



Child Safety Forward Implementation Study Final Report September 2023

Evaluation+

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Executive Summary

Initiative Overview

In October 2019, the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC) launched Child Safety Forward (CSF), a three-year demonstration initiative to develop multidisciplinary strategies and responses to address serious or near-death injuries resulting from child abuse or neglect and to reduce the number of child fatalities.

Five demonstration sites participated in Child Safety Forward, including:

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

Demonstration sites were supported by a technical assistance team comprised of national experts led by Social Current that supported the planning and implementation of an all systems approach to respond to and reduce child maltreatment fatalities and child crime victimization. Specific areas of technical assistance focused on data collection and analysis using a safety science approach; development of strong community collaboratives; engagement of persons with lived experience; developing and implementing a communications strategy; addressing systemic bias, racism and issues of power; and developmental evaluation.

The three core strategies applied by the CSF technical assistance team were encouraging a learning culture that promotes psychological safety, being adaptive and agile in how support was provided, and being responsive to the specific needs and preferences of each site.

Implementation Evaluation Methodology

The external implementation evaluation team undertook various data collection methods to understand how community-based collaboratives and the demonstration sites are successfully advancing strategies to support and influence child and family well-being by reducing childhood injuries and fatalities due to maltreatment, and to realize the impact of the technical assistance model in supporting the goals for each site and the collaborative.

Activities included capacity assessments for each site; document review; individual interviews with the demonstration site team, partners, parents, and community members; focus groups with the technical assistance team for each demonstration site; and a practice and/or policy change dialogue to capture specific practice and policy win for each site.

Key Takeaways

While each site's goals and strategies were specific to their local context and communities, all sites successfully expanded their focus and understanding in how to promote child and family well-being by considering both risk factors and protective factors, which is at the heart of a public health approach.

The implementation evaluation highlights three core principles that initiatives should center in capacity building in the aim to build a 21st-century child and family well-being system: Maintain a playful orientation and constantly explore what's possible; challenge the status quo and move away from the "checkbox" as a measure of progress; and recognize that discomfort is key to innovation.

Five key lessons and strategies for pushing the status quo that were highlighted as part of Child Safety Forward initiative include:

- **Communications and framing:** Successful sustained communication strategies widen the media's reporting lens and shift traditional ways of thinking about child abuse and neglect. Effective communications break down existing siloes and help all system actors work together to unify their messaging and outreach efforts. Sustained communications are built on strong, collaborative relationships between agency leaders, funders, media, and community.
- **Data culture and infrastructure:** To create a stronger child and family well-being system, we need a stronger and more collaborative data culture, where data collection methods are better standardized, and data is shared across systems and communities to analyze and inform decision making and effective and culturally sustaining strategies.
- **Developmental evaluation (DE):** Developmental evaluation promotes innovation through ongoing reflection, learning, and adaptation. DE emphasizes progress over perfection, and embraces shifts in projects, programs, products, organization, public policy, and system interventions as new learnings emerge in real time. It is instrumental for imagining how systems and communities can push past the status quo.
- **Equity, power shifting and parent engagement:** While data shows that child fatality rates are disproportionately experienced by people of color, many of these deaths could be prevented by addressing unjust conditions rooted in systemic bias, racism, and intersectional inequities. Addressing these unjust conditions requires eliminating the adversarial relationship between systems and parents that is largely attributed to inequitable power dynamics, and moving away from traditional, surface-level parent engagement strategies.
- **Sustainability:** Sustainability must be defined beyond funding to include factors that foster systems change, as opposed to specific programs and services. Sustainability requires a culture of learning, stronger connections within and across systems, aligning transformation goals with institutional changes, leveraging turnover as opportunity, continuity of equitable participation, and the shifting of mindsets that shape our thoughts and actions and have ripple effects in our systems.

There is more work ahead to create a 21st-century child and family well-being system. Child Safety Forward provides promising pathways and glimpses of what's possible, but in the end, the best we're able to produce today is still not enough to create a system that will keep all children and families safe and healthy. Learning from Child Safety Forward emphasizes the importance of continuing to challenge our systems from the inside. We need to hold on to our urgency and continue experimenting. This report further offers recommendations aligned to these five status quo shifting strategies for funders, system leaders, practitioners, and parents and community to execute these strategies to the fullest.

Introduction

While the overall U.S. child mortality rate has improved, the [number of child deaths](#) due to abuse and neglect remained steady or increased, and it is widely believed that these numbers are underreported. Like other causes of childhood illness and death, child maltreatment can be prevented, and the associated risk factors can be addressed. In October 2019, the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC) launched [Child Safety Forward \(CSF\)](#), a three-year demonstration initiative to develop multidisciplinary strategies and responses to address serious or near-death injuries resulting from child abuse or neglect and to reduce the number of child fatalities. The efforts were intended to produce models and practices that are responsive to a 21st-Century Child Welfare System as envisioned by the federal [Commission to Eliminate Child Abuse and Neglect Fatalities](#).

Five demonstration sites participated in Child Safety Forward, with technical assistance led by Social Current. The five participation sites in this initiative are:

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

Through CSF, the five demonstration sites received technical assistance from a team of national experts to help to plan and implement an all-systems approach to respond to and reduce child maltreatment fatalities and child crime victimization. They received technical assistance in data collection and analysis using a safety science approach, development of strong community collaboratives, engagement of persons with lived experience, and developmental evaluation. They also received technical assistance in developing and implementing a communication strategy and support in understanding the impact and addressing barriers resulting from systemic racism and issues of power.

There were two phases of the initiative spanning four years for most of the demonstration sites.¹ In the first year, demonstration sites conducted retrospective reviews of child fatality data and/or collected additional community level and system level data to inform their implementation plans. The technical assistance team initiated a [readiness assessment](#) in the planning year.

Technical Assistance Team

- **TA Coordination and Strategy:** Amy Templeman and Romero Davis, Social Current; Jennifer Jones (formerly with Social Current)
- **Evaluation:** Laura Pinsoneault, Evaluation Plus
- **Communications:** Jennifer Devlin, Elizabeth Leiviska, Michael De Cicco, Keara Prasse, Tim Kobussen, and Emily Bandy, Social Current
- **Fatality Review:** Abby Collier, National Center for Fatality Review and Prevention
- **Safety Science and Systems Change:** Michael Cull, University of Kentucky
- **Collaboration and Collective Impact:** Jennifer Juster, FSG Collective Impact Forum, Robert Albright, (formerly with FSG Collective Impact Forum)
- **Parent Engagement:** Kara Georgi, Meryl Levine, and Teresa Rafael, Children's Trust Fund Alliance
- **Child Welfare System Improvement:** Casey Family Programs Strategic Consultants

¹ Four of the five Child Safety Forward demonstration sites applied for and received a no-cost extension for the initiative into a fourth year. The St. Francis team in Hartford, CT did not apply for a no-cost extension but is continuing with implementation of their CSF strategies.

The needs assessment informed topics for various webinars and learning opportunities during the planning year as well as a set of [resource briefs](#) developed by the technical assistance team. Demonstration sites also met biweekly to discuss learning and strategy and engage in cross-site peer learning, which continued throughout the length of the initiative. Additional opportunities for technical assistance and learning included a bimonthly open house and evaluation community of practice virtual gathering and regular topical convenings and workshops. Demonstration sites were encouraged to engage in reflective practice and adapt strategy when new evidence surfaced that would suggest shifting tactics to reach more sustainable impact including how to partner with parents, caregivers, and other members of the community.

Social Current, the lead technical assistance provider, funded a developmental evaluation of the technical assistance model and cross-site learning in the planning year and first two years of implementation, with support from Casey Family Programs. In the planning year, developmental evaluation supported the co-creation of a [theory of change](#). The theory of change identified three opportunities for the field to accelerate the advancement of a child and family well-being system through a cross-sector public health approach that is responsive to community priorities and builds protective factors:

- Develop capacities, policies, and practices that address power dynamics between systems and families and engage at a higher level on how to support families.
- Included intention strategy to address racism and disparate outcomes in child welfare.
- Build capacity to sustain communications.

Child Safety Forward was designed to help demonstration sites engage with a complex and changing environment. OVC funded this implementation study and this report just prior to the start of the no-cost extension period of implementation. Each demonstration site conducted its own evaluation while being supported by the technical assistance team and each other. The implementation evaluation was designed to not duplicate the local evaluation. Rather, it was designed to use examples and evidence provided by the demonstration sites to help frame some of the new or expanded practices and frameworks coming out of the CSF learning that can further push the child safety field toward a 21st-century model of child and family well-being.

Methodology

The purpose of the implementation evaluation was to generate insights across all five demonstration sites and position those insights within context and strategy to better ground the learning and inform policy and practice change. While there was some developmental evaluation to support the first two years of CSF at the initiative level, the implementation evaluation was funded in the third year of the initiative.

The implementation evaluation sought to inform three main questions:

1. How are community-based collaboratives successfully advancing strategies to reduce childhood injuries and fatalities due to maltreatment and contributing to the knowledge base around the core components of models to influence systems that keep children safe and resilient?
2. How are demonstration sites positioned to continue influencing child safety and well-being in their communities including the strength of their partnerships and the capacity to implement a public health approach?

3. How did the national technical assistance and learning approach influence the actions of the demonstration sites and their impact on childhood fatalities due to maltreatment?

Given the overall purpose and context of the evaluation, a major goal of design was to carefully balance the burden of data collection on the demonstration sites with the learning objectives of Social Current and OVC. As such, the evaluation prioritized:

- Existing research and insights developed with technical assistance providers, demonstration sites, and other stakeholders during the first two years of the initiative.
- Reviews of progress reporting, evaluation updates, and contributions by the demonstration sites through the technical assistance and learning exchange mechanisms.
- Gathering new data from the demonstration sites based on their perception and experiences with implementation through strategy meetings and new data collection.
- Verification of evidence through a set of targeted outcomes based on data collection from additional stakeholders including Social Current, technical assistance providers, community partners, parents, and caregivers.

