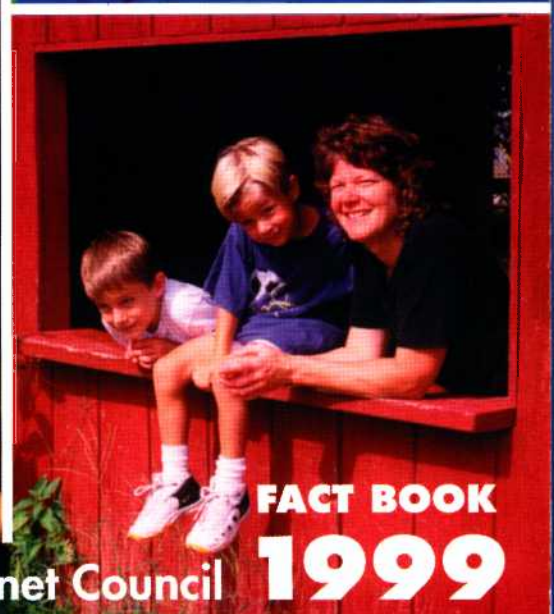
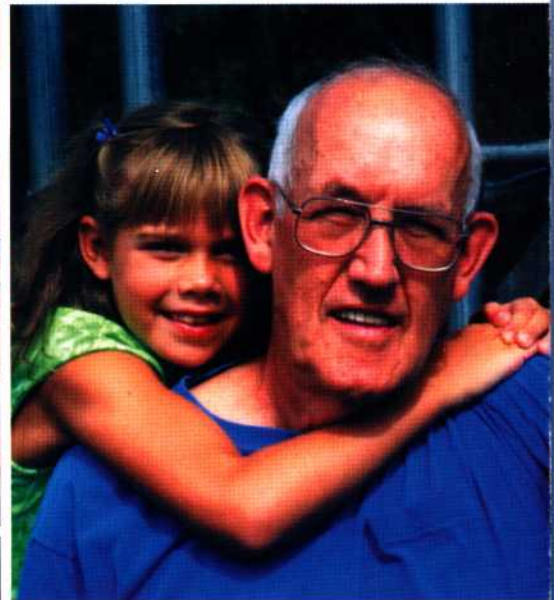


Families Count in Delaware



Family Services Cabinet Council

FACT BOOK
1999



STATE OF DELAWARE
OFFICE OF THE GOVERNOR

THOMAS R. CARPER
GOVERNOR

Dear Friends:

As the millennium draws to a close, I am pleased to report that Delaware is more focused than ever on families. This second publication of Families Count in Delaware caps an effort begun when I took office in 1993 to increase the quality and comprehensiveness of services to families through the Family Services Cabinet Council.

The Family Services Cabinet Council is a partnership between seven state departments whose mission it is to work every day with Delaware's families and children. It is this state partnership, which has stimulated further collaborations between non-profit human service agencies, public schools, higher education institutions, and many others, that brings us this report.

To serve Delaware's families best we must have information on their special needs and every day challenges. The Families Count book tells us—all of us—what we are doing right and what we can be doing better. As Governor, I look to this report and our many partners to carry us into the 21st Century with stronger, smarter, healthier families.

I hope you find this report helpful and informative in your continued efforts to spread the message "Families and Kids Count in Delaware!"

Sincerely,

A handwritten signature in blue ink that reads "Tom Carper".

Thomas R. Carper
Governor



Family Services Cabinet Council *Families Count in Delaware* *1999*

FAMILIES COUNT in Delaware

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- Statistical Analysis Center

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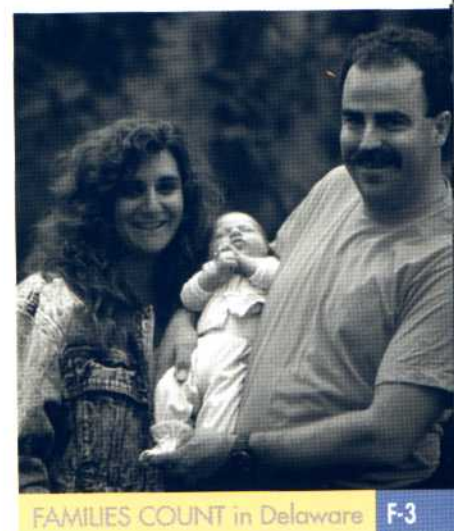
*And a special thank you to the Delaware families
featured on the cover and throughout this book.*



F-2 FAMILIES COUNT in Delaware

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FAMILIES COUNT in Delaware F-3

Families Count in Delaware

*Family Services
Cabinet Council
Mission Statement:*

***To strengthen and
support Delaware
families and help
children achieve their
full potential within
safe and caring
communities.***



F-4 **FAMILIES COUNT in Delaware**

Welcome to the second edition of *FAMILIES COUNT in Delaware*, a collaborative project of the Family Services Cabinet Council and KIDS COUNT in Delaware which is housed in the Center for Community Development and Family Policy at the University of Delaware. Since 1998 the Family Services Cabinet Council has been monitoring the conditions of families, children and individuals in the community by focusing on outcomes. Outcome measures are defined as measures of the results that occur, at least in part, because of services provided, for example, "percent of low birth weight babies." The focus on outcomes carries important implications:

- It allows us to communicate goals that the state and the public value for the well being of our families, children, and individuals.
- In communicating outcomes, we introduce accountability for improved conditions.
- An outcome focus will also allow for improved decision-making in service delivery, internal management, and allocation of resources.

Integral to the success of this program is public involvement in identifying needs and working toward improved conditions. Assembled in this second report are the indicators which quantify the outcomes. These indicators were developed by Governor Carper's Family Services Cabinet Council in a process that started with a statement of the Council's mission and goals and the publication of the first *FAMILIES COUNT in Delaware* in the fall of 1998. The indicators are organized into the categories of

- 1) healthy children,
- 2) successful learners,
- 3) resourceful families,
- 4) nurturing families, and
- 5) strong and supportive communities.

FAMILIES COUNT continues to evolve as stakeholders and interested Delaware citizens review the indicators to determine if measures need to be reassessed or refined. Having high quality information to measure the status and chart the progress toward improving the lives of Delaware families is a result of the growing public demand for accountable and cost-effective services and the need for and the use of information to guide decision-making in all aspects of our state's efforts to solve our basic problems. Ultimately, this framework of indicators will help state and local policymakers gauge whether services and programs are making a difference in the outcomes for children and families.

Data are presented in a variety of displays. When possible, we compare Delaware to mid-Atlantic states and the nation. These comparisons help to determine where Delaware rates in comparison to the rest of the nation, and if progress is being made over time. In addition, we present the data by counties in order to gain better understanding of the needs in particular segments of the state. Though these data may be used to monitor change or progress, sometimes it is not easy to infer whether the trend is getting better or worse from the indicator, and the same information may be interpreted in different ways. In small states like Delaware, rates tend to vary significantly from year to year. Ranks sometimes mask very small differences among states. Positive trends and high ranks do not necessarily indicate that issues no longer need attention. Finally, we recognize that there are indicators that are not included here and should be. Some of these have been included in the report as "under construction."

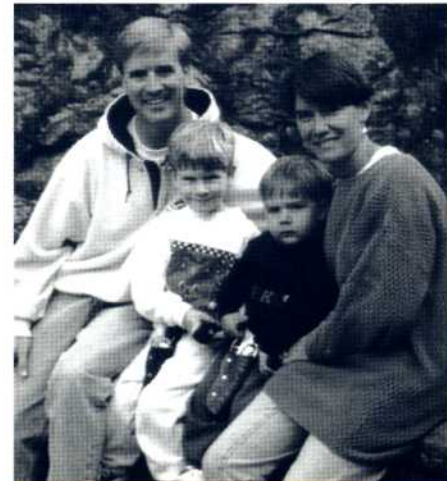
Ultimately, the purpose of this book is to stimulate debate, not to end debate by providing definite answers. The best solutions to social problems will emerge from the debate, not from the data. We hope this type of information will add to the knowledge base of our social well being; guide and advance informed discussions; help us concentrate on issues that need attention; and focus on a better future for our children and families.

Families Count Indicators

Healthy Children

Goal: Children are born healthy. Children will remain free of preventable diseases and disabilities, and will have social, emotional, and physical health promoting behaviors. Children born with or who develop disabilities, health, social, or emotional problems reach their full potential.

	Delaware Compared to U.S. Average	Recent Trend in Delaware
Prenatal care Percent of mothers receiving prenatal care in the first trimester of pregnancy		
Low birth weight babies Percent of low birth weight babies		
Infant mortality Infant mortality rate per 1,000 live births		
Lead poisoning* Percent of children age 6 and under with blood lead levels at or over 15 mcg/dl		
Child immunizations Percent of children fully immunized by age 2		
Child deaths Rate of child deaths per 100,000 children ages 1-14		
Children with health care coverage Percent of children to age 18 with health care coverage		
Substance abuse, 8th graders* Percent of participants in Delaware survey of public school eighth graders using substances (cigarettes, alcohol, marijuana) in the last 30 days		
Substance abuse, 11th graders* Percent of participants in Delaware survey of public school eighth graders using substances (cigarettes, alcohol, marijuana) in the last 30 days		
Sexually transmitted diseases* Percent of teens ages 15-19 with gonorrhea or primary/secondary syphilis		
Teen deaths Rate of teen deaths by injury, homicide, and suicide (per 100,000 teens 15-19)		



FAMILIES COUNT in Delaware F-5

* Data not available to indicate trend and/or U.S. comparison.

Successful Learners

Goal: Children are prepared to enter school, progress to high school graduation and make successful transitions to adulthood. Increasing percentages go on to post-secondary education. Children with developmental disabilities or specific needs reach their full potential.

Early childhood disability intervention*

Percent of children ages birth to 3 receiving early intervention services

Head Start, Early Childhood Assistance Program*

Rate of participation for eligible 4 year olds in early childhood assistance programs



Student achievement: 3rd grade reading*

Percent of third graders meeting or exceeding the reading standard

Student achievement: 5th grade reading*

Percent of third graders meeting or exceeding the reading standard

Student achievement: 8th grade reading*

Percent of third graders meeting or exceeding the reading standard

Student achievement: 10th grade reading*

Percent of third graders meeting or exceeding the reading standard

Student achievement: 3rd grade math*

Percent of third graders meeting or exceeding the math standard

Student achievement: 5th grade math*

Percent of third graders meeting or exceeding the math standard

Student achievement: 8th grade math*

Percent of third graders meeting or exceeding the math standard

Student achievement: 10th grade math*

Percent of third graders meeting or exceeding the math standard

Teens not in school, not working

Percent of teens 16-19 not attending school and not working



High school dropouts*

Percent of high school dropouts



Resourceful Families

Goal: Families have educational, housing, health care, employment, and economic resources to be self-sustaining and self-sufficient at all stages in their family life cycle.

Children in poverty

Percent of children living in poverty



One-parent households

Percent of children ages 0-17 in one-parent households



Teen births

Teen birth rate for 1,000 females age 15-17



* Data not available to indicate trend and/or U.S. comparison.



Female headed households in poverty*

Percent of families in poverty with female single head of household and children



Child support collected

Percent of amount owed child support that is paid



Risk of homelessness/Families in substandard housing*

Percent of families living in substandard housing, or at risk of becoming homeless



Lack of health care coverage

Percent of persons under age 65 who do not have health care coverage



Nurturing Families

Goal: Families will provide a nurturing environment for all members free of violence, neglect, and abuse.

Abused/neglected children*

Children with substantiated reports of abuse or neglect per 1,000 children



Children in out-of-home care*

Children in out-of-home care per 1,000 children



Juvenile delinquents in out-of-home care*

Juvenile delinquents in out-of-home care per 1,000 youth ages 10-17

Domestic violence*

Number of domestic violence reports

Strong and Supportive Communities

Goal: Communities have child care, educational systems, physical infrastructure, and employment opportunities to support a high quality of life for all community members. Communities are drug, crime, and violence free. Residents are actively involved in achieving community self-sufficiency.

Unemployment rate

Unemployment rate by race and gender



Depending on neighbors*

Percent of households at 200 percent of poverty level or below that indicate they would seek help from a neighbor

Juvenile violent crime

Juvenile violent crime arrest rate (per 1,000 youths ages 10-17)



Adult violent crime arrests*

Adult violent crime arrest rate per 1,000 adults



Adults on probation or parole*

Adults on probation or parole per 1,000 adults



Substandard housing units*

Percent of substandard housing units

Home ownership

Percent of home ownership



FAMILIES COUNT in Delaware F-7

* Data not available to indicate trend and/or U.S. comparison.



Healthy Children

Goal: Children are born healthy. Children will remain free of preventable diseases and disabilities, and will have social, emotional, and physical health promoting behaviors. Children born with or who develop disabilities, health, social, or emotional problems reach their full potential.

Prenatal Care

Indicator: *Percent of mothers receiving prenatal care in the first trimester of pregnancy*

Mothers who fail to receive early prenatal care and regular prenatal care are at higher risk of delivering low birthweight infants and having their infants die before their first birthday.¹ Nearly 80 percent of women at risk for having a low birthweight baby can be identified during the first prenatal visit.² Early and continuous prenatal care is one of the most effective strategies for ensuring the birth of a healthy baby. Inadequate prenatal care can lead to increased costs from extended hospital stays and medical treatment for critically ill babies, lifetime medical care, and special services for children with developmental problems caused by low birthweight.¹

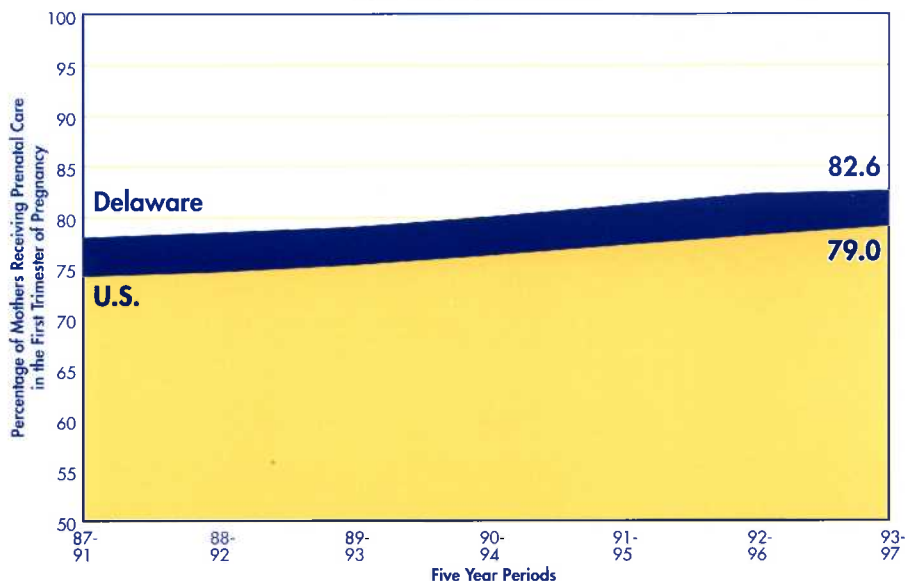
1 Prenatal Care. (1999). *Michigan 1999 Databook*.

2 Something to Think About. Section for Maternal and Child Health. American Hospital Association. December 1992, p. 3



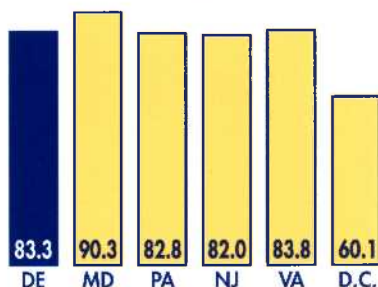
F-10 FAMILIES COUNT in Delaware

Prenatal Care Delaware Compared to U.S.



Sources: Delaware Health Statistics Center*, National Center for Health Statistics

Regional Comparison of Percentage of Mothers Receiving Prenatal Care in the First Trimester Five Year Average 1993-1997



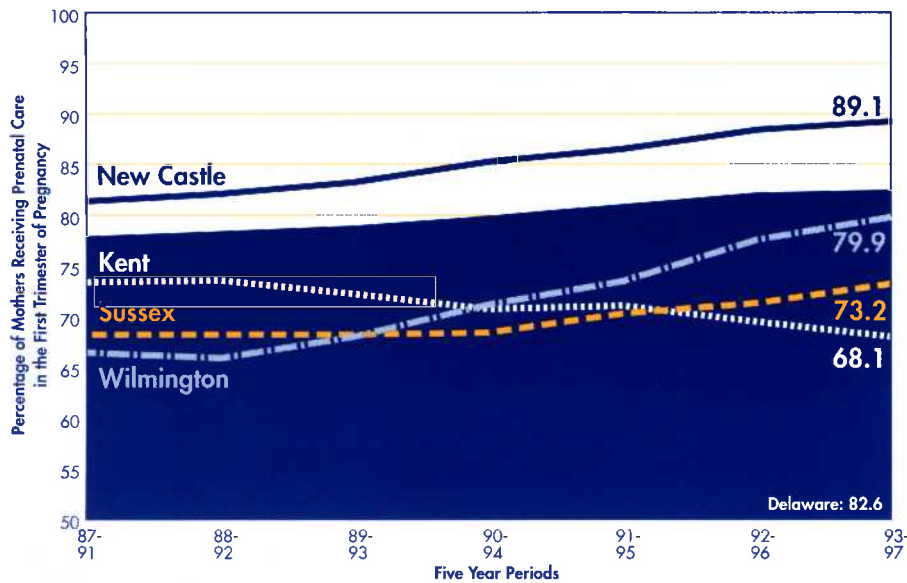
Sources: Delaware Health Statistics Center,
National Center for Health Statistics*

Program Statement: Delaware has expanded Medicaid to more pregnant women than ever before, including low-income working women. An eligible pregnant woman can be immediately enrolled in Medicaid, with verification of pregnancy, enabling her to begin prenatal care without the usual waiting period.

* Percentages vary due to different estimating procedures being used by different sources.

Prenatal Care

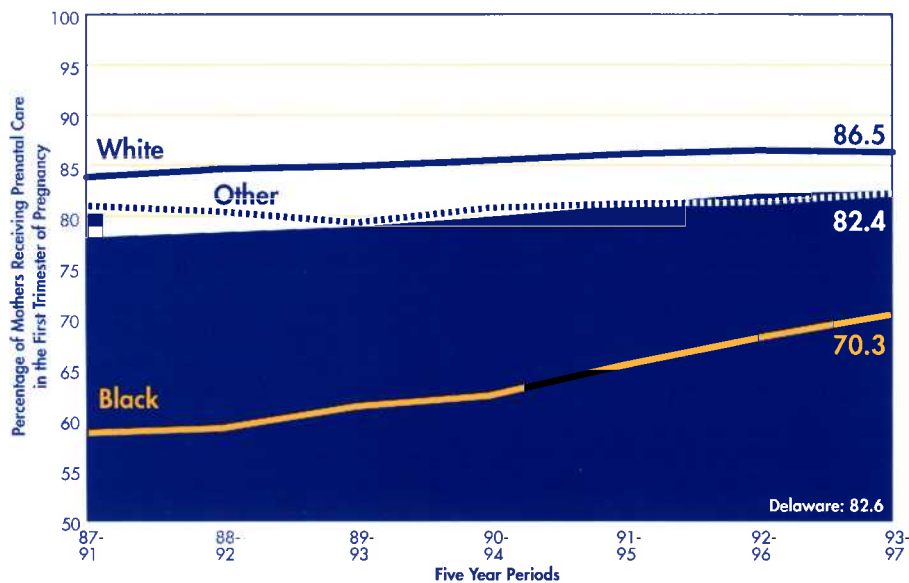
Delaware, Counties and Wilmington



Source: Delaware Health Statistics Center

Prenatal Care

Delaware by Race



Source: Delaware Health Statistics Center



FAMILIES COUNT in Delaware F-11

Healthy Children

For more information see

Low Birth Weight Babies p. F-12

In the KIDS COUNT Section:

Low Birth Weight Babies p. K-20

Infant Deaths by Adequacy of Prenatal Care p. K-23

Tables 9-17 p. K-58-63

Low Birth Weight Babies

Indicator: Percent of low birth weight babies

Low birth weight is defined as an infant being born at or below 2,500 grams (about 5.5 pounds). While low birth weight births account for only 4 to 5 percent of births among women of high socioeconomic status, 10 to 15 percent of the births to women in a lower socioeconomic status are born at low birth weight¹. Risk factors associated with low birth weight include poor prenatal habits, in particular alcohol or tobacco use during pregnancy. Maternal age and mother's level of education are also correlated with low birth weight². Additionally, there also seems to be racial variation in low birth weight birth rates due to an unexplained higher rate of pre-term delivery in the African American population³.

