reassessed based on feedback from analysts and on other studies with children completed in the intervening years. Several standardized child assessments were updated to the latest versions.
- The first follow-up is 18 months after the close of the index maltreatment investigation, as opposed to the 12-month follow-up in NSCAW I.



# Differences in Instrumentation of NSCAW II as compared to NSCAW I

- Additional interview items to better capture caregiver relationships to the child (informal and formal kin care arrangements, both biological, and functional).
- Updated instrument versions and **new instruments**:
  - Battelle Developmental Inventory, 2<sup>nd</sup> Edition (BDI-2; Newborg, 2005)
  - Revised Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000) items for children 1 ½ to 5 years of age (original items were maintained to allow for comparability from NSCAW I-II).
  - Vineland Screener (Sparrow, Carter, & Cicchetti, 1993) **Socialization**
  - Vineland Screener age range from 0-17 years of age.
  - **Brief Infant Toddler Social Emotional Assessment** (BITSEA; Briggs-Gowan & Carter, 2002), children 12-18 months.
  - Refinements to the risk assessment and alleged abuse items for Caseworkers
  - Refinements to Teacher Survey items on child's special education
  - Revision of Local Agency Director Interview on policy and funding changes over the past 10 years.

# Differences in Instrumentation of NSCAW II as compared to NSCAW I

- Addition/improvement of several measures of adolescent functioning including deviant peer affiliation (Capaldi & Patterson, 1989), parental monitoring (Doyle & McCarty, 2000), work for pay, smoking, sexual activity, and the CRAFFT (Knight, Sherritt, Shrier, Harris, & Chang, 2002) for adolescent substance abuse
- Exclusion of the Woodcock-Johnson III Computation subscale. Administration of three WJ-III subscales to children under 11 years of age (Letter-Word, Passage Comprehension, Applied Problems) and two subscales to 11 years of age and older (Letter-Word, Applied Problems).
- Refinements to the measurement of child mental health service use to better capture service periods and the new collection of child psychotropic prescription medications.
- Caregiver: Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001); Drug Abuse Screening Test (DAST-20; Skinner, 1982); additional items to identify depression onset, chronicity, and treatment; revised behavioral health service items to better allow for national comparisons; and caregiver insurance status.

# Weights NSCAW I and NSCAW II

- Statistical weights should be used in analysis of the NSCAW I and NSCAW II data.
- Each case has an analysis weight, NANALWT at Wave 1, which can be used to determine the size of the national population represented by the children at Wave 1 (if the question was identical in both NSCAW I and NSCAW II, the same variable name was assigned).
- Weights reflect the probability of selection and have been adjusted for nonresponse and undercoverage.
- Weights are needed in order to obtain approximately unbiased estimates of population parameters

# Weights NSCAW I and NSCAW II

- The weight variable should be used when estimating means, proportions, percentages, or other types of estimates, as well as their corresponding standard errors.
- **Analyzing the data without applying the appropriate weight will lead to misleading results.**
- The NSCAW I and NSCAW II sample design is an unequally weighted, stratified, clustered design, and standard errors computed using procedures which assume a simple random sample will generally be too small.

# Weights NSCAW I and NSCAW II

- The restricted release file contains the stratum and PSU identifiers, named STRATUM and NSCAWPSU, which must be used when estimating variances and standard errors of NSCAW I and NSCAW II estimates.
- Commercially available software packages such as SUDAAN (RTI, 2009), Stata (Stata, 2003), WesVar (Westat, 2001), and the SAS Survey Sampling and Analysis Procedures have been especially developed for estimating the standard errors taking into account the complex sample design (see: Section 8, Use of NSCAW data, DFUM)

# NSCAW II Study Design

- Goals of Wave 1 (Baseline):
  - Establish a cohort of approximately 5,800 children
  - Investigated during a 14-month period (February 2008 to April 2009).
  - Key Respondent
    - Current Caregiver for children younger than 11 years old
    - Child if he/she was 11 years of age or older
- Children birth – 17.5 years old
- Caseworker interviews
- Local Agency Director interview (one-time)
- Teacher survey by mail or web
- Baseline completed May 2009.

# Wave 2

- Involves contacting and interviewing the baseline NSCAW II cohort
- Approximately 18 months after the close of investigation that brought them into the study
- In-person interviews with child, current caregiver, and services caseworker
- Mail/web survey of child's teacher

# NSCAW II Timeline

- Sampling months: February 2008 – January 2009
- Data Collection
  - Wave 1: March 2008 – May 2009
  - Wave 2: October 2009 – December 2010  
(18 months after close of investigation)



# Data Sources

- Children
  - Assessments (young children)
  - Interviews (older children)
- Current Caregivers, Caseworkers, Local Agency Directors
  - Interviews
- Teachers
  - Survey completed via mail or web



# Children Measures (\*only NSCAW II)

**Cognitive** (Battelle Developmental Inventory (2<sup>nd</sup> ed\*), Bayley Infant Neurodevelopmental Screener (BINS), Kaufman Brief Intelligence Test (K-BIT)

**School Achievement:** Woodcock-McGrew-Werder Mini-Battery of Achievement (Waves 1-4); Woodcock-Johnson III (Wave 5)\* (letter word identification, applied problems, passage comprehension for children under 11)

**Communication;** Preschool Language Scales-3 (PLS-3)



# Children Measures (\*only NSCAW II)

**Mental Health:** Children's Depression Inventory (Kovacs, 1992; CIDI-SF Depression for YA); Trauma Symptom Checklist (PTSD), CBCL, TRF, YSR (Achenbach), Substance Abuse\* (Youth Risk Behavior Survey, **CRAFFT** Ad Health)

**Adaptive Skills** (Vineland Adaptive Behavior Scale (VABS) (Daily Living Skills and **Socialization\***)

**Social Emotional** (**Brief Toddler Social Emotional Assessment (BITSEA)\*** for 12-18 m, Social Skills Rating System for 3-5, **How My Infant/Toddler/Child Usually Acts\***, Infant Behavior Questionnaire (IBQ, Rothbart, Child Behavior Checklist 1.5+, **Toddler Attachment Sort – 45 Item\* (TAS-45)**, SSRS

# Children Measures (\*only NSCAW II)

**Maltreatment:** Questions from Traumatic Events Screening Inventory (**TESI-PRR**)\*, Parent-Child Conflict Tactics Scale (CTS-PC), VEX-R

**Child experience** (Services CASA), Placements, HOME-SF, Resilience, Parental Monitoring Scale, Relationship with Parents and other adults (Rochester Assessment, Ad Health), Delinquency, Deviant Peer Affiliation Scale\*

**School experience:** School engagement , peer relationships (Loneliness and social dissatisfaction)

**Community environment:** Neighborhood Factors



8

# Caregiver Measures (\*only NSCAW II)

- Child home environment
- Social support
- Physical health
- Services received
- Parenting knowledge and attitudes
- Relationship with child
- Disciplinary techniques
- Social support
- Depression (Composite International Diagnostic Interview Short-Form (CIDI-SF))
- Alcohol and Drug use (The Alcohol Use Disorders Identification Test \*(AUDIT), Drug Abuse Screening Test\* (DAST))
- CTS 2\*



# Caseworker and Agency Measures

(\*only NSCAW II)

- Circumstances surrounding the investigation
- Risk Assessment
- Services to child and family
- Caseworker background, experience
- Agency
  - Structure and resources
  - Policies and programs
  - Climate (**Organizational Social Context-OSC\***)



# Teacher's Instruments

- Reactive and proactive aggression (Dodge, 1987)
- SSRS
- Academic Performance
- Special Education Needs

# Many Research Opportunities Remain in NSCAW

Areas “tapped out”	Some papers published (examples)	Few or no papers published (examples)
NONE	Child maltx and domestic violence	Permanency
	Children’s services	Youth and caregiver substance abuse
	Developmental and behavioral needs (about 3 papers)	Educational outcomes
	Criminal justice and child welfare (2 papers?!)	Relation of state and agency practice to services and outcomes



# National Data Archive on Child Abuse and Neglect (<http://www.ndacan.cornell.edu>)

- Support to NSCAW licensees:
  - One-on-one phone and e-mail consultation
  - Summer Research Institute
  - Citations database
  - Knowledge base/FAQ section
  - Dataset on CD/help documentation

# Planning a NSCAW Analysis

# General Theme



- First, think schematically
- Then, and only then, study the detail

# D.W.I.T.E.

- **D** What NSCAW **data** do I want to use?
- **W** What **wave(s)** do I want data from?
- **I** What **informants (interviews)** do I want to use?
- **T** What **topics** do I want to study?
- **E** Are there particular **events** in the case or the child's life I am interested in?



