Office of Planning, Research and Evaluation, Administration for Children and Families.

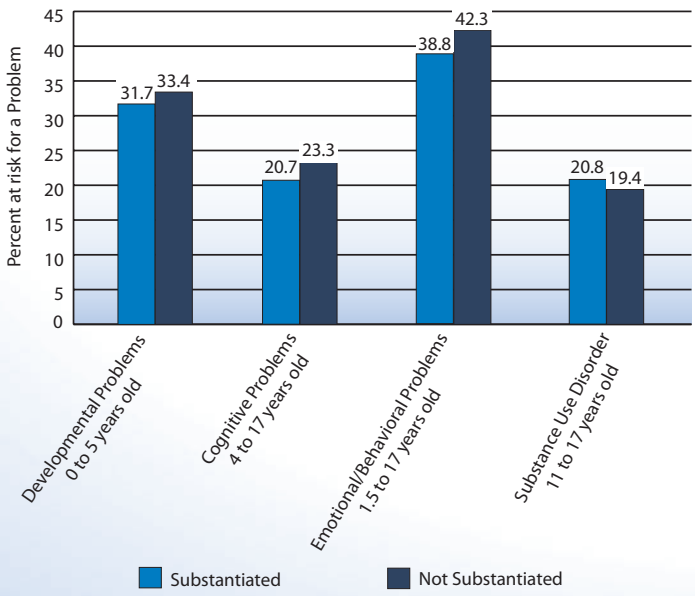
NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

May 9, 2012

Child Well-Being Spotlight

Children with Substantiated and Unsubstantiated Reports of Child Maltreatment are at Similar Risk for Poor Outcomes

In substantiated cases of maltreatment, child protective services determine whether abuse or neglect can be proven, with credible evidence, to have occurred. Less than one in five investigated reports are substantiated. This decision—whether abuse can be substantiated—is important because it has implications for how much a child and family are involved with the child welfare system and what services they receive. According to estimates from the National Survey of Child and Adolescent Well-Being (NSCAW), children with unsubstantiated reports of abuse or neglect experience the same risk of negative outcomes as children with substantiated reports.[1,2] Children in both groups were at risk for severe developmental and cognitive problems, as well as emotional or behavioral problems and substance use disorders.[3] These data suggest the role of child protective services as a gateway for referrals and receipt of services to all children who come into contact with the child welfare system.



For more information on the well-being of children in the child welfare system, see: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

[1] Percentages are from the National Survey of Child and Adolescent Well-Being II (NSCAW II). Baseline data collection began in 2008-2009. The study includes 5,873 children ranging from birth to 17.5 years old at the time of sampling.

[2] Developmental problems were defined based on children birth to 5 years old having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory, 2nd edition or Kaufmann Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scales, 3rd edition, and adaptive development based on the Vineland Daily Living Skills. Children 1.5 to 17 years were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Child Behavior Checklist (CBCL); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Youth Self-Report; (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Teacher Report Form; (4) a clinically significant score was obtained on the Child Depression Inventory, or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist. Children 4 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need). Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT substance abuse screening test. A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment.

[3] Comparisons between children with substantiated/indicated and unsubstantiated reports control for child's gender, age, main type of maltreatment, placement, household poverty, and risk factors reported by caseworkers (low social support and high stress in the family).

Source: The National Survey of Child and Adolescent Well-Being II (NSCAW II) is the second nationally representative sample of children reported to child protective services sponsored by the Administration for Children, Youth and Families (ACF). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews with caseworkers, children, caregivers, and teachers.

