

National Survey of Child and Adolescent Well-Being

No. 15: Kinship Caregivers in the Child Welfare System



Findings from the NSCAW Study

research brief

Approximately half a million children each year live with relatives or foster parents in formal foster care.^{1,2} Shifts in child welfare policies in the past 10 years, a shortage of foster care,³ and, in the child welfare system (CWS) itself, the increasingly favorable view of kin as foster parents have contributed to the rise in kin as primary caregivers.^{4,5} *Kinship care* is defined in the 2000 Report to the Congress on Kinship Foster Care from the U.S. Department of Health and Human Services as “any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing a child.”^{6(p5)} The Adoption and Safe Families Act of 1997 called for more attention to kinship care as a unique type of foster care placement,⁷ while the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. § 671(a)(19) (2006), encouraged states to give preference to adult relatives over nonrelatives when determining placement of a child, so long as “the relative caregiver meets all relevant State child protection standards.”

As society has increasingly demanded responsibility from kinship caregivers, interest has intensified in kin as primary caregivers.⁸ Research has focused on the welfare of children who reside apart from their parents and with extended kin. In terms of stability of care, these children are more likely than those in nonkinship foster care to stay with their kin caregivers, and, overall, they are subject to fewer CWS placements.⁹ Compared with children in nonkinship foster care, in terms of safety the children in kinship care have similarly low rates of maltreatment re-reports to the CWS.⁹ In terms of well-being, among children who remain with their caregivers (i.e., live with them for more than 75% of the 18- or 36-month period preceding assessment), those in kinship care show improvement in their behavioral symptoms, whereas children in nonkinship foster care have a greater chance of deterioration in their behavior.¹⁰⁻¹¹ These differences in favor of kinship care have been interpreted as reflective of a more predictable, less stressful environment and the protective relationship provided by kin.¹² Nonetheless, little research to date addresses environmental and parenting differences between kin and foster caregivers.

Purpose of the Brief

By giving care to their relatives' children, kinship caregivers help preserve family ties and provide children with a sense of family support; their care also saves society more than \$6.5 billion each year in formal foster care costs.⁸ Although kinship caregivers tend to report a deep sense of fulfillment from their caregiver role, this role requires an enormous supply of energy and additional economic resources. Little is known about how these families are functioning and how kinship caregivers are caring for their children. This research brief examines the parenting provided by kinship caregivers to children 10 years old or younger who have been involved in investigations of child maltreatment; it addresses the following questions:

- What characterizes families headed by kinship caregivers? How do these characteristics compare with those of families headed by nonkin foster caregivers?
- What characterizes the kinship caregivers' neighborhoods? How do these characteristics compare with those of nonkin foster caregivers' neighborhoods?
- What characteristics generally define parenting by kinship caregivers? How do these characteristics compare with the parenting characteristics of nonkin foster caregivers?

National Sample of Children Involved in Allegations of Maltreatment

The National Survey of Child and Adolescent Well-Being (NSCAW) is a national longitudinal study of the well-being of 5,501 children aged 14 years or younger who had contact with the CWS within a 15-month period starting October 1999.¹³ This research brief draws on NSCAW data collected from 1999 to 2000 to describe parenting by 468 kin and 517 nonkin (hereafter *foster*) caregivers of children who were 10 years old or younger when they first became involved in CWS

investigations for abuse or neglect.^a The data were drawn from standardized measures of parenting, as well as from baseline interviews of caregivers and caseworkers in the NSCAW child protective services sample. Although this brief provides a “snapshot” in time, using a nationally representative sample, it should be remembered that a number of substantial policy changes have been put in place over the past decade, many aiming to increase and enhance kinship care for children involved in the CWS. A second nationally representative sample for NSCAW (NSCAW II) was launched late in 2008, and future reports will be able to document any changes that have occurred over time.

Measures of Caregiver Health, Parenting, and Home Environment

Caregivers’ health was measured with the 12-Item Short-Form Health Survey (SF-12). The scale consists of 12 items selected from the Medical Outcomes Study 36-Item Short-Form Health Survey. The SF-12 has two summary scales: Physical Health and Mental Health.¹⁴

Caregivers’ community environment was measured with the Abridged Community Environment Scale (1996) used within the National Evaluation of Family Support Programs. The scale consists of nine items that ask caregivers about current problems in their neighborhoods and how their own neighborhood compares with others.¹⁵

Caregivers’ parenting behavior was assessed with the Home Observation for Measurement of the Environment Short Form (HOME-SF).¹⁶ The HOME-SF involves direct observation of the children’s home environment during a 45- to 90-minute home visit. Some HOME-SF items require scoring based on the caregivers’ verbal self-report as obtained through a semistructured interview during the home visit; other items are scored according to the assessor’s observation during the visit to the child’s home. Three versions of the HOME-SF were used in NSCAW: one for children aged zero to 2 years old, one for children aged 3 to 5 years old, and one for children aged 6 to 10 years old. (The HOME-SF was not used with caregivers of older

children.) The items were reported in two areas for all ages: Parental Responsiveness, and Learning Stimulation. The items from these two areas were used to create a Total Parenting score. The scores were standardized to represent the proportion of positive parenting responses out of the total possible for each age group.

