



Executive Summary and Introduction

of

***The Development and Use Of
Child Well-Being Indicators
in the Prevention of Child Abuse and Neglect***

Final Report

to the

Doris Duke Charitable Foundation

by

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Executive Summary

Child Trends Was Funded To:

- ❖ Develop indicators of child well-being for children in the child welfare system.
- ❖ Deepen and contextualize media coverage of child abuse and neglect.
- ❖ Develop publications and materials to educate people about child well-being in the child welfare population.
- ❖ Initiate implementation of data collection based on the indicators in a jurisdiction.

Activities:

- ❖ Created a Consortium on Child Well-Being Indicators for Child Welfare Populations and organized three meetings to recommend a list of child well-being indicators for children in the child welfare system.
- ❖ Organized two meetings of a Media Roundtable on Child Abuse and Neglect, the outcome of which is a media handbook intended to provide quick and easy access to data and research on child maltreatment for media representatives.
- ❖ Published two Research Briefs, *The Multiple Dimensions of Child Abuse and Neglect* and *Children in Foster Care: How are They Faring?*
- ❖ Developed working relationships around indicators of child well-being with representatives of the following states: California, Florida, Kentucky, New Mexico, and Vermont. Indeed, Florida is ready to use the recommended child well-being indicators in their state.

Take Home Messages:

- ❖ Child abuse and neglect affects many children, but it is less sensational than the media often portrays it. Contextual information surrounding the causes and consequences of child maltreatment is needed for reporters writing about child maltreatment.
- ❖ Focusing on child well-being indicators can change the discussion surrounding child abuse and neglect, and can help emphasize normal development and desired outcomes.

- ❖ When the various functions of child well-being indicators are explained, most agency representatives were receptive to including them in child welfare data systems, particularly for descriptive purposes, but sometimes for monitoring and goal-setting.
- ❖ Describing child welfare populations with child well-being indicators provides new information to service providers who have only superficial information about the characteristics of children in the system.
- ❖ Child well-being indicators support the capacity of agencies to monitor children over time to see whether children's health and safety, cognitive development, school progress, social and emotional development, and behavior are developing positively.
- ❖ Selected measures of child well-being can serve as goals for the child welfare system.
- ❖ While most children are not in care for long periods of time, for those who are, child well-being indicators can help assess agency accountability.
- ❖ The development of child well-being indicators for children in the child welfare system can lead agency officials to focus more broadly on child outcomes and risk and protective factors. It can lead towards a focus on prevention and amelioration for all children, rather than a focus on harm already committed.

Introduction

The development of indicators of child well-being for children served by child welfare agencies is part of a larger reform initiative focused on improving the quality of services for children who experience abuse and neglect, as well as strengthening the prevention of cruelty to children. Child Trends prepared the original proposal for this project to the Doris Duke Charitable Foundation in 2001 because we knew that states and local communities would need assistance in their efforts to shift from the old accountability system, that emphasized rigid compliance with federal child welfare service requirements, to a new framework focused on achieving national goals, implementing strategic change, designing program improvement, and prevention. While federal legislation has provided broad policy guidance for the states in specifying the national child welfare goals and outcomes to be addressed — namely child safety, permanency, and well-being—limited materials exist that can help states identify how their efforts contribute to these outcomes or that provide interim indicators for assessing progress in reaching long-term goals of child well-being.

Under the old accountability system, state child welfare agencies were expected to demonstrate their compliance with multiple procedural and programmatic components derived from legislation and federal regulations, such as the number of case worker visits with a child within specific time periods. The new system — represented by key structural changes that include the Adoption and Safe Families Act (ASFA), the Child and Family Service Reviews (CFSR), and state Program Improvement Plans (PIP) —

moves states toward positive reforms that focus on results and outcomes rather than procedural requirements. It is a more flexible approach that encourages states to experiment with different programmatic elements and innovative service arrangements while focusing on common targets and data elements that can provide a basis for assessing and comparing performance. These targets — child safety, permanency, and well-being — are the compass that states must use to guide and shape their child welfare and child protection policies and practices. These compass points also provide the foundation for new data collection initiatives.

The ultimate goal of the Child Trends project was to provide a road map to state agencies and other child welfare programs in translating the desired outcome of child well-being into a set of measurable indicators that could help monitor the status of children served within the child welfare system. We sought to achieve this goal through a set of diverse but related activities, including:

- The preparation of a conceptual framework that relates child well-being to health, educational, social-emotional development indicators;
- The identification of a specific set of measures to support these indicators, including assessment of health status, school performance, pro-social relationships, problem behaviors, and, for older youth, work/employment status;
- The analysis of selected databases (including as the National Survey of Child and Adolescent Well-Being and the National Survey of American Families) to determine the extent to which selected child well-being indicators are associated with positive and negative child outcomes;
- The formation of a consortium of individuals involved with child welfare programs and services that can help move the development of child well-being indicators into state practices and programs;
- The creation of a media roundtable and handbook to improve the quality of press coverage of on child abuse and neglect and to strengthen public

understanding of the status and conditions of children and families served by the child welfare system; and

- The development of research publications and presentations at professional meetings that describe our work on child well-being indicators and its relevance for child abuse and neglect prevention strategies.

The creation of child well-being indicators for child welfare policies and practices is part of a broader national discussion of the importance of prevention and its implications for national, state, local community decision-making and service delivery. As the emphasis on prevention, rather than just treatment and “rescuing” children, begins to take hold within the child welfare system, agency officials are recognizing that they need new information tools, standards, and data collection efforts to shape their programs and practices. The emphasis on child well-being compels caseworkers, supervisors, county and state officials, and all who are engaged with the service system to look beyond meeting the immediate service needs of a child or family, and to focus on the long-term goals of a community and state in designing support systems and services for vulnerable child populations. By targeting resources to areas that are shown to be associated with positive development, public and private agencies can shift their initiatives towards an investment strategy that helps to strengthen children and families and also decreases their dependency on public services.

This is the ideal, but the current reality is far from achieving the promise. Moving child welfare resources toward a framework of investments in positive development for children who have experienced abuse and neglect requires a fundamental transformation of a complex bureaucratic system that has resisted change because of ambiguous and conflicting policies, insufficient resources, crisis management, and overwhelming service

demands. Moreover, the old paradigms of child protection, procedural requirements, and programmatic indicators and measures still dominate the child welfare system. The experience of states in implementing new approaches focused on child well-being, family support, and prevention is uneven across the nation. But a few states are moving aggressively toward an evidence-based, data-focused approach in developing performance measures and outcomes for child welfare that emphasize positive child outcomes, family strengths, and public-private partnerships. Most states, however, remain confined within institutional structures and current practices that foster compliance with the status quo and restrict bold moves towards innovative strategies and service arrangements.

This summary report describes and summarizes Child Trends' efforts in developing child well-being indicators as part of the arsenal of new tools and materials that can help guide those states that seek to reform their data collection system towards a goal-oriented standard of accountability. We have discovered that many individuals within state and local agencies are eager to test and experiment with new data collection strategies, but significant challenges remain that need to be resolved. One daunting challenge is the absence of routine information within the child welfare system about the basic status of children in terms of their overall health, educational status, and social-emotional development. In this report we seek to highlight what we have learned about strategies to improve data quality and to provide guidance that agencies can use to improve their current practices. Our work on child well-being indicators can also assist child welfare agencies in their efforts to design broad-scale prevention initiatives within their communities that can support and strengthen at-risk children and families.

