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PROJECT  
THRIVE



## Common Purpose

### Sharing Responsibility for Child and Family Outcomes

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**The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.**

NCCP OCCASIONAL PAPER

Common Purpose: Sharing Responsibility for Child and Family Outcomes

by Lisbeth B. Schorr

This keynote presentation made at the Early Childhood Networking Meeting held September 25-26, 2006, in Reston, Virginia, summarizes what state Early Childhood Comprehensive Systems (ECCS) coordinating teams need to know about the hard work of creating systems change.

Project THRIVE is a public policy analysis and education initiative for infants and young children at the National Center for Children in Poverty (NCCP), funded through a cooperative agreement with the U.S. Maternal and Child Health Bureau. THRIVE's mission is to ensure that young children and their families have access to high-quality health care, child care and early learning, early intervention, and parenting supports by providing policy analysis and research syntheses that can inform state efforts to strengthen and expand state early childhood comprehensive systems.

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Lisbeth B. Schorr is a Lecturer in Social Medicine and Director of the Project on Effective Interventions at Harvard University and author of numerous books on successful program interventions for disadvantaged children. She also directs the Pathways Mapping Initiative and co-chairs the Aspen Institute's Roundtable on Community Change.

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*Editor's Note: The following keynote presentation was made at the Early Childhood Networking Meeting held September 25-26, 2006, in Reston, Virginia, to state Early Childhood Comprehensive Systems (ECCS) coordinating teams and reflects the views of Lisbeth B. Schorr, Lecturer in Social Medicine and Director of the Project on Effective Interventions at Harvard University and author of numerous books on successful program interventions for disadvantaged children. She also directs the Pathways Mapping Initiative and co-chairs the Aspen Institute's Roundtable on Community Change.*

I'm excited to be talking to you [the state ECCS teams], because the people in this room play a unique role in our national life today. As the barriers to improving the lives of disadvantaged children become ever larger and more complex, your role as bridge builders, connectors, and systems changers becomes ever more important.

As many of you know, I've written a couple of books about what we know about *what works* to improve outcomes for children and families, especially disadvantaged children and families. And in the last several years I've been part of a team assembling information about *what works*—particularly in early childhood—on a web site, PathwaysToOutcomes.org. It is crystal clear that as a society we know a great deal more about *what works* than we're acting on. And the outcomes we're achieving are far more modest than they would be if we applied the vast knowledge we now have.

So why are we having so much trouble in applying what we know? I think there are two basic reasons.

## **Lack of Public Will is Underfunding Programs that Work**

First is the **lack of public will** that accounts for the underfunding of everything that really matters to families and children who have been left behind. We are continually threatened with deep cutbacks and restrictions in child care subsidies, preschool, and family support appropriations. We continue to struggle to pay child care staff a living wage and to fund our schools decently. We continue to be alone among industrialized countries in our failure to enact national health insurance. And while we know that affordable housing and residential stability promote school achievement and attachment to the community, public policy puts affordable housing increasingly out of reach.

It seems to me that too many of our fellow Americans have become convinced that nothing we do together really works, especially if it is to be done through or in partnership with government. Columnist William Raspberry has written that you don't have to be mean-spirited to turn your back on social problems—you just have to believe that nothing can be done to solve them.

## Personal Responsibility Compatible with Societal Obligation

In addition, we have become very confused about what are **societal** responsibilities and what are **personal** responsibilities. Rush Limbaugh says that if you don't make it in America, it's your fault—and many of our fellow citizens agree. The media contribute to this individualistic perspective. In their efforts to produce compelling narratives, they put the spotlight on individual behavior, even when the damage they report is clearly the result of societal forces.

The convenient conclusion is that the supports that all families need—especially the responsible families trying to raise responsible children in tough neighborhoods—can be met exclusively through the marketplace. Tales of how French families approach the birth of a baby knowing that the needed health and home visiting and child care services will be met as a matter of course fall on deaf ears because of our individualistic beliefs about the causes of poverty and school failure. These are beliefs that make the public ambivalent about the early childhood programs and other societal interventions that promise to improve outcomes for kids who grow up at risk. So it should not come as a surprise that we allow Early Head Start, with its proven effectiveness, to reach less than 5 percent of eligible children. Social responsibility is not an alternative to family and individual responsibility; both are essential components of healthy family, neighborhood, and societal development.

