

Making the Case: *Why Prevention Matters*

Across the nation there has been great progress in work to improve the health and well-being of children. But the turbulent economy and the budget cutting that has come with it threaten to derail efforts to prevent child abuse and neglect at a moment when it is needed most. If the work that has done so much for children is to continue and to grow, it is important to show that it yields benefits on many levels—for children, their families, and their communities. Consistent decisions to support the needs of children are at the heart of a bright future. The information offered in the “Why Prevention Matters” series will help those working so hard to improve the lives of our youngest citizens.

A Better Future for America, A Better Future for America’s Children: Strengthening our Capacity to Prevent Child Abuse and Neglect

– *Lisbeth B. Schorr*

Author’s note: Over the last decade, we have learned – through both research and experience – the significant long-term economic and social impact of reducing the incidence of child abuse and neglect. We also have learned a great deal about “what works” in prevention. We are now in a position to sustain “what works” and to build on what we’ve learned to achieve significantly improved outcomes. We can now design and assess policies, strategies, and programs that will be increasingly effective, despite current economic constraints.

What follows are four lessons learned that will help legislators and other public officials, funders, service providers, community coalitions and advocates take advantage of today’s unprecedented opportunities to prevent child abuse and neglect.

1. The best place to start is to agree on results. Agreement among stakeholders on desired outcomes for children, families and communities smoothes the way to:

- A. Identify the strategies and program designs likely to achieve the agreed-upon outcomes. To satisfy demands for accountability and the need to understand the effectiveness of our work, we must be explicit in identifying the assumed, though not always proven, connections between the strategies we select and the outcomes we seek to achieve.
- B. Identify the policies that must be in place to support these strategies and program designs. A hostile regulatory, funding and accountability climate can seriously undermine “what works” at the front lines. Unless we’re prepared to rely forever on wizards who can beat the bureaucracies and the dysfunctional regulations and funding practices because they are some combination of Mother Teresa, Machiavelli and a CPA, we have to pay more attention to the context. By identifying the elements of the policy and systems context that are essential to making policies and systems more hospitable to “what works”, we could assure that many more talented people are mobilized communities could act on what we know to change outcomes for large populations of children and families.
- C. Develop the theories of change that connect the policies, strategies, and programs, with the agreed-upon outcomes. By drawing out the underlying assumptions about how the selected actions lead to the desired change in outcomes, the creation of theories of change can bring clarity to the change process. Theories of change also provide a way of measuring progress in the daily work of prevention before the long-term outcomes are in, and a way of illuminating the effects of interventions as they impact individuals, families and neighborhoods.

2. The selection of indicators to measure progress must be seen as a major undertaking, and done with great care.

Done well, the indicators will establish baselines and trend lines, will provide public and philanthropic funders information on which to base investment decisions, will allow managers to continually improve effectiveness, will help in putting the issue on the advocacy and policy agenda, will maintain accountability, and will make it possible to compare effectiveness among preventive interventions. The objective is to assure that what gets measured is the most authentic possible representation of what citizens and policymakers value as they consider the results of their investments. This is extremely hard, and takes a lot of work because:

- Few indicators neatly and precisely match the desired outcomes.
- Most agencies and organizations face intense pressure to document quick, visible results from their own efforts.
- Different stakeholders use data for different purposes and have different data needs.
- Managers want to be able to respond to funders who are interested in impact beyond individual families and programs, while practitioners want to respect particular and non-generalizable goals of individual families.

3. To achieve better outcomes on a large scale for the children and families most at risk, it is not enough to rely on spreading what has been shown to work in the past.

Rather we must analyze past successes – and failures – to generate new hypotheses, and new solutions. We must build on “what works” by seeing proven programs and best practices as a starting point, not a destination. We must improve the design and implementation of successful interventions as they are scaled up to increase the magnitude of their effects for entire populations.

4. Evaluations must be purpose-driven. To provide useful information on prevention efforts, the methods to assess “what works” and what is cost-effective must fit the purpose of the evaluations and the nature of the interventions we seek to learn about.