Conceptual Framework

In our original proposal, Child Trends presented a conceptual framework that sought to relate child well-being indicators to child welfare policies, family practices, and child outcomes (Table 1. Initial Conceptual Framework). Although this approach continues to provide an overarching framework for our efforts, it is too complex at this stage to contribute to the formation of child well-being indicators that can inform child welfare practices and programs given their current state of development. As noted earlier, most states lack basic descriptive information about the health and educational status of children served by the child welfare system. None have access to information about family processes or parent-child practices that can be monitored at a population level.

Our project sought to translate the initial framework into simpler schematics that are presented here as Figures 1 (Indicators of Child Well-Being Associated with Child/Adult Outcomes) and 2 (Conceptual Framework for Child Well-Being Indicators Project). Recognizing that the child welfare system already has its own set of system performance measures and indicators (Box B in Figure 2), the Child Trends initiative was designed to formulate new indicators and measures for assessing child status and well-being (Box A). At some later date, we would hope to develop additional indicators and measures that can help describe family and community capacity (Box C), including constructs such as healthy parenting, parent-child relationships, family strengths, and community support.

Indicator Development

Our primary task in this project was to translate Box A into a set of measurable indicators that child welfare agencies could use to first, describe and monitor the status of the children that they serve, and second, compare the status of this population of children with other groups of children within their community, their state, and the nation as a whole. We were especially interested in developing indicators that would focus on the whole child, not just the child's experience with abuse and neglect. We would in fact argue that the abuse and neglect data are more properly part of the case characteristic indicators that reside within Box B of Figure 2 since the data originate with administrative reports of abuse and neglect, rather than self-reports or direct observation of the child's own experience.

In constructing a set of viable indicators for Box A, we turned to current federal databases that describe the status and well-being of America's children, and to other child well-being indicator projects. We also constructed a set of guiding principles to frame our efforts and provide a basis for comparing our approach to other strategies designed to improve child welfare data quality, such as the set of principles that are shaping federal child welfare outcomes work on safety, permanency, and well-being (see Box 1: Guiding Principles). Our premise is that children served in the child welfare system are indeed comparable to other *children*, and therefore the work that has gone into developing child well-being indicators for the general population and other vulnerable child populations, such as low-income children and children whose families receive welfare, can be used to assess the status of the child welfare population. Furthermore, the use of comparable

indicators can facilitate analyses of areas of strength and risk across different child populations.

Working with the membership of our Consortium on Child Well-being Indicators for Child Welfare Populations over a period of 18 months, we developed a consensual approach that was able to prioritize a limited set of indicators within a broader framework that encompassed child health and health services, education and cognitive skills, and child social and emotional development. We recognized that such indicators needed to be placed within a developmental framework that indicated different levels of maturity (i.e., indicators that are appropriate for infants and toddlers would not be identical to those used for adolescents). We also prepared a five-stage classification scheme for the indicators that could help distinguish those that would serve strictly descriptive or monitoring purposes from indicators that could serve as goals, outcomes, or performance standards. This classification scheme was derived from earlier work by Drs. Brett Brown and Thomas Corbett (2003) that was shared with Consortium members. These include 1) description, 2) monitoring, 3) goal-setting, 4) accountability, and 5) evaluation. We suggest that descriptive data on child well-being alone may justify the collection of new data. We anticipate that some child well-being measures should be the focus of monitoring activities (e.g., repeat placement), that a few should drive goal-setting (e.g. immunization), and that even fewer would warrant use in establishing accountability.

Our assumption is that as agencies gain more collective experience with child well-being indicators, they will begin to align a common set of data elements with the accountability measures that are required by federal legislation and regulatory reforms. These data elements can also provide the basis for assessing prevention strategies. If

properly constructed, child well-being indicators can affirm the importance of looking at multiple elements of a child's status and condition and of monitoring change over time, rather than measuring the success of prevention initiatives by a narrow frame of reference that assesses only services or one or two dimensions of child well-being at a single point in time. For both purposes, moving beyond case statistics to assessment of child well-being represents a major cultural change for organizations that are more comfortable with service statistics. Such a change can affect organizational goals, agency rewards, and actual practice.

Child Well-Being Priority Indicators

In Table 2 (Recommended Child Well-Being Indicators for Child Welfare

Populations) we present the initial group of child well-being indicators that emerged from our final consortium meeting in October 2003. While still a working draft, we agree with Consortium members that Table 2 includes the primary components of child well-being that allow states to improve their data collection arrangements. More detailed discussion of the indicators and the processes that were used in their selection are provided later in this report.

These child well-being indicators are now under consideration for implementation within various states that participated in our consortium discussions, including Florida, Vermont, Kentucky, New Mexico, and California. In Appendix A we have included statements from Consortium members describing their experience with our project, and the ways in which they plan to use the indicator materials.

Despite this strong interest, significant challenges exist. One challenge that persistently emerged throughout our project is concern about the relationship of our child well-being indicators to other initiatives. The federal Child and Family Service Reviews (CFSR), for example, include a set of child well-being indicators within a broader set of child welfare outcomes that also include safety and permanency. The measures used within the CSFR child well-being area, however, consist solely of service-based indicators, namely:

- Families have enhanced capacity to provide for their children's needs,
- Children receive appropriate services to meet their educational needs,
- Children receive adequate services to meet their physical and mental health needs.

While service indicators are part of the broader initiative conceptualized by Child Trends, we do not believe that service-based indicators are the optimal measures of the status of children. Since our effort is child-focused, we seek to develop indicators that best reflect the conditions of the child and family themselves rather than the extent to which agencies have or have not complied with their service requirements for abused and neglected children.

While recognizing the importance of this change in emphasis, members of our Consortium were nevertheless concerned about developing child well-being indicators that could hold them accountable to broader standards of performance than the service requirements currently required by law or regulations. The Brown/Corbett 5-stage classification framework discussed above sought to clarify the distinctions between descriptive, monitoring, and goal-based indicators and those that would be used for accountability purposes, such as performance assessment or evaluation. Nevertheless, discomfort remains within many state agencies in moving too quickly to a goal-based or

monitoring data collection system because of concerns about the ease with which such a system might be translated into standards of accountability. The general public is also easily confused about the purpose and role of indicators. Thus an important part of our project was to work with the media in improving public use and understanding of child well-being indicators as a device to capture significant contextual information in reporting child abuse and neglect stories.

Perhaps more importantly, many states are reluctant to invest data collection resources in developing descriptive or goal-based indicators when they are having difficulties finding funds to develop and maintain basic accountability measures. The emphasis on short-term results and the need to link indicators closely to evaluation efforts constituted major challenges for our work. Many child welfare agencies are involved in litigation or court supervision that holds them accountable for programmatic results within short time periods. The development of indicators that do not inform these immediate needs are frequently viewed as a luxury or long-term investment that cannot be afforded at the present moment.

