



## AFWI Developmental Evaluation Executive Summary

The Palix Foundation established the Alberta Family Wellness Initiative (AFWI) in 2009 as a platform to invest in improving the health and wellness of children and families in the province by sharing and promoting the application of knowledge<sup>1</sup> about brain and biological development as it relates to early childhood development, mental health, and addiction. This work is based on the understanding that there is a link between early life experiences and brain development, which subsequently contributes to health and wellness outcomes throughout life. AFWI is particularly interested in engaging with stakeholders and partners to contribute to better outcomes pertinent to mental health and addiction.

Given the cross-sector and multi-disciplinary nature of what AFWI is aiming to achieve, the initiative was set up as a knowledge mobilization effort to engage and catalyze relationships across stakeholders from science, policy, and practice domains. The purpose is to reduce the gap between the knowledge base and what is done in policy and practice. Ultimately, AFWI seeks to:

- **Convene, inform, educate, and create engagement** across diverse stakeholders from academia, health, human services, justice, and education sectors so that relevant knowledge can become embedded in all levels of policy, funding, programming, professional education, and practice; and
- **Support and facilitate** the understanding and application of this knowledge to **catalyze** system-level, integrated change in policy, service provision, and on-the-ground practice rooted in cross sector collaboration for the ultimate benefit of children and families.

From November 2013 to June 2014, AFWI commissioned a developmental evaluation to explore the extent to which, and where, progress is being made, and how AFWI might continue to evolve based on these learnings. The evaluation collected qualitative data from 90 individuals via key informant interviews, Reflective Practice sessions, Ripple Effects Mapping sessions, and stakeholder meetings; quantitative data from a detailed survey of 299 people who had participated in AFWI activities and 148 AFWI website visitors; and reviewed over 500 AFWI documents.

### **What is AFWI Achieving?**

In 2009, AFWI set out to improve health and wellness outcomes for children and families, particularly in the areas of early childhood development and addiction and mental health. Given what AFWI is aiming to achieve, it is important to note that the initiative is in its fifth year of what has been described by Foundation staff as a much longer-term change effort. That said, evaluation findings suggest that considerable progress is

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<sup>1</sup> “**Knowledge**” refers to the synthesized body of scientific research pertaining to early brain and biological development agreed upon by the interdisciplinary group of scientists from the U.S.-based National Scientific Council on the Developing Child (<http://developingchild.harvard.edu/activities/council/#>) and translated by the FrameWorks Institute into the core story of brain development (<http://www.frameworksinstitute.org>), as well as knowledge about what constitutes quality addiction treatment.

being made by the initiative in catalyzing changes in individuals, organizations, and systems. The findings indicate that gradation exists in the degree to which changes are being experienced and observed, with stronger evidence of change being seen in the more proximal outcomes, like changes in individuals' understanding, attitudes, and relationships, with less pronounced change in the more distal outcome categories of systems change. This result is expected at this point in the lifecycle of the initiative and fully aligns with AFWI's theory of change – that changes in attitudes, beliefs and relationships based on knowledge are the foundation of, and critical to, eventual changes in policy and practice, both on the ground and at the system level.

Through its knowledge mobilization activities, AFWI set out to affect the way individuals, or “change agents” thought about early childhood development and addiction and mental health. Through a variety of activities, like training initiatives, symposia, and networking events, evaluation data suggest AFWI is contributing to **changes in individuals**. These changes have been consistent and widespread among participants, and include:

- Increasing participants' understanding of the knowledge and changing perceptions of addiction and mental health;
- Changing the way participants view their own efficacy and role in creating organizational and systems change;
- Increasing the breadth and depth of participants' relationships; and
- Changing participants' behaviors and practices to better incorporate the knowledge.

In addition, participants are observing **changes in organizations**, though progress has varied depending on where AFWI participants work. Examples of changes in organizations include:

- Shifting conversation, information sharing, and behavior in participants' organizations through internal knowledge sharing and training that are in line with the knowledge gained through one or more AFWI activities;
- Discussing changes to organizational activities, and in some cases, making those changes; and
- Institutionalizing the knowledge into organizations' shared knowledge base and culture.

Though notable, fewer participants are observing changes such as:

- Changes in organizational policy and strategies, structures, programming and practice; and
- Creating a greater sense of priority on the issue of childhood development and addiction and mental health within their organizations.

Finally, although participants have not yet observed widespread **systems changes**, key early achievements have been high profile and have laid the groundwork for future progress toward broader-scale systems changes. Evaluation findings suggest progress is being made in:

- Increasing cross-sector dialogue, more cross-sector planning, and more cross-sector work;
- Catalyzing the creation of key policy documents for early childhood development and addiction and mental health; and
- Increasing and more targeted funding devoted to early childhood development and to particular areas within addiction and mental health.

These findings indicate that AFWI is catalyzing changes in individuals, organizations, and systems. As a result, a new cadre of motivated change agents is eager for more tools, examples of promising practices, resources, and other supports to help them further integrate the knowledge shared through AFWI activities

into their own practices and into changes within and across the organizations and systems with which they interact.

In the survey and interviews, respondents shared **what supports they need to continue their work** to integrate the knowledge into their own work:



The desire for more information on promising practices and more supportive government policies or strategies is particularly strong.

