

CBCAP PART and Outcomes Workgroup

Recommendations Working Paper

(2/23/06)

Purpose

This document was written in response to the OMB Program Assessment Rating Tool (PART) process and the resulting need for more evidence on the effectiveness of the CBCAP Program. The PART process has increasingly been used as an important factor in Federal funding decisions and it is critical that programs maintain positive ratings. The CBCAP PART and Outcomes Workgroup was charged with the important task of developing recommendations for additional outcomes and efficiency measures for the program. In addition, the workgroup was established to insure that the recommendations reflect outcomes and measures that were relevant to the work of CBCAP Lead Agencies across the country.

For these reasons, it is critical that CBCAP Lead Agencies review this document completely and consider the following questions:

1. Will the suggested CBCAP outcomes measure what we want to measure in terms of change at the individual, community and societal levels?
2. Please rank the outcomes in the order of their importance and their relevance to CBCAP programs at the national level.
3. What are your recommendations for a common reporting format and process for data collection and administration for CBCAP across all the States?
4. Is there a key outcome or indicator that we have not included that should be? What are we missing?

Background

- In April 2004, the CBCAP Program went through the initial submission for the OMB PART. Two outcome measures were submitted and one was approved by OMB. The measures use data from the National Child Abuse and Neglect Reporting System (NCANDS):
 - Reduce the rate of first-time victims (APPROVED MEASURE)
 - Reduce the rate of first time perpetrators (NOT APPROVED, BUT STILL BEING MONITORED)
- After OMB's initial review, the CBCAP PART score was determined to be 43% or Results Not Demonstrated since the program lacked independent evaluations and did not have an efficiency measure.
- The Office on Child Abuse and Neglect, with FRIENDS, convened the CBCAP PART and Outcomes Workgroup to demonstrate our commitment to generating stronger evidence about the effectiveness of CBCAP and child abuse prevention efforts.

Summary of the Key Accomplishments

- In response to the concerns raised during the 2005 CBCAP grantees meeting regarding the limitations of the current measures, OCAN with the assistance of FRIENDS convened two follow-up conference calls with all the States in July 2005. An initial draft Logic Model for CBCAP was developed and shared with the States.
- States were invited to participate in a PART Workgroup on a voluntary basis to do some follow-up work on proposing additional outcome and efficiency measures that would be more meaningful for CBCAP programs. More information about the workgroup is provided in the next section.

- From August 2005 to February 2006, the workgroup met 13 times via bimonthly and monthly conference calls to propose additional recommendations and measures.
 - The group recommended additional efficiency measures which are currently under review with HHS/OMB.
 - After brainstorming several recommendations and ranking them in order of highest priority, the group overwhelmingly agreed that a protective factor framework was needed to guide the recommendations for outcomes and indicators.
 - The group updated and revised the Logic Model to reflect an ecological perspective for the program. The group agreed that we must consider the impacts of the program at the individual, family/ relationship, community, and societal levels. A one-page CBCAP conceptual framework was also developed to capture the program's theory of change in an easy-to-read format.
 - A list of definitions for protective factors was developed.
 - A draft survey was developed to capture the increase in protective factors for individuals being served by CBCAP. Additional outcomes and indicators to capture the impact at the community and societal levels were added to the Logic Model with suggestions for possible data sources that States could use.
 - See attachments for all the documents created.

Purpose of the CBCAP PART and Outcomes Work Group

The workgroup was comprised of CBCAP Lead Agency contacts from 16 States, FRIENDS staff and partners, Walter R. MacDonald and Associates NCANDS Technical Assistance (TA) Team, one Regional staff and Children's Bureau staff. The workgroup's immediate charge was to develop suggestions for CBCAP program outcome and efficiency measures that can be recommended to OMB for the PART process. OMB prefers efficiency measures that demonstrate outcomes/ results in relation to dollars spent – with the goal of setting targets to decrease costs over time.

The group agreed on several guiding principles for recommending PART Measures:

- Keep recommendations simple
- Consider data sources and use existing data whenever possible
- Need to minimize data collection burden on States
- Share what we do with rest of CBCAP leads for input
- Recognize that recommendations sent forward are subject to review and approval by ACF/HHS and we do not have a lot of control on that part of the process
- Only recommend the minimum outcomes and efficiency measures for OMB PART
- Continue to work on beginning to collect and analyze the data from the other recommended CBCAP outcome measures in the meantime.

