

# National Survey of Child and Adolescent Well-Being

No. 10: From Early Involvement with Child Welfare Services to School Entry: Wave 5 Follow-Up of Infants in the National Survey of Child and Adolescent Well-Being



Findings from the NSCAW Study

research brief

In 1999 the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, undertook the National Survey of Child and Adolescent Well-Being (NSCAW) to learn about children and families coming in contact with the child welfare system (CWS). The sample, which represents the population of children and families that entered the CWS within a 15-month period (October 1999 to December 2000), comprises 5,501 children (aged zero to 14 years) from 92 child welfare agencies nationwide.<sup>1</sup> The first national longitudinal survey of its kind, NSCAW gathers information about children's safety, living-situation permanency, well-being, and services after a maltreatment investigation by child protective services. NSCAW has examined the experiences of children and families with the CWS, starting approximately 4 months after the completion of a CWS maltreatment investigation and following up 1½ years, 3 years, and 5 to 6 years later (in 2005 and 2006). In this brief, we use the term *Wave 5* to refer to this most recent follow-up.

## Purpose of the Brief

This brief provides information about 962 children who were infants (zero to 12 months old) when they first became involved in investigations for child abuse or neglect and whose caregivers participated at the Wave 5 follow-up. Some children's cases were closed after investigation; others had a case opened to CWS services. Although the majority remained at home after investigation, others were removed from their homes. Five to 6 years after child protective services investigation, these children were 5 to 6 years old. This brief is the first in a series presenting findings from the NSCAW Wave 5 follow-up.

Infants who were the focus of maltreatment for CWS constitute an especially vulnerable population. Many of these children have faced disruptions in their living arrangements that may have jeopardized their well-being. Many have developmental, emotional, behavioral, or physical health needs, or a combination of such needs, that may benefit from services. As 5- to 6-

year-olds, these children were entering an important developmental period, beginning their school experience, and learning to negotiate lasting peer relationships. By addressing the following questions, this brief enhances our understanding of the needs of these youngest children entering the CWS:

- Who are the children who have had contact with the CWS during infancy? What types of maltreatment did they experience as infants? What risks did they face? What environments were these children living in by the time they were 5 to 6 years old?
- How well have these children been doing in terms of their physical, psychosocial, cognitive, peer, and academic development? How does this development compare with that of other children?
- How stable have the children's living situations been? Were they living in permanent homes by the time they were 5 to 6 years old?
- What services do these children, caregivers, and families need? What have they received?

## Characteristics of Children Who Had Contact with CWS During Infancy

### Children's Age, Sex, and Race/Ethnicity

At Wave 5 almost all of these children were 5 (67.1%) or 6 (31.6%) years of age. They were evenly divided between males and females. White children made up the largest group (43.3%), followed by Black children (30.1%) and then Hispanic children (20.8%; Table 1).

### Type of Abuse

At the time of the report of child abuse or neglect, caseworkers reported that about two thirds (63.9%) came to the attention of CWS because of neglect. The caregiver's failure to provide for the child was reported for 34.9%; the caregiver's failure to supervise, for 29.0%; and physical abuse, for 19.2%. Emotional, moral/legal, or educational abuse, or abandonment, was reported for 4.8%. Another 10.5% were reported for reasons other than abuse or neglect (e.g., for mental health or domestic violence).

Table 1. Child characteristics in the infant population at Wave 5

	Total ( $N_{\min} = 921$ ) % (SE)	In home: Biological Parent ( $N_{\min} = 494$ ) % (SE)	In home: Adoptive Parent ( $N_{\min} = 224$ ) % (SE)	In home: Kin and Other ( $N_{\min} = 159$ ) % (SE)	Out of Home ( $N_{\min} = 44$ ) % (SE)
<b>Total</b>	<b>NA</b>	61.7 (3.6)	16.7 (1.9)	15.3 (1.8)	6.4 (1.5)
<b>Child's sex</b>					
Male	50.3 (3.2)	55.4 (4.3)	39.0 (4.9)	44.7 (6.3)	43.4 (11.1)
Female	49.8 (3.2)	44.6 (4.3)	61.0 (4.9)	55.3 (6.3)	56.6 (11.1)
<b>Child's age</b>					
4 years	0.1 (0.1)	0.0 (0.0)	0.0 (0.0)	0.4 (0.0)	0.0 (0.0)
5 years	67.1 (3.5)	61.9 (4.3)	82.9 (4.0)	74.2 (5.4)	59.6 (12.1)
6 years	31.6 (3.4)	36.1 (4.2)	17.1 (4.0)	25.4 (5.4)	40.4 (12.1)
7 years	1.2 (1.5)	2.0 (1.5)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)
<b>Child's race/ethnicity</b>					
Black	30.1 (3.2)	27.3 (3.8)	34.6 (5.7)	38.5 (5.0)	25.2 (9.6)
White	43.3 (3.6)	48.8 (4.9)	32.7 (6.3)	35.7 (5.7)	35.2 (12.2)
Hispanic	20.8 (2.1)	19.4 (3.1)	18.1 (4.7)	23.3 (5.6)	36.0 (11.8)
Other	5.8 (1.4)	4.5 (1.2)	14.6 (5.4)	2.6 (1.5)	3.5 (2.9)
<b>Urban at baseline*</b>	80.3 (5.1)	76.3 (5.8)	85.0 (6.7)	84.6 (5.9)	96.6 (2.2)
<b>Grade in school</b>					
Not in school	3.5 (0.9)	4.1 (1.4)	2.2 (0.9)	3.4 (2.2)	0.0 (0.0)
Preschool and other <sup>a</sup>	4.5 (1.0)	4.3 (1.4)	7.0 (1.7)	1.9 (1.6)	6.0 (5.8)
Kindergarten	72.9 (2.6)	71.6 (3.4)	77.2 (4.0)	77.3 (5.1)	76.6 (12.9)
First grade	17.9 (2.2)	18.0 (2.6)	13.6 (3.8)	17.5 (4.9)	17.4 (12.3)
Second grade	1.2 (0.9)	2.0 (1.5)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)