Another major pragmatic challenge to the development and use of child well-being indicators in the child welfare system is the hesitation within many agencies to use indicators that measure conditions over which they have limited control or programmatic responsibility. For example, some members of our Consortium questioned whether it was appropriate to include measures of the school performance of foster care children as child well-being indicators since child welfare agencies are not in a position to alter key aspects of the learning environments within schools, such as teacher quality or curriculum standards. Deeper concerns about the use of such indicators as accountability

standards can discourage their development, as discussed above. Accordingly, it is critical to distinguish the varied purposes of indicators. Agency officials recognize that such indicators are valuable descriptive tools that can help them monitor the needs and strengths of their caseload populations and thus provide benchmarks for their communities about the nature of their vulnerable child populations.

Despite these challenges, a few states are eager to do a better job in describing and monitoring the status of children within their care and using that information to set targeted community goals. The state of Kentucky, for example, recently conducted the second phase of a state-wide foster care census that describes every child under the state's care. While the size of caseloads in many other states is too large to support similar efforts, a few states have discovered that child well-being indicators can provide basic epidemiological data about the characteristics of their caseload and allow them to focus resources directly on those populations that are in greatest need. Also, court representatives from Florida recently requested a list of the final recommended child well-being indicators to incorporate into a federal grant they received related to technology in the child welfare system.

We expect that the use of indicators will also serve as a basis for assessing programmatic efforts over time, although the turbulence and high rate of exits and entry cohorts of children in the child welfare system constitute other major barriers to rigorous evaluations. This seems likely to push the field toward assessing child well-being among the entire child population, which would enormously augment our understanding of children who are in the child welfare system, at-risk but not in the system, and children more generally, both how they differ and how they are the same.

One important example that provides a possible guide to the future use of child well-being indicators within the child welfare system is the experience of public health agencies in monitoring population health at the community and national level. Over 20 years ago, the U.S. public health system launched *Healthy People 2000*, a health promotion initiative designed to describe and monitor the key health goals of the nation. Public health agencies saw their role as one of articulating the broader health needs of the community rather than focusing solely on the health status of the populations served by public health clinics. The *Healthy People* goals included targets such as reducing smoking behaviors and improving exercise levels at all ages. In developing these goals, some public health agencies argued that their clinics were in a poor position to address smoking or exercise behaviors within their community since they have little direct interaction with most smokers or those who could benefit from more exercise. But by documenting levels of high and low risk within different populations, by helping to target community resources to areas of greatest need, and by associating improved health outcomes with specific programmatic or policy initiatives (such as reduced smoking levels following the adoption of smoking restrictions in area restaurants, for example), public health agencies could help focus attention on strengthening health indicators for the community as a whole. The result is a national goal-oriented initiative that helps to foster the public's health rather than simply improving the operation of public health services.

Indicator Profiles

In working with the members of our Consortium to develop a set of priority indicators, we recognized that it was important to provide further description and analysis of selected indicators. These indicator profiles were prepared for a small group of health indicators, as follows:

- Child disabilities
- Immunizations
- Infant toxicology screens
- Nonfatal unintentional injuries
- Overall child health
- Teen mothers
- Well-baby care

The indicator profiles provide the basis for the beginnings of a technical support effort for public and private agencies, offering detailed analysis about the use of the indicator and the ways in which it is measured. For example, the indicator on child disabilities describes how the indicator is defined, what the prevalence is in the child welfare population, how states, such as Kentucky, are collecting information on the indicator, and suggestions for improving data collection in the area.

Only a limited set of indicator profiles were developed as part of this initial grant. If resources become available, we would expect to prepare a full set for all priority indicators. See Appendix B for examples of the indicator profiles.

Next Steps

As more agencies learn about the child well-being indicators developed by Child Trends, we anticipate that various state and local organizations will want to adapt them to

their own needs. Our hope is that states will be interested in forming partnerships to continue the development of the indicators, to assess their experience with them, and to compare their quality and the opportunities and challenges to their use with the use of child well-being data in other state-based systems, such as welfare reform, education, and public health.

Two key questions emerged late in the discussions of our consortium: (1) Does the population of children who are monitored by child welfare agencies have certain unique characteristics or conditions that make them more difficult to serve or assess than other groups of vulnerable children? and (2) Does the population of children who have experienced abuse and/or neglect demonstrate certain behaviors, attitudes, or beliefs that are not routinely captured by existing surveys and assessment tools designed for general child populations?

It is premature to formulate definitive responses to these two questions, since only limited data collection efforts have begun to assess the general health, education, and socio-emotional status of children in the child welfare system. For this reason, we believe it is essential to compare what can be learned from child well-being indicators for populations of children within and outside the child welfare system, as discussed in the following section.

NSCAW/NSAF DATA ANALYSIS

Child well-being indicators are especially useful when they can associate certain key characteristics within a population with desired outcomes or with selected programs, policies, or practices. Knowing that the immunization status of children in foster care is lower than that of their surrounding community, for example, helps child welfare agencies to examine the quality of health care for children under their supervision and to collaborate with targeted interventions to improve immunization rates. Similarly, knowing that the rates of asthma, school performance, or weight and growth rates for foster care children are significantly different than those of their peers provides some insight into the need for specialized health and educational services to support these children.

Making such comparisons requires the use of valid and reliable indicators from selected populations of children. At present, the entire child welfare system lacks the capacity to collect data in a form that can support such analyses or comparisons on a routine basis. Little is known about the overall health or educational status of children in foster care, their socio-emotional development, or their long-term health, employment, or social relationship outcomes. An initial Research Brief prepared under this grant during the first year of our project, titled *The Multiple Dimensions of Child Abuse and Neglect* (May 2002), highlighted these shortcomings in the data collection system and also described opportunities to improve data quality for the child welfare population.

In the second year of our project, Child Trends developed a research study of the status of foster care children through an innovative analytical approach that combined two different data sets: the National Survey of Child and Adolescent Well-Being (NSCAW), and the National Survey of America's Families (NSAF). The two data sets are quite different, but they have enough similarities to compare the status of children in foster care and non-foster care homes. A summary of our analysis has been prepared and will soon be published as a forthcoming Research Brief titled *Children in Foster Homes: How Are They Faring?* (see Appendix D). A preliminary description of the methodology for this study was also presented as a paper by lead author Sharon Vandivere, senior research analyst at Child Trends, at the 8th International Family Violence Research Conference organized by the University of New Hampshire in July 2003 (see Appendix D for a copy of the presentation).

The NSCAW is a longitudinal survey that collected information about a large number of children under age 13 who have had contact with child welfare services, including 1,279 children living in foster care homes in 2000. NSCAW provides a basis for comparing variation among foster children as a group, but it lacks the capacity to compare the status of foster and non-foster care children.

The NSAF is a cross-sectional (or "snapshot") survey of over 44,000 households in the United States. The survey was designed to represent the entire civilian, non-institutionalized population under age 65. The total numbers of children in foster homes within NSAF is small, but the combination of two years of data (1997 and 1999) yields a sample of 669 foster children, as well as nearly 60,000 children not in foster care, under age 15. The information on children in the NSAF survey is less detailed than that

collected by NSCAW, but the use of identical methods in some areas provides a basis for a comparative analysis that is reported in our Research Brief.

See Appendix F for a description of special challenges associated with obtaining the NSCAW dataset.

