



## Child and Family Snapshot Description

Step 1 of the service array process is the creation of the State Service Array Steering Committee. One responsibility of the committee is to “Create a Child and Family Snapshot for the recruited jurisdiction ... [incorporating] available data about [a] the children and families coming into the child welfare system in the jurisdiction and [b] overall child and family well-being in the jurisdiction.” Information in the snapshot will be used by the Community Service Array Steering Committee at each site during the processes of assessing capacities and developing a Resource and Capacity Development Plan.

There is variance among states as to data that is collected and resources available to extract the data. Elements contained in a Child and Family Snapshot – representing both descriptive and analytical information – will, then, vary as well. The first step in designing a snapshot is development of a state-specific template incorporating those data elements that can be reported at the site level and for which the state has the resources necessary to produce the snapshot for every site as each engages in the service array process.

While variance exists in data collected, there are some data sources common to almost all states:

- (1) National Child Abuse and Neglect Data System (NCANDS) – Almost all states submit NCANDS data on child abuse and neglect reports and dispositions. These are annual files, submitted for each federal fiscal year.
- (2) Adoption and Foster Care Analysis and Reporting Systems (AFCARS) – All states submit AFCARS data on children who have been in foster care at least 24 hours. AFCARS submissions occur semi-annually, each submission covering 6 months of the federal fiscal year.

These are the sources for the "State Data Profile" which the Children’s Bureau (CB) provides as each state begins the Statewide Assessment phase of the Child and Family Services Review (CFSR). In a similar vein, these data sources can provide a “core” for any state’s Child and Family Snapshot template, providing information on “[a] the children and families coming into the child welfare system in the jurisdiction.” To assist states in producing this “core” data, the National Resource Center for Child Welfare Data and Technology (NRC-CWDT) will make available a software utility to extract county- or locality-specific “core” data and auto-populate an Excel workbook. Technical aspects relating to the use of this utility are available in a separate document. Some descriptive information on the “core” data and considerations in using some data elements are attached (*Attachment 1*).

Again, the purpose of the Child and Family Snapshot is to provide relevant data to the Community Service Array Steering Committee operating at each site. The key question for the State Service Array Steering Committee is, “What information is collected and can be produced which will serve to inform the processes of assessing capacities and developing a Resource and Capacity Development Plan?” The

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“core” data provides descriptive information on “[a] the children and families coming into the child welfare system in the jurisdiction.” In developing the snapshot template beyond the “core” data, then, qualitative information on “[b] overall child and family well-being in the jurisdiction” is suggested. Examples of the types of information a state may have available and wish to incorporate in its template are attached (*Attachment 2*).

## Child and Family Snapshot "Core" Data

The "C&FS Core Data" workbook contains fourteen worksheets. Eleven of the worksheets are completed automatically using a utility provided by NRC-CWDT which pulls data from NCANDS and AFCARS submissions.

### **Automated**

The following worksheets in the workbook will be auto-populated using the utility provided by NRC-CWDT:

***CAN Reports*** – drawn from NCANDS

***Removals (Total)*** – drawn from AFCARS

***Removals < 8 days*** – drawn from AFCARS

***Removals > 7 days*** – drawn from AFCARS

***Substantiations*** – drawn from NCANDS

***FC Population*** – drawn from AFCARS

***Reunification*** – drawn from AFCARS

***Adoption*** – drawn from AFCARS

***Emancipation*** – drawn from AFCARS

***Discharges*** – drawn from AFCARS

***Current*** – populates with the most current data from previous worksheets

Considerations in using the data include:

**Data Quality:** The quality of some data elements may be suspect. On the "CAN Reports" worksheet, for example, input of various "Services" on unsubstantiated reports may be inconsistent and, therefore, the results produce an inaccurate portrayal. Categories of information on each worksheet should, then, be reviewed and, if data quality is suspect, those elements should be hidden so they are not produced on the hardcopy provided to members of the Community Service Array Steering Committee.

**Implications in % Change:** Columns F and I of each worksheet contain the percentage change from the preceding year to the current year. Data may include very small numbers of children with a corresponding large percentage of change produced by small numeric changes. In such instances, consideration should be given to deleting the % of change information or hiding the columns.