## Improving Chances for Children's Future Success Takes Hard Work

The second reason we're not acting on what we know is that **so much of what's missing and what needs to be done is really hard to do.**

The outcomes we're after—a nation of children who are healthy and thriving and ultimately contributors to a society they feel valued by and connected to—are really difficult to achieve within the ossified structures in which we work. They are unlikely to be achieved one program at a time—or even one system at a time.

The people in this room may not be the only ones who understand that. But you may be unique to be working under auspices that don't demand that you slice everything into ever smaller and more isolated pieces—pieces that may make sense to administrators drawing organizational charts, and funders making categorical grants and appropriations, but pieces that don't match the messy needs of real children and families. Instead, you are actually working under a mandate to put together what works.

In his book, *Health Promotion Planning: An Educational and Ecological Approach*, Professor Larry Green tells the story of how efforts to reduce cigarette smoking became one of the most successful public health stories ever. He says that the precipitous decline of smoking in this country came only after the field shifted from seeking the magic bullet in the circumscribed but proven individualized interventions, to undertaking much more comprehensive and complex community- and population-based interventions that were harder to implement, much harder to measure and evaluate, but ultimately proved vastly more effective.

Another success that tells a similar story is the 30 percent reduction in teen pregnancy since 1991. It happened in part because new and more convenient forms of family planning became available and accessible, but also as a result of changing norms that were the product of highly effective media campaigns, community-based programs like Plain Talk, and school- and community-based efforts to inform and educate youngsters and to attract them to alternative ways of spending time by providing a comprehensive mix of academic supports, arts, sports, health care, and service opportunities.

Although we don't have the same kind of success stories yet when it comes to low birth weight, substance abuse, child abuse and neglect, and school failure, my guess is that when we begin to document significant reductions in those areas, the story will be similar: there won't be a single magic bullet, but a complex array of synergistic interventions that will combine to produce the results we seek. **Which is why your work as bridge builders, connectors, and systems changers is so crucial—and so hard.**

### Successful Strategies are Complex, Comprehensive, Synergistic

It's hard in part because when you leave the safety of replicating individual programs that have been proven successful by elegant experimental evaluations, you have to turn to other ways of determining what works.

It's also hard because the money, the training, the construction of the knowledge base—they're all done in silos, they're all categorical. And when you try to cross those boundaries—to get the missing mental health expertise injected into child care centers, or the child development orientation into the child welfare system, or the parent support center to connect families to medical homes or to partner with the drug treatment program—you're pushing a mighty boulder up a very steep mountain.

But the landscape is not completely bleak. We can't forget that there is a bureau in the U.S. Department of Health and Human Services that authorized you to push that boulder up the mountain, and even put some money into providing you with technical assistance to enhance your strength. So, given that you are in the rare position where you are *supposed* to help solve some of the most intractable problems that are inherent in our human services systems, what have we been learning over the past decade or so that you can draw on?

I would like to suggest four lessons:

- 1) Be clear about the **purposes** of our work.
- 2) Create and sustain the **partnerships to achieve** these purposes.
- 3) Be willing to be **held accountable** for achieving those purposes.
- 4) **Embrace systems change**—not for its own sake, but because systems operate to make possible and support—or to sabotage and undermine—the work that changes outcomes for children and families.

I want to talk about each of those lessons in turn.

*Many new opportunities to strengthen protective factors have come into focus just in the last decade. Increasingly there is consensus around the proposition that “What determines whether child maltreatment will take place is the balance of stressors and supports.”*

## Be Clear About the Goals

**We have to be clear about the purposes of our work—about the outcomes we are trying to achieve for children and families.**

Once we accept that it is futile to search for a single silver bullet to produce results, once we agree that we have to work broadly, with partners, across disciplinary domains and helping systems, an outcomes orientation is essential.

An outcomes orientation, which is basically a problem-solving mindset, a focus on results, drives both funders and program people to think more realistically about the connections between investments and outcomes, and it clarifies how often the best results come from the effective implementation of a combination of several promising interventions that, in isolation, would have little effect.

A focus on results means asking, how are kids and families doing? Does the neighborhood feel safer? It becomes a way of taming bureaucracies and overcoming the climate in which all concerned are so eager to eliminate the possibility that public servants will do anything wrong, that managers tie the hands of front-line staff and make it virtually impossible for them to do anything right.

A clear focus on results also drives both funders and program people to think more realistically about the connections between investments and outcomes. It promises (or threatens, in the eyes of some) to end a conspiracy of silence between funders and program people by exposing the sham of asking service providers, early childhood educators, families, and community organizations to accomplish massive tasks with wholly inadequate resources and tools.

