SAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONG
FAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVE
COMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDREN
STRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVE
COMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDREN
STRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVE
SAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIES
SUPPORTIVECOMMUNITIESSAFECHILDRENSTRONGFAMILIESSUPPORTIVECOMMUNITIES

The Well-Being of Children in the Child Welfare System:

An analysis of the second National Survey of Child and Adolescent Well-Being (NSCAW-II)

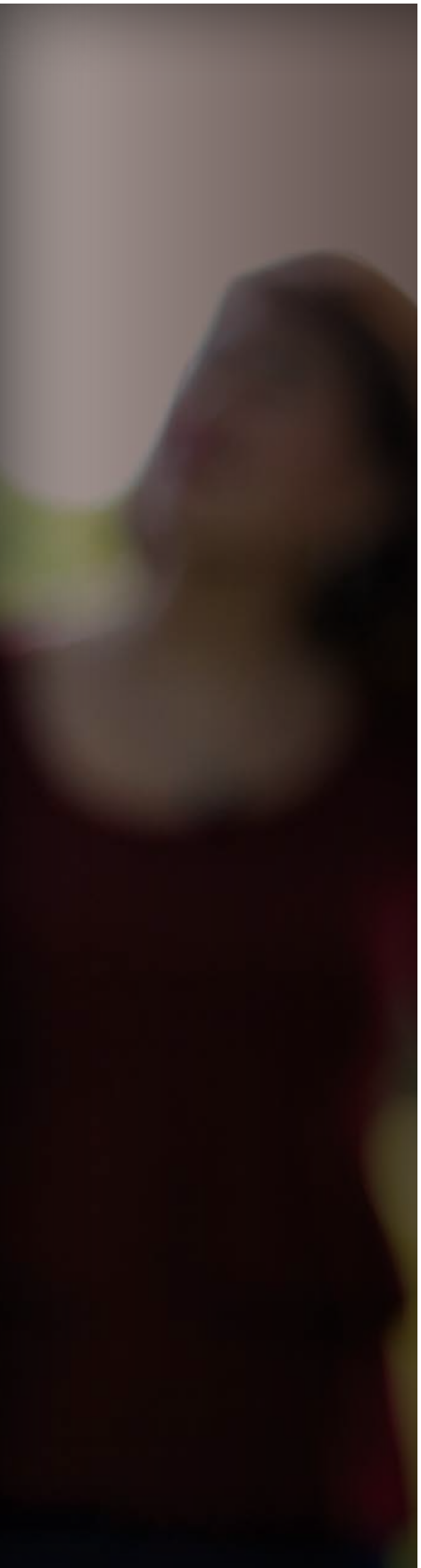
APRIL 2015

THE WELL-BEING OF CHILDREN

casey family programs

Authored by:
Erin J. Maher and Adam Darnell* | CASEY FAMILY PROGRAMS
John Landsverk and Jinjin Zhang | OREGON SOCIAL LEARNING CENTER AND RADY CHILDREN'S HOSPITAL

*Adam Darnell is now with Washington State Institute for Public Policy.



Introduction

Child well-being and the application of the science of child development are emerging as foundational priorities in child and family services and child welfare policy and practice. In this brief, we use data from the second National Survey of Child and Adolescent Well-Being (NSCAW-II) to describe the well-being of children involved in the child welfare system compared with the general population.

The Data

The NSCAW-II is a longitudinal survey with a nationally representative sample of children who were subject to a Child Protective Services (CPS) investigation in 2008 or 2009 and includes 5,872 children from birth to 17 years old. In addition to a lot of other information, the survey includes extensive, standardized measures of child and family well-being, which allow for the comparison of a child welfare-involved sample with the general population.

In this brief, we use NSCAW-II data to examine the well-being of children of all ages approximately 18 months after a CPS investigation (Wave 2). We report well-being scores separately for the following three groups: (a) children not removed from the home whose families are receiving in-home services, (b) children not removed from the home whose families are not receiving in-home services, and (c) children removed from their home, including placement with relatives, foster care, and group care. Children were classified into these three groups based on their placement status immediately following the investigation; however, we acknowledge that children's living arrangements can change over time. We compare the Wave 2 measures of well-being for these three groups with levels of well-being in the general population using the norms reported in the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services' NSCAW-II Child Well-Being Report.[1]

The Results

Results suggest that children who come into contact with the child welfare system — regardless of whether their family receives in-home services or the child is placed in foster care — have more developmental challenges in several areas than the general population. However, this analysis does not assess the quality, type and frequency of services that families receive. Rather, the purpose is to describe aggregate point-in-time differences between the child welfare population and the general population to draw attention to the developmental challenges that children who touch the child welfare system face. This brief highlights the need for all child welfare service tracks to focus explicitly on child well-being through developmentally-appropriate services and interventions.