We need a range of measures and analysis, all of which must be rigorous and reliable, so that we can match how and what we measure with what we need to know. The push for evidence and accountability is immensely useful unless evidence is defined so narrowly that only numbers that come out of randomized experiments are considered credible. Other methods can encompass the knowledge and practice that can be harvested from experience, and be more relevant in obtaining usable information about preventive interventions that tend to be complex, interactive, evolving, and must be adapted to unique local circumstances. These methods must be based on strong theory, drawing on research and practice to connect interventions and results. They must also reflect a robust, quantifiable set of findings from empirical outcome data that establish, beyond a reasonable doubt, that the observed change has a high probability of being the result of the practices, strategies and programs under consideration.

About the Author

Lisbeth B. Schorr is a Senior Fellow at the Center for the Study of Social Policy, and Lecturer in Social Medicine at Harvard University. She has woven many strands of experience with social policy, community building, education, and human service programs together to become a national authority on “what works” to improve the future of disadvantaged children and their families and neighborhoods. Most recently, Ms. Schorr’s work has been focused on efforts to broaden the conventional understanding of evidence as applied to the design and evaluation of complex initiatives and to promote a results orientation to the reform of social policies and programs.

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Q. What Is the Basis for Your Claim That Today We Have Unprecedented Opportunities To Prevent Child Abuse and Neglect?

A. There is far greater knowledge about “what works.” Much of our prevention work is supported by a national Administration that encourages social innovation and social problem solving, and by philanthropies that have become much more intentional about their support of prevention. There is much wider understanding that abuse and neglect have grave consequences for individuals, families, and society, that expenditures made now can stave off future problems that cost more than the prevention efforts, and that all that can be done to promote child, family, and neighborhood well-being aligns powerfully with what can be done do to prevent child abuse and neglect.

Q. Why Do You Believe That the Fulcrum around which Communities and Agencies Should Organize Is to Agree on Results?

A. The rigorous pursuit of agreed-upon results for children and families is a formidable and sustainable force for change because it allows multiple stakeholders to focus on common goals and aspirations for prevention that bridge diverse constituencies and points of view. It encourages collaboration across professional and political boundaries and mobilizes joint action. It helps to maintain coherence and accountability among multiple efforts over time.

Q. Why Is It Important To Identify the Strategies and Program Designs Likely To Achieve the Agreed-Upon Outcomes?

A. Deborah Daro and Anne Cohn-Donnelly, in their history of child abuse prevention, say that once people figured out that child abuse and neglect had many and varied causes, the response was “let a thousand flowers bloom.” Everyone could have a program, everyone had a role to play, and no program was judged more effective than any other.

That era is over. Trying hard and heart-warming anecdotes are no longer good enough. But today much more is known, not only about the effectiveness of individual interventions; but also about a range of effective interventions that respond to the growing consensus that: “What determines whether child maltreatment will take place is the balance of stressors and supports,” the balance between risk and protective factors.

To satisfy demands for accountability and the need to understand the effectiveness of work that is done, it is important to be explicit in identifying the assumed, though not always proven, connections between the strategies that are used and the outcomes that are sought.

Q. Why Should All Stakeholders Be Concerned about the Policies That Must Be in Place to Support the Strategies and Program Designs That Are Chosen To Achieve the Agreed-Upon Outcomes?

A. The policy context can be decisive. A hostile regulatory, funding, and accountability climate can seriously undermine “what works” at the front lines. The structures and institutions within which initiatives operate often destroy the very attributes that accounted for demonstrations that were initially successful.

The importance of context is recognized most sharply by practitioners. People who run successful programs are full of stories about their constant struggle to swim upstream, about how they have to be willing to break or bend the rules in order to get the job done. They can do that by stealth while they are running pilot programs that remain small and operate at the margins and with special funding. But when they attempt to scale up, especially as they try to reach more people and make use of public funds, they are immediately confronted by rules and regulations and funding realities that can destroy or dilute the very attributes that made the original model successful.

