



Social and Emotional Wellness

Developing Integrated Strategies to Support the Social and Emotional Wellness of Children

Benefits of Integrating Strategies to Support the Social and Emotional Wellness of Children, Families, and Providers

Introduction

The social and emotional well-being of young children is an important goal for many federal, state, territory, tribal and local programs. “Healthy social and emotional development refers to a child’s capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn” (ZERO TO THREE, 2009, para. 5). The foundation of social and emotional wellness is established in nurturing and responsive relationships. These relationships include a child’s family and the early childhood professionals providing care in early childhood settings. The early childhood system of care thrives when there is an integration of social and emotional wellness strategies to support all three—children, families, and providers.

Supporting Young Children

A child’s social and emotional well-being affects his or her overall physical and mental health. Addressing the needs of the “whole child” focuses on teaching supports and nurtures all areas of children’s development and learning, which is a powerful strategy as young children grow, develop, and transition to kindergarten. Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development. “As young children develop, their early emotional experiences literally become embedded in the architecture of their brains” (National Scientific Council on the Developing Child, 2004, p.1). Therefore, identifying strategies to support a child’s social and emotional well-being is just as important as his or her physical health. This includes supporting children in establishing meaningful relationships with others, including relationships with adults and peers; assisting children in managing their emotions; and helping them respond appropriately to others’ emotions. Just as the ability to regulate one’s own emotions and manage successful interactions with other people is key for later academic performance, mental health, and social relationships (National Scientific Council on the Developing Child, 2004), behavioral problems at a young age are strongly linked to behavioral challenges in adolescence (e.g., drug use, violence, and dropping out of school).

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Strategies that might be integrated into a state, territory, or tribal system to support *young children* include the following:

1. Implementation of a social and emotional learning program, such as Circle of Security or Incredible Years
2. Adoption of positive behavior interventions and support frameworks, such as the Pyramid Model for Promoting the Social and Emotional Competence in Infants and Young Children
3. Embedding of social and emotional indicators for quality rating improvement systems
4. Inclusion of social and emotional development in early learning guidelines



Supporting Families

Effective strategies to support the social and emotional wellness of children include engaging children's families. The stability and quality of a child's relationship with caring adults lay the foundation for his or her developmental outcomes. Social and emotional wellness strategies that include families allow adults to learn how to support their child in building social and emotional skills and teach adults themselves how to practice and model such skills (McClelland et al., 2017). In addition, early emotional and social development must be incorporated into services to support parents who are struggling to manage routine behavioral difficulties in their young children, as well as those who are trying to figure out whether, when, and how to deal with more serious social or emotional problems (Brooks-Gunn et al., 2000).

Strategies that might be integrated into a state, territory, or tribal system to support *families* include the following:

1. Inclusion of a social and emotional protective factors framework, such as Strengthening Families
2. Adoption of a statewide initiative to support a statewide network of resources for parents and families, such as Help Me Grow

Supporting Early Childhood Professionals

Finally, providing supports for early childhood professionals in early learning settings affects the degree to which a child's social and emotional wellness is fostered. The science of development supports that "greater attention must be focused on the social and emotional development of children in both pre-professional training programs and continuing professional

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education” (National Scientific Council on the Developing Child, 2004, p. 4). Providing training on social and emotional wellness reduces the incidence of expulsion of young children from early childhood programs and increases the confidence of early childhood professionals to support children with challenging behaviors. Strategies such as the Pyramid Approach and infant and early childhood mental health consultation reinforce the facilitation of a shared approach with caregivers to support social and emotional well-being in early childhood.

Strategies that might be integrated into a state, territory, or tribal system to support *early learning and school-age programs* include the following:

1. Integration of responsive caregiving or relationship-based care training and professional development
2. Incorporation of social and emotional professional development, intentionally supporting skills children need to manage their emotions and recognize the emotions of others (e.g., emotional literacy, emotional regulation, empathy, and perspective-taking), which would also include social skills, such as social understanding, development of self-confidence, and positive social interactions with peers and adults
3. Increased access to infant and early childhood mental health consultants to support early childhood professionals
4. Increased access to coaches who can support responsive, relationship-based care
5. Professional development on the use of social and emotional learning screeners
6. Use of child care health consultants to support developmental surveillance or screening in early childhood settings
7. Support of trauma-responsive training for early childhood professionals
8. Creation and adoption of a social and emotional toolkit for use by providers
9. Identification and alignment of social and emotional measurement strategies across initiatives and organizations using the Common Indicators of Social-Emotional Well-Being in Early Childhood, which is being piloted by Project Linking Actions for Unmet Needs in Children’s Health and Child Trends
10. Ensure core knowledge and competencies for the early childhood workforce include a focus on the understanding of best practices to support social and emotional development



