

**Child, Family, and Caseworker Constructs, Their Rationale and the Source in NSCAW Data Collection**

Construct	Ages (of child when administered)	Data Source	Rationale
<b>Child Areas</b>			
<b>1. Social Competence, Relationships</b>			Critical for adaptation in a variety of domains and a frequent area of disruption for children with histories of maltreatment.
Relationships with parents and other significant adults	< 11 ≥ 11	Observation Child	Warm and supportive relationships between children and adults can buffer children against stresses and help children heal from negative effects of maltreatment.
Peer relationships	≥ 5 ≥ 5	Child Teacher	Success in making and keeping friendships is linked to better school adjustment. Peer friendships provide children a support system and model for future relationships. Peer rejection is related to adolescent conduct disorder.
Global social competence	≥ 3 ≥ 5	Caregiver Teacher	Children with better developed social skills have greater success in forming social relationships and better long-term academic and occupational achievement.
<b>2. Health, Cognitive Status</b>			Health and intellectual functioning are among the most important indicators of well-being and have an influence on development in other domains.
Developmental/cognitive status	All	Child	Cognitive functioning and neurodevelopmental status are important mediators of school success. Cognitive status should be assessed at two visits for children <6 and at one visit for children ≥ 6.
Communication skills	< 6	Child	Language skills are the foundation for literacy skills taught in school.
Health and disabilities	All ages	Caregiver	Children with chronic health conditions and disabilities are more likely to experience maltreatment. Health status and injuries can be a direct consequence of maltreatment. Health and injuries influence the extent to which children can participate in activities.

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<b>3. Adaptive Behavior, Functional Status</b>			Adaptive behavior reflects competence in achieving personal independence and meeting social demands such as academic adjustment and performance.
Adaptive skills	≤ 10	Caregiver	The ability to function in daily life is an important marker of adjustment. For adolescents in out of home placements, living skills become an important focus of attention as they transition to independent living.
Academic achievement (including attendance, grade progression)	≥ 6 ≥ 5	Child Teacher	Academic achievement and completion of high school are critical for future economic viability. Minibattery is a shortened version of the W-J-R
Special education status and educational, developmental and support services received	All ages	Teacher/ Caregivers Caseworkers	Children's developmental and educational needs affect their participation in school and social activities. Documentation of services addressing these needs is an indicator of how the child welfare system operates.
School socialization	≥ 5	Teacher	Maltraeted children often experience difficulties in social as well as academic aspects of school adjustment. The ability to function socially in the classroom is highly related to academic performance.
School engagement	≥ 5	Child / Teacher	Motivations are affected by early experiences and in turn influence children's dispositions towards learning and school.
Future expectations	≥ 10	Child	These expectations are a by-product of prior experiences and may influence social and behavioral adjustment.
<b>4. Behavior Regulation, Emotional and Mental Health</b>			Behavioral and emotional processes are developed as part of the caregiver-child relationship and can be disrupted when this relationship is impaired. Their successful development along with mental health are the hallmarks of adjustment and well-being.
Temperament	≤ 3	Caregiver	Temperament can either act as a risk or a resiliency factor by influencing how a child relates to others. It is also one of the antecedents of self-regulation.

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Behavior problems	$\geq 2$ $\geq 5$ $\geq 11$	Caregiver Teacher Child	Behavior problems are one of the earliest signs of maltreatment, especially difficulty with impulse control and aggressive behavior. Behavior, especially externalizing, problems interfere with peer acceptance and academic performance and can be a precursor to later delinquency. Since they are often setting specific, this measurement requires multiple informants.
Mental health	$\geq 2$ $\geq 5$ $\geq 8$	Caregiver Teacher Child	Mental health is a broad construct that affects all aspects of well-being. In children it is highly associated with behavioral problems. Conduct disorders and other externalizing problems can be assessed with the CBCL. For internalizing problems such as depression and anxiety need to probe child.
Criminality/delinquency	$\geq 11$	Child	Elevated risk of delinquency and criminality among maltreated individuals. Avoidance of criminality is a marker of successful social adaptation.
Substance abuse and risky sexual behaviors	$\geq 11$	Child	Drug abuse and early sexual activities are associated with depression and maltreatment.
<b>5. Life Experiences</b>			
Child Maltreatment	All Ages $\geq 11$ All Ages	Caregiver Child Caseworker	It is critical to get more than the maltreatment information that forms the basis of the report.
Family/placement disruptions	All Ages	Caregiver	Frequent placement changes and household disruptions are related to poorer child outcomes
Loss, violence and other stressors in and out of the home	$\geq 5$	Child	All violence that is experienced (i.e., viewed as well as directly experienced) has a negative impact on mental health and on how children handle conflicts themselves.

