

Transcript:

Overview of the RFP for Child Abuse and Neglect Prevention Research and Demonstration Projects

Slide 1: Title Page

Good afternoon everyone, and welcome to the “Pre-Submission Technical Assistance Webinar” for the National Quality Improvement Center on Early Childhood. My name is Charlyn Harper Browne; I am project director for the QIC-EC. Since our name—the National Quality Improvement Center on Early Childhood—is quite a mouthful, hereafter, I’ll just refer to it simply as the QIC or the “Quick.”

On behalf of the entire QIC Team, let me say how honored we are to have so many people registered for and listening to our webinar. We greatly appreciate the level of interest in our QIC as shown by your participation.

Slide 2: Organizational Chart

Joining me today are other members of the QIC Team who will be available to answer questions: Melissa Brodowski, Federal Project Officer for the QIC; our Leadership Team members, who represent the three partner organizations for the QIC—Judy Langford, Senior Fellow with the Center for the Study of Social Policy (CSSP), Teresa Rafael, Executive Director of the National Alliance of Children’s Trust and Prevention Funds, and Nancy Seibel, Director of the Center for Training Services with ZERO TO THREE—also available is Beverly Parsons, Executive Director of InSites, who serves as Lead Evaluator of the QIC Evaluation Team.

I want to provide an overview about our QIC and our RFP then address any questions you have. But first, Kate Stepleton, a member of the QIC Team, will provide some technical information about submitting questions.

Slide 3: What is the Quality Improvement Center on Early Childhood (QIC)? The Quality Improvement Center on Early Childhood is a 5-year cooperative agreement between the Children’s Bureau and the three partner organizations previously mentioned; CSSP is the lead agency. We have just ended our first year—which was our planning year—with the publication of our Request for Proposals.

Slide 4: Purpose of the QIC

The Children’s Bureau has established several Quality Improvement Centers with different priority areas, but all share the common purpose of knowledge development, leadership development, information management, and dissemination of effective practices. The priority area of our QIC is the prevention of child abuse and neglect among infants and young children, ages 0-5. Our purpose is aligned with the common purpose of all QICs and can be summarized as...(continued on next slide)

Slide 5: That Is...

Knowledge development, knowledge dissemination, and knowledge integration regarding program and system strategies that contribute to the prevention of child maltreatment and to the promotion of optimal child development and increased family strengths.

The focus of this webinar is on our knowledge development activities related to funding the research and demonstration projects. When we get to the section about our two-stage application process, we will focus exclusively on the first stage—the letter of interest. Another webinar will be held in early December for those invited to submit a full proposal. That webinar will include a discussion about the content, format, and submission requirements for the proposal.

Slide 6: Eligible Applicants and Proposals

We will be funding 3-5 interagency collaborations that propose R&D projects with well-designed research and evaluation methodologies, and that have the greatest potential of advancing knowledge in our priority area. Our QIC is focused on advancing knowledge and practice about effective primary prevention—that is, before abuse and neglect occurs—among infants and young children who are at high risk for maltreatment. Further, we are interested in innovative service enhancements or innovative new services rather than “services as usual.”

Our emphasis on “collaborations” is based on three fundamental ideas: (a) that child maltreatment is much too complex for one organization, agency, or service system to successfully address on its own; (b) that many children and families at high-risk for maltreatment have a variety of physical, health, emotional, and educational needs; (c) thus, broad collaborations among key stakeholders—including community-based organizations and parent leaders—are vital to the provision of needed services to children and families; to the success of child maltreatment prevention efforts; and to improved outcomes for young children and families.

Also, we want to underscore that the lead organization among the submitting organizations must have some type of *existing* partnership with at least one of the other organizations. When I say “some type of *existing* partnership,” I am referring to the organizations having characteristics along the coordination, cooperation, and collaboration continuum described by Pollard—reference to Pollard’s continuum is included in the RFP on page 16.

This “existing partnership” requirement is important because we think a competitive applicant should have a successful history of working together, which should increase the likelihood of a successful working relationship in the project. We do not want projects to spend their first year trying to iron out organizational issues among all the members of the partnership. So, applicants must describe the role and significance of each partner to this project and a brief description of the coordination, cooperation, or collaboration history between the partner organizations.

