

Getting to Scale: The Elusive Goal

Magnolia Place
Community Initiative



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introduction

Introduction

Magnolia Place Community Initiative partners have asked themselves, “What would it take to have the 35,000 children living in the neighborhoods within the 5-square mile/500 blocks of the Magnolia Catchment Area break all records of success in their education and their health, and the quality of nurturing care and the economic stability they receive from their families and community?”

The driving motivation behind the Magnolia Place Community Initiative is to galvanize community residents and organizational partners to create a local response to improving their community. In this case, improving the community means contributing to safe and supportive environments for their children and the neighborhood’s children. This includes moving beyond providing services to a subset of community members to contributing to a community culture that will support and sustain health and well-being for everyone or what we call getting to scale.

By uniting everyone under this “big idea,” the Magnolia Place Community Initiative has allowed for a convergence of people’s ideas, concepts and tools that have fostered working in innovative ways. Fundamentally, improving the lives of the 35,000 children within a particular community, or getting to scale, is not only about the “right” service, strategy or planning process but about understanding all efforts occurring as part of a complex adaptive system. Within a complex adaptive system, there is a constant interplay of actors and actions that cannot be controlled or for which one can even plan.

Casey Family Programs is the nation’s largest operating foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, its mission is to provide and improve — and ultimately prevent the need for — foster care in the United States. As a champion for change, Casey Family Programs has committed to safely reducing the number of children in foster care and improving the lives of those who remain in care. As part of a small Neighborhood-Based Prevention Initiative, Casey Family Programs also has been investing in and contributing to the learning that is emerging from community-based prevention efforts within the West Adams, Pico Union and North Figueroa Corridor neighborhoods of Los Angeles.

Casey Family Programs began its investment in this area of Los Angeles in 2005 with the intention to support efforts that would reduce child abuse and neglect. The foundation’s approach was not to create a new initiative or program but to serve as a catalyst for generating ideas and efforts that would contribute to the safety and well-being of the children living around one of the local elementary schools.



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As in any area or community, there are multiple efforts and interests at play. The Children's Bureau of Southern California, a non-profit dedicated to the prevention of child abuse and neglect, purchased and renovated an old warehouse not far from the area of interest to Casey. This renovated warehouse opened in 2008 as the Magnolia Place Family Center. While the Family Center houses a number of agencies and county departments, it also serves as a point of synergy for the Magnolia Place Community Initiative.

Magnolia Place Community Initiative is uniting county, city and community efforts to create sustainable, positive outcomes for families. Initiative partners have participated in, and been witness to, similar efforts that have yet to achieve anything beyond limited success. They have recognized that it requires a different commitment from individuals and organizations to create the environment necessary to continuously improve, align and coordinate efforts to achieve and sustain community health and well-being.

The Magnolia Community Initiative's approach has been to introduce technology, techniques and other tools to support multiple ways for individuals and groups to share, learn and align their efforts. This convergence of effort and opportunity has evolved beyond anything Casey could have planned, and Casey's role has evolved from catalyst to supporter and contributor to the learning of those people and organizations committed to bringing the Magnolia Place Community Initiative into practice.

This paper highlights the efforts of the people involved in the experiment that is taking place within the Magnolia Place Community Initiative. It also presents the collective actions and the learning that is at the heart of what it will take to ultimately get beyond the elusive goal of getting to scale and to actually achieve it.

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Getting to Scale: The Elusive Goal

A general understanding has developed within multiple fields of research that our place, or the physical and social community where we reside, contributes to our well-being. This understanding has led to a renewed era of place-based strategies and investments from both the private and public sectors. The logic underscoring these investments is that by concentrating dollars and efforts within a specific geographic boundary, the result will be a community transformation yielding positive outcomes for all individuals residing there. While there is tacit acknowledgement that we may not quite know how the interplay of geographic and social environments contributes to our health and well-being, we plow ahead, hoping that a concentration of dollars and effort will get us there.

More often than not we enter into this concept of supporting place-based change, or change at the population level, by scaling up what we already know, even if what we know has not yet consistently produced the results we seek – the mantra becomes just do more, do it better and do it with more people.

Yet we might come to think about place-based strategies and investments differently depending on the questions that drive our thinking and planning. For example, what would it take to have the 35,000 children living in the neighborhoods within the 5-square mile/500 blocks of the Magnolia Catchment Area, break all records of success in their education and in their health, and the quality of nurturing care and the economic stability they receive from their families and community?

This is the question with which the Magnolia Place Community Initiative has challenged itself. But does framing the question in this way (keeping the focus on achieving change at a population-level scale) lead to changes in what we do and how we do it, and ultimately create successful results?

The Beginning: The Magnolia Place Community Initiative is uniting the county, city and community to create sustainable change for families by promoting and strengthening individual, family and neighborhood protective factors through increasing social connectedness, community mobilization and access to needed services.

By launching the Magnolia Place Community Initiative within the West Adams, Pico Union and North Figueroa Corridor neighborhoods of Los Angeles, the Initiative is targeting vulnerable, high-need, low-resource neighborhoods with multiple threats as evidenced by low-performing schools and low student achievement, high poverty, low employment rates, multi-ethnic diversity challenges, high incidence of diabetes and asthma, and high rates of involvement with the child welfare system. Yet these same communities have enormous assets from residents who have a strong desire to create a better life for themselves and their children (Yoo & Aguilar, 2007). The Initiative aims to work with the strengths of these residents to initiate and drive positive change for the community as a whole, moving beyond just providing services to a select and fortunate few.

While officially beginning in 2008, the Magnolia Place Community Initiative was actually born out of a strategic planning process begun by the Children's Bureau of Southern California in 2001. The Children's Bureau identified the key areas that research had shown to be necessary to create safe and supportive environments in which children achieve the best results and live free of abuse and neglect (Shonkoff & Phillips, 2000). These four goal areas anchor the Initiative: educational success, good health, economic stability and safe and nurturing parenting.

It was readily apparent to the Children’s Bureau that in order to effectively address these four areas, they would need to partner with others from different sectors and with different expertise. Having been a service provider for close to a hundred years at that point, the Children’s Bureau knew quite well that there already existed, within communities, people and efforts committed to these goal areas, albeit not necessarily working collectively to achieve better results.

For at least the past two decades, scores of collaborative planning sessions, comprehensive community initiatives and integrated systems improvement ventures have been undertaken to bring together service systems, single-service strategies and individuals working in silos. Yet community collaborative efforts funded under separate administrative jurisdictions as separate efforts or initiatives continue to reinforce efforts occurring in isolation. Even with many of these collaboratives or initiatives overlapping, they still occur as separate and distinct efforts, and many end up as a drain on the limited human and organizational resources within communities. While some efforts may have met with varying degrees of success, improved outcomes at the population or community level still remain elusive.

The Magnolia Place Community Initiative is not atypical of other comprehensive community initiatives. Those participating, the types of organizations they represent, and the roles the individuals play within the community are similar to other initiatives. And, not unlike other initiatives, it was launched by a private not-for-profit agency, the Children’s Bureau of Southern California, which is dedicated to the prevention of child abuse and neglect. The Children’s Bureau and the Initiative partners purposely aligned their goal areas to be similar to those to which the larger landscape also subscribes. So, there is nothing new there either.

