



Child Safety Forward Planning Year Evaluation Brief

Evaluation Plus LLC
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Executive Summary

Background

Child Safety Forward is a national initiative funded by the Office for Victims of Crime (OVC) to reduce child abuse and neglect fatalities and injuries through a collaborative, community-based approach.¹ The Alliance for Strong Families and Communities (Alliance) is serving as the national technical assistance (TA) provider to the five demonstration sites in this initiative. The TA team includes expertise in evaluation, data collection and analysis, safety science, development of community collaboratives, communications, fatality review, and engagement of persons with lived experience. The five demonstration sites are:

- ▶ Cook County Health in Illinois
- ▶ Indiana Department of Health
- ▶ Michigan Department of Health and Human Services
- ▶ St. Francis Hospital in Hartford, Connecticut
- ▶ Sacramento County, California's Child Abuse Prevention Council

The major objectives of the TA are to:

- ▶ Establish learning exchange teams with the demonstration sites to share best practices and provide active TA to the sites as they develop and sustain effective local partnerships
- ▶ Conduct data-driven needs assessments using new and old data from fatality review, analysis of deaths and injuries, community-level socio-economic data, and other data on risk and protective factors
- ▶ Provide TA and training as sites develop their strategic plans of action using a strong collective impact model of collaboration and evidence-based programming
- ▶ Assist sites in developing regional and national communication strategies to share lessons learned and disseminate findings on outcomes and best practices
- ▶ Participate in ongoing evaluation and integrate lessons learned to build upon successes

Evaluation Approach

The Child Safety Forward (CSF) evaluation used the developmental evaluation approach to support the Alliance in planning for and adapting the TA, learning community, and communication strategy.² This approach allowed the Alliance to stay nimble as it deployed early TA and coordinated the learning exchange in the planning year. Demonstration sites were to close out the planning year in October 2020, but it was extended through December of 2020 to allow the demonstration sites to adapt to COVID-19.

¹ Up-to-date information about Child Safety Forward and its on-going progress is available through the Within Our Reach on-line blog: <https://alliance1.org/within-our-reach>.

² This evaluation is funded by Casey Family Programs to evaluate the Alliance TA and Learning Exchange model. Independent evaluators sit on project teams at each of the five demonstration sites to support evaluation at the site level. Currently, there is no overall initiative level evaluation underway.

The planning year evaluation was organized around five learning cycles:

- ▶ [Learning Cycle 1: Developing an initiative level theory of change](#)
- ▶ [Learning Cycle 2: Building a robust TA model that is responsive to capacities and needs of demonstration sites](#)
- ▶ [Learning Cycle 3: Understanding the value of a learning exchange for demonstration sites and its potential for the broader field](#)
- ▶ [Learning Cycle 4: Exploring and understanding how COVID-19 influenced Child Safety Forward](#)
- ▶ [Learning Cycle 5: Reflecting on how various decisions made during the planning year contributed to the development of demonstration sites' implementation plans](#)

Our learning around each of these cycles was aided by action learning activities (e.g., facilitated discussion around a framework, after-action reviews) with the demonstration sites and TA team, survey data collection, observation, and by prototyping different strategies for delivering technical assistance and learning opportunities and getting feedback and data on how successfully those strategies were in advancing our goals. For example, when first beginning to deliver virtual convenings, we tried several different structures to find the best fit. The synthesis of this learning generated the following insights.

- ▶ **Using a public health approach that relies on ongoing assessment of need and rapid testing and evaluation to design and address strategy creates a cross-sector approach that is responsive and adaptable to community priorities.** To shift focus to protective factors (not just addressing risk) and strengthening families against stressors, systems need to develop additional capacities including how to work in partnership with families, build strong collaboratives, use learning in near real-time, and improve access to supports. These capacities are the same capacities needed for systems to be adaptive and responsive to changing environments. While the CSF initiative was underway COVID-19, the Alliance and demonstration sites were quickly able to adapt and seize opportunities in this time of crisis to advance new ways of framing child safety and family well-being. As a result, CSF demonstration sites may be better positioned to respond in post-COVID child welfare.
- ▶ **Capacities and policies and practices for how to shift power dynamics between systems and families, address racism and disparate outcomes in child welfare, and engage in a higher-level dialogue about to support families across systems are underdeveloped.** The CSF technical assistance and learning exchange model was robust and in alignment with the [recommendations of the Commission to Eliminate Child Abuse and Neglect Fatalities](#). As such, we initially knew the model would support bring demonstration sites closer to realizing a child and family well-being system as envisioned. As we developed and refined our theory of change in partnership with the TA team and demonstration sites, we learned that to strengthen this model and accelerate progress towards this vision, we would need collaborations to emphasize strategies that:
 - Elevate families to relationships of equal power within systems as employed experts
 - Include intentional strategy to systematically assess and address racism
 - Include a sustained communication strategy

There needs to be more focused experimentation, evaluation and learning around these strategies if we hope to shift mental models and transform the ways systems and families work together to protect children.

- ▶ **If we want to accelerate progress toward a child and family well-being system, we need focus on learning by crediting multiple sources of data and information.** Quantitative data alone provides an incomplete picture of the assets and barriers to keeping children safe at home and further reinforces bias and misperceptions about child maltreatment. We made the misstep early on by using the language of data and data analysis to capture the main activities of the planning year. There are still a lot of challenges around data culture in the field. Trying to navigate these challenges before building strong collaboratives resulted in demonstration sites getting stuck on not having access to institutional quantitative data and therefore not being able to develop plans based in data.

It took several months of work with demonstration sites to help them see that qualitative data can be gathered and analyzed systematically and it is as credible, transferable, and actionable as quantitative data. Arguably the identification of the strategies developed in the previous bullet point and the identification of protective factors emerged not from quantitative data which is still being analyzed at several of the demonstration sites but from the rich and robust community-level, qualitative data collection done by the demonstration sites.

- ▶ **Capacities to design, experiment with and participate in learning collaboratives to sustain effective strategies for child maltreatment are not engrained in our systems yet, and technical assistance and shared learning are needed.** There is a bidirectional influence between work on the ground and TA expertise. The expertise available through TA cannot move faster than readiness of communities for the TA and needs to be adapted to community models and needs as well as improved upon by what is learned through community use of the TA. However, the challenge is that we fund initiatives “to do” not to learn. There is still a strong mindset that quantity is quality, and that learning is what happens when an outcome is met. Critical activities that are necessary for sustainability are not prioritized as part of evaluation. If we believe that implementing new ideas, policies, and practices in the field is critical to accelerating change and realizing sustainable meaningful results, time and capacity building, along with incentives to prioritize learning, need to be built into initiatives that are funded to do transformative work.

The following sections of this report describe each learning cycle in greater depth, explain methodologies that guided the learning, and highlight the key insights from each of the learning cycles.

Learning Cycle 1: Theory of Change

The TA team and demonstration sites were challenged in the creation of this theory of change to think about where we could significantly alter the narrative to accelerate progress toward a 21st-century child and family well-being system. The foundational evidence for the theory of change came from the [recommendations of the Commission to Eliminate Child Abuse and Neglect Fatalities](#) and the assumptions set forth in the [Request for Proposals and the Office for Victims of Crime \(OVC\) FY2019 Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization](#) funding award in response to these recommendations. The CSF initiative's theory of change evolved over the course of the planning year and was informed by the expertise of the TA team and demonstration site project teams as well as the site-level theories of change resulting from needs assessments, retrospective reviews, and data collection at the sites.³

In addition to developing an initiative-level theory of change, we leveraged this process to build capacity with demonstration sites around the theory of change approach. All the demonstration sites developed working theories of change informed by their data collection activities. Additional feedback was provided by the TA team. Final implementation plans are grounded in these theories of change.

Key Insights

- ▶ To significantly shift narrative and practice to move toward a 21st-child and family well-being system where child protection agencies, community partners, neighbors, and families share a responsibility to ensure children thrive, we must create conditions that:
 - **Elevate families to relationships of equal power within systems as their employed experts**
 - **Include intentional strategy to systematically assess and address racism**
 - **Include a sustained communication strategy**

- ▶ The capacity to build and work with theories of change is critical for the field to move from focusing exclusively on intervention design and implementation and addressing risk toward a model that includes comprehensive and cooperative systems change to promote protective factors and support resilience.

Initiative Theory of Change

The September 2020 interim evaluation memo presented the initiative-level theory of change with a focus on the planning year. The preconditions outlined in the theory of change for readiness, the TA model and learning exchange guided our evaluation activities. Toward the end of the planning year, we revisited the initiative-level theory of change to refine it based on what we were learning from the evaluation and the developing theories of change of the demonstration sites. We also developed a narrative document to further elaborate on assumptions behind the model. The most current version of the initiative level theory of change is included in [Attachment A](#). In addition to the high-level visual,

³ Source documents: Summary memo of TAPS call_5.4.20, Child Safety Forward Needs Assessment Summary_d.2.27.20; evaluator notes from meetings with demonstration sites to review TOC, evaluator notes and observations from evaluation meetings with Alliance staff and demonstration sites, Interim Learning Memo, Interview with OVC Program Officer, Demonstration Sites Final Theory of Change documents, implementation plans and data summaries.

we provide additional insights into the underlying preconditions needed to advance our theory for the planning and implementation cycles. Our working narrative for the theory of change is in [Attachment B](#).

Since the interim memo, the initiative-level theory of change has been updated to include three conditions that surfaced during the planning year:

- ▶ **Parent Power:** Demonstration sites recognized the importance of parents’ voices in the data collection process but were still struggling with how to move parents into positions of leadership and power. Underlying assumptions about parent capacity to participate at the strategic level; assumptions about their role in child maltreatment; and limited access to parents. Trust, time, and space are all identified barriers that need to be addressed to successfully advance systems change.
- ▶ **Racial Equity and Justice:** This became defined in our theory of change as “deep equity⁴” because demonstration sites’ strategies started to move past disaggregation of data as the primary mechanism for getting at equitable, lasting outcomes. Several of the demonstration sites are adopting robust racial equity and justice strategies that have the potential to significantly alter systems.
- ▶ **Sustained Communications:** This condition is tied to the very real challenges demonstration sites experienced in navigating their own internal communications structures as well as how to create a narrative in public space about risk and protective factors. The needs assessments conducted by the demonstration sites highlighted stigmatizing and biased perspectives that keep families from accessing the supportive structures they need to keep their children safe and thriving at home. To counter these biases, strong, intentional communications strategies are needed internally and externally to shift the status quo. Over the course of the planning year, demonstration sites and their partners developed a high level of interest and awareness of the importance of how to frame childhood adversity, prevention, and resilience using metaphors and concepts that have been tested and proven to spark acceptance and buy-in.