An existing, successful partnership may be expanded to include additional partners without preexisting history with the lead agency. If so, applicants must clearly describe the role of new partners, the rationale for bringing them in, and the prospects for their timely integration into the partnership.

The RFP includes a list of the types of public and private institutions that are eligible to apply on page 50.

Slide 7: Parent Roles in the Partnerships

Please keep in mind that we consider parent leaders to be important partners in the planning and implementation of an R&D project. For example, parent leaders may be vital in identifying, recruiting, working with, and retaining families for the project.

Also, we strongly suggest that you collaborate with your state lead agency for the CBCAP program (Community Based Child Abuse Prevention), your ECCS leaders (Early Childhood Comprehensive Systems), and your state's children's trust or prevention fund.

Slide 8: Ineligible Applicants

Please be reminded that the QIC will NOT support letters of interest that:

1. Are for first-time, start-up projects or that involve ENTIRELY new partnerships.
2. Are from applicants with limited and unproven capacity to implement and manage a research project of this nature.
3. Do not have clearly articulated, reasonable, and rigorous evaluation plans that include some type of comparison or control group.
4. Include children over the age of 24 months at initial enrollment in the project.
5. Do not include all of the required components OR
6. Are RECEIVED after 5:00 PM EST on November 9th.

Slide 9: Two-Stage Application Process

Responding to this RFP will occur in two stages: submission of a letter of interest and submission of a full proposal, if invited. As indicated, this webinar will focus on the letter of interest.

- Letters of interest must be submitted both electronically AND in hard copy.
- Electronic copies must be RECEIVED by 5:00 PM EST on November 9th.
- Two hard copies must be mailed and postmarked by November 9th, as well.

Those who submit a letter of interest are under no obligation to submit a proposal. But, those who desire to submit a proposal MUST submit a letter of interest first and be invited to submit a full proposal.

Regarding the format, the letter of interest is limited to 5 double-spaced pages. A one-page face sheet, which is not included in the 5-page limit, will serve as the cover sheet. . . Other specifications for the format of the letter are described on pages 53 & 54 of the RFP.

Slide 10: Content of the Letter of Interest

Regarding the content, the letter of interest should include the sections listed here. Please use headers to clearly indicate the sections and the respective content.

- Organizations and Organizational Capacity—I've already mentioned some of the information that should be included about the submitting organizations. Regarding organizational capacity, we are interested in a description of the submitting organizations' capacity to plan and implement a research project of this nature.

Following this section should be the . . .

- Target Population—Include a description of the population which will be the focus of the R&D project AND a justification for considering it to be at high risk for child abuse and neglect.
- Next, describe the intended Goal(s) of the proposed R&D project.
- The goals should be followed by a description of the proposed Methodology or Research Design of the project, including the nature of the interventions and the evaluation.
- As I previously indicated, the letter of interest should include a description of the Role of Parents or Parent Leaders who could be potential partners in the development and implementation of the project.
- The Data Management section should include a description of how the data will be managed and shared among the partners, as well as how data analyses will be shared with the QIC.
- In the last section, you should state your case of how your proposed work will make an important Contribution to the Field, that is, to a better understanding of the prevention of the abuse and neglect of young children, of the promotion of optimal child development, and of strengthened families.

Now that I've provided a general overview of the QIC and some of the structural components of the RFP, I'd like to turn to some of the conceptual issues that should guide your thinking in planning a relevant research and demonstration project.

Slide 11: Basic Premises

There are 4 basic premises that are the foundation for the overall theory of change and research question for the research and demonstration projects.

1. Early experiences matter.
2. Child maltreatment prevention must be placed within the larger context of optimal child development and increased family strengths.
3. Using the social-ecological model expands the scope and reach of child maltreatment prevention efforts.
4. Child maltreatment prevention efforts must include a focus on increasing protective factors as well as decreasing risk factors.

I want to say a little bit about each one of these premises.

Slide 12: Early Experiences Matter

Numerous studies have shown that rapid physical, cognitive, language, and social-emotional growth and development characterize the first few years in a child's life. Research on the developing brain has provided extensive evidence that children's earliest experiences create the brain architecture on which future development rests. Everything regulated by the brain—including memory, emotions, and learning—is affected by the infant's most immediate and influencing environments.