A third subscale, the Punitiveness/Hostility subscale of the HOME-SF,¹⁷ is based on the interviewer’s observation of the caregiver’s interaction with the child. This subscale consists of four items for caregivers of children aged zero to 2 years, two items for caregivers of children aged 3 to 5 years, and one item for caregivers of children aged 6 to 10 years.^b

To provide some context, the percentages of caregivers in the general population who displayed behaviors related to the kin and foster caregiver behaviors described in this brief (see Figures 2–4 and Figures 6–8) are indicated by data derived from the National Longitudinal Survey of Youth (NLSY).¹⁸ For more than 4 decades, the NLSY has provided information about the general population of American families. NLSY data based on the HOME-SF represents a sample of about 29,000 child-mother assessments.

Characteristics of Children in the Sample

Approximately 50% of the children in these age ranges who were reported to CWS for maltreatment and who were in the care of kin or foster caregivers were male. White children made up the largest group (44.6%), followed by Black (34.5%), Hispanic (15.1%), and “other” children (4.1%).

Children living with kin were older than children with foster caregivers. Among children in kinship care, 35.0% were zero to 2 years old, 20.2% were 3 to 5 years old, and 44.9% were 6 to 10 years old. Among children in foster care, 53.5% were zero to 2 years old, 11.1% were 3 to 5 years old, and 35.4% were 6 to 10 years old.

According to caseworkers’ reports, half of children reportedly came to the CWS’s attention because of neglect. Failure of a caregiver to provide for the child was reported for 24.6%; failure to supervise the child, for 24.9%; physical abuse, for 19.9%; sexual abuse, for 6.8%; emotional abuse, for 3.9%; and abandonment,

^a In order to make both groups comparable in terms of their expected relationship with the CWS (namely, that both would rely on CWS as an out-of-home placement resource), we excluded from the sample 4.5% of kinship caregivers (25 grandmothers, 5 aunts, 2 grandfathers, and one other relative) because the caseworker had identified a relative as the alleged perpetrators of maltreatment.

^b Because different, age-appropriate versions of the HOME-SF were used, causing variation in some of the items, results are presented separately for each age group.

for 9.9%. About 9.0% were reported for reasons other than abuse or neglect (e.g., for mental health or domestic violence services). Children in foster care were more likely to have a case of maltreatment that was substantiated (63.0%) than children in kinship care (46.8%). *Substantiation* is child protective services' official case decision that allegations of child maltreatment are valid. Even when caseworkers believe children have been harmed or are at risk, substantiation is unlikely unless evidence of maltreatment is found.

Characteristics of the Caregivers

Most caregivers were living in urban areas (87.1% of kinship caregivers and 80.1% of foster caregivers). Among kinship caregivers, the majority were grandmothers (60.9%), followed by aunts (21.8%) and other relatives (14.4%). Only a small percentage of kinship caregivers were uncles (1.9%), grandfathers (0.3%), sisters (0.6%), or brothers (0.1%). Half of kinship caregivers were White (50.3%), followed by Black (25.8%), Hispanic (19.3%), and "other" (4.6%). Among foster caregivers, a large majority was female (96.4%). More than half of foster caregivers were White (62.9%), followed by Black (19.5%), Hispanic (10.7%), and "other" (6.9%). No significant differences between kin and foster caregivers emerged for race/ethnicity or urban residency.

Kinship caregivers were significantly older than foster caregivers. Few kinship caregivers were younger than 35 years old (8.1%), 19.4% were 35 to 44 years old, 46.0% were 45 to 54 years old, and 26.5% were older than 54. Among foster caregivers 16.6% were younger than 35 years old, 38.7% were 35 to 44 years old, 28.6% were 45 to 54 years old, and 16.2% were older than 54. Kinship caregivers were more likely (29.2 %) than foster caregivers (9.2 %) to have less than a high school education.

Significant differences were found between kin and foster caregivers' marital statuses, as well as between their poverty levels. Among kinship caregivers, 48.6% were married, 29.4% were separated or divorced, 11.6% were widowed, and 10.5% were never married. Among foster caregivers, 73.8% were married, 17.9% were separated or divorced, 3.7% were widowed, and 4.4% had never married. Kinship caregivers were significantly more likely to be living at or below the federal poverty level (33.2%) than foster caregivers (12.9%).

Caregivers' Health

No significant differences between kin and foster caregivers emerged for self-report of general health.

Most kinship caregivers reported being in excellent (18.0%), very good (30.3%), or good health (34.1%), while less than one fifth reported being in fair (14.8%) or poor (2.9%) health. Among foster caregivers, many also reported being in excellent (26.3%), very good (33.6%), or good health (24.3%). As with kinship caregivers, less than one fifth reported being in fair (14.6%) or poor (1.2%) health.

The SF-12 physical and mental health scales have a mean in the general population of 50.0, with higher scores indicating better mental health. No significant differences emerged between kin and foster caregivers on the physical health scale (kin, 47.2; foster, 48.9). Foster caregivers had significantly higher scores than kin on the mental health scale (kin, 53.4; foster, 55.6). A majority of caregivers reported that their physical and emotional health generally did not limit their daily activities. More than three quarters reported that they felt calm and peaceful much or most of the time, while only a small percentage reported feeling downhearted and blue much or most of the time (5.1%). The only significant difference between kin and foster caregivers was related to the impact of emotional problems. Almost no foster caregivers reported any negative impact of emotional problems, whereas a small percentage of kinship caregivers did. Kinship caregivers were therefore more likely than foster caregivers to report that they had accomplished less than they wanted to in work or other regular daily activities because of emotional problems, such as feeling depressed or anxious (kin, 12.7%; foster, 3.8%); that they had not completed work or other activities as carefully as usual because of such emotional problems (kin, 9.0%; foster, 3.4%); and that their physical health or emotional problems interfered with their social activities much or most of the time (kin, 11.1%; foster, 5.0%).