CONSORTIUM ON CHILD WELL-BEING INDICATORS FOR CHILD WELFARE POPULATIONS

One of the primary activities of the Child Trends project was the formation and development of a national Consortium on Child Well-Being Indicators for Child Welfare Populations (CWBC). The Consortium met in Washington, DC three times over the past two years. Its membership consisted of child welfare officials from state and county agencies, academic experts, and service providers in areas such as medicine and law. A detailed description of the Consortium membership and meeting summaries is included in Appendix A. Alison Gibbons, research analyst at Child Trends, served as the manager for the Consortium under the supervision of project director Rosemary Chalk.

Three consortium meetings were held in 2002 and 2003 that focused on several key topics:

- Definitions and use of child well-being indicators (meeting #1)
- Research on child well-being among child welfare populations (meeting #1)
- The health status of children in foster care (meeting #2)
- Organization and delivery of health care services for foster care children (meeting #2)
- Review of candidate child well-being indicators (meeting #3)
- Selection of priority indicators and candidates for indicator profiles (meeting #3)

Each meeting included invited speakers and guests who reviewed designated topics and examined their relationship to the broader consortium goal of designing child well-being indicators for the child welfare population. Speakers included:

- **Richard Barth, *Frank A. Daniels Professor and Chair of the Doctoral Program, School of Social Work, University of North Carolina***
- Jennifer Brooks, *Senior Research Associate, Child Trends*

- Brett Brown, *Senior Research Associate*, Child Trends
- Howard Dubowitz, *Director, Child Protection Team*, University of Maryland School of Medicine
- Jennifer Ehrle, *Research Associate*, Urban Institute
- Rob Geen, *Senior Research Associate*, Urban Institute
- Ruth Huebner, *Child Welfare Researcher*, Kentucky Cabinet for Families and Children
- Charles Homer, *President and CEO*, National Initiative for Children's Healthcare Quality
- Cindy Lederman, *Administrative Judge*, Eleventh Judicial Circuit Court of Florida
- Jan McCarthy, *Director of Child Welfare Policy*, Georgetown University Child Development Center
- Kristin Moore, *President and Senior Scholar*, Child Trends
- Susan Notkin, *Director*, Center for Community Partnerships in Child Welfare
- Bonnie Strickland, *Chief, Integrated Services Branch*, Maternal and Child Health Bureau
- Moira Szilagyi, *Member, National Committee on Early Childhood, Adoption, and Dependent Care*, American Academy of Pediatrics
- Sharon Vandivere, *Senior Research Analyst*, Child Trends
- Richard Wertheimer, *Vice President for Internal Management*, Child Trends
- Maria Woolverton, Georgetown University Child Development Center
- Fred Wulczyn, *Research Fellow*, Chapin Hall Center for Children

The goal, and the accomplishment, of the Consortium was identification of a short set of indicators of child well-being for use in the child welfare field. Further information on this group and on the selected indicators is provided in Appendix B.

MEDIA ROUNDTABLE AND HANDBOOK

In the second year of our grant, Child Trends created a Media Roundtable, designed to improve the quality of media coverage of child abuse and neglect through the use of data and indicators that could provide contextual information about individual cases. This strategy was designed to focus attention beyond the immediate circumstances of a particular case to the broader issues of parenting strategies, points of stress and vulnerability within families, and the role of community supports for vulnerable children.

The Media Roundtable consisted of 13 representatives from print and broadcast media (see list of participants in Appendix C). Two meetings were held in May and December 2003 at the Child Trends' offices in Washington, DC. Invited speakers attended each session, describing specific stories about child abuse and neglect, opportunities and challenges with the use of data in stories about children and families, “facts and factoids” in child abuse stories, potential resources that could enhance individual stories, how the coverage of contextual factors within child abuse stories compares with other journalism about children and families (such as teen pregnancy, welfare reform, youth crime, and health care), and the difficulties of covering child abuse prevention initiatives when there is no incident or event that could provide a journalistic “hook” for such material.

Speakers included:

- Richard Gelles, *Dean*, School of Social Work at the University of Pennsylvania and author of numerous books and publications about child abuse and child welfare;
- Beth Frerking, *Director*, Casey Journalism Center, University of Maryland
- Brett Brown, *Director*, Child Trends Databank, Child Trends
- Kristin Moore, *President and Senior Scholar*, Child Trends

Discussions in the first meeting of the Media Roundtable focused on the importance of “day two” or “takeout” stories about child abuse cases, in which journalists often have greater opportunity to draw upon research findings and trend data to inform the public. The participants emphasized the need for resource materials that could provide rapid access to relevant statistics, data sources, and individual experts for city desk editors and reporters who might not be familiar with relevant information sources when child maltreatment cases emerge within their communities. Kris Moore offered a framework in the Roundtable discussions that drew from the research histories of teen childbearing and welfare reform to illustrate how stories about the problems of children and families mature over time, moving from individual case scenarios and stereotypical themes to broader coverage of underlying issues, contextual factors, policy reforms, and analysis of trends and data (see Table 3).

Building on this theme, a draft resource handbook was prepared for review and discussion at the second meeting of the Media Roundtable. The handbook was created by Rosemary Chalk, Alison Gibbons, Karen Jaffe and Amber Moore of Child Trends, and was reviewed in advance of the December meeting by three journalists: Jack Kresnak, *Detroit Free Press*; Barbara White Stack, *Pittsburgh Post-Gazette*; and Cheryl Wetzstein, *Washington Times*. These reviews provided additional guidance and resource material that were subsequently incorporated into the draft handbook.

Participants in the second roundtable represented broadcast media (CNN, National Public Radio) as well as print sources. They emphasized the role of “character” in interpreting data sources and the importance of obtaining objective, reliable, and easily

accessible experts who could interpret trends and findings for a broad public audience. Such sources are difficult to locate on short notice, and they recommended revisions in the draft handbook to make the research materials more relevant to reporters needs and queries.

The goal, and the accomplishment, of the Roundtable was to obtain insight into the pressures and needs of journalists and other reporters and to develop a handbook and other materials that will provide background information for reporters working on child abuse, neglect, and foster care stories. Additional materials regarding the Media Roundtable meetings and the Media Handbook are included in Appendix C.

RESEARCH BRIEFS, OTHER PUBLICATIONS, AND PROJECT PRESENTATIONS

As noted, two research briefs were prepared by Child Trends staff with funds provided by the Doris Duke Charitable Foundation. These briefs were part of a longer series of research and policy publications that Child Trends provides on topics relevant to children and families. The research briefs are distributed to an audience of about 5,000 individuals, including policy officials in federal, state, and local government agencies; practitioners in child welfare, health care, educational, and other social service centers; and the academic research community. In addition, project staff prepared a series of presentations for professional meetings describing project activities and data analyses.

In the first brief, authors Rosemary Chalk, Alison Gibbons, and Harriet Scarupa highlighted the absence of information about the outcomes of child abuse and neglect in several critical areas — physical and mental health; cognitive and educational attainment; and social and behavioral development. They reported that while persistent media attention has focused on extreme cases and the immediate markers of child maltreatment, the general population lacks sources of authoritative information that can describe the broader dimensions and severity of this problem, the demographic characteristics of its victims, and the long-term consequences of abuse and neglect as a social problem. The brief concludes with the need to develop reliable indicators to assess and monitor the outcomes of children reported for abuse and neglect.