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11. Implementation of social and emotional professional development to support social and emotional learning skills in school-age children (including emotional literacy, emotional regulation, insight building, empathy, perspective-taking, and problem-solving) and the embedding of supporting skills, such as communication skills, social understanding, development of self-confidence, assertiveness, and positive social interactions with peers and adults



12. Support of trauma-responsive training for youth care professionals (see the National Center on Afterschool and Summer Enrichment’s [Adverse Childhood Experiences Resources](#))

13. Creation and adoption of a social and emotional learning toolkit for use by providers, like the Afterschool Alliance’s [Social Emotional Learning toolkit](#)

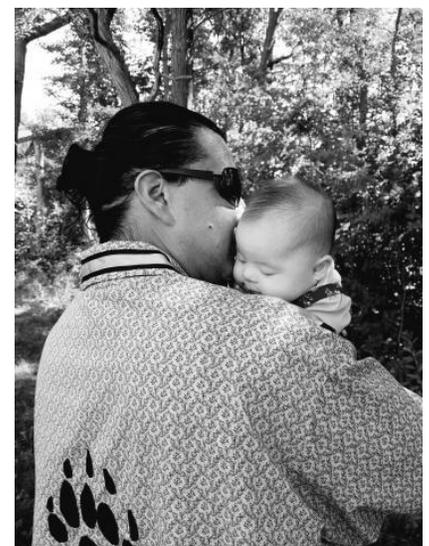
Benefits of Implementing an Integrated and Comprehensive System of Social and Emotional Supports

Research indicates that children that have a strong social and emotional foundation have increased benefits in the following areas:

- ◆ Better physical health—improving social and emotional skills promotes healthier lifestyles, reduces risky behavior such as substance use, and has been linked with a lower body mass index (Bavarian et al., 2006; Moffitt et al., 2011)
- ◆ Improved academic achievement and increased school readiness
- ◆ Increased ability to follow classroom rules and routines
- ◆ Enhanced attention span and ability to persist at challenging tasks, which predicts greater enjoyment of school
- ◆ Reduced problem behaviors
- ◆ Elevated rates of high school graduation and productive employment (Jones et al., 2015)

Benefits for families include the following:

- ◆ Enhanced confidence in their parenting skills
- ◆ Increased understanding of social and emotional wellness
- ◆ Improved ability to manage children’s difficult behaviors



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Benefits for early learning programs include the following:



- ◆ Increased family engagement
- ◆ Increased staff “competence and confidence in the support of children”
- ◆ “Reduced turnover in the program”
- ◆ “Reductions in child challenging behavior”
- ◆ “Increases in children’s social skills”
- ◆ “Increased satisfaction of program staff and families”
- ◆ “Changes in classroom and program climate”

(National Center for Pyramid Model Innovations, n.d., para. 3)

Implementation Considerations—Theory of Change and Logic Models

Promising practices show that an effective implementation strategy for launching a new initiative contains four essential elements: an articulated theory of change model (addressing what you are trying to achieve) to guide services, initiative delivery strategies, staff-provider relationships, and staff training and support. Before embarking on the implementation of a social and emotional wellness initiative, stakeholders should clearly define and articulate the scope and focus of the work. A theory of change and a logic model are two tools that support the development of a comprehensive plan to articulate the “what,” “why,” and “how” of a social and emotional wellness initiative.

What Is a Theory of Change?