Unless those who work on prevention issues are prepared to rely forever on wizards who can beat bureaucracies, dysfunctional regulations, and funding practices because they are some combination of Mother Teresa, Machiavelli and a CPA, more attention must be paid to the context. By identifying the elements of the policy and systems context that are essential to making policies and systems more hospitable to “what works”, many more talented people and mobilized communities could act on what is known will change outcomes for large populations of children and families.

Q. Why Is It Useful To Develop Theories of Change That Connect the Selection of Programs and Strategies, and the Reform of Policies, with the Agreed-Upon Outcomes?

A. By drawing out the underlying assumptions about how the selected actions lead to the desired change in outcomes,

the creation of theories of change can bring clarity to the change process. Often differences that seem to be about ideology or effectiveness are really just different ideas about the process that will lead to change, though unspoken and unquestioned.

Theories of change also provide a way of measuring progress in the daily work of prevention before the long-term outcomes are in, and a way of illuminating the effects of interventions as they impact individuals, families, and neighborhoods

Q. Why is the Selection of Indicators to Measure Progress a Major Undertaking That Must be Done with Great Care ?

A. In selecting measurable indicators (to measure long-term results, interim milestones of progress, and community capacity to achieve the stipulated results) the objective is to assure that what gets measured is the most authentic possible representation of what citizens and policymakers value as they consider the results of their investments. This is extremely hard, and takes a lot of work, to do well because:

- Few indicators neatly and precisely match the desired outcomes
For example, reduced rates of children coming into or re-entering the child welfare system is of great interest to the public, even though it is a somewhat flawed measure because (1) not all entries into the child welfare system are negative events; (2) it is not always easy to distinguish between appropriate and inappropriate entry; and (3) the forces that determine rates of entry into the system often are arbitrary and easily biased, and probably only loosely related to the actual incidence of damage to children.
- Most agencies and organizations face intense pressure to document quick, visible results from their own efforts, even though the desired outcomes that matter most are difficult to quantify and vulnerable to factors outside their control; valued outcomes typically can only be achieved through the efforts of multiple organizations and agencies; and can often only be achieved over a long period of time
- Different stakeholders use data for different purposes and have different data needs
- Managers want to be able to respond to funders who are interested in impact beyond individual families and programs, while practitioners want to respect particular and non-generalizable goals of individual families.

For example, a family support center wants to celebrate the victory of a depressed mom becoming part of a social network or leaving her house for the

first time in months to register her kids for child care, while funders want to know whether she has been placed in a good job.

Q. To Achieve Better Outcomes on a Large Scale for the Children and Families Most at Risk, Why Not Rely Simply on Spreading What Has Been Shown to Work in the Past?

A. Relying only on past interventions that have been shown to work is severely limiting. Interventions that can be proven to work tend to be circumscribed and programmatic. But when the need is to change systems, or to spread a model program that cannot be cloned but needs to be adapted to respond to unique local needs and circumstances, or to affect a whole community's norms, then it is not possible to choose only among interventions that have been shown to work in other contexts.

In the January 2010 issue of *Child Development*, Dr. Jack Shonkoff points out that even good programs are not having the magnitude of effect needed to change outcomes on a large scale for the children and families most at risk. When successful programs have been taken to scale, they typically have at best modest results; they often don't reach or retain the hardest to help. If we want to do better for these populations we cannot simply rely on spreading what has been shown to work in the past. Rather we must analyze past successes – and failures – to generate new hypotheses, and new solutions.

For example, while we know that the Nurse Family Partnership has been successful with defined populations, it will require innovations and experiments to learn how home visiting can be combined with more intensive services and supports for mothers who are deeply depressed and families involved with substance abuse.

Q. Why Should Evaluation Methods Vary with the Purpose of Evaluation? Aren't Evaluations Involving Randomized Experiments Always Superior to Other Methods?

A. A range of measures and analysis are needed, all of which must be rigorous and reliable, so that how and what is measured can be matched with what needs to be known. The approach to what counts as credible evidence must be sturdy enough to lead to continual program improvement, AND must document impact in ways that funders can rely on.

The push for evidence and accountability are immensely useful unless evidence is defined so narrowly that only numbers that come out of randomized experiments are considered credible. But not everything that's worth doing can be proven effective.



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