## Create and Sustain Partnerships

**A focus on outcomes also illuminates a second lesson, the importance of forging and sustaining ever more effective partnerships.**

High rates of school readiness, for example, are the result of interventions in the domains of health, nutrition, supportive home and child care environments, connections to effective supports and services, and safe, strong neighborhoods. No one agency or organization can provide all that. It simply can't be done without creating partnerships among an enormously varied collection of stakeholders.

Or take another example, the prevention of child abuse. There was a time, not that long ago, when the assumption of most social policy experts was that child abuse prevention efforts consisted primarily of services provided by professionals. Hardly anyone thinks that way today, because it is clear that many families lack the most rudimentary supports to meet their needs for food, shelter, health care, and social connections. The common sense recognition of the importance of meeting basic needs, of supportive neighborhoods and social bonds, and of community efficacy, have all been confirmed by research. Many new opportunities to strengthen protective factors have come into focus just in the last decade. Increasingly there is consensus around the proposition that “What determines whether child maltreatment will take place is the balance of stressors and supports.”

The greater focus on the supports and services that strengthen protective factors cannot, however, be allowed to obscure the fact that many families need services that are intensive, long-term, involve extensive efforts to retain and follow families, provide interventions aimed at two generations simultaneously, and require highly specialized professional expertise. The services most needed by these families will never be provided exclusively by supportive neighbors, by the child welfare system, or by any other single system, because they include at least

- Treatment for substance abuse
- Treatment of maternal depression
- A response to domestic violence
- Services to promote child development for high-risk children
- Support for parents who were themselves abused as children

Whenever we do a deep analysis of what it takes to change outcomes, we find the need for a wide array of partnerships that must be created and sustained.

## Be Held Accountable for Achieving Goals

Of course it is not enough to agree on the outcomes we are working toward, and to create the partnerships that will allow us to achieve them, **we also have to be willing to be held accountable for achieving those outcomes.**

To be credible when we tell our story to the skeptics, we have to be ready to document results—results the public cares about. Trying hard is no longer good enough—not for a skeptical public, for beleaguered legislators, and not for hard-working practitioners and managers who desperately want to make sure they’re making an impact, and who want to be able to modify their activities if they’re NOT making an impact.

The task of demonstrating results is made much more complicated by the fact that no program or system can achieve valued outcomes alone. We all subscribe to the rhetoric: it takes more than child welfare services to keep children safe, it takes more than the police to keep neighborhoods free of violence, it takes more than high-quality child care and preschool programs to get children ready for school, it takes more than family support services to strengthen families, and it takes more than doctors to keep children healthy. But when it comes to

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documenting the results of our efforts, it's suddenly as though one single program—or at least one helping system—could alone produce the desired outcome.

So if the outcomes we're working toward require contributions from many stakeholders, we have to be content to measure multiple contributions, no one of which can legitimately claim responsibility for changing life trajectories or community conditions. If we improve outcomes by connecting families to services and supports, by connecting programs and services to one another, by finding and filling gaps, by assuring continuity of supportive experiences, and sometimes by encouraging the creation of new institutions—then individual programs can't be the sole unit of analysis, accountability, and intervention. We cannot march program by program into the better future we seek. “What works” to achieve better outcomes for a community is a broader, more complicated question than “what programs work.” This deeper, more contextual mindset can be useful in clarifying the limits of individual programs, and in illuminating the potential synergy in the work that occurs in several different domains and that we must measure across domains.

### **Measure Success with Child Well-Being Indicators**

Now if measuring outcomes across domains weren't hard enough, we also have to agree on **indicators**. And here we have to overcome another set of obstacles. These include:

- **Obstacle 1.** The immense gap between what communities want for their children and families and what we know how to measure.
- **Obstacle 2.** Controversies about which are the most significant and reliable indicators of progress. (Is a 4-year-old's capacity to trust adults more or less important than being able to recognize 10 letters?)
- **Obstacle 3.** The difficulty of extracting reliable and comparable information from the patchwork of local, state, and federal data collection systems. Even when relevant local data are collected, they often are hard to obtain from the agencies that collect them in a form that makes them useful to community-based groups that are trying to change outcomes.
- **Obstacle 4.** Data are seldom collected for the populations that community-based efforts seek to affect. Much more data is collected and available at the national and state levels than the local level. Even local data generally aren't collected for neighborhood populations. In addition, data collection is more often designed to reflect larger long-term trends than the impact of intentional efforts to change lives.
- **Obstacle 5.** Lastly, there is confusion between outcomes and processes, between means and ends. Certainly process measures play an important role in documenting progress before outcomes can be expected to change, but we must resist the temptation to think of them as outcomes. In the scramble for evidence, process measures become substitutes for



outcome measures because they provide comforting evidence of activity—they demonstrate that something is happening. The fact that many agencies are participating in a new coalition may be the product of a great deal of effort, and it may predict future success in changing lives, but is not in and of itself evidence that children and families are better off.

