

**Data Revolution:  
National Survey of Child and  
Adolescent Well-Being  
(NSCAW)**

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# Brief Description

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- Cohort study of over 6,000 children and families representing the reported and investigated child welfare population in the United States
  - (multi-stage sampling at agency (Primary Sampling Unit PSU) and child level with 60 children sampled per PSU
  - Estimates available for U.S child welfare population, 8 largest states as 8 of 9 strata and 9<sup>th</sup> strata all other states
- Authorized by the PL 104-193 Personal Responsibility and Work Opportunity Reconciliation Act of Cohort study of over 6,000 children and families representing the reported and investigated child welfare population in the United Stat1996
- Congressional mandate to the Secretary to conduct a “national random sample of child welfare”.
- Cohort has been followed for 36 months with three face-to-face interviews in the field (baseline, 18 months, and 36 months)
- Currently in the field for 4<sup>th</sup> face-to-face interviews with 1,100 youngest (0-4 at baseline) and 800 oldest (18+)

# Context and Promise

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- Through NSCAW, child welfare is the only child serving service sector in the United States with the capacity to make national estimates - cross-sectional and longitudinal (data available for all researchers through the Cornell University National Data Archive on Child Abuse and Neglect)
- Not available for mental health, juvenile justice, etc.
- Detailed focus on well-being and safety/permanence
- Capacity to link context level factors (PSU, agency, community) to individual level outcomes
- NSCAW has been continued in the budget with the potential for large scale further study

# Sampling

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- **Over sampled on basis of**
  - Children/families receiving services
  - Infants
  - Sexually abuse children
- **Not sampled on basis of**
  - Substantiated reports (cases were included whether substantiated or not)
- **Samples**
  - Enter through investigation N = 5,504
  - Long-term foster care (12 months) N = 727
  - Total N = 6,231
- **Children involved in investigations and closed between 10/01/1999 and 12/31/2000**
- **85% retention rate for cohort at each time point**

# Data Sources

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- **Children**
  - Assessments by field representatives
  - Interviews (ages 7 and older)
- **Caregiver (parent interviews)**
- **Caseworker interviews**
- **Teacher questionnaires**
- **Agency administrators**

# Caregiver Standardized Measures

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- Child living environment
- Child welfare, mental health, developmental, special education, services
- Depression and substance abuse for parent
- Standardized reporting on child's adaptive behavior, emotion regulation, prosocial skills
- ...

# Child

## Standardized Measures

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- **Developmental functioning**
  - Language, cognitive, neurodevelopment
- **School achievement and engagement**
- **Peers**
- **Parental monitoring**
- **Mental health functioning (depression, trauma symptoms, behavior problems, substance use...)**
- **Sexual activity, delinquency, injuries...**

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# Case Worker Interview

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- Case investigation
- Abuse and risk
- Services to parent and child
- History prior and since case report
- Living environments, including placements
- Caseworker involvement
- Decision-making
- Court involvement .....

# National Survey on Child and Adolescent Well-Being (NSCAW)

(Burns et al., 2004; Leslie, et al., 2004)

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- National probability cohort (ages birth to 14 years) sampled from 92 PSUs (investigated for child abuse and neglect), (N=6,000+ followed for 36 months +, with 3 repeated interviews, including standardized measures – parameters weighted to the national population)
- Behavior problems (CBCL clinical/borderline)
  - 45% ages 4-15
  - 27% ages 2-3
- Developmental (Bayley neurodevelopmental Infant Screener (BINS) - 53% high risk
- 70% with behavioral-social-cognitive problem in “clinical range”

# **NSCAW**

## **Use of Services**

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- **25% of those in need received specialty MH care across in-home and out-of home service contexts (Burns, et al., 2002)**
- **50% received specialty care within 12 months of out-of-home care (Leslie, et al., 2002)**
- **7-10% had inpatient MH treatment during lifetime**
- **Clinical and non-clinical**
  - **Race/ethnicity as a persistent non-clinical factor despite access through Medicaid funding**
- **Contextual**
  - **(CCCW/NSCAW study) greater screening for physical health (94% policies in 92 NSCAW PSUs vs. 48% for mental health**

# Survival Function of Mental Health Service Use by Level of Child Welfare Involvement for a Cohort of Children Investigated for Abuse or Neglect (NSCAW)



Note: Time frame is from -5 to 18 months; time zero is contact date with child welfare