Along with safety and permanency, child well-being is a federal CPS priority. The children who have received CPS investigations fare worse over time on most well-being measures than the general population, regardless of the services they receive. These results make a strong case for the prevention of child maltreatment prior to CPS involvement.

Along with the need to establish the safety of children and achieve permanent family relationships, the Administration for Children, Youth and Families (ACYF) holds that the well-being of children who have been victims of maltreatment is also a federal priority. Failure to address the adverse effects of maltreatment on child well-being "ripple across the lifespan, limiting children's chances to succeed in school, work, and relationships" (p. 2).[2] The ACYF framework describes four dimensions of well-being: behavioral/emotional functioning, cognitive functioning, physical health and development, and social functioning. (The milestones and measures for each domain vary by the age of the child.)

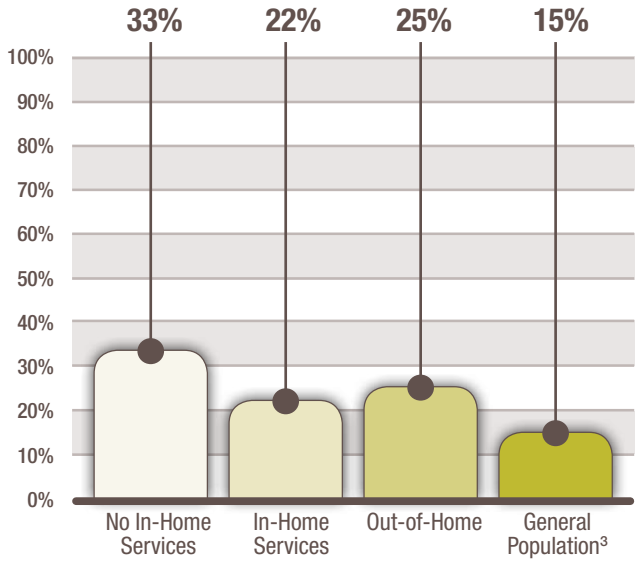
The following visuals report the percent of children with concerning or clinical scores on several age-appropriate measures of well-being within each of the four dimensions.

Source data for figures: replication of Exhibit 36 in www.acf.hhs.gov/sites/default/files/opre/nscaw_report_w2_ch_wb_final_june_2014_final_report.pdf with additional analyses for the three child welfare-involved groups conducted by this brief's authors. Physical well-being measures added. An asterisk (*) denotes differences among the three groups of children who are involved with child welfare are significant at the p < .05 level.

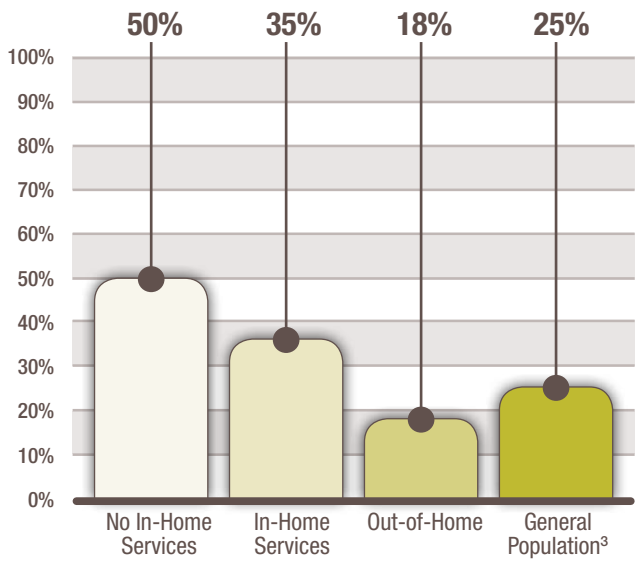
PERCENT OF CHILDREN WITH CONCERNING OR CLINICAL SCORES

