

Panelists:

Charlyn Harper Browne

Patricia Jessup

Marah Moore

Beverly Parsons

Please note: The following is a direct transcription and has not been edited.

Beverly Parsons: Thank you everyone for joining us for this later afternoon session, I know this is a hard getting toward the end of the day. I'm Beverly Parsons with InSites. And we'll be presenting today, our group here is focused on the quality improvement centers, early childhood research initiative that's looking at complex systems. Before we get underway, however, I've been asked to read this paragraph to you.

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Again, thank you for being here. The way we will operate this session is, I'm going to start out with a few opening comments about systems and then we'll have our next three people who will be talking about aspects of application of that, those concepts two aspects of the quality improvement centers, early childhood cross-site evaluation, we'll wrap up with Melissa Brodowski who is the Federal Program Officer for this federally funded program.

Our goal today is too hopefully you'll leave here with a better understanding about how evaluation methods based on system thinking can support interventions in complex social systems. We're interviewing a session that we just did earlier where we talked about systems, I don't think...

Female Speaker 2: Couple of people.

Beverly Parsons: Oh, Meg of course was, because she was part of the panel. We want to first of all talk about just what is a system, now if I hadn't put this up on the screen, would this have been your definition of the system, it's that pretty close to what you would have defined. Okay, there is a few important ideas in here that we want to emphasize and that is, that a system is an inner-connected set of elements, you know, so much of our evaluation and our research.

We focus on individual elements or individual programs or pieces and we forget about those connections and it's often in the connections where some of the greatest strength is in making change and in bringing about the end result that we want. Another part of a

system is it there is some kind of coherent organization to it, so that it's organized in a way that it can actually achieve some kind of a purpose, so something is achieved by the system.

Now this is a pretty abstract idea but as we go through hopefully we'll bring that to bare make it more real. Now this notion of systems thinking is really a way of understanding reality. The idea is that we, as I just said earlier, we, are trying to emphasize both the systems parts and the relationships. So keep those two things in mind, it's a part and the relationships and we're concerned about how a defined system relates to a larger functioning whole.

So we're constantly in the situation where a system within a system, within a system, are connected to other systems, we have these multiple systems that are going on. And another key aspect is the idea that to understand systems, researchers have figured out and these are researches from many different fields that if you focus on seeing patterns structures and underlying paradigms.

You can really start to get a handle on that system, because if you just start looking at the system you see all these pieces, all these connections that you know, it's just mind-boggling. And so the way to address it is to look for these underlying patterns and structures and paradigms.

Now there are lots of different types of systems and if you get in to the research on systems, you will just get overloaded with the different ways that people are thinking about it, and I think part of what's happening right now is that, practically every discipline is starting to get in to conversations about systems.

And part of the reason at least some people will say that the reason that's happening is that, you know, up until about the 70s or 80s or 90s, when we really had the computer capacity to look at multiple things we were just looking at individual parts. So this whole capacity for study has influenced all kinds of fields and it's helped move this whole notion of systems along.

And one of the particular areas is this notion of complex adaptive systems. And that means that there are many diverse and autonomous inner-connected, inner-dependant components and parts that are linked together and are starting to make patterns that we wouldn't have seen if we were only focused on static individual points in time.

Another interesting thing about complex adaptive systems, is that often properties will emerge that weren't there before, that something new will be generated because of these interactions. And I think, you know, you've probably all seen that in, say, partnerships, say, each partner came with some idea and it wasn't until they all came together and started talking something new came out of the whole thing, that nobody would have thought of individually, it was generated because of those interactions.

And so that's another one of these interesting aspects of complex adaptive systems. Particular importance for us today is this notion that you can consider social systems as complex adaptive systems. So as we're interacting, we're talking about the child welfare system, community systems, any kinds of social system health, education whatever they really can be conceived of as complex adaptive systems.

And in the past, we've often looked at these systems more as nested systems that are hierarchical, we all think of the bureaucracy of our systems, and that is a part, and it's an attempt to kind of control and structure, but a complex adaptive system has other kind of dynamics going on to, where these independent agents are bumping up against each other and are making changes. It's what we all do in our daily lives.

And if you think about how you operate your life, you know, that you will get ready to go to work and all of a sudden your daughter wants something and you have to adjust, and you know, we're constantly adjusting like that. We sort of have a general path, pattern that we're going toward, but we're constantly adjusting. So this whole notion of starting to think about these complex systems and especially in the research we do is to intentionally start to understand that.

And we really are still at a beginning stage across all fields of getting into this work, and so what you will see is as we go through our presentation is that we're getting started down this path, we have some ideas and we're doing some things, but by no means do we have final answers on this field, but I think more than anything we want you to encourage, we want to encourage you to start thinking about your own work and how you can incorporate some of these ideas in that way.

The other reason, you know, I mentioned that the boundaries, relationships, paradigms, and dynamics are ways that we can understand systems the other key part is they're the ways that we can change systems. So they become leverage points. And there is research in different fields, one of my favorites is Daniela Myoda's work where she had identified a number of different levels for change, and one of the most powerful ways is if you can get down deep to that underlying paradigm that is important in a system, and you will see that coming through in our presentations today.

So well, we're going to do as we go through our conversations here is to really focus on these four aspects of social systems. We're going to be talking about boundaries and how we're looking at boundaries as we're doing the cross-site evaluation and actually these concepts are right embedded in the very programs that are being evaluated and Charlene will talk more about that.

So we'll talk about the boundaries, we'll look at relationships, we'll look at paradigms, and we'll look at these dynamics, both of the controlled and more self-organizing. So any comments, questions just about kind of this general framework that we're using?

Female Speaker 2: I mean, are you're going to give us a definition of complex adaptive system that time when you asked.

Beverly Parsons: Well, I wasn't planning to give a specific definition, but and we're really talking generally about any social interactions among groups of people that are organized for some purpose.

Female Speaker 2: From the person to person and all that...

Beverly Parsons: Right, yeah. It could be any of those. So we are just, because in effect, we're saying all of those can be considered as complex adaptive systems, yeah. So, okay, so, Charlene Harper Browne is the Director of the Quality Improvement Center for Early Childhood, she is at the Center for the Study of Social Policy. She is going to give us an orientation toward what this, what the QIC is all about. And then I'll make a few comments and introduce our other presenters who are focused on the cross-site evaluation. So Charlene, take it away.

Charlene Harper Browne: Thank you Beverly. The Quality Improvement Center on Early Childhood was established in 2008 as a five year cooperative agreement between the children's bureau and three partner organizations. Those partner organizations are the Center for the Study of Social Policy, and the National Alliance of Children's Trust and Prevention Funds and Zero to Three, The National Center on Infants, Toddlers and Families.