A note on the "Current" worksheet – This worksheet portrays data elements across different populations. Caveats in using this worksheet include:

The two data sources (NCANDS and AFCARS) contain some data elements which, while similar, also reflect differences. For example, AFCARS utilizes certain data elements under "Disabilities (Children)" and "Conditions Associated with Removal" while NCANDS contains data elements under "Child Risk Factors" and "Caretaker Risk Factors" which have similarities to the AFCARS data

elements but the definitions and/or rules for capturing differ. This worksheet depicts these (data elements with similarities) under “Child Issues” and “Caretaker Issues.”

Some elements are not pertinent to certain populations and are therefore in gray; for example, "Placements" would only pertain to the foster care population.

Other elements are captured by one system but not the other; for example, mental retardation of the child is captured (under certain circumstances) in AFCARS but not in NCANDS.

### **Non-Automated**

Provision of information on the following worksheets is recommended; however, it cannot be extracted (solely) from NCANDS and/or AFCARS:

**“General”** – This worksheet would contain information on the general population of the site.

Note that some of the elements are in regular type; data for these are available from various websites. (*see below*)

Other data elements are italicized. No general sources of data are known for these; however, specific sites may have some of these data available.

**“Voluntary”** and **“Court-Involved”** – A state may have cases on the last day of the reporting period which are voluntary or court-involved (and not in foster care). These cases could include (but may not be limited to) children who were previously in foster care. If the state’s data system contains identifiers for these children, the related NCANDS data elements could be extracted to complete these worksheets.

### **“General” Worksheet Data Sources**

Statewide:

<http://www.census.gov/popest/datasets.html>

State Population Estimates – Characteristics (Age & Sex):

<http://www.census.gov/popest/states/asrh/SC-EST2006-02.html>

County-Specific:

Age & Sex (Census)

<http://www.census.gov/popest/counties/asrh/CC-EST2005-agesex.html>

Race (Census)

<http://www.census.gov/popest/counties/asrh/CC-EST2005-RACE6.html>

Median Household Income & % in Poverty (Census)

<http://www.census.gov/hhes/www/saipe/tables.html>

Per Capital Income (Bureau of Economic Analysis)

<http://www.bea.gov/bea/regional/reis/default.cfm?catable=CA1-3&section=2>

Unemployment Rate (Department of Labor)

<http://www.bls.gov/lau/>

*Other (Kids Count)*

<http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile#jumpto>

**Child and Family Snapshot  
Examples of Information to Consider**

Inclusion of results of qualitative reviews (QA personnel, supervisors and/or peers) should be considered whenever available and applicable.

Following are all the capacities which might be selected for assessment with examples of information (italicized) which might be available for incorporation into the Child and Family Snapshot template.

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

1. Make certain that children are, first and foremost, protected from abuse and neglect? (Safety Outcome 1)
  - 1a. Are child abuse and neglect prevention outreach and education efforts conducted on a routine basis within the jurisdiction?

*Potential sources of information possibly provided by state:*

*Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP);  
Temporary Assistance for Needy Families (TANF);  
Social Services Block Grant (SSBG);  
Family Violence Discretionary Grants;  
Substance Abuse Prevention and Treatment (SAPT) Block Grant;  
Community Mental Health Services (CMHS) Block Grant;  
State Children's Health Insurance Program (SCHIP);  
Maternal and Child Health (MCH) Services Block Grant;  
State Early Childhood Comprehensive Services (SECCS) grants;  
Individuals with Disabilities Education Act (IDEA), Early Intervention;  
Head Start/Early Head Start.*

*Information possibly provided by site on jurisdiction-specific programs such as:*

*Parents Anonymous ([www.parentsanonymous.org](http://www.parentsanonymous.org));  
Parents As Teachers ([www.ParentsAsTeachers.org](http://www.ParentsAsTeachers.org));  
Nurse-Family Partnership ([www.nursefamilypartnership.org](http://www.nursefamilypartnership.org));  
Healthy Families America ([www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org));  
Circle of Parents ([www.circleofparents.org](http://www.circleofparents.org));  
Domestic violence programs;  
Tribal programs.*

- 1b. Are there ample services to prevent<sup>1</sup> and/or mitigate child abuse and neglect in the jurisdiction?