It became clear through the discussions with the workgroup that a more comprehensive approach for developing outcomes for CBCAP was needed. After much discussion and debate, participants agreed that it was important for the child abuse prevention field to identify ways that we could more rigorously determine the outcome and impact of the program.

Next Steps

- There is still much more work to be done and the recommendations are all currently in DRAFT form. We look forward to feedback and additional suggestions on this.

- We anticipate that additional dialogue and input from the grantees are needed and we will work with FRIENDS to facilitate this process before any of the recommendations are sent forward for further clearance.
- It is important to note that OCAN/CB will need to go through additional clearance processes within CB/ACF/HHS/OMB before any formal data collection process for CBCAP can actually begin.
- We will be sure to keep all the CBCAP informed about the process as we go through it. We anticipate that some pilot testing and/or voluntary data collection on this may begin towards the end of 2006 or early 2007.

Below is the list of attachments

1. OMB PART Approved Outcomes and Proposed Efficiency Measures
2. CBCAP Conceptual Framework (Flow-chart version)
3. CBCAP Logic Model and Suggested Outcomes – Detailed Ecological Framework version
4. CBCAP Protective Factor Operationalized Definitions
5. CBCAP Protective Factor Survey Draft
6. Reference List of possible data sources for community and societal level outcomes
7. List of Workgroup Participants

Attachment 1: OMB PART Approved Outcomes and Proposed Efficiency Measures

I. Outcome Measures

Approved Outcome Measure:

- Decrease the rate of first-time victims per 1,000 children, based on National Child Abuse and Neglect Data System (NCANDS) reporting of the child maltreatment victims each year who had not been maltreatment victims in any prior year.

Outcome Measure for program monitoring purposes only (NOT included in PART):

- Decrease the rate of first-time perpetrators per 1,000 adults, based on NCANDS reporting of the child maltreatment perpetrators each year who are not identified as child maltreatment perpetrators in any prior year.

For more information on NCANDS data and State NCANDS contacts, view the Child Maltreatment Reports at: <http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm>

II. Efficiency Measures

Proposed Efficiency Measures (both are under review with OMB as of 2/14/06)

- Promote efficient use of Community-Based Child Abuse Prevention (CBCAP) funding by reducing the cost of disseminating best practices, research results and program improvement tools to CBCAP grantees through web-based, listserv and other electronic means of communication.
- Promote efficient use of Community-Based Child Abuse Prevention (CBCAP) grantee funds by increasing the percentage of grantees that electronically submit the required annual reports.

Efficiency Measure for further discussion and refinement with workgroup

- Promote the efficient use of CBCAP funding by increasing the number of programs funded using evidence-based practices or model programs.

III. Additional Resources

For more background on the PART process, visit the FRIENDS website to access the presentation from the 2005 CBCAP Grantees Meeting:

<http://www.friendsnrc.org/resources/05meet.htm>

Website for accessing completed PART documents (HHS portion may be selected from a list by downloading HHS PART summaries, scroll down to CBCAP):

<http://www.whitehouse.gov/omb/budget/fy2006/part.html>

Attachment 2: CBCAP Conceptual Framework (Flow-chart version) See separate attachment.

Attachment 3: CBCAP LOGIC MODEL AND SUGGESTED OUTCOMES (draft 2-14-06) – detailed version

NOTE: Numbers listed in parentheses reflect the original Logic Model item. ST= Short-term, INT= Intermediate, LT= Long-term. Items highlighted in yellow are new additions for the community/ societal level outcomes.

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
1. Finance the start-up, maintenance, expansion or redesign of family resource and support program services identified by an inventory of current services and unmet needs.	1.1 An inventory and description of services and unmet needs.	<ul style="list-style-type: none"> Increased knowledge about community assets and needs. (1.1.2, ST) 		<ul style="list-style-type: none"> Increased number of services and continuum of core services are established, maintained, expanded or redesigned to meet the unmet needs of families. (1.1.3 & 2.1.3, INT) 		<p>SAFETY</p> <p>Children are protected from abuse and neglect.</p> <p>Children are maintained in their own homes.</p> <p>Decrease in rate of first time victims.</p> <p>Decrease in rate of first time perpetrators.</p>
2. Foster the development, operation, and expansion of a continuum of preventive services through State and community-based collaborations and partnerships both public and private.	2.1 A continuum of core preventive, family centered services to children and families through public-private partnerships including:			<ul style="list-style-type: none"> Increase in the number of service providers responding to RFP or other mechanism to develop needed services (2.1.2, ST) Increase in the percent of counties represented in grantee service delivery (2.1.3, INT) Increase in number of appropriate/ quality providers (2.1.2, ST) 		<p>PERMANENCY</p> <p>Children have permanency and stability in their living situation.</p> <p>The continuity of family relationships and connections is preserved for children.</p>