Low birth rate is a reliable predictor of infant mortality. It is associated with prolonged hospitalizations and persistent health problems. Children born at a low birth weight are at risk for developmental delays and disabilities. Many also have major birth defects.

1. Childhood diseases and disorders: disorders present at birth: prematurely and low birth weight. *Britannia Online*. Available <<http://www.web.com:180/cgi-bin?DocF=macro/5001/23/6.html>>.

2. Abel, M. H. (1997, December). Low birth weight and interactions between traditional risk factors. *Journal of Genetic Psychology*, 158 (4), 443-456.

3. Paneth, N. (1995, Spring). The Problem of low birthweight. *The Future of Children: Low Birthweight*, 5 (1).

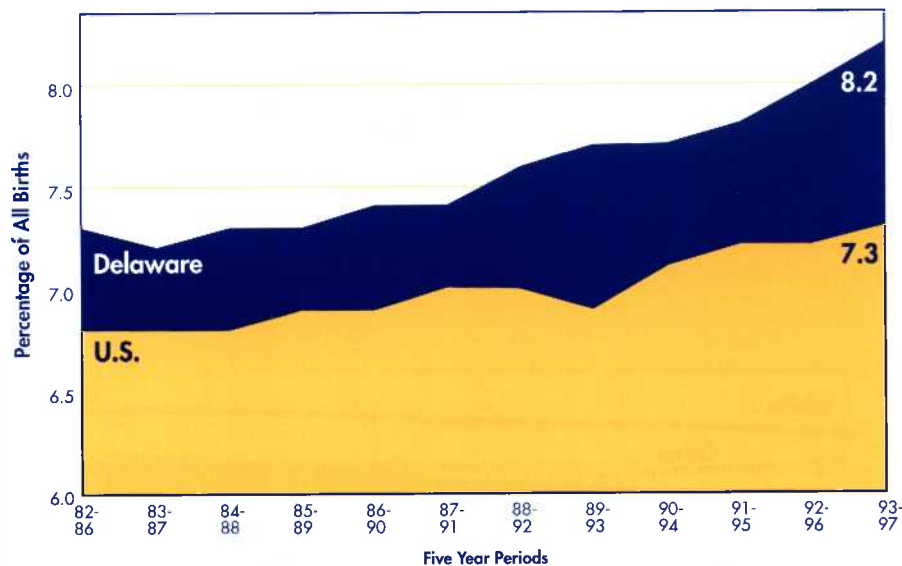


F-12 FAMILIES COUNT in Delaware

Healthy Children

Low Birth Weight Babies

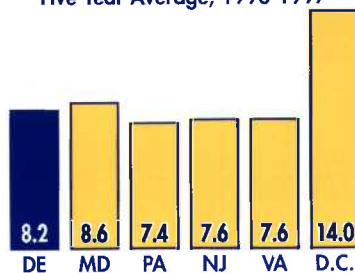
Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Regional Comparison of Low Birth Weight Births

Five Year Average, 1993-1997

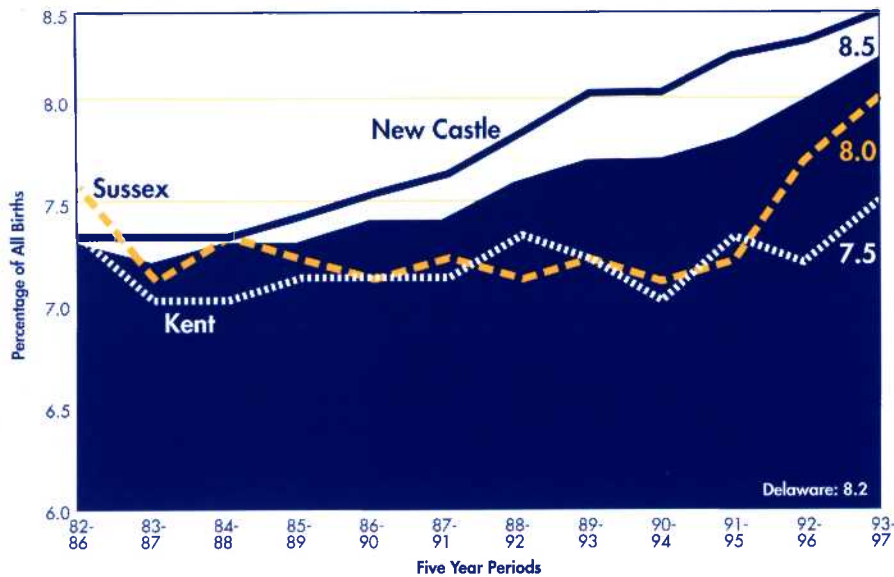


Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: Having a healthy baby requires more than medical care. Medicaid provides Delaware women with high-risk pregnancies access to comprehensive services tailored to their needs. These services include medical care, nutritional services, housing, counseling, or other needed services.

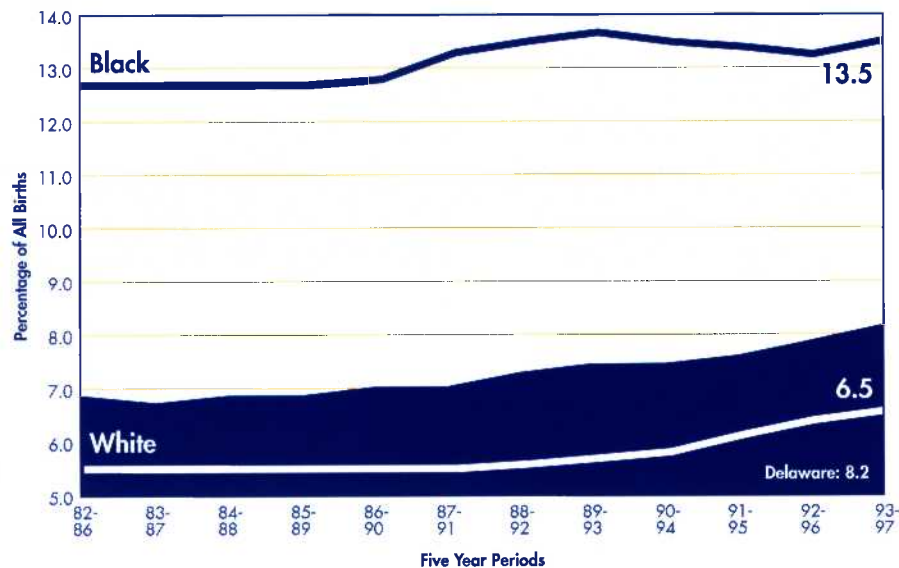
Low Birth Weight Babies

Delaware and Counties



Low Birth Weight Babies

Delaware by Race



FAMILIES COUNT in Delaware

F-13

Healthy Children

For more information see

Prenatal Care p. F-10

In the KIDS COUNT Section:

Infant Deaths
by Birth Weight of Infant p. K-23

Health problems
in low-income children p. K-35

Tables 9-17 p. K-58-63

Tables 20-21 p. K-65-66

Infant Mortality

Indicator: Infant mortality rate per 1,000 births

While the infant mortality rate in the United States (and in Delaware) has continued to decline, the U.S. ranks 21st among industrialized nations in infant mortality rates¹. The infant mortality rate measures the death of infants before their first birthday. There are conditions that increase risk of infant mortality. These include maternal age (less than 19 or over 40), timing of pregnancies (less than two years between births), poor maternal health or nutrition, race, and inadequate prenatal care². Infant mortality rates tend to be related to social and economic conditions in a community. Less advantaged communities including those with poor housing, persistent poverty, and high unemployment rates tend to have higher infant mortality rates than communities without such problems³.

1 Infant mortality: the bad news . . . and the good. (1997, April). *Consultant*, 37 (4), 1092.

2 Infant mortality rate. (1996). 1996 *KIDS COUNT* Data Book on Louisiana's Children.

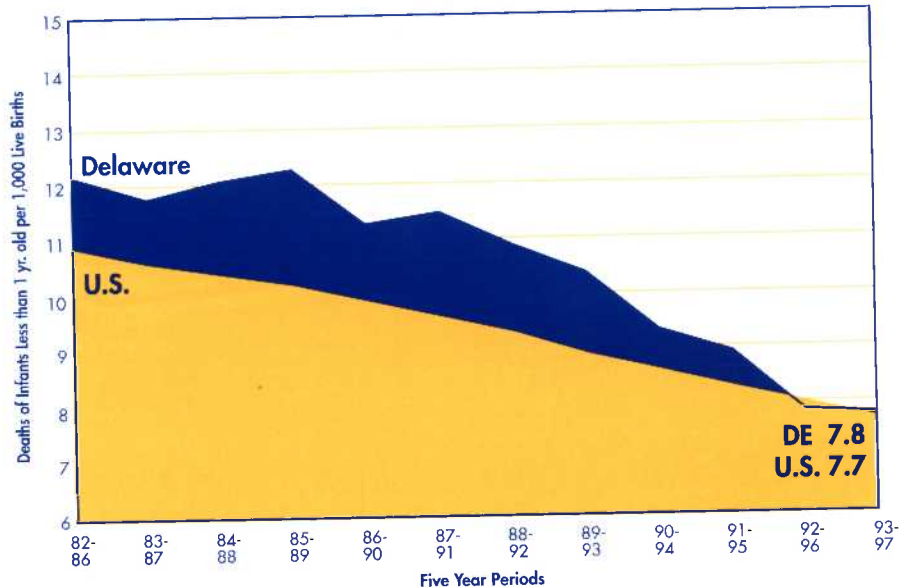
3 Infant mortality: significance. (1997). 1997 *Rhode Island KIDS COUNT* Factbook.



F-14 FAMILIES COUNT in Delaware

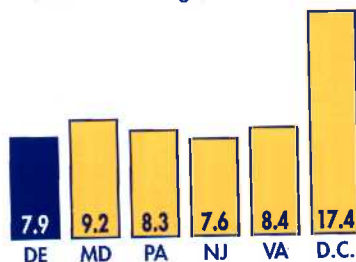
Healthy Children

Infant Mortality Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Regional Comparison of Infant Mortality Rates Five Year Average, 1992-1996*



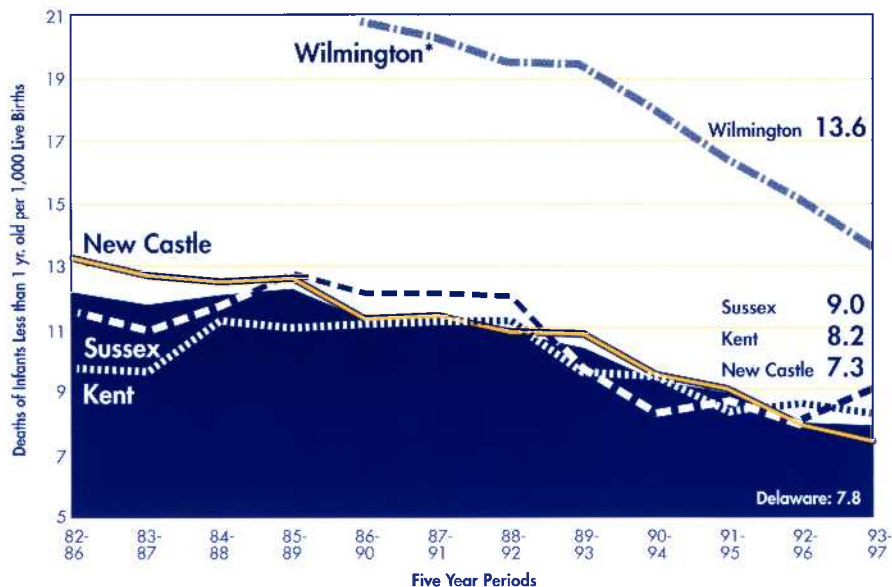
*All data were not available for 1993-97.

Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: By providing medical and social services during pregnancy and after a baby is born, Delaware continues to reduce infant deaths. Through the Home Visiting Program, all first time parents are offered in-home support and referrals for needed services. In addition, the Perinatal Board has assumed statewide leadership to save babies' lives by examining the causes of infant mortality and providing information that promotes healthy family behavior through community outreach projects. In concert with these efforts, the Division of Public Health works to prevent Sudden Infant Death Syndrome (SIDS) through the "Back to Sleep" campaign, which promotes healthy sleeping positions for infants.

Infant Mortality

Delaware, Counties and Wilmington

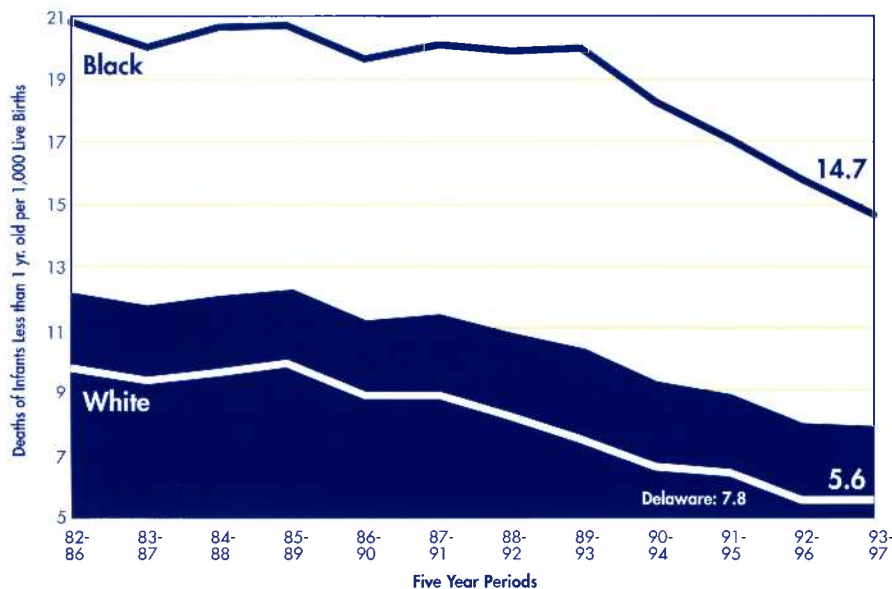


* Wilmington data not available before the 1986-1990 period.

Source: Delaware Health Statistics Center

Infant Mortality

Delaware by Race



Source: Delaware Health Statistics Center



FAMILIES COUNT in Delaware

F-15

Healthy Children

For more information see

- Prenatal Care p. F-10
- Low Birth Weight Babies p. F-12

In the KIDS COUNT Section:

- Low Birth Weight Babies p. K-20
- Infant Mortality p. K-22
- Health problems in low-income children p. K-35
- Child Abuse and Neglect p. K-48
- Tables 9-17 p. K-58-63
- Tables 18-21 p. K-63-66
- Table 23 p. K-67
- Table 66 p. K-86

Lead Poisoning

Indicator: Percent of children age 6 and under with blood lead levels at or exceeding 15 mcg/dl

Children under the age of three are at particular risk of lead poisoning because of their rapidly developing nervous systems and their tendencies to put their hands and toys in their mouths. Since children exhibit few symptoms even with relatively high levels of lead in their systems, a blood test is the only reliable way to ascertain the level of lead in a child's body.¹ For children at risk for lead exposure the blood test can prevent a lifetime spoiled by the irreversible damage caused by lead poisoning. According to recent Center for Disease Control and Prevention estimates, 890,000 U.S. children age 1-5 have elevated blood lead levels. These figures reflect two major sources of lead exposure: deteriorated paint in older housing and dust and soil that are contaminated with lead from old paint and from past emissions of leaded gasoline.²

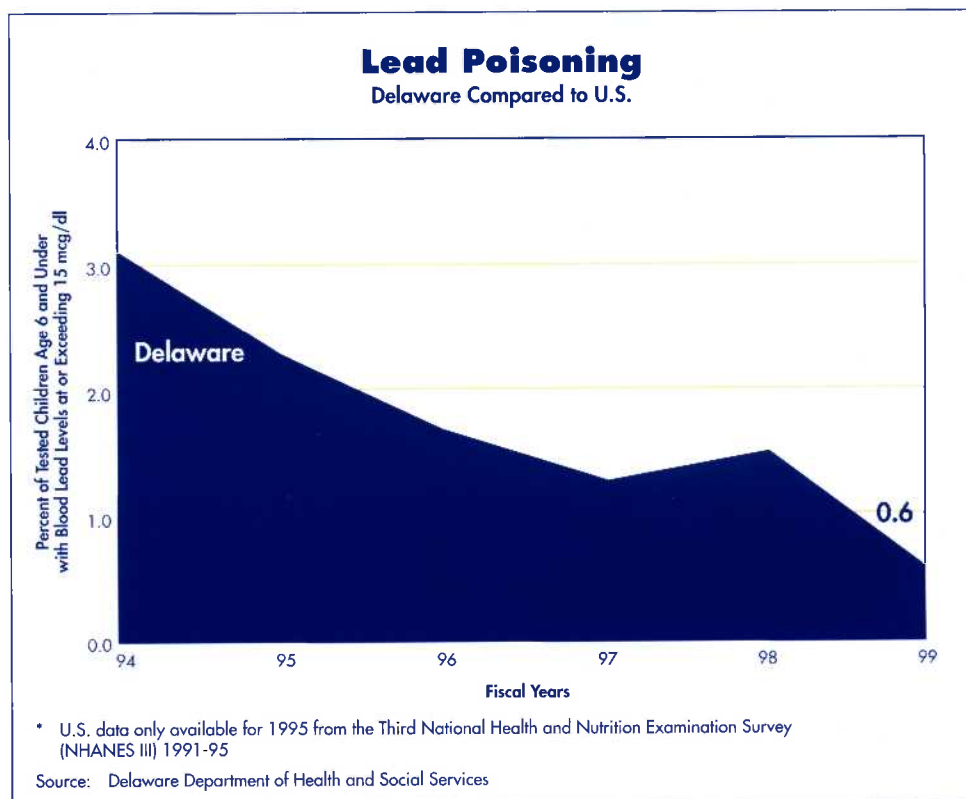
1 Lead poisoning. (1999). *Michigan Kids Count 1999 Databook*

2 Centers for Disease Control and Prevention, *Childhood Lead Poisoning Prevention*, www.cdc.gov



F-16 FAMILIES COUNT in Delaware

Healthy Children



Program Statement: Increasing awareness of childhood lead poisoning is a priority in Delaware. The Division of Public Health sends letters to doctors and nurses to remind them that Delaware law requires **all** children to be screened at or around twelve months of age. The Division also works with community agencies to reduce lead-based hazards from homes where young children reside.

For more information see

In the KIDS COUNT Section

Health Problems
in Low-income Children p. K-35

Table 69 p. K-87

Child Immunizations

Indicator: Percent of children fully immunized by age 2

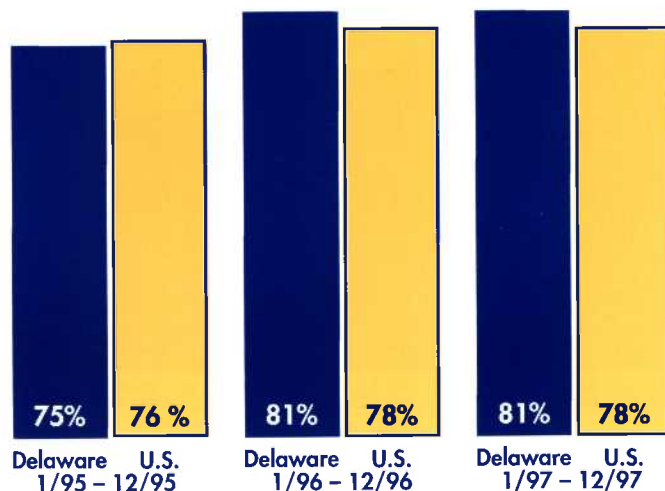
Adequate immunization protects children against several diseases that have killed or disabled many children in past decades.¹ Childhood vaccines prevent ten infectious diseases: polio, measles, diphtheria, mumps, pertussis (whooping cough), rubella (German measles), tetanus, *Haemophilus influenza* type-b (a cause of spinal meningitis), varicella (chicken pox), and hepatitis-B2. It is important that children receive vaccinations because of their likely exposure to infectious disease in day care settings and elsewhere.² Immunizations are required for school entry. Therefore most children in the U.S. have been immunized.³

1 America's Children: Indicators of Children Well-Being, 1999

2 Center for Disease Control, Division of Media Relations. (1997, July 24). *Facts about the childhood immunization initiative: fact sheet*. Available <http://www.cdc.gov>

3 The National Education Goals Panel. (1997, October). *Immunizations. Special Early Childhood Report 1997*.

Child Immunizations
Percent of children fully immunized by age 2



Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

Program Statement: Delaware works toward immunizing all children. Through the Vaccines for Children program, eligible children receive free immunizations through their own medical providers. Children must also be fully immunized for families to receive full welfare benefits.



