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This study examines a national sample of children under six years old who have come into contact with the child welfare (CW) system. The authors identify the proportion of children who are at risk of behavioral and developmental disorders; the type of behavioral and developmental problems these children have; what percentage of these children receive services, and how service use is related to clinical and non-clinical factors. Results indicate that about half of the sample was in need of services (i.e., education, mental health, primary care) for behavioral or developmental problems; behavioral problems were more common than developmental problems. However, only 22.7% of all children received any services for behavioral or developmental problems. Specifically, 12.9% of infants and toddlers (0-2 years) and 31.6% of preschoolers (3-5 years) received services.

Data for the present study were from the National Survey of Child and Adolescent Well-being (NASCAW), and included children ($N = 2,813$) who fell into one of three categories: (a) live in out-of-home placement ($n = 641$), (b) live at home with an active CW case ($n = 1,177$), or (c) live at home with an inactive case (i.e., were investigated for maltreatment but no further action was taken; $n = 995$). Preschool children comprised about half (52%) of the sample, and about half of the sample was male (52%). Most children were White (47%), followed by African Americans (28%) and Hispanics (19%). Supervisory neglect (43%) and physical neglect (33%) were the two most common reasons for coming under investigation by CW. Assessments were conducted with caregivers, child welfare workers, and the child approximately 5.3 months after the start of a CW investigation, and again about 8 months later. A battery of instruments collected the following information: sociodemographics; level of CW involvement; maltreatment history; risk for behavioral or developmental problems; developmental/cognitive status; language and communication level; behavioral needs; social skills; adaptive behavior; and service use. Two versions of the Child Behavior Checklist (one for children ages 2-4, and another for ages 4-18) were used to assess emotional and behavioral problems. With regard to the several measures used to identify emotional and behavioral problems, developmental and behavioral problems were aggregated "because early intervention programs typically serve children with any area of risk; these areas of delay/dysfunction often overlap in young children" (p. 893). Selected, significant results follow:

- Children who were removed from their homes were more likely to be infants and toddlers than preschoolers.
- Infants and toddlers were one-third less likely to receive any services when compared to preschool children. (Risk factors may be more difficult to identify at this age, or children may be expected to "outgrow" their problems.)
- Compared to children placed outside of the home, children who remained at home were more likely to be White.
- Compared to children removed from their homes, children living at home with an active case were less likely to be Hispanic.
- After controlling for need, African-American children were half as likely to receive services as White children.

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- Compared to children remaining at home, those placed outside of the home were more likely to have been referred to CW for supervisory neglect or abandonment.
- Children who came into contact with CW as a result of abandonment were three times more likely to receive services than their counterparts.
- Across age groups, 11.5% of all children received *mental health* services; 7.8% received primary health care services, and 11.8% received services through the education sector.
- Children at risk for behavioral and developmental disorders were more likely to receive services as the number of risk domains increased.
- Children remaining in the home (regardless of case status) were “much less likely” (p. 896) to receive services than children who were placed outside of the home; children living at home with no active case were the least likely to receive services.

Although the CW system has been called a de facto mental health system (see *Data Trends* #101), results indicate substantial unmet need among this young sample, and particularly for infants, toddlers, and children living at home. According to the authors, “CW programs do seem to facilitate moving preschool children with high need into services once they enter foster care. However, many younger children placed in out-of-home care, and all young children remaining at home, are much less likely to receive services even in the presence of need” (p. 898).

Finally, children at risk of behavioral and developmental disorders are frequently seen in primary care offices before and after CW investigations. Yet children in this sample were least likely to receive primary care services when compared to educational and mental health services. Publication of this article in a leading pediatric journal may help alert physicians to the behavioral and developmental needs of infants, toddlers, and preschoolers.