

**Children's Bureau Child Welfare Evaluation Virtual Summit Series 2013-2014:
The National Survey of Child and Adolescent Well-Being (NSCAW): Implications
for Child Welfare Evaluations Part 2
Transcript**

[00:00:01] [Introduction slide with Presentation: Children's Bureau: The Child Welfare Evaluation Virtual Summit Series was made possible by the Children's Bureau Logo – figures arms upraised.]

[00:00:17 Music – up tempo]

[Slide: The National Survey of Child and Adolescent Well-Being (NSCAW): Implications of Child Welfare Evaluations]

[00:00:22] **Presenter: Heather Ringeisen:** Children involved with the child welfare system have disproportionately high rates of behavioral, emotional and developmental needs. Very often these needs continue over time as a child ages. Fewer children receive effective services than those who need them.

[00:00:41] Child welfare reform efforts are underway to address these well-being needs. Today I would like to speak with you about the National Surveys of Child and Adolescent Well-Being or NSCAW. These surveys are nationally representative studies of children involved in the child welfare system and are the first studies to directly get information on safety, permanency, and well-being directly from the children and families themselves.

[00:01:15] These studies were landmark studies in the child welfare community and have direct relevance for child welfare evaluations. [Music – up tempo] [Slide of upraised hands] [Chart of study] The first NSCAW study included 6,200 children between the age of birth and fourteen years. The two NSCAW studies are both longitudinal studies which mean they follow children over time.

[00:01:40] The first NSCAW cohort included children reported for maltreatment in 1999 and followed that same group of children for a period of five to seven years. [Music – soft, low-key] The second cohort [chart – NSCAW II study] of NSCAW included slightly less than 6,000 children between birth and 17 years of age.

[00:02:03] This study followed that second cohort of children for three years and that study was initiated in 2008. The National Survey of Child and Adolescent Well-Being puts a large emphasis on the measurement of various well-being constructs, including behavioral emotional health issues.

[Graph, bar chart - Need for Comparison Groups: Well-Being Naturally Changes Over Time]

[00:02:24] In this graph you see rates of behavioral health problems for children at the point of an index maltreatment report and then 18 months later and 36 months later. The blue line represents percentage of behavioral health problems. The orange line is depression and the green line post-traumatic stress symptoms.

[00:02:45] One of the things that you notice in this graph is that the degree and the prevalence of those behaviors go down after 18 months and 36 months. We know that the time of the maltreatment report in the lives of children and families is a very stressful event so it's not surprising that rates of behavioral health issues might be especially high at the time of that maltreatment report, but the rates of those things may go down over time the further you get away from that event.

[00:03:19] If a child welfare intervention was attempting to address issues such as depression or behavioral health problems and did not include a comparison group, an evaluator might wrongly conclude between the time of the index maltreatment report and 36 months later that their intervention had led to that improvement in behavioral health symptoms when in fact what they were seeing was the natural change in behaviors over time.

[Graphic of magnifying glass looking at small figures representing populations, treatment groups receiving intervention and comparison group not receiving intervention]

[00:03:51] It is especially important to measure well-being outcomes both in the population that you are addressing with an innovation or a new intervention, as well as a comparable population not receiving that novel idea or intervention.

[00:04:10] We also need to think very carefully about the instruments that we choose as outcome evaluation tools. Measuring a child's strengths and needs is a critical component in the service delivery process. That is how caseworkers identify what a particular child needs.

[00:04:30] But unfortunately, those instruments that we use to assess strengths and needs may not be the best tools for use in an outcome evaluation. And this is for a couple of reasons. [Slide, upraised hand, clinical tools used for needs assessment may not be the best tools, etc.] First, a lot of times clinical needs assessment tools ask questions directly of a caseworker.

[00:04:51] In NSCAW we find that caseworkers often report less needs, fewer needs than when you ask a parent directly or a caregiver directly or, even better, a youth themselves. A second issue with clinical assessment tools is very often they are asking

caseworkers to address needs in a yes or a no fashion, does a particular child have a development delay, yes or no.

[00:05:24] In the context of an outcome evaluation, it is very rare to see that a child go from the point before an intervention starts at having a problem and then moving after a six month intervention or a one year intervention to clearly no, not having a problem.

[00:05:45] What is much more common is to see variations [slide: graph of downward slope] in the degree or severity of those issues over time. To truly capture that variation and be positioned to study changes over time, an evaluator needs to choose an instrument that has a variation in scores. Often that means the choice and selection of a standardized tool.

[Music – juvenile, tinkling]

[00:06:11] NSCAW included several standardized assessments of child and adolescent well-being. By standardized measure, I mean measures that were designed with normative data in mind. Normative data indicates how would a typical U.S. child of that age perform on this instrument.

[Slide graphic: table: Standardized Assessments: NSCAW II Children with Clinically Significant Scores Compared to U.S. Norms]

[00:06:34] So in this table you see a handful of instruments that NSCAW used to assess well-being. On the first row of this table, you see the instrument that NSCAW used to assess early language skills among very young infants and toddlers, the preschool language scale three.

[00:06:53] In NSCAW approximately 18 percent of preschoolers scored in the clinical range indicating a need for services on the preschool language scale. Meanwhile, according to the normative data from that scale, we would expect that approximately 2 percent of infants and toddlers would show about the same level of need.

[00:07:16] Now looking at the rest of the rows in this table, we could make those same types of comparisons on the standardized assessment tool that assessed intelligence or trauma or behavior. [Music – slow] Sometimes we're not only interested in comparing the children involved in our child welfare system to children across the entire country.

[00:07:41] We know that our children are different. What may be more relevant is comparing the children in our system to children served by other locations or other states. [Slide – graphic, map of the U.S.] Here again comes the relevance of NSCAW. The state of Illinois included several measures comparable to NSCAW in their state data collection. So this allows them to make exactly those types of comparisons. [Slide – graphic, map of U.S. and map of Illinois]

[00:08:10] Let's look at a health outcome, childhood obesity. In this graph, [graph: bar chart, Illinois NSCAW and U.S. Comparisons: Childhood Obesity] you see rates of childhood obesity for children in Illinois reported for maltreatment in blue, NSCAW children in red and what you would expect for U.S. rates of childhood obesity in green.

[00:08:30] What we can see from this graph is that childhood obesity among children involved with the child welfare system in Illinois are higher than what we would expect for children nationally. But rates of childhood obesity for children involved in the system in Illinois are actually lower than what NSCAW demonstrates for children involved in the child welfare system nationally.

[00:08:53] So by measuring childhood obesity in the state of Illinois in a way comparable to NSCAW, Illinois is actually able to understand their children's outcomes compared to a couple of different types of children, those in the child welfare system and those nationally.

[00:09:14] [Music – up tempo] Measuring and connecting safety, permanency and well-being outcomes are complicated, but NSCAW offers a nationally representative platform to describe outcomes for the children served by the child welfare system. [Slide – graphic, raised hand, implications of NSCAW for state-level assessment of child well being] This offers a natural comparator, a summary of the status quo for children served by the child welfare system.

[00:09:40] How do outcomes look for the system as it is currently operating? NSCAW, by virtue of collecting outcomes related to child and family well-being also reflect possible points for intervention targets. And finally, by virtue of the rich cadre of instruments involved in the NSCAW survey, this offers to the child welfare community and evaluators choices of potential comparable measures that they could integrate into their local evaluations.

[00:10:14] As you are making choices about a child welfare evaluation design or the measures that might be used in an implementation effort, I hope you'll consider lessons learned from the National Survey of Child and Adolescent Well-Being.

[Closing slide – special thanks to contributors]

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