A theory of change is an essential driver in effectively designing, operating, and evaluating any new initiative. It describes “the set of assumptions that explain both the mini-steps that lead to the long term goal of interest and the connections between program activities and outcomes that occur at each step of the way” (Weiss, 1995). A well-articulated theory of change allows Child Care and Development Fund (CCDF) Administrators to identify goals and variables that need to be measured in order to support anticipated outcomes. “From a practical point of view, going through the exercise of developing, refining, and promoting a theory of change enables program leadership and staff to articulate the “what,” “why,” and “how” of interventions that improve social and emotional wellness (Center of Excellence for Infant and Early Childhood Mental Health Consultation, n.d., para. 1).

What Does a Theory of Change Model Look Like?

“A basic TOC [theory of change model] explains how a group of early and intermediate accomplishments sets the stage for producing long-range results. A more complete TOC

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articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur” (de la Mata, 2018, paras. 7–8).

A theory of change tool can be found in the Innovation for Social Change’s *A Tool to Develop Your Theory of Change*. The Center of Excellence for Infant and Early Childhood Mental Health Consultation describes an example of a theory of change developed by Dr. Deborah Perry in *Theory of Change Examples from GUCCHD and Arizona’s Smart Support Program*.

What Is a Logic Model?

“A logic model is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, outcomes, and impact for your program. It depicts the relationship between your program’s activities and its intended effects” (Centers for Disease Control and Prevention, n.d., para. 1). Logic models are particularly important to use in establishing your goals, which are uniquely linked to your intended target population.

Like a road map, a logic model shows the intended route and the steps to be taken to reach a specific endpoint. A detailed model indicates how each activity will lead to desired changes. A logic model also expresses the thinking behind your initiative plan and helps make stakeholders’ expectations explicit. Appendix A covers guidance on developing a logic model and a logic model template.

How Do These Differ?

A theory of change differs from a logic model in that the primary purpose of a theory of change is to explain the cause and effect between specific elements of an intervention and a particular outcome. While a logic model graphically displays the link between inputs, outputs, and outcomes, it does not explain the necessary conditions under which that outcome is expected to result. Logic models also provide important contextual information, such as who stakeholders for the program are, the rationale for selecting this program for this population, and other elements. The theory of change gives the “big picture” and summarizes work at a strategic level, while a logic model illustrates the implementation-level understanding of the change process.

Developing a Logic Model

Ideally, a logic model is developed during your design of the initiative. However, network partners can create a logic model at any time to help bring clarity to the work, create consensus or a better understanding of the network, or help focus an evaluation. A clearly articulated logic model will help identify the scope and goals of your initiative. A logic model will help stakeholders do the following:

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- ◆ Articulate their understanding of the current community or state needs related to social and emotional wellness and determine the changes they hope to make through a targeted initiative implementation.
- ◆ Identify who needs to be involved in the initiative planning and implementation and whom the initiative is targeting.
- ◆ Identify activities planned to contribute toward the initiative.
- ◆ Determine the resources needed to launch and sustain the initiative.
- ◆ Clarify assumptions and examine the external factors that could influence the results.



Initiative Delivery Strategies

Ideally, decisions about service delivery strategies are grounded in evidence that suggests that the strategy will help produce positive results and is informed by valid and reliable data. In addition, launching a child, family, and provider social and emotional wellness strategy should consider the reality of using specific strategies (for example, professional development, coaching, or consultation services) based on the following:

- ◆ The identified interests, strengths, and needs of children, families, and providers
- ◆ The community and early care and education system context, including other resources and services available
- ◆ Ways to avoid duplication and maximize partnering with existing resources across all sectors (e.g., health, early learning, family support, home visiting, and community institutions)
- ◆ An analysis of the equity of services available and barriers to accessing them, such as opportunities for training and professional development or availability of training in a first language
- ◆ Opportunities for training and coordination across resources for other early learning programs (e.g., schools, centers, home visiting, and family child care)
- ◆ Available personnel and funding
- ◆ The time it takes to achieve the intermediate outcomes
- ◆ The capacity to simultaneously offer multiple services



Social and Emotional Wellness Strategies

There are many strategies to help increase the social and emotional wellness of children, families, and providers. In addition to considering the research on the value of social and emotional health, states, territories, or tribes should consider the most common needs of the

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audiences being served and the activities that will best address those needs, including the following:

- ◆ **Coaching and consultation:** These activities could occur through program visits, virtual consultation or coaching, phone calls, emails, learning communities, webinars, or other locally designed strategies.
- ◆ **Training and professional development:** This may include access to types of learning opportunities that best suit the unique professional learning needs and workplace conditions (e.g., distance learning, professional learning offered in multiple languages, topical training at community sites or onsite, connecting providers to credit-bearing professional learning opportunities, and offering training during nontraditional hours).
- ◆ **Connections to peers, professional support, and the community:** This may include hosting meetings to increase provider opportunities for peer and professional connections, using meetings and communication to share information on community resources, and gathering input on needs to strengthen future supports.
- ◆ **Training for trainers:** This may include developing a cadre of trainers that can provide professional development on social and emotional learning, relationship-based care, or early childhood mental health.
- ◆ **Infant and early childhood mental health consultation:** “Infant and early childhood mental health consultation is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention and their home.” (Center for Infant and Early Childhood Mental Health Consultation, n.d., para. 1).
- ◆ **Pyramid Model:** The Pyramid Model is a framework of evidence-based practices for promoting young children’s healthy social and emotional development. The [National Center for Pyramid Model Innovations](#) provides states with the technical assistance and training to establish the systems and policies needed to implement, sustain, and scale up the implementation of the Pyramid Model by early education and care programs.
- ◆ **Positive Behavioral Interventions and Supports (PBIS):** [PBIS](#) is an evidence-based multi-tiered framework “to improve and integrate all of the data, systems, and practices affecting student outcomes every day” (PBIS, n.d., para. 3).
- ◆ **Quality rating and improvement systems:** States often address social and emotional development in their quality standards.

A Stage-Based Framework for Implementing a Social and Emotional Wellness Strategy for Children, Families, and Providers

The stage-based framework for implementing an initiative involves four stages: exploration, installation, initial implementation, and full implementation. In addition, implementation research has included the identification of a set of *three core implementation components*: using teams to lead implementation efforts, using data and feedback loops to inform

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decisionmaking and continuous improvement, and developing a sustainable implementation infrastructure. These core implementation components are threaded throughout each implementation stage (Metz et al., 2015). Appendix B illustrates how the three core implementation elements are mapped across each of the implementation stages.

Core Implementation Components

Using Teams to Lead Implementation Efforts

Implementation teams are groups of individuals who have the task of intentionally monitoring and supporting various aspects of implementation. Teams may include key personnel such as initiative coordinators, providers, and key stakeholders (e.g., parents, program developers, funders, mental health consultants, child care resource and referral staff, training and technical assistance organizations, community members). Members of the team should mirror the race, language, and culture of the audiences to be served. Ideally, implementation teams are established at every level of the initiative. For example, a statewide implementation model may require implementation teams at the state, regional, and local levels to support a large-scale initiative.

Implementation teams should have adequate knowledge and skills in several specific areas in order to be effective team members. Teams should contain one or more members who are knowledgeable about social and emotional wellness, understand the implementation infrastructure necessary to support such an initiative, and are committed to using data and feedback loops for continuous improvement.

Using Data and Feedback Loops to Inform Decisionmaking and Continuous Improvement

Successful social and emotional wellness initiative implementation relies on continuous quality improvement (CQI) through the regular assessment and feedback of data across planning, implementation, and outcomes. This process can be as simple as soliciting informal verbal feedback about what worked well and what could be improved in the future during planning calls or team meetings. This element is also critical for shoring up feedback loops and connecting current child care policy (e.g., Child Care and Development Block Grant [CCDBG] Act of 2014, child care licensing rules and regulations) to practice. Continuous improvement cycles should demonstrate the Plan, Do, Study, Act cycle on an organizational scale (see the National Implementation Research Network's "[Framework 5: Improvement Cycles](#)" web page, which discusses the Plan, Do, Study, Act phases).

Developing a Sustainable Implementation Infrastructure

General infrastructure capacity refers to skills or characteristics (at the individual level) and the overall functioning (at the organizational and community levels) associated with the ability to implement or improve a social and emotional wellness initiative. For example, when developing general infrastructure capacity to undertake the launch of a new social and emotional wellness initiative, organizations would want to focus on hiring individuals with

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adequate knowledge and background in mental health and social and emotional learning. At the organizational level, building the infrastructure capacity would involve developing a clear mission, strong leadership, effective organizational structure, good working climate, adequate technology, and data-informed decisionmaking processes. At the community level, building general infrastructure capacity would focus on bringing additional resources and building cross-sector community linkages, including links with health, family support, and early learning sectors.