Note: All analyses are on weighted data;  $N$ s are unweighted. Asterisk denotes statistical significance of differences across setting types by this variable ( $*p < .05$ ). NA = not applicable.

<sup>a</sup>Includes nursery school, Head Start, and other ungraded placements.

More than one third (38.7%) of these maltreatment cases were *substantiated*, meaning the CWS decided that the allegations of child maltreatment were valid.

### Living Situation

At Wave 5 the majority of these children were living at home with their biological parents (61.7%). An additional 15.3% were living at home with kin or other caregivers, and another 16.7% were living in adoptive homes. In addition, 6.4% of children were living out of home. The interviewed caregivers were primarily female (92.7%) and White (54.7%); more than half were 25 to 44 years old. Only one third of caregivers had more than a high school education, and almost half lived beneath the federal poverty level. About half of caregivers were employed full or part time. Although fewer than half (43.2%) were married, the majority of caregivers (70.3%) lived with at least one other adult in the home (Table 2).

### Risks These Children Faced at the Time of CWS Investigation

#### Prior CWS Involvement

At baseline, caseworkers reported that 40.0% of families had been previously reported for child maltreatment. Of these families, 91.6% previously had been investigated for child abuse or neglect, and more than two thirds had previously substantiated incidents of abuse or neglect.

#### Caseworker Risk Assessment at Investigation

At the first interview, when children were zero to 12 months old, caseworkers were asked about their perceptions of caregivers' risk factors. Caseworkers reported that 14.4% of caregivers were abusing alcohol, 29.7% were abusing drugs, 20.2% recently had been arrested, 23.3% had a serious mental health problem, and 11.1% had a cognitive impairment. Caseworkers estimated that about half (42.6%) of caregivers had poor parenting skills and that 14.8% had unrealistic expectations of their infants. About a third of caregivers

Table 2. Caregiver and household characteristics in the infant population at Wave 5