Data Collection

To answer the evaluation questions and adhere to goals for a low-burden evaluation, the following data-collection methods were used:

Capacity Assessment: A [capacity assessment](#) was completed by each member of a demonstration site's primary team and select partners, as determined by teams. The assessment asked about capacities built in seven areas: Collaboration, partnership, and community action; parent/community voice; equity and power; communications; safety culture; data use and evaluation; and sustainability. These areas assessed through the capacity assessment were similar to the readiness assessment administered to the teams during the planning year, but the items under each area were based on what the technical assistance team believed were more advanced capacities needed for a child and family well-being system to emerge. Equity, power shifting, and sustainability were not capacities examined in the readiness assessment.

Document Review: Documents produced by each site throughout the course of the initiative were reviewed by the external evaluation team. This included site [implementation plans](#), [data collection summaries](#), evaluation plans, sustainability plans, [theories of change](#), capacity assessments, technical assistance [tracking tools](#) submitted through Google Forms, convening slide decks and recordings, reports, and communications products.² Sites were also asked by the external evaluation team to share additional materials that had been produced, such as videos, maps, articles, presentations, publications, written text of policy changes, tools, strategic plans, action plans, and toolkits.

Individual Interviews: Individual interviews were used to validate and confirm information and findings and gather deeper details on each site's work. Interviews were conducted with each member of the [demonstration site](#) team. Demonstration sites also recommended up to six [partners](#) and/or [parents or community members](#) to be interviewed by the evaluation team.³ Parents were compensated for their time spent in interviews, but professional partners were not. Individual

² Links to PDFs of any non-site specific tools and templates are listed in the Appendix

³ At the recommendation of one demonstration site, individual parent interviews were replaced with a focus group with their parent working group. The stipend for participation went to support the work group rather than individual parents.

interviews were also conducted with the two members of the technical assistance team from Casey Family Programs to gain a deeper understanding of their insights on the initiative as experts in the field of child and family well-being. Interviews were conducted virtually and were up to 60 minutes in length. In total, 39 interviews were conducted. One of the demonstration sites recommended a parent focus group instead of individual interviews. Five parents/community members attended the focus group, which lasted two hours.

Focus Group Discussions: Focus groups discussions were held with the technical assistance team for each demonstration site to understand their work. Focus groups were conducted virtually and were up to 60 minutes in length.

Practice and/or Policy Change Dialogue: A practice and/or policy change dialogue was held at each demonstration site with approximately five to seven participants to capture multiple perspectives on a significant practice or policy win. Participants in the dialogue included site team members, local initiative partners, and parents or community members as appropriate to the policy or practice being explored. Practice and/or policy change dialogues were conducted virtually and were two hours in length. The dialogues were used to inform creation of a [practice and/or policy brief](#) for each demonstration site.

Data Analysis

All newly collected data was gathered by an external evaluation team of three. They were familiar with the initiative but had not worked with any of the demonstration sites. There were two members of the external evaluation team at most of the data collection activities. One evaluator took notes while the other facilitated. Zoom live transcript records were used as back-up notes where participants gave permission.

An analysis plan and codebook were created to define codes that had been developed a priori based on themes relevant to the evaluation. Evidence was transferred into an [Excel version](#) of the code book to capture evidence of systems change, changes in built capacity, barriers, and enablers to learning, and experience with the technical assistance model. Analysis was structured into three phases:

- **Phase I:** There were two coders assigned to each demonstration site. Coder 1 coded all data for a specific site. Coder 2 reviewed all data and verified and added any evidence they identified as missing.
- **Phase II:** Coding team met to resolve discrepancies and determine the amount of evidence they thought was present to support the claim.
- **Phase III:** The full external evaluation team came together for a two-day analysis session to synthesize all the data and identify the core themes for this report. This session was facilitated by the technical assistance team evaluator who had worked with all the demonstration sites throughout the length of the initiative. The technical assistance team member did not have access to the individual site level data collected as part of the implementation study.

To assist in organizing the learning at an initiative level, the evaluation team chose the *What? So What? Now What?* framework to understand the patterns we were seeing in CSF and the type of adaptive action that we think accelerate systems change and impact.⁴

WHAT?

What is the status quo CSF sites were responding to and what happened in CSF? What was the work that was done that advanced current practices to address maltreatment?

SO WHAT?

What advice would we give based on CSF learning to funders, practitioners, and systems to build capacity, accelerate change and push the status quo?

NOW WHAT?

What advice would we give based on CSF learning to funders, practitioners, and systems to build capacity, accelerate change and push the status quo?

Findings

It is important to consider the findings from Child Safety Forward within the context of several external factors.⁵ Child Safety Forward launched just as the COVID-19 pandemic was surfacing in the U.S. The pandemic restrictions limited opportunities for technical assistance team members and demonstration sites to come together in person, but also, created local challenges including Child Safety Forward staff and critical partners being redirected to pandemic response strategies, and limiting engagements with parents and community to virtual platforms. In addition to the pandemic, across the U.S., the call to address racial injustice and system reform were high following the murder of George Floyd, polarizing politics remained on the rise, and the number of families experiencing economic insecurity grew.

All that said, these disruptions served as an important catalyst for strategy in Child Safety Forward. In fact, these disruptions enabled much of the learning highlighted in this evaluation. While this time was often unpredictable and uncomfortable, it also gave a highly risk adverse sector permission to be adaptable and innovative in its approach, force tough conversations about the impacts of systemic racism and bias, and pilot, in a living laboratory, protective programs for families like economic incentives.

In this context, we found evidence of promising practices and shared challenges. Some findings were more heavily influenced by local context, such as choice of strategies and who and how they engaged as partners. In others, a wider context dominated, such as sector norms around data culture and power. In reviewing the findings, it is important to not just focus on what is adaptable at a local level, but how the experience of Child Safety Forward can influence the field of child and family well-being more broadly.

⁴ Eoyang, G.H. and Holladay, R.J. (2013). Adaptive Action: Leveraging Uncertainty in Your Organization. Stanford, CA: Stanford University Press.

⁵ The Child Safety Forward Planning Year Evaluation Brief discussed how demonstration sites responded to context in the first year of Child Safety Forward. What we were learning from the changing context continued to be a discussion on strategy calls and at convenings throughout the project.

The technical assistance model accounted for context and nuance, and three primary strategies were necessary to support the Child Safety Forward work in the current context. These strategies include:

- The promotion and encouragement of a learning culture that supports psychological safety.
- Adaptivity and agility in how technical assistance is provided.
- Responsivity to demonstration sites' specific needs and preferences for receiving technical assistance.

Psychological Safety: The belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes.

Technical assistance and learning opportunities focused on core capacities critical to a 21st-century child and family well-being system. These capacities are not necessarily new capacities. They are talked about as best practice in many fields and sectors. However, as a sector, child welfare does not realize its potential. We found that these capacities are not bounded or mutually exclusive.

The impact is found in the nuance of how they are practiced and what is learned along the way. In this evaluation, the findings highlight three core principles that initiatives should keep front and center as they focus on capacity building:

- Maintain a playful orientation and constantly explore what's possible across key capacity areas.
- Set sights on challenging the status quo and continuous growth, moving away from the "checkbox" as a measure of progress.
- Get comfortable with being uncomfortable and recognize that discomfort is necessary for innovation.

Capacities critical to a 21st-century child and family well-being system:

- Collective impact/collaboration
- Communications
- Data collection and analysis
- Evaluation
- Parent engagement
- Safety science and strategy

This report is organized around five themes that highlight status quo shifting strategies; in other words, areas that if the child welfare sector focused on more intentionally and deeply, show strong potential for moving toward a child and family well-being system that promotes keeping kids safe at home. Under each theme, we offer recommendations for funders, system leaders, practitioners, and parents and community members to execute these strategies to the fullest.

Communications and Framing: Strategic messages that shift narratives the narrative from prevalence to prevention and promote child and family well-being.

Data Culture: Practices that embed all types of data collection in shaping and executing public health approaches to child and family well-being.

Developmental Evaluation: Tools and practices that promote learning, adaptation, and innovation.

Equity, Power, and Parents: Strategies to address differences in power between and within parents, community members and systems.

Prioritizing Sustainability: Strategic decisions, practices, and processes that promote lasting impact and full adoption of new practices, policies, and ways of doing child and family well-being work.

Demonstration Site Profiles

The learning from the CSF initiative was facilitated by the local efforts of the five demonstration sites. The sites represented a mix of state, county, and local collaborations with partners ranging from health departments to hospital systems to nonprofit agencies. As an introduction to the learning, this section of the report provides an overview of the local level work as demonstration sites envisioned coming out of the planning year. Each profile is linked to each demonstration site's case study and final evaluation reports prepared by the demonstration sites.

Cook County Health in Illinois

Cook County Health named their local implementation of CSF Project CHILD (Collaboration of Helpers Lowering Deaths of Children). The collaborative engaged representatives from children's advocacy centers, youth and family services, hospitals, local and state government, local school districts, and family-serving nonprofits.

The strategy of Project CHILD was developed from a retrospective review and a needs assessment by Cook County Health with key actors in the child welfare system in Cook, Peoria, and Vermilion Counties. Findings revealed gaps in the child welfare system and highlighted the need for better coordination and collaboration around identifying and managing child abuse cases, improved parenting education, and greater access to prevention services.

The resulting project strategies included the use of simulation training to improve skills of child welfare investigators and law enforcement from all three counties; multidisciplinary team training around collaborative skills and improved decision making; the use of geospatial risk analysis mapping to identify neighborhoods for targeted planning of service implementation; participation in a safe sleep campaign; and the development of a parent education curriculum focused on protective factors.

St. Francis Hospital in Hartford, Connecticut

Saint Francis Hospital and Medical Center led the CSF initiative in Hartford, CT. During its planning year, the Hartford team set goals to build parent and community power and its collective capacity to address child well-being in the city of Hartford. A Parent Engagement Work Group, made up of individuals who have lived experience with child and family serving-systems, was developed to co-lead the work alongside the original project team.



