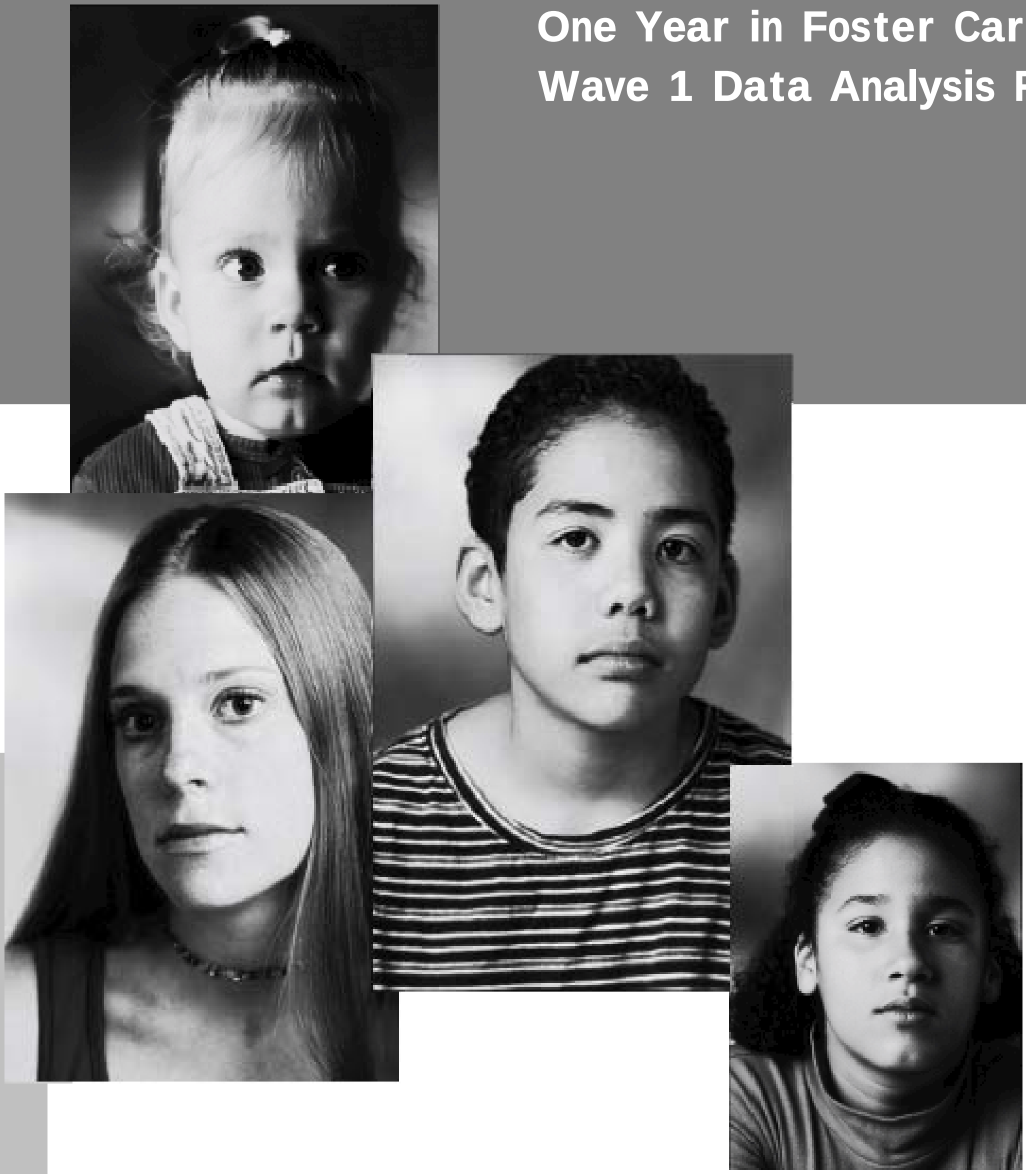
National Survey of Child and Adolescent Well-Being (NSCAW)

One Year in Foster Care
Wave 1 Data Analysis Report



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Executive Summary
National Survey of Child and Adolescent Well-Being

The Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW) to learn about the experiences of children and families who come in contact with the child welfare system. NSCAW is gathering information associated with over 6,200 children from public child welfare agencies in a stratified random sample of 92 localities across the United States. The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families. The study, authorized under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996[1], will also provide information about crucial program, policy, and practice issues of concern to the Federal government, state and local governments, and child welfare agencies.

One Year in Foster Care Wave 1 Data Analysis Report

This report focuses on a subset of over 700 children who have been in foster care for one year. The information provided here was collected from child welfare workers; current relative, foster parent, or group caregivers; and the children themselves. In authorizing the study, special concerns of Congress included the length of time that children spend in foster care and other out-of-home care settings, as well as how children fare developmentally during these experiences. For this reason, this subset of an additional 700 children was added to the core NSCAW sample of 5,500 children entering the child welfare system (and the study) at the point of contact with Children's Protective Services (CPS). The One Year in Foster Care (OYFC) component of the NSCAW study is intended to identify important processes and outcomes involved in the provision and experience of out-of-home care. Out-of-home care includes conventional foster care, kinship foster care, group care, residential treatment, and other settings.

At one year, these children are being assessed at an opportune time, as Federal child welfare law calls for a decision to be made about the permanent plan (i.e., reunification, adoption, guardianship) of children in foster care and discourages stays beyond one year without "compelling reasons." This report provides the first national look at the characteristics of this particular sample of children in foster care for one year.

This report is also significant because it is based on the individual case-level data from NSCAW. The two previous reports (U.S. DHHS, June 2001) looked at state- and county-level child welfare services characteristics. For this reason, the data collection and analytical methods and measures are thoroughly detailed. Although this report seeks to identify key findings from these baseline data, a comprehensive analysis of these data was not possible due to the sheer size of the dataset. Further analyses can be generated from these data, which are available to the research community in the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University.

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[1] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Sec. 429A, National Random Sample Study of Child Welfare (PL No. 104-193).

Primary Research Questions and Key Findings

The research provides answers to basic questions that are critical to an understanding of this population:

Who are the children in foster care one year after entry?

Children's age and race. Children included in the study range in age from infants to just over 15 years old:

- 24% are between 1 and 2 years old,
- 17% are between 3 and 5 years old,
- 32% are between 6 and 10 years old, and
- 27% are 11 years old and older.

African-American children make up the largest group (45%), with fewer white children (31%). The remainder are American Indian/Alaskan Native (6%), Asian/ Hawaiian/Pacific Islander (2%), or "other" (7%). Seventeen percent of the children are identified as of Hispanic ethnicity.

Type and multiplicity of abuse. Most children (60%) in the OYFC population were placed in out-of-home care with neglect as the most serious type of maltreatment. About half of these were neglected through failure to provide; the other half, through failure to supervise. The most serious types of abuse for the rest were identified as follows:

- 10%, physical abuse;
- 8%, sexual abuse;
- 14%, emotional, moral/legal, or educational abuse, or abandonment; and
- 8% for reasons other than abuse or neglect (e.g., for mental health services or domestic violence).
- Many OYFC children have experienced more than one type of abuse. Analysis of other types of abuse or neglect experienced by these children showed that their being neglected (either failure to provide or failure to supervise) was often concurrent with another type of abuse or neglect. Children who experienced sexual abuse as the most serious type of maltreatment were the most likely of any children to also experience other kinds of abuse.

Type of placement. Forty-four percent of OYFC children are in non-kin foster homes, and about one-quarter (24%) are in kinship foster homes. Seven percent are in group homes or residential programs. One-quarter of OYFC children who were sampled had gone home by the time of the interview. This is probably attributable to a timely one-year case-review hearing that is followed by reunification. Among all children still in care (that is, omitting the latter 25%), the proportions are as follows: non-kin foster homes—58%, kinship foster homes—32%, group homes—9%. Children in all age groups are more likely to have been placed in a non-kin foster home than in any other type of setting, with kinship care being the second most common placement type. Similarly, children in all race groups, except Hispanic, are more likely to have been placed in non-kin foster homes than in any other type of placement. Hispanic children are placed in non-kin foster homes and kin care settings in nearly equal proportions. In addition, all children, regardless of the most serious abuse type, are more likely to have been placed in a foster home, although children with sexual maltreatment as the most serious abuse type are the most likely of all abuse categories to have been placed in group homes.

Child health. Caregivers were asked about children's health problems that "lasted or reoccurred." Over one-quarter of the OYFC children have some type of recurring physical or mental health problem. Eleven percent reported general mental and physical health problems, 12% reported some type of gastrointestinal illness, 4% reported a difficulty beginning prenatally or at birth. Four percent have a cardiovascular disorder, and 7% of the OYFC children have a neurological, endocrine, or blood disorder.

Children's functioning on developmental measures. Children's functioning was assessed with multiple standardized developmental measures. Children in out-of-home care tend to fall marginally below the norm compared with the general population on nearly every measure, including measures of cognitive capacities, language development, behavioral problems, and academic achievement.

Although these lower scores are reason for concern, such scores are somewhat more common among poor children, which are the group of children most involved with child welfare services. The NSCAW OYFC children have particularly low social skills, with almost two-fifths rated as having "fewer social skills." Their daily living skills are also low. Problem behavior is very high among children in all types of placement. Children in group care have the most social and cognitive problems, as do children with sexual abuse as the most serious abuse type, but these differences are substantially attributable to their older age.

Overall child social and cognitive development. Two aggregate measures of child social and cognitive development were created utilizing the scores from the standardized measures. One computed the proportion of clinical scores each child had, and the other computed an overall *z*-score. The *z*-score has a mean of 0 and a standard deviation of 1. Standard scores are particularly useful when comparing performance on a variety of measures each having a different mean and standard deviation. The proportion of clinical scores provides a basis for contrasting how OYFC children are faring compared with children in the general population, whereas the overall *z*-score provides a continuous measure for comparing the social and cognitive development among children in this study. Analyses of these two measures indicated that, in general, children in group care have lower social and cognitive development, whereas children in kin-care settings have higher social and cognitive development. Children with sexual maltreatment as the most serious abuse type also tend to fare worse than those with other abuse types.

Who are the current caregivers, and what kind of environment do the children live in?

Caregiver age. Current caregivers tend to be middle-aged or older; almost two-thirds (62%) are aged 40 or older. Caregivers in kin-care settings are more likely to be aged 60 or older than are caregivers in non-kin foster homes or group homes, and caregivers in group homes are much more likely to be under age 40 than caregivers in foster homes or kin-care settings. This greater proportion of older caregivers is very different from another nationally representative sample, the National Survey of America's Families (NSAF), a nationally representative survey of the characteristics of households with at least one member under age 65. Only 2% of parents in all NSAF households were older than 54. The age of current caregivers is somewhat less different than those NSAF households that are caring for children whose mother lives elsewhere.

Caregiver race. Most caregivers are black/non-Hispanic (42%) or white/non-Hispanic (36%). Another 15% of current caregivers are Hispanic. The race of the caregivers does not significantly differ between kin and non-kin caregivers. In both kin-care settings and non-kin foster homes, the race of the caregiver generally matches the race of the child. More than three-in-four children are living with a caregiver of the same race/ethnicity. Children of *other* races are the exception to this trend; they are almost as likely to be living with a black/non-Hispanic (24%), white/non-Hispanic (26%), or Hispanic (21%) caregiver as they are an *other* race caregiver (30%).

Marital status. Caregivers are almost as likely to be single as married (45% vs. 53%). Single caregivers break down as follows: 20% never married, 13% divorced, 6% separated, and 6% widowed. More non-kin caregivers are married than kin caregivers (73% vs. 55%).

Education. The education of the current caregivers typically is high school or less (56%). An additional 24% of caregivers have earned an associate's degree or certificate from a vocational/technical school. Another 14% have received a bachelor's degree or higher. In general, non-kin caregivers have slightly higher educational achievement than kin caregivers. Almost two-thirds (63%) of group home caregivers have a bachelor's degree or higher. Once again using the NSAF to make national comparisons, group home caregivers are noticeably different from other households, tending most frequently to have more than a high school degree. Kinship caregivers and household where the child's mother lives elsewhere tend to be most similar, which is not surprising considering that these households, by definition, might also be classified as a kinship-care situation.

Employment. Similar proportions of current caregivers work fulltime or do not work (41% and 36%, respectively). About one in six works part-time. In all, then, more than half of caregivers work full- or part-time. There is no significant difference in employment status between kin and non-kin caregivers.

Experience as foster parent. Almost half of all caregivers have fewer than three years experience as a foster parent. There is a significant difference between kin and non-kin foster caregivers in this area, with non-kin foster caregivers having more experience. More than half of kin caregivers have had one year or less of experience as a foster parent, whereas over one-third of non-kin foster caregivers have had six or more years experience as foster parents.

Mental and physical health. Self-rated mental and physical health status is roughly equal for kin and non-kin caregivers. Older caregivers report better mental health, whereas younger caregivers report better physical health.

Composition of household. The average number of household members in kin-care and non-kin foster homes together is 5.2. This includes an average of 2.1 adults and 3.1 children. The average number of household members in the kinship care homes is 4.5. This includes an average of 2.1 adults and 2.4 children. Non-kin foster homes have, on average, one more household member than kinship care homes (mean=5.6). This is because of the greater number of children (the number of adults is the same); non-kin foster homes include an average of 2.1 adults and 3.4 children. About one-in-three children in non-kin foster homes lives in a household with five or more children, significantly more than in kin-care settings.

Observed caregiving environment. To assess the caregiving environment in non-kin foster homes and kin-care settings, scores on the NLSY version of Home Observation Measure of the Environment (HOME-SF) measure (which is based on the interviewer's observation) were examined. Among children less than 3 years old, those in non-kinship care had significantly higher scores than children in kinship care. This may indicate that children less than 3 years old in foster care are in a more favorable environment than children of this age in kinship care (a higher score indicates a better caregiving environment). There are no other significant differences in mean HOME-SF scores based on placement type of kinship and non-kinship care. However, there is indication that caregivers aged 35 to 44 caring for children less than 3 provide more favorable environments than caregivers aged 55 years and older caring for children of this age. It also appears that caregivers aged 35 to 44 caring for children between the ages of 6 to 10 provide a more favorable environment than older caregivers who care for children of this age. In addition, for children of all ages, results show that black caregivers had lower total HOME-SF scores than white caregivers. Among children ages 3 to 6 and 6 to 10, black caregivers had lower total HOME-SF scores than caregivers of *other* races.

Relatedness and closeness. On average OYFC children report feeling positive about their caregivers, reporting a high sense of relatedness, though children in group care report this relatedness to a lesser degree than those in kinship care. Overall, OYFC children tend to feel at least slightly closer to their secondary caregivers. Children in foster care for one year tend to report feeling less close to their caregiver than children sampled in the Adolescent Health study. Yet, OYFC children tend to work on school projects and talk about personal problems and school issues with their primary caregiver more often than do adolescents in the general population.

Physical and community environment. Assessments of the physical environment using select observations in the HOME-SF show that the difference between kin and non-kin caregivers is not significant for any single, physical-environment indicator. These indicators include, for example, whether the home appears clean and not overly cluttered and whether the neighborhood is esthetically pleasing. However, the overall average physical-environment score is significantly higher (a higher score indicates a better physical environment) among kin caregivers of children between the ages of 6 to 10. There are no significant differences among types of placement for total community environment.

Exposure to maltreatment. Analysis of children's exposure to maltreatment and violence by their current caregiver indicates that a small proportion of children may be experiencing harsh discipline but that most are experiencing more routine forms of care in non-kin foster homes and kinship care settings: For example, 10% to 14% have seen someone get yelled at or have been yelled at by their current caregiver; and approximately 4% or fewer have observed a theft, an adult point a knife or gun at someone, an arrest, or a shooting. Children in kinship and non-kinship foster care experienced similar levels of these incidents. (There were too few cases to confidently compare group home care with other types of placements.)

What are children's experiences in out-of-home care and their expectations for the future?

Children's view of current living situation. Children aged 6 and older were asked about their experiences in out-of-home care, including how they viewed their current living situation, their thoughts about where they would live in the future, and their views of their biological parents. In general, a positive picture of foster care arrangements emerged as most children like the people they are living with (90%) and say they feel like a part of the family (92%). Very few (11%) have attempted to run away from their current placement. Over half state that the neighborhood and the school they are currently attending are better than those in which they had previously lived or that they had attended (54% and 59%, respectively).

Feelings toward and contact with their biological parents. However, these positive feelings toward their current arrangements are coupled with a strong desire to have more contact with and perhaps to live with their biological parents again. Half (50%) want their current placement to be their permanent home. Thirty-six percent want their current caregivers to adopt them. Over half (58%) believe that they will live with their parents again and three-quarters believe that "things will be different this time" if they were to live with their parents. Over half (60%) see their biological mother twice a month or less. And 41% reported never seeing their biological father. However, over half of the children reported wanting to see their mother and father more often (65% and 60%, respectively).

Feelings about placement by placement type and age. The children in group home placements are generally less satisfied with their placement than the children in kinship or non-kinship foster care—more of these children do not like the people they live with and do not want their current arrangement as a permanent home. Children in kinship care see their parents more frequently than children in the other two placement types. In addition, among children aged 11 and older, those in kinship care are less likely to have tried to run away than those in group care or non-kin foster homes.

What are the risk factors facing a family prior to placement? What are the services that children and their primary caregivers receive?

Risk factors at time of placement. Child welfare workers were asked to identify some risk factors that the family might have experienced prior to the placement. About 60% of the families had between 3 and 5 of the 7 risk factors examined, with a mean of 3.4. The lack of a second supportive caregiver was the most common risk factor present at the time of placement. The presence of the risk factors examined does not vary significantly by the race of the child, most serious type of abuse, or placement type. Age, however, is significant with regard to some of the risk factors. The families of children aged 1 to 2 are more likely to have had low social support, those with children aged 1 to 5 are more likely to have had a caregiver with a history of abuse, and those with older children are more likely to have had previous reports of maltreatment.

Types of services needed and provided to caregivers and children. Child welfare workers were asked what types of services were needed by and provided to permanent primary caregivers (e.g., biological parents). Medicaid was the primary service to which they referred biological parents, with income assistance, day care, mental health services, and substance abuse services also commonly needed. Families also needed help with employment issues, domestic violence, legal services, housing, and health care services.

Of three primary services that are often provided to families involved with the child welfare system, only 15% of families received intensive family preservation services and only 16% received other home- or community-based services. They were most likely to have actually received (rather than simply be referred to) non-intensive in-home services (52%).

Child mental health. Caregivers were asked about specialty mental health services children had received for emotional, behavioral, learning, attention, or substance abuse problems in the twelve months prior to the interview. Twenty-three percent of OYFC children have received at least one specialty mental health service in the past twelve months, with private professional help (13%) and day treatment (12%) being the services most commonly received for these problems. Bivariate analyses indicate that older children, children in group care, children with higher proportions of clinical scores, and children with a clinical CBCL score are significantly more likely to have received a specialty mental health service. Logistic regression confirms the results with regard to children in group care and children with higher proportions of clinical scores, and further indicates that white children are significantly more likely than black children to have received a specialty mental health service. This belies the arguments that mental health services are given to all children in foster care as a routine part of their service package or that they are given in a random or haphazard fashion. At the same time, many children in out-of-home care with significant behavior problems are not receiving mental health services.

Supplementary or special education services. Responses to questions asked of the child's caseworker, the child's non-permanent caregiver, and the child's teacher were examined to assess the supplementary and special education services that children in out-of-home care need and are receiving. Overall, 36% of OYFC children currently in out-of-home care with a clinical or borderline score on at least one of nine standardized measures have received special education services, and 92% have received supplementary or special education services. A logistic regression model including the younger (age 1 to 5) children indicated that children in kinship care are significantly less likely than children in non-kin foster care to receive supplementary or special education services. A similar analysis of the older (age 6 to 15) children indicated that only the gender of the child is significant, with males having a higher likelihood of receiving supplementary or special education services. When examining only receipt of special education services (i.e., leaving out more general supplementary services like assessment, tutoring and counseling), the model for the younger children indicated that children aged 1 to 2 are significantly more likely than children aged 3 to 5 to receive special education services, and Hispanic children are significantly more likely than black children to receive such services. For the older children, those in group care are significantly more likely than those in non-kin foster care or kinship care to receive special education services.

Referral for services. Child welfare workers reported referring children to necessary services most of the time. When referrals were not made, it was because the child already was receiving the service or for some other *unspecified reason.*

To what extent are reunification plans in place?

Status of reunification plan. Based on data from child welfare workers, there is a current plan for reunification for about one-quarter (24%) of the children who have been in foster care for one year, with another quarter of the children already having returned home. For almost all of these children with a current plan, the plan is to reunify with their mother or father (87% and 10%, respectively). For those children with *no* current reunification plan, child welfare workers were asked if reunification efforts had *ever* been made with anyone in the child's family. The data show that such efforts have been made for 84% of the OYFC children still in out-of-home care (for whom there is not a current reunification plan). Approximately one-in-twelve OYFC children (8%) have never had a reunification plan.

Status of plan by child characteristics. Completed reunification or presence of a current reunification plan does not appear to differ significantly based on the child's age or race. With regard to age, however, the youngest children appear to have fewer reunification plans than the children in the three older age groups, which would be consistent with the foster care caseload dynamics research, indicating that younger children are much more likely to have reunification plans changed to adoption. Children with a most serious abuse type of failure to supervise are more likely to have a current reunification plan (or completed reunification) than children with a most serious abuse type of failure to provide. Examining the presence of a current reunification plan alone (i.e., not including those with completed reunification), out-of-home placement type is a significant factor, with children in group homes significantly more likely to have a current reunification plan than children in kin care settings (children in non-kin foster homes and children in kin care settings do not differ significantly with regard to presence of a current reunification plan). There do not appear to be major differences by age, race, placement type, or most serious type of abuse with regard to whether reunification efforts were *ever* made.

Foster parents' thoughts and feelings about adoption. The majority of foster parents (68%) have considered adopting the child if that becomes an option in the future. The most common factors contributing to the foster parents' desire to adopt are their feelings of love and affection for the child and the feeling that the child is part of their family. The most common factor discouraging those foster parents who have considered adopting the child from wanting to do so is that the biological parents' rights have not been relinquished or terminated; however, almost one-fifth of these foster parents identify no factors discouraging them from adopting. The majority (85%) of foster parents who have considered adopting the child have spoken to their caseworker about this, and 89% of those who have spoken to their caseworker indicate the caseworker's response to be encouraging or strongly encouraging.

What are the characteristics of child welfare workers?

Child welfare worker age and race. Most child welfare workers are relatively young, with more than half under 40 years old. About 46% are white, 32% are black, 11% are of Hispanic ethnicity, and 12% identify themselves as *other*. The child welfare worker's race is highly related to the race of the children with whom they work; that is, most black, white, and Hispanic child welfare workers work with black, white, and Hispanic children, respectively. Looked at from the other perspective, almost half of black children have a black child welfare worker, while most white, Hispanic, and children of *other* races have white welfare workers. There is not a strong relationship between child welfare workers' race and age.

Education. The educational preparation of child welfare workers varies widely. About 60% have a bachelor's degree, and about 40% of those have their bachelor's in social work. Just over 20% have a master's in social work, but another 16% have a master's in another discipline. Black, white, and Hispanic child welfare workers are most likely to have a Bachelor's degree in something other than social work than any other type of degree. Child welfare workers of "other" races are most likely to have a master's degree in something other than social work than any other type of degree.

How are case characteristics related to agency characteristics?

Number of risks present at time of placement. Child welfare services are local in nature and those locations may be significantly related to service configurations. Using information collected from both the census and interviews with child welfare managers, we examined a few questions about the relationship between agency and PSU characteristics and service delivery. Results indicated that with regard to the number of risks present in the household at the time placement, children in rural PSUs had significantly more risks than did those in urban PSUs. In addition, children in non-poor PSUs had significantly more risks than did those in poor PSUs.

Child welfare worker characteristics. Two child welfare worker characteristics—their highest degree and their race—also had notable differences across PSU types. It seems that county-administered agencies employ child welfare workers with more advanced degrees, as they have significantly more child welfare workers with MSWs and other master's degrees and significantly fewer with BSWs and other bachelor's degrees than do state-administered agencies. Although non-poor PSUs have significantly fewer child welfare workers with BSWs, they have significantly more with MSWs, as well as significantly more with other bachelor's degrees; poor counties have significantly more child welfare workers with other master's degrees. Small or medium, rural, and non-poor PSUs are all less diverse than their counterparts with regard to the race of their child welfare workers, as they have significantly fewer black and "other" race child welfare workers than large, urban, and poor PSUs. Small or medium and rural PSUs also have fewer Hispanic child welfare workers.

Child Race/Hispanicity. In addition to having less ethnically and racially diverse child welfare workers, in our data, the small or medium and rural PSUs also have less ethnically and racially diverse clientele, with small or medium PSUs having significantly fewer black children in the child welfare system than large PSUs and rural PSUs having both fewer black children and fewer Hispanic children than urban PSUs. Child race/Hispanicity also differs significantly based on agency administration, as state-administered agencies appear to have less ethnically diverse clientele (i.e., fewer Hispanic children) than county-administered agencies.

Implications for Child Welfare Services

The vast majority of children who have spent one year in out-of-home care have substantial social and cognitive impairments. These impairments cut across age groups and types of placements. Prior local developmental studies show continuing educational and developmental problems for children who have been in foster care, whether or not they remain in foster care (see, e.g., Kerman, Wildfire, & Barth, 2002; Taussig et al., 2001). This report indicates the magnitude of the remediation challenges that children in foster care present to the nation's service providers. Some of that remediation is underway, as these children are experiencing high levels of supplementary and special education and mental health services.

This study also finds a child welfare system caring for quite troubled children and youth with caregivers and child welfare workers who are diverse but lack much formal training or education in the work they are doing. Although this study cannot assess the capacity of out-of-home care providers to meet the needs of the children they care for, the relatively large family sizes, low education, and older age of caregivers suggests that these homes will require considerable support in order to help generate these important gains. At the same time, out-of-home placements are experienced by the children and youth as supportive and positive, with the exception of group home care, which is clearly less favored.

The children who remain in foster care at one year are a diverse group with regard to their backgrounds and experiences. Among children in this sample, the largest groups are infants and adolescents who came into care because they were neglected. More older children were sexually abused, physically abused, or came in for other reasons. The severity of abuse is consistently high across age groups. Almost all children had a reunification plan, at one time, but the majority of the younger children no longer have reunification plans—more attention needs to be paid to expeditious development of reunification and permanency plans for adolescents and children in group care.

Parents are believed to be receiving a wide range of general human services and child welfare services and are viewed by the child welfare workers as having access to the services that they need for reunification. These data suggest that when providing services to parents of children in foster care fails, the services that are most often unsuccessful—and so recognized by child welfare workers—are housing, substance abuse, and mental health treatment. Data from parental reports in the NSCAW CPS study will help to confirm this view of services.

NSCAW will continue to follow the life course of these children to learn whether these long-term threats to their well-being and high levels of developmental difficulties will manifest themselves in greater problems or will be mitigated. Data collection at 30 and 48 months after placement will provide a clearer understanding of the permanency status for these children and the signs of health and well-being of this vulnerable population.

1. Introduction

1.1 Background of NSCAW

To better understand what happens to the children and families who come in contact with the child welfare system, the Administration on Children, Youth and Families of the U.S. Department of Health and Human Services (HHS) has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW). In 1996 in the Personal Responsibility and Work Opportunity Reconciliation Act,[2] Congress directed the Secretary of HHS to conduct a national study of children who are at risk of abuse or neglect or are in the child welfare system. Congress mandated that the study do the following:

- include a longitudinal component that follows cases for a period of several years;
- collect data on the types of abuse or neglect involved, agency contacts and services, and out-of-home placements; and
- yield reliable state-level data for as many states as feasible.

The first national longitudinal study of its kind, NSCAW examines the characteristics, needs, experiences, and outcomes for these children and families. This study also provides information about crucial program, policy, and practice issues of concern to the Federal government, state and local governments, and child-welfare agencies. NSCAW makes available for the first time nationally representative longitudinal data drawn from first-hand reports from children and families or other caregivers, as well as from service providers. Moreover, NSCAW is the first national study that examines child and family well-being outcomes in detail and seeks to relate those outcomes to the subjects' experience with the child welfare system.

The NSCAW cohort includes 6,231 children, ages birth to 15 (at the time of sampling), who had contact with the child welfare system within a fifteen-month period that began in October, 1999. These children were selected from two groups: 5,504 interviewed from those entering the system during the reference period (October 1999 - December 2000), and 727 from among children who had been in out-of-home placement for about 12 months at the time of sampling. These 6,231 children were selected from 92 Primary Sampling Units (PSUs) in 97 counties nationwide.

Both children who remain in the system and those who leave the system will be followed for the full study period. The current overall study design provides for

- baseline face-to-face interviews or assessments with children, their parents or other permanent caregivers, nonparent adult caregivers (e.g., foster parents and custodial kin caregivers) if applicable, teachers (for school-aged children), and child welfare investigators;

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[2] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Sec. 429A, National Random Sample Study of Child Welfare (PL No. 104-193).

- interim interviews at 12 months after the close of the investigation or assessment focused on the services received since the baseline interview. With the current caregiver, these interviews are primarily conducted by telephone, although families that cannot be contacted by phone are interviewed in person. The interview includes a brief child well-being measure. This round also includes interviews with the child welfare worker providing services, conducted in person; and

- face-to-face interviews or assessments with children, their parents or other permanent caregivers, nonparent adult caregivers (e.g., foster parents and custodial kin caregivers) if applicable, teachers (for school-aged children), and child welfare workers at 18 months (Wave 3) and at 36 months (Wave 4) after the close of the investigation or assessment.

1.2 Overview of the One Year in Foster Care (OYFC) Study

Special concerns of Congress included the length of time that children spend in foster care and other out-of-home care (OOHC) settings, as well as how children fare developmentally during these experiences. For these reasons, an additional 727 child and family participants at baseline supplement the 5,504 children entering NSCAW through Children's Protective Services (CPS) investigations or assessments. The One Year in Foster Care (OYFC) component of the NSCAW study is intended to identify important processes and outcomes involved in the provision and experience of out-of-home care, which includes conventional foster care, kinship foster care, group care, residential treatment, and other settings.

The OYFC component focuses on children who were in out-of-home care for approximately 12 months at the time of sampling. This choice of focus stems primarily from an analysis of foster care data collected in other studies, showing that the vast majority of children who have been in OOHC for 12 months remain in placement for stays of three years or more (e.g., Wulczyn, Harden, & Goerge, 1997). By focusing on a 12-month period, NSCAW enrolled children in the sample who likely will continue in OOHC for a lengthy stay and began studying them early in their placement history. This group is of substantial interest at this time because Federal child welfare law[3] calls for a decision to be made about the permanent plan (i.e., reunification, adoption, guardianship) for children in foster care and discourages stays beyond one year without "compelling reasons."

1.3 NSCAW Reports and Data Access

This report provides the first national look at the characteristics of this "one year in foster care" sample component based on the individual case-level data from NSCAW and seeks to identify key findings from these baseline data. The report is not intended to be comprehensive in scope, but rather focuses on the following key questions:

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[3] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Sec. 429A, National Random Sample Study of Child Welfare (PL No. 104-193).

- **Who are the children in foster care one year after entry?**

This report begins with a description of the children's demographic characteristics, which were compared across types of out-of-home placements. An in-depth description of the types of abuse suffered by the children, subtypes of abuse, the severity and duration of abuse, and the relationship between the severity and duration of abuse and developmental measures follows the description of demographic characteristics. We also assess measures of the children's social and behavioral characteristics, including analyses of cognitive development and behavior problems. Analyses were also conducted to compare OYFC children with the general population in terms of cognitive capacities, language development, and academic achievement.

- **Who are the current caregivers?**

This report examines the demographic characteristics of the children's current caregivers, including their age, race, marital status, education level, employment status, length of experience as a foster parent, and mental and physical health status. Comparisons are made between kinship and non-kinship caregivers.

- **What kind of home environment do these children live in?**

Many analyses in this report assess aspects of the environment in which the children are living, such as the number of household members, how household size varies by type of out-of-home placement, punitiveness of the caregivers, and the physical environment, including the safety, cleanliness, and warmth of the home. We also examine child-level effects of the environment such as cognitive stimulation, emotional support for the children, and the children's exposure to violence, including estimates of how frequently the children are exposed to violence and the severity of the events that they have witnessed.

- **Who are the child welfare workers?**

We provide basic demographic characteristics—age, race, education level, and relationships between child and child welfare worker characteristics—of the child welfare workers assigned to these children.

- **What risk factors existed, and what services did children and their permanent primary caregivers receive?**

This report explores which types of social and health services children and their permanent primary caregivers receive, including information on children's health problems, the medical and mental health services children have received, and the types of social and substance abuse services to which caregivers have been referred and have actually received.

- **What are children's experiences in out-of-home care and their expectations for the future?**

Information on the children's experiences in out-of-home care and their expectations for the future includes discussion of the children's feelings about where they live and go to school.

- **To what extent are reunification plans in place?**

In addition to estimates of how many children have current reunification plans, we examine whether reunification plans have *ever* been made. Child's age, race, out-of-home placement type and abuse type were tested to find any correlation with having a reunification plan.

- **How are agency and county characteristics related to service delivery?**

The report examines several child and family attributes from the perspective of four system-level characteristics: administration of the child welfare agency, size, urbanicity, and poverty level.

Because this report is the first utilizing NSCAW child and family data, the data collection and analytical methods and measures are thoroughly detailed. Further analyses can be generated from these data, which are available to the research community in the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University.[4] Two previous NSCAW reports (June 2001) looked at state- and county-level child welfare services characteristics and can be found on the Administration for Children and Families (ACF) website at

http://www.acf.dhhs.gov/programs/core/ongoing_research/afc/wellbeing_reports.html.

1.4 Organization of the Report

This report is organized into seven chapters. ***Chapter 2*** provides a general overview of the NSCAW survey design and data sources, with a particular emphasis on the OYFC component. The chapter also addresses response rates and potential sample bias.

Chapters 3 through ***5*** examine the characteristics of the children and families in the OYFC component of NSCAW. Of the eight main research questions above, these chapters focus on the characteristics of the children, the children's current caregivers, and the environment in which these children live.

Chapter 6 addresses the services children and their current caregivers receive, children's experiences in out-of-home care, reunification plans, characteristics of child welfare workers, and the relationship between agency and PSU characteristics.

Finally, ***Chapter 7*** provides a summary of the findings and offers possible lessons for policy and practice that may be drawn from the OYFC baseline data and analysis.

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[4] NSCAW baseline data are available as of January 2002.

2. Study Design:
Sampling, Estimation and Measures

2.1 Target Population

The target population for the OYFC study contained all children who entered into foster care 12 months prior to the date of sampling and who were still in foster care at the time of sampling. The rationale for this definition of the target population was threefold.

First, this definition provides a sample of children who are likely to be in foster care for an extended period, because exit rates for children who have been in foster care for at least one year are far lower than those for children in the earliest months of care (Wulczyn, Hislop, and Goerge, 2000). The likelihood of reunification to the home of the parent is only one-third what it is for children who have just entered care (Wulczyn, Brunner, and Goerge, 1999).

Second, it provides data on children fairly early in their stays in OOHC. These data can then provide a valuable baseline for understanding future observations of these children as they age over the course of the study.

Finally, these data also provide a better understanding of the dynamics of foster care for the group that will emerge from the CPS sample component.

The definition of the target population was tested and revised to find an approach that could be implemented accurately and relatively easily in all agencies, regardless of the sophistication of the individual administrative record-keeping systems. In our work with the participating agencies, we discovered that some agencies were unable to determine easily whether a child who entered into OOHC 12 months earlier remained in continuous care for the whole 12-month period. Therefore, the more rigorous target population definition of a continuous 12-month OOHC placement was infeasible for OYFC sample eligibility. This modification of the target population definition was adopted after preliminary analyses of administrative data indicated that the likelihood of a child remaining in OOHC did not depend on whether he or she had a continuous 12-month stay or was simply in OOHC at two points in time separated by 12 months.

A challenge to applying this definition of the target group was finding sufficient numbers of children who satisfied the selection criteria. For example, in small, rural agencies, the number of foster care children was quite small and, thus, the number of children in foster care for 12 months was often less than that required for an efficient sampling design. Therefore, for these agencies, it was preferable to relax the 12-month requirement and to allow children who had been in OOHC for as few as 8 months and as many as 18 months to enter the sample. Transmitting information about the sample to the field representative and securing interview data also required additional time. The average time between placement into OOHC and completion of the child welfare worker interview was 18.2 months; the median was 17.7 months. ***Table 2-1*** presents the distribution of children by their length of stay in OOHC at the time the sample was selected.

Table 2-1. Duration of Placement at Time of Sampling

Number of elapsed months	Number of children in sample
Less than 12	45
12	47
13-14	373
15-17	193
18-20	69
Total	**727**

Sample eligibility was also not restricted to new entrants to the child welfare system. The target population included children who had previous stays in OOHC and who were reunited with their families prior to reentering OOHC for their current stay. To be eligible for the sample, children had to have entered OOHC for their current stay through an investigation of child abuse or neglect by the CPS. Children who entered through the court system or some other pathway not involving a CPS investigation were ineligible.

2.2 Sample Design

The NSCAW sample was designed to maximize precision of estimates related to children in the child welfare system. The sample design may be described as a stratified cluster sample of all children in the target population. In response to the mandate in the authorizing legislation, the sample was designed to calculate state-level estimates for the eight states with the largest numbers of CPS cases; each of these states forms one stratum. The ninth and final stratum then consists of the remaining states, with a few exceptions described below.

Within these strata, primary sampling units were formed, where the PSU was defined as a geographic area encompassing the population served by a CPS agency. In most cases, PSUs are counties, but in a few cases two or three contiguous counties were grouped to form a single PSU. Further, several counties comprising large metropolitan areas were split into two or more PSUs along CPS agency jurisdiction boundaries to facilitate sampling and data collection. Finally, the NSCAW PSU frame was composed of all counties in the U.S. that were large enough to support at least one interviewer-workload, or about 60 cases or more per year. Counties smaller than this size were deleted from the frame; however, these exclusions represented less than 1% of the target population.

Each PSU was then assigned a selection probability, and a random sample of 100 PSUs was selected accordingly. The selection probability for a PSU was computed using composite size measures derived from eight population subgroups (or sampling domains) whose selection rates were to be controlled during the second-stage selection process for the CPS sample component (see Biemer, Liu, Iannacchione, Byron, & Cano, 1998, for a description of these sampling domains). However, these domains were relevant only for the CPS sample selection and were ignored for selecting the OYFC child sample, which instead used systematic random sampling from all eligible children on the frame. By selecting an approximately equal number of children within each PSU, the resulting OYFC sample is approximately self-weighting (i.e., equal probability) within stratum. However, weights are still needed in estimation, due to imperfections in the sampling as well as for post-survey adjustments for nonresponse and frame noncoverage.

After the PSUs were selected, six child welfare agencies indicated that they were unable or unwilling to participate in the NSCAW study and, therefore, were replaced in the sample by six new PSUs that were similar with regard to the sampling control variables. In addition, problems arose in four states in the remainder stratum due to state laws requiring that information on CPS children and their caregivers be released to the study only by consent of the current caregiver. As a result, the response rates in those states were essentially zero, and it was necessary to cease data collection efforts there for both the OYFC and CPS components. These four states were subsequently removed from the target population for the study; consequently, inferences from the OYFC will be restricted to children living in states that do not have laws restricting direct access to the children for research purposes—92% of all children originally eligible for the OYFC sample. The proportion of the original target population excluded from the study is only about 8%, so it is unlikely that the results would change appreciably with the inclusion of these agency first-contact states.

The OYFC sample selection period was December 1999 through February 2000. As a result, the time period from December 1998 to February 1999 was set as the time interval for eligibility—only children placed in out-of-home care in those three months were eligible for the OYFC sample. In many PSUs, the number of children on the frame for the original time period was found to be too small to support the sample sizes required. As a result, the window of inclusion for frame construction was extended in those PSUs, when necessary, to include children who were placed in out-of-home care between July 1998 and February 1999 to meet the desired allocations. In order to reduce the burden on caregivers of the OYFC children, only one child per household (where the "household" is the residence where the child lives) was included in the frame for OYFC sample selection.

2.2.1 Description of the Sample

In discussing the results for NSCAW, both weighted and unweighted response rates are relevant. The *unweighted response rate* is the number of respondents to the OYFC divided by the number of respondents and nonrespondents in the sample; this is a useful indicator of the success of the field effort because it conveys the actual rate at which eligible sample members were interviewed. However, the *weighted response rates* (simply the sum of the weights for respondents to the survey divided by the sum of the weights of respondents and nonrespondents) are a more relevant indicator of the potential for bias in the results due to nonresponse.

As mentioned earlier, NSCAW data were obtained through interviews with several respondents, including the current caregiver, the former caregiver (if different), the child, the child welfare worker, and the child's teacher. Any one or all of these interviews may be missing for a sample child; thus exactly what constitutes a "response" to the OYFC is not obvious. One possible definition requires a full response from all four or five possible respondents. This definition is too strict, however, because the key analysis variables may still be available even if the teacher, former caregiver, or child welfare worker does not respond. Therefore, for operational reasons, we defined an OYFC response as a completed interview for the *key respondent*—defined as the *current* caregiver if the child was younger than 10 years or the child if 11 years or older. Using this definition of a completed interview, the overall weighted response rate for the OYFC was 73.1%, and the weighted response rate was 73.4%.

The *former caregiver* component of the data collection was eventually discontinued, due to extremely low response, and is not analyzed in the current report. ***Table 2-2*** includes the unweighted and weighted response rates for all the major components of the OYFC study.

Table 2-2. Unweighted and Weighted Response Rates for the OYFC Sample by Type of Respondent

Component	Number interviewed	Percent unweighted response rate	Percent weighted response rate
Child	696	70.30	71.82
Current caregiver	725	72.94	73.83
Child welfare worker	794	80.28	83.07
Teacher*	166	51.71	56.62

*The completion rate is reported for the teacher survey, computed as the number of interviews divided by the number known to be eligible for the component. To be eligible for the teacher survey, children had to be aged 4 or older, in school in grades K-12, not home schooled, and have a signed authorization from the legal guardian or caregiver.

Table 2-3 summarizes the final case dispositions for Wave 1 for OYFC key respondents. This includes a breakdown of the number of selected children, completed and partial interviews, the number of children and adults who were key respondents, and cases that did not result in interviews.

A total of 1,291 children were selected for the OYFC sample. Of these, 373 (29%) were children aged 11 and older (*child* was key respondent), and 918 (71%) were children less than age 11 (*caregiver* was key respondent). From the OYFC sample, 726 key respondent interviews were completed, along with one partial interview. Interviews were deemed complete if they met specific criteria established by the NSCAW project team. For child interviews, at least one well-being measure had to have been obtained.

Final case dispositions included 291 ineligibles (23%), in addition to 90 refusals (9%), 16 unlocatables (2%), and 141 cases (14%) that could not be reached after repeated attempts. Of these 141 cases, 111 (9%) were sample cases that were released to the field but were not completed because the target number of completed interviews had been exceeded and the available resources expended. Cases were deemed ineligible if

- the selected child was found to be older than 15 at the time of sampling,
- the selected child was determined to be the sibling of another child in the study,
- the placement date for the selected child occurred outside the frame construction period,

Table 2-3. Key Respondent Final Case Dispositions

Disposition	Sample counts and percentage	
	N	%
Children selected	**1,291**	**100**
Number of selected cases with		
Child as key respondent	373	28.9
Caregiver as key respondent	918	71.1
Key respondent case status		
Completed full interview	726	72.6
Completed partial interview	1	0.1
Final ineligible	291	22.5
Key respondent nonresponse		
Unavailable after repeated attempts	141	14.1
Final refusal	90	9.0
Final unlocatable	16	1.6
Final out of area	2	0.2
Physically/mentally incapable	5	0.5
Incarcerated—interview not obtained	1	0.1
Institutionalized—interview not obtained	1	0.1
Final other	17	1.7

- the selected child was determined to be deceased, or
- if the OOHC tenure and other eligibility criteria for the OYFC sample were not met.

Refusal cases included those in which (1) the key respondent refused to consent to the interview or (2) parental or legal guardian consent could not be obtained for the child interview. Unlocatable cases included those in which the key respondent could not be located after extensive field and central office–based tracing. Cases that could not be completed after repeated attempts included those in which the key respondent either could not be reached or was unavailable for the interview during the data collection period. Cases received a “final out of area” disposition code in situations in which the key respondent lived more than 65 miles (one way) from an NSCAW field representative, a firm appointment could not be obtained, or costs for securing the interview were considered prohibitive. Final “other” noninterview codes were assigned in situations in which the child’s case records were sealed because of the case’s high profile or because of completed or ongoing adoption proceedings.

2.2.2 Characteristics of the Final Achieved Sample

Table 2-4 shows the distribution of the selected and final achieved samples by age, race, and gender. The percentage distribution shown in this table is the unweighted distribution of the achieved sample; other tables in this report provide the weighted distribution, which reflects the distribution of the OYFC population. The final achieved sample was nearly evenly split between males (51%) and females (49%). The largest group of children were younger than 5 years of age (45%), with only 27% of children being older than 10. There were more black children (45%) than white (41%); only a small group were identified as *other* race (14%)—these children were primarily Asian and American Indian. Participation in the study seems to be unaffected by any interaction between age and gender or race and gender. (The race and ethnic characteristics of the sample are discussed in more detail below.)