Stages of Implementation

Stage I: Exploration

The first stage of initiative implementation is exploration. Team activities in this stage include assessing child, family, provider, and community needs; considering possibilities for meeting those needs; judging the feasibility of different implementation models and activities to meet identified needs; and developing an action plan and necessary resources for its implementation. To determine initiative feasibility, you may choose to engage in some of the following activities:

- ◆ Complete a needs, strengths, and opportunities assessment.
- ◆ Engage in discussions with your target audiences (consider both focus groups and one-on-one conversations) to gather information on their needs and develop an understanding of the barriers they face to accessing existing resources.
- ◆ Explore key considerations for implementation of activities, use of data, and feedback loops.
- ◆ Conduct a scan of available social and emotional learning or mental health resources to support implementation.

Engaging in these activities will increase the likelihood your efforts are informed by timely and accurate data collection and information on readiness for implementation.

Stage II. Installation

During the installation stage, new services are not yet being delivered; however, the necessary individual and organizational competencies and supporting infrastructure are being established so that the initiatives can be successfully implemented.

During this time, network teams actively build their capacity to launch the innovations selected during the exploration stage. Implementation teams gather data during this phase and make any adjustments to the approach or the implementation supports (e.g., training, coaching, leadership strategies) or infrastructure (e.g., data collection processes) to facilitate success.

Exploring Funding Resources

As part of the implementation process, available funding sources will need to be considered. The logic model and corresponding action plan that implementation teams develop provide clarity on required financial resources for start-up and implementation. Implementation teams

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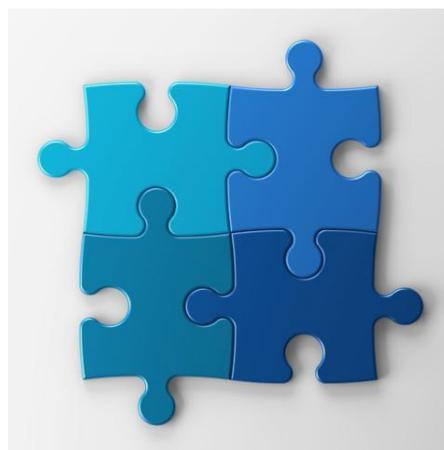
can access other funding options to supplement CCDF financial supports, such as the following:

- ◆ Foundations: [Foundation Directory Online](#) is a nonprofit service organization that offers an online listing of grants in the United States.

Stage III. Initial Implementation

During the initial implementation stage, service delivery begins and is offered to target audiences. The implementation team may consider launching the initiative to providers before families or vice versa. The key activities of the initial implementation stage involve strategies to promote continuous improvement. The following six questions help to promote continuous improvement during initial implementation:

1. What does the initiative look like now?
2. Are we satisfied with how the service delivery model looks?
3. How will we know if we have been successful with implementation?
4. What can we do to maintain the success?
5. What can we do to make the initiative more efficient and durable?
6. What possibilities exist for expanding the reach of the services?



Stage IV. Full Network Implementation

Evaluation of Network Services

Evaluation, the fourth stage, is a critical element in a program's implementation and should be used to validate the efficacy and continued implementation of the initiative. Evaluation informs the continuous quality improvement of the services. Process and outcome evaluation will look at impacts, benefits, and changes to the target audiences (as a result of the initiative efforts) during their participation, after their participation, or both. As addressed in the logic model, an evaluation will examine these types of changes in the short, intermediate, and long term.

Designing the Evaluation

There are four main steps to developing an evaluation plan:

1. Identify the objectives and goals.
2. Develop the evaluation questions.
3. Develop the evaluation methods.
4. Set up a timeline for evaluation activities.

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The first step in designing an evaluation is to clarify the initiative's objectives and goals. What are the main things to be accomplished, and what has been established to accomplish them? Clarifying these will help identify which major program components should be evaluated.

