

November 2020

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Child Well-Being Spotlight

Children Living in Kinship Care and Nonrelative Foster Care Are Unlikely to Receive Needed Early Intervention or Special Education Services

Early intervention for children with developmental delays or disabilities may prevent future need for special education services. The Individuals with Disabilities Education Act (IDEA) allows each state to establish criteria for eligibility for early intervention services for children younger than 3 years old (Part C) and special education services for children 3 years of age and older (Part B). Children meeting the criteria for Part B should have an Individualized Education Plan (IEP) for receiving special education and those meeting the criteria for Part C should have an Individualized Family Services Plan (IFSP) for receiving early intervention.¹ Further, the federal Keeping Children Safe Act requires states to develop procedures for referring child maltreatment victims under 3 years old to early intervention services.²

The National Survey of Child and Adolescent Well-Being (NSCAW II), a nationally representative sample of children involved with the child welfare system (CWS), allows identification of children with developmental delays,³ and compromised cognitive⁴ or academic functioning. Direct assessments of children 0 to 2 years old indicate that those placed in nonrelative foster care are significantly⁵ more likely to have a developmental delay (37%) than those placed in formal kinship care (22%) and voluntary kinship care (26%). Among children 3 to 17 years old, developmental, cognitive, or academic needs are identified for 29% of children placed in nonrelative foster care, 36% of children placed in formal kinship care, and 21% of children placed in voluntary kinship care. These differences among children 3 to 17 years old are not statistically significant.

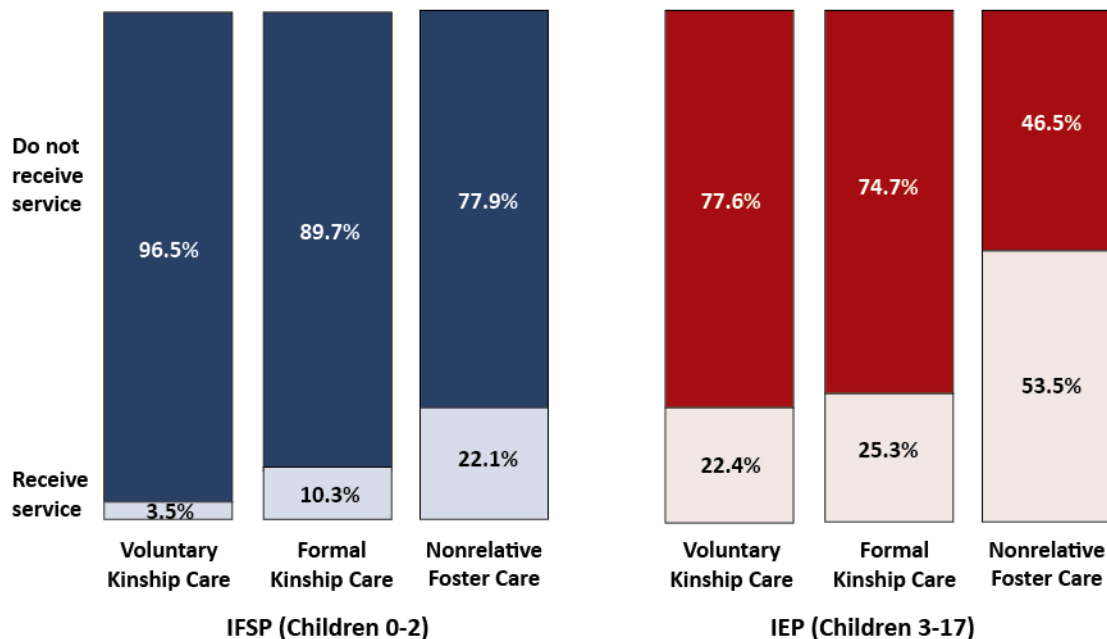
Study Definitions of Types of Care for Children involved with the child welfare system

- ◆ *Nonrelative foster care:* child has been placed with a nonrelative caregiver through CWS involvement, the caregiver receives payments from CWS, and the caregiver is a licensed or certified foster caregiver.
- ◆ *Formal kinship care:* child has been placed with kin through CWS involvement and the caregiver receives payments from CWS. The caregiver may or may not be licensed or certified.
- ◆ *Voluntary kinship care:* the child is living with kin, no payments are received from CWS for the care of the child, and the caregiver does not have a license or certificate to provide foster care. Caregivers may receive support through Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) for their care of the child.

Among children with a condition that would potentially qualify them for Part B or C, their caregivers reported in NSCAW II that half or fewer received early intervention (IFSP) or special education (IEP) services.⁶ Unmet early intervention and special education needs are particularly large among children who are living in voluntary kinship care. Young children placed in voluntary kinship care with developmental, cognitive, or language delays identified in NSCAW assessments are significantly⁵ less likely to have an IFSP (4%) than similar children

placed in nonrelative foster care (22%). Among children 3 to 17 years old, those placed in voluntary kinship care with cognitive or academic needs are significantly⁵ less likely to have an IEP (22%) than similar children placed in nonrelative foster care (54%). It is especially important to note that across all types of placements, most children involved with the CWS who potentially need these critical services do not receive them.


The majority of children in out-of-home care who may qualify for early intervention and special education services are not receiving them



Source: The National Survey of Child and Adolescent Well-Being, sponsored by the Administration on Children and Families, is a nationally representative sample of children reported to child protective services. The survey collects data on a representative sample of the child protective services population by administering questionnaires and direct child assessments through face-to-face interactions with caseworkers, children, and caregivers.

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¹ In general across states there are two ways to become eligible for Part C: 1) the child has a diagnosed condition associated with developmental delay (e.g., Down Syndrome) or 2) direct assessment results that indicate the child has a developmental delay (state criteria are variable, but typical examples include showing -2 standard deviations (SD) under the mean in one area (cognitive, physical, communication, social or emotional, or adaptive development) or -1.5 SD in two areas, or 25% delay in one area or 20% in two areas based on chronological age (See <https://ectacenter.org/topics/earlyid/partcelig.asp>). For Part B, eligibility requires an evaluation to determine (based on the state’s criteria) that the child has a disability, including intellectual disabilities, hearing or visual

impairment, speech or language impairment, autism, emotional disturbance, or learning disabilities (See <https://ectacenter.org/topics/earlyid/partbelig.asp> .

² The federal Keeping Children Safe Act of 2003 amended the Child Abuse and Prevention Treatment Act (CAPTA (Pub. L. No 108-36)) to require that states develop "provisions and procedures" for referring child maltreatment victims to early intervention services (CAPTA, 2003) funded under Part C of the Individuals With Disabilities Education Act (IDEA, 21 USC § 106(b)(2)(A)). This pertains to children younger than age 3 who are involved in a case of child abuse or neglect that is substantiated by the child welfare system (CWS). Part C services are intended to enhance the development of infants and toddlers with disabilities and minimize infants' potential for developmental delay. These services can also be an entrée into special education services when compromises to development are enduring.

³ Developmental delays were defined based on children birth to 5 years old having 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 & Screening Test, 2nd Edition (BDI-2) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

⁴ Children 6 to 17 years old were considered to be at risk for a cognitive disabilities or low academic achievement if they had a score 2 standard deviations or more below the mean for the K-BIT (considered a cognitive need) or Woodcock-Johnson III (considered an academic need).

⁵ Differences are statistically significant ($p < .05$).

⁶ Both the IFSP and IEP are legal documents that define the goals of the early intervention or special education and the services that will be provided. A child with an IFSP or an IEP may receive services or may be only monitored for developmental/cognitive/academic delay; once they show delay, they are entitled to services.