Caregivers' Neighborhoods

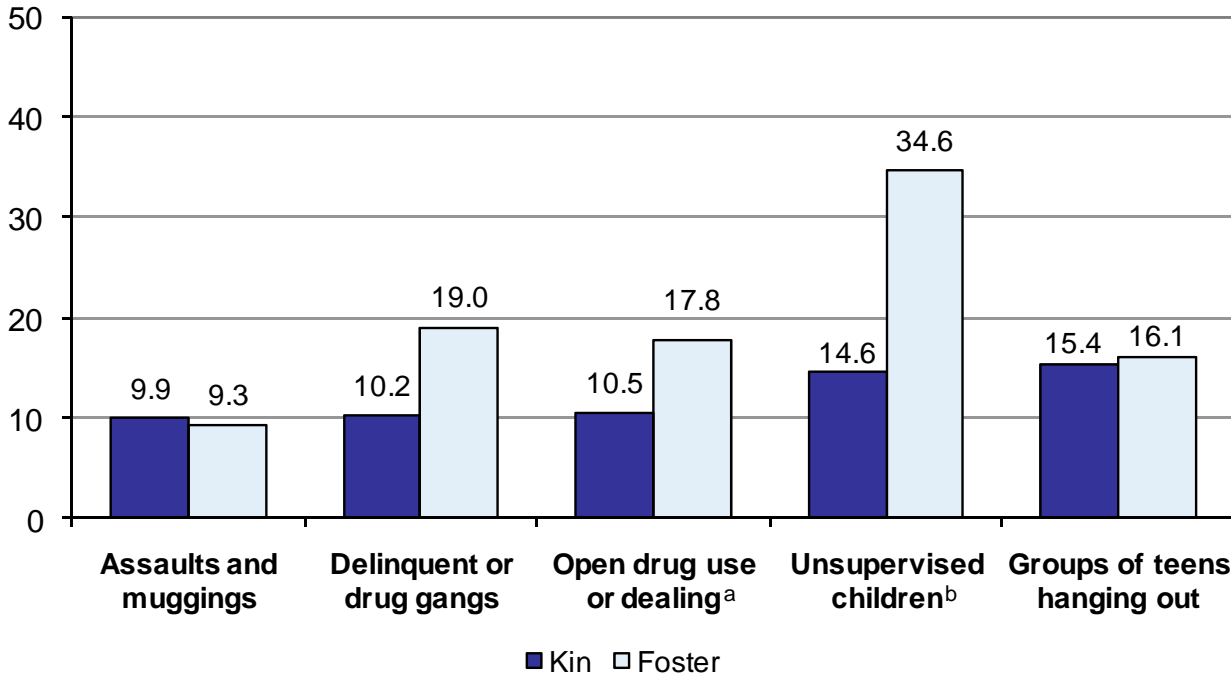
For several characteristics of their neighborhood environments, kin and foster caregivers' descriptions were similar. Together, kin and foster caregivers described their own neighborhoods as safer than (67.0%) or about as safe as (31.0%) most other neighborhoods. A majority considered that their neighborhood had a greater number of involved parents than (39.5%) or about the same number as (42.4%) most neighborhoods. About two thirds considered their neighborhood to be a better place to live than (66.1%), or about the same quality as (33.0%), most neighborhoods. The majority of caregivers indicated that their neighborhood had no problems with assaults

and muggings (90.4%), delinquent gangs or drug gangs (86.4%), or groups of teenagers “hanging out” (84.3%).

Kin and foster caregivers differed significantly in their reporting of open drug use or dealing and unsupervised children in the neighborhood. Kin were less likely

(10.5%) than foster caregivers (17.8%) to report that drug use or dealing was somewhat of a problem or a big problem in their neighborhood. Kin were also less likely (14.6%) than foster caregivers (34.6%) to indicate that the neighborhood had unsupervised children (Figure 1).

Figure 1. Caregivers’ perceptions that issues were “somewhat of a problem” or a “big problem” in the community, by caregiver type (percent)



^a χ^2 comparing kin and foster caregivers = 4.3, df = 2, p = .0162.