BEHAVORIAL/EMOTIONAL

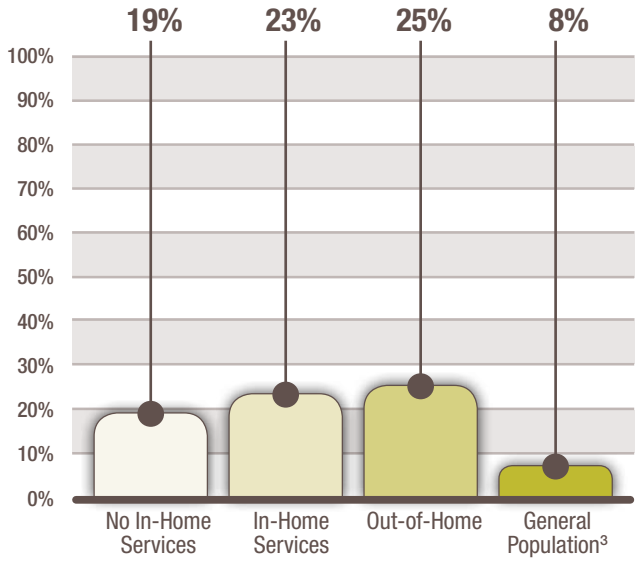
Brief Infant Toddler Social and Emotional Assessment, Competence
(16-18 months)



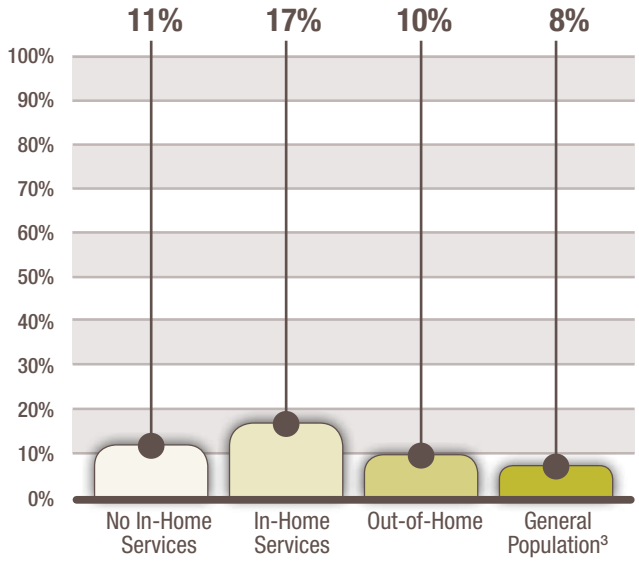
Brief Infant Toddler Social and Emotional Assessment,[4] Problems
(16-18 months)



Child Behavior Checklist,[5] Problem Behaviors Total*
(18 months-17 years)



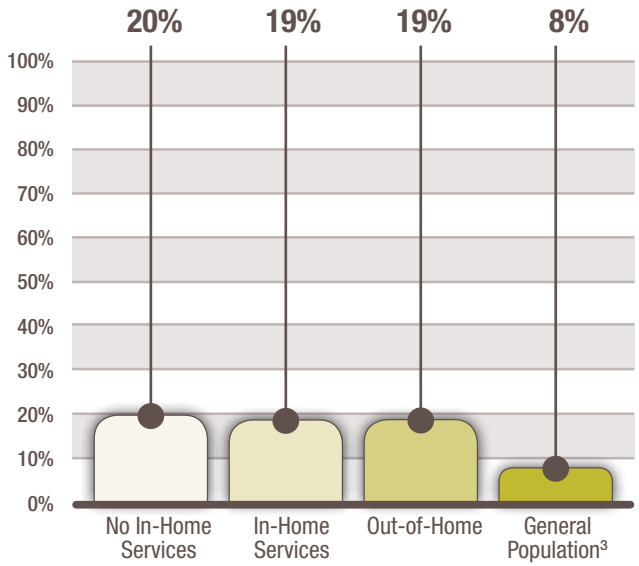
Child Behavior Checklist, Teacher's Report Form, Problem Behaviors Total
(5-17 years)



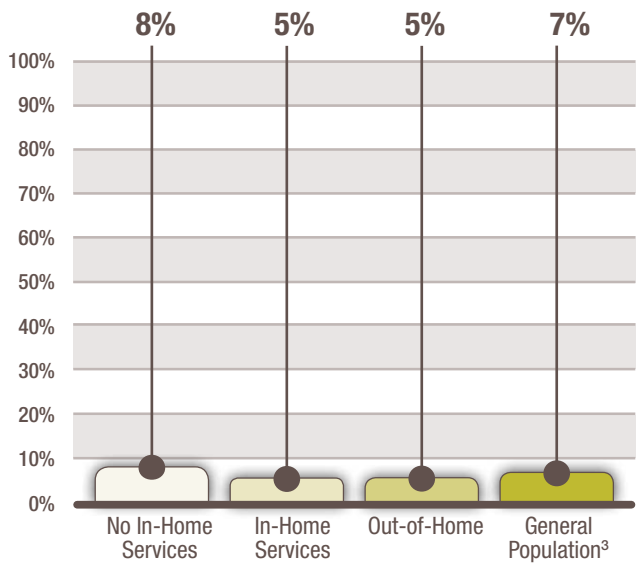
PERCENT OF CHILDREN WITH CONCERNING OR CLINICAL SCORES

