



Beginning in 1996, the Administration for Children and Families (ACF) responded to a congressional mandate for a longitudinal study of child abuse and neglect by establishing the National Survey of Child and Adolescent Well-Being (NSCAW). At that time, there was no study of this kind, of such size and scope and featuring the first nationally representative sample of children and families investigated by the child welfare system (CWS). NSCAW is the first study to collect data directly from children and caregivers, incorporating direct assessment of the functioning and well-being of children. The study has produced five full waves of data collected between 1999 and 2007 from more than 6,200 children and their caregivers, caseworkers, teachers, and agency administrative records.

The NSCAW data are extensive, rich, and complex and have shed light on the characteristics of children and families within the CWS; they have increased the understanding of policies and practices impacting child safety, permanence, and well-being, as well as those impacting child and caregiver services. This information comes at a critical time, one of increasing demands and fewer resources in the CWS (Lindsey, 2003). The number of children and families reported and investigated has increased 32.4% since 1990 (Administration for Children and Families, 2006); the need for services has not diminished.

Research based on NSCAW is highlighting important new challenges and providing a better picture of the specific stressors maltreated children face and the range of outcomes that are affected. To date, the study has resulted in more than 130 publications. This brief summarizes some of the main NSCAW findings in the areas of permanency and living situation; child and family well-being; and use of services.

## Permanency and Living Situation

- **Permanency.** Most children reported for maltreatment remain living at home with their biological caregivers. When children are removed from their homes, approximately one third are eventually reunified with their biological caregivers (Wildfire, Barth, & Green, 2007). Reunification varies significantly by gender and race: Black children were less likely to be reunified than other children, even after analysis controlled for variables other than race; among children 7 months to 10 years old, boys were more likely to be reunified than girls.
- **Out-of-home placements.** Placement instability is relatively common for those children placed outside the home. A child placed outside the home changed placements, on average, slightly more than 3 times over the course of 3 years (Rubin, O'Reilly, Hafner, Luan, & Localio, 2007). Older children were more likely to experience multiple placement changes than younger children. Among children who began the study without mental health problems, later mental health needs were associated with unstable placements.
- **Adoption.** Adoption is an important outcome for many children, particularly the very young. More than half (56%) of maltreated infants determined to be in need of adoption were adopted by the time they reached 5 to 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 infants' adoption rates were found in relation to a child's gender, race/ethnicity, or special health care needs (Administration for Children and Families, 2008c).
- **Kin care.** Children placed outside the home often live with kinship caregivers, most commonly grandmothers (60.9%) or aunts (21.8%). Kinship caregivers were older, less educated, less likely to be married, and more likely to

be living under the federal poverty level than foster caregivers. Controlling for a child's baseline risk, placement stability, and attempted reunification, the probability of behavioral problems at the NSCAW 3-year follow-up was significantly lower for children in kin care than for those in foster care (Rubin, et al., 2008).