**COOK COUNTY
HEALTH**

COOK COUNTY

Geographic Representation: Multi-county

Project Lead: Local public health department

Collaboration Strategy: Project-based working groups

Implementation Focus: Community and data-driven program implementation

Priority Initiatives for CSF: Safe sleep and cross-system training



Trinity Health
Of New England

**Saint Francis Hospital
and Medical Center**

Challenges with accessing data from state agencies early in the project led the project team to focus on qualitative interviews with child protective agencies, law enforcement, educators, community members, impacted parents, and youth. They also used publicly available data about child fatalities. Co-exploration of the data with community members revealed several issues with current practice, including a lack of trust of providers and their recommendations by underserved communities; reliance on dominant western practices that disregard global cultural practices of child-rearing; the punitive relationship between the child welfare system and families, and the lack of preventive supports, such as parenting classes and car seats.

The resulting project strategies emphasized grassroots organizing to connect with parents, others with lived experience, and community groups. Through these connections, they identified cultural strengths and protective factors in underserved populations and parent and community perceptions of both Child Protective Services (CPS), which led to the development of a new parent curriculum.

Indiana Department of Health

The Indiana Department of Health (IDOH) led the CSF initiative. Its long-term aim was to reinforce a public health approach to the state's treatment of child death, ensuring that processes like fatality review are used consistently and effectively to generate data-informed recommendations for prevention. The first phase of CSF entailed completion of a five-year data retrospective of child deaths in the four counties that experienced the highest number of child fatalities in the state. They also conducted interviews with practitioners and families in the systems involved with child death, including child welfare, public health, education, criminal justice, and others to learn about barriers and enablers that relate to identification and prevention. Findings from this review highlighted challenges in data quality and data collection processes.

In response to the retrospective review, the CSF team focused on strategies that would leverage strong relationships between IDOH and the Department of Child Services (DCS) to create a coordinated approach with a public health message, conducted ongoing learning and evaluation activities to strengthen their approach, and used data to inform decision-makers about recommendations to improve fatality review infrastructure in the state.

HARTFORD

Geographic Representation: City

Project Lead: Private hospital

Collaboration Strategy: Grassroots organizing

Implementation Focus: Community capacity and building parent power

Priority Initiatives for CSF: Parent education curriculum



INDIANA

Geographic Representation: Multi-county

Project Lead: State public health

Collaboration Strategy: Coordinated messaging and alignment of vision across projects

Implementation Focus: Policy and systems

Priority Initiatives for CSF: Safe sleep campaign, child fatality review improvements

Michigan Department of Health and Human Services

Michigan Department of Health and Human Services (MDHHS) in partnership with the Michigan Public Health Institute (MPHI) led the CSF initiative in Michigan. MDHHS and MPHI have a robust partnership, established trust, and a history of productive collaboration, which set a strong foundation for the initiative. Their primary goal was to improve the level of services for families. Because of the leadership of the state department of health, this initiative had a statewide focus, using state child fatality data to inform their approach.



MICHIGAN

Geographic Representation: State

Project Lead: State public health

Collaboration Strategy: Early collaborative impact

Implementation Focus: Prevention

Priority Initiatives for CSF: Safety planning, family resource centers

The CSF team utilized a broad and diverse advisory body comprised of nontraditional partners, including those with lived experience, to guide data inquiry and development of their CSF initiative. Using this novel approach, the results of the data inquiry highlighted that 20% of cases had been classified as Category III (evidence of child abuse or neglect but low risk of future harm to the child) and that more could be done to follow with families to prevent a future fatality. A retrospective review of these cases revealed that support provided to families during Child Protective Services (CPS) investigations was varied and inconsistent.

In response to this finding, CSF Michigan strategies leveraged aspects of collective impact to improve strategic communication and build learning capacity and information-driven decision making with critical partners. Efforts focused on expanding access to a Family Resource Center network in Michigan and improving safety planning across the child welfare system by building capacity to engage families and support immediate safety needs.

California's Child Abuse Prevention Council of Sacramento County

The Sacramento County Prevention Cabinet (Prevention Cabinet) led the CSF initiative in Sacramento, with the Child Abuse Prevention Council of Sacramento County serving as the backbone organization. Sacramento County has an existing foundation for successful multisystem partnerships, and this served as a springboard for the CSF project. CSF helped grow the Prevention Cabinet and developed strategies to support their overarching vision to eliminate child abuse and neglect deaths and critical injuries by 2030. The Prevention Cabinet leveraged the collective impact approach for this collaborative, as well as partnership experiences from other projects and initiatives in Sacramento County.



SACRAMENTO

Geographic Representation: County

Project Lead: Statewide child abuse nonprofit

Collaboration Strategy: Collective impact

Implementation Focus: Reinforcing strategies to eliminate child abuse and neglect

Priority Initiative for CSF: Strategic plan development

To focus the work further and ensure responsibility and accountability across the Prevention Cabinet, three subcommittees were established that focused on data, systems, and community engagement. As a critical step in the work to more intentionally and authentically center community voice and share power, the community engagement subcommittee instituted the recruitment and a plan for support of community representatives to contribute to the work and add lived experience to the Cabinet.

Technical Assistance Model

The CSF technical assistance team used the [planning year evaluation](#) to help identify and structure its technical assistance model to align with the needs and goals that demonstration sites were identifying at the local level. It was also designed to be responsive to the changing environment that was unfolding around it, including COVID-19, the call to address systemic racism, and economic uncertainty. Coming out of the planning year, CSF started to form a clearer picture of the types of shifts in capacities needed to accelerate change and challenge the status quo within the current context, as well as the type of technical assistance model that would support these shifts.

Once defined in the planning year, the technical assistance model did not shift much. What seemed to be effective and appealing to the demonstration sites to build these capacities was a nonprescriptive model of technical assistance. Three components of the nonprescriptive technical assistance were essential to help support the capacities that were being determined as necessary to support 21st-century child and family well-being approaches.

The three components were:

- Promotion and encouragement of a **learning culture** that supports psychological safety. To accelerate the identification of solutions that work, safety systems need to be as willing, if not more, to share what isn't working than just what is. Our current systems reward success, rather than for "failing forward." The technical assistance team wanted CSF demonstration sites to be realistic and forthcoming with their learning and hosted several learning sessions focused on creating this atmosphere.
- The systems that surround children and families are numerous and ever changing. The technical assistance team needed to bring that same **adaptivity and agility** we were asking for from demonstration sites. This meant technical assistance needed to communicate frequently with each other and be available and look at ways to innovate their own technical assistance and in some cases even create new tools for the solutions demonstration sites were looking to implement. Fortunately, each technical assistance provider fosters a learning culture in their own work which aided in this process.

The Hartford site described the unique role of the technical assistance team as "no strings attached," meaning that the technical assistance team was available and interested in providing resources, feedback, and whatever else might be needed, as opposed to just checking in on what progress had been made. This unconditional support was crucial, as the Hartford team worked to overcome multiple barriers in the planning year.

- While there were similarities in implementation across the five demonstration sites, no two sites' approaches were the same. Even where multiple sites may have been working toward similar outcomes, their strategies varied to reflect their local environment. As a result, the technical assistance approach provided to demonstration sites was primarily **responsive** to what the demonstration sites priorities and requests. However, the technical assistance team also used a tracking tool at strategy meetings and met regularly to identify and surface for demonstration sites opportunities the demonstration site might be overlooking.

I can't stress enough where we are at with this project. I never, ever would have guessed in my wildest dreams that we would have ended up there, and it's only because I do feel like we did things differently, and our technical assistance advisors and the folks that really pushed us to do things differently and challenged us to do things differently, so I guess it was just eye opening.

- Michigan CSF Team Member

In reflecting on the role of the technical assistance and the developmental evaluation approach we deployed in Child Safety Forward, it became clear that while developmental evaluation was introduced as one component of a multi-expert technical assistance team, it served as the model for how technical assistance was provided, which played a foundational role in how teams thought about their work and significantly influenced how each site's initiative took shape.

Core Capacities

The capacities measured early in the initiative through the readiness assessment were determined at the project's outset to be important for implementation of safety programming and strategies. The readiness assessment focused on seven content areas: collective impact/collaboration, media/public communications, data collection and analysis, evaluation, parent engagement, safety science, and strategy. However, through the implementation plans, demonstration sites showed a need and readiness for innovation and system-level application of these ideas. This was particularly true in the newer areas of equity, diversity, inclusion and justice, public health, systems thinking and sustained communications that changed the way in which the sector and the public understood and talked about child safety.

For the implementation evaluation, demonstration sites completed a capacity assessment in the third year of implementation. The capacity assessment differed from the readiness assessment in that it framed capacities against condition statements that the technical assistance team believed reflected a significant shift from how the sector currently operates. It was not expected that each demonstration site would build on all the capacities identified in the assessment. Each demonstration site was focused on its own strategies and at different starting places on many of the capacities. By the third year of Child Safety Forward, demonstration sites reported the highest capacity in safety culture, data use and evaluation, and addressing equity and power (Table 1).

Table 1: Average agreement across sites by core capacity dimension

CAPACITY	Mean	s.d.
Communications	3.56	0.42
Sustainability	3.88	0.29
Parent and community voice	3.92	0.26
Collaboration and Partnership	4.03	0.26
Equity and Power	4.06	0.55
Data Use and Evaluation	4.14	0.39
Safety Culture	4.24	0.23

**Capacity was measured using a 5-point scale with a value of "1" representing low agreement across team members on each scale and "5" representing high level of agreement across team members.*

Within the core capacities there were three items where teams reported 100% agreement that this capacity was present at the time of taking the assessment:

- "We work from a place where we build on each other's strengths." (SAFETY CULTURE)
- "We are using data, information, and evidence consistently in decision-making during our implementation of Child Safety Forward. (DATA USE AND EVALUATION)
- "Our Child Safety Forward strategy emphasizes prevention and protective factors." (EQUITY and POWER)

The capacity that had the strongest findings across all questions was safety culture. The evolution of this capacity involved making connections between implementation of a safety culture for children and families, and the sites' capacity to learn and make changes. The earlier needs assessment focused solely on safety science, measuring sites' use of fatality reviews to engage partners and people with lived experience, as well as to generate recommendations for prevention. Four sites included aspects of safety culture in their implementation plan, including working on safety planning and improving the fatality review process.