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# Data

# Choose your Data

- NSCAW has different data sets and useful subgroups within the main data set
- There are many opportunities
- You need to choose **which** NSCAW data you want to use

# Two NSCAW I samples



- Child Welfare Services sample – covers population of all children age 0-14 involved in CWS investigations
- One year in foster care sample -- 727 children who had been in foster care for about 12 months

# Oversampled groups

- Some subgroups were oversampled to allow large enough subsamples for analysis
  - Children age 0-2 (at baseline) (n=1,996)
  - Sexual abuse cases (n=644, only NSCAW I)
  - Children receiving ongoing CWS services at baseline (n=4,080)
- Entire analyses could be done on these subgroups



# In-Home and Out-of-Home Settings are Very Different

- In-home
  - Children staying with original caregivers at baseline
  - Note that caregivers may shift informally and children may still be in-home
- Out-of-home
  - Foster care – foster caregivers complete measures
  - Kinship care – kin caregivers complete measures
  - Other out-of-home (group home etc.) – a comparatively small group
- Your analysis may focus on one or the other

# Researchers may want other subsets



- Examples:
  - Children in substantiated cases (Substantiation is NOT a proxy for maltreatment – may want to use risk and harm variables instead)
  - Children with a demonstrable need for services
- Subsamples are often – but not always! – large enough to accommodate separate analysis

# Information about CWS case flow that is relevant

- About 2/3 of cases are not substantiated
- Children may be in and out of CWS services, placements and caregiver settings
- The later the wave, the smaller the percentage of children who are receiving CWS services
- The majority of children are NOT receiving CWS services in later waves

# Child interview

- Content and variables vary considerably by child age
- Makes it difficult to do straightforward longitudinal analysis of child data
- Includes many standardized instruments-- cognitive development especially
- Children have limitations as informants (VEX-R)
- Instruments versions (Waves 1-4 versus Wave 5, NSCAW I versus NSCAW II)

# Caregiver interview



- Largest single source of information
- Separate caregiver interviews for permanent and foster caregivers
  - Content differs greatly between them
  - May need to write code to combine variables
- Questions asked to identify caregiver relationship and household membership
- Caregivers shift across waves – tricky!

# Caseworker Interview

- Investigating caseworker at baseline and services caseworker at subsequent waves
- Sometimes services caseworker answered baseline questions if investigating caseworker was not available at Wave 1
- MUCH LESS caseworker data at Waves 2-5 than at baseline because many children were no longer in CWS

# Teacher interview



- Unfortunately, the large percentage of missing cases in Waves 1-4 makes these data difficult to use before Wave 5
- Response rate was improved at Wave 5 and teacher data at Wave 5 are very useful – especially since a large percentage of these kids are in school then

# Derived Variables

- Variables created based on combinations of original variables
- Derived variables can be based on:
  - Multiple informants
  - Multiple waves
  - Multiple variables within an informant and wave
- A number of derived variables have already been created and are available in the data set of NSCAW I and II (check codebooks, and Appendix III of DFUM)



# Local Agency Survey

- Survey of an administrator at each of 92 participating agencies
- One time event near beginning of study
- Data at the agency level only
- Can be use in a multi-level modeling analysis
- Separate report on this survey, including text of instrument, is available at:

[http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/reports/wellbeing\\_local\\_child/wellbeing\\_local\\_toc.html](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/wellbeing_local_child/wellbeing_local_toc.html)

# State Agency Survey

- Survey of an administrator at each of 36 participating states
- One time event near beginning of study
- Data at the state level only
- Can be use in a multi-level modeling analysis
- Separate report on this survey, including text of instrument, is available at:

[http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/reports/wellbeing\\_state\\_child/wellbeing\\_state\\_toc.html](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/wellbeing_state_child/wellbeing_state_toc.html)



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# Wave

# Choose Your Wave(s)

- NSCAW is longitudinal, but not all waves of data are useful for all analyses
- You need to choose which wave(s) of data to use



# General Guidelines for Choosing Waves

Focus of Research	Waves to Use
<ul style="list-style-type: none"><li>• Investigation</li><li>• Caseworker judgments and actions</li><li>• Understanding children of a certain age (Type 1)</li></ul>	Baseline
<ul style="list-style-type: none"><li>• How baseline characteristics and events relate to final status</li></ul>	Baseline and Wave 5

# General Guidelines on Choosing Waves (cont).

Focus of Research	Waves to Use
<ul style="list-style-type: none"><li>• How maltreatment and CWS response relate to children's status after about 1.5 years</li></ul>	Baseline and Wave 3
<ul style="list-style-type: none"><li>• True longitudinal analysis</li><li>• History of certain events (e.g., service delivery)</li><li>• Understanding children of a certain age (Type 2)</li></ul>	All Waves

# Waves and Weights



- There are special weights to use for each individual wave
- There are special weights to use for longitudinal analysis that take into account all waves
- Weights are being created to compare NSCAW I and II

# Informant (Interview)



# Multiple Informants (Interview)

- Child
- Caregiver
- Caseworker
- Teacher (only applies to most kids at Wave 5)
- Local agency administrator (agency level only)
- State agency administrator (state agency level only)

# Each informant...



- Has a separate interview (each interview includes many standardized measures)
- May be interviewed at different times – for each child, one or more informant's data may be missing at a particular wave

# Many Topics Are Covered By Multiple Informants (Examples Below)

	Child	Care-giver	Case-worker	Teacher	Local Agency	State Agency
Depression	X	X				
DV	X	X	X			
Social skills	X	X		X		
Interagency coordination			X		X	X

# Informant perspective, reliability and validity

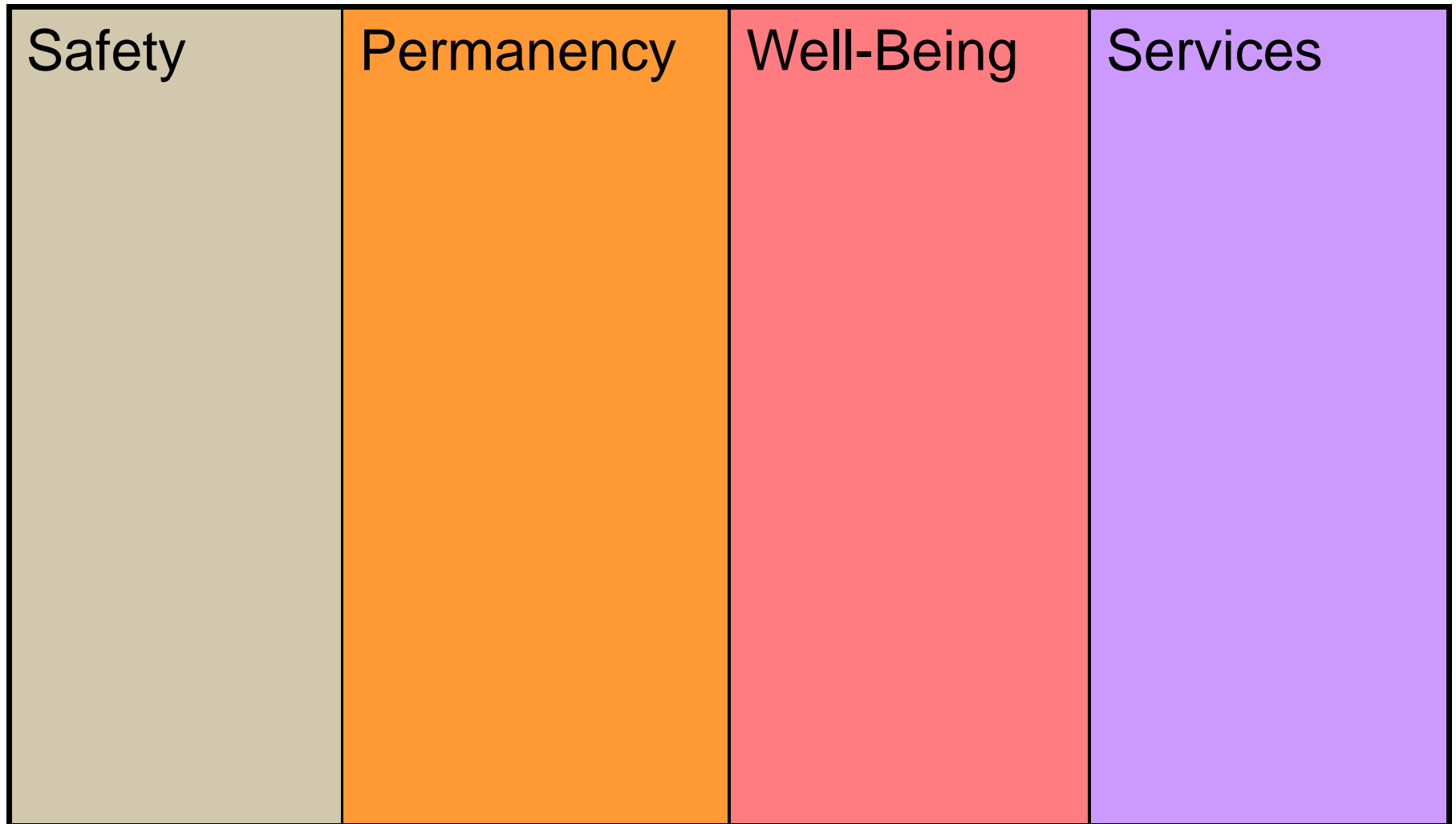
- Researchers need to keep in mind that different informants vary on their perspective and the reliability and validity of their responses; consider for example
  - Parents reports of their own violence toward children
  - Caseworker reports on families' needs
  - Caseworkers and caregivers report on services
  - Between waves caseworkers are likely to be different individuals, and caregivers may be (even if the child is in-home)



