

National Safe Start Process Evaluation

January through
December 2004

Association for the Study and
Development of Community



Introduction

- One of the overall goals of the Safe Start National Evaluation included conducting a process evaluation.
- The process evaluation involved the collection and analysis of data on the 11 local Safe Start initiatives with respect to implementation process and clients served.

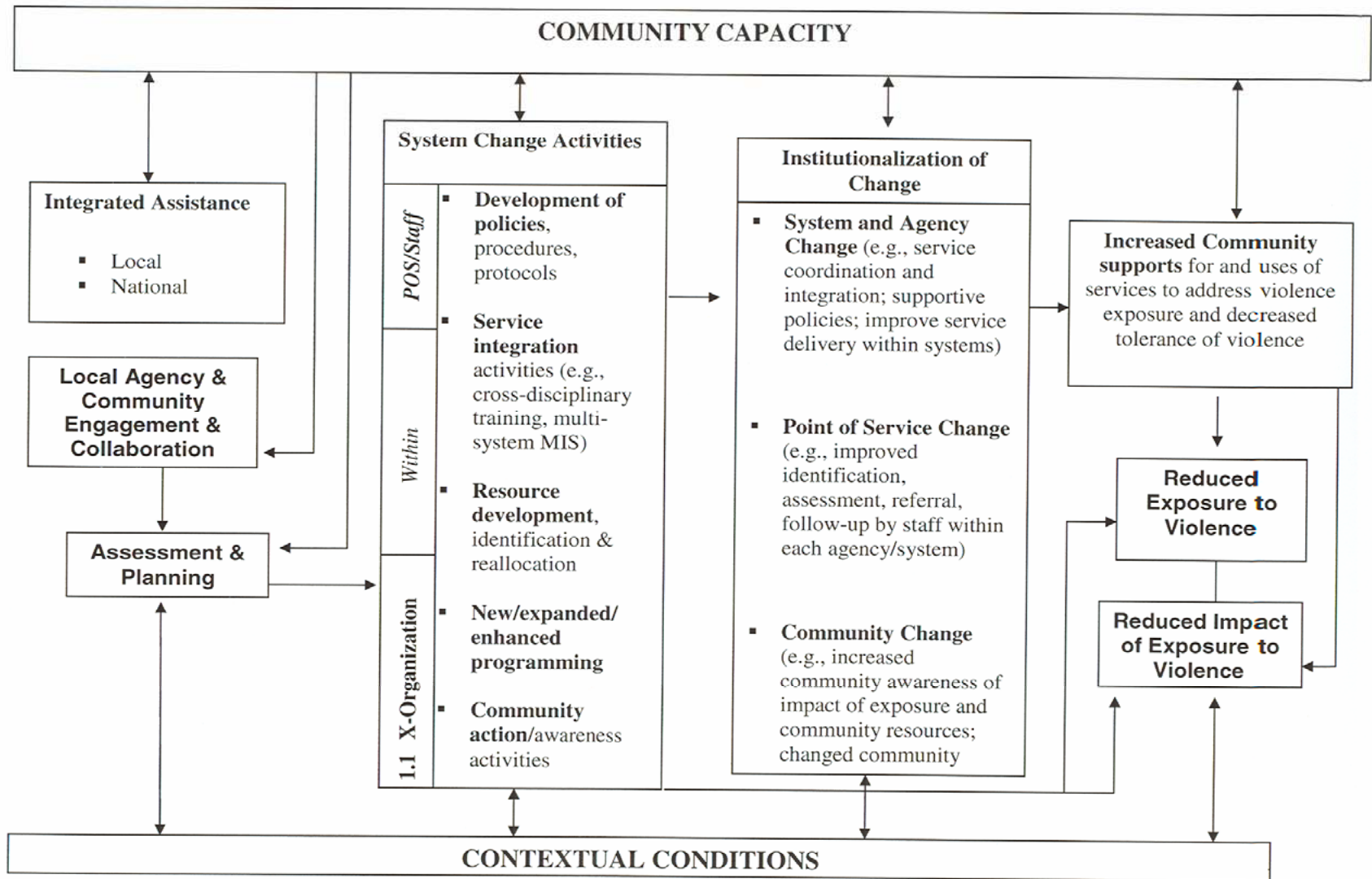
Introduction: Process Evaluation Questions

- What were the milestones reached, goals attained, and other indirect impacts of the Safe Start Demonstration Project in 2004?
- How did the composition and process of the collaboration in each site influence the types of strategies implemented, and as a result, the system change outcomes?
- How has the Safe Start Demonstration Project changed the service delivery system for children exposed to violence and their families?
- What strategies were developed to respond to external changes (e.g., fluctuations in the economy, political changes) that affected the successful implementation and goal attainment of the local Safe Start initiative in each of the 11 sites?