Table 2-4. Distribution of Sample by Age, Race, and Gender

Characteristic	Gender		
	Female	Male	Total
Age			
1-4 years	160 (22%)	165 (23%)	325
5-9 years	101 (14%)	100 (14%)	201
10 years or older	98 (13%)	103 (14%)	201
Race			
White	149 (20%)	153 (21%)	302
Black	163 (22%)	166 (23%)	329
Other	47 (7%)	49 (7%)	96
Total	359 (49%)	368 (51%)	727

2.3 Weighting and Estimation

Although the OYFC sample was designed to be self-weighting, departures from equal probability sampling were inevitable due to imperfections in the frame information, insufficient target population sizes within small PSUs, and other consequences of reality. In addition, post-survey adjustments for nonresponse and frame coverage error also result in departures from a self-weighting design. Consequently, sample weights must be applied to the observations in order to obtain unbiased estimates of the population parameters. Thus, an estimate of the population total, denoted by $\hat{T}$, takes the form

$$\hat{T} = \sum_i w_i y_i$$

where w_i is the sample weight and y_i is the observation for the ith child. An estimate of the population mean, denoted by $\hat{\theta}$, is a ratio and takes the form

$$\hat{\theta} = \sum_i w_i y_i \Big/ \sum_i w_i$$

To the extent that nonresponse and sampling frame noncoverage error adjustments are effective, the bias in estimates due to these sources of error is reduced. Thus the use of sampling weights in analysis is necessary in order to properly represent the target population by the units selected for NSCAW. Although comparisons between weighted and unweighted analyses often showed minor differences, all analyses reported here are weighted because they offer more precision.

Moreover, because the observations are clustered within PSUs, the standard errors of the estimates must account for the potential correlation between the observations within the same PSU to be statistically valid. Consequently, standard error estimates typically produced by software packages that assume simple random sampling (SAS, SPSS) will produce standard error estimates that are likely to be understated. This implies that the true alpha levels for standard tests of hypotheses will likely be somewhat larger than the nominal level, and the levels of confidence for confidence intervals will be somewhat lower than the nominal levels. To account for these properties of the sample design, the analyses were completed using the SUDAAN software package (Research Triangle Institute, 2001), which appropriately accounts for the unequal weighting, stratification, and clustering of the observations inherent in the NSCAW sample design. SUDAAN uses Taylor series linearization for estimating the standard errors of nonlinear statistics such as ratios (Cochran, 1977). Use of statistical software packages that do not properly account for the unequal weighting and clustering effects in the sample may lead to invalid estimates.

Precision in this report is reported as the standard error of the estimate for means and as the endpoints of the 95% confidence interval for proportions. The confidence intervals were computed using the logit transformation of the proportion.

2.4 Analysis of Nonresponse

Child welfare services research has been characterized by studies with poor sample construction and low response rates (Rossi, 1992), leaving the studies open to the criticism that they capture a biased view of the population of concern. To determine the potential for nonresponse to bias the OYFC results, we conducted an analysis of the nonresponse bias for these data. For a large proportion of OYFC key nonrespondents, data were available from the child welfare worker and agency files. These data were used to estimate the nonresponse bias and then destroyed. An estimate of the nonresponse bias for the population mean of some variable, *y*, is given by

$$\mathrm{Bias} = (1 - \mathrm{r})\,(\,\overline{\mathrm{y}}_{\mathrm{R}} - \overline{\mathrm{y}}_{\mathrm{NR}}\,)$$

where *r* is the response rate, $\overline{y}_R$ is the mean for respondents, and $\overline{y}_{NR}$ is the mean for the nonrespondents.

As a general indicator of the potential for nonresponse to bias the OYFC results, we used a count of the number of variables in the nonresponse analysis for which the bias is statistically significant from zero (two-sided test). At the p<.05 alpha-level, one would expect 5% of such tests to be significant by chance alone. Conversely, if more than 5% of tests of non-zero bias are significant, that would be evidence of nonresponse bias in some of the study variables. Likewise, at a significance level of p<.01, one would expect approximately 1% of the tests of non-zero bias to be significant by chance.

Note from ***Table 2-5*** that approximately 1.5% of the tests were significant at a 5% alpha level and less than 1% were significant at the 1% level; thus there is no evidence of nonresponse biases in the OYFC data. This does not necessarily mean that the OYFC results were not biased by nonresponse—only that the data available for this analysis were insufficient to detect a nonresponse bias. Nor is there indication that the bias was sufficiently large to justify the additional effort required to include bias estimates in the data analyses.

Table 2-5. Statistically Significant Nonresponse Bias Estimates for Caregiver and Child Characteristics

Respondent type	Number of tests	Significant at 0.05		Significant at 0.01	
		Number of Tests	Percent of Tests	Number of Tests	Percent of Tests
Caregiver	1,538	23	1.50	6	0.36
Child	1,679	29	1.73	11	0.72

Table 2-6 indicates that the response rate tends to be slightly lower for children aged 11 to 14 than for children 10 or younger. This suggests that the potential for nonresponse bias is greater for older children and their caregivers. This effect of age on nonresponse was not apparent in the previous analysis because those data were analyzed separately by key respondent type: child and caregiver. (For NSCAW, the caregiver was the key respondent when the child was less than 11 years old.) Therefore, the nonresponse bias results for children included only children who were at least 11 years old. Still, the lack of evidence for nonresponse bias in the previous analysis suggests that the greater relative bias for older children was quite small.

Table 2-6. Response Rates by Age of Child

Age	Number of respondents	Percent unweighted response rate	Percent weighted response rate
0 - 2 years old	246	76.64	78.94
3 - 5 years old	122	71.35	64.37
6 - 10 years old	196	73.41	76.07
11- 14 years old	163	69.07	69.41
Total	**727**	**73.07**	**73.41**

2.5 Instrumentation for the OYFC Study

The measures used in the NSCAW are described in detail in ***Appendix A***. Because of their different situations at the time of the baseline interviews, there were two primary differences between the questionnaires for the OYFC and CPS sample components. First, the risk assessment with the child welfare worker at baseline was abbreviated, given that he or she was asked about the child's situation 12 months prior. The child welfare workers indicated that they would not have good information about certain items, so those were excluded.

Similarly, questions on services to biological parents and children were asked of the child welfare worker for the OYFC sample at baseline. These were not asked for the CPS sample component, because children and families in this group may not have begun receiving services.

Many measures used in the following analyses were simply single items (e.g., the race and age of the child); others were derived after consolidating a number of single items intended to capture key case characteristics; and some (described at the end of this chapter) were standardized measures. Most of these items and scales measure child functioning as rated by

- caregivers (e.g., the Child Behavior Checklist, CBCL; and the Social Skills Rating System, SSRS);
- teachers (e.g., the Teacher Rating Form, TRF); or
- field representatives during standard assessment procedures (e.g., the Battelle Developmental Inventory, BDI; the Bayley Infant Neurodevelopmental Screener, BINS; the Kaufman Brief Intelligence Test, KBIT; the Mini-Battery of Achievement, MBA; and the Preschool Language Scale-3, PLS-3).

A few are self-report child measures (i.e., the Children's Depression Inventory, CDI; the Research Assessment Package for Schools, RAPS; the Violence Exposure Scale for Children-Revised, VEX-R; and the Youth Self-Report, YSR) that were completed by older children (5-14 years of age, depending on the measure).

Also administered were the Short Form Health Survey (SF-12), a measure of health and well-being for caregivers, and the NLS/Y short form of the Home Observation Measure of the Environment (HOME-SF), a measure of the environment in which the child is being raised. (As operationalized in NSCAW, HOME-SF includes some parental report items and some from the field representative's observations.) In addition, many items were asked of respondents to allow them to describe their experiences—some of these were later scaled, some clusters of items are presented in their entirety, and some are not discussed in this report.

2.6 Analysis Methods

Because exhaustive analyses of these data are beyond the scope of this study, we developed a data analysis plan to identify key analyses of most interest to policy makers and practitioners alike. In this report, the NSCAW Research Group answers questions about the characteristics of children in foster care for one year (OYFC), their caregivers and caregiving environments, and their child welfare workers; the nature of services provided to the child and families; and the experiences of the children in out-of-home care (OOHC). Many of the research questions were addressed through descriptive analysis and interpretation of bivariate presentations of the data. When questions about interpreting bivariate analyses arose, however, we conducted multivariate analyses to probe for relationships among child, caregiver, and placement characteristics, and with developmental outcomes. Weighting of the data was necessary to account for departures from the equal probability selection design, nonresponse, and sampling frame undercoverage.

3. Characteristics of OYFC Children

This chapter presents information that describes the children in the NSCAW One Year in Foster Care (OYFC) cohort. Characteristics used to portray these children include age, race and ethnicity, prior experiences of maltreatment, type of abuse precipitating the current placement, severity and duration of abuse, and cognitive and developmental functioning. All analyses, unless otherwise specified, include all OYFC children, even if they were found not to be in out-of-home care (OOHC) at the time of the interview. Analyses that examine differences between children in various out-of-home placement types, however, do not include the children who were no longer in care.

Comparisons by race and type of out-of-home care are of considerable interest because these characteristics are often part of discussions of child welfare program and policy design. Therefore, throughout the report, comparisons by race and type of out-of-home care are routinely presented. However, we do not possess evidence that race or type of OOHC actually *cause* a particular outcome; we simply present evidence relevant to whether race or type of OOHC are *associated* with differences in outcomes. In particular, our study design does not take into account selection issues that may affect which children get into different types of out-of-home placements. The OYFC children are almost evenly split between males and females (51% male).

3.1 Characteristics of Children in Foster Care One Year

How old are OYFC children?

The OYFC children range in age from late infancy (about 1 year) to just past 15 years old at the time of the interview. ***Figure 3-1*** summarizes the distribution of children by age. Children aged 3 to 5 years old make up 17% of the OYFC group. Almost one-quarter (24%) are between the ages of 1 and 2 years, and just over a quarter (27%) are 11 or older. The average age of the OYFC children is 7, as is the median age (mode=1). Looking at average age by type of placement, the average age of children in non-kin foster homes is 6, as is the median age (mode=1); in kin-care settings, the average age is 7, with a median age of 6 (mode=1). Children in group homes have an average age of 10 and a median age of 11 (mode=13). Children in each of the three out-of-home placement types span the entire age range (1 to 15).

What race and ethnicity are OYFC children?

Figure 3-2 shows the distribution of the OYFC children's race and ethnicity. With regard to race, the OYFC children consist primarily of African-American children and white children, who together make up 76% of the group (45% and 31%, respectively). American Indian/Alaskan Native and Asian/Hawaiian/Pacific Islander children make up 6% and 2%, respectively. Another 7% are identified as "other."

Figure 3-1. Age of OYFC Children

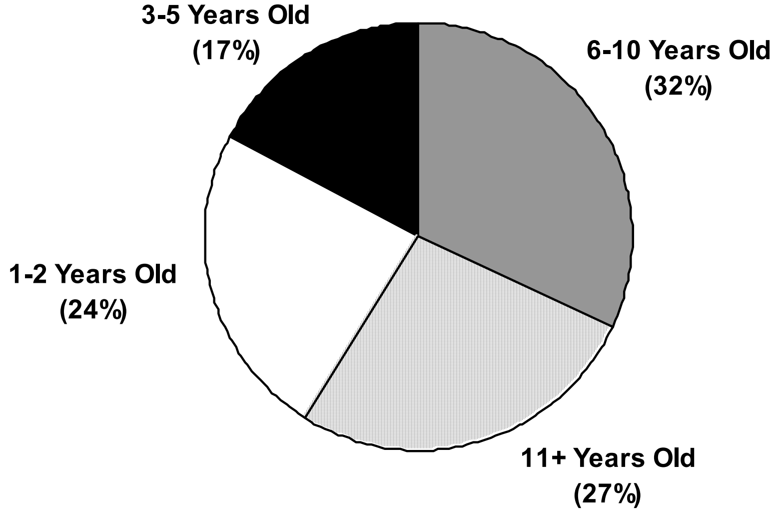
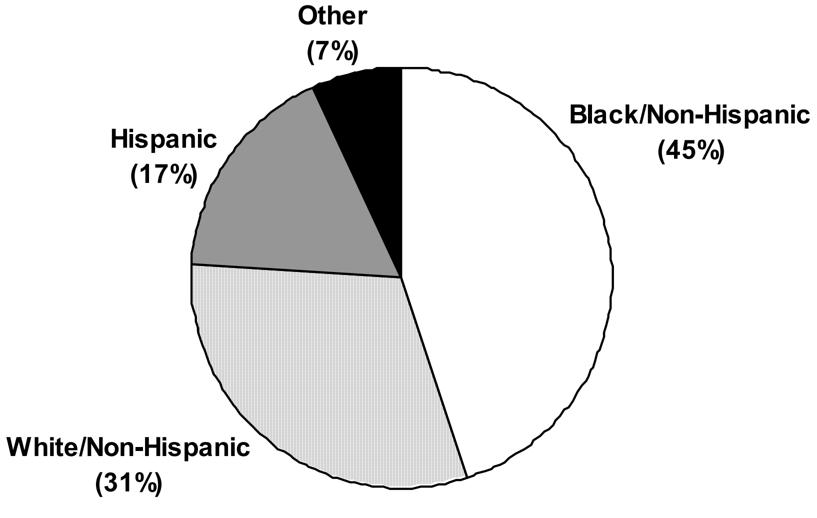


Figure 3-2. Race and Ethnicity of OYFC Children



Because child welfare researchers traditionally use a blend of race and ethnicity as the way to distinguish children, we also made this distinction. To classify children for this analysis, ethnicity was considered before race, so that those children identified as Hispanic/Latino were classified as such regardless of their race.

Using these classifications, we find that 45% of children are black/non-Hispanic, 31% are white/non-Hispanic, 17% are Hispanic, and 7% are classified as "other" races (***Figure 3-2***). On the question about race, about half of these Hispanic children (9% of the total) had been classified as white. The remaining 8% of those classified as being of Hispanic ethnicity had been classified as black, American Indian, or other races.

3.2 Children's Experiences

What prior experiences have these children had with child welfare services?

Because sampling a cohort of children with no prior maltreatment history was not possible, CPS histories were collected from child welfare workers. Although we do not have extensive data on children's prior experiences with child welfare services, approximately 63% of OYFC children had at least one report of maltreatment prior to the one that resulted in this episode in foster care. Eighty-five percent of them had been removed from the home of their biological mother in this episode in foster care.

What types of maltreatment did children experience precipitating this placement in foster care?

The types of maltreatment involved in the placement of children into the episode in foster care that led to their inclusion in this study were classified using the modified coding scheme described by Manly, Cicchetti, and Barnett (1994) and used extensively by the LONGSCAN group (Runyan et al., 1988). The child welfare worker who was interviewed used information from the case record to classify the severity, the onset of the abuse, and type of maltreatment.

This approach has three major advantages over conventional means of gathering data on types of maltreatment from administrative records. First, it allows for more than one type of maltreatment to be indicated. Second, inclusion of the severity and duration of the maltreatment allows us to distinguish important differences among experiences of children with the same type of maltreatment. Third, the child welfare worker can describe the actual case characteristics rather than force the case to fit a category for court or administrative purposes.[5] As a result, these maltreatment findings have more uniformity and specificity than exist in administrative records.

Child welfare workers were asked to identify the most serious type of abuse and any other types that were present. For the most serious type of abuse, they assigned a severity score ranging from 1 to 5, with 5 being the greatest and with each scale point tied to a specific action for that type of maltreatment. We also obtained information about the onset of the maltreatment and computed duration (the elapsed time since onset) for the most serious type of abuse.

What is the most serious type of maltreatment the children experienced?

Most OYFC children (60%) were placed in out-of-home care with the most serious type of maltreatment indicated as being neglect, with about half of these neglected through failure to provide and the other half through failure to supervise. Ten percent of the children suffered physical abuse, and 8% were identified as having sexual abuse as their most serious type of abuse. The remaining children experienced some other type of abuse or neglect (emotional, abandonment, moral/legal, or educational). In addition, 8% of the children were referred to child

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[5] For this reason, a relatively large proportion of cases was classified as "other." When asked to make a choice of one of the eight types of maltreatment in the instrument, some workers demurred, indicating that they wanted to use this opportunity to describe the case as it occurred, not as paperwork dictated.

welfare services for reasons other than abuse/neglect (e.g., for mental health services or domestic violence). Even though these children had been classified as abused or neglected in the official CPS records—and, therefore, eligible for inclusion in the study—interviews with the child welfare workers indicated that other reasons were responsible for their entry into foster care. (These classifications as *other* occurred most often for the youngest and for the oldest children.) ***Table 3-1*** provides overall distributions and ***Table 3-2*** provides the detailed distributions by age category.

What is the relationship between age, race, gender, and type of alleged child abuse?

For the remainder of this report, we refer to five major categories of abuse and neglect when looking at abuse type and its relationship to other characteristics. Neglect was broken into two groups: *failure to supervise* (the *abandonment* cases were subsumed under this category) and *failure to provide*. *Physical abuse* and *sexual abuse* are two additional groups. The less common types of abuse (i.e., *emotional*, *educational*, and *moral/legal* maltreatment) were combined into a maltreated-*other* category. However, the maltreated-*other* category is not included in most analyses that employ an abuse type because the interpretation for this group is too difficult. These analyses also excluded cases with abuse types described as non-maltreated-*other* (signifying other reasons for placement, as discussed above)*, missing,* and *don't know*. ***Table 3-3*** summarizes the distribution of the most serious abuse types following this recoding of the data. Using this reduced set of abuse types, we see that *failure to provide* and *failure to supervise*—two types of neglect—are by far the most common types of abuse among all age groups of children in foster care at one year.

There is a significant association between maltreatment type and age ($X^2 = 34.18$, $p < .01$). As shown in ***Figure 3-3***, the greatest proportion of *failure to provide* is among children two years old and younger. Also, this youngest age group has the smallest proportion of sexual abuse as the most serious type of abuse/neglect.

There is a significant association between maltreatment type and race (X2 = 59.99, $p < .001$). As shown in ***Figure 3-4***, Hispanic children are the most likely to be victims of physical abuse and the least likely to be victims of failure to provide. Black children have the highest proportions of failure to supervise as their most serious maltreatment type, and white children (and children of other races) have the highest proportions of sexual abuse.

There is not a significant association between maltreatment type and gender.

What subtypes of abuse do these children experience?

Child welfare workers were asked to rate the severity of the most serious subtype of abuse identified for each child, as well as when the abuse began. To accomplish this, child welfare workers responded to a slight modification of the Manly, Cicchetti, and Barnett (1994) instrument that has become the standard in the field. (See Stockhammer, Salzinger, Feldman, Mojica, and Primavera, 2001.) Using their instrument, respondents indicate all the types of maltreatment and the most serious type of maltreatment. For the most serious type, respondents

Table 3-1. Type of Abuse Prior to Placement, Total

Type of abuse/neglect	Total weighted percentage (95% CI)
Physical	10 (7, 14)
Sexual	8 (5, 12)
Emotional	7 (5, 10)
Neglect (failure to provide)	33 (27, 40)
Neglect (failure to supervise)	27 (22, 31)
Abandonment	7 (5, 10)
Moral/legal	0.35 (0.1, 1)
Educational	0.47 (0.1, 2)
Exploitation	0
Other	8 (5, 12)
Total	100

Table 3-2 Type of Abuse Prior to Placement, by Age

Type of abuse/neglect	Age of child				Total
	1-2	3-5	6-10	11+	
Physical	26 (17, 38)	12 (5, 24)	36 (23, 53)	25 (14, 42)	100
Sexual	2 (0.2, 12)	15 (5, 37)	45 (26, 64)	39 (27, 53)	100
Emotional	17 (5, 40)	14 (5, 34)	39 (26, 55)	31 (14, 55)	100
Neglect (failure to provide)	33 (27, 40)	19 (13, 28)	25 (18, 34)	24 (17, 32)	100
Neglect (failure to supervise)	18 (10, 30)	20 (9, 39)	38 (28, 50)	24 (13, 41)	100
Abandonment	18 (8, 37)	16 (6, 38)	31 (16, 51)	35 (22, 50)	100
Moral/legal	0	0	32 (4, 84)	68 (16, 96)	100
Educational	0	0	0	100	100
Exploitation	0	0	0	0	100
Other	56 (34, 76)	4 (1, 11)	11 (2, 38)	30 (17, 48)	100

Table 3-3. Most Serious Type of Abuse, Recoded Abuse Categories

Abuse type	Percent (95% CI)
Physical maltreatment	10 (7, 15)
Sexual maltreatment	8 (5, 14)
Physical neglect—failure to provide	36 (30, 43)
Physical neglect—failure to supervise	37 (32, 41)
Other	9 (6, 12)

Figure 3-3. Types of Abuse/Neglect by Age (%)

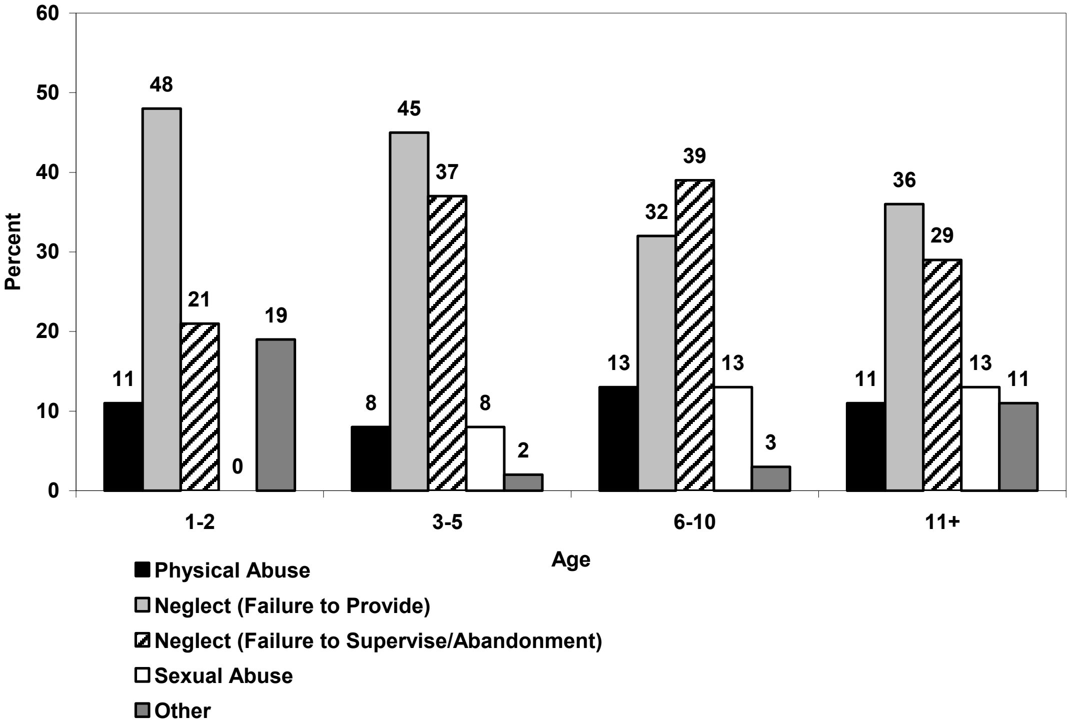
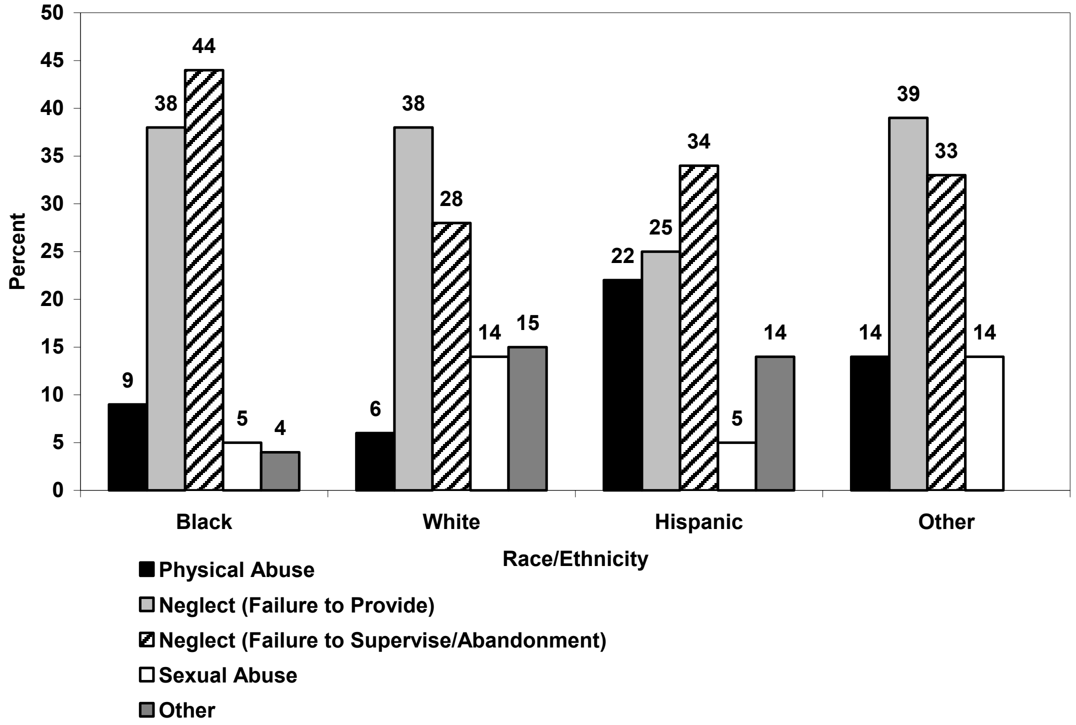


Figure 3-4. Types of Abuse/Neglect by Race/Ethnicity (%)



were asked to choose among five categories of severity and to specify a length of time in days, weeks, months, or years that they believed the child had been subjected to the abuse. Details of most serious subtypes are presented in ***Table 3-4***.

As shown in ***Table 3-5***, the categories of severity differed depending on the type of abuse. For example, for physical abuse the categories ranged from "dangerous act, but no marks indicated" to "hospitalized more than 24 hours, permanent disability, or disfigurement"; for physical neglect the categories ranged from "mild" to "grave"; and for sexual abuse the categories varied from "fondling" to "genital penetration."

Of the OYFC children whose most serious type identified was the *failure to provide,* the most serious subtype was almost evenly distributed across inadequate receipt of medical, dental, and mental health care; lack of adequate food; and lack of adequate shelter. For 43% of those children in the *neglect: failure-to-supervise* category, being left unsupervised for periods of time was the most serious subtype. Almost one-quarter (23%) of the children in the category of failure to supervise had been abandoned by their caregivers. For OYFC children in the physical maltreatment category, the most serious subtype for nearly one-third (32%) was a hit or kick to the face, head, or neck. For those children in the sexual maltreatment category, the proportions were nearly evenly split between subtypes that included penetration or oral copulation and those that involved fondling, masturbation, or exposure to pornography.

Table 3-4. Most Serious Subtype of Abuse (%)

Abuse	Percent	95% CI
Physical maltreatment		
Hit/kick face/head/neck	32	21, 46
Burns	15	7, 29
Non-descript abuse	12	6, 23
Hit/kick buttocks	9	2, 29
Violent handling of child	9	4, 20
Hit/kick torso	7	2, 21
Other	7	3, 17
Hit/kick limbs/extremities	3	1, 8
Choking/smothering	3	1, 9
Shaking	2	0, 6
Sexual maltreatment		
Fondling/molestation/other less severe	39	20, 63
Digital penetration	21	11, 34
Vaginal/anal intercourse	17	9, 30
Oral copulation	15	7, 28
Masturbation	8	1, 38
Physical neglect—failure to provide		
Lacks adequate med/dent/mh coverage	34	24, 46
Lacks adequate food	30	18, 47
Lacks adequate shelter	26	18, 37
Lacks adequate hygiene	7	3, 15
Lacks adequate clothing	2	1, 4
Physical neglect—failure to supervise		
Supervision	43	31, 55
Abandonment	23	15, 32
Substitute care arrangements unsafe	18	14, 25
Environment	16	9, 27

Table 3-5. Percent of Children Experiencing Various Severity Levels of Maltreatment

Most Serious Abuse Type and Severity Categories	**Percent (95% CI)**
Physical Abuse	
Dangerous act, but no marks indicated	25 (14, 41)
Minor marks	15 (6, 30)
Numerous or severe marks	33 (20, 49)
Medical/emergency treatment; hospitalized for < 24 hours	14 (7, 26)
Hospitalized more than 24 hours, permanent disability or disfigurement	13 (6, 28)
Sexual Abuse	
Fondling/molestation (without genital contact) or other less severe type (e.g., exposure to sex or pornography)	39 (20, 63)
Masturbation (requires genital contact)	8 (1, 38)
Digital penetration of vagina or anus	21 (11, 34)
Oral copulation (or adult or child)	15 (7, 28)
Vaginal/anal intercourse	17 (9, 30)
Failure to Provide^ *(e.g., lack of adequate medical, dental, and mental health care)*	
Mild *(e.g., miss several medical/dental appointments, does not attend to mild behavior problem)*	2 (1, 5)
Moderate *(e.g., seeks medical attention for minor illness, but does not follow through—like not finishing needed medicine)*	16 (12, 21)
Serious *(e.g., does not seek medical attention, seeks treatment for non-minor illness but doesn't follow through, uses inappropriate treatment without consulting doctor, expectant mother uses alcohol or drugs with no FAS or drug symptoms)*	39 (33, 45)
Severe *(e.g., does not seek or comply with medical treatment for potentially life-threatening illness or injury)*	27 (20, 36)
Grave *(e.g., alcohol/drug abuse during pregnancy causes FAS or drug-addicted baby, child permanently disabled from inattention, does not seek professional help for child's life-threatening emotional problems like suicide/homicide)*	15 (9, 24)
Failure to Supervise^^ *(e.g., child left unsupervised for periods of time)*	
Mild *(e.g., failure to provide adequate supervision for short periods of time, or less than 3 hours, with no immediate source of danger in environment)*	10 (5, 20)
Moderate *(e.g., failure to provide adequate supervision for several, or 3-8 hours, with no immediate source of danger in environment, or inadequate supervision)*	17 (10, 28)
Serious *(e.g., failure to provide adequate supervision for extended periods of time, or 8-10 hours)*	19 (13, 26)
Severe *(e.g., failure to provide adequate supervision for extended periods of time, overnight, or 10-12 hours)*	32 (21, 46)
Grave *(e.g., failure to provide adequate supervision for more than 24 hours)*	23 (13, 37)

^ The most commonly used severity scales for failure to provide and failure to supervise were included as examples in this table, although additional subtypes have their own specific definitions of the various severity levels.

^^ Abandonment cases were not included in the severity analyses as this abuse type did not yield a severity rating.

For children with multiple types of abuse, what are the additional types?

Research and practice has long shown that multiple types of abuse are common, but little is known about the combinations that exist for children who remain in foster care. Administrative records on child abuse and neglect typically fail to indicate more than one type of abuse. These survey data, with multiple types of abuse reported, allow us to reflect the substantially more complex reality these children experience.

As noted above, child welfare workers were asked to identify all of the types of abuse allegedly inflicted upon the sampled child in the episode resulting in placement. For the following analysis, we looked specifically at the presence of more than one of the following four main abuse types: physical abuse, sexual abuse, failure to provide, and failure to supervise. As shown in ***Table 3-6***, 41% of OYFC children were victims of more than one of these four types of abuse. More specifically, almost one-third (32%) had experienced two; 8% experienced three; and 1% experienced all four of these abuse types prior to placement.

Table 3-6. "Main" Abuse Types Experienced by OYFC Children

Number of Main Abuse Types	Percent	95% CI
None	4	3, 7
One (physical abuse)	6	4, 9
One (sexual abuse)	3	1, 7
One (failure to provide)	17	11, 24
One (failure to supervise)	27	23, 33
Two	32	28, 37
Three	8	5, 13
Four	1	1, 3

The analyses summarized in ***Table 3-7*** look at OYFC children with one of the aforementioned abuse types as their most serious abuse type and examine which additional main abuse types they experienced. Of children whose serious physical maltreatment brought them into care, 33% also had caregivers who failed to supervise and 31% had caregivers who failed to provide. One percent of these victims of physical abuse were also victims of sexual abuse. Children with a most serious abuse type of sexual maltreatment seem especially likely to have also experienced another of the main types of abuse: nearly two-thirds were not adequately supervised; 33% were also physically abused, and 22% were not adequately provided for in some way.

Half (50%) of the children in the failure-to-provide category also had caregivers who failed to supervise them in some way. Ten percent of these children experienced physical abuse and 1% experienced sexual abuse. Finally, of those children in the failure-to-supervise category, 21% were also victims of some type of failure to provide, whereas 5% and 4%, respectively, were victims of sexual abuse and physical abuse.

Table 3-7. Most Serious and Additional Types of Abuse

Abuse^	Percent	95% CI
Physical maltreatment		
Sexual maltreatment	1	0, 4
Failure to provide	31	22, 42
Failure to supervise	33	23, 45
Sexual maltreatment		
Physical maltreatment	33	11, 64
Failure to provide	22	12, 35
Failure to supervise	63	46, 77
Failure to provide		
Physical maltreatment	10	6, 16
Sexual maltreatment	1	0, 3
Failure to supervise	50	38, 63
Failure to supervise		
Physical maltreatment	4	2, 8
Sexual maltreatment	5	2, 13
Failure to provide	21	16, 27

^ Most serious abuse types are listed first in each grouping. The three additional types of abuse for each are indented under these.

What was the severity and duration of abuse?

Research linking the types of child abuse and neglect with longer-term outcomes often lacks information about the severity and duration of the abuse. These factors appear critical to understanding the long-term outcomes of maltreatment. Several investigators have examined severity and duration related to the risk of poor outcomes for physically abused and sexually abused children (e.g., Carrey, Butter, Persinger, and Bialik, 1995; Finkelhor and Browne, 1986). Little work has been done to examine the relationship between severity and duration in populations including neglected children, although Manly, Cicchetti, and Barnett (1994) examined a population of children who had experienced sexual abuse (with or without other types of maltreatment), physical abuse (with or without neglect), or neglect (alone). They found that the severity of the maltreatment, the frequency of Child Protective Services reports, the interaction between severity and frequency, and the chronicity of the maltreatment were significant predictors of children's functioning. Although the exact mechanics for comparing the severity of abuse across types of abuse and for combining severity and duration have not been well developed (Cicchetti and Toth, 1995), this is a promising way to estimate the *risk* of developmental harm that arises from the experience of maltreatment.

The Maltreatment Classification System indicates when the abuse of a child began. Although it is not possible to determine the extent to which the abuse continued between the onset of the maltreatment and the current time (and it almost certainly was interrupted by placement in out-of-home care), it is possible to compute a score for the duration of time since the maltreatment began. To adjust for the fact that some children were quite young and that the duration of time since the maltreatment began was a major portion of their life, the onset date was subtracted from the child's age at the time of the interview and then converted into a proportion of the child's life (ranging from 0.02% to 100% of the child's life).

Using the previously described data on severity and onset of abuse, we looked specifically at the children with one of the four main types listed above as their most serious type of abuse and calculated a "Severity x Duration (since onset) score" (SxD score). This score was computed by multiplying the reported severity of the abuse (ranging from 1, less severe, to 5, more severe) by the reported duration since the onset of the abuse. Using this method of calculation, the SxD score ranged from 0.0002 to 5, with a mean of 0.71. We then compared the SxD score across categories of various child characteristics, including age, race, out-of-home placement type, and most serious type of abuse. This provides an additional way to summarize the maltreatment experiences of children in the OYFC component.

How does severity and duration (SxD) of abuse vary by child characteristics?

From ***Table 3-8*** we see that the child's age is a significant factor in predicting his or her SxD score ($F = 7.74$, $p<.001$). Specifically, children 11 years and older have an SxD score (0.39) which is significantly lower than the mean SxD score for each of the three younger age groups, which confirm that the older children have not experienced maltreatment for the vast majority of their lives. There are no significant differences in SxD score by race. Although Hispanic children have the highest mean SxD score and children of "other" races have the lowest, these differences are not statistically significant.

When looking at the mean SxD scores by out-of-home placement type, we found a significant association ($F = 3.29$, $p<.05$). Specifically, children in kin-care settings have experienced significantly higher severity and duration of abuse (mean SxD score=0.96) than those in foster homes (mean=0.68) and group homes or residential programs (mean=0.53). And finally, the most serious abuse type is also significant in predicting a child's SxD score ($F = 3.65$, $p<.05$). Specifically, children whose most serious abuse type was failure to provide have the highest mean SxD score (0.91), which is significantly higher than the mean SxD scores for children in the categories of physical maltreatment (0.60) and failure to supervise[6] (0.52).

The utility of using these severity-by-duration scores across types of maltreatment is not certain. Although there is evidence that severity by duration is a factor in the impact of physical and sexual abuse (Carrey et al., 1995; Finkelhor and Browne, 1986; Stockhammer et al., 2001), there has been little effort to examine such relationships for children across types of maltreatment. This is particularly difficult because neglect most often is reported for younger children, and physical and sexual abuse are reported for older children. Further, since the maltreatment has very likely been interrupted by placement into foster care, the children in this sample would be likely to have had a different experience since the onset of the maltreatment than children who are just entering the child welfare system. Although nothing in this analysis would encourage us

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[6] Abandonment cases were not included in the SxD score analyses, as severity and duration of this abuse type are not applicable.

Table 3-8. Severity and Duration of Abuse by Child Characteristics

Child characteristics	Mean and SE of duration score^	Mean and SE of severity score	Mean and SE of SxD score	F and p-value of group (re: SxD score)
Age				**7.74, p<.001**
1-2 years	0.26 (.04)	3.89 (.17)	1.01 (.19)	
3-5 years	0.26 (.06)	3.15 (.25)	0.81 (.18)	
6-10 years	0.24 (.02)	3.06 (.16)	0.76 (.10)	
11+ years	0.14 (.02)	2.95 (.12)	0.39 (.06)	
Race/Hispanicity				**0.79, p=.50**
Black	0.21 (.03)	3.17 (.10)	0.69 (.10)	
White	0.22 (.03)	3.28 (.16)	0.72 (.13)	
Hispanic	0.23 (.03)	3.02 (.23)	0.79 (.14)	
Other	0.18 (.05)	3.55 (.30)	0.49 (.12)	
Placement type				**3.29, p<.05**
Foster home	0.20 (.02)	3.29 (.10)	0.68 (.09)	
Kin-care setting	0.29 (.03)	3.33 (.10)	0.96 (.12)	
Group home/residential program	0.17 (.04)	3.40 (.43)	0.53 (.14)	
Most serious abuse type				**3.65, p<.05**
Physical maltreatment	0.25 (.04)	2.75 (.19)	0.60 (.10)	
Sexual maltreatment	0.24 (.04)	2.61 (.31)	0.58 (.11)	
Failure to provide	0.25 (.03)	3.36 (.06)	0.91 (.12)	
Failure to supervise	0.16 (.02)	3.40 (.13)	0.52 (.09)	

^Duration (since onset) score is the time which elapsed since the onset of maltreatment as a proportion of the child's life age at time of interview.

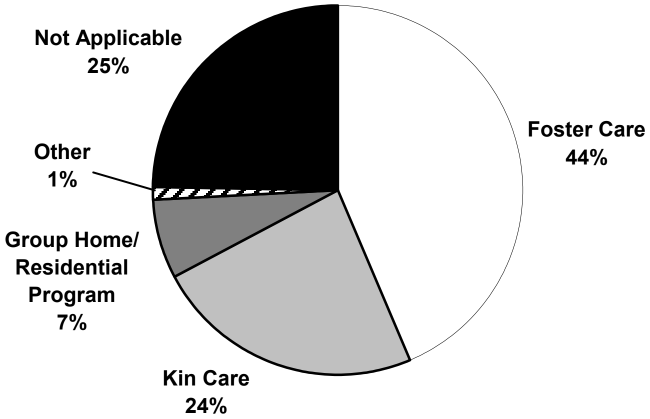
to argue that the highest severity score is equivalent across all types of maltreatment, the use of a consistent metric for coding severity does provide some rough way to determine if children of different ages and races are entering foster care with somewhat similar severity of exposure to at least one type of maltreatment.

3.3 OYFC Children's Living Situations

Does out-of-home placement type vary by child characteristics?

The survey data indicate that 44% of OYFC children were living in a foster home, about one-quarter (24%) were living in kin care, and 7% were living in a group home or residential program. However, one-quarter of the children (25%) went home after construction of the sampling frame but before they were interviewed; this may be attributable to timely one-year case review hearings followed by reunification. In ***Figure 3-5,*** type of placement was categorized as "not applicable" for these cases. When this group of children is excluded from the analysis, the distributions are adjusted to: foster home–58%, kin care–32%, group home–9%, other–1%.

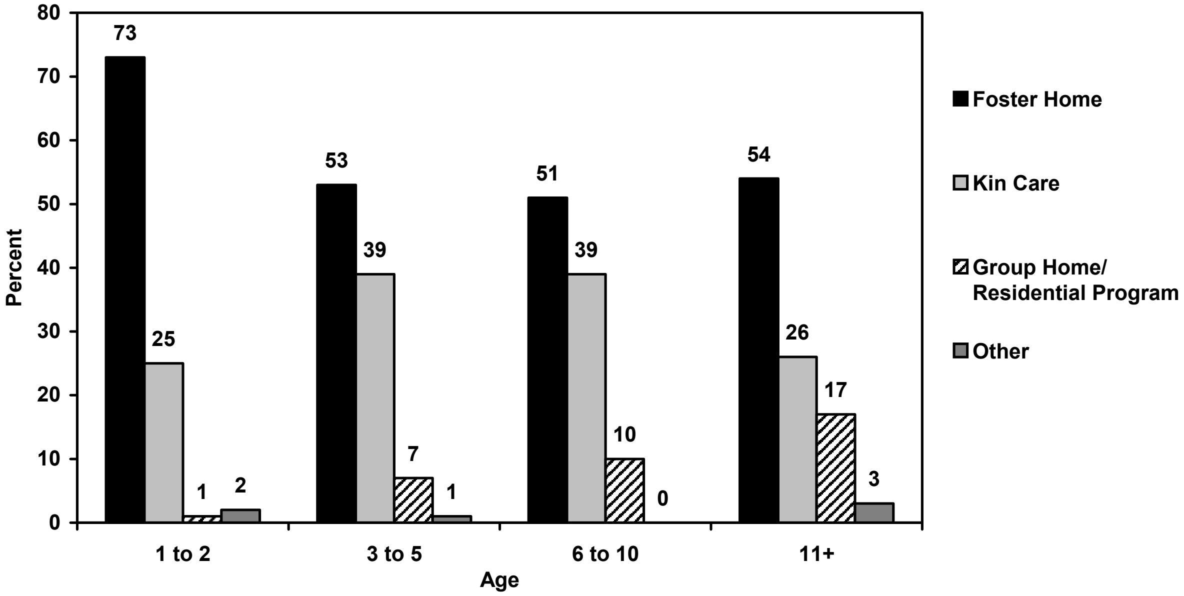
Figure 3-5. Placement Type^



^ The breakdown of placement type by age does not include those children who are no longer in care (i.e., placement type = "Not Applicable"). Due to rounding, the sum of the percentages exceeds 100%.

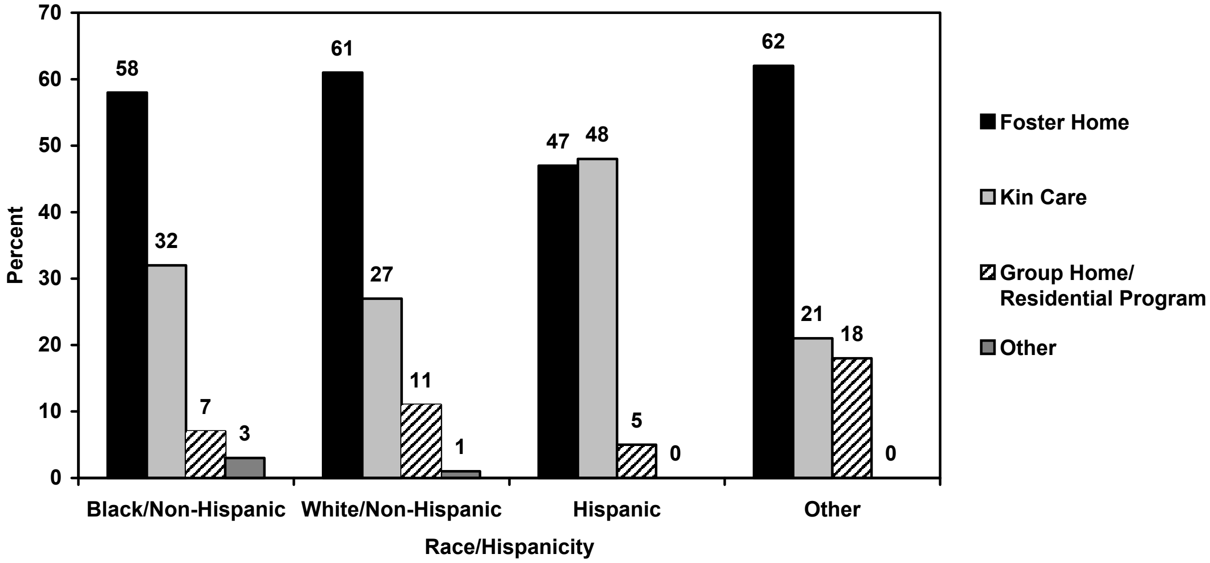
OYFC children in all age groups were more likely to be living in a non-kin foster home than in any other type of setting, with kinship care being the second most common placement type. As shown in ***Figure 3-6***, almost three-quarters (73%) of OYFC children between 1 and 2 years old were living in a foster home. Almost none of the youngest children and only small proportions of children aged 3 to 5 and 6 to 10 years were living in group homes.