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		<i>INDIVIDUAL</i>	<i>FAMILY/ RELATIONSHIP</i>	<i>COMMUNITY</i>	<i>SOCIETY</i>	
				<ul style="list-style-type: none"> Increase in the number of programs funded using evidence-based practices or model programs (2.1.3, INT) 		
<p>2.2 Provide early, comprehensive support for parents.</p>	<p>2.2.1 Family Resource and Support Programs</p>	<ul style="list-style-type: none"> Increased numbers of families' needs are assessed and they are connected with services appropriate to their needs. (2.2.2, ST) Risks associated with the reasons for service referral diminish Protective factors increase and children in families served are at reduced risk of child abuse/neglect, or re-abuse/neglect. (<ul style="list-style-type: none"> Increase in support for "Child Find" service delivery systems (check with Ralph). 		<p>WELL-BEING</p> <p>Families have enhanced capacity to provide for their children's needs.</p> <p>Children's educational, physical and mental health needs are met.</p> <p>Children have opportunities for healthy <u>social and emotional development</u>.</p> <p>Youth make a successful, self-sufficient transition to adulthood.</p> <p>Diversity of families is embraced and supported.</p>

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
		<i>i.e. protective factors of bonding and attachment, parental resilience, adequate knowledge of parenting and child development (2.2.3, INT)</i>				
2.3 Promote the development of parenting skills.	2.3.1 Parent education, mutual support and self help programs	<ul style="list-style-type: none"> Increase in the number of strategies for positive parenting programs. 	<ul style="list-style-type: none"> Parents develop increase in supportive, informal relationships with peers. (2.3.2, ST) Parents increase informal networks of support and their reliance on formal programs and services is reduced and an array of social connections is developed. (2.3.3, INT) 	<ul style="list-style-type: none"> Increase and expansion of Statewide networks of parent mutual support programs. 		CONTINUOUS IMPROVEMENT Development of a culture of continuous improvement in the strengthening of families and the prevention of child abuse and neglect

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
2.4 Improve family access to formal/informal resources and assistance in communities.	2.4.1 Community outreach and Information and Referral	<ul style="list-style-type: none"> Increased number of children and families receive the services that they need within their own communities (2.4.3, ST). Increase in the availability of concrete support in times of need, including access to necessary services. (2.4.3, INT) 		<ul style="list-style-type: none"> Increase in proportion of children and families with access to services. (2.4.2, INT) Increase in the number of children and families with access to needed health services. (INT) Increase in the number of enriching activities available for children and families in the community (INT) Increase in the number of children and youth who are actively engage in schools. (INT) Increase in the types of resources and activities available for youth. (INT) 	<ul style="list-style-type: none"> Improved access to quality education, child care and early childhood education (2.4.3, INT) Increase in the provision of mental health services for caregivers and children. (INT) Increase in the scores from standardized test scores Increase in the number of children who graduate from high school (INT) Increase in the number of families 	

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
					with permanent and stable housing	
2.5 Support the additional needs of families with children with disabilities through respite care and other services.	2.5.1 Respite Care and other services for children with disabilities.	<ul style="list-style-type: none"> Increased number of children with special needs is at a reduced risk for maltreatment and out-of-home placements (2.5.3, ST) 	<ul style="list-style-type: none"> Increased number of families' in which a child or parent has a disability have their needs assessed and are connected with services appropriate to needs. (2.5.2, ST) 			
2.6 Demonstrate a commitment to meaningful parent leadership, including parents of children with disabilities, parents with disabilities,	2.6.1 Parent leadership activities	<ul style="list-style-type: none"> Parents gain increased positive self-esteem and increased competencies. (2.6.2, ST) Parents' participation is increased in family strengthening programs. (2.6.3, ST) 		<ul style="list-style-type: none"> Increase in the percent of parents who are members of an advisory council or board of directors (for the community-based program or the CBCAP state network). (2.6.3, INT) Increase in the percent of parents who volunteer time at CBCAP -funded 	<ul style="list-style-type: none"> Meaningful leadership roles for parents in the development, operation, evaluation and oversight of CBCAP program and services. (2.6.1 INT) 	