FAMILIES COUNT in Delaware F-17

Healthy Children

For more information see

Health Care Coverage (children) p. F-19

Health Care Coverage (families) p. F-41

In the KIDS COUNT Section:

Child without Health Insurance p. K-44

Health Problems in Low-income Children p. K-35

Table 68 p. K-87

Child Deaths

Indicator: Rate of child deaths per 100,000 ages 1–14

Child death rate is defined as the number of deaths per 100,000 children divided by age groups: 1 to 4 and 5 to 14. The Child Death Rate reflects risks that are fatal to children including poverty, lack of education, inadequate prenatal care, lack of health insurance, low birth weight, substandard living conditions, substance abuse, child maltreatment, and lack of adult supervision¹. While it is estimated that 90% of unintentional injuries can be prevented, unintentional injuries remain the leading cause of death for children 1–4². Injuries that do not result in death may leave children disabled, result in time lost from school, or decrease the child's ability to participate in activities³.

1 Children's Safety Network. (1994). *Child and Adolescent Fatal Injury Data Book*. Maternal and Child Health Bureau, U.S. Department of Health and Human Services: Washington, D. C.

2 National Safe Kids Campaign. (1996). *Childhood Injury Fact Sheet*. Washington, D. C.

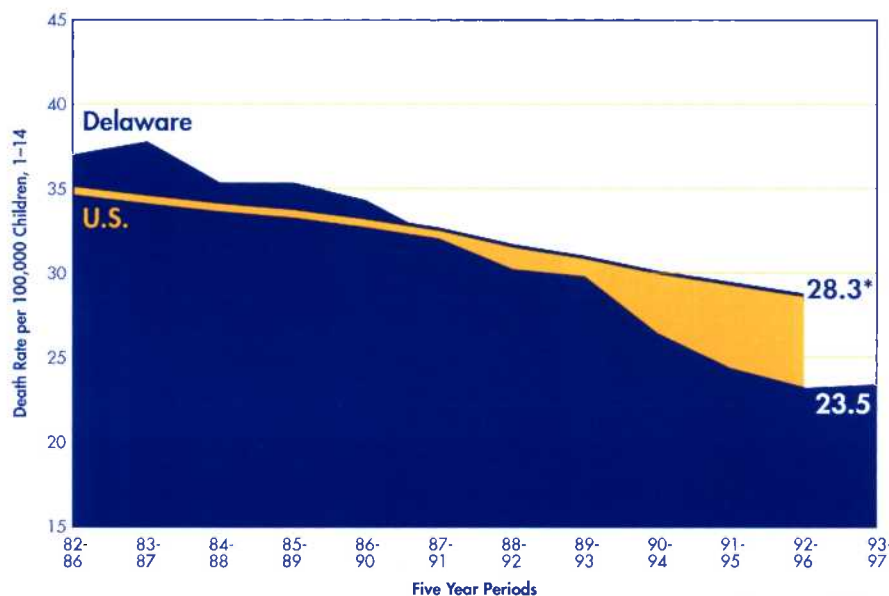
3 Lewit, E. M. and Baker, L. S. (1995, Spring). Unintentional injuries. *The Future of Children*, 5 (1).



F-18 FAMILIES COUNT in Delaware

Child Deaths

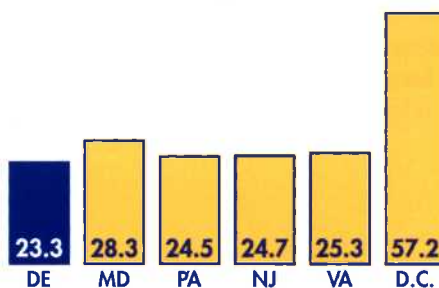
Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

* U.S. data not available for the 1993–97 periods.

Regional Comparison of Child Mortality Rates per 100,000 Children (1–14), Five Year Averages 1992–1996*



*All data were not available for 1993–97.

Sources: Delaware Health Statistics Center, National Center for Health Statistics

For more information see

Infant Mortality p. F-14

Teen Deaths p. F-23

In the KIDS COUNT Section:

Child Deaths p. K-24

Health Problems in Low-income Children p. K-35

Asthma p. K-43

Child Abuse and Neglect p. K-48

Tables 22-23 p. K-66-67

Table 66 p. K-86

Program Statement:

The Child Death Review Commission reviews all child deaths that occur in Delaware to look for ways to prevent similar deaths. Based on their review, the Commission has recommended actions to reduce child deaths by reducing traumatic injuries, increasing the use of child car seats, improving seat belt use by children, and enacting tougher sentencing laws for felonies resulting in death or serious injury to a child.

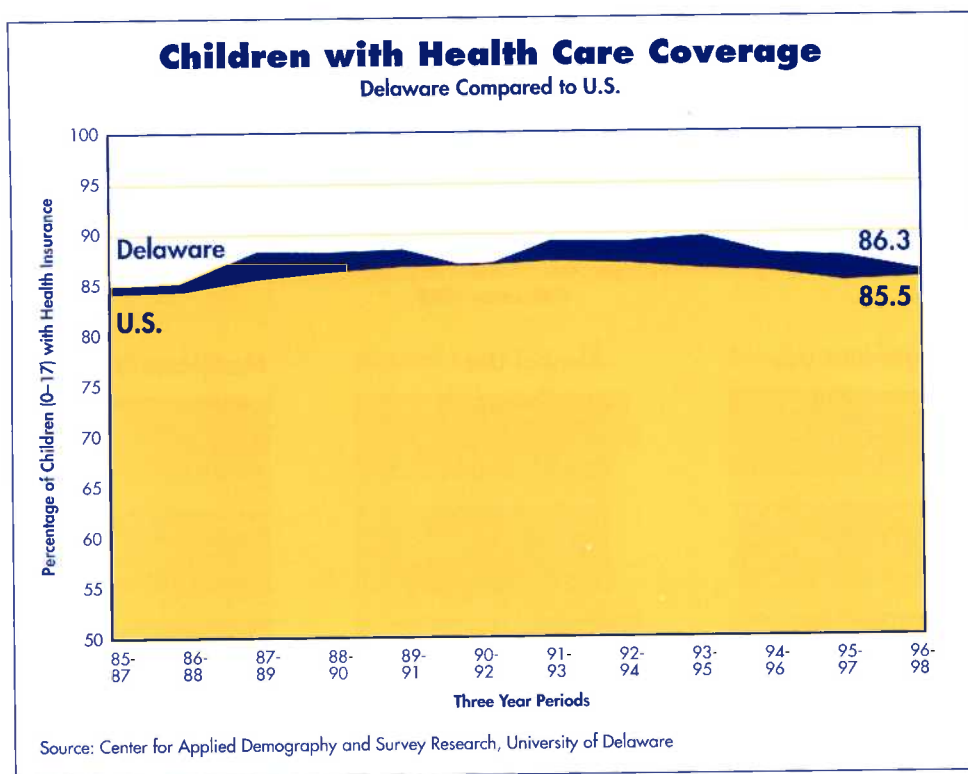
Health Care Coverage

Indicator: Percent of children to age 18 with health care coverage

Access to health care is an important predictor of health outcomes for children. Insured children are more likely to have a relationship with a primary care physician, to receive required preventive services, and to receive a physician's care for health problems such as asthma or ear infections¹. Regular doctor visits are especially critical during early childhood to receive immunizations and to be screened and treated for any developmental problems².

1 General Accounting Office. (1997). *Health Insurance Coverage Leads to Increased Health Care Access for Children*. Washington, D. C.

2 Families USA. (1997). *Unmet Needs: The Large Differences in Health Care Between Insured and Uninsured Children*. Washington, D. C.



The data presented here shows the downward trend before the Delaware Healthy Children Program was instituted in January 1999. This trends illustrates the need that the program was designed to meet.

Program Statement: Delaware began expanding Medicaid coverage to all children living up to the poverty level in 1993. With the advent of the Delaware Healthy Children Program, 13,000 uninsured children in families with incomes up to twice the poverty level have access to health insurance at minimal cost. These programs, plus private insurance give 96% of Delaware's children access to health insurance.



FAMILIES COUNT in Delaware F-19

For more information see

Health Care Coverage (Families)	p. F-41
In the KIDS COUNT Section:	
Asthma	p. K-43
Children without Health Insurance	p. K-44
Tables 51-52	p. K-80

Substance Abuse

Indicator: *Percent of participants in Delaware surveys of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days*

Youth who abuse drugs and alcohol are more likely to drop out of school, become teen parents, engage in high risk sexual behavior, experience injuries, and become involved with the criminal justice system¹. Over 90% of public school 8th graders report having had some drug education in school, yet only 24% of the same students think there is a great risk from daily drinking². Regardless of age, gender, family income, and race or ethnicity, adolescents who do not live with two biological parents are 50-150% more likely than other adolescents to use illicit drugs, alcohol, or cigarettes, to be dependent on substances, or to report problems associated with use³. If parents or siblings smoke cigarettes, 8th grade students are likely to smoke cigarettes and use other drugs².

1 The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York.

2 The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families. (1997, December). *Alcohol, Tobacco, and Other Drug Abuse among Delaware students, 1997*

3 Children's Defense Fund. (1995). *State of America's Children Yearbook 1995*. Washington, D. C.



F-20 FAMILIES COUNT in Delaware

Healthy Children

Substance Abuse

Percent of participants in Delaware surveys of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days
Delaware, 1998

Cigarettes Use

Delaware - 24
Males - 21
Females - 27

NC Co. - 24
Males - 21
Females - 28

Kent Co. - 27
Males - 27
Females - 27

Sussex Co. - 22
Males - 19
Females - 25

Delaware 8th Graders - 24

1997 Rate: 22

Alcohol Use

Delaware - 29
Males - 25
Females - 33

NC Co. - 31
Males - 26
Females - 35

Kent Co. - 30
Males - 28
Females - 30

Sussex Co. - 25
Males - 28
Females - 30

Delaware 8th Graders - 29

1997 Rate: 28

Marijuana Use

Delaware - 19
Males - 19
Females - 19

NC Co. - 20
Males - 18
Females - 21

Kent - 21
Males - 23
Females - 19

Sussex Co. - 15
Males - 17
Females - 12

Delaware 8th Graders - 19

1997 Rate: 15

Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

For more information see

Substance Abuse - 11th Grade p. F-21

Student Achievement p. F-28

In the KIDS COUNT Section:

Alcohol, Tobacco, and Other Drugs p. K-46

Student Violence and Possession p. K-33

Tables 30-36 p. K-70-73

Program Statement: The Department of Education has primary responsibility for funds received under the Safe and Drug Free Schools and Communities Act. Grants to school districts support a range of skill-based programs and intervention strategies such as conflict resolution training and substance awareness. DOE also works collaboratively with the Office of Prevention at the Department of Services for Children, Youth and Their Families - Family Services Division, and the University of Delaware on substance abuse issues.

Substance Abuse

Indicator: *Percent of participants in Delaware surveys of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days*

Research shows that alcohol is the drug most frequently used by 12–17 year olds and that alcohol-related car crashes are the number one killer of teens.¹ Binge drinking (defined here as three or more drinks at a time in the past two weeks) is quite high among the surveyed 11th graders. Most students who report having at least one drink in the past month also report binge drinking in the past two weeks. Thirty percent of all public school 11th graders report binge drinking.²

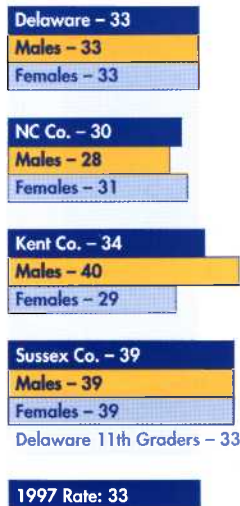
¹ Kansas Action for Children. (1997). *Kansas KIDS COUNT 1997 Data Book*.

² The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families. (1997, December). *Alcohol, Tobacco, and Other Drug Abuse among Delaware students, 1997*.

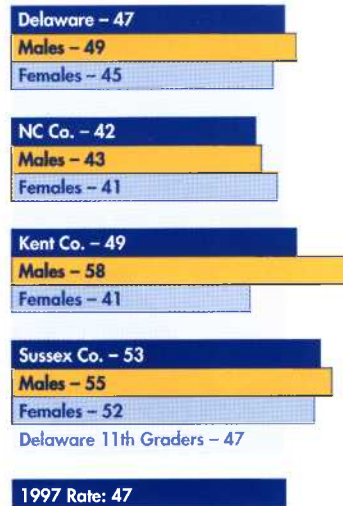
Substance Abuse

Percent of participants in Delaware surveys of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days
Delaware, 1998

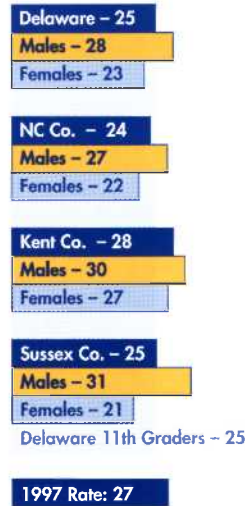
Cigarettes Use



Alcohol Use



Marijuana Use



Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families



FAMILIES COUNT in Delaware F-21

For more information see

Substance Abuse –
8th Grade p. F-20

Student Achievement p. F-28

In the KIDS COUNT Section:

Alcohol, Tobacco,
and Other Drugs p. K-46

Student Violence
and Possession p. K-33

Tables 30-36 p. K-70-73

Sexually Transmitted Diseases

Indicator: Percent of teens age 15-19 with gonorrhea or primary/secondary syphilis

According to the Centers for Disease Control and Prevention, the U.S. has one of the highest rates (of industrialized nations) for sexually transmitted diseases (STDs) with people under twenty-five accounting for nearly two-thirds of all reported cases. One out of every six teenagers (age 13-19) become infected each year¹. Ignorance about STDs is a growing problem among adolescents; in one American Social Health Association study, only 33% of teenagers could name a single STD².

Gonorrhea is spread through unprotected sexual intercourse. While the disease is treatable with antibiotics, if gone unnoticed, gonorrhea can result in pelvic inflammatory disease, infertility, ectopic or tubal pregnancies, or can spread to the blood or the joints. Gonorrhea also increases the risk of HIV infection³. Syphilis is also spread through unprotected sexual intercourse. Once recognized, syphilis is easily and completely curable with antibiotics. The open sores (chancres) which characterize the primary stage of syphilis increase one's risk of contracting the HIV virus⁴.

1 Sexually transmitted disease and adolescents. (1996, April). *State Legislature*, 22 (4), 7.

2 MacPherson, P. (1996, March). In the dark about safe sex. *Hospitals and Health Networks*, 70 (5), 42.

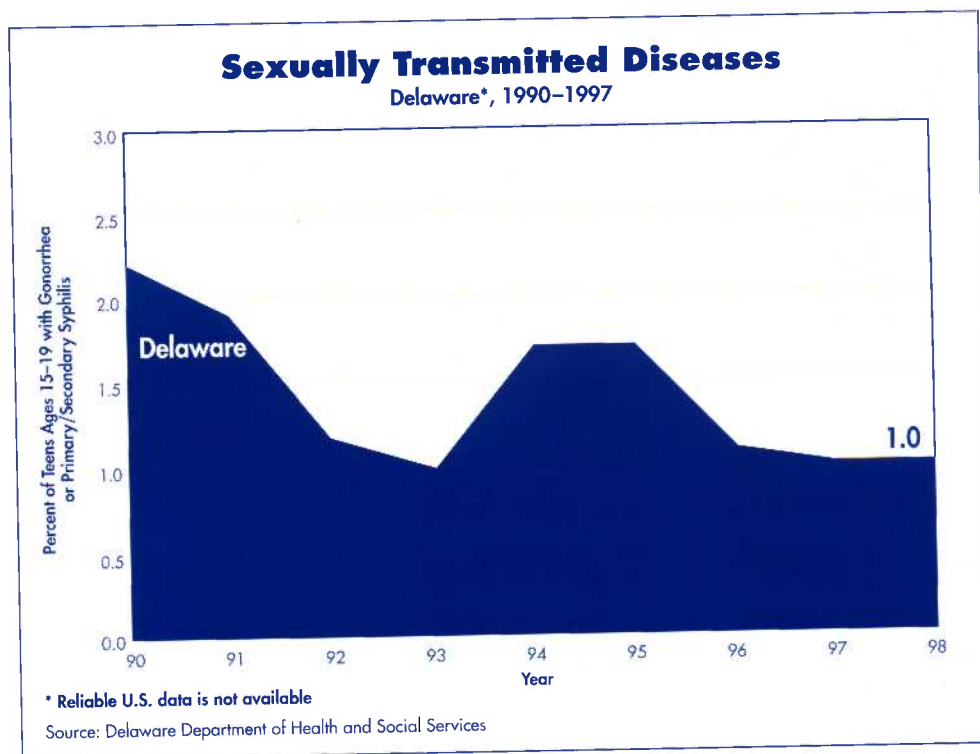
3 Office of Communications, National Institute of Allergy and Infectious Diseases, National Institute of Health, U.S. Department of Health and Human Services. (1998, June). Gonorrhea fact sheet. Available <<http://www.niaid.nih.gov/factsheets/stdgon.htm>>

4 Syphilis. *The STD Homepage*. Available <<http://med-www.bu.edu/people/sycamore/std/syphilis.htm>>



F-22 FAMILIES COUNT in Delaware

Healthy Children



Program Statement: Delaware strives to prevent high risk behaviors that lead to teen pregnancy and sexually transmitted diseases (STDs). As part of broad-based strategies to reduce risky behavior, any teen can receive basic contraceptive and disease prevention counseling when seen in STD or family planning clinics statewide, where free condoms are also available.

Teen Deaths

Indicator: Rate of teen deaths by injury, homicide, and suicide
(per 100,000 teens age 15–19)

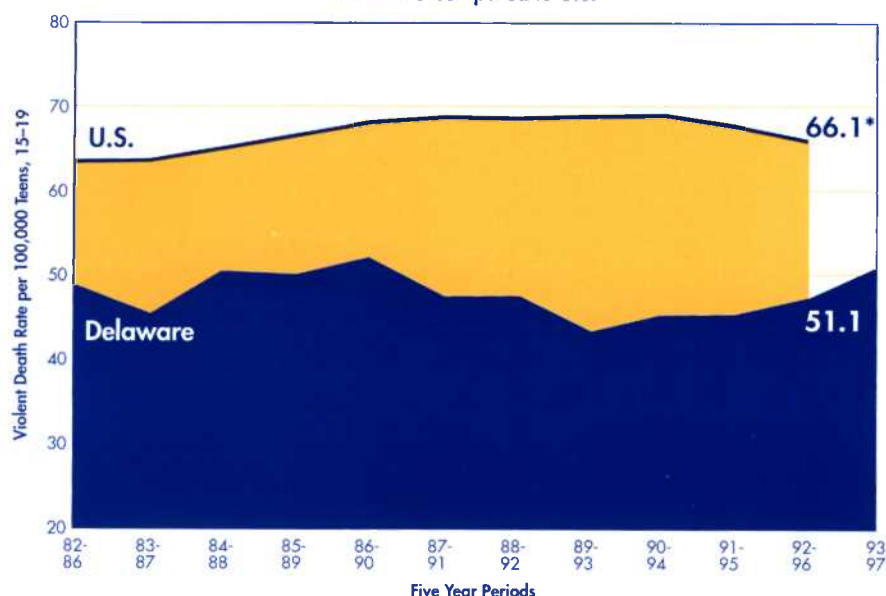
Research shows that poverty, the increased availability of handguns, and the rise in gang activity are all risk factors associated with teen violent death¹. Homicide and violence generally indicate delinquency, hostility, and anger and can be an indicator of community safety. Suicide is an indicator of stress, mental health, community support, and family support². Compared with younger children, teens have a much higher rate of death from motor vehicle crashes and firearm related injuries³.

1 Children's Safety Network. (1994). *Firearm facts: information on gun violence and its prevention*. Maternal and Child Health Bureau, U.S. Department of Health and Human Services: Washington, D. C.

2 Pennsylvania KIDS COUNT Partnership. (1995). *The State of the Child in Pennsylvania*.

3 Fingerhut, L. A., Annett, J. L., Baker, S. P., Kochanek, K. D., and McLaughlin, E. (1996). Injury mortality among children and teenagers in the United States, 1993. *Injury Prevention*.

Teen Deaths by Accident, Homicide, and Suicide Delaware Compared to U.S.

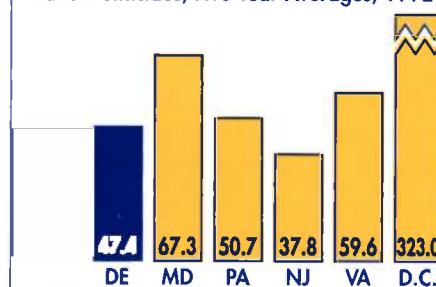


* U.S. data for 1993–1997 was not available

Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: Prevention activities are offered to teens where they are-in schools and communities. School-based health center programs targeted to prevent deaths among teens include suicide prevention, alcohol and drug abuse prevention, violence prevention and conflict resolution, and counseling. Delaware's Family Service Cabinet Council coordinates many community-based prevention programs, including Family Service Partnerships, Strong Communities projects, and Prevention Networks.

