



Bold Steps for Children

The Santa Clara County Children's Summit

Keynote Address

Lisbeth B. Schorr

January 31, 2008

I'm excited to be talking to you, not only because I love being back in California, but because of the people in this room that I'm talking to. With your Children's Agenda you represent uncommonly high aspirations, and seem to be on the brink of uncommonly high accomplishments. Your intentionality, as captured by your **ONE VISION, THREE GOALS, TEN INDICATORS**, puts you way out in front of similar efforts around the country.

As the barriers to improving the lives of disadvantaged children become larger and more complex, your commitment to a focused, integrated, cohesive effort to improve children's lives becomes ever more important. You are writing a new chapter in solving problems that have historically been considered intractable by upending past patterns of helping efforts that have typically been isolated from one another, incoherent, sporadic, unstable, unsustainable, lacking continuity or progression *and not linked to outcomes*. You are pioneering efforts that would take us from a panoply of piecemeal programs and single silver bullet strategies to forging coherent connections that will work synergistically to improve outcomes.

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 an effort, the Pathways Mapping Initiative, that has assembled information about *what works* – Pathways to the outcome of school readiness and early school success, to the successful transition to young adulthood, and to the reduction of child abuse and neglect. 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.

First, is the **lack of public will**, which accounts for the underfunding of everything that really matters to families and children who have been left behind. Now it's true that California was able to buck this trend when it passed Prop 10 and set up First Five, but even in California, sustaining these efforts is an on-going challenge. Nationally we are continually threatened with deep cutbacks and restrictions in child care subsidies and family support appropriations. We continue to struggle to pay child care staff a living wage and to fund our schools decently. The US continues 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 other crucial children and family outcomes, public policy together with market forces 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.

That is why I am so excited about our current political campaign, which is at last provoking the discussion about the possibility of big changes, of the possibility that government can act effectively and ambitiously to solve heretofore unsolved social problems.

An additional reason for the difficulty in mobilizing public will is that 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 – whether it's the behavior of an abusing parent or an overworked caseworker, even when the damage they report is the result of societal and institutional forces.

The convenient conclusion is that the supports that all families need -- especially the families trying to raise responsible children in tough neighborhoods -- that the challenges they face are ultimately just personal challenges, to be met through the marketplace. Yet we know that the truth is not **either** personal or social responsibility, but **both-and**. 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 in this country 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 % of eligible children.

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, or a county, 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 most of us 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 in a county and 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, Kids in Common virtually mandates a climate in which you are expected to work to put together what works.

In his book, on HEALTH PROMOTION PLANNING, Professor Larry Green (UCSF) tells the story 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, 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 efforts to engage all segments of the community to work together coherently as bridge builders, connectors, and systems changers is so crucial – and so hard.

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 move into the world beyond individual, circumscribed programs and have to use 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. Here in Santa Clara County, the leadership and support of Kids in Common has created the environment for solving some of the most intractable problems in our human services systems.

In this propitious climate, let me quickly review the highlights of what have we been learning around the country over the past decade or so that you can draw on as you continue to strengthen your capacity to improve outcomes for vulnerable children, youth and families.

I would like to suggest five lessons:

- First, we have to be clear about the **purposes** of our work, the outcomes we are trying to achieve
- Second, we have to be willing to be **held accountable** for achieving those purposes
- Third, we have to create and sustain the **partnerships to achieve** these purposes,
- Fourth, we have to move audaciously into **the world beyond programs**, and
- Last, we need the capacity to take **community-wide responsibility** for assuring that the actions that will lead to the improved lives will actually happen.

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

1. 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. This is a lesson that you have clearly incorporated in your work, as you have agreed not only on goals, but have taken the important and difficult step of agreeing on the indicators that will tell you about your progress toward these goals.

An outcomes orientation, which is basically a problem-solving mindset, a focus on results, drives all stakeholders 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 clear focus on results drives both funders and program people to think more realistically about the connections between investments and outcomes. It promises to end a conspiracy of silence between funders and program people by exposing the sham of asking service providers, institutions and community organizations to accomplish massive tasks with wholly inadequate resources and tools.

Even more important, a focus on results means asking, how are kids and families actually doing, rather than simply measuring how many we're serving or how much money we're raising or spending. A focus on results becomes a way of taming bureaucracies and overcoming an atmosphere 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. The results focus becomes all the more important when the inputs are subtle and hard to measure – as they are in programs that put a high priority on relationships and trust building, on partnering with program participants, and on front-line flexibility and discretion so that they can be responsive to a wide and sometimes messy range of issues.