These obstacles are real, and they are formidable. But they can be overcome if we keep a few caveats in mind:

- We have to make sure we don't focus on just one measure—that risks distorting the picture.
- We have to make sure we don't measure what we're not going to use, or what's too hard to understand.
- We have to make sure we don't measure things that don't matter just because they're countable.
- We have to be constantly on guard against working only toward outcomes that are easily measurable. It is perfectly legitimate to strive toward short-term process outcomes that are easy to document—as long as we're explicit about our assumptions of what contribution they make in achieving outcomes that affect real-world lives.

## Embrace Systems Change to Really Change Children's Lives

The fourth lesson from the last decade of experience is about systems change. We have to **embrace the need for systems change**, and get really good at bringing it about, not for its own sake, but because systems operate to make possible and support—or to sabotage and undermine—the work that changes outcomes for children and families.

The outcomes we are after depend on more than good front-line practice and strong connections; they are also determined by powerful economic, social, political, fiscal, and regulatory forces far outside local control.

For instance, one of the truths we now know about effective programs is that they are typically characterized by flexibility, front-line discretion, and responsiveness to a wide and sometimes messy range of issues. Sister Mary Paul Janchill, founder of the Center for Family Life in Sunset Park, Brooklyn, New York says that an essential component of the Center's approach is that "No one here ever says this may be what you need, but it's not my job to help you get it."

Effective programs see children in the context of their families and families in the context of their neighborhood, and place a high priority on creating respectful, trusting relationships. Still, many of the systems on which high-risk children and families depend seem quite oblivious to these subtleties. That's why the best people on the front lines are fighting every day to do what they know works, against the pressures designed to move them in exactly the opposite direction.

Many of the people who run successful programs will tell anyone who will listen about their constant struggle to swim upstream. They say that every day they have to be willing to break or bend the rules in order to get the job done. And they can do that—they can do it by

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stealth—while they are running pilot programs that remain small and operate at the margins. But when they attempt to scale up—especially as they harness public programs and public funds—they are confronted by rules and regulations and funding realities and mindsets that end up destroying or diluting the very attributes that made the original model successful.

If relationships are a critical ingredient of effectiveness but funding realities don't allow staff to spend the time it takes to create and cultivate those relationships, if protecting children from harm is the program's purpose, but the auditor counts only whether the forms got filled out and the required documentation was filed on time, then we shouldn't be surprised if model programs get terrific results only while they're operating in the hothouse.

Unless we are prepared to rely forever on wizards who are some combination of Mother Theresa, Machiavelli, and an honest CPA—we have to pay more attention to the policy and systems context. By making that context more hospitable to what works, people with their hands on the levers of systems change could assure that more talented people and more mobilized communities could act on what we know about improving outcomes for large populations of children and families.

The people in this room [the state ECCS team members] are in the best possible position to create both the horizontal and vertical alliances that can partner in the hard work of making the policy, funding, and systems contexts hospitable to what works. In addition to the peer learning that is undergirding your horizontal alliances, there is an enormous potential to be realized by new vertical alliances between program people who know what needs to be done, and the people who can influence policy because they have access to the levers of policy change, and thereby begin to change the rules that govern how accountability is maintained, how the money flows, how much money flows, and how the regulations are written.

But it won't be enough to strengthen the links between program people and policy people, although that is essential. It is my impression that in many states, there is a serious missing piece at the local community level, as we try to move from fabulous demonstrations to worrying about reaching all the children and families who need to be connected to high-quality services and supports. Often there are no local entities capable of applying a public health, population-based, place-based mindset to an assessment of what is there and what is missing. To the extent that you are able to draw attention to and help fashion such missing links, I suspect you will be performing a function that no one else is even contemplating.

## **Move Beyond Experimental Evaluations to Assess Success**

Before I close, I want to take up one more set of issues that I think you have to grapple with, and that has to do with how you—and the whole human services and early childhood

fields—will learn from the experiences you are accumulating. As I have touched on, and as you know, the kinds of random assignment, experimental evaluations that are proving so valuable in establishing the effectiveness of programmatic interventions are not so useful in assessing and understanding the critical aspects of your work.

