

**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 1
Transcript**

[00:00:00 silent]

[01:00:04 Presentation slide – Children's Bureau, The Child Welfare Evaluation Virtual Summit Series was made possible by Children's Bureau.]

[Music – up-tempo]

[01:00:23] **Presenter: Heather Ringeisen** Understanding the impact of child welfare reform efforts on safety, permanency and well-being are complicated. Children and families are complicated. They have their own individual unique needs. Child welfare systems often focus exclusively on the measurement of safety and permanency outcomes, but we know that the exclusive focus on safety and permanency don't tell the complete picture.

[01:00:49] Safety, permanency and well-being are intrinsically connected to each other. And we know this is in part from results of the National Survey of Child and Adolescent Well-Being or NSCAW. NSCAW shows us that children at risk for an emotional or behavioral health problem are much more likely to change placements while in foster care than children without emotional or behavioral health needs.

[01:01:14] So, exclusively measuring safety and permanency doesn't help us understand the full extent of the outcome that children and families in a child welfare system experience. Well-chosen measures of child and family well-being can help us improve our efforts to help the children and families served by the child welfare system.

[01:01:38 Music – up tempo] [Slide – raised hands] [Slide – logo]

[01:01:40] **FS:** The National Surveys of Child and Adolescent Well-Being are the first nationally representative surveys of children involved in the child welfare system. There are two survey cohorts.

[Slide – graph of NSCAW I and NSCAW II studies]

The first group of children was reported for maltreatment in 1999. The study is longitudinal and so followed those children for a period of five to seven years.

[01:02:02] The second study included children and families reported for maltreatment in 2008 and followed those families for three years. The NSCAW studies, because of their

emphasis on well-being, have many implications for the measurement of well-being in the context of child welfare evaluations.

[01:02:23] NSCAW includes measures of the four critical domains of well-being as defined by the Administration for Children, Youth and Families. Those include cognitive functioning [slide: graphic – puzzle piece, domains of child well-being] like intelligence and academic achievement, also physical health and development, emotional behavioral health that includes depression or anxiety, but also trauma symptoms, as well as social functioning like social skills or daily living skills.

[01:02:56] When you are thinking about how to capture those domains in the context of a child welfare evaluation, there are several things to consider. And the first thing is the target population that is a focus for your particular reform effort or intervention.

[01:03:14] And by target population, I more specifically mean the children's age. Children, by virtue of being children, age and develop over time. In addition, evaluations often assess something before an evaluation begins and that same aspect of well-being after the intervention is over. [Slide – graphic of children aging and developing]

[01:03:39] During that period of time children are aging and developing. It's particularly important to include the right measure for the right children's age, but that also allows comparability across those two measurement points in time.

[01:03:57] Let's look at an example from the National Survey of Child and Adolescent Well-Being and how they take into consideration child age to make decisions about well-being constructs to measure.

[Music – juvenile, up tinkling]

[Slide – graphic, bar graph, raised hands, graph of Child Age: Well-Being of Children with a History of maltreatment (NSCAW II)]

Certain aspects of well-being may be as important to measure among toddlers as it is to measure those same constructs in adolescents. For instance, emotional and behavioral well-being is shown here with the rates from NSCAW and those things are measured very similarly for the youngest children as well as the oldest children.

[01:04:34] Meanwhile, other constructs, like substance abuse and use or school outcomes like skipping grades in school or repeating grades in school may be uniquely relevant for adolescents. Meanwhile, other well-being outcomes may be more important for infants and toddlers, for instance, assessing risk of neuro-developmental delays or risk for very low language acquisition.

[01:05:04] It's important that an evaluation tailor measures that ideally are comparable across a broad age range, but also tailored to your unique target population of focus. [Music – slower] Another thing to think about is age continuity and measurement consistency over time.

[01:05:26] Let's look at another graph from NSCAW that helps us think about this phenomenon. [Slide: graph, bar chart, Age Continuity, Measuring Well-Being Across Time with Diverse Ages] This graph illustrates emotional behavioral health outcomes with regard to behavior problems, depression and also post-traumatic stress symptoms. And even though these things are measured for a wide age spectrum from children age two to age fourteen, the bars in this graph are directly comparable to each other regardless of the fact that some of those assessments were done at the point of the maltreatment report and others were done 36 months later.

[01:06:05] It's important to be able to compare those bars to be sensitive, ideally, to changes that have resulted from your particular intervention approach. [Music: up tempo] Another thing to consider has to do with the reporter of that particular well-being construct. Some aspects of well-being are objective, like intelligence or academic achievement.

[01:06:31] Other aspects of well-being are intrinsically subjective. They require you to assess someone's perspective about that particular symptom or behavior. And in that case, it is often appropriate to get opinions from a broad variety of reporters.

[01:06:52] In child welfare evaluations very often we rely on the caseworker's report, but NSCAW outcomes show us that caseworkers often underreport the level of needs experienced by children and families, particularly when you compare the reports of caseworkers to the direct reports of parents themselves or even youth.

[Music slow tempo]

[01:07:14] Let's look at different reporters for internalizing symptoms. [Slide: graph, bar graph, Internalizing Behavior Problems: Reporter Differences] This graph from NSCAW shows the prevalence of internalizing behaviors like depression and anxiety from the report of a caregiver, a youth and a teacher. The important thing to notice is how different the height of the bars are in this graph and that difference is exactly what is interesting and helpful.

[01:07:44] In this particular case, it may be that the youth in NSCAW are underreporting their depressive or their anxious feelings. Maybe they are not sure how to label those when compared to a parent watching those behaviors or a teacher seeing them in the classroom.

[01:08:03] While underreporting a particular behavior is a problem in the context of an evaluation because it doesn't leave a lot of room to assess change over time. By including perspectives from a variety of different sources, like caseworkers, caregivers, youth and/or teachers, you get a much more comprehensive picture of a child's well-being.

[01:08:30 Music up tempo]

[01:08:29] It is important to supplement what we learned about safety and permanency outcomes with child well-being outcomes. This involves that translation from research to practice in the context of child welfare evaluation. That requires the active participation of all parties involved. And there are a lot of decisions to be made and only through that active collaboration decision making process between child welfare stakeholders, evaluators, and practitioners are we best situated to understand the impacts of our child welfare improvement efforts.

[Close slide, thanks to participants]

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