# **NSCAW/CCCW Studies**

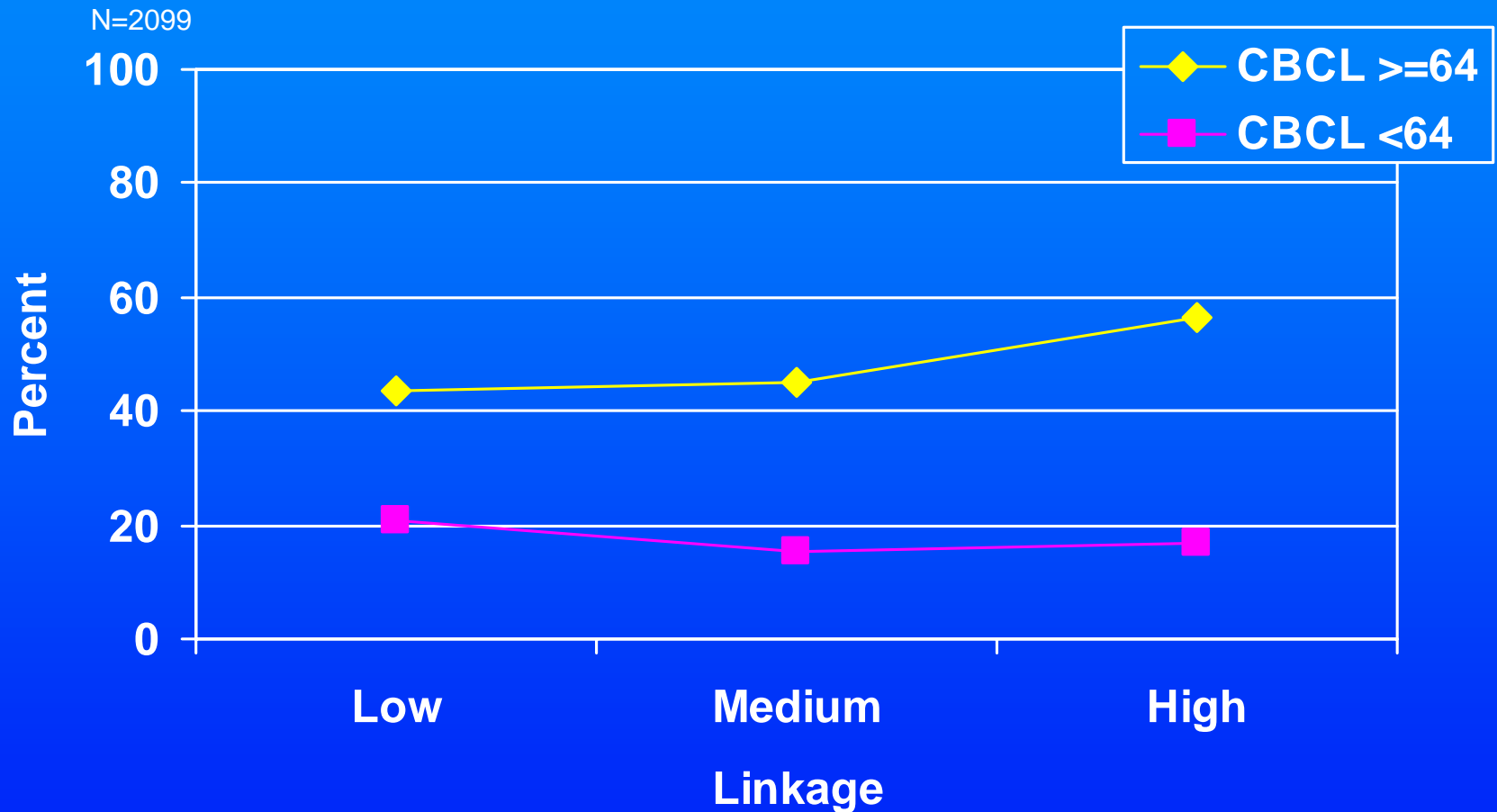
## **Impact of Context on Access**

**(Hurlburt, Leslie, Landsverk, et al., 2004)**

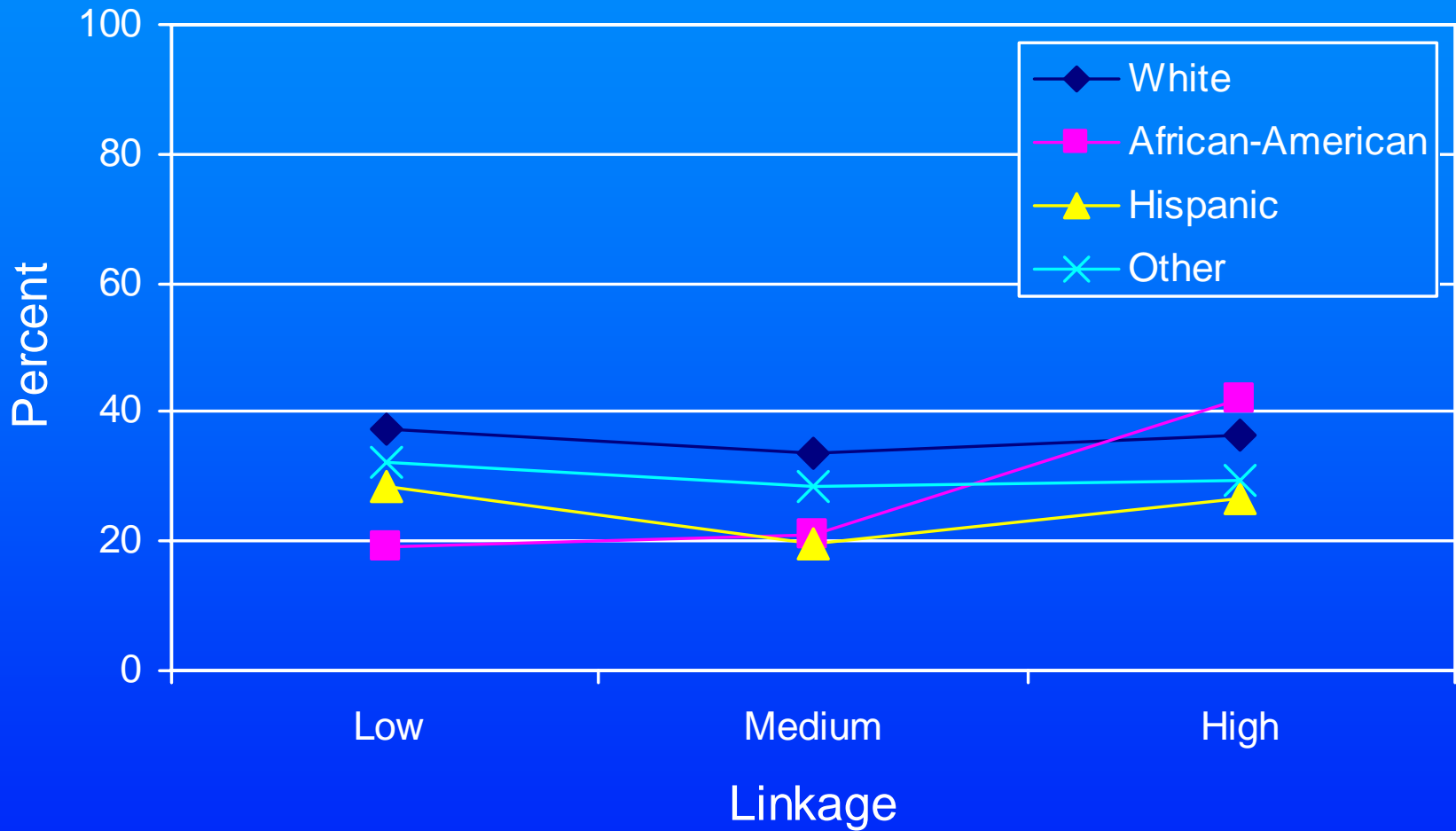
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- **Key informant interviews at all NSCAW PSU's – policy and practice – CW, MH, Dev. Services – context data and survey data linked**
- **Impact of linkage mechanisms (CW – MH) on use of specialty mental health care**
- **No effect of mental health specialist supply**
- **Increased coordination between local CW and MH agencies was associated with stronger relationships between need for services (CBCL) and use of outpatient services**
- **Increased coordination was associated with decreased disparities in service use between Anglo and African-American children**

# Interaction of Linkages and CBCL on Use of MH Services



# Interaction Linkages and R/E on Use of MH Services



# Data Release

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- **“Tiered” data release plan to ensure security and confidentiality of data**
  - **General**
  - **Restricted**
  - **RTI Restricted**
- **Baseline data **NOW** available to research community through the National Data Archive on Child Abuse and Neglect, Cornell University ([www.ndacan.cornell.edu](http://www.ndacan.cornell.edu))**