Building a Theory of Change Approach

The original request from OVC asked demonstration sites to provide logic models around a prescriptive set of conditions and planning year activities that included a five-year retrospective review of relevant data, establishing formal partnerships with key stakeholders, and developing a strategic plan to implement a comprehensive approach for reducing childhood injuries and fatalities based on a needs assessment. The Alliance team and OVC also recognized in these logic models that it would require making changes to complex systems for demonstration sites to successfully implement their plans or the initiative might result in only moderate shifts to the current condition. To significantly shift the narrative, we chose to introduce a public health model and developmental evaluation with theories of change as a tool for helping demonstration sites frame how they would move from programmatic thinking to systems thinking and from addressing risk factors alone to including promoting protective factors in their strategy. The theory of change work included:

⁴ Deep Equity is defined by ChangeElemental as systems working towards outcomes in a way that model’s dignity, justice, and love without recreating harm in our structures, strategies, and relationships. We pair this definition with Urban Strategies Council definition of equity as one where equity is advanced when we seek fairness and justice by systematically assessing disparities in opportunities and outcomes and redressing disparities through targeted actions.

- ▶ Initiative-level learning about developmental evaluation and constructing theory of change (e.g., webinars, templates, community of practice)
- ▶ Demonstration site-level coaching and feedback on draft versions of theory of change

Demonstration sites submitted drafts of their theories of change as they were nearing completion of their data collection activities. The TA team provide written and oral feedback on their theories of change. Templates for presenting their data summaries and their implementation plans also helped connect the importance of their theory of change to keep results at the forefront rather than activity alone. The theory of change work was not easy but was aided by the following:

- ▶ Individual(s) at the demonstration site willing to champion the process with the natural tendency to think at a systems level and keep forward momentum when the theory of change discussion felt circular or overwhelming
- ▶ A collective mindset among the team that articulating “why” before “what” thinking will enhance strategic decision making
- ▶ An individual adopting an evaluator role at the strategy table to push evaluative thinking, make linkages between data and strategy, and help push past the trap of falling into “doing what we believe” over “doing what we know or can know” activity

One of the biggest challenges we encountered in theory of change work and implementation development was sites’ concern that they were not in compliance with what they had said they were going to do in their initial proposal and logic model. While they were learning new things from needs assessments and TA, they kept coming back to their original commitments that were not informed by their new learning and current data.

At the end of the planning year, we spoke with OVC about how the initial proposal was constructed and the difference that taking a theory of change approach from the start may have made. In that conversation, we noted that funders are asking communities to do work that is increasingly complex and at a higher level than a series of programmatic approaches. Yet, funding requirements tend to still be organized around quantity of activity over quality of outcome, doing what is tried and true over innovation, and following a plan over strategic learning. Allowing communities to come to the table or develop a theory of change that fits funding into that theory of change may accelerate change, versus communities trying to replicate only what funding prescribes. The CSF planning year, by design, ended up requiring adaptation and changes to original thinking that pushed the current narrative much farther than their original logic models.

Learning Cycle 2: Technical Assistance Model

This learning cycle was designed to understand what it takes to build a TA model that supports community-led collaboratives to address child fatalities due to maltreatment and to shift these collaboratives toward a larger effort to advance a child and family well-being system. A few original assumptions guided the initial design of TA:

- ▶ A national center with connections to the broader field and convening and communication expertise is needed to coordinate TA and learning
- ▶ Demonstration sites would need support in seven content areas (see Figure 1)

The interim evaluation learning memo focused on what we were learning about how to provide TA in a virtual environment and how to improve our TA model (see Figure 1).^{5 6} The TA team and demonstration sites helped refine this model and identified six indicators of success for the planning year:

- ▶ Strong relationships and regular touchpoints between demonstration sites and the TA team
- ▶ Structure to support information sharing, learning, and the development of synergies across the TA team
- ▶ Time for demonstration sites to reflect on the TA provided and apply it in their own setting
- ▶ A clear process for knowing when and how to engage the TA team
- ▶ The customization of resources to reflect demonstration sites need
- ▶ A TA model that is responsive to learning needs

This learning memo draws on data from the evaluation surveys collected from the TA team and demonstration sites to test our progress on the above indicators after the interim evaluation memo and an end-of-year debrief with the TA team and OVC about the TA model. It looks specifically at our choices around content areas, principles of delivery, and mechanisms to support delivery of TA.

Key Insights

- ▶ The TA content expertise chosen for CSF provided the demonstration sites with the capacities to not only build their CSF plans, but reinforced capacities needed to be responsive in rapidly changing environments with the potential to influence family well-being conditions.
- ▶ While demonstration sites value an approach to TA that is non-prescriptive, there needs to be some intentional structure for supporting demonstration sites in identifying and owning their TA needs and reflecting on how to apply cohort level TA to their own unique setting.

⁵ Source documents: Summary memo of TAPS call_5.4.20, evaluator notes and observations from evaluation meetings with Alliance staff and demonstration sites, TA tracker (google form), convening evaluations, Interim Learning Memo, DS Mid-Year Evaluation and TA Team Mid-Year Evaluation.

⁶ Since the interim memo in September of 2020, we added two additional mechanisms based on demonstration site feedback: structured templates for meeting the end of planning year deliverables (theory of change, data summary and implementation plan) and written rapid feedback from the TA team on draft versions of these plans.

Figure 1: Current Technical Assistance Model Components

Content Expertise	Underlying Principles of Delivery	Mechanisms
<ul style="list-style-type: none"> • Collective impact • Communications • Data collection and analysis • Equity, diversity, and inclusion* • Evaluation • Parent engagement • Public health* • Safety science • Strategy • Systems thinking* 	<ul style="list-style-type: none"> • Nonprescriptive • Agile and adaptive • Responsive at a site level • Learning culture* 	<ul style="list-style-type: none"> • Monthly TA team meetings • TA activity tracker (Google form) • Learning management system access • Biweekly calls with the sites open to all TA providers • Facilitated connections to TA made by the Alliance • Topical convenings and trainings • Resource guides • Cross TA team support of CSF activities and convenings • One-to-one TA that includes coaching, on-site facilitation, and support • Structured templates for meeting grant deliverables • Written feedback on deliverables from TA Team

*Added content expertise during the planning year.

Content Expertise

The expertise on the TA team addressed the expectations of OVC funding solicitation, but also leveraged the Alliance’s vast network of partners and experience in supporting organizations in developing innovative strategy. In the planning year, demonstration sites were expected to build partnerships and conduct data collection and analysis to drive robust and collaborative strategic plans to reduce child fatalities and injuries. The TA would then transition into an implementation phase for testing these strategies and learning. Key questions in the planning year were whether we had the right content expertise at the table, and what additional content expertise would we need for implementation.

The content expertise of the TA team was broad enough to address differences in community needs and models. The full TA team was accessed by the demonstration sites in various ways and at various levels. All the demonstration sites were exposed to all the content areas through virtual open houses and convenings, and all the demonstration sites used some self-selected TA, but not all the demonstration sites used all the TA. The decision around what TA was needed was informed by the demonstration sites’ own assessment of need and individual strengths, as well as through discussion with attending TA members during biweekly strategy calls. There were no examples of TA requests or identified needs made by demonstration sites that could not be addressed through engagement of one or more of the TA teams or their immediate networks. However, as demonstrations sites began

working with their data, building out their theories of change and developing strategy, we identified some sub-content expertise that will be critical in implementation:

- ▶ The demonstration sites and their partners are interested in and drawn to framing science around child maltreatment and adversity to help shift the communications narrative with partners and the community at large.
- ▶ Parent engagement and equity and inclusion intersect around concepts of power and justice. The roles of parents and youth need to move from input gathering to leadership and decision making, not just input and voice.
- ▶ The need to address safe sleep awareness and behaviors in a culturally competent way with providers and caregivers showed up at all the demonstration sites. There is cross-TA team and cohort expertise in this area.

In learning memo 4, we explore the influence of COVID-19 and identified a set of recommendations made by Chapin Hall around a child welfare response.⁷ These recommendations align with the types of capacities built through the content expertise of the CSF TA model.

Mechanisms

Since December of 2019, CSF sites accessed more than 128 contact hours of TA in the planning year.⁸ Due to COVID-19 restrictions, all the TA was delivered virtually except for a site visit by select members of the TA team to each community in January and February 2020. In addition to team-based and cohort consultation with the TA team, demonstration sites had access to information posted by the TA team on the initiative's online portal, which was housed within the Alliance's learning management system (LMS); access to Alliance resources and webinars; and access to other webinars and resources from TA team's organizations.

Our midyear evaluation to determine effectiveness of the TA model indicated that the model is suited to providing high-quality resources and tools to accelerate partnering and planning processes during the planning year. TA team members felt that it was "likely" or "very likely" that the TA model would meet this goal, and all the demonstration sites had confidence in the model, as well.

Common among the responses as to why, were:

- ▶ A high level of expertise on the TA team
- ▶ A high level of motivation by demonstration sites
- ▶ The history of success at the level of coordination by the Alliance
- ▶ A developmental approach that supports rapid experimentation and adjustments

⁷ Weiner, D., Heaton, L., Stiehl, M., Chor, B., Kim, K., Heisler, K., Foltz, R., & Farrell, A. (2020). *Chapin Hall issue brief: COVID-19 and child welfare: Using data to understand trends in maltreatment and response*. Chicago, IL: Chapin Hall at the University of Chicago.

⁸ The TA team tracks amount of time spent in TA with demonstration sites including biweekly meetings. This total does not include TA that is delivered at convenings, TA provided through resources, and TA feedback time on theory of change, data summaries and implementation plans. It also does not reflect where multiple TA providers were present, so we anticipate the amount of TA is higher.

In the fall, we asked TA team members in a survey to reflect on the preconditions identified in our planning year theory of change and how we were doing. There was a general agreement that there were the right types of TA, but there was still room to strengthen the model to support greater learning and uptake (see Figure 2). Demonstration sites' perspectives on the model were also positive, but like the TA team, they felt the need for more feedback and time to reflect on learning (see Figure 3). To some degree, the demonstration sites felt overwhelmed by the amount of TA.

Between the mid-year evaluation and the end of the year, we made a few tweaks to the TA model but kept it relatively consistent. Based on the timing, there were fewer convenings and more focused opportunities for feedback and cross-site interaction. In our debrief and reflection on the TA model, a few additional insights surfaced that were helpful in thinking about what components of the model to prioritize in implementation:

- ▶ Virtual convenings are a necessary vehicle for getting consistent, timely information out across the demonstration sites. While they are not optimal for skill and capacity building, breakout sessions provide good points of contact with different TA team members and expand cross-site opportunities to project team partners.
- ▶ Open attendance by TA providers presents various touch points for seeing challenges through different perspectives and lenses. The virtual convenings provided some additional opportunity for informal relationship building with members of the TA team in breakout groups.
- ▶ While we saw the demonstration sites taking on more ownership for their TA needs in the last quarter, they still rely heavily on the Alliance for setting the agendas.
- ▶ Time to reflect on what is being learned and how to apply it remains an ongoing challenge based on the varying levels of readiness to build the capacities needs within and across teams.