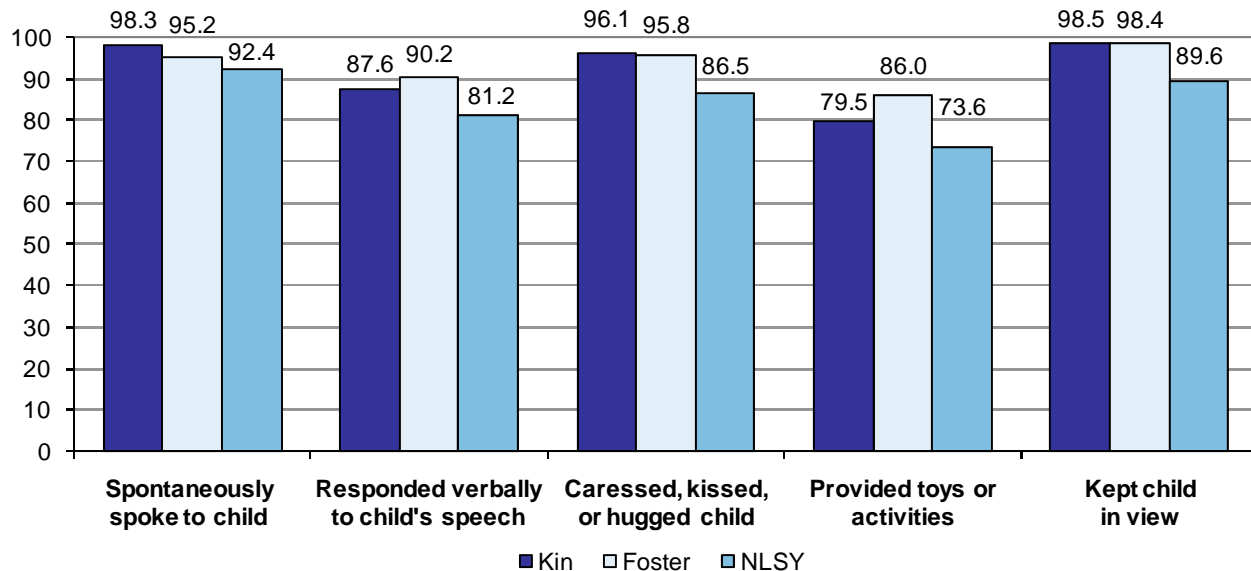
^b χ^2 comparing kin and foster caregivers = 3.5, df = 2, p = .0360.

Caregivers’ Parenting Styles

Most kin and foster caregivers obtained high HOME-SF scores, which reflected sound, appropriate parenting behaviors for both groups. Across all children’s ages most caregivers spontaneously spoke to the child, encouraged the child to talk, responded to the child’s speech, provided toys or interesting activities for the child, kept the child in view, and provided physical affection to the child (Figures 2–4). Most caregivers provided their child with a variety of enriching in-home experiences, which included reading to the child, having age-appropriate toys, and having a family member or themselves take the child for outings (e.g., shopping, park, picnic, drive-in, museums). Moreover, in general, most kin and foster caregivers displayed limited punitive behaviors during the home visit, and no significant differences were observed between kin caregivers and foster caregivers in any of the punitive behaviors that did occur during the home visit (Figure 5).

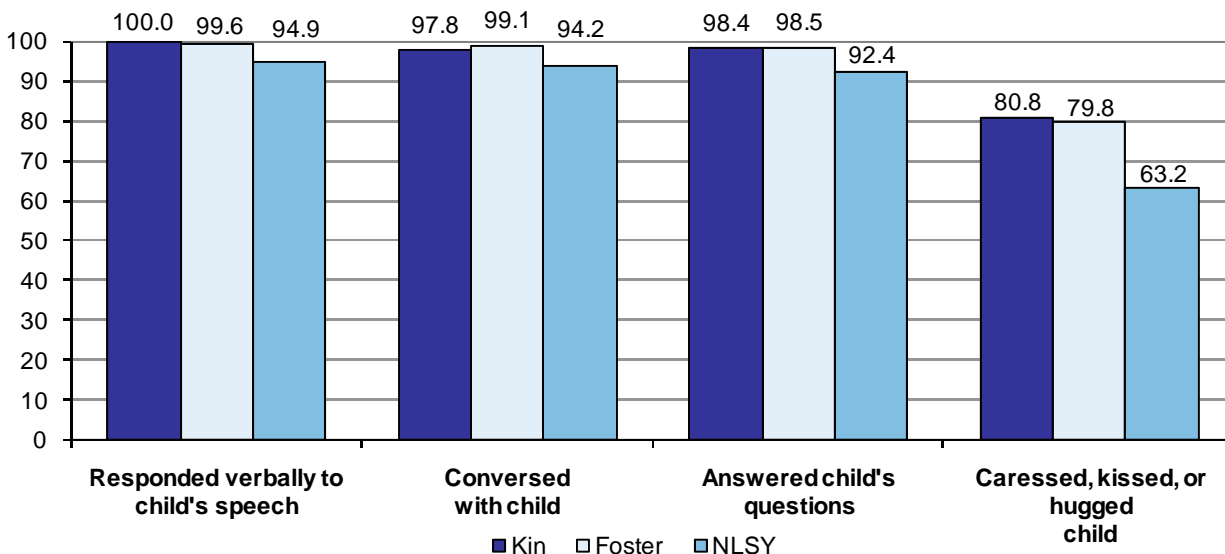
A couple of statistically significant differences in responsiveness and learning stimulation were observed, however, between kin and foster caregivers (Figures 6–8). Among caregivers of children aged zero to 2 years, kin were more likely (56.6%) to have 10 or more books for the child than foster caregivers (28.9%; see Figure 6). Among caregivers of children aged 6 to 10 years, kin were more likely (97.9%) to encourage the child to start and keep hobbies than foster caregivers (92.4%; see Figure 8). When all items specifically measuring caregivers’ responsiveness to the child and provision of learning stimulation were summed to obtain a standardized total score, kin caregivers on average yielded a significantly more positive parenting score than foster caregivers, even when the child’s age and the caregiver’s race/ethnicity, education, and poverty level were taken into account.