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Topic

# NSCAW covers four broad domains of topics



# Large But Manageable List Of Subtopics

Safety	Permanency	Well-Being	Services
<ul style="list-style-type: none"> <li>• Initial abuse</li> <li>• Re-reports (?)</li> <li>• Parental aggression</li> <li>• Domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Placement, foster care, kinship care</li> <li>• Reunification</li> <li>• Termination of parental rights</li> <li>• Adoption</li> <li>• Court data</li> </ul>	<ul style="list-style-type: none"> <li>• Risk factors</li> <li>• Health</li> <li>• Mental health</li> <li>• Development</li> <li>• Cognition</li> <li>• Academics</li> <li>• Social skills</li> <li>• Delinquency</li> <li>• Caregiver well-being</li> <li>• Living environment</li> <li>• Social support</li> </ul>	<ul style="list-style-type: none"> <li>• Health</li> <li>• Mental health</li> <li>• Early interv.</li> <li>• Special ed.</li> <li>• CWS</li> <li>• Family support</li> <li>• Agency &amp; state CWS characteristics</li> </ul>

# How to handle topics

- Need to think broadly at first about the topics and subtopics covered by NSCAW
- Once you have chosen a topic, it is useful to spend 2-4 hours studying how NSCAW assesses that topic
  - Check which informants provide data
  - Check which waves include those data elements
  - Check frequency distributions of relevant variables
  - Check psychometrics of relevant instruments
  - Check published papers or publication list at ACF or NDACAN website





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# Event

# NSCAW records a number of relevant events related to the case (examples below)

Safety	Permanency	Well-Being	Services
<ul style="list-style-type: none"> <li>• <b>Substantiation</b></li> <li>• <b>Child placement</b></li> <li>• <b>Parental arrest</b></li> <li>• <b>Stay in DV shelter</b></li> </ul>	<ul style="list-style-type: none"> <li>• Additional placements</li> <li>• TPR</li> <li>• Adoption</li> </ul>	<ul style="list-style-type: none"> <li>• Injury</li> <li>• ER visit</li> <li>• Child Arrest</li> <li>• Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Receipt of various services</li> <li>• IEP</li> <li>• Hospital admission</li> </ul>

# Events

- Some good, concrete information is available on a number of events
- Several of these are of great importance: placement, TPR, adoption, IEP, hospitalization
- Depth of information varies
- Availability of dates or time sequence information varies

# Results



# Baseline Maltreatment

- Physical Abuse: 25.2%
- Neglect (lack of supervision): 25.2%
- Neglect (failure to provide): 18.0%
- Sexual Abuse: 11%
- Emotional Abuse: 7%
- Abandonment: 3%



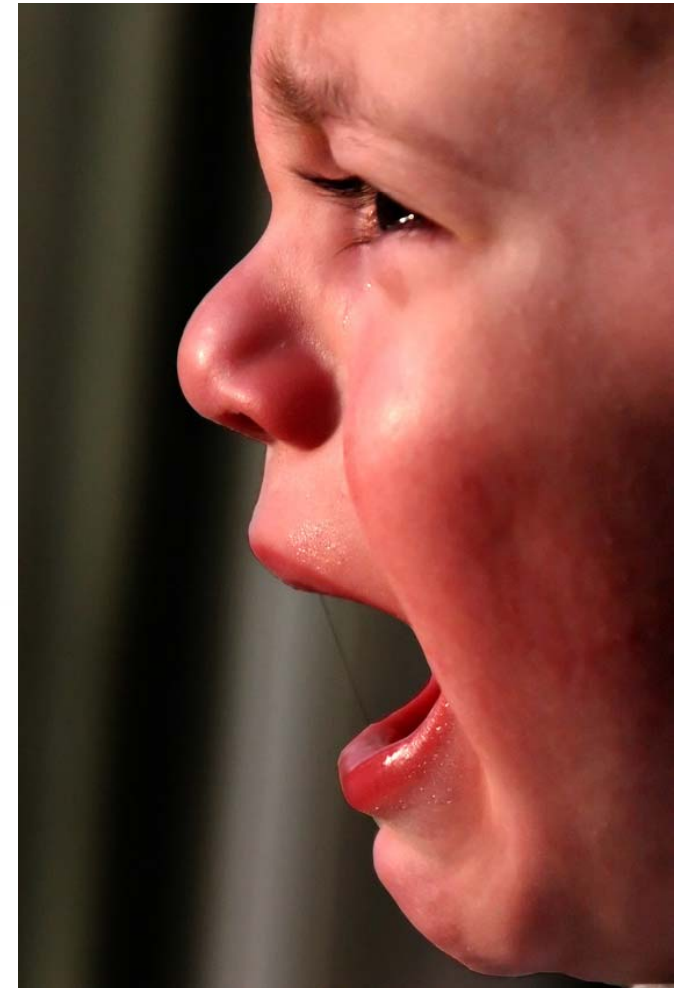
# Maltreatment Reports

- 0-2:
  - Neglect (lack of supervision): 37%
  - Neglect (failure to provide): 30%
- 6-10
  - Physical Abuse: 31.2%
- 11 or more:
  - Sexual Abuse: 15%