Safety Culture: Organizational habits and norms are the building blocks of a safety culture. Organizations with a safety culture:

- Acknowledge the high-risk nature of an organization's activities and the determination to achieve consistently safe operations.
- Create a blame-free environment where individuals can report errors or near misses without fear of reprimand or punishment.
- Encourage collaboration across ranks and disciplines to seek solutions to patient safety problems.
- Commit resources to address safety concerns.

As sites began to pivot to focus on addressing barriers at the systems level with their partners, they needed an environment where team members could challenge each other and the status quo, and test new ideas without fear of failure. The capacity assessment reflected this shifting capacity by including questions about psychological safety at the site team level. Most teams noted that pre-existing relationships aided them in this area. The technical assistance team further supported this by creating a psychologically safe environment for experimentation and learning.

I trust them to have our best interest in mind. ... There just that sense of community with (our partner) already that's there and we didn't have to work on it. There's always the "forming and storming and performing" stuff, and we already have all that stuff done.

- Michigan CSF Team member

It was great that people were not just talking at us, that we were really part of the team, and they made you feel like that. And that if you didn't know something, it was okay not to know it because everybody doesn't know everything.

- Cook County CSF Team member

While equity and power were ranked highly as a capacity, some of its items were ranked low and responses varied across team members. The equity and power competency includes centering the voices of people with lived experience, committing to racial justice, and challenging assumptions about the status quo. This capacity is underdeveloped in much of the child welfare system.

We go in as the experts in the field with the best of intentions to decide what that kid needs and what that family needs. And for the last thousand years or whatever we have made those decisions for people and we have messed up because we didn't listen to the families, listen to what they needed. We knew what was best for them because we were the experts. What I love about this initiative is that the sites leaned into this. They leaned into gathering survivor voice and community voice and parent voice, and understanding the impact the community was feeling about not knowing about things. I think that's really, really important because I think we're still way behind the times on that, and we did an awesome job in this initiative on that.

- TA Team Member

From this project, I've been reinforced in my understanding of who you really need to be involved. Voices of the community need to be front and center. For me, and not just for this project, if we're not leading discussions on antiracism and equity around who gets to define and help solve the problem, let's not even do it.

- TA Team Member

The capacity assessment survey questions represented a range of mastery, including many challenging standards that go well beyond typical practice and push the boundaries of status quo. When sites succeeded in building competence in boundary-pushing practices, they were able to achieve results that went further in shifting their system.

The areas selected by the sites and technical assistance team for capacity development are widely known and considered best practices in the public and social sectors. In that respect, they are somewhat standard, in that they are familiar and commonly understood. Best practices are also often aspirational, what teams strive toward, rather than have embedded in their daily practice. At worst, they are “checkboxes” that we move through, ensuring they are minimally present but not often going beyond to ensure they are practiced at their highest level.

The capacity assessment itself offers a framework for the types of conditions needed to advance a 21st-century child and family well-being system. It is the belief of the technical assistance team that communities working to build these capacities in each domain will be better positioned to keep kids safe and well. The experiences of CSF offer some core principles that will need to be adopted to build capacity at this level. These include:

- **Play in the spaces of the key learning:** The key learnings around capacity offer many examples of how to begin shifting the status quo. These are valuable areas to continue experimenting with what’s possible.
- **Get away from the checkbox mentality:** Half steps and incremental change are not enough to improve the state of child and family well-being. Identifying new visions and strategies will require fully embracing equity, empowering parents, using data well, and building sustainability from a systems perspective.
- **Push into the space of discomfort:** The sites were not experts in the capacities at the beginning of Child Safety Forward. By embracing their discomfort, they created an environment where new ideas and new practices could flourish.

Status Quo Changing Strategy: Communications and Framing

The child welfare field does not fully appreciate the potential for proactive communications and framing as a tool to influence behavior and systems. The mindset of the field is one where the primary approach to addressing child fatalities is through interventions targeted at families in the system and that these interventions need to be funded by government and administered through public or private contract agencies. The public narrative is focused on prevalence and that people, not social determinants, or the child welfare system itself are responsible for child fatalities. The result is that people feel powerless to solve child abuse and neglect, people are hesitant to seek resources and supports, and that child safety systems avoid or approach the media with their guards up instead of seeing communication tools as ways to build partnerships, influence behavior, and shift policies and systems more up stream.

This is further complicated by the fact that media often cover child welfare primarily through a crime lens, which supports risk averse behaviors among child welfare communicators. [One study](#) examining the characterization of the child welfare system highlights how these negative narratives can influence audiences’ understanding of the issues and possible solutions, which presents challenges when prevention-focused initiatives are proposed but not believed to be the root of the issue.

CSF’s technical assistance model provided communication expertise for demonstration sites. This expertise integrated closely with other technical assistance areas to assist demonstration sites in announcing their work, opening conversations within their own internal bureaucracies, forming media relationships, and encouraging reporters to broaden their coverage of child welfare with an emphasis on solutions. It also supported sites in thinking about how to engage collaborators and system partners and highlight prevention and child safety best practices in messaging.

Finally, it empowered parents to own and share their stories and to understand the stories that data creates for their communities. What was being promoted through CSF was that part of the solution is getting the message out that child maltreatment and child fatalities are preventable and solvable.

Many of the demonstration sites encountered a significant number of barriers around external media communications. There is a lot of red tape in the public space about who can speak on behalf of the entity, who can approve messages, and how sites could engage in communications. While many of the demonstration sites felt their capacity for sustained communications was still emerging, there were quite a bit of media articles produced and disseminated through CSF and shared in local and national media outlets. Getting over these hurdles was a significant step and required bringing a new skillset (communications) to a strategy design that is not typically part of a child safety effort, except in the context of a crisis around critical incidents.

Three of the CSF demonstration sites designed and ran safe sleep efforts as part of their CSF initiative. These campaigns were built not only on the science of good safe sleep practices, but on a narrative that was developed directly through the communities they were trying to reach through these campaigns. Instead of telling parents what we know about how to keep their kids safe, CSF demonstration sites collaborated with parents on messaging. Both Cook County and Hartford reframed safety by building a shared definition of safety with the community, then developed their safety curriculums to address wider safety priorities including safe sleep. Both sites also developed messaging in partnership with parents that resonated with communities of color. Indiana engaged parents in telling their stories to other parents directly. These stories have been viewed over 1.5 million times and reached not just parents, but other professionals and family members who may directly interact or influence a child's environment and who may not be aware of the latest evidence regarding safe sleep. Building a communications strategy in this way not only increases the likelihood that the message will reach the intended audience but that increases its relevancy for longer.

Safe sleep campaigns were one way CSF hoped to frame child fatalities as preventable. CSF strategies also targeted system audiences with this narrative. Parallel work that was happening alongside CSF produced [research](#) and the [Building Better Childhoods campaign](#) toolkit to show that we can influence the systems that surround families and communities by resourcing successful strategies that change the way we talk about and understand the issue. People who work in and make decisions about how to resource systems, as well as the public, are more responsive to a narrative that emphasizes promoting child and family well-being and reinforcing the idea that prevention is possible. This narrative offers up a wide range of innovations and solutions that have the potential to increase effectiveness and even prevent risk.

Demonstrations sites used strategic communications tools in conjunction with other goals of the project to further facilitate learning across systems and reframe within collaborations what is safety and the potential of prevention as a solution. Each piece of dissemination was crafted to ensure that CSF demonstration sites were proactively talking about their initiatives. They were able to emphasize prevention and stories of resilience and used framing science to help inform the draft of a [reflection guide](#) on bias at the individual, relational and institutional level to shape provider conversations about infant sleep.

Sustained communication strategies that widen the media's reporting lens and shift traditional ways of thinking about child abuse and neglect are critical for achieving positive outcomes for children and families. Effective communications break down siloes and help all system actors work together to unify their messaging and outreach efforts. Sustained communications are built on strong, collaborative relationships between agency leaders, funders, media, and community.

To ensure greatest success, framing and communications strategies are continuously tested and refined, taking into consideration the cultural contexts of different audiences. The following is our advice for more impactful, framing and communications strategies that move us past traditional practices, policies, and ways of thinking.

Figure 1: Recommendations regarding Framing and Communications

Funders

- Support more projects that are prevention- and solution-oriented that strengthen families upstream rather than those that respond downstream to childhood adversity.
- Play an active role in disseminating and sharing information in real time.
- Reduce requirements to enable greater creativity and flexibility.
- Leverage your position and relationships to connect grant recipients and media.
- Share stories of system success and resilience.

System Leaders

- Develop proactive strategies to engage with media with an emphasis on solutions.
- Unify messaging across systems that aim to achieve the same or intersecting goals.
- Recognize parents as experts in the child and family well-being system.
- Build relationships with media and serve as a connector between media and community.
- Offer media training to parents to help them understand and navigate current communicate opportunities.
- Invite communications professionals to be part of collaborative efforts.

Practitioners

- Work with parents and caregivers to tell their own stories and be messengers in the community.
- Intentionally reflect on your bias and how it shows up in your messaging and invitations to parents and caregivers, and with collaborators.
- Be sure the language you are using includes the possibility of prevention and building protective factors.

Parents and Community Members

- Share your stories of resilience.
- Promote and advocate for protective factors in your community.
- Share messaging about needs and successes for your community.

Status Quo Changing Strategy: Data Culture and Infrastructure

Getting CSF demonstration sites to be comfortable with using all different types of data to understand their challenges was not easy. Whether we admit it or not, we have created a data culture where quantity is incentivized over quality and where data and information get used to reinforce who has power within the child welfare system and who does not. Across the country, data infrastructure to identify child fatalities and understand its causes is insufficient. While states collect relevant data, the emphasis is on quantitative rather than a mix of quantitative and qualitative data. In many cases information is broken up and isolated in different systems that don't share it with other providers, creating gaps in our understanding of the challenges, potential solutions, and even the systems that work to address them. Rather than collaborating and asking questions of data collected to better understand the context, the approach is often to gather more data in existing silos. Experts have long called for greater collaboration and data sharing to aid prevention.