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
racial and ethnic minorities, and members of underrepresented or underserved groups.				programs. (2.6.3, INT) <ul style="list-style-type: none"> Increase in the number of parent leadership training provided for prevention and family support programs. (INT) 		
2.7 Support networks of coordinated resources and activities to better strengthen and support families.	2.7.1 A public-private network of community-based family resource and support programs.			<ul style="list-style-type: none"> The agency is able to develop new or reestablish partnerships or agreements with other social agencies or private organizations, education. (2.7.2, ST) (Need to check on FRIENDS Network Assessment Survey) 	<ul style="list-style-type: none"> Increased coordination between the prevention community, child welfare and other agencies, e.g. substance abuse, mental health, education. (2.7.2, INT) 	
2.8 Maximize funding for the prevention of child abuse and neglect through leveraging	2.8.1 Funding mechanisms at the state and community level blend Federal, state, local and private funds				<ul style="list-style-type: none"> Adequate funds are available for the development, operation and expansion of community- 	

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		<i>INDIVIDUAL</i>	<i>FAMILY/ RELATIONSHIP</i>	<i>COMMUNITY</i>	<i>SOCIETY</i>	
funds	for the development, operation, expansion, enhancement of the statewide network of prevention programs.				based and prevention focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. (2.8.3, INT/LT) <ul style="list-style-type: none"> Increased State and Federal funding is available for the prevention of child abuse and neglect activities, family support and child and family well-being. (2.8.2, INT/ LT) 	
2.9 Conduct public awareness campaigns	2.9.1 Public Awareness events, media campaigns,			<ul style="list-style-type: none"> Increased community ownership and involvement in the 	<ul style="list-style-type: none"> Increased public understanding of the 	

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes				Long Term
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
<p>about the promotion of positive development of parents and children, and their relationship to reduce risks of child maltreatment.</p>	<p>posters, flyers, news releases.</p>			<p>prevention of child abuse and neglect and child well-being. (2.7.3, INT)</p> <ul style="list-style-type: none"> • Increase in the number of families who report feeling safe in their homes • Increase in the number of community residents that care for children in their neighborhoods. • Caring neighborhood and community values children, youth and families. (2.7.3, INT) 	<p>prevention of child abuse and neglect and family friendly/centered public policies. (2.9.2. INT)</p> <ul style="list-style-type: none"> • Increased community involvement in supporting children and families. (2.9.3, INT) 	
<p>3.0 Participate in actions to advocate for systemic change.</p>	<p>3.0.1 Advocacy activities on multiple levels and across a number of issues that impact the lives of children and families</p>			<ul style="list-style-type: none"> • Ongoing training of service providers to insure culturally appropriate service provision. (2.6.1, ST) • Increase in training on cultural competence. 	<ul style="list-style-type: none"> • Increased public policies/practices that are family friendly/family centered. (2.9.3, INT/LT) • Increase 	

ACTIVITIES		Organized by an Ecological Model Framework				
		Short and Intermediate Outcomes			Long Term	
		INDIVIDUAL	FAMILY/ RELATIONSHIP	COMMUNITY	SOCIETY	
				<p>(ST)</p> <ul style="list-style-type: none"> • Increase in the types of services/ activities developed/ offered that reflect the demographics on the community. • Increase in the accessibility of safe and supervised play areas for children. (INT) 	<ul style="list-style-type: none"> • in media programs and activities that are family friendly. (INT) • Decrease in the number of hate crimes identified. (INT/LT) 	

Attachment 4: CBCAP Protective Factor Operationalized Definitions (draft as of 12/14/06)

General Philosophical Principles

- Cultural appropriateness should apply to all the elements.
- Each factor can be addressed at multiple levels using the ecological framework: individual, family/ relationship, community and society.
- The community has a role and responsibility in impacting all these factors.