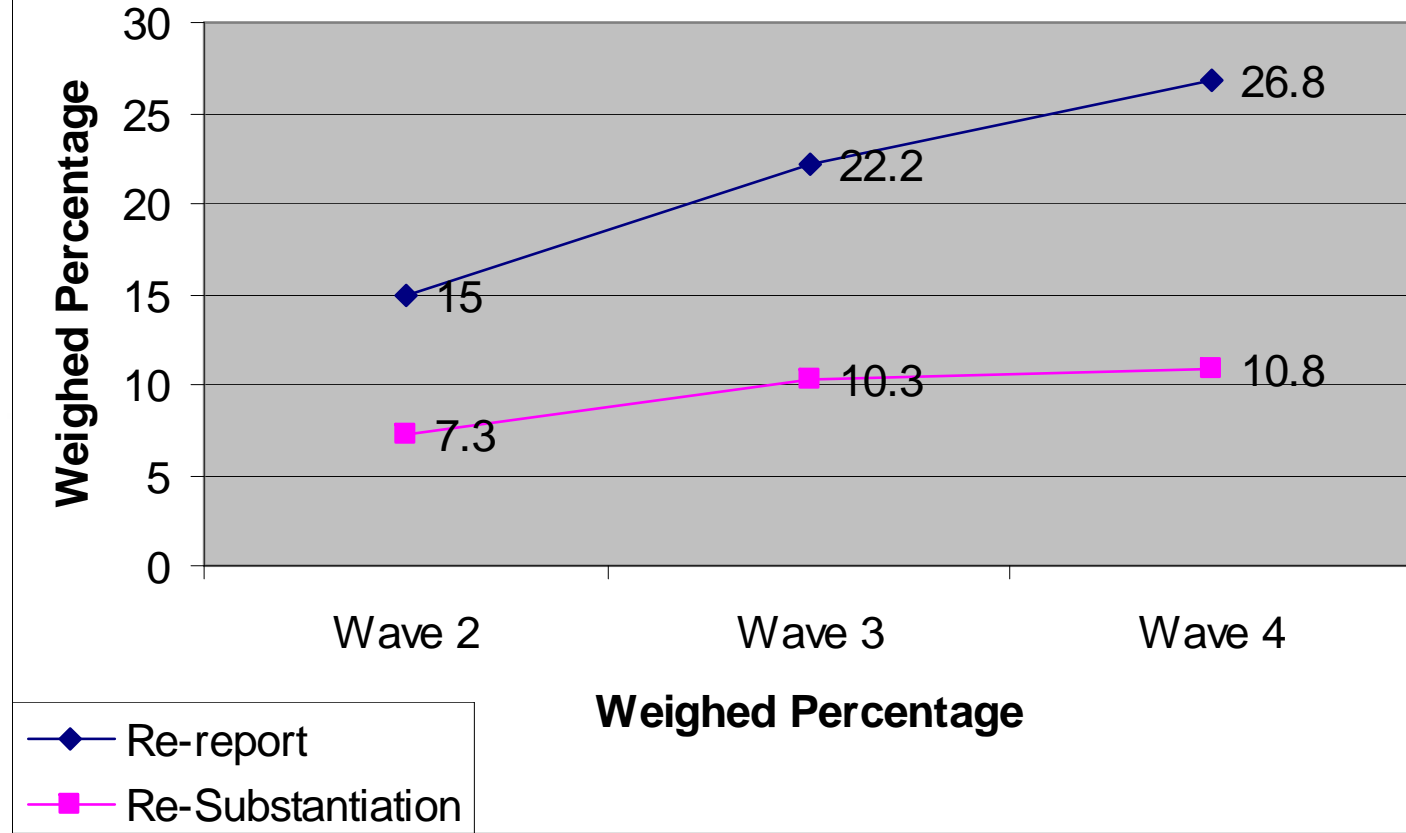
# Safety: Additional Maltreatment Reports

- At least 15% of children in NSCAW were reported again to Child Protective Services one year following their preliminary involvement in the study.
- Numbers of re-reports increase over time.
  - At least 27% were reported again to CPS 3 years following the study's outset.
- Children identified as “high risk” by caseworkers were more likely to have a re-report by Wave 3 (3 year follow-up) than those classified as “low risk”
- NSCAW I: Underreported
- NSCAW II: Supplemented with direct information from the National Child Abuse and Neglect Data System (NCANDS).



# Safety: Additional Maltreatment Reports

**Re-reports and re-substantiation of children reported to the CWS**





# Permanency: Reunification

- 30% of children placed outside the home were reunified with their biological caregivers
- Reunification rates vary significantly by age and race.
  - Black children have the lowest reunification rates even controlling for other variables.
  - Among children 7 months to 10 years old, males were more likely to be reunified than females.
  - Among children 6-10 years, those with behavioral problems were less likely to be reunified



# Permanency: Number of out-of-home Placements

Among children placed outside the home between NSCAW I's beginning and 3 year follow-up:

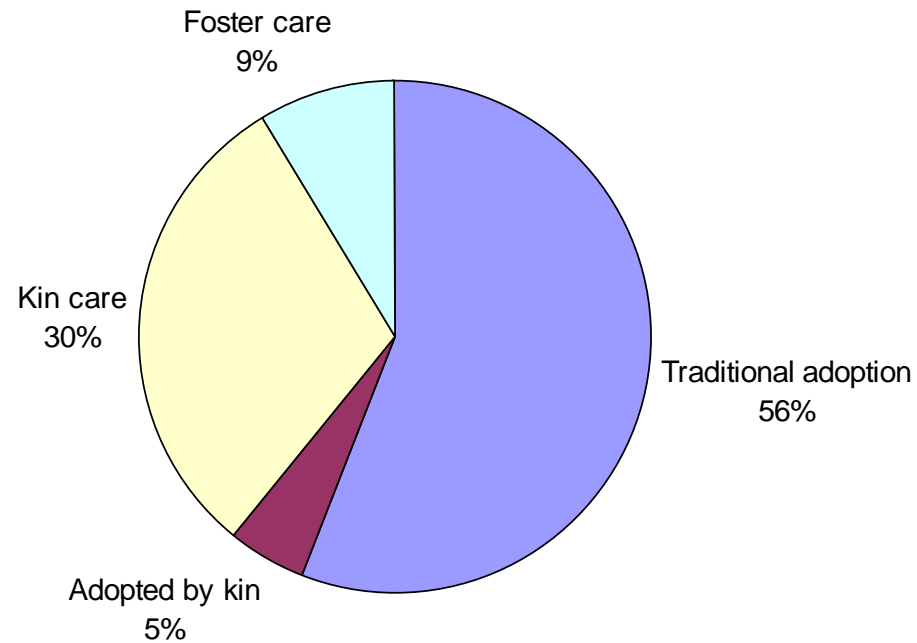
- On the average, the number of out-of-home placements was 3.2
- Across children this ranged from 1-18 placements
- Multiples placements were associated with older child age.
- Children who began the study without mental health needs were more likely to show later mental health needs if they had unstable placements

# Adoption

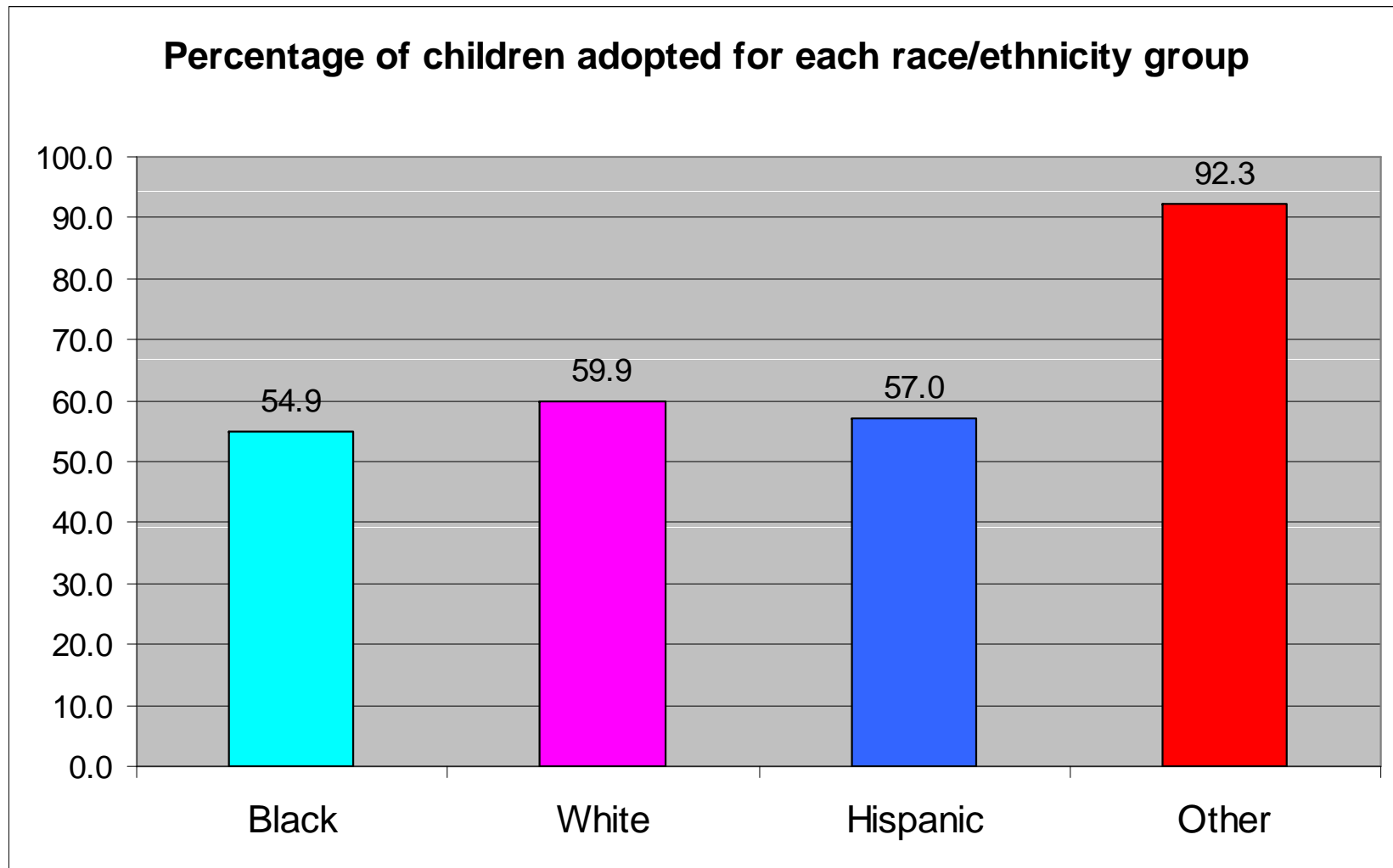
- Among maltreated infants in need of adoption, 56.0% were adopted by 5-6 years of age.
- An additional 5.0% were adopted by kin.
- More than 80% of infants waited less than 12 months to be placed with their adoptive parents.
- No differences in adoption rates due to a child's gender, race/ethnicity status, or special health care needs.
- Adopted children are doing better in the cognitive and language areas than children who stayed with their biological parents or children in out of home care.