Figure 2. Caregivers' responsiveness to children aged zero to 2 years old (percent)



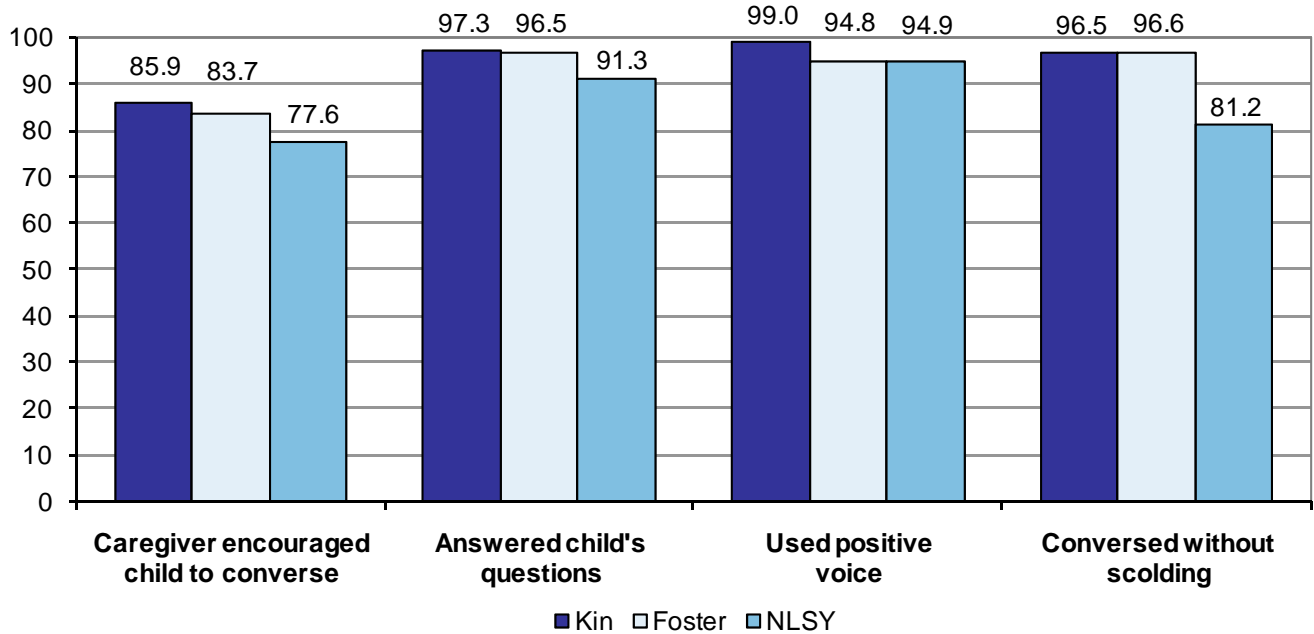
Source: The data for the third bar in each set of bars is from the National Longitudinal Survey of Youth (NLSY; 1986-1994): Bradley, R. H., Corwyn, R. F., McAadoo, H. P., & Coll, C. G. (2001), The home environments of children in the United States: Part I. Variations by age, ethnicity, and poverty status, *Child Development*, 72(6), 1844-1867. Estimates correspond to European-American, nonpoor mothers in the general population.

Figure 3. Caregivers' responsiveness to children aged 3 to 5 years old (percent)



Source: The data for the third bar in each set of bars is from the National Longitudinal Survey of Youth (NLSY; 1986-1994): Bradley, R. H., Corwyn, R. F., McAadoo, H. P., & Coll, C. G. (2001), The home environments of children in the United States: Part I. Variations by age, ethnicity, and poverty status, *Child Development*, 72(6), 1844-1867. Estimates correspond to European-American, nonpoor mothers in the general population.

Figure 4. Caregivers' responsiveness to children aged 6 to 10 years old (percent)



Source: The data for the third bar in each set of bars is from the National Longitudinal Survey of Youth (NLSY; 1986–1994): Bradley, R. H., Corwyn, R. F., McAadoo, H. P., & Coll, C. G. (2001), The home environments of children in the United States: Part I. Variations by age, ethnicity, and poverty status, *Child Development*, 72(6), 1844–1867. Estimates correspond to European-American, nonpoor mothers in the general population.

Figure 5. Caregivers' lack of punitiveness toward their children aged zero to 10 years old (percent)

