



Remaining home: Well-being outcomes and co-occurring parental substance use following a maltreatment investigation in middle childhood[☆]



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A B S T R A C T

Purpose: The purpose of the study is to understand differences in child well-being related to parental substance use among children ages 6–12 who were investigated for maltreatment but not removed from their homes. Children with a substance-using parent in the home are compared to those without a substance-using parent in the home.

Methods: Longitudinal data from waves 1 and 3 of the second National Study of Child and Adolescent Well-Being (NSCAW II) are used. NSCAW II is a national sample of families with children and youth aged birth to 17.5 investigated by child protective services (CPS). A subset of the data (analyzed with domain analysis methods) is used for this study ($n = 575$). Eight well-being outcomes from four domains (cognitive development, physical health, psychological/behavioral development and social/emotional competence) are analyzed.

Findings: We hypothesized that (among children investigated for maltreatment and not removed from home) children whose parents used substances would exhibit lower mean levels of well-being at thirty-six months follow-up compared to those whose parents did not use. Unexpectedly, we found no significant differences in well-being levels between children with parents in the home using substances and those without.

Conclusions: Children with substance-using parents may be able to remain at home over an extended period after investigation, while maintaining well-being levels similar to children at home with parents not using substances. If an effective safety plan can be put in place, this option may provide a path to maintaining safety, permanency and well-being for such children without placement in out-of-home care.

1. Introduction

Parental substance use places children at increased risk for child abuse and neglect, affecting up to 80% of all child welfare cases (National Center on Addiction and Substance Abuse at Columbia University, 2005; Traube, 2012; Young, Boles, & Otero, 2007). It is well-established that exposure to maltreatment and problematic parental substance use – that is, the misuse of substances that may affect a parent's ability to function effectively in a parental role (Children's Bureau, 2014) – has deleterious effects on children's well-being. Studies have consistently reported that children of parents with substance use problems are at greater risk of poor mental, emotional, and physical health and developmental outcomes than children of parents without substance use problems (Brook, Brook, & Whiteman, 2003; Christoffersen & Soothill, 2003; Osborne & Berger, 2009; Shulman,

Shapira, & Hirshfield, 2000). These risks are also likely to influence health and quality of life throughout the lifespan. In a retrospective study examining the outcomes associated with childhood maltreatment and other adverse experiences, the risk of poor outcomes increased in a graded fashion as an individual's exposure to maltreatment and other household dysfunction (such as parental substance use) also increased (Anda et al., 2006). Specifically, Anda et al. (2006) found that exposure to childhood maltreatment and serious household dysfunction nearly tripled the likelihood of experiencing co-morbid impairments in affective, somatic, substance abuse, memory, and sexual- and aggression-related domains.

Once involved in the child welfare system, parental substance use predicts undesirable case outcomes (Orsi, Winokur, Crawford, Mace, & Batchelder, 2012). The co-occurrence of maltreatment and problematic parental substance use increases the likelihood that children will be

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placed in out-of-home care, experience multiple placement changes, and stay in care longer than other children (Barth, Gibbons, & Guo, 2006; U.S. Department of Health and Human Services, National Clearinghouse on Child Abuse and Neglect, 2003). Given that parental substance use is often associated with harsh parenting practices (Manly, Oshri, Lynch, Herzog, & Wortel, 2012), less family cohesion (Hardwick, Hansen, & Bairnsfather, 1995), and parent's inability to effectively meet their children's needs (Magura & Laudet, 1996), placement of children in out-of-home care to improve children's safety is understandably warranted. However, there is less evidence to suggest that placement in out-of-home care is effective in improving children's well-being (Maclean, Sims, O'Donnell, & Gilbert, 2016), which may be a factor associated with changes in the child welfare system to serve more children at home instead of placing them in out-of-home care (Administration for Children and Families, 2012; Armstrong, Swanke, Strozier, Yampolskaya, & Sharrock, 2013). Consequently, limited inquiry into the effects of parental substance use on the well-being of child welfare-involved children who remain at home has been made.