In the second Research Brief produced under this grant, authors Sharon Vandivere, Kristin A. Moore, and Rosemary Chalk draw upon the NSCAW and NSAF comparative data analysis discussed earlier in this report to describe the status of children

in foster care homes and to compare their conditions with other groups of children. The brief, scheduled for publication by Child Trends in late December 2003, provides one of the first detailed glimpses of the relative status of children in foster care as a population (most of whom have been placed in out of home care as a result of their experience with abuse and neglect). The authors observe the paucity of data about the health, well-being, and socio-emotional development of foster care children and the persistent gaps in our knowledge about this vulnerable child population. They report that while data analyses indicated that many foster children fare worse than other children in some areas that are critical to their development, the vast majority have characteristics that can support their positive development, including health insurance coverage (providing access to health care services), strong relationships with foster parents or other adults, religiosity, and positive expectations for their adult lives. The Child Trends' Research Brief also illustrates the diversity of the foster care population: while a few children report engaging in delinquent behaviors or using drugs early in adolescence, the status of most is comparable to other children in similar social-economic circumstances. What is particularly worrisome, however, are caregiver reports of the high incidence of behavioral and emotional problems within the foster care population. Clinical levels of such problems are reported in the NSCAW data for 47% of younger children (ages 6 to 11 years) and 40% of pre-adolescents (ages 12 to 14). This discrepancy suggests that foster care children are likely to have such problems at levels that are four times higher than their peers who do not live in foster care homes. In the final section of the brief, the authors highlight promising policies and practices that constitute sources of support and prevention for this highly vulnerable population.

Under the terms of the original grant proposal, we expected to prepare two data summaries describing broad statistical trends that illustrate the age, ethnicity, and gender as well as health, educational, and socio-emotional status of children who have been reported for child abuse and neglect. Draft data summaries for the child welfare and child abuse and neglect populations of children were prepared by Alison Gibbons and Melissa Long in early 2003, and one draft (the child abuse and neglect data summary) was shared with the project officer and others during a meeting of DDCF grantees in May 2003. Participants in the meeting did not find the draft data summary useful, however, and indicated that the presentation of statistical trend data without interpretation or analysis could offer an unfavorable profile of this population of children. Further work on the data summaries was subsequently suspended although the research material was helpful in contributing to the NSCAW-NSAF Research Brief discussed above, as well as the preparation of materials for the Media Roundtable and Consortium meetings.

We note that during the fall of 2003, the Pew Commission on Children in Foster Care published data summaries that were remarkably similar to those that had been drafted by our staff. A copy of the Pew Commission analysis is enclosed in Appendix E as an information item.

One other set of materials prepared partially with funds from this grant involves an indicator on infant homicide data that was created as part of the Child Trends DataBank series. General support for the DataBank is provided by other funders, but in Fall 2002 staff from the DDCF project were invited to review draft materials on trends in infant homicide rates, which showed a disturbing rate of growth during a period when teen homicide rates were declining. Rosemary Chalk helped to frame the indicator, and

suggested data sources and analytic references. The infant homicide indicator can be located at: <http://www.childtrendsdatabank.org/indicators/72InfantHomicide.cfm>. The release of the indicator prompted stories in the *Washington Post* and was picked up from there by the *Boston Globe* and numerous other sources. Subsequently, that drew attention from governmental officials, including queries for further information from the office of House Speaker Rep. Tom DeLay.

In addition to these publications, project staff presented a series of presentations on our work to various professional meetings, including child abuse and neglect conferences, child welfare meetings, and state conferences on foster care data analysis. A listing of these presentations is included as Appendix D.

CONCLUDING OBSERVATIONS

This initial project on the use of indicators and trend data in the analysis and coverage of child abuse and neglect cases has illustrated some of the real opportunities for collaboration and research in this field, as well as some of the daunting challenges and barriers that restrict such efforts. We view this work as Phase 1 of a longer-term effort and remain hopeful that resources will become available to support future activities.

On the positive side, project staff witnessed a fundamental transformation among our Consortium meetings over the course of the project, as many members changed from skeptics about the role and use of child well-being indicators to a more receptive audience that encouraged the development of this material in forms that could eventually be useful to them. Our staff developed an innovative approach in combining the NSCAW and NSAF databases that we believe will yield richer analyses and informative guidance in preparing future indicators. The conceptual framework of indicators within our project has now been completed and state agencies in Florida, Kentucky, California and elsewhere are considering how it might be implemented within their own data collection systems. Our Research Briefs provide important resource and research tools for a broad policy and research audience. The Media Roundtables and Handbook are foundational efforts in improving the quality of journalism for child abuse and neglect stories.

Yet significant challenges remain. State agencies remain concerned about how to retain the distinctions between descriptive, monitoring, and goal-oriented indicators. They are fearful that such data can evolve too quickly into standards of performance

assessment and evaluation within a federal oversight process that has the potential to impose penalties. Child welfare agencies continue to face limited resources and dwindling budgets in the face of large caseloads as well as a public that holds them accountable for system failures. They remain focused on finding ways to demonstrate areas of success and improvement, rather than documenting the multiple and complex dimensions of the status and well-being of children under their care, especially in areas that are beyond their immediate control. Few resources exist at a system level for the types of innovative changes that would be necessary to introduce child well-being indicators at a state or county level.

Despite these challenges, we are optimistic. Broad consensus emerged in our Consortium discussions about the framework of indicators that we presented and the priority rankings that were achieved at the final meeting. Some agencies are now taking steps to translate these indicators and rankings into operational reforms. The participants in our Media Roundtable demonstrated enthusiasm for the handbook, even in draft form, and have indicated a willingness to endorse its use for their colleagues. Our combined dataset analysis of the NSCAW and NSAF data demonstrates that such strategies are achievable and have the potential to enrich our understanding of the relationship between population characteristics and factors and pathways that lead to positive and negative child and adult outcomes.

One important topic that emerged within our project is the need to develop indicators of “healthy parenting” that can be used to assess families reported for abuse and neglect as well as families in other dysfunctional settings or the general population. Such indicators are important in deepening our understanding of the types of patterns and

relationships that exist within troubled families as well as the presence or absence of key factors and formal and informal arrangements that can serve as tools of prevention. This is a central theme that we would want to explore further in future versions of this initiative. Our work on child well-being indicators remains important, but it needs to be complemented with other strategies that focus on the dynamics of how parents interact with their children during times of stress and disorder.