The QIC, we abbreviate this rather than saying the quality improvements on early childhood, just by saying the QIC or the QIC-EC, but the QIC was established to test evidence based or evidence informed, approaches that are designed to be primary child maltreatment prevention efforts. And so to this end the QIC has funded four research and demonstration projects that target high risk families, who have an infant or young child, but who is from birth to five years old was the age parameters.

For whom there was no substantiated child protective services report. And so it was clearly intended to be for primary prevention and secondary prevention purposes. So but, so the challenge for the quality important center leadership team was to create an overall a common conceptual framework for these diverse projects that we were going to fund, that were designed to demonstrate that their interventions prevent child maltreatment, child abuse and neglect, from occurring in the first place in families that have multiple risk factors for child maltreatment.

So that was quite, you know, a challenge, how do you demonstrate something is not going to happen. And so we decided that the foundation of our conceptual framework would be the strengthening families approach and the protective factors framework that was formulated by the Center for the Study of Social Policy. And this framework can be summarized in three basic assumptions.

The first assumption was that protective factors are conditions or attributes of individuals, families, communities and even the larger society that decrease the probability of child maltreatment and also increase the probability of positive adaptive or resilient outcomes

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even in the phase of risk factors, even if risk factors don't change. And so that was our concept of what a protective factor was.

And so we also assume that when protective factors are established in families, the likelihood of child maltreatment diminishes, and then the third basic assumption was that families thrive when protective factors are robust and present in the lives of families and communities, so those were three basic premises that we're operating from.

So all the projects that we ultimately funded had to incorporate into their interventions intentional strategies that were designed to build the strengthening families protective factors, and these are the protective factors that you see identified here.

The interventions that opt that the projects that we funded, had to create strategies, that directly increased caregivers social connections, concrete support, in times of need, knowledge of parenting in child development, caregivers nurturing and attachment with the target child and parental resilience.

And then they also had to have, and we would, we assume then that these intentional strategies would therefore increase social and emotional competence in the children. And I have to say directly and indirectly because all of the projects directly work with the caregivers not directly working with the infants and children.

Another foundational idea of the Quality Improvement Center for this conceptual framework was, I grew out of the need to expand the scope and reach of child maltreatment prevention efforts from a singular focus on individual factors. And so we understood that both the problem of and solution to child maltreatment were not simply a matter of parents doing a better job with their children, but rather what Darrell will say a call, creating a context in which doing better is easier to do.

And so all the projects have now incorporated strategies in their interventions that have, that address at least two and now we are seeing that they actually addressing three areas of the social ecology not just the target caregiver and the target child, but also doing things to increase social support and community connections. And then we are moving up to the level of public policy and social norms as well. So that's a second basic component of this conceptual framework.

And then third the foundational idea for this framework was that child maltreatment is much too complex for one organization, one agency, one social service system to successively address on its own. And so and part of the many children and families at high risk have multiple and a variety of physical health educational, emotional need. So broad collaborations then, among key stakeholders including community organizations and parent leaders were essential for these projects.

We viewed broad collaborations as vital to the provision of needed services, vital to the success of child maltreatment preventions and indeed vital to the success of improved outcomes for children and families. And so all of the collaborations then have, all of the

projects then have collaboration efforts. And so our overall, our overarching research question became and we will have a test at the end of this too for you to repeat this, without looking so.

How and to what extent do collaborative interventions that are designed to increase protective factors and decrease risk factors. In core areas of the social ecology result an increased likelihood of optimal child development, increased family strengths and decrease likelihood of child maltreatment, those were the three common outcomes for all the projects within families of young children at high risk for child maltreatment.

And I think I need to pause for a moment and to say that we had to come up with some unique measurable definitions of optimal child development increased family strengths and decreased likelihood of child maltreatment. So for the QIC optimal child development refer to a caregivers skills, knowledge, attitudes and sense of competence that contribute to a trajectory of growth and development that promotes the best possible outcomes for the children. So again the focus is on the parent.

The increased family strengths definition refers to competencies and qualities that facilitate the ability of the family to meet it's needs and effectively and nonviolently and manage the demands that are placed on the family system.

And then finally, we define decreased likelihood of child maltreatment as a shift in the protective factors, again we assumed that the projects themselves will not be giving people protective factors as there were already some protective factors there, we would be intentionally increasing those that I previously identified.

And so the decreased likelihood of child maltreatment was defined as a shift in the balance of protective factors and risk factors ostensibly there being an increase in protective factors even if there is no decrease in the risk factors. And so that's the overall work or the basis or foundation of the quality improvement center projects that relate to our common or our cross-site evaluation. So I will stop with that and ask if there are any general qualifying, clarifying questions. Yes, ma'am.

Female Speaker 2: When you defined maltreatment, are you including any other things like exposure to violence...

Charlene Harper Browne: Yes.

Female Speaker 2: And family violence?

Charlene Harper Browne: Yes.

Female Speaker 2: The protective factors seem very much adult to child and not adult to adult or the *[indiscernible]* *[00:19:07]* family...

Charlene Harper Browne: No that was, that each project has its own identifiable risk factors and that certainly is considered to be, a way of getting measures of exposure to violence, yes. And so the projects again are unique in the sense of what their interventions were and the populations that they were addressing.

But some of the risk factors that are identified were prenatal exposure to alcohol some of the, in one project, I tell you there is those handouts here, this gives you, the brochure gives you an overview, a general understanding of the four projects and but one project is focusing on pregnant women in substance abuse treatment and so you can imagine the risk factors that are associated with that targeting several of the, two of the projects are really looking at families in impoverished circumstances, impoverished conditions. Another project is looking at families with children with developmental disabilities. So within some of that there may be domestic violence, you know, family violence. And so yes, we're getting a measurement a self-report measurement of occurrence of that. Yes, ma'am.

Female Speaker 2: Are any part all of the sites using the protective factors survey, are they two different measurement of protective factors?

Female Speaker 1: We actually created a new instrument that measuring the protective factors we looked at the one that was developed by friends and we realized that we need to add some things to it, that would be directly related to the three outcomes that we were looking at. And we are hope we are going to begin a validity study of that instrument this upcoming year. And so we hope that would be out in the field by the end of the project which would be 2013, okay. Yes.

Male Speaker 1: So you define reductions in child maltreatment risk is looking at changes in the number of risk factors.

Female Speaker 1: No. Go ahead.

Male Speaker 1: Is that correct so how is that?

Female Speaker 1: No, it's not the changes and then it was primarily an increase in protective factors.

Male Speaker 1: Well, okay. If that's...

Female Speaker 1: Increase in protective factors hopefully with a decrease, but some of the identified risk factors were not malleable, I mean, just we're not going to move, we were not going to have a direct impact on that. We were trying to directly, more directly impact protective factors.

Male Speaker 1: And, how is that quantified or operationalizing average number of protective factors?

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Female Speaker 1: Well, again, we have, we are looking, we have, we developed this protective factor survey, we have, we were looking at, if you look at parental resilient we have some instruments that are measuring parental self-efficacy when we sort of operationalize, each how, how we define each one of those protective factors. One of the instruments that we're using is social network mapping to look at social connections. The adult, adolescent parenting, and well, parental resilience was defined mostly related to parental self-efficacy.

