



REFLECTING ON THE SUCCESS OF NORWALK'S CQI TEAM

History, Key Learnings and
Next Steps

January 29, 2020

Authored by Improvement Assurance Group, on behalf of the Grossman Family Foundation and Norwalk's CQI Team





Overview

The Norwalk CQI team was originally formed in 2011 with the goal of establishing a city-wide system to ensure that Norwalk children enter kindergarten ready to learn. The team was determined to ensure readiness for learning by increasing the number of children who are developmentally on track in their early years. Thus, the focus of establishing a means to effectively screen all children using the Ages and Stages Questionnaire (ASQ) and to provide interventions to any children who demonstrated delays or risk of delay was born.

Designated a state-local partnership, the team is composed of cross-sector members from multiple agencies in Norwalk and is actively growing to include partners beyond the city limits. The Child Development Infoline (CDI) is the state agency and the Grossman Family Foundation has served as the primary funder for the work. The effort is evaluated by the Center for Social Research at Hartford University and is grounded in the work of Norwalk ACTS. Community partners from Family & Children's Agency, the City of Norwalk, Norwalk Early Childhood Council, Norwalk's preschool programs, All Our Kin, Child Guidance Center of Mid-Fairfield County, the United way of Coastal Fairfield County, Norwalk Community College, and Norwalk Public Schools have all been integral in the work thus far. The effort has been guided by the strategic efforts and decisions of a core team, most commonly referred to as, the CQI team.

In light of recent successes in the work, the effort has begun to garner the attention of interested stakeholders both within and outside of Norwalk. As questions regarding the secret ingredients to the team's success and plans for expansion of the effort are raised, the CQI team felt it prudent to take a step back and examine their own evolution and progress. The intent of this examination was twofold:

1. To determine the key levers that have contributed to success in the effort to date;
2. To establish focus areas for next steps as the team works to spread and scale the effort.

Key points related to each of these focus areas are summarized in sections later in this report.



Process

A day long, retreat style session was designed to accomplish the aforementioned aims. Facilitated by Dr. Meghan Velasquez of Improvement Assurance Group, members of the CQI team convened to explore the following questions:

- What has been the history of the effort?
- Within the history, where were there significant moments of advancement and/or setback?
- To what would you attribute the success of the moments of advancement and the struggles in moments of setback?
- How are you defining spread and scale for this effort, now?
- What are the expectations of funders and partners in advancing the work?
- Where should the team direct strategic effort that to further advance the work?

To answer these questions, the team first mapped the history of effort, focusing on the objective and observable actions that took place from inception to present. Then, they identified specific points of success and struggle within the history (Appendix A). Both points of success and struggle were discussed in small and whole group settings to discern themes that cut across as well as nuances critical to each moment identified. These themes and nuances formed the basis for many of the key findings and recommendations captured in the following segments. Finally, the team explored the notion of spread and scale to define shared expectations about the geographical and opportunity boundaries of expanding the work (the definition of spread and scale for this effort).



Key Levers

This section summarizes key findings that resulted from the retreat relative to the purpose of identifying key levers that have contributed to success of the effort to date. These findings are not presented in any particular order as each is significant in its own right.

While these serve to represent the collective conversation that occurred during the retreat, it is best for the team to revisit each lever to ensure consensus about its meaning and determine the most appropriate means of incorporating these lessons into the tool kit and expansion efforts.

1. **Develop a common language.** By ensuring that all partners engaged in the effort share a common language, the ability to participate is level set and clarity is increased. When developing a common language, teams should tend to language that already exists but may not share a universal meaning (e.g. screening), language that describes the work of collaboration itself (e.g. common agenda, guiding team) and language that describes the purpose or intended outcome of the work (e.g. developmentally on track, ready to learn).
2. **Establish clear expectations.** All members engaged in the effort must share an understanding of what it takes to make progress and the expectations that members have of one another. Similarly, they should hold shared expectations of the work to be done or the inputs and activities that ought to occur (e.g. increase the number of completed developmental screeners). The team must also hold a tightly shared understanding what the work is in service of or the result it is designed to achieve (e.g. ensure that children are developmentally on track).