Regional Comparison of Teen Death Rates per 100,000 teens (15-19) by Accidents, Suicides, and Homicides, Five Year Averages, 1992-1996*



All data were not available for 1993–97.

Sources: Delaware Health Statistics Center, National Center for Health Statistics



FAMILIES COUNT in Delaware F-23

Healthy Children

For more information see

Substance Abuse p. F-20-21

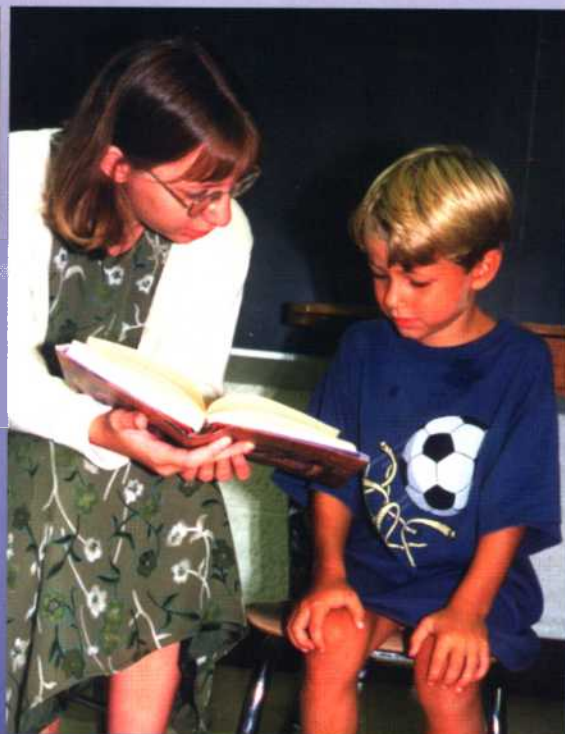
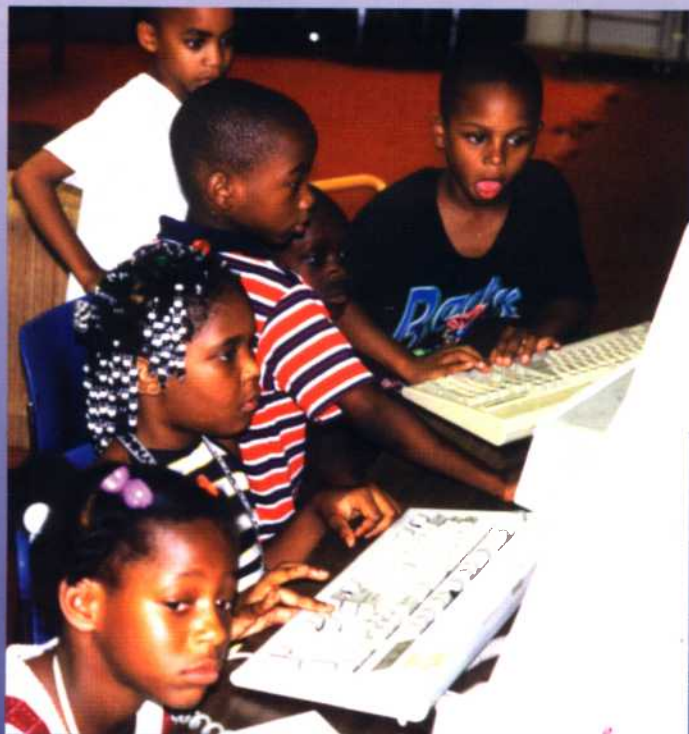
In the KIDS COUNT Section:

Teen Deaths p. K-26

Alcohol, Tobacco,
and Other Drugs p. K-46

Table 24-25 p. K-68

Table 30-32 p. K-70-71



Successful Learners

Goal: Children are prepared to enter school, progress to high school graduation and make successful transitions to adulthood. Increasing percentages go on to post-secondary education. Children with developmental disabilities or specific needs reach their full potentials.

Early Intervention

Indicator: Percent of children ages birth to three receiving early intervention developmental disability services

Children with disabilities are an extremely heterogeneous group, varying by type of disability and age of the child, as well as by the many differences in the population at large—such as family income and demographics. While there are wide variations in the specific needs of each child, there are some issues of common concern to families of children with disabilities¹. Whether disabilities are mild or severe, they have the potential to create special needs related to physical health, mental health, education, parent support, child care, recreation, and career preparation².

- 1 The David and Lucile Packard Foundation. (1996) Special education for students with disabilities. *Special Education for Students with Disabilities*. Los Altos, CA: Center for the Future of Children.
- 2 Martin, E. W., Martin, R. and Terman, D. L.; The David and Lucile Packard Foundation. (1996). The legislative and litigation history of special education. *Special Education for Students with Disabilities*. Los Altos, CA: Center for the Future of Children.

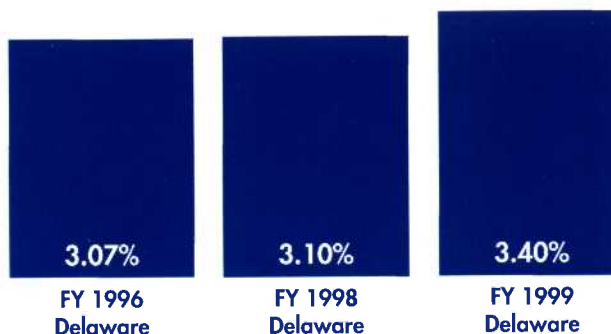


F-26

FAMILIES COUNT in Delaware

Successful Learners

Early Intervention Delaware



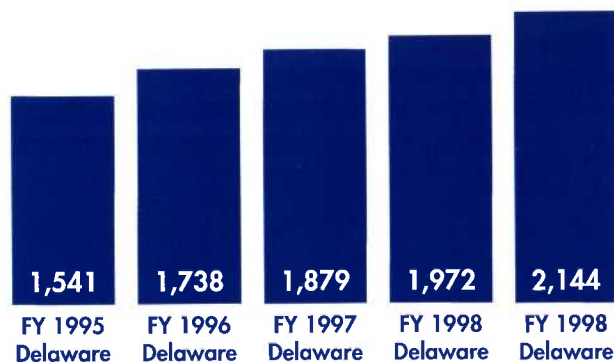
Source: Delaware Department of Health and Social Services

Note concerning comparison data: There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

Program Statement:

Delaware provides extra help to infants and toddlers who need it. Child Development Watch (CDW) partners with families to serve children ages birth to three with disabilities and developmental delays. Through individualized service plans, CDW provides access to needed services, such as physical, occupational, and speech-language therapy, family training and counseling, and transportation.

Child Development Watch Total Children Served per Year, Delaware



Source: Early Intervention System

For more information see

Head Start and Early Childhood Assistance Program p. F-27

In the KIDS COUNT Section:

Early Care and Education p. K-38

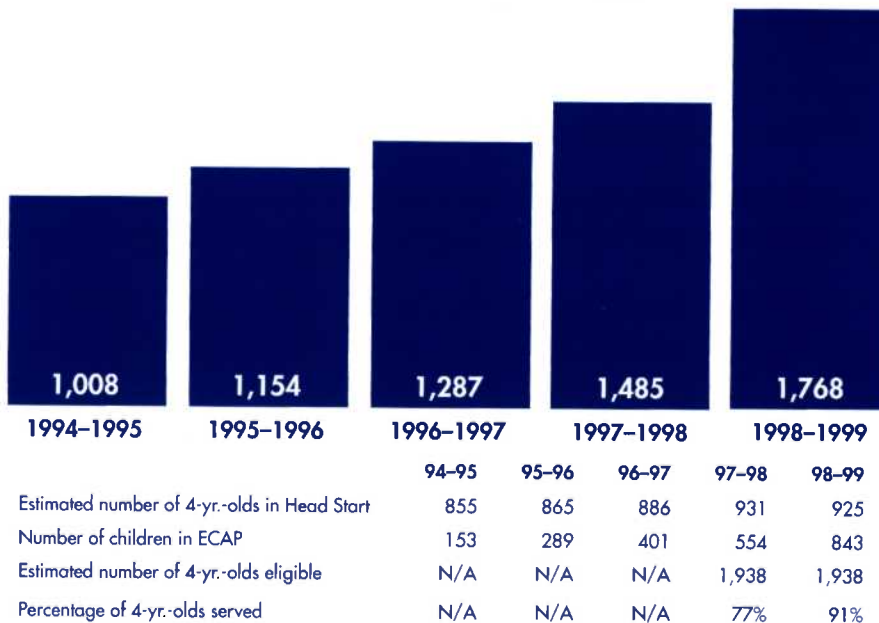
Head Start and Early Childhood Assistance Program

Indicator: Rate of participation for eligible 4 year olds in
Head Start and Early Childhood Assistance Program

Head Start and the Early Childhood Assistance Program provide comprehensive early childhood development program for low-income preschool children and their families; most children in the program attend for one year and are four years old. The Early Childhood Assistance Program (ECAP) in Delaware provides funding for four year olds who meet eligibility criteria for Head Start programs. Head Start and ECAP program components include education, parent involvement, social services, health and nutrition, and mental health. The programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with their peers. Many factors contribute to a child's success in school. These factors are integrated within the five dimensions that embrace early development and learning that include: physical well-being and motor development, social and emotional development, approaches toward learning, language development, and cognition and general knowledge¹. Readiness is shaped and developed by people and environments in the early childhood years.

¹ National Education Goals Panel (1995). Reconsidering Children's Early Development and Learning.

Head Start/ECAP
4-Year-Old Children Served in Delaware



Source: Delaware Department of Education



FAMILIES COUNT in Delaware F-27

Successful Learners

Program Statement: Delaware provides funding for comprehensive early childhood services for 4 year old children whose families are at or below 100% of poverty to complement existing Head Start programs that ensures opportunities for preschool education for all eligible children. Working collaboratively with federally-funded Head Start centers and other early care and education programs throughout the state, these Department of Education programs provide a full range of preschool, health, developmental, and other family support services.

For more information see

Head Start p. F-26

In the KIDS COUNT Section:

Early Care and Education p. K-38

Student Achievement

Indicator: Percent of third, fifth, eighth, and tenth graders at or above the standard for reading

Indicator: Percent of third, fifth, eighth, and tenth graders at or above the standard for math

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market well beyond their earning of a degree or attending school for a given number of years. On average, students with high test scores will earn more and will be unemployed less often than students with lower test scores.¹ Math and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school.²

1 Decker, P.T., Rice, J.K., Moore, M.T., and Rollefson, M. (1997). *Education and the economy: An indicators report*. Washington, D.C.: National Center for Education Statistics.

2 Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 1999*. Washington, D.C.

Delaware State Testing Program

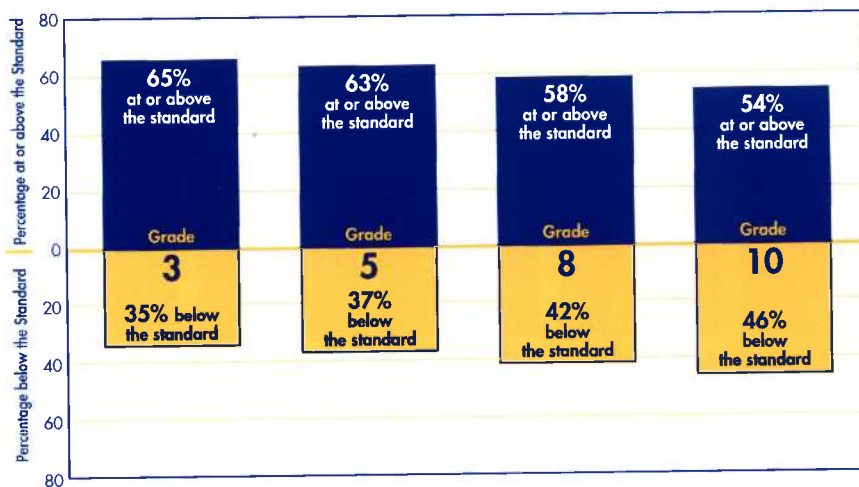
The Delaware State Testing Program (DSTP), designed by Delaware educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for each and every student in Delaware. The DSTP will assist Delaware educators in determining the degree to which we are achieving the goal. The score reports from this second year of the DSTP will give each school a sense of where they stand in their efforts to help all students meet the standards.



F-28 FAMILIES COUNT in Delaware

Reading Proficiency

Delaware State Testing Program, 1999



Source: Department of Education

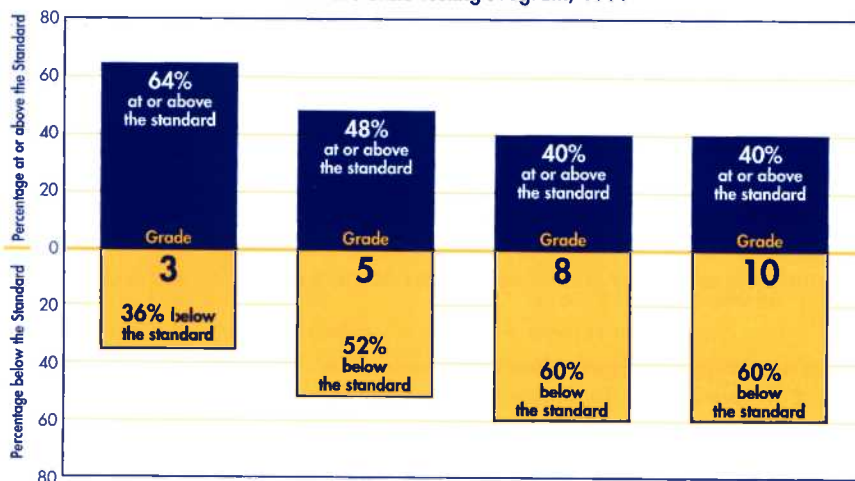
DSTP Proficiency Levels – Delaware State Testing Program, 1999

Students receive scores indicated by the following levels:

Level	Category	Description
5	Distinguished	Excellent performance
4	Exceeds the standard	Very good performance
3	Meets the standard	Good performance
2	Below the standard	Needs improvement
1	Well below the standard	Needs lots of improvement

Math Proficiency

Delaware State Testing Program, 1999



Source: Department of Education

The Building Blocks of Delaware's Education Plan

1. Ensuring children enter school ready to learn
2. Requiring accountability
 - Setting high standards in core academic subjects
 - Measuring performance of schools and school districts
 - Setting standard and providing incentives for teachers to excel
3. Guaranteeing safe, disciplined schools
4. Empowering parents through school choice, charter schools, and school-based decision making
5. Equipping schools with technology to support excellence in instruction
6. Providing education and training for work and life

Guiding Principles of Delaware's Accountability Plan

The most important function of the Delaware public school system is to produce graduates with outstanding skills and knowledge in the core academic subjects – English/language arts, math, science and social studies.

- Reading is the most important learning skill. The second most important learning skill is math.
- The social promotion of students deficient in reading and math is wrong and must end.
- Students who perform well should receive recognition for high achievement.
- Delaware should provide rewards for high-performing schools and consequences for holding poorly performing schools accountable.
- New teachers should meet pre-service standards, and the performance of all teachers should be evaluated at the local level.
- Local school districts should remain primarily responsible for professional and staff development.



FAMILIES COUNT in Delaware

F-29

Successful Learners

For more information see

High School Dropouts p. F-31

In the KIDS COUNT Section:

High School Dropouts p. K-30

Tables 39-46 p. K-75-78

Teens Not in School and Not Working

Indicator: Percent of teens age 16–19 not attending school and not working

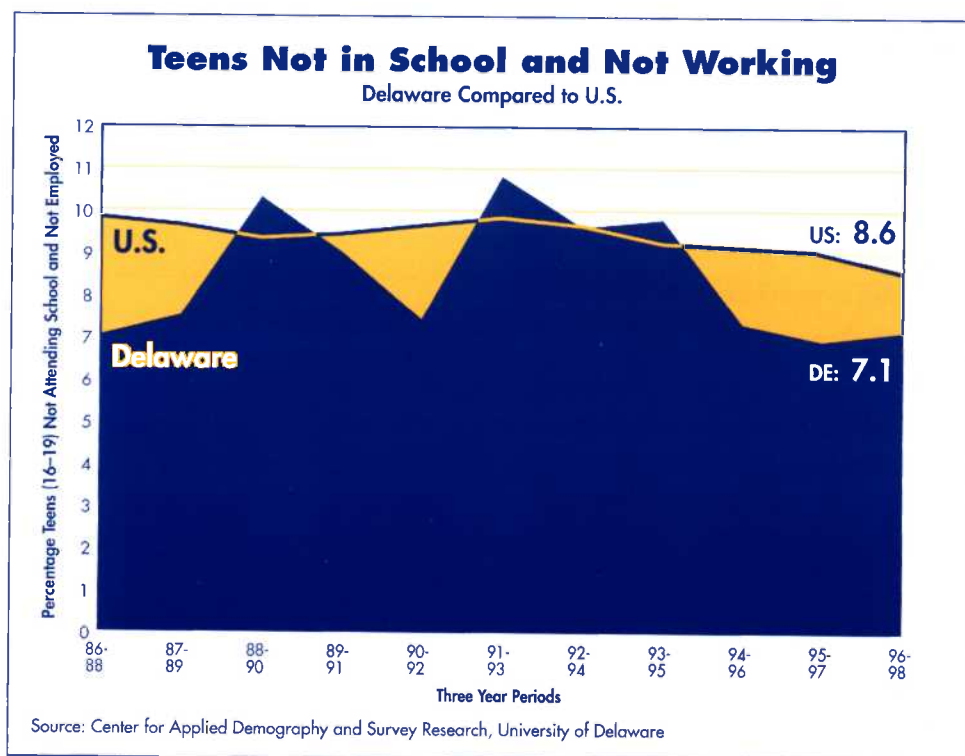
The indicator “teens not in school and not working” is defined as youth ages 16–19 who are not enrolled in school and are unemployed. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school who are jobless. Teens who are not in school or working for extended periods of time become disconnected from society because they are not involved in any of the key activities that are critical to development¹. They are at increased risk for juvenile delinquency, substance abuse, crime victimization, teenage pregnancy, and poverty. Few skills and little education present significant barriers in finding and keeping a job later in life².

1 Brown, B. V. (1996, March). Who are America's disconnected youth? *American Enterprise Institute*.

2 Idaho KIDS COUNT. (1996). *Idaho KIDS COUNT Data Book: 1996*, 31-32.



F-30 FAMILIES COUNT in Delaware



Program Statement: In partnership with the Department of Education, the Division of Vocational Rehabilitation (DVR) operates a program to reduce the number of dropouts from secondary school and to assist students with disabilities transition from school to work. Two DVR counselors work with a team in each of the nineteen districts to develop individualized educational plans for students with disabilities. Through this effort, the Division intends to increase by 10% annually, the number of students who transition from education to employment over the next three years. In addition, The Department's overall School to Work efforts include partnerships with the Delaware Technical and Community College and local school districts to develop career pathways leading to successful work experiences.

For more information see

Student Achievement	p. F-28
High School Dropouts	p. F-31
Unemployment	p. F-50

In the KIDS COUNT Section:

High School Dropouts	p. K- 30
Teens Not in School and Not Working	p. K-32
Tables 39-46	p. K-75-78
Table 61	p. K-84

High School Dropouts

Indicator: Percent of high school dropouts

Children who receive a quality education are more likely to grow into capable, self-sufficient adults who are contributing members of society. Education in this ever-changing world is critical to a young person's success in the work force¹. College graduates today earn twice the wages of high school graduates and nearly triple the wages of a high school dropout. Those youth who do dropout have not gained skills and knowledge essential for future success². They are likely to live in poverty as the jobs they are likely to hold have incomes which go down over time in comparison to inflation³. Early warning signs for a student likely to drop out include:

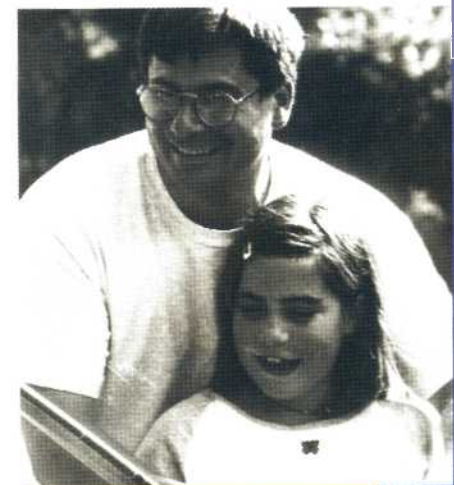
- missing or cutting class frequently
- excessive lateness to class
- inability to read at grade level
- being put on in-school suspension, suspension, or probation
- poor grades
- arrests
- substance abuse problems
- teen pregnancies or
- spending time in juvenile homes or shelters⁴.