Those of you working in the front lines are well aware that many of the urgent social problems families face – indeed, that societies face – aren't going to be solved by the prevailing bureaucratic behavior of people operating out of bureaucratic settings, because bureaucratic behavior can't transform human behavior. Transformation requires trust. Over and over again, we hear from participants in effective programs that they develop trust when they learn that staff will not betray or abandon them; when they see staff going above and beyond the call of duty; when they push the boundaries of their job descriptions. An obvious show of caring and a whatever-it-takes stance are important signals to participants that this time it will be different from previous experiences characterized by excessive formality and social distance.

- **Sr. Mary Paul:** “No one here ever says this may be what you need, but it's not my job to help you get it.”
- **Homebuilders** –Homebuilders is an intensive, in-home family preservation and reunification program for families with children who are at risk of being removed from home by child protection authorities. The program is designed to assure that families receive whatever services and supports they need to strengthen their parental skills and capabilities, family interactions, children's behavior, and family safety.
- **Youth Build - Going the extra mile**
Dorothy Stoneman, founder of YouthBuild, a job preparation and leadership training program for disconnected young adults -- which gets the bulk of its funding from HUD, says that YouthBuild wouldn't succeed if it didn't encourage staff to go to funerals and hospitals, to give out their phone numbers, and insist they be on call 24 hours a day. She says that protecting this flexibility and discretion from being swallowed up by bureaucratic constraints is one of the hardest parts of her job.

Similarly, demonstrations of group decision-making are showing how systems can adapt and adopt practices that enable people to act unbureaucratically even in bureaucratic settings.

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 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 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. That is why it is so important that we understand the subtle ingredients of effectiveness within an outcomes framework as we try to spread effective practices beyond the hothouse.

2. In addition to agreeing on the outcomes we are working toward, we also have to be willing to be held accountable for achieving those outcomes – and of course, by agreeing on ten indicators, you have already incorporated this lesson in your work.

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 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 able 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, be they charter schools or community health centers -- then individual programs can't be the sole unit of analysis, accountability and intervention. This deeper, more contextual, population-based 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.

Now I know that no one here is so naïve as to believe that documenting outcomes across programs, domains, and even systems, is easy. You will have to continually resist many powerful forces to keep the focus on your ten indicators:

- Doubts will arise because there is always a gap between what communities want for their children and families and what we know how to measure.
- There will always be 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?)
- It's a lot of work to extract 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 trying to change outcomes.
- 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.
- Lastly, there is the 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 forces are real and they are formidable. But they can be resisted if we keep a few caveats in mind:

- We have to make sure -- as you have done -- that we don't focus on just one measure -- that risks distorting the picture.
- We have to make sure we don't measure things that don't matter just because they're countable, and that we don't measure what we're not going to use, or what's too hard to understand;
- When we focus on outcomes that are easily and rapidly measurable, we have to be explicit about our assumptions of what contribution these short-term process measures make to achieving outcomes that affect real-world lives.

3. *The imperative to document outcomes across programs, domains, and even systems, brings us to the third lesson: the importance of forging and sustaining ever more effective partnerships.*

None of us can do it alone. Once upon a time, we thought that school readiness was a matter of high quality child care and preschool programs, period. Or, in slightly more sophisticated settings, we talked about early care and education and universal Pre-K. But when we actually mapped backward from the outcomes we were after, we realized that for children to get on a trajectory to school success requires more. It requires a healthy birth, good interactive developmental experiences at home, in child care and at school, sound nutrition, connections to effective supports and services for young children and their families, and safe strong neighborhoods. Similarly, when we looked at the transition to successful young adulthood, we found that it involved preparation for employment and higher education, expanded labor market prospects, greater opportunities for youth to thrive, belong and engage, as well as effective services and supports for the highest risk youth. **The array of actions that this broad view implies is laid out in the two “Actions Overviews” in your handouts.**

It is absolutely clear that no one agency or organization can provide what it takes to achieve school readiness or the successful transition to adulthood.