The second step is to develop evaluation questions and evaluation methods. Consider the following key questions when designing an initiative evaluation:

- ◆ What purpose will the evaluation serve? What do you want to know and decide as a result of the evaluation?
- ◆ Who are the audiences for the information from the evaluation (e.g., CCDF Lead Agency, funders, providers)?
- ◆ What kinds of data are needed to inform the evaluation?
- ◆ Who will provide the evaluation data?
- ◆ How will the data be collected?
- ◆ When is the information needed?
- ◆ What resources are available to collect the information?

Supervision and support for network staff may enhance their capacity and effectiveness. For example, family child care network staff who have regular opportunities to reflect with a supervisor about their work with providers may feel more confident and effective in their roles. Peer support, including opportunities to share strategies and problem solve with other staff, is also important for network staff because working with family child care providers can sometimes be isolating and challenging.

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Early Childhood Development



CHILD CARE
State Capacity Building Center



National Center for
Pyramid Model
INNOVATIONS



ADMINISTRATION FOR
CHILDREN & FAMILIES

Appendix A. Logic Models

Table 1. Logic Model Development Guidance

Note: Use this logic model guidance to support your work. Some draft examples are provided to support your thinking.

Logic Model Elements	Guidance	Examples
Overarching goals	Enter the overarching goal(s) of the work. These goals typically will not be completely within the program’s sphere of control, but the program works to affect these overarching goals. These are often population-level, broad-based outcomes.	
Priorities	Briefly summarize the rationale or context for why the strategies have been selected. Enter short phrases that summarize the problem, any mandates the program is under, and higher level priorities. Context should be more fully fleshed out in the action plan that accompanies this logic model.	
Inputs	Describe the existing resources that are available prior to program implementation. These could be reflective of human resources, technology, time, equipment, and other resources.	<ul style="list-style-type: none"> ◆ Grant funding from CCDF Lead Agency
Outputs	<p>Describe, at a high level, what the initiative does and for whom.</p> <ul style="list-style-type: none"> ◆ Strategies: A strategy is a broad approach by which the network will achieve its objectives. These are not the specific day-to-day activities. They describe clusters of activities and tasks that will be conducted in order to accomplish the outcomes. Strategies should be written using action words such as “form workgroup,” “gather data,” and “conduct survey.” Strategies will become more thorough when you 	<p>Strategies</p> <ul style="list-style-type: none"> ◆ Facilitate social and emotional wellness communities of practice. ◆ Provide onsite coaching for providers. ◆ Deliver technical assistance for providers. ◆ Develop and distribute family resources. <p>Participation</p> <ul style="list-style-type: none"> ◆ Child care providers ◆ Professional development providers

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Logic Model Elements	Guidance	Examples
	<p>describe their associated milestones or key activities in the action plan.</p> <ul style="list-style-type: none"> ◆ Participation: Describe the immediate target population associated with the strategy. 	<ul style="list-style-type: none"> ◆ Quality rating and improvement system coaches ◆ Infant and early childhood mental health consultants
Outcomes	<p>Outcomes refer to the changes that are expected to occur as a direct result of implementing the strategies. They often reflect a change in attitudes, behaviors, knowledge, skills, status, or level of functioning. Short-term outcomes can typically be accomplished in 1 to 3 years and are often expressed at the level of individual change. Intermediate-term outcomes may take 4 to 6 years. These usually build on the progress expected by the short-term outcomes. Outcomes are written as objectives in your action plan.</p>	<p>Short term</p> <ul style="list-style-type: none"> ◆ Improved social and emotional wellness <p>Intermediate term</p>
Impact	<p>Impacts are the long-term changes that are expected to happen if the strategies are carried out effectively, are sustained, or both. These are often about conditions and may take 7 to 10 years to accomplish.</p>	<p>Long term</p>
Logic assumptions	<p>Describe the logic behind your underlying assumptions about why the strategies will produce the desired short-term outcomes and why the short-term outcomes will lead to long-term outcomes and effects. Include any evidence-based linkages, where applicable.</p>	
External factors	<p>Describe the environment surrounding your program. You may want to describe the political environment and how it affects your work, any pending changes that need to be monitored, or stakeholders' concerns to be addressed.</p>	<p>On November 19, 2014, the President signed into law bipartisan legislation that reauthorized the CCDBG Act for the first time since 1996. The law made many important statutory changes focused on reforming child care to better support the success of both parents and children in low-income</p>