*Information possibly provided by state:*

*(same as 1a);*

*Rates of child abuse at the jurisdiction, state and national levels.*

- 1c. Does practice allow ample communication, coordination, and collaboration between the child welfare agency, prevention services, and other community services of a preventive nature to avoid and/or mitigate child abuse and neglect?

*Information possibly provided by state:*

*(same as 1b)*

- 1d. Are investigations/assessments of child maltreatment timely?

*Information possibly provided by state:*

*Rate(s) for timely initiation of investigations / alternative response (if the response system incorporates different response time frames based upon prioritization of referrals, differentiate timeliness data accordingly);*

*Rate(s) for timely completion of face-to-face contact with the child(ren) during investigations / alternative response (if the response system incorporates different contact time frames based upon prioritization of referrals, differentiate timeliness data accordingly);*

*Rate(s) for timely completion of investigations / alternative response (if the response system incorporates different completion time frames based upon prioritization of referrals, differentiate timeliness data accordingly).*

- 1e. Are the underlying causes that contributed to the abuse/neglect comprehensively assessed in order to develop a plan of individualized services and supports needed by the child and family?

*Information possibly provided by state:*

*Rate of completion of required risk and/or needs assessments;*

*Rate of timely completion of required risk and/or needs assessments.*

- 1f. Does practice involve the families in the planning of the individualized services and supports needed by the child and family?

- 1g. Is practice conducted and individualized services/supports provided in an effort to empower families in order to prevent repeat maltreatment?

*Information possibly provided by state:*

*CFSR data indicators (safety) –*

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<sup>1</sup> By prevention services, here we mean primary and secondary prevention, not tertiary prevention. See the *Prevention Fact Sheet* for clarification.

*Of all children who were victims of substantiated or indicated abuse or neglect during the first 6 months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period?*

*Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by foster parents or facility staff members?*

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

2. Provide that children are safely maintained in their homes whenever possible and appropriate? (Safety Outcome 2)
  - 2a. Are services individualized and proactive to assist and empower families to protect their children in home and prevent removal? Is practice conducive to assisting and empowering families to protect their children in home and prevent removal?

*Information possibly provided by state:*

*Portion of substantiated/indicated investigations/assessments in which children remain in the home;*

*In those substantiated/indicated investigations/assessments in which children remain in the home, portion in which in-home services (e.g., family preservation, intensive in-home, etc.) are provided.*

- 2b. Does practice support continual assessment of risk and the management of safety while children are in the home?

*Information possibly provided by state:*

*In in-home cases,*

*portion in which required risk and/or safety assessments are completed;*

*portion in which required risk and/or safety assessments are completed timely;*

*portion in which required safety plans are completed;*

*portion in which required safety plans are completed timely.*

- 2c. Does practice support collaboration between the child welfare agency, prevention services, and other community services of a preventive nature in an effort to maintain support for the child and family?

*Information possibly provided by state:*

*In those cases in which reunification has occurred,*

*portion in which required risk and/or safety assessments are completed;*  
*portion in which required risk and/or safety assessments are completed timely;*  
*portion in which required safety plans are completed;*  
*portion in which required safety plans are completed timely;*  
*portion in which intensive services are provided.*

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

3. Make sure that children have permanency and stability in their living situations? (Permanency Outcome 1)
  - 3a. Are individualized services provided to prevent foster care re-entries? Does practice support the prevention of foster care re-entries?

*Information possibly provided by state:*

*CFSR data composites (permanency) including individual data measures –*

*Individual Measure C1.4: Of all children who were discharged from foster care to reunification in the 12-month period prior to the target 12-month period, what percent reentered foster care in less than 12 months from the date of discharge?*

- 3b. Are stable placements made through matching children with families who are capable of meeting their assessed safety, permanency and well-being needs? Is there ongoing assessment of the placement and are individualized services provided children and care givers to support ongoing stability in foster care placements? Does practice support stability in foster care placements?