And so we have a couple of instruments related that measure give us those measurements. Knowledge of parenting in child development adolescent parenting, adolescent, adult adolescent parenting inventory gives us some information about parenting attitude, so we were looking at that. So we have several different instruments that all of the projects are using across-sites to get at how we are defining parental resilience, social connections, family, knowledge of parenting in child development, etcetera.

Male Speaker 1: So the result from the surveys then aggregate and then come up with the blind parts...

Female Speaker 1: Yes.

Male Speaker 1: Over everything?

Female Speaker 1: Yes. So we're doing it. Any other questions? Yes.

Female Speaker 3: I'm Karen Chang-Rios. I'm from KU.

Female Speaker 1: Okay.

Female Speaker 3: So I helped in the developments of that proposal, but, that I was...

Female Speaker 1: Yes.

Female Speaker 3: Interested in, you will find that this was being associated with social ecology it's kind of evolved, any change are possible that the resource sites that kind of expanded there ecological focus...

Female Speaker 1: Yes.

Female Speaker 3: Can you talk a little bit more about that?

Female Speaker 1: It was very interesting that, when we originally got the proposals, most of the, you know, the part of the requirement was that, they identify at least, they focus on at least two areas of the social ecology and most of the projects that got funded, well, the four projects that got funded, everyone said individual and target child and social connections.

But then when we had our first site visit and we got, we started talking about, more about the interventions folks began to understand more about what we were talking about as far as the protective factors were concerned and we could see clearly that there were strategies that related to the third level and even the fourth level.

And so again, in understanding more about what protective factors did, what our conceptual framework was, then we could see that there was activity that was connected to all four of those levels, and overtime, since that first site visit there has been growing activity related to social connections and then the community connections and even policy now.

Even policy, on pulling representatives from different areas on to their advisory boards and talk, you know just setup different levels of addressing policy and social norms so. It's been an evolution, as you can see so it's clearly this was a kind of project that needed, you know, this kind of we where cross-site evaluation to talk about how things just expand and contract, and expand again so. Any additional questions, I hopefully I've answered those questions sufficiently, okay.

Beverly Parsons: Thanks Charlene, okay, so now you have an idea of what the QIC is about and the fact that there are four research projects across the country that are all, actually they all have either an RCT or quasi-experimental design built right in to their own research project. So what that, then what we're been asked to do, well, that Pat who is down there, Marah and I are the core group of the cross-site evaluation team, actually I think I might have even forgot to introduce myself.

I'm Beverly Parsons with In Sites that's our organization we are a research evaluation and planning organization that has focused for many years on things related to systems in many different fields, we work in education, social service and health. And we were very fortunate to be asked by the Center for Study of Social Policy and the QIC to conduct the cross-site evaluation and it has been evolving and shaping as we've been going along in working with these sites as so many things have and I just although I'll introduce Melissa later, I just, I have to thank Melissa so much.

Melissa Brodowski is the overall, she is the project officer at the federal level and one of those wonderful rare individuals who really thinks about systems and is interested in having us actually try things out and experiment and develop new ways of thinking about things, so she is being a tremendous support. And Marah is going to provide us now with an overview of the cross-site evaluation design and we'll let you do that, and again, focusing on this notion of complex system.

Marah Moore: Okay, so I'm going to talk a little bit about the analysis framework and then how we've expanded somewhat simple analysis framework to think about systems within it. Okay. So we got the intervention this will look familiar to a lot of you, and we're looking at how the interventions lead to changes in caregiver outcomes, increased

like and Charlene talked about what our outcomes are increase likelihood of optimal child development, increase family strengths.

And then the decreased likelihood of child maltreatment which we were looking at is an increase in protective factors and a decrease in risk factors. And so okay, here we go, and then we're looking at moderating variables, between those two looking at caregiver characteristic, child characteristics, characteristics in the support network, neighborhood characteristics, community characteristics, organization and policy, social norms in there. So this is the first place that we start to see a look at systems.

So we're looking at not just moderating variables around the characteristics of the caregivers and the children but really trying to look at what is happening in a community, what's happening at a policy level, what's happening at a neighborhood level that will influence the effectiveness of these interventions in relationship to these outcomes. Okay. So the QIC-EC is a complex system, we've got diverse interventions across four very different sites.

So each of the four interventions is focused on a different target population their intervention is very specific to their project, they are all working at multiple levels of the social ecology that was part of the requirements of the grant that they look at more than one level of the social ecology as Charlene talked about.

And that their interventions involved collaborative partnerships, and the partnerships are both within levels of the social ecology as well as a cross levels, so you are looking at policy makers, community organizations, provider to provider organizations, and they are focused on change at multiple levels the partnership, is talking about how to effect and how to support change across the partnership at multiple levels.

So the question is how can the cross-site evaluation help to make meeting within this complex system. So this is an expanded version of, what we just showed you as the cross-site analysis framework. What we've done is add in this piece that looks at the protective factors, so it's not just looking at the interventions and the impact that they have on outcomes and Beverly is handing out a copy of this, it's a little hard to read, but it's looking at, when we talk about protective factors for caregivers.

We're not just talking about measuring the ways that these interventions contribute to the protective factors for the families, we're also interested in looking at how do neighborhood services in fact support the protective factors, how do organizations, I thought I fixed this, but, organizations and programs support the building of protective factors for families, in relationship to policies, norms, infrastructure, and learning and capacity building in organizations, so at that level as well.

We're looking at how do the social norms support the building of protective factors for families, and then we're asking questions about the partnerships, looking at how do partnerships help build capacity in relationship to the protective factors, how do partnership build supportive social norms in relationship again to the protective factors,

how does changing policy, how is that helping to support the building of protective factors within partnerships and looking at the develop, just the development of networks amongst various partners, how is that again focused on the protective factors in the building of protective factors.

So as you see the protective factor becomes the unifying element across these four very diverse sites. I mean, if you look at the sites, the initial thing they wouldn't say a word about the protective factors, now they were chosen because they are, and what they are doing is really about protective factors.

But their proposals were focused on really specific interventions, and so what we've done in the cross-site evaluation is pull out this idea of protective factors as our overarching measurement at multiple levels of the social ecology so that we can compare across very diverse sites. Okay. And I'm going to go back to Beverly talked about looking at boundaries, perspectives, relationships and dynamics.

So I'm just going to give a few examples of the ways in which we may be asking questions in the cross-site evaluation to look at the systems across these four interventions to show how that sort of embedded in our meaning making framework. So looking at system's boundaries we might ask what are the levels of change within levels, so we're looking at within an intervention, within a provider organization what are the levels of change for families within that intervention.