1 High school graduation rate: significance. (1997). 1997 Rhode Island KIDS COUNT.

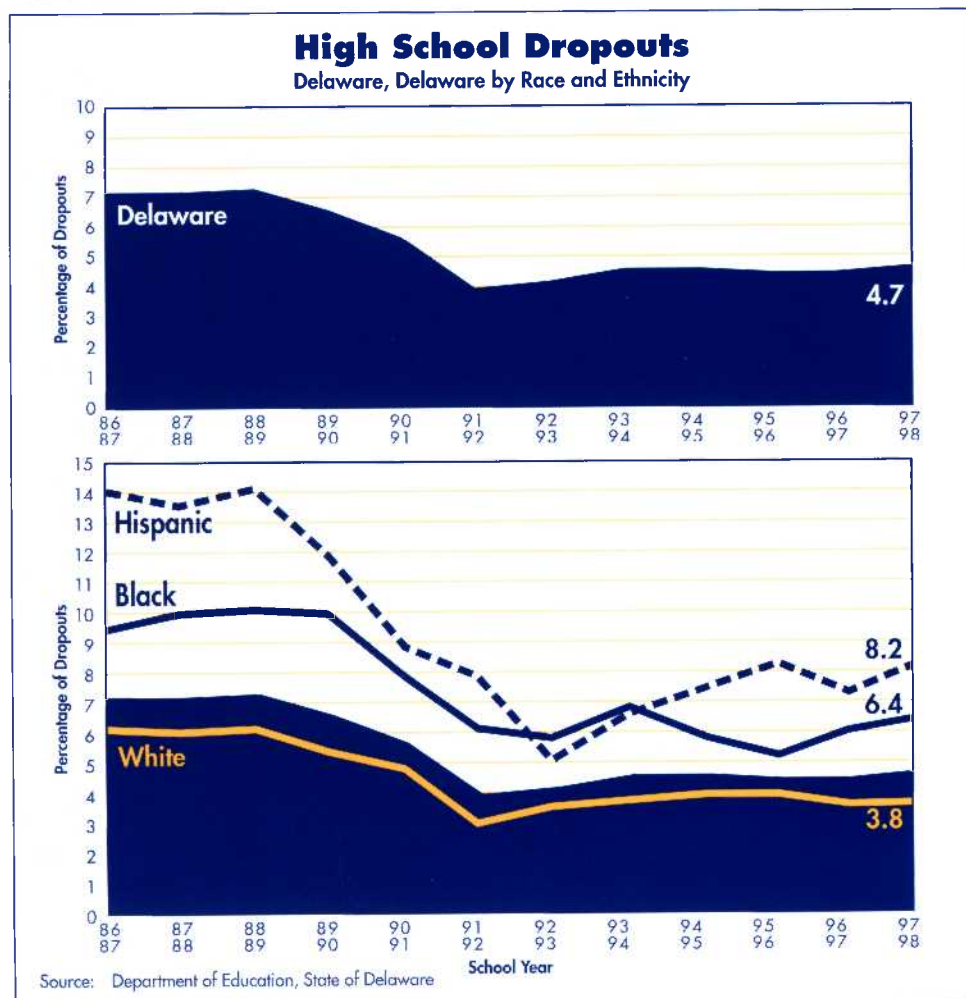
2 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998*. Washington D. C.

3 Remarks by President Clinton to the Delaware State Legislature. (1998, May). Dover, DE: Senate Chambers.

4 Schwartz, W. School dropouts: new information about an old problem. *ERIC Clearinghouse on Urban Education Teacher's College*, Columbia University. Available <<http://www.handsnet.org>>.



FAMILIES COUNT in Delaware F-31



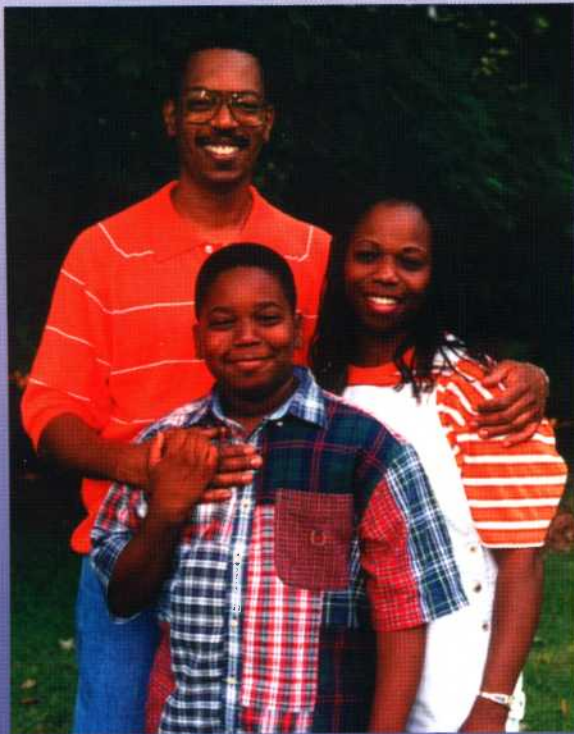
Program Statement: The reduction of Delaware's high school dropout rate is a strong objective of several programs supported through the Department of Education. For example, Groves Adult High School is a statewide program designed for adults and out-of-school youth that have not received a high school diploma. The state has also funded alternative programs for students who have been or are close to being expelled.

For more information see

Student Achievement	p. F-28
Teens Not in School and Not Working	p. F-30
Unemployment	p. F-50

In the KIDS COUNT Section:

Infant Deaths by Education of Mother	p. K-23
High School Dropouts	p. K-30
Teens Not in School and Not Working	p. K-32
Suspension and Expulsions	p. K-33
Tables 39-46	p. K-75-78
Table 61	p. K-84



Resourceful Families

Goal: Families have the educational, housing, health care, employment, and economic resources to be self-sustaining and self-sufficient at all stages in their family life cycle.

Children in Poverty

Indicator: Percent of children living in poverty

Poverty is related to all of the KIDS COUNT indicators. It is defined as the condition of not having enough income to meet basic needs for food, clothing, and shelter¹. The 1998 poverty threshold for a family of four was \$16,530 per year. Poverty affects children through inadequate nutrition, fewer learning experiences, residential instability, poor quality of schools, exposure to environmental toxins and family violence, dangerous streets, and reduced access to a support network¹. The price of poverty is passed on to society by the effect on its schools, hospitals, and criminal justice system². Poverty affects many; one third of U.S. children will be poor for at least one year of their childhood. For some, the impoverishment will stretch across childhood and reach into their adult years³.

1 Future of children: the effects of poverty on children. (1997, Summer-Fall). *The Center of the Future of Children*, 7 (2).

2 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998*. Washington D. C.

3 Future of children: dynamics of childhood poverty. (1997, Summer-Fall). *The Center of the Future of Children*, 7 (2).



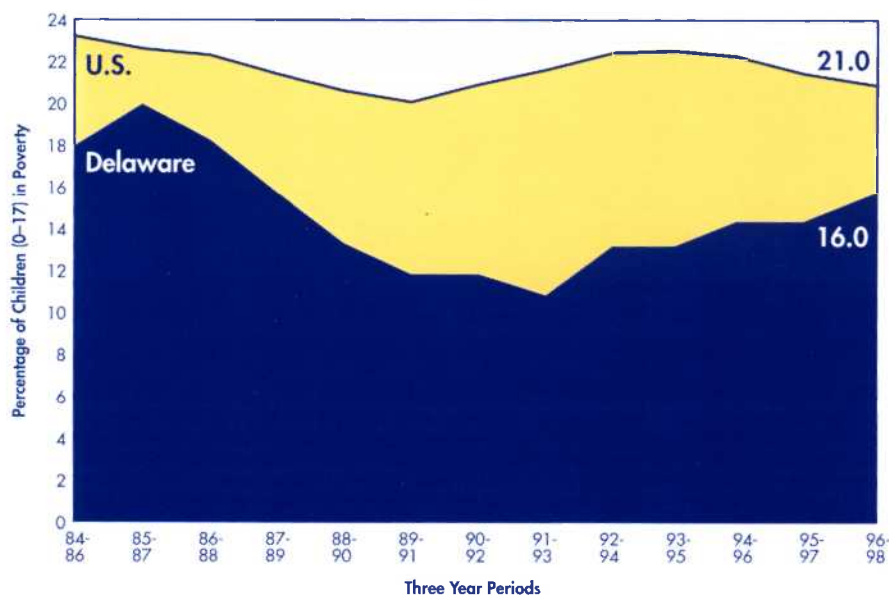
F-34 FAMILIES COUNT in Delaware

For more information see

Health Care Coverage (Children)	p. F-19
Female Headed Household in Poverty	p. F-38
Child Support	p. F-39
Risk of Homelessness	p. F-40
Health Care Coverage (Families)	p. F-41
Unemployment	p. F-50
Substandard Housing	p. F-56
Home Ownership	p. F-57
In the KIDS COUNT Section:	
Children in Poverty	p. K-34
Median Income of Families by Family Type	p. K-35
Child Care Costs	p. K-39
Subsidized Child Care	p. K-39
Children Receiving Free and Reduced Price School Meals	p. K-41
Women and Children Receiving WIC	p. K-42
Children without Health Insurance	p. K-44
Tables 47-61	p. K-78-84

Children in Poverty

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Program Statement: Delaware provides a safety net for the poor and is constantly striving to lift families out of poverty. Through Delaware's A Better Chance Welfare Reform Program, Delaware helps the parents of children in the poorest families get and keep jobs. The state also helps pay for child care, provides access to affordable health care and encourages parents to make timely child support payments.

One-Parent Households

Indicator: Percent of children ages 0–17 in one-parent households

Children who live with one parent are much more likely to be living in poverty than children who live with two parents¹. The risk is increased when the single parent is female due to the wage gap because of the type of job a woman is likely to have². Delaware women, like their national counterparts, occupy a higher proportion of lower-paying occupations (such as sales, clerical, and service positions) than do men³. Census Bureau data reveal that in 1996, almost half (49%) of all children in families headed by single mothers were below the poverty threshold¹.

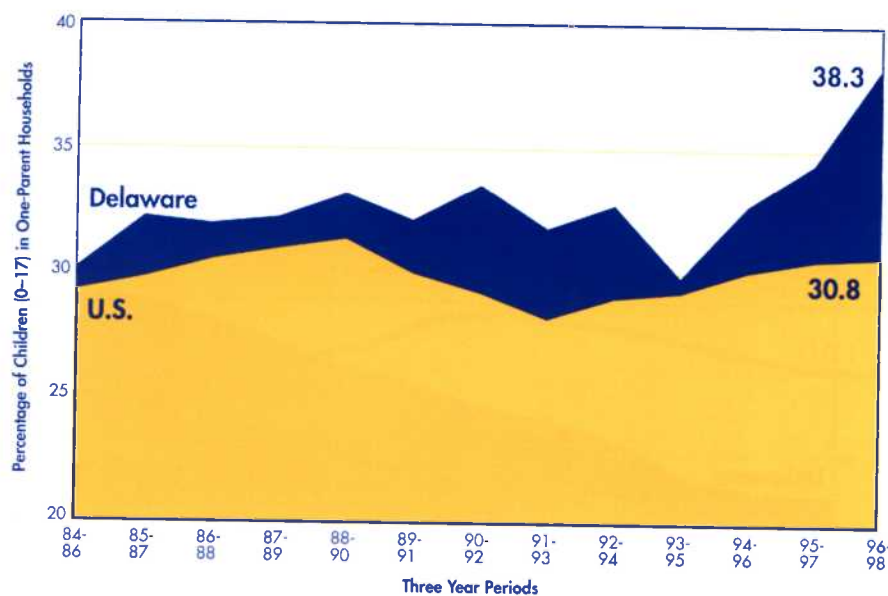
1 Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998*. Washington D. C.

2 Ellwood, D. T. (1988). *Poor Support: Poverty in the American Family*. New York: Basic Books.

3 Office of Occupational and Labor Market Information: Delaware Occupational Information Coordinating Committee. (1997). *Delaware Women: Where are they Working?*

Children in One-Parent Households

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware



FAMILIES COUNT in Delaware F-35

Resourceful Families

For more information see

Female Headed Households in Poverty p. F-38

Child Support p. F-39

In the KIDS COUNT Section:

Birth to Unmarried Teens p. K-19

Infant Mortality by Marital Status of Mother p. K-23

Children in Poverty by Household Structure p. K-35

Children in One-Parent Households p. K-36

Table 7 p. K-56

Table 20 p. K-65

Tables 47-62 p. K-78-84

Teen Births

Indicator: Teen birth rate per 1,000 females age 15-17

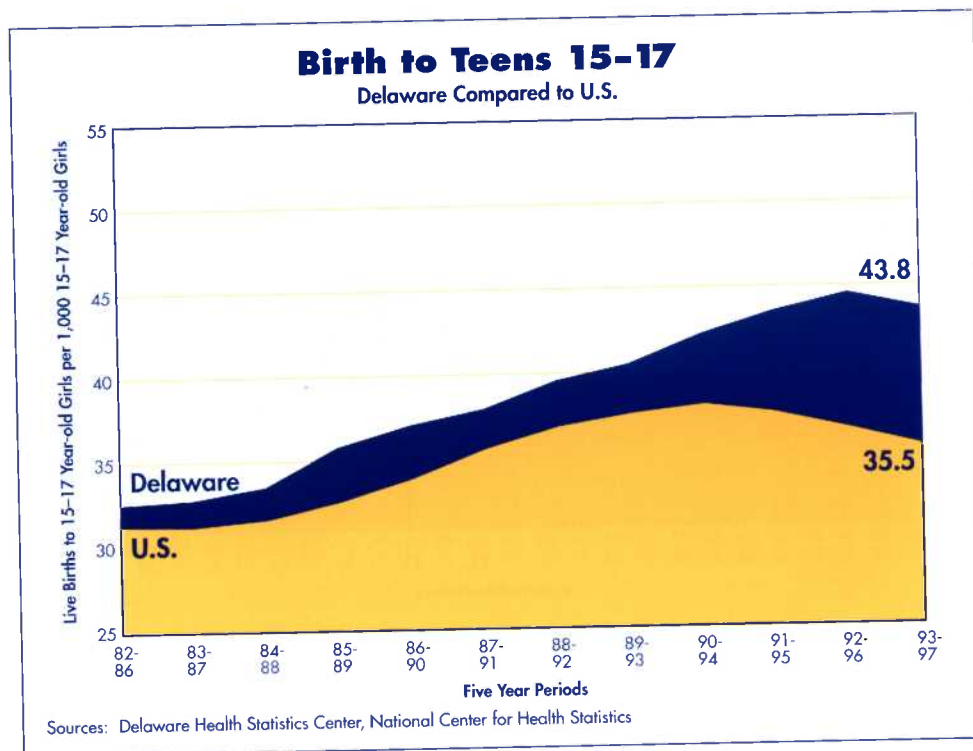
When an adolescent becomes a mother, the teen, her baby, and society all have to deal with the consequences. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing¹. Teen mothers tend to be disadvantaged at the time of their child's birth. With the new demands of parenting, they are at risk of falling even further behind their more advantaged counterparts who will not become pregnant as teens. Teen mothers are more likely than other mothers to need additional financial support and to obtain less education².

Babies born to teens generally have a greater risk of health problems than those born to older women. Problems tend to follow these children throughout life. In preschool, they display higher levels of aggression and lower levels of impulse control. By adolescence, these children tend to have higher rates of grade failure and more delinquency. They become sexually active at an early age and are likely to become parents as teens themselves³.

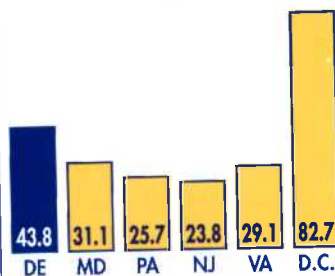
1. Males, M. (1997). Women's health: adolescents. *Lancet*, 349 (Supplement 1), 13-16. Bacharach, C. A. and Carve, K. (1992). Outcomes of early childbearing: an appraisal of recent evidence. Summary of the National Institute of Child Health and Human Development conference, Bethesda, MD.
2. The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York and Washington.
3. Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998*. Washington D. C.



F-36 FAMILIES COUNT in Delaware



Regional Comparison of Teen Birth Rates (15-17) per 1,000 15-17 females
Five Year Averages, 1993-1997



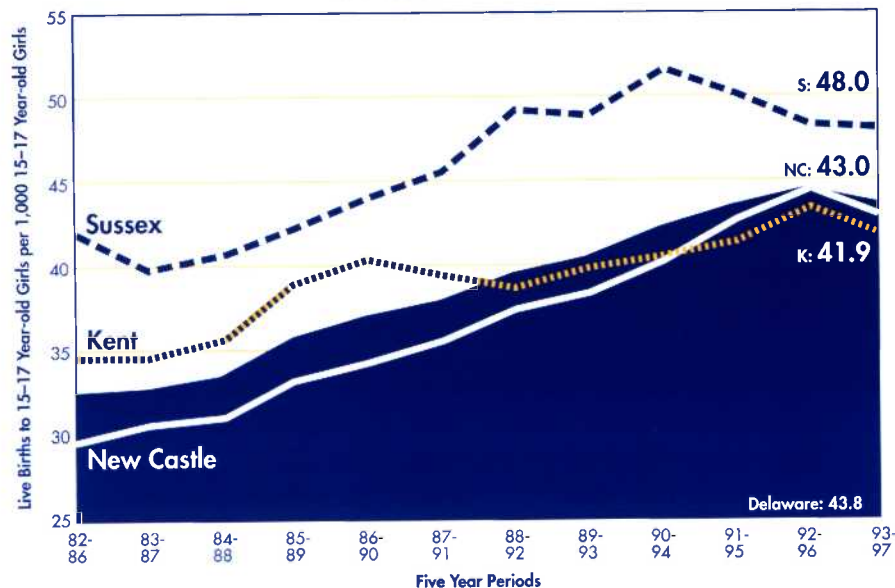
Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: In Delaware, becoming a teen parent doesn't pay. Mothers under 18 who gave birth after January 1, 1999 receive no cash benefits for the baby, but instead receive other forms of short term assistance.

Through the Teen Hope Initiative, Delaware provides one-on-one and group counseling in 6 School Based Health Centers and four community programs. At-risk teens are identified through negative pregnancy tests, positive STDs, history of substance abuse, and other risk factors. Plans are also underway to create a fully coordinated youth program at a Wilmington community center by adding academic and entrepreneurial development components to the intensive counseling program. The goal is to improve educational and economic opportunities while decreasing at-risk behaviors. The expectation is that providing teens with opportunities will encourage them to delay pregnancy.

