



Myers JDC
Brookdale

Findings of a Pilot Study on the Implementation of the Shared Indicators Approach in External Emergency Centers, Family Strengthening Centers (*Hacham Centers*) and After-School Programs for Children at Risk (*Moadoniot*)

Hadas Shapira Yael Bachar Yael Sabag
Maayan Sarver Tal Arazi

Editor (Hebrew): Ronit Cohen Ben-Nun
English editing (Abstract): Suzanne Brown
Graphic design: Efrat Speaker

This study was commissioned by the Administration for Personal and Social Services and the Policy Planning and Strategy Division at the Ministry of Welfare and Social Affairs and funded with its assistance.

Myers JDC Brookdale Institute

P.O.B. 3886, Jerusalem 9103702, Israel

Tel: 02-6557400

brookdale.jdc.org.il/en | brook@jdc.org

Jerusalem | December 2025

Abstract

Background

The array of services designed to improve the well-being of children and adolescents at risk includes a variety of settings that differ in their intervention focuses and strategies. Some conduct measurement and evaluation processes, but these are usually carried out using different tools that are not aligned in their methodology or in the information they collect.

Against this backdrop, the Ministry of Welfare and Social Affairs (hereafter: the Ministry of Welfare) and the Outcomes Team at the Myers-JDC-Brookdale Institute initiated an exploratory process to examine the feasibility of developing a unified infrastructure for ongoing measurement – referred to as the Shared Indicators Approach – in services for children at risk within the Ministry. The approach is based on the *TAMI* (Municipal Information Infrastructure) assessment tool, used in the 360° National Program for Children and Youth at Risk. The tool includes background characteristics, strengths, needs across seven life domains, and intervention strategies.

The broader shared indicators initiative focuses on creating infrastructures that enable a shared professional language among those working with children and their families, as well as ongoing monitoring of their situation over time and across the various services they engage with. At the system level, this infrastructure is intended to support data-driven management, oversight, and policymaking.

Objectives

- To examine the feasibility of implementing the shared indicators approach in settings and services for children at risk.
- To develop tools for ongoing measurement planning in External Emergency Centers (EECs)¹, after-school programs for children at risk (Moadoniot), and family strengthening centers (Hacham Centers).
- To collect information on the characteristics, strengths, needs, and intervention strategies related to a sample of children and their families in ECCs, Moadoniot, and Hacham Centers.

¹ External Emergency Centers (EECs) are services operated by Israel's Ministry of Welfare that provide immediate protection, assessment, and short-term intervention for children at high risk, alongside community-based therapeutic support for them and their families, prior to decisions on long-term care.

Method

Two assessment tools were developed: one tailored for EECs, and the other for the Moadonitot and Hacham Centers. The tools assessed characteristics of the children and their families, the children's strengths and their needs across seven life domains, intervention strategies used in the services and complementary services received by children and parents.

External Emergency Centers (EECs)

This assessment tool was distributed in March 2024 to 55 professionals in 11 EECs. Each professional was asked to complete the assessment tool for three children under their care. The response rate was 92% (152 completed questionnaires).

The Moadoniot and Hacham Centers

This tool was distributed in June 2024 to 87 social workers in 78 Moadoniot and 9 Hacham Centers. Each social worker was asked to complete the tool for three children. The response rate was 60.9% (159 completed questionnaires).

After the initial data analysis, a focus group was conducted in each service to obtain feedback on the tools, the questions they contained, the user experience, and suitability of the tools for routine use.

Key Findings

Acceptance of the Tools by the Staff and Their Suitability for Routine Use

There were no questions that respondents consistently left unanswered, which would have indicated lack of clarity or lack of suitability. The range of information collected was viewed to be in line with professional approaches and helpful for assessing children's status. A need emerged to refine the tools and their questions for each service type, to better reflect the target populations and intervention focuses.

Children in EECs

- 86.8% of the children were Jewish; 11.1% were Arab (Muslim, Christian, or Bedouin).
- 62.5% of the children's parents were separated; 11.2% were divorced.
- 59.0% of the children had previously experienced abuse or neglect; 13.2% had experienced high-conflict parental separation.
- The life domains with the highest risk levels were *Family Belonging* (98%) and *Development and Acquisition of Learning Skills* (96.1%).
- None of the children were categorized as *low risk*; 40.8% were classified at the *highest risk level*.

- Key interventions provided included family-involved therapy: dyadic therapy (33.6%) and family therapy (28.9%).
- 92.8% of mothers and 76.3% of fathers received some form of intervention within the centers.

Children in Moadoniot and Hacham Centers

- 68.6% of children were Jewish; 28.3% were Arab (Muslim, Christian, or Bedouin).
- 50.5% were religious or ultra-Orthodox.
- 31.4% had a parent with a disability; in 30.2% of families, neither parent was employed.
- 86.7% of the families experienced economic distress; among these, 92% faced persistent distress.
- The life domains with the highest risk levels were *Development and Acquisition of Learning Skills* (96.2%), *Family Belonging* (69.8%), and *Physical Well-Being, Health, and Developmental Opportunities* (63.5%).

Comparison Across Services

Children in EECs were positioned higher on the risk continuum than children in Moadoniot and Hacham Centers. This indicates that the tools developed can differentiate between levels of risk across services. With regular use, it will be possible to assess whether the tools are sufficiently sensitive to detect changes in children's status and to evaluate progress toward desired outcomes.

Key Recommendations

1. Implement the Shared Indicators Approach in services for children at risk based on the tools developed, incorporating the necessary revisions detailed in the report. After implementation, assess the need for further adaptations based on insights from routine use.
2. Ensure broad engagement of staff at all levels in ongoing development and implementation processes to optimize the suitability of the tools and the questions included in the tools.
3. In services emphasizing work with parents and families, define and measure desired outcomes of family interventions as intermediate outcomes, in addition to child outcomes across the seven life domains.
4. To ensure routine use, integrate the tools into the Ministry's information systems as part of each service user's intervention file, including establishing feedback mechanisms through periodic reports and customized queries.
5. Define planning, measurement, and data-use processes using the tools as an integral part of intervention work and supervise the quality and completeness of data entry.
6. Complement outcome assessment with self-reported information directly from service users, as is standard in such initiatives.
7. Accompany the implementation with structured training on outcomes-based thinking and its principles, with emphasis on planned and reasoned interventions and ongoing evaluation.