1. Nurturing and Attachment: *Activities that teach parents and caregivers to respond appropriately to the basic needs of their babies and young children.* Parents and Caregivers learn ways to stimulate healthy brain development and develop a positive and secure attachment with their child. Examples include: breast feeding and proper nutrition, holding a baby, infant massage, listening to and differentiating their cries and other forms of communication, play with, cuddling, and touching babies and young children, choosing appropriate toys, keeping a safe home environment, understanding sleep needs, attending to routine health needs and knowing when to seek help for serious health concerns, etc. These are activities which lay the foundation for a positive and loving relationship between the child and the parent or caretaker.

2. Parental Resilience: *Activities that teach parents and caregivers skills that help them manage both crisis and the everyday challenges of family life.* These include community services that are designed to assist participants in developing skills that will help them effectively manage their daily lives, and increase family stability. Activities may address stress-management techniques, effective communication and problem solving and family management and self-sufficiency skills. Caregivers learn to hold family meetings, develop listening skills, brainstorm, take responsibility for behaviors and situations they want changed, and how to communicate their needs and feelings. Caregivers and parents learn to ask for help and how to appropriately help others.

This includes culturally appropriate (relevant and/or sensitive) *activities that teach parents and caregivers positive communication and listening.* Activities encourage parents and caregivers to identify and communicate their own needs and feelings, and increase their ability to listen and understand the needs of their children. When culturally appropriate, caregivers might learn to use “I” statements, active listening, observation, reflective listening, and how to take a “time out” from an out of control situation. Parents and caregivers are encouraged to learn to manage their anger and communicate this in a way others will listen and respond to appropriately. Parents and caregivers also learn how to develop these skills in their children and teach them to be effective communicators.

Activities that address the physical, emotional and cognitive impacts of stress. Families learn about ways in which exposure to uncertainty, instability, racism, poverty, and a changing environment can increase stress and become better skilled at recognizing how stress affects both children and adults. Programs will move participants toward successful coping skills utilizing a variety of strategies. Interventions should be based on an acknowledgement of socio-cultural factors, the importance of self-efficacy and belonging, and an understanding of positive and negative stress. Stress management education can include awareness raising (ways to minimize and/or change environmental and relational stressors), stress reduction strategies (physical and emotional), and techniques that build family capacity and community support to manage stress (social networks, goal setting, healthy habits, etc.).

Activities that develop skills in daily family life management and economic self-sufficiency.

These skills may include: budgeting and family income management, economical and healthy meal preparation, finding adequate housing, child care, applying for financial assistance, vocational training, job interview preparation, resume development, employment seeking skill development, and vocational and career assessment and advancement. Participants may learn skills and gain resources to balance work and family needs. Participants may develop their basic education skills, work towards high school completion, GED achievement, or English as a second language proficiency

3. Knowledge of Parenting and Child Development: *Activities that teach parents and caregivers the usual steps in their child's development, how to recognize if their child needs special help and how to promote healthy development.* Caregivers learn about their child's developmental milestones, what gross and fine motor skill development is, what their child should be able to do at certain broad age range levels, and how to guide their child's development. Caregivers learn about their child's social, mental, emotional, and physical development. Parents and caregivers learn developmentally-appropriate and culturally-relevant discipline and guidance methods. Non-English speaking parents and/or parents who are recent immigrants may learn more about their own standards of discipline and how those values are similar or different than those of the dominant culture. They learn what techniques work best for what age children in which stage of emotional development, and that not all techniques work with all children. Caregivers learn about the damage physical and other harsh punishment can cause. Caregivers learn about a range of strategies to practice more non-punitive disciplinary techniques, such as setting limits, redirecting attention or behavior, and natural and logical consequences. They learn to use these approaches within their own cultural and family structures.

4. Social Connections: *Activities that reduce social isolation and assure families the ability to access needed informal resources.* Parents and Caregivers may learn skills to engage with others in a socially acceptable/positive manner and develop informal relationships with others who are caring for children. There are opportunities for engagement, enhancing self-confidence, building a sense of community or identifying someone to trust in a time of need. Parents and caretakers learn to develop the strength of help seeking related to their own needs or those of their children, as well as the gratification of being able to help others.

5. Concrete Supports in Times of Need: *Activities that reduce social isolation and assure families the ability to access needed formal community resources.* Parents/Caregivers learn about the availability of services in their community and how to access them and build effective skills to facilitate continued access. Issues of concern might include housing, medical services or childcare. Caregivers and parents learn to identify needs and how to effectively ask for help. Parents and Caregivers learn to develop the strength of help seeking related to their own needs or those of their children.