Figure 3-6. Placement Type by Age



OYFC children in all race groups except Hispanic were much more likely to be living in foster homes than in any other type of placement, with kinship care again being the second most common placement type. Hispanic OYFC children were living in foster homes and kin-care settings in nearly equal proportions. Furthermore, black and Hispanic OYFC children were less likely to be living in group homes than were children of white or other race/ethnicity groups. ***Figure 3-7*** provides the detailed information.

Figure 3-7. Placement Type by Race/Hispanicity^

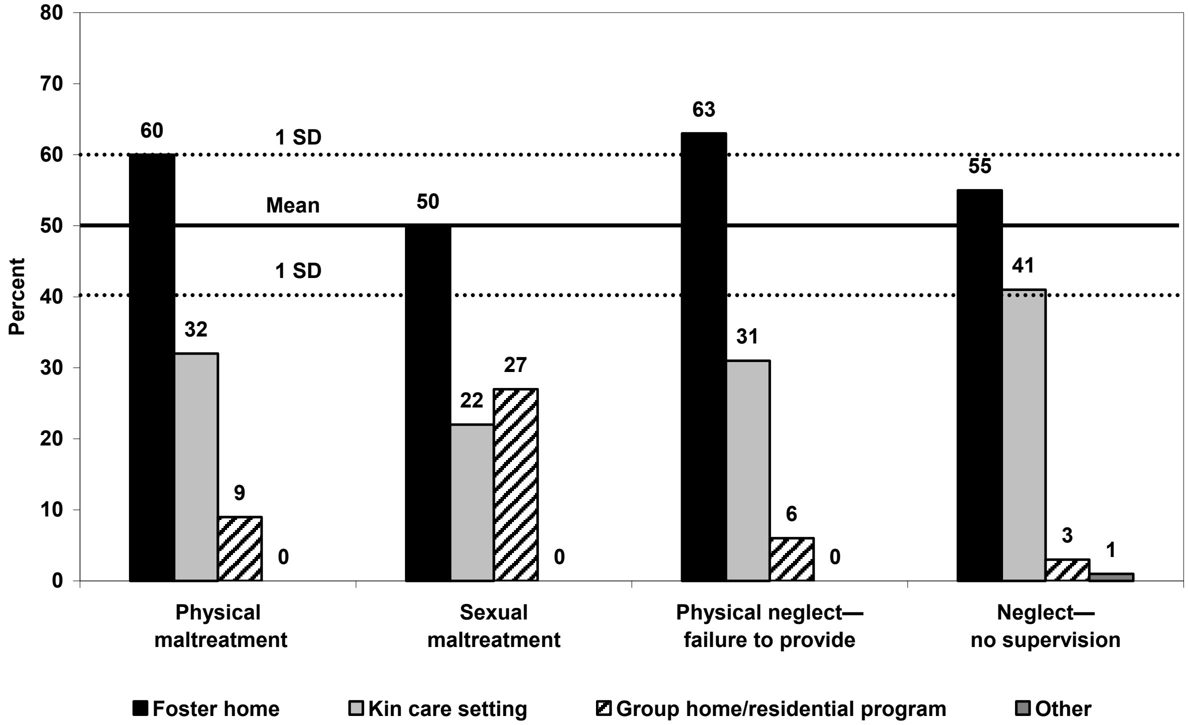


^ The breakdown of placement type by race/Hispanicity does not include those children who are no longer in care (i.e., placement type = “Not Applicable”).

What is the most serious type of abuse by out-of-home placement type?

Foster homes were the placement type for one-half to over three-fifths of the children, and the most frequently used placement type, regardless of the most serious type of abuse they experienced. Although a larger proportion (22%) of the OYFC children whose most serious abuse type was sexual maltreatment were living in group homes compared with those experiencing other types of abuse, twice as many of these children were living in foster homes as group homes (***Figure 3-8***).

Figure 3-8. Placement Type by Most Serious Type of Abuse



^ The breakdown of placement type by most serious type of abuse does not include those children who are no longer in care (i.e., placement type = “Not Applicable”).

- 8% of the OYFC children have asthma and four percent have severe allergies
- almost 4% of the OYFC children reportedly have some sort of difficulty that began prenatally or at birth, such as low birth weight, fetal alcohol syndrome, or cerebral palsy
- 2% of the OYFC children reportedly have a neurological, endocrine, or blood disorder
- 12% have some unspecified health problem.

Immunizations were reported by caregivers to be up-to-date for almost all children in foster care for one year (99%). More than three-quarters (79%) had visited a dentist or hygienist in the last 12 months. Sixty-nine percent and 74%, respectively, had had recent vision and hearing tests. Twenty-nine percent had been seen in an emergency room or urgent care center for an illness or injury in the past year. The majority of children (92%) were insured by Medicaid or other state-funded program, while almost 7% were privately insured and just under one percent had no insurance.

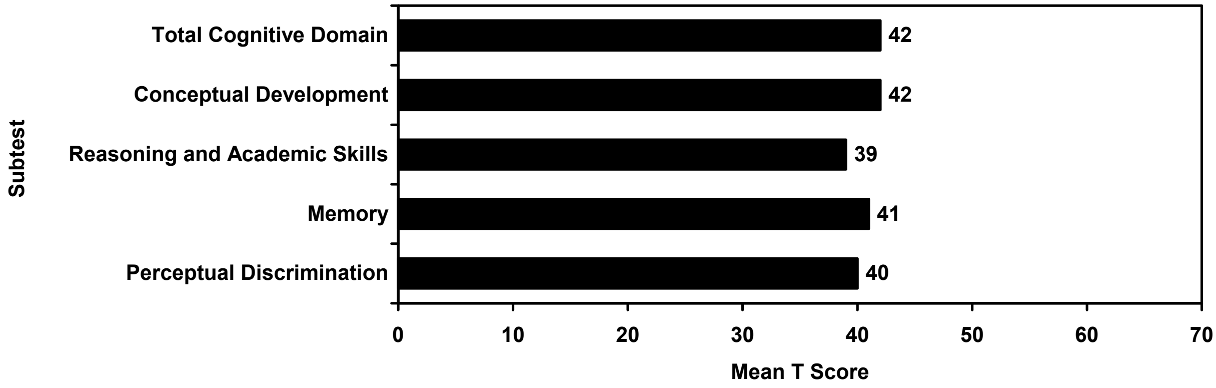
Comparable estimates of health status and utilization among children in out-of-home care (not including group homes) are found in the National Survey of America’s Families (NSAF) (Kortenkamp and Ehrle, 2002). NSAF included children who were either placed by a child welfare agency in a relative’s home or living with nonrelative foster parents for other reasons. In a global rating of health, NSAF found that 10% of children were in poor or fair health, compared to 8% in the NSCAW sample. NSAF found that 37% of the children aged 3 to 17 years in foster care did not visit the dentist or hygienist in the past year, while only 21% of the children in NSCAW had not visited the dentist in the past year.

How does the cognitive and social development of young OYFC children compare with that of the general population?

Standardized cognitive and social measures, described in Section 2.5, were used to assess children's functioning. We examined individual scores, as well as the proportion of scores indicating performance in the clinical or borderline range (when the measures had a borderline demarcation) according to published test criteria. When such criteria were not available (i.e., for the K-BIT, PLS-3, MBA, BDI, and the Vineland Screener: Daily Living Skills), a criterion of 2 standard deviations below the published test mean was used. Performance on developmental measures also is examined in relation to out-of-home placement type, abuse history, and the severity and duration (since onset) of abuse.

The cognitive domain of the Battelle Developmental Inventory (BDI) was administered to children aged 3 and under. A summary of results appears in ***Figure 3-9***. The mean T scores for all subtests and for the total cognitive domain are approximately 1 standard deviation under the mean (mean=50, SD=10) for the normative group. Twenty-eight percent of the children to whom the BDI was administered have a T score on the total cognitive domain that is lower than 2 standard deviations below the mean (i.e., <30).

Figure 3-9. Cognitive Development Scores

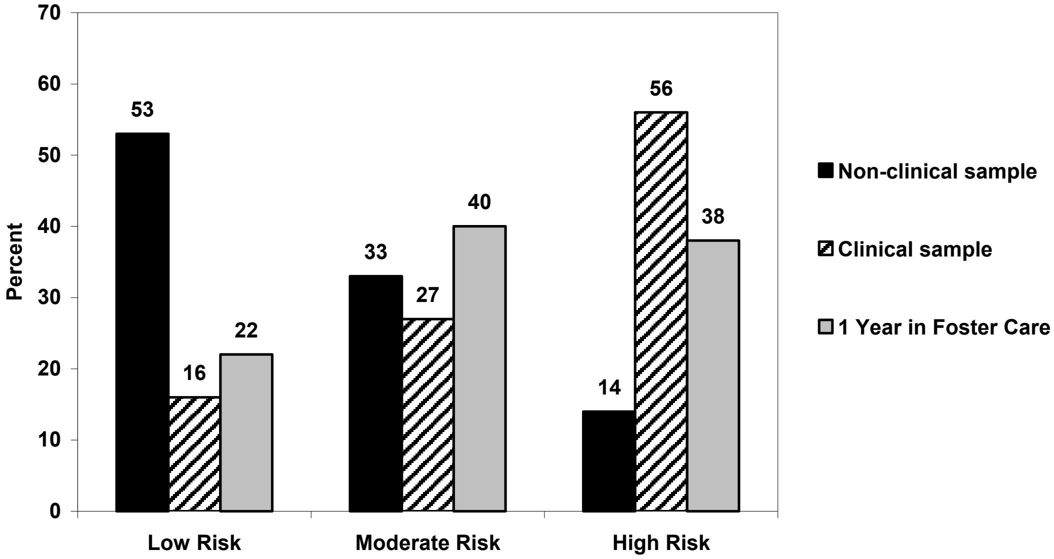


Note: As measured by the Battelle Developmental Inventory (BDI); mean of 50 and SD of 10 refers to normative group, not to study sample.

What is the neurodevelopmental status of young OYFC children?

The Bayley Infant Neurodevelopmental Screener (BINS) was used to assess risk of developmental delay or neurological impairment in OYFC children aged 13 to 24 months. In ***Figure 3-10***, the children's scores are compared with normative clinical and nonclinical samples. OYFC children resemble the clinical sample of children much more than they do the normative sample. A total of 78% of OYFC children were categorized as medium or high risk, compared with 83% of the clinical sample and only 47% of the nonclinical sample.

Figure 3-10. Risk of Developmental Delay or Neurological Impairment, 13–24 Months Old



Note: As measured by the Bayley Infant Neurodevelopmental Screener (BINS)

How do behavior problems compare with those of the general population?

Externalizing, *Internalizing*, and *Total Problem Behaviors* were measured using the Parent Report Form of the Child Behavior Checklist (CBCL). As shown in ***Table 3-9***, the OYFC population almost always exhibits more clinical and borderline scores than does the normative sample. By definition, only 17% of the normative sample was categorized as clinical/borderline. This compares with a range of 24% (for 2- to 3-year-olds) to 51% (for 4- to 18-year-olds) of the OYFC children on the *Externalizing* or *Internalizing* problem behaviors, and 26% and 47% of the OYFC children on the *Total Problems* scale.

What is the delinquency status of OYFC children?

Delinquent behavior of children 11 years of age and older was examined using the *Delinquent Behavior* subscale of the externalizing behaviors group of the CBCL-associated measures for teacher, caregiver, and youth self-report. Results appear in ***Figure 3-11***. Caregivers were more likely to report that youth were in the clinical range, and youth were the least likely (38% versus 12%, respectively).

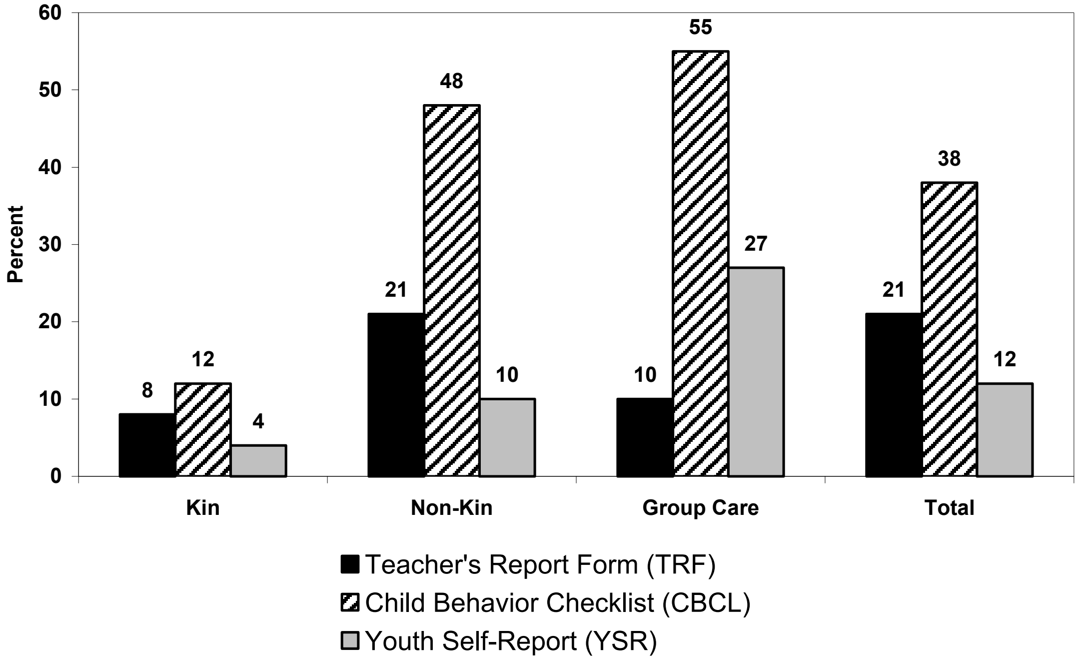
Items from the Self-Reported Delinquency (SRD) scale (Elliott and Ageton, 1980) were used to obtain information about the total number and frequency of delinquent acts engaged in during the previous six months. Over half of youth (52%) had committed at least one delinquent act. Behaviors range from nonviolent acts such as running away, property damage, and theft to violent acts such as aggravated assault and attempted rape. Of the 36 possible activities 29 are

Table 3-9. Children with Clinical/Borderline Problem Behaviors^

	Externalizing % (95% CI)	Internalizing % (95% CI)	Total problems % (95% CI)
Parent report 2 – 3 years	24 (15, 36)	28 (20, 39)	26 (16, 38)
Norms	*17*	*17*	*17*
Parent report 4 – 18 years	51 (44, 57)	34 (28, 39)	47 (38, 56)
Norms	*17*	*17*	*17*
Teacher report 5 – 18 years	43 (32, 56)	31 (21, 44)	28 (21, 36)
Norms	*17*	*17*	*17*
Youth report 11 – 18 years	25 (15, 38)	13 (9, 19)	28 (20, 37)
Norms	*17*	*17*	*17*

^ Parent report measured by the Child Behavior Checklist (CBCL); teacher report measured by the Teacher Report Form (TRF); youth report measured by the Youth Self Report Form (YSR)

Figure 3-11. Delinquent Behavior by Placement Type



classified as nonviolent and 7 as violent. Youth report an average of 2.4 activities (SE =.4), with a range of 0 to 36. Youth consistently report more nonviolent (Mean=3.8, SE=.3) than violent acts (Mean=.5, SE=.1). The proportion of youth who have committed at least one violent or nonviolent act is also different, with youth far more likely to report commitment of a non-violent act in the past six months than a violent act (98% versus 28%). There are no significant differences between placement types for violent or nonviolent acts. This lack of association held true whether acts were categorized by the number or frequency of commitment of acts. For each behavior engaged in, youth were also asked about the frequency of each delinquent act (1 = ”once” to 5 = “5 or more times”). A total “delinquent acts” frequency score was computed by summing the scale score for frequency of the acts. With a possible score of 180 (36 behaviors x 5), the frequency scores range from 0 to 92, with a mean frequency score of 4.7 (SE =.8). This mean score may be translated as one delinquent act committed five or more times (1 x 5) or five delinquent acts committed once (5 x 1). After controlling for age, there are no significant differences in the delinquent acts score between children in the different placement settings. Frequency scores for violent (Mean=3.5, SE=.6) and nonviolent (Mean=3.8, SE=.7) acts are very similar.

How does the percentage of depressed OYFC children compare with the general population?

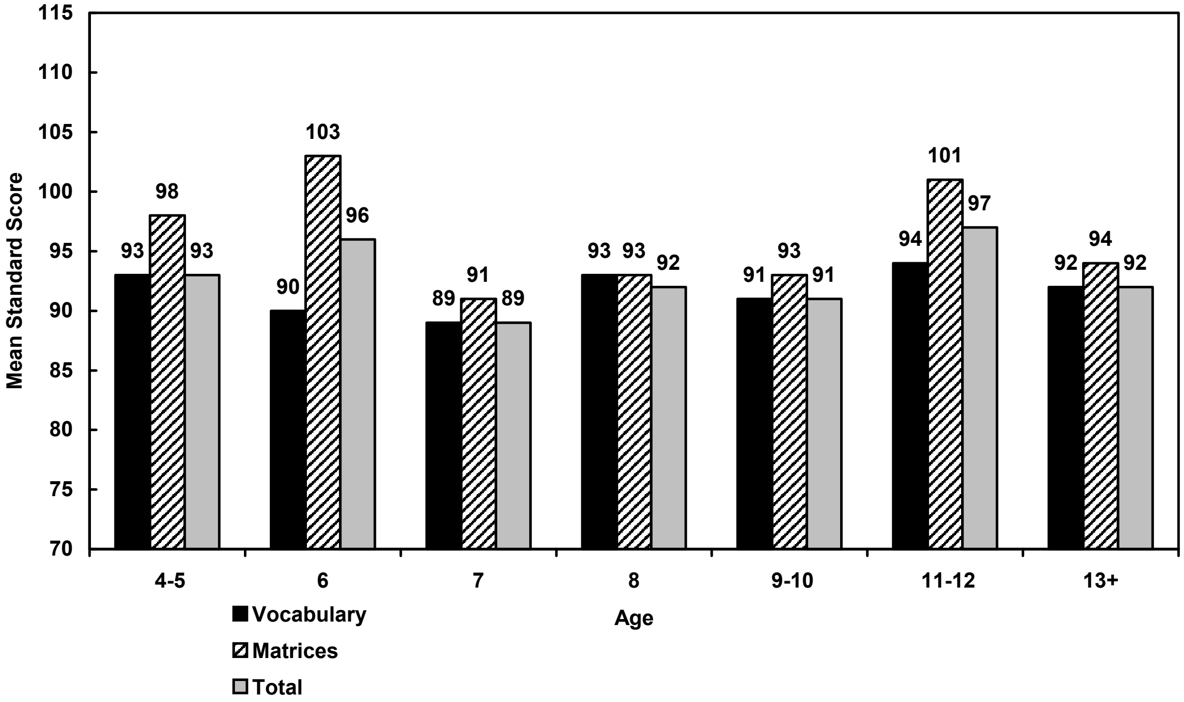
Children aged 7 years and older reported on their own depressive symptomatology using the Children’s Depression Inventory (CDI). Contrary to our expectations, only 7% of the children in foster care for one year score within the depressive range, compared with 9% of the normative sample (Kovacs, 1992). Because children in out-of-home care have had great upheaval in their lives, it was expected that they would be more depressed than average. Children in non-kinship foster care were much more likely than children in kinship care to report depression, 9% versus .5% ($X^2 = 5.45$, $p<.05$). There are no significant differences in depression among children of different gender or ages.

As a result of these unexpected findings, we compared the Youth Self-Report (YSR) *Depression* subscale for children aged 11 and older to CDI scores for children aged 11 and older. While the percentages were very similar—8% of YSR respondents and 7% of CDI respondents are classified as depressed—the normative rates for each measure are somewhat different. The CDI manual indicates that in a normal population 9% report as depressed, while the YSR indicates a rate of 5% who met the clinical cutoff for depression. The CBCL *Depression* subscale scores had only modest agreement with CDI scores (kappa = .40), and the proportion of children with a clinical score tended to be higher ($p < .08$) on the CBCL than the CDI. This cautions against firm conclusions about the level of depression among children in out-of-home care.

How do the verbal and nonverbal skills compare with the general population?

The Kaufman Brief Intelligence Test (K-BIT) measures verbal (i.e., vocabulary) and nonverbal (i.e., matrices) ability. Scores on each component are computed separately, as well as being combined into a total score. K-BIT scores for the OYFC children are shown in ***Figure 3-12***. Average total scores for all ages are below the normed mean, but well within 1 standard deviation (100 is the mean, with a standard deviation of 15). Average scores on both components for all ages are within 1 standard deviation of the normed mean as well, with matrices scores tending to be higher than vocabulary scores. Average vocabulary scores are somewhat below the normed mean for children of all ages, suggesting that the scores do not fluctuate randomly around the mean. Some of this phenomenon may be attributable to the low-income status of children who enter foster care; low-income children tend to score below the mean on standardized tests of ability and achievement (McLoyd, 1998). Seven percent of OYFC children have a total K-BIT score lower than 2 standard deviations below the mean (i.e., <70), 9% have a verbal score at this level, and 6% have a matrices score at this level. These proportions are larger than the small percentage (2%) of the normative sample with scores less than 70.

Figure 3-12. Verbal and Nonverbal Ability, 4 to 15 Years Old



Note: As measured by the Kaufman Brief Intelligence Test (K-BIT)

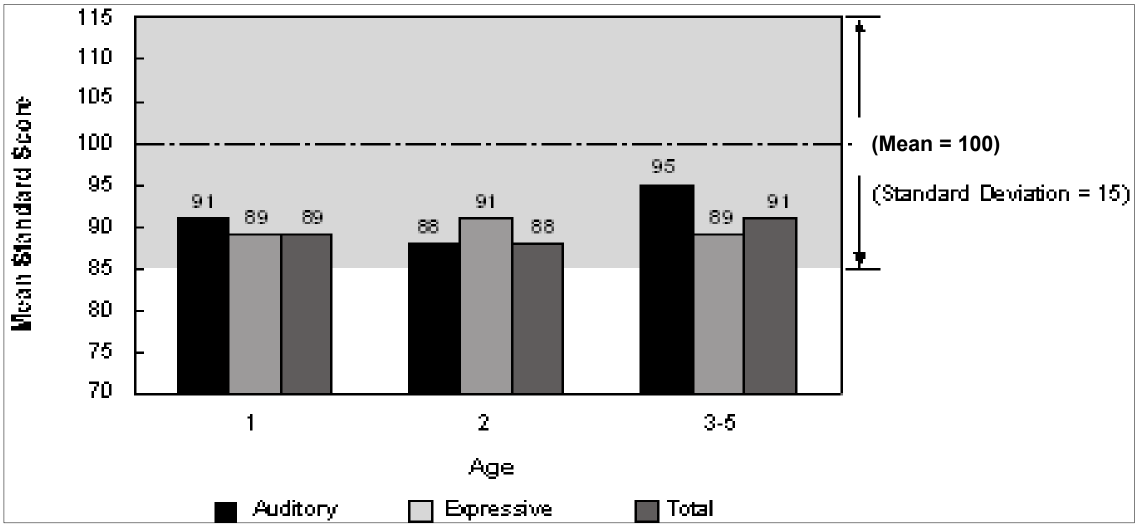
How do the language skills of preschoolers compare with those of the general population, and how do they vary by age?

The Preschool Language Scale-3 (PLS-3) was administered to children aged 1 to 5 years, with results as shown in ***Figure 3-13***. The mean *Auditory Comprehension*, *Expressive Communication*, and *Total* scores for all ages are below the normed mean of 100 but well within 1 standard deviation (+/- 15). Thirteen percent of the children to whom the PLS-3 was administered have a total score lower than 2 standard deviations below the mean (i.e., <70). The mean scores are relatively similar across all ages, with the biggest difference between the 2-year-olds' mean auditory score (88) and the 3- to 5-year-olds' mean auditory score (95).

What is the level of social skills by age?

Caregivers' perceptions of the social skills of children in their care were measured with the Social Skills Rating System (SSRS). Overall, children in foster care for one year have lower social skills in comparison with the normative sample, in which 16% were described as having low social skills, 68% average social skills, and 16% high social skills (Gresham and Elliott, 1990). Thirty-nine percent of OYFC children have SSRS scores in the "low" range. As indicated

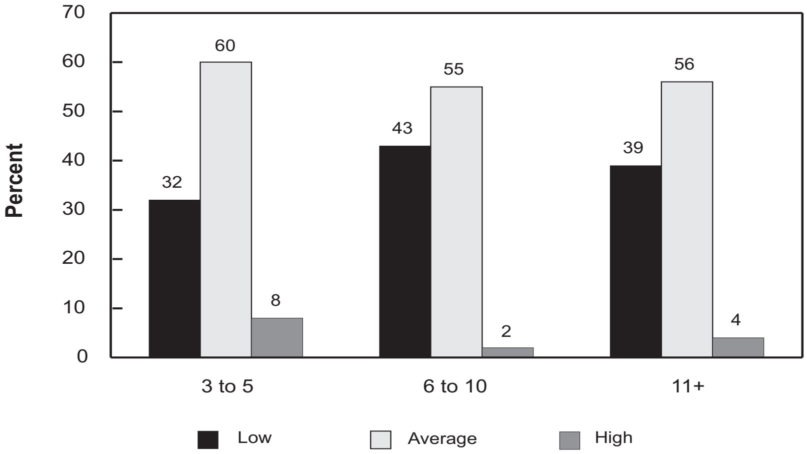
Figure 3-13. Preschool Language Skills by Age



Note: As measured by the Preschool Language Scale-3 (PLS-3)

in ***Figure 3-14***, children of all ages in foster care for one year were more likely to have low than high social skills.

Figure 3-14. Social Skills, 3 to 15 Years Old

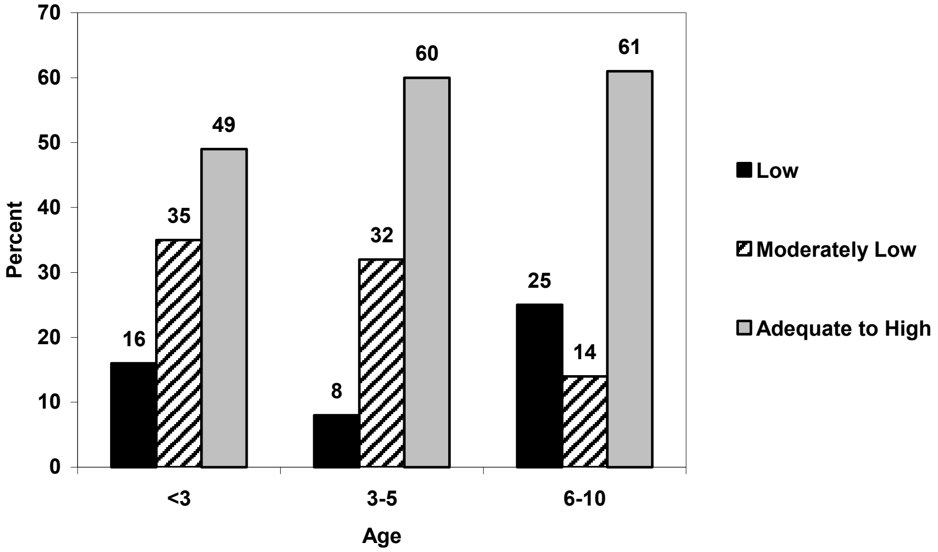


Note: As measured by the parent version of the Social Skills Rating System (SSRS)

At what level are the children's daily living skills, and how do they vary by age?

The daily living skills domain of the Vineland Screener was administered to current caregivers of children aged 10 and younger. Results are presented in ***Figure 3-15***. At least half of the children in each age group were rated as having adequate to high daily living skills as defined by the instrument (Sparrow, Carter, & Cicchetti, 1993), with this proportion increasing slightly in the higher age groups. But just as the 6- to 10-year-old age group had the highest proportion of children with adequate to high daily living skills, it also has the highest proportion (25%) with low daily living skills. The 3- to 5-year old age group had the lowest proportion (8%) of children with low daily living skills. Eighteen percent of OYFC children had low daily living skills as measured by the *Daily Living Skills* domain of the Vineland Screener.

Figure 3-15. Daily Living Skills, 1 to 10 Years Old



Note: As measured by the adapted and abbreviated Vineland Adaptive Behavior Screener: Daily Living Skills section.

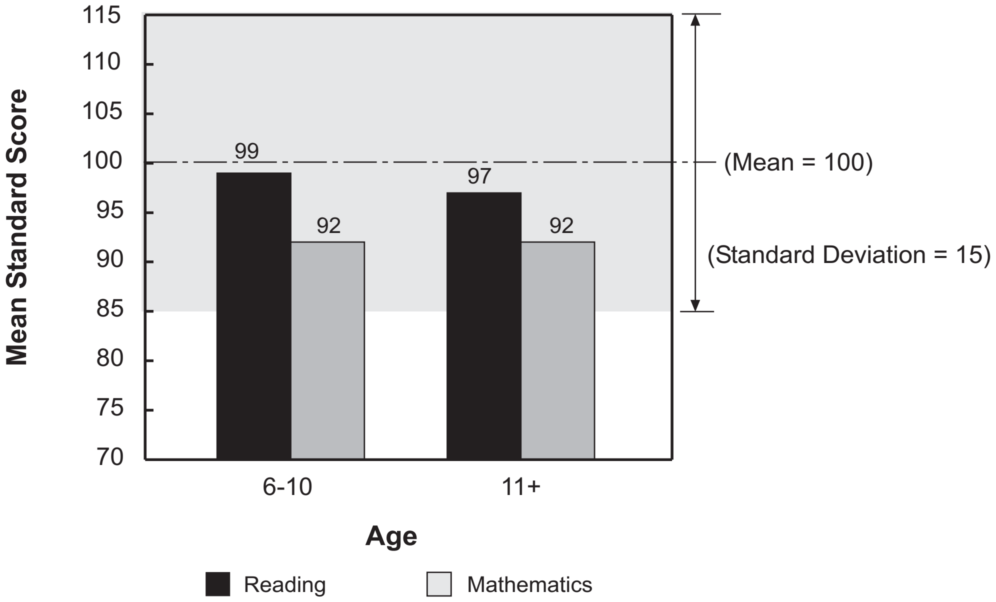
How do the reading and math skills compare with those of the general population?

The reading and mathematics sections of the Woodcock-McGrew-Werder Mini-Battery of Achievement (MBA) were administered to children aged 6 and older, with results as shown in ***Figure 3-16***. The mean scores are just slightly below the normed mean of 100 and well within 1 standard deviation (+/-15). Six percent of OYFC children to whom the MBA was administered had a *Reading* score lower than 2 standard deviations below the mean (i.e., <70); 12% had a *Mathematics* score at this level. For both 6- to 10-year-olds and those 11 and older, the mean *Reading* score is slightly (but not significantly) higher than the mean *Mathematics* score. When we look across age groups, the 6- to 10-year-olds fared slightly better than those aged 11 and older on the *Reading* test, whereas mean scores for the *Mathematics* test are the same for the two age groups.

What are the overall indicators of clinical concerns and child social and cognitive development?

To get a better picture of the overall functioning of the children on these multiple developmental measures, we developed two aggregate measures of child social and cognitive development. The first overall measure calculates an aggregate tally and proportion of scores that each child had

Figure 3-16. Achievement Scores by Age



Note: As measured by the Woodcock-McGrew-Werder Mini-Battery of Achievement (MBA).

below the developmental and clinical cutting score (hereafter referred to as the “clinical cutting score”). This was achieved through use of the clinical cutting scores for standardized measures and statistical cutoff scores 2 standard deviations below the mean for the remaining measures. For each child, a clinical/nonclinical indicator was created for each measure, and the clinical sum and proportion are used in the analysis below. The second composite score computes z-scores for all the measures and then averages those across measures. The z-score has a mean of 0 and a standard deviation of 1.

Included in the calculation of the proportion of clinical scores and in the total social and cognitive functioning z-score, as available, were

- Battelle Developmental Inventory (BDI) (children age 4 and under),
- Bayley Infant Neurodevelopmental Screener (BINS) (children under age 2),
- Child Behavior Checklist—Total, Externalizing, and Internalizing (CBCL) (children age 2 and over),
- Child Depression Inventory (CDI) (children age 7 and over),
- Kaufman Brief Intelligence Test (K-BIT) (children age 4 and over),
- Preschool Language Skills-3 (PLS-3) (children under age 6),
- Social Skills Rating System (SSRS) (children age 3 and over),

- Vineland Screener: Daily Living Skills section (children age 10 and under), and
- Mini-Battery of Achievement (MBA) (children age 6 and over).

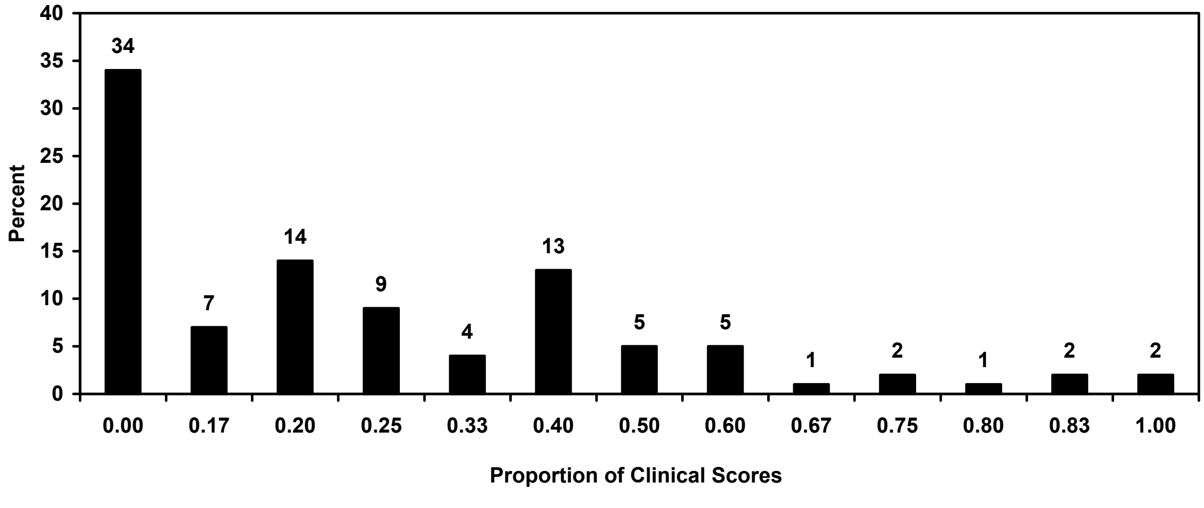
The age of the child—because measures were administered to children only of certain ages—and presence of valid scores determined which measures were included in the calculations for each child. Two standardized measures— the Teacher Report Form (TRF) and Youth Self Report (YSR)—were excluded, because they provided information for too few cases. Additionally, to include multiple measures of problem behavior when multiple measures of other types of functioning are not included would possibly create an artificially high proportion of clinical scores and z scores for children with problem behaviors. The result of the exclusion of these standard measures and other nonstandard measures of health, delinquency, and safety is that these scores do not provide a comprehensive picture of well-being. Still, they do provide a multidimensional assessment of children's social and cognitive functioning, based on well-known measures from multiple sources of data. No other study on children in foster care includes this many standardized measures.

Standard scores are particularly useful when comparing performance on a variety of measures having different means and standard deviations. The aggregate cutting score provides a basis for contrasting how OYFC children fare when compared with children in the general population. The z-score composite provides a more sensitive measure of child social and cognitive development for comparisons among children in different types of placements.

What is the proportion of developmental or clinical cutting scores for OYFC children?

To clarify the overall level of functioning of children in foster care at one year, the proportion of clinical scores for each child was computed by dividing each child's number of clinical scores by the total number of valid scores. As shown in ***Figure 3-17***, about one-third of the children (34%) have no clinical scores, 30% have a proportion of 0.17 to 0.25, 22% have a proportion of 0.33 to 0.50, and 13% have a clinical score on more than half of the measures for which they have valid scores.

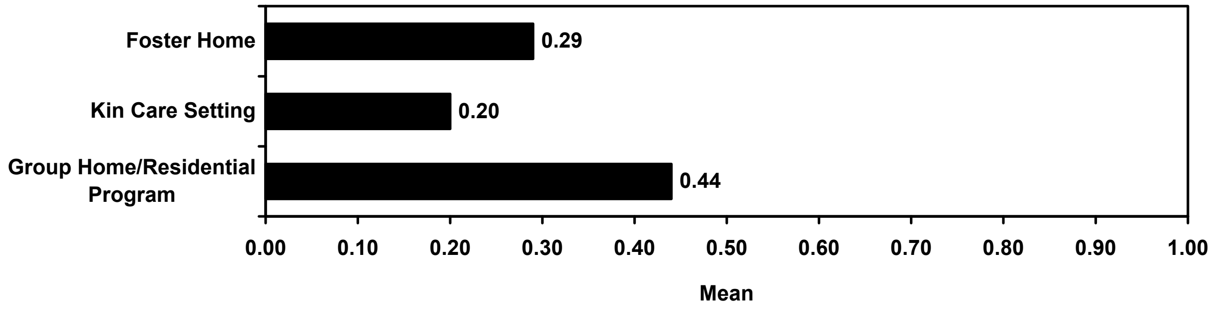
Figure 3-17. Proportion of Developmental/Clinical Cutting Scores



Does the proportion of developmental or clinical scores vary by out-of-home placement type?

The proportion of poor developmental or clinical scores was compared by type of placement; the results appear in ***Figure 3-18***. Children in group homes or residential programs tended, on average, to have higher proportions of clinical scores; children in kinship care had the lowest.

Figure 3-18. Average Proportion of Clinical Scores by Placement Type



Regression analysis also showed that children with higher proportions of clinical scores are more likely to be in group care. Statistical properties of the analysis are described in ***Table 3-10***. This model, which included child age, child race/ethnicity, and proportion of clinical scores, confirmed that age is a significant contributor to being in group care, even after controlling for level of clinical problems. After controlling for these factors, race did not appear to be a significant factor in terms of the child's placement type.

What is the level of social skills by age?

The caregivers' perceptions of the social skills of children in their care were measured with the Social Skills Rating System (SSRS). Overall, children in foster care for one year have fewer social skills in comparison with the normative sample, in which 16% were described as having *fewer* social skills, 68% *average* social skills, and 16% *more* social skills (Gresham and Elliott, 1990). Thirty-nine percent of OYFC children have SSRS scores in the range categorized as "fewer social skills." As indicated in ***Figure 3-14***, children of all ages in foster care for one year were more likely to have fewer than more social skills.

Does the proportion of developmental or clinical scores vary by most serious type of abuse?

We investigated which children, based on abuse type, have the greatest likelihood of having a high proportion of scores in the "clinical" range on the developmental measures (***Figure 3-19***). Children with sexual abuse reported as the most serious abuse type tend to have a higher proportion of clinical scores than children in the other abuse categories.

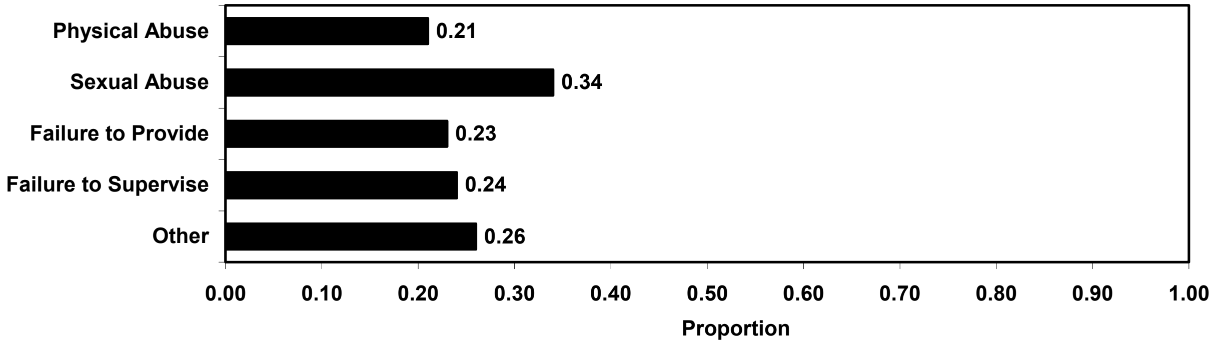
We also conducted a more in-depth analysis via regression to determine more precisely what characteristics appear to contribute to a higher proportion of clinical scores. Variables included

Table 3-10. Results of Regression Modeling Placement Type

	Group Care Placement (vs. Foster Home or Kin Care Setting)	
	OR	**95% CI**
Child age		
0-2	0.03***	0.00, 0.23
3-5	0.36	0.09, 1.38
6-10	0.48	0.17, 1.37
11+	(reference group)	
Child race/ethnicity		
Black	(reference group)	
White	1.87	0.68, 5.20
Hispanic	0.59	0.11, 3.07
Other	2.26	0.62, 8.22
Proportion of clinical scores		
0	0.23**	0.07, 0.69
.17 to .25	0.16*	0.04, 0.68
.33 to .50	0.25*	0.08, 0.79
.60 to 1	(reference group)	

* p<.05, ** p<.01; *** p<.001; Cox and Snell pseudo-R-square is .10.

Figure 3-19. Average Proportion of Developmental or Clinical Cutting Scores by Most Serious Type of Abuse



in the model were child age, child gender, child race/ethnicity, most serious abuse type, severity of abuse, duration of abuse, SxD score, and the number of "major" abuse types the child had experienced (0-4). Results appear in ***Table 3-11***. The overall r-square for this model was 0.11.

Age is a significant factor in predicting the proportion of clinical scores (*F* = 4.20, p<.01), with children aged 3 to 5 years having significantly lower proportions of clinical scores than children 11 years of age and older (p<.01). Although child race/ethnicity is not a significant factor overall

Table 3-11. Results of Regression Modeling Proportion of Clinical Scores

Number of observations used in analysis	**358**	
Multiple R-Square	**0.11**	

Independent Variable	Beta Coeff.	P-Value
Child age (ref=11+)		
Overall	F=4.20	<0.01
1-2	-0.09	0.10
3-5	-0.10	<0.001
6-10	-0.03	0.57
Child gender (ref=Female)		
Overall	F=0.42	
Male	-0.03	0.52
Child race/ethnicity (ref=Black/non-Hispanic)		
Overall	F=2.47	0.07
White/non-Hispanic	-0.04	0.18
Hispanic	-0.08	<0.05
Other	-0.02	0.70
Most serious abuse type (ref=Sexual)		
Overall	F=0.97	0.41
Physical	-0.10	0.15
Failure to provide	-0.10	0.13
Failure to supervise	-0.06	0.39
Severity of abuse (ref=3)		
Overall	F=1.07	0.35
1-2 (least severe)	0.02	0.68
4-5 (most severe)	0.06	0.15
Duration (since onset) of abuse (continuous)	F=0.85 -0.10	0.36
Severity x duration score (continuous)	F=2.25 0.07	0.14
Number of 4 main abuse types suffered (ref=0-1)		
Overall	F=1.79	0.17
2	0.02	0.60
3-4	0.08	0.06

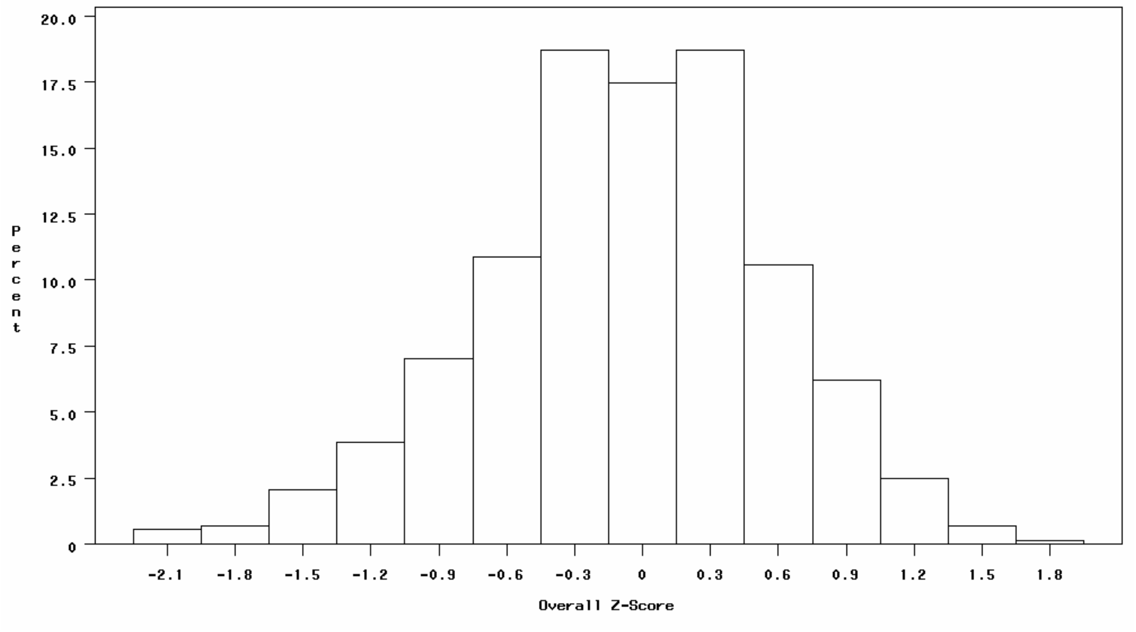
(*F* = 2.47, p=.07), comparisons between individual race categories indicate that Hispanic children had significantly lower proportions of clinical scores than black/non-Hispanic children (p<.05). Since the children had been in care for one year, an identical regression with out-of-home placement type added as an independent variable was also performed to determine what effect, if any, placement type has on proportion of clinical scores. The results indicate that placement type does not contribute significantly to the proportion of clinical scores.