Fundamentally, the Magnolia Place Initiative Partners believe that it is their commitment to learning and working in new ways that holds the promise for this Initiative. Individuals and organizations participating in the Magnolia Place Community Initiative have laid out “working assumptions.” These working assumptions go beyond developing a joint vision and mission statement; rather they serve as a reminder to help guide their efforts. To start, the participants in the Magnolia Place Community Initiative, many of them service providers themselves, acknowledged their commitment to:

- Accept the challenge to improve the lives of all of the children within the community (getting to scale).
- Acknowledge that while services may be necessary for everyone at various points in our lives, services themselves are not sufficient for achieving community-level change, no matter how well they are delivered.
- Be reflective and not repeat the things known not to have worked in the past.
- Honor the promising work happening in the community by supporting it and building on it, thus strengthening and amplifying everyone’s efforts.
- Not plan for others but focus the planning on those things that each has some control over.

What makes this initiative new or different isn’t in what it is attempting to achieve, but rather in how it is trying to achieve it.

Accepting the Challenge

To truly achieve a population-level change (for example, improving the lives of 35,000 children in one geographic area), we must acknowledge that there is no simple way to understand or demonstrate cause and effect. Given the diversity of individual choices and circumstances, group dynamics and norms, and the environmental context in which people live, it is difficult to narrowly attribute anything to one specific cause. Concomitantly, we struggle with a lack of information about, and have a rather poor sense of, how one thing affects another. This makes it difficult to predict outcomes, especially long-term or macro-level outcomes.

Therefore, the Magnolia Place Community Initiative is not about deciding the one correct way to improve a community, but rather creating the opportunity for a heuristic approach, one based on problem solving, learning and discovery. In other words, it is about positively influencing a *complex adaptive system*, fostering collective behavior or the actions of vast numbers of individuals – to produce and use information from both their internal and external environments – such that they change their behavior to improve their chance of success (Mitchell, 2008).

The learning of new knowledge and skills is related to our ability to innovate, adapt and solve problems. Cognitive anthropologists Lave and Wenger (1991) have identified that learning is situational and occurs as part of our social participation. They have introduced the concept *communities of practice* whereby individuals from different backgrounds and perspectives coalesce to focus efforts in sharing knowledge, solving problems or innovating ventures. Beyond supporting individual learning, these communities of practice have the potential to extend their impact to organizational performance. This is in part because they decentralize and flatten the learning process, overcoming the inherent problems of a slow-moving traditional hierarchy and replacing it with a structure more consistent with the fast-moving virtual economy in which we all operate. Communities of practice also appear to be an effective way for organizations to handle unstructured problems and to share knowledge outside of the traditional structural boundaries (Smith, 2003, 2009).

In the 1962 groundbreaking publication, *Diffusion of Innovations*, Rogers theorized how, why and at what rate new ideas spread through a culture or group. He outlined the five stages of the adoption of innovations: (1) the introduction of new knowledge, (2) persuasion or forming an attitude towards the knowledge or innovation, (3) the decision to adopt or reject the idea, (4) the implementation of the new idea, and finally (5) the confirmation of one's decision. He also noted that individuals play different roles within the development and adoption of new ideas. The progression begins with innovators, followed by early adopters, the early majority, the late majority, and then finally the laggards (Rogers, 1962). It is hardest to move the first 20 percent of a population to adopt a new idea but once achieved, the "tipping point" is reached, and further adoption or change occurs quite rapidly (Gladwell, 2000).

It was Pareto who, in 1906, introduced the concept now known as the 80/20 Rule. While his work is referenced in many books and articles, Barabasi (2003) explains how Pareto demonstrated that 20 percent of the population owned 80 percent of the property, and this could be measured over time and throughout history. The 80/20 Rule is widely accepted in a variety of arenas whereby 80 percent of an action or activity is generated by 20 percent of the participants.

The 80/20 Rule is an important concept for the development of the Initiative. The rate, level of participation and spread of the information, innovations and practice change generated by the Initiative participants will grow over time given the right mix of individuals, organizations and incentives. Network partners have to remind themselves that it is not about critical mass but about critical connections. Shifting from the notion that all community entities have to be present from the beginning and be part of every meeting or event can be difficult. In fact, it can be a source of anxiety as our traditional yardstick of success has been about counting numbers, and when it comes to community initiatives, this manifests as how many organizations, individuals and sectors are represented at every meeting or function.

The initial recruitment strategy, led by the Children's Bureau with the support of independent consultants, was focused on identifying and engaging organizations contributing to the four goal areas in the local vicinity. More importantly, they sought individuals and organizations that would also be willing to contribute their time and expertise in creating a shared learning environment and in working collectively towards achieving a population-level outcome. This targeted strategy extended beyond having to fill a quota of the requisite participant groups, such as representatives from business, faith-based groups, social service agencies, community resident groups, law enforcement, county and city government, etc. While acknowledging that participation and involvement from these and other local stakeholders is ultimately important, what was more important was beginning with a diverse group, committed to the task at hand and willing to lead from a place of cooperation rather than competition.

Fostering and maintaining a culture of cooperation to achieve a goal that can only be reached through mutual effort should, in theory, be simple. But in practice, it generally is not. We are constantly challenged to balance our self-interest with that of the collective good. Community groups, organizations and individuals are constantly shifting between cooperating on projects and having to compete for limited funds and resources to meet their individual interests or needs.

Fortunately, we do have a strong evolutionary propensity for cooperation. This propensity is reinforced by retaliation when our actions are perceived or experienced as unfair to others. The behaviors identified to be the most successful in maintaining a culture of cooperation or whether to trust, are to lead with cooperation and reciprocate the behavior you get in return – tit for tat – but be quick to forgive uncooperative behavior if cooperation is extended (Axelrod, 2006).

Strategies of cooperation are more likely to become norms if there are social structures or other means of increasing their interactions. In fact, one of the requirements Axelrod (2006) found in achieving cooperation was the probability that individuals would interact again. The ability to know another and to remember our prior history of interactions sets the premise for on-going cooperative behavior. What is most encouraging is that even if a small group of individuals has infrequent interactions, if they are working cooperatively, they can do as well on those interactions to make up for disruptions caused by non-cooperative individuals (Axelrod, 2006).

Currently, participation in the Initiative is by self-selection; individuals either directly ask to be involved or are invited by participating network members. Participation is based on an interest in learning and contributing in ways that are reflective of each person's personal and/or organizational goals. Incentives for participation are intrinsic. There are no explicit extrinsic rewards for community members or organizations. Rather, the Initiative

works from the premise articulated by Pink in *Drive: The Surprising Truth About What Motivates Us*. Pink (2009) explained the ideal structure for participation should support the following:

- Autonomous and self-directed actions.
- Our ability to achieve mastery (becoming better at something that matters and stretches us beyond our current capacity).
- Providing purpose or the ability to contribute to a cause greater and more enduring than ourselves.