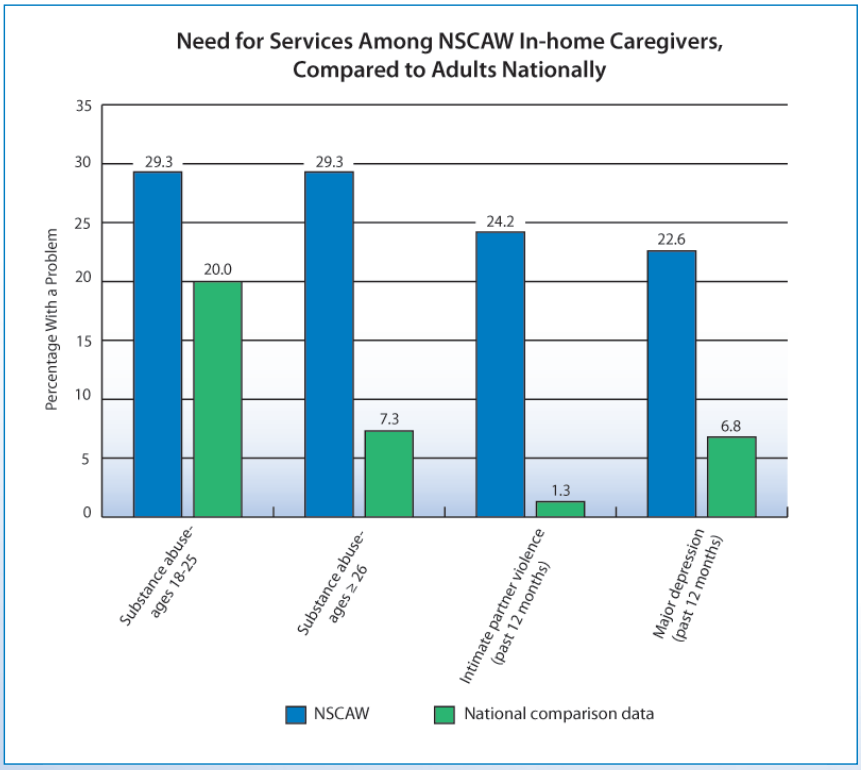
NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

September 18, 2012

Child Well-Being Spotlight

Caregivers of Children Who Remain In-home After a Maltreatment Investigation Need Services

Children's well-being depends on the capacity of their family to nurture and care for them. Caregivers facing multiple difficulties, including intimate partner violence, substance abuse, and poor mental health, are challenged to provide the quantity and quality of care that supports healthy child development and well-being. The vast majority (86%) of children who have received a report of child abuse or neglect remain in-home following a maltreatment investigation.[1] However, data from the National Survey of Child and Adolescent Wellbeing (NSCAW) indicate that many in-home caregivers experience a range of problems that could affect their ability to care for their children effectively.[2] Compared to adults nationally, in-home caregivers in NSCAW have much higher rates of substance abuse, intimate partner violence, and major depression.[3-5] These data show that families may have a great need for services, even in cases where children are not removed from the home. Child protective services plays an important role as a gateway for referrals and receipt of services to caregivers of all families who come into contact with the child welfare system.



For more information on the well-being of children and their caregivers in the child welfare system, visit: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/.

[1] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010.* Available from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

[2] Percentages are from the baseline of the National Survey of Child and Adolescent Well-Being II (NSCAW II). Baseline data collection began in 2008–2009. The study includes 5,776 caregivers of children ranging from birth to 17.5 years old at the time of sampling, of whom 3,636 are in-home caregivers.

[3] Depression in caregivers was assessed with the Composite International Diagnostic Interview Form, Short-Form (CIDI-SF). National comparison data are from the 2007 National Comorbidity Survey Replication, which used the long form of the CIDI to assess depression among U.S. adults 18 years old or older. The proportion shown is the proportion of adults who experienced major depression in the past 12 months.

[4] Physical intimate-partner violence was reported by female caregivers using the Conflict Tactics Scale. National comparison data are from the 1995–1996 National Violence Against Women Survey.

[5] Caregivers were determined to be "in need of alcohol or substance abuse services" when they met any one of four criteria: (1) caseworker report of a parent's alcohol or drug problem at the time of investigation, (2) AUDIT Total score >5, indicating the presence of hazardous drinking, (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent's self-reported need ("a lot" or "somewhat") for alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service. National comparison data are from the 2009 National Survey of Drug Use and Health.

Source: The National Survey of Child and Adolescent Well-Being II (NSCAW II) is the second nationally representative sample of children reported to child protective services sponsored by the Administration for Children, Youth and Families (ACF). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews with caseworkers, children, caregivers, and teachers.

Office of Planning, Research and Evaluation, Administration for Children and Families.