Based on what we learned about from the TA model from the planning year, during implementation, we will continue to offer three primary vehicles for TA:

- ▶ Virtual convenings (about two times per month) that are open to project teams, their partners, and the TA team
- ▶ Continuation of a monthly or biweekly strategy call with individual sites, the Alliance, and available TA team members
- ▶ Continuation of the evaluation and communications community of practice and the open house; both the monthly or biweekly strategy meetings and community of practice will gradually shift from an Alliance-led agenda to demonstration site-led agendas

Principles of Delivery

The Alliance chose to implement a TA model that was responsive, agile, and nonprescriptive. We heard early in our evaluation of the TA model from demonstration sites the value of the non-prescriptive approach to TA, given past experiences where they were told how to plan and deliver their initiatives. These principles work well in supporting communities with different strengths and capacities. We continue to struggle with where intentional learning sits within the demonstration sites and have built into implementation more structured tools to support intentional learning.

Figure 2: TA Team Perspective on Progress Towards TA Model Preconditions

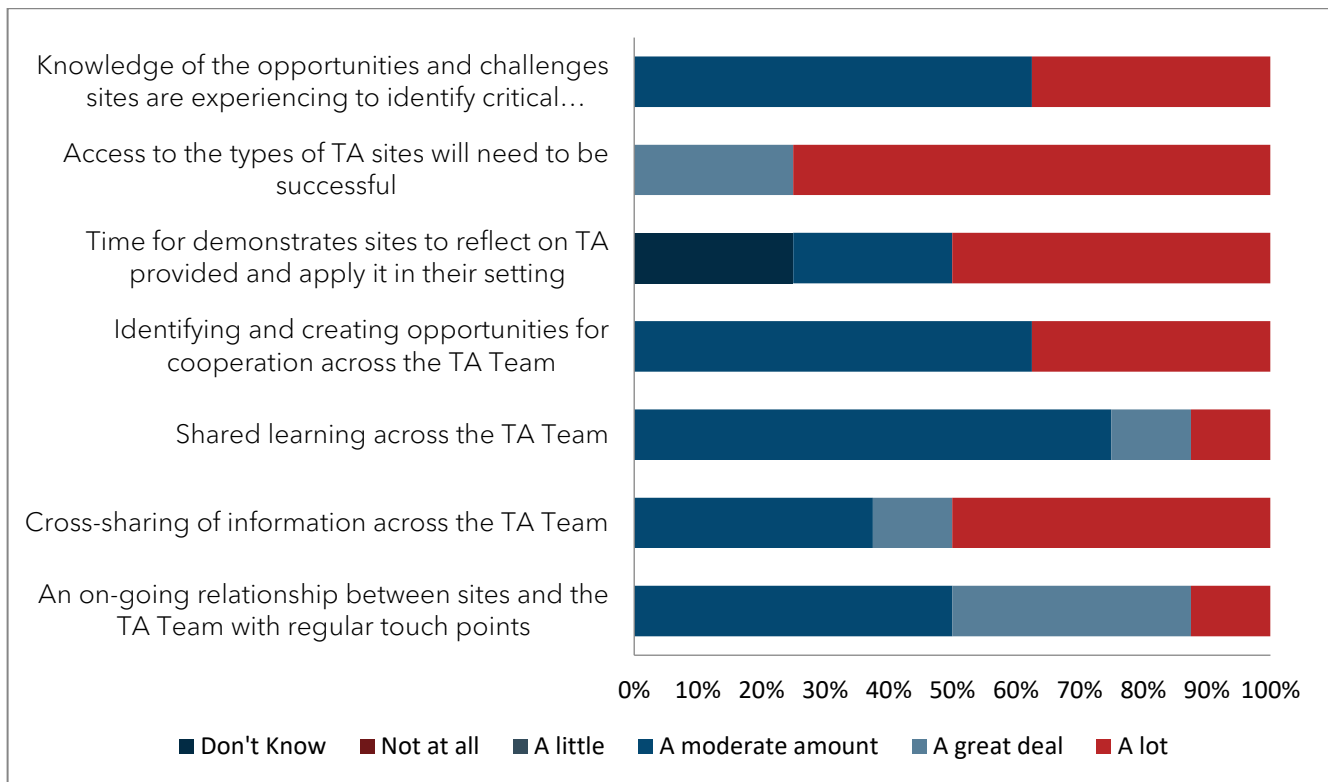
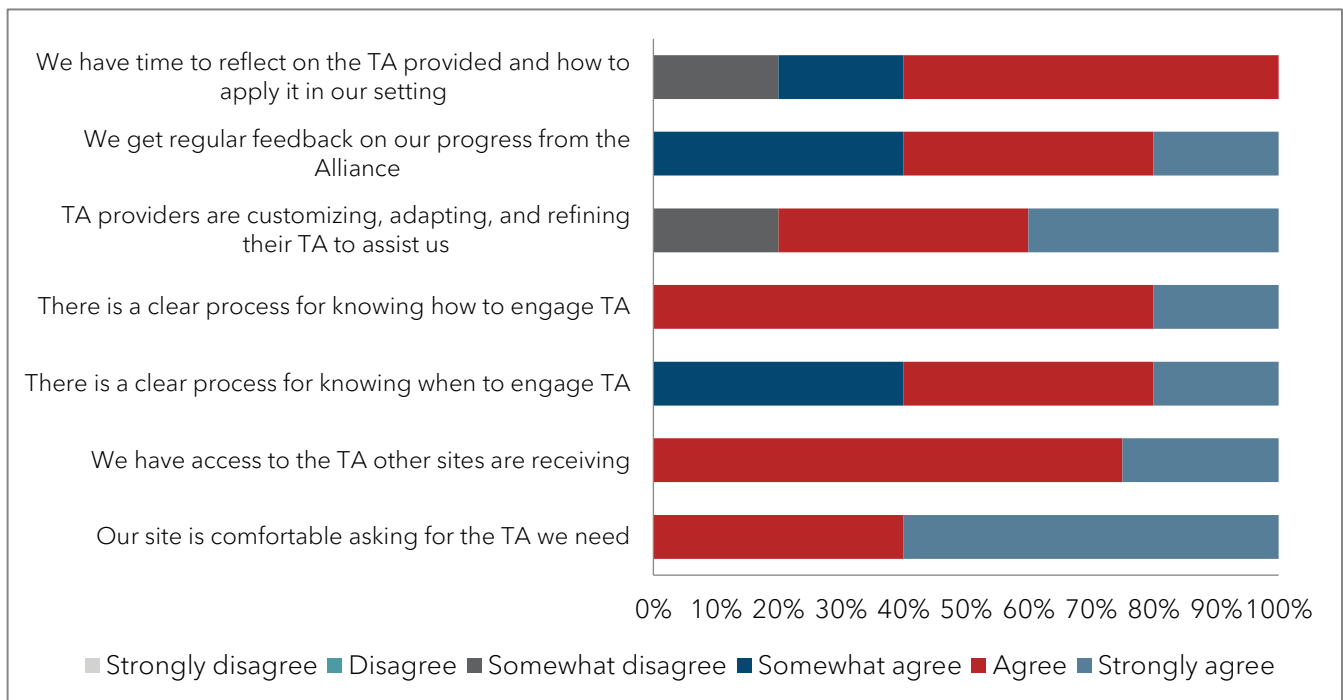


Figure 3: Demonstration Sites Perspective on Progress Towards TA Model Preconditions



Learning Cycle 3: Learning Exchange

The Alliance is recognized for its expertise in facilitating learning across organizations in a way that promotes collegiality and innovation of practice.⁹ Rooted in this long history, the Alliance approached CSF using a learning exchange model that leverages peer-to-peer exchange across multiple mediums and bidirectional influence between the learning of the demonstration sites and the broader field working to build a strong child and family well-being system. This model combines in-person gatherings, virtual webinars and discussion, access to the Alliance library of resources, discussion through an online portal (LMS), and the intentional sharing and dissemination of knowledge and information generated throughout the initiative.

We had two goals for the learning exchange in the planning year:

- ▶ Learning exchange participants openly share what they are learning about how they approached and what they learned from community needs assessment and child death retrospective reviews.
- ▶ The field engages with learning to prompt discussions about factors that contribute to resilient families and keep children safe in their homes.

The data we collected during the planning year was designed to gather feedback from TA providers and demonstration sites on learning exchange activities and identify opportunities to strengthen the learning.¹⁰ Reflection on learning was an ongoing discussion of meetings with Casey Family Programs, demonstration sites at their biweekly strategy calls, and with the TA team during its monthly meetings. Based on these reflections, strategic decisions were made about how to adjust our approach to learning in near-real time.

Key Insights

- ▶ A strong culture of learning benefits from an organized entity experienced in methods for fostering noncompetitive peer-to-peer exchange. As noted at the time of the midyear evaluation, learning is not an inherent component to most grant-funded projects. If we believe that implementing ideas, policies, and practices in the field is critical to accelerating change and realizing sustainable meaningful results, time and capacity building, along with incentives to prioritize learning need to be built into initiatives that are funded to do transformative work. Cohorts also need to have confidence that they have something of value to contribute before putting it out there for discussion.
- ▶ A broader strategy to expand learning in the field needs to be paired with a sustained communication strategy on the ground. Effective implementation of strategies and models to change the ways systems collaborate and promote protective factors relies on strong capacities for communication. Like learning, communication is not a built-in skillset for most collaborative

⁹ Alliance cohort initiatives include: Robert Wood Johnson Funded Change in Mind, a two-country cohort initiative to integrate brain science in organizations settings that led to the development of the [Change in Mind Institute](#), Annie E. Casey funded Residential Transformation Project, and Kresge Foundation funded Strategy Counts.

¹⁰ Source documents: Theory of Change, Virtual Convening & Training Evaluations, evaluator notes and observations from evaluation meetings with Alliance staff, technical assistance tracker (google forms), Child Safety Forward Mid-Year Evaluations from Demonstration Sites and Technical Assistance team, Internet search of “Child Safety Forward.”

teams, yet we know that strategic communication is fundamental to strong collaboratives in advancing community outcomes.¹¹

Peer to Peer Exchange

We approached this initiative with a strong emphasis on networking within the cohort to incubate stronger designs and models for community-led systems change. We also believe that peer exchange also produces efficiencies and accelerates scaling because it avoids reinventing the wheel. While the larger goal is to ensure the learning from CSF reaches the field, in the planning year, we focused on creating conditions for peer-to-peer learning. We determined which conditions to emphasize based on the Alliance's experience with cohort learning and conversations with demonstration sites as we developed the CSF initiative level theory of change. The conditions identified included:

- ▶ Clear and intentional mechanisms to connect the sites to each other and build comfortable relationships for sharing successes and failures.
- ▶ Knowledge about what other demonstration sites were doing so that they could see where their ideas intersected and gauge their progress.
- ▶ Access to regular feedback from the TA team so that demonstration sites felt confident that they were engaging in the right activities at the right level of depth to share.
- ▶ Access to an online portal to centralize all the resources and discussions in a way that is easily located and consistent across the sites.