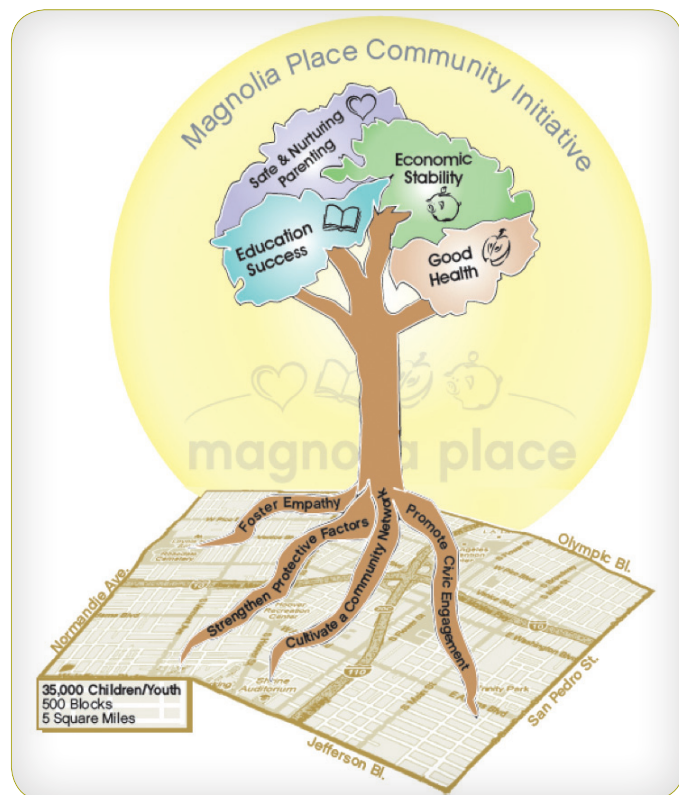
Within the Initiative, communities of practice or learning groups are developed based upon the interest of the group; and these groups are led by those who have the time, resources or expertise to move a particular piece of the work forward. Leadership is not formal or prescriptive. There is no lead agency, third party, neutral entity funneling money to organizations to compensate for participation, or monetary compensation for the time and efforts of community members. Individuals and organizations are asked to align their efforts and the resources that they can contribute toward the agreed-upon practices, outcomes and goals. Again the invitation is to participate in the ways that have the most meaning and benefit to the individuals participating, their organization, or the Initiative itself.

Services Alone Are Not Enough

While services may be necessary for anyone at different points in life, services themselves are not sufficient for achieving community-level change no matter how well they are delivered.

The driving motivation behind the Magnolia Place Community Initiative is to galvanize community residents and organizational partners to create a local response to improving their communities and to contribute to safe and supportive environments for their children and the neighborhood's children. The Magnolia Place Community Initiative also serves as an opportunity to expand upon the continued investment from community members, public and private organizations, and private businesses within the Los Angeles communities of West Adams, Pico Union and the North Figueroa Corridor.

The Magnolia Place Community Initiative's vision, mission and goals are rooted in the



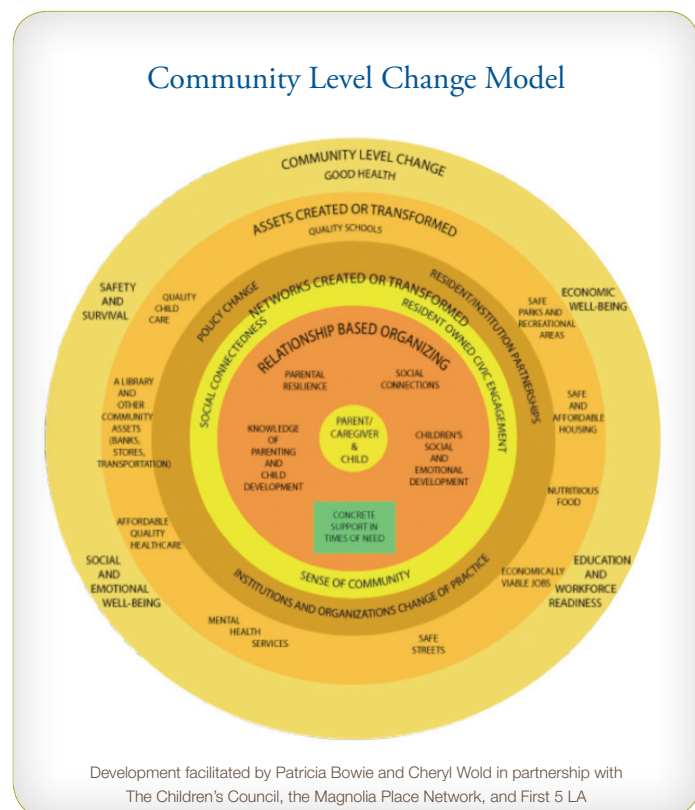
Strengthening Families Protective Factors framework. Within this framework, individuals working within organizations and community members are introduced to “protective factors,” which are the conditions or attributes in individuals, families and communities that increase well-being. Protective factors serve as buffers to help individuals find the resources/strategies to function effectively, even under stress. They also enable parents to find resources, supports and strategies that help them to parent effectively, even under stress. Research has shown that the protective factors linked to child well-being and a reduction in child abuse and neglect are (1) parental resilience, (2) social connections, (3) knowledge of parenting and child development, (4) concrete support in times of need, and (5) children’s social and emotional competence (Horton, 2003).

In addition to working within a Protective Factors framework, the Magnolia Place Community Initiative adopted It Takes a Community (ITC) as a core working philosophy. ITC provides a guide as to how public institutional partners, community-based organizations and individuals can operate within communities. ITC serves to enhance social connections by offering a conscious reflective approach to communication through empathetic practices. Relationships among members of the Magnolia Place Initiative are guided by ITC’s approach of “*power-with* rather than a *power-over* paradigm that fosters interdependence, creativity, and dynamic community change” (Chan, 2010, p.9).

Individuals who practice the ITC philosophy, within and among organizations and with family members directly, recognize others’ strengths and respond to their needs. Ultimately this contributes to better outcomes for the Magnolia Place community relative to the four key goal areas: nurturing parents, school readiness, economic stability, and health and well-being.

It Takes a Community originated in 2007 as a Los Angeles County Department of Mental Health (DMH) partnership with the Echo Center, formally, the Center for Nonviolent Education and Parenting. As a unique DMH-administered mental health promotion and social change program, ITC parted company with the ‘system- or service-centric’ perspective typically biased toward professionalism, including an emphasis on specialized knowledge and skills in serving at-risk and high-risk populations with often overwhelming needs (Chan, 2010).

The Magnolia Place Community Initiative Partners, along with the Children’s Council of Los Angeles and First 5 LA, developed a community-level change model as a graphic representation of their theory of change. Built upon research, some key assumptions and years of implementing and learning from community-based prevention strategies, this community-level change model highlights the logic behind the building of resilience (at the individual, family and social level) and community-level changes sought.



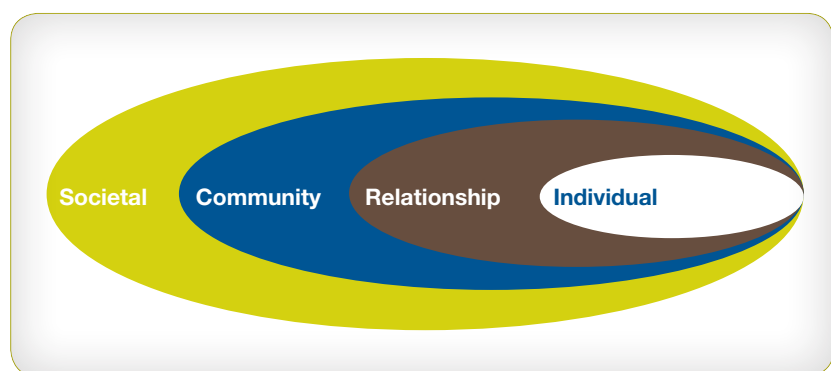
Within the model, the foundation for achieving individual-, family- and community-level change is using strategies that support relationship building between residents, resident groups and individuals working within the community. Relationship-building strategies support members coming together to deepen their connections and to be each other’s support systems, to learn and grow as individuals, and to become more aware of and involved in improving their neighborhoods.