Attachment 5: CBCAP Protective Factor Survey Draft

NOTE: The workgroup reviewed questions from existing validated measures and adapted questions to address a range of constructs/ concepts which measure the protective factors that prevention programs strive to increase. The workgroup also went through a process to prioritize and rank the possible questions to be included. The percentages reflect the percentage of workgroup participants who voted to keep the question in the survey.

Protective Factor	Key Concept	Draft question	Comments
PARENTING SKILLS	<i>Limit setting</i>	1. Setting limits for children helps children to feel safe (92.2%)	
	<i>Positive parenting/ reinforcement</i>	2. I praise my child when he/she is behaving well (84.6%) OR I praise my child when he/she behaves well.	
	<i>Physical punishment</i>	3. I do not spank or hit when I discipline my child (84.6%) OR I spank and/or hit when my child misbehaves.	one workgroup member recommends deleting this
	<i>Controlling emotions/ appropriate discipline</i>	4. I am able to stay calm when I discipline my child (83.3%)	
	<i>Adequate supervision</i>	5. With very few exceptions, I always know where my child is.	
NURTURING/ ATTACHMENT AND BUILDING RELATIONSHIPS	<i>Expressing love</i>	6. Members of my family make an effort to show their love and affection to each other (100%) OR My family makes an effort to show each other love and affection.	
	<i>Having pride</i>	7. I feel proud of my children (100%)	
	<i>Emotional support</i>	8. I try to comfort my child when something is troubling them (100%) OR I try to comfort my child when something is bothering them.	
	<i>Being attuned</i>	9. I usually know what my child is trying to tell me with his/her body language, facial expressions and babbling. (92.3%)	
	<i>Quality time</i>	10. My family enjoys spending time together (81.8%)	
PARENTAL RESILIENCE	<i>Sense of empowerment</i>	11. My family has the strength to solve our major problems (100%) OR My family has the strength to solve our problems.	
	<i>Normalizing Stress</i>	12. We accept stressful events as a fact of life (91.6%)	one workgroup member

Protective Factor	Key Concept	Draft question	Comments
			recommends deleting this
	<i>Family support</i>	13. In our family, we can depend upon the support of one another when something goes wrong. (83.3%) OR In my family, we support one another when something goes wrong.	
	<i>Family support</i>	14. No matter how difficult things get, our family sticks together. (75%)	two workgroup members recommends deleting this
SOCIAL SUPPORT	<i>Community resources</i>	15. I know who to contact in my community when I need help. (100%) OR I can get help in the community when I need it.	
	<i>Personal support</i>	16. When I am worried about my child, I have someone to talk to (91.6%)	
	<i>Relationships</i>	17. I have relationships with people who provide me with support when I need it. (84.6%)	
	<i>Friends/family relationships</i>	18. Friends and relatives are always willing to help whenever we have a problem or crisis (75%) OR Friends and relatives are willing to help whenever we have a problem or crisis.	
KNOWLEDGE OF CHILD DEVELOPMENT	<i>Shaken baby</i>	19. It is never safe to shake a baby (100%)	
	<i>Controlling frustration</i>	20. I am able to remain calm even when I have a hard time soothing my baby (81.8%) OR I am able to stay in control when my baby won't stop screaming or crying.	
	<i>Toilet training expectations</i>	21. Most children are not ready for toilet training by age one. (72.7%)	
	<i>Temper tantrums</i>	22. Temper tantrums frequently occur in children between one and four years of age. (81.8%)	
	<i>Handling frustration</i>	23. I take a break when I am frustrated by my child's behavior (72.7%)	
	<i>Age appropriate</i>	24. I think about my child child's age when choosing how to discipline	One member was

Protective Factor	Key Concept	Draft question	Comments
	<i>discipline</i>	(84.6%) OR The ways that I discipline change with my child's age.	concerned this would not measure what we wanted.
	<i>Modeling behavior</i>	25. I show my child the behavior that I want them to learn (i.e. say please/ thank you) (90.9%) OR Children learn more by watching what you do than from hearing what you say.	Maybe more appropriate for the parenting section
	<i>Age appropriate expectations/ social support</i>	26. I talk to other about whether I have set fair expectations for my child based upon their age. (66.7%) OR I get outside information to help me set fair expectations for my child (i.e. internet, hotlines, talking to others, TV. parenting shows).	
	<i>Peer pressure</i>	27. I teach my child about how to handle peer pressure.	
	<i>Taking responsibility/ self-control</i>	28. I teach my child to take responsibility for his/her actions	
		Additional suggestions from TX: <ul style="list-style-type: none"> • I do not know how to handle my teen when they test the rules. • Picking up a baby every time they cry will spoil them. • I make rules and stick to them. • It is o.k. to keep a baby in a crib or play pen for most of the day to keep them from wandering around. 	