What is the overall *z*-score for each OYFC child, and does it vary by placement type or abuse type?

To further test the relationship between severity and duration of abuse and developmental outcomes, each child's score on each of the developmental measures was converted to a *z*-score. The use of this standard score complements the use of clinical cutting scores, because it is sensitive to the range of scores that fall below the clinical range and does not simply aggregate all variation into a single "nonclinical" category. In that way, averaging standard scores provides a more sensitive index of performance.

The overall *z*-scores were plotted to determine the distribution of these scores, and they appear to be normally distributed, ranging from –2.15 to 1.72 (***Figure 3-20***). The mean overall *z*-score is 0.01.

Figure 3-20. Distribution of Overall Z-Scores



Note: A *z*-score is a standardized score with a mean of 0 and standard deviation of 1. These overall *z*-scores have only slightly different properties because they combine different measures.

Comparing overall z-scores by out-of-home placement type, children in group homes have the lowest mean (lowest is worse), whereas children in kin-care settings have the highest mean (***Figure 3-21***). Differences between children in kin care settings and children in foster homes and group homes are significant at the p<.001 level.

Comparing overall *z*-scores by abuse type, children for whom sexual abuse is the most serious abuse type had the lowest mean (***Figure 3-22***). The differences in mean overall *z*-scores between children with a most serious abuse type of sexual maltreatment and children with a most serious

Figure 3-21. Mean Overall *z*-Scores by Placement Type

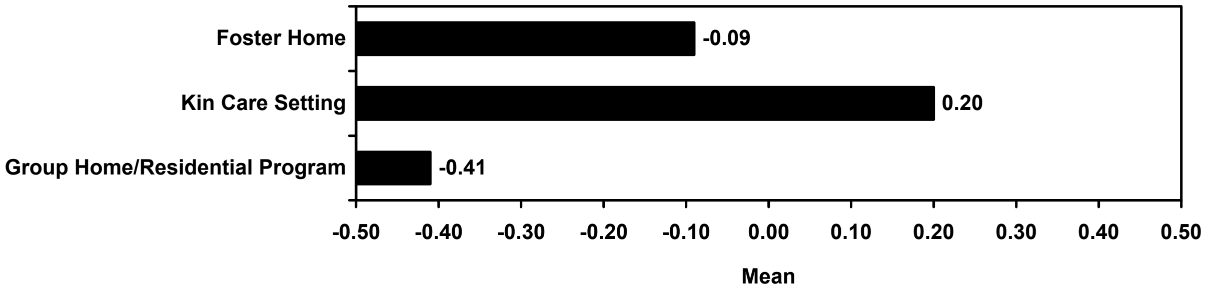
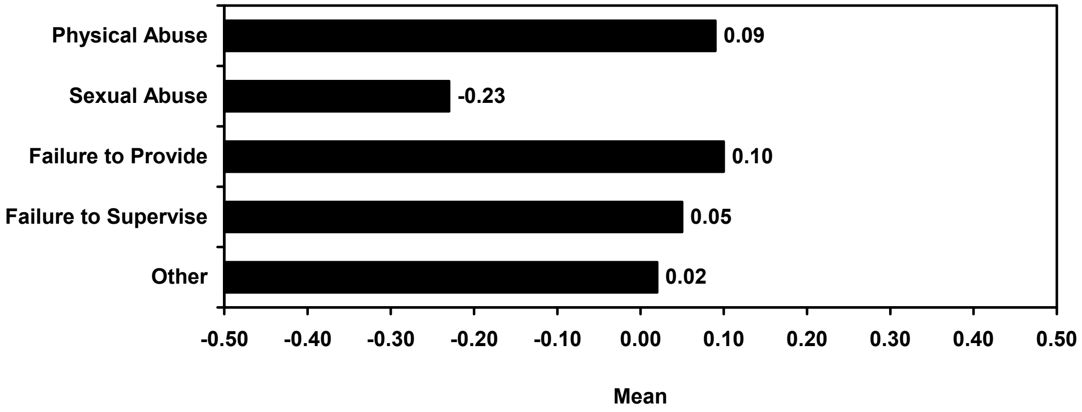


Figure 3-22. Mean Overall *z*-Scores by Most Serious Type of Abuse



abuse type of physical maltreatment or failure to provide are significant (p<.05 and p<.01, respectively).

What are the overall "social" and "cognitive" *z*-scores for each OYFC child, and do they vary by placement type or abuse type?

As a supplement to our analysis of the overall *z*-scores, we separated the standardized measures used for the overall *z*-score (with some exceptions as noted below) into two groups: those that generally focused on "social" abilities and those that focused on "cognitive" abilities. We created an overall social *z*-score and an overall cognitive *z*-score, and then looked at the correlations among the scores within each group, as well as the correlation between each score and its corresponding overall score (i.e., social or cognitive). In this way we could be confident that the measures in each group correlated adequately, thus producing reliable overall *z*-scores. The final measures included in each overall *z*-score were as follows:

Overall social z-score

- Social Skills Rating System (SSRS),

- Child Behavior Checklist—Externalizing and Internalizing (CBCL), and
- Vineland Screener: Daily Living Skills section.

Overall cognitive z-score

- Kaufman Brief Intelligence Test (K-BIT),
- Mini-Battery of Achievement (MBA),
- Preschool Language Skills-3 (PLS-3), and
- Vineland Screener: Daily Living Skills section.

Note the following differences from these measures and what was included in the all-inclusive overall *z*-score: the BDI and BINS were not included, as this analysis only examines children 4 years of age and older (because of the lack of independent cognitive and social measures for the younger children); the CBCL total score was not included given its high correlation with the CBCL externalizing and internalizing scores (r=.91 and .86, respectively); and the CDI was not included as it does not correlate well with measures in either the social or cognitive domain. Also of note, the Daily Living Skills section of the Vineland Screener was included in both the overall social and cognitive *z*-scores, as it correlates well with measures in both domains.

Across all children 4 years of age and older, the overall cognitive scores spanned a wider range than the overall social scores, with a minimum of –3.01 and a maximum of 2.32; the overall social scores ranged from –1.92 to 1.95. The overall cognitive scores were also skewed a little lower, with a mean of –0.02, whereas the mean overall social score was 0.00. There was no significant difference between the mean overall cognitive and social *z*-scores for the total OYFC population.

With regard to social and cognitive *z*-scores by out-of-home placement type for children aged 4 and older, the pattern for each of these overall scores emulates that of the all-inclusive overall *z*-score, in that children in group homes have the lowest means whereas children in kin care settings have the highest means (***Figure 3-23***). For the cognitive *z*-scores, differences between children in kin care settings and children in foster homes and group homes are significant at the p<.01 level. For the social *z*-scores, the differences are significant at the p<.05 level. Comparing the overall social and cognitive *z*-scores *within* placement types as the figure illustrates, children in both foster homes and kin care settings have higher cognitive than social scores, whereas children in group homes have higher social than cognitive scores. The difference between mean social and cognitive *z*-scores is not significant for any of the three placement types.

From the perspective of most serious abuse type, as with the all-inclusive overall *z*-score the overall social and cognitive *z*-score means are lowest for children with a most serious abuse type of sexual maltreatment (***Figure 3-24***). The differences in mean overall social *z*-scores between children with a most serious abuse type of sexual maltreatment and children with a most serious abuse type of physical maltreatment or failure to provide are significant (p<.05). The differences in mean overall cognitive *z*-scores among children of various most serious abuse types are not

Figure 3-23. Mean Overall Social and Cognitive Z-Scores by Placement Type (Children Age 4+)

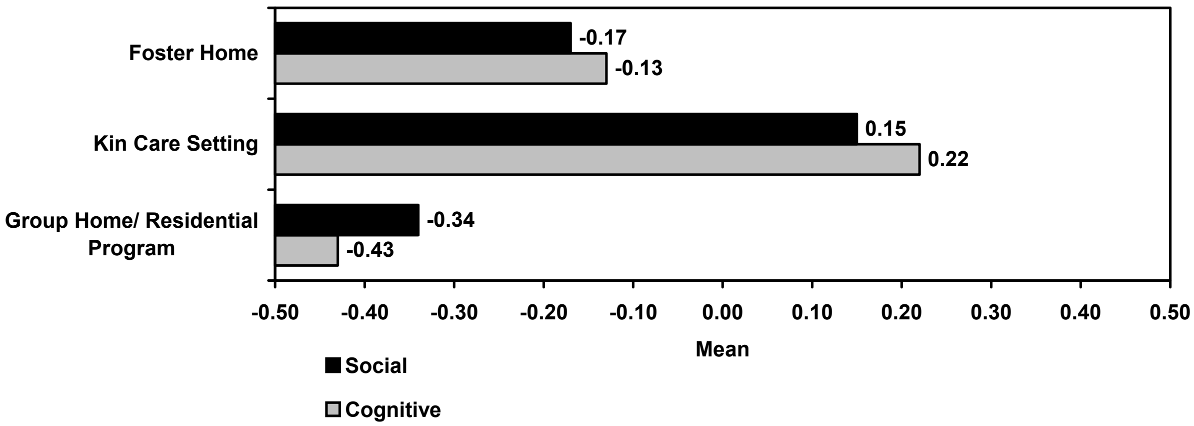
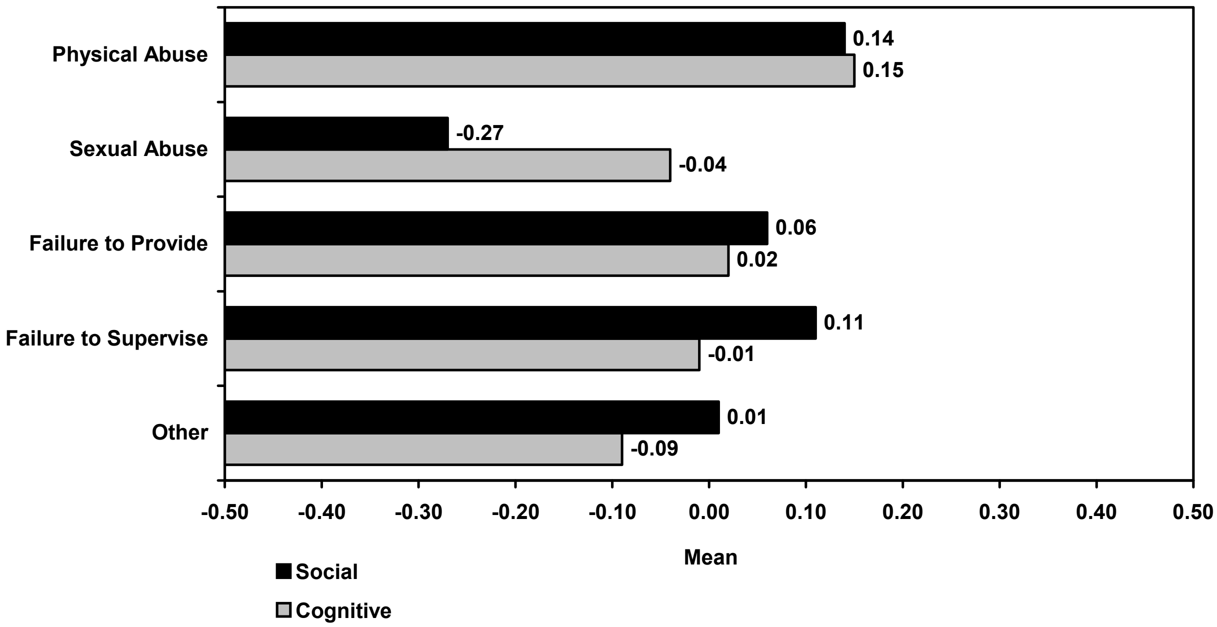


Figure 3-24. Mean Overall Social and Cognitive Z-Scores by Most Serious Type of Abuse (Children Age 4+)



statistically significant. In addition, children in the sexual abuse category have higher overall cognitive than social *z*-scores, whereas children in the failure to provide, failure to supervise, and *other* abuse type categories have higher overall social than cognitive *z*-scores. The difference between mean social and cognitive *z*-scores is not significant for any of the most serious abuse types.

What is the relationship between type, severity, and duration of abuse and developmental measures?

We also looked at the abuse severity and duration (SxD) score to determine if there is any correlation between the SxD score and scores on the various standardized developmental measures. ***Table 3-12*** (with asterisks noting significance at the p<.01 level) provides correlation coefficients for the SxD score and each of the various developmental measures within most serious abuse type. These results indicate that behavior problems assessed in the various measures correlate more with the severity and duration (since onset) of abuse for those children with most serious abuse types of physical maltreatment and failure to supervise, with virtually no correlation for children in the failure to provide and sexual maltreatment categories.

Table 3-12. Severity and Duration Scores by Type of Abuse and Developmental Measure

		Abuse categories			
Measures	**Subscales**	**Physical abuse**	**Sexual abuse**	**Failure to provide**	**Failure to supervise**
BDI	Perceptual discrimination	-.14	.	-.19	-.02
	Memory	.14	.	-.01	-.06
	Reasoning & academic skills	.17	.	-.14	.06
	Conceptual development	-.03	.	-.21	-.25
	Total cognitive domain	.01	.	-.21	-.10
BINS		.34	.	-.08	-.09
CBCL	External behavior	.43*	.26	-.02	.29*
	Internal behavior	.34	-.19	-.02	.20
	Total problems	.44*	.12	-.02	.29*
CDI		.07	-.30	.18	.12
K-BIT	Vocabulary	-.01	-.15	-.00	-.06
	Matrices	-.03	.03	.06	-.14
PLS-3	Auditory	-.26	-.19	-.05	-.57*
	Expressive	-.16	-.93	.12	-.38
	Total	-.25	-.78	.05	-.57*
SSRS		-.61*	-.30	.17	-.21
VABS		-.43*	-.01	.06	-.34*
MBA	Reading	-.16	-.04	.07	-.16
	Math	-.11	-.12	.15	-.07

* Significance at p<.01.

4. Current Caregiver Characteristics

This chapter presents information that describes the current caregivers (foster parents, kinship foster parents, or the group caregiver respondent) for children in the NSCAW One Year in Foster Care cohort. Characteristics used to portray these caregivers include age, race and ethnicity, marital status, education, physical and mental health status, employment status, and income. Many of these characteristics are compared for different placement types. Finally, household characteristics are described.

4.1 Current Caregiver Demographics

What are the ages of current caregivers?

While current caregivers of OYFC children are not substantially different from parents in general, it is notable that 30% of caregivers are aged 50 or over. Most strikingly, a total of 11% are aged 60 or over (***Figure 4-1***). The 2000 U.S. Census and 1999 National Survey of America's Families (NSAF) data were used to compare the ages of OYFC caregivers to other national samples (***Table 4-1***). The Census defines family as "a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption" (U.S. Census Bureau, 2001). Consequently, not all Census families include children, which explains why 30% of heads of all households are over 54 by their definition.

The NSAF is a nationally representative survey of the characteristics of households with at least one member under age 65, including children, adults, and their families. The entire sample of NSAF families is considerably younger than the OYFC caregivers (only 2% of parents in all households were older than 54), although they are somewhat less different than households caring for children whose mother does not live in the home. Also, excluding group care, a relatively small proportion (14%) of caregivers of OYFC children are younger than 35, in contrast with the NSAF population in which the proportion younger than age 35 is 41%.

How does the age of the current caregiver vary by types of care?

The age of the current caregiver varies significantly based on out-of-home placement type ($X^2 = 29.51, p < .01$), as shown in ***Figure 4-2***. Among kin caregivers and non-kin foster caregivers, the distribution by age differs most noticeably at the ends of the age distribution. That is, there are four times as many non-kin foster caregivers from 18 to 29 years old as kin caregivers, whereas there are almost twice as many kin caregivers as non-kin foster caregivers among people aged 60 and over.

There is also a greater proportion of non-kin foster caregivers aged 50 to 59 than kin caregivers (25% versus 21%). The ages of primary caregivers in group homes are the converse of those providing foster care. More than three-quarters of the caregivers (76%) are under age 40.

Figure 4-1. Current Caregiver by Age

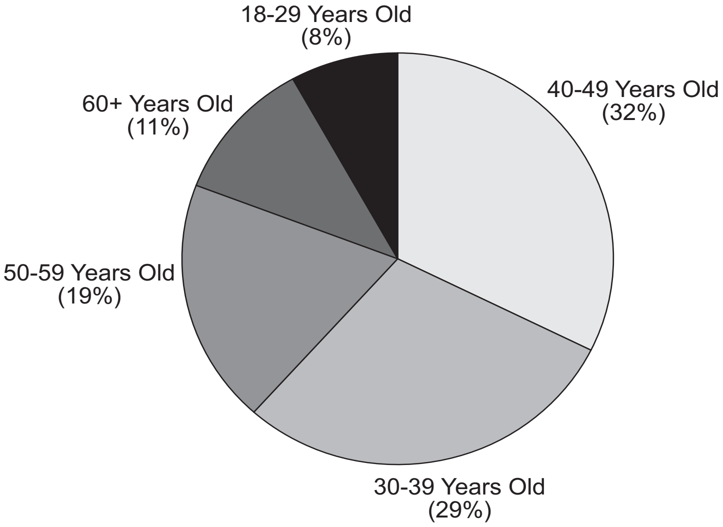
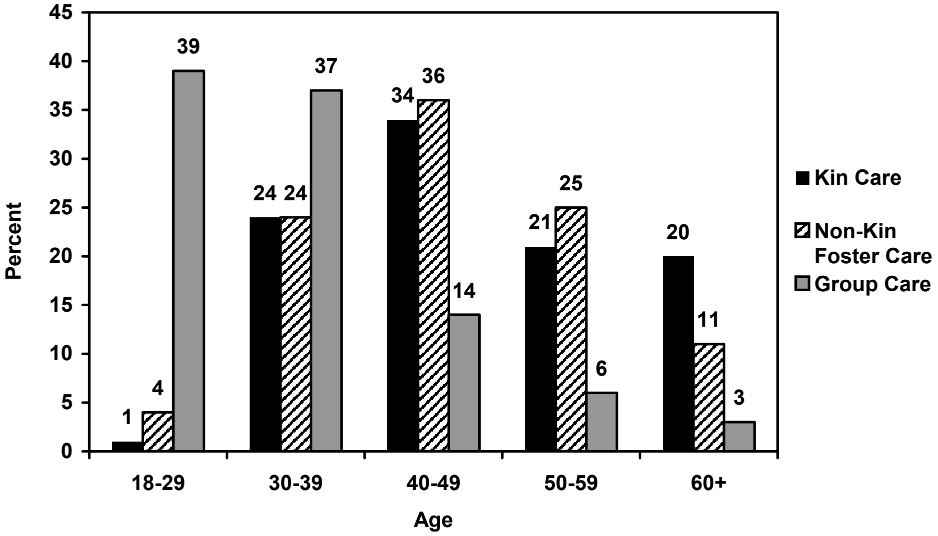


Table 4-1. Age of Caregiver: Comparison of NSCAW Data to 1999 NSAF and U.S. Census Data

	OYFC (%, 95% CI)			NSAF (%)	Census^ (%)	
Characteristics	**Foster parents**	**Kinship foster parents**	**Group care**	**All households**	**Child's mother lives elsewhere**	**All families**
< 35 yrs	14	14 (10, 21)	61 (45, 75)	41	25	22
35 – 44 yrs	34 (28, 40)	32 (24, 42)	16 (7, 32)	43	38	26
45 – 54 yrs	29 (34, 35)	27 (20, 26)	15 (7, 29)	14	24	22
> 54 yrs	23 (19, 28)	26 (19, 34)	8 (2, 24)	2	13	30

^The Census defines family as "a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption" (U.S. Census Bureau, 2001); consequently, not all Census families include children.

Figure 4-2. Current Caregiver by Age and Placement Type

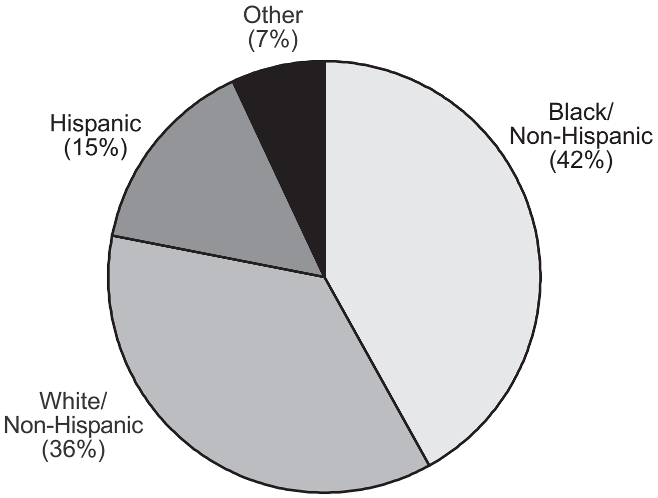


Group home caregivers are much younger than other types of caregivers. The breakdown represents the converse of those providing kinship and non-kinship foster care in that more than two-thirds (61%) of the group home caregivers are under 35; 16% are aged 35 to 44, 15% are 45 to 54, and 8% are 54 or older.

Of what race and ethnicity are current caregivers?

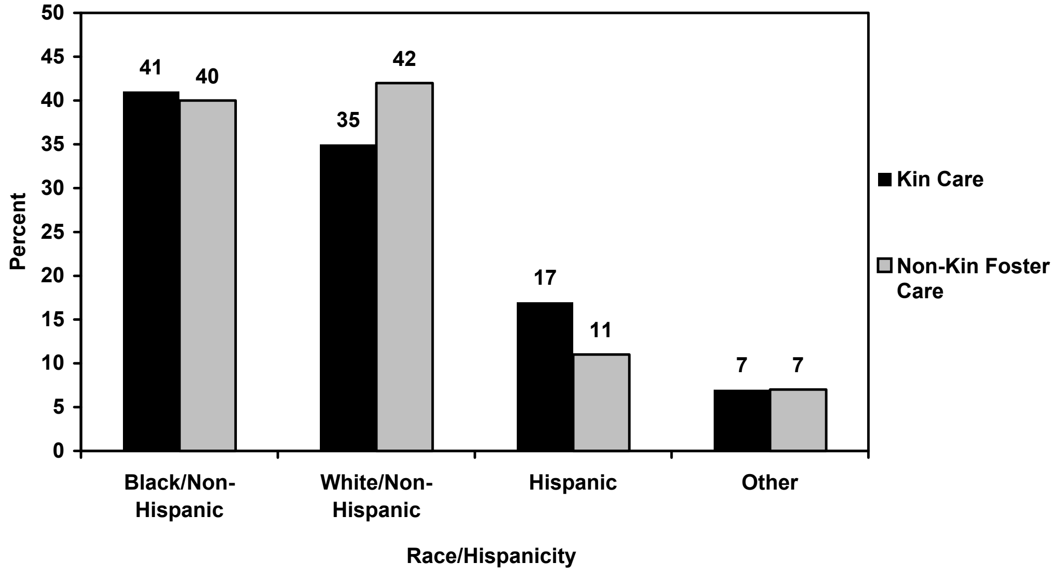
Most caregivers are black (42%) or white (36%). Another 15% of current caregivers are Hispanic; the remaining 7% are *other* (***Figure 4-3***).

Figure 4-3. Current Caregiver by Race/Hispanicity



There are not statistically significant differences between the race of kin and non-kin foster caregivers (***Figure 4-4***).

Figure 4-4. Current Caregiver by Race/Hispanicity, Kin vs. Non-Kin Foster Care



To what extent does the race of the child match the race of the current caregiver?

The statistical summary in ***Table 4-2*** indicates that race of the caregiver generally matches that of the child ($X^2=55.94$, $p<0.0001$). (Children in group care were excluded from these analyses.) Among all black caregivers, 88% cared for a black child, 2% cared for a white child, 6% cared for a Hispanic child and 3% cared for a child of another race ("other"). The rows sum to approximately 100%. From this perspective, it is clear that most black, white, and Hispanic caregivers are caring for a child of the same race. Caregivers of "other" race/ethnicities are as likely to care for a white as an "other" race child, but less likely to care for a black or Hispanic child.

Table 4-2. A Comparison of the Current Caregiver Race to the Child's Race^

Race of current caregiver	Race of child % (95% CI)			
	Black	White	Hispanic	Other
Black	**88** **(78, 94)**	2 (1, 9)	6 (2, 15)	3 (1, 10)
White	15 (9, 24)	**68** **(60, 76)**	13 (9, 18)	4 (2, 8)
Hispanic	3 (1, 7)	31 (18, 48)	**57** **(38, 75)**	10 (4, 20)
Other	21 (7, 47)	35 (16, 61)	16 (5, 43)	**28** **(8, 64)**

^ Bold numbers indicate that the caregiver is the same race as the child; confidence intervals are in parentheses. Rows may not total 100 due to rounding.

We also examined the converse—the proportion of children of each race/ethnic group who live with a caregiver of the same ethnicity. From this perspective (represented in ***Table 4-3***), 83% of black children are living with a black caregiver, 78% of white children are living with a white caregiver, 47% of Hispanic children are living with a Hispanic caregiver and 30% of children of some *other* race are living with caregivers of some *other* race. (Again, these percentages exclude children in group care.)

Table 4-3. A Comparison of the Child's Race to the Current Caregiver's Race^

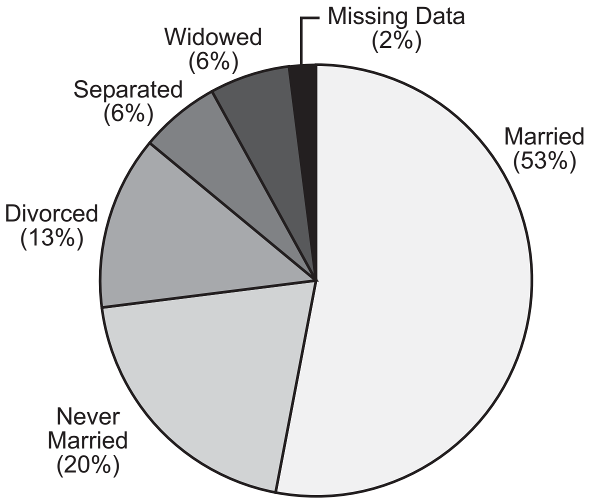
Race of child	Race of current caregiver % (95% CI)			
	Black	**White**	**Hispanic**	**Other**
Black	**83** **(71, 91)**	13 (7, 24)	1 (0.3, 2)	3 (1, 8)
White	3 (0.9, 9)	**78** **(65, 88)**	12 (4, 30)	7 (3, 14)
Hispanic	15 (7, 29)	31 (19, 47)	**47** **(28, 67)**	7 (2, 21)
Other	24 (8, 54)	26 (10, 51)	21 (7, 46)	**30** **(13, 55)**

^ Bold numbers indicate that the child is the same race as the caregiver; confidence intervals are in parentheses. Rows may not total 100 due to rounding.

What is the marital status of current caregivers?

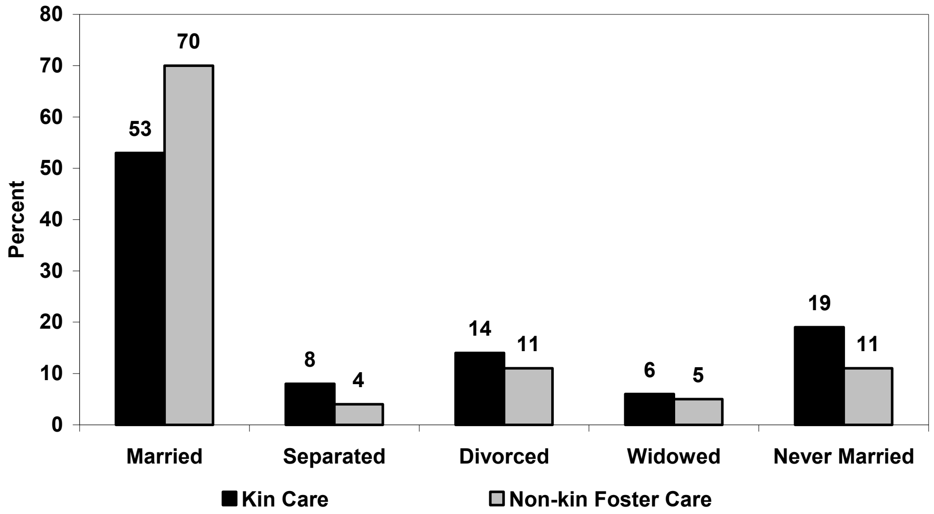
Caregivers are almost as likely to be single as married. Just over half (53%) are married, with one-fifth (20%) having never married, and 13% divorced. Equal percentages of caregivers are separated and widowed, 6% each (***Figure 4-5***).

Figure 4-5. Current Caregiver by Marital Status



In the breakdown by kin and non-kin foster homes in ***Figure 4-6***, the marital status of the caregivers in kinship care homes mirrors that of all caregivers, with about half (53%) married, one-fifth (19%) having never married, and 28% separated, divorced, or widowed. In non-kin foster homes, there is a tendency for more caregivers to be married (70%), with fewer having never been married (11%), or separated, divorced, or widowed (20%). The difference in marital status between kin and non-kin foster caregivers is not significant.

Figure 4-6. Current Caregiver by Marital Status, Kin vs. Non-Kin Foster Care



Looking at the combination of race, marital status, and placement type for caregivers in non-kin foster homes and kinship care settings, the largest proportion of caregivers are white, married, and caring for children in non-kin foster homes (23% of all caregivers). The largest proportion of caregivers in kinship care settings is black and single (10% of all caregivers).

Does the education level of current caregivers vary by kinship and non-kinship foster care?

The education of the caregivers is typically high school or less (56%). An additional 24% of caregivers have earned an associate's degree or certificate from a vocational/technical school. Another 14% have received a bachelor's degree or higher. A total of 5% report "other" which includes people who reported their degree as either a Registered Nurse degree or other (***Figure 4-7***).

While the differences in educational attainment between kin and non-kin foster caregivers are not statistically significant, it is noticeable in ***Figure 4-8*** that roughly equal proportions have high school or less, while non-kin caregivers are almost twice as likely to have at least a bachelor's degree (12% versus 7%).

Figure 4-7. Current Caregiver by Highest Degree

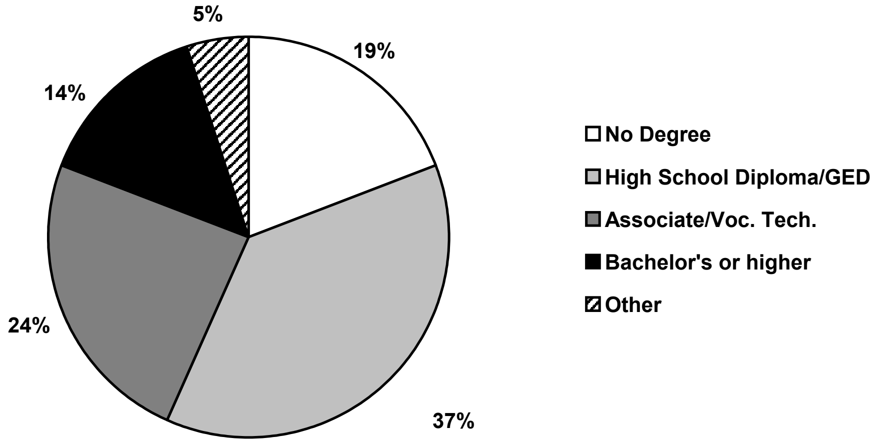
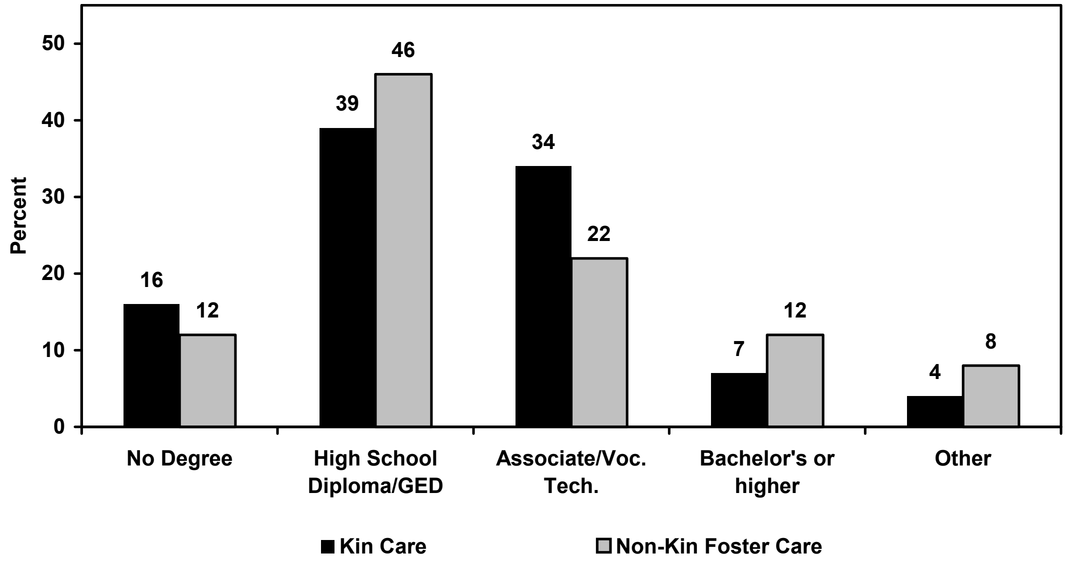


Figure 4-8. Current Caregiver by Highest Degree, Kin vs. Non-Kin Foster Care



Using the NSAF data to make national comparisons, the education level of caregivers was examined and is summarized in ***Table 4-4***. Group home caregivers are noticeably different from other caregivers and households, most frequently having more than a high school degree. Kinship caregivers and NSAF households where the child's mother lives elsewhere tend to be most similar, which is not surprising considering that these NSAF households, by definition, might also be classified as a kinship care situation.

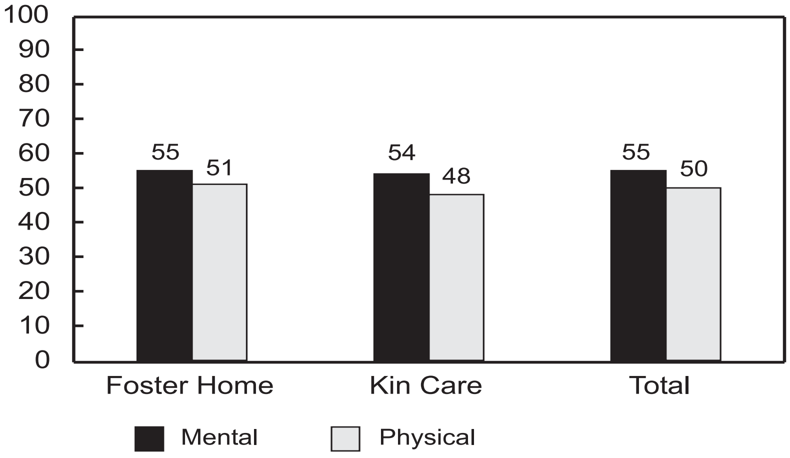
Table 4-4. Education Level of Primary Caregiver: Comparison of NSCAW Data to 1999 NSAF Data

	OYFC (%, 95% CI)			NSAF (%)	
Characteristics	Foster Parents	Kinship Foster Parents	Group Care	All Households	Child's Mother Lives Elsewhere
Less than high school	9 (6, 15)	18 (13, 24)	0	13	17
High school	44 (38, 50)	48 (42, 55)	10 (3, 26)	44	48
High school plus	46 (40, 52)	34 (27, 41)	90 (74, 97)	43	35

Does physical and mental health status vary by kinship and non-kinship foster caregivers?

Caregivers were asked to describe their physical and mental health; summary scores from the Short Form-12 are displayed in ***Figure 4-9***. These indicate that the self-rated mental and physical status is roughly equal for kin and non-kin caregivers, with mean scores for both around the norm of 50.

Figure 4-9. Physical and Mental Health Status of Caregivers



Note: As measured by the Short-Form Health Survey (SF-12).

Regression analyses were conducted to examine the relationship of caregiver's age and caregiver type (kin versus non-kin) to physical and mental health. The results are summarized in ***Table 4-5***. Only caregiver age significantly predicts differences between groups. Neither the interaction of caregiver age and type nor the main effect of caregiver type is significant.

Table 4-5. Caregiver Mental and Physical Health Scores^ by Age and Kin vs. Non-Kin

	Caregiver age Mean (SE)					
	18-29 yrs	**30-39 yrs**	**40-49 yrs**	**50-59 yrs**	**60+ yrs**	**Total**
Mental health						
Kin	52.23 (2.41)	54.27 (.88)	52.96 (1.43)	55.21 (2.10)	52.77 (3.65)	53.70 (.66)
Non-kin	55.09 (1.13)	54.55 (.67)	54.96 (.37)	55.89 (.88)	58.17 (.90)	55.44 (.32)
TOTAL	54.69 (1.06)	54.45 (.51)	54.28 (.67)	55.67 (.84)	55.51 (1.88)	54.83 (.35)
Physical health						
Kin	50.97 (3.02)	53.04 (1.11)	49.03 (1.39)	43.03 (2.76)	42.90 (3.26)	47.54 (.75)
Non-kin	52.58 (1.46)	51.31 (1.68)	51.41 (1.08)	49.53 (1.50)	48.18 (2.19)	50.61 (.71)
TOTAL	52.36 (1.31)	51.91 (1.19)	50.60 (.99)	47.43 (1.56)	45.58 (1.79)	49.53 (.56)

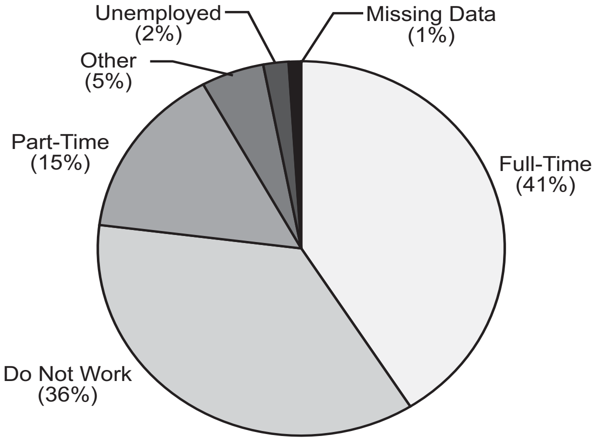
^ Mean = 50; standard deviation = 10.

For mental health, there is a significant main effect from caregiver age (F = 4.35, p<.01) — caregivers aged 60 and older reported better mental health than younger caregivers. For physical health, there is a significant main effect from caregiver age as well (F = 4.32, p<.01), with younger caregivers reporting better physical health.

What is the employment status of current caregivers?

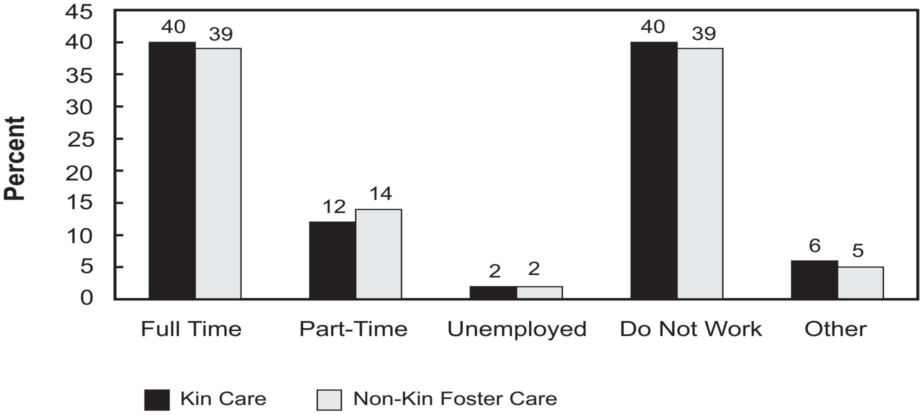
As shown in ***Figure 4-10***, 41% of current caregivers work full-time and 36% do not work. About one in six works part-time. In all, more than half of caregivers work either full or part time.

Figure 4-10. Current Caregiver by Employment Status



We also looked at employment status by type of placement; the results are contained in ***Figure 4-11***. In the breakdown by kin and non-kin foster homes, caregivers' employment status in both types of homes mirrors that of all caregivers as described above, with no significant differences between the two placement types.

Figure 4-11. Current Caregiver by Employment Status, Kin vs. Non-Kin Foster Care



What is the income level of current caregivers?

The survey data indicate that, while the income levels of kin and non-kin foster homes are not significantly different, there tend to be more non-kinship caregivers with higher incomes. Conversely, more kinship caregivers tend to have lower incomes: 41% had incomes under $25,000, compared with 21% of non-kin families. We also compared OYFC caregiver data with Census data (U.S. Census Bureau, 2001), and the results appear in ***Table 4-6***. On a national level, the most noticeable difference is that kin and non-kin foster homes less frequently earn $50,000 or more annually.

Table 4-6. Family Income, Kin vs. Non-Kin Foster Care

Family Income Categories	Census^ %	Kinship Foster Care % (95% CI)	Non-kinship Foster Care % (95% CI)
Less than $10,000	6	9 (4, 17)	3 (1, 6)
$10,000 to $14,999		13 (7, 21)	5 (2, 10)
$15,000 to $24,999	11	19 (10, 31)	13 (9, 18)
$25,000 to $34,999	12	13 (6, 25)	15 (10, 23)
$35,000 to $49,999	17	22 (15, 29)	27 (19, 35)
$50,000 or more	50	26 (15, 40)	38 (29, 49)

^Census data from Census 2000 Supplementary Survey Summary Tables (U.S. Census Bureau, 2001).

What are the characteristics of group home caregivers?

The racial and educational characteristics of group home caregivers are vastly different from kinship and non-kinship caregivers. Almost half (49%) of group home caregivers are white, 33% are black, 10% are Hispanic, and the remaining 8% are of other ethnicities. Three-quarters are women. The largest percentage (56%) had never been married, 31% were married, 4% were widowed, and 9% were divorced. Almost two-thirds (63%) had a bachelor's degree or higher, 20% had an associate's degree or vocational/technical certificate/diploma, 10% had a high school diploma or GED, and 7% had some other type of degree. A total of 13% had a second job, in addition to their position providing group care.

How much experience do foster parents have?

One-third of caregivers had fewer than three years experience as a foster parent, as indicated in ***Figure 4-12***. Looking at experience by type of placement (***Figure 4-13***), kin caregivers have had significantly less experience than non-kin foster caregivers ($X^2 = 66.84$, $p < .001$). More than half of kin caregivers had a year or less experience as a foster parent, whereas more than one-third of non-kin foster caregivers had six or more years' experience.

Figure 4-12. Number of Years Experience as a Foster Parent

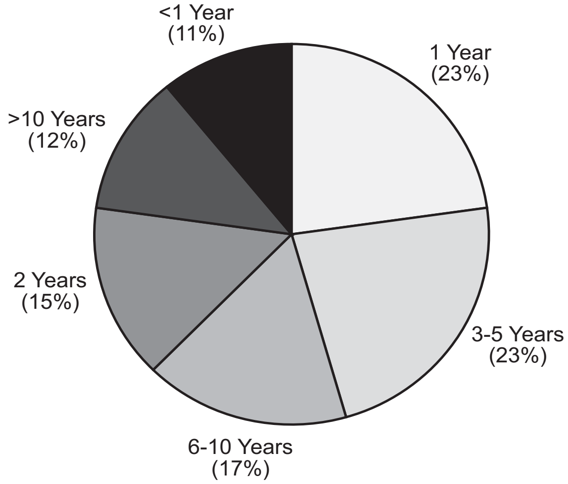
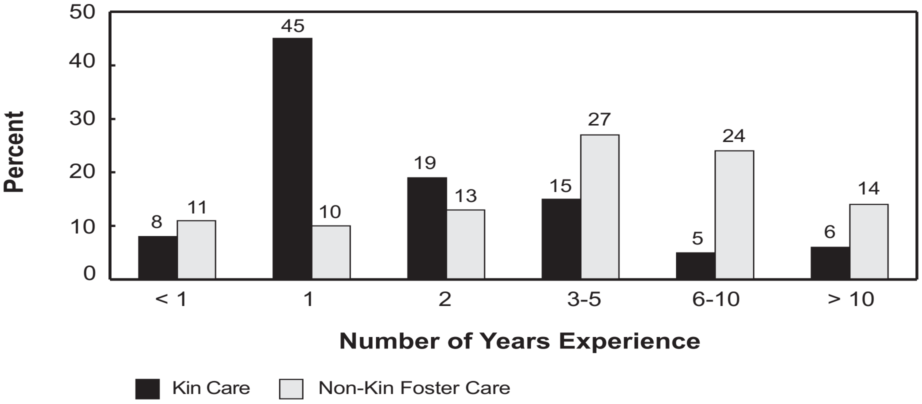


Figure 4-13. Number of Years Experience as Foster Parent, Kin vs. Non-Kin Foster Care



4.2 Household Characteristics

What is the household composition of kinship care homes and non-kin foster homes?