Again, the partners in the Magnolia Place Community Initiative have come to realize that while services may be necessary, services themselves are not sufficient for achieving community-level change no matter how well they are delivered. In some instances, services actually create dependency within individuals and families. Focusing on relationship building recognizes and harnesses the power, inherent skills and talents of individuals to create and drive the changes they determine are necessary to improve the lives of their families, friends and neighbors. Further, individuals using this approach recognize that it is the strength and commitment of these community residents that creates the safe nurturing and responsive environments critical to achieving well-being for individuals, families and the community as a whole.

Residents are encouraged and supported to make social connections, increase their resilience for coping with stress, increase their knowledge of parenting techniques and the stages of child development, foster their children’s social and emotional growth, and create mutually supportive relationships that provide concrete support in times of need. From these protective factors comes a greater sense of community and connectedness, plus a move toward civic engagement that is truly resident-owned and resident-led. Resident-owned and -led actions result in networks of partnerships that change institutional policies and practices, transforming and creating neighborhood assets such as high-quality schools and childcare, economically viable jobs, good affordable healthcare and mental health services, safe and affordable housing, safe streets and parks, and other community elements like libraries, banks, stores, and transportation options. Ultimately, these neighborhood-level assets contribute to the health and well-being of local residents, contributing to the community-level outcomes of good health, safety and survival, economic well-being, social and emotional well-being, and education and workforce readiness.

Why focus on relationships? Since the mid-1970s, social services in the United States have gradually shifted from a personal to an ecological perspective on human development (Bronfenbrenner, 1979). The basic principle is that children develop within a network of family relationships; families exist within a community; and the community is surrounded by the larger society. These levels interact with and influence each other to increase or decrease positive individual outcomes.

Within this ecological perspective, there has been a growing recognition of the importance of informal support for individuals in need of help. The potential richness of a person’s social environment has a significant influence on his or her health and well-being.



The social contexts of poverty, family instability and detrimental neighborhood conditions pose critical threats to a young child's healthy development. Neighborhoods with concentrated poverty lack the infrastructure needed to support children's continual development (Hart & Risley, 2003). There are often fewer safe places for them to play, lower-quality schools and early education facilities, limited access to health resources, higher incidence of alcohol and substance abuse, and lower-quality, denser housing conditions (Duncan & Brooks-Gunn, 2000; Magnuson & Duncan, 2002). Increased collective efficacy and a sense of community can help to establish positive social norms that support good health and development for families. Relationships among residents strengthen social networks improving linkages to services and institutional supports (Ohmer & Beck, 2006).

Over the past two decades, there has been a growing body of research and an emerging consensus on the importance of children's early years in shaping their development, school readiness, and longer-term outcomes (Center on the Developing Child, 2008; Shonkoff & Phillips, 2000; Takanishi, 2004). The earliest environments and experiences of children, beginning prenatally and continuing throughout early childhood into kindergarten, help shape almost every aspect of the child's developmental capacity in consequential ways. Strong, secure early attachment to family and caregivers allows children to develop healthy relationships later in life (Ainsworth 1985; Roisman et al., 2001).

The public health community has long understood that there is a link between an individual's health and social determinants of health, including the social, environmental and economic conditions within which the individual resides and interacts. Social determinants of health are identified as food supply, housing, economic and social relationships, transportation, education and healthcare. The higher the quality of these resources, and the more open the access for all community members, the more community outcomes will be tipped toward positive outcomes (CSDH, 2008).

Thus, improving conditions at the individual and community level involve improving societal conditions, including social and economic conditions (job opportunities, food security, and freedom from racism and discrimination), the physical environment (housing, safety, access to healthcare), the psycho-social conditions (social network and civic engagement), and psychological conditions (positive self-concept, resourcefulness and hopefulness). Intervening factors promoted by the public health field include building a sense of community, increasing social networks and social support, increasing opportunities for civic participation and leadership, increasing political influence, and establishing and strengthening organizational networks.

Being Reflective

What and how long it will take to reach a population-level change across the multiple cross-sector goals of economic stability, health and wellbeing, educational success, and safe and nurturing care is speculative at best. If someone knew the answer to that, we would already know what it takes, how much, and in what combinations in order to make it happen.

Therefore, understanding the enormity and complexity of this undertaking, the Initiative has broken down measuring progress and impact into an iterative process guided by the theory of change. There are two key points of leverage that the Initiative will be tracking as a measure of the influence of its actions. One is the "presence" of the protective factors along with a mitigation of risk factors, an increase in community

belonging and civic engagement in individuals residing within the community. The other is the change of practice within and between organizations, and within organizational and community networks, to consistently strengthen and sustain those community norms and collective actions that are necessary to ultimately achieve community well-being.

One of the first collective actions taken by the Initiative partners was developing a Protective Factor and Community Belonging Survey and then conducting the survey in the fall of 2009. The survey was administered to over 800 individuals of whom 550 were members of the Magnolia Place Community Initiative catchment area. The results now serve as the baseline with which to assess any increase in protective factors, community belonging and civic participation. This is the starting point with which we will measure impact at the community level.

Magnolia Network partners used the concepts of participatory action research in the development and administration of the survey and in how it is currently using the data collected. The research process adopted for the survey was not exactly a community participatory model. A more “pure” participatory action research process would have deferred to community members to define their own issues of concern or interest rather than have the research interests of others predominate. However, within Los Angeles, the protective factors had already been introduced by the Center for the Study of Social Policy, and “enhancing protective factors” as part of a service strategy had begun gaining momentum and acceptance within Casey Family Programs Neighborhood-Based Prevention, First 5 LA, and the Los Angeles County Department of Children and Families’ Prevention Initiative Demonstration Project (PIDP). Contributing to the learning and understanding of the protective factors as a framework for prevention affords a key point of connectivity as well as potential influence with policymakers and funders at the larger systems levels, within Los Angeles and the larger landscape.

A baseline Magnolia Network participant survey was also developed and administered to organizational partners in the spring of 2009 and was repeated in the summer of 2010. Organizations were asked about their understanding and use of It Takes a Community and the Protective Factors framework. They were also asked to rate their understanding of and participation in the Initiative and the Magnolia Network’s ability to support the Initiative goals, and to assess any changes in their organization’s ability to work more effectively with others. Finally, they were asked to assess if the Initiative had increased the ability of agencies to better meet the needs of those they serve.

Rather than solely relying on a service-centric assessment, Magnolia has also introduced organizational network analysis as a way to map and assess relationships between individuals and groups. It is relationships that drive growth, innovation and ultimately organizational performance. Through the training and guidance on the use of network mapping and analysis from Tom Valente and Amanda Beacom at the University of Southern California (USC) Department of Preventative Medicine, Magnolia is able to adopt and use new analytical tools and practices to move beyond the more traditional research methods of measuring network effectiveness. These methods actually influence and support the move to network functions and organizational partnership-building strategies that emphasize and enhance connections. It shifts the focus from simply building critical mass to building critical connections.