Figure 1.
Indicators of Child Well-Being Associated with
Child/Adult Outcomes

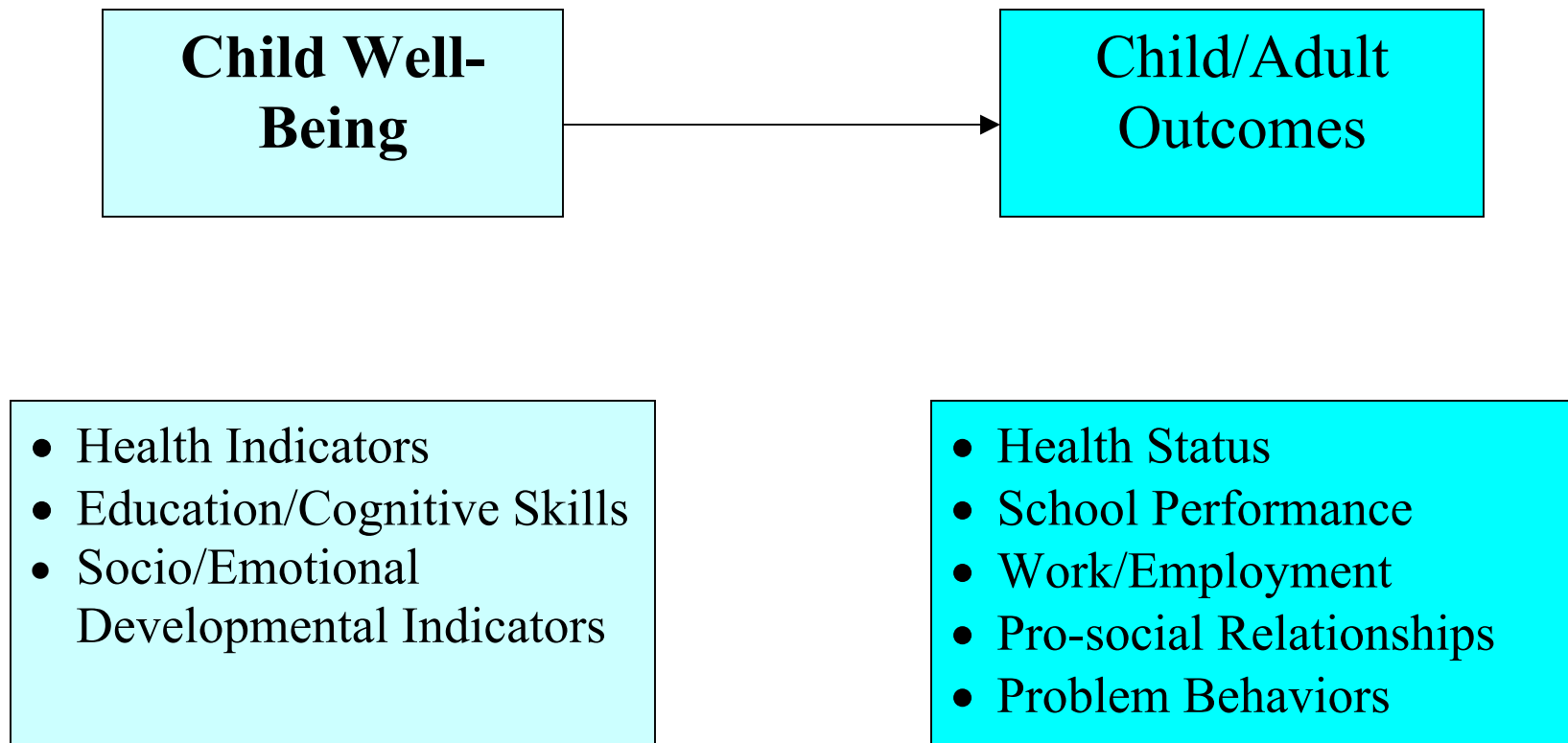


Figure 2.
**Conceptual Framework for Child Well-Being
Indicators Project**

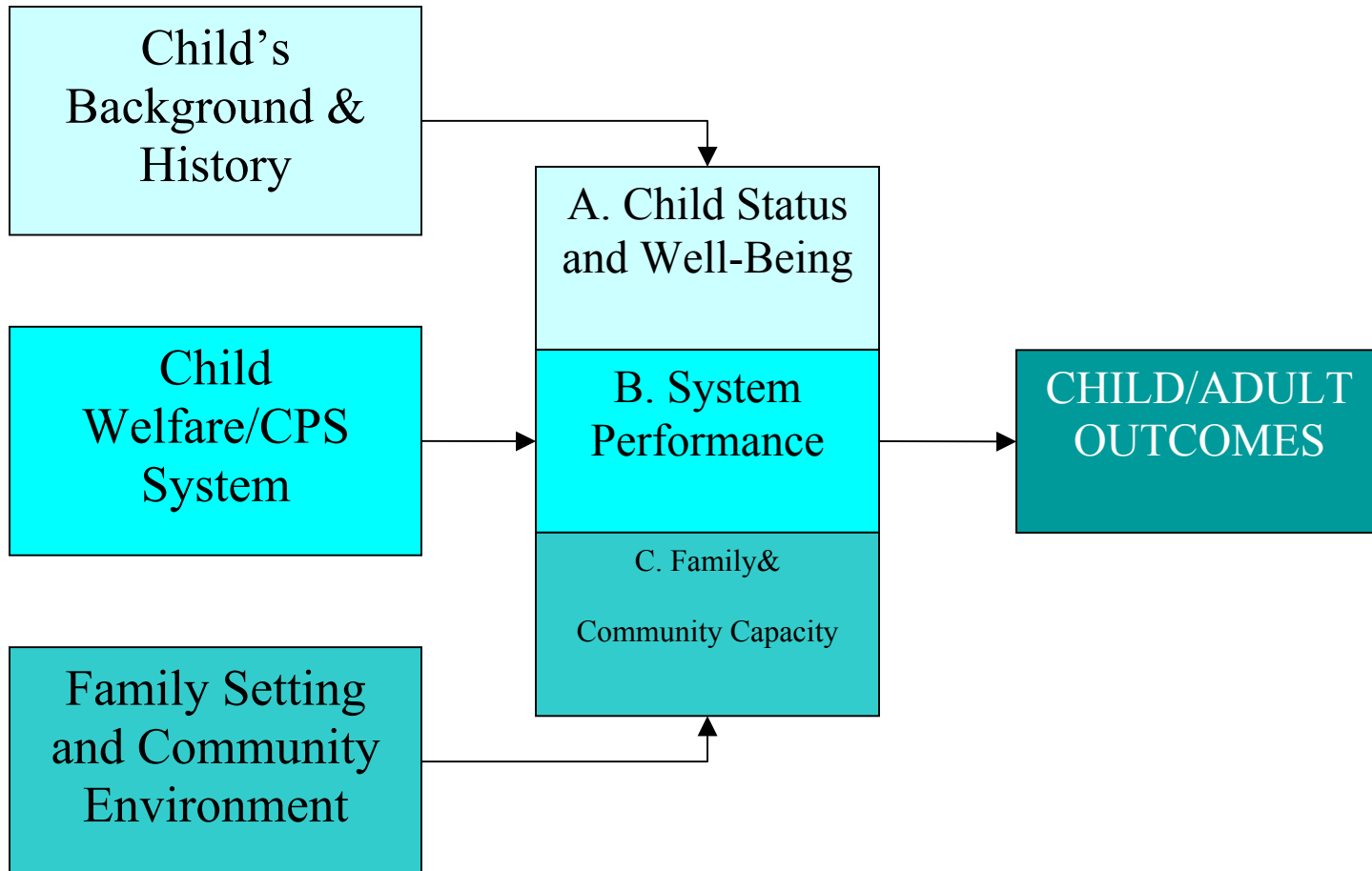


Table 1. Initial Conceptual Framework

**Conceptual Framework for Examining
RELATIONSHIPS among CWS/CPS Policies,
Family Structure and Environmental Processes, and
Child Outcomesⁱ**