Attachment 6: Reference List of possible data sources for community and societal level outcomes (partial list)

Child Trends Data Bank

This website provides a one-stop-shop for the latest national trends and research on over 100 key indicators of child and youth well-being. Visit <http://www.childtrends.databank.org/>

New Child Trends Report: Studying and Tracking Early Child Development from a Health Child Perspective: A Review of Available Data Sources

Child Trends' newest report analyzes 26 national data sources for their capacity to inform child health policy and practice in their efforts to promote early child development. It also provides recommendations for future data development and addresses the substantial interest of the pediatric health policy and practitioner communities to move beyond narrow medical models of health to promote more broadly the development of very young children. Studying and Tracking Early Child Development from a Health Perspective: A Review of Available Data Sources was funded by The Commonwealth Fund. The new Child Trends' report analyzes 26 national data surveys for their capacity to inform and provides recommendations for future data development. This will increase policy decisions affecting early child well-being. <http://www.childtrends.org/Files/BBCommonwealthPaper.pdf>

Kids Count

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. Visit <http://www.aecf.org/kidscount/>

Maternal and Child Health Child Health Survey data (with State by State data charts)

While many data sources exist to measure the health of children in the United States, few take into account the many contexts in which children grow and develop, including their family and community environments. The National Survey of Children's Health, conducted for the first time in 2003, addresses multiple aspects of children's health and well-being—including physical and mental health, health care, and social well-being—as well as aspects of the family and the neighborhood that can affect children's health, on both the national and State levels. The survey was supported and developed by the U.S. Maternal and Child Health Bureau of the Health Resources and Services Administration and conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. Visit <http://mchb.hrsa.gov/thechild/index.htm>

National Data Archive on Child Abuse and Neglect

A resource since 1988, NDACAN promotes scholarly exchange among researchers in the child maltreatment field. NDACAN acquires microdata from leading researchers and national data collection efforts and makes these [datasets](#) available to the research community for secondary analysis. Visit <http://www.ndacan.cornell.edu/>

National Child Abuse and Neglect Data System

The National Child Abuse and Neglect Data System (NCANDS) is a voluntary national data collection and analysis system created in response to the requirements of the Child Abuse

Prevention and Treatment Act (Public Law 93-247) as amended. Child Maltreatment Report 2003 available at: <http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm>.

Pathways Mapping Initiative (at Harvard University)

This approach is working to harvest the extensive and growing body of knowledge about what works is built on a process we call "mental mapping." (*Learn more about [Mental Mapping](#).*) The mental mapping process is similar to the Consensus Conferences convened by the National Institutes of Health. Both are attempts to move beyond reliance on isolated pieces of evidence and a narrow range of interventions that have proven their effectiveness. Instead, the mental mapping process systematically applies reasonable judgments and plausible interpretations to a preponderance of evidence culled from accumulated experience and from theory (in addition to evaluation findings). Pathways to school readiness and family economic success are available from their website. A pathway to the prevention of child abuse and neglect is currently under development. Visit <http://www.pathwaystooutcomes.org/index.cfm>

Trends in the Well-Being of America's Children and Youth, 2003

This is the eighth edition of an annual report from the Department of Health and Human Services (HHS) on trends in the well-being of our nation's children and youth. The report presents the most recent and reliable estimates on more than 80 indicators of well-being. It is intended to provide the policy community, the media, and all interested citizens with an accessible overview of data describing the condition of children in the United States. The indicators have been organized into five broad areas: [Population, Family, and Neighborhood](#); [Economic Security](#); [Health Conditions and Health Care](#); [Social Development and Behavioral Health](#); and [Education and Achievement](#). Visit <http://aspe.hhs.gov/HSP/03trends/>

Attachment 7: List of Workgroup Participants

CBCAP Lead Agencies

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