The child's experience in out-of-home care is undoubtedly influenced by the number of adults and children in the home, as well as the relationship of the children in the household. The OYFC children's households are summarized in ***Table 4-7***. Looking at kinship care homes and non-kin foster homes together, the average number of household members is 5.2 (max=11). This includes an average of 2.1 adults (max=6) and 3.1 children (max=9). There is an average of 0.6 full, half, step, or adoptive siblings (in relation to the study child) in these homes (max=8), 1.1 foster siblings (i.e., unrelated to the study child) (max=8), and 0.4 children of other relations to the study child (max=7).

Table 4-7. Composition of Kinship Care and Non-Kin Foster Home Households

	Mean (SE)^		
Number	**Total**	**Kinship care homes**	**Non-kin foster homes**
Household members	5.2 (0.19)	4.5 (0.24)	5.6 (0.24)
Adults	2.1 (0.06)	2.1 (0.14)	2.1 (0.07)
Children (including study child)	3.1 (0.17)	2.4 (0.17)	3.4 (0.20)
Full/half/step/adoptive siblings	0.6 (0.05)	0.7 (0.10)	0.5 (0.05)
Foster siblings (i.e., unrelated to study child)	1.1 (0.14)	0.02 (0.02)	1.7 (0.20)
Children of other relation to study child	0.4 (0.06)	0.7 (0.11)	0.3 (0.07)

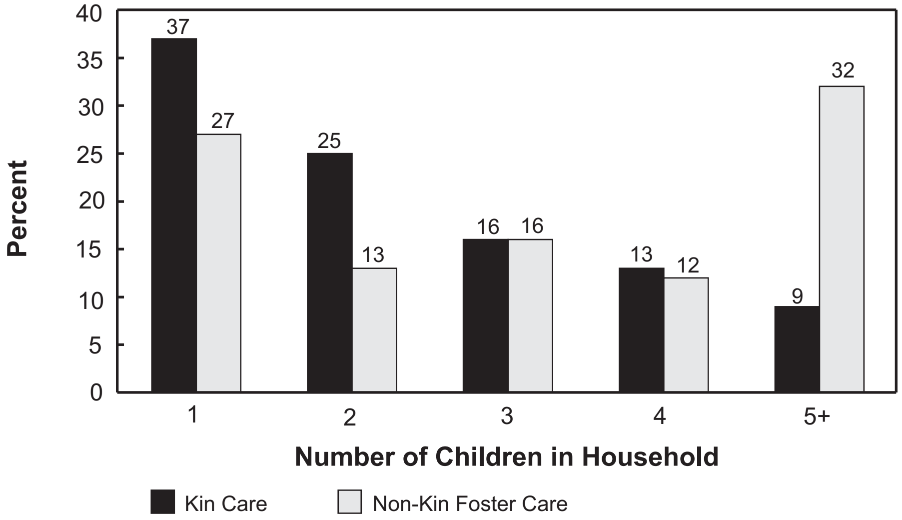
^ Standard errors for household members do not include the study child.

Taking kinship care homes separately, the average number of household members is 4.5 (max=11). This includes an average of 2.1 adults (max=5) and 2.4 children (max=8). In more than half (52%) of the kinship care homes, the child's grandmother or great grandmother is the current caregiver. The child's aunt is the next most frequently cited, identified as the current caregiver for one-third (33%) of the children in a kinship care home. The other children living in the kinship care homes are most likely to be the child's full, half, step, or adoptive siblings (mean=0.7, max=5) or children of another relation to the study child (mean=0.7, max=6), rather than foster siblings (mean=0.02, max=3).

Non-kin foster homes have, on average, about one more household member than do kinship care homes (mean=5.6, max=10), with the difference being the greater number of children. Non-kin foster homes include an average of 2.1 adults (max=6) and 3.4 children (max=9). As would be expected, the other children living in non-kin foster homes are most likely to be foster siblings (mean=1.7, max=8). Full, half, step, or adoptive siblings are next, with a mean of 0.5 per non-kin foster home (max=8). And finally, on average about one in three children in these households is also living with a child of another relation (max=7), which is significantly less likely than it is in kinship foster homes.

As shown in ***Figure 4-14***, there is a significant difference in the number of children in the household between kin and non-kin foster caregivers ($X^2 = 13.75$, $p < .01$). Kin caregivers are more likely to have only one or two children (including biological as well as foster children) in the household, whereas non-kin caregivers are much more likely to have five or more children in the household. One-third of non-kin caregivers have five or more children in their household.

Figure 4-14. Number of Children in Household, Kin vs. Non-Kin Foster Care



Because of the large proportion of non-kinship foster homes with five or more children, we completed additional analyses to better understand these situations. The characteristics that are significantly different between non-kinship foster homes with 1 to 4 versus 5 or more children include the following:

- caregiver's marital status (90% of the larger foster homes have married couples, compared with 65% of those with fewer than five children) ($p < .05$),
- number of biological children (larger homes have an average of 3.0 biological children, and smaller homes have an average of 1.9) ($p < .01$),
- number of full, half, step, and/or adoptive siblings (larger homes have an average of 1.0 full, half, step, and/or adoptive siblings and smaller homes have an average of 0.3) ($p < .01$), and

- number of foster siblings (larger homes have an average of 3.7 foster siblings, and smaller homes have an average of 0.7) ($p < .001$).

5. Children's Experiences in Foster Care

Little is understood about the typical environments in which children in foster care reside. The media have described horrific caregiving environments for foster children, and widely distributed magazines, like *Time*, have decried the state of foster care (Roche, 2000). Scholars have raised serious questions about the capacity of foster homes to provide developmentally appropriate and nurturing services (Orme and Buechler, 2001). Yet there are virtually no independent evaluations of foster caregiving environments, and children who reside in them have rarely had an opportunity to describe them.

This study provides a unique opportunity to gain a detailed description of out-of-home environments and the perceptions of the children in out-of-home placement about their lives. This chapter includes information from the NLSY version of the Home Observation Measure of the Environment (HOME-SF), which is based both on responses from the caregiver and interviewer observation; for older children, questionnaire items were included about the children's perceptions of their caregivers and their living situations, and about their experiences of violence.

5.1 Environmental Variation by Child and Caregiver Characteristics

How does the caregiving environment (cognitive stimulation and emotional support) vary by child's age?

To assess the caregiving environment, total HOME-SF scores—comprising cognitive stimulation and emotional support subscale scores, as well as physical environment subscale scores—were computed separately for each of three age groups: less than 3 years old, 3 to 5 years old, and 6 to 10 years old. The HOME-SF score provides information about the caregiving environment and is also a reasonably good predictor of future performance on academic and social indicators (Bradley, Corwyn, Burchinal, McAdoo, and Coll, 2001; Moore, Halle, and Mariner, 2000). Note that for the analyses in this section, HOME-SF scores are examined for children in non-kin foster homes and kin care settings only, because the relationship between caregiver and child is more clearly understood in these settings than in a group home or residential care program.

Because there are slightly different numbers of items in the scale for different age groups, standardized scores were created for the purpose of comparisons across age groups. The scores were standardized by dividing the total score by the number of questions answered. (Note that although the mean scores displayed in ***Table 5-1*** are nonstandardized, the differences indicated in the footnotes to the table are based on comparisons of standardized scores.) When the standardized scores are compared across age groups, there are significant differences in the total, cognitive stimulation, and emotional support scores between children less than 3 and children 6 to 10 years old. The difference in emotional support scores between children less than 3 and children 3 to 5 years old is also significant. In addition, differences in total, cognitive stimulation, emotional support, and physical environment scores between children 3 to 5 years old and children 6 to 10 years old are also significant. Although there are no national norms for the HOME-SF, these findings are inconsistent with those of the NLSY (1998 sample), which indicates that HOME-SF scores are generally no lower for the youngest children (Center for Human Resource Research, 1999).

Table 5-1. Caregiving Environment by Age of Child, as Measured by the HOME-SF

	Mean Score^(SE)		
	Less than 3 years old	**3-5 years old**	**6-10 years old**
Cognitive stimulation	7.7[a] (0.10)	11.7[c] (0.50)	9.1 (0.39)
Emotional support	6.7[ab] (0.18)	8.2[c] (0.30)	7.6 (0.29)
TOTAL SCORE (CS+ES)	14.4[a] (0.19)	19.9[c] (0.63)	16.7 (0.58)
Physical environment	N/A^^	6.98[c] (0.15)	7.32 (0.31)

^ Mean scores displayed in the table are nonstandardized, although comparisons across age groups are based on standardized scores.

^^ There is no physical environment scale for children less than 3 years old.

[a] Indicates a difference between children < 3 and 6-10 (p<.05) based on standardized scores.

[b] Indicates a difference between children < 3 and 3-5 (p<.05) based on standardized scores.

[c] Indicates a difference between children 3-5 and 6-10 (p<.05) based on standardized scores.

How does the caregiving environment vary by placement type?

When mean HOME-SF scores were computed by foster care placement type (i.e., separately for children in non-kin foster homes and those in kin-care settings), comparisons within each age group revealed only that children less than 3 years old in kin care settings have significantly lower total scores than children less than 3 years old in non-kin foster homes (***Table 5-2***). Note that standardized scores are not necessary for the tables below because comparisons are made within age group only.

How does the caregiving environment vary by current caregiver's age?

When mean total HOME-SF scores were computed by the age of the current caregiver, two significant differences were found: (1) children less than 3 years old with caregivers over 54 years of age have significantly lower total scores than children with caregivers between 35 and 44 years of age (*Table 5-3*); and (2) caregivers of children between 3 and 5 years old who were younger than 35 received significantly lower emotional support scores than caregivers over 54 years old. Among children 6 to 10 years old, caregivers between 45 and 54 years of age were found to have significantly lower total scores than caregivers between 35 and 44 years of age.

Table 5-2. Caregiving Environment by Placement Type, as Measured by the HOME-SF

	Mean Score(SE)		
	Less than 3 years old	3-5 years old	6-10 years old
Foster home			
Cognitive stimulation	7.8[a] (0.12)	11.9 (0.53)	9.2 (0.50)
Emotional support	7.7[b] (0.17)	8.8 (0.45)	9.5 (0.40)
TOTAL (CS+ES)	15.5[c] (0.21)	20.7 (0.57)	18.7 (0.75)
Physical environment	N/A^	6.82 (0.23)	7.32 (0.45)
Kin care			
Cognitive stimulation	7.4 (0.16)	11.5 (0.57)	9.0 (0.63)
Emotional support	7.1 (0.18)	9.3 (0.51)	9.1 (0.70)
TOTAL (CS+ES)	14.5 (0.19)	20.8 (1.05)	18.1 (1.29)
Physical environment	N/A^	7.18 (0.25)	7.30 (0.44)

^There is no physical environment score for children less than 3 years old.

[a] Indicates a difference in cognitive stimulation scores between children less than 3 in foster home and kin care settings (p<.01).

[b] Indicates a difference in emotional support scores between children less than 3 in foster home and kin care settings (p<.01).

[c] Indicates a difference in total scores between children less than 3 in foster homes and kin care settings (p<.01).

Table 5-3. Caregiving Environment by Current Caregiver Age, as Measured by the HOME-SF

	Mean Score (SE)		
	Less than 3 years old	**3-5 years old**	**6-10 years old**
< 35 years			
Cognitive stimulation	7.6 (0.17)	12.1 (0.36)	8.3 (0.49)
Emotional support	6.1 [a,b] (0.68)	8.4 [d] (0.35)	9.2 (0.80)
TOTAL (CS+ES)	13.7 [a] (0.73)	20.5 (0.48)	17.5 (1.12)
Physical environment	N/A^	6.70 (0.21)	6.53 (0.44)
35-44 years			
Cognitive stimulation	7.7 (0.13)	11.0 (0.67)	9.5 (0.30)
Emotional support	7.9 [c] (0.22)	9.0 (0.39)	10.1 [c,e] (0.43)
TOTAL (CS+ES)	15.6 [c] (0.28)	20.0 (0.78)	19.6 [b] (0.49)
Physical environment	N/A^	6.70 (0.24)	7.46 (0.20)
45-54 years			
Cognitive stimulation	7.9 (0.34)	12.3 (0.36)	9.4 (0.58)
Emotional support	7.3 (0.24)	8.6 (0.66)	8.9 (0.37)
TOTAL (CS+ES)	15.2 (0.40)	20.9 (0.95)	18.3 (0.76)
Physical environment	N/A^	7.20 [f] (0.24)	6.97 (0.41)
> 54 years			
Cognitive stimulation	7.5 (0.14)	11.5 (0.32)	8.2 (1.02)
Emotional support	7.1 (0.30)	9.4 (0.34)	8.8 (0.44)
TOTAL (CS+ES)	14.6 (0.38)	20.9 (0.48)	17.0 (1.42)
Physical environment	N/A^	6.21 (0.37)	7.01 (0.49)

^ There is no physical environment score for children less than 3 years old.

[a] Indicates a difference in score between caregivers less than 35 and 35-44 years (p<.05).

[b] Indicates a difference in score between caregivers less than 35 and 45-54 years (p<.05).

[c] Indicates a difference in the score between caregivers age 35-44 and >54 years (p<.05).

[d] Indicates a difference in the score between caregivers less than 35 and >54 years (p<.05).

[e] Indicates a difference in the total score between caregivers age 35-44 and 45-54 years (p<.05).

[f] Indicates a difference in the physical environment score between caregivers age 45-54 and >54 (p<.05).

5.2 The Neighborhood Context

How do neighborhood problems vary by out-of-home placement type?

For information about the environment in which the child's residence was situated, the caregiver was asked nine items concerning the community; ***Table 5-4*** displays the mean for those items. The total mean scores for these self-report items are shown for children in non-kin foster homes, kinship foster care, and group care. These items were summed and comparisons made among the types of placements, which showed no significant differences among types of placement for total community environment.

Taken together, these findings indicate that the kinship care neighborhoods have fewer strengths, but that the threats appear to resemble those in other out-of-home care settings.

Table 5-4. Caregiver Reports on Level of Problems and Strengths in Neighborhood Environment^

	Mean (SE)			
	Non-kin foster homes	Kinship foster care	Group care	Overall frequency
1. Assaults and muggings	1.08 (0.02)	1.12 (0.04)	1.17 (0.08)	1.10 (0.02)
2. Gangs	1.18 (0.05)	1.25 (0.06)	1.26 (0.08)	1.21 (0.04)
3. Open drug use or dealing	1.20 (0.06)	1.23 (0.06)	1.18 (0.07)	1.20 (0.04)
4. Unsupervised children	1.27 (0.04)	1.31 (0.07)	1.22 (0.09)	1.28 (0.04)
5. Teenagers hanging out and a nuisance	1.23 (0.04)	1.15 (0.05)	1.23 (0.08)	1.20 (0.03)
6. Safe as most other neighborhoods*	1.29 (0.05)	1.51 (0.06)	1.49 (0.21)	1.38 (0.04)
7. Neighbors help each other out	1.61 (0.05)	1.73 (0.10)	1.82 (0.22)	1.66 (0.05)
8. Parents are involved	1.68 (0.05)	1.83 (0.06)	1.92 (0.19)	1.75 (0.04)
9. A better place to live than most*	1.31 (0.04)	1.50 (0.04)	1.48 (0.14)	1.38 (0.04)
Total score	11.69 (0.19)	12.34 (0.31)	11.56 (1.29)	11.89 (0.17)

^ Items 1 through 5 are scored as follows: 1- not a problem at all, 2- somewhat of a problem, 3- a big problem. Items 6 through 9 are scored, in general, as 1- better than others, 2- about the same as others, 3- worse than others.

* Indicates significantly fewer strengths in kinship than non-kin foster home environment, using t-test (p<.01).

5.3 Child-Caregiver Relationships

What is the child's relationship with the caregivers?

Child welfare policy makers, program managers, and scholars have long emphasized the importance of the relationship that children have with their out-of-home caregivers (Maas and Engler, 1959; Wald, Carlsmith, and Leiderman, 1988). The presumption in law and practice is that foster care, rather than group home care, is a family-like setting. A related presumption holds that kinship foster care is a more family-like setting than non-kinship foster care and that children in kinship foster care have a greater degree of comfort in placement (Berrick, Barth, and Needell, 1994).

OYFC children's feelings about their relationship with their primary and secondary caregivers were measured using a shortened version of the Rochester Assessment Package for Schools - Student (RAPS-S). Questions were asked of children aged 11 years and older. Children answered how well each statement described them by answering 1 = not at all true, 2 = not very true, 3 = sort of true, and 4 = very true. Negatively worded items were reverse coded for scoring. Items were summed and averaged, creating a score ranging from 1 (most negative view of caregiver) to 4 (most positive view of caregivers). A mean rather than a summed score was calculated to account for the fact that not all children answered the same number of questions (e.g., not all answered questions for the secondary caregiver). While subscales for the RAPS do exist, internal consistency was low for these subscales (ranging from .06 and .52 for *Autonomy Support* and *Structure* to .64 and .76 for *Parental Emotional Security* and *Involvement*). Consequently, only the overall *Relatedness* score was used (α=.91).

Feelings of relatedness to the primary and secondary caregiver were examined for children in kinship foster care, non-kinship foster care, group care and all out-of-home placement types combined. Because of the wide variety of placements within the *other* out-of-home placement category, *other* was not included in comparisons. The *other* category is included within the total of all out-of-home placement types only. On average, OYFC children reported feeling positive about their caregivers (***Table 5-5***), rating their sense of relatedness as 3.23 out of 4 . The only significant difference was between kinship and group care, with children in group care reporting less of a sense of relatedness (t = 2.46, p < .05) than those in kinship care.

Table 5-5. Relatedness to Caregiver^

	Mean	Standard Deviation	Minimum	Maximum
Kin	3.42	.07	2.4	4
Non-Kin	3.15	.13	1.5	4
Group Home	3.15	.08	1.9	3.9
All Placement Types	3.23	.10	1.5	4

^ As measured by a shortened version of the Rochester Assessment Package for Schools – Student, *Relatedness* scale (RAPS).

How close do children feel to their primary and secondary caregivers?

Closeness to caregiver was measured using an unscaled set of items from the National Longitudinal Study of Adolescent Health (AddHealth: Carolina Population Center, 2001). AddHealth is a longitudinal study of health-related behaviors of children in grades 7 through 12. Children were asked to report separately for the primary and secondary caregiver. Questions asked about how close the children (aged 11 and older) felt to their caregiver and how much the children felt the caregiver cared about them. Subscale scores were examined for the primary and secondary caregiver separately as well as for both caregivers combined, in both kinship and non-kinship foster homes. The primary caregiver tends to be the foster mother (53%), other non-relative (20%), grandmother (16%), aunt (7%), or other person (4%), whereas the secondary caregiver tends to be the foster father (64%), grandfather (14%), foster mother (7%), uncle (5%), other non-relative (5%), or other person (5%). There were also 10 questions for each caregiver regarding various activities the children and caregiver had engaged in during the past four weeks.

In comparing the AddHealth population to OYFC children as summarized in ***Table 5-6***, with 1 = not at all and 5 = very much, the AddHealth children tended to report feeling closer to their caregivers than OYFC children do, although children's reports were generally positive.

Overall, OYFC children tend to feel at least slightly better about their relationship with their secondary caregiver, usually a male (foster father, uncle, or grandfather) than their primary caregiver.

Table 5-6. Closeness to Caregiver

	Mean (SE Mean)^^	
	AddHealth^	**OYFC**
How close do you feel to your primary caregiver?	4.67	3.94 (.12)
How much do you think your primary caregiver cares about you?	4.88	4.37 (.10)
How close do you feel to your secondary caregiver?	4.46	4.07 (.15)
How much do you think your secondary caregiver cares about you?	4.81	4.40 (.11)

^ As measured by the National Longitudinal Study of Adolescent Health (AddHealth).

^^ AddHealth standard errors could not be obtained so confidence intervals could not be calculated.

What types of activities do children engage in with their primary and secondary caregivers, and how does this vary between kin and non-kin caregivers?

In response to what types of activities do children engage in with their caregivers, yes answers were summed for the nine items that indicate closeness to caregivers (having a serious argument was omitted) to calculate an average number of activities engaged in that promoted closeness to the caregiver. OYFC children report engaging in an average of five of the nine activities with their primary caregiver and slightly fewer with the secondary caregiver (3.75). There are no significant differences in the number of activities engaged in by children in kin and non-kin foster care.

The 10 questions about both caregivers regarding various activities the child and caregivers had engaged in during the past four weeks were examined individually. Children in kinship care tended to be more likely than children in non-kin foster care to have talked to their primary caregiver about dating. OYFC children appear to be somewhat more likely than AddHealth children to talk about a personal problem, work on a school project, or other school matters with their primary caregiver (***Table 5-7***).

How does caregiver punitiveness vary by kinship and non-kinship foster care?

We used the HOME-SF to estimate the level of punitiveness in the homes in which the OYFC children reside. Using a punitiveness/hositility subscale based on the observational items of the HOME-SF (Linver, Filigni, and Brooks-Gunn, 2001), we assessed punitive caregiving environments for children under 6. The items in the scale ($\alpha = .72$) included observations of whether the mother/guardian shouted, expressed annoyance or hostility, criticized, slapped or spanked, and restricted the child multiple times during the interviewer's home visit. Among children 3 to 5 years old, kin and non-kin caregivers showed no significant difference on the overall punitiveness scale. About one-third of caregivers showed some punitiveness during the observation by the interviewers.

5.4 Children's Perceptions and Expectations

Public policy intends that children in out-of-home care will be well cared for and safe. Policy makers and program providers also want to know whether children feel cared *about* and are experiencing life in ways that will help them to develop a positive future. This section enumerates the characteristics of out-of-home settings and how children respond to them.

What are children's perceptions of out-of-home care?

Developing an understanding of children's experiences in out-of-home care is pivotal to evaluating the process and outcome of providing child welfare services. Child welfare service planners and providers are increasingly attentive to the experiences of children in out-of-home care. However, only a few studies (e.g., Berrick, Frasch, & Fox, 2000; Johnson, Yoken, & Voss, 1995) have asked children about their view of permanency. In NSCAW, children aged 6 and older (n=320) were asked how they viewed their current living situation, their thoughts about where they would live in the future, and their view of their biological parents. Results are summarized in ***Table 5-8***. Over half (52%) of these children were in traditional foster homes, one-third (33%) were in kinship foster homes, and 15% were in group care. Almost two thirds (63%) had been in at least one placement prior to the current placement. Children reported leaving those placements for a variety of reasons, including unforeseen circumstances (5%), family reunification with parents or siblings (13%), child behavior (15%), and child request (10%). Thirteen percent reported never being told why they left their last placement.

Table 5-7. Activities with Caregivers

Question	AddHealth^	OYFC Kin % (95% CI)	OYFC % Non-Kin (95% CI)
Primary caregiver			
Shopping	73	66 (45, 82)	75 (54, 89)
Played sport	9	13 (4, 32)	26 (15, 41)
Attended religious service	38	29 (14, 51)	55 (41, 69)
Talked about dating	46	66 (50, 79)	28 (14, 48)
Attended event	26	28 (12, 52)	37 (24, 52)
Talked about personal problems	38	66 (48, 81)	68 (56, 78)
Had serious argument about child’s behavior	33	35 (19, 55)	23 (14, 34)
Talked about school	62	88 (72, 95)	70 (58, 80)
Worked on school project	13	37 (17, 63)	32 (22, 45)
Talked about other school things	51	88 (76, 95)	68 (53, 80)
Secondary caregiver			
Shopping	27	42 (21, 66)	51 (33, 68)
Played sport	32	36 (17, 59)	33 (16, 58)
Attended religious service	31	14 (4, 41)	35 (23, 49)
Talked about dating	27	49 (27, 72)	32 (20, 47)
Attended event	24	12 (3, 41)	30 (15, 50)
Talked about personal problems	19	37 (18, 61)	30 (15, 50)
Had serious argument about child’s behavior	25	5 (1, 27)	10 (4, 22)
Talked about school	51	73 (36, 93)	47 (32, 62)
Worked on school project	11	7 (1, 27)	19 (9, 38)
Talked about other school things	44	71 (34, 92)	44 (30, 59)

^AddHealth standard errors could not be obtained so confidence intervals could not be calculated.

Table 5-8. Children's Descriptions of Their Out of Home Care Experience^ (N=320)

Demographic Characteristics of Children		**Percent**
Age	6-10	54
	11-15	46
Race	Black/Non-Hispanic	38
	White/Non-Hispanic	38
	Hispanic	17
	Other	7
Placement type	Foster Care	52
	Kinship Care	33
	Group Care	15
Placement History		
How many have been in placement before?		63
Why did they leave the last placement?	Unforeseen Circumstances	5
	Family Reunification	13
	Child Behavior	15
	Child Request	10
	Child was not told reason	13
	Other/Don't Know	44
Who made the decision?	Child	7
	Professional	21
	Non-Kin Caregiver	32
	Relative	21
	Other/Don't Know	26
Who told the child about the decision?	Professional	39
	Non-Kin Caregiver	16
	Relative	16
	Other/Don't Know	29
How involved was the child in the decision?	Little, if any	56
	Somewhat	6
	Very	25
	Don't Know	13

(continued)

Table 5-8. Children's Descriptions of Their Out of Home Care Experience^ (N=320) (continued)

Family Visits		**Percent**
Frequency of Visits – Mother	Never	30
	< 1 month	14
	Once or twice a month	17
	Once a week or more	42
Frequency of Visits – Father	Never	41
	< 1 month	12
	Once or twice a month	19
	Once a week or more	28
Feelings after visits^^	Happy/Relaxed	74/29
	Sad/Upset/Lonely	24/16/13
	Angry	8
	Worried/Afraid/Guilty	11/9/7
Child avoids visits	Yes	12
	No	84
Hopes for the Future		
Believe they will live with their siblings again	Yes	8
	No	5
	Don't Know	61
	Refused	26
If child could live with anyone, who?	Mother	47
	Father	19
	Current Caregiver	16
	Aunt/Uncle	13
	Grandmother	12
	Biological Sibling	6
	All others	10 or less

^ Children could indicate "all that apply;" similar categories are grouped together.

^^Due to rounding, groupings may not total to 100%

A series of questions focused on family visiting while in placement. Most children (61%) reported seeing their biological mother twice per month or less. Sixty-five percent desired more contact with their mother. Almost three-quarters (72%) reported seeing their biological fathers twice per month or less; 60% desired more contact with their fathers. Most children (77%) reported wanting more contact with siblings and frequently missing their family. Most (61%)

said that they did not know how often they were able to visit with their siblings; 13% reported that they never saw their siblings, and 26% refused to answer the question. Very few children (12%) reported avoiding family visits.

The most frequently endorsed feeling after family visits was “happy,” with 74% of children reporting this feeling. Almost a quarter (24%) reported feeling sad. Fewer than 15% reported feeling angry (8%), worried (11%), lonely (13%), afraid (9%), or guilty (7%). Over a quarter reported feeling relaxed (29%), and 16% reported feeling upset following visits. Approximately one third of children (34%) reported that visits were frequently cancelled.

Being placed in a foster home does cause significant change in children’s lives. Most of the children had moved to a new neighborhood (87%) or changed schools (84%) as a result of placement. Overall, about half (54%) the children reported that their new neighborhood were better than where they lived before, and 59% reported that their new school was better than their previous school.

Although children must adapt to a host of life changes when placed in foster care, most appear to view their experiences in foster care positively. About 90% of children like the people that they are living with and feel like they are part of their foster family. In addition, slightly over one-third (36%) reported wanting to be adopted by their foster family and one-half indicated they want their current home to become their permanent home. Only 11% of children had tried to leave their current placement.

Many children retain hope for reunification with their families. Fifty-eight percent of the children reported thinking that they will live with their biological parents again, and 74% believe that “things will be different this time.” In addition, when asked with whom they would most like to live, the most frequently chosen answers were the biological mother (47%) and the biological father (19%). Sixteen percent endorse their current foster placement. Twelve percent reported they would like to live with a grandmother, and 13% reported wanting to live with an aunt or uncle. Under 10% endorsed any of the following: stepparents, great grandparents, biological siblings, foster siblings, other relatives, friends, former foster parents, or any type of group care. Less than 5% reported wanting to live in a current group setting, with a boyfriend or girlfriend, with a teacher or other adult, or alone. None of the respondents reported wanting to live with former foster parents, in a previous group care setting, or in a juvenile justice/incarceration facility.

These findings can be interpreted in a variety of ways. First, one might wonder whether the children felt comfortable enough in the interview setting to share more negative thoughts about their current placement. Ideally, interviews were to be private and conducted in a separate space from the foster parent. However, certainly some living situations did not permit an optimal level of privacy. Another possible interpretation is that, while children are appreciative of their current living situations, the circumstances that brought them into care do not break their ties to their biological parents and they maintain hope that those relationships can continue and be more positive in the future.

A summary construct was used to assess the children’s perceived level of permanence. The measure contains five items that ask whether the child likes the people they are living with, feels like a part of the family, believes they can live in their current placement until they grow up, that they will be living with their current caregiver next year, that they would like the current placement as a permanent home, and that they would like the caregiver to adopt them. Responses to these dichotomous items were summed to create a measure ranging from 5, indicating a low level of perceived permanence, to 10, indicating a high level of perceived permanence ($\alpha = .76$). The mean score was 8.61, with no statistically significant difference noted between children in group, foster, or kinship care. This score would suggest that children in foster care do seem to feel some sense of permanence even in the midst of enormous upheaval. Children in group care did have a lower mean score (7.51) on this measure, but no statistically significant difference was found.

How do the experiences vary by out-of-home placement type?

To assess the role of placement type in child attitudes, a series of logistic regressions was performed. A number of differences between placement types emerged. Children in foster care and children in kinship care had much higher odds of liking those with whom they were living than children in group care (OR = 3.57, $p<.05$ and 10.20, $p<.01$). Children in foster care and kinship care also had higher odds of wanting their current placement as a permanent home than children in group care (OR = 3.5, $p< .05$ and 6.4, p<.01). Of children 11 years and older, children in foster care and group care had higher odds than children in kinship care of having tried to leave or run away from their current placement (OR = 6.80, $p<.05$ and 10.20 $p<.01$). Children in group care had almost four times the odds of children in foster care and kinship care of having family visits cancelled (OR = 3.60., $p< .05$ and 3.8, $p<.01$). Children in foster care had almost three times the odds of children in kinship care of reporting frequently missing their family (OR = 2.73 p<.05).

Although some aspects of children's experiences appear to differ significantly by placement type, children in different types of out-of-home care generally appear to have similar reactions to placement. Children in kinship care appear to be somewhat more content than those in other types of placements. However, most children appear to view their living situations positively even while hoping for reunification with their families (***Table 5-9***).

How do the perspectives of children in group care differ from those of other placement types?

Children in group care appear to be different in several ways. First, they have four times the odds of those in non-kin foster homes and 10 times the odds of those in kinship care of reporting that they do not like the people with whom they are living (p<.05 and p<.01, respectively). In addition, they have 3 times the odds of children in non-kin foster homes and 6 times the odd of those in kinship care of reporting not wanting their current arrangement as a permanent home (p<.01 and p<.001, respectively). They also have higher odds of reporting never seeing their biological father or mother (OR = 5.13, p<.05; OR = 4.19, p<.01). From these analyses it can be inferred that children in group care differ significantly from children both in kinship care arrangements and those in foster care with non-kin. Those in group care are less positive about their experience than children in the other two arrangements.

Table 5-9. Out-of-Home Child Variables- Comparison by Placement Type (N=320)

	Foster care (%)	Kinship care (%)	Group care (%)	Total (%)
Family Visits				
Contact with Mom < twice per month [e,f]	69	39	73	60
Desires more contact with Mom	71	56	65	65
Contact with Dad < twice per month [c]	74	26	92	73
Desires more contact with Dad	68	46	73	60
Contact with Siblings= never or don't know	99	N/A^^	100	74
Desires more contact with siblings	77	84	71	77
Family visits are frequently cancelled. [c,d]	28	29	60	34
Child frequently misses family [b]	84	66	78	78
View of current placement (% yes)				
Child likes who they are living with [a,f]	91	97	73	90
Feels like part of the family	90	95	96	92
Wants this home as a permanent home [a,f]	50	65	22	50
Child has tried to run away from the home [b,f^]	11	10	15	11
Child wants caregiver to adopt them	39	33	30	36
Child moved to a different neighborhood	89	83	91	87
Neighborhood is better than previous	55	56	47	54
Child goes to a different school	87	76	88	84
New school is better than previous	61	51	62	59
Hopes for the future				
Believes they will live with their parents again	57	61	61	58
Believes living with parents will be different this time	72	77	76	74

[a] Comparison between foster care and group care significant at .05.

[b] Comparison between foster and kinship care significant at .05.

[c] Comparison between kinship care and group care significant at .05.

[d] Comparison between foster care and group care significant at .01.

[e] Comparison between foster and kinship care significant at .01. (not used)

[f] Comparison between kinship care and group care significant at .01.

[^] Only children 11 years and older were included in this analysis.

[^^] 100% of the children in kinship care refused to answer the question about having contact with siblings.

How does frequency of contact with parents vary by out-of-home placement?

Both children in group care and foster care reported seeing their family members less than children in kinship care. Children in foster care had three times the odds as children in foster care of reporting seeing their biological mother less than once each month (p< .01). Children in group care had four times the odds of seeing their biological mother less than twice each month as children in kinship care (p< .01). Children in group care had five times the odds of children in kinship care of reporting seeing their biological fathers less than once each month (p< .05). Finally, children in group care have higher odds of visits being cancelled frequently than children in non-kin or kinship foster homes (OR = 3.83, p<.01).

What are children's expectations for the future?

Two questions from the National Longitudinal Study of Adolescent Health (AddHealth) about future expectations were also asked of OYFC children aged 10 and older (Carolina Population Center, 2001). AddHealth asked these questions of all children aged 11 and older. The most notable difference between the OYFC and AddHealth participants was response to the question, "What do you think are the chances you will be married by age 25?" Thirty-six percent of OYFC children think there is little chance they will be married by age 25, compared with only 21% of the AddHealth children. Conversely, whereas 37% of the OYFC children are fairly sure

that they will be married by age 25, an even greater percentage of the AddHealth children (46%) reported this expectation. OYFC and AddHealth children were very similar in their response to the question, "What do you think are the chances that you will live to be at least 35?" While 3% of both groups feel there is little chance they will live that long, 88% of OYFC children and 87% of AddHealth children report that it is very likely they will live to be 35.

5.5 Children's Perceptions and Expectations

How often have children been exposed to various incidents of violence?

Maltreated children are thought to be especially vulnerable to emotional upset caused by exposure to violence, whether in the home or community (Margolin and Gordis, 2000). For information on exposure to domestic violence, we administered 19 items of the Violence Exposure Scale for Children-Revised (VEX-R). The VEX-R was used to assess frequency of exposure to violent and criminal events in children aged 5 and older. The VEX-R is a child self-report measure in a cartoon format that has been previously administered to minority, inner-city children as well as elementary school children in Israel (Stein et al., 2001). Children responded to these items using the audio-CASI format, which provides substantial privacy.

Table 5-10 summarizes the percentages of children who report experiencing or witnessing each individual incident of violent or criminal behavior as indicated by never, one time, a few times, and lots of times. The percentages reported in the table indicate whether these children have "ever" experienced this level of violence and do not indicate whether they have seen these incidents since entering out-of-home care. At some point in their lives, large percentages of these children have experienced adults shoving or beating up other adults or the children themselves and have seen an adult being arrested at home.

Table 5-10. Incidents Ever Experienced by Children in Out-of-Home Care^

Type of incident	Never (%)	One time (%)	A few times (%)	Lots of times (%)
You saw adult yell at others	29	12	33	26
You were yelled at by adult	32	13	29	26
You saw adult throw at other	66	13	10	11
Adult threw something at you	70	13	7	9
You saw adult shove others	71	7	8	13
Adult shoved you	75	8	6	11
You saw adult slap other	74	9	7	10
Adult slapped you	75	10	5	10
You saw adult beat up other	73	9	8	10
Adult beat you up	82	7	2	8
You saw adult steal in home	68	14	11	8
You saw adult point gun at other	83	10	3	4
Adult pointed gun or knife at you	89	6	1	4
You saw adult stab other adult	95	2	1	2
You saw adult shoot another	93	4	<0.5	2
You saw person arrested at home	63	15	12	10
You saw person deal drugs at home	80	7	7	6
You saw kid getting spanked	41	15	19	26
You were spanked	54	9	23	14

^ As measured by the Violence Exposure Scale for Children—Revised (VEX-R) Percentages were rounded, so some rows do not total 100. These incidents include those that occurred before children entered out-of-home care.

How many children have experienced violence within the last month?

The children were asked further probing questions if they indicated that they had experienced or witnessed an incident of violence or criminal behavior within the last month. ***Table 5-11*** summarizes the percentages of children who indicated that the incident had occurred in the home in which they were currently living and in the last month, broken down by type of placement. These data indicate that a small but not insubstantial number of children had had exposure to yelling, spanking, and incidents of illegal activities and arrests during the prior month. Chi-square analyses compared the occurrence of each event for children in non-kin foster homes and kinship care homes (group care was excluded because of low sample size), but no significant differences were found between placement types on any item. These rates of exposure during the last month are substantially lower than the rates of "ever being exposed" to these incidents.

Table 5-11. Incidents Experienced by Children with Current Caregiver in the past Month, by Type of Out-of-Home Care

	Current caregiver In last month^		
Incident	**Non-Kin foster homes (%)**	**Kinship foster care (%)**	**Group care (%)**
Saw yelling at someone else	14	11	4
	15	11	4
Yelled at by current resident	15	10	4
	10	12	4
Saw something thrown at someone else	3	2	<0.5
	4	2	<0.5
Adult threw something at child	4	<0.5	<0.5
	4	<0.5	<0.5
Saw adult shove someone else	1	1	1
	6	1	1
Adult shoved child	1	3	3
	4	2	2
Saw adult slap someone else	1	<0.5	1
	4	<0.5	1
Adult slapped child	2	<0.5	1
	2	3	1
Saw adult beat up someone else	5	<0.5	1
	2	1	1
Adult beat up child	2	2	1
	6	3	3
Saw person steal from another in the home	4	1	3
	4	2	3
Saw adult point knife or gun at someone else	2	0	<0.5
	3	1	<0.5
Adult pointed knife or gun at child	<0.5	0	<0.5
	2	<0.5	<0.5
Saw adult stab someone else	<0.5	<0.5	0
	0	1	0
Saw adult shoot someone else	2	1	<0.5
	2	<0.5	1
Saw person arrested	3	2	2
	2	2	1
Saw person deal drugs	<0.5	1	<0.5
	<0.5	<0.5	1
Saw other kid getting spanked	11	6	1
	12	5	<0.5
Child was spanked	8	6	1
	4	3	<0.5

^ Column percentages are based on all children in out-of-home care older than 5 who completed this measure.

What is the frequency and extent of incidents of non-violent discipline and maltreatment by caregivers experienced by children?

To gain additional clarification about the experiences that children had had since coming to live in their current setting, the Conflict Tactic Scale Parent Child version (CTS-PC) was used to assess the frequency and extent of nonviolent discipline and child maltreatment incidents as reported by children aged 11 and older. ***Table 5-12*** summarizes the frequency and extent of children who reported experiencing incidents of nonviolent discipline and maltreatment by parents and other adult caregivers living with them, as indicated by the following 22 items. (Four items on the CTS-PC consist of non-violent discipline, and they, too, are included.)

Table 5-12. Children Who Ever Experienced Incidents^

Type of incident (Parents or other)	1 time (%)	2 times (%)	3-5 times (%)	6-10 times (%)	11-20 times (%)	More than 20 times (%)	Not in past 12 months (%)	Never (%)
Hit or kicked child	6	2	5	0	0	0.5	6	82
Choked child	4	2	1	0	0	0	5	88
Hit child repetitively	2	3	<0.5	0	0	<0.5	5	89
Burned child	3	3	0	<0.5	0	0	4	90
Threatened child with gun/knife	4	2	0	0	0	0	1	92
Threw child down	5	4	0	0	0	0	5	86
Cursed at child	6	10	10	3	3	4	8	56
Threatened to kick child out	5	5	2	1	1	2	5	80
Spanked child with hands	4	3	2	<0.5	0	0	8	82
Explained why something was wrong	11	11	21	9	5	8	4	31
Put child in time out	17	15	13	10	5	6	1	32
Shook child	8	5	3	0.5	0	<0.5	5	78
Hit child on bottom	5	4	2	2	0	0.5	9	77
Gave child something else to do	14	7	7	2	3	6	3	57
Yelled at child	20	7	11	5	0.5	6	8	43
Threatened to spank child	4	5	5	5	0	2	6	73
Slapped child on body	3	5	1	<0.5	<0.5	<0.5	11	79
Grounded child	8	13	16	7	5	9	6	36
Pinched child	6	4	1	3	0	0	5	82
Hit child on body	2	5	<0.5	0	0	<0.5	8	84
Called child dumb	4	8	7	5	1	3	5	66
Slapped child on face	5	5	1	0	0	<0.50	6	82

^ As measured by the Conflict Tactic Scale Parent Child version (CTS-PC). Some rows do not total to 100% due to rounding.

If the children indicated that an incident had occurred on the CTS-PC, they were then asked to indicate on six of the severe-behavior items if it had occurred in the past three months. The question—"Did this happen in the last 3 months?"—was ambiguous as to whether this involved the parent or other adult caregiver or if it had happened in the community. Thus, some of these incidents did not result from caregiver behavior. No significant differences were found among the three out-of-home placement types.

5.6 Summary

Direct observation in foster and kinship homes was intended to help clarify the quality of care for children in child welfare supervised out-of-home care. Mean HOME-SF scores in the social and emotional domains were similar across placement types of kinship and non-kinship care, although, among children less than 3 years old, the home environment in non-kinship care had significantly more favorable scores than the kinship care scores. There were some age related differences and interactions with the ages of children and caregivers. Caregivers aged 35 to 44 caring for children less than 3 and between 6 and 10 provide more favorable social and emotional environments than caregivers less than 35 years and 55 years and older caring for children of this age. Taken together, these data suggest that kinship caregivers of young children and caregivers less than 35 or older than 55 may benefit from additional support in their efforts to provide the children in their homes with a more optimal developmental environment.

Assessments of the physical environment show that the difference between kin and non-kin caregivers is not significant for any individual physical environment indicator. These indicators include, for example, whether the home appears clean and not overly cluttered and whether the neighborhood is esthetically pleasing.

On average OYFC children report feeling positive about their caregivers, reporting a high sense of relatedness, though children in group care report the lowest sense of relatedness and a level that was significantly less than children in kinship care. (Again, this may be partly a function of the older ages of children in group care compared to those in kinship care.) Overall, OYFC children tend to feel at least slightly closer to their secondary caregivers. Children in foster care for one year tend to report feeling less close to their caregiver than children in more general population surveys. Yet, OYFC children tend to work on school projects and talk about personal problems and school issues with their primary caregiver more often than do adolescents in the general population. The assessment of the relationship between children and their caregivers is complex and is likely to be affected by the length of stay, their prior knowledge of the caregiver, and the level of problems in living that they bring into the caregiving environment. These analyses do not address the full complexity of this question, but do suggest that the level of closeness is substantial and is in the predicted direction—being highest for kinship caregivers and lowest with group care caregivers.

NSCAW is one of few studies that asks children to report on their experience of maltreatment and exposure to violence, although the measures used make it difficult to confidently assert whether some aspects of the maltreatment and all elements of the exposure to violence was from the caregivers (or in their homes) or in surrounding environments. Analysis of children's exposure to maltreatment and violence by their current caregiver indicates that a very small proportion of children may be experiencing harsh discipline and that most are experiencing more routine forms of care in non-kin foster homes and kinship care settings. Yet, these children continue to experience some events that could be dangerous and disturbing: approximately 4% or fewer have observed a theft, an adult point a knife or gun at someone, an arrest, or a shooting. Children in kinship and non-kinship foster care experienced similar levels of these incidents (there were too few cases to confidently compare group home care with other types of placements).

Children age 6 and older were asked about their experiences in out-of-home care, including how they viewed their current living situation, their thoughts about where they would live in the future, and their views of their biological parents. In general, a positive picture of foster care arrangements emerged as almost all children like the people they are living with and say they feel like a part of the family. About 11% have attempted to run away from their current placement, these children are less likely to be in kinship care than group or non-kinship care. More than half the children state that the neighborhood and the school they are currently attending are better than those in which they had previously lived or that they had attended.