	Total ( <i>N</i> = 921) % (SE)	In home: Biological Parent ( <i>N</i> = 494) % (SE)	In home: Adoptive Parent ( <i>N</i> = 224) % (SE)	In Home: Other ( <i>N</i> = 159) % (SE)	Out of Home ( <i>N</i> = 44) % (SE)
<b>Caregiver's sex*</b>					
Male	7.3 (1.7)	10.4 (2.6)	1.2 (0.7)	4.0 (2.1)	0.4 (0.4)
Female	92.7 (1.7)	89.6 (2.6)	98.8 (0.7)	96.0 (2.1)	99.6 (0.4)
<b>Caregiver's age**</b>					
<25 years	12.9 (2.0)	19.7 (2.9)	0.4 (0.4)	2.3 (1.3)	5.9 (5.8)
25–34 years	36.6 (2.6)	54.9 (3.0)	4.8 (1.3)	10.3 (5.1)	5.6 (3.2)
35–44 years	26.4 (2.2)	21.2 (2.3)	40.7 (5.4)	23.5 (4.9)	45.8 (12.6)
45–54 years	16.5 (1.9)	4.0 (1.6)	37.3 (5.1)	38.7 (4.9)	29.2 (11.2)
>54 years	7.7 (1.4)	0.2 (0.2)	16.8 (5.4)	25.2 (5.4)	13.5 (5.2)
<b>Caregiver's race/ethnicity</b>					
Black	26.7 (3.1)	23.0 (3.7)	29.0 (5.7)	38.3 (5.8)	29.4 (10.9)
White	54.7 (3.9)	58.0 (4.7)	52.9 (5.9)	43.6 (5.6)	53.0 (13.5)
Hispanic	13.0 (2.1)	13.2 (2.7)	14.5 (5.6)	13.1 (5.2)	6.3 (3.5)
Other	5.6 (1.4)	5.8 (1.7)	3.6 (1.5)	5.0 (2.3)	11.3 (7.7)
<b>Caregiver's education**</b>					
Less than high school diploma	25.9 (2.2)	30.3 (3.2)	14.0 (5.8)	24.1 (6.2)	18.1 (9.7)
High school diploma	45.4 (2.8)	49.1 (4.3)	43.1 (5.8)	40.5 (5.5)	26.9 (8.5)
More than high school	28.7 (2.3)	20.4 (2.8)	42.9 (5.6)	35.4 (5.5)	55.1 (11.4)
<b>Federal Poverty Level**</b>					
<50%	18.8 (2.3)	27.2 (3.1)	2.5 (1.4)	10.6 (3.7)	0.0 (0.0)
50% to <100%	26.8 (2.3)	30.9 (3.5)	11.2 (2.0)	30.9 (5.5)	17.1 (9.6)
100% to 200%	27.7 (2.2)	23.2 (2.8)	37.3 (5.9)	24.5 (5.4)	55.6 (11.9)
>200%	26.7 (2.6)	18.8 (3.5)	49.0 (5.2)	33.9 (5.2)	27.3 (10.9)
<b>Caregiver's employment status**</b>					
Works full time	33.4 (2.8)	36.3 (3.8)	32.8 (5.0)	27.8 (4.6)	19.8 (6.9)
Works part time	19.3 (2.4)	18.6 (2.5)	14.1 (2.9)	20.5 (5.0)	36.8 (13.7)
Unemployed, looking for work	8.9 (1.2)	12.5 (1.8)	0.9 (0.4)	4.1 (1.6)	5.4 (3.8)
Does not work	35.9 (2.9)	29.7 (3.6)	47.8 (5.1)	46.8 (7.0)	37.7 (11.4)
Other	2.7 (0.8)	2.9 (1.0)	4.5 (2.4)	0.8 (0.6)	0.3 (0.3)
<b>Caregiver's marital status**</b>					
Married	43.2 (3.7)	34.0 (4.1)	60.0 (5.7)	54.6 (7.5)	60.7 (10.9)
Separated/divorced/widowed	28.3 (2.9)	25.6 (3.4)	29.6 (5.9)	38.0 (7.2)	28.3 (10.3)
Never married	28.5 (2.6)	40.4 (3.6)	10.4 (2.9)	7.5 (3.2)	11.0 (3.2)
<b>Number of children in home</b>					
1	28.4 (2.6)	26.1 (3.4)	33.0 (7.0)	36.8 (6.0)	18.5 (7.8)
2	26.3 (2.5)	28.6 (3.1)	24.9 (5.9)	24.2 (4.9)	12.5 (5.1)
3	20.5 (2.2)	20.9 (2.9)	14.8 (2.9)	15.5 (4.8)	43.0 (12.3)
4	12.8 (2.0)	15.5 (2.9)	10.6 (2.6)	8.6 (3.1)	2.3 (1.7)
5 or more	12.1 (2.0)	9.0 (2.0)	16.7 (4.8)	14.9 (5.3)	23.7 (10.6)
<b>Number of adults in home*</b>					
1	29.7 (3.1)	34.0 (3.2)	26.5 (5.9)	23.0 (5.0)	12.1 (6.1)
2	49.2 (3.0)	47.1 (3.5)	50.6 (6.1)	49.1 (8.3)	66.7 (11.9)
3	11.9 (1.7)	10.5 (1.9)	10.8 (2.8)	18.8 (5.2)	12.4 (8.9)
4 or more	9.2 (2.0)	8.5 (2.0)	12.2 (5.0)	9.1 (5.1)	8.8 (5.7)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks denote statistical significance of differences across setting types by the variable (\**p* < .05, \*\**p* < .01).

themselves had a history of abuse and neglect, and 37.7% had been victims of domestic violence. At the time of the first interview, there was active domestic violence against 22.3% of caregivers.

### **Children's Functioning and Behavior at 5 to 6 Years of Age**

#### ***Caregiver Aggression and Neglect***

More than three quarters (77.5%) of caregivers reported using psychologically aggressive discipline tactics (e.g., shouting or screaming at a child), and 65.2% used corporal punishment or other minor hitting.<sup>2</sup> Much lower proportions of caregivers reported any type of severe assault (3.5%) or very severe assault (0.2%). More than a tenth (12.3%) of caregivers reported the occurrence of some form of neglect in the year before the interview—primarily being so distracted by problems that they could not show or tell their child that they loved him or her (8.5%).

#### ***Physical Well-Being***

The majority of children were in good, very good, or excellent health, according to their caregivers. Approximately a fifth (20.5%) had a serious chronic health condition, with the majority of these children suffering from asthma (13.3%). This rate of asthma is similar to that among similarly aged children in the general population. Some type of injury, accident, or poisoning that required the care of a doctor or nurse was experienced by 5.8% of children during the 12 months before the interview. The injuries themselves were most commonly cuts, scrapes, puncture wounds, or broken bones (Table 3).

#### ***Disability Risk***

When several measures are considered, about a third of children showed patterns of functioning and behavior consistent with a variety of disabilities. Standardized assessments, together with caregiver and teacher reports, across several indicators showed risks for a cognitive disability, emotional or behavioral problems, or physical disability. Overall, 13.0% of children appeared to be at risk for a cognitive disability, 28.9% appeared to be at risk for an emotional or behavioral problem, and 5.9% showed signs of a physical disability (Table 4).

#### ***Psychosocial Well-Being***

As indicated by reports from both caregivers and teachers on the Achenbach scales, children in the NSCAW study had rates of externalizing behavior problems (e.g., aggression, hyperactivity, oppositional behaviors) higher than the rates for the normative sample.<sup>3</sup> Caregivers' reports of externalizing behaviors

were significantly more likely for girls than for boys and more likely for children who had been physically abused than for those who had not been physically abused. The rates of internalizing symptoms (e.g., anxiety, depression) reported by parents and teachers were similar to rates in normative samples.