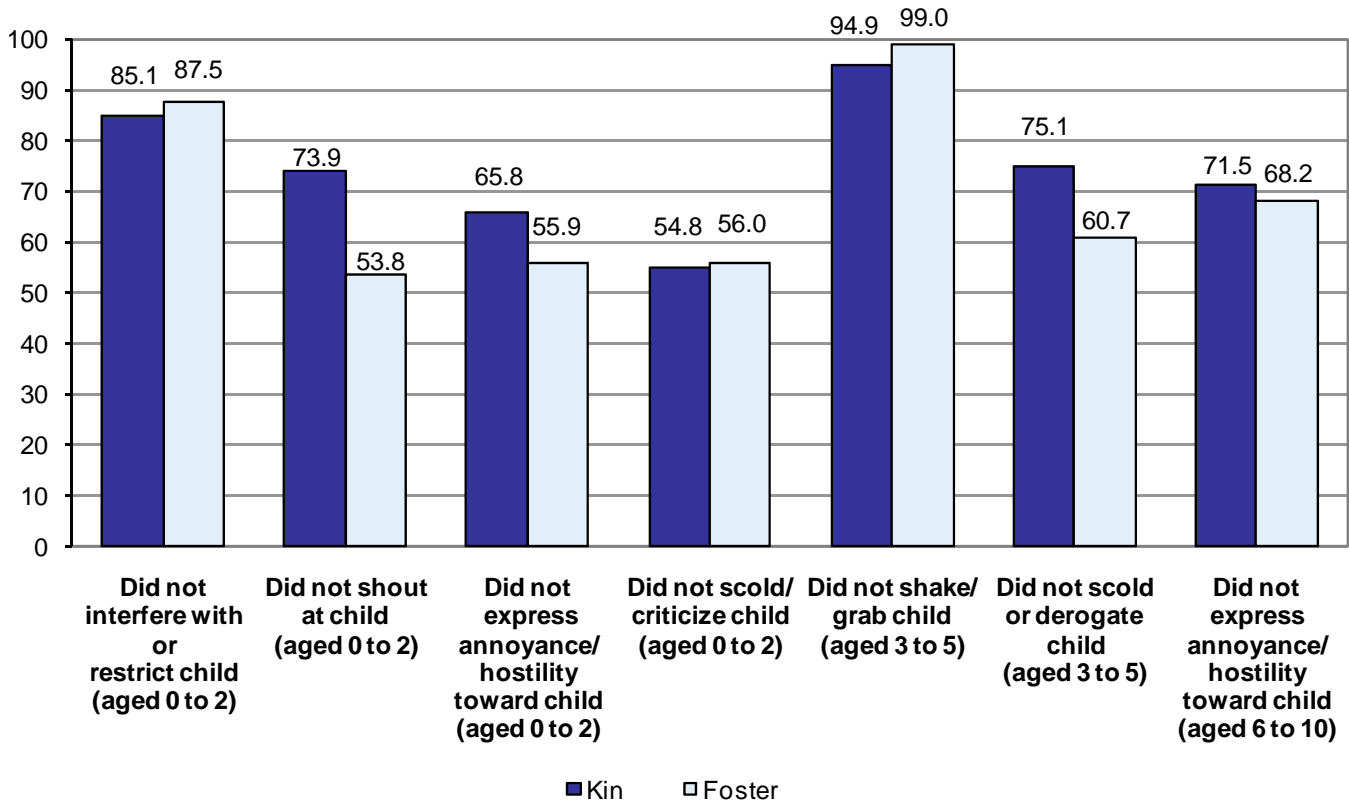
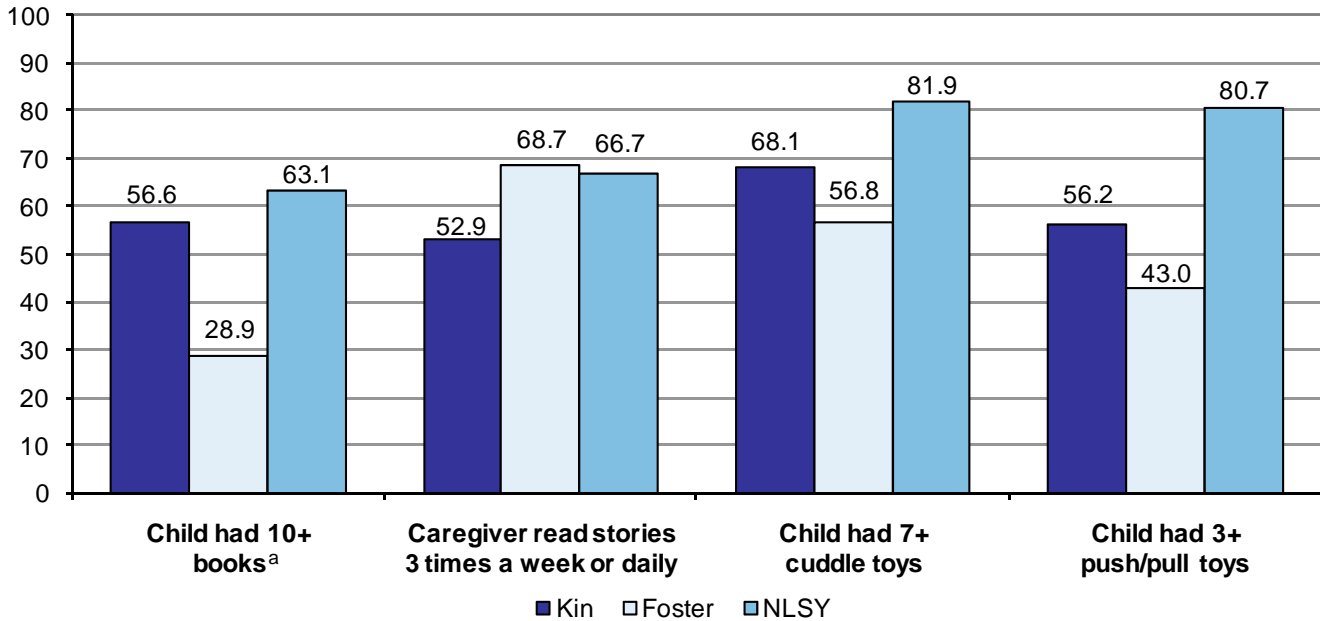