BEHAVORIAL/EMOTIONAL

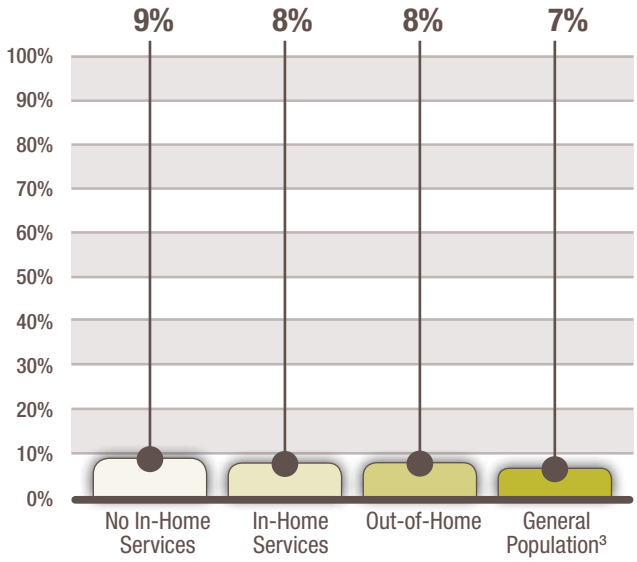
Child Behavior Checklist,
Youth Self-Report, Problem Behaviors Total
(11-17 years)



Children's Depression Inventory,[6]
Depression
(7-17 years)



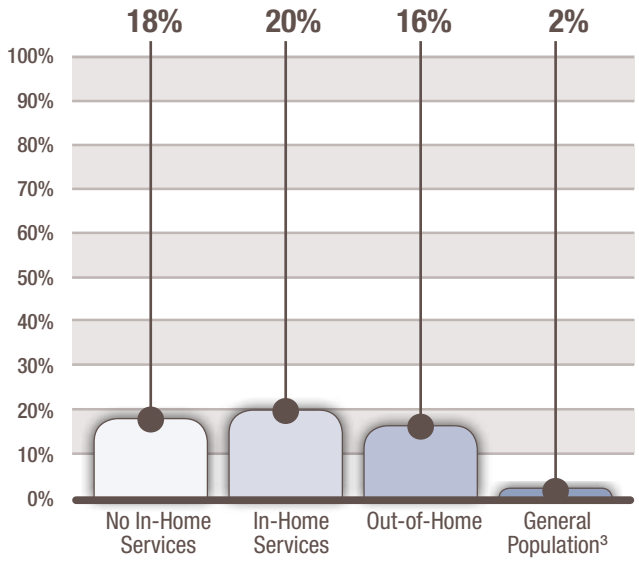
Trauma Symptom Checklist for Children,[7]
Post-traumatic Subscale
(8-17 years)



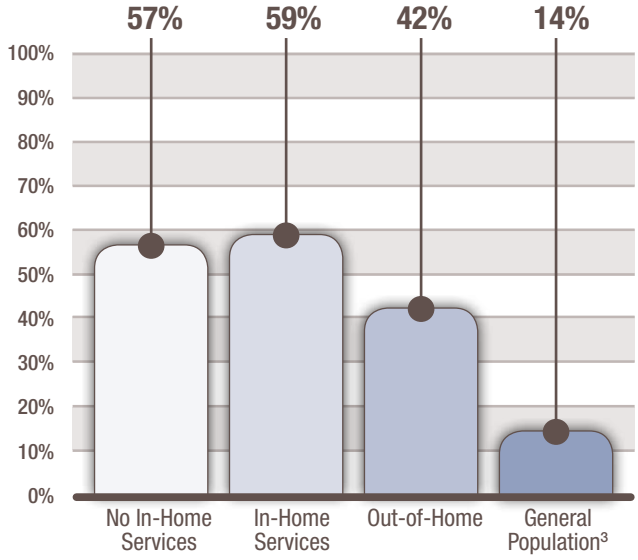
PERCENT OF CHILDREN WITH CONCERNING OR CLINICAL SCORES