#### ***Cognitive Well-Being***

Overall, children's average score was within the average range on standardized measures of cognitive and language skills. These scores were, however, slightly lower than those for children in the normative population: The children's average score on the Kaufman Brief Intelligence Test was one half of a standard deviation below the normative mean.<sup>4</sup> Average scores for children on the Preschool Language Scale also were one half of a standard deviation below the mean for the normative population.<sup>5</sup>

#### ***Social Functioning***

Although the average total scores on the Social Skills Rating System (SSRS), were in the typical range for children of this age, they were lower than those observed in the normative population (for both the caregiver and teacher ratings).<sup>6</sup> As rated by parents, girls showed fewer cooperative behaviors than boys on average. As rated by teachers, those who had experienced physical abuse had better SSRS Total scores than those with other types of maltreatment. As measured by the Vineland Adaptive Behavior Screener, more than a fifth of children had "low" daily-living skills, a rate substantially higher than in the general population.<sup>7</sup> When asked about relationships with peers, children described themselves as lonelier than did children in the normative group on the Loneliness and Social Dissatisfaction Scale.<sup>8</sup> They described a connection to school that was positive, according to responses to a school engagement scale.

#### ***Academic Achievement***

Average achievement test scores generally fell in the typical range (85 to 115), although at the lower end. Assessments of reading comprehension and oral mathematical skills were significantly below the normative means, however, on the Woodcock-Johnson III Tests of Cognitive Abilities.<sup>9</sup> Teachers also rated children's performance in academic subjects. Although most children were described as being "at grade level," a sizable percentage were said to be performing "below" or "far below" in language arts (39.0%) and mathematics (35.1%).

Table 3. Health of children in the infant population at Wave 5

	<i>N</i> (Min)	Children in Good Health <sup>a</sup> % (SE)	Children with Serious Chronic Health Problem <sup>b</sup> % (SE)
<b>Total</b>	961	93.5 (1.3)	20.5 (2.4)
<b>Sex</b>			
Male	491	92.2 (2.0)	21.2 (3.2)
Female	470	94.8 (1.3)	19.8 (2.8)
<b>Race/ethnicity</b>			
Black	378	91.7 (2.1)	22.1 (3.5)
White	329	94.5 (2.1)	19.9 (3.4)
Hispanic	329	92.6 (3.0)	18.5 (4.9)
Other	62	98.0 (1.1)	21.7 (6.1)
<b>Child setting</b>			**
In home, biological parent	493	94.3 (1.7)	18.8 (2.7)
In home, adoptive parent	224	94.3 (2.3)	31.7 (5.1)
In home, kin or other caregiver	159	91.3 (3.4)	13.5 (3.3)
Out of home	44	93.4 (4.2)	21.8 (10.8)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks in column apply to the subsequent results for the covariate (\*\* $p < .01$ ).

<sup>a</sup> Defined as those children whose caregivers reported that they were in good, very good, or excellent health.

<sup>b</sup> Defined here as one of a number of caregiver-reported diagnoses. “In home, adoptive parents,” is significantly greater than “in home, biological parents,” and “in home, kin or other caregiver” ( $p < .05$ ).

Table 4. Child’s risk for cognitive, emotional/behavioral, and physical disabilities in the infant population at Wave 5

	<i>N</i> (Min)	Risk for Cognitive Disability % (SE)	Risk for Emotional/Behavioral Problem % (SE)	Risk for Physical Disability % (SE)
<b>Total</b>	921	13.0 (2.1)	28.9 (2.6)	5.9 (1.0)
<b>Sex</b>				
Male	472	15.9 (3.5)	26.3 (3.8)	6.8 (1.4)
Female	449	10.0 (2.3)	31.6 (3.5)	5.0 (1.5)
<b>Race/ethnicity</b>				
Black	367	13.3 (3.0)	32.8 (4.4)	7.0 (1.9)
White	310	11.7 (3.4)	28.7 (4.4)	4.5 (1.5)
Hispanic	179	15.7 (4.8)	26.2 (5.7)	4.1 (1.7)
Other	60	10.7 (4.0)	19.4 (4.3)	96.4 (3.3)
<b>Child setting</b>				
In home, biological parents	493	12.4 (3.0)	25.8 (3.3)	4.5 (1.2)
In home, adoptive parents	224	5.6 (1.3)	27.0 (5.0)	10.2 (3.0)
In home, kin or other caregiver	159	21.3 (6.0)	26.6 (6.5)	4.8 (2.4)
Out of home	44	17.8 (8.6)	70.4 (8.5)	70.4 (8.5)
<b>Physical maltreatment at baseline</b>		*		*
Yes	213	6.5 (2.3)	31.8 (6.4)	2.8 (1.3)
No	634	15.6 (2.8)	26.7 (2.4)	6.1 (1.2)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks in column apply to the subsequent results for the covariate (\* $p < .05$ ).



## Stability of the Children's Living Situations at Wave 5

### Living Situation

By the time children were 5 to 6 years old, about a third of them had been placed out of the home at some point in their lives. Black (46.9%), Hispanic (43.2%), and "Other" children (46.7%) were more likely to be placed

outside the home than White children (26.8%). Of the children who had been placed, 23.5% had two placements during their lifetime, and 27.3% had three or more placements (Table 5). Parental rights were terminated in more than one third of cases that had at least one placement out of home. Of the children with out-of-home placement histories, only about a fifth were reunified with their birth parents.

