

Building Community Wellness: The Child in the Context of Family and Community

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I recently held several focus groups here in LA to see if there was any consensus around a framework for measuring prevention. This work was focused on prevention of child abuse and neglect since California's child welfare system now has an extraordinary opportunity due to the recent award of a Federal Title IV-E waiver to reinvest savings from deep-end services in prevention. I'm happy to tell you that, at least among this group of people (who have considerable experience here in the "collaboration capital" of the US), there was considerable consensus. Perhaps more importantly, this framework applies not only to preventing child abuse but to preventing other "rotten outcomes" for children and families. I wanted to take this opportunity to share the outline of that framework with you so we can think together about how oral health can and should fit with other key elements of child, family and community well-being. I will conclude by raising some of the opportunities and barriers that seem most salient to me based on my own experience working here in LA.

Framework for Measuring Prevention: Goals, Key Strategies, Desired Outcomes and Possible Measures

Goal 1 -- Healthy Communities

Key strategies:

- A. Community Building
- B. Social Networking
- C. Institutional Transformation

A. Outcomes sought through Community Building:

- * Communities offer a range of opportunities for participation
- * Communities welcome and support families and value children
- * Residents are proud to be part of their communities

Possible measures:

1. Social Capital Index [Putnam, Bowling Alone, 2000]
2. Develop survey to be administered by the LA County Children's Planning Council's 8 Service Planning Area Council and the American Indian Children's Council including attitudes toward families and children
3. Reduction of first-time referrals to child welfare

B. Outcomes sought through Social Networking:

- * Social networks are created and enhanced
- * Individuals have opportunities to create a range of positive relationships
- * Families participate in social networks (that offer joyous and nurturing experiences)

- * Network participants identify and solve their own problems

Possible measures:

1. Measure extent and density of networks
2. Measure of Neighborhood Belonging
3. Measure feelings of self efficacy
4. Develop survey to be administered by SPA/AIC Councils including social networks and participation

C. Outcomes sought through **Institutional Transformation:**

- * Early childhood education programs and schools welcome children and support families and link them to other community resources
- * Recreation programs, parks and libraries welcome children & support families and link them to other community resources

Possible measures:

1. CPC Children's ScoreCard
2. City of LA Children, Youth and Families Budget and Data Report

Goal 2 -- Strong Families

Key strategies:

- A. Community Organizing
- B. Family Support

A. Outcomes sought through **Community Organizing**

- * Communities organize and support positive activities for children and youth
- * Communities recognize and value "children's zones" or "baby zones"
- * Communities participate in child abuse prevention efforts

Possible measures:

1. Healthy Cities reports on activities available for children and youth
2. First 5 LA evaluation of developing "baby zones" and planned place-based evaluation approach
3. Participation in activities of ICAN child abuse councils

B. Outcomes sought through **Family Support:**

- * Parents value other people's children as well as their own
- * All community members value children
- * Parents are resilient
- * Parents have social connections
- * Parents have knowledge of parenting and child development
- * Parents know where to find concrete support in times of need

Possible measures:

1. Develop survey to be administered by SPA/AIC Councils including attitudes, resilience, connections, knowing where to seek help

2. Use existing and improve questions in LA Health Survey
3. Ask WIC to collect similar data

Goal 3 -- Safe Children

Key strategies:

- A. Early Care and Education
- B. Youth Development
- C. Treatment Services
- D. Child Protection and Case Management

A. Outcomes sought through **Early Care and Education:**

- * Children are socially and emotionally competent
- * Children are prepared to enter kindergarten

Possible measures:

1. Develop/adapt measures of child well-being adapted for a range of specific service settings
2. Desired Results or Modified Desired Results (CA State Department of Education)
3. *Adapt 5 star quality rating scales to include connections to oral health??*

B. Outcomes sought through **Youth Development:**

- * School-age children are safe, healthy and ready to do well in school every day
- * Youth have things to do after school, safe places, and caring adults as guides
- * Youth perceive that they are valued in communities
- * Youth are comfortable with different cultural, racial, ethnic backgrounds

Possible measures:

1. Search Institute Measures of Developmental Assets
2. *Develop measures around community connections for oral health??*

C. Outcomes sought through **Treatment Services:**

- * Improvements in family functioning
- * Improvements in mental/emotional well-being of children or family members
- * Decreases in substance abuse by children or family members
- * Decreases in youth behavior problems, aggression and violence
- * Improvements in safety, health and learning for children

*In the framing of First 5 LA, key priorities under each of these include:
Early learning – parent’s ability to support their child’s learning
Health – good nutrition, physical activity and oral health
Safety – prevention of unintentional injuries*

Possible measures:

1. Family Assessment Form

2. Develop consistent measures to be used across settings

D. Outcomes sought through Child Protection & Case Management:

- * Child welfare system makes active efforts to engage families
- * Decisions are made through group processes that include families
- * Decisions about youth include youth
- * Interactions between workers and families are reciprocal, honest and trusting
- * Family members have “voice and choice” in decisions
- * Decreases in disproportionate involvement of African-American and American Indian children

Possible measures:

1. Survey of DCFS families (to be developed)
2. Surveys of DCFS caseworkers and administrators (to be developed)
3. Regular reporting on adapted DCFS performance measures countywide and by office

Opportunities:

1. Willingness, desire for and experience in interdisciplinary cross-institutional collaboration
2. Compelling information about the importance of prevention in oral health and current disparities in access to care
3. Parent and community recognition of needs for dental care

Barriers:

1. Professional fragmentation and mis-communication
2. Lack of opportunities for continuing, meaningful conversations about how to work effectively across systemic, professional and other boundaries in local communities
3. Specialized discipline-oriented preparation programs in higher education

DRAFT - FOR CONFERENCE DISCUSSION