It's the same with 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, for two sets of reasons:

- First, because it is clear that many families lack the most rudimentary supports to meet their needs for food, shelter, health care and social connections. 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.” Of course, the greater focus on the supports and services that strengthen protective factors can not 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 any other single system, because they include at least
 - Substance abuse treatment
 - Treatment of maternal depression
 - Response to domestic violence
 - Services to promote child development for high risk children, and
 - Support for parents who were themselves abused as children
- The second reason that the prevention and response to child abuse requires partners other than professionals is that decision-making is vastly strengthened by the participation of family and community members. No one has made this case more eloquently, or provided greater leadership in promoting understanding of this point than your own Judge Len Edwards. He has worked tirelessly to demonstrate and document the superiority of child protection decisions made with the involvement -- at every stage of decision making, from response to reports of abuse, to placement and services -- not only of a variety of agencies, but at least as important, the direct engagement of family and community,

4. The fourth lesson from the last decade of experience is about moving audaciously, not timidly, into the world beyond programs.

Circumscribed, definable, programmatic interventions are important tools in the quest to improve outcomes. Because they lend themselves to rigorous evaluation, they are also more easily identified and replicated. However, if we limit ourselves to individual programs as the sole unit of intervention, we find ourselves severely constrained. We cannot march program by program into the better future we seek. “What works” to achieve better outcomes is a broader, more complicated question than “what programs work.”

Yet, in our desperation to respond to the urgent calls for immediate change, we have become stuck on fixing the isolated pieces that we can get elegant research evidence about. We privilege programmatic fixes while

ignoring the need for more fundamental change. We argue about which program or practice is supported by the more elegant research methodology. We rank programs by the persuasiveness of their research findings, and fail to see that our *program-centrism* has led us to miss so much of what matters beyond programs.

We need to recognize how much of what needs doing is not amenable to the programmatic solutions that are now capturing the bulk of our attention. Whether it's getting more talented, better trained and better compensated staff into the schools and the child care programs that serve the most disadvantaged children, or mobilizing better supports from mental health professionals to consult with home visitors or classroom teachers, or building greater trust between communities and helping institutions, the concrete results of such interventions are not quick and not visible. Often we're not getting to the big issues because we are so captivated by the interventions about which we can get *proof*.

Of course we want to support and learn from the evaluations that will identify effective *programs and projects* that can be replicated and scaled up, but we are in deep trouble if we stop there. Current approaches to assembling and utilizing knowledge, that rely primarily on evaluation findings, don't help us very much in understanding the more far-reaching strategies in **the world beyond programs**.

We have to move beyond programs for three primary reasons:

- Many of the functions that improve outcomes require action across programs, policies, disciplines and systems;
- A powerful, largely unrealized, potential lies in efforts that are geographically focused, synergistic, built on a sturdy infrastructure, but with many moving parts that have to be adapted to very specific local situations, that they will never become replicable programs.
- Lastly, we have to reach beyond programs to systems, because it is the policies and funding of systems that operate to make possible and support – or, to sabotage and undermine -- the work at the front lines that changes outcomes for children and families.

And where do we look for help in figuring out “what works” in the world beyond programs? As you well know, the kinds of random assignment, experimental evaluations that are proving so valuable in establishing the effectiveness of certain circumscribed programmatic interventions, are not so useful in assessing and understanding so many of the interventions that 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 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.

An example of the kind of program that is so promising, so sorely needed, and yet hard to evaluate by traditional methods is Connecticut's **Help Me Grow**, a collaborative effort of the Children's Trust Fund, United Way, Connecticut's Birth to Three System, and the state Department of Education's Preschool Special Education. It is designed to provide a sophisticated, well-informed response to anyone concerned about a young child who may be exhibiting or at risk for developmental or behavioral problems. Because it is a statewide single-point-of-access system, a health professional, child care provider, teacher or parent with a concern about a child's development or behavior can, with a single phone call, access assistance to identify the nature of the problem and be connected to appropriate professional resources and services

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 which 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.

To assemble the pool of knowledge underlying the overviews in your handout, the Pathways Mapping Initiative has developed an approach that allows us to assemble a pool of knowledge about this category of intervention. It 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.

So I would encourage you 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 pre-eminence 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.

A very big part of the work that goes beyond programs is about systems change. ***We have to 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.***

If, as I suggested earlier, effective programs are typically characterized by flexibility, front-line discretion, and responsiveness to a wide and sometimes messy range of issues, we have to change systems to accommodate to that reality – especially if we are ever to go to scale with these flexible programs.

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 must become part of the horizontal and vertical alliances that can partner in the hard work of making the policy, funding and systems contexts hospitable to what works. There is an enormous potential to be realized by new **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.