The CSF initiative included several requirements to highlight the importance of data collection strategies, including having an external evaluation partner on the collaborative, as well as the completion of a five-year retrospective review of child fatality data. The technical assistance team also reinforced the importance of data by providing training and support from experts, one-on-one coaching, and assistance and support to help sites understand how to use both quantitative and qualitative data to develop a deeper understanding of the issue. For sites that did not own the necessary data, the team made connections to the state or city agencies that did to help them gain access. Alongside these requirements, the technical assistance team worked to create an environment where people felt safe sharing data that could be considered bad or concerning.

In collaboration with their external evaluators and technical assistance team, CSF demonstration sites made substantial inroads into using data to inform their strategy that shows the power of data to support learning and adaptation, not just outcomes. CSF demonstration sites benefited most from mixed methods approaches that combined qualitative data and learning tools with quantitative data sources.

Completing the retrospective review did not look the same across demonstration sites. Population level data was not accessible everywhere, often driven by a combination of factors including who was the lead agency, local relationships, quality of data available, and gatekeeping behaviors. However, because of the retrospective review, demonstration sites all experienced **data as a tool to find opportunities** that weren't considered in their initial application. Using both quantitative and qualitative data, sites analyzed these new problems and developed strategies for addressing them. Each demonstration sites' local approach to data ultimately shaped strategies, but all approaches helped support a redirection of resources from exclusively focusing on risk populations to prevention and protective factors.

This initial success in the planning helped support a wider shift in **data culture**. During implementation, demonstration sites continued to look at data with their collaborative partners to develop new practices and capacities within their systems for using data to make decisions. This involved creating training for staff and partners working on child fatality; coaching people on how to work with data, including visualization and storytelling; and increasing data-centered discussions. For example, the Indiana Department of Health (IDOH) built an infrastructure for collecting data on child fatality internally and with partners in child fatality review (CFR) teams through the creation of a training and resource hub and coordinators educated on the value of thorough data collection. Some of this was necessitated by achieving policy changes that engaged more people across the state in CFR teams and mandated types of data collected for the reviews.

By sharing and discussing child fatality data with community members in impacted areas, the site created awareness of the issue and buy-in for increasing education on safety practices. They also

This is not an agency's data. This is the people's data.
-Hartford Connecticut Data Mantra

generated community support for having access to data that is generated about the community, including being able to interpret and make meaning of that data. The grassroots approach in Hartford's work pushed towards a more equitable data culture.

Keeping a strong data culture around child death review and prevention is challenging, in part, because of the nature of the data being collected and in part because of how systems are designed to collect it. There is a tendency to have too little standardization, or to over-control the sharing of data in the name of privacy. However, understanding the factors that lead to child death and creating effective and culturally sustaining prevention strategies requires people from different systems, community members, and people with lived experience reviewing and analyzing data together and coming up with solutions about what can be done differently at the community level considering families unique backgrounds, cultures, and knowledge.

The data strategy also supported stronger practices to **address bias and racism in the system**. Cook County's analysis revealed geographic similarities between sudden unexpected infant death cases (SUID) cases and neighborhoods that had been historically redlined, showing ongoing connections between past racist practices and social outcomes today. This example, among others, reminded the team throughout the project to watch for bias in the data and think about how it gets framed for use and why data processes and methods for analysis and interpretation can benefit from including the community.

We found a hotspot in Evanston, which is a pretty affluent neighborhood, and it's an African American neighborhood, which was compared to redlined neighborhoods, and it almost completely overlapped. It was a dramatic example of the impact of racist social practices decades later.

- Cook County CSF Team member

Michigan shared data even when it highlighted challenges within the system, such as varying levels of supports and resources for families by county. They trusted their core partners, which gave them confidence to share the data with new partners in the advisory group. Transparency allowed them to discover new patterns between low-risk cases and child fatalities, which determined the direction of the project. Site team members have adopted new practices in their work, building processes to review and talk about data, and to ask data-driven questions about goals. A team member in Michigan states that the team now frequently pauses to ask, **"What's the goal?"** Data sharing ease and frequency often depends on relationships and trust established between partners. Cultivating relationships over the long term creates a foundation for greater coordination and sharing of data.

To reach a stronger child and family well-being system, we need a strong data culture, where all practitioners and community members involved have a sense of stewardship of the data, and a shared accountability for collecting good data and using it in their decision making. While it can be tempting to skip this step in the process, it's important to take time to collect and make meaning of data to generate effective prevention strategies.

Figure 2: Recommendations on Data Culture and Infrastructure

Funders

- Be a partner in the work by moving away from prescriptive funding and reporting requirements and embrace multiple forms of data collection and analysis.
- Encourage the use of qualitative data, and reduce reliance on outputs to determine whether a project has achieved its goals.
- Instead of learning about projects from reports alone, engage in learning with grantees about their data.
- Ensure that data requirements align with scale and scope of initiative. Designate funding for data infrastructure.

System Leaders

- Build trust with partners to ensure responsible use of data and data sharing.
- Build a data culture, where everyone understands the value of good data and plays a role in its collection, analysis, and use in decision making.
- Ensure staff members are trained, have access to the systems they need, and engage in processes that prompt data discussions.

Practitioners

- Be rigorous, not rigid in data collection. Collect and analyze qualitative data alongside quantitative to gain a deeper understanding of the challenges and potential solutions.
- Recognize that accessing data from another institution, system, or partner may depend on how much they trust you. If trust is what is required to gain access to sensitive data, start building strong relationships now. Don't wait until you need it.
- As a practitioner, you don't own the definition of the problem or the solution. Build processes for engaging the community in analyzing data and providing input at all stages of the work.
- Shift your perspective from data ownership to data stewardship. Remember the data collected is the people's data. Communities need to know what is impacting them and how, and they need the information in clear, understandable formats.

Parents and Community Members

- Partner with people in your community to learn about the data being collected and what it means for your community.
- Share your lived experiences to help better utilize the data to make improvements for families.
- Help the community be informed about the data and what it means.
- Help Practitioners get more data to better inform system leaders and funders.

Status Quo Changing Strategy: Developmental Evaluation

Evaluation is any systematic process to judge merit, worth or significance by combining evidence and values. While there are many different types of evaluation, traditional evaluation used in federal grants often combines formative and summative evaluation, where program development and implementation are assessed to measure program performance and outcomes for participants. These types of evaluation typically receive a lot of attention as teams are putting together proposals to secure funding at the start of a project and to prove work was completed as an accountability mechanism at the end of a project. While these types of evaluation may be sufficient for linear programs and tested interventions, they are less suitable for complex, innovative initiatives where program structure is not yet clear and likely to change as learning occurs.

Developmental Evaluation (DE) is an evaluation approach which supports innovation development to guide adaptation to emergent and dynamic realities in complex environments. Innovations can take the form of new projects, programs, products, organizational changes, policy reforms, and system interventions. A key differentiator between traditional evaluation and DE is the amount of learning that occurs as the project progresses and how that learning is integrated in real-time to inform how the work moves forward.

At the beginning of the CSF initiative, DE was used as a method to help sites understand the landscape and context in which they were working, collect and make sense of data and test possible approaches to address community needs and system gaps. As sites ran into barriers, the full technical assistance team offered tools to help reflect on what they were learning, shift their thinking, realign existing partners, and bring in new ones, and explore innovative approaches.

If we want to get out of the white supremacy culture about how you solve problems, you know - 'We're going to define the problem. We're going to look at the data. We're going to come up with our theory of change. We're going to do it. Then maybe we make a change.' - as opposed to a much more organic, 'We've got an idea, we've got a problem,' then we need to allow space and time for people to come together and weigh in, build relationships, build trust. That is not the way we do things in the professional world, given our institutional way, which is very white supremacy. That approach takes more time, and it looks very messy, and I was saying, 'What?' But I think it was the right thing to do. And it's hard, because that's not how we're structured to fund and look at timeframes and look at outcomes. I think it's only when you look back you realize that mucking around, it was what you needed to do.

-Technical Assistance Team Member

In the planning year, a consistent message from the technical assistance team to sites was that they had the flexibility to learn and explore and were not held to commitments made in their original CSF proposals. The technical assistance team helped sites view problems that arose as opportunities for exploration and innovation. This constant reassurance and support for taking time to learn and incorporate new partners was fundamental and served as a pathway to child safety through the approaches sites took, which were novel, responsive, and systems-focused.

One key function of DE for the demonstration sites was **the flexibility to pause, learn and adapt**. Every demonstration site named flexibility during the planning year as integral to the success of their initiatives. While the initial invitation to explore a “universe of possibilities” in the planning year was a challenge for teams, this struggle ultimately to define and refine approaches was what made their initiatives innovative, unique to each site, and impactful. The planning year in and of itself enabled each team to think more holistically about the long-term impact they wanted to have on the sustainability of the work. For example, in Sacramento, where the initiative held a long-term perspective and an already strong history of collaboration, having the technical assistance team as an outside voice helped them to pause and reflect on new advancements. These pauses allowed them to recognize progress and name their accomplishments, which was important to seeing that they were starting to move the needle, even when progress felt slow to those at the table.

The technical assistance team also introduced DE tools, which allowed sites to understand their data more deeply to plan how to move forward. The technical assistance team challenged the Michigan site to take a different approach than what they knew how to do from experience, and they offered tools and facilitation to do so. For example, systems mapping allowed the sit to explore systemic barriers to safety planning and identify possible quality improvement strategies. They took the resulting systems map to their advisory group as additional data in their iterative design process, which contributed to their solution to make safety planning more effective. By viewing their data in new ways, they were able to see novel opportunities that were not apparent before. This iterative, back-and-forth process of data analysis and discussion ultimately allowed them to arrive at a sound and data-informed solution.

DE tools can also be used to improve reflection and to capture important learnings so they’re not lost and can be used to inform future work. Early in the initiative, the Indiana site was effective in providing evidence to educate on a needed policy change. To capture learnings from that early win, the team used DE tools including reflective practice and after-action reviews. This helped them formalize learnings and name strategies that led to their success. This allowed them to see that their success was less a result of luck and more a result of strategic steps that laid the foundation for such profound change, which they went on to replicate with a second policy change. The practice dialogue process allows you to capture the nuance and importance of things that some might cast as “good fortune” or “right place right time” and make them explicit. By calling these things out, teams build evidence of what worked and can intentionally integrate key practices into their work going forward to become more effective and efficient.