OPRE

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

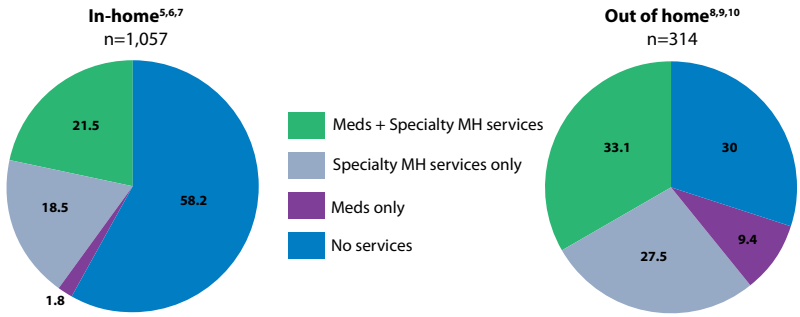
August 15, 2012

Child Well-Being Spotlight

Children in Out-of-Home Placements Receive More Psychotropic Medications and Other Mental Health Services than Children Who Remain In-Home Following a Maltreatment Investigation

Recent research has shown that foster children are more likely to use psychotropic medications than children on Medicaid who are not in the foster system, and are more likely to use multiple psychotropics at once. Based on NSCAW II, Wave 2 data, this spotlight examines psychotropic medication use, alone and in combination with other services, among children involved with the child welfare system.[1] High levels of unmet mental health service needs still remain among children in the child welfare system, despite similar findings published almost a decade ago from the NSCAW I study. One third to one half of children meeting clinical symptom criteria did not receive any specialty services in the past 18 months. Psychotropic medications were used alone, in absence of any other service, by a larger percentage of children living out of home (9.4%) than children living in-home (1.8%) (differences in level of mental health need were not taken into account in this comparison).

Use of specialty mental health (MH) services[2] separately and in combination with psychotropic medications[3] at NSCAW Wave 2, among children meeting clinical criteria for a mental health need[4]



For more information on the well-being of children and their caregivers in the child welfare system, visit: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/.

[1] Percentages are from the National Survey of Child and Adolescent Well-Being II (NSCAW II). Data are from the first follow-up Wave (Wave 2), conducted in 2008-2010, approximately 18 months after the baseline assessment. The NSCAW II study includes 5,873 children ranging from birth to 17.5 years old at the time of sampling. At Wave 2, they ranged from 16 months to 19 years old.

[2] Specialty mental health services includes the following: outpatient drug or alcohol clinic, mental health or community health center, private mental health professional, in-home counseling or crisis services, treatment for emotional and substance abuse problems, therapeutic nursery, psychiatric unit in hospital, detox or inpatient unit, hospital medical inpatient unit, residential treatment center or group home, hospital emergency room for emotional and substance abuse problems, family doctor mental health service, school-based mental health service.

[3] Caregivers were asked to give the total sum and individual names of psychotropic medications the child was currently taking. The total sum of (nonspecific) psychotropics reported by the caregiver is reported here.

[4] Children were considered to have a mental health need if they met any of the following criteria: (1) Total Problem, Internalizing, or Externalizing T scores were equal or greater than 64 on either the Child Behavior Checklist , Teacher Report Form, or Youth Self Report from the Achenbach System of Empirically Based Assessment, a global assessment of child emotional and behavioral functioning, (2) a clinically significant score on the Children's Depression Inventory, indicating whether children 7 years old and older may have diagnosable depression, or (3) a clinically significant score on the posttraumatic stress disorder (PTSD) scale of the Trauma Symptoms Checklist, indicating whether children 8 years old and older may have diagnosable PTSD. The data presented are from the 36% of the children in the total NSCAW sample who met the criteria.

[5] The in-home group includes children who were living with biological parents, adoptive parents, or in informal kin care settings. The in-home group includes children who were eligible for Medicaid and children who were not eligible for Medicaid. Medicaid eligibility may impact access to services.

[6] Within the specialty MH services only category, 3.1% received only primary care, 21.5% received only school-based mental health services, and 2.3% received only primary care and school-based mental health services.

[7] Within the meds + specialty MH services category, 18.4% received meds + only primary care, 6.9% received meds + only school-based mental health services, and 2.6% received meds + only primary care and school-based mental health services.

[8] The out-of-home group includes children who were living in a formal kin care setting, foster care, a group home, or a residential treatment center. Rates of psychotropic use were substantially higher for children in group homes and residential treatment centers, compared with children in formal kin and foster care, which may have somewhat inflated mean levels of use in the out-of-home group.

[9] Within the specialty MH services only category, 3.6% received only primary care, 2.6% received only school-based mental health services, and no children received only primary care and school-based mental health services.

[10] Within the meds + specialty MH services category, 1.4% received meds + only primary care, 1.1% received meds + only school-based mental health services, and 8.5% received meds + only primary care and school-based mental health services.

Source: The National Survey of Child and Adolescent Well-Being II (NSCAW II) is the second nationally representative sample of children reported to child protective services sponsored by the Administration for Children, Youth and Families (ACF). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews with caseworkers, children, caregivers, and teachers.