Focusing on the very youngest children is important not only because of the critical development that takes place during this time, but also because of the disproportionate rate at which the youngest children are maltreated. Some of the recent NCANDS data show that the youngest children have the highest rate of victimization with about one-third of all victims of maltreatment being younger than 4 years old. Further, according to multiple sources, child neglect is the most prevalent form of child maltreatment in the United States, again, disproportionately affecting the youngest children. The irony is despite the widespread incidence of child neglect and its especially damaging effects, the overwhelming focus of child maltreatment theory, research, and practice is on child abuse. Researchers report that less is known about how to prevent neglect than other types of child maltreatment. So this is a knowledge gap that needs addressing.

When we put these two things together—issues around development in the youngest children and maltreatment of the youngest children—we see that infants and toddlers are not only the most vulnerable to the *experience* of maltreatment, they are also the most vulnerable to the *effects* of maltreatment.

Shonkoff pointed out “We have mountains of research that tell us how children who've been exposed to abuse or neglect for long periods of time have less exploratory behavior. They don't learn as well. They have more fears and they're more likely to have physical and mental illnesses as adults. So abuse and neglect literally changes the brains of young children. It doesn't just “affect their behavior.” It literally changes the wiring of their brains.”

While all of this research and data are extremely alarming, the good news is there is also strong evidence that the first three years of life are a particularly important *intervention* period for influencing a child's trajectory and the nature of the parent-child relationship” (Daro); that “the course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes” (Shonkoff & Phillips, 2000, p. 32).

Emphasis on attending to early childhood and early intervention includes focusing on pregnant women, the prenatal period, and the neonatal period to enable influences on parent behavior *before* neglectful and abusive patterns are established (Daro).

Slide 13: Target Population

And so, the overall target population for the QIC is infants and young children 0-5 and their families, who are at high-risk for abuse, neglect, and abandonment—including those who are affected by substance abuse or HIV/AIDS.

More specifically, the eligibility criteria for participation in the projects are families who:

1. Have an infant or young child, birth–24 months—more specifically, 0-24 months— at the time of enrollment, who will be the target child.
 - The initial target population of children with a ceiling age of 24 months is necessary so that the focus throughout the 40 months of the R&D projects will remain on children up to age 5.
 - This suggests the need for plans to retain these families over the course of the 40 months.
 - Please note that pregnant women can be a part of the primary caregiver target group.
2. The other eligibility criteria for participation in the project is families who self-report that there has been no substantiated Child Protective Services report on the target child in the 24 months prior to enrollment in the project.
 - This means that the target population may include children whose cases were investigated but screened out or closed without findings.
 - Let me underscore that this requirement pertains only to the target child.

Slide 14: Social-Ecological Model

The social-ecological model grows out of the premise that human behavior does not occur in a vacuum. Children develop within a network of family relationships, families exist within a community, and the community is surrounded by the larger society.

These levels of the social ecology interact with and influence each other.

Using a social-ecological framework expands the scope and reach of child maltreatment prevention efforts from the usual singular focus on individual factors to include interpersonal relationship factors, community factors, and societal/systems factors. We believe that this creates a far more effective prevention system.

Slide 15: Expanded Context

Regarding the 3rd basic premise, we submit that maltreatment prevention must be placed within the larger context of optimal child development and increased family strengths, particularly healthy parent-child relationships. This point of view implicitly invokes the need to advance a prevention-promotion continuum approach, described next. Support for the promotion-prevention continuum approach was articulated by Surgeon General in 2005 when he said: “*I believe it is time for critical thinking to formulate a new national public health priority, (that is) preventing child maltreatment and promoting child well treatment.*”

Slide 16: Risk and Protective Factors

A growing body of research in maltreatment prevention science has contributed to reframing child maltreatment prevention efforts to include a focus on promotion—meaning increasing protective factors—as well as on prevention—meaning decreasing risk factors. Multiple risk factors are said to be associated with greater developmental vulnerability while multiple protective factors are associated with greater developmental resilience”.