Birth to Teens 15-17

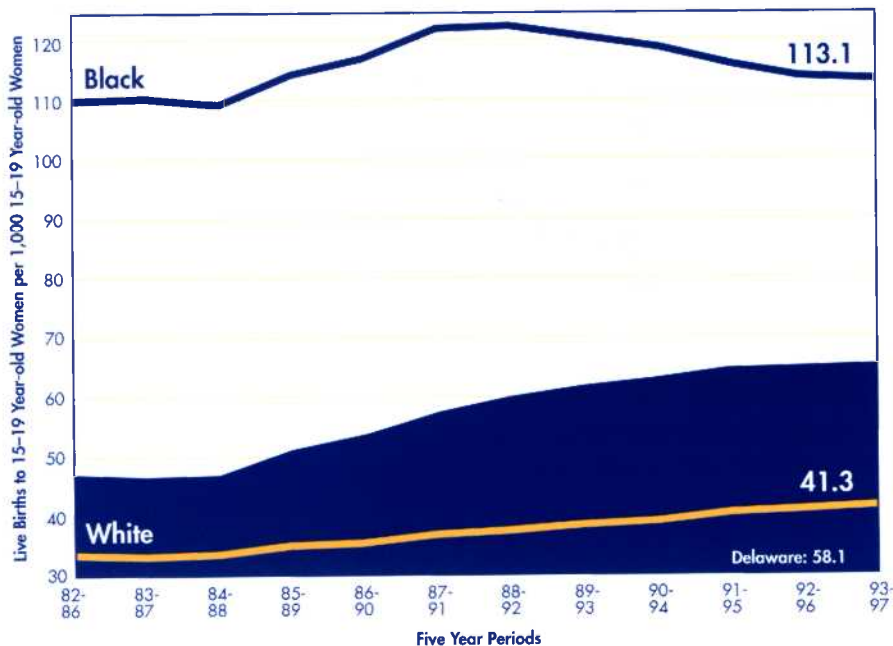
Delaware and Counties



Sources: Delaware Health Statistics Center

Births to Teens 15-19*

Delaware by Race



* 15-17 year old population data by race is currently unavailable

Sources: Delaware Health Statistics Center



FAMILIES COUNT in Delaware F-37

For more information see

Sexually Transmitted Diseases p. F-22

One-Parent Households p. F-35

In the KIDS COUNT Section:

Birth to Teens 15-17 p. K-18

Birth to Unmarried Teens p. K-19

Low Birth Weight by Age and Race of Mother p. K-20

Infant Mortality by Age of Mother p. K-23

Children in Poverty by Household Structure p. K-34

Children in One-Parent Households p. K-36

Tables 4-8 p. K-54-57

Tables 10-12 p. K-58-59

Tables 15-17 p. K-61-63

Female-Headed Households in Poverty

Indicator: Percent of families in poverty with female single head of household and children under 18

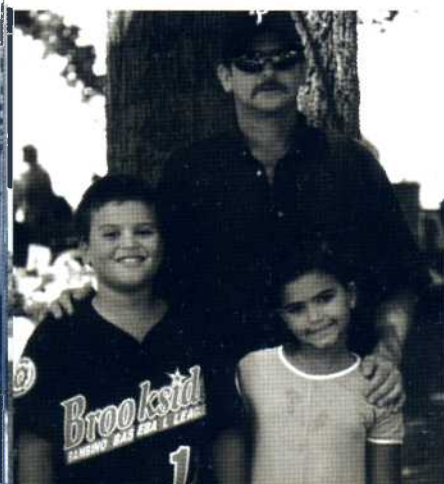
In a 1999 study conducted by The Center on Budget and Policy Priorities, it was found that between 1995 and 1997 the income of the poorest 20 percent of female-headed families with children fell an average of \$580 per family. The study included the families' use of food stamps, housing subsidies, the Earned Income Tax Credit, and other benefits. Even when these benefits are included, these families have incomes below three-quarters of the poverty line.¹

Additionally, studies have found that single mothers on welfare rarely find full-time, permanent jobs at adequate wages.² Recent welfare legislation has focused on child support enforcement. However, full payment of child support only constitutes a small portion of the total cost of raising a child.³

1 Center on Budget and Policy Priorities. (1999). *The Initial Impacts of Welfare Reform on the Incomes of Single-Mother Families*.

2 Hardina, D. (1999, Summer). Employment and the use of welfare among male and female heads of AFDC households *Affilia Journal of Women and Social Work*.

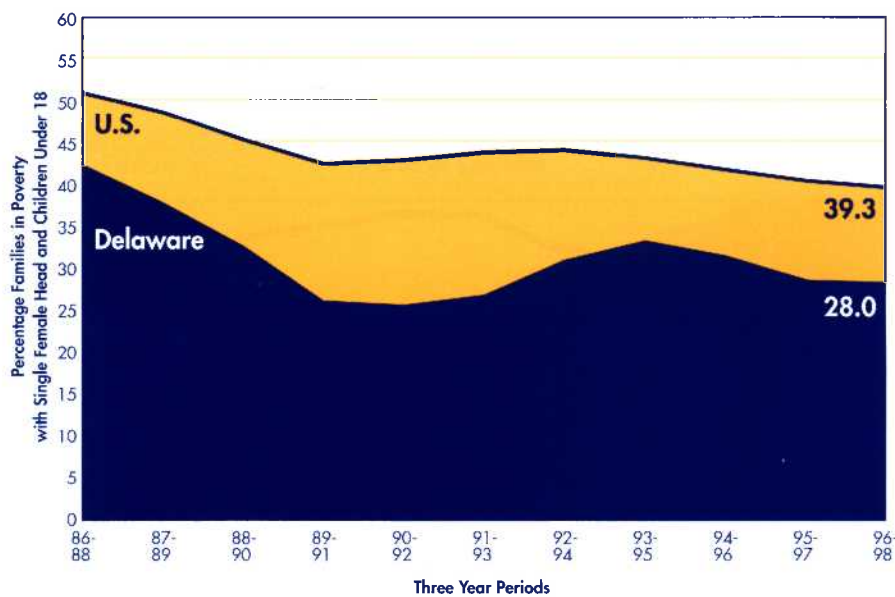
3 Lino, M. (1998, Winter). Do child support awards cover the cost of raising children? *Family Economics and Nutrition Review*.



F-38 FAMILIES COUNT in Delaware

Female Headed Households in Poverty

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

For more information see

One Parent Households	p. F-35
Child Support	p. F-39

In the KIDS COUNT Section:

Children in Poverty by Households Structure	p. K-35
Children in One-Parent Households	p. K-36
Table 7	p. K-56
Table 47	p. K-78
Tables 55-60	p. K-81-83

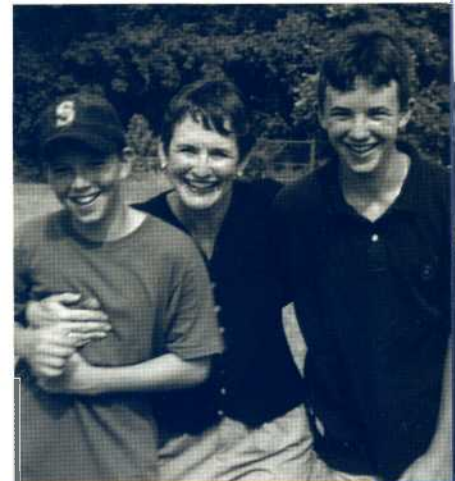
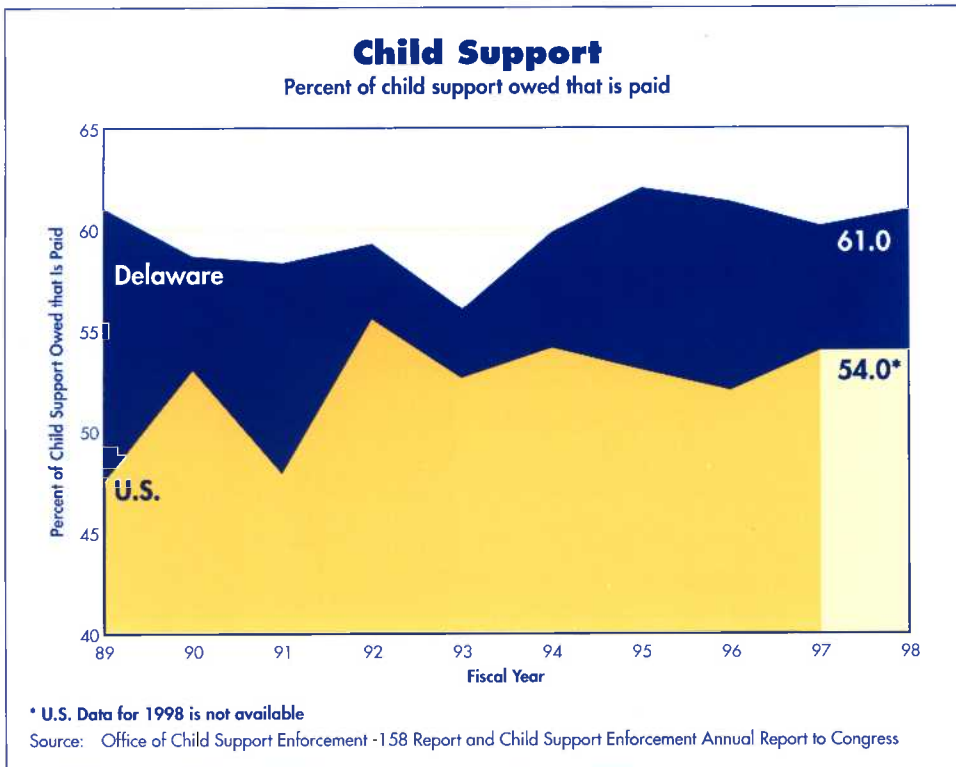
Child Support

Indicator: Percent of child support that is paid

The ability to meet the needs of children is, in many cases, out of the control of the parent who lives with and cares for those children. Many social and economic factors necessitate the need for services such as child support enforcement in order for some parents to fulfill their responsibilities to their families¹. The failure of an absent parent to pay child support has significant consequences for a parent raising a child/children alone. Even when there is a child support agreement in place, child support payments tend to be low and unreliable².

1 Maine KIDS COUNT. (1997). Social and economic opportunity. *Maine KIDS COUNT 1997 Data Book*.

2 Rhode Island Department of Administration, Division of Taxation, Child Support Enforcement. (1996, December) As cited in *1997 Rhode Island KIDS COUNT Factbook*.



FAMILIES COUNT in Delaware F-39

Program Statement: In Delaware, the financial responsibility for children belongs to both parents. The Division of Child Support Enforcement helps parents collect money from absent parents to raise a child. The Division assists in establishing paternity and support orders and enforces collections through wage withholding and other means.

Risk of Homelessness

Indicator: Percent of families at risk of becoming homeless or living in substandard housing units

Homelessness is a devastating experience for families. It disrupts virtually every aspect of family life, damaging the physical and emotional health of family members, interfering with children's education and development, and frequently resulting in the separation of family members.¹ Most of the homeless are victims. Some have suffered from child abuse, violence, or are emotionally disturbed.

One out of four homeless people is a child. The fastest growing homeless group in the United States is families with children. However, many of the homeless children are alone. They may be runaways who left home because there is no money for food, because they are victims of rape, incest, or violence, or because both or one of their parents is in emotional turmoil.²

1 National Coalition for the Homeless. (1999, June). *Homeless Families with Children: Fact Sheet*. N7.

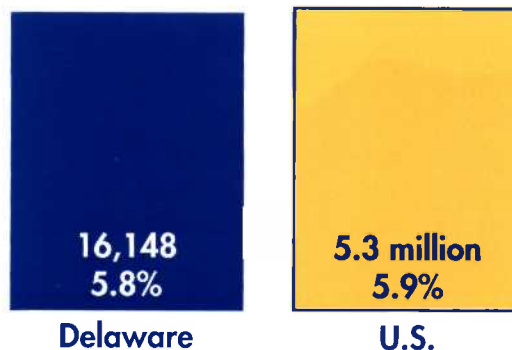
2 Kroloff, Charles A. (1993). *54 Ways You Can Help The Homeless: Overview*. Hugh Lauter Associates, Inc. and Behrman House, Inc. NJ and CT.



F-40 FAMILIES COUNT in Delaware

Risk of Homelessness

Number and percent of families living in substandard housing units or at risk of becoming homeless, 1995



Source: Delaware State Housing Authority

Program Statement: Delaware knows that families need more than just a temporary roof over their heads when they are facing homelessness. They need security along with hand-in-hand assistance in picking up the pieces that stabilize their lives and help them get back on the road to independence. Where possible, Delaware State Housing Authority makes every attempt to rescue not just the family, but also the substandard homes, by providing funds that repair the health and safety hazards pushing families toward homelessness. For families on the verge of homelessness due to a crisis causing them to fall behind on their housing costs, we provide emergency funds. Because the threat is imminent for many of these families, Delaware State Housing Authority bridges the gap between that state's network of homeless providers to jointly create one seamless, holistic continuum of care on which homeless families can rely to take care of their immediate needs, while helping them rebuild their lives. By pooling resources, and preventing or solving the problems behind homelessness, Delaware makes full recovery realistic for families facing the scariest of times.

For more information see

Substandard Housing p. F-56

Home Ownership p. F-57

In the KIDS COUNT Section:

Table 54 p. K-81

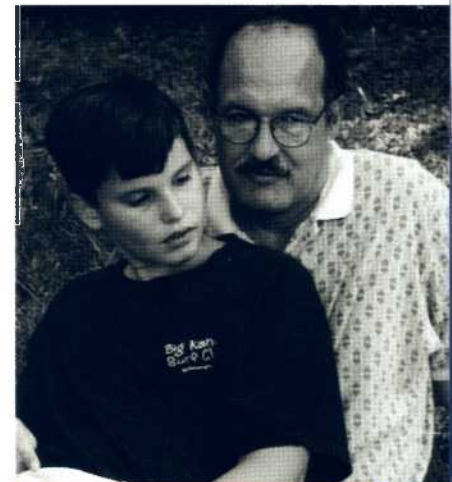
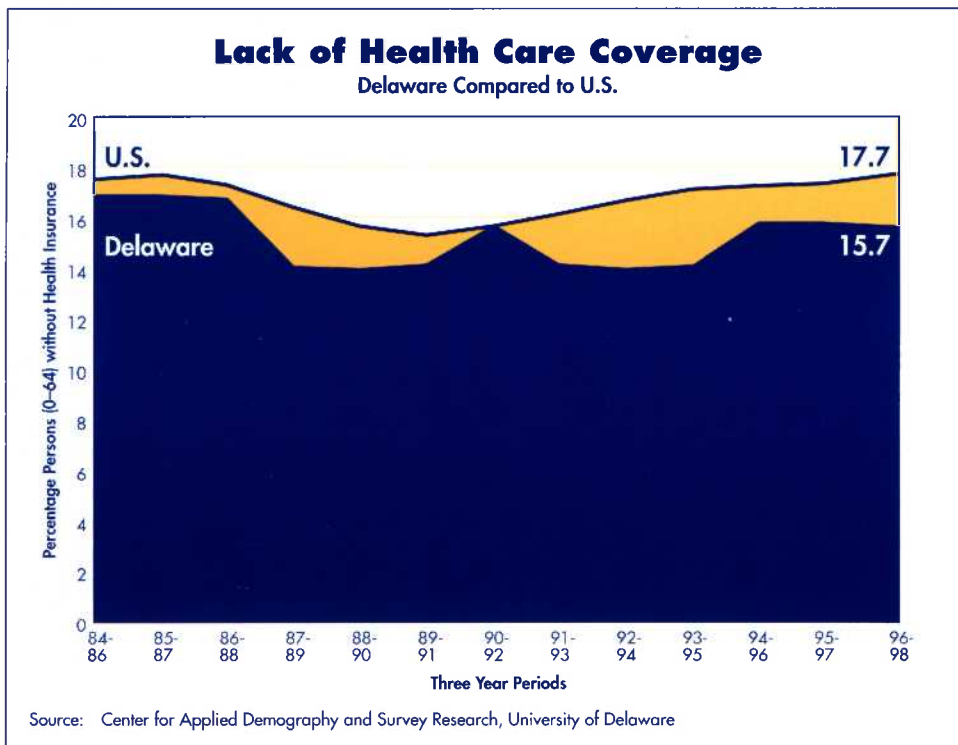
Health Care Coverage

Indicator: Percent of persons under age 65 who do not have health care coverage

Presently, the U.S. is the only major industrialized nation that does not ensure universal access to health care for all of its citizens. Although the U.S. spends one out of every eight dollars on health care, over one-eighth of all Americans lack health insurance coverage. Another concern is health care cost inflation¹. It is unlikely that the federal government will impose cost-containment provisions on the total amount spent for health care by this country as a whole or on that expended by the private health care sector. Thus, employers and individuals in the private sector experiencing problems due to the growth of their health care costs can expect little help from Congress².

1 Wong, J. D. (1997, June). Health care finance in the US: past, present, and future. *International Journal of Public Administration*, 20 (6), 1297-1315.

2 Blendon, R. J., Brodie, M., and Benson, J. (1995, January). What should be done now that health system reform is dead? *The Journal of the American Medical Association*, 273 (3), 243-244.



FAMILIES COUNT in Delaware F-41

Program Statement: In Delaware all citizens living below the poverty level have access to health insurance. The Diamond State Health Plan insures low-income adults and children, giving them access to needed medical prevention and treatment services. The Delaware Healthy Children Program provides low-cost coverage to children in families with income up to twice the poverty level, extending coverage to more children of the working poor. With these programs and private health insurance, 89% of Delaware's under 65 population has access to medical insurance.

For more information see

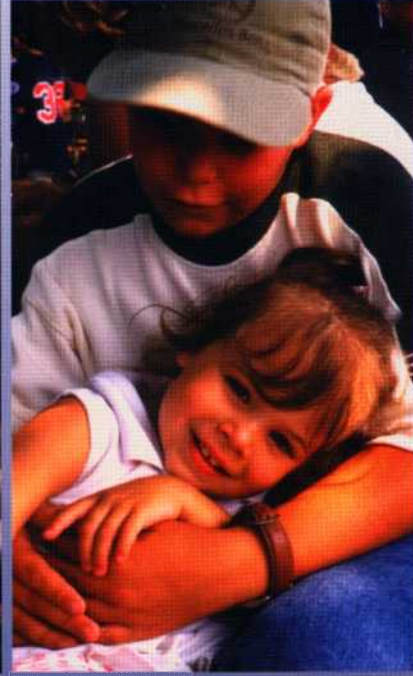
Health Care Coverage (Children) p. F-19

In the KIDS COUNT Section:

Asthma p. K-43

Children without Health Insurance p. K-44

Table 51-52 p. K-80



Nurturing Families

Goal: Families will provide a nurturing environment for all members free of violence, neglect, and abuse.

Child Abuse

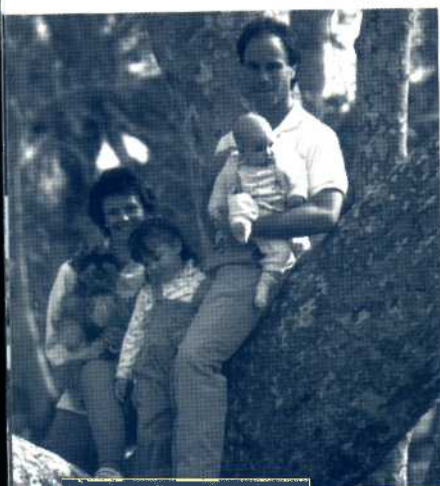
Indicator: *Children with substantiated reports of abuse or neglect per 1,000 children ages birth through 17*

Accepted reports of abuse and neglect per 1,000 children ages birth through 17

Every year, nearly three million children throughout the United States are reported to child protective services agencies as alleged victims of child maltreatment. Of these, more than one million children are confirmed to be victims of abuse or neglect¹. The consequences of child abuse and neglect are overwhelming. Child maltreatment can result in death, permanent disability, delayed development, mental and behavioral problems, teen pregnancy, criminal behavior, depression, and suicide².

¹ U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. (1996). *Child Maltreatment 1994: Reports from the States to the National Center on Child Abuse and Neglect*. Washington, D. C.

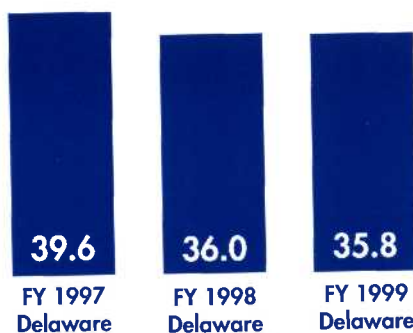
² Georgians for Children. (1996). *1996-97 Georgia KIDS COUNT Factbook*.



F-44 FAMILIES COUNT in Delaware

Child Abuse Reports

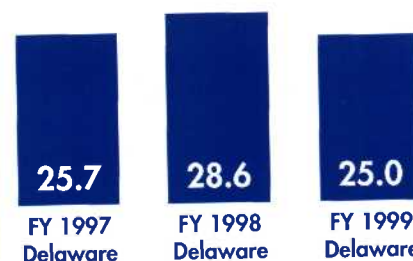
Accepted reports of abuse and neglect per 1,000 children ages birth through 17



Source: Delaware Department of Services for Children, Youth and Their Families

Child Abuse & Neglect

Children with substantiated reports of abuse or neglect per 1,000 children ages birth through 17



Source: Delaware Department of Services for Children, Youth and Their Families

Program Statement: The state has several programs to intervene early to help prevent child behavior or family problems from escalating to the point where abuse or neglect would become more probable.

K-3 Early Intervention Program – This early intervention program is for children in kindergarten through third grades who are having behavioral or family problems that are interfering with their success in school. School-based Family Crisis Therapists work with the children and their families through one-on-one and group counseling, parent training programs, and other services to address and resolve the sources of the behavior or family issues.

Families and Schools Together (FAST) – This prevention program aims at reducing the risks of school failure, juvenile delinquency, and substance abuse in adolescents for children in grade schools and their families. The program includes parent education and family activity components aimed at enhancing family functioning and decreasing problematic child behaviors.