Yet the Magnolia Place Community Initiative will only be successful if it is able to demonstrate positive changes within already widely accepted indicators of the four goal areas. One of the major challenges of measuring a community initiative by demonstrating impact on accepted macro-level indicators is the inability

to get meaningful data on the target population within or at the level of geographical focus. For the Magnolia Place Community Initiative, this is particularly daunting. The Initiative geography or catchment area, not unlike many other community ventures, is arbitrary and doesn't easily correspond to data catchment areas of those with the resources and responsibility to regularly gather population-level data. In fact, there is very little overlap of the geography determined for data collection (city districts, county service planning areas, ZIP codes, census tracts, school district boundaries, etc.) across the various jurisdictions and entities capturing population-level data.

Through the expertise of the Magnolia Community Initiative partner, University of California Los Angeles (UCLA), Center for Healthier Children, Families and Communities, the Initiative has had the opportunity to be part of a national learning group currently introducing the Early Development Index (EDI) to the United States. Originally developed in Canada, EDI is a population measure of children's development at five years of age based on a kindergarten teacher-completed checklist. It consists of over 100 questions measuring the following five developmental domains: (1) physical health and well-being, (2) social competence, (3) emotional maturity, (4) language and cognitive skills, (5) and communication skills and general knowledge. These domains closely correlate to nationally accepted domains for measuring school readiness. EDI results are population-level data that can be geographically mapped by neighborhood.

The EDI provides an opportunity to gather data on how the youngest members of the communities in the Magnolia Place Catchment Area are faring. Improving the foundational building blocks for young children exponentially increases their chance of long-term success. Communities can use the EDI to reflect on where and why children are doing better and or worse in a particular geography or developmental area.

While EDI does not provide data on children throughout their life course, it does provide important information as to how well children are doing at the point of school transition. Other indicators can then be used to measure population-based trends including third-grade reading scores, high school and college graduation rates, child abuse rates, etc.

Honor Existing Efforts

The Protective Factors and Community Belonging Survey serves as the beginning point of the Magnolia Place Community Initiative engagement strategy. Input was gathered from small groups of community residents on the protective factors (i.e., what the factors meant to them, if they resonated, how they would ask or talk about them with friends and neighbors). This information was then used to adapt the survey and train the community health promoters (*promotoras*) who then approached and administered the survey to community members.

Community promotoras themselves were impacted by the experience of talking with community members about perceptions and connections with their neighbors and community. One promotora recounted how she was asking questions of community members about how many of their neighbors they could rely on when she realized that she herself didn't say hello to anyone in her apartment building. She described how she would look down to avoid having to say anything. So she decided to try talking to her neighbors. She now explains how she likes learning about what is going on for them. She is even helping her downstairs

neighbor's kids with their homework. Their mom only speaks Spanish and has trouble helping them, so she told the mom to send the kids by when she gets home from work. Now they come by right before dinner and she, along with her adolescent daughter, help them out.

Currently, the community promotoras are sharing the results of the surveys by facilitating community dialogues. Hosted by local groups, organizations, churches, schools and parks, the dialogues are loosely based on the "community café" model. The model brings parents, neighbors, and community residents together to converse over a common theme. The facilitator prompts the dialogue by posing a question to the whole group and participants then discuss their responses in small groups. In the Initiative Community Dialogues, questions are posed to the group about the presence of protective factors and community belonging. Individuals are encouraged to talk and share about protective factors within themselves, their family, their friends and their neighbors. Similar to the community café model, the process seeks to foster connections and strengthen opportunities for social support.

As a way to foster and support relationship building and social connectedness, participants are asked to share information about other community groups known to them or in which they participate. Community promotoras follow up with existing groups to learn more about them and to determine if they are open to accepting new members. They then try to connect individuals wanting to join a group to those already in existence. If the existing groups do not match the interest of the community member, he or she is invited to assist in the formation of a new group.

Groups being formed with the support of the Magnolia Initiative partners use the Relationship Building Community Organizing (RBCO) approach. RBCO is an approach to strengthening community through relationships and collective action, operating from an asset-based perspective of individuals and communities. This approach focuses on creating neighborhood action councils (NACs) where community members can build relationships around shared values and then design and implement projects, programs and events to improve their lives and the life of the community. Through their participation in the group, members become a support system to one another and use each other's knowledge and connections (as well as the knowledge and connections of the organizers) to link participants, their family members and their friends into any needed services available through the organizational partners.

Developed in Los Angeles County by South Bay Center for Counseling (SBCC, 2008), RBCO is designed to support and galvanize community residents to create their own community response to improving their communities and to contribute to safe and supportive environments for the neighborhood's children. This strategy is based on the Asset-Based Community Development Model of Kretzmann and McKnight, (1993). The goal is to have individuals harness their own power and inherent skills and use these talents to create and drive the changes they determine as necessary for improving the lives of their families, friends and neighbors.

Additionally, RBCO fosters a sense of personal resiliency, self-agency, community belonging and social connectedness leading to individuals fulfilling the role of hub or connector. These individuals become the trusted intermediary for other social networks to which they belong, and they help others overcome isolation by broadening the personal, material and informational resources on which these individuals and families rely.

Building On and Amplifying What Already Exists

Magnolia Place Community Initiative adopted the Protective Factors and It Takes a Community as working philosophies rather than a formal set of “service strategies.” Leading with empathy, social connectedness and concrete support in times of need has resonated with individuals and organizations and has been instrumental in gaining their willingness to participate in the Initiative. Individuals are asked to start with strengthening what they already do, and reflect on how they do it, rather than developing and implementing strategies and activities that may be outside their core mission or beyond their capacity. For providers and community members alike, these working philosophies reinforce the basic premise that services alone are not sufficient to getting to community health and well-being.

Community promotoras are supporting individuals by connecting them to social support and civic groups. They are communicating about the community’s interests and community groups to all of the network partners by blogging and posting what they are learning. Leaders of local groups are invited to come together to be recognized for their role in supporting community belonging and the protective factors. These leaders are introduced to one another, asked to talk about how they might share and learn from one another, and offered an opportunity to do so.

These leaders are also asked to have their group members assist in delineating the geography of their neighborhoods. This information in turn is used to map the EDI data mentioned earlier and to create neighborhood stories. Mapping the EDI to locally designated neighborhoods provides local groups and organizations the opportunity to look at how the children are doing within their specific neighborhood. They have the opportunity to see how other children are doing as well, areas that need strengthening, and where they might have something to share or learn from their neighboring communities.

The EDI also allows local organizations, institutions and community groups to track changes within the population of young children. Together these groups can explore how efforts can be more effectively enhanced, coordinated and aligned to improve the support available for families during the crucial years of children’s development. Improving how well our youngest and most vulnerable are doing within our communities improves their chance of positive outcomes exponentially. While not targeting everyone, focusing on young children is a beginning from which to extend to further encompass the well-being of the larger community.

It is also through the constantly evolving work of the community promotoras that connections are being built within and between the informal and formal networks and groups. They identify opportunities for community members and organizational partners to foster a sense of belonging and social connectedness, and to participate in mutual support.

Promotoras go beyond face-to-face interactions by blogging about their activities and neighborhood experiences. The Magnolia Initiative uses a free web-based platform (groupsite.com) that provides for a shared calendar, file cabinet, individual and organizational profiles, sub groups for more specialized work, discussion groups, blogs and the like. This sharing enables other Initiative partners to stay informed and connect their efforts in ways that are much quicker and efficient than more traditional means of staying informed through attending meetings or meeting minutes.