In all three cases, the expectations that team members hold should be made explicit and there must be mechanisms in place to hold one another accountable for meeting expectations. In service of these ends, teams should consider clearly articulating norms and/or establishing a team charter.

3. **Clearly define the hypothesis and value proposition of the work.** The hypothesis should be clearly and consistently articulated. It must tell the story of the through line between the work that the team is doing together and the good that work will lead to. In this case, the hypothesis articulates the connection between increasing the number of developmental screenings using ASQ, the ability to provide interventions when children demonstrate a delay or risk for delay, and ultimately, the ability to ensure that all children enter school ready to learn. Shown visually, the hypothesis articulates that increased screening → interventions → developmentally on track kids → readiness to learn.
4. **Build a culture of collaboration and strong habits of interaction.** In the retreat session, the team consistently pointed to one another and the dynamic of the group as a significant reason for experiencing success. When further unpacked, the “secret sauce” of the team rests in both composition and interaction.

In terms of team composition, it is critical to ensure that all members of the team are engaged in personally meaningful ways and that there is trust and mutual respect among all members. The CQI group explicitly discussed how different the dynamic would be had less committed individuals been ‘shamed or chased’ into participation. Instead, by ensuring that members are

freely permitted to enter and exit the team as their own circumstances and the readiness of the work dictates, members are more invested and engaged. Further, each member of the current team is able to articulate their specific contributions to the team. In other words, they each know how the team benefits from their participation and the effect that a lack of engagement would have on the work. They also are each able to clearly state the connection between success of the collective effort and success in their personal work. They each see “what’s in it for them” and “how they make aligned contributions.”

In addition to the right team composition, the group discovered that establishing a healthy foundation for collaboration was key in realizing success. Setting this foundation includes establishing systems and protocols for collaboration. These may include but are not limited to how the group makes decisions and who is responsible for key tasks such as project management and communication. Consistently following these systems and protocols and holding one another and one’s self accountable to them is critical for success. Finally, the team identified establishing dedicated time to converse and work together as key in ensuring that successful collaboration can take root. All members of the team must protect this time and it is best for it to occur in large blocks that support deep conversation and decision-making.

5. **Thoughtfully engage key stakeholders as the work progresses.** With each success documented in the progression of the work, the team noted that key players were involved. The definition of “key” seemed to shift depending on what needed to be accomplished but forward momentum was consistently marked by having the right people at the table, at the right time, engaged at the right level, with personal purpose.

Building on this idea, the team discerned that depending on the action and what they need to continue moving the work forward, it may be helpful to consider the type of stakeholder that is needed and the right level at which to engage them. For instance, if the team was working to get a new procedure to be adopted they needed the organization’s decision-maker at the table to determine that their team would opt in to the new way of working but then quickly needed to shift to engaging implementers (i.e.: home visitors) directly in fleshing out the details of how the procedure would be embedded into their existing practice. Champions or influencers consistently seemed important to engage although the specific “who” of filling that role should shift to ensure that the champion/influencer holds social capital with other key stakeholders who are pivotal to progress at that moment in time.

6. **Develop a common agenda.** In the spirit of Results Based Accountability and collective impact, the team worked tirelessly to develop a common agenda or “a vision for change shared by all participants that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions (Collective Impact Forum).” By ensuring that ALL stakeholders, regardless of their level of engagement at any one moment, know and have internalized the common agenda, the team was able to build interest and engagement in strategic phases. This allowed a manageable number of people to be involved in the work, enabling the team to test its efforts on small scale, to then refine and improve before tackling the next stage. Further, the common agenda aligns all the efforts of all parties involved and

creates a culture of collaboration instead of competition.

To maximize the common agenda, it should be framed in plain language that is easy for even outsiders to the work to understand. It should be reiterated often and shared widely.