So that looks at the system is bounded around the intervention with the caregiver and the child. And then we're also going to ask how it change leveraged across boundaries. So how might policy or community-based interventions impact change within that caregiver provider relationship. So we're also asking cross boundary and here is an example looking at, you see a red here, it strong start study is the project in Denver that's working with, it's working with pregnant substance abusing women who are in treatment, both there are some outpatient and some inpatient treatment.

So that's the intervention that they are working with, they are doing a wraparound system as part of the treatment, so their intervention group gets wrap around and the control group is not getting the wrap around services, but they are all in treatment. So an example of looking at differences and boundaries would be, we've got the strong starts project that's their intervention. The support for building protective factors at an organizational and program level we're looking at adding in protective factors as a framework embedded in this wrap around service in to this program.

So that's a level of the social ecology that we're looking at, we're bounding it that way, but then we also might ask how does the work of embedding the protective factors at an organizational level start to impact policy change at a statewide level for this program. Because they've got a statewide partner, policy level partner who is looking very closely at the results of this project because if the results are positive they want to start embedding this statewide in to the work that the states are doing with pregnant substance abusing woman.

So there is a direct link in there, the other question that's coming up a lot for them is they're working with the pregnant women and trying to work with the protective factors is how do existing policies provide a barrier to change that could happen within the individual program because, there are lot of times that the policy is actually counter their ability to work with the families from a protective factors framework. So looking at how those patterns develop there across those boundaries is become very important, and that's just is, and again I'm going to give you just short little snapshots of ways, in all these programs.

We're asking much bigger questions, but here is an example and then the caregiver outcomes are in red, because all of this then relates to what does that mean in terms of changes for families and changes for kids, how are we seeing these dynamics and these patterns impact what's happening for kids and families. So then looking at systems relationships, what can we learn about collaborative, how collaborative relationships leverage changes in the system, you know, that may be a question that we would ask at a relationship level.

So here I'm going to look at project dossier it's called, it's a project in Boston where there based in Boston Medical Center, where there they have a family partner, they've got, the thing that's amazing about the Boston Medical Center is they have managed to provide a huge range of services to their families who come through the system, legal services, there is a medical legal partnership, there is a number of different services that are available to these women who give birth at the center.

What this project is doing is embedding a family partner who goes to the, well, baby visits with the mom, and helps to understand what the issues are so they can help them assess these services better and then help provide guidance for these moms to access what they need out in the system, whether it means helping them with translation services, helping them get to where they need to go, giving them, helping build their confidence in asking for what they need so that's what that project is, so if we're looking at relationships we can look at how in the intervention these caregiver child services.

This is very relationship based, you've got this family advocate who is working with the family, there is relationship happening there, it's very important, so the question becomes how does that help leverage change for that family. And then we can start asking about the relationship between what's happening with this family partner they go these appointments with the doctor what's happening with the relationship between the doctor and the mom now, as this is being modeled in that room with the family partner there.

How are we seeing changes in that relationship because of what's happening there and then that goes out to a larger question about how do we start to see changes in the way the doctors practice when there is a not a family partner in the room, are we starting to see capacity building that's changing the way the docs practice, that's changing what happens may be in the medical legal partnership, so what's happening at the level the relationship, looking at the relationship between the family partner and the caregiver and

how that starts affecting the relationship amongst providers, the relationship with other providers in the families and then how does that then bring us over to a change in outcomes.

Looking at systems perspectives how can the work help to align perspectives and this is specifically around the protective factors, so what we're trying to do is think about how to start building a common language about protective factors, how does this work start to bring people in to this paradigm shift, so that the common language is there the supports come together and the example here is the project that's in Oregon, and Salem, Oregon, called fostering hope that's a very community based project, they are doing some home visiting.

But there are also, really the biggest part of their intervention is community based pieces, whether they are working with, I mean, they have weekly community dinners, where they have 2, 3, 400 people community residents come to these dinners, and the providers come to the dinners, and so once a week people eat together. They've got work that's happening between providers and across providers, they are calling it a community empowerment model, in fact they are applying now for AM.

Beverly Parsons: Promise neighborhoods.

Female Speaker 1: Promise neighborhoods.

Marah Moore: Promised, yes. Because it's very much is aligned with that model, where, there is an intervention, but really their effort is to try and change norms in the community to support the protective factors. So again they are looking at neighborhood services and really increasing access to neighborhood services both informal and formal.

And like the last one, we can start to ask how does that build the capacity of the families, of the community, of the providers to behave differently with families, are we seeing a change as the neighborhood changes, does that change, what providers who are working with these families do, is their capacity around the protective factors altered, because they are having a partnership with the neighborhood in this way, so you start to ask about that relationship across those levels.

And then again, how does that start to impact caregiver outcomes. And finally, looking at system dynamics, how to shift some parts of the system affect the dynamics of the overall social ecology, how can this be used to leverage change in child abuse and neglect and looking at, I don't why I bothered to take notes, because I never use them, and when I try to I get really confused, so I won't. Beverly talked about, did you do this one, let's say, anyway when you think about dynamics, you can think about a closed system that has very organized dynamics and a lot of our research is based on that.

RCTs tend to look at closed systems where you can control for things and there is some predictability. Looking more systemically, you've got the self-organizing system it's not closed there are things happening across and between levels that impact it. So we're

really looking at, here I'm going to go here, the red, I highlight this whole piece, because one of the things we want to look at in the dynamics is what's happening across the levels in terms of the intervention, how the intervention is being provided to support protective factors.

And then what's happening within the collaborations it's doing the same thing, and how are we seeing services at multiple levels and partnerships start to self-organize in to a system with a common language around protective factors that help support across all of those levels, and then again how does that affect the caregiver and child outcomes that we're looking at.

So that is basically, let's see what we have here, that's basically in a nutshell a little taste of the types of questions and the ways that we're looking across these various levels. So if you have questions about how we're measuring some of these, I'm going to defer until we get to the next speaker, because she is going to talk about some of our data collection processes, but other than that if you have clarifying questions.

Female Speaker 4: *[Indiscernible]* [00:43:39] in which RTC, what's an RTC?...

Marah Moore: RCT, sorry. Randomized Control Trials...

Female Speaker 4: Thank you.

Marah Moore: Experimental Design, yeah, when you have, I mean, I've said more than once, it's very hard to change a system when you are trying to control the system, you know, so it is something to look at is, if we're looking largely at systems change. Any other questions? This will get a little more concrete when Pat talks.

Beverly Parsons: Thanks Marah. This as Marah said we're now moved from this broad general framework to having Pat Jessup other member of our cross-site evaluation team talk about some of the instruments that we're using to really get out what's happening in terms of how service providers and other members of these partnerships are able to support the building of the protective factors on the part of the caregivers. So Pat?

Patricia Jessup: So I got to be the more practical person here. And you know, the key leverage point, well, I guess, I should move this, this one. This is the framework that you have in the handout, and with this key leverage point and the system is really this change to this protective factor perspective and it really ripples through the whole social ecological model. And so we did means to measure the effect of building those protective factors on the changing boundaries and relationships in the dynamics of the system.