For example, as the community promotoras blog and post about how they are meeting with local groups to map their neighborhoods as part of displaying the EDI data, the Children's Nature Institute (CNI), a Magnolia Initiative Network partner, identified an opportunity to connect and align their efforts. CNI's goal is to help children and families experience the nature within their own urban environment as well as introduce other natural areas that families may have had little opportunity to explore. So now as part of creating the neighborhood story, members of each of the smaller neighborhood areas are asked if they wish to participate in creating their own "neighborhood nature walk."

Working through web-based platforms has become more and more commonplace within the workplace. These platforms are incredible tools to support and foster relationship-building among a multitude of individuals from various agencies, organizations and groups. They also support connectivity in ways that respect individuals' time, expertise and passions. It is the varied interests, expertise and information each has to contribute that are critical to achieving the alignment, connectivity and amplification of efforts necessary for whole-scale change. An individual's or organization's ability to contribute should not be constrained by the ability to participate in only one way, which more often than not, is participation in face-to-face meetings. Rather, individuals, organizations and groups are encouraged and supported to contribute in the ways that best match their interests and capacity, which can produce surprising results.

A web-based platform is only a tool and will only support the work if the participant community is nurtured and guided in its use. It requires dedicated individuals willing to invest the time and energy to develop and nurture the effort. As explained by Tapscott and Williams (2010), in *Macrowikinomics*, collaborative communities require a small group of key participants who establish the vision and community values, help manage group interactions, champion the cause, and attract more people to the ecosystem.

The desire to work with web-based tools came from the economic stability workgroup of the Magnolia Initiative. These workgroup members wished to find an easier way to connect and share their work with one another. One of the members offered to research the online platforms that were available and recommended the groupsite to the small group first (one of the key features being that it was free to use). They first joined and then worked with the site for a short time; then other participants of working groups were asked to join. Finally the invitation was opened to all the remaining network partners. Currently, the groupsite has five designated managers with roughly 20 percent of network members contributing content. The groupsite has been in operation for a little over a year and its membership is continually growing. For most of the new members of the network, the groupsite serves as the initial entrée into network participation.

Even with a dedicated group to support the effort, for many this is a new way of working. Individuals fall within a spectrum of participation that includes inactives or those who simply do not participate to creators who assist in generating the online content (Li & Bernhoff, 2008). While there are multiple roles that individuals play in between the extremes, it is probably most important to assess the population of potential inactives. While individuals may not participate out of lack of interest, for others there are serious access barriers that could include lack of access to technology, lack of computer skills, and even language barriers if the content is in one predominant language. Therefore, no matter how successful the tool may seem, its reach may be limited and leave out entire segments of the community.

Fortunately, technology, and its use and accessibility is constantly evolving. One example is Voces Moviles/ Mobile Voices, a collaborative effort between the Annenberg School for Communication at the University of Southern California and the Institute of Popular Education of Southern California (IDEPSCA). Together they have created and launched Vozmob, a platform whereby immigrant workers in Los Angeles can create and share stories about their lives and communities directly from cell phones. They created the platform as “open source” or freely accessible to others. Their commitment is to help people with limited computer access gain greater participation in the digital public sphere (IDEPSCA, 2010).

The work of Mobile Voices was brought to the attention of the network partners by having open conversations about the strengths and limitations of the groupsite. For most Initiative participants working within organizations, the groupsite allows for connection and sharing. Yet the groupsite was not seen as the means of engaging directly with community members and organizational staff not proficient in technology, with little access to computers or with limited English. By being reflective as a group, network members were able to offer ideas and tap into their other networks to connect with groups and individuals, in this case Mobile Voices, who were already developing and testing potential strategies to address the issues that were emerging.

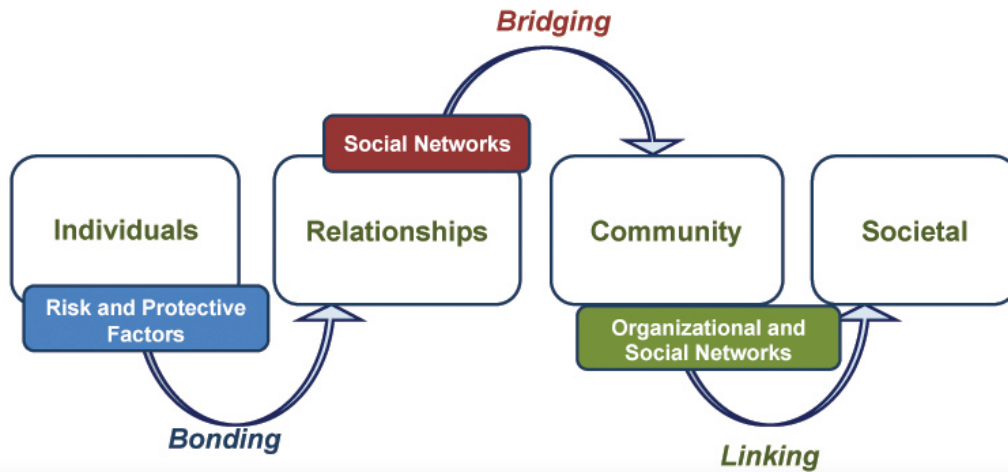
The Magnolia Community Initiative’s network-building approach has been to introduce technology, techniques and other tools that foster and strengthen connectivity. The key is to support multiple ways for individuals and groups to share, learn and align their efforts. Otherwise, what would continue to occur are disparate actions by well-intentioned groups and organizations. No matter how successful the actions, the impact would remain limited.

Social Networks as a Powerful Community-Strengthening Strategy

Why focus on networks? Social networks show the greatest personal results, helping overcome isolation and instilling confidence and self-worth by broadening the personal, material and informational resources on which individuals and families can rely (Bailey, 2006). In a similar fashion, organizational networks play a critical role in helping organizations spread innovation and adapt to change (Smith, 2003, 2009). Having the capacity to adapt to change includes having the ability to harness knowledge and creativity to fashion unique responses, stimulate organizational learning, and sometimes embrace and successfully achieve transformational change (Sussman, 2004).

In personal or social networks, individuals tend to cluster and connect where there is familiarity, safety and intimacy. Social Network Theory defines this as bonding social capital and suggests that this form of social capital helps individuals’ social and emotional well-being and their ability to “get by” in times of need. It is through bridging social capital (linking individuals, groups and resources otherwise unknown to one another) that access to resources, such as new information, education, employment or other opportunities, assists people in getting ahead. Additionally, it is the linking of social capital that establishes alliances with individuals in power to influence their decisions related to resource distribution (Bailey, 2006).

Potential Points of Intervention



While recognizing that learning and the adoption of new ideas tends to happen in small groups, whether they are functioning as communities of practice or serving as social networks representing bonding social capital, it is the individuals within these small groups who then serve as connectors fostering the dissemination of new learning, ideas, innovation or links to resources.

Yet it is also known that individuals and organizations do not share equal connections that could lead to greater access to needed information, resources or support. In fact, what often happens is that individuals and even organizations tend to form small clusters with little or no diversity. Everyone knows what everyone else knows and no one knows what is happening in other clusters or groups. This lack of outside information within a small group limits new information, ideas, innovations and links to support and services.