Federal and State Policiesⁱⁱ	Policy Impact^{iiiiv}	Other Areas Affected by Policy	Child's Environment	Child Outcomes
Child Abuse Prevention and Treatment Act (CAPTA)	Reports of child abuse and neglect Child protection system	Identification of risk factors for vulnerable families	Sources of supervision and stability in the home	Safety and well-being
Adoption and Safe Families Act (ASFA) (1997)	Timing of placement and custody decisions Judicial interventions Permanency	Psycho/emotional wellbeing of parents and caregivers	Stability, turbulence, and stress management	Attachment and engagement
Multi-Ethnic Placement Act (MEPA) (1993) Interethnic Adoption Provisions (1996)	Family support Kinship Care Extended family and ethnic/cultural continuity	Family relationships (formal/informal) Family processes	Quality of home environment Social support	Education and cognitive development
Title IV-E Foster Care Program and Adoption Assistance Program	Child welfare system Access to services Education and job training	Social network patterns Income and employment	Family structure Parenting practices Parent/child communication	Social and emotional well-being
Title IV-B Child Welfare Services Program		Attitudes regarding parent/child behaviors	Disciplinary and conflict resolution practices	

Title IV-E Independent Living Program		Access to mental health services	Self-concept and Self-esteem (Parent and/or child)	
Title XX Social Services Block Grant		Access to health services	Health conditions (parent, child, other household members)	Health status of child
Temporary Assistance to Needy Families (TANF)	Income and other economic resources	Access to employment and educational programs	Use of health resources	
State definitions of abuse and neglect	Safety and protection	Domestic violence	Perceived safety in the home	Violence and victimization experiences
		Level of community violence	Perceived safety in the neighborhood	

Table 2. Recommended Child Well-Being Indicators for Child Welfare Populations^{v,vi}	DESCRIPTION ^{vii}	MONITORING ^{viii}	GOALS ^{ix}	OUTCOMES-BASED ACCOUNTABILITY ^x	EVALUATION ^{xi}
OVERALL: A. Child Health and Health Services (High Priority “Short List”)					
• Age of mother at time of first birth (17 and younger)	X				
• # and % of children aged 19-35 months who receive recommended vaccines	X	X	X		
• Overall child health rating by caregiver as very good or excellent	X				
• # and % of youth with substance abuse issues (smoke cigarettes regularly, problem drinking, use of illicit drugs)	X				
• # and % of children who have some professional diagnosis for psychiatric illness	X				
• # and % of children with emergency room visits with injuries	X				
A1: Measures of Healthy Beginnings					
• Age of mother at time of first birth (17 and younger)	X				
• # and % of mothers who self-report prenatal use of drugs or alcohol in excess of clinical guidelines	X				
• Birthweight and prematurity	X				
A2: Measures of Preventive and Routine Health Care					

• # and % of children aged 19 to 35 months who receive recommended vaccines	X				
• Persons with a usual care provider (person or place)	X				
A3: Measures of Physical Health and Nutrition					
• Overall child health rating by caregiver as very good or excellent	X				
• Height and weight	X				
• # and % of adolescents with substance abuse issues (smoke cigarettes regularly, problem drinking, use of illicit drugs) and sexual risk-taking behaviors	X	X			
A4: Measures of Oral Health					
• # and % of children 3 and older who receive annual dental exams	X				
• # and % of children with no dental caries at age 5	X				
• # and % of children at age 6 with untreated dental problems	X				
A5: Measures of Mental Health					
• # and % of children who have some professional diagnosis for psychiatric illness	X				
• # and % of children who take medication for mental health disorders	X				
• Capacity to cope with stress, and to engage in personally meaningful activities and relationships (ages 12-18)	X				
A6: Measures of Healthy and Safe Environments					
• # and % of children with injuries requiring medical assistance	X				
• # and % of children with substantiated or confirmed (open) cases of abuse and neglect following placement	X				
• # and % of children with recurrence of child maltreatment within 12-month period	X				
• # and % of children who have witnessed domestic violence	X				

OVERALL: B. Education and Cognitive Skills (High Priority “Short List”)

• # and % of children who have ever attended an accredited nursery school, pre-K, or Head Start program by the time of kindergarten entry (ages 0-5)	X				
• # and % of children who are on grade-level by age	X				
• # and % of children demonstrating proficient, advanced, basic, or below basic scores on reading and math achievement tests for 4 th , 8 th , and 12 th graders	X				
• # and % of children who graduate high school	X				
• # and % of children absent 3+ days in previous month	X	X	X		
• # and % of children who change schools/continuity of schools/2 or more moves not for grade promotion	X				

B1: Measures of Participation in Early Childhood Education Programs

• # and % of children who have ever attended an accredited nursery school, pre-K, or Head Start program by the time of kindergarten entry (ages 0-5)	X	X			
• # and % of children with developmental delays and learning disabilities who participate in preschool programs	X				
• # and % of children ages 3+ who ever had learning disabilities	X				

B2: Measures of School Enrollment, Engagement, and Grade-Level Performance

• # and % of children who are on grade-level by age	X				
• # and % of children demonstrating proficient, advanced, basic, or below basic scores on reading and math achievement tests for 4 th , 8 th , and 12 th graders	X				
• # and % of children who graduate from high school	X				
• # and % of children absent 3+ days in previous month	X				

B3: Measures of Participation in Extracurricular Programs					
• # and % of children who attend extracurricular program 1time per week	X				
<i>OVERALL: C. Social and Emotional Development^{xii} (High Priority “Short List”)</i>					
• Relationships (e.g., with a caring adult)					
• Status (e.g., developmental status)					
• Services (e.g., getting needed services)					
• Community (e.g., being engaged with a community)					
• Future (e.g., basic life skills)					
C1: Measures of Quality Care During Formative Years					
• # and % of 3- to 5-year olds enrolled in a quality early care and/or education program (e.g., Head Start, pre-k, nursery)	X				
C2: Measures of Home Environment and Child Development					
• # and % of children whose families read to them or tell them stories regularly (ages 0-8)	X				
• Proportion of children less than 13 years old in latchkey situations	X				
• Child attends religious/cultural/community events with friends/family/mentor/caring adult	X				
• Child feels cared about by adults, teachers around them	X				
• Child has an adult they can go to for help	X				
• Child feels safe	X				
C3: Measures of Developmental Screening and Intervention Services					
• # and % of children who receive developmental screenings	X	X			
• # and % of children identified as having special needs by kindergarten entry	X				

• # and % of eligible children in early intervention programs	X				
• # and % of children identified with disabilities who are referred to developmental services by kindergarten entry	X				
• # and % of children with learning disabilities and/or developmental delays	X				
C4: Measures of Developmentally Appropriate Behaviors and Attitudes					
• # and % 0-3 year olds with trusting relationship with primary caregiver	X				
• # and % of children with good conflict resolution and interpersonal problem-solving skills (ages 6-11)	X				
• # and % of children with strong, positive self-image (competent, efficacious) (ages 6-11)	X				
• # and % of youth who have goals and believe they can attain them (hope)	X				
• # and % of children with one or more close friends (can be a sibling)	X				
• # and % of youth arrested for violent crimes in the past year (ages 10-17)	X				
C5: Measures of Youth Development					
• # and % of high school seniors actively engaged in activities or hobbies such as: see friends, read, do sports, work around the house, play music, do art, or write on a daily basis	X				
• # and % of youth involved in postsecondary education	X				
• # and % of youth aged 15 and older with basic life skills	X	X	<u>X</u>		

ⁱ Figure adapted from Figure 3.1 “How welfare policies might affect children: A conceptual framework” (Child Trends, 1999).