So if you look at this framework, you will see that, we have up there, it says PFIA here have the PCA as a partner and just see on that handout you have, and there's this whole instrument name, so you will see that even from all these other somebody asked about those different measure of support they're all down by here and our protective factors one

that as a caregiver assessment of protective factors is rather than the protective factors survey is the one that what they were using.

But when we look at this we need some tools to measure and understand how did these interventions, how are they really supporting the building of protective factors at the individual, at the caregiver level, at the neighborhood services level, for organizations and all the way down in there, and how are the collaborations involved in this. So we have the protective factors intervention assessment PFIA to really help us assess our providers and organizations who are supporting the building of protective factors among caregivers within organizations and in the community.

And then we have PCA the partnership collaboration assessment to help us assess the extent to which the collaborations among the partnership is helping to support the building of protective factors in relation to building capacity, building supportive social norms and changing and advocating for changes and local and state policy. Then we're also with those partnership networks we're also going to be using an online survey to assess the degree and nature of collaboration within the partnership that each site has.

So these instruments that are going to really provide a means just to assess and measure the support for building protective factors. And these instruments are going to provide us with both some qualitative and quantitative data. So this data collection is going to be really in the form of interviews and focus groups for the most part in the site visits we're doing. And we'll be getting a lot of qualitative data from those interviews and focus groups and this will give us a lot of really rich examples of the work they're doing.

It will also help us to really understand the context in which they're working, whether the policy context for example, one of the states has been changing it's eligibility requirements for part C for disability, kids of disability and that's going to make some changes in what services are available to families in that state. And then there is things like housing and one of these communities in particular that there is a real housing issue for people with low income.

So these are just some of the contextual things they're dealing with that we're trying to understand. In addition to that we needed some quantitative data to do some of our statistical analyses and these, the instruments the PFIA and the PCA are going to, and the partner survey are going to provide some of the data that we need for those analysis. And then than takes us down to then we'll be looking at those and interpreting those and in making some meaning out of this.

We should also note that on this qualitative data in addition to the site visits we're also having monthly calls with the sites and the QIC, you see, leadership teams having calls with them on a regular basis, so there is a lot of other information that we're getting about what's happening in the sites.

Now I just wanted to focus a little bit on the PFIA and we've developed rubrics basically, related to each of the six protective factors. Now these rubrics are designed to show the

levels of support for the protective factors that are being given by the providers, the organization and the collaborative partnership of each site.

We developed these by reviewing the protective factors as they were listed in the RP and then looking at the strengthening families, work in some of the examples they have of these protective factors to really understand the guiding principles of these protective factors. And how and some examples of how they run after that and then we developed sort of a rubric and there is an example there on the back side of your handout.

In relation to social connections we should've really, I don't know what happened to our draft watermark, but because we look at all of these, as things that are we have at this stage, but it keeps, continues to evolve as we get more feedback in what we're doing, after we created the version of these rubrics, the leadership team, QIC leadership team looked at those, leaders of each site, did we continue to get feedback and some self help these sort of targeting on target for the kind of work you're doing.

There were certain characteristics that are built in to these rubrics, that we thought were important and so as you go, move to higher levels of this rubric what you see is there is increased initiation by the caregivers, in requesting information and assistance. For example in level one in this rubric, it's really the providers are giving information to the caregivers about support groups in this, and such in this situation, as you move up this you get to level four, you have really the caregivers are really doing some of their own assessment of what's need and asking for assistance too, for what they need.

And so that's that increased initiation by the caregivers regarding the action to address a particular protective factor, we also have increased levels of caregiver self reflection, so we are the, initially the provider may be kind of asking them, and you know, pushing them around some of these pushing or encouraging them around some to think about some of these issues and as they have more experience with this and get more involved then they start to be reflecting, have their own means of reflecting on what they need and initiating this themselves.

And you are also seeing increased levels of trust between the service provider and the caregivers. I think the other thing is, if you'll note on level four and that's consistent through all of these is that we're asking in the interviews we have for evidence what evidence do the providers have that this is happening, it's not just sort of, say, oh yeah, I think that's happening, but really want some examples some evidence that they really think people are at us at these various levels.

Again to go back to a little bit to the process is that when we are in our site visits we'll be having interviews with the providers, with people from the organizations those providers work for, and with the representative from the organizations that are in the partnership at each site.

And just to give you an example when we're working with interviewing with the providers, these are basically the questions that will be asked, about what ways are there

others in the organization gathering information on each protective factor, and in what ways are they collaborating with the caregiver to build and sustain the protective factor in the caregiver's own life, and they will be talking with us about each of the six protective factors, not generally about them.

But each protective factor and how they see that working, obviously those are, protective factors are interrelated so it's, there is going to be overlap but we really want them to be addressing each of those issues. We've also created before that, to go along with this, is a list of probes they will be asking, because we don't want to get in a situation where we go back and say, oh, where will we place them on this rubric when we never asked them about something.

So if there is some piece of this, they are not bringing up then we really began to ask them to find out if there is some aspect of something related to social connections for example that, they've not addressed that we really, we really want to know what they are doing. There are three other questions, areas we're going to be asking them about, one is about the presence of the protective factors, because for some of these protective factors, they may be there, they may be there for some family or in some community.

So we want to know that, we also want to know, how central a particular, protective factor is in their work with this family, depending upon the nature of their intervention, there are some protective factors that may be more important than others in the work with their particular group or families. And then how intentional they are about a particular protective factor, so that we have some sense of where they are trying to go not just sort of saying, oh, are you doing all these protective factors.

But knowing where that, those fit into the work they are doing with their families. Based on all this information then we're going to be giving sort of working out some tentative ratings, well, where we think people are in terms of this rubric, and that will be something will be working with us, the site visit team will be and also, so that in the end we have some scores that we can use in the statistical analyses that we'll be doing.

Let's see then I want to just give you a similar, when we do the partnership collaboration assessment I didn't give you an example of that rubric but we have some very similar things in terms of the change over the levels of the rubric, so you have gradually increased levels of collaboration among the partner organizations and between the partnership in the community, increased levels of coherence in their plans to address the specified areas, and increasingly targeted information and services to respond to the changing community conditions and I think that's the thing we have to be aware of the things aren't staying the same in these communities.

Well, all this work is happening, and then there is increased levels of trust for collaborative efforts. So from both of these instruments, you can see there is a way and they will help us to see changes in the boundaries in relationships within the system at various levels, and between the provider and the caregiver, between the caregiver and others in the community and between the organizations in the partnership.

And I want to just quickly also give you a little bit on the, this is the website for the partner survey that's the only information about that, this is an instrument that was developed by Danielle Varda at the University of Colorado in Denver for looking at community public health collaboratives, and PARTNER actually is an acronym I should have brought my stuff there, it stands for Program to Analyze, Record, and Track Networks to Enhance Relationships.