COGNITIVE

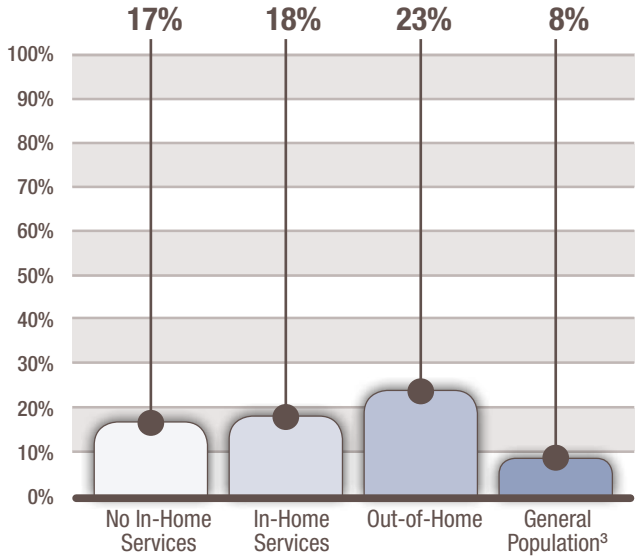
Battelle Developmental Inventory,[8] 2nd Edition, Cognitive Developmental Quotient
(16-47 months)



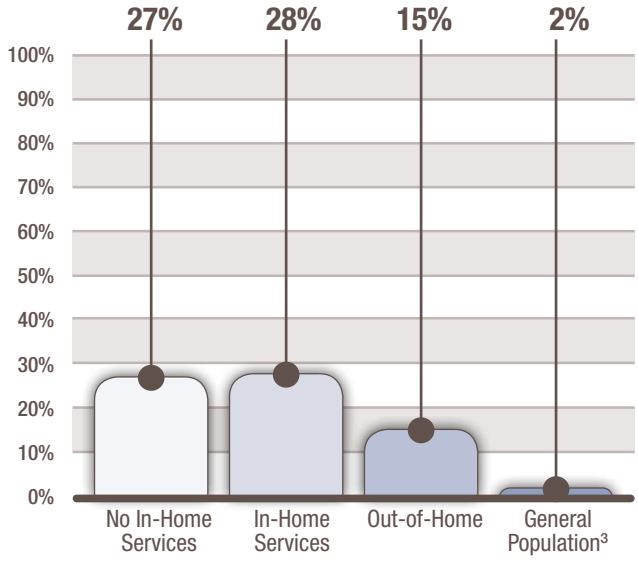
Bayley Infant Neurodevelopmental Screener[9]
(16-24 months)



Has ADD or ADHD
(0-18 years)



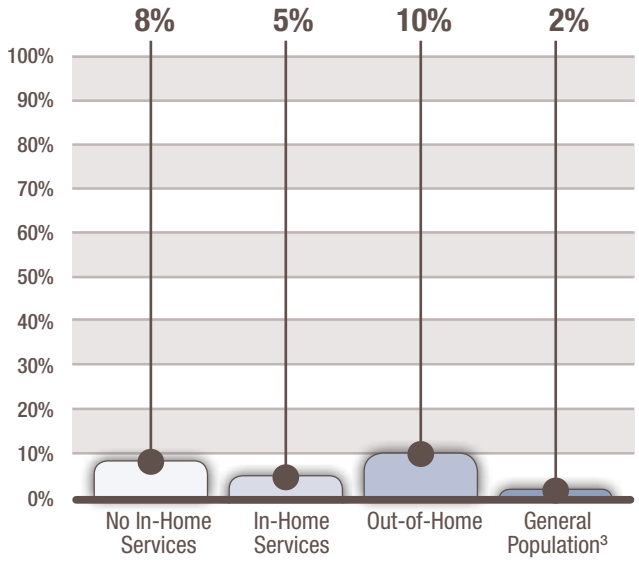
Preschool Language Scale-3,[10] Language Skills Total*
(16-71 months)



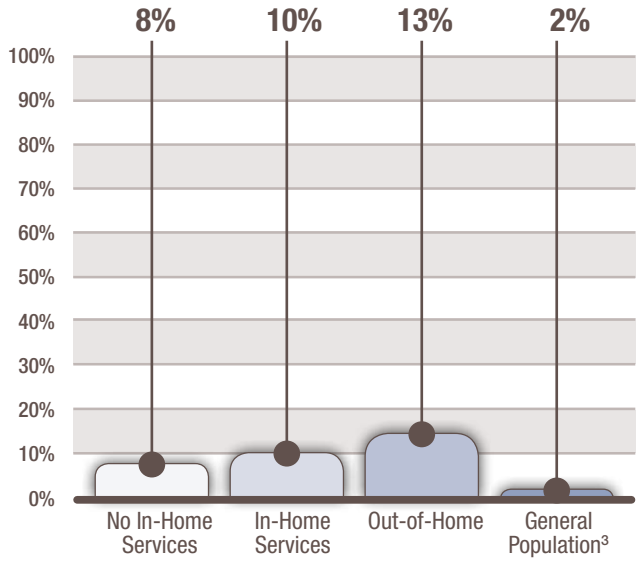
PERCENT OF CHILDREN WITH CONCERNING OR CLINICAL SCORES