# Infants in Need of Adoption

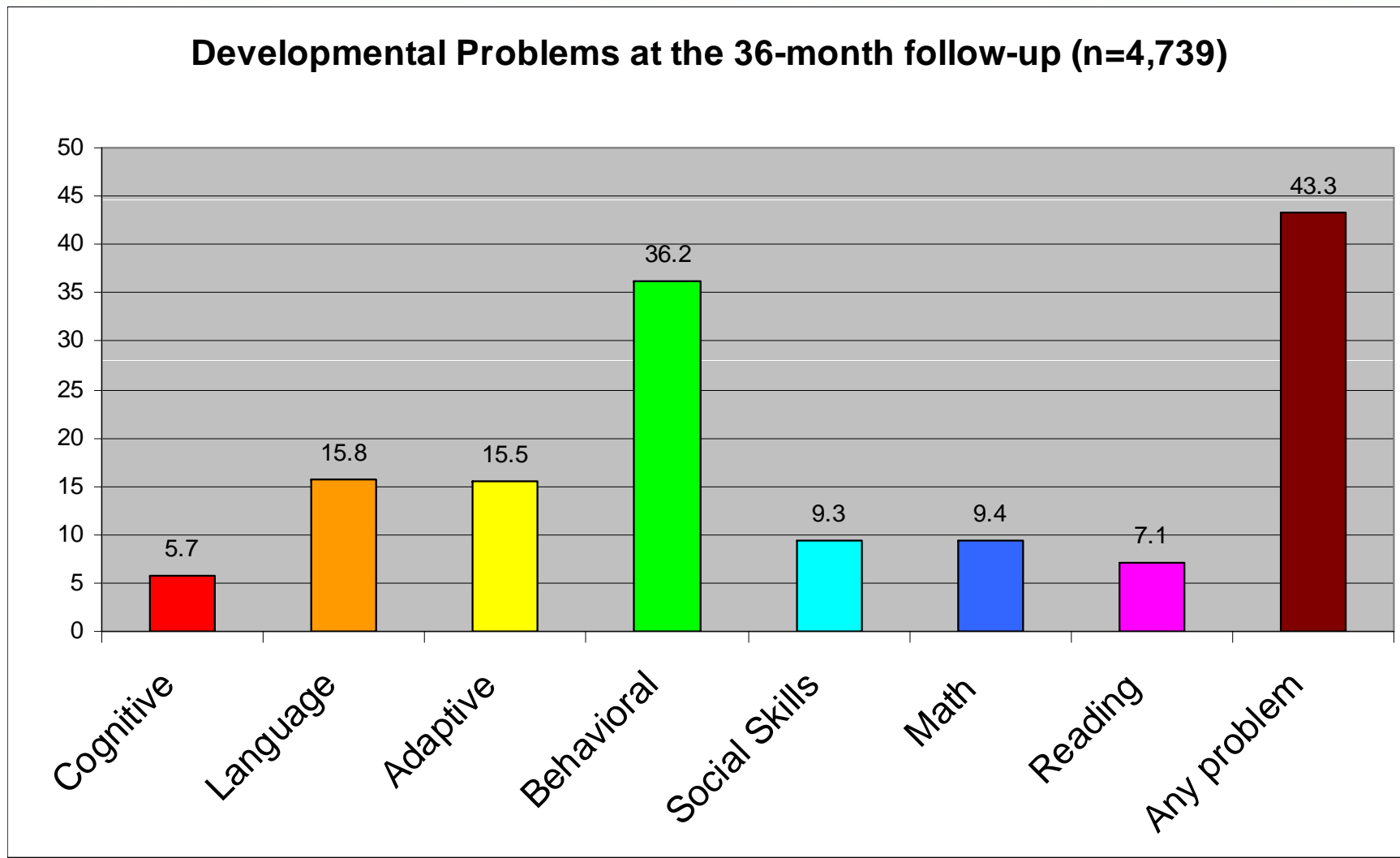
Placement at 5-6 year follow-up of children in need of adoption



# Adoption: Percent Adopted by Race



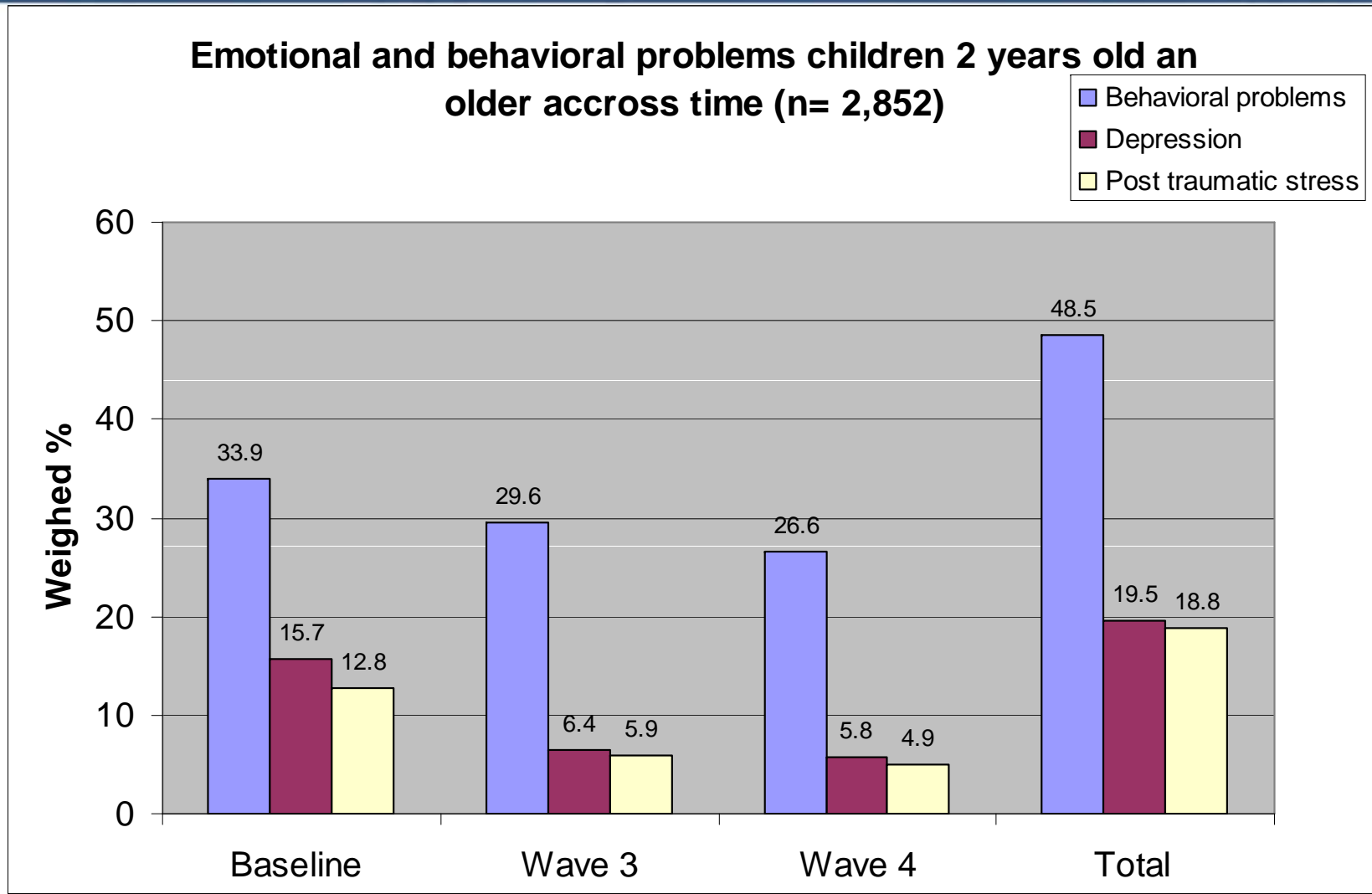
# Child Well-Being: Developmental Problems



