



## CREATING INDICATORS OF POSITIVE DEVELOPMENT

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Many of the researchers at Child Trends are very interested in developing new indicators of child well-being that focus on positive aspects of development. We have been doing a lot of thinking about the challenges that currently exist in this area, and they are reflected in the following questions:

1. Which healthy, positive behaviors in children are currently being tracked?
2. What are our current data sources for tracking this information? For the purposes of this paper, the focus is on indicators derived from nationally representative samples. Many data files are maintained or sponsored by federal statistical data systems such as the Bureau of the Census and the National Center for Education Statistics.
3. Where are the gaps in our current data systems?
4. What are some of the implications for developing a national surveillance system that tracks positive development in children over time?

### THE NATURE OF SOCIAL INDICATORS

Before addressing these questions, it is important to understand the nature of social indicators and how they are being used. There are two important characteristics of social indicators:

First, social indicators are measures of well-being that are collected on a regular basis so trends can be tracked over time — e.g., the percentage of high school graduates who attended some college from 1971 to 1997.

Second, they are gathered on a representative sample of a population, allowing for the ability to look at sub-

group differences — e.g., the total population, white non-Hispanics, black non-Hispanics, and Hispanics. (This basic, two-part definition of social indicators is found in “Creating Indicators of Positive Development,” page 60, along with a longer list of characteristics or criteria for social indicators.)

Social indicators have been used for many years to describe and monitor the state of our society. They are used, for example, to monitor fluctuations in population growth, infant mortality rates, and the number of youth who receive a college degree. They are used to set standards and to hold managers, agencies, and even governments accountable for improving the social well-being of individuals and communities.

In recent years, social indicators have become increasingly important for evaluating existing social programs and for setting new policy agendas. However, because indicators do not allow for an assessment of causality, their use in evaluations of programs should be made with caution.

Two publications, *Trends in the Well-Being of America's Children and Youth*, by the Department of Health and Human Services in 1998, and *America's Children: Key National Indicators of Well-Being* by the Federal Interagency Forum on Child and Family Statistics in 1997, have become important when it comes to policies and programs affecting children and families. These publications compile information on the condition of children's economic security, health, education, and social development. (Child Trends has assembled the *Trends Report* every year since 1996.)

These publications help policy-makers and others get a comprehensive understanding of the condition of our nation's children. They represent a major effort to gather indicators across government statistical systems.

*Text continues on page 61*



## CREATING INDICATORS OF POSITIVE DEVELOPMENT

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*Social indicators are based on data gathered on a representative sample of the population so that different subgroups can be compared.*

### CRITERIA FOR INDICATORS OF CHILD WELL-BEING

- 1 Comprehensive coverage. Indicators should assess well-being across a broad array of outcomes, behavior, and processes.
- 2 Children of all ages. Age-appropriate indicators are needed at every age from birth through adolescence and covering the transition into adulthood.
- 3 Clear and comprehensible. Indicators should be easily and readily understood by the public.
- 4 Positive outcomes. Indicators should assess positive as well as negative aspects of well-being.
- 5 Depth, breadth, and duration. Indicators are needed that assess dispersion across given measures of well-being, children's duration in a status, and cumulative risk factors experienced by children.
- 6 Common interpretation. Indicators should have the same meaning in varied population subgroups.
- 7 Consistency over time. Indicators should have the same meaning across time.
- 8 Forward-looking. Indicators should be collected now that anticipate the future and provide baseline data for subsequent trends.
- 9 Rigorous methods. Coverage of the population or event being monitored should be complete or very high, and data collection procedures should be rigorous and consistent over time.
- 10 Geographically detailed. Indicators should be developed not only at the national level, but also at the state and local level.
- 11 Cost efficient. Although investments in data about U.S. children have been insufficient, strategies to expand and improve the data system need to be thoughtful, well planned, and economically efficient.
- 12 Reflective of social goals. Some indicators should allow us to track progress in meeting national, state, and local goals for child well-being.
- 13 Adjusted for demographic trends. Finally, to aid with our interpretation of indicators, indicators, or a subset of indicators, should be developed that adjust for changes in the composition of the population over time that confound our ability to track well-being. Alternatively, indicators should be available for population subgroups that are sufficiently narrow to permit conclusions within that subgroup.