And in addition to just using this to work, when they developed that for use with community public health collaboratives it was also just to help them to manage those collaboratives to get feedback to those collaboratives to say, you know, this is where it seems like your strengths are, this is what's happening and here are some places that you could make change to it, to make your partnership stronger.

We're going to using those within these sites they have a representative from each of the organization, the partnership to complete this and this will give us a means to assess the nature of the partnership overtime so we'll be doing it each year. So if you want to know more information specifically about that partner survey, you can just go to this website and they are extremely helpful people to talk.

So in some the instruments that we've developed and the partner survey there bring in use, really help us to get information about the leverage points in the systems, it helps us to focus in on how these different interventions are supporting the building protective factors, and to really look at the changes in the boundaries, in the relationships, in the dynamics and the systems as we proceed through the years of this project, and I think we have to understand these are continually moving situations.

So we built into the rubric, you know, questions about reflection and so we can be looking at how the caregivers are thinking about adjusting to changing conditions, also how the organizations and partnership and how they are being aware of changes in their context and how they're reflecting on the changes in those relationships and boundaries overtime. So I think that does it. For this questions about this, I tried to go through this probably too quickly.

Speaker 5: When they question about generalize ability, I don't know how far in to data collection you guys are, but it just seems to me that each of the systems by nature, would be their sites specific, so I'm just wondering, if you guys have found any new characteristics that have been common across the projects that you seem to help increase the type of your context?

Patricia Jessup: Actually our first site visit is next week.

Speaker 5: Oh...

Patricia Jessup: For using these instruments.

Speaker 5: Okay.

Patricia Jessup: So we did as Charlene mentioned, we did site visits a year ago, but these were really more for learning about what was happening at the sites, but this will be the first one for using these instruments in collective data around these.

Speaker 5: May be too early for this question, but have you thought about, just to know about the generalizability states, state ability, I mean do you think now, the Boston project where you have a communication department going to the medical visits of moms, that's very resource intensive or dinners for 300 up in Oregon, clearly resource intensive, and I don't know exactly what a lot of the program is but the tenure expect or anticipate maybe even through federal partner, do you sustain this at the time, and you'll probably be building the strength within the communities...

Patricia Jessup: Quite want to say in terms of Oregon, that's being the food is all donated and it's being done by a local church, it's not actually being funded by grant funds. So there is a lot going on there in relationship to that one, that the grant has enabled them to build the partnerships then bring people to the table, no kind intended, but that is something that's evolved out of this grant, but there is no funding going towards it, so which speaks to the sustainability issue on that one.

Speaker 5: Yeah.

Patricia Jessup: But it's come out of those partnerships of the grant did bring together.

Speaker 5: Yeah.

Patricia Jessup: I mean, I think the only thing that I'll just add is that part of the requirement for these kinds that they already had fairly well established partnerships to even apply for these projects that was one of the criteria that we ask for, and I think and Charlene can probably chime in as well, I mean, I think these organizations really are trying to create a shift within the way, they really do business around this protective factor framework, so in some ways we're hoping that's a sustainability right.

Charlene Harper Brown: Absolutely. And creating, actually one other things that we can see, just even within the projects and people who are doing the project themselves is changing in the way you think about doing the work, and that's creating a shift. And so sustainability, I mean, plans for sustainability when funds dry up that's going on right now, so yeah, we certainly see that in the works and with the support that the projects are getting.

Patricia Jessup: We have a question here and then here.

Speaker 5: I've had a question about some of your are moderating variables *[indiscernible]* *[01:02:17]* caregiver characteristics, and surely you get in to this everything as you can gather *[indiscernible]* *[01:02:26]* but I was wondering here if

anyone is looking at the age of the caregiver, you know, very young caregivers versus older caregivers, I was also wondering of whether or not information is being gathered about where the caregiver move out like, you know, communities whether they move to that, as well or as well as, whether or not they got siblings or sibling order if they have siblings and when I say what they could raise, you know, rural versus urban, north versus south east versus west and all used myself as, you know, an example.

I grew up in a very small rural community, whether they all live in an urban community and I'm constantly trying to do that, I'm looking for relationships and connections with others in an urban community everybody interested in that. So you know, that's just something that I'm finding, and I'm wondering too, you know, as you are looking at these caregivers and on the systems in which the people going to receive services again to how much information do you collect in not only on the system.

But the individuals within the systems and the follow up and not the other kinds important in like me and the reason why I'm asking that, again, I use myself as an example, whenever I go looking for services, for these formal systems like healthcare, the healthcare providers could care less about establishing any kind of relationship or learning anything much about me other than my medical history and why I am right there.

Beverly Parsons: There's someone...

Patricia Jessup: The background information...

Beverly Parsons: Yeah, the background information forum that's used for several of these variables does include the age. I don't, and we do have the region of the country where they live now currently, but I don't think we have anything on where they grew up, and you know, you raise a really important general question to here and that is as we were going through this and Charlene was leading the effort on identifying what would go in that background information form, there were a lot of debates about just what to put in here and how much we could cover.

And we've had, to have a number of those conversations about what do we think is the most important that relates to this particular issue about building the protective factors. So some things that some of us probably would have liked to have included aren't actually in here at this point in time. We had to have the same kind of discussion when it came to, you know, when you look at this framework here.

There is a million in one connections that you might have or combinations of these variables, with these variables that we'd look at, so we went through a sort of a month process of the partners identifying what are the most important research hypotheses across this whole diagram that we should look at, and they ended up with six, that would be ones that we would focus our attention on.

And we're actually in terms of the quantitative analysis, that's being done across these foresights we're using a structural equation modeling process and that's going to allow us to look at certain relationships and explores some others. And I think one of the things that it also leads me to say is that we're still viewing this and this whole cross-site evaluation as having lots of piloting efforts to it, you know, we were trying to figure out how do you look at a complex system like this how many variables can you use, what can do with this research.

So we're thinking this is just sort of an early first stage of getting to a real systems kind of picture of this kind of complex effort. And so hopefully some of these other issues that you are raising can get in the research channel down the line. So we figure by the time we get done with this, which I think we failed to say what the framework was here this overall research ever would finish in 2013.

So there is several, we'll be have three more, three rounds of site visits Pat mention that the next one is, the first round is in September, where we'll be using some of these instruments. So after that time we're hoping to not only have some well refined instruments that can be used, but some idea of some of these relationships, but knowing that it's going to raise a lot of other research questions that others can pursue hopefully.

Speaker 5: Well, I asked that, because you asked the question about ethnicity and ethnicity will tell you something about the community much personalized raised so, I encourage you to think again...

Beverly Parsons: Yeah.

Speaker 5: About the question I've asked you...

Beverly Parsons: Where they came from...

Patricia Jessup: Yeah, that's good.

Beverly Parsons: They came from.