These positive feelings toward their current arrangements are, however, coupled with a strong desire to have more contact with and perhaps to live with their biological parents again. Over half believe that they will live with their parents again and three-quarters believe that “things will be different this time” if they were to live with their parents. Contacts with their biological mothers are far more common than with their biological father and about half of the children reported wanting to see their mother and father more often. An indication of their general satisfaction with their living arrangements is that about 50% of the children indicate wanting their current placement to become their current children and about 36% of the children indicate that they want their current caregivers to adopt them. These groups have some overlap, indicating the ambivalence experienced by many children in foster care.

The children in group home placements are generally less satisfied with their placement than the children in kinship or non-kinship foster care—more of these children do not like the people they live with and do not want their current arrangement as a permanent home. Children in kinship care see their parents more frequently than children in the other two placement types.

Out of home care environments are relatively large, safe, and supportive environments provided by caregivers who are older and less educated than a cross section of America’s caregivers. This does not mean that there are no out-of-home care settings that are definitively unsafe or abusive, but suggests that the general provision of care is acceptable. The capacity of the caregivers in these environments to provide remediation of children’s problems is less clear, however, and there is apparently a need for partnerships between them and service providers who can address developmental concerns.

6. Service Needs and Receipt

Child welfare services are intended to address the safety and permanency needs of children by providing direct services and coordinating services needed to assist families and children. The determination of need occurs in a variety of ways, including observation, interviewing, and assessment by third-party evaluators. The precise configuration of services provided or orchestrated by CWS will vary according to the conditions that brought the child and family to the attention of child welfare services and to the services that they are already receiving. Although there is no precise legal standard for the time that addressing these needs will take, the expectation of the Adoption and Safe Families Act is that most families whose children are placed in foster care will have had ample chance to benefit from services that are provided before their 12-month permanency hearing. In keeping with these principles, we also expect that most children who have been in foster care for about one year will have received an assessment for their service needs and referral to needed services. This chapter addresses the child welfare and other human services needs and services for the children in foster care for one year and for their families (as reported by the child welfare worker).

6.1 Risk Factors and Initial Services

Child welfare services are initiated in response to specific risks to the safety of children. Although the exact parameters of such risk assessments vary considerably across settings and individuals, an expected result of all risk assessment systems is to generate a case plan that fairly and effectively addresses extant risks. Although assessing effectiveness of service plans is beyond the scope of this chapter, the evidence does have bearing on our understanding of fairness by addressing whether families with different levels of risk appear to get different kinds of services and whether children with differing needs receive differing levels of service.

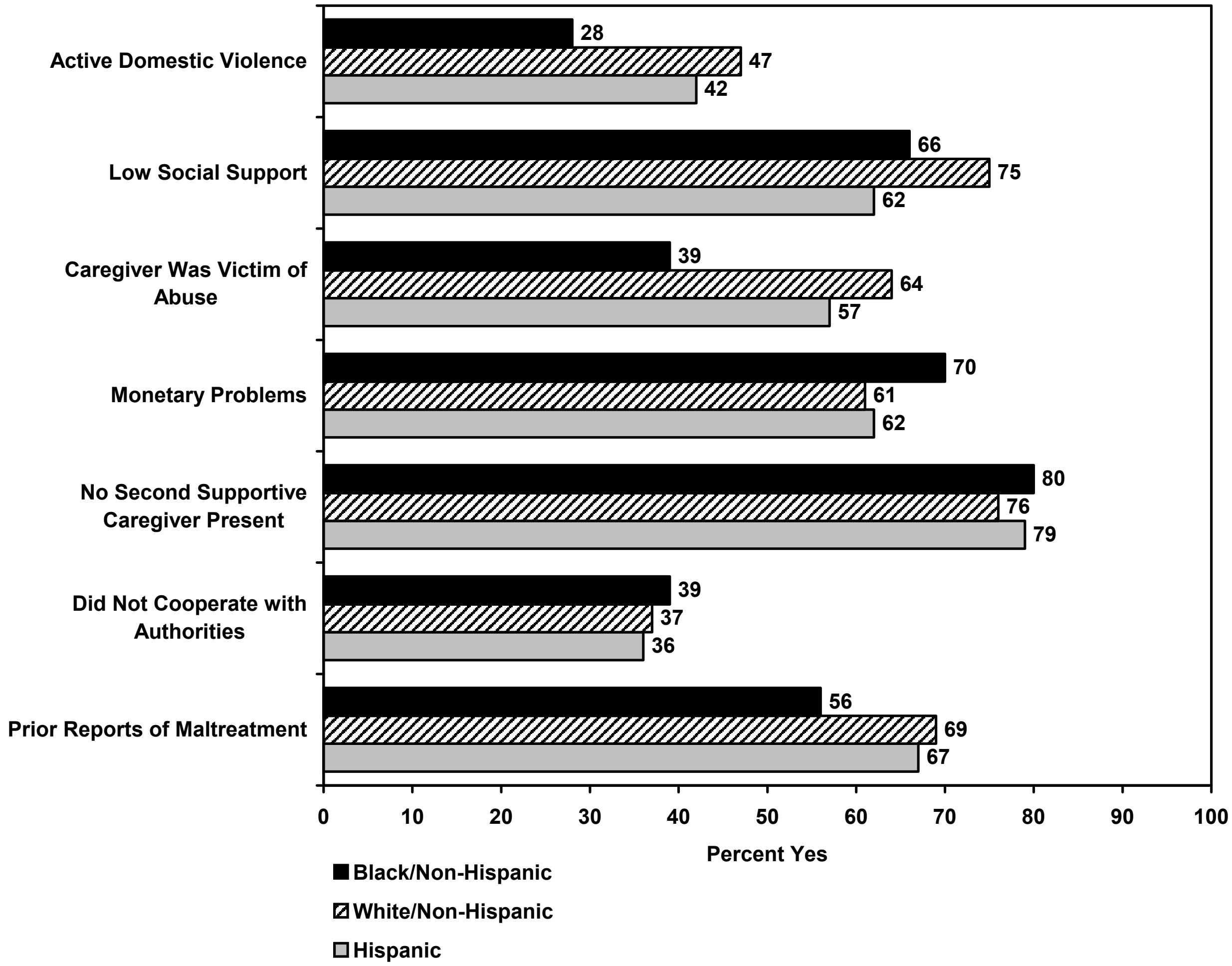
What family risk factors were present at the time of placement?

Although information about the reasons children in this sample originally entered foster care is sparse, some data are available about the risk factors that brought children into care. Child welfare workers were asked to identify risk factors that the family might have experienced prior to the placement, including active domestic violence, low social support, caregiver as victim of abuse, monetary problems, no second supportive caregiver present, lack of cooperation with authorities, and prior reports of maltreatment. Not having a second supportive caregiver present was the most common risk factor present at the time of placement. (It should be noted that caseworkers were not asked to identify all of the risk factors for OYFC as they were for CPS, because during pilot testing child welfare workers indicated that they would not have knowledge of some categories, such as substance abuse and incarceration, for children and families at the time of placement. However, information about the broad use of substance abuse services suggests that the use of drugs and alcohol was a contributor to placement.)

Do these family risk factors vary by child's race, type of abuse, age, or placement type?

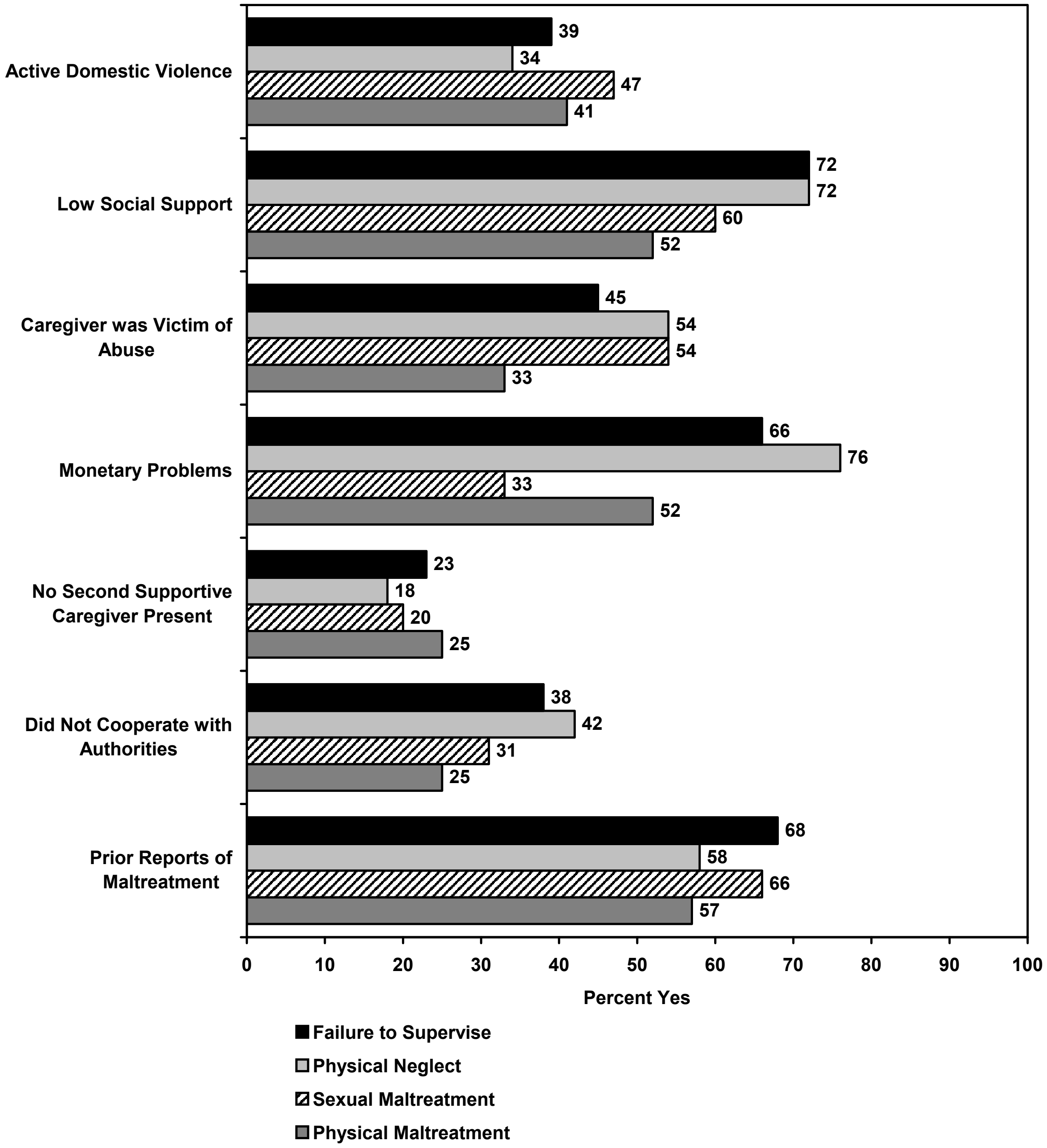
We examined the presence of risk factors by race of the child and the results appear in ***Figure 6-1***. The number of risk factors varies from 0 (7% had none on this list) to 7 (2% had all risk factors), with about 60% of the parents having between 3 and 5 risk factors. The likelihood of the presence of risk factors at the time of placement did not vary significantly by race of the child.

Figure 6-1. Risk Factors at Time of Placement, by Race of Child



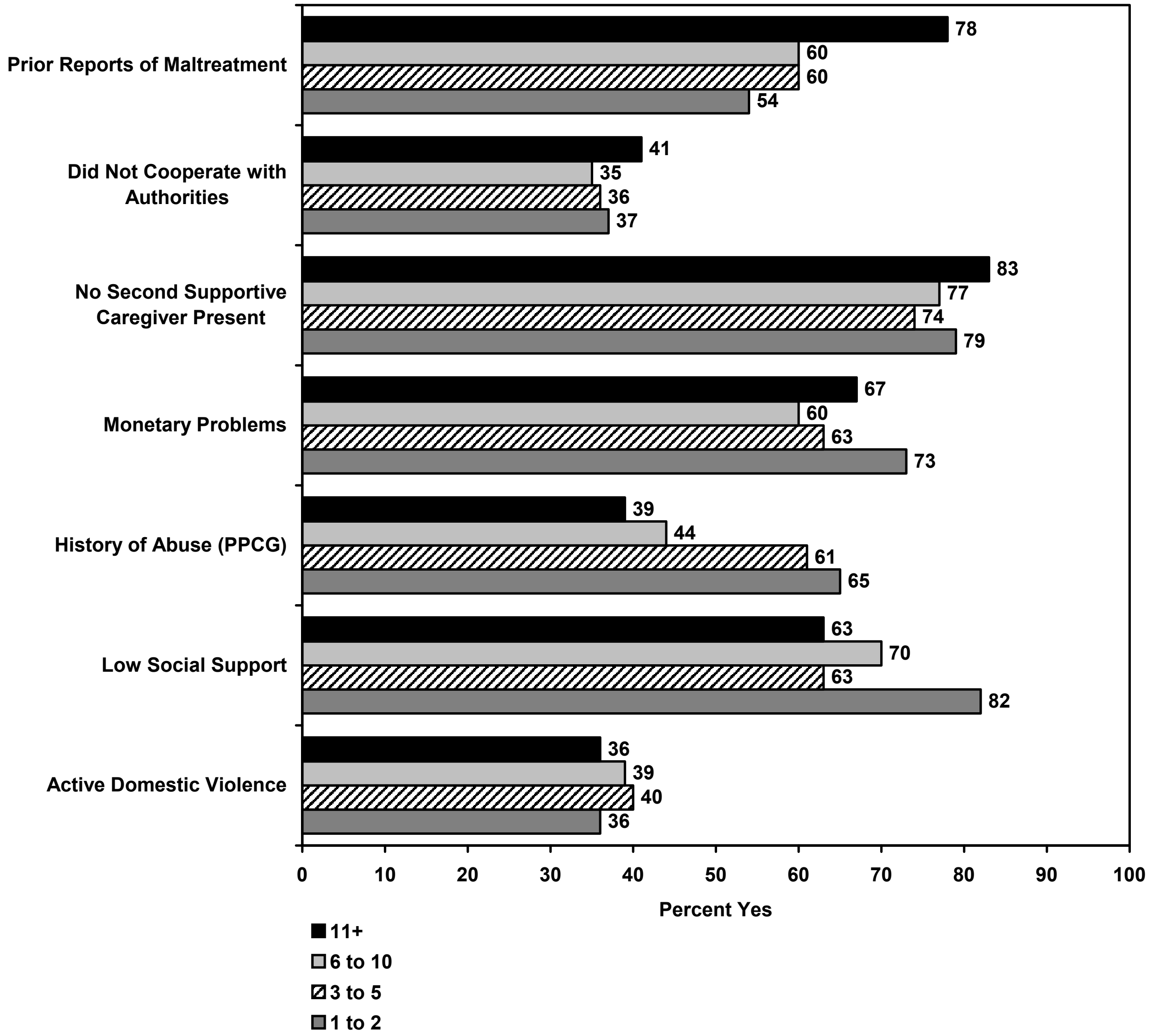
In addition, the likelihood of risk factors does not vary by the type of abuse of the child. Four types of abuse were included in this analysis—physical maltreatment, sexual maltreatment, failure to provide and failure to supervise. None of the risk factors was significantly related to the type of abuse (***Figure 6-2***).

Figure 6-2. Risk Factors at Time of Placement, by Most Serious Type of Abuse



Low social support (Chi-square=9.08, $p<0.05$), a history of abuse of the primary caregiver (Chi-square=8.70, $p<0.05$), and prior reports of maltreatment (Chi-square=12.32, $p<0.01$) are significantly related to child age. Families with children 1 to 2 years old appear more likely to have had low social support at the time the child was removed (Chi-square= 9.08, $p <.05$). Young children (1 to 5 years old) also appear more likely than older children to have come from families with caregivers with a history of abuse (Chi-square= 8.70, $p <.05$). Families with older children, however, had more often experienced previous reports of maltreatment (Chi-square= 12.32, p<.01) (***Figure 6-3***).

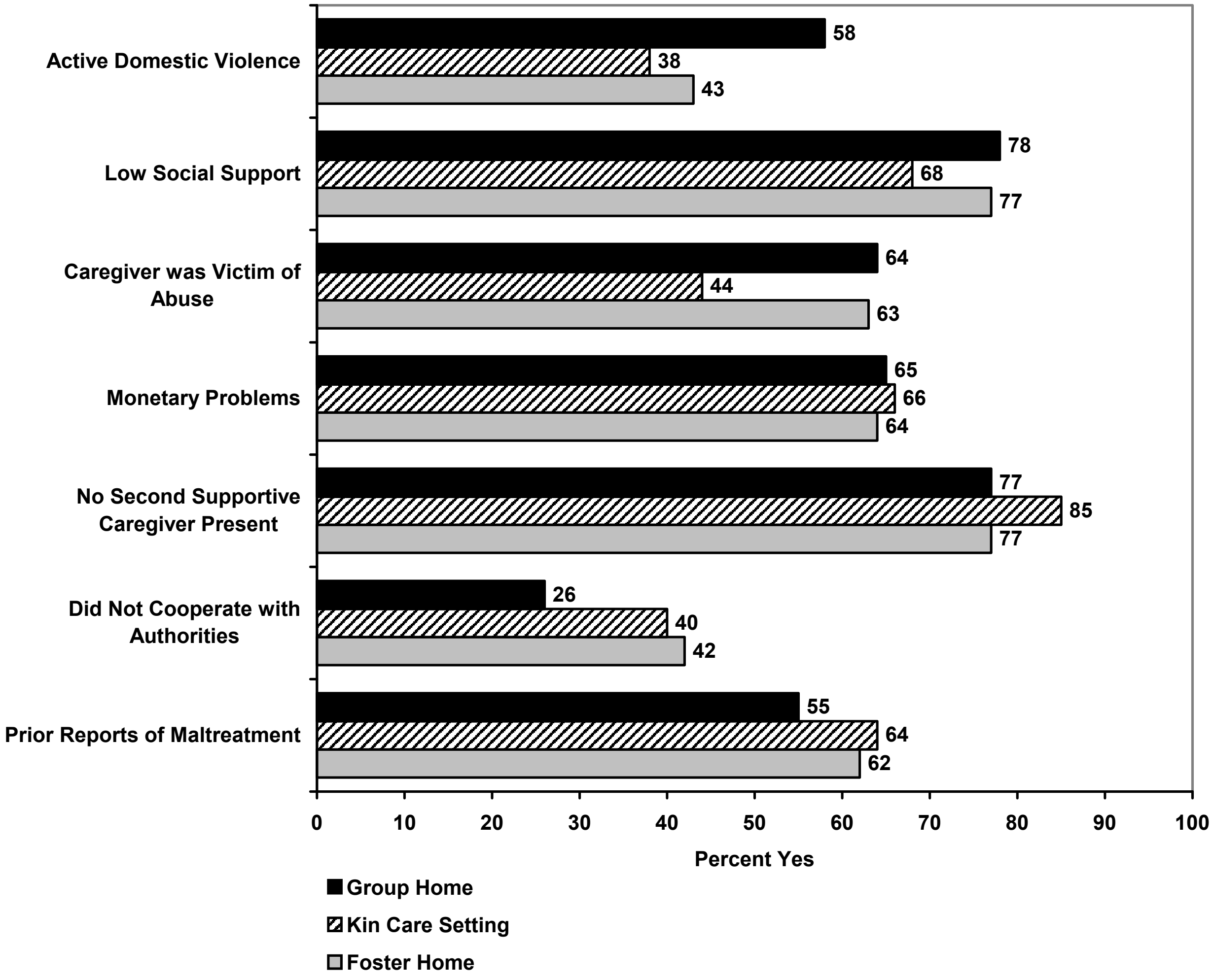
Figure 6-3. Risk Factors at Time of Placement, by Age of Child



Risks were no different for children placed in kinship care, non-kinship foster care and group care (***Figure 6-4***). Apparently the removal reason and the placement resource that the child was in one year later are largely independent.

All of these findings about the risk factors at the time a child was placed should be interpreted as preliminary and with some caution because of the length of time that has elapsed since the placement and because the collection of risk data was not as comprehensive as it will be in the NSCAW CPS sample component data analyses.

Figure 6-4. Risk Factors at Time of Placement, by Placement Type



6.2 Caregiver Services

What are child welfare workers' assessments of general human services that are needed by and provided to parents?

Child welfare workers were asked what types of general services were needed by and provided to the caregivers (primarily, biological parents) from whom the children were removed. Overall, child welfare workers indicated that 78% of caregivers needed income assistance, 70% needed employment services, 77% needed substance abuse services, 78% needed mental health services, 73% needed legal services; 62% needed domestic violence services; and 90% needed Medicaid. Housing services were needed by 71% of caregivers and health care services were needed by 49% of the families (***Table 6-1***).

Table 6-1. Caregiver Need for General Human Services in the past 12 Months

Type of Service	Proportion Needing Service % (95% CI)
Housing	71 (66, 75)
Income Assistance	78 (74, 81)
Legal	73 (68, 77)
Medicaid	90 (87, 93)
Domestic Violence	62 (56, 67)
Employment	70 (66, 74)
Mental Health	78 (74, 81)
Health	49 (46, 53)
Alcohol or Drug	77 (75, 82)
Day Care	78 (73, 82)

To more fully address the questions about types of service needed by primary caregivers, a need classification was developed. For this, we identified all caregivers who had an unaddressed need for a service, as identified by the child welfare worker. This classification of need excluded (1) caregivers who were not identified as having a service need *and* were not referred to that service, (2) caregivers who were already receiving the service at the time of the interview, (3) caregivers who received the service after they had been referred, and (4) caregivers who were referred for assessment but determined not to need the service. Tables 6-2 through 6-11 show the distribution of need by the type of service.

Over two-thirds of caregivers had a need for housing services at the time of the interview (***Table 6-2***). Just over half of all caregivers did not receive housing services (38%) or did not receive services although they were referred to services (13%). Twelve percent of caregivers received housing services after they were referred.

Over three-quarters of caregivers needed income assistance at the time of the interview (***Table 6-3***). Although 13% of caregivers received income assistance once they were referred, 42% did not have their need addressed and another 8% did not receive income assistance even though they were referred by the child welfare worker.

Table 6-2. Caregiver Need for Housing Services

	%
Housing Services Not Received (57%)	
Need unaddressed	38
Did not receive service though referred	13
Missing	7
Housing Services Received (14%)	
Already receiving service	2
Received service after referral	12
Referral made and service determined not to be needed	0.2
TOTAL HOUSING SERVICE NEED	**71**

Table 6-3. Caregiver Need for Income Assistance

	%
Income Assistance Still Needed (57%)	
Need unaddressed	42
Did not receive service though referred	8
Missing	7
Income Assistance Not Needed (20%)	
Already receiving service	7
Received service after referral	13
Referral made and service determined not to be needed	0
TOTAL INCOME ASSISTANCE NEED	**78**

The majority of caregivers had a need for legal services (***Table 6-4***). Some caregivers received legal services once they were referred by a child welfare worker (17%), but many caregivers did not have their need addressed (36%).

Table 6-4. Caregiver Need for Legal Services

	%
Legal Services Still Needed (45%)	
Need unaddressed	36
Did not receive service though referred	2
Missing	7
Legal Services Not Needed (27%)	
Already receiving service	10
Received service after referral	17
Referral made and service determined not to be needed	0.2
TOTAL LEGAL SERVICE NEED	**73**

Many caregivers needed Medicaid services (***Table 6-5***). Though some caregivers did receive Medicaid after they were referred to the program by a child welfare worker (14%), many caregivers did not have their need met (58%).

Table 6-5. Caregiver Need for Medicaid

	%
Medicaid Still Needed (58%)	
Need unaddressed	N/A
Did not receive service though referred	1
Missing	57
Medicaid Not Needed (32%)	
Already receiving service	18
Received service after referral	14
Referral made and service determined not to be needed	0
TOTAL MEDICAID NEED	**90**

Many caregivers needed domestic violence services (***Table 6-6***). Just under half did not have their need for domestic violence services met even though a child welfare worker knew that a need existed. A small proportion of the caregivers did receive help once they were referred (13%).

Table 6-6. Caregiver Need for Domestic Violence Services

	%
Domestic Violence Services Still Needed (47%)	
Need unaddressed	25
Did not receive service though referred	7
Missing	16
Domestic Violence Services Not Needed (15%)	
Already receiving service	2
Received service after referral	13
Referral made and service determined not to be needed	0
TOTAL DOMESTIC VIOLENCE SERVICES NEED	**62**

Over two-thirds of all caregivers needed employment services at the time of the interview ***(Table 6-7***). Although 10% of the caregivers did have their need met after they were referred to employment services, 58% did not have their need for services met.

Almost 80% of the caregivers needed mental health services (***Table 6-8***). Just over half (52%) did not have their need for mental health services met, though 11% of the caregivers did receive mental health services after they were referred by a child welfare worker.

Table 6-7. Caregiver Need for Employment Services

	%
Employment Services Still Needed (58%)	
Need unaddressed	38
Did not receive service though referred	7
Missing	13
Employment Services Not Needed (14%)	
Already receiving service	3
Received service after referral	10
Referral made and service determined not to be needed	1
TOTAL EMPLOYMENT SERVICES NEED	**72**

Table 6-8. Caregiver Need for Mental Health Services

	%
Mental Health Services Still Needed (52%)	
Need unaddressed	36
Did not receive service though referred	11
Missing	5
Mental Health Services Not Needed (26%)	
Already receiving service	2
Received service after referral	11
Referral made and service determined not to be needed	0
TOTAL MENTAL HEALTH SERVICES NEED	**78**

Just under one-half of the caregivers had a need for health services (***Table 6-9***). Most caregivers did not have their need for health services met (41%).

Table 6-9. Caregiver Need for Health Services

	%
Health Services Still Needed (41%)	
Need unaddressed	12
Did not receive service though referred	1
Missing	28
Health Services Not Needed (8%)	
Already receiving service	4
Received service after referral	4
Referral made and service determined not to be needed	0.1
TOTAL HEALTH SERVICES NEED	**49**

Over three-quarters of all caregivers needed alcohol or drug services at the time of the interview (***Table 6-10***). Just over one-quarter (27%) of the caregivers had their need met, though most of the caregivers did not have their need met (49%).

Table 6-10. Caregiver Need for Alcohol or Drug Services

	%
Alcohol or Drug Services Still Needed (49%)	
Need unaddressed for alcohol problem^	49
Need unaddressed for drug problem	85
Did not receive service though referred	28
Missing	0
Alcohol or Drug Services Not Needed (27%)	
Already receiving service	42
Received service after referral	14
Referral made and service determined not to be needed	0
TOTAL ALCOHOL OR DRUG SERVICES NEED	**77**

^ Sums to more than 100% because some caregivers need both alcohol and drug services.

The majority of caregivers had a need for day care services (78%), although about one-fifth (22%) did have their need met after they were referred to services (***Table 6-11***).

Table 6-11. Caregiver Need for Day Care Services

	%
Day Care Services Still Needed (66%)	
Need unaddressed	N/A
Did not receive service though referred	3
Missing	63
Day Care Services Not Needed (34%)	
Already receiving service	12
Received service after referral	22
Referral made and service determined not to be needed	0.3
TOTAL DAY CARE SERVICES NEED	**78**

The description of the service needs of the biological parents at the time the child entered out-of-home care suggests that the most common needs (all 77% or higher) were for Medicaid, income assistance, day care services, mental health services, and alcohol and drug treatment services. In addition, alcohol and drug treatment were the two services most likely to continue to be needed following a referral for them.

Among those who did not receive services despite a referral, refusal to attend was cited as the reason the service was not received for 70% of those who needed and were referred to alcohol or drug services and 77% of those who needed and were referred to mental health services. Another 20% of people who needed and were referred to these services did not receive the service for some reason other than the above. Transportation and child care difficulties were attributed as reasons for not receiving mental health and drug treatment services in less than 20% of the cases. Three percent of the people who needed alcohol or drug services did not receive them because the service was not available in their area. No individual failed to receive either drug or alcohol services or mental health services due to ineligibility, lack of financing, scheduling problems, being wait-listed or because the service was inappropriate.

What proportion of primary caregivers needed and used alcohol or drug services?

Because of the high prevalence of substance abuse problems among child welfare clients, additional detail was gathered about the pathways to and use of substance abuse services. Child welfare workers were asked to report on the need for and use of alcohol and drug services by the primary caregivers of the selected children. The data are displayed in ***Table 6-12***. According to the child welfare workers, about one-third of the primary caregivers needed services for an alcohol problem, and almost two-thirds needed services for a drug problem. The majority of those perceived to have a drug or alcohol problem did obtain a formal assessment. Among these, 83% were found to have a serious or moderate impairment, according to these data.

Table 6-12. Substance Abuse Service Needs, Assessment, and Assessment Findings in Past 12 Months, According to Child Welfare Workers

	A. Needed services (% of total cases)	B. Obtained a formal assessment (% of A)	C. Serious or moderate impairment found (% of B)
Alcohol	33	63	83
Drugs	58	73	83

In all, 91% needed services for a substance abuse (alchohol or drug) problem, 53% (of the total sample) were referred for services, and 29% actually received services. Many received more than one type of service. Of those who received substance abuse services,

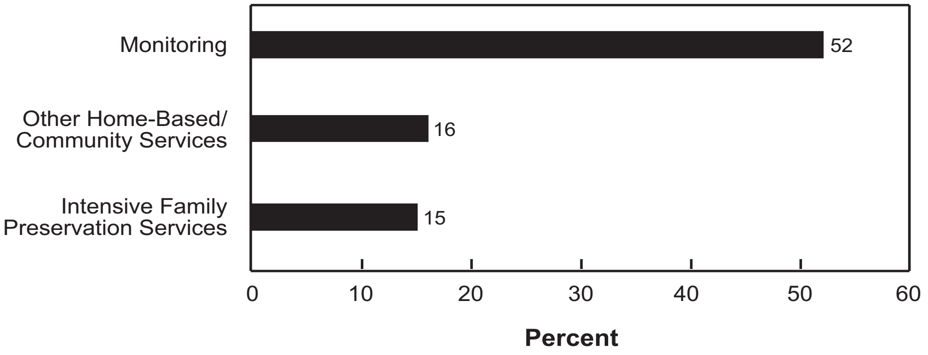
- 61% received outpatient services,
- 53% were part of a 12-step program,
- 45% received inpatient services,
- 26% received intensive day-treatment services,
- 9% received detoxification services,
- 1% received methadone treatment, and
- 16% received a different type of substance abuse service.

6.3 Child Welfare Services

What types of child welfare services did families receive?

Child welfare workers reported on the services received by the families of origin of OYFC children. The analysis of these services begins with some general aggregation into three primary types of services that are often provided to families involved with the child welfare system and is summarized in ***Figure 6-5***. About 15% of families received intensive family preservation services; 16% received other home or community-based services; and 52% received non-intensive home-based services, which essentially consists of monitoring by the child welfare worker. Of those families receiving non-intensive home-based services, 88% received these services at least monthly, while the remainder of families typically received services less than once each month.

Figure 6-5. Proportion of Families That Received 3 Primary Types of Child Welfare Services



Additional details in ***Tables 6-13*** and ***6-14*** address the use of child welfare services provided by the child welfare worker indicating whether services were provided, for how long they were provided, and whether they were still being provided at the time of the interview.

Table 6-13. Receipt and Duration of Child Welfare Services

Service	Ever received? (%)	Still receiving service? (% of ever received)	Average duration of receipt (if service closed) (weeks)
Intensive Family Preservation	15	43	35
Intensive Home-Based Services	16	54	33
Non-Intensive Home-Based Services	52	61	44

Table 6-14. Receipt of Child Welfare Services

Service	Ever received? (%)	Average number of times received	Average number of weeks received
Home Management	18	35	22
Parent Training	40	19	17
Parent Aide	13	^	24
Respite Care	15	^	^
House Cleaning & Repairs	4	^	26
Individual Counseling at Home	48	10	31
Family Counseling		^	22
Foster Children Counseled	30	^	30
Child Care	31	^	19

^ Omitted because 6 or fewer responses.

Child welfare workers indicated that about half of respondents were still receiving one or more of these services, which is consistent with the long length of services provided in those cases where the services had closed. It is surprising that intensive family preservation services would have lasted so long (given the definition of a brief service provided during the interview). ***Table 6-14*** breaks out the home-based services and provides more detail about what these services included. (These service durations are reported to be shorter than those in ***Table 6-13***, in part because Table 6-14 includes cases that remain open.)

To what extent were reunification plans and efforts in place?

Child welfare workers were asked if there was currently or had ever been a plan to reunify the children who were then in an out-of-home placement. At the time of the interviews, 25% of children had already left care—child welfare workers were not asked about reunification plans for them. Although some of these children may have left care without a reunification plan (i.e., they ran away to home), it is a reasonable assumption that most of them were planfully reunified.

Among the 75% who had not been reunified, 10% never had a reunification plan. A current reunification plan existed for about one-quarter (25%) of OYFC children still in care, as shown in ***Table 6-15***. For those children still in care with no current reunification plan, child welfare workers were asked if reunification efforts had ever been made with anyone in the child's family. Such efforts had been made for 84% of the children for whom there is not a current reunification plan; 8% of all OYFC children never had a reunification plan. In all, about half of all the children have been reunified or have a reunification plan with the remaining half of all children being unlikely to be reunified (i.e., they have never had a reunification plan or no longer have one).

Table 6-15. Reunification Status and Activity

	% by Reunification Status	% by Reunification Activity	% of all children
Reunification Accomplished^	**25**		
With Mother		80	20
With Father		10	2.5
With Other Person		10	2.5
Reunification Not Accomplished (child still in care)	**75**		
Ever Had Reunification Plans		90	
Currently Has Reunification Plan			25
Currently Has No Reunification Plan			42
Never Had Reunification Plan		10	8

^ Some of these children may not have been formally reunified (they may have run away to home), but their case data include an interview on record with their biological parent, so we are treating them as reunified.

Table 6-16 presents the breakdown of selected child and case characteristics for each category of reunification status. To identify characteristics associated with reunification status, bivariate tests of association were run for each child and case variable against the variable indicating reunification status. In these analyses, only race was significant, with white children being less likely than expected to be in the “returned home” category and black children being most likely to be returned home ($p \leq .001$).

With whom are the children to be reunified?

Child welfare workers identified with whom the children would be reunified. For 87% of those children still in care with a reunification plan, that plan targeted their mother; for 11% of these children the reunification plan targeted the father (***Table 6-17***). At this point in the case, few other reunification resources (e.g., the aunt, uncle, siblings) were involved.

Of the children who did not have a current reunification plan, had such efforts ever been made and, if so, with whom?

Child welfare workers were asked, with regard to children who were still in care but did not have a current reunification plan, to whom the previous reunification efforts, if any, had been directed; workers were permitted to identify as many family members as applied. For half (50%) of these children, reunification plans or efforts had been made with just one family member, and for 43% reunification efforts had been made with two family members. For 7% of these children, reunification efforts had been made with three or more family members.

Table 6-16. Reunification Status of OYFC Children by Select Child and Case Characteristics

	Reunification status Percent (95% CI)			
			No current reunification plan	
	Returned home	**Current reunification plan**	**Previous reunification efforts**	**No previous reunification efforts**
Age				
1-2	15 (9, 24)	23 (17, 31)	29 (22, 37)	33 (17, 54)
3-5	24 (17, 34)	19 (8, 39)	13 (8, 19)	19 (7, 43)
6-10	32 (25, 40)	32 (20, 47)	31 (26, 37)	20 (10, 35)
11+	29 (21, 39)	26 (17, 38)	27 (22, 33)	28 (14, 48)
Gender				
Male	47 (39, 55)	58 (49, 66)	46 (37, 56)	48 (29, 68)
Female	53 (45, 61)	42 (34, 51)	54 (44, 63)	52 (32, 71)
Race/Ethnicity^				
Black	52 (40, 64)	39 (27, 52)	45 (35, 55)	43 (20, 69)
White	19 (12, 28)	37 (29, 45)	37 (28, 48)	24 (12, 42)
Hispanic	24 (18, 31)	13 (8, 22)	14 (9, 20)	29 (14, 52)
Other	6 (1, 22)	11 (5, 23)	4 (2, 9)	4 (1, 17)
Placement Type				
Foster home	N/A	55 (38, 72)	59 (53, 65)	70 (46, 87)
Kin care		29 (16, 48)	34 (29, 39)	23 (10, 47)
Group home		15 (8, 28)	7 (5, 12)	6 (2, 17)
Most Serious Abuse Type				
Physical	18 (10, 31)	7 (4, 13)	9 (6, 15)	3 (1, 9)
Sexual	7 (3, 14)	8 (4, 16)	9 (4, 22)	10 (2, 37)
Failure to Provide	23 (15, 34)	44 (32, 57)	39 (31, 47)	39 (25, 54)
Failure to Supervise	46 (38, 54)	37 (26, 49)	32 (26, 38)	29 (13, 53)
Other	6 (3, 11)	4 (2, 10)	11 (7, 17)	18 (4, 52)
Proportion of Clinical Scores				
0	41 (25, 60)	28 (20, 39)	35 (28, 42)	24 (13, 41)
.17 to .25	32 (22, 43)	32 (18, 49)	29 (21, 37)	22 (11, 40)
.33 to .50	18 (13, 25)	21 (15, 28)	24 (17, 34)	32 (20, 48)
.60 to 1	9 (4, 21)	19 (11, 31)	12 (9, 16)	21 (10, 39)

^ Significant differences among reunification status categories at $p \leq .001$.

Table 6-17. Object of Current Reunification Plan

Family member	Percent (95%CI)
Mother	87 (78, 92)
Father	11 (6, 18)
Grandmother	0.4 (0, 3)
Aunt	0.3 (0, 2)
Other	2 (1, 7)

Table 6-18 describes the distribution of reunification efforts that had ended by the person's relationship to the selected child. For 87% of the children for whom reunification efforts had been made, the mother was a part of these efforts, and in 40% the father was included in such efforts. Other reunification resources had been part of the effort to return the child from out-of-home care as well—the child's aunt was the next most frequently included family member (12%), followed by a grandmother (8%), grandfather and uncle (4% each), and sister and brother (1% each).

Are child's characteristics related to reunification?

Fifty-one percent of OYFC children had been reunified or had a current reunification plan. The remainder never had a reunification plan or did not currently have a reunification plan. ***Table 6-19*** indicates the proportion of children, by selected child and case characteristics, who had a current reunification plan or for whom reunification had been completed.

A regression model was developed to try to understand which children had a current reunification plan (or had gone home) and to contrast them with those who had never had a reunification plan or no longer had a reunification plan. The model ($R^2 = .06$), which controlled for severity of abuse and proportion of clinical scores, in addition to age, race, and most serious type of abuse, indicates that differences by age are not significant, overall. Yet the youngest children tend to have fewer reunification plans than the children in the three older age groups, which would be consistent with the foster care caseload dynamics research, indicating that younger children are much more likely to have reunification plans changed to adoption (Barth, 1996). (Please note that questions about adoption plans were not asked in the baseline but will be asked in subsequent waves.) The only variable in the model that exhibited significant differences between categories with regard to current or completed reunification plans was most serious type of abuse ($F=3.00$, $p<.05$). Specifically, children with a most serious abuse type of failure to supervise are significantly more likely than children with a most serious abuse type of failure to provide to have a current reunification plan or completed reunification.

Table 6-18. Object of Ceased Reunification Efforts

Family member	Percent^ (95% CI)
Mother	87 (82, 91)
Father	40 (32, 50)
Grandmother	8 (4, 15)
Grandfather	4 (2, 8)
Aunt	12 (7, 17)
Uncle	4 (2, 8)
Brother	1 (0, 4)
Sister	1 (0, 4)
Other	4 (2, 7)

^ More than one response permitted.

Table 6-19. Current Reunification Plan (or Completed Reunification), by Selected Child Characteristics

Child characteristic	Percent yes	95% CI
Age		
1-2 years	39	32, 45
3-5 years	62	40, 81
6-10 years	52	44, 61
11+ years	51	42, 59
Race/Hispanicity		
Black/non-Hispanic	50	43, 58
White/non-Hispanic	44	34, 55
Hispanic	55	40, 68
Other	67	41, 85
Most serious type of abuse/neglect		
Physical abuse	62	42, 78
Sexual abuse	44	29, 61
Failure to provide	46	35, 58
Failure to supervise	57	46, 68

The model was computed a second time, excluding the children with a completed reunification plan, in order to contrast those with a current reunification plan against those who never or no longer had a reunification plan. In this model ($R^2 = .06$), out-of-home placement type was added to the list of independent variables. Results show that out-of-home placement type is significantly associated with whether a child still in care has a reunification plan or not (F=3.46, p<.05). Specifically, children in group homes are significantly more likely to have a current reunification plan than children in kin care settings. Children in non-kin foster homes and kin care settings are not significantly different with regard to their likelihood of having a current reunification plan. In addition, although race did not exhibit a significant effect overall (F=1.67, p=.18), comparisons within this characteristic indicate that children in the "other" group are significantly more likely than black children to have a current reunification plan (p<.05). Similarities in the presence of reunification plans for black, white, and Hispanic children are consistent with recent evidence that black children are beginning to have more equal access to reunification (Wulczyn, 2001). Presence of a reunification plan does not differ significantly based on any of the other variables in the model.

Were family risks at time of placement related to the likelihood of the child having a current reunification plan or completed reunification?

We examined the risks present in the child's home at the time of placement to see if these appear to be related to whether the child currently had a reunification plan or had completed reunification. This analysis was limited, because risk assessment items completed at the baseline for the children in foster care were limited and excluded indicators of such key parental characteristics as substance abuse. The risk categories were not mutually exclusive; child welfare workers could select all risks that applied for each child. As can be seen in ***Table 6-20***, the percentage of children with a current reunification plan or completed reunification does not appear to vary depending on the risks present, as the proportion of each risk group with a current reunification plan or completed reunification plan is similar to the proportion of all children in foster care for one year with a current or completed reunification plan. Possible exceptions are for those children whose caregivers did not cooperate with the authorities (Chi-square = 5.82, p <.05) and those children whose permanent caregiver was a victim of abuse (Chi-square= 4.58, p <.05).

Table 6-20. Current Reunification Plan or Completed Reunification by Risks Present at Time of Placement

Risks	Percent yes	95% CI
Prior reports of maltreatment	49	38, 60
Caregiver was victim of abuse	45	35, 55
Low social support	48	41, 54
Monetary problems	52	43, 60
Active domestic violence	43	30, 57
Did not cooperate with authorities	40	28, 53
No second supportive caregiver present	50	42, 58

What did foster parents of OYFC children think and feel about adopting them?

Foster parents were asked if they had legally adopted the child and, if not, if they have ever considered adopting the child if he/she could not return to his/her family. Although virtually no OYFC children (2%) had been legally adopted by their current foster parents, about two-thirds (68%) of the foster parents would consider adopting the child if that became an option in the future. Foster parents who had legally adopted the child or considered doing so in the future were asked what factors contributed to wanting to adopt the child. These responses are summarized in ***Table 6-21***. About three-quarters (74%) of foster parents who had adopted or considered adopting the child in their care identify their feelings of love and affection for the child as one of the contributing factors. A similar proportion (72%) reported feeling that the child is part of their family as a contributing factor. Over half of these foster parents indicated that their desire for the child to grow up in a safe environment (62%) and their feeling that the child's biological parents could not adequately care for the child (54%) were contributing factors. For over one-quarter (28%) of the foster parents, the fact that the child is related to them or someone in their family contributed to their desire to adopt. Six percent of the foster parents had already adopted one or more of the child's siblings, which served as a factor contributing to their adopting or desire to do so.

Foster parents who had legally adopted the child or considered doing so in the future were also asked what factors discouraged them from wanting to adopt the child. These responses are summarized in ***Table 6-22***. The most common factor discouraging foster parents from adopting is that the biological parents' rights had not been relinquished or terminated (25%). For almost

Table 6-21. Factors Contributing to Foster Parent Wanting to Adopt Child

Factor	Percent^ (95% CI)
Feelings of love/affection for child	74 (65, 81)
Feeling that child is part of caregiver's family	72 (63, 80)
Desire for child to grow up in safe environment	62 (51, 72)
Feeling that child's biological parents cannot adequately care for child	54 (44, 64)
Concerned that child would otherwise be placed with another family	36 (27, 46)
Child is related to caregiver or caregiver's family	28 (21, 36)
Child's race/ethnicity is same as caregiver's family	15 (11, 21)
Not concerned that child's race/ethnicity differs from that of caregiver or caregiver's family	12 (8, 18)
Having already adopted child's sibling(s)	6 (4, 9)

^ Interviewers coded as many responses as the respondent indicated were applicable.

Table 6-22. Factors Discouraging Foster Parent from Wanting to Adopt Child

Factor	Percent ^ (95% CI)
Biological parent has not relinquished rights, or rights have not been terminated by court	25 (18, 34)
No discouraging factors	18 (13, 24)
Financial concerns	11 (8, 16)
Child has disabilities that caregiver may not be able to handle in a long-term situation	7 (4, 12)
Problems between child and other members of caregiver's family	5 (3, 8)
Child's race/ethnicity differs from that of caregiver's family	0

^ Interviewers coded as many responses as the respondent indicated were applicable.

one-fifth of the foster parents (18%), there were no factors discouraging them from adopting the child. No foster parents indicated that the child's race or ethnicity being different from their own or their family's was a factor discouraging them from adopting.