Networking and relationship building takes time. The original CSF model had an in-person meeting scheduled for March 2020 and an annual meeting thereafter. Because of COVID-19 restrictions, we could not meet in person and adapted our strategy to create as many opportunities as we could to facilitate face-to-face connections virtually. During virtual convenings, we used breakout rooms to encourage cross-site discussion. We also paired mechanisms to access knowledge about what other sites were doing with networking through community of practices calls for evaluation and communications. We organized a series of open houses in October, which allowed the demonstration sites to share ideas, and we held two structured calls for demonstration sites to share their implementation plans and get feedback. The Alliance also facilitated cross-site connections based on what they were hearing in their biweekly strategy calls.

Throughout the planning year, the demonstration sites continued to want more time together, which indicates they found the peer-to-peer exchange valuable. However, cross-site relationships and the depth of sharing developed slower than in other previous Alliance cohorts. Factors that may have contributed to this include that previous cohorts had the benefit of face-to-face gatherings, which better support informal networking and relationship building; were made up of members of the Alliance network, which may already have had strong relationships with Alliance staff and/or each other; and primarily involved private community-based nonprofits, not public entities, which operate with different levels of nimbleness, decision-making authority, and accountability.

¹¹ [When Collective Impact Has an Impact](#) (2018). Spark Policy Institute and ORS Impact.

Demonstration sites identified on their midyear evaluation that breakout rooms during convenings were the primary ways they connected with other sites. In the last quarter of the planning year, we added two strategies that seemed to make a difference in the comfort level of sharing with the other sites what they were learning and what challenges they were encountering. First, a couple sites presented together around similar safe sleep strategies, and the demonstration sites started to see themselves and each other as experts. Second, demonstration sites asked to be connected through a monthly open house call while they were finalizing implementation plans. We provided some structured templates for two presentation opportunities for sites to present their plans and get feedback from each other and the TA Team. All the demonstration sites had an opportunity to test-present with the Alliance on their biweekly strategy calls where they were encouraged to highlight unique strategies and challenges.

One of the things we noticed was particularly important was exchanging and sharing their unique strengths so that demonstration sites could learn from each other. The biweekly strategy calls as part of the TA model was the link that made this possible. The sharing of implementation plans provided enough structure for sites to see strengths in their own plans and similarities in strategies and challenges in each other's plans, while also allowing sites to showcase their individual community personalities. For example, Indiana showed up to present their implementation plan with a "walk-up song" and Hartford created a community profile to tell the story of their work. Given how often the demonstration sites expressed hesitancy about whether they were "doing it right," these presentations communicated and affirmed that their pathway was consistent with their peers.

Field-Level Learning

The Alliance is organized to build knowledge and relationships and push out field-level learning quickly. Our initiative-level theory of change outlined a pathway for how CSF would produce field-level learning. Our expectation is that CSF, in using a public health approach and developmental evaluation, would be generating tools, and practices and knowledge about what works so that other communities can apply this learning directly. The networked nature of this initiative—led by a national organization of private nonprofits, with nationally recognized experts providing TA and creating spaces for learning between public and private sector partners—would encourage broader dissemination and expand reach.

Learning Management System

The Alliance provided access to its learning management system (LMS), an online platform that facilitates discussion and the sharing of resources. All CSF partners have access to the CSF site as well as some Alliance network discussion boards.

The LMS provides:

- Information about site contacts
- Resources and templates developed for CSF
- Discussions for sharing external resources and learning opportunities
- Discussion boards for connecting with each other and members of the TA team

We tracked usage of the LMS and asked about its use. Each demonstration site has at least one team member with access to the LMS. The TA team and demonstration sites tried periodically to commit to using the system more regularly but there was not a lot of uptake during planning.

When asked, CSF users see it as a great place for centralized storage, but do not find it easy to locate resources posted several months back. There was some indication that the occasional discussion was relevant and useful.

In the planning year, we focused primarily on generating awareness of the approach of the initiative. We used two mechanisms for supporting this function at the demonstration sites: Virtual convenings and a communication strategy to encourage dissemination. Based on their experiences with the convenings and TA team, demonstration sites occasionally invited TA team members to present to community audiences and share their expertise and learning.

Virtual Convenings

While COVID-19 may have limited some of the relationship building that supports peer-to-peer exchange, it broadened our reach around the key components of the initiative that we believe are necessary to building strong models and practices (i.e., the organized expertise of the TA). Over 125 partners and colleagues of CSF project teams and the Alliance attended the 10 convenings (see [Attachment C](#)).^{12 13} Two results are connected to the switch to virtual. First, the convenience and cost efficiencies of this approach generated wider attendance of community partners at the virtual convenings. The benefit to demonstration sites was that they were hearing the same message delivered by an expert. This provided added credibility and buy-in when the demonstration site project team was trying to get their collaborations to move forward.

Secondly, we were able to bring more learning to the demonstration sites. During COVID-19, many of the TA team's organizations, including the Alliance, have been delivering resources virtually and were able to offer these resources to CSF partners. Reliance on virtual delivery also made it easier for demonstration sites to bring the TA team to their communities to share learning. For example, Dyann Daley presented the Predict-Align-Prevent model and led a discussion on adverse childhood experiences with the [Greater Hartford Family Advocacy Center's Parent Engagement Group](#) in December 2020.

Communication and Dissemination Strategy

A strong community-level communication strategy is key to the CSF initiative theory of change. The TA team also included communications expertise to support the demonstration sites with their local efforts. The Within Our Reach blog and e-newsletter, op-eds, social media posts, connections to national coalitions and national partnership groups, and press releases were the primary vehicles for communicating with the broader field about CSF in the planning year (see [Attachment D](#)). The communication strategy focused on awareness because we knew there would not be a significant amount of learning about practice and models for reducing childhood fatalities and injuries in the planning year. However, we also encountered some significant adaptive barriers that slow dissemination. Public entities are not as nimble as private ones, and there are multiple channels of authority that communication needs to pass through before it is disseminated. The team members who are on the ground designing and delivering initiatives are not tightly networked, nor versed in communications strategy. Demonstration sites have dealt with a steep learning curve around

¹² We used several different platforms for convenings. Attendance at some of the convenings was not recorded.

¹³ [Attachment C](#) summarizes the timeline of virtual convenings throughout the year and attendance. Each convening was evaluated, and a summary memo was generated. We used these evaluations to debrief and adapt the convening structure based on this feedback until we landed on a model that seemed to generate the greatest opportunity for networking and learning.

communications and are not well positioned to advocate through the channels that have been put in place to protect their organizations from risk.

More importantly, teams on the ground do not always credit what they are learning as worthy of dissemination. The dissemination culture in the field defines “ready for prime time” as “big” ideas like programs, models, outcomes, and legislative-level policy change. We often overlook, and fail to test, critical learning that happens in designing and implementing the community practices and approaches that are necessary for “big ideas” to succeed. As such, we miss important learning about community-led and community-level adaptation that could help other communities build and get to scale workable models. As we go into implementation, we are bringing a focus on building learning capacity through developmental evaluation with the intent of strengthening this habit and helping them focus in the immediate on sharing and disseminating the learning with others. In this way, CSF will be able to achieve its goal of being an accelerator of a child and family well-being system.

Learning Cycle 4: Influence of Context

Context is a critical factor in a systems initiative. COVID-19 hit CSF at its very early stages. Given how new this type of work was to our demonstration sites and the roles they and their partners might be playing in the COVID-19 response, we felt it was important to attend to context more intentionally. In addition, George Floyd was murdered that spring, surfacing just how critical it is to address racial injustice and system reform. As demonstration sites were adjusting to the COVID-19 restrictions and responding to the pandemic, they also were engaging with a stronger racial justice movement. Given the full recognition that disparities in outcomes run deep in child welfare, we wanted to expand our learning to encompass the value of having a nation focused on this movement in advancing strategies that previously had not been given as much attention.

Our original intention with this learning cycle was to engage more deeply with the field and other stakeholders through a series of discussions and interviews to shape an understanding of how COVID-19 and the Black Lives Matter movement, would impact CSF strategy. While we continued to check in with demonstration sites during their biweekly calls and monitor the changing environment, we did less with this learning cycle than we planned.¹⁴ Early discussions with the TA team helped think about how context can create opportunities to pull system levers that may not have been available and how to troubleshoot some of the roadblocks that surfaced. Over time, the context became woven into our everyday reality—we adapted to no travel, shifted priorities, amplified equity and justice in our TA model with the demonstration sites. There were both adaptive and technical challenges for TA, as well as implementation in the various communities. While we gained some insights into how these shifts in environment disrupted the work, the larger learning from context will more likely emerge toward the end of the CSF.

Key Insight

- ▶ The design of the CSF initiative and TA model is aligned with recommendations on how the child welfare field could respond to COVID-19, given the expected impacts on families around economic stressors and the need for alternative pathways to connect and support households with the highest risk. Child Safety Forward may be a natural laboratory for understanding how a collaborative community-led public health approach can build a child and family well-being system that promotes protective factors.
- ▶ While an initial response to crisis is to focus on the challenges, crisis also provides windows of opportunities to advance agendas that were not salient under other conditions. COVID-19 and increased support for the Black Lives Matter movement made issues of disparities and racial injustice more visible to the wider public and forced dialogues that many communities were avoiding. Additionally, issues of economic stress and the challenges of parenting under stressful conditions were experienced by more individuals and systems were recognizing that reliance on singular strategies to address risk may not be effective under all conditions.

Technical Assistance

The timing of the COVID-19 pandemic clearly interrupted the early work of CSF. The delivery of TA became much more difficult. The TA team recognized that missing opportunities to connect face-to-

¹⁴ Source documents: Notes from May 2020 check-in with sites on COVID, TA google Tracker, Mid-Year Evaluations for Demonstration Sites and TA Team.

face made it hard to get to know and learn about the demonstration sites quickly. The TA team also identified that they needed to adapt how they delivered TA and that aspects of TA that focus on long-term strategy are considered “luxuries” in times of crisis. This creates a unique paradox in that the capacities being built during CSF afford adaptivity and nimbleness in crisis. Yet, it is hard to prioritize them during a crisis. Since the child protection field often feels like it is in continuous crisis, we explored ways to slow things down to allow us to quickly gather quality data and information that we need to respond to crisis.

While COVID-19 added some challenges to the work, in conjunction with the Black Lives Matter movement, it changed the conversation in urban and rural communities. Racial justice and equity are now recognized by many as a must in developing a community-led response. In addition, more people acknowledge cross-system collaboration in building strong, equitable, and supportive communities is a centralizing feature of the work of rebuilding. While there continues to be significant pushback in this space, organizations with responsibilities for building capacities to effectively address the needs of a child and family well-being system are responding by refining their methods and putting more urgency behind learning to work with people differently and in more equitable ways.