DE methods also support culturally responsive practices, which are critical for addressing root causes of complex issues and long-term sustainability of solutions. The Hartford site utilized a community organizing approach and data collection that focused on publicly available data sets, interviews, and focus groups with community members and those with lived experience, in addition to traditional child and family well-being sector partners. They also broadened the leadership of CSF to include a Parent Engagement Work Group, which led the data collection and decision-making efforts. The data revealed several issues with current practices, many of which were culturally driven, such as reliance on dominant western practices that disregard global cultural practices of child-rearing. Using this newly collected data, and led by a community-based workgroup, the Hartford team created a parent education curriculum that was grounded in the community and the realities that parents face.

Often kept outside of strategic work, traditional evaluation maintains distance and objectivity between a project and its evaluator. With DE, however, value lies in having the evaluator as part of the strategy team and deeply engaged in initiative development and execution. CSF sites reflected on how the technical assistance team felt like an extension of their teams and served as a sounding board and thought partner along the way. Sacramento described the technical assistance team as being more than cheerleaders and inspiring the work by serving as partners, asking thoughtful questions, and raising points missed by those much closer to the work. The technical assistance team served as a critical eye to help Sacramento reflect on their work during the design and implementation of their initiative.

The reflection, learning, and adaptation that DE enables are critical to releasing practitioners from the status quo, effectively giving them permission to not just think outside the box, but to throw away the box. DE pushes perfectionist thinking by encouraging rapid analysis and application to learning and growing; progress over perfection. In that spirit, DE allows you to pivot by recognizing learning and adaptation as part of the process. One of the highlights of the CSF initiative was a three-part design thinking workshop, where demonstration sites worked to reimagine the child welfare system so that it addressed the three components added to the theory of change in the planning year—sustained communications, elevating parents into places of power within the child welfare system, and intentionally dismantling racism.

In practice, DE can be hard to recognize as it shows up in both structured (e.g., rapid testing and pilot testing) and unstructured ways (e.g., iterative inquiry, framework application, and guided reflective practice). In this initiative, it took the form of tools and processes suggested by the DE technical assistance provider but also in the structure and format of how the technical assistance team worked with sites.

Regardless, all demonstration sites acknowledged that the DE approach made their work more meaningful by allowing them to envision and even redefine success beyond what they thought was possible and certainly beyond what was traditional. DE made the information and data they produced more useful by promoting dissemination and use.

While developmental evaluators are not content experts, they bring processes and tools that allow the content experts to do their thing and work together in new ways, which is why they are so important at strategy tables. In short, DE allowed teams to have new conversations that wouldn't have happened otherwise.

And I have to very happily say I never, ever thought we would end up doing the things that we're doing now. ... And it really is because of the way we did it.
- Michigan CSF Team Member

Ultimately, having the space, time, and DE tools and technical assistance allowed each of the sites to learn much more deeply about their work and build capacities that will enable them to question the status quo and imagine ways to push it. Supporting this type of exploration is a must if we truly want to end child abuse and neglect and support strong, healthy families. The following are recommendations for funders, practitioners, and systems for approaching their work in ways that promote innovation and impact.

Figure 3: Recommendations on Developmental Evaluation

Funders

- Consider funding a planning year for complex initiatives. Implementers need time, space, and support to learn and innovate.
- Fund theories of change. Allow for more flexibility in how resources get applied and encourage teams to pivot as they learn and respond to the complex conditions holding problems in place.
- Do not expect clear, linear solutions to address complex, multifaceted problems.
- Incentivize systems evaluation not just output and outcome reporting.

System Leaders

- Prioritize learning and experimentation over tried and true.
- Reward innovation and risk.
- Disseminate failure, not just successes. There's as much to be learned about what doesn't work as what does. Talking about what doesn't work moves the field ahead by preventing others from wasting their time, money, and energy. We all need to be each other's teachers and colleagues if we truly want to solve this.

Practitioners

- Look for and actively bring in culturally responsive methods; bring them into new spaces in new ways.
- Look outside the field to see what promising practices or approaches you could apply to bring about new solutions or learn.
- Step back and pause; that is where the learning and opportunity lies. Use tools to facilitate this process, like after-action reviews and practice dialogues.

Parents and Community Members

- Explore and learn about the services and supports in your community and how they track information about impact on families and children.
- Establish relationships and partnerships with practitioners, system leaders and funders to remind them about the importance of family, community voice, and partnership in the work of learning and evaluation.
- Share about the richness of the culture of your community.
- Be an ambassador for parent and community voice as decisions are getting made.

Status Quo Changing Strategy: Equity, Power, and Parents

While data shows that child fatality rates are disproportionately experienced by people of color, many of these deaths could be prevented by addressing unjust conditions rooted in systemic bias, racism, and intersectional inequities. Fostering a system that successfully promotes family and child well-being across populations requires eliminating the adversarial relationship between systems and parents, which is largely attributed to inequitable power dynamics.

Traditionally, parent engagement strategies often end up being transactional and unidirectional. Tools such as focus groups, advisory groups, and feedback surveys get deployed to extract information but often do not go far enough in seeing parents as experts and decision makers and do not build the necessary levels of trust and psychological safety required to form enduring partnerships.

To address this, we must unlearn, test new infrastructures and ways to build partnerships with parents, and relearn how to effectively address the existing power imbalance that makes it difficult for the child welfare system and parents to be united in their commitment to keeping children safe and at home.

When CSF introduced its expanded roadmap around the [elevation of families into relationships of equal power with systems](#), it was the result of the learning that power needed to be understood through the lens of who determines what power is, if it is wanted, and for what reason. While a lot of learning remains to be had in how to effectively engage and elevate the role of parents, we also need to consider why it is important and how the child welfare system with families and caregivers can rebalance power in just and equitable ways. CSF encouraged demonstration sites to go beyond the “checkbox” of community engagement and provide glimpses into what is possible when we begin to push past the status quo and move towards elevating parents into influential roles. Core themes from CSF include intentionally building capacity to mobilize and engage community leaders and form meaningful partnerships with parents in co-designing strategies and resources.

While all the demonstration sites worked to build capacity for community mobilization and elevate meaningful engagement of parents, caregivers and community, the Hartford site chose a grassroots approach for its implementation and brought experienced community organizers into the partnership. The Hartford team served as system navigators for parent leaders to familiarize them with agency programs, policies, processes, and commonly used language. In addition to compensating parents for their participation and offering flexible meeting times and translation services, parents were received training on how to facilitate focus groups, develop survey questionnaires, write grants, and engage in advocacy. This built the capacity for involved parents to further mobilize other parents in the work and provided them with skills for this work and future organizing and advocacy in their communities.

Hartford leveraged its influence to invite local and state agency actors from different states into the same room as parent leaders. While discomfort and push back were initially experienced by all participants, the atmosphere ultimately transformed into one in which collaboration, humility, acceptance, and belonging was felt and appreciated. The Hartford parents worked diligently to connect with agency leaders on a human level. They communicated assertively but with compassion and the power they hold for change through their individual and collective lived experiences. Parents brought forth evidence to help shift traditional mental models that focused on program interventions as opposed to prevention, with parent leaders at the helm and leading the change. As a result, both parents and agency leaders are beginning to understand and respect the power parents harness.

We say this is the work that we want to do, which is a shift in the foundation from working primarily with the public child welfare agency to leading much more community driven, stakeholder driven, ... so here's our opportunity. ... There's such a huge racial justice component in this project. You've got the voice of stakeholder. The problem solving by those closest to the problem. You've got the fact that the people who are most impacted are primarily people of color. And those for me, it just hit all the boxes.

-TA Team Member

Sacramento also took to heart the call to be more strategic and meaningful in including parents and community at its leadership table. The Sacramento County Prevention Cabinet (Prevention Cabinet) had already embarked on a large cross-system strategic planning process when the body of 30 system leaders agreed to pause after realizing the significant gap in not having parents in the room. With a core belief that shared power is established through shared decision-making processes, the Community Engagement Subcommittee recruited community representatives and paired them with community partners on the Prevention Cabinet who provided technical support as they learned the inner workings of private and public systems, and to ensure community representatives received stipends for their participation. Community data was shared with the community representatives to observe, understand, and respond to local trends. The community representatives are charged with defining the best way to meaningfully engage and integrate community as key decision makers into the Prevention Cabinet's work, and co-design child safety strategies alongside system leaders. They will also play an integral role in the implementation of strategies moving forward.

I really didn't know what expectations I had going in. I thought I was gonna be kind of more of listening and kind of just learning, and I was surprised to see how much value they take into what I bring to the table.

- Sacramento Community Representative

Even when demonstration sites did not have sustained infrastructure to elevate parents' access to power within systems, they utilized technical assistance to **build capacities for co-designing and implementing strategies with parents and caregivers**. Cook County Health's partner, Be Strong Families (BSF), raised the need for the County to collaborate with parents in the development of its child safety curriculum, which is founded on the Strengthening Families Protective Factors and the Be Strong Families Vitality Domains that emphasize the importance of parent self-care. As part of the curriculum, parent leaders were intimately involved with creating social media videos and co-designing Parent Cafés, an evidence-based practice, as part of their child safety curriculum. The Parent Cafés provided a safe space for parents to come together to share their experiences, concerns, and solutions as they relate to child safety challenges.

Indiana Department of Health Community Action Teams, an initiative in progress that is led by community members and supported by Community Coordinators from the agency, work closely with Child Fatality Review Coordinators to review the latest recommendations for preventing child fatalities and then bring those recommendations to community to determine how to best implement them. In 2019, there was only one Community Action Team in Indiana. In 2023, there are 27 teams, representing 32 counties.

Finally, Michigan developed six microtraining sessions on safety planning by partnering with the Guy Thompson Parent Advisory Council and engaging parent volunteers to understand what content is important in safety plans. The focus of this new microtraining resource was informed by soliciting feedback via surveys and interviews from those with lived experience to make safety plans more responsive to family needs.