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Source: Moore, K.A. (1997). Criteria for indicators of child well-being. In R.M. Hauser, B.V. Brown, & W.R. Prosser (Eds.), *Indicators of children's well-being* (pp. 36-44). New York: Russell Sage Foundation.



But many indicators of child well-being are monitoring negative rather than positive aspects of children's development: the percentage of children living in poverty; the percentage of children under 18 who report not having enough to eat; the percentage of students who have used illicit drugs in the last 30 days; the birth rate among females age 15 to 17; and so on.

Many measures of negative conditions are in indicator reports of child well-being because research suggests that reducing or eliminating negative outcomes increases an individual's chances for optimal development. Thus, downward trends in negative indicators are interpreted as increases in positive development.

But parents and society in general do not want children who just avoid serious problems and risks. They want children who are emotionally healthy, who have positive relationships with their parents and others, who are polite and honest, and who engage in positive behaviors such as exercise and volunteerism.

Clearly, positive development should not be defined as the absence of negative outcomes. Rather, indicators of positive development should encompass both the absence or diminishment of negative conditions *and* the existence or promotion of positive behaviors, attitudes, and milestones.

There are several challenges to creating indicators of positive development. One is defining *positive development* itself. Another is figuring out how best to measure positive development once it has been defined.

## DEFINING POSITIVE DEVELOPMENT

While the public, policy-makers, and researchers tend to agree on what is negative, we lack agreement on a definition of positive development. Researchers focus disproportionately on problem behaviors and negative trends (Maynard, 1997; Yamaguchi & Kandel, 1987; Moore, Morrison, & Gleib, 1995).

Nevertheless, people who are involved in designing,

implementing, and evaluating programs for children and youth, especially those involved in youth development, have been moving forward to identify positive constructs and measures for their programs. Practitioners' views of positive development stress positive behaviors and achieving a certain level of competency in a skill. In this way, the practice field is leading the way in expanding the definition of positive development. Some of these markers have been targeted in program evaluations, while others identified through work with focus groups.

■ The Search Institute has developed a widely used measure of assets, including the assets of commitment to learning, positive values, and positive identity (Benson, 1993; Leffert, Benson, Scales, Sharma, Drale, & Blyth, 1998; *see the article on pp. 44-45*). Researchers from the Search Institute also report that self-esteem has been one of the primary outcomes assessed in youth development intervention evaluations.

■ The International Youth Foundation (1998) has developed a definition of youth development that incorporates several desirable youth outcomes. Among them: a sense of self-worth and confidence; a sense of accountability, responsibility and control; and competence in the areas of physical and emotional health, intellectual development, civic action, and employment.

■ Focus groups conducted for The Task Force for Child Survival and Development have yielded still more measures of positive development. Adults and children describing a "successful 25-year-old" included such characteristics as having self-confidence and self-esteem; learning from mistakes — both one's own and other people's; and possessing faith, spirituality, or maintaining some form of religious practice. In fact, religiosity was the one feature of a successful 25-year-old that was overwhelmingly endorsed by all age groups (Chervin, Reed, & Dawkins, 1998).

■ The Council on Civil Society (1998), as well as a poll by the nonprofit organization Public Agenda, have identified civility and good citizenship as important, posi-

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tive attributes for all youth. Many of the same constructs were identified by the Carnegie Council on Adolescent Development (1989).

All of these seem reasonable measures of positive development.

The next task is to incorporate them into national longitudinal surveys. This will not be easy. For instance, although “character” is a highly endorsed construct of positive development, researchers do not agree on how to measure it, or even if it should be included in surveys.

This leads to the other challenge in establishing indicators of positive development: How do we measure these constructs?

### MEASURING POSITIVE DEVELOPMENT

We face several challenges in defining measurements of positive development. One is that measures do not exist for some of the constructs. How, for example, would one measure “social competence” or “character”?

A second complication is that, when measures do exist, they often are too long to be included in their entirety in a national survey. Because of space constraints, as well as consideration for respondents’ time, only a few questions of a national survey can be devoted to any one construct. Thus, survey constraints require researchers to make difficult decisions about which questions to ask.

