

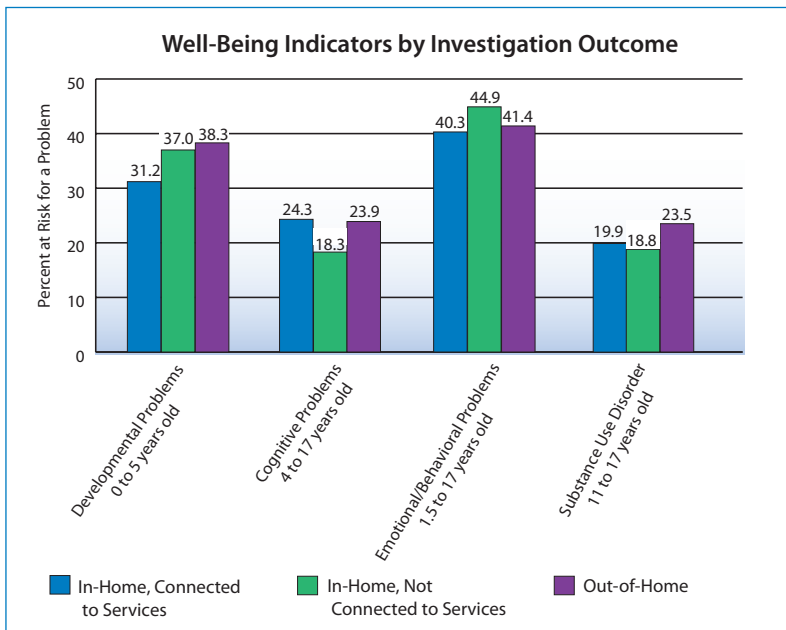
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# Child Well-Being Spotlight

## Children Placed Outside the Home and Children Who Remain In-Home after a Maltreatment Investigation Have Similar and Extensive Service Needs

According to the National Survey of Child and Adolescent Well-Being (NSCAW), children placed in out-of-home care (such as foster care or kinship care) and children who remain in-home shortly after a report of child abuse or neglect have similar and extensive service needs.<sup>1,2</sup> Following a child abuse or neglect investigation, the child welfare system determines: (1) whether a child should remain in-

home or be placed in out-of-home care, and/or (2) if the child and/or family should receive supportive services (such as having an assigned caseworker or receiving reunification services).<sup>3</sup> Children perceived to have continued threats to safety or to need resources to prevent future risk are more likely to be removed from the home or to remain in-home and be connected with child welfare services. NSCAW data suggest that children reported for maltreatment have a high risk of experiencing developmental problems, cognitive problems, behavioral/emotional problems, or substance use disorders, regardless of whether they were placed in out-of-home care, remained in-home with receipt of services, or remained in-home without services. Only one significant difference in risk of developmental, cognitive, behavioral/emotional, or substance use problems was identified.<sup>4</sup> Very young children (ages 0 to 5 years old) placed out of home were more likely to have developmental problems than children who remained in-home and did not receive services. NSCAW data suggest the need for adequate well-being screening and supportive service referrals for all children who come into contact



with the child welfare system. Many children who could benefit from supportive services may not be receiving them.

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

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

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

<sup>3</sup> Children at home and those placed out of home may or may not receive services provided by the child welfare system. Such services for children and their family include adoption, case management, counseling, day care, educational and training, employment, family planning, family support, family preservation/reunification, foster care, health-related and home health, home-based, housing, independent and transitional living, information and referral, legal, mental, post investigation/assessment, pregnancy and parenting, prevention and intervention, recreation, residential treatment, transportation, and others.

<sup>4</sup> Comparisons among children in-home not receiving services, in-home with services, and out of home control for child's gender, age, main type of maltreatment, report substantiation, household poverty, and risk factors reported by caseworkers (low social support and high stress in the family).

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

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