Patricia Jessup: Yeah.

Speaker 5: Well I could just leave it maybe for that little bit more open than that...

Beverly Parsons: Yeah, thanks, yeah. I think that's great, because I think that's part of what we need to keep doing is getting ideas like that, and what are some of these other competing hypothesis that we need to...

Charlene Harper Brown: And I think the issue about age is critical too. So I have just put star by that, we need to reconsider that, I think we did, but...

Beverly Parsons: Yeah.

Patricia Jessup: I'll just say that we do know that in Boston a number of families are immigrants, which is not the case in the other three sites. And in Boston a number of the caregivers are young.

Beverly Parsons: Yeah.

Speaker 1: So Oregon has a high immigrant population.

Patricia Jessup: That's true, probably.

Beverly Parsons: Yeah.

Speaker 1: But not multiple...

Patricia Jessup: Yes.

Speaker 1: Readiness...

Patricia Jessup: Absolutely, yeah. So thank you for that.

Beverly Parsons: Yeah. Charlene did you have another point you wanted to raise...

Charlene Harper Brown: Yeah, I wanted to make two quick points. And for those of you that may be familiar with strengthening families protective factors framework, and knowing that there were five that came out of that and you've heard her say six, I just wanted to clarify that, if you look at the chart here, this chart here and in the fourth column there under decrease likelihood of child maltreatment increase protective factors, the first five that are listed.

They are from parental resilience down to social emotional confidence of children those are the five protective factors that relate to the strengthening families approach, and since 2003, when this approach came out, it was implicit and the thinking about those protective factors there nurturing and attachment was like embedded in parental resilience, that was embedded in knowledge of child, of parenting and child development.

But we through conversations and advice from the national advisory committee and the children's bureau we decided to make that implicit thought more explicit and so we have put that six the one there, so I just wanted to make sure that, you know, that's why we've been saying six protective factors nurturing attachment was added as an explicit one rather than making it implicit so.

And we have specific definitions for each one of those. And I forgot that the other thing. Oh, yeah, the instrument, yes, the, I want to make sure that the instrument that Pat was talking about and that was protective factors intervention assessment and the last, if you,

again, if you look at the box on the bottom right, there are two instruments that are specifically designed to measure protective factors.

The instrument that Pat was talking about looks at protective factors from organizational and provider level and then other one that was greatly informed by the original protective factors survey is an individual assessment and so that one is the CAPF the caregivers assessment of protective factors and that was the one that, that you know, when I was responding to there. So that's the one that we are going to have has hopefully after we go through the validity study and as a second protective factors type of survey so for individuals, yeah. So and thank you, you did, another question.

Male Speaker 1: Actually the question about your rubric, of course I can guess it's a great job applauded and the project is trying to come out with some comment indicators, and then we are at the very systems levels, so I can do that at the intervention part.

Patricia Jessup: Absolutely.

Male Speaker 1: But, for the rubric, because I'm in a similar situation, you're moving at about you have correlations over several hundred correlations, so a huge number and, we're trying to get assessed like quality collaboration whatever really needs, it something where that should to go like perfect in each program.

So instead of just counting MOAs or MOUs or whatever, how do you really get at that, so we're kind of do social network analysis and things like that, what was interesting with your rubric, now I just wanted to know how you implement that so through and I guess it's a broad level I guess, as you know, you can't get too detailed.

But so you talk with different stakeholders and then you have like this various four levels and then through their answer, the interviewer is like recording and then coding what level they're at across stakeholders, so it would be providing, so across stakeholders, I mean, across levels as well and then how do you look at the across levels and how does that work...

Patricia Jessup: Well, I think this example here is of the protective factors intervention assessment which will really be direct service providers and their organizations that will be addressing these, for those for the organization the partnership that's a separate rubric for the, so at that level there is a totally separate rubric that we'll be using.

Male Speaker 1: So let's just operationalize it's a major start up point why rubrics applied or it's you know, levels or providers to recipients to you know, I was thinking of a factor, I trying to find something like this to, you know, any type of systems level work that has some of the liability passed through yeah.

Patricia Jessup: Right. Well, we do have in addition there are some tables that we'll be using to sort of say okay, everybody, you know, each of us in the site visit, we'll be doing our own kind of assessment of this. We're also going to be asking like a provider to say,

or the organization to say, well, I guess not the provider I think, but the organization to say, where do you think you are in this, where, you know, just to get your, their understanding of how they would see it.

So and then try to come to sort of common agreement on what it is and just where I get myself clear here. I think we're ending up with one site scoring for these, not, I mean, when we get done, I mean, some days I get myself confused, trying to figure all these out...

Beverly Parsons: Because we, yeah, we will end up with a score on the rubric for each of the sites that we can then tag to the care givers data that will be there. You know, and as we said, this is our first round at using this and I think in that process we'll also understand more about how well that works and how much diversity we saw among say the service providers or the organizations.

We'll also get a better handle then on whether just through the conversations we have with people, if they see the level at which they're working changing a lot, you know, over the next couple of years, because if it's starting, if it looks like it's going to change a lot then we can't use that same rating, you know, for all the people who are going with all the caregivers. So we've got a lot of stuff that we're kind of still playing with and figure out.

Patricia Jessup: Let me clarify one point too is that we'll be doing it for the intervention group and the comparison of control group in each site, so there'll be, we'll be looking at the difference between what's happening services as usual and then what's happening in terms of the interventions.

Beverly Parsons: Yeah. So the separate score for those are doing the control and those are doing the treatment part yeah, yeah, good point, that's good.

Speaker 5: Yeah, I just want to say this so exciting the cross-site that has systems framework, you got so many cross-site evaluations where you're doing take energy about that it just like capture of what's going on...

Patricia Jessup: Yeah.

Speaker 5: I think that's fantastic, so in terms of dissemination you talked about, beyond, the five years as an evaluator it will be great to hear the lessons learnt through the process, do you have the plans for that.

Patricia Jessup: Yeah, that's a good question. Well, we have lots of plans, we'll see how much we can carry of it.

Speaker 1: Yeah, we have lots of lessons done.

Patricia Jessup: And we have lots of lessons that's exactly right. And first of all, I have to in terms of this notion of getting this systems orientation I have to give so much credit to both Melissa and to Charlene and her partners, because they've been willing to do that. I mean, I think their recognition of the importance of that is just the foundation of our ability to have any option of, any possibility of doing this. Couple of you mentioned a little bit about the application to your situation, are there other people who are doing something that you see some application of this to your work could you just comment on how you're seeing that applying.

Speaker 5: I think this collaboration piece that you talked about is huge, if you are to figure out a system to measure that across multiple ecologies that will be a great communication.

Male Speaker 1: And just every grant, since like you have that collaborative for a lot of your social issues that you're addressing, so basically on your child maltreatment, so going across those levels, I think you need to specify, whether levels add up to, you know, so you could imagine a right in that cross leveling actions, so...