The kind of interventions that you are developing, and that cannot be appropriately assessed by experimentally-based research methods, are looming as increasingly important.

A recent review of award-winning innovations in American government\* stressed the importance of “approaches that go beyond replicating programmatic innovations...[to] make a dent in apparently intractable problems.” These problems, the review found, “often involve complex relationships across multiple causes and effects” that require connections “among efforts aimed at physical and mental health, housing quality and affordability, family stress, availability of employment, and family income.” Not only is it almost impossible to assess the effectiveness of these innovations using experimental methods, but the circumstances vary so significantly across communities and states, that the generalizability of findings is severely limited. It is possible to learn about the principles that make these complex initiatives successful, but not at the level where faithful replication or “fidelity to the proven model” is a realistic option.

The promising prevention efforts that do not lend themselves to experimental evaluations tend to have several of the following attributes:

- They are multi-faceted and interactive, and both horizontally and vertically complex.
- They are continually evolving in response to unique community needs and opportunities.
- They rely on the active involvement of committed individuals, on informal services, and on other aspects of implementation that are hard to capture.
- They require unique responses to specific community circumstances, including current and missing connections among programs, systems, and funding sources.
- Their contextual issues (such as economic forces, and policies and funding practices that determine effectiveness) often overwhelm issues of program operations that are under the control of the implementers of circumscribed interventions.
- They require policy or practice or resource decisions before experimental evaluations become available.

Credible evidence of effectiveness can be attached to such interventions if they are found to have at least the following characteristics:

- A basis in strong theory that has validated evidence.
- A converging accumulation of empirical evidence of effectiveness from similar or related efforts that may not rise to the level of causal proof.
- Consensus among informed experts based on a combination of theory, research, and practice experience.

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\* See Golden, Olivia. (2006). *Overcoming barriers to success in the public sector: Lessons from the 2005 Innovations finalists*. Washington, DC: Urban Institute <[www.urban.org/uploadedpdf/1000978\\_overcoming\\_barriers.pdf](http://www.urban.org/uploadedpdf/1000978_overcoming_barriers.pdf)>.

## Use Mental Mapping to Evaluate Effectiveness of Prevention Interventions

The Pathways Mapping Initiative, which I head, has been working on developing an approach that allows us to assemble a pool of knowledge about this category of intervention. Our approach to harvesting the extensive and growing body of knowledge in this arena is built on a process we call “mental mapping.” Mental mapping is somewhat similar to the Consensus Conferences convened by the National Institutes of Health. Both are attempts to move beyond reliance on isolated pieces of evidence and a narrow range of interventions that have proven their effectiveness. Instead, the mental mapping process systematically applies reasonable judgments and plausible interpretations to a preponderance of evidence culled from accumulated experience and from theory as well as from research.

The answers that surface in this consensus process of relying on information from many different sources and many ways of knowing do indeed turn out to be different from the answers one would come up with just looking at the formal research.

For example, the school readiness mental mapping group pointed up the social isolation of families with infants and young children, which emerges from both research and practice as a major risk factor for rotten outcomes for young children. But the research that has assessed interventions that have sought to reduce isolation—such as family support centers and family support services and many kinds of home visiting—has typically not found improved outcomes for either parents or children. Efforts to reduce social isolation therefore don't appear on the screen when we look for proven interventions to increase rates of school readiness.

So I would encourage you, in the course of your peer-to-peer learning, to use an inclusive approach to what counts as knowledge, so that when it comes to the connecting, bridge-building, and cross-systems work that you do, we would learn about “what works,” but not by making oversimplified yes/no, success/failure judgments, but by building a richer body of information about strategies that are plausible and promising, as well as those that are proven. By applying intelligence and judgment to understand existing research and experience, we can construct a more usable knowledge base. We would acknowledge the preeminence of local decision-making, encourage local initiative, imagination, and adaptation, and refrain from prescribing solutions. At the same time, we would not dismiss the existence of centrally available expert knowledge, and make this knowledge available in ways that will ultimately be able to inform and guide choices among plausible options and strategies.

In closing, let me say that we meet at a time of renewed urgency around the fate of those who are totally disconnected from America's prosperity. But there is also a new sense of possibility, in part because we have such a rich array of knowledge about what works.

We must act on what we now know, so that every family can live in safety, comfort, and stability, and that all our children can grow up with a realistic stake in the American dream.

I wish you strength in your efforts toward that end.