Sometimes, this means that certain constructs cannot be measured at all. Unless there is a short set of questions of high quality (*i.e.*, able to stand up to statistical analysis of their ability to measure what we want them to measure) that can be administered in survey form, it is unlikely that the construct will be included in a national survey — even if the construct is considered extremely important.

### CURRENT DATA SOURCES FOR POSITIVE DEVELOPMENT INDICATORS

Despite these constraints, a number of constructs of positive development have been included in several

national surveys. (See “Social Indicators,” page 63.)

Educational achievement is the indicator that has enjoyed the widest acceptance and the broadest data collection efforts to date. Achievement has been measured in multiple ways — for example, in years of education attained and in diplomas and degrees earned. Data also are collected on test scores and academic domain knowledge, and questions have even been designed to measure school engagement. The National Center for Education Statistics maintains or sponsors many of the national data sets that track educational achievement, but other data files measure achievement also. For instance, a new data set focused on health, called the National Longitudinal Study of Adolescent Health (“Add Health” for short) has several questions on this topic.

Add Health also contains other indicators of well-being. Because it primarily focuses on adolescent health, the survey includes questions on health promotion (targeting diet, exercise, the use of seat belts and bike helmets, use of sunscreen) and mental health (self-esteem and the

lack of depressive symptoms). Add Health asks about parent-child relationships, sibling relationships, and friendships; spirituality; involvement in community organizations and institutions; extracurricular programs; and sexual behavior — a topic also included in the newest data set of the National Longitudinal Survey of Youth (or NLSY), collected in 1997.

Soon, two additional data sets will offer information on school readiness, among other things. The Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K), begun in fall 1998, will track a nationally representative sample of kindergartners through the fifth grade. Another data set, the ECLS-B (Early Childhood Longitudinal Study, Birth Cohort), will begin data collection in 2000; it will track children from birth through school entry. Both will be rich sources of information on factors considered important for school success, including family and neighborhood environments, children’s cognitive and social

Text continues on page 64





## SOCIAL INDICATORS

CONSTRUCTS OF POSITIVE DEVELOPMENT

NATIONALLY REPRESENTATIVE DATA BASE  
INCLUDING MARKERS OF THESE CONSTRUCTS

Educational Achievement (years, degrees, test scores, knowledge, engagement)

National Longitudinal Survey of Youth, 1979; National Longitudinal Survey of Youth, 1997; National Longitudinal Study of Adolescent Health; National Education Longitudinal Study, 1988; National Evaluation of Welfare to Work Strategies

School Readiness

Early Childhood Longitudinal Study-Kindergarten Cohort; National Health and Nutrition Examination Survey

Health Promotion (diet, exercise, use of seat belts, bike helmets, sunscreen, dental hygiene)

National Longitudinal Study of Adolescent Health; National Health and Nutrition Examination Survey; Youth Risk Behavior Surveillance System; National Health Interview Survey

Mental Health (lack of depression, self-esteem)

National Longitudinal Study of Adolescent Health; National Education Longitudinal Study, 1988

Responsible Sexual Behavior

National Longitudinal Study of Adolescent Health; National Longitudinal Survey of Youth, 1997; Survey of Program Dynamics

Parent-Child Relationships

National Longitudinal Study of Adolescent Health; National Longitudinal Survey of Youth, 1997; Survey of Program Dynamics; National Education Longitudinal Study, 1988

Sibling Relationships

National Longitudinal Study of Adolescent Health

Positive Behavior

National Evaluation of Welfare to Work Strategies

Responsible Citizenship (knowledge, voting)

National Education Longitudinal Study, 1988; National Household Education Survey; Current Population Reports, Bureau of the Census

Volunteer Service

National Education Longitudinal Study, 1988

Religiosity/Spirituality/Belief or Practice

National Longitudinal Study of Adolescent Health; National Longitudinal Survey of Youth, 1997

Engagement in School/Community Institutions

National Longitudinal Study of Adolescent Health; National Education Longitudinal Study, 1988

Character

Civility

Participation in Cultural and Literary Activities

Environment Life Style



skills, and teachers' reports of children's behavior.