(Continued on next page)

For more information see

Child Deaths p. F-18

Children in Out-of-Home Care p. F-45

In the KIDS COUNT Section:

Child Deaths p. K-24

Child Abuse p. K-48

Tables 22-23 p. K-66-67

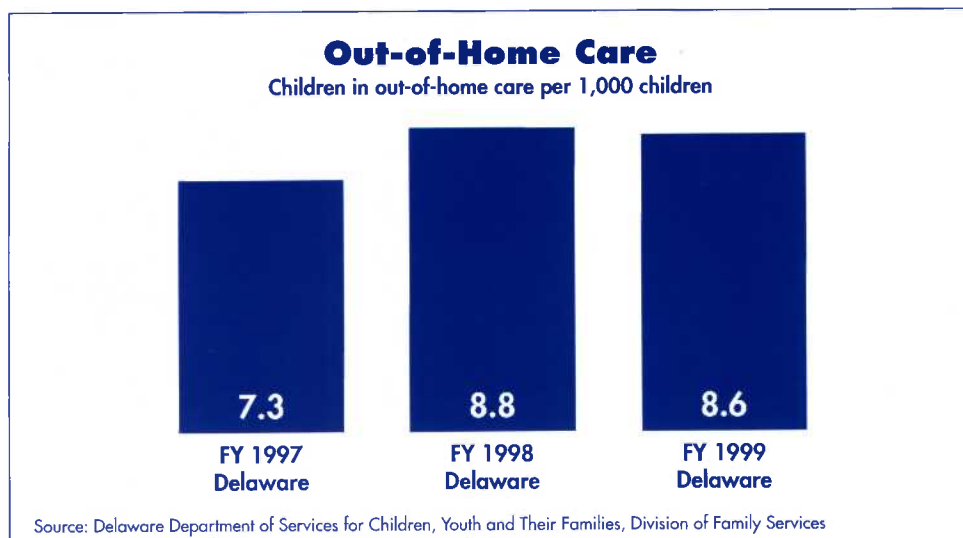
Table 66 p. K-86

Out-of-Home Care

Indicator: Children in out-of-home care per 1,000 children

Out-of-home placements include non-relative foster homes, relative foster homes, specialized foster homes, group homes, shelter care, residential treatment centers, and medical facilities. The most frequent reasons children are removed from their homes are neglect, lack of supervision, sexual or physical abuse, and incapacity of the parent. Increasingly, parental abuse of alcohol and illegal drugs are contributing factors leading up to the need for substitute care. Some children are in out-of-home placements because they represent a danger to themselves, their families, or their communities¹.

¹ U.S. General Accounting Office. (1995). *Child Welfare. Complex Needs Strain Capacity to Provide Services*. Washington, D. C.



FAMILIES COUNT in Delaware F-45

Program Statement: (Continued from previous page)

Families and Centers Empowered Together (FACET) – FACET is a prevention program for parents of pre-schoolers in licensed child care centers in neighborhoods with high rates of teenage parenthood, substance abuse, economic disadvantage, stress and crime. Parents participate in alcohol/drug awareness activities, parent education/support groups, life skills, health and education workshops, and family activities.

Promoting Safe and Stable Families – This program is aimed at strengthening community services infrastructure by providing family preservation and support services at seven community and school-based sites across the state. Family Resource Coordinators at each site assist families with service referrals, parent education, child care and recreational programs, and job search assistance.

For more information see

Child Abuse p. F-44

Juvenile Delinquents in Out-of-Home Care p. F-46

In the KIDS COUNT Section:

Child Abuse and Neglect p. K-48

Table 66 p. K-86

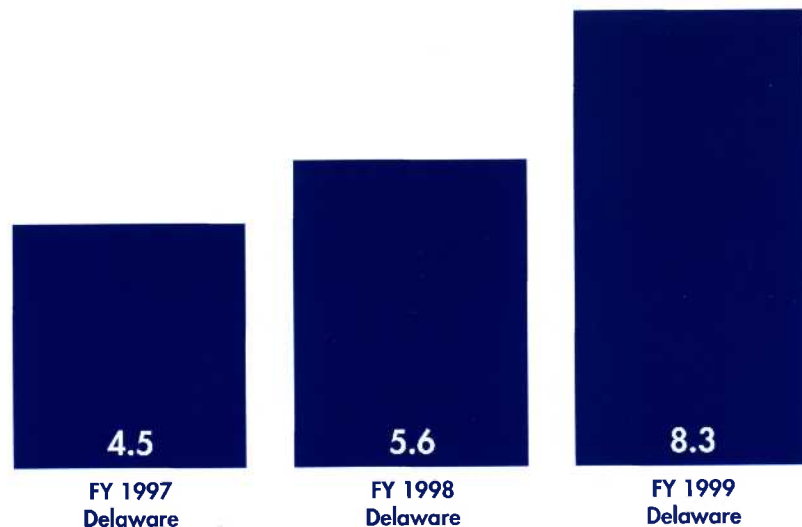
Juvenile Delinquents in Out-of-Home Care

Indicator: *Juvenile delinquents in out-of-home care per 1,000 youth ages 10 through 17*

Risk factors for juvenile crime and delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Research consistently suggests that youth who become involved in juvenile crime frequently have mental health problems prior to being incarcerated and incarcerated youth demonstrate significantly higher levels of psychopathology than non-incarcerated youth¹.

1 The David and Lucile Packard Foundation. (1996) *The Future of Children. The Juvenile Court*. Center for the Future of Children.

Juvenile Delinquents in Out-of-Home Care per 1,000 youth ages 10-17



Source: Delaware Department of Services for Children, Youth and Their Families; Statistical Analysis Center

Program Statement: Some examples of programs used by the state to prevent continuing delinquency by youth on probation or community supervision in lieu of or on return to the community from an out-of-home placement are:

Project Stay Free – The Kingswood Community Center Project Stay Free is an intensive supervision program for youth on probation at high risk of re-offending. The program provides 24-hour, 7-day per week monitoring for 48 youth with electric monitoring for up to 10 youth.

Back on Track – This contracted prevention program through the YMCA Resource Center is for probation youth at low risk of re-offending and consists of five educational program components and supervised community service projects.

Multi-Systematic Therapy Program (MST) – This intensive home-based intervention program focuses on a youth's family, peer, and school relationships to reduce the environmental risks for juveniles at high risk of re-offending.

For more information see

Out-of-Home Care p. F-45

Juvenile Violent Crime p. F-53

In the KIDS COUNT Section:

Juvenile Violent
Crime Arrests p. K-28

Table 26-30 p. K-69-70

Domestic Violence

Indicator: Number of domestic violence reports

Domestic violence strikes people of all cultures, races, occupations, income levels, and ages¹. It harms children's functioning and well-being in both the short- and long-term². While some parents endure a beating in order to keep the batterer from attacking the children, studies show that in 50-70% of cases in which a parent abuses another parent, the children are also physically abused³. Additionally, children suffer emotional, cognitive, behavioral, and developmental impairments as a result of witnessing domestic violence in the home⁴. In particular, some children (especially boys) who experience domestic violence in their homes grow up to repeat the same behavioral patterns⁵.

1 New Castle County Police Domestic Violence Unit at <http://www.nccpd.com>

2 Stephens, D. L. (1999, July). Battered women's views of their children. *Journal of Interpersonal Violence* (14), 17, p731.

3 Bowker, L.H. et al. (1998). On the relationship between wife beating and child abuse. *Feminist Perspectives on Wife Abuse*. pp.158-159, 162.

4 Jaffe, P. (1990). *Children of Battered Women*. 28.

5 Hotelling, G. T. and Sugarman, D. B. (1986). An analysis of risk markers in husband to wife violence: the current state of knowledge. *Violence and Victims*. pp. 101, 106.

Domestic Incident Reports

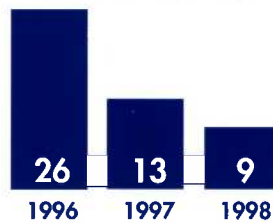
Delaware, 1998

Criminal Only	16,030 reports
Combined Criminal and Non-criminal	26,884 reports
Percent of Reports with a Child Present	36.6%
Percent of Reports with an Active Protection from Abuse Court Order	4%

Source: Dept. of Public Safety, Division of State Police

Deaths as a Result of Domestic Violence

Delaware, 1996-1998



Of the persons who died in this period **64%** died as the result of the use of a firearm.

Source: Dept. of Public Safety, Division of State Police

Program Statement: Domestic violence is a pattern of controlling and assaultive behavior that occurs within the context of adult, familial or intimate relationships. There are five central characteristics of domestic violence:

1. It is a learned behavior
2. It typically involves repetitive behavior encompassing different types of abuse such as coercion and threats, intimidation, emotional abuse, isolating the victim, minimizing, denying and blaming, economic abuse and using children.
3. The batterer, not substance abuse, the victim, or the relationship, causes domestic violence.
4. Danger to the victim and children is likely to increase at the time of separation
5. The victim's behavior is often a way of ensuring survival

There is cycle of domestic violence that begins with increased tension and anger, a battering incident in which the victim is slapped, kicked, choked, or assaulted with a weapon, sexually abused, or verbally threatened or abused. This is followed by a calm state during which the perpetrator may deny the violence and promise that it will never happen again. Unless professional assistance is sought, the process will repeat itself in most cases and in general, intensifies.

For the first time, Delaware in 1998 compiled statewide statistics on the incidents of domestic violence. This report includes much information, which will be an invaluable baseline as we move into the next millennium and continue our efforts to reduce the incidents of domestic violence. Family Court tracks the number and disposition of Protection from Abuse orders that are filed in court which also tell a story.



FAMILIES COUNT in Delaware

F-47

Nurturing Families

Definitions

Domestic Violence – The defendant or victim in a family violence case may be male or female, child or adult, or may be of the same sex. Family violence is any criminal offense or violation involving the threat of physical injury or harm; act of physical injury; homicide; sexual contact, penetration or intercourse; property damage; intimidation; endangerment, and unlawful restraint.

Child Present – A child is present at the time of the incident, as reported by the police.

Active PFA Order – Incidents in which there are any active court orders such as Custody, Protection from Abuse orders, No Contact orders, or other court orders.



Strong & Supportive Communities

Goal: Communities have child care, educational systems, social service systems, physical infrastructure, and employment opportunities to support a high quality of life for all community members. Communities are drug, crime, and violence free. Residents are actively involved in achieving community self-sufficiency.

Unemployment

Indicator: Unemployment rates by race and gender

According to the U.S. Bureau of Labor Statistics, the unemployment rate is the lowest it has been since 1973. Suggestions as to why America has been successful in reducing unemployment include: excellent management by the Federal Reserve Board which has kept interest rates down without an increase in inflation, the deregulation of industries, and the opening up of global markets¹. The rate does vary regionally. This dispersion is said to be due to several factors including crime, education, amenities, residency patterns, home ownership, international migration, and industry composition².

1 Glassman, J. K. (1997, December). Lonely unemployment line. *U.S. News & World Report*, 123 (24), 36.

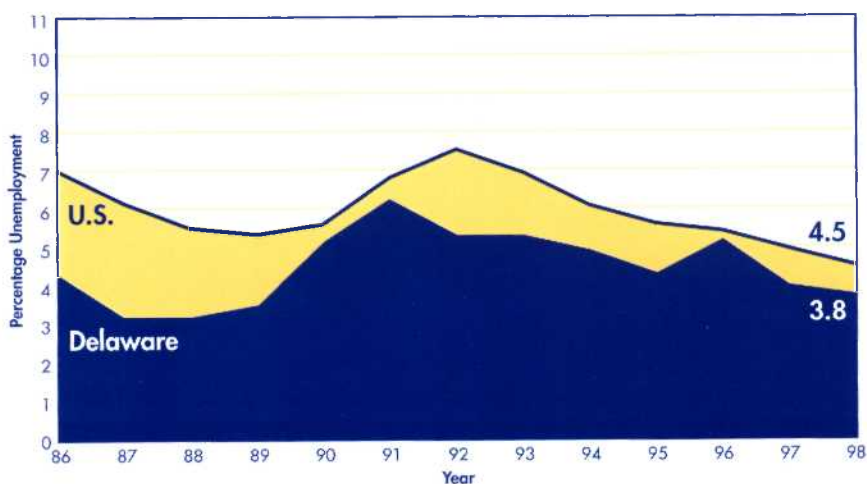
2 Partridge, M. D. and Rickman, D. S. (1997, August). The dispersion of U.S. state unemployment rates: the role of market and non-market equilibrium factors. *Regional Studies*, 31 (6), 593-606.



F-50 FAMILIES COUNT in Delaware

Unemployment

Delaware Compared to U.S.



Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

Program Statement: The Department of Labor is involved in numerous initiatives to enable people to become employed. The Division of Employment and Training provides a wide variety of one-stop integrated employment and training services to over 44,000 people annually through occupational skills training programs, school-to-work training programs, summer youth employment, and training programs, re-employment services, employer services, automated self-service and by matching job seekers with employment.

The Virtual Career Network (VCNet), Delaware's automated Internet One-Stop system developed by the Division of Employment and Training and the Office of Occupational and Labor Market Information (OOLMI) offers employers and job seekers easy and open access to an electronic data base containing jobs from across the country, a talent bank of electronic resumes, and links to a wealth of related occupational, training, education, and supportive services information.

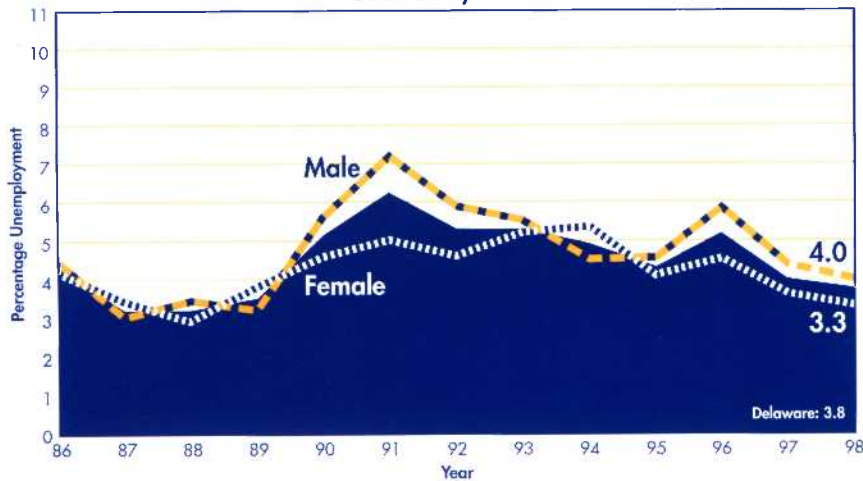
In September 1999, the Department of Labor launched Career Directions, an interactive Internet application to visually display key economic and demographic data such as employment training, licensed child care facilities and public transportation routes. It allows users to customize data in a variety of ways to determine what resources are conveniently located near home or work.

In conjunction with Department of Health and Social Services and the Delaware Economic Development Office, DET assists welfare recipients move from dependence to independence by obtaining and maintaining employment.

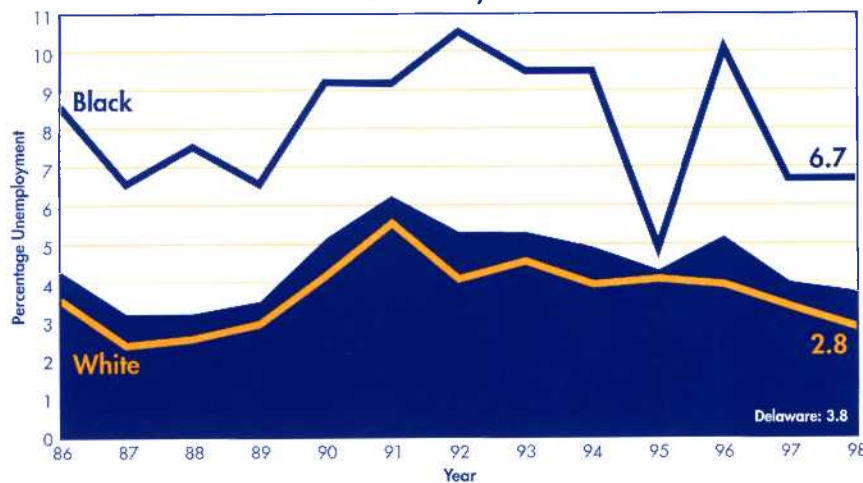
(Continued on next page)

Unemployment

Delaware by Gender

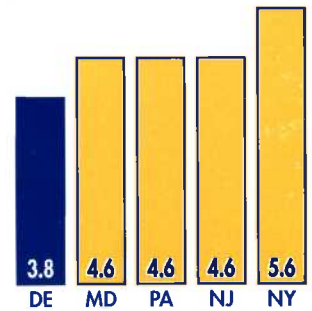


Delaware by Race



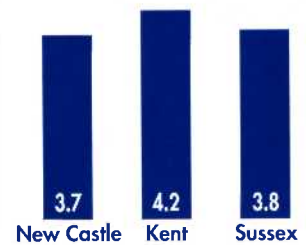
Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

Regional Comparison of Percentage Unemployment, 1998



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

County Comparison of Percentage Unemployment Delaware, 1998



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

Program Statement: (Continued from previous page)

The mission of the Division of Vocational Rehabilitation is to provide opportunities and resources to eligible individuals with disabilities leading to success in employment and independent living. Approximately 720 people with disabilities will be successfully placed in jobs each year.

To respond to increasing needs of individuals with mental illness with their employment-related concerns, DVR initiated two new programs in 1998. Visions 2000 enables people with persistent mental illness to obtain and/or retain entry-level jobs by providing them with on-the-job supported employment assistance. The Pathways to Employment program provides mentoring to people who work at professional levels to assist them with career exploration and obtaining and keeping a job.

OOLMI produces several publications to assist people on preparing for careers. The new Stepping Stones labor market survival guide will help welfare clients acquire skills and attitudes necessary to survive in the labor market. The Delaware Career Compass has provided almost a decade worth of students and job seekers with critical information about job seeking skills, labor market information, and educational options.

For more information see

In the KIDS COUNT Section:

Table 61

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FAMILIES COUNT in Delaware

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Strong & Supportive Communities

Depending on Neighbors

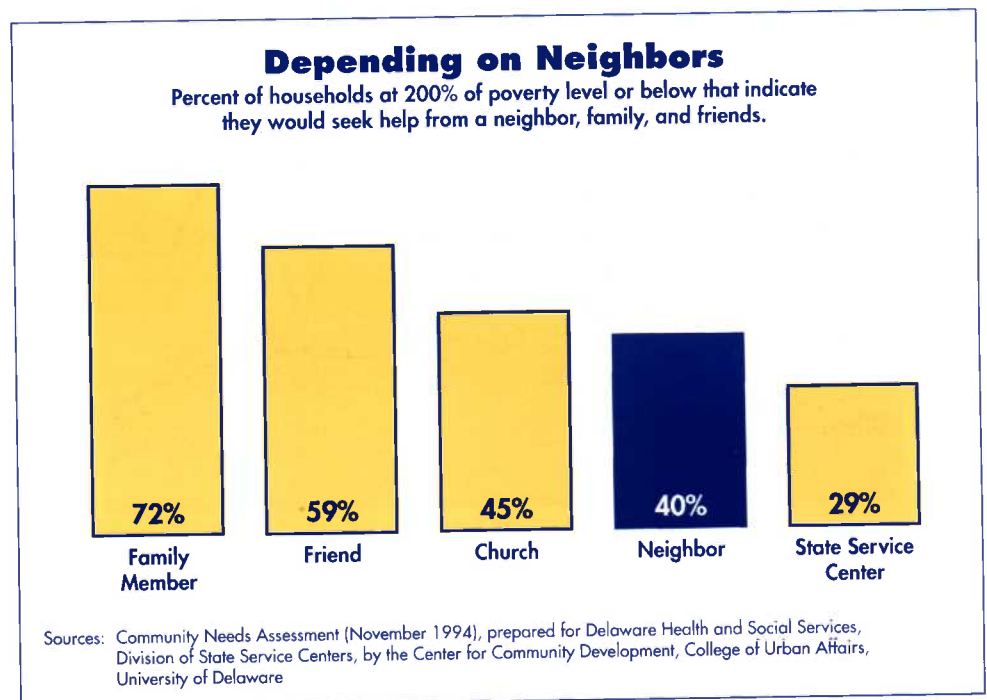
Indicator: *Percent of households at 200% of poverty level or below that indicate they would seek help from a neighbor, family, and friends.*

People sometimes experience alienation within their neighborhoods. It is important for community members to develop social relationships in order to share resources, services, and information¹. When households are 200% poverty or below, they are at greater risk for alienation and may not have access to many resources or information. When a household would seek help from a neighbor, it is an indication that the community is strong and supportive of its members.

¹ Egeberg, O. (1995, Fall) An exchange directory for every neighborhood. *Whole Earth Review*, 86 p. 26-27.