# Child Well-Being: Mental Health

- Slightly under half (48%) of children reported to CPS show signs of an emotional or behavioral problem
  - Compared to approximately 20% of the general US child population
- Needs are especially high among those placed outside the home.
- Mental health needs appear to persist over time
  - One third of those who were infants when reported for maltreatment showed signs of behavioral problems when assessed 5-6 years later
  - 48% of those reported for maltreatment during adolescence showed signs of mental health problems in early adulthood (5-7 years later)

# Child Well-Being: Mental Health Problems Continue Over Time



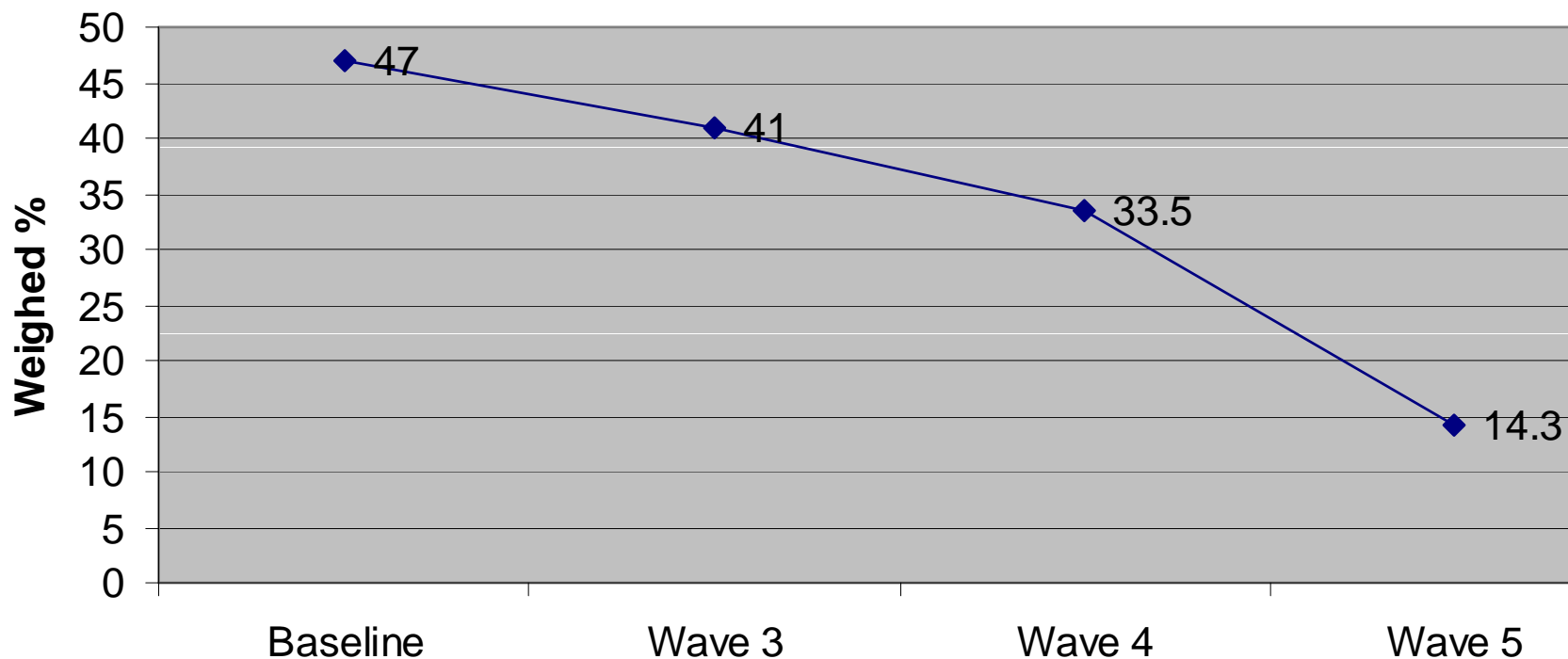


# Access to Mental Health Services

- Despite high levels of need, many do not receive any mental health services
  - One study found that only 25% of NSCAW participants in need of mental health services received any specialty mental health care in a 12 month period.
- Children who remain at home and who do not receive CWS services are the least likely to gain access to needed mental health services
- African American children are also less likely to receive needed services than Caucasian children