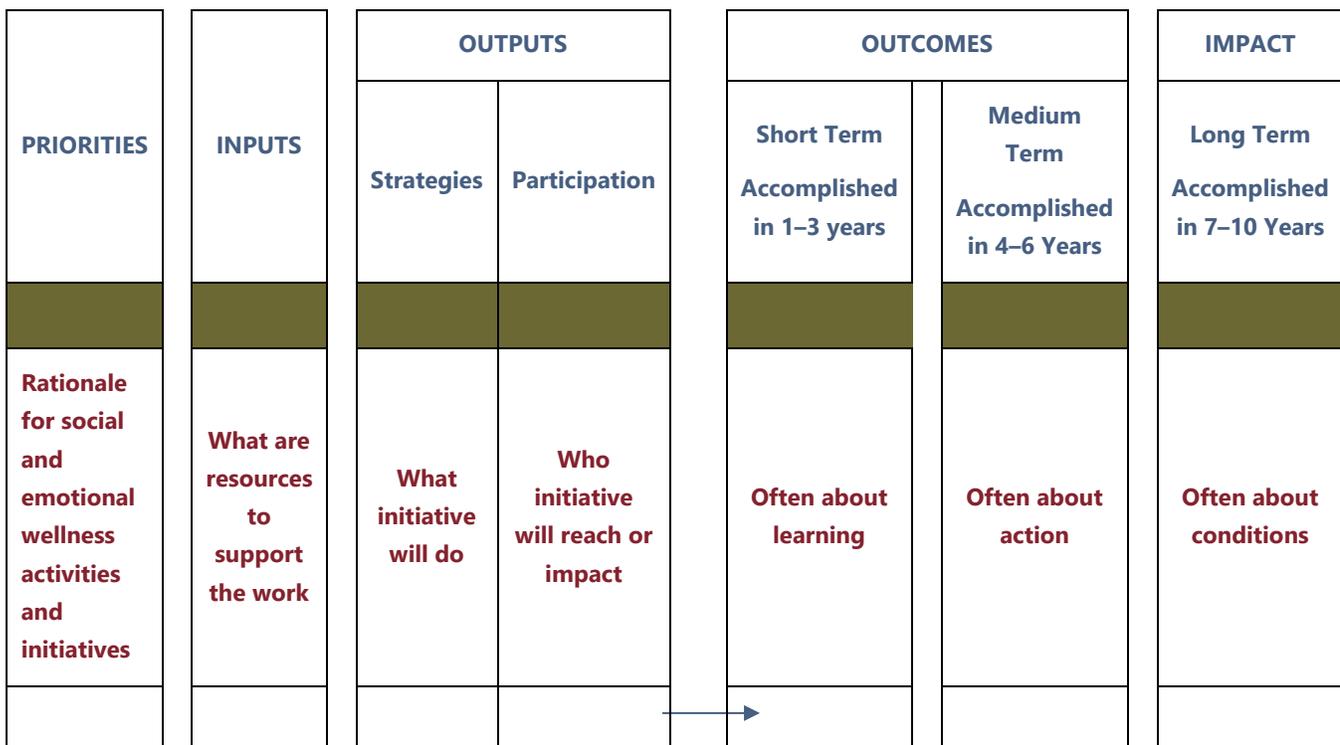
SOCIAL AND EMOTIONAL WELLNESS

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Logic Model Elements	Guidance	Examples
		families and increase their access to healthy, safe, high-quality child care.
Evaluation focus	<p>Describe any external factors that could influence the success of your program or that may need to be monitored throughout. This element is optional.</p> <p>Evaluation focus–Outputs: Briefly describe what outputs might need to be evaluated.</p> <p>Evaluation focus–Outcomes: Briefly describe what outcomes might need to be evaluated.</p>	<p>Outputs</p> <ul style="list-style-type: none"> ◆ Reach of training efforts <p>Outcomes</p>