The last lesson I want to talk to you about is one which you are in a very special, perhaps unique, position, to act on – and have, in many ways, already acted on. ***That is the lesson about the need for a presence that has the capacity to take community-wide responsibility for assuring that the actions that will lead to the improved lives you are committed to will actually happen, and at a level of quality and accessibility that will achieve promised results.***

Others who are trying to move from individual, isolated programs and pilots to worrying about reaching all the children and families who need to be connected to high quality services and supports have been stymied when they find that there are no local entities capable of applying a public health, population-based, place-based mindset to an assessment of what is there, what is missing, and what progress they are making. You are uniquely positioned to fill that hole and to perform a function that few others are even contemplating.

There is little research to draw on that **proves** the proposition that outcomes for vulnerable children, youth, and families would improve if community groups had the capacity to perform cross-cutting functions. However, theory, experience, and expert opinion all suggest that to improve outcomes, communities need the capacity to perform at least the following functions:

- Monitor the availability, accessibility, and quality of programs
- Conduct regular assessments of the needs of vulnerable populations and opportunities for meeting those needs
- Undertake community-wide programming that is orderly, coordinated, and evaluated in reasonable ways
- Help programs and agencies work together to achieve shared goals and to align policies and resources to support and sustain the persons, organizations, and institutions that have regular contact with vulnerable populations
- Build a common outcome frame that can promote bridging and barrier busting across systems and silos at both the state and community level.
- Provide or arrange for cross-program and cross-system staff training and consultation
- Conduct campaigns to affect community norms and beliefs that set high expectations
- Connect to the funders and policy-makers that are responsible for resource allocation and other decisions that support or undermine work at the community-level.

The capacity to assume community-wide accountability for community-wide efforts in a defined geographic area is most important in neighborhoods of concentrated poverty where essential institutions and resources are unavailable or inadequate. In these places, children, youth and families often depend on institutions that fail them, be they in the health, child welfare, child care, family support, mental health or education systems – or non-systems as is often the case.

The odds of favorable outcomes for children in these communities will be substantially improved when there is someone there to take *systemic and place-based* responsibility for setting strategic priorities and advocating for change. This is hard and complicated work. Moreover, the impact on individual lives may not be easy to see or to document in the short term. But when actions in many domains focus on a specific geographic area they can boost each other's effects and produce synergistic results.

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 this is also a time with a new sense of possibility, in part

because we have such a rich array of knowledge about what works – and also, it should be said, because leaders are emerging on the national scene who are, at long last, expanding our sense of what is possible. We must act on what we now know, and even on what we now see as newly possible, 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 salute you for the contributions you are making to building, in Robert Kennedy's words, the communities "where children can play and adults work together and join in the pleasures and responsibilities of the place where they live. I salute you for your efforts "to re-connect the thousand invisible strands of common experience and purpose, affection and respect," which tie us to our fellows and which – ultimately -- will make America more just.

I wish you strength in your efforts toward that end.



Lisbeth B. Schorr is a lecturer in Social Medicine at Harvard University and Director of the Project on Effective Interventions. She founded and directs the Pathways mapping Initiative (PMI), to build a stronger knowledge base about "what works." Ms. Schorr has woven many strands of experience with social policy, 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. Her 1988 book, WITHIN OUR REACH, is in wide use in colleges and universities, and by policy makers, practitioners and advocates for more effective interventions. Her second book, COMMON PURPOSE published by Doubleday in 1997, explores the question of what it would take to assure that successful programs are built upon and expanded.

This document provides the text of Lisbeth Schorr's Keynote Address presented to those who attended the Santa Clara County Children's Summit on January 31, 2008, hosted by Kids in Common.



Kids in Common advocates for policies, partnerships and investments that improve children's lives in Santa Clara County. Children need a strong public voice – a voice that promotes and protects their best interests. Kids in Common is that voice and challenges leaders and decision-makers in our community to act on behalf of children. Our vision: ***All our Children Thrive.***

As the only organization that focuses on systemic change to improve children's lives in Santa Clara County, we convene agencies that care about children's well-being. We advocate for effective investment and policies for children and support the mobilization of public and private resources to meet those needs. We inform decision makers on best practices and champion local implementation. Kids in Common is steadfast in speaking and acting on behalf of children and brings a uniquely qualified perspective that is grounded in research and data. Our work is driven by the question, "Is it good for our children?" The foundation of our work is the Santa Clara County Children's Agenda.

The goal of the ***Santa Clara County Children's Agenda*** is to improve the lives of children by focusing on improving ten indicators of child well-being. The Children's Agenda is a focused, integrated initiative that engages all segments of our community and provides a common vision for our community's children. It forces us, as a community, to move from data to action and to be accountable for how our children are faring.