**Table 5. Number of out-of-home placements in the infant population at Wave 5**

	<i>N</i>	0 Placements % (SE)	1 Placement % (SE)	2 Placements % (SE)	3 or More Placements % (SE)
<b>Total</b>	921	62.6 (2.7)	18.4 (1.8)	8.8 (1.2)	10.2 (2.3)
<b>Sex</b>					
Boys	475	64.5 (3.9)	16.7 (2.7)	8.6 (2.1)	10.2 (3.1)
Girls	446	60.6 (3.2)	20.2 (2.6)	9.0 (1.9)	10.2 (2.4)
<b>Race/ethnicity*</b>					
Black	361	53.1 (5.4)	25.8 (3.5)	11.6 (3.1)	9.5 (2.4)
White	317	73.2 (3.2)	14.1 (2.2)	6.1 (1.4)	6.5 (1.8)
Hispanic	177	56.8 (6.8)	15.8 (4.5)	9.1 (3.2)	18.2 (6.9)
Other	61	53.3 (8.5)	20.9 (5.6)	10.9 (4.2)	15.0 (7.3)
<b>Chronic health condition</b>					
Yes	214	53.7 (5.0)	19.5 (3.7)	10.7 (2.4)	16.1 (4.3)
No	706	64.9 (2.8)	18.2 (1.9)	8.3 (1.4)	8.6 (2.2)
<b>Severity of neglect**</b>					
Mild	132	81.9 (5.3)	10.7 (4.3)	2.5 (1.6)	4.9 (1.9)
Moderate	83	65.7 (6.9)	14.3 (4.4)	12.3 (5.8)	7.7 (3.6)
Serious	74	39.5 (11.0)	30.9 (10.3)	13.9 (6.2)	15.7 (8.6)
Severe	70	29.1 (8.7)	32.8 (6.9)	13.9 (4.7)	24.3 (7.7)
Grave	81	49.4 (8.7)	22.6 (5.7)	11.0 (4.6)	17.0 (7.0)
<b>Physical disability*</b>					
Yes	58	34.7 (8.2)	23.5 (7.8)	27.5 (7.7)	14.3 (7.3)
No	863	64.3 (2.7)	18.1 (1.8)	7.7 (1.3)	9.9 (2.3)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks denote statistical significance of differences by the variable (\* $p < .05$ , \*\* $p < .01$ ).

### Adoption

Fewer than one fifth (17.0%) of all children were adopted by age 5 to 6. The median time between placement and finalized adoption was almost 2 years. More than three quarters of those adopted had been placed outside the home before the adoption. As the number of children adopted increased over time, the number of children in foster care decreased.

## Children's Service Needs and Receipt

### Health Services

Almost all (95.7%) children were reported to have at least one place their child "usually goes when sick or needs advice." Most children had received preventive and routine health services (such as immunizations,

dental care, and vision and hearing screening). Children with chronic health conditions were more likely to receive a well-child checkup and to report having a pediatric home than children without chronic health conditions. About one quarter (25.8%) of children were reported by caregivers to have used emergency room or urgent care services for an illness, injury, accident, or poisoning in the year before the interview. Compared with children living in other settings, children living at home with biological parents were less likely to have received a recent well-child checkup and more likely to have had an overnight hospital stay.

### Mental Health Services

Overall, 16.7% of children had received one or more outpatient psychiatric services. Twelve percent (12.0%)

had received specialty outpatient mental health services, 7.0% had received help from their family physician for a mental health problem, 10.8% had used school-based mental health services, and 6.4% were using psychotropic medications. When compared with children without behavior problems, children reported to have behavior problems on the Achenbach scales were 4 to 5 times as likely to have received each type of

mental health service. Although rates of unmet mental health services needs seen here were lower than those for most U.S. children 3 to 17 years old,<sup>10</sup> rates of unmet mental health needs among these children were still surprisingly high: 65.1% of children who had behavior problems did not receive a single mental health service (Table 6).