# Mental Health Service Access Declines as Adolescents Age into Young Adulthood

**Outpatient specialty mental health service use among adolescents across time (n= 616)**



# Child Welfare System as a “Gateway” to Mental Health Services

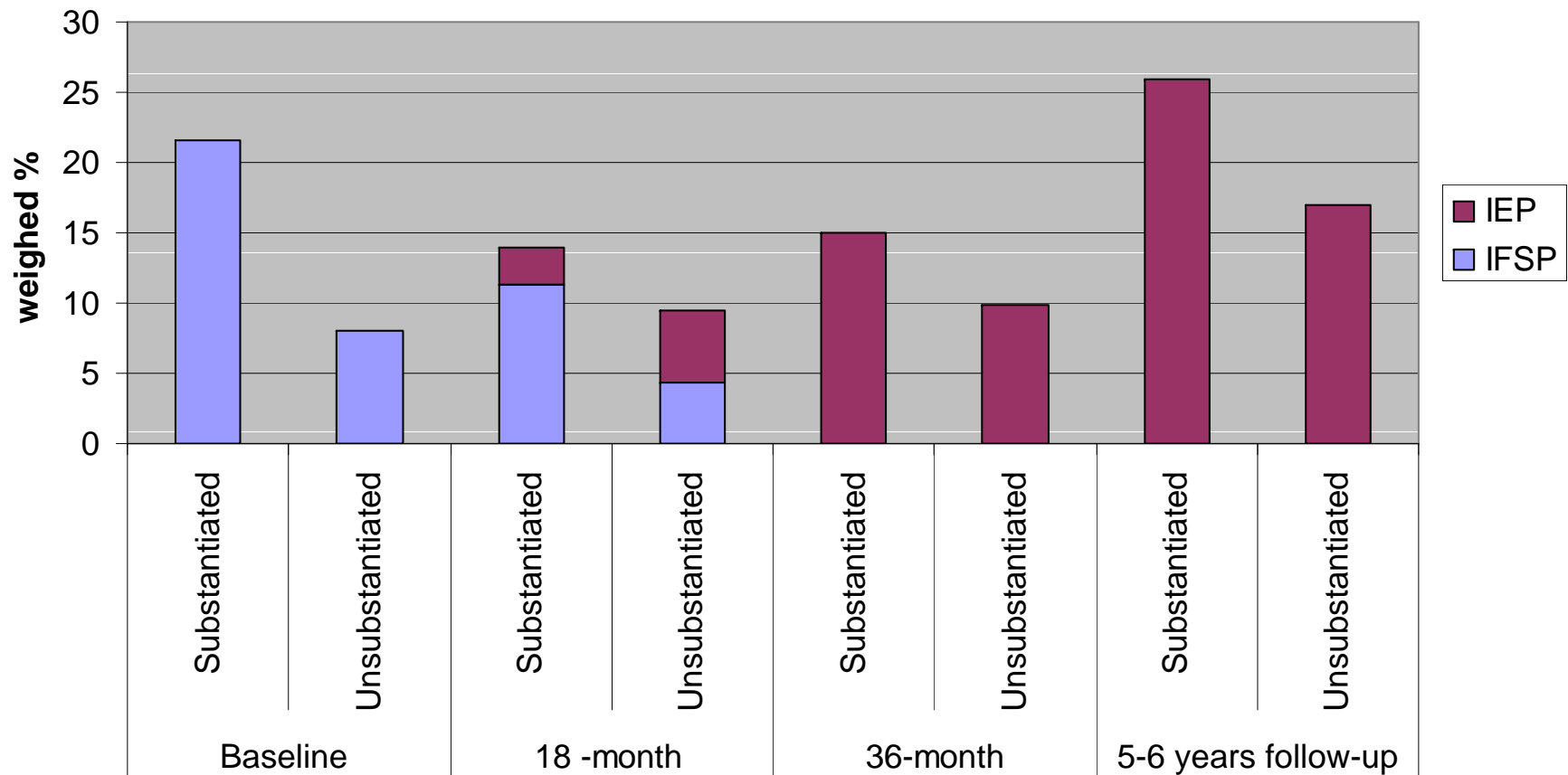
- The likelihood of mental health service use increases immediately after a child’s contact with the Child Welfare System
- This is especially true for children placed outside of the home.
  - Children placed out-of-home use mental health services at rates 5-8 times those of children who live in-home.

# Child Well-Being: Early Childhood

- Many young children have behavioral and developmental problems (e.g., cognitive or language delays, emotional or behavioral problems, problems with daily living skills)
  - 41.8% of toddlers, 68.1% of preschoolers
- Similar levels of developmental needs among young children with and without substantiated cases of maltreatment.
- Despite this, very few (23%) receive services
- Children with substantiated cases of maltreatment are more likely to receive early childhood intervention services.

# Developmental Services for Young Children

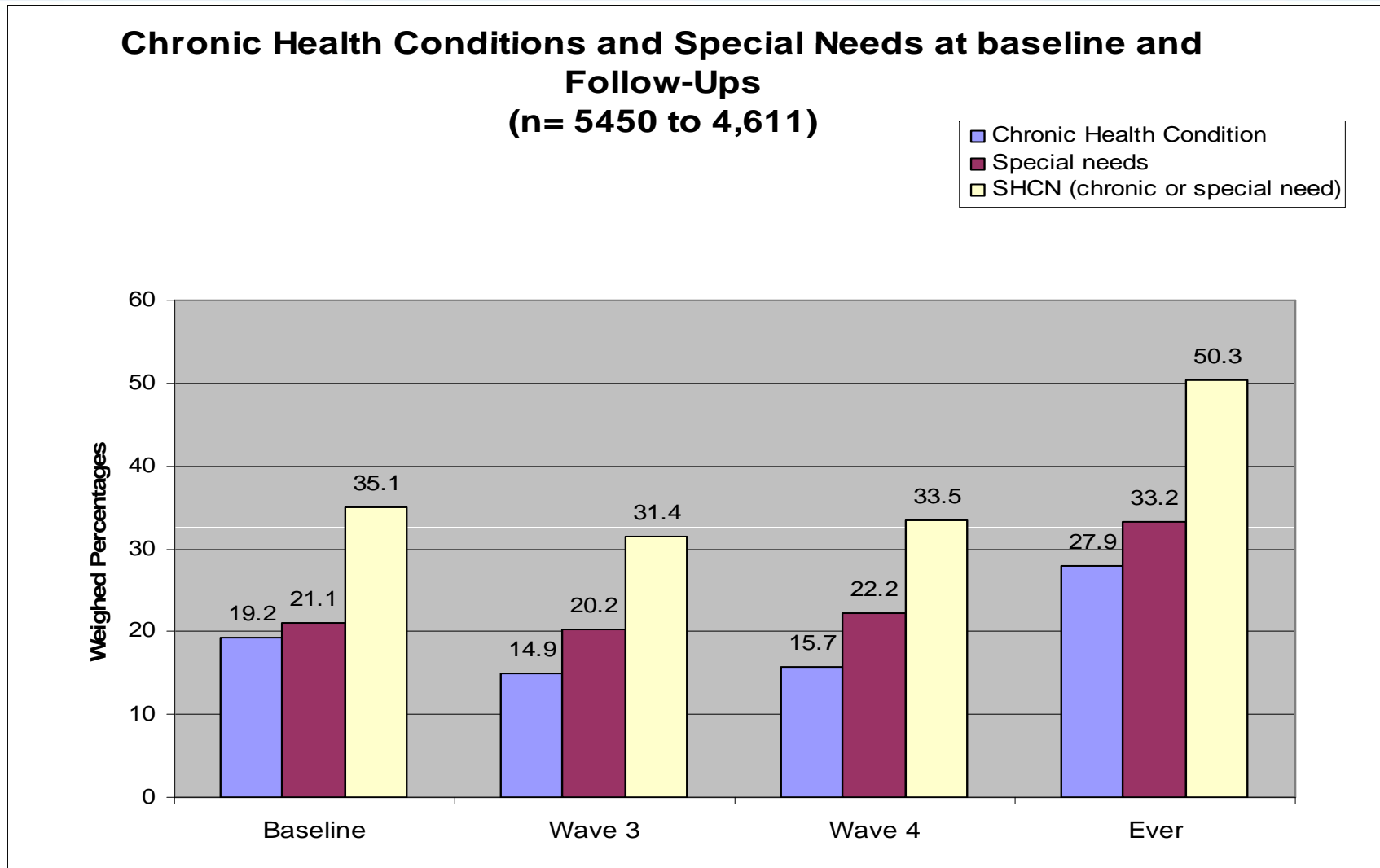
**Part C (IFSP) and Special Education (IEP) across time among infants and toddlers (n= 1,845)**



# Child Well-Being: Special Health Care Needs

- At any point throughout NSCAW, approximately one third of the children were identified as having special health care needs.
- Boys and older children were significantly more likely than girls and younger children to have had special health care needs.
- Adopted and foster children were significantly more likely to have had special health care needs than children never placed out of the home.
- The most commonly reported type of chronic health condition was asthma. The most commonly reported type of special need was a learning disability.