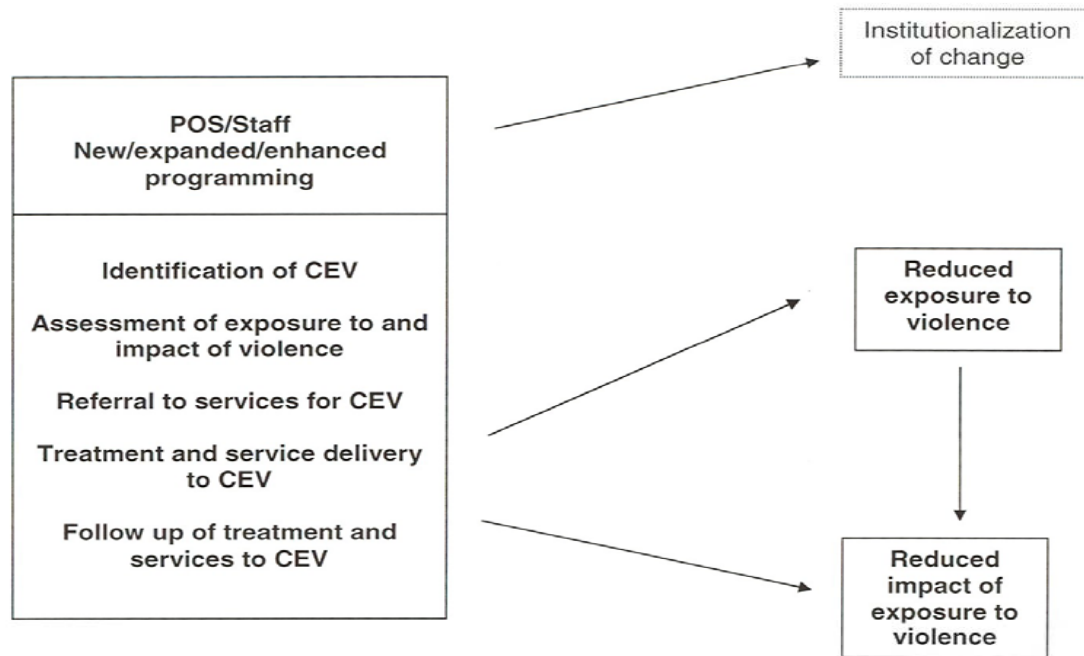
Introduction: Process Evaluation Questions

- How did each Safe Start demonstration site handle anticipated or unanticipated critical changes at the program level when they occurred?
- What organizational, point-of-service, and collaboration capacities are required for successful implementation and sustainability of the system changes at each site?
- What strategies are being used to achieve sustainability in policies, procedures, and practices at each site?
- What were the lessons learned about the implementation and replication of a national initiative such as the Safe Start Demonstration Project?

SAFE START OVERALL LOGIC MODEL



SAFE START ENHANCED INTERVENTION LOGIC MODEL



Introduction (cont.)

The National Safe Start Process Evaluation consists of two parts:

- An analysis and report of the implementation process *across* all 11 sites
- A report of *each* site's implementation process

Methodology: Data Collection

Information from the following sources was used for analysis:

- Site visits and follow-up telephone calls in fall 2004;
- Follow-up telephone calls by the NET at the beginning of 2005;
- Review of site materials submitted in 2004;
- Site evaluator reports on current findings; and
- Telephone interviews with representatives from OJJDP and from each national technical assistance provider.

Methodology: Data Analysis

- Two NET members analyzed and coded the data for each site.
- A data summary that extrapolated patterns and themes was generated for each site.
- Two NET members reviewed the coded data for all 11 sites and identified patterns and themes that emerged in two or more demonstration sites.

Findings: System Change Activities

The five domains of system change:

- 1) Service integration strategies;
- 2) New, expanded, or enhanced programming;
- 3) Development of policies, procedures, and protocols;
- 4) Community action and awareness activities; and
- 5) Resource development, identification, and reallocation.

Findings: System Change Activities (cont.)

The three levels at which sites effected change:

- 1) At the point of service or contact between the individual service provider and the child and his/her family;
- 2) Within the organization, including the organization's policies, operations, and programs; or
- 3) Across organizations in the community, including how two or more organizations share information and work together on common goals.

Findings: System Change Activities (cont.)

Service Integration:

- Case sharing and management;
- Adaptation and implementation of the Child Development Community Policing (CDCP) model; and
- Examination of existing caseloads for children exposed to violence.

Findings: System Change Activities (cont.)

New, Enhanced, and Expanded Programming:

- Training: specialized and cross-agency;
- Expansion of pathway for identifying and referring children exposed to violence and their families;
- Expansion of pathway for assessing and providing services to children exposed to violence and their families; and
- Funds for new staff positions located in other agencies.

Findings: System Change Activities (cont.)