**Table 6. Caregiver report of utilization of child mental health services in the infant population at Wave 5**

	<i>N</i> (Min)	Outpatient Mental Health Services <sup>a</sup> % (SE)	Specialty Outpatient Services % (SE)	Family Doctor % (SE)	School-Based Services <sup>b</sup> % (SE)	Current Use of Psychotropic Medication % (SE)
<b>Total</b>	954 <sup>c</sup>	16.7 (2.1)	12.0 (1.9)	7.0 (1.3)	10.8 (3.2)	6.4 (1.1)
<b>Sex</b>						
Male	489	19.6 (3.3)	13.7 (2.3)	8.8 (2.0)	14.2 (5.8)	8.2 (1.7)
Female	470	14.1 (2.9)	10.5 (2.7)	5.2 (1.5)	7.3 (3.1)	4.5 (1.3)
<b>Race/ethnicity<sup>d</sup></b>				**		
Black	376	16.5 (3.8)	10.6 (2.7)	5.5 (1.9)	23.8 (9.2)	7.4 (1.9)
White	329	16.8 (3.0)	11.0 (2.5)	10.6 (2.5)	9.5 (4.8)	5.8 (1.3)
Hispanic	187	19.2 (5.4)	18.3 (5.3)	1.6 (0.7)	1.0 (0.7)	7.0 (2.8)
Other	62	12.2 (4.4)	6.1 (3.4)	7.9 (3.6)	1.4 (1.5)	3.0 (1.6)
<b>Child setting<sup>e</sup></b>		*	*			**
In home, biological parents	493	10.9 (2.3)	7.5 (2.0)	5.9 (1.8)	10.5 (3.8)	3.1 (1.0) <sup>a</sup>
In home, adoptive parents	224	22.4 (4.1)	15.2 (3.7)	10.2 (2.6)	7.5 (4.8)	12.6 (3.3) <sup>b</sup>
In home, kin or other caregiver	158	16.6 (4.8)	11.7 (4.3)	7.4 (2.7)	6.5 (4.2)	10.5 (3.6)
Out-of-home	43	42.6 (13.4)	41.1 (13.2)	7.3 (4.2)	1.2 (1.1)	9.3 (4.1)
<b>Child in need of mental health services<sup>f</sup></b>		***	***	***	*	***
Yes	293	34.9 (4.9)	26.6 (4.9)	15.7 (3.3)	22.7 (7.2)	13.4 (2.6)
No	668	6.8 (1.4)	6.1 (1.1)	3.5 (0.8)	5.5 (3.2)	3.5 (0.9)

Note: Mental health services were reported by caregivers and measured through an adapted version of the Child and Adolescent Services Assessment.<sup>11</sup> Caregiver report of mental health service utilization represents services received since last interview. All analyses are on weighted data; *N*s are unweighted. Asterisks in column apply to the subsequent results for the covariate (\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ).

<sup>a</sup> Any outpatient mental health service included use of specialty outpatient (e.g., professional help from a psychologist or social worker, in-home counseling, community-based mental health center), school-based mental health services (e.g., services from a school guidance counselor, social worker, or psychologist), and mental health services performed by a family doctor.

<sup>b</sup> Only children 6 years or older were asked about school-based services; consequently, the sample size for these items is smaller ( $N = 261$ ).

<sup>c</sup> The total sample size represents all service categories except school-based services (which included only 261 children).

<sup>d</sup> White is significantly different from Hispanic ( $p < .01$ ).

<sup>e</sup> “Out of home” is significantly greater than “in home, adoptive parents,” and “in home, biological parents” ( $p < .05$ ). “In home, adoptive parents” is greater than “in home, biological parents” ( $p < .05$ ).

<sup>f</sup> Children were defined as “in need of mental health services” if either a caregiver or teacher reported an elevated score ( $>1.5$  standard deviations above the mean) on the caregiver-completed Child Behavior Checklist<sup>3</sup> or teacher-completed Teacher Report Form<sup>12</sup> Total Problems, Internalizing, or Externalizing subscales.

### Special Education Services

Almost a quarter (22.6%) of children were receiving special education services through an Individualized Education Plan (IEP). According to teachers, a little more than half of the children had been receiving such

services for longer than a year. Nearly two thirds of those with an IEP were classified as speech impaired. Developmental delays, learning disabilities, attention-deficit/hyperactivity disorder, and emotional disturbance were also common IEP classifications.

Children in this population with scores on developmental measures indicating needs likely to interfere with school success were more likely to have an active IEP than those children not determined to have

such needs. However, 62.8% of children determined to potentially benefit from a referral for special education services did not currently have an active IEP (Table 7).

**Table 7. Special education services in the infant population at Wave 5**

	<i>N</i>	Child Has an Active IEP <sup>a</sup> % (SE)
<b>Total</b>	676	22.6 (2.8)
<b>Sex</b>		*
Male	353	28.4 (3.6)
Female	323	17.0 (3.6)
<b>Race/ethnicity</b>		
Black	273	20.5 (4.2)
White	234	23.1 (4.7)
Hispanic	119	25.4 (6.3)
Other	46	18.5 (8.4)
<b>Child setting</b>		
In-home, biological parents	336	15.8 (3.2)
In-home, adoptive parents	163	27.3 (5.3)
In-home, kin, or other caregiver	125	32.5 (8.1)
Out-of-home	34	18.4 (8.0)
<b>Child in need of special education services<sup>b</sup></b>		***
Yes	349	37.2 (5.0)
No	331	8.4 (2.2)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks in column apply to the subsequent results for the covariate (\**p* < .05, \*\*\**p* < .001).

<sup>a</sup> Active IEP was determined according to either teacher or caregiver report.

<sup>b</sup> “Need for special education services” was determined by a child’s risk for behavior problems, cognitive or learning delays, or functional impairment.

## Caregivers’ and Families’ Receipt of Services

### CWS Services

Five to 6 years after the index maltreatment investigation, about a tenth of caregivers reported that they were still receiving services that were either provided by or paid for by the CWS. Among those still receiving CWS services, caseworkers reported that 55.9% received family-based services (e.g., family preservation or reunification), 55.6% received parent support services (e.g., parent training), and 41.4% received family counseling. The families of children living in out-of-home settings were more likely than other families to receive the family-based services.