*Data on provision of placement stabilization services*

*Information possibly provided by state:*

*CFSR data composites (permanency) including individual data measures –*

*Individual Measure C4.1: Of all children who were served in foster care during the 12-month target period, and who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?*

*Individual Measure C4.2: Of all children who were served in foster care during the 12-month target period, and who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?*

*Individual Measure C4.3: Of all children who were served in foster care during the 12-month target period, and who were in foster care for at least 24 months, what percent had two or fewer placement settings?*

- 3c. Is practice conducted in a way to make certain that every child has a realistic permanency goal that is being implemented in a timely fashion through the provision of individualized services?
- 3d. Are individualized services provided to support reunification with the family so reunification is successful? Does practice support reunification?

*Information possibly provided by state:*

*CFSR data composites (permanency) including individual data measures –*

*Individual Measure C1.1: Of all children who were discharged from foster care to reunification in the target 12-month period, and who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?*

*Individual Measure C1.2: Of all children who were discharged from foster care to reunification in the 12-month target period, and who had been in foster care for 8 days or longer, what was the median length of stay in months from the date of the latest removal from home until the date of discharge to reunification?*

*Individual Measure C1.3: Of all children who entered foster care for the first time in the 6-month period just prior to the target 12-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?*

- 3e. When reunification is not possible, does practice expedite achieving another form of permanency for the child (guardianship, permanent placement with relatives, adoption)? Are there ample services that can be individualized to achieve an alternative form of permanency?

*Information possibly provided by state:*

*CFSR data composites (permanency) including individual data measures –*

*Individual Measure C3.1: Of all children who were in foster care for 24 months or longer on the first day of the 12-month target period, what percent were discharged to a permanent home by the last day of the 12-month period and prior to their 18<sup>th</sup> birthday?*

*Individual Measure C3.2: Of all children who were discharged from foster care during the 12-month target period, and who were legally*

*free for adoption (i.e., there is a parental rights termination date for both parents) at the time of discharge, what percent were discharged to a permanent home prior to their 18<sup>th</sup> birthday?*

*Individual Measure C3.3: Of all children who either (1) were, prior to age 18, discharged from foster care during the 12-month target period with a discharge reason of emancipation, or (2) reached their 18<sup>th</sup> birthday while in foster care but had not yet been discharged from foster care, what percent were in foster care for 3 years or longer?*

*Use of concurrent case planning.*

- 3f. Does practice provide post-permanency services and supports? And are individualized services available to support permanency?
- 3g. Does practice provide for timely adoptions? Are individualized services provided to support the adoptive family and the adopted child?

*Information possibly provided by state:*

*CFSR data composites (permanency) including individual data measures –*

*Individual Measure C2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month target period, what percent were discharged in less than 24 months from the date of the latest removal from home?*

*Individual Measure C2.2: Of all children who were discharged from foster care to a finalized adoption during the 12-month target period, what was the median length of stay in foster care in months from the date of latest removal from home to the date of discharge to adoption?*

*Individual Measure C2.3: Of all children in foster care on the first day of the 12-month target period who were in foster care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption by the last day of the 12 month target period?*

*Individual Measure C2.4: Of all children in foster care on the first day of the 12-month target period who were in foster care for 17 continuous months or longer, and who were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6-months of the 12-month target period?*

*Individual Measure C2.5: Of all children who became legally free for adoption during the 12 months prior to the target 12-month period,*

*what percent were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free?*

- 3h. Does practice make certain that a youth who is aging out of the system is prepared to be a successful adult, has the supports necessary to make the transition, and has a permanent relationship with at least one appropriate adult? Is there an emphasis on making personal, intimate connections for the youth prior to leaving care? Are there individualized services available to adequately support independent living?