Recent research supports a connection between in-home placement and better child outcomes. When children are placed in out-of-home care, they are more likely to experience a variety of mental and physical health problems than are children in the general U.S. population (Turney & Wildeman, 2016). Moreover, children who experience multiple placement changes experience difficulties with internalizing and externalizing problems (Barber, Delfabbro, & Cooper, 2001; Newton, Litrownik, & Landsverk, 2000) and academic performance (Zima et al., 2000). Child and case characteristics, including children's exposure to maltreatment associated with reasons for removal, impact placement into out-of-home care as well as the number of placement changes (Connell et al., 2006). For example, compared to children exposed to neglect, children removed from home due to physical or sexual abuse – forms of maltreatment that are generally perceived as severe (McCrae, Chapman, & Christ, 2006) – are more likely to experience changes in out-of-home placement (Webster, Barth, & Needell, 2000). As such, there is evidence to suggest that poor outcomes associated with out-of-home care may not only be a result of removal from home but also because of the complex issues implicated in these cases. Conversely, rates of clinical behavioral problems have been documented as lower for youth served at home than youth in foster or residential care (Casaneuva, Ringeisen, Wilson, Smith, & Dolan, 2011). In a matched comparison study of children who remained at home and children in foster care, children demonstrated better long-term outcomes related to juvenile delinquency, teen motherhood, and employment when they remained at home, with findings stronger for older children (Doyle, 2007). In addition, research demonstrates that children specifically impacted by parental substance use are resilient and are able to overcome the risks affecting them (Barrera, Chassin, & Rogosch, 1993; Miller, Orellana, Briggs, & Quinn, 2014). With their families, they are able to adapt and return to above-average functioning despite increased stress (Coyle et al., 2009), supporting child welfare system efforts to keep children at home.

Although researchers have examined the effects of parental substance use and out-of-home placement on children's well-being, respectively, there is limited information on the relationship between parental substance use and well-being among children remaining at home. Despite the fact that rates of victimization are lower for children ages 6–12 than for younger children (U.S. Department of Health, & Human Services, Administration for Children and Families, 2017), rates of entry into foster care placement are also lower (U.S. Department of Health, & Human Services, Administration for Children and Families, 2016). Therefore, it is meaningful to study children ages 6–12 when examining issues related to remaining at home. In an effort to fill this gap, the current study used nationally representative data to compare well-being outcomes for children, ages 6–12 at the time of investigation, placed at home with a biological or adoptive parent who is using substances versus children whose parents do not. In spite of the fact that

children remaining at home may demonstrate better outcomes, the extant literature documenting the negative consequences of parental substance use and maltreatment on children's well-being are robust. Therefore, we hypothesized that, within the investigated and at-home group, children whose parents use alcohol and/or drugs would exhibit lower mean levels of well-being compared to children whose parent does not use substances.

2. Methods

2.1. Sampling

We conducted secondary analysis of the second National Survey of Child and Adolescent Well-being (NSCAW II). The target population for NSCAW II is all children in the U.S. who were investigated for child abuse or neglect by a Child Protective Services (CPS) agency. NSCAW II used a two-stage stratified sample design. Eight strata represent the eight U.S. states with the largest child welfare caseloads. The ninth stratum contains the remaining states and Washington, D.C. Within each stratum, primary sampling units (PSUs) were selected. A PSU was typically defined as a geographic area encompassing the population served by a single CPS agency. In most cases, PSUs correspond to counties or contiguous county groups. PSUs were selected within strata and individual children were sampled within a PSU, ensuring a representation of children by age, service provision, and at-home versus out-of-home status (Dowd et al., 2013).

The NSCAW II study included children aged 0–17.5 years who received a maltreatment investigation between February 2008 and April 2009. Baseline data were collected shortly following the close of the investigation. Follow-up data were collected at 18 months after investigation and again at wave 3, beginning 36 months after investigation. The entire NSCAW II sample includes 5872 children. There are 1379 children of middle childhood age (6–12 years) in the NSCAW II sample.

2.2. Measures

Appropriate measures of well-being vary by child age; few measures cross the entire span of childhood and adolescence. Items from the NSCAW II current caregiver and caseworker instruments, which are appropriate for assessing well-being in middle childhood, are used for this study. In the larger NSCAW II study, responses were provided by the child's current caregiver, who could have been a permanent or foster caregiver, depending on the child's living situation. Information about caregiver substance use was also collected from the NSCAW II caseworker instrument, which was completed by the caseworker responsible for the child's maltreatment investigation.

2.2.1. At-home placement

As noted, this study focuses on children remaining at home. We considered a child placed at-home for the study if the NSCAW II data showed no out-of-home placement at the time of initial investigation (wave 1) and also, cumulatively, no out-of-home placements over the three years concluding at the wave 3 interview. Excluded from the at-home sample were any children who experienced placement at investigation and/or up to the time of the 36-month interview. Out-of-home placements included kin care, foster care, group homes and any “other” settings. Children classified as at-home in this study remained at-home with either a biological or adoptive parent.

2.2.2. Substance use

Self-reported alcohol use was measured on the NSCAW II caregiver instrument using the Alcohol Use Disorders Identification Test - AUDIT (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). AUDIT items cover frequency of drinking alcohol, number of drinks per day and impacts on daily living. Rumpf, Hapke, Meyer, and John (2002) found

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