COGNITIVE

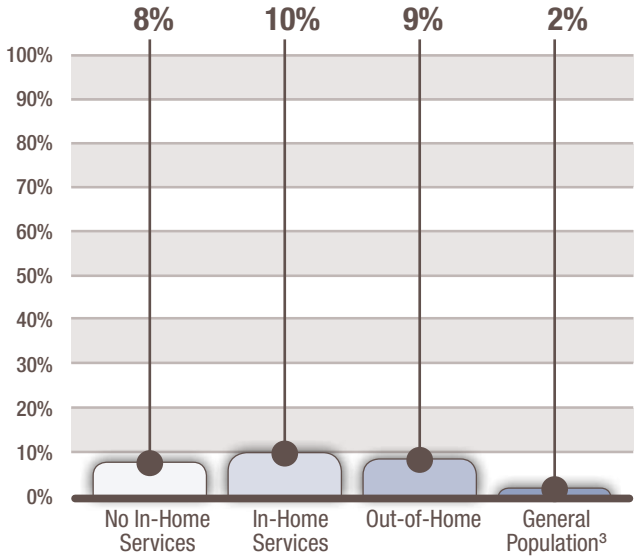
Woodcock-Johnson III Tests of Cognitive Abilities,[11] Applied Problems
(5-17 years)



Woodcock-Johnson III Tests of Cognitive Abilities, Passage Comprehension
(5-11 years)



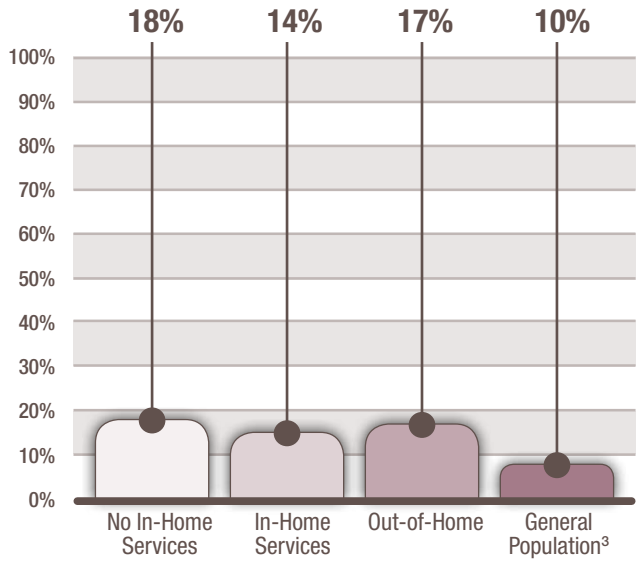
Woodcock-Johnson III Tests of Cognitive Abilities, Word Identification
(5-17 years)



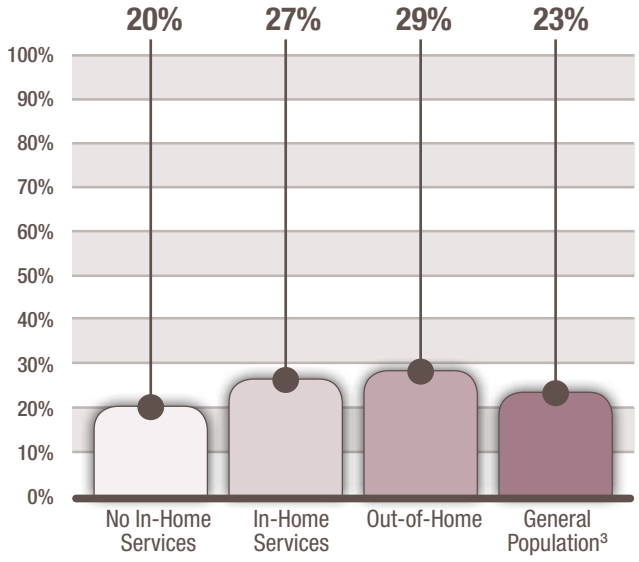
PERCENT OF CHILDREN WITH CONCERNING OR CLINICAL SCORES

PHYSICAL

Has Asthma
(0-18 years)