*Information possibly provided by state:*

*Rate of completion of independent living assessment;*

*Rate of timely completion of independent living assessment.*

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

4. Provide that continuity of family relationships and connections is preserved for children? (Permanency Outcome 2)
- 4a. Does practice ensure the close proximity of foster care placements to biological families? Are foster care services individualized to promote the continuity of family relationships?
- Rate at which placements are made in same county as removal occurred.*
- 4b. Does practice promote that siblings are placed together when removed from the home?
- Rate at which sibling groups are placed together.*
- 4c. Does practice make certain that the child visits on a regularly scheduled basis with parents and siblings in foster care? Does practice focus on the quality of these visits?
- 4d. Is practice conducted and individualized services provided to make sure that the child's family and community connections are maintained while the child is in foster care?
- 4e. Does practice sufficiently support seeking relatives for placement of a child? Are individualized services provided in support of the child and the relatives when a relative placement is made?
- 4f. Does practice promote the continuity of the child-in-care with the parents? Are services provided to support the continuity of the relationship with parents?

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

5. Make sure that families have enhanced capacity to provide for their children's needs? (Well-Being Outcome 1)
  - 5a. Are sufficient and effective prevention resources/services available in the jurisdiction to build and enhance the capacity of families to provide for their children's needs before becoming involved with the child welfare agency?
  - 5b. Are stable placements made through matching children with families who are capable of meeting their assessed safety, permanency and well-being needs? Is there ongoing assessment of the placement and are individualized services provided children and care givers to support ongoing stability in foster care placements? Does practice support stability in foster care placements?
  - 5c. Does practice support the caseworker continually assessing the needs of the child and family?

*Information possibly provided by state:*

*Provision (& timeliness) of multi-disciplinary team and/or family group conferencing / family group decision making*

*Completion (& timeliness) of comprehensive family assessment*

*Completion (& timeliness) of case planning*

- 5d. Does practice support the building of capacity within the family unit to meet the needs of the children, parents, and foster care parents? Are individualized services available to meet the needs of the children, parents, and foster parents in order to enhance the capacity of the family to meet the needs of the children?
- 5e. Does practice support that the child and the family are fully involved in developing the case plan?
- 5f. Does practice provide that the worker visits with the child on a regularly scheduled basis? Does practice focus on the quality of these visits?

*Information possibly provided by state:*

*Frequency of worker visits with children.*

- 5g. Does practice promote that the worker visits with the parent(s) on a regularly scheduled basis? Does practice focus on the quality of these visits?

*Information possibly provided by state:*

*Frequency of worker visits with parents.*

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

6. Provide that children receive appropriate services to meet their educational needs? (Well-Being Outcome 2)
- 6a. Are there sufficient and effective educational supports of a preventive nature to support children and families so as to ameliorate or mitigate child abuse and neglect and meet children’s educational needs?
- 6b. Does practice support or provide for stability in the child’s educational experience? Do child welfare caseworkers and educators work closely together to monitor the progress of children involved in the child welfare system?

*Information possibly provided by state:*

*Frequency of worker contacts with the school.*

- 6c. Does practice make sure that individualized services in a community setting are available to meet the educational needs of children in the child welfare system?

**Does this jurisdiction currently have the capacity to flexibly meet the needs of children and families by individualizing services to:**

7. Make sure that children receive adequate services to meet their physical and mental health needs? (Well-Being Outcome 3)
- 7a. Are there sufficient and effective preventive services to meet children’s physical and mental health needs in the jurisdiction in order to prevent or mitigate the involvement of the child and family with the child welfare agency?

*Information possibly provided by state:*

*Portion of children in foster care who have received a dental assessment in the last 12 months;*

*Portion of children entering foster care who receive a dental assessment timely;*

*Portion of children in foster care who have received a physical health assessment in the last 12 months;*

*Portion of children entering foster care who receive a physical health assessment timely.*

- 7b. Does practice support conducting Early Periodic Screening Diagnosis and Treatment (EPSDT) Screenings?
- 7c. Does practice make certain that ample individualized services are available in the community to promote the physical and mental health of children?

- 7d. Does practice make sure that these services are provided in a timely manner and on an on-going basis to meet the physical needs of children?
  
- 7e. Does practice make sure that these services are provided in a timely manner and on an on-going basis to meet the mental health needs of children?