Finally, foster parents were asked if they had talked with their child welfare worker about the possibility of adopting the child—85% of those foster parents who had considered adoption indicated that they had. Those foster parents who indicated they had spoken with their child welfare worker about this and those who had already adopted the child were asked how the child welfare worker responded to the caregiver's willingness to adopt the child. Over half (52%) of the foster parents indicated that the child welfare worker was strongly encouraging. Another 37% indicated the child welfare worker was encouraging. Only 7% and 4% described their child welfare worker's response as discouraging or strongly discouraging. (Note that questions about adoption plans were not asked of child welfare workers in the baseline but are asked in subsequent waves.)

6.4 Services for Children

When children are in out-of-home care, the child welfare agency can be expected to assess their well-being and endeavor to enhance it. Although many of those efforts to assist children in out-of-home care are provided directly by caregivers, specialized services may also be needed and provided. This section uses a variety of information sources to assess the underlying needs of children and to determine whether or not they are being addressed.

What specialty mental health services have OYFC children received and which children are receiving them?

To assess the mental health services that children in out-of-home care were receiving, we examined five questions that were asked of the child's caregiver. Data were collected from the caregiver regarding whether the child had been to any of the following for emotional, behavioral, learning, attention, or substance abuse problems in the twelve months prior to the interview:

- a mental health or community health center,
- a therapeutic nursery,
- day treatment
- a psychiatric hospital or psychiatric unit in a medical hospital, or
- private professional help from a psychiatrist, psychologist, social worker, or psychiatric nurse since the investigation date.

The results are presented in ***Table 6-23***. Overall, 23 percent of OYFC children currently in out-of-home care had received at least one specialty mental health service in the past twelve months. OYFC children most often received private professional help (13%) for emotional, behavioral, learning, attention, or substance abuse problems, while day treatment was the second most common (12%) service used to address those issues. OYFC children had been to mental health or community health centers, therapeutic nurseries, or psychiatric hospitals or units less frequently (4% each). Of the OYFC children who had received at least one specialty mental health service in the past twelve months, the proportion receiving private professional help was 58%, day treatment 30%, mental health or community health center 18%, psychiatric hospital or unit 15%, and therapeutic nursery 8%.

Table 6-23 also indicates the proportion of children receiving specialty mental health services by various child and case characteristics. Not surprisingly, age appears to be a significant factor with regard to whether a child had received private professional help or been to a psychiatric hospital or unit. Specifically, significantly fewer 1- to 2-year-olds (2%) had received private professional help than 3- to 5-year-olds (13%), 6- to 10-year-olds (17%), and children 11 years of age and older (20%) ($p<.001$). Similarly, no 1- to 2-year-olds were reported to have been to a psychiatric hospital or unit, which is significantly different than the 3% of 6- to 10-year-olds and 9% of children 11 years of age and older ($p<.01$). No 3- to 5-year-olds were reported to have been to a psychiatric hospital or unit, which is also significantly different than children 11 years of age and older ($p<.01$). One- to two-year-olds were also less likely ($p<.01$) to have received at least one specialty mental health service (8%) than were 6- to 10-year-olds (28%) and children 11 years of age and older (34%).

With regard to race, significantly more white children (5%) than Hispanic children (0%) had been to a psychiatric hospital or unit ($p<.05$), and significantly more white children (22%) then black children (7%) had received private professional help ($p<.05$). Children in group homes

Table 6-23. Specialty Mental Health Services Received by OYFC Children Currently in Out-of-Home Care

	Specialty mental health service Percent (95% CI)					
	MH or community health center	**Private professional help**	**Therapeutic nursery**	**Day treatment**	**Psychiatric hospital or unit (inpatient)**	**Any Specialty MH Service**
TOTAL	**4 (3, 7)**	**13 (10, 18)**	**4 (2, 8)**	**12 (7, 20)**	**4 (2, 7)**	**23 (19, 27)**
Age						
1-2	3 (1, 14)	2 (1, 5)	3 (1, 8)	N/A	0	8 (3, 18)
3-5	2 (0, 7)	13 (8, 21)	6 (2, 21)	N/A	0 (0, 3)	20 (10, 36)
6-10	6 (2, 14)	17 (10, 26)	N/A	12 (6, 24)	3 (1, 8)	28 (20, 37)
11+	5 (2, 14)	20 (13, 29)	N/A	12 (6, 23)	9 (5, 17)	34 (25, 44)
Gender						
Male	5 (3, 9)	15 (10, 23)	2 (1, 9)	9 (5, 16)	4 (2, 8)	23 (17, 31)
Female	3 (1, 8)	11 (7, 17)	6 (2, 15)	15 (7, 29)	4 (2, 10)	22 (17, 30)
Race/Ethnicity						
Black	1 (0, 3)	7 (4, 14)	2 (1, 6)	14 (7, 26)	2 (1, 6)	15 (11, 20)
White	4 (2, 9)	22 (16, 31)	4 (1, 15)	12 (5, 24)	5 (2, 12)	29 (22, 38)
Hispanic	11 (5, 24)	10 (3, 26)	1 (0, 4)	0	0 (0, 1)	21 (12, 34)
Other	10 (2, 41)	12 (5, 28)	32 (14, 58)	34 (7, 78)	15 (4, 41)	47 (25, 70)
Placement Type						
Foster home	4 (2, 8)	12 (9, 18)	6 (2, 14)	12 (7, 22)	3 (1, 7)	24 (20, 28)
Kin care	3 (1, 10)	8 (3, 22)	0 (0, 3)	4 (1, 18)	0 (0, 1)	12 (6, 21)
Group home	11 (4, 29)	38 (28, 49)	0	32 (13, 60)	21 (12, 34)	59 (42, 75)
Most Serious Abuse Type						
Physical	2 (0, 15)	21 (11, 37)	0	4 (1, 14)	1 (0, 6)	26 (15, 41)
Sexual	14 (5, 35)	22 (8, 48)	0	17 (7, 37)	6 (2, 20)	46 (26, 68)
Failure to Provide	2 (1, 5)	10 (6, 18)	8 (3, 22)	2 (1, 5)	2 (1, 7)	17 (10, 28)
Failure to Supervise	1 (0, 4)	16 (9, 26)	1 (0, 6)	17 (8, 33)	2 (1, 7)	25 (15, 39)
Other	12 (3, 34)	2 (0, 11)	0	3 (0, 20)	3 (1, 11)	16 (6, 35)
CBCL Score						
Non-clinical score	3 (1, 7)	11 (7, 16)	6 (2, 18)	6 (1, 27)	1 (0, 3)	18 (12, 26)
Borderline/Clin. score	8 (4, 14)	20 (14, 28)	2 (1, 8)	17 (11, 25)	8 (4, 14)	35 (28, 43)
Proportion of Clinical Scores						
0	0 (0, 2)	8 (4, 17)	3 (1, 11)	0 (0, 3)	0 (0, 2)	10 (5, 18)
0 .17 to 0.25	3 (1, 6)	11 (5, 22)	1 (0, 5)	6 (1, 21)	5 (2, 12)	18 (10, 30)
0.33 to 0.50	8 (3, 19)	20 (12, 30)	18 (4, 55)	7 (2, 18)	4 (2, 8)	33 (24, 45)
0.60 to 1.0	10 (4, 25)	18 (9, 33)	3 (1, 10)	50 (34, 66)	10 (3, 26)	42 (33, 51)

(21%) were significantly more likely than those in both foster homes (3%) and kin care settings (0%) to have been to a psychiatric hospital or unit (p<.01). Similarly, children in group homes (59%) were significantly more likely than those in both foster homes (24%) and kin care settings (12%) to have received at least one specialty mental health service (p<.01).

The proportion of clinical scores (see Chapter 3) appears to be associated with whether OYFC children received several of the specialty mental health services. It was most significant for day treatment, as 50% of children with a "clinical" score on between 60% and 100% of the measures administered to them received this service—significantly different than those with 33% to 50% clinical scores (7%), 17% to 25% clinical scores (6%), or no clinical scores (0%) (p<.01). In addition, children with no clinical scores had been to a mental health or community health center in significantly lower proportions (0%) than those with between 33% and 50% clinical scores (8%) and 60% to 100% clinical scores (10%) (p<.05). Similarly, no children without a clinical score had been to a psychiatric hospital or unit, whereas 10% of children with 60% clinical scores or higher, had been hospitalized (p<.01). Finally, children with between 60% and 100% clinical scores (42%) were significantly more likely to have received at least one specialty mental health service than those with no clinical scores (10%) and those with between 17% and 25% clinical scores (18%) (p<.01). All of these relationships indicate that children with greater levels of social and cognitive problems on standardized measures are more likely to receive mental health services.

Our results indicate that between one-third and one-half of all the children who have very high proportions of clinical scores are receiving some kind of specialty mental health service. However, this could be because the proportion of "clinical scores" is a bit of a misnomer, since some of the scores were generated from measures of academic achievement rather than social or mental health problems. Among the children with a clinical CBCL score, 35% were receiving specialty mental health services—significantly different (at the p<.01 level) than the 18% of children with a non-clinical CBCL score who are receiving specialty mental health services.

We also examined the relationship between a child's having a clinical CBCL score and receipt of specific specialty mental health services and found significant differences with regard to admission to a psychiatric hospital or unit and receipt of private professional help. Specifically, children with clinical CBCL scores were much more likely than children with non-clinical CBCL scores to have been admitted to a psychiatric hospital or unit (8% vs. 1%, p<.01) or to have received private professional help (20% vs. 11%, p<.05).

To further examine the relationship between various child and case characteristics on the OYFC child's receipt of specialty mental health services, a logistic regression was performed that modeled receipt of any of the five specialty mental health services since the investigation date as reported by the current caregivers. The results are summarized in ***Table 6-24***. Comparisons within the variables of placement type, most serious abuse type, child race/ethnicity, and the proportion of clinical scores were significant. Specifically, the model indicates children in both foster homes and kin care settings are significantly less likely than those in group homes to have received a specialty mental health service (p<.05). In addition, children with a most serious abuse type of *other* are less likely than those with a most serious abuse type of sexual maltreatment to have received a specialty mental health service (p<.05).

Table 6-24. Results of Logistic Regression Modeling on Receipt of Any Specialty MH Service by OYFC Children Currently in Out-of-Home Care

	Any specialty mental health service	
	OR	**95% CI**
Age		
2^	0.54	0.12, 2.46
3-5	0.67	0.22, 2.05
6-10	0.86	0.30, 2.45
11+	*(reference group)*	
Gender		
Male	1.07	0.54, 2.10
Female	*(reference group)*	
Race/Ethnicity		
Black	*(reference group)*	
White	2.57**	1.35, 4.88
Hispanic	2.76	0.90, 8.41
Other	3.13	0.94, 10.37
Placement Type		
Foster home	0.23*	0.06, 0.98
Kin care	0.13*	0.02, 0.76
Group home	*(reference group)*	
Most Serious Abuse Type		
Physical	0.68	0.19, 2.45
Sexual	*(reference group)*	
Failure to Provide	0.54	0.21, 1.40
Failure to Supervise	1.00	0.33, 3.02
Other	0.23*	0.07, 0.81
CBCL Scores		
Non-clinical score	(*reference* group)	
Borderline or Clinical Score	1.07	0.33, 3.48
Proportion of Clinical Scores		
0	0.17**	0.05, 0.57
.17 to .25	0.26*	0.08, 0.83
.33 to .50	0.48	0.19, 1.24
.60 to 1	(*reference* group)	

^ One-year-olds are not included because they do not have a CBCL score.

* p<.05; ** p<.01; Cox and Snell pseudo-R-square is .17.

Child race/ethnicity and the proportion of clinical scores were also significantly related to receipt of specialty mental health services. White children were significantly more likely than black children to have received a specialty mental health service ($p<.01$). In addition, children with between 60% and 100% clinical scores were significantly more likely to have received a specialty mental health service than those with no clinical scores ($p<.01$) and those with between 17% and 25% clinical scores ($p<.05$). This belies the arguments that mental health services are given to all children in foster care as a routine part of their service package or that they are provided based on availability rather than the needs of the child. At the same time, there appear to be many children with mental health problems who are not receiving specialty mental health care.

What supplementary or special education services did OYFC children need and receive?

In Chapter 3 of this report, and in previous research, children who have been in foster care have been shown to have poor educational attainment (Cook, 1997) and elevated receipt of special education services (Goerge et al., 1992). Our understanding of the types of educational services received by foster children is, however, quite limited and does not provide any basis for determining the relationship between a child's needs and his/her receipt of educational services. Although a few estimates of the penetration rates of foster children into *special education* services exist, there is less information available about the receipt of other *supplementary* educational services to try to improve a foster child's educational progress. We distinguish between *special education* and *supplementary* educational services for two reasons. First, the use of nonroutine, supplementary educational services (like tutoring) may be important to preventing students from needing special education services or otherwise falling behind. Their existence for foster children deserves documentation. Second, the survey did not always ask for the source of the services—i.e., whether or not they were provided by special education resources and under the auspices of an Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) is not known. In these cases we treat them as "supplementary or special education" services. Children in this category could have been receiving either type or both types of services.

In this section, we look at several ways to estimate the need for and receipt of educational services. Child welfare workers were asked if the children under their supervision needed a variety of services and whether those services were provided to the child. Caregivers and teachers also indicated whether there was receipt of supplementary or special education services. In addition, we used information from the developmental assessments of the child, described in Chapter 3, to determine whether it was likely that the child would need special education services.

Child Welfare Workers' Views on Children's Educational Needs and Services Receipt

Child welfare workers indicated whether children needed any of the following services in the past 12 months: services to identify a learning problem or developmental disability; special education classes or services; tutoring; or services for any emotional, behavioral, or attention problem. About half of the OYFC children currently in out-of-home care (49%) were reported to need services for an emotional, behavioral, or attention problem, while almost two-fifths (39%) needed services to identify a learning problem or developmental disability. Just over one-quarter

(26%) were identified as needing special education classes or services, and 17% needed tutoring (***Table 6-25***).

Table 6-25. Need of OYFC Children Currently in Out-of-Home Care for Supplementary or Special Education Services in the Past 12 Months: Child Welfare Workers' Report

Type of service	Proportion needing service % (95% CI)
Identify Learning Problem	39 (31, 47)
Special Education Classes/Services	26 (19, 34)
Tutoring	17 (14, 22)
Services for Emotional/Behavioral/Attention Problem	49 (44, 54)

If a need was identified, the child welfare worker was asked if agency staff had referred the child to the needed service. If no referral had been made, the child welfare worker was asked the reason. If a referral had been made, the child welfare worker was asked the result of the referral (i.e., service received or not received). If the child did not receive the service as a result of the referral, the child welfare worker was asked the reason. These data are summarized in ***Table 6-26***. Overall, 15% of all children currently in out-of-home care were identified as needing—but not receiving—one or more supplementary or special education services.

Next, recognizing that child welfare workers may not have access to all the information about children's services, we wanted to better understand the supplementary and special education services that children in out-of-home care actually receive. For these analyses, we examined questions that were asked of the child's child welfare worker, current caregiver, and teacher. As just described, the **child welfare worker** was asked if the child was referred to or was already receiving any of the following: services to identify a learning problem or developmental disability; special education classes or services; tutoring; or counseling for an emotional, behavioral or attention problem. Child welfare workers were also asked if a formal assessment of the child had been made for an emotional, behavioral, or attention problem and if an IFSP was developed for the child. The **caregiver** was asked if the child had been tested for learning problems, if a professional had said the child had learning problems, if the child had been classified as needing special education services, or if the child was receiving or had received special education services. The **teacher** survey included items to indicate if the student had been given an IEP; if the student is educated in a special school, special class in a regular school, and/or a resource room; what percent of the day the student is served by special education; and what services other than special education instruction the student is receiving to address his/her special educational needs.

Table 6-26. Met and Unmet Need of OYFC Children Currently in Out-of-Home Care for Supplementary or Special Education Services: Child Welfare Worker's Report

	%
Service to Identify Learning Problem	
Still needed	6
Received service after referral	25
Referral made and service determined not to be needed	1
Already receiving service	8
No need & no referral	60
Special Education Classes/Services	
Still needed	5
Received service after referral	13
Referral made and service determined not to be needed	0
Already receiving service	8
No need & no referral	74
Tutoring	
Still needed	4
Received service after referral	7
Referral made and service determined not to be needed	0
Already receiving service	7
No need & no referral	82
Services for Emotional/Behavioral/Attention Problem	
Still needed	4
Received service after referral	39
Referral made and service determined not to be needed	1
Already receiving service	6
No need & no referral	50

To obtain a comprehensive view of the totality of supplementary and special educational services received, information from all three sources was considered. If any of the three respondents—the child welfare worker, caregiver, or teacher—indicated that the child was getting supplementary or special education services, the child was classified as having received a supplementary or special educational service. This approach was used because different respondents know about different elements of services—for example, only the foster parent might know if the child was receiving tutoring during an after-school program. In total, 86% of all OYFC children currently in out-of-home care are receiving supplementary and/or special education services.

Receipt of Special Education Services

A narrower approach was taken to obtain an estimate of students who were receiving formal *special education* services. In this analysis, only items specifically identifying receipt of *special education* services were included. Further, rather than accepting a "yes" response from any respondent with regard to the child's receiving services, a hierarchy was implemented to identify the most accurate answer, when respondent answers were inconsistent. Out of the 727 OYFC cases, 100 (14%) had inconsistent responses across the three instruments. In order to resolve the inconsistent cases, teacher's responses (if non-missing) were treated as definitive. A decision to weight the caregiver's response over the child welfare worker's response was made based on 91% agreement (total n=124) between the teacher and caregiver instruments, as opposed to only 78% agreement (total n=60) between the teacher and child welfare worker instruments. Utilizing this method (i.e., hierarchy of teacher, caregiver, child welfare worker), the data indicate that 26% of all OYFC children currently in out-of-home care receive special education services. (If precedence had been given to the child welfare worker over the caregiver this would have resulted in a weighted percentage of those receiving special education services of 41%.)

Next, we examined the relationship between children's characteristics and their receipt of supplementary or special education services or special education services alone. As an approach to estimating the proportion of children in out-of-home care who had a need for supplementary or special education services and received them, children's developmental scores were compared with their receipt of services. For this analysis, we looked at the population of OYFC children currently in out-of-home care with a clinical or borderline score on one or more of the measures as described in Section 3.4, with two differences: the Teacher Report Form was added as an additional source of information about mental health functioning. We then identified the proportion of this population that received some type of supplementary or special education testing, classification, or services as determined by the aforementioned questions. The results are presented in ***Table 6-27***. Overall, 36% of OYFC children currently in out-of-home care with a clinical score on at least one of the indicated measures have been classified as receiving special education services, and 92% have been classified as receiving supplementary or special education services.

Table 6-27 also indicates the proportion of children receiving supplementary or special education services by various child and case characteristics. Significant differences emerged between age categories when looking at special education services alone, as well as supplementary and special education services. Specifically, significantly fewer children currently in out-of-home care between the ages of 3 and 5 with at least one clinical score (10%) have received special education services than 6- to 10-year-olds with at least one clinical score (43%) and children 11 years of age and older with at least one clinical score (47%) ($p<.05$). With regard to supplementary and/or special education services, significantly more children currently in out-of-home care 11 years of age and older with at least one clinical score (98%) have received supplementary or special education services than 3- to 5-year-olds with at least one clinical score (92%) ($p<.05$).

A significant difference emerged between categories of most serious abuse type when looking at special education services only. Specifically, significantly more children with a most serious abuse type of physical maltreatment (58%) have been classified as receiving special education services than children with a most serious abuse type of failure to provide (28%) ($p<.05$). Placement type was significant with regard to supplementary and special education services. Children in kinship care (80%) are significantly less likely to receive these services than children in non-kinship foster homes (96%; $p\leq.01$) and children in group care (96%; $p<.05$).

Table 6-27. Percent of OYFC Children Currently in Out-of-Home Care with at Least One Clinical Score^ Receiving Supplementary or Special Education Services

	Percent (95% CI)	
	Special education services	Supplementary or special education services
TOTAL	**36 (27, 47)**	**92 (87,95)**
Age		
1-2	24(12, 42)	84 (67,93)
3-5	10 (4, 24)	92 (80, 97)
6-10	43 (32, 54)	91 (80, 96)
11+	47 (36, 59)	98 (92, 99)
Gender		
Male	40 (27, 55)	95 (89, 97)
Female	32 (24, 42)	88 (80, 94)
Race/Ethnicity		
Black	36 (27, 46)	88 (76, 94)
White	40 (28, 53)	96 (89, 98)
Hispanic	32 (14, 57)	90 (70, 97)
Other	32 (15, 56)	99 (93, 100)
Placement Type		
Foster home	39 (29, 50)	96 (92, 98)
Kin care	19 (8, 39)	80 (71, 87)
Group home	66 (52, 78)	96 (75, 99)
Most Serious Abuse Type		
Physical	58 (41, 73)	99 (96, 100)
Sexual	44 (28, 61)	95 (67, 99)
Failure to Provide	28 (18, 40)	92 (84, 96)
Failure to Supervise	36 (21, 56)	92 (84, 96)
Other	51 (22, 79)	97 (84, 99)

^ BDI, BINS, CBCL, K-BIT, MBA, PLS-3, SSRS, TRF, VABS

To further examine the effects of the various child and case characteristics on the OYFC child's receipt of supplementary or special education services, four logistic regression models were performed to model receipt of supplementary or special education services as reported by the child welfare worker, current caregiver, and teacher. Because of the differences in measures and services for younger children (1 to 5), they were modeled separately; results appear in ***Table 6-28***.

Children aged 1 to 5 were identified as needing supplementary or special education services if they had one or more score in the clinical range on one of the measures that we judged to be most relevant to school achievement: the BDI, BINS, CBCL, K-BIT, PLS-3, SSRS, or Vineland Screener: Daily Living Skills. In the regression that modeled receipt of special education services, both child age and race/ethnicity are significant. Children aged 1 to 2 are significantly more likely than children age 3 to 5 to receive special education services (OR= 6.57, $p \leq .01$),

Table 6-28. Results of Regressions Modeling Receipt of Supplementary or Special Education Services for Children Currently in Out-of-Home Care With At Least One Clinical Score^ (1-5 years of age)

	Received Special Education Services		Received Supplementary or Special Education Services	
	OR	**95% CI**	**OR**	**95% CI**
Age				
1-2	6.57*	1.53, 28.27	0.50	0.09, 2.75
3-5	*(reference group)*			
Gender				
Male	2.62	0.47, 14.73	2.25	0.69, 7.30
Female	*(reference group)*			
Race/Ethnicity^^				
Black	*(reference group)*			
White	1.29	0.21, 8.07	2.19	0.36, 13.32
Hispanic	9.36*	2.05, 42.77	2.08	0.32, 13.53
Placement Type				
Foster home	5.42	0.84, 34.83	13.91**	3.34, 57.90
Kin Care	*(reference group)*			

*p≤.01, ** p<.001; Cox and Snell pseudo-R-squares are .29 (special education services) and .20 (supplementary or special education services).

^ BDI, BINS, CBCL, K-BIT, PLS-3, SSRS, VABS.

^^ “Other” race/ethnicity not included due to small sample size.

and Hispanic children are significantly more likely than black children to receive such services (OR= 9.36, $p < .01$). The model that included receipt of supplementary education as well as special education services indicates only that children in kinship care are far less likely than children in non-kin foster care to receive supplementary or special education services (OR= 13.91, $p < .001$).

We completed similar analyses (looking at special education services alone, as well as combined supplementary and special education services) for children 6 and older, selected if they had one score or more in the clinical range on the CBCL, K-BIT, MBA, SSRS, TRF, or Vineland Screener: Daily Living Skills. These models are summarized in ***Table 6-29***. In the regression that modeled receipt of special education services, the placement type is significant, with children in group care significantly more likely than children in foster homes (OR = .48, $p < .05$) and children in kin care (OR = .20, $p < .05$) to receive such services. In the regression that

Table 6-29. Results of Regressions Modeling Receipt of Supplementary or Special Education Services for Children Currently in Out-of-Home Care with at Least One Clinical Score^ (6-15 years of age)

	Received Special Education Services		Received Supplementary or Special Education Services	
	OR	**95% CI**	**OR**	**95% CI**
Age				
6-10	0.87	0.42, 1.81	0.24	0.04, 1.34
11-15	*(reference group)*			
Gender				
Male	1.26	0.64, 2.49	5.16*	1.10, 24.21
Female	*(reference group)*			
Race/Ethnicity				
Black	*(reference group)*			
White	0.63	0.26, 1.50	2.37	0.31, 17.94
Hispanic	0.38	0.10, 1.41	1.09	0.14, 8.67
Other	0.65	0.26, 1.61	3.77	0.32, 44.65
Placement Type				
Foster home	0.48*	0.24, 1.00	1.49	0.11, 19.95
Kin Care	0.20*	0.06, 0.71	0.41	0.03, 5.51
Group Care	*(reference group)*			

* p<.05; Cox and Snell pseudo-R-squares are .09 (special education services) and .08 (supplementary or special education services).

^ CBCL, K-BIT, MBA, SSRS, TRF, VABS.

included receipt of supplementary education as well as special education services, only the gender of the child is significant, with boys having a higher likelihood of receiving supplementary or special education services (OR = 5.16, $p < .05$).

6.5 Child Welfare Worker and System Characteristics

Nationally, there is limited information about the characteristics of child welfare workers involved with children at one year after placement into foster care. Their experience, race, education, training, morale, and compensation could all influence the way that they provide services. NSCAW provides a snapshot of who they are.

Although children are likely to have had more than one child welfare worker by the time they have been in foster care for one year, we ascertained the characteristics of their child welfare worker at the time of the baseline data collection. More than half were under 40 years old, 17%

were between 40 and 49 years, and 18% were 50 and over. About 46% were white, 32% black, 11% Hispanic, and 12% identified themselves as *other* race or ethnicity.

To what extent does the race of the child match the race of the child welfare worker?

We also considered the distribution of children across child welfare workers. (Again, children in group care were excluded from these analyses.) ***Table 6-30*** should be read as: 52% of all black/non-Hispanic children had black child welfare workers, 39% of black/non-Hispanic children had white child welfare workers, 4% of black/non-Hispanic children had Hispanic welfare workers, and 5% of black/non-Hispanic children have welfare workers of another race ("other"). Most black and white children had black and white welfare workers, respectively. However, most Hispanic children had white child welfare workers. About one-third of children of "other" races had welfare workers of "other" races and about one-third had white welfare workers.

Table 6-30. A Comparison of the Child Welfare Worker's Race to the Child's Race^

Child race (%)	Child welfare worker race (%) Black	White	Hispanic	Other
Black/non-Hispanic	**52** **(39, 66)**	39 (27, 51)	4 (0.8, 13)	5 (3, 11)
White/non-Hispanic	17 (9, 29)	**64** **(47, 78)**	9 (4, 21)	10 (4, 22)
Hispanic	16 (7, 32)	50 (26, 74)	**19** **(9, 35)**	15 (4, 42)
Other	11 (3, 35)	30 (11, 59)	26 (7, 61)	**33** **(6, 80)**

^ Percentages in bold indicate matches between child welfare worker and child race/ethnicity. Rows may not sum to 100% due to rounding.

Is there a relationship between race and age of these child welfare workers?

Although the relationship displayed in ***Table 6-31*** between the race and the age of the child welfare workers is not significant, white child welfare workers had the highest percentage of workers in the 50-years-and-over age group. In addition, more Hispanic child welfare workers were under 30 than those of any other race group. The majority of child welfare workers in all race groups were aged 39 or younger.

Table 6-31. Race and Hispanicity of Child Welfare Worker, by Age of Child Welfare Worker

	Child welfare worker race			
Age	Black (%)	White (%)	Hispanic (%)	Other (%)
<30 years	27 (18, 38)	31 (23, 41)	43 (24, 65)	27 (16, 41)
30-39 years	39 (27, 52)	28 (21, 38)	29 (12, 55)	51 (40, 62)
40-49 years	22 (16, 31)	16 (12, 21)	18 (10, 31)	9 (6, 15)
50 and over	12 (7, 19)	24 (18, 32)	10 (2, 32)	13 (8, 22)

What is the education level of child welfare workers?

The educational preparation of these child welfare workers varied widely, as indicated in ***Table 6-32***. About 60% had a bachelor's degree, and about 25% of those had their bachelor's in social work. Twenty-one percent had a master's in social work, and 16% had a master's degree in another discipline. The child welfare workers who had a bachelor's or master's in social work training represented less than half (46%) of all those working with these children in foster care. Small proportions of the child welfare workers did not have any college degree or, at the other end of the spectrum, had a higher degree than a master's.

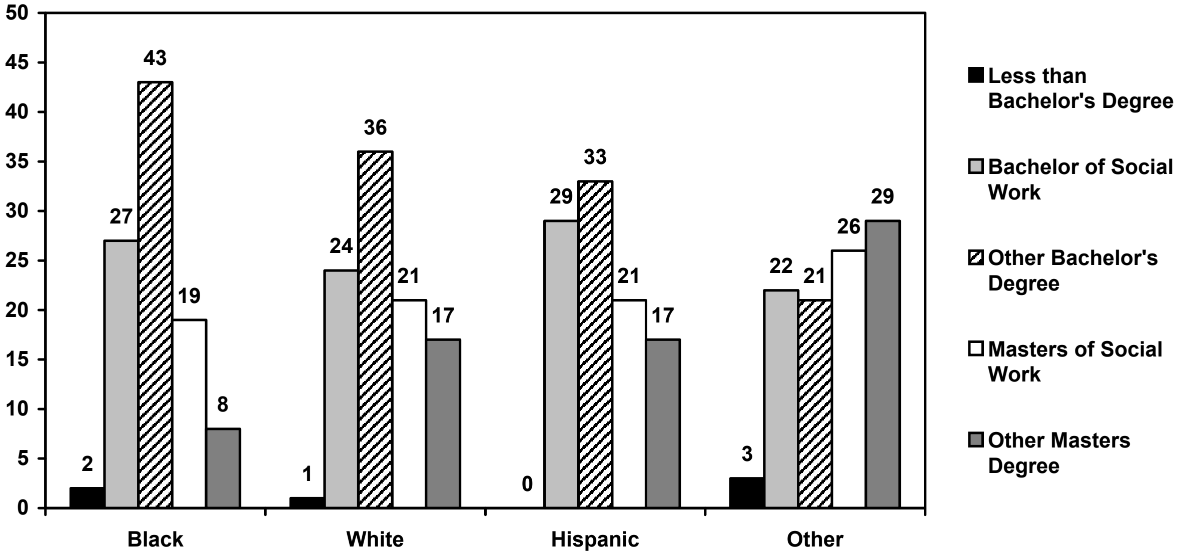
Table 6-32. Child Welfare Worker Highest Educational Degree

Less than bachelor's degree	Bachelor's in social work	Other bachelor's degree	Master's of social work	Other master's degree	Ph.D. or other doctoral degree
2 (0.7, 4)	25 (21, 30)	36 (31, 42)	21 (15, 29)	16 (8, 28)	0.10 (.02, 0.48)

Is there a relationship between child welfare worker's race and education level?

Figure 6-6 indicates that the child welfare worker's race is significantly related to his or her degree (p<.05). Black, white, and Hispanic child welfare workers were most likely to have a bachelor's degree in something other than social work than any other type of degree. Child welfare workers of "other" races were most likely to have a master's degree in something other than social work than any other type of degree.

Figure 6-6. Child Welfare Worker Degree by Child Welfare Worker Race



6.6 Agency Characteristics and Service Delivery

Child welfare services are local in nature and those locations may be significantly related to service configurations. Using information collected in interviews with child welfare managers, we examined a few questions about the relationship between agency and Primary Sampling Unit characteristics and service delivery.

How do case characteristics vary by PSU characteristics?

We looked at several case variables from the perspective of four Primary Sampling Unit (PSU) characteristics to examine variance across PSU types. The case variables analyzed were out-of-home placement type, presence of reunification plans or previous efforts, special foster parent training, number of risks present in the household at time of placement, severity and duration of abuse (SxD score), proportion of clinical scores, overall z-score, and four child welfare worker characteristics: length of service, highest degree, race/Hispanicity, and age. The PSU characteristics compared were administration of the child welfare agency (state or county), PSU size (small/medium or large), urbanicity (rural or urban), and poverty level (poor or non-poor).

For the majority of the variables, no differences emerged across the four PSU characteristics. However, a few variables were notably different based on type of PSU. With regard to the number of risks present in the household at the time of placement, children in rural PSUs had significantly more risks than did those in urban PSUs ($p<.05$). In addition, children in non-poor PSUs had significantly more risks than did those in poor PSUs ($p<.01$).

The other two variables with notable differences were both child welfare worker characteristics—highest degree and race. It seems that county-administered agencies employ child welfare workers with more advanced degrees, as they have significantly more with social work and other master's degrees and significantly fewer with social work and other bachelor's degrees compared with state-administered agencies (p<.001). Although non-poor PSUs have significantly fewer child welfare workers with BSWs, they have significantly more with MSWs, as well as significantly more with other bachelor's degrees. Poor counties have significantly more child welfare workers with other master's degrees (p<.001). Small or medium, rural, and non-poor PSUs were all less diverse than their counterparts with regard to the race of their child welfare workers, as they had significantly fewer black and *other* race child welfare workers than large, urban, and poor PSUs (p<.05, p<.01, and p<.05, respectively). Small or medium and rural PSUs also have fewer Hispanic child welfare workers (p<.05 and p<.01, respectively).

7. Conclusions

We have provided in the preceding chapters a description of the NSCAW OYFC children and families and their experiences in the child welfare system. The sample of children and caregivers obtained in the one year in foster care (OYFC) component of the study appears representative of the entire population of children who have been in foster care for one year. With only these preliminary analyses for this sample component completed, it is not yet possible to draw conclusions sufficient for strong policy or practice recommendations. However, with the data and analyses from the future waves of NSCAW, the project team and the research community will have more solid evidence on which to base such recommendations. The following is a summary of findings and provisional implications for child welfare services.

7.1 Child Characteristics

This report presents substantial evidence that the children who remain in foster care for approximately one year have been seriously abused and neglected, and that they have widespread and substantial developmental disadvantages. Although some of these disadvantages might partially reflect developmental outcomes more frequent among children growing up in families struggling with poverty and substance abuse, the range and magnitude of the developmental risks suggests that the future for these children has been seriously threatened by their experiences to date. Although it is possible that, by the time we assessed the children, their disadvantages might already have been partially diminished as a result of the year of child welfare, health, and mental health services they had received (Horwitz, Balestracci, and Simms, 2001), the finding of such a high prevalence of developmental problems for these children has important implications for the provision of child welfare and allied services.

Child Demographics

The ages of the OYFC children in care are distributed relatively evenly among groups of those who are about 1 to 2 years old (24%), 3 to 5 (17%), 6 to 10 (32%), and 11 to 15 years old (27%). Yet this seemingly even distribution belies the fact that the proportion of children in the sample who are 1 or 2 years old is about twice what it is for children of any other age. This is consistent with other studies of the characteristics of children in foster care and calls for more intensive efforts to address the reasons why such young children enter, and remain in, foster care at such high rates. The population is split evenly between males and females.

The largest racial group for the OYFC children is black (45%); 31% are white, and the remainder are American Indian/Alaskan Native (6%), Asian (2%), or *other* (7%). These percentages differ significantly from the proportion of children of each of these racial groups in the general population, a finding consistent with all preceding descriptions of children in foster care. Hispanic children constitute 17% of the OYFC children; the races of children identified as ethnically Hispanic are 51% white, 6% black, and 43% from the other, smaller racial categories. These proportions resemble those in the Adoption and Foster Care Analysis and Reporting System (AFCARS), which also includes children with shorter and longer stays (***Table 7-1***).

Table 7-1. Comparison of Children in AFCARS and NSCAW OYFC, by Race

	AFCARS^ (%)	NSCAW OYFC (%)
White/non-Hispanic	34	31
Black/non-Hispanic	39	45
Hispanic	17	17
AI/AN non-Hispanic	2	
Asian/PI non-Hispanic	1	
Unknown/unable to determine	7	
Other^^		7

^ Data for Adoption and Foster Care Analysis and Reporting System (AFCARS) represent all children in foster care on September 30, 1999: http://www.acf.dhhs.gov/programs/cb/dis/afcars/cwstats.htm , Oct. 6, 2001.

^^ ”Other” race/ethnicity is an NSCAW category and includes all children not identified as white, black, or Hispanic.

Experiences of Maltreatment Prior to Entering Out-of-Home Care

The available research on populations of children in foster care provides little information about the type, seriousness, and duration of the maltreatment children experience prior to entering foster care. The NSCAW data indicate that the typical child still in foster care at one year has experienced serious, multiple forms of abuse, as well as enduring abuse. Failure to provide typically involved the inadequate receipt of medical, dental, and/or mental health care (about 40% of these failure-to-provide cases involved the failure to seek or comply with medical treatment for potentially life-threatening illness or injury), a lack of adequate food, and a lack of adequate shelter. The high proportion identified as having service needs (rather than more material needs) suggests that the parent’s ability to obtain and use necessary services is critical to resolving these foster care episodes. The child welfare workers report that these services are available, suggesting that the opportunity exists for clients to obtain them.

For those in the failure-to-supervise category, the types of incidents that most often brought children into care to stay for one year include being left unsupervised for various amounts of time, abandonment, the failure to provide adequate substitute care (meaning the parents had left their children with caregivers who posed a risk to the children), and the failure to ensure that a child is playing in a safe area. The service implications for the more serious types of caregiving lapses are unclear, although the one-third of cases that involve inadequate or unsafe care seem most amenable to being addressed by responsive community-based services.

Children who were in care because of physical or sexual maltreatment had, in most cases, experienced serious harm or risk of harm, including a hit or kick to the face, head, or neck or some other body part; burns or scalding; violent handling (pushing, shoving, throwing, pulling, dragging); choking/smothering; and shaking.

Among the children still in foster care at one year for reason of sexual abuse, many had been exposed to very serious sexual abuse. Digital penetration of the vagina or anus, vaginal or anal intercourse, oral copulation, and masturbation with the perpetrator accounted for about 60% of the incidents. For well over one-third (39%) of the children in the sexual maltreatment category, the most serious subtype is fondling or molestation (without genital contact) or another, less severe type of sexual maltreatment, such as exposure to sex or pornography.

We also found multiple types of abuse in well more than half of the cases. Failure to supervise and failure to provide are often accompanying types of abuse. Half of the children with a most serious abuse type of failure to provide also had caretakers who failed to supervise them in some way, while 21% of the children with a most serious abuse type of failure to supervise were also victims of some type of failure to provide. Of children with a most serious abuse type of physical maltreatment, 33% also had caretakers who failed to supervise and 31% had caretakers who failed to provide. Children with a most serious abuse type of sexual maltreatment were especially likely to also experience another of the main types of abuse, as nearly two-thirds were not adequately supervised, 33% were also physically abused, and 22% were not adequately provided for in some way.

We examined the severity and duration (since the onset of the maltreatment) of the most serious abuse both separately and together. We found no significant correlation between the severity score alone and either the proportion of a child's clinical scores or the distribution of standardized scores among the children in our study (as represented by a z-score). Nor was there a significant correlation between the duration since onset of abuse alone and the overall distribution of clinical problems, although there was a significant relationship between the duration of abuse and the proportion of a child's clinical scores. Consistent with other findings that the severity and duration since onset of abuse make a combined contribution to maladaptive behavior, the *combination* of severity and duration has a significant correlation with both the proportion of scores children have in the clinical range and with the overall distribution of clinical problems.

We also considered the relationship between severity and duration of abuse and scores on individual developmental measures by type of abuse. The data show a gradient, with children who were placed into foster care for reasons of failure to provide having the fewest strong correlations with problem scores. The children who had experienced failure to supervise experience a stronger link between the severity and duration of their exposure and their measured developmental outcomes; the children who had experienced physical abuse of the longest severity and duration had the highest clinical scores. (It is unclear where sexual abuse fit on the gradient because of the limited number of cases that had scores on the measures for younger children.)

These findings present a compelling case that foster children are most often there because of prior dire circumstances and experiences in their homes. The multiplicity of abuse experiences, the severity of these types of abuse exposure, and the high levels of problem behavior that they experience identify the significant challenges that foster care providers, child welfare agencies, judges, and policy makers face. The children who have been sexually abused, although few in number, have especially high levels of serious forms of sexual abuse and involvement in other types of abuse. Neglected children, including those who experience failure to thrive and failure to supervise, are the least likely to experience other forms of maltreatment. This may be partly attributable to their younger age. Although researchers do not know how these children differ from children who never entered care or who went home from care, the data do indicate that the overall picture represents children who have experienced broad and pervasive exposure to maltreatment. These are questions that analyses of the NSCAW CPS sample component data will illuminate.

Type of Placement

Overall, the NSCAW OYFC cohort seems to fit squarely within the expected parameters for out-of-home care dynamics. One-quarter of OYFC children who were sampled had already gone home by the time of the interview. This is perhaps attributable to a timely one-year case review hearing followed by reunification. About half of all children either never had a reunification plan or had no current reunification plan. Among all children still in care (i.e., omitting the 25% who had gone home), 58% were in non-kin foster homes, 32% in kinship foster homes, and 9% in group homes. These proportions for kinship and non-kin foster care are identical to those reported in AFCARS for all children in out-of-home care. The proportion in AFCARS reported as in group or institutional care is higher (18%) than in NSCAW, although this could be because their data include children in the later teens; among our older adolescents the proportion in group care is about 18%.

The age characteristics of this population are consistent with those reported in many other studies (e.g., Barth, Courtney, Berrick, & Albert, 1996; Wulczyn, Hislop, & Goerge, 2000), showing that children at all ages are most likely to be in foster homes but that the older children have a greater likelihood than the younger ones of being in group care. Unlike other studies, we found no differences in the presence in kinship care for white children and black children; the proportion of Hispanic children in kinship care was the highest. The similar proportion of white and black children in kinship care could be attributable to the relatively short period that these children had been in care. Previous research would suggest that over time more of the children in kinship care will be black, because their stays in kinship care have been the longest (Courtney, Barth, Berrick, Brooks, Needell, & Park, 1996). White children are more likely than black or Hispanic children to be in group care, which is also typical of other findings (e.g., Barth, Courtney, Berrick, & Albert, 1994; Wulczyn, Brunner, & Goerge, 1999). Children of *other* races are most likely to be in group care, a finding that bears further investigation with the larger NSCAW CPS component data. The findings do not address the contribution that race may make in determining the outcome of remaining in foster care at one year—developing such a finding would require a different research design, one that follows a cohort of children from admission into foster care rather than sampling at one year in care.

Children's Functioning

Data collection for NSCAW includes the most extensive battery of developmental measures ever completed with children in the child welfare system. The power of these findings arises, in great part, from the range of topics covered and by the array of sources of information in the measures. Analyses in this report focused on the standardized measures, which indicate that children in out-of-home care for one year are at serious social and cognitive disadvantage when compared with national norms. Only 34% of the children have no clinical scores on the potential 4 to 6 developmental measures (depending on their age) that they completed, but 35% of the children have 2 or more clinical scores. This is an extraordinarily high prevalence of social or cognitive problems. These findings are consistent with those of other investigators who have also pinpointed high levels of behavior problems among foster children (e.g., Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Courtney & Zinn, 1996).

Children in out-of-home care for one year tend to fall marginally below the norm compared with the general population on nearly every measure, including those for cognitive capacities, language development, and academic achievement. These apparent cognitive vulnerabilities are consistent with other research (e.g., Bolger and Patterson, 2001) and, because of the magnitude of the difference from the norms, not fully explainable by previous findings that somewhat lower scores are overrepresented among poor children (Duncan and Brooks-Gunn, 2000; Parke, 2000). OYFC children have particularly low social skills, with almost two-fifths rated as having "fewer social skills." Many also have less than adequate daily living skills, with almost one-fifth rating low. The poor performance on social and cognitive measures is pervasive and is demonstrated by children in kinship care, foster care, or group care. Although children in group care tend to have a higher proportion of social and cognitive problems, as do children with sexual abuse as the most serious type of abuse, this may be attributable to the older ages of the children who have been sexually abused or in group care rather than to a decision making process that funnels more difficult children into group care for treatment. At younger ages, equally difficult children are in all forms of out-of-home care.

We cannot determine with the OYFC data whether the generally poor social and cognitive functioning of these children differs at the time of the assessment from what it was at the time the children entered foster care. The limited number of studies of foster care that do have developmental measures suggests that children in foster care generally receive some developmental benefits (see, e.g., Fanshel and Shinn, 1974; Wald, Carlsmith, and Leiderman, 1988; Taussig, Landsverk, and Clyman, 2000; Horwitz, Balestracci, and Simms, 2001), which argues that the developmental status of these children is not likely to have worsened since entering care. To assess changes in performance for children in foster care, we will examine at entry and at 18-month follow-up those children who entered foster care from the NSCAW CPS sample component.

The transition from child abuse to delinquency has been described by several investigators (e.g., Jonson-Reid and Barth, 2000; Maxfield and Widom, 1996), although none has had measures of delinquent behavior during foster care. In this study, caregiver-reported and self-reported delinquency levels vary by placement type. Non-kinship and group home caregivers report clinical/borderline delinquent behavior in approximately 50% of the children compared with only 12% of kinship caregivers. Self-reports of clinical/borderline delinquent behavior are lower than caregiver reports, in general, but are consistent with the patterns reported by caregivers: they are highest for children in group home care (27%) compared to children in non-kinship and kinship foster care (10% and 4%, respectively).