# Rates of Chronic Health Conditions and Special Needs over Time



# Special Education Service Needs among School Age Children

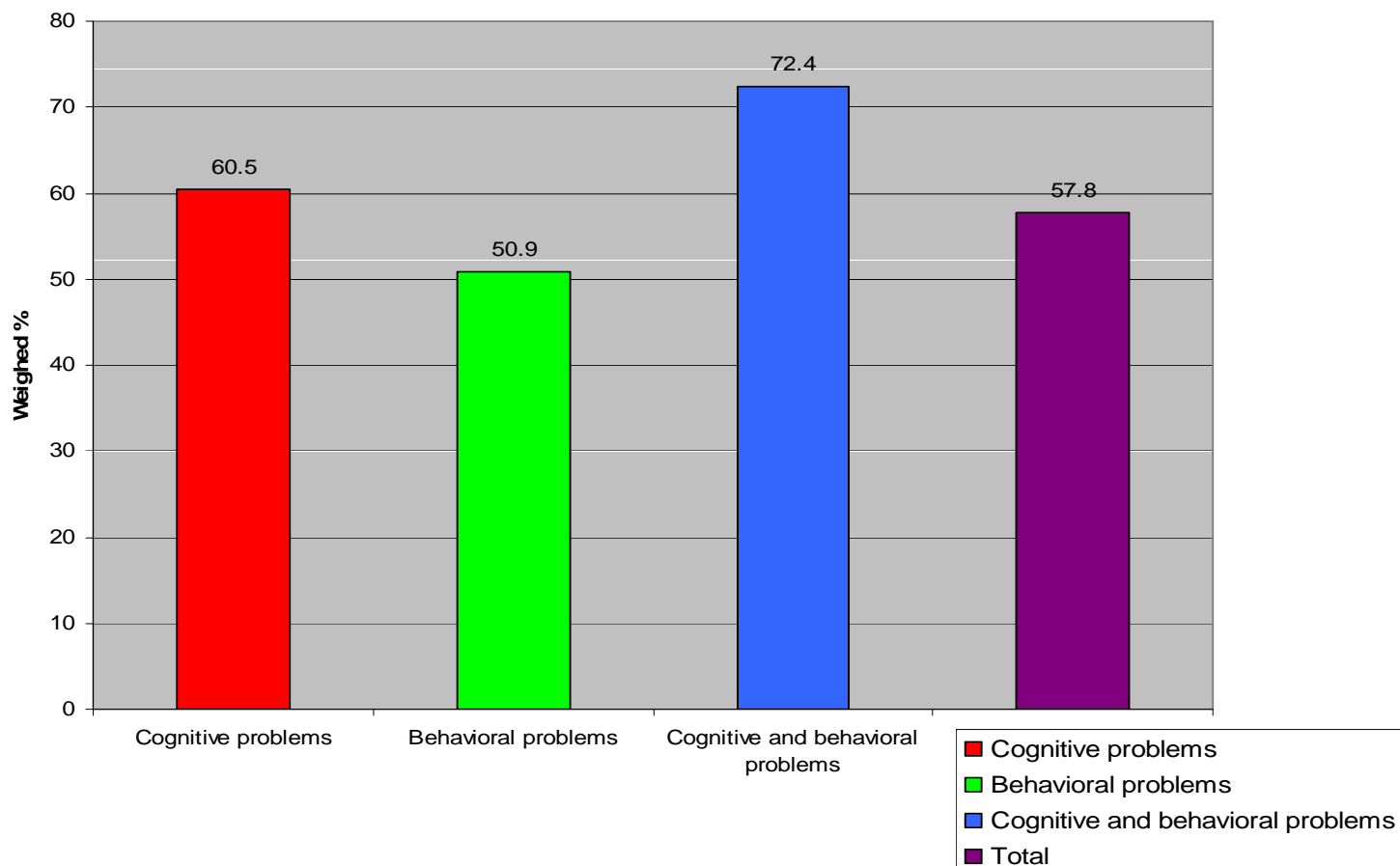
Among school age children with an open CWS case:

- 7.3% are in need of special education due to cognitive problems
- 16.4% are in need due to behavioral problems
- 6.6% are in need with both type of problems
- Overall 30.3% are in need of services
- Of those in need of services, 57.8% received special education



# Special Education Services Received by Type of Need among School-age Children

**Special Education Services within 18 months by School age Children in Need with an open CWS case**



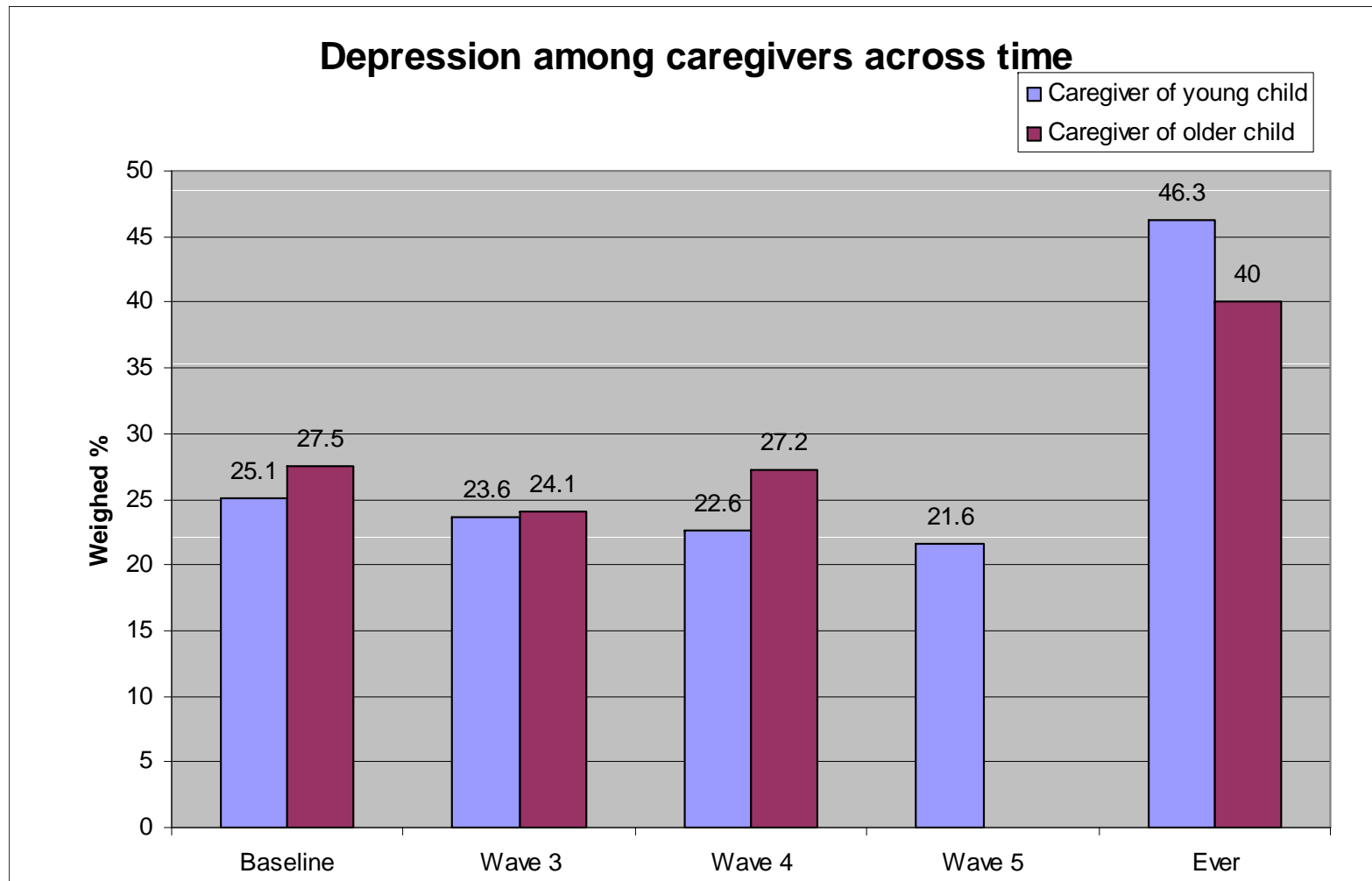
# Caregiver Risk Factors: Intimate Partner Violence

- 45% of female caregivers experienced physical violence in their lifetime.
- 29% had experience such violence recently (within the previous 12 months)
- Caregiver younger age, depression, alcohol and drug dependence, and prior reports of child maltreatment were associated with increased odds for physical violence

# Caregiver Risk Factors: Arrest and Behavioral Health

- 1 in every 3 children living with biological caregivers (“in-home”) had primary caregivers who had been arrested at least once.
- About a quarter of caregivers have a positive score for Major Depression a each wave of NSCAW.
- Services referral information indicates that caregiver mental health problems may be more likely to be “missed” by CWS than substance abuse problems

# Caregiver Well-Being: Depression



# Services for Families: Parenting Interventions

- The leading CWS service provided for biological families was some type of parenting intervention
  - 94% of counties delivered parent training to families with identified need
  - 50% primarily delivered services within the family's home and 46% primarily delivered agency-based services.
- These services may not be as targeted or as powerful as necessary
  - 84% received parent training in groups that included families not in the CWS
  - The most commonly used programs are not Evidence Based, less than 2% are EBP



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