The basis for our understanding of the potential and limitations of social and organizational networks has evolved from various fields over the past 40 to 50 years. Yet it is by furthering our understanding of the potential of social and organization networks in introducing new information, supporting and spreading innovations, and connecting to necessary services that we can begin to understand how new strategies to achieving scale hold the possibility for success.

This understanding of the influences of social networks and how we exist within them has had renewed interest and exploration as our world is being transformed by our entry into the new era of the networked information economy (Benkler, 2007). We now have computer access, including easy access to new computational methods, the launch of the Internet, introduction and growth of social networking sites, and the corresponding access and ability to analyze large amounts of information. We are now able, because of these advances in technology, to understand and display human behavior and behavior patterns in ways that in the past were much more speculative.

The explosion of the Internet, new technologies and our access to information and one another also helps us expand our thinking about the reach of our “weak ties.” Milgram’s (1967) work, the *small world problem*, more commonly referred to as *six degrees of separation*, measured and tracked chains of acquaintances identifying the closeness of ties among individuals unknown to one another. Yet it was the seminal work of Granovetter (1973) that introduced the value of this small world phenomenon by measuring the “strength of weak ties” suggesting that while individuals may cluster in groups based on similarity and intimacy, an individual’s success has more to do with his or her chain of acquaintances. It is these weaker social ties or acquaintances that account for the expanded reach of information, innovation and access to resources. It is better for an individual’s success to be connected to a variety of chains of people or networks than to have only deep connections within a single group or network (Watts, 2003).

Christakis and Fowler (2009) observed that those close to us do in fact influence our behaviors and well-being. Yet this influence actually extends beyond our family and friends to their family and friends and even further to our friends’ friends’ friends (Christakis & Fowler, 2009). This has implications when we want to spread new ideas or behaviors. The acceptance or “spread” of ideas that result in changed behavior is influenced most by our bonded ties or those closest to us. Yet the initial introduction or influence for change is not predicated on people having direct contact or directly knowing each other. Not all individuals need costly services and interventions, yet all benefit from information as well as personal and material support.

Christakis and Fowler suggested that two approaches could emerge from this information. One might be to change the network of connections that people have and help them to establish new social networks or groups. The second, which they considered more promising, is to work within existing networked groups. Rather than recreating our social networks or connections, we can identify the key members of existing groups and work with them directly to introduce new messages or behaviors (Christakis & Fowler, 2009). Recognizing that not all individuals are equally connected within any group, if we are successful in persuading a person who holds key connections within a social group, their beliefs and behaviors will in turn influence those around them and well beyond. In understanding how ideas or behaviors are spread, one cannot divorce the content of the message from those who deliver it (Valente, 2010). As explained by Valente, “the message is the messenger” (Jaffe, 2010, para.4).

Christakis and Fowler took their work even further, demonstrating that we do not have to reach the “most” connected person within a network to spread an idea or, as their research demonstrated, spread the flu. Rather we only need to move from individuals who have fewer personal connections to those with more connections or who hold a more central position within the network. As it turns out, if we are asked to nominate a friend, those friends nominated are consistently shown to have more connections and significantly improve our chances for greater “spread” (TED Talk, September 2010).

Barabasi (2003) first introduced the concepts of preferential attachment and scale-free networks. He demonstrated that a few large events, people or “hubs” carry most of the action or are the most “connected” to everything and everyone else. There is a “preferential attachment” within networks, including social networks, such that people prefer to connect to those most connected (Barabasi, 2003).

Directly known to us or not, and even with the multitude of ways by which we have access to new information, people remain the best conduits of information. Studies completed within the Library Information Science field demonstrate that workers spend a third of their time looking for information and are five times more likely to turn to a coworker than another explicit source (Dalkir, 2005). Yet it is also known that

individuals and organizations are not equally accepted as conduits of new information. This was reiterated in a new way in a recent New York Times article:

After a decade when search engines ruled supreme – tapping billions of Web pages to answer every conceivable query — many people now prefer getting their online information the old-fashioned way: by yakking across the fence...On Google and other search engines, searches for things like hotels or electronics can turn up a lot of online clutter and spam. Instead, many people informally poll their friends for recommendations, often through social networks like Facebook and Twitter. (Wortham, 2010)

Clearly, Christakis, Fowler, Valente, and others have opened up a new way to think about influencing information flow, the adoption of new ideas and behavior change. The importance of working with a trusted intermediary – the individual holding key connections within a group – as a point of access and spread cannot be underestimated. Individuals or organizations that serve as trusted intermediaries play a critical role in both providing bonding social capital or helping individuals “get by” and bridging social capital or supporting individuals to “get ahead.”

Plan For What You Can Control

There is an inherent tension in how to support and facilitate efforts that hold promise for achieving a population-level change, particularly when trying to balance between not repeating the things known to have not worked in the past with honoring the promising work currently happening. Whatever is promising or not worth repeating is heavily influenced by local context. Yet local actors tend to have little to guide them on knowing what is promising and should be built upon, or what not to repeat. Even if they do know, they do not always have the ability to influence how or what resources are available to support promising efforts, or shift from those efforts they have experienced as ineffective.

Adapting Systems Improvement Approaches

The Magnolia Place Community Initiative has embraced a “systems improvement” approach originally designed to assist large-system change. In fact it was the method used to transform the primary healthcare delivery system in the United Kingdom and it achieved dramatic improvements in service provision for 31 million people in 38 months (Oldham, 2004).

The foundation of the method was the Model for Improvement, which is based on three fundamental questions: (1) what are we trying to accomplish, (2) how will we know that a change is an improvement, (3) what change can we make that will result in an improvement? This is then linked to learning through testing or using a Plan, Do, Study Act (PDSA) cycle. It is not about one cycle but rather pursuing improvement through testing and cycles of learning (Langley et al., 2009).

The focus is on developing, testing, implementing and spreading identifiable and specific changes, not broad or vague organizational or cultural change. The model also highlights the need to move beyond making changes only in reaction to a problem, developing changes that are simply “more of the same” (more people, more time, more money, more equipment), and trying to develop the perfect change (Langley et al., 2009).

Magnolia Initiative partners are being coached and supported in this systems-change process by the UCLA Center for Healthier Children, Families and Communities and their Transforming Early Childhood Community Systems (TECCS) collaborative partners (Cincinnati Children’s Hospital, United Way Worldwide and the Kellogg Foundation). While moving quickly through PDSA cycles, individuals engage in a practical and disciplined approach to learning. More often than not, groups move quickly from an idea of change to implementation. It is critical that those involved understand whether change is actually achieving a result and ultimately worth the investment of time, energy and money to “spread” it. As too many have already experienced, not all change is an improvement.

The data available from the EDI and Protective Factor and Community Belonging Survey correspond to the population within the geography of interest to the Magnolia Initiative Partners, and they serve as an indicator of progress towards the long-term goals. Yet the data are too distal to effectively link the actions for which individuals and organizations can take responsibility. Therefore, the Magnolia Community Initiative Partners have developed a data dashboard that displays the various measures that reflect their best estimation of their actions and short-term impacts. Short-term impacts are serving as indicators for the longer-term changes, and ultimately these long-term changes are positive indicators leading to community-wide change.

The Magnolia Community Dashboard displays outcomes of early childhood experiences (*third-grade reading scores and EDI data, developmental progress at kindergarten entry*). The extent to which communities and families provide safe and supportive environments is represented by rates of *protective factors; family hardships* in social, economic, parenting and health; and *rates of daily reading*. Quarterly measures show performance of providers within their respective sectors such as healthcare, education or family support.