Slide 17: Research Question

So, considering our four basic premises and the research behind them, our overarching research question for projects is:

How, and to what extent, do collaborations that increase protective factors and decrease risk factors in core areas of the social ecology result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment, within families of young children at high-risk for child maltreatment?

I'll examine the components of this research question as they relate to designing the interventions for the projects.

Slide 18: Interventions must be designed to build protective factors

Interventions must be designed to build protective factors.

Both researchers and practitioners have acknowledged that identifying and understanding protective factors are equally as important as researching risk factors. However, there is a knowledge gap because protective factors have not been studied as extensively or rigorously as risk factors. More empirical evidence is needed about the processes and outcomes of systematically building protective factors in families at high risk for child maltreatment. The projects funded by the QIC should be designed to generate new knowledge that fills this gap.

Over the years, researchers have identified numerous protective factors associated with child maltreatment prevention. The focus of the QIC-funded projects will be on the 6 specific protective factors listed here:

- parental resilience
- social connections
- knowledge of parenting and child development
- concrete support in times of need
- nurturing and attachment
- and social and emotional competence in children

It may not be necessary to focus on each protective factor with each participating family. In the literature review that was conducted for the QIC, Daro et al. (2009) pointed out that the most salient protective factors or risk factors to target . . . will vary across families, communities, and populations. So finding the correct leverage point or pathway for change for a specific family requires careful assessment followed by an offer of assistance commensurate with a family's level of need" (p. 10). Thus, in collaboration with the each primary caregiver, grantees will gather risk factors and protective factors baseline data to determine which one(s) of the six designated protective factors should be the focus of the intervention for each primary caregiver's family.

Slide 19: Interventions must be designed to decrease risk factors

Letters of interest must include a clear delineation of the specific child, parent, family, and/or community factors that place the target children at high risk for abuse, neglect, and abandonment. Interventions must be designed, then, to decrease these risk factors.

Slide 20: Core areas of the social ecology

There are numerous areas related to each level within a social-ecological model. The QIC Team has selected a core area at each level of the social ecology as a leverage point or area of change within which R&D projects *could* focus their interventions:

- The core areas at the individual level are the *primary caregiver and target child*
- The core area at the relationship level is what we call *social support*
- The core area at the community level is what we call *community connections* and
- The core areas at the systems/societal level are *public policy and social norms*

Slide 21: Interventions must address the target child and primary caregiver core area

R&D project applicants are required to propose innovative interventions that address the primary caregiver and target child core area and at least one other core area. This will ensure that no project focuses exclusively on the individual level of the social ecology. I will briefly examine each of these core areas:

Individual Level Core Area is the Target Child and Primary Caregiver

In describing this core area, we are talking about the nature of a caregiver's knowledge, attitudes, behaviors, skills, capacities, and psychological functioning. Similarly, this core area refers to the characteristics and attributes of infants and young children. Since the outcomes of focus for the R&D projects are directly tied to the primary caregiver and target child—optimal child development, increased family strengths, and decreased likelihood of child maltreatment—all R&D projects are required to develop interventions that address the primary caregiver and target child core area.

Relationship Level Core Area: Social Support

For our purposes, social support refers to those people—mothers, fathers, grandparents, other relatives, friends, and even co-workers—who most closely surround and are involved with families and young children. Individuals who serve as social supports provide advice and resources about parenting and child rearing, transmit cultural values and practices, and engender feelings of connectedness and security. Several researchers have found that social support may serve as a buffer against life stressors for both the parents and children.

Community Level Core Area: Community Connections

The notion of community connections grows out of the idea that “the family is nested

in a neighborhood system that provides support, or fails to provide support, for child rearing. Some researchers suggest that the presence and involvement of supportive others outside of one's family and close friends may help to promote optimal child development even in the face of poverty and other community-level risk factors.