## Child and Family Well-Being

- **Special health care needs.** Many children have some history of chronic health conditions or special needs that typically require extensive health and related social services. At any point between baseline and the 3-year follow-up, about a third of children were identified as having special health care needs (SHCN). Overall, over the course of 3 years, 50.3% of children were identified as having SHCN. Boys were significantly more likely than girls to have had SHCN, and children aged 0 to 2 years at baseline were significantly less likely to have had SHCN than older children. The most commonly reported type of chronic health condition was asthma. The most commonly reported type of special need was a learning disability (Ringeisen, Casanueva, Urato, & Cross, 2008).
- **Behavioral and developmental needs among young children.** Young children (less than 6 years old) appear particularly vulnerable to behavioral and developmental problems (45.7% had some problem). Few (22.7%) young children received services for developmental and/or behavioral problems. Children in out-of-home placement were more likely to receive any service than children living in-home who did not have a CWS active case (35.6% compared to 19.9%). Infants were less likely than preschoolers to receive education services (7.0% compared to 16.3%), mental health services (4.9% compared to 17.5%), and primary care services (4.8% compared to 10.6%) (Stahmer, et al., 2005).
- **Child mental health.** Slightly less than half (48%) of children reported to CPS show signs of an emotional or behavioral problem. These problems are especially high among those placed outside the home (Burns, et al., 2004). These mental health needs may continue over time. Of those reported for maltreatment during adolescence, 48% showed signs of mental health problems in early adulthood (Administration for Children and Families, 2008a).
- **Delinquency.** Adolescents reported involvement with some degree of delinquent behavior, primarily skipping school (19.4%) and being unruly in public (19.2%). Male adolescents were more likely than female adolescents to report delinquency problems (Administration for Children and Families, 2005). Among young adults who were adolescents at the beginning of the study, 16.7% had been arrested at least once in the previous 12 months. The annual arrest rate was 480 per 1,000, more than 4 times the national rate for 18- to 24-year-olds (Administration for Children and Families, 2008a).
- **Caregiver risk factors** Many caregivers of children reported to CPS described some history of domestic violence, criminal activity, and depression. For example, 45% of female caregivers experienced physical violence from an intimate partner in their lifetimes; 29% had experienced such violence within the previous 12 months. (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). One in every three children living with biological caregivers had primary caregivers who had been arrested at least once (Phillips & Dettlaff, in press). About a quarter of female caregivers had a positive score for major depressive disorder at each follow-up of NSCAW (Administration for Children and Families, 2008b). Services referral information indicates that caregiver mental health needs may be more likely than substance abuse problems to be missed by CWS (Libby, et al., 2007).

## Use of Services

- **Access to mental health services.** High levels of children's mental health needs go unmet. Only 25% of children in need of mental health services received any specialty mental health care in the 12 months after investigation. Children who remained at home and who did not receive CWS services were the least likely to gain access to needed mental health services. Black children were also less likely to receive needed services than White children (Burns, et al., 2004). The CWS may act as a gateway to mental health services: The likelihood of mental health service use

increased immediately after a child's contact with the CWS, particularly for children placed outside the home (Leslie, et al., 2005).

- **Special education services.** Among school-aged children with an open CWS case, 7.3% showed signs of cognitive problems; 16.4%, signs of behavioral problems; and 6.6%, signs of both cognitive and behavioral problems. Overall, 30.3% may have been in need of special education services. Of those in need, 57.8% received special education (Webb, Harden, Baxter, Dowd, & Shin, 2007).
- **Parenting services.** The leading CWS service provided for biological families was some kind of parenting intervention. A full 94% of counties delivered parent training to families with identified need, but the most frequently used programs failed to adhere to evidence-based approaches (Hurlburt, Barth, Leslie, Landsverk, & McCrae, 2007)

NSCAW research has enhanced the field's understanding of what children and families involved in the child welfare system face. Nonetheless, 10 years have now passed since collection of the NSCAW baseline data. These 10 years likely have meant changes in the characteristics of families served by the CWS and changes in system policies and practices. Consequently, ACF commissioned the study of a new cohort of children served by the CWS that began in 2008. With NSCAW II, ACF has initiated a new phase in its study of the effects of maltreatment, pathways, and outcomes experienced by children and families who come in contact with the CWS.

The new, NSCAW II cohort will largely use the existing primary sampling units and will include two waves of data collection with sampled children, their current caregivers, their investigative and service caseworkers, and their teachers. The NSCAW II design includes the acquisition of agency administrative data and data gathered for submission to external sources (e.g., the Adoption and Foster Care Analysis and Reporting System and the National Child Abuse and Neglect Data System). NSCAW II includes approximately 5,900 children. The baseline for NSCAW II was completed in August 2009. The 18-month follow-up began in October 2009.