There remains a lot of learning to be had when it comes to redistributing power so that parents are recognized and honored as experts and on equitable standing with their agency counterparts. However, as these examples demonstrate, even incremental steps have positive gains. While partnering intimately with parents should begin at the onset of any initiative that tackles challenges directly impacting community, CSF shows that it is never too late to pivot processes and approaches to be more just and equitable.

At the root of moving beyond the status quo is the need to change the way we think about this work and the designated roles public and private leaders and parents traditionally play. Neighbors and families should be included as important actors who make up the child and family well-being system. Egos must be left at the door to build a unified approach to solving challenges related to child and family well-being, from design to evaluation. Building greater trust and psychological safety is foundational to this work. While elevating parents into relationships of equal power is disruptive and complex to the status quo, there are a myriad of examples of communities already doing this work, demonstrating that these shifts are indeed possible.

If it's affecting us, we can come together and come up with a solution. We don't need people coming in and making solutions or anything for us. We're the ones living it. We have the lived experience or voices that need to be added to the conversation. And that's what parent power looks like.

- Hartford Parent Engagement Work Group Member

The following is Child Safety Forward advice for elevating parents into relationships of equal power that move us past traditional practices, policies, and ways of thinking.

Figure 4: Recommendations on Equity, Power, and Parents

Funders

- Provide funds for compensating community members for their participation and funds for organizations to do community engagement and capacity building work.
- Recognize that community engagement work can add time to processes, but it is time well-spent.
- Partner with community to identify opportunities for funding community-driven solutions.
- Hire people with lived experience at all levels of leadership.
- Make the rebalancing of power a central aim of all child and family well-being initiatives and resource it.

System Leaders

- Relinquish the notion that power is to give and take.
- Identify opportunities in your own system where bringing in expertise directly from parents and community members can improve the system and bring them to the table as paid partners.
- Focus on keeping parents together through prevention and protective factors.
- Hire and partner with community organizers.

Practitioners

- Frame challenges, co-design solutions, and partner in evaluation activities from the very onset.
- Build capacity for community mobilization and advocacy.
- Use a strength-centric approach to evaluation that focuses on system failures, and not populations.
- Conduct regular needs assessments and implement feedback loops to acquire community insights in real time, sharing the community's data back to them. Lead with appreciative inquiry.
- Identify ways to build trust and psychological safety with community partners and parents.

Parents and Community Members

- Share your lived experience.
- Explore partnerships you might find in the community or with leaders.
- Ask questions as you have them.
- Link others in your community to the work to build a collective wisdom.

Status Quo Changing Strategy: Prioritizing Sustainability

The predominant capacities associated with sustainability in the field of child safety emphasizes securing funding for critical programs and services, but often overlooks the efficiencies and impacts of transforming the systems that surround children and families.

Demonstration sites were asked at the end of the planning year to consider plans for sustainability. The recommended approach encouraged sites to look at factors beyond funding to think about how they could design their implementation strategies to result in more transformative changes or better support sustainable impact.

At the end of the second year of implementation, CSF generated a [Sustainability Brief](#) looking at evidence of change already happening that might lead to sustainable change. At that time, there was clear evidence that some of the implementation strategies chosen by CSF demonstration sites were producing early and interim outcomes necessary for sustained impact.

In the implementation study, sustained change was examined again through the lenses of early, interim, and advanced changes. In the year between the studies, they continued to advance early and interim changes, as well as permanently embed more advanced change.

Figure 5: Additional Evidence of Sustainable Change from Extension Year

Early Signals: Preconditions, Programming, and Implementation	Interim Signals: Progress External to Specific Programs	Advanced Signals: Long-term Self-Sustaining Outcomes
<ul style="list-style-type: none">•Strengthened connections and increased collaboration between partners (Indiana, Hartford, Sacramento)•Transferred ownership of curricula created on child safety and protective factors (Hartford, Cook County)•Expansion of partners and creating a governance structure (Sacramento)•Blending and braiding funding to accelerate progress on shared goals (Indiana)	<ul style="list-style-type: none">•Increased collaborative capacity and knowledge of safety practices of multidisciplinary teams (Cook County)•Increased resource access using virtual mediums for training and education curricula (Cook County, Indiana, Michigan)•A 10-year strategic plan with evaluation framework for eliminating childhood fatalities (Sacramento)•Policy change that supports more effective child fatality review infrastructure and releases additional funding (Indiana)•New guides for talking about safe sleep and parenting stress that address underlying system issues (whole initiative)	<ul style="list-style-type: none">•Parent engagement group continued unfunded efforts and expanded advocacy work and secured additional funding (Hartford)•Adoption of a public health mindset for addressing childhood fatalities (Indiana)•Adoption of prevention narrative for child safety and a definition of child safety that is more comprehensive (whole initiative)•Shifting of funds towards primary prevention (Michigan)

None of these changes occurred without a lot of work and intentionality. Sustaining systems change is quite different than creating sustainable programs and services. In shifting their focus from program implementation to creating stronger child and family well-being systems, demonstration sites had to experiment with different practices. Not all these practices worked, and not all were sustainable. In some cases, the full impact of the change will not be realized for many years. However, there are some practices that supported these changes or made change more challenging.

Adopting a culture of learning is important due to the complexity and adaptive nature of systems change work. Sites noted the value of this approach, as it allowed them to identify and make pivots that strengthened their final outcomes.

Connections within and across systems are important drivers of systems change. A system will not change the way it operates if the connections between actors in the systems do not change. In most cases, the acceleration of changes depended on longstanding relationships within institutions and systems that were credible and trustworthy. This foundation increased willingness to test new or innovative ideas.

This grant provided some legitimacy that wasn't there, and some understanding that wasn't there. It built a connection between work of the DOJ and public health. Who would have thought that public health would apply for a DOJ grant?

- Indiana CSF Team Member

Keeping your **transformation goals aligned with institutional changes** builds trustworthiness and credibility. For example, Michigan was in the middle of restructuring its Department of Health and Human Services. Rather than putting change on pause, which would be a typical response, by aligning their goals with the department's goals, the work continued to move forward. As another example, in Indiana, they knew change in policy and practice around fatality review needed to happen, but there was not necessarily the will to make changes all at once. By learning about what types of recommendations people were ready to hear, the Indiana team could generate the type of data and information that was needed to better educate policy makers about why change is needed and what changes might work.

Turnover can have a significant impact on the sustainability of longer-term critical change efforts. There is loss of knowledge, loss of relationships, and loss of time and efficiency. While often viewed as a barrier to change, turnover can also create a change in perspective or project direction that leads to new opportunities or new imagining of what change could look like in the system and how to get there.

Continuity of equitable participation is a challenge but necessary for sustained change. Roles, expectations, and relationships with community and staff need to be present from design to sustained implementation. Ensuring those intended to benefit from the change have a meaningful role in making the change is a must.

The deepest level of systems change is **mindset shift**. We can tinker around with policies and programs, but we must go deeper. Mental models shape future decisions, relationships, and all other aspects of the system. All sites had some success in shifting institutions' thinking toward a public health approach, and adoption of shared accountability for child safety. Across the initiative, resources were generated to facilitate dialogue and help change the way people think.

Overall - it is a shift in the mindset of how our county views its collective responsibility to keep kids safe.

- Sacramento CSF Team Member

Toward the end of the project, I got a call from the commissioner of DCF about work they were planning to do, and asked if the parents could look at what they were putting together. That was huge. That was a mindset shift.

- Hartford CSF Team Member

Our funding comes through the Children's Services Agency for Michigan. So, I've seen them work, and I've seen what our focus has been on various projects, and how things are done. And you just kind of get into this thing about how things are. This is how we do this. And I think my journey through this has been breaking down little by little all of that to where I just don't see it like that anymore at all. To me, it's all just a bunch of possibility now. Things aren't just the way they are. Things can be changed, and they can be changed fundamentally.

-Michigan CSF Team Member

Using tools like the Program Assessment Sustainability Tool to plan for sustainability is important, but better frameworks are needed for helping systems think about the types of outcomes that need to be sustained and the strategies for getting to those outcomes. The CSF initiative and demonstration developed many tools linked in this report and in the demonstration sites' final reports to encourage people to think more about sustainability systems. If we want to continue to move toward more sustainable change, there are ways core audiences of CSF learning can help.

Figure 6: Recommendations on Sustainability

Funders

- Lend credibility to system efforts.
- Share strong system change stories.
- Support responsive and operational funding in implementation.
- Focus on learning and evaluation rather than outputs and milestones.

System Leaders

- Organize efforts around roadmaps that lead to sustainable outcomes.
- Adopt new messaging and narratives that keep kids safe in homes.
- Support changes in other systems.
- Look to adapt existing efforts not create new ones.

Practitioners

- Adopt systems thinking to compliment a program approach.
- Listen to needs.
- Start by thinking about the sustained change you want to make through your work.

Parents and Community Members

- Demand more permanent solutions from policymakers and system decision makers.
- Share about the work and the importance of the outcomes with other families and neighbors.
- Accept invitations from system partners to come to the design table.
- Take opportunities to inform system understanding of community needs and priorities when they are genuine and fair.

Discussion

Child Safety Forward was a complex initiative packed with learning. Ultimately demonstration sites had the supports and capacities they need to pivot away from a more traditional approach to child safety that only considered risk factors and broadened their focus to solutions that build protective factors. They did this by adopting a public health approach that engages people with lived experience as experts in finding the solutions that will make all lives better. This approach highlights the importance of the need to disrupt the system as it stands today.

The Challenge of Changing Institutions from the Inside

All the sites faced significant challenges in shifting their institutions towards new ways of operating. These challenges are due in part to how the agencies operate within the larger ecosystem. Large institutions governed by regulations, multiple layers of hierarchy, and a complex set of responsibilities to taxpayers are naturally resistant to efforts that create meaningful shifts. Nonprofit organizations may have fewer regulations and greater flexibility to maneuver, but they lack the power, position, and resources of their public sector partners. Programs in both sectors tend to focus on transactional interactions and lack the mechanisms for regularly testing new ideas. Collaboratives bring the two groups together in promising ways, although the nature of their work makes them move more slowly.