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<b>6. Service Experiences</b>	All ages ≥ 11	Caregiver Child	Documentation of services received is critical to understanding the service provision process, the factors that affect the process, and the relationship among individual/family variables, services, and outcomes.
	All ages	Caseworker	Service experiences only asked of Caseworkers for long-term foster care (LTFC) cases at Wave 1.
<b>Parent /Caregiver Areas</b>			
<b>1. Health Status</b>			The health of the caregiver affects the functioning of the caregiver and thus how s/he relates to the child.
Mental health and substance abuse	All ages	Caregiver	Psychiatric disorders, especially parental depression can be especially harmful to the quality of the parent-child relationship. It is one factor predisposing a parent to maltreatment as well as a result of maltreatment. Substance abuse is one of the reasons for reports to CPS. Substance abuse is also associated with parenting difficulties.
Physical health	All ages	Caregiver	Physical health affects how well a parent can provide caregiving and function in the larger world.
Services received by caregiver	All ages	Caregiver	Services received by parents may be critical to their ability to provide appropriate care for their children. If parents do not receive needed services, reunification may be unlikely.

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<b>2. Caregiver Attributes/Behaviors</b>			Parenting attitudes and behaviors exist on a continuum, from positive and supportive to negative, with child maltreatment falling at the negative extreme.
Parent/caregiver behaviors Emotional nurturing and Cognitive/verbal responsiveness and stimulation	< 11	Caregiver/ Observation	Supportive parent-child relationships are the foundation upon which all developmental achievements are built. Parental sensitivity to the child's needs and interests, parental ability to structure an interaction, and acceptance of the child are highly related to the quality of the emotional bond between parent and child. Verbal and behavioral responsiveness are highly linked to children's communication and intellectual competence.
Behavioral monitoring and discipline	All Ages  < 11  ≥ 10	Caregiver  Caregiver/ Observation  Child	Use of appropriate discipline promotes socialization and behavioral self-regulation in children rather than short-term compliance. It is frequently under the guise of discipline that parents justify physical maltreatment. At the other extreme, lax supervision and the failure to provide any limits can cross the boundary from leniency to neglect.
<b>3. Contextual Factors</b>			These are influences on caregivers and children that affect perceived stress and well-being.
Neighborhood factors	All Ages	Caregiver	The behavior of individuals and families has to be understood in terms of the environment of their community.
Family demographics	All Ages	Caregiver	There is a need to provide background characteristics, roster of who lives in the home, employment, education, and other descriptive information.
Social support and other family resources, including assistance with child-rearing	All Ages	Caregiver	Perceived social support is believed to buffer the child and family against stress, thereby helping them better cope with their problems.
Domestic violence in the home	All Ages	Female Caregivers	Domestic violence is highly associated with child maltreatment, is a source of stress for the child, and may itself be considered a form of psychological maltreatment.

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Criminal involvement of parents	All Ages	Caregiver	This is another background factor that is associated with maltreatment.
Risk assessment	All ages	Caseworker	The relationship between caseworker perceived risk and strengths and long term safety and well being needs to be assessed.
<b>Caseworker Areas*</b>			
Job role	All ages	Caseworker	Used to identify relevant questions for caseload
Work unit	All ages	Caseworker	Used to identify relevant questions for caseload
Caseload	All ages	Caseworker	Case load level will determine amount of time worker is likely to be able to spend on services to sample child
Work environment and job satisfaction	All ages	Caseworker	Work environment and job satisfaction are believed to influence worker's job performance and turnover
Demographics	All ages	Caseworker	Measures of caseworker demographics and professional background; also allows comparison of caseworker race/ethnicity with that of the sample child and family.

\* Some caseworkers assessed multiple children. The following questions were asked of each caseworker only once.