7. **Build infrastructure.** By unpacking the commonalities across successes, the team realized that the infrastructure building they had done was essential to buy-in, especially from one group to the next. Specifically, collective impact teams must tend to creating the conditions, systems and tools that make taking on the work of the common agenda easier and more sustainable than they are without the group in place. In this instance, infrastructure building meant tending to systems for data collection (i.e. embedding the screener into established processes such as K registration and building/sharing data sharing agreements) and creating a win-win through data collection and analysis. The win-win ensured that the team had access to key data and were empowered to make the data they collected (screening results) actionable by consuming it in the visualized form provided by the CQI team. This ensured that everyone was able to link their existing work with the work of CDI and the CQI team.

8. **Ensure there is appropriate capacity on the guiding team.** Specifically, the CQI team hosts four positions that the group determined were pivotal to their overall success. They recommend that these positions be strongly considered as other communities work toward building their own system of developmental screening and tiered intervention. They are the:
 - a. *ASQ Community Liaison*- Success in this role requires building relationships at the implementation level and working directly with community partners to embed the work/expectations of the initiative in their regular practice. The person filling the role should be able operate with a high level of integrity and autonomy and should be someone who is able to quickly make connections between the actions and outcomes of the collaborative effort with this conditions and context of partners' local realities.
 - b. *Project Manager*- Success in this role is dependent upon the ability to manage people and tasks across organizations. The project manager plays a vital role in ensuring that all of the various organizations' and funders' expectations/needs are known and being met. They focus on the execution of tasks and hold the group accountable to timelines and action commitments. In an ideal case, the project manager is able to dedicate a considerable amount of time and attention to the collective thereby serving as the person to drive the cadence of work that the group decides.
 - c. *Child Development Infoline*- CDI is a pivotal partner in this effort and should be embedded in the work of any other community wishing to develop a local system like Norwalk's. CDI serves as data warehouse and when necessary a fiscal agent for the shared work. They hold invaluable infrastructure and access to key players in many communities across the state.
 - d. *Research and Evaluation*- To ensure that progress is reported in an objective fashion and that the team has the information needed to assess progress, a person with expertise in research and evaluation must sit on the core team. This individual should hold a strong

working knowledge of data and analytics thus positioning them to conduct rigorous evaluation of the work. Similarly, they should be uniquely able to make complex analytical concepts accessible to a wide variety of audiences. Success in this role is bolstered when it is filled by an individual with a tremendous amount of credibility within the community who has a demonstrated track record of precision, objectivity and collaboration.

9. **Develop compelling strategies for action.** As strategies are developed, it is imperative that they tie directly to the common agenda. In other words, even folks who are not directly involved in the work should be able to make the connection between the specific strategy and how it will yield the outcomes defined by the common agenda. The strategies should be introduced without making assumptions. Partners' interest, readiness and concepts to each potential strategy must be uniquely explored before deciding to launch. When a decision to launch is reached, strategies should start small and test fast. Rapid prototyping or PDSA cycles should be used to vet the efficacy of the strategy and to inform refinements before implementing on a broader scale. Finally, strategies should be 'sold' through stories of success and impact. When the team is looking for an early adopter to pilot, they should be clear about the mutual benefit that the strategy serves to offer. During testing, the team should be consciously collecting stories of local level impact to share with others as a means of generating interest and engagement.



Next Steps

In the retreat, the team reached consensus on a range of possible next steps. Each possibility was captured and the merits of each were thoroughly discussed. These possibilities included:

- **Define messaging.** Although the common agenda has been well formed in this effort, it is generally shared through high touch interactions. The team would benefit from streamlining messaging that can reach a broader audience and that can be tailored to speak to multiple different stakeholders.
- **Further develop tiered interventions.** Because the group is actively pursuing a hypothesis that argues increased screening yields increased use of tiered interventions, and that the application of those interventions ultimately accomplishes the common goal of ensuring that children are developmentally on track and ready to learn, there must be balanced energy applied to increasing screening and building out tiered interventions. The team would benefit from further developing the suite of interventions and considering how to support partners in delivering tiered interventions as the scope of the work expands.
- **Engage the Housing Authority and family childcare providers.** Considering the geographical range of the work and the number of children within Norwalk's boarder that still need to be screened, the team must develop strategic partnerships with groups who have access to children outside of those served by current partners. The Housing Authority and family childcare providers are two such groups. By engaging these sectors, the initiative has an opportunity to increase its "capture rate" or the percent of all children who benefit from the effort without exhausting its capacity for forging partnerships.
- **Conduct outreach to the pediatrician community.** As with many things, collective impact efforts often come full circle in that early strategies are revisited when readiness and infrastructure improve. Initially, the outreach to the medical/pediatrician community was not as successful as the group would have liked and since, pediatricians have not been heavily engaged in the effort. With the school district and major home visitation providers already on board and the Housing Authority 'on deck', the team will have built the infrastructure and relationships necessary to access most children in Norwalk. Still, there are others who will likely be missed if the partnership stabilizes or grows stagnant while engaging those providers alone. Pediatricians represent a ready access point to reach these children.
- **Hold balance between quantity and quality,** especially as the focus on expansion increases. As the work grows, and folks are more and more intrigued by how to take what started small and has grown to be a community wide effort, the emphasis on quantity or how many children are screened will increase. The group should track the screening rate over time and should monitor and make progress toward reaching all children as defined in the total n count. At the same time, the team should remain relentlessly focused on ensuring that the work grows as it is ready. This demands confirming that the systems for quality are in place at each step of the way during expansion. The team has defined quality as ensuring that children who show delays or

risk for delay in a screening are referred to a tiered intervention. Thus, tracking both the number and percent of children who are screened as well as the number and percent of children who demonstrated a delay or risk for delay are provided with a tiered intervention will hold these two outcomes in balance with one another. Finally, tracking and reporting on the longitudinal developmental and kindergarten readiness outcomes of children who have been screened and have received interventions will help to ensure that the full richness of the common agenda is realized.

- **Develop a two-year action plan.** As the reach of this work continues to grow the possibility of becoming derailed or distracted also grows. To ensure that the team remains laser focused on the common agenda, they should develop a two to three-year action plan that details how they will sustain the improvements already made while increasing the percent of the n count that is reached. This would best be accomplished with the support of neutral facilitation. Action plans that result from this effort should be well socialized and vetted with key stakeholders before finalizing.



General Recommendations

In addition to the next steps agreed to by the team in the retreat session, I suggest building the following action items into the scope of work. Each item is designed to further build the strength or capacity of the team for doing collective impact and continuous improvement work in human services.

- **Clearly define the notion of “full scale.”** In other words, when the CQI team has fully implemented developmental screening and tiered interventions at “full scale,” how many children will be impacted? Another way to consider this quantity is to determine the total number of children within Norwalk’s geographical boundaries who fall between the ages of birth and five years old. That number represents full scale and becomes the N Count for your effort. Given the fact that some children will age out of this band while others age into it each year, the N count will have to be adjusted annually. Consider monitoring and reporting progress toward 100% engagement or “full scale” implementation by tracking the number of children screened and served each year as both a fraction and percent of the total number who are eligible in that same year (# screened/N total; # served/N demonstrating delay or risk for delay; # served who no longer demonstrate risk for delay or delay/N served). Longitudinal reporting is best reported as a rate to account for changes in population size.
- **Further build CQI team capacity for managing adaptive change** by understanding Dr. David Rock’s SCARF model. The most effective quick guide to the model that I’ve found has been included as Appendix B of this report.
- **Explore a variety of means to strengthen the connection between early childhood development efforts and the school district.** Though not an exhaustive list, the team should consider the following as potential options:
 - Utilize cohort progression and performance tracking to measure the differences in groups of children’s developmental and school readiness outcomes over time.
 - Identify an early adopter partner with authority over professional development and policy in the school district to build the infrastructure and practices. These should focus on building kindergarten teachers’ skills to understand and act on developmental screener data even before children begin kinder.
 - Support using ASQ data within the school district through effective
 - placement
 - interventions
 - instructional considerations
- **Consider how the team will prepare the system to receive children who are on track and ready to learn.** The work is working and children entering kindergarten will soon hold different skills, abilities and readiness than their peers in past years. Teachers must be ready to receive them. Readiness includes holding an appropriately high set of expectations, adjusting curriculum and pedagogy and preparing to differentiate through extension in addition to through remediation. The team should invest time to consider what a system of vertically aligned high expectations for children looks like beginning at infancy and extending through early elementary. Once this