## References

- Administration for Children and Families (2005). *National Survey of Child and Adolescent Well-Being (NSCAW) CPS Sample Component Wave 1 Data Analysis Report*. Washington, DC: Author.
- Administration for Children and Families (2008a). *Adolescents involved with child welfare: A transition to adulthood*. Washington, DC: Author.
- Administration for Children and Families (2008b). *Depression among caregivers of young children reported for child maltreatment*. NSCAW Research Brief. Washington, DC.
- Administration for Children and Families (2008c). *Need for adoption among infants investigated for child maltreatment and adoption status 5-6 years latter*. NSCAW Research Brief. Retrieved from [http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/reports/need\\_adoption/need\\_for\\_adoption.pdf](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/need_adoption/need_for_adoption.pdf)
- Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., et al. (2004). Mental health need and access to mental health services by youth involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 960-970.
- Hazen, A. L., Connelly, C. D., Kelleher, K., Landsverk, J., & Barth, R. (2004). Intimate partner violence among female caregivers of children reported for child maltreatment. *Child Abuse & Neglect*, 28(3), 301-319.
- Hurlburt, M. S., Barth, R. P., Leslie, L., Landsverk, J. A., & McCrae, J. (2007). Building on strengths: Current status and opportunities for improvement of parent training for families in child welfare In R. Haskins, F. Wulczyn & M. Webb (Eds.), *Child protection: using research to improve policy and practice* (pp. 81-106). Washington, DC: Brookings Institution.
- Leslie, L. K., Hurlburt, M. S., James, S., Landsverk, J., Slymen, D. J., & Zhang, J. J. (2005). Relationship between entry into child welfare and mental health service use. *Psychiatric Services*, 56(8), 981-987.

- Libby, A. M., Orton, H. D., Barth, R. P., Webb, M. B., Burns, B. J., Wood, P. A., et al. (2007). Mental health and substance abuse services to parents of children involved with child welfare: A study of racial and ethnic differences for American Indian parents. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(2), 150-159.
- Lindsey, D. (2003). *The welfare of children*. New York: Oxford University Press.
- Phillips, S. D., & Dettlaff, A. J. (in press). More than parents in prison: The broader overlap between the Criminal Justice and Child Welfare Systems. *Journal of Public Child Welfare*.
- Ringeisen, H., Casanueva, C. E., Urato, M. P., & Cross, T. P. (2008). Special health care needs among children in child welfare. *Pediatrics*, 122(1), 232-241.
- Rubin, D. M., Downes, K. J., O'Reilly, A. L. R., Mekonnen, R., Luan, X. Q., & Localio, R. (2008). Impact of kinship care on behavioral well-being for children in out-of-home care. *Archives of Pediatrics & Adolescent Medicine*, 162(6), 550-556.
- Rubin, D. M., O'Reilly, A. L. R., Hafner, L., Luan, X., & Localio, R. (2007). Placement stability and early behavioral outcomes among children in out-of-home care. In R. Haskins, F. Wulczyn & M. Webb (Eds.), *Child protection: using research to improve policy and practice* (pp. 171-186). Washington, DC: Brookings Institution.
- Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., et al. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics*, 116(4), 891-900.
- U.S. Department of Health and Human Services Administration for Children and Families (2006). *Child maltreatment 2004*. Washington, DC: U.S. Government Printing Office.
- Webb, M. B., Harden, B. J., Baxter, R., Dowd, K., & Shin, S. H. (2007). Addressing the educational needs of children in Child Welfare Services. In R. Haskins, F. Wulczyn & M. Webb (Eds.), *Child protection: using research to improve policy and practice* (pp. 243-258). Washington, DC: Brookings Institution.
- Wildfire, J., Barth, R. P., & Green, R. L. (2007). Predictors of reunification. In R. Haskins, F. Wulczyn & M. Webb (Eds.), *Child protection: using research to improve policy and practice* (pp. 155-170). Washington, DC: Brookings Institution.

#### National Survey of Child and Adolescent Well-Being Research Brief

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Administration for Children and Families (ACF, OPRE), [http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/nscaw/](http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/)

This is the 16th 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, use of early intervention services, and caseworker judgment in the substantiation process.