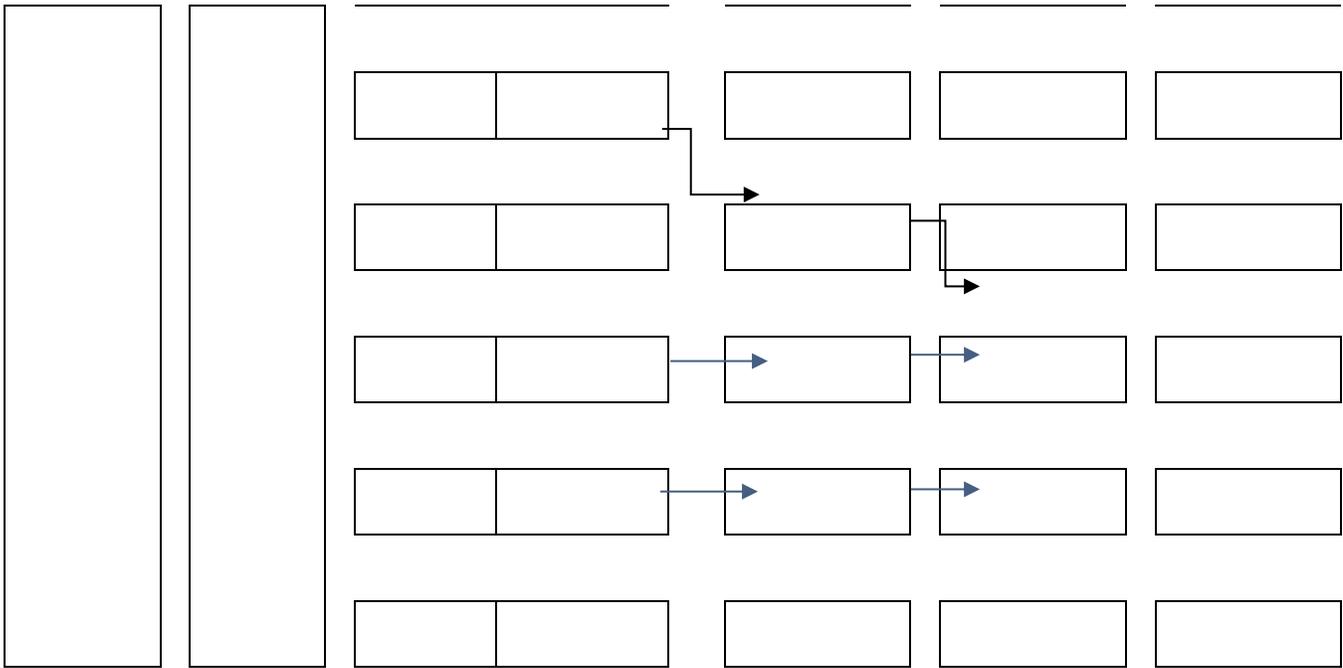
Sample Logic Model Template

Overarching Goal(s):
Overarching Objective(s):



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LOGIC ASSUMPTIONS	EXTERNAL INFLUENCES

EVALUATION FOCUS—OUTCOMES	EVALUATION FOCUS—IMPACT

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Appendix B. Conceptual Framework

Table 1: An Integrated Stage-Based Conceptual Framework for Implementation

Implementation Component	Exploration	Installation	Initial Implementation	Full Implementation
Implementation teams	Form implementation teams; develop the teams' work and communication protocols	Establish or adopt implementation team competences; confirm availability of resources to support network(s)	Problem solve what is and is not working and use data at each meeting to promote improvement	Use CQI data; develop and test improvements
Data and feedback loops	Conduct needs assessment; develop a logic model; determine fit, feasibility, and readiness	Assess infrastructure gaps; implement policy practice feedback loops and assess team competencies	Assess the reach of the initiative and test data to stabilize an evidence-based approach	Assess outcomes; collect data to determine fidelity and quality
Implementation infrastructure	Determine necessary system components to support practice, organization, and systems change	Develop required infrastructure elements to support practice, organization, and systems change	Improve elements to support practice, organization, and systems change	Maintain data-informed practice; produce a more efficient or effective system to support desired outcomes

Source: Metz, A., Naom, S. F., Halle, T., & Bartley, L. (2015, May). *An integrated stage-based framework for implementation of early childhood programs and systems* (Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

https://www.acf.hhs.gov/sites/default/files/documents/opre/es_ccepra_stage_based_framework_brief_508.pdf