In the context of the R&D projects, community connections include several key components within a community that may be engaged to help build protective factors and to help identify challenges that may create risk factors or interfere with the reduction of risk factors:

- Community leaders
- Organizations (e.g., faith-based organizations, parent organizations)
- Neighbor alliances (e.g., neighborhood associations) AND
- Formal support programs and service providers (e.g., early care and education centers; recreational facilities; local health, mental health, and social services)

The community connections core area also includes “social cohesion,” defined as: “the

degree to which members of a neighborhood share values, beliefs, and expectations and the degree to which neighbors are willing to take action on behalf of others” (Fraser, Kirby, & Smokowski, 2004, p. 44); “the degree to which (members of a neighborhood) feel their neighbors could be counted on to help each other or could be trusted” (Daro & Donnelly, 2002, p. 442).

At the Systems Level/Societal Level the Core Area we're focusing on is Public Policy and Social Norms

For the purpose of the R&D projects, we are using a definition of public policy put forth by the CDC. Public policy is: “A course of action or inaction chosen by public. . . authorities to address a problem. Public policy is expressed in the body of laws, regulations, decisions (including funding decisions), and governmental action. . . . These policies can be critical in shaping the environment in which child maltreatment occurs” (CDC, 2009, p. 78).

Public policies should be examined to determine if they are effective in promoting optimal child development, strengthening families and preventing child maltreatment. Likewise, the larger culture, as expressed in social norms, plays a significant role in how families care for their children. So, for example, it is important to examine and identify strategies to change social norms that reflect a societal acceptance of violence and place a low value on children.

The letter of intent should identify and address each of the selected core areas.

Slide 22: Interventions must be designed to impact the outcomes:

As previously stated, interventions must address the primary caregiver and target child core area and at least one other core area. Irrespective of the other areas chosen, interventions must be designed to impact the three designated outcomes:

- Optimal child development

- Increased family strengths
- Decreased likelihood of child maltreatment

Slide 23: Theory of change for R&D projects

And so, our blueprint for achieving these outcomes—that is, our theory of change—may be illustrated like this. . . showing the preconditions and pathways that lead to the desired outcomes.

Collaborations in these core areas of the social ecology...that are designed to increase these protective factors and decrease various risk factors that characterize families and young children at high risk for child maltreatment...will result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment.

Slide 24: Interventions must have well-designed and rigorous evaluation methodologies that employ a

Research and demonstration projects funded by the QIC must have designs that generate rigorous data about what works, so that, ultimately, the findings may contribute to evidence-based or evidence-informed decision-making about maltreatment prevention practice and policy. The development and implementation of interventions should be informed by the most current, relevant, and reliable evidence about their effectiveness. The interventions must have well-designed and rigorous evaluation methodologies that employ a:

- Randomized control group

OR A

- Quasi-experimental design that includes a comparison group that is constructed to achieve a high degree of similarity to the treatment group on key demographic factors, as well as on risk factors and protective factors.

The next 3 slides look at the three designated outcomes, the domains and indicators related to the outcomes, and examples of instruments for measuring the indicators.

We will take a multifactorial approach to assessment, so several instruments will be used to gather pre- and post-intervention data. The idea is that this will enable projects to draw more adequate and useful conclusions from the assessments. R&D projects will be required to use some common instruments to support the cross-site evaluation.

Please be reminded that the instruments that are included on Table 4 in the RFP—on pages 26-28—are only prospective tools for assessing indicators of the three outcomes. Final determinations about the number and types of common instruments will be made after grantees are selected. Also, applicants may need to identify and use other instruments related to unique aspects of their projects.

Slide 25: Measuring outcomes: Optimal Child Development

The outcome “optimal child development” will be measured by pre- and post-intervention assessments of the domain “child well-being” to include the indicators health, education/cognitive well-being, and social-emotional well-being.

Slide 26: Measuring outcomes: Increased Family Strengths

The outcome “increased family strengths” will be measured by pre- and post-intervention assessments of the domains “home and community”, “parent capacity, substance abuse, financial solvency, and family conflict”. The indicators of these domains include home safety, social connectedness, parenting skills; parenting knowledge of child development; parent mental health; type, frequency, and problem behaviors associated with risky substance abuse; participation in substance use programs; income, housing stability, and food security; and types and levels of family conflict.

Slide 27: Measuring outcomes: Decreased Likelihood of Child Maltreatment

The outcome “decreased likelihood of child maltreatment” will be measured by pre- and post-intervention assessments of the balance between protective factors and risk factors in the participating families.