ⁱⁱ Courtney, ME 1998. *The Future of Children*.

ⁱⁱⁱ See, for example, discussion in DHHS, June 1999. *Changing Paradigms of Child Welfare Practice: Responding to Opportunities and Challenges*. ACF Children’s Bureau.

^{iv} See Figure 3.2 Core Children’s Services Outcome Indicators in The Casey Outcomes and Decision-Making Project, 1998. *Assessing Outcomes in Child Welfare Services; Principles, Concepts, and Framework of Core Outcome Indicators*. American Humane Association, Children’s Division.

Source: Chalk, R. and K. Moore, Child Trends, Washington, DC.

^v Indicators in this table were derived from multiple sources, including: Brown, B.V. (1997). Indicators of children’s well-being: A review of current indicators based on data from the federal statistical system. In R.M. Hauser, B.V. Brown, & W.R. Prosser (Eds.), *Indicators of children’s well-being* (pp. 3-35). New York, NY: Russell Sage; First 5 Statewide Evaluation Team. (2002). *Child, family, & community indicators book*. Sacramento, CA: The California Children and Families Commission; Hair, E.C., Moore, K.A., Hunter, D., Kaye, J.W. (Eds.). (2002). Clark youth development outcomes compendium. Edna McConnell Clark Foundation & Child Trends; Healthy People 2010. Centers for Disease Control and Prevention, National Center for Health Statistics. Available at www.cdc.gov/nchs/hphome.

^{vi} The table is organized by three major domains: health, education, and social and emotional development. The indicators listed under the “overall” category for each domain are the recommended indicators for that whole domain. Then each domain is broken down into multiple subcategories, and recommended indicators are listed for each of those. The overall indicators are comprised of indicators from the subcategories, thus, there is duplication.

^{vii} Description: Indicators in this category describe the condition of children and families. See p. 29 of Brown, B.V., & Corbett, T. (2003). Social indicators as tools of public policy. In R.P. Weissberg, H.J. Walberg, M.U. O’Brien, & C.B. Kuster (Eds.), *Long-term trends in the well-being of children and youth* (pp. 27-49). Washington, DC: Child Welfare League of America.

^{viii} Monitoring: Indicators in this category “provide a means for identifying emerging, waning, and continuing needs of children and their families, needs that may be amenable to change through intentional intervention.” See p. 30 of Brown & Corbett (2003).

^{ix} Goals: Indicators in this category “serve as focal points around which to organize social action in an effective and coordinated manner. Unlike simple monitoring, goals are associated with an active plan to improve social well-being along one or more specified dimensions.” See p. 31 of Brown & Corbett (2003).

^x Outcomes-Based Accountability: Indicators in this category are basically “goals with attached consequences.” See p. 33 of Brown & Corbett (2003).

^{xi} Evaluation: Indicators are rarely used in causal evaluations of programs and policies, but new methods of evaluation are being developed in which aggregate indicators “represent the intermediate and long-term goals of each initiative and are the ultimate measuring sticks for the initiative’s success or failure.” See p. 37 of Brown & Corbett (2003).

^{xii} Instead of choosing overall indicators for this area, these 5 constructs were recommended by the social and emotional development small group. See the subcategories under this area for specific indicator recommendations.

Table 3.
Patterns of Media Coverage of Selected Children’s Issues

	Topics		
	Welfare	Teen Childbearing	Child Abuse/Neglect
What has been the initial focus?	Mothers (e.g., (welfare queens), and taxpayer’s money	Mothers and money (costs to taxpayers, e.g., school dropouts)	Abusive parents and horrific incidents
What is the public perception of trends? (levels?)	Rolls are declining (but the public doesn’t know this)	Rates are declining (but the public doesn’t know this)	Rates fell and may be rising slightly, but the public seems to see this as a greatly increased issue.
What is the role of research?	Have rich data: over time analyses, experimental data, and there is more of a focus on child outcomes	Rich debate on cost, consequences, and causes; have experimental data	Case-level research, some local studies; thin research base compared to welfare and teen births
When is the public interest engaged?	Parents going to work under welfare reform has altered the debate; hear now about child care, mental health and substance abuse; importance of job skills	Abstinence, abortion, contraceptive use, the role of men, marriage	Specific incident involving a single child, and discussion around family preservation
What are common responses? (policy)	Getting recipients to work, job training, time limits for benefits, family supports (e.g., child care), and family formation	Prevention, reproductive health services, focus on youth development and abstinence to delay first sexual encounter	Punishment, parenting education approaches
How are statistics and data used?	Descriptive information, then moved to longitudinal research; developed indicators; now experimental research	Descriptive, longitudinal; indicators; experimental intervention strategies	Caseload (descriptive) at the state/national level; most studies look at families already in the system. For the most part, has not yet moved to the next levels.

<p>What is the treatment of race/ethnicity and social disadvantage?</p>	<p>Questions in national studies regarding family background, SES, etc.</p>	<p>Questions regarding fertility are included in labor force surveys and education, so have a wealth of data on family formation</p>	<p>Race, gender, and age of child; NSCAW (National Survey of Child and Adolescent Well-Being) - a survey of people in the system may provide richer information</p>
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Box 1. Guiding Principles

GUIDING PRINCIPLES FOR <i>FEDERAL</i> CHILD WELFARE OUTCOMES^{xiii}	GUIDING PRINCIPLES FOR CHILD WELL-BEING INDICATORS PROPOSED BY <i>CHILD TRENDS</i>
<ol style="list-style-type: none"> 1. The outcome measures should reflect performance that is to a large extent within the control of state child welfare systems. 2. The outcome measures should be assessed in ways that limit the potential for misinterpretation. 3. The outcome measures should be used to assess the continuous improvement of each state over time, rather than compare the performance of states with one another. 4. The outcome measures should be based on data that are available through existing data collection systems in order to limit the reporting burden on the states. 	<ol style="list-style-type: none"> 1. The outcome measures should reflect the overall status of the child and family, including but not restricted to those areas that are the focus of child welfare services. 2. Where possible, the outcome measures should draw on science-based indicators with demonstrated reliability and validity. Outcome measures should also build upon those customarily used in research studies to facilitate analyses and comparisons 3. The outcome measures should reflect developmental processes for different age groups. The measures should provide the basis for regional, state, and national comparisons, over time where feasible. 4. The outcome measures should draw upon data that are available through existing health and educational data collection systems in order to limit the reporting burden on the states. 5. The outcome measures should allow states to compare the status of their child welfare population with other vulnerable child populations. 6. The outcome measures should be collected on a routine basis to allow for analyses of differences that may be associated with changes in policy, practice, or programs.