We added context and equity to the CSF-level theory of change early in the initiative but had not defined what this meant for the work. Over the course of the planning year, we also felt more urgency to understand what it meant to have equity in our model. We were more explicitly aware that the TA team and most of the demonstration sites are led by white women and that this may impact how we approach the work. While many of us may be committed to racial equity, our capacity to sync deeply into a racial justice movement is limited. Regina Dyton, at the Hartford site, shared her expertise in the field and experience as a Black mother in an op-ed to call attention to the racial disparities embedded in the child welfare system and the potential of CSF to change these outcomes.¹⁵ We are still working to strategize in implementation how to better understand how the race context shapes a child and family well-being system and ways we can incorporate anti-racism into our solutions.

Demonstration Site planning

Demonstration sites were responding not only to the changing nature of CSF, but to rapidly changing local environments as well. When we talked with sites in May, they identified three core areas of adaptation in response to COVID-19:

- ▶ Engaging partners and resources in planning that were redirected to COVID response
- ▶ Finding adequate time and space to develop relationships in a remote environment
- ▶ Accessing data

Several key staff at the demonstration sites were detailed to COVID hotlines or response teams. The demonstration sites seemed to adapt relatively quickly to re-engaging most members of the team by summer using virtual meetings, which had become the norm. By mid-summer, people also were recognizing that this was a longer-haul event and work was needed to move forward. Several sites

¹⁵ Dyton, R. (2020, Dec 12) A Conversation on Race and the Child Welfare System in the United States. Within Our Reach Blog: <https://www.alliance1.org/web/news/2020/dec/conversation-race-child-welfare-system-united-states.aspx>. Accessed March 15, 2021.

even leveraged service delivery to families during COVID-19 to engage them in CSF. Hartford, for example, used food bank distribution to let families know about their work and input sessions.

Data collection was a sticking point for most of the demonstration sites. Furthermore, the culture of data is a sticking point even under the best circumstances. The framing of the initial award was for sites to use data, including retrospective reviews and needs assessments, to help inform strategy decisions. In the beginning, demonstration sites focused a lot on a definition of data-informed strategy as one that was highly quantitative and in the form of “big data.” When they struggled to get data from system partners, some demonstration sites became very discouraged and concerned that they could not plan without it. The TA team worked with the sites extensively over the course of several months on expanding what “data” means and what data is credible. In the end, demonstration sites collected very rich qualitative data from the community and people with lived experience to inform their strategies. It is likely that this data better served the aspects of strategy that focused on equity, systems change, and protective factors.

Outside of CSF, Chapin Hall issued a brief with data and trends to help the child welfare field of child welfare develop a response to COVID-19.¹⁶ Their recommendations included:

- ▶ Distinguishing and addressing poverty-related neglect from child endangerment or abuse
- ▶ Expanding access to community-based supports and partnerships with families directly
- ▶ Improving access to services and support using technology
- ▶ Creating new pathways for support between mandatory reporters and families
- ▶ Expanding the responsibility for child and family well-being beyond child welfare

The CSF theory of change and the strategies identified by the demonstration sites in their implementation plans are in direct alignment with Chapin Hall’s recommended response (see sidebar). Less consistent across the sites, but also visible, are strategies to use technologies as ways to connect with families and connect families to supports. Additionally, one of the demonstration sites identified the need to reconfigure how systems connect with families who may need supports absent a reliance on mandatory reporting. While not intended as a COVID-19 response project, the CSF model offers a natural laboratory for testing various models and practices to shape this type of response and supports our theory that these are the conditions necessary for systems and families to work together to keep children safe.

Several of the implementation strategies identified by demonstration sites address the recommendations made by Chapin Hall:

- ▶ Define and reframe a more nuanced narrative around child maltreatment as a public health issue
- ▶ Engage and elevate families in partnership with community-based supports and systems
- ▶ Build strong community collaboratives with capacities to work across systems
- ▶ Balance use of resources for interventions and address risk factors by promoting protective factors and community-based supports and assets

¹⁶ Weiner, D., Heaton, L., Stiehl, M., Chor, B., Kim, K., Heisler, K., Foltz, R., & Farrell, A. (2020). *Chapin Hall issue brief: COVID-19 and child welfare: Using data to understand trends in maltreatment and response*. Chicago, IL: Chapin Hall at the University of Chicago.

Learning Cycle 5: Implementation Plans

The purpose of this learning cycle was to get a good picture of demonstration site capacity as they began implementation, looking across demonstration sites to note similarities and differences in their approaches and anticipate what some of the outcomes are they hope to achieve.¹⁷

There were five primary objectives for CSF during the planning year:

- ▶ Form cross-sector partnerships to identify and respond to child abuse and neglect
- ▶ Conduct a collaborative retrospective review of child abuse and neglect fatalities, near-death incidents, and life-threatening injuries
- ▶ Review current screening and investigative policies to ensure that children are seen and supported
- ▶ Conduct a community needs assessment
- ▶ Develop a collaborative strategic plan to address child injuries and fatalities due to maltreatment

Our theory of change ([see Learning Cycle 1](#)) was designed to create, through TA and cross-site learning, the conditions that would support the demonstration sites in succeeding in these efforts. The adoption of a public health framework, capacity building in developmental evaluation, and an emphasis on promoting protective factors and systems change was introduced through the TA and learning exchange components of the initiative.

The deliverables for demonstration sites at the end of the planning year were:

- ▶ Implementation plans with well-developed strategies to keep children safe in their homes and communities and advance towards a child and family well-being system
- ▶ Sustainability plans to extend the value of CSF beyond the length of the demonstration cycle
- ▶ Evaluation plans that would document outcomes as well as evidence of best practice, policies, and models for wider dissemination

Key Insights

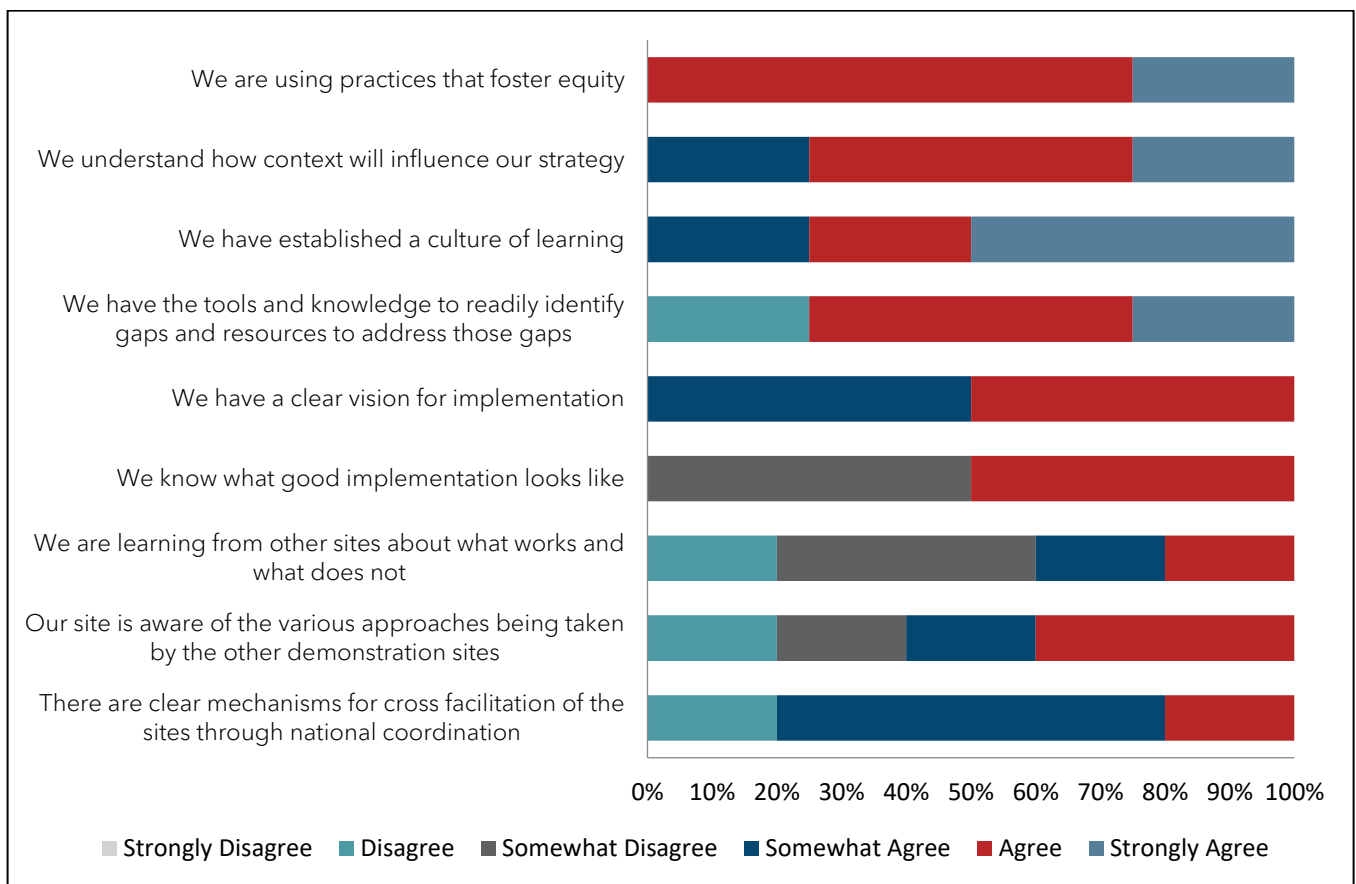
- ▶ The traditional child welfare focus on “fixing families” detracts from needed improvements in systems and prevention efforts to elevate protective factors. Using data prior to setting strategy helps shine a light on a more comprehensive set of strategies that work up and down stream to address child injuries and fatalities.
- ▶ Building collaborative cross-sector partnerships are a necessary but challenging condition, especially in public-entity led efforts. Where collaborative bodies did not exist, demonstration sites recruited a collaborative body to guide their work and designed subgroups with leaders for specific strategies.
- ▶ A broader definition of data is needed to fully develop an understanding of community-level and system level needs. Capacities to gather qualitative and quantitative data and analyze and use it in meaningful ways need to exist alongside a culture of data that is equitable and non-punitive.

¹⁷ Source documents: Individual site Data Collection Summary, Implementation Plan, Evaluation Plan, Sustainability Plan and Theory of Change, DS Mid-Year Evaluation.

Implementation Readiness

When we created our theory of change at the beginning of 2020, we identified with demonstration sites and the TA team the indicators that would show the sites were ready to implement a public health approach to child maltreatment, which included addressing necessary systems change and protective factors to keep children safe in their homes. Going into the fourth quarter of 2020, we surveyed the sites on where they felt they were at that time (see Figure 1). By the time demonstration sites were designing their plans, they were already developing practices that foster equity, exploring how context influences strategy and clear visions for implementation. At that same time, there were still some significant gaps in knowing what good implementation looked like and there was not a lot of learning and communicating across the demonstration sites about the different approaches being leveraged. We used this data to help shape TA and learning activities in the last quarter and created more opportunities for demonstration sites to connect with each other around their data summaries and implementation plans, as well as more structured guidelines and feedback about these plans.