These results also yielded some potentially positive findings. Contrary to our predictions that these children would have high self-reported depression scores due to the upheaval in their lives, this is not necessarily the case. Clinical levels of depression varied with the instrument used, with rates reported on the CDI being somewhat lower and rates on the YSR somewhat higher than national norms. This positive finding may be attributable to the insensitivity of the CDI to children's sense of well-being in a more protective environment, to the difference in age ranges for the two measures, to a desire of youth to indicate how well-adjusted they are, or to some other unmeasured contributors. As predicted by the those who argue that children in kinship care experience greater comfort than children in non-kinship care (e.g., Needell and Gilbert, 1997), children in kinship foster care reported less depression than children in non-kinship foster care on the CDI. On the YSR *Depression* subscale, there was not a significant association between depression and placement type. Additionally, on the YSR, children reported more depression than the normative sample.

7.2 Current Caregivers Characteristics

Current caregivers of OYFC children are substantially older than American parents in general. Thirty percent are aged 50 or over. Most strikingly, a total of 11% are aged 60 or over, and another 19% are between 50 and 59 years old. In contrast, in the Urban Institute's National Survey of America's Families, only 2% of parents in all households are older than 54. Also in contrast with the general population, a relatively smaller proportion (24%) of caregivers of OYFC children are younger than 35; among the general population of America's families, the proportion younger than age 35 is 41%. Group home caregivers are much younger than other caregivers as more than three-quarters (76%) of the group caregivers are under 40. Of the kinship and non-kinship foster caregivers, older caregivers reported better mental health, while younger caregivers reported better physical health. Many of the kinship caregivers had only been caring for this child for one year. Other findings suggest that the role of fulltime caregiving can become quite demanding after a time (Bowers & Myers, 1999; Caputo, 2001), so some changes in this level of well-being might be expected in the next wave of data collection.

Non-kinship foster caregivers tend to have more experience as foster parents than kinship caregivers. More than half of kin caregivers have a year or less experience, whereas more than one-third of non-kin foster caregivers have six or more years of experience. This evinces the potential value of accessible support and training for kinship caregivers.

Compared to all parents, foster caregiving and kinship caregiving parents are far less likely to be white. Only 36% of foster care and kinship caregivers are white. The largest group of foster care and kinship caregivers is black. Another 15% of current caregivers are Hispanic; the remaining 7% are of other races or ethnicities. The racial and ethnic makeup of group caregivers is different from foster and kinship caregivers. Almost half (49%) of group care staff interviewed in this study are white, 33% are black, 10% are Hispanic, and the remaining 8% are of other races or ethnicities. Most kinship and non-kinship caregivers are women (90% and 97%, respectively) compared to 75% of group caregivers.

The majority of kinship and non-kinship caregivers are married (55% and 73%, respectively). Kin are far more likely to have never been married (18% vs. 9%) or to have been divorced, widowed, or separated (28% vs. 18%). In their marital status, group caregivers are different from their foster care counterparts—the largest percentage of group caregivers (56%) have never been married; with 31% currently married, 4% widowed, and 9% divorced. Thus group caregivers are younger and less likely than foster care providers to have experienced marital family life.

Kinship and non-kinship foster parents generally have low educational attainment. In particular, higher proportions of non-kin caregivers have a GED or higher; about twice as many kin caregivers than non-kinship caregivers have no degree. More than half of kinship and non-kinship foster parents work full- or part-time, with no significant difference in employment status between kin and non-kin caregivers. Group caregivers are, generally, more educated than foster or kinship foster parents, with almost two-thirds (63%) holding a bachelor's degree or higher. In making comparisons to educational levels in households nationally, group home caregivers differed from other households more than kinship or non-kinship caregiving households in that they almost always have at least a high school diploma or GED and usually have more than a high school education. Kinship and non-kinship households are also at lower income levels than most U.S. households. Fifty percent of families in the U.S. earn $50,000 or more annually (U.S. Census Bureau, 2001), while only approximately one-third of kinship and non-kinship households earn this amount. More kinship caregivers tend to have lower incomes than non-kinship caregivers, with 41% having incomes under $25,000, compared with only 21% of non-kinship households.

The low education and income levels of kinship foster parents suggest that the growing concerns about the educational underachievement of foster children are not going to be easily remedied, since so many foster children live in homes with relatively few educational or other resources. The relatively high educational levels of the group caregivers—although very likely not fully representative of all group care providers, because the key respondent is likely to have been a leader in the facility—suggest that there may be a way to draw on the strengths of these personnel to partner with other less educated caregivers of children in out-of-home care.

Children in non-kin foster homes are likely to live in households with more family members than American children typically do—about one in three children in non-kinship care lives in a household with five or more children. Non-kin foster homes with five or more children are, however, the most likely of all caregiving households in the study to have two parents, and almost half of the mothers in these larger foster homes remain at home full-time. The high proportion of children living in foster care with five or more children in the household is striking and not previously reported. Although nearly half of these larger households have a "stay-at-home mom," this is still something that needs more understanding, because these homes are now so different from those of the typical family. Perhaps these homes are a form of small group home, and child welfare services are developing a hybrid between foster homes and group homes. This possibility, and its implications for children's care, deserves further review.

7.3 Children's Experiences in Foster Care

Environment the Children Live In

Assessments of the physical environment of kinship and non-kinship homes, using the HOME-SF observation items, show that the difference between kin and non-kin caregivers is not significant for any individual physical environment indicator. The total mean physical environment score is, however, significantly higher among kin caregivers. In addition, kin appear to rate higher on emotional responsiveness and are not very different from non-kin on cognitive stimulation or in punitiveness. The finding that kinship environments are at least as positive as foster home environments, and possibly more positive, is a significant finding that runs counter to some conventional wisdom. It contrasts too with the finding that kin have somewhat lower incomes.

In examining the association between caregiver characteristics and caregiver behaviors, as measured using the HOME-SF, black caregivers obtain significantly lower scores on cognitive stimulation and emotional responsiveness. This finding is likely to be more attributable to the greater poverty in which African-Americans live than to cultural characteristics of black caregivers, although both may be influences (Bradley, Corwyn, Burchinal, McAdoo & Cool, 2001). Caregiver age is not consistently related to the provision of cognitive stimulation or emotional responsiveness.

Caregivers also reported on the environments surrounding the residences in which OYFC children live. In general, the community environment does not differ among types of placement, although comparisons show that kin caregivers have significantly more concern about the safety of their neighborhood and how their neighborhood compares with others than non-kin caregivers; group care providers have the most positive view of their surrounding community.

The findings, based on HOME-SF observations and children's self-report, show that children and youth report relatively positive and close relationships with kinship foster parents and non-kin foster parents that have some punitive elements but are generally perceived—by the children—as caring. Some of the findings slightly favor the conclusion that children prefer kinship care to non-kin foster care. The results appear less positive for group care, although some comparisons were impossible because of the relatively small sample of children in group care. All of these findings must be understood as being somewhat speculative because children are not randomly assigned to kinship, non-kinship, and group care.

Analysis of children's exposure to maltreatment and violence by their current caregiver indicates that a small proportion of children may be experiencing harsh discipline but that most are experiencing more routine forms of care in non-kin foster homes and kinship care settings: For example, 10% to 14% have seen someone get yelled at or have been yelled at by their current caregiver; and approximately 4% or fewer have observed a theft, an adult point a knife or gun at someone, an arrest, or a shooting. Children in kinship and non-kinship foster care experienced similar levels of these incidents.

Although the statistical analysis endeavors to control for important background characteristics like age and most serious type of abuse, there are very possibly other unmeasured and uncontrolled differences in children who enter each type of setting that could explain the differential response to kinship care, non-kinship care, and group care. These findings challenge child welfare services to look further for alternatives to our conventional ways of providing out-of-home care.

Children's Perceptions and Expectations

Children appear to find some basis for optimism in their new caregiving environments. More than half report that their new schools and neighborhoods are better than before. Half think they would like their current home as a permanent home and the majority report their belief that their family circumstances will improve.

Children in group care are the least likely to hold these optimistic beliefs and least likely to have positive responses to their current living arrangement. This may occur because the group care children tend to be older and to have more serious behavior problems, or it may be due to the nature of group care—or both. Further analysis of the interplay between social and cognitive problems and attitudes about out-of-home care settings would be helpful.

Older children gave their views about their current living situation, where they would live in the future, and their biological parents. Most children (60%) reported seeing their biological mothers twice per month or less, and most children desired more contact with their mothers. Almost three quarters (73%) reported seeing their biological fathers twice per month or less; 60% desired more contact with their fathers. Most children (77%) reported wanting more contact with siblings and frequently missing their family. Over half (56%) of the children saw their siblings less than once per month. Very few children reported avoiding family visits and most were quite happy following their visits. Approximately one-third of children reported that visits were frequently cancelled.

High endorsements of items related to permanency suggest that children in foster care do seem to feel some sense of permanence even in the midst of enormous upheaval. Most children appear to view their living situations positively—they like living with the people they are living with and are positive about their new neighborhoods and schools—even while hoping for reunification with their families. Children in group care did have a somewhat lower mean score on the permanency measure and appear to be different in several ways. They are far more likely than those in kinship care to report that they do not like the people with whom they are living. They are more likely to report never seeing their biological father or mother. Children in group care are also more likely to report visits being cancelled.

Compared with children in non-kin foster care, children in kinship foster care placements tend to report more parental emotional support and somewhat more structure. One primary factor in this difference, however, is the secondary caregiver. Overall, OYFC children tend to feel at least slightly closer to their secondary caregiver, who is most frequently male (foster father, uncle, or grandfather). Children in foster care for one year do tend to report feeling less close to their caregivers than children in the nationally representative Adolescent Health (Add Health) sample. Yet OYFC children tend to work on school projects and talk about personal problems and school issues with their primary caregivers more often than do adolescents in the general population.

In general, children in out-of-home care appear to be troubling to their caregivers and teachers, but do not report being particularly troubled about their own lives. Their internalizing scores on the Child Behavior Checklist (CBCL) and Youth Self Report (YSR) are not very high, on average; their depression scores on the CDI are rarely in the clinical range, and their reports of comfort with their living arrangements are very high. On the placement satisfaction scale, OYFC children indicate on average that their contentment with their current living situation is 8.99 on a 10-point scale. These findings are consistent with those of other investigators who report that the experience of being taken into out-of-home care is often very difficult for them, but the experience of living in foster care is generally positive (Barth, 1990; Johnson & Voss, 1995).

The one exception to the relatively positive reports on their residence comes from those children living in group home care—who are also older than the other children. This may be partly attributable to the group care environment having fewer negatives but fewer positives as well. There are not options for long-term stays—that is, making this a permanent home—and few of the positive experiences of family life, such as feeling close to a few people whom you get to know and care for over a long period of time. The negative findings about the experiences of group care—including high rates of running away—call into question why group care continues to be such a commonly used approach in providing out-of-home care.

7.4 Service Needs and Receipt

Risk Factors and Initial Services

Although the data available for this report contained only a limited set of risk factors (e.g., parental substance abuse was not included), analysis of family risk factors present prior to placement show that these risk factors are not significantly related to the race of the child, most serious type of abuse, or placement type. However, low social support, a history of abuse by the primary caregiver, and prior reports of maltreatment are significantly related to child age. Older children (aged 11 and over) appear more likely to have had prior reports of maltreatment and to have not had a second supportive caregiver present; families with young children (1 to 2 years old) are most likely to have had low social support.

Child welfare workers indicated substantial unmet general needs for biological families, with over three-quarters of families needing income assistance, Medicaid, mental health, alcohol or drug treatment, or day care services. Mental health and alcohol and drug treatment services were the two services most likely to still be needed even though there had been a referral for them. This was primarily because parents refused the service. Child welfare workers rarely reported other logistical reasons for failure to use a referred service. Nonetheless, the vast majority of those perceived to have a drug or alcohol problem did obtain a formal assessment. Among those primary caregivers who obtained a formal assessment for either a drug or alcohol problem, 83% were found to have a serious or moderate impairment.

Many biological families had received child welfare services to prevent the placement of this child. Fifteen percent of families received intensive family-preservation services. Another 16% received other home- or community-based services, and 52% received non-intensive monitoring at home. Relatively few (less than 20%) received respite, parent aide, home management, and home repair services. The most commonly needed general services for which permanent primary caregivers were referred, prior to placement, were income assistance, housing, substance abuse, and mental health services.

Reunification and Adoption

Child welfare workers were asked if children then in an out-of-home placement had a current case plan to be reunified with someone in their family. There is a current plan for about one-quarter of the children who have been in foster care for one year. About one in twelve children had never had such a plan, but the majority had plans that had since ceased.

The youngest children appear to have fewer reunification plans than the children in the older age groups. This is consistent with foster care caseload dynamics research, indicating that younger children are much more likely to have reunification plans changed to adoption (Barth, 1996). Because the interviews occurred after one year, many children had already completed their permanency hearings, thus some reunification efforts would have ceased. Similarities in the presence of reunification plans for black, white, and Hispanic children are consistent with recent evidence that black children are beginning to have more equal access to reunification (Wulczyn and Brunner, 2002). There are no major differences between children in kinship and non-kinship care related to the proportion with reunification plans (although children in group care have the highest proportion of reunification plans). Children with a most serious abuse type of failure to supervise are more likely than children with a most serious abuse type of failure to provide to have a current reunification plan (or completed reunification).

We examined the risks present in the child's home at the time of placement to see if these appeared to be related to whether the child currently has a reunification plan (or completed reunification). The percentage of children with a current reunification plan or completed reunification does not appear to vary depending on the risks present, with the possible exceptions of those children whose caregivers did not cooperate with the authorities and those children whose permanent caregiver was a victim of abuse. These children may have somewhat lower rates of reunification.

These findings are the first from a national study following the passage of the Adoption and Safe Families Act (ASFA). They indicate that most children continue to get reunification services, which often are multi-pronged, reaching out (at least at first) to multiple family members. That only 25% of children had a reunification plan at the time of the child welfare worker interview suggests that the one-year time limit on reunification is observed. Having so few extensions of reunification plans beyond the expected 12-month time frame is in keeping with the allowance and intent of the law.

Children in group home care have different reunification patterns than other children. These children and their families are different in other ways as well; the children are more likely to be white, to have been alleged to have emotional maltreatment, to have experienced sexual abuse, and to have substantial mental health problems. It is intriguing that children in group care are the most likely to have a reunification plan. This might well indicate that these children are in group care for different reasons than children who are in non-kin foster homes or kinship foster care.

Although all of the children in group care were identified by child welfare agencies as having entered care for reasons of abuse and neglect (and not simply for mental health treatment), there seems to be little involvement of these children with adoption or other alternative permanent plans. The young adolescents in our sample, whether in group care or not, tend to have different characteristics (including a greater extent of clinical problems) and patterns of care. Evidence from other sources (e.g., Wulczyn, Hislop, & Goerge, 2000) suggests that young adolescents are among the largest groups of children entering child welfare supervised out-of-home care, and this is particularly true in rural areas. The findings here provide some confirmation that adolescents who enter child welfare supervised out-of-home care are not uncommonly from a different population of children than other children receiving child welfare services.

Although questions for the caseworkers regarding adoption plans for OYFC children were reserved for the second wave of data collection, this first wave of data collection did include questions for foster parents regarding their feelings about adopting the children in their care. The majority of foster parents (68%) have considered adopting the child if that becomes an option in the future. The most common factors contributing to the foster parents' desire to adopt are their feelings of love and affection for the child and the feeling that the child is part of their family. The most common factor discouraging those foster parents who have considered adopting the child from wanting to do so is that the biological parents' rights have not been relinquished or terminated; however, almost one-fifth of these foster parents identify no factors discouraging them from adopting. The majority (85%) of foster parents who have considered adopting the child have spoken to their caseworker about this, and 89% of those who have spoken to their caseworker indicate the caseworker's response to be encouraging or strongly encouraging.

Services to Children

Child welfare workers report referring children in need of various services from 40% to 100% of the time. When children in need were not referred, the most commonly cited reason is that the children were already receiving these services, although a sizable proportion had some "other unspecified reason." Rarely does the child welfare worker indicate that a child was not referred because services were unavailable in a particular geographic area, could not be financed, or because the child was ineligible for the service.

Child welfare agencies provide a range of direct services to families, in concert with mental health and other service partners, to try to prevent placement and achieve the reunification plans described above. For many children and families, services begin well before this involvement with out-of-home care. Prior to coming to the placement that they were in at the time of this survey, children had significant involvement with other children's services. About 23% had received some form of specialty mental health services in the past 12 months, including outpatient therapy, day treatment, and hospitalization. Significantly more children with a borderline or clinical score on the CBCL had received specialty mental health services than children without such a score, but no more than 43% of children with a clinical score had received such services in the past 12 months. Receipt of specialty mental health services was clearly and systematically associated with the children's proportion of clinical scores. Multivariate modeling indicated that white children, children in group care, and children with a higher proportion of clinical scores were far more likely to receive specialty mental health services.

Over one-third of the children who have been in foster care for one year and who have a clinical score on at least one of the examined measures have begun receipt of special education services. Bivariate analyses reveal that significantly fewer children between the ages of 3 and 5 with at least one clinical score have received special education services than children in older age groups with at least one clinical score. In addition, bivariate analyses indicate that significantly more children with a most serious abuse type of physical maltreatment have received special education services than children with a most serious abuse type of failure to provide. A logistic regression that modeled school-aged children receiving special education services and controlled for age, gender, race/ethnicity, and placement type indicated that children six and older in group care are significantly more likely than children six and older in non-kinship foster care or kinship care to receive such services. When looking at young (aged 1 to 5) children, children in the 1- to 2-year old category are significantly more likely than children aged 3 to 5 to receive special education services. In addition, young Hispanic children are significantly more likely than young black children to receive such services.

A broader analysis, which included receipt of supplementary education services (i.e., services like assessment, tutoring, and counseling) along with special education services, revealed an exceptionally high level of such services among children with a clinical score who have been in foster care for one year—92% of this population has received supplementary and/or special education services. Logistic regression performed on the subpopulation of school-aged children indicated that females six and older are far less likely than males six and older to receive supplementary and/or special education services. For young children residing in kinship care, the likelihood of getting supplementary or special education services is far lower than it is for young children in non-kinship foster care.

Child Welfare Workers and System Characteristics

Several specific descriptors of child welfare service providers were collected. Most child welfare workers are relatively young, with more than half under 40 years old. About 46% are white, 32% are black, 11% are of Hispanic ethnicity, and 12% identify themselves as *other*. Child welfare workers carrying these cases have a wide variety of training, but fewer than half have bachelor's or master's training in social work. Child welfare workers are more likely to have a Bachelor's degree in something other than social work than any other type of degree. Given the difficulties that this report has identified among children in foster care and the variety of caregiving characteristics and configurations that must be accommodated, the lack of advanced education and training received by the child welfare workers of these children is troubling.

Child welfare workers and advocates often suggest that matching the race of children to that of the workers serving them will result in services that better take into account the cultural norms of the children and families who are served. Black children were served by black child welfare workers in almost half of the cases, white children were served by a white child welfare worker 60% of the time, but Hispanic children were served by a Hispanic caseworker only 22% of the time. Although there appears to be consensus that culturally competent services are important, as is advanced training, there has been little discussion of the merits of the current configuration of the child welfare workforce. Perhaps a more complete analysis of the plentiful data on child welfare worker characteristics, experiences, and attitudes (largely unanalyzed in this report) could contribute to that discussion. Child welfare services are delivered locally, and these locations may be significantly related to service configurations. Using information collected in interviews with child welfare managers, the researchers examined a variety of questions about the relationship between agency and primary sampling unit (PSU) characteristics and service delivery, including the following:

- administration of the child welfare agency (state or county),
- PSU size (small/medium or large),
- urbanicity (rural or urban), and

- poverty level (poor or non-poor).

We examined many service delivery characteristics across these types of agency settings but found only a few significant differences. With regard to the number of risks present in the household at the time of placement, children in rural PSUs had significantly more risks than did those in urban PSUs. Yet children in non-poor PSUs had significantly more risks than those in poor PSUs. This suggests a different threshold for placement in non-poor and rural PSUs — perhaps cases have to be more severe to get placed in rural areas (where there are fewer resources) and receive more preplacement preventive services in non-poor communities, which can more readily afford them. The other two variables with notable differences were both caseworker characteristics—their highest educational degree and their race. County-administered agencies appear to employ caseworkers with more advanced degrees than do state-administered agencies. Non-poor PSUs have significantly more caseworkers with MSWs and significantly more with other bachelor's degrees; poor counties have significantly more caseworkers with other master's degrees. Small or medium, rural, and non-poor PSUs are all less diverse than their counterparts with regard to the race of their caseworkers. In the data, these small or medium, rural, and non-poor PSUs also have less ethnically and racially diverse clientele.

7.5 Summary

Overall, this study finds a child welfare system that seems to be operating roughly in accordance with timelines and caring for quite troubled children and youth, with caregivers and child welfare workers who are diverse but lack much formal training or education in the work they are doing. Out-of-home placements—either with kin or non-kin—are experienced by the children and youth as benign, with the exception of group home care, which is not favored. For children in foster care at one year, the picture is dominated by infants and adolescents who came into care because they were neglected. Reunification plans for younger children have largely stopped by this one-year mark; for adolescents, however, they have not.

This snapshot suggests the importance of continuing to follow the life course of these children to better understand whether these threats to their well-being and high levels of developmental difficulties will manifest themselves in greater problems or will be mitigated. Taken together, children one year in out-of-home care have substantial social and cognitive impairments—in each type of setting that they are in. Although this study cannot assess the capacity of out-of-home care providers to meet the needs of their children, the relatively large family sizes, low income and education, and older age of the caregivers suggest that these homes will require considerable support in order to help generate these important gains. These findings call for additional commitments to developing intervention approaches that help children in out-of-home care to achieve normative developmental outcomes (e.g., Fisher, Gunnar, Chamberlain, and Reid, 2000). The needs of these children and the fact that one year in foster care has not brought them even close to alignment with normative expectations is compelling evidence that their developmental needs are an appropriate focus for additional planning and services.

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Appendix A

Measures Used in the NSCAW

Battelle Developmental Inventory (BDI)

The BDI (Newborg, Stock, Wnek, Guidubaldi, & Svinicki, 1984) was used to assess development in children aged three years and younger. The instrument is designed to evaluate five domains of development for children birth to eight years: cognitive, adaptive (self-help), motor, communication, and personal-social; for this study only the cognitive domain was administered. The cognitive domain measures skills and abilities that are conceptual in nature. There are four subdomains: perceptual discrimination, memory, reasoning and academic skills, and conceptual development. The normative sample was composed of more than 800 children, with approximately 100 in each year age group. A total of 75% were from urban areas; 50% were male; and 84% were white, with the remaining 16% being of other ethnicities. Test-retest reliability reliability ranges from .90 to .99. For concurrent validity, correlations between the 10 BDI components and the Vineland Social Maturity Scale (VSMS) range from .79 to .93 (Newborg et al., 1984).

Bayley Infant Neurodevelopmental Screener (BINS)

The BINS is a screening tool to identify infants between the ages of 3 and 24 months with developmental delays or neurological impairments for further diagnostic testing. It has four conceptual assessment areas: *Basic Neurological Functions/Intactness* (of the infant's central nervous system), *Receptive Functions* (sensation and perception), *Expressive Functions* (fine, oral, and gross motor skills), and *Cognitive Processes* (memory/learning and thinking/reasoning) (Aylward, 1995).

The BINS was standardized with a nonclinical and clinical sample. The nonclinical sample consisted of 600 infants with a normal length of gestation (38 to 42 weeks) and no prenatal, perinatal, or neonatal medical complications. This sample was stratified on age, race, gender, geographic region, and parent education level; it is representative of the U.S. population according to the 1988 update of the U.S. Census. The clinical sample was composed of 303 infants from clinics across the nation that deal with infants with neurodevelopmental problems. Most infants had more than one medical complication (Aylward, 1995).

Internal consistency was acceptable as indicated by Cronbach's alpha ranging from .73 to .85 for the various age groups. Inter-rater reliability was higher at older ages, as indicated by .79 for 6 months, .91 for 12 months, and .96 for 24 months. Construct validity was moderate, as evidenced by correlations with the *Mental Development* (.63) and *Psychomotor Development* (.47) indexes of the Bayley Scales of Infant Development—Second Edition (BSID-II) and the BDI at 12 months for the *Communication* (.50), *Cognitive* (.51), and *Motor* (.50) domains (Aylward, 1995).

Child Behavior Checklist (CBCL)

The CBCL was "designed to provide standardized descriptions of behavior rather than diagnostic inferences" (Achenbach, 1991a, p. iii) about competencies, problem behaviors, and other problems. Items are on a 3-point Likert-type scale (0 = not true, 1 = somewhat or sometimes true, and 2 = very true or often true). It contains 100 items for 2- to 3-year-olds and 113 items for 4- to 18-year-olds. The problem scale is composed of eight syndromes (*Withdrawn*, *Somatic Complaints*, *Anxious/Depressed*, *Social Problems*, *Thought Problems*, *Attention Problems*, *Delinquent Behavior*, and *Aggressive Behavior*) and an *Other Problems* category (26 items for the 2- to 3-year-olds and 33 items for the 4- to 18-year-olds). Behaviors are also categorized as *externalizing*—containing the *Delinquent* and *Aggressive Behavior* syndromes—or *internalizing*—containing the *Withdrawn*, *Somatic Complaints*, and *Anxious/Depressed* syndromes. A *Total Problems* score may be derived from the total of the syndromes and *Other Problems* items (Achenbach, 1991a).

The problem syndromes were normed by gender and age, using a nationally representative sample of 2,368 children aged 4 to 18 years old who had not received mental health services or special remedial school classes in the previous 12 months (Achenbach, 1991a).

Cronbach's alpha for the different samples ranged from .54 for *Sex Problems* for 4- to 11-year-old females to .96 for *Total Problems*. Very high inter-rater reliability was found as indicated by an intraclass correlation coefficient (ICC) of .96 for the problem items. Construct validity is good, as the problem syndromes correlate fairly well (.59 to .88) with similar scales from other instruments (Parent

Questionnaire, Quay-Peterson Revised Behavior Problem Checklist, and ACQ Behavior Checklist) (Achenbach, 1991a).

Children classified as having clinical/borderline problem behaviors had scores 60 and above for *externalizing*, *internalizing*, and *Total Problem* behaviors. These cutoffs were the same for the 2- to 3- and 4- to 18-year-olds.

Children's Depression Inventory (CDI)

The CDI measures depression by asking various questions of children aged 7 to 17 about their engagement in certain activities or their experience of certain feelings (e.g., sad, enjoy being around other people). The CDI contains 27 items, each with a 3-point Likert-type scale (0 = absence of symptom, 1 = mild symptom, and 2 = definite symptom) that addresses a range of depressive symptoms as indicated by five factors: *Negative Mood*, *Interpersonal Problems*, *Ineffectiveness*, *Anhedonia*, and *Negative Self--Esteem*. The normative sample consisted of 1,266 Florida public school students aged 7 to 16 (Kovacs, 1992).

In studies conducted from 1983 to 1991, internal consistency has been good, with Cronbach's alpha ranging from .71 to .86. Alpha for the five factors range from .59 to .68—suggesting that the subscales are not robust. Test-retest reliability has ranged from .38 to .87 depending on the time interval and sample. Studies (cited in Kovacs, 1992) have established concurrent validity with the Coopersmith Self-Esteem Inventory (-.72 for girls and -.67 for boys), Center for Epidemiological Studies Depression Scale (.44), and Social Adjustment Scale-Self-Report (.50). Although discriminant validity results have been mixed, significant differences were found between normative and clinical groups (Kovacs, 1992).

Children were classified as depressed if they fell at or above the 91st percentile for their age and gender group. This clinical cutoff is based on the CDI normative sample's rates of depression in the CDI manual (Kovacs, 1992).

Home Observation Measure of the Environment—Short Form (HOME-SF)

The HOME measures the quality and quantity of stimulation and support in the home environment of children from birth to 10 years (Bradley, 1994; Bradley, Corwyn, Burchinal, McAdoo, and Coll, 2001). The number of items ranges from 20 to 24, depending on the age of the child. Items address the mother's behaviors toward the child and various aspects of the physical environment (e.g., safe play environment, size of living space), asking whether these conditions exist, do not exist, or were not observed. Although the observer's presence may influence the parent-child interaction, the duration of the caregiver interview increases the likelihood that any such alteration in behavior will be reduced, for the mother will have more difficulty inhibiting her usual reactions over this extended period (Caldwell, Bradley, & Staff, 1979).

The initial normative sample was composed of 174 infants (aged 4 to 36 months) and 117 preschoolers. Since then, the HOME has been adapted for many national studies, although national norms have never been established. The version this study duplicates is the shorter version of the HOME used in the National Longitudinal Survey of Youth (NLSY), a study that includes many low-income families. Reference to the NLSY scores is most useful for interpreting these NSCAW OYFC scores (e.g., Center for Human Resource Research, 1999). In keeping with Bradley's designation, this measure is labeled as the HOME-SF in this report.

Estimates of internal consistency have been greater than .80 for total scores, whereas coefficients for subscales range from .30 to .80. When percentage has been used to measure inter-observer agreement, levels have always been at least 85%. When a coefficient has been used to measure agreement, the coefficient was at least .80 (Bradley, 1994). No independent tests of inter-observer agreement were conducted for this study.

Kaufman Brief Intelligence Test (K-BIT)

The K-BIT is a brief, individually administered measure of verbal and nonverbal intelligence for children, adolescents, and adults, ranging in age from 4 to 90 years. *Verbal* items assess word knowledge and verbal concept formation. *Matrices* (nonverbal) items assess ability to perceive relationships and complete analogies. The normative sample was composed of a nationally representative sample of 2,022 people aged 4 to 90 years tested at 60 sites in the United States. The sample was stratified based on gender, geographic region, socioeconomic status, and race/ethnicity. Children aged 4 to 16 made up 66% (1,342) of the sample (Kaufman & Kaufman, 1990).

Internal consistency for the *Vocabulary* subscale was high for 4- to 19-year-olds, ranging from .89 to .98, and moderate for *Matrices*, ranging from .74 to .95. Test-retest reliability for 5- to 12-year-olds was good for *Vocabulary* (.86) and moderate for *Matrices* (.83). Test-retest reliability for 13- to 19-year-olds was higher for *Vocabulary* (.96) and moderate for *Matrices* (.80) (Kaufman & Kaufman, 1990).

Limited Maltreatment Classification System (L-MCS)

In the present study we used a modification of the Maltreatment Classification System (MCS: Barnett et al, 1993) to capture information about the report of alleged maltreatment that preceded the investigation that triggered the child's entrance into the study. Although the MCS was designed for case record reviews, in this study we collected data about maltreatment in an interview with the child welfare worker who knew the most about the investigation and had immediate access to case record materials. Although the MCS gathers information about all types of maltreatment and then classifies each of them according to severity, this was not feasible in an interview setting because of interview length. Data was collected about all the types of maltreatment that had been recorded in the allegation, but the one that was judged to be most serious was the only one coded in greater detail. For this type of maltreatment, the onset was recorded and the severity was rated (on closed ended scales provided by the MCS and modified by the investigators to create 5-point scales for each) from 1 (least) to 5 (most). The investigators also added examples of parameters of maltreatment that could anchor each of these scale points. These were based on the instructions to the coders of the case materials. Thus the MCS-L offers four dimensions of maltreatment, the number of types, the combination of types, the severity of the most serious type, the onset of the maltreatment, and who was responsible for the maltreatment.

Parent-Child Conflict Tactics Scale (CTS-PC)

The CTS-PC's theoretical basis is conflict theory, which assumes that conflict is an inevitable part of all human association, whereas physical assault as a tactic to deal with conflict is not. CTS-PC uses an 8-point Likert-type scale (1 time, 2 times, 3 to 5 times, 6 to 10 times, 11 to 20 times, more than 20 times, not in the past 12 months, never) to measure frequency and extent to which a parent has carried out specific acts of physical and psychological aggression (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). This measure consists of three subscales that assess *Nonviolent Discipline*, *Psychological Aggression*, and *Physical Assault*. Two additional supplemental subscales measuring *Neglect* and *Sexual Abuse* (total 22 items) were available but not administered on NSCAW.

The CTS-PC was tested on a nationally representative sample of 1,000 U.S. children. Internal consistency was marginal, as indicated by Cronbach's alpha ranging from .55 (*Physical Assault*) to .70 (*Nonviolent Discipline*). Construct validity for the CTS-PC has been moderate, with correlations of -.34 between *Corporal Punishment* and *child's age* and lack of significant correlations with *Child Age* and *Severe Assault* (-.06). Analysis of covariance found no significant differences between Euro-American and African-American parents on corporal punishment, but significant differences on severe physical assault were found, which is consistent with past findings in the literature. Gender differences consistent with the literature were also found in this study of construct validity (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998).

Preschool Language Scale-3 (PLS-3)

The PLS-3 measures language development of children from birth to six years (in this study it was administered to children from birth to five years). The *Auditory Comprehension* subscale measures precursors of receptive communication skills with tasks focusing on attention abilities. The *Expressive Communication* subscale measures precursors of expressive communication skills with tasks that focus on social communication and vocal development. A *Total Language* score combines these two subscales. The PLS-3 was standardized with a sample of 1,200 children aged 2 weeks to 6 years, 11 months, with equal percentages of males and females in each age group. Representative sampling based on 1980 U.S. Census data and the 1986 update was stratified by parent education level, geographic region, and race (Zimmerman, Steiner, & Pond, 1992).

Internal consistency using Cronbach's alpha is, on average, acceptable for *Auditory Comprehension* (mean = .76; range of .47 to .88) and higher for *Expressive Communication* (mean = .81; range of .68 to .91), and Total Language (mean = .87; range of .74 to .94). Test-retest reliabilities ranged from .89 to .90 for *Auditory Comprehension*, from .82 to .92 for *Expressive Communication*, and from .91 to .94 for *Total Language*. Inter-rater agreement is 89% with correlation between scores = .98 (Zimmerman, Steiner, & Pond, 1992).

Using discriminant analysis, the PLS-3 identified language-disordered children from 66% to 80% of the time; the majority of incorrect distinctions were for those children previously classified as language-disordered. Concurrent validity was assessed by comparing the PLS-3 to the PLS-Revised Edition (PLS-R) and the Clinical Evaluation of Language Fundamentals—Revised (CELF-R). Correlation with the PLS-R was .66 for *Auditory Comprehension* and .86 for *Expressive Communication*. Correlation with the CELF-R was .69 for *Auditory Comprehension* and .75 for *Expressive Communication* (Zimmerman, Steiner, & Pond, 1992).

Rochester Assessment Package for Schools —Student (RAPS-S)

A shorted version of the *Relatedness* scale from the RAPS-S was used to measure children's feelings about their relationship with their primary and secondary caregivers. There are two sets of questions—one for each caregiver. Four subscales were used for NSCAW: *Parental Emotional Security*, *Involvement*, *Autonomy Support*, and *Structure*. Children answer how true each statement is (1 = not at all true, 2 = not very true, 3 = sort of true, and 4 = very true). *Parental Emotional Security* asks how true it is that the child feels good, mad, or happy with his or her caregiver. *Involvement* asks questions about the caregiver's interest in, time spent with, and things done to help the child. *Autonomy Support* inquires about the caregiver's trust of the child and whether the child is allowed to make his or her own decisions. *Structure* asks about the caregiver's fair treatment of the child, belief in the child's abilities, and the child's understanding of what the caregiver wants (Connell, 1990; Wellborn and Connell, 1987 as cited in Lynch and Cicchetti, 1991).

Internal consistency for the overall *Relatedness* score was high (.84) and was the only score used. Subscales scores were not used because while Cronbach's alpha for the *Parental Emotional Security* and *Involvement* were fair (.64 to .76), alpha was very low for *Autonomy Support* and *Structure* (.06 to .52).

Self-Report Delinquency (SRD)

The Self-Report Delinquency measure (Elliott & Ageton, 1980) was designed for use in the National Longitudinal Survey of Youth (NLSY), a nationally representative sample of 12,686 males and females who were 14 to 22 years old when first surveyed in 1979 (U.S. Bureau of Labor Statistics, 2001). A total of 72 questions were taken from the SRD version used for Wave 7 (1987) of the NLSY. These questions ask about the occurrence of 36 specific acts and their frequency (1 = once to 5 = 5 or more times).

Short Form Health Survey (SF-12)

The SF-12, a shorter version of the SF-36 (12 versus 36 items), measures mental and physical health. Descriptive statistics for the SF-12 scores by gender and age using the National Survey of Functional Mental Health (NSFMH), the normative sample from the SF-36, were very similar to the SF-36 descriptive statistics, indicating support for use of norms and other interpretation guidelines from the SF-36 (Ware, Kosinski, & Keller, 1998).

Test-retest reliability was acceptable for mental health (.76) and higher for physical health (.89). Data to test the validity of the SF-12 came from the NSFMH and the Medical Outcome Study, an observational study of health outcomes for patients with chronic conditions. In 12 validity tests involving physical criteria, relative validity estimates ranged from .43 to .78 (median = .67). In four validity tests involving mental health criteria, relative validity estimates ranged from .93 to .98 (Ware, Kosinski, & Keller, 1998).

Social Skills Rating System (SSRS)

The SSRS measures child, parent, and teacher perception of the child's social skills. NSCAW used the parent and teacher report which addresses social skills in four domains: cooperation, assertion, responsibility, and self-control. The SSRS was standardized on a national sample of 4,170 children, 1,027 parents, and 259 teachers during the spring of 1988. Children ranged from third- to twelfth-graders; 51%

were male; and 17% were "handicapped," compared with 11% of the U.S. population. The handicapped designation was given to students in nonmainstreamed special education classes by teacher rating if the child was learning disabled, behaviorally disordered, mentally handicapped, or other. Black children and white children were slightly over-represented, and Hispanic and other groups were slightly under-represented (Gresham & Elliott, 1990).

Internal consistency was high for preschoolers and secondary-age children (.90) and for elementary-age children (.87); test-retest reliability was also good (.87). Construct validity was indicated by a correlation of .58 between the SSRS and CBCL-Parent *Social Competence* scale.

Teacher's Report Form (TRF)

The TRF is almost identical to the CBCL, including the problem syndromes and *Other Problems* items. Some questions are worded differently to make them more appropriate for teacher response. The TRF also contains academic and adaptive functioning scales, though this information was not collected for NSCAW. The normative sample was drawn from two sources: a nationally representative sample of children (7 to 18 years) assessed with the CBCL, and another contract that identified 5- to 6-year-olds in these homes and randomly selected one child to assess when more than one nonhandicapped child was in the home. Teachers completed TRFs for 1,613 children aged 5 to 18 years. The normative sample was composed of the 1,391 children who had not received mental health services or special remedial school classes within the past 12 months (Achenbach, 1991b).

Test-retest reliability after 15 days for a sample of 44 children was .95 for *Total Problems*, .92 for *Externalizing Behaviors*, and .91 for *Internalizing Behaviors*. Construct validity was particularly good as indicated by TRF scale correlations with the Conners Revised Teacher Rating Scales: .83 for *Total Problems*, .80 between the TRF *Attention Problems* and Conners *Inattention/Passivity*; and for Conners *Conduct Problem*, .80 with TRF *Aggressive Behavior*, and .83 with TRF externalizing behaviors. Cronbach's alpha for the different age ranges and genders ranged from .63 for *Thought Problems* to .98 for *Total Problems* for 5- to 11-year-old females. The entire sample averaged .97 for *Total Problems*, .96 for *Internalizing Behaviors*, and .91 for *Externalizing Behaviors* (Achenbach, 1991b).

Vineland Adaptive Behavior Scale Screener (VABS)

The Vineland Screener was used to measure daily living skills among children aged 1 to 10 years. The 45-item screener was developed from the 261-item Vineland Adaptive Behavior Scale. Screener items were selected based on ease of administration, reliability, domain coverage, and strength of correlation with the total scales. The Screener was developed for research purposes only, for screening large groups, rather than for making clinical judgments (Sparrow, Carter, & Cicchetti, 1993). While there are three domains (*Communication*, *Daily Living Skills*, and *Socialization*), NSCAW used only the *Daily Living Skills* domain. This domain measures personal (e.g., how the child eats, dresses, and performs personal hygiene), domestic (household tasks the child performs), and community skills (how the child spends his or her time, and telephone skills). The normative sample comprises a nationally representative sample in terms of gender, ethnicity, geographic region, and parent education level (compared with 1980 U.S. Census data) of children from birth to 18 years, 11 months (Sparrow, Balla, & Cicchetti, 1984).

Internal consistency for the *Daily Living Skills* domain of the full Vineland was high, with a mean of .88 (median of .90); inter-rater reliability was also high (.98). Criterion-related validity was as expected, a low but positive correlation with Peabody Picture Vocabulary Test-Revised, ranging from .12 for *Daily Living Skills* to .37 for *Communication* months (Sparrow, Balla, & Cicchetti, 1984). Correlation between the Screener and full Vineland is good for all age groups, ranging from .87 to .98. Inter-rater reliability is high as well for the Screener (r=.98). A comparison of 300 inpatient, outpatient, and control children found high external validity for the Screener, ranging from .89 to .97 for 0 to 12 years (Sparrow et al., 1993).

The Violence Exposure Scale for Children—Revised (VEX-R)

The VEX-R was used to assess frequency of exposure to violent and criminal events in children aged 5 and older. The VEX-R is a 23-item child self-report measure in a cartoon format that has been previously administered to minority, inner-city children and elementary school children in Israel (Stein et al., 2001). Children are shown cards depicting violent and criminal acts and are asked to respond on a 4-point scale (never, once, a few times, lots of times) regarding their experiences. The VEX-R inquires about being a victim or witness to 13 types of violent and criminal events.

Internal consistency for the VEX-R as indicated by Cronbach's alpha ranged from .72 to .86 in a sample of inner-city minority preschool children (Shahinfar, Fox, & Leavitt, 2000). A recent factor analysis of the VEX-R on a sample of 134 children by Raviv et al. (2001) indicated two dimensions grouping into mild and severe violence categories. This was consistent with another factor analytic study of this instrument conducted by Raviv, Raviv, Shimoni, Fox, and Leavitt (1999), which found alpha reliabilities to be .84 and .85 for mild and severe violence. A major indicator of the validity of the VEX-R was its ability to discriminate between low-violence school communities and high-violence ones (Raviv et al., 1999). Also it has been found to have moderate significant correlations with children's total reported distress symptoms (Shahinfar, Fox, & Leavitt, 2000).

Woodcock-McGrew-Werder Mini-Battery of Achievement (MBA)

The MBA is a brief, wide-range test of basic skills and knowledge, including tests of reading, mathematics, writing, and factual knowledge (science, social studies, and humanities). The MBA may be used with children and adults aged 4 to over 90 (Woodcock, McGrew, & Werder, 1994). NSCAW utilized the MBA with children aged 6 and older and administered only the *Reading* and *Math* tests. Because the MBA is a subset of the WJ-R, *Woodcock-Johnson MPsycho-Educational Battery—Revised* (Woodcock & Johnson, 1989) norms for the MBA are based on data from the normed WJ-R sample. This normed sample included 6,026 individuals aged 4 to 95 years, from 100 geographically diverse U.S. communities. Subjects were randomly selected within a stratified sampling design controlling for 10 community and individual variables. These data were gathered throughout the school year from September 1986 to August 1988 (Woodcock, McGrew, & Werder, 1994).

Internal consistency is high across all age groups as indicated by medians for *Reading* (.94), *Writing* (.92), *Mathematics* (.93), *Factual Knowledge* (.87), and *Basic Skills* (.93). Test-retest reliability after one week for a sample of 52 sixth graders was .89 for *Reading*, .85 for *Writing*, .86 for *Mathematics*, .88 for *Factual Knowledge*, and .96 for *Basic Skills*. Concurrent validity studies using the same sample indicated that the five tests of the MBA do correlate fairly well with sections of other instruments, such as the WJ-R, KTEA (Brief), PIAT-R, and WRAT-R (Woodcock, McGrew, & Werder, 1994).

Youth Self Report (YSR)

The YSR was designed to "obtain self-report of feelings and behavior in a standardized fashion for comparison with reports by normative groups of 11- to 18-year-olds" (Achenbach, 1991c, p. iii). The YSR is almost identical to the CBCL in content and structure, including the competence scales, problem syndromes, and other problems. The normative sample was drawn from a group of 1,719 children who completed the YSR. The normative sample is nationally representative and consisted of those children who were 11 to 18 years old when they completed the YSR and who had not received mental health services or special remedial school classes within the past 12 months (Achenbach, 1991c).

One-week test-retest reliabilities for the whole sample were .79 for *Total Problems*, .81 for *Externalizing*, and .80 for *Internalizing*. This is somewhat higher than the seven-month test-retest of .56 for *Total Problems*, .49 for *Externalizing*, and .52 for *Internalizing*. Cronbach's alpha ranged from a low of .59 for the *Withdrawn* syndrome scale to a high of .95 for *Total Problems*. Alpha tends to be directly related to the length of the scale, therefore alphas for scales with fewer items tend to be lower (Achenbach, 1991c).

Other investigators of children in OOHC have found YSR scores that are lower than those reported by their caregivers using the CBCL, and a modest correspondence between CBCL and YSR scores (Courtney & Zinn, 1996; Handwerk, Larzelere, Soper, & Friman, 1999)