### Services to Address Basic Needs

Slightly less than one third of caregivers (32.7%) reported having received some type of assistance for meeting basic living needs (e.g., transportation; food assistance; financial assistance, excluding Temporary Assistance for Needy Families or Supplemental Security

Income; housing). Nearly one third of caregivers reported having received regular child care assistance; 19.3% reported having received services to directly benefit themselves (e.g., job-related services, participation in organized support groups, legal aid); and 11.9% reported having received home assistance services (e.g., home management training). Families living below the federal poverty level were more likely to receive services to meet basic living needs and services to directly assist the caregiver (Table 8).

### Caregiver Mental Health and Substance Abuse Services

More than a quarter (26.5%) of in-home caregivers had mental health assessments indicating need, but only 25.8% of the group in need received a mental health service. Most commonly, caregivers who received a mental health service reported using psychotropic medication. Only a handful reported visiting a clinic or doctor for mental health problems, and almost none reported using substance abuse services (Table 9).



Table 8. Services to address basic needs in the infant population at Wave 5

	<i>N</i> (Min)	Assistance for Family's Basic Living Needs <sup>a</sup> % (SE)	Child Care <sup>b</sup> % (SE)	Services to Directly Assist Caregiver <sup>c</sup> % (SE)	Home Assistance <sup>d</sup> % (SE)
<b>Total</b>	971	32.7 (2.8)	30.0% (3.1)	19.3% (2.2)	11.9% (1.7)
<b>Caregiver race/ethnicity</b>			**		
Black	326	29.6 (4.4)	27.0 (4.5) <sup>a</sup>	15.6 (2.6)	8.9 (1.9)
White	442	27.2 (3.9)	33.1 (3.7) <sup>a</sup>	20.7 (2.8)	11.7 (2.5)
Hispanic	130	39.3 (7.1)	7.0 (3.4) <sup>b</sup>	23.2 (7.9)	17.9 (6.0)
Other	59	32.2 (9.2)	36.2 (10.2) <sup>a</sup>	16.0 (7.1)	15.0 (7.2)
<b>Poverty status<sup>e</sup></b>		***		*	
At or below poverty line	401	47.8 (4.4)	25.6 (3.9)	26.5 (3.8)	12.7 (2.7)
Above poverty line	488	19.6 (2.6)	34.6 (4.3)	15.8 (3.2)	13.4 (2.1)
<b>Child setting<sup>f</sup></b>		**		**	*
In home, biological parent	493	41.5 (3.9)	31.9 (3.7)	25.6 (3.5)	13.0 (2.6)
In home, adoptive parent	224	18.4 (4.0)	27.3 (4.8)	15.9 (3.7)	18.2 (4.0)
In home, kin or other caregiver	159	16.4 (4.0)	25.7 (5.6)	8.6 (2.7)	5.8 (2.5)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks in column apply to the subsequent results for the covariate (\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ).

<sup>a</sup> Includes having received any financial assistance, food from a community source, transportation help, or emergency shelter or housing. "In home, biological parent," is significantly greater than "in home, adoptive parent," and "in home, kin or other caregiver" ( $p < .01$ ).

<sup>b</sup> Indicates having received child care on a regular basis. Hispanic is significantly greater than Black and White ( $p < .001$ ). "Other" is significantly greater than Hispanic ( $p < .01$ ).

<sup>c</sup> Indicates that the caregiver has received job-related services, has received legal aid, or has attended any organized support group. "In home, biological parent" is significantly greater than "in home, kin or other caregiver" ( $p < .001$ ). "In home, adoptive parent," is significantly greater than "in home, kin or other caregiver" ( $p < .01$ ).

<sup>d</sup> Indicates having received help with specific home-management training or cleaning or having received help with home repairs.

<sup>e</sup> Using the federal poverty status guidelines, this variable is based on family income for the child's current home setting at Wave 5.

<sup>f</sup> Child home setting at Wave 5.

## Conclusions and Implications for CWS Services

Young children are the most likely to be reported to CWS for abuse or neglect, and their cases are the most likely to be substantiated. The innate vulnerability of infants who are abused or neglected makes them of special interest to caseworkers, policy makers, service providers, and the general public. The CWS may indeed have a special responsibility toward these youngest children entering its system.

Findings in this brief are in some ways promising. Many children identified in infancy for abuse and neglect fared quite well 5 to 6 years after maltreatment investigation. Most were in good physical health and demonstrated average social competencies. Although their scores on standardized measures of intelligence, academic achievement, and cognitive skills were often below national norms, on average they fell within the

typical range of ability. Most children were living at home with at least one biological parent. Of those in out-of-home care, most were living in a permanent home with adoptive parents, kin, or other caregivers.

Despite these positive outcomes, a substantial subpopulation of children experienced placement disruptions, challenges to their developmental well-being, and ongoing unmet service needs. More than half continued to live in poverty. Even for adoptive parents, about half reported income at less than 200% below the federal poverty level, suggesting the need for continuing supportive services for this group. Of those children who were placed outside the home, most had multiple placements and had spent almost 2 years in placement. These findings point to the challenges faced by families, children, and caseworkers in establishing permanent, stable placements even for these youngest children entering the CWS.