Figure 4: Demonstration Site Level of Agreement on Readiness Indicators¹⁸



¹⁸ This data was collected in a survey to demonstration sites at the end of September 2020 as part of the mid-year evaluation.

By the end of the planning year, the demonstration sites presented comprehensive implementation plans focused on a variety of strategies and systems-level outcomes rooted in their data collection activities (see Figure 5). While there were unique aspects of data collection and experiences across communities, strategies address some common needs and priorities:

- ▶ Systems lack coordination, training, cooperation, and collaboration across sectors that results in misinformation about best practices and barriers to referrals for needed supports and resources. Critical data is isolated and contained within silos that, if shared across partners, could increase shared responsibility, expand understanding of where supports and protective factors are needed to reduce risk, and generate greater connections earlier across systems.
- ▶ There is a narrative that surrounds child injury and neglect that isolates parents from seeking support. Once a parent is in the system, they experience a system that is not trustworthy. In response, parents and communities are hesitant to engage systems. This is particularly significant within Black American and immigrant communities.
- ▶ Services and supports are not available in many communities, especially those that promote protective factors.
- ▶ Growing community (provider and caregiver) awareness and practices around safe sleep could significantly alter the number of fatalities. There are no universal programs or language around safe sleep to support education and awareness.

Figure 5: Implementation Strategy Crosswalk

Strategy Type	Project Child (Cook County)	St. Francis Hospital (Hartford)	CSF-Indiana	CSF-Michigan	Sacramento County Prevention Cabinet
Address safety planning	SIMS & Rapid Response		Training	Policy and practice review	
Improve Child Fatality Review (CFR) policies and practices			Training and standardization, integration of Community Action Teams	Review category III – families are low or moderate risk	
Grow or strengthen their collaborative approach	Normalize collaboration	X	X	X	Existing coalition model
Improve access to services and supports	Programming	Community-led	Community Action Teams	Based on category III recommendations	Universal referral system
Elevate lived experience voice and leadership		Youth leadership, town halls			Integrate family voice on Child Abuse Prevention Cabinet
Access and use of dynamic data	X	X	CFR Teams	CFR	X
Safe sleep campaign	X	X	X		

*Note: Not all demonstration sites’ strategies are easily categorized. Some demonstration sites may have implementation activities that address one or more strategy types that are not listed here. Also, some demonstration sites may have implementation activities that would advance a strategy listed, but it was not a substantive part of their implementation plan.

Sustainability Plans

Included with their implementation plans, demonstration sites were asked to submit a sustainability plan. The goal is to ensure that impacts of CSF extend beyond the grant-funded period. The demonstration sites landed on one or more of three tools to help assess and plan for sustainability (see Figure 6).

- ▶ **PSAT** (Program Sustainability and Assessment Tool) was suggested by OVC. The PSAT has an online tool that can be administered to partners along with access to PSAT templates for building action plans. It focuses on eight dimensions of sustainability: Strategic planning, funding stability, partnerships, organizational capacities, program evaluation, program adaptation, communications, and environmental support.
- ▶ **The Sustainability Circle** is built around seven dimensions of sustainability: Leadership competence, effective collaboration, understanding of the community, demonstrating results, strategic funding, staff involvement and integration, community responsiveness. This tool is shared by [Tamarack Institute](#) along with a guide for sites to understand each factor and assess what is working and what can be worked on to better support sustainability.
- ▶ **Collaboration Assessment Tool (CAT)** is a seven-factor assessment to support strong collaboration. It looks at context, members, process and organization, communication, function resources and leadership, and perception of collaboration success.

All three tools encourage multiple stakeholder perspectives.

Figure 6: Sustainability Planning Tool Usage by Demonstration Site

Site	Tool		
	PSAT	Sustainability Circle	CAT
Project CHILD*	X		
St. Francis Hospital		X	
CSF-Indiana	Funding stability		X
CSF-Michigan	X		
Sacramento County Prevention Cabinet	X		

*At the time Project CHILD (Cook County) submitted its implementation plan, it had not begun sustainability planning but had outlined its approach using the PSAT.

We cross walked the various tools and developed our own list of eight dimensions across the three tools to get a better picture of how demonstration sites view sustainability and where they felt the needed to focus most of their planning and energy going into implementation (see Figure 7).

Not surprisingly diversification of funding is actionable across all the demonstration sites' sustainability plans. Demonstration sites recognize the need to seek diversified funding from private and public sources, where historically they may have relied on government funding. They also acknowledge that funding will not depend solely on whether resources are available, but whether they can successfully frame their case to get support from grassroots community and private business. Two of the demonstration sites (Michigan and Sacramento) focused their funding actions primarily on grants from private foundations.

Collaboration showed up differently across the sites, but also appeared in all the sustainability plans. The demonstration sites see this as a key change in their communities. Even where it is a strength, it is newly positioned as an area of strategic focus because it is seen as central to effective delivery of

service and advancement of the public health approach. In both Sacramento and Hartford, meaningful engagement of parents and youth is part of their sustainability efforts.

Other areas where the demonstration sites recognized a need for stronger strategy if they are to sustain their efforts were in communications, leadership, community responsiveness, and understanding the community. Communications continues to be a strong need. Even when internal communications are strong, demonstration sites are aware of the need to build capacities to engage externally.

Demonstration sites did not talk a lot in their sustainability planning about the importance of organizational capacity and program evaluation.

Figure 7: Sustainability Focus by Demonstration Site

Sustainability Focus	Sites				
	Project CHILD*	St. Francis Hospital	CSF-Indiana	CSF-Michigan	Sacramento County Prevention Cabinet
Leadership Competence		*	*		
Effective Collaboration		*	*		*
Strategic Functioning		*	*	*	*
Staff Involvement			*		
Demonstrating Results					
Community Responsivity		*	*		
Understanding the Community		*	*		*
Communications		*	*	*	*

*At the time Project CHILD (Cook County) submitted its implementation plan, it had not begun sustainability planning but had outlined its approach using the PSAT.

Evaluation Plans

At the end of the planning year, demonstration sites were also asked to submit evaluation plans or learning agendas. We introduced developmental evaluation in the beginning of the planning year with the hopes that demonstration sites would leverage their evaluation teams to not just focus on outcome evaluation but on rapid experimentation and learning. Recognizing that many of the outcomes of CSF would be visible outside of the funding period, we encouraged demonstration sites to focus also on evaluating policies, practices, collaboration, and strategy in near-real time to share what they are learning.

The evaluation plans submitted with implementation plans generally aligned well with the demonstration sites’ theories of change and focused on both process and outcomes using a mixed

methods approach. This indicates to us that demonstration sites were responsive to the idea that data-informed strategy relies on more than just “big data.”

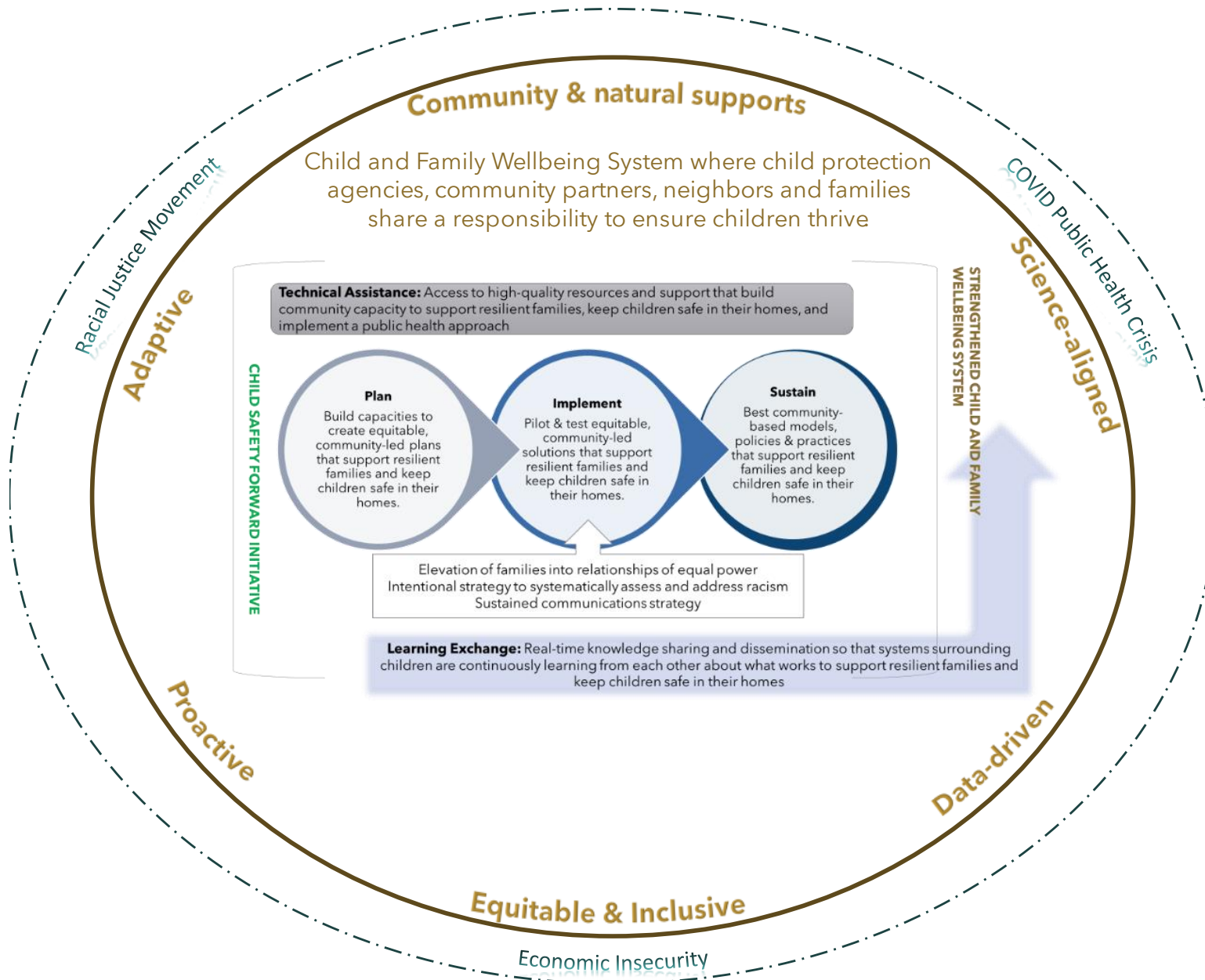
Based on the learning questions being asked at the demonstration sites, evaluation during implementation should help inform our understanding of the following:

- ▶ Programmatic impact on parent behaviors
- ▶ Impact of safe sleep public awareness campaigns on awareness, attitudes, and behaviors
- ▶ Facilitation of data sharing
- ▶ Creating common purpose between systems and families to ensure safety
- ▶ How to address system deficits and promote assets of community
- ▶ Strengthening Child Fatality Review policies and practices to support actionable recommendations
- ▶ Practices to reinforce safety planning at the systems level

While demonstration sites did not link program evaluation to sustainability in their sustainability plans, several of the demonstration sites noted its importance in their evaluation plans and discussed dissemination opportunities. None of the demonstration sites discussed in their sustainability plans or their evaluation plans how they would support ongoing needs assessments, policy reviews, and larger scale retrospective fatality reviews that might help shed light on larger systems challenges.