Slide 28: Additional data to track

In addition to measuring these outcomes, other data related to the target child and primary caregiver will be tracked, such as:

- Nature and disposition of any reports of child abuse and/or neglect AND
- Any child welfare services provided for the child and primary caregiver

Population level data also will be tracked to determine if there were changes in child maltreatment statistics in the respective communities over the course of the R&D projects, such as: Reports of child abuse and neglect for children ages birth–5 years in the respective communities.

Another set of data that must be tracked are cost data. Grantees must track all costs over the life of the project related to the intervention and evaluation being implemented, including salaries, benefits, supplies, materials, travel, and training.

Slide 29: Three types of evaluations

Evaluation is an essential component of the QIC, in general, and the R&D projects, in particular. Three levels of evaluation will be conducted: local project evaluations, a cross-site evaluation, and an overall evaluation of the QIC.

Slide 30: The QIC Evaluation Team

A very important component of the QIC Team, is our Evaluation Team—a group called “InSites”—lead by Beverly Parsons. Beverly is joined by Patricia Jessup, Marah Moore, and Mallary Tytel.

Slide 31: Evaluation framework

Given our basic premises and focus on looking at multiple levels of the social ecology and not just programs or systems in isolation, the Evaluation Team has determined that the framework for the local evaluations should be a “utilization-focused” approach. Michael Patton, the father of utilization-focused evaluation, stated that: “evaluations should be judged by their utility and actual use; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration of how everything that is done, from beginning to end, will affect use.

Use concerns how real people, in the real world apply evaluation findings and experience the evaluation process. Utilization-focused evaluation does not advocate any particular evaluation content, model, method, theory, or even use. Rather, it is a process for helping primary intended users select the most appropriate content, model, methods, theory, and uses for their particular situation."

There are several documents on our website related to complex adaptive systems and utilization-focused evaluation that may be helpful in learning more about these constructs.

Slide 32: Phases of evaluation

The phases of evaluation listed here are included, not only to elucidate the phases, but to show that the questions that will guide the cross-site evaluation are aligned with each phase of evaluation. Local project evaluators should consider developing questions aligned with each phase as well.

Slide 33: Local project evaluators

Local project evaluators are responsible for:

1. Designing and conducting a utilization-focused evaluation
2. Working with the principal investigator
3. Working with the QIC evaluators AND
4. Participating in cross-site evaluation

Slide 34: Cross-site evaluation

These are the four broad questions guiding the cross-site evaluation. Across the R&D projects, the questions are designed to address the overarching research question, cost data (which is of concern for such matters as sustainability and replicability), and methodology. Basically, these questions circle back to our overall purpose of knowledge development, knowledge dissemination, and knowledge integration.

Slide 35: Community of practice

Throughout the project period, the QIC Team will work collaboratively with grantees individually and as a group in order to share thinking, activities, results, and challenges. This type of learning will take place through local evaluators and other key personnel joining the QIC Evaluation Team and the QIC Team in forming a Community of Practice.

Through our Community of Practice we will ensure high quality evaluations of the R&D projects individually and across the sites.

Slide 36: Overall timeframe for R&D projects

This last slide provides a breakout of the 40-month timeframe for implementing and evaluating the R&D projects. The start-up date is March 1, 2010 and the ending date is June 30, 2013.

Slide 37: For more information

Please check our website frequently. The RFP and several resource documents are posted there. A written transcript of this webinar will be posted in a few days. Also, we have an evolving FAQ . We have already received about 25 questions from interested parties regarding the RFP and have responded to them. We will post those questions—without identifiers—and answers on the FAQ page, and update the page as new questions come in.

Please send your questions to the QIC email address.

Also, if you have not already done so, please register to be a part of our Learning Network. We host quarterly webinars about relevant topics for members of our Learning Network. Most recently, the topic was “working with HIV-AIDS and substance affected infants and families.” Our next webinar is scheduled in March 2010 on early brain development and maltreatment prevention.

Slide 38: Comments and questions

Now, I turn it over to you for questions and comments you might have, and invite my colleagues to respond and add any pertinent information I may missed.