Number of Children Identified, Assessed, and Referred for Services in 2004 (Source: Site 2004 Progress Reports)

Table 2. Number of Children Identified, Assessed, and Referred for Services in 2004

Safe Start Demonstration Site	# Children Identified	# Children Assessed	# Children Referred
Baltimore City	261	42	38
Bridgeport	231	65	235
Chatham County	122	50	44
Chicago	528	226	528
Pinellas County	1,942	187	746
Pueblo of Zuni	0	0	0
Rochester	536	536	536
San Francisco**	452	264	221
Sitka**	55	55	7
Spokane	231	231	231
Washington County	20	20	20

**Note: These figures reflect those reported during conversations with Project Directors and other site visit participants.

Findings: System Change Activities (cont.)

Development of Policies, Procedures, and Protocols:

- Changes in policies for identifying children exposed to violence;
- Facilitation of state and local policies;
- Changes in policies for responding to children exposed to violence and their families;
- Adoption of Safe Start training curricula by other institutions; and
- Development of protocol manuals for facilitating replication by other programs and interested parties.

Findings: System Change Activities (cont.)

Community Action and Awareness:

- Development & distribution of public education materials;
- Symposia & conferences for the professional community;
- Strengthened outreach capacity;
- Use of public events to promote Safe Start;
- Cultural presentations to raise awareness among families; and
- Education of special populations.

Findings: System Change Activities (cont.)

Development, Identification, and Reallocation of Resources:

- Reallocation of funds; and
- Development of new funds.

Findings: Collaboration Strengths

Implementation of Safe Start Initiatives was facilitated by:

- Existence of a culture or spirit of collaboration (i.e., positive relationships and history of working together) prior to Safe Start;
- Diversity of sectors represented;
- Formal operating structure;
- Developed leadership capacity

Findings: Collaboration Challenges

Implementation of Safe Start Initiatives was hindered by:

- Inadequate relationships with trusted and credible community entry points for children and families (e.g., faith, community leaders);
- Lack of participation by service sector and professional entry points for families and children (e.g., schools, domestic violence);
- Philosophical differences among partners; and
- Staff turnover in partner agencies.

Findings: Organizational and Service Provider Capacities

Essential capacities include:

- Acknowledgement and commitment to changing the way they have historically thought about or responded to young children exposed to violence and their families;
- Willingness and ability to share information and cases across organizations;
- Willingness and ability to engage in discussion and even conflict with other organizations and providers;
- Support for the knowledge and skill development of point-of-service staff;

Findings: Organizational and Service Provider Capacities (cont.)

- Ability to cultivate a learning community within the organization's staff and among its partners;
- Sensitivity and responsiveness to different cultural norms related to family violence;
- Relationships with credible and trusted community institutions and entry points;
- Strong relationships with other organizations in the system of care for children and families; and
- Specific knowledge and skills to work with young children exposed to violence, including state-of-the-art intervention techniques.

Findings: Cross-Organizational Capacities

Essential capacities include:

- Understanding of what makes up the system of care;
- A single entity for facilitating cross-organization processes;
- Standard policies, procedures, and protocols for responding to young children exposed to violence and their families;

Findings: Cross-Organizational Capacities (cont.)

- Capacity to manage and transform inter-organizational and intergroup conflicts;
- Participation of decision-makers and influential individuals; and
- Structure for attending to process issues and taking action.

Findings: Sustainability of System Change Activities

Safe Start demonstration sites demonstrated the following indicators of sustainability:

- Professional capacity development at the point of service;
- Identification and development of key community champions for Safe Start goals;
- Spin-off activities, strategies, and programs related to Safe Start;
- Adoption of the Safe Start vision by other agencies and organizations;

Findings: Sustainability of System Change Activities (cont.)

- Raising of new funds;
- Development of products (e.g., training materials, protocol manuals);
- Mobilization of community residents to commit to sustaining Safe Start goals; and
- Establishment of sustainability committees.

Findings: Lessons Learned

Local Safe Start sites reported 14 lessons learned (4 presented here):

- Promote shared responsibility for changing systems of care;
- Promote a learning community;
- A family approach was essential;
- Existing interventions needed to be adapted to each community's context;

Conclusions and Discussion

Challenges with assessing, treating, and following up with children and their families commonly experienced.

- *How can the knowledge base continue to expand to build the capacity of service providers to intervene appropriately?*

Conclusions and Discussion (cont.)

Existing interventions had to be adapted to fit local and cultural contexts in many demonstration sites.

- *What are the special considerations for communities (e.g., rural, Native) with regard to interventions?*
- *How can promising interventions be adapted?*
- *What types of technical assistance and other resources do communities such as these need to support the adaptation of promising practices?*

Conclusions and Discussion (cont.)

A supportive family and community environment is essential for developing and sustaining a system of care.

- *What types of prevention and environmental strategies are most appropriate for creating supportive environments?*
- *What would it take to integrate these strategies into a local Safe Start Initiative?*

Conclusions and Discussion (cont.)

Managing the collaboration was challenging.

- *What strategies, processes, resources, and capacities need to be put in place for staff and partners to manage collaboration dynamics and, at the same time, take action to improve the system of care?*
- *Are there specific techniques for dealing with inter-organizational and intergroup differences in this context?*

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Thank you!