Attachments

Attachment A: Child Safety Forward Theory of Change



Theory of Change Implementation Preconditions for Success

CSF DS contribute to a narrative that supports a 21st Century Child and Family Wellbeing System by building collective community capacity to be adaptive, proactive, science-aligned, equitable and inclusive, and data driven

CSF DS engage in rapid cycle evaluation and learning around strategy implementation and make adaptations to strategy as appropriate

CSF produces evidence of shifts in awareness and attitudes about child maltreatment

The number of models, policies and practices in the field will expand

Recognition of early shifts within the system to increase power of parents and youth

CSF DS will embrace a framework of deep equity

CSF DS will develop sustainable communication frameworks that influence perspectives of multiple audiences

CSF identifies scalable models, policies and practices

- CSF DS make use of the multiple pathways to build capacities and skills to pilot and test solutions

One-on-one site strategy support

Content and skill-based convenings and trainings

Communities of practice

More intentional opportunities to surface learning

CFS Demonstration sites produce evidence of structural and transformative systems change

CSF DS sites can sustain effective community-led efforts

Community collaborations develop in ways that are necessary to innovate and sustain efforts ⁽¹⁾

- CFS DS and CSF Partners are visible contributors to the field
 - Tools are developed to support capacity building technical assistance for the broader field that includes centralization of equity for every capacity
 - CSF demonstration sites provide coaching and leadership for communities seeking to replicate efforts
- CSF DS continue to ask for and access technical assistance driven by learning
- CFS DS engage in regular sharing of learning across the cohort

1. Hargreaves, M.B., et al., Advancing the measurement of collective community capacity to address adverse childhood and resilience, Children and Youth Services Review (2017), <http://dx.doi.org/10.1016/j.childyouth.2017.02.021>

Theory of Change Planning Year Preconditions for Success

<p>TA Team provide high- quality resources and tools at the right times to accelerate partnering & planning processes</p>	<p>Learning Exchange Participants openly share what they are learning about how they approached and from their sites’ community needs assessment and the child death retrospective reviews</p>	<p>Demonstration Sites build capacities to create equitable, data -driven community-led plans that support resilient families and keep children safe in their homes</p>	<p>The Field engages with learning to prompt discussions about factors that contribute to resilient families and keep children safe in their homes</p>
<ul style="list-style-type: none"> • There is a relationship between sites and TAPs including regular touch points <ul style="list-style-type: none"> ○ Sites are comfortable asking for what they need • There is a governance and communication structure to support cross-sharing of information, learning and developing synergies across TAPs <ul style="list-style-type: none"> ○ TAPs will know about the opportunities and challenges sites are experiencing to identify critical moments to deploy TA ○ TAPs proactively provide input on gaps in capacities they see in demonstration sites’ approaches • DS have time to reflect on the TA provided and to think about how to best apply it in their setting <ul style="list-style-type: none"> ○ DS have access to the types of TA other sites are receiving ○ DS have a baseline understanding of their current capacities to implement a public health approach and execute on strategy, service delivery and collaboration • DS have a clear process for knowing when and how to engage TAPs and other forms of technical assistance • TAPs are customizing, adapting, and refining their resources as they engage in learning • Technical assistance expands and pivots in response to learning needs 	<ul style="list-style-type: none"> • There are clear mechanisms for cross facilitation of the sites through national coordination • Sites are aware of the various approaches of the other demonstration sites • DS get on -going feedback from national TA coordination • DS are confident that their site progress is in line with expectations • DS and the Alliance are evaluating their planning efforts • TAPs and demonstration sites are using and leveraging the learning management system (LMS) 	<ul style="list-style-type: none"> • DS build enhanced capacities in each of the technical assistance areas (see readiness chart on next page) • DS have a clear vision of success and theory of change for implementation • TOC push the current narrative • TOC have clearly defined terms • TOC show evidence that the data from fatality reviews and needs assessments informed strategy • DS understand what good implementation looks like, where they sit in terms of readiness • DS have the tools and knowledge to readily identify gaps and resources to address those gaps • DS understand the value of developmental evaluation, and how to use rapid cycle testing • DS adopt a culture of learning (i.e. risk taking, adaptivity, ambiguity) • DS acknowledge and demonstrate understanding of how context will influence strategy • DS are using practices that foster equity • DS core team feels confident in their ability to lead the effort forward • DS feel they have achieved success during the planning phase • DS are using evaluation tools to assess their partnerships and collaborations and make improvements 	<ul style="list-style-type: none"> • Alliance, TAPs and DS are documenting and disseminating their learning through multiple channels including Within Our Reach E-news and blog • Casey Family Programs helps to disseminate knowledge to other jurisdictions with a focus on public child welfare leaders and to share best practices from other jurisdictions with sites • DOJ - share learning with other initiatives • Public and private sector child-serving organizations in other jurisdictions are aware of Child Safety Forward and reviewing the lessons learned • New tools and resources are developed from lessons learned (e.g. case studies, practice briefs , etc.)

Theory of Change Planning Year Indicators of Readiness

Data Collection and Analysis	Safety Science	Community Collaborations	Parent and Community Engagement	Evaluation	Communications	Fatality Reviews	Cross-Cutting
Parameters are established for data analysis	Shift in accountability mindset	Governance model	Resources to bring folks together	Strong relationship with evaluator	Proactive media outreach plan	Consistent access to records	Partners understand community history and unique needs and assets
Understanding of laws related to data sharing	Know how to use data to understand trends including systems mapping and safe science improvement tools	Stakeholder buy-in	Deep understanding of who can participate and how	Acceptance of what is credible evidence	Contacts and relationships with local media, relationship with editorial board	Recommendations emphasize prevention	Capacities to think at systems level
Willingness to share data longitudinally	Ways of engaging across systems	Ability to act on knowledge	Inclusive, equitable and inviting messaging	Balanced view of what counts as evaluation	Functioning editorial board that is aware of the Child Safety Forward initiative	Team members are engaged	Strategies address risk and protection
Basic data analysis skills resources	Identify system level solutions	Balanced strategy (programs and systems)	Connections with parents and community members	Learning agendas & tools to support learning	Trusted relationship with their own internal communications staff	Teams have reviewed data sets and developed plans that can be implemented	Can articulate a plan for sustainability
Data tells the story of both risk and protective factors	Infrastructure to bring new data into view	Strength of collaboration is maintained where it is strong and improves where needed	Clear contacts for parents to connect with/ambassador and mentor to run alongside parents	Evaluators identify themselves as developmental evaluators	Publishing own and other's content	Access to data	New tools and resources are developed from lessons learned
			Attitudinal readiness in staff	Evaluation plan is developed for phase II	Communication strategy in place		
			Role description for implementation phase				
			Parents are educated about the initiative				

Attachment B: Child Safety Forward: Theory of Change Narrative

Version Date 3.3.21

Why a Solution is Needed:

- Families with children who die from abuse and neglect or experience serious injuries face a multitude of complex challenges.
- Child safety is further threatened by a child welfare system that too often removes children from their homes.
- There is significant racial disproportionality in outcomes for families touched by the child welfare system.

What is the Solution:

A strong 21st Child and Family Well-being System is one where child protection agencies, community, partners, neighbors, and families share a responsibility to ensure children thrive.

A well-functioning child and family well-being system is:

- equitable & inclusive: the systems work towards outcomes in a way that model dignity, justice, and love without recreating harm in our structures, strategies, and relationships [Change Elemental -Deep Equity] and actively seeks fairness and justice by systematically assessing disparities in opportunities and outcomes and redressing disparities through targeted actions [Urban Strategies Council].
- science-aligned: programs, policies, and practices are tested and implemented with fidelity.
- data-driven: data is available and accessible in a culture of data literacy and quality improvement.
- adaptive: systems have capacity to respond to changing contexts and needs of the community.
- proactive: system actors recognize and initiate change to increase awareness and mobilize community and resources that promote resilience.
- one that leverages a full spectrum of community and natural supports necessary for resilient families.

Why Child Safety Forward:

Child Safety Forward is designed to demonstrate the potential in taking a public health approach to design and test solutions that address fatalities and injury due to child maltreatment. Addressing child fatalities and injury due to child maltreatment is essential to a strong child and family well-being system. In addressing the most serious needs of families we can build a strong system for all.

Context of Child Safety Forward:

Child Safety Forward is being implemented during a time of Covid-19 and a need to accelerate advancements in racial justice; additionally, the public health crisis greatens the impact of an already challenged economic environment. Economic stressors often show up in efforts to address child maltreatment. This context, while challenging, also offers windows of opportunity to shine a light on the role of inequity, bias, and injustice under the current child welfare model.

Assumptions for Child Safety Forward Planning Year:

A community's ability to respond appropriately to child abuse and neglect is enhanced by:

- Access and use of data to define the scope of the problem and align resources with needs.

- Comprehensive and consistent response across jurisdictions.
- Public awareness of the issues and factors that contribute to resiliency and well-being in families and communities.
- Infrastructure to support families who need support to address child injuries and fatalities.
- Evidence-based models to promote both risk and protective factors.
- A public health approach for addressing challenges.
- Partnering with community as experts.

Demonstration Sites that are best positioned to experiment with a public health approach have:

- An understanding of the area of victimization
- Resources, partnerships, and authority to enhance programs.
- Partnerships within a collaborative body that include:
 - Victim advocates
 - Law enforcement
 - Child Protective Services
 - Faith-based organizations
 - Health care providers
 - Mental health professionals
 - Prosecutors
 - Citizen review panel
 - Other allied professionals
 - Schools or school districts
 - Medical Examiners' Office
 - National Child Death Review

Demonstration Sites need access to experts to develop the capacities needed to do data-driven, cross-sector collaborative planning aligned with a public health model that includes (see readiness criteria):

- Collective impact
- Safety culture
- Fatality review
- Parent and community voice
- Data collection and analysis
- Evaluation
- Communication
- Equity

The best delivery model for coordinated technical assistance is through a national service center that has:

- Demonstrated experience and understanding of the range of issues, challenges, and needs associated with child injuries and fatalities from crime victimization and the comprehensive response to child abuse and neglect.
- Demonstrated experience working with families, communities, and professionals in a unified way.
- Demonstrated history of providing effective national scope technical assistance.