**Table 9. Caregiver need for mental health and substance abuse services and service receipt, infant population at Wave 5**

	<i>N</i>	In Need of Mental Health Service <sup>a</sup> % (SE)	In Need of Substance Abuse Service <sup>b</sup> % (SE)	Received Mental Health Service % (SE)
<b>Total</b>	971	26.5 (2.4)	26.2 (2.3)	11.6 (1.6)
<b>Caregiver race/ethnicity</b>			*	*
Black	304	23.5 (3.5)	16.6 (2.9)	4.7 (2.3)
White	463	27.1 (3.0)	27.6 (3.9)	15.6 (2.2)
Hispanic	138	30.3 (6.5)	7.9 (3.4)	7.3 (3.5)
Other	66	23.2 (7.4)	22.4 (9.4)	13.2 (6.1)
<b>Child setting</b>		**	***	
In home, biological parent	512	24.6 (3.0)	25.8 (3.2)	13.1 (2.3)
In home, adoptive parent	236	11.9 (3.4)	9.3 (2.7)	9.8 (3.2)
In home, kin or other caregiver	168	18.3 (5.3)	13.0 (5.1)	9.7 (4.0)
<b>Need for mental health or substance abuse service</b>				
In need of mental health services	216	NA	13.1 (1.7) <sup>c</sup>	29.9 (5.3)
In need of substance abuse services	221	13.1 (1.7) <sup>c</sup>	NA	19.6 (4.9)

Note: All analyses are on weighted data; *N*s are unweighted. Asterisks in column apply to the subsequent results for the covariate (<sup>\*</sup>*p* < .05, <sup>\*\*</sup>*p* < .01, <sup>\*\*\*</sup>*p* < .001). NA = not applicable.

<sup>a</sup> Caregivers were determined to be “in need of mental health services” when they met any one of four criteria: (1) caregiver self-reported need for “a lot” or “some” help for a mental health problem, (2) caseworker report of a caregiver’s need for a mental health services, (3) self-reported scores in the clinical range on either the Dysthymia or Anhedonia scales of the Composite International Diagnostic Interview Short Form (CIDI-SF),<sup>13</sup> or (4) a score exceeding 1.5 standard deviations below the norm (i.e., a score <35) on the Mental Health component of the 12-Item Short Form Health Survey.<sup>14</sup> “In home, biological parent,” is significantly greater than “in home, adoptive parent” (*p* < .01).

<sup>b</sup> Caregivers were determined to be “in need of substance abuse services” when they met any one of three criteria: (1) caregiver self-reported need for “a lot” or “some” help for an alcohol or drug problem, (2) caseworker report of caregiver’s need for alcohol or drug abuse services, or (3) or scores within the clinical range on either the Alcohol Dependence or Drug Dependence scales of the CIDI-SF. Black and White are significantly greater than Hispanic (*p* < .05). “In home, biological parent,” is significantly greater than “in home, adoptive parent,” and “in home, kin or other caregiver” (*p* < .05).

<sup>c</sup> This 13.1% of the sample of caregivers had both a need for mental health services and a need for substance abuse services.

Although a fair proportion of children were developing within the expected ranges of normalcy by the time they were 5 to 6 years old, their scores on measures of intellectual and language functioning tended to be lower than the average for all children. Children showed significantly higher rates of externalizing behavior problems, and 5.9% to 28.9% demonstrated risks for a physical, cognitive, and emotional or behavioral disability. Even though one fifth (22.6%) of children were receiving special education services by the time they were 5 to 6 years old, at least an additional third were likely candidates because of cognitive, language, or behavioral-emotional problems. Sixty-five percent (65.1%) of children noted to have behavior problems did not receive a single mental health service. These levels of unmet social service needs underscore the important role for the CWS in securing cross-agency ties and service collaboration for children identified through its investigations. Linking children to preventive, developmentally oriented early intervention

services may be particularly critical for infants entering the CWS.

When these children were infants, many caregivers had substance abuse and mental health problems, some suffered from domestic violence, and many had poor parenting skills. By the time the children were 5 to 6 years old, more than a quarter (25.7%) of in-home caregivers had mental health assessments indicating need, but only about a quarter of them reported having used a mental health service. One out of four caregivers needed substance abuse services, but almost no caregivers reported having used substance abuse services. These results show that a significant proportion of children are still facing a number of family risk factors that can compromise their ability to adapt and successfully integrate into society. Identifying and meeting caregiver service needs may be especially important for preventing future child maltreatment.

This brief describes children who were infants when they experienced their first contact with the CWS. A detailed report of findings is also available through ACF, featuring a chapter for each of the main topics covered by this brief. NSCAW will continue to follow the life course of other children (e.g., children in early childhood, young adulthood) entering the CWS, in order to gather data about services received, well-being, and placement stability. This information will further chronicle outcomes for children and families that have come into contact with the CWS and will therefore enrich our understanding of the problems these families face and the solutions that are possible.

### Notes

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- <sup>12</sup> Achenbach, T. M. (1991). *Manual for the Teacher's Report Form and 1991 Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- <sup>13</sup> Kessler, R. C., Andrews, G., Mroczek, D., Ustun, T. B., & Wittchen, H.-U. (1998). The World Health Organization Composite International Diagnostic Interview Short Form. *International Journal of Methods in Psychiatric Research, 7*, 171-185.
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### 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 10th 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.