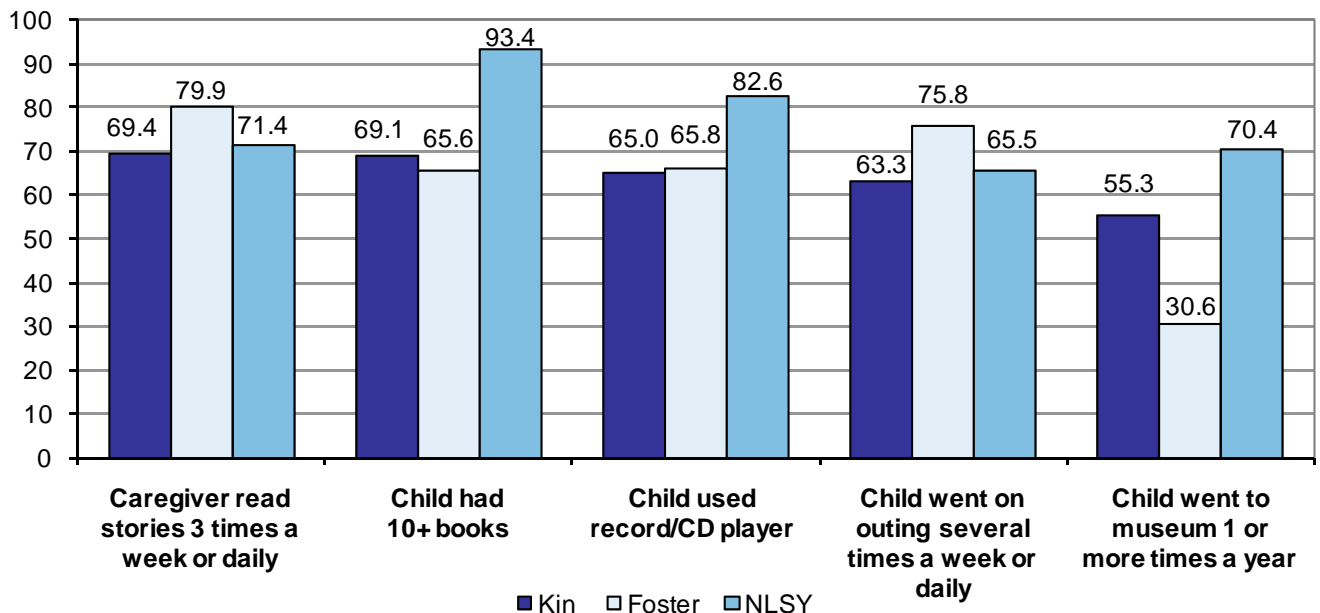
Figure 6. Caregivers' learning stimulation of children aged zero to 2 years old (percent)



Source: The data for the third bar in each set of bars is from the National Longitudinal Survey of Youth (NLSY; 1986-1994): Bradley, R. H., Corwyn, R. F., McAdoo, H. P., & Coll, C. G. (2001), The home environments of children in the United States: Part I. Variations by age, ethnicity, and poverty status, *Child Development*, 72(6), 1844-1867. Estimates correspond to European-American, nonpoor mothers in the general population.

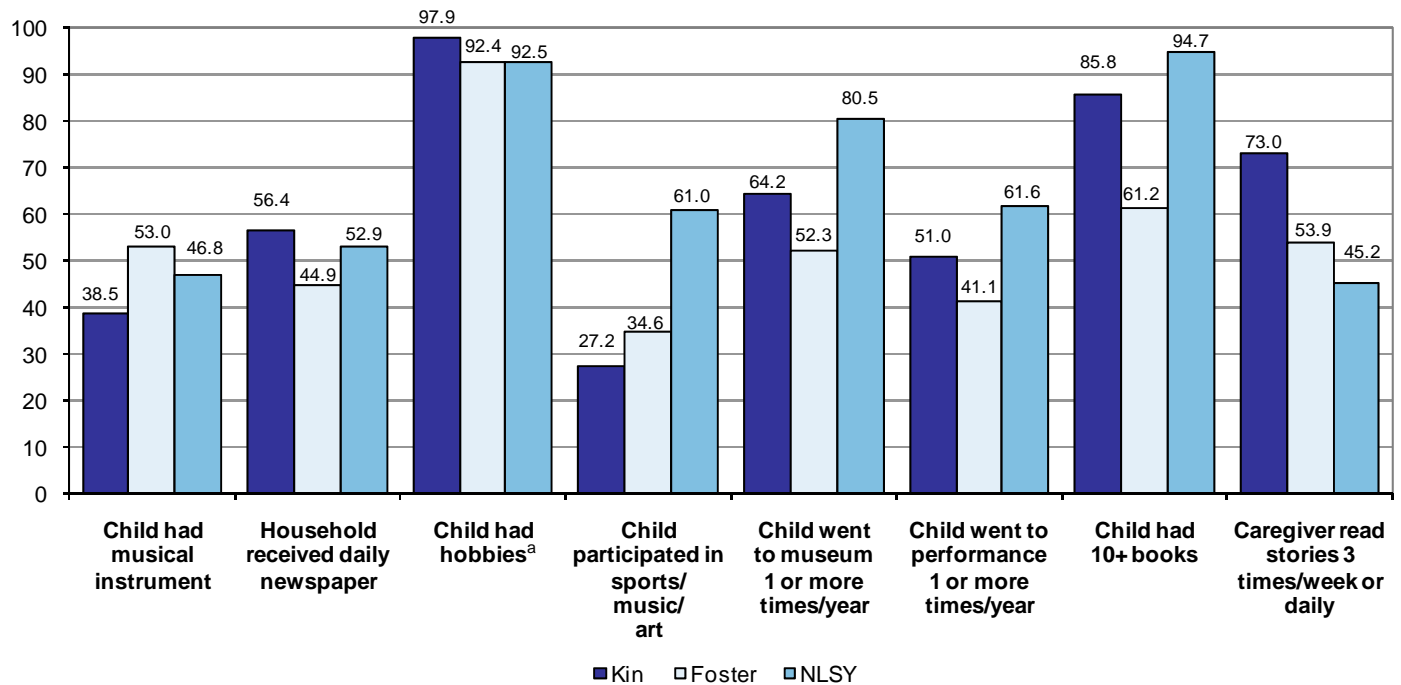
^a χ^2 comparing kin and foster caregivers = 6.6, df = 1, $p = .0117$.