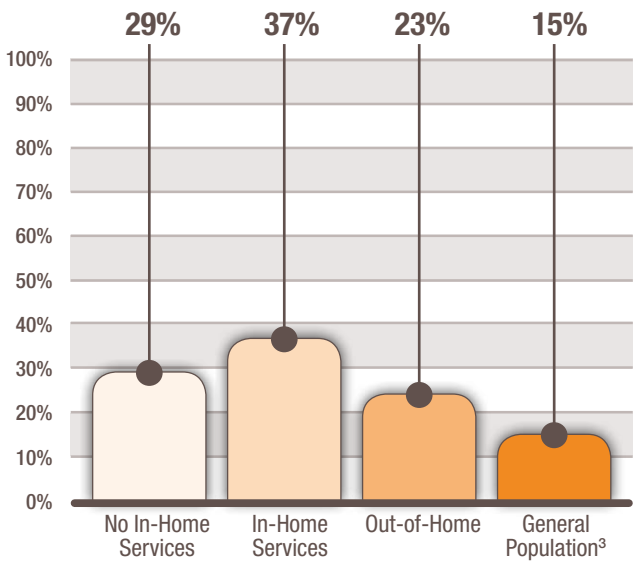


Not in Very Good or Excellent Health*
(0-18 years)

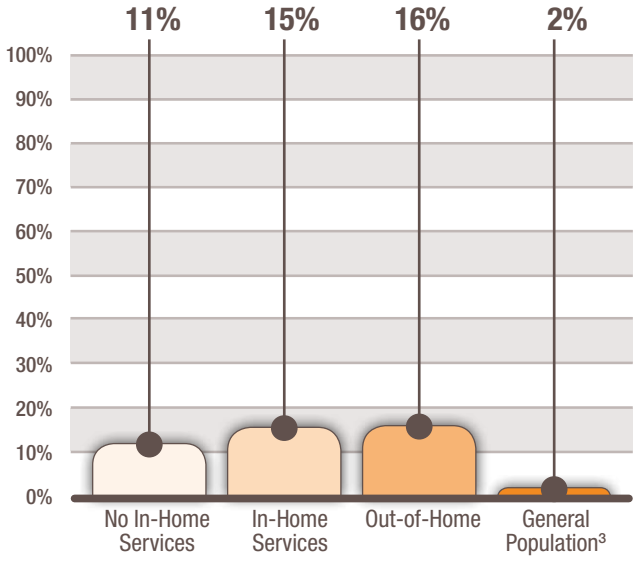


SOCIAL

Social Skills Rating System,[12] Social Skills*
(3-17 years)



Vineland Adaptive Behavior Scale[13], Screener Daily Living Skills Domain
(1-17 years)



Summary

A large body of research indicates how maltreatment harms the cognitive, physical, behavioral, and social dimensions of children's development and overall well-being. These results also reflect this conclusion. On the measures of cognitive, behavioral/emotional, physical, and social dimensions of well-being included in this analysis, children who have come to the attention of child welfare through a CPS investigation generally fare worse than the general population. These findings may stem from the effects of trauma and maltreatment, as well as demographic differences between a child welfare population and the general population (e.g., differences in socioeconomic status).

Few significant differences were found among the well-being measures for the three groups of child welfare-involved children, regardless of whether they received services and for how long. It should be reiterated that the amount and type of services that families receive after a CPS investigation can change over time, so over the course of 18 months, children might be in one or more of these three groups, which are not mutually exclusive.

Flexible funding and cross-system coordination would allow resources to be used more efficiently to promote healthy child development while keeping children safe and helping them achieve permanent family relationships in nurturing environments.

Finally, it is beyond the scope of this brief to evaluate service quality, and the data do not generally allow for this level of depth. While service track does not seem to produce differences in child well-being measures, in most cases, this does not mean some in-home services or out-of-home arrangements are ineffective at addressing and, ultimately, improving child well-being. In contrast, it means that accessible, high-quality, developmentally-appropriate family and child-centered services are needed for children who are involved with the child welfare system.

With the federal government emphasizing child well-being in addition to safety and permanency, child welfare agencies need to be oriented toward decision-making that takes child well-being into account, screening for children's cognitive, social, emotional/behavioral, and physical development and using this information to identify and provide interventions to address children's developmental needs in these areas. This recommendation applies to all families who are subject to an investigation, regardless of service response.

Child maltreatment reports resulting in an investigation may be an opening for child-serving systems to provide preventive and therapeutic services to children and their families. Not all families can be mandated to receive services, and some parents will refuse voluntary services; thus, creative outreach, education, and engagement efforts need to be undertaken to achieve these goals.

