



Within Our Reach

In October 2019, the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime 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.¹ 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 CSF, 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

As part of the final implementation study, each site identified a practice or policy change advanced through their work with CSF for a dialogue on how to impact system change. This dialogue was facilitated by a team of two to three external evaluators with approximately five to seven local partners involved in the implementation of the policy or practice. This brief delves into the design of the site's policy or practice and suggests recommendations for similar initiatives based on the site's [experiences and lessons learned](#).

Microtrainings for Child Safety

Background

The Child Safety Forward Michigan (CSFMI) initiative was led by the Michigan Department of Health and Human Services (MDHHS) in partnership with the Michigan Public Health Institute (MPHI). MDHHS and MPHI have a robust partnership, established trust, and a history of productive collaboration, which set a strong foundation for developing new insights around training effectiveness of safety planning.

As part of the CSFMI initiative, MDHHS and MPHI engaged a diverse advisory group of existing and non-traditional partners around cycles of data inquiry and analysis to examine fatality review data by region, and compare low-risk investigations with fatalities. This process of collaborative data review paired with generative conversations with the advisory group and discussions with MDHHS stakeholders elevated safety planning as an opportunity to more effectively support families while in the home during the initial CPS investigation. This strongly aligned with MDHHS's interest in improving

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 effectiveness of safety planning efforts that had recently been identified as a potential opportunity. Past and current CPS audits revealed that out of 4,600 investigations reviewed, less than 10 had sufficient safety plans in place. Finding a solution to improve the effectiveness of safety planning training among CPS staff to address this gap was a priority for MDHHS and allowed them to respond to these audit findings.

This focus was further supported by data gathered from parents and staff. Interviews with parents with prior CPS contact indicated their safety plans were not memorable, and feedback from MDHHS staff indicated low confidence in their ability to safety plan and a lack of professional resources to support them in their work. The CSFMI team also participated in a systems mapping session led by a member of the CSF Initiative technical assistance team to explore the systemic barriers to effective safety planning and to identify possible quality improvement strategies. What was needed was a quick way for staff to brush up on the most critical components of safety planning that could be accessed at any time. After reviewing the evidence, the advisory group encouraged the CSFMI team to explore novel training options that would be more effective, less time-consuming, and accessible on-demand to support new generations of CPS workers.

Practice Change Solution

Through an iterative and exploratory process, the CSFMI team convened a workgroup of subject matter experts, including front-line staff and those with lived experience, to clarify learning objectives and create the content for a series of short, five- to seven-minute microtraining videos which would deliver pertinent informational content to front-line staff that is concise and accessible on-demand. The training, which is currently being rolled out, is a novel approach to staff education that is responsive to user needs and incorporates front-line staff input to make it relevant and useful.

Supportive Practices

Getting to a novel solution required attention to several practices, some already in place at MDHHS and MPHJ and others that were more exploratory or higher risk.

History of Trustworthiness. Individual team members at MDHHS and MPHJ had extensive histories and networks in the child and family well-being sector. The ability to leverage those networks and connections was a significant factor in assembling a robust advisory group that would allow them to gather the data and information they needed about the system, including the perspective of parents. This experience facilitated the assembly of an expanded network of parents and community members with a level of trust to engage in data inquiry. MDHHS already had established the [Guy Thompson Parent Advisory Council](#), which is comprised of parents who are actively participating in or previously participated in a family preservation program. This council is experienced in providing insight into MDHHS policies and practices and was able to contribute feedback to the process as the initiative developed and at key decision points.

Culture of Data Access and Discovery. The inclusion of MDHHS leadership on the CSFMI advisory group meant that they had easy access to a wealth of data. In this case, the key MDHHS staff and their “open book” mindset expedited accessing data, supporting an agile and iterative process as new questions surfaced from each advisory group review. Data that many agencies are hesitant to share, such as system deficiencies, were made available. Absent this orientation, critical learnings such as the connection between low-risk investigations and fatalities may not have been elevated.

Bringing in new partners led to novel questions and enhanced understanding. The advisory group led the initiative team to look at data that was available but not previously used, which resulted in inquiries

into unexpected and new areas. Front-line staff were also involved to provide more context to the data and mitigate assumptions the team had about what the data meant and the reasons behind it.

Incorporation of Lived Experience. The initiative’s planning phase was heavily informed by the advisory group, and the implementation phase used workgroups that were comprised of advisory group members, including parents with lived experience from the Guy Thompson Parent Advisory Council. Parents do not often get to explore systems data, but because of their direction, the trajectory of the initiative changed. Key interviews with council members solidified the need for more effective safety planning. They confirmed that the safety plans they received had not been obvious or memorable. As training topics were being developed, front-line staff were consulted regarding content and were also asked to participate as voice actors in the animated videos. Advocating for diversity and inclusive practices is a priority to the team to ensure that the people who will benefit from the training had a part in their creation.

Sustainable Implementation and Impact

The timing of the CSFMI initiative aligned with a broader shift in MDHHS to redesign how the statewide agency approached its work. Leadership was ready to hear this prevention-focused approach to child and family well-being and saw that the CSFMI initiative dovetailed nicely with its existing work in this area. This helped to support wider adoption and sustainability.

The microtraining videos can be accessed repeatedly by front-line staff throughout their tenure to brush up on how to create effective safety plans. They are expected to serve as a tool for supervisors to use in dialogue with staff and to assist case workers in communicating with clients about their safety plans. CSFMI also created a microtraining session that was targeted to parents to explain what a safety plan is, intended to be used by front-line staff when working with families. This was developed in 3 languages: English, Spanish, and Arabic. Supervisors are excited about the videos because it shifts the conversation from an “I don’t have time to do a training” to “hey, check out this short video on that topic.”

Additionally, this process has created interest across MDHHS to develop similar videos for other training purposes, and funding is currently being pursued to execute that vision.

A lot of people are talking at the Department about how different and innovative the trainings are. They are asking questions and showing some interest that maybe this type of training could follow for different parts across the Department. – Child Safety Forward Michigan Team Member

Recommendations

The approach to microtrainings demonstrated that innovation in child safety is possible. The following are recommendations for practitioners looking to find new ways to address ongoing systems challenges in new ways:

- Bring in those with lived experience and other nontraditional partners early and often to introduce new ideas, ask novel questions, explore data, and give them the power and space to lead. Doing so can add time to the front end of the process but results in more effective solutions.
- Don’t be afraid of gaps in your data or to share what data you do have, whether positive or negative. Data should be used to improve strategy.

- Take time to examine your data and look at it from new and different perspectives. Use multiple rounds of inquiry to dig in and explore any patterns.
- Be creative, persistent, and open to unexpected ideas that may emerge.

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