Figure 7. Caregivers' learning stimulation of children aged 3 to 5 years old (percent)



Source: The data for the third bar in each set of bars is from the National Longitudinal Survey of Youth (NLSY; 1986-1994): Bradley, R. H., Corwyn, R. F., McAdoo, H. P., & Coll, C. G. (2001), The home environments of children in the United States: Part I. Variations by age, ethnicity, and poverty status, *Child Development*, 72(6), 1844-1867. Estimates correspond to European-American, nonpoor mothers in the general population.

Figure 8. Caregivers' learning stimulation of children aged 6 to 10 years old (percent)



Source: The data for the third bar in each set of bars is from the National Longitudinal Survey of Youth (NLSY; 1986–1994): Bradley, R. H., Corwyn, R. F., McAadoo, H. P., & Coll, C. G. (2001), The home environments of children in the United States: Part I. Variations by age, ethnicity, and poverty status, *Child Development*, 72(6), 1844–1867. Estimates correspond to European-American, nonpoor mothers in the general population.

^a χ^2 comparing kin and foster caregivers= 3.86, df = 1, p = .0528.

Summary

As this and other studies have reported,^{3,4} kinship caregivers, compared with other foster caregivers, are older, have fewer years of education, are less likely to be currently married, and are more likely to be living below the federal poverty level. The high number of kin (one third) living at or below the federal poverty level is of great concern and contrasts with the rate of poverty among foster caregivers (13.0%) and the year 2000 national poverty rate (14.0%).¹⁹ Previous studies have suggested that kinship caregivers are significantly less likely to receive economic support from the CWS than foster caregivers.¹⁹ The limitations of their economic resources are confirmed by NSCAW, with kin rates of poverty being more than double those of foster caregivers. This comparative poverty further burdens kin already challenged with the work of raising children and suggests the need for careful attention to additional supports that may be needed for this important group of caregivers.

At the national level, results from the HOME-SF measure for the general population of households can

be derived from the NLSY, which followed thousands of youth into adulthood and parenthood.²⁰ Both kin and foster caregivers in NSCAW showed high percentages of positive responsiveness behavior across all child ages, with percentages similar to or better than those among the general population of European-American, nonpoor mothers in the NLSY. The overall parenting score of kin in the NSCAW sample was higher, however, than the overall parenting score of foster caregivers.

The only areas for which kin and foster caregivers had lower scores than households in the general population (NLSY) were in the number and variety of toys, the provision of learning materials (e.g., books, CD players), and the provision of enrichment outings (e.g., visits to museums, musical or theatrical performance) for children. These differences from the general American household may be explained by the limited financial resources in many of the households in NSCAW, or by the limited time that some caregivers may have had with their children, meaning less time to accumulate toys, books, and other materials and to provide enrichment experiences with which to stimulate learning. For other caregivers, uncertainty surrounding the length of time

they would care for the child may have deterred them from acquiring toys and learning materials. Perhaps tellingly, some items not requiring financial means to provide learning stimulation, like reading 3 times a week or daily, showed percentages for NSCAW caregivers that were even better than those of the general population of European-American, nonpoor mothers in the NLSY.

Although kinship caregivers in the NSCAW sample were affectionate toward the children in their charge and were often responsive to their needs, their financial resources may have limited the opportunities they were able to provide them. Many policy makers and researchers have proposed that the economic disadvantages suffered by children in kinship care can be alleviated by extending to kin the public dollars that are available for foster and adoptive parents.⁹ The recently enacted legislation, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110-351 (2008), now provides federal reimbursements to states and tribes choosing to operate a program that assists grandparents and other relatives who have been foster parents and later became legal guardians of certain children. The law has required the creation of a new discretionary grant program that funds kinship navigator, family-finding, and family group decision-making programs. These programs may grant kinship caregivers the support they need to fulfill their critical role in raising children involved with the CWS.

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http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

This is the fifteenth in a series of NSCAW research briefs focused on children who have come in contact with the child welfare system. Additional research briefs focus on the characteristics of children in foster care, the provision of services to children and their families, the prevalence of special health care needs, the use of early intervention services, and caseworker judgment in the substantiation process.