Participants also shed light on a number of factors that are enabling or hindering changes in individuals, organizations, and systems, including:

Factors Enabling Change	Factors Hindering Change
<ul style="list-style-type: none"> <li>• The science and the language of the core story give people confidence to change</li> <li>• Feeling a part of something bigger</li> <li>• AFWI tools and resources that provided accessible and credible language that resonates with a broad audience</li> <li>• Professional autonomy</li> <li>• Palix's reputation, leadership, and expectations</li> <li>• AFWI's engagement of multiple people within their sphere of influence</li> <li>• Existence of a shared language among players</li> <li>• AFWI's intentionality about engaging the "right" decision makers and influencers</li> <li>• Alignment with existing work</li> <li>• Pre-existing momentum behind organizational changes and systems changes</li> <li>• The timing and conditions have been right</li> <li>• The non-controversial nature of early childhood development</li> </ul>	<ul style="list-style-type: none"> <li>• The difficulty of translating the knowledge into practice</li> <li>• Structural inadequacies at the organizational and systems levels</li> <li>• A perception that adopting practices aligned with the knowledge would lead to additional work on top of already heavy workloads</li> <li>• A reluctance among others in their organizations or fields to give up or change existing programs</li> <li>• Unsupportive or unaligned leadership</li> <li>• Turnover and organizational instability-particularly in Alberta Health Services</li> <li>• The question of whether a critical mass of supporters has been reached within and across organizations</li> <li>• Concerns that the core story is not resonating with non-mainstream cultures</li> <li>• A perception that the Palix Foundation has a singular vision of quality addiction services</li> <li>• A political and cultural environment that does not place high priority on prevention</li> </ul>

## **So what? Implications and Learnings for AFWI's Strategy**

The social science literature provides additional context for the evaluation findings and lessons for consideration as the initiative continues to adapt and respond to emergent opportunities.

- **Learning transfer theory**<sup>2</sup>. The increases in participants' understanding and motivation are in line with the literature, while the literature and evaluation findings also suggests an opportunity to more intentionally focus on supporting change agents who wish to put the knowledge into practice.
- **Organizational change theory**<sup>3</sup>. Participants are catalyzing change within their organizations to varying degrees. As the literature suggests, those who have been able to establish urgency within their organization or form coalitions with like-minded colleagues have made more progress. Organizational instability and turnover are hindering change in some organizations, as we would expect.
- **Systems change theory**<sup>4</sup>. Participants are observing early changes in a number of areas of systems change, for example, in the relationships and connections that exist across various system actors, in policies, and in the range, character, and quality of programs and supports. Two high-profile changes in provincial strategy are examples of changes in systems<sup>5</sup>, and participants also pointed to more nuanced changes they have been observing in cross-sector and cross-organizational dialogue – changes the literature suggests are building blocks to larger scale systems change. Importantly, the literature does not lay out a specific sequence or timeframe for changes to occur. There is also a recognition that what “progress” toward system change looks like will continue to evolve and adapt, much like the system itself.

## **Now What? Considerations for the AFWI Strategy Going Forward**

AFWI has clearly made substantial progress in its first five years. The evaluation findings indicate that the time is now right to enter a new phase of the initiative, with the goal of working with AFWI stakeholders to advance further on the pathway to improving child and family wellness outcomes. To help AFWI leadership think about how it might deploy its resources in the next phase of work, evaluators posed a set of questions, based on evaluation findings, to be considered. These include:

- Should AFWI focus largely in areas where it already has seen good uptake to build on success, or areas where uptake has been slower, or some combination?
- Is AFWI ready for a broader effort to change public opinion across the province?
- Is the timing right for AFWI to intentionally seek partnerships for collective action?

## **Conclusion**

Findings from the AFWI developmental evaluation show that the initiative is contributing to changes in individuals, organizations, and systems. Changes in understanding, attitudes, relationships, and behavior experienced by change agents as a result of participation in AFWI activities are consistently strong. Changes in organizations and systems are also being observed, albeit to a lesser extent than changes in individuals.

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<sup>2</sup> Learning Transfer Model: A Research-Driven Approach to Enhancing Learning Effectiveness." (n.d.). Wilson Learning. Web. 12 June 2014. <[http://www.wilsonlearning-america.com/images/uploads/pdfs/Learning\\_Transfer\\_Approach.pdf](http://www.wilsonlearning-america.com/images/uploads/pdfs/Learning_Transfer_Approach.pdf)>.

<sup>3</sup> Van de Ven, A. H. and Sun, K. (2011). Breakdowns in Implementing Models of Organization Change. *Academy of Management Perspectives*.

<sup>4</sup> Foster-Fishman, P. and Watson, E. R. (2011). The ABLe Change Framework: A Conceptual and Methodological Tool for Promoting Systems Change. *The American Journal of Community Psychology*.

<sup>5</sup> These provincial strategy examples are: Creating Connections: Alberta's Addiction and Mental Health Strategy, 2011

(<http://www.health.alberta.ca/documents/Creating-Connections-2011-Highlights.pdf>) and

Together we Raise Tomorrow (<http://www.socialpolicy.alberta.ca>)

The social science literature on learning transfer, organizational change, and systems change provides context for findings and helps calibrate expectations for progress given the initiative's activities. Certainly, AFWI's progress thus far is impressive, given the early stage of the initiative's implementation and its emergent and dynamic strategy.

These strong findings suggest that, although AFWI's investment is resulting in progress, substantial ongoing investment will be needed to reap longer-term benefits at the child and family wellness level. For example, the successful knowledge mobilization strategy is increasing participants' understanding of the knowledge. This has built up a cadre of people eager for more guidance and tools to help them put this knowledge into practice. In addition, change agents have been catalyzing changes within their respective organizations, and to a lesser extent, across organizations. Yet there is a desire among change agents to do more. High-profile shifts in provincial strategy, for example, in early childhood development and addiction and mental health, have set the stage for continued progress, and the time has now come to ensure high-quality implementation of the strategies. All signs point to growing success as the initiative builds on its strong knowledge mobilization outcomes and continues to adapt to support change agents, and others, in putting the knowledge into practice.