vision is created, there should be extensive and explicit dialogue to determine the CQI group's role in creating such a system.

- **Define channels and strategies for bringing knowledge of developmental readiness to the whole system.** In this vein, the team should carefully consider an explicit definition of “the system.” Who has a role to play in ensuring that children are developmentally on track? How will you reach them and ensure that they know the role they have to play and that they have the knowledge, skills and support necessary to play it well?



Recommendations for Building the Tool Kit

Based on the key findings of this session, we recommend considering the following as central components of the spread and scale tool kit sponsored by the Grossman Family Foundation. These tools and practices have either already proven useful within the work of this group and or may give structure to some of the practices that were more organically pursued by this team.

- Data sharing agreements
- Team composition/stakeholder analysis tools
- A quick guide to developing effective measures (how much, how well, better off)
- Run charts and the use of longitudinal measurement to track progress and tell stories of impact
- Team charter to capture norms and processes fundamental for effective collaboration
- A glossary of key terms and how this team has defined them
- A map that demonstrates the geographical boundaries of the effort and the total N count within it
- Sample meeting agendas and a summary of meeting practices that have been useful for the team thus far
- Egg charts with instructions for how to complete them and samples to show the notion of starting small and how that relates back to the N count of full-scale work
- PDSA templates and examples

Appendices

- Appendix A: History and Timeline of the Effort
- Appendix B: Executive Summary of Dr. David Rock's SCARF model

Appendix A: History and Timeline of the Effort

Appendix B: Executive Summary of Dr. David Rock's SCARF Model

Understanding David Rock's SCARF Model

The SCARF model (Rock, 2008) is a summary of important discoveries from neuroscience about the way people interact socially.

The model is built on three central ideas:

1. The brain treats many social threats and rewards with the same intensity as physical threats and rewards (Lieberman, & Eisenberger, 2009).
2. The capacity to make decisions, solve problems and collaborate with others is generally reduced by a threat response and increased under a reward response (Elliot, 2008).
3. The threat response is more intense and more common and often needs to be carefully minimized in social interactions (Baumeister et al, 2001).

The model is made up of Status, Certainty, Autonomy, Relatedness and Fairness. These five domains have been shown in many studies to activate the same reward circuitry that physical rewards activate, like money, and the same threat circuitry that physical threats, like pain, activate (Rock, 2009b).

Understanding that these five domains are primary needs helps individuals and leaders better navigate the social world in the workplace (Rock, 2009b).

Understanding the five domains

The SCARF model involves five domains of human social experience: Status, Certainty, Autonomy, Relatedness and Fairness.

- Status is about relative importance to others.
- Certainty concerns being able to predict the future.
- Autonomy provides a sense of control over events.
- Relatedness is a sense of safety with others - of friend rather than foe.
- Fairness is a perception of fair exchanges between people.

These five domains activate either the 'primary reward' or 'primary threat' circuitry (and associated networks) of the brain. For example, a perceived threat to one's status activates similar brain networks to a threat to one's life. In the same way, a perceived increase in fairness activates the same reward circuitry as receiving a monetary reward.

The model enables people to more easily remember, recognize, and potentially modify the core social domains that drive human behavior.

For a more detailed look at the neuroscience behind the model, please read [SCARF: A brain based model for collaborating with and influencing others](#), by David Rock.

Source: <http://www.scarf360.com/about/>

Retrieved on July 18, 2014