THE WELL-BEING OF CHILDREN

Appropriate developmental services also need to be available in the community. While a Child Protective Services investigation presents an opportunity to assess child well-being and family service needs, front-end prevention approaches, in collaboration with other child and family service systems, such as home visiting, have great potential for improving child and family well-being before child welfare involvement. Flexible funding and cross-system coordination would allow resources to be used more efficiently to promote healthy child development while keeping children safe and helping them achieve permanent family relationships in nurturing environments.

Accessible, high-quality, developmentally-appropriate family and child-centered services are needed for children who touch the child welfare system.

Endnotes

[1] Casanueva, C., Wilson, E., Smith, K., Dolan, M., Ringeisen, H., & Horne, B. (2012). NSCAW II Wave 2 report: Child well-being (OPRE Report No. 2012-38). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from www.acf.hhs.gov/sites/default/files/opre/nscaw_report_w2_ch_wb_final_june_2014_final_report.pdf

[2] www.acf.hhs.gov/sites/default/files/cb/im1204.pdf

[3] www.acf.hhs.gov/sites/default/files/opre/nscaw_report_w2_ch_wb_final_june_2014_final_report.pdf

[4] The Brief Infant Toddler Social and Emotional Assessment (BITSEA) is a screening tool to evaluate social and emotional behavior in infants and toddlers. It assesses atypical behavior in a 10-minute observation. www.pearsonclinical.com/childhood/products/100000150/brief-infant-toddler-social-emotional-assessment-bitsea.html

[5] The Child Behavior Checklist (CBCL) is a common method of identifying emotional, behavioral or social problem behaviors, which can be identified by a caregiver, teacher or the child. www.aseba.org/preschool.html and www.aseba.org/schoolage.html

[6] The Children's Depression Inventory (CDI) is a mental health self-assessment for children that rates symptoms for depression and dysthymic disorder by severity. The most recent version of the CDI can be found here: www.mhs.com/product.aspx?gr=edu&id=overview&prod=cdi2

[7] The Trauma Symptom Checklist for Children (TSCC) assesses post-traumatic symptoms and symptom clusters in children and adolescents. The instrument is self-report and requires 10–20 minutes to complete. www.johnbriere.com/tscc.htm

[8] The Battelle Developmental Inventory, Second Edition (BTI-2) is a developmental assessment for early childhood. It assesses personal–social, adaptive, motor, communication and cognitive ability in 10–30 minutes. http://riversidepublishing.com/products/bdi2/pricing.html

[9] The Bayley Infant Neurodevelopmental Screener (BINS) screens infants for risk of neurological impairment or developmental delay in 10 minutes of observation. It assesses cognitive processes and verbal, motor expressive, auditory, visual receptive, and neurological functions. www.pearsonclinical.com/psychology/products/100000163/bayley-infant-neurodevelopmental-screener-bins-bins.html?Pid=015-8028-708#tab-details

[10] The Preschool Language Scale–3 (PLS–3) is a comprehensive developmental language assessment for auditory comprehension and expressive communication. This is a play-based, observational assessment. Information on the most recent version of the tool can be found here: www.pearsonclinical.com/language/products/100000233/preschool-language-scales-fifth-edition-pls-5.html

[11] The Woodcock Johnson III comprises tests that measure general intellectual and specific cognitive abilities, scholastic aptitude, oral language and achievement. Each of the three batteries takes about five minutes to complete. www.riverpub.com/products/wjIIIComplete/details.html

[12] The Social Skills Rating System (SSRS) evaluates and describes a range of social behaviors including problems with behavior or interpersonal skills. It can include ratings by the teacher, parent and child (student). www.pearsonclinical.com/education/products/100000115/social-skills-rating-system-ssrs.html#tab-details

[13] The Vineland Adaptive Behavior Scales (Vineland) measure several domains of personal and social skills and can help identify those with intellectual and developmental disabilities and other disorders. It can include a survey interview and caregiver and teacher ratings. It takes 20–60 minutes to administer. www.pearsonclinical.com/psychology/products/100000668/vineland-adaptive-behavior-scales-second-edition-vineland-ii-vinelandii.html#tab-details

THE WELL-BEING OF CHILDREN

Casey Family Programs

Casey Family Programs is the nation's largest operating foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, we work to provide and improve – and ultimately prevent the need for – foster care in the United States.

P 800.228.3559
P 206.282.7300
F 206.282.3555

casey.org | contactus@casey.org

casey family programs

follow us | twitter.com/CaseyPrograms

like us | facebook.com/Casey.Family.Programs