F-52 FAMILIES COUNT in Delaware



Program Statement: In supportive communities, residents feel they can turn to neighbors for help. In high-risk areas, the need for easily-obtainable information is particularly important since residents may find it difficult to access the system. Since 1995, several initiatives have been implemented to empower high-risk communities and disseminate information to them. For example, Family Services Partnerships have been established in eight high risk areas. Training, technology, and technical assistance have been provided regularly to the Partnerships to help them support their communities.

Juvenile Violent Crime

Indicator: Juvenile violent crime arrest rate

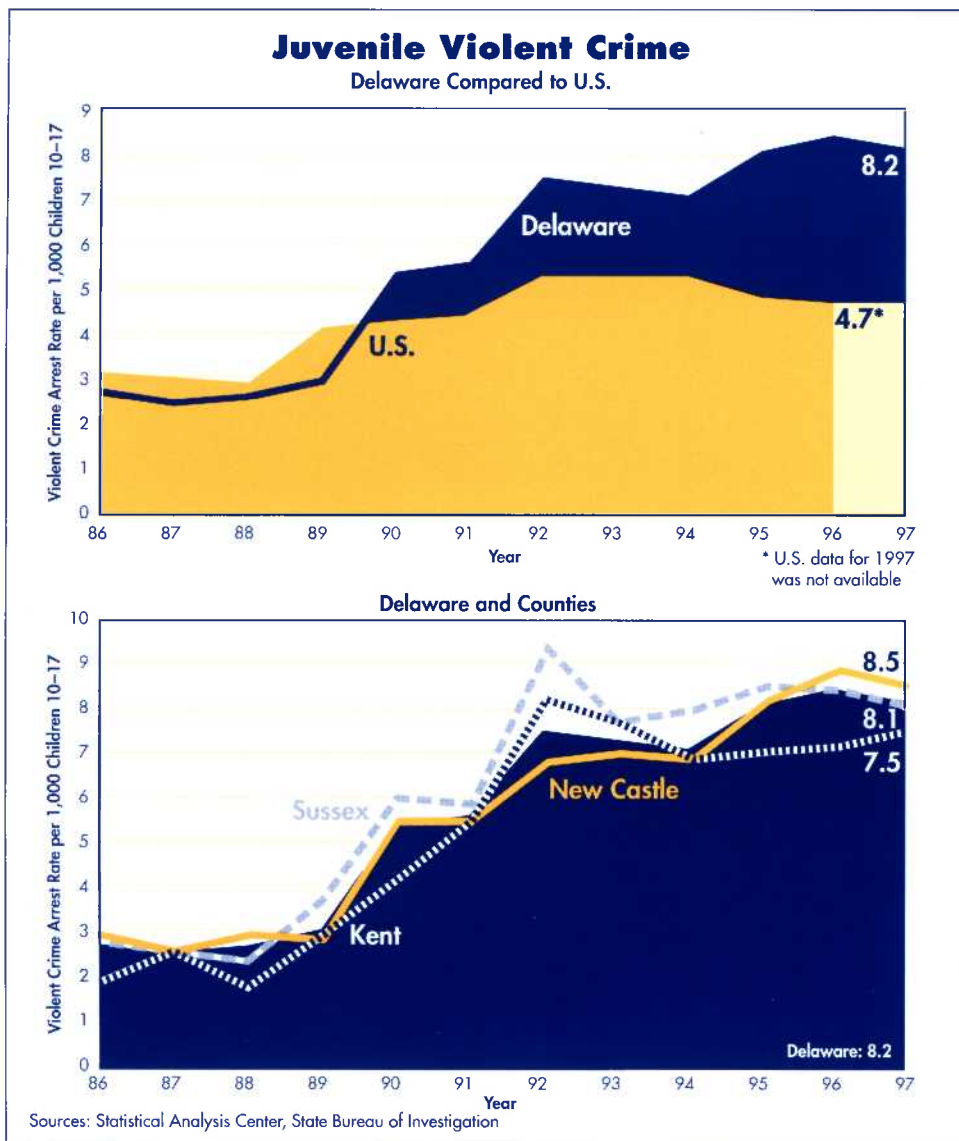
Risk factors for juvenile violent crime and delinquency include poor school performance and limited job opportunities¹. Poverty, family violence, and inadequate supervision are also factors that increase risk². The general public adds media's influence to this list citing: too much sex and violence in the movies, too much sex and violence on TV, too much emphasis on sex in advertising, and rock music lyrics that glorify sex and violence³.

Youth ages 12–19 are much more likely to be involved in crime as victims than any other age group. Teens are the victims of three in ten violent crimes and one in four thefts. They are also the least likely group to report the crimes³.

1 Delinquency Britannia Online. Available <<http://www.eb.com:180/cgi-bin/g?DocF=micro/164/30.html>>.

2 Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. (1995). *Juvenile Offenders and Victims, A National Report*. Washington, D.C.

3 Indiana Youth Institute, KIDS COUNT in Indiana. (1994). *Kids, Crime, ad Court: The Juvenile Justice System in Indiana*.



FAMILIES COUNT in Delaware F-53

For more information see

Teen Deaths p. F-23

Juvenile Delinquents in Out-of-Home Care p. F-46

Adult Violent Crime p. F-54

Adults on Probation or Parole p. F-55

In the KIDS COUNT Section:

Juvenile Violent Crime Arrests p. K-28

Teen Deaths p. K-26

Table 24 p. K-68

Tables 26-38 p. K-69-74

Program Statement: The Delaware Prevention Network (DPN) is one of Delaware's prevention programs for juveniles. DPN employs program components that are focused on youth, family, and community support networks. Another program is the Stormin' Norman's Classic Basketball League. About 1,400 youth ages 9 to 18 play on 114 teams in Wilmington. In addition to the basketball games, the program has components that deal with education, health, public safety, and community volunteer work.

Adult Violent Crime

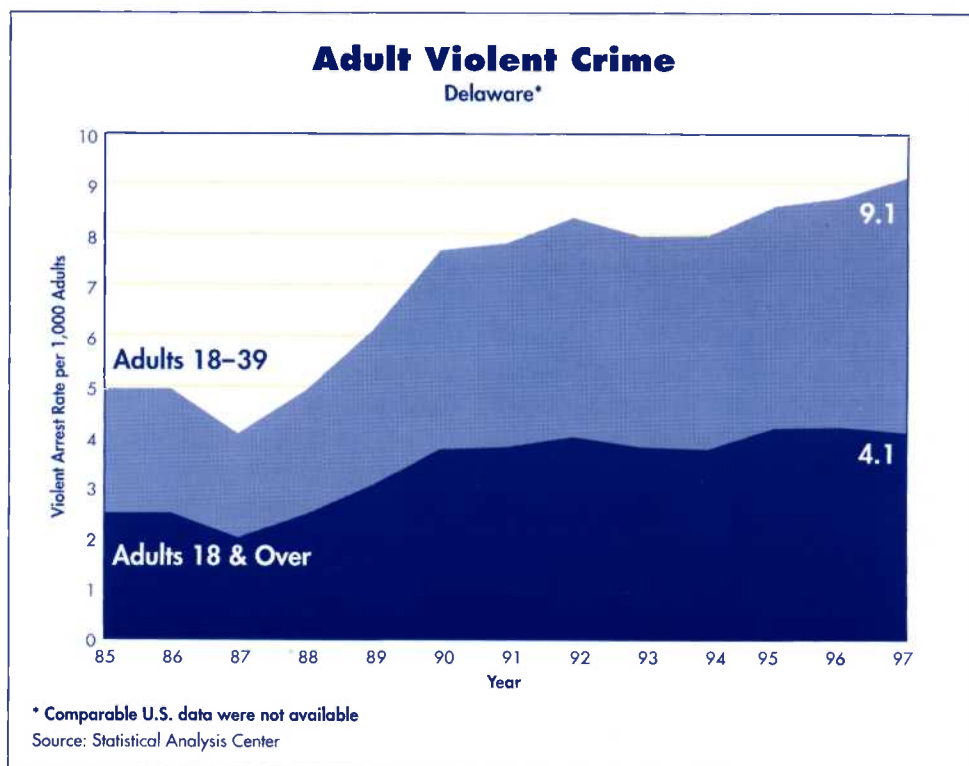
Indicator: Adult violent crime arrest rate per 1,000

Among the steps being taken to combat crime is the dramatic increase in incarcerations. Additionally, tougher sentencing laws are ensuring that criminals across the nation are staying in jail for longer periods of time. However, imprisonment is costly business; increasingly, states will have to make tough spending decisions about whether to construct additional prisons or to invest in area schools, roads, tax cuts, etc.¹

¹ Fischer, K. (1998, January-February). Is locking them up the answer? For violent criminals probably—for the rest, it's not so clear. *Washington Monthly*, 30 (1), 32-34.



F-54 FAMILIES COUNT in Delaware



Program Statement: In order to meet the demands of an increasingly complex society, the Delaware State Police has aggressively pursued innovative programs to address violent crime. The use of the new DICAT (Division Wide Crime Analysis Tracking) system provides "real time" data to allow deployment of officers to address increases in criminal activity in specific geographic locations. The Community Services section addresses crime prevention issues that have an impact on the quality of life in Delaware's communities. Officers provide seminars on topics such as robbery and burglary prevention, neighborhood watch programs, safe traveling tips, self protection, and domestic violence. The Citizen's Police Academy provides participants a greater understanding of police practices, and the tools to form objective opinions regarding police action and to address community concerns regarding these actions. Participants are provided with knowledge that empowers them to participate in activities that reduce criminal activity in their communities.

For more information see

Juvenile Violent Crime	p. F-53
Juvenile Delinquents in Out-of-Home Care	p. F-46
Adults on Probation or Parole	p. F-55

In the KIDS COUNT Section:

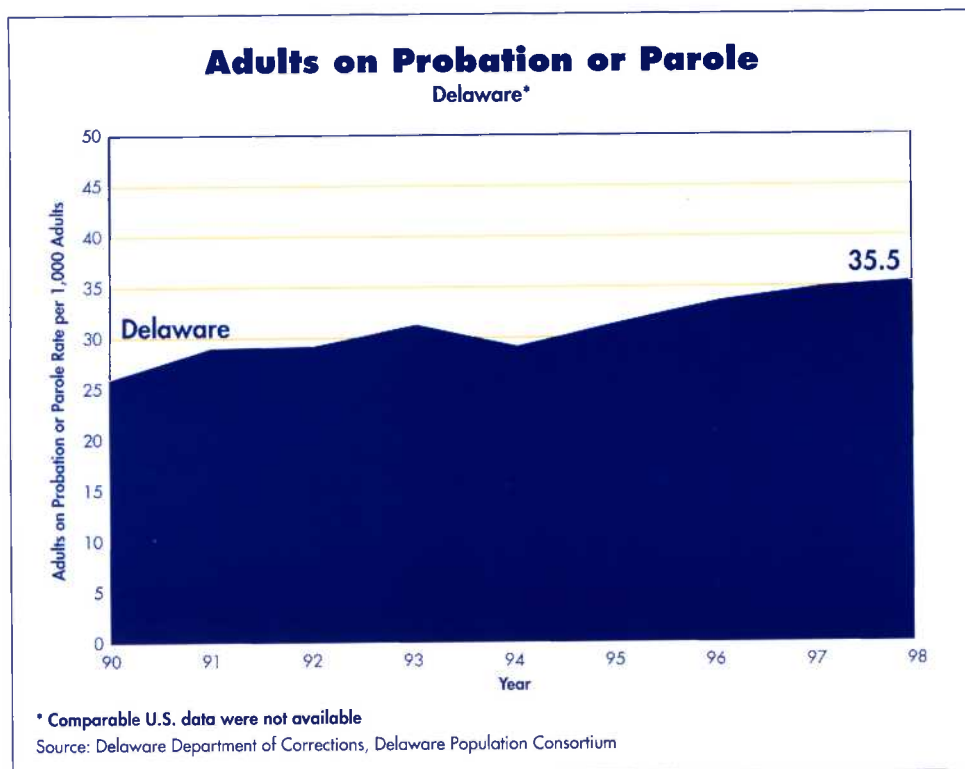
Juvenile Violent Crime Arrests	p. K-28
Tables 26-38	p. K-69-74

Adults on Probation or Parole

Indicator: Adults on probation or parole under supervision per 1,000 adults

Intermediate sanctions such as probation and parole are needed to help control inmate populations. Most probation or parole programs incorporate a wide variety of activities that emphasize close monitoring, participation in community service programs, tight curfews, steady employment, and drug testing¹.

1. Bennett, L. A. (1995, February). Current findings on intermediate sanctions and community corrections. *Corrections Today*, 57 (1), 86-89.



FAMILIES COUNT in Delaware F-55

Program Statement: The Delaware Department of Correction is committed to public safety. The Bureau of Community Correction, Probation and Parole has teamed up with law enforcement agencies to increase community contacts and enhance visibility. The Safe Streets project initially focused on select neighborhoods within the city of Wilmington. In recent months, this initiative has expanded into New Castle County. In the coming year, efforts will be expanded statewide. Through Safe Streets we have identified those offenders in the community who are perhaps at higher risk for noncompliance with the conditions of supervision. The increased visibility and contacts in the community are impacting offender behavior and providing a greater sense of public safety in the community.

For more information see

Juvenile Violent Crime	p. F-53
Juvenile Delinquents in Out-of-Home Care	p. F-46
Adult Violent Crime	p. F-54

In the KIDS COUNT Section:

Juvenile Violent Crime Arrests	p. K-28
Tables 26-38	p. K-69-74

Substandard Housing

Indicator: Percent of substandard housing units

According to the Statewide Needs Assessment, more than 12,055 of Delaware's households are living in substantially substandard housing. This number reflects truly dilapidated living conditions as substantial rehabilitation is required in order to make these households structurally sound, safe, and habitable. Such rehabilitation is qualified as at least \$30,000 per unit (\$20,000 for a mobile home) in non-cosmetic repairs typically including at least two structural systems. It also includes units which may be otherwise structurally sound, but which have failing septic systems. At this time, there is no nationally comparable data available as Delaware's definition refers to a much more severe condition than national data.¹

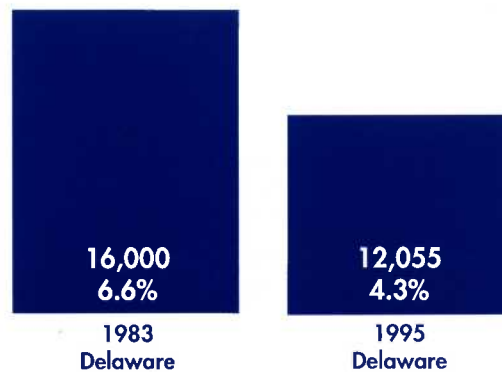
1 Delaware State Housing Authority (August 1996) *Statewide Housing Needs Assessment*. Prepared by Legg Mason Realty Group, Inc.



F-56 FAMILIES COUNT in Delaware

Substandard Housing

Number and percent of substandard units



Source: Delaware State Housing Authority

Program Statement: Realizing that substandard housing is more than a misfortune to the community—it is detrimental to the safety and overall well-being of “the family”—Delaware fights back against time’s toll on our State’s homes by rescuing financially-strapped families with low-interest rate, deferred loan packages, or grants in some cases, that enable the owners of these homes to make the necessary housing repairs. Just as each home is different and has different needs, so do families; therefore, we go one step further in repairing homes by making it affordable for families to modify homes for handicapped-accessibility when necessary. Also, grants are provided to communities to demolish vacant severely-substandard homes that might otherwise be environmentally and physically dangerous. Delaware State Housing Authority rounds out this rescue plan by empowering entire communities to repair infrastructure deteriorations, or in some cases build infrastructure they lack, to become safe for this generation, and the next.

For more information see

Risk of Homelessness p. F-40

Home Ownership p. F-57

In the KIDS COUNT Section:

Table 54 p. K-81

Home Ownership

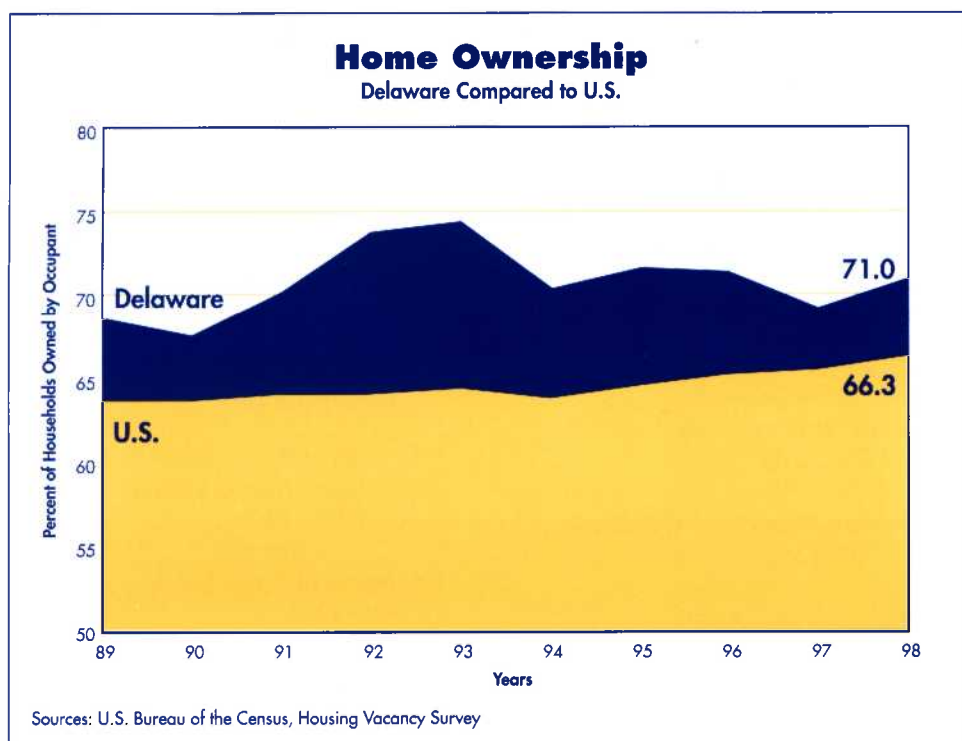
Indicator: Percent of home ownership

Nationally, 66.3 percent of Americans own the houses or apartments where they live¹. This "American Dream" of homeownership has led the impetus for much public policy concerning housing and the lending markets used to finance home purchases². Benefits of home ownership are many and varied. In addition to being an important savings vehicle for families, owning one's home is thought to create better citizens, enhance the stability of communities, increase the value of other property, and even improve the performance of children in school³.

1 U.S. Bureau of the Census. 1998 Housing Vacancy Survey.

2 Longhofer, S.D., Peters, S. R. (1998, Winter). Beneath the rhetoric: Clarifying the debate on mortgage lending. *Economic Review*. 34 (4), 2.

3 Segal, L. M., Sullivan, D. G. (1998, March-April). Trends in homeownership: race, demographics, and income. *Economic Perspectives*. 22 (2), 53.



Program Statement: Delaware makes home ownership affordable to those who often think this American Dream is out of their reach. While working with many financial institutions, builders, and real estate companies across the state, Delaware State Housing Authority unlocks the doors to home ownership for low- and moderate-income families every day by providing low-interest rate mortgage financing, along with down payment and closing costs loans. DSHA also supports housing counseling, and offers education to rental communities—big and small—to help families map out their own realistic paths to home ownership. Furthermore, the sprouting-up of economically-integrated communities, and affordably-priced neighborhoods are important to the State as the DSHA focuses on making home ownership a more attainable goal for working families.



FAMILIES COUNT in Delaware

F-57

For more information see

Risk of Homelessness p. F-40

Substandard Housing p. F-56

In the KIDS COUNT Section:

Table 54 p. K-81

Indicators "Under Construction" and Where to Get More Information

The Family Services Cabinet Council has identified additional indicators which may further help to measure the well-being of Delaware's families. However, at the present time these indicators are still "under construction." Processes are being developed to collect the data that is needed. As soon as these data collections processes are completed, the results will be published in FAMILIES COUNT in Delaware.

- Percent of students going on to post-secondary enrollment
- School readiness measure



F-58 FAMILIES COUNT in Delaware

For more information about the programs described within FAMILIES COUNT in Delaware, contact the state agencies listed below:

Delaware Information Helplines
1-800-464-4357 (in state)
1-800-273-9500 (out of state)

State of Delaware Web Site
www.state.de.us

Office of the Governor,
Advisor on Family Policy
302-577-3210

Delaware State Housing Authority
302-739-4263

Department of Corrections
302-739-5601

Department of Education
302-739-4601
www.doe.state.de.us

Department of Labor
302-761-8000

Department of Health
and Social Services
www.state.de.us/dhss

Division of Public Health
302-739-4700

Division of Social Services
302-577-4400

Division of Alcoholism, Drug
Abuse and Mental Health
302-577-4460

Department of Public Safety
302-739-4311

Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Drug Free Delaware
www.state.de.us/drugfree