- Demonstrated experience in carrying out communication strategies.
- The ability to forge partnerships, represent the range of expertise needed to successfully fulfill this project, and manage a project of this scale.
- The ability to bring diverse and multifaceted groups together to work toward a common goal.

To effectively scale and sustain the impact of these efforts technical assistance needs to be combined with peer to peer and field building learning.

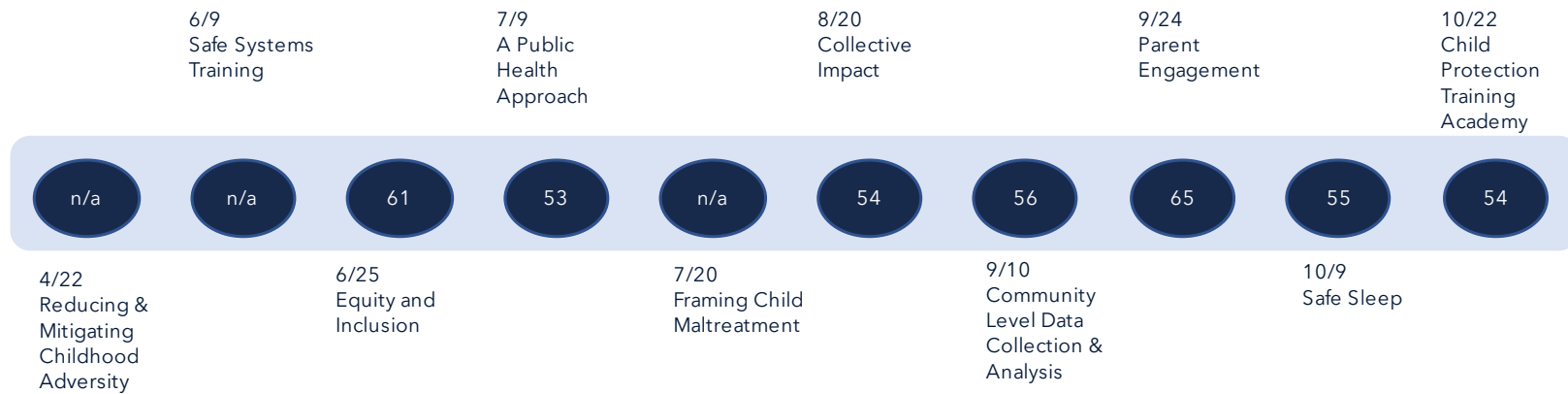
- A climate for peer-to-peer learning will occur when CSF demonstration sites are networked and connected.

Assumptions for Child Safety Forward Implementation:

- (1) Parents love their children, and most do better when they have supports. Current norms and attitudes stigmatize help-seeking behaviors.
- (2) There are strengths in every community that can be leveraged to support family well-being and resilience. Efforts need to emphasize protective factors, not just risk factors.
- (3) Achieving systems change requires innovation to enhance cross-system collaboration, address system hierarchies of power, and bring about strengths-enhancing service provision to shift from a reactive, punitive approach to a proactive, preventative approach.
- (4) Families, especially those of color, need to be brought into a relationship of equal power with those seeking to serve them. Parent and family voice is largely absent at decision making levels.
- (5) Both public and private partners involvement is critical to success.
- (6) There are deeply rooted policies and practices in systems that reflect bias and further mistrust between families and “support systems.” Efforts to address racial injustice need to be intentional and sustained.
- (7) During planning year demonstration sites built an awareness and readiness to pilot and test equitable community led solutions through a public health model. They continue to need access to technical assistance through multiple mechanism that include:
 - One-on-one site strategy support
 - Content and skill-based convenings and trainings
 - Communities of practice
 - More intentional opportunities to surface learning.
- (8) Based on learning from needs assessments and retrospective fatality review activities, additional capacities are needed in (1) data sharing, governance, and use, (2) equity, (3) framing science, (4) implementation science and sustainability, (5) adaptive strategic planning and rapid-cycle experimentation and learning, (6) power and authority among other emerging issues.

Attachment C

CHILD SAFETY FORWARD VIRTUAL CONVENINGS TIMELINE AND ATTENDANCE



Convening	Presenter(s)	Presenter Affiliation
Reducing & Mitigating Childhood Adversity	Bart Klika, Tim Kobussen, Elizabeth Leiviska, Jennifer Devlin	Prevent Child Abuse America, Alliance for Strong Families and Communities, Devlin Consulting
Safe Systems Training	Michael Cull, Tiffany Lindsey	University of Kentucky
Equity and Inclusion	Undraye Howard, Jodi Hill-Lilly	Alliance for Strong Families and Communities, Connecticut Department of Children and Families
A Public Health Approach	Teri Covington	Consultant, Within Our Reach
Framing Child Maltreatment	Moira O'Neil	FrameWorks Institute
Collective Impact	Robert Albright, Ursula Wright, Miya Cain	FSG Collective Impact Forum
Community Level Data Collection & Analysis	Dyann Daley, Becky Biser	Predict-Align-Prevent, Tarrant Baptist Association in Fort Worth, Texas
Parent Engagement	Children's Trust Fund Alliance with 3 parent speakers	Children's Trust Fund Alliance
Safe Sleep	Abby Collier, Dyann Daley, Nicole DeWitt, Katie Hubbard, Stephanie Biegler, Diane Wright	Predict-Align-Prevent, National Center for Fatality Review and Prevention, Michigan and Sacramento demonstration sites
Child Protection Training Academy	Betsy Pope Goulet, Amy Wheeler	University of Illinois Springfield Child Advocacy Studies Program, Child Protection Training Academy

Attachment D: Child Safety Forward Planning Year Media Coverage

National Coverage

- <https://thehill.com/opinion/civil-rights/476247-a-preventative-approach-to-reducing-child-abuse-and-neglect-fatalities>
- <https://chronicleofsocialchange.org/child-welfare-2/justice-department-7-million-on-preventing-reducing-worst-child-welfare-outcomes/40518>
- Alliance blog: <https://alliance1.org/web/news/2020/june/child-maltreatment-should-viewed-public-health-issue-not-unsolvable-problem.aspx>
- Youth Today: <https://youthtoday.org/2020/06/we-have-chance-to-build-better-child-family-well-being-system/>
- https://cbexpress.acf.hhs.gov/index.cfm?articleid=5697&event=website.viewArticles&issueid=221&utm_medium=email&utm_source=govdelivery
- <https://imprintnews.org/family/conversation-race-child-welfare-system-united-states/49783>
- https://youthtoday.org/2021/02/a-former-foster-youth-is-contributing-to-national-initiative-on-child-abuse-neglect/?fbclid=IwAR0Vxgv1WgsBzqBniqEizCld7SwLdOcwXRvb_M33z4_DyfG3sfg9COEYxwM
- <https://www.nationalreview.com/corner/twenty-five-foster-care-adoption-child-welfare-things-that-caught-my-eye-today/>
- https://imprintnews.org/child-welfare-2/plans-justice-department-pilot-fatal-abuse-neglect/52436?utm_medium=email&utm_source=govdelivery

Within Our Reach Blog Posts

- <https://alliance1.org/web/news/2020/april/child-safety-forward-informing-strategies-reduce-child-abuse-neglect-fatalities.aspx>
- <https://alliance1.org/web/news/2020/aug/public-health-approach-create-21st-century-child-welfare-system.aspx>
- <https://alliance1.org/web/news/2020/oct/improving-practice-improving-culture-during-challenge-times.aspx>
- <https://alliance1.org/web/news/2020/dec/conversation-race-child-welfare-system-united-states.aspx>
- <https://alliance1.org/web/news/2021/feb/former-foster-youth-informs-doj-initiative-address-child-abuse-neglect.aspx>

Connecticut Coverage

- <https://imprintnews.org/family/conversation-race-child-welfare-system-united-states/49783>
- Energy Radio Hartford (Easy G Morning Show) – Radio interview (no link available)

Michigan Coverage

- <https://www.uppermichiganssource.com/content/news/MDHHS-one-of-only-five-agencies-nationally-to-receive-federal-grant-to-prevent-child-abuseneglect-deaths-injuries-565691682.html>
- <https://detroit.cbslocal.com/2019/12/02/mdhhs-1-of-5-agencies-nationally-to-receive-federal-grant-to-prevent-child-abuse-or-neglect-deaths-injuries/>
- https://www.wnem.com/news/mdhhs-receives-federal-grant-to-help-prevent-child-abuse-neglect/article_25fc15f6-1611-11ea-8e6c-a39534f55130.html
- https://www.theoaklandpress.com/lifestyles/health/state-health-department-awarded-grant-for-child-abuse-prevention-project/article_2e3c5b2c-153f-11ea-bfc3-b334e1d51ea0.html
- <https://www.radioresultsnetwork.com/2019/12/06/state-receives-grant-for-child-abuse-prevention-efforts/>
- <https://www.wjr.com/frank-beckmann-podcast-archives/#> (scroll down to 12/3)

Cook County Coverage

- <http://www.lawndalenews.com/2019/11/cook-county-health-awarded-750000-by-the-office-for-victims-of-crime-to-combat-child-abuse-and-neglect/>

Sacramento County Coverage

- <https://www.sacbee.com/opinion/op-ed/article242069021.html>
- <https://www.caprдио.org/articles/2020/03/09/latest-updates-on-coronavirus-in-northern-california/#child-abuse>
- <https://www.reuters.com/article/us-health-coronavirus-usa-child-abuse/coronavirus-shelter-at-home-rules-upend-u-s-child-abuse-prevention-system-idUSKCN22319A>
- <https://sacblog.newsreview.com/2019/11/20/essay-we-can-prevent-child-abuse/>

Indiana Coverage

- <http://www.wbiw.com/2020/01/24/final-indiana-state-department-of-health-launches-effort-to-help-prevent-child-fatalities/>
- <https://www.wbaa.org/post/state-health-department-launches-program-reduce-future-child-fatalities#stream/0>
- https://www.chronicle-tribune.com/news/indiana-state-department-of-health-launches-effort-to-help-prevent/article_64bf78bd-ffcd-53e7-9a43-071c5219fa46.html
- <http://www.wimsradio.com/2020/01/24/indiana-state-department-of-health-launches-effort-to-help-prevent-child-fatalities/>
- <https://963xke.com/in-health-department-launches-effort-to-help-prevent-child-fatalities/>
- <https://hancockcountypost.com/featured-news/archives/2020-01/>
- <https://www.wlki.com/news.php?article=105697>
- <https://www.wfyi.org/news/articles/state-health-department-launches-program-to-reduce-future-child-fatalities>

- https://youthtoday.org/2021/02/a-former-foster-youth-is-contributing-to-national-initiative-on-child-abuse-neglect/?fbclid=IwAR0Vxgv1WgsBzqBniqEizCld7SwLdOcwRvb_M33z4_DyfG3sfq9COEYxwM
- <https://www.nationalreview.com/corner/twenty-five-foster-care-adoption-child-welfare-things-that-caught-my-eye-today/>