Speaker 5: I was just going to ask the question to that, when you are talking building support of little ones whether or not it's supported with the requirement for each one of these communities, do they have like student advisory committee in any of these?

Speaker 1: Yeah...

Speaker 5: And will, there be some of the consumers or whatever eventually have been at the beginning or something like that as part of this, charity becoming with the target population that you are talking about, you know, health, will there be someone like actually community as part of that as well?

Speaker 1: Yeah, there is total endearment...

Patricia Jessup: Yeah.

Speaker 1: There is just a parent representative, you know, it's not a person that's one of the caregivers that's in the program, but somebody who is sort of in that same type of situation and that just as a figurehead, we get a serious thing about, serious about parent involvement at the table, and not just the parent, is a parent.

Speaker 5: And actual question on that *[indiscernible]* [01:18:05] in a ways and there is some, where I saying, I work this at state court systems, so that you have the workshop that this is going to quite cancel some of, so I came here, you know, we have to, but and it's part of what we've been trying to do is for the improvement which is kind of our children's improvement too.

Some other things that we've been doing, beyond developing MOAs you know, child development in a ways having collaborative partners who work with us on change in state

laws, rules and policies and maybe that's one way to capture that as well, you know, sharing funding in a way that's in kind, you know, supported funding work, you know, training activities going out on site visits to be monitoring programs that case would be moved in a lot of it, what is on just in our base that court ruling some formal lot of times if you go back and look a lot of things in MOAs you don't actually...

Patricia Jessup: Yeah, good.

Speaker 1: Oh, I just wanted to come, because of the question about the partnerships and thing, I'm not sure, I was real clear that we really have those two instruments for the relating to the collaborative that that partnership collaboration assessment is really to look at how that partnership is helping to support the building of the protective factors, but then we're using that partner survey out of the University of Colorado, Denver to assess sort of the nature of the collaboration.

Patricia Jessup: And that based on a social network analysis framework, so it's nice because it's there, you don't have to recreate the deal on that, it's a great tool, I really recommend you looking and it's very exciting.

Speaker 1: I'd like to now as me, I sure there's lots of more questions and comments, but I would like to turn things over to Melissa. Melissa Brodowski as many of you may know is a federal program officer in the children's bureau and she is being the one who has been responsible for this overall work. So we'd like to wrap up with them some comments from Melissa.

Melissa Brodowski: Okay. So they just really want me to share a couple of things about why this is important particularly in our work, so it's sort of getting to answer. So what right, so we share these frameworks and what is utility is it to the work we're doing. I oversee much of the child maltreatment prevention work at the children's bureau. So really I'm more on the upfront side, really the community collaborations, protective factors is sort of just really in the framework of a lot of the work of our prevention program, so it's exciting to see our grantees here.

But I think when I came across sort of systems thinking, systems evaluation and really I attended a workshop that Beverly Parsons was doing at American Evaluation Association several years ago, I met her and Glenda Eoyang from Human Systems Dynamics and Bob Williams I believe they were all doing this the whole day session on systems thinking and evaluation. It really had a profound effect on me because really thinking about everything that we do involves systems at multiple levels.

And I think what I was really frustrated about when we talk about systems change in this very broad and generic way, what are really talking about, you know, where do we draw the, and so just having a framework to offer, you know, what are the boundaries, how are we defining, you know, the actors involved in the relationships.

And then the fact that it is complex that we are adopting and moving and changing so, the systems thinking combined with the sort of complexity science is definitely been an area that we've been really infusing at least in our prevention work and try to support the grantees and I think it really does offer a very, very helpful framework for helping to understand what is.

And then I think what the exciting part is those opportunities for those levels for change and those opportunities that really and you hear Judy Langford say this a lot, this sort of small, but significant changes that may happen in a system that has really ripple effects and that our current methodologies are unable to fully capture what those ripple effects are, and I think this is what, really what the exciting and promise of systems and complexity thinking in evaluation and research, I think really brinks to our work.

And then I think the other piece, it's been sort of a foundation at the children's bureau, it's really this belief that evaluation is capacity building, you know, that really is built in to the foundation of how we worked with the grantees that we require local evaluations, we have James Well Associates providing technical assistance our national resource center.

I mean, it really is the sort of process for working with program and researchers and evaluators to really understand what is happening and then real opportunities for leveraging change in that whole process, I actually I'm believer we didn't, when we are planning this sort of session, there was this whole thing about the evaluator, you know, and what the impact of the evaluator is on the intervention and you know, how there is sort of boundary.

I actually believe absolutely they have to be part of the intervention because that's the whole point of what you are trying to do the work, right, you are supposed to be changing as you are going, I know that drives probably a lot of people crazy, so that's like Melissa Brodowski speaking, but I think ultimately if you really want an impact change and an impact and have lasting and sustainable change then we have to take those opportunities to really get that information, get that feedback rapidly to the people that need it.

So that they can make those adjustment as we move forward, so I'm excited about the quality improvement center evaluation Mike Hargreaves spoke about the systems evaluation in our cross-site for the home visiting piece, we're really trying to think about it in different areas of our work, so I think it's really quite powerful, and that the need for more Beverly talked about, you know, tools in the toolbox that we have available.

So there is actually just some really exciting work that we're trying to build it and infuse, we didn't even talk about sort of other modeling agent base modeling all sorts of stuff that we're trying to infuse in different parts of the work, and I think welcome people's thoughts and suggestions around how we can really make this useful, I think that's the other theme that we've really been building in to all the evaluation work we do, and the participatory and utilization focus types of evaluation.

Session 6.14 – Using Systems Thinking To Design an Evaluation of a Complex System Intervention

So ultimately at the end of the day it's really how we use this information to impact positive changes and continuous quality improvements. So I think systems thinking, complexity science, even implementation science offers all those frameworks that really does have practical application to our day-to-day work, and I think that's why that's important. So thank you for your interest.

Beverly Parsons: Thanks acknowledging. Probably one last...

Patricia Jessup: Yes, Charlene has one word.

Speaker 1: Just one last acknowledgement, when you look at this brochure about the project one of the things that you will see is that an additional knowledge development activity that we have is funding on doctoral dissertation fellows. And this, if you look at the back of this, you will see that this was printed in June of 2011 and in August we selected three additional doctoral dissertation fellows, there are two that they were at first year.

And we selected three additional ones, and I'm just very glad that one of those dissertation fellows is present in our room today and so Andrea Gromoske, and then she was selected and among a bunch of people and just outstanding dissertation so she is a pipeline person doing this work, so good to meet you Andrea, and I just want to say hello, I probably know you.

Andrea Gromoske: Okay, thanks.

Speaker 1: This will be revised.

Andrea Gromoske: Yeah.

Speaker 1: Well, thanks Melissa for your comments and for everyone here, and we appreciate so much, your involvement in the participation in this session, so have a good rest of the day and session...