Many public and private sector funding opportunities have the same built-in barriers. They are developed in alignment with current structures, which increases the likelihood that they lack flexibility that allows for idea generation and uncovering of new problems and solutions. They often contain explicit requests for outcomes data, along with restrictions on funding because of the imperative to show that taxpayer money is being spent wisely.

More broadly, the sectors are defined by institutions that focus myopically on a small group of social issues. Institutions may have strong partnerships that allow them to address a more robust set of environmental factors, but very few have reached the point of identifying shared root cause challenges with integrated strategies for solving them.

The siloed structure of our public sector often reinforces the siloed nature of solutions. We have long known that child safety relies in part on addressing many social determinants, including housing, health care, transportation, and economic security. Generating solutions that are more permanent, that are more than Band-Aid fixes for individuals, requires addressing those social determinants. However, we have not been able to engineer a system that takes all these determinants into account.

It's hard to envision a healthy and thriving 21st-century child and family well-being system that maintains current silos. If we were to redesign without those silos in mind, what would the system look like? If we were to design a system that naturally engages parents and families as equal partners with practitioners, how would it function? To shift the system toward a healthier state for all children, we need to ask questions like this more often, and with many more groups of people.

CSF provides glimpses of what's possible when we loosen the parameters and get comfortable with trying new things. Each of the sites had some success in breaking down silos and strengthening long-term cross-agency relationships using a variety of multidisciplinary approaches. The cross-

sector nature of many of these partnerships builds the case that child safety is a collaborative responsibility, and not the sole responsibility of the child welfare system.

Making Real Shifts through Developmental Evaluation

CSF's ability to evolve over time is one of the keys to its success. The evolution was made possible by both internal and external factors. The COVID-19 pandemic, the flexibility of the funder, and the expertise of the team in how to guide project evolution in a structured and rigorous manner contributed to the successes of Child Safety Forward.

The technical assistance team showed that good technical assistance is a lot like a good developmental evaluator. The right timed question or resources serves as a gentle nudge for pushing back on status quo thinking that is no longer serving the community. The technical assistance team worked to create a culture of learning and curiosity, supporting sites in building flexibility into their approach. By creating a psychologically safe environment, they made it okay for teams to pivot, to learn, and to apply their learning to improve their strategies. The teams then used the foundations of collaboration, appreciative Inquiry, and protective factors to form the foundation of their learning and application.

In the end the team, both sites and technical assistance team, were able to make a significant pivot that led to real change. By changing their perspective, they stopped viewing challenges as barriers, and instead started seeing them as opportunities. They moved away from an approach that only took risk factors into account to a broader focus on protective factors, which is at the heart of a public health approach—one that engages voices of lived experience as experts in finding the solutions that will make all lives better.

Continue Working toward a New Vision for Child and Family Well-Being

While it's hard to envision a thriving system, it's also hard to imagine that such a system could be created without leadership and commitment from public institutions. While more projects are needed, the public sector should remain at the forefront of experimentation. We know the strategies used by the CSF sites push the limits of what's comfortable for many practitioners. Regardless, we need to keep trying. We know what needs to be done.

Practitioners, institutional leaders, funders, parents, and community stakeholders should work toward an environment where it's okay to experiment and sometimes to fail. This includes redefining success away from numbers of individuals who complete programming and other transactional outcomes. If experiments provide meaningful learning and application that can take us closer to keeping all children safe in their homes, then they are successful.

Funders should fund the systems change strategies that have proven to be core components of larger change. It takes time to build champions for a public health approach, and to establish trust with parents who have been impacted by loss, but these relationships are critical to creating healthier systems for children and families.

There is more work ahead to create a 21st-century child and family well-being system. CSF provides promising pathways and glimpses of what's possible, but in the end, the best we're able to produce today is still not enough to create a system that will keep all children and families safe and healthy. We need to hold on to our urgency and continue experimenting.

Appendices

Technical Assistance Resources Produced During Child Safety Forward

Published Evaluation and Resource Briefs

- [Child Safety Forward Resource Briefs](#)
- [Child Safety Forward Planning Year Evaluation Brief and Theory of Change](#)
- Year Two Evaluation Briefs:
 - [Evaluation Brief: Sustained Communications Strategy](#)
 - [Evaluation Brief: Strategy to Assess and Address Racism](#)
 - [Evaluation Brief: Strategy to Elevate Families into Relationships of Power](#)
- [Child Safety Forward: A Reflection Guide to Shape Provider Conversations About Infant Sleep](#)
- [Child Safety Forward Learning Brief: Sustainability](#)

Unpublished Child Safety Forward Evaluation Reports

- [Virtual Convenings Topics Survey \(May 2020\)](#)
- [Mid-Year Learning Memo \(Sept 2020\)](#)
- Virtual Convenings Evaluations
 - [Collective Impact](#)
 - [Community Level Data Collection](#)
 - [Equity](#)
 - [Framing Science](#)
 - [Safe Sleep](#)
 - [Parent Engagement](#)
 - [Public Health Summary](#)
 - [Reducing and Mitigating Childhood Adversity Framing](#)
- [Implementation Capacity Assessment Report \(August 2023\)](#)

Child Safety Forward Tools

- [Readiness Assessment](#): A needs assessment tool administered in the planning year to demonstration sites to help develop the technical assistance resources and supports. Areas of assessment include collective impact, safety culture, fatality review, parent and community voice, data collection and analysis, evaluation, communication, and overall readiness.
- [Capacity Assessment](#): Assessment asking about built capacity during Child Safety Forward. Areas of assessment include collaboration, partnership and community action, parent/community voice, equity and power, communications, safety culture, data use and evaluation and sustainability.
- [Child Safety Forward Learning Tools Reference](#): Provides Child Safety Forward demonstration sites with a quick access list of tools to support learning and developmental evaluation.
- [Implementation Plan Template](#): Created for demonstration sites to present to help develop their implementation plans at the end of the planning year.
- [Data Collection Summaries Template](#): Created for demonstration sites to help organize the data gathered during the planning year and apply it to strategy development.

- [Data Collection Summary Review Form](#): Tool developed to gather feedback from technical assistance providers on draft data collection summaries from the demonstration sites.
- [Network Mapping Data Collection Template](#): Tool developed to facilitate gathering information from demonstration sites to populate network maps and so strength and level of involvement of partnerships.
- [Reflective Practice Worksheet](#): Tool developed for demonstration sites to help them engage in reflective learning as they were implementing strategies in Years 2 and 3.
- [Technical Assistance Team Mid-Year Survey \(2020\)](#): Survey tool for technical assistance team to get their feedback and input on the initiative during the planning year.
- [Technical Assistance \(TA\) Tracking Tool](#): Google form for TA members to track conversations with demonstration sites and share information throughout the project.
- [Theory of Change Template](#): Created for demonstration sites during planning year to help design a theory of change for their local initiative.
- [Theory of Change Review Form](#): Tool developed to gather feedback and input from the technical assistance team on the theory of change developed by demonstration sites at the end of the planning year.

Final Media List

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>
- <https://familyfirstact.org/resources/child-safety-forward-national-initiative-reduce-child-abuse-and-neglect-fatalities-and>
- 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>
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- <https://www.leadingprevention.com>
- <https://imprintnews.org/youth-services-insider/child-welfare-leaders-forge-national-child-safety-partnership/60667>
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- <https://nonprofitquarterly.org/why-the-social-sector-is-essential-to-achieving-health-justice-across-the-united-states/>
- https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CAN_Guidance.pdf
- <https://ovc.ojp.gov/news/announcement/child-abuse-prevention-month-message-director>
- <https://publications.pubknow.com/view/1055841541/82/>
- <https://ovc.ojp.gov/news/grantee-news/podcast-discusses-engaging-parents-reduce-child-injuries-and-fatalities>
- <https://www.leadingprevention.com>
- <https://www.iheart.com/podcast/269-collective-impact-forum-57127665/episode/the-power-of-parent-engagement-98097426/>
- <https://www.indystar.com/story/opinion/2022/10/06/new-initiative-shifts-efforts-to-prevention-of-child-abuse-neglect-in-indiana/69538724007/>

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- <https://www.ojp.gov/ncjrs/virtual-library/abstracts/child-safety-forward-planning-year-evaluation-brief>
- <https://ovc.ojp.gov/news/grantee-news/report-focuses-training-multidisciplinary-teams-reduce-child-maltreatment-and-fatality>
- <https://imprintnews.org/opinion/brokering-a-better-relationship-with-communities-of-color/244407>

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- Alliance blog: <https://alliance1.org/web/news/2020/june/child-maltreatment-should-viewed-public-health-issue-not-unsolvable-problem.aspx>
- <https://www.alliance1.org/web/our-work/safety-resilience/within-our-reach/within-our-reach-blog.aspx>
- <https://www.alliance1.org/web/news/2021/april/sites-national-initiative-work-toward-building-child-family-well-being-system.aspx>
- <https://www.alliance1.org/web/news/2021/aug/child-safety-forward-brief-highlights-year-one-initiative-reduce-child-abuse-neglect-fatalities.aspx>
- <https://alliance1.org/web/policy/within-reach/blog/web/policy/within-our-reach/within-our-reach-blog.aspx?hkey=3483e1d7-003e-46b0-b0fb-fd2aef50d127>
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- <https://www.social-current.org/2021/09/putting-community-action-at-the-heart-of-systems-change-2/>
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- Energy Radio Hartford (Easy G Morning Show) – Radio interview (no link available)
- <https://nonprofitquarterly.org/why-the-social-sector-is-essential-to-achieving-health-justice-across-the-united-states/>
- Radio Show Primal “King’s Corner,” Jamaican/West Indian radio station – Radio interview (no link available)
- New podcast, State of Connecticut, Regina Dyton and Steve Hernandez (parent) interview (no link available)
- <https://www.courant.com/opinion/op-ed/hc-op-supporting-shift-child-welfare-to-child-family-well-being-20220224-h36qj4x7pve5fockxtt7iq2ryy-story.html>
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- Children’s Bureau 2023/2024 Prevention Resource Guide:
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