Families are asked quarterly if they are experiencing any change in their experiences with providers from the multiple sectors, thus giving organizational providers quick feedback (at least quicker than they are used to) as to whether they have been making the agreed-upon change to their practice. This includes using ITC or empathic care, asking about family stressors, maternal depression or child development concerns, as well as being offered information about social support and other services within the community. Families are asked annually about their well-being, ties to neighbors, access to concrete supports, resiliency and community belonging. Every three years, the EDI and Protective Factor and Community Belonging Survey will be administered to test for penetration and improvement at the population level.

Again, all of this is displayed on the Magnolia Community Dashboard, a tool to coordinate efforts and foster shared learning and joint accountability for results. Working and planning with data is widely accepted as critical and important. Yet as widely as this is accepted, data generated quickly enough to be helpful in learning and improving are rare.

Can all of this actually get to scale? Healthy vibrant networks have numerous “connectors” with dense ties to many other individuals serving as connectors to other networks, as well as to individuals not well connected at all. The number of individuals functioning in the role of connector or trusted intermediary is

never limited. The role of connector is rarely assigned but rather is most often self-ascribed by self-agency. It is this self-agency, coupled with a sense of community, that begins to facilitate the collective agency needed to establish and maintain a healthy community.

More often than not, we have ventured that it requires community organizing strategies to foster self-agency and facilitate the development of collective agency or actions. These strategies typically begin by having a facilitator or organizer work with community members to outline their needs and the lack of, or gaps in, services. With this knowledge, community members are provided training in advocacy skills. They then work to engage and influence those responsible for the policy decisions and the resource allocations for their community.

Linking groups and individuals in order to influence those responsible for the resource distribution that fundamentally drives what services are available, and how they are delivered, is of critical importance. Resources (whether these are material resources or needed services) should reach those who need them, when they are needed, and in the manner that is going to achieve the desired result. Yet no matter how well we organize our resource allocation and service systems, they alone do not create community health and well-being.

Grannis (2009) argued that even the most activist resident, attempting to generate a sense of neighborhood community by generating trust among residents to actively influence the norms and values of fellow residents and produce social capital and collective efficacy in the neighborhood setting, is insufficient. Most importantly, besides being insufficient, activists are not necessary (Grannis, 2009). “It is at the point of sharing norms and values that neighborhood communities often produce desirable environments without the aid of activist residents. Neighborhoods are often, perhaps typically, the unintended consequences of neighborly interactions” (Grannis, 2009, p. 161).

Again, “place” does matter. Furthermore, it matters in multiple ways. It is not just a question of what resources and services are available within a specific geography. It also matters how the physical geography and social dynamics foster or support neighborhood networks that in turn establish social norms that facilitate, strengthen, inhibit, or are detrimental to individual, family and community well-being.

Small (2009) also explored what gives rise to collective efficacy. Recognizing that collective efficacy is predicated on individuals knowing one another, he argued that organizations can shape the extent to which individuals form either social or organizational ties by shaping participants’ interactions and activities. Organizations can serve as brokers and thus connect individuals to one another, to another organization, or to the resources they contain and, thus, serve as a “proxy” for a weak tie. By assisting individuals by establishing geographic availability and providing opportunities for passive contact among community members, organizations can open the door for intentional interaction and ultimately collective efficacy.

Yet there remain challenges in moving from passive contact to making the decision to interact to building an understanding of shared norms and values. Ball Rokeach et al. (2001) stipulated that the key to building community among residents of urban areas is the residents’ storytelling about their community. Stories are vital to us because the primary way we process information is through induction, reasoning through pattern recognition. Stories give us material to find patterns to feed our inductive thinking. They are a way in which we learn (Beinhocker, 2006).

Residents' "storytelling" is impacted by neighborhood and individual characteristics including psychological, cultural, physical, and economic characteristics as well as such factors as safety and security. These characteristics shape the environment that affects the likelihood that people will feel able and willing to communicate with each other. And it is this communication that fosters belonging to their neighborhood. While an area's residents are the most critical storytellers and can, neighbor by neighbor, construct a sense of belonging, today's urban communities require more than the efforts of residents alone to construct shared belonging for the larger residential area. A complete "storytelling neighborhood network" consists of residents, community organizations, and local media that together are generating and sharing stories about the community (Ball Rokeach et al., 2001).

Yet in this new age of the networked information economy, the media landscape has been forever changed (Benkler, 2006). With the access to computers and the Internet, we are no longer simply passive recipients of information relying on organized entities such as a newspaper, television or radio station to develop and disseminate local stories. Rather the cost to create and distribute neighborhood stories has been diminished dramatically. While the Internet, computer, and the new technologies now available to us have not fully realized the potential as the "great equalizer," our opportunity to participate in the production of our own information, communication and community storytelling has been forever altered. As described by Shirky (2007), "We now have communication tools that are flexible enough to match our social capabilities." These tools have given individuals the power not only to share things like photos, videos and opinions, but also to form ad hoc groups to collaborate on common problems and to push for collective action (Shirky, 2007).

Will Getting to Scale Remain an Elusive Goal?

What is presented here is Magnolia Place Community Initiative's idea about how to work with the new tools and knowledge currently available. We know strengthening individual efforts, building relationships and a sense of belonging, improving organizational practice and performance, and effectively strengthening social and organizational networks are necessary to get the results we seek.

Unfortunately, how we most often go about "connecting" local efforts is the way we know best, the traditional hierarchical approach. It can be argued that hierarchies work well as a way of systematizing work, establishing authority, deploying resources, allocating tasks, defining roles, and enabling organizations to operate (Tapscott & Williams, 2008). Hierarchical structures ostensibly serve us well in terms of accountability and control. Yet they have been much less effective in unleashing the innovation, creating value, or fostering the necessary relationships when the work is not well understood and far from ready to be "systematized."

Moving beyond a hierarchical approach goes beyond establishing a "neutral convener" or lead agency to facilitate the process through which Initiative participants develop structures for managing the process and ensuring accountability and control. The reality is that many individuals are already constrained by being part of other hierarchically structured organizations and collaborative ventures.

The key is to develop structures that best support decentralized control. These structures support everyone to do as they can, offer simple rules to guide interactions that are applied to local information, and provide opportunities for multiple interactions to support learning and adaptive mimicking (Mitchell, 2009).

Promoting the success of the 35,000 children within a particular community, or “getting to scale,” is not about the “right” service, strategy, or planning process, but about understanding all efforts occurring as part of a complex adaptive system. Within a complex adaptive system, there is a constant interplay of actors and actions that cannot be controlled and for which one cannot plan. This requires a deeper commitment to learning, adopting and fostering the adaptive capacities, as well as strengthening the cooperative values and norms necessary, for individuals and organizations to create and sustain the environment needed to continuously improve, align and coordinate efforts to achieve and sustain community health and well-being.

Ultimately, it is not about simply introducing new knowledge and tools but changing behavior. It is about changing the way we connect and work with one another. It is applying the new knowledge available to us as we also employ new tools that will strengthen our learning and adaptive capacities.

We are barely beginning to understand the power of self-organizing systems to reach large-scale human endeavors. And, while seemingly impossible, as is commonly said,

“Everything is impossible until it isn’t.”

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