Add Health's data set surveys 12,105 adolescents in grades 7 to 12 in 134 schools within 80 different communities. The ECLS-K samples 23,000 children in about 1,000 kindergarten programs, both public and private. Both studies over sample for minority racial and ethnic groups, twins, and children with disabilities. In addition, Add Health includes a saturated sample within several schools to allow analyses of peer networks. Pairs of siblings are also included in the Add Health sample.

The availability of these new surveys, and the measures they contain, suggest it would be possible to begin to explore empirically the hypothesis that positive development is not just the absence of negative behaviors, but the presence of desirable characteristics, activities, and behaviors. However, the data available at present may not support development of any broad-based indices of positive development.

### CREATING A NATIONAL SURVEILLANCE SYSTEM FOR POSITIVE DEVELOPMENT

A particular weakness in the current indicators system is the lack of information on mental health, particularly its positive aspects. The 1997 edition of the *America's Children Report* calls for work on developing a global indicator of mental health for children that takes into account the age and sex, and elicits valid responses from racial, ethnic, and income groups. The report notes that several efforts are under way to develop "reliable estimates of the number of children with mental, emotional, and behavioral problems," but data sources will not be available until perhaps 2000 (Federal Interagency Forum on Child and Family Statistics, p. 33).

"Mental, emotional, or behavioral problems" refers to negative indicators. What about positive indicators of mental health?

A review of the objectives for *Healthy People, 2010* (1998) indicates that collecting information on early-life

risk and protective factors is a focus for the coming years. Prevention and resiliency are represented. Nevertheless, overwhelmingly, the goals regarding mental health are couched in negative rather than positive terms. For instance, there are goals for reducing the prevalence of mental disorders and negative outcomes associated with mental disorder, such as suicide, and increasing the prevalence of screening for disorders.

The mental health community can — and should — help survey researchers think through the best ways to measure good mental health, so that they can be reflected in national surveys, and eventually in a national surveillance system.

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So, how should we define "good" mental health? Does it mean having high self-esteem? All of the time? Researchers have noted problems with current measures of self-esteem, primarily because they do not seem to obtain comparable results across racial/ethnic groups. Nevertheless, this seems to be the only positive measure of mental

health currently included in national surveys.

What about defining good mental health in terms of the ability to manage stress and to achieve "emotional balance"? Focus groups for The Task Force for Child Survival and Development stressed both of these as goals of positive development — but how would we measure "balance"?

Bruce Compas, after reviewing the research on the positive mental health outcomes of adolescents, concludes that no single profile characterizes positive mental health. Instead, optimal functioning is "relative and depends on the goals and values of the interested parties, appropriate developmental norms, and one's sociocultural group" (Compas, pp. 166-167).

Other constructs that need to be developed are the more global and amorphous constructs identified by the practice community: character, civility, positive behavior, and competence. As with positive mental health, each of these constructs needs some "unpacking" so that it can be distilled into a few, carefully worded questions on surveys.



A national surveillance system based on positive characteristics of child development is still a distant dream. Few databases contain a broad set of measures of positive development. Instead, measures are, for the most part, scattered throughout several of the newer data sets.

Because many of the data sources that include measures of positive development are relatively new, the long-term tracking of positive development is just beginning. This means that the ability of indicators of positive development to inform policy may be years away.

Finally, with the devolution of government on the development of national surveillance systems in general, the responsibility of maintaining data to guide program and policy decisions will be in the hands of individual states and localities, rather than in the hands of the federal government. If new data systems are developed, and we want to be able to use that data in a national surveillance system, we will need to encourage, or even demand, comparability of data collection and data maintenance across jurisdictions. This will become more difficult with time, unless all stakeholders commit to gather comparable information.

There is some reason to be hopeful here. Because positive indicators emphasize assets and success, it may be easier to enlist support for positive indicators by those who will now be responsible for the monitoring systems.

For the immediate future, it is clear the challenges we face in developing and maintaining new measures of positive development necessitate a mutually beneficial dialogue between researchers and practitioners, so indicators of positive development can be strengthened throughout our national surveillance systems.

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