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**Prepared for Rhett Mabry  
The Duke Endowment**

**2009**

# Child Abuse Prevention Implementation Report

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**The Duke Endowment Child  
Abuse Prevention Initiative:  
Strong Communities  
Implementation Report**

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# Overview

Strong Communities is a comprehensive effort to prevent child maltreatment by building systems of support for families of young children. Our vision is for every child and every parent to be confident that someone will notice and someone will care whenever they have cause for joy, sorry, or worry.<sup>1</sup>

The Strong Communities initiative is one of two community-based child abuse prevention efforts included in The Duke Endowment's Child Abuse Prevention Initiative. Beginning in 2002, the Endowment provided support to both Strong Communities and the Durham Family Initiative (DFI)<sup>2</sup> to develop a comprehensive approach for achieving four core outcomes: a reduction in child abuse rates; an improvement in parenting practices and behavior; the strengthening of community service systems; and an improvement in a community's capacity to protect children and support parents. Both sites were given considerable latitude in defining how to achieve these objectives and were encouraged to develop strategies with the potential for replication throughout the Carolinas.

Although sharing a set of common objectives with DFI, Strong Communities placed particular emphasis on building collective responsibility for prevention of child abuse and neglect and the promise of reciprocity of help. Project strategies were designed to assist the general public as well as local service providers in understanding the relationship among child maltreatment risk factors and how their individual and collective efforts could directly address this complex and often destructive web of interactions. The project's logic model argued that once residents feel that their neighborhood is a place where families help each other and, indeed, the expected normative

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<sup>1</sup>Strong Communities Annual Report, May 2006.

<sup>2</sup>The Durham Family Initiative is being implemented by Dr. Kenneth Dodge and his colleagues at Duke University. A discussion of this project and its implementation trajectory is presented in a companion report to this document, *The Duke Endowment Child Abuse Prevention Initiative: Durham Family Initiative Implementation Report*, available at [www.chapinhall.org](http://www.chapinhall.org).

behavior is that individuals ask for and offer help, public demand will drive service expansion and system improvement. Development of the project was viewed as progressing through four distinct phases:<sup>3</sup>

- ***Spreading the word*** to raise awareness about the nature of the problem and to identify opportunities for enhanced family support.
- ***Mobilizing the community*** to become engaged in developing and implementing plans to prevent child maltreatment.
- ***Increasing the resources*** for families to obtain nonstigmatizing help whenever and wherever they need it.
- ***Institutionalizing the provision of resources*** so that support is sustained over the long term.

In describing its progress, Strong Communities staff members believe they successfully completed Phases 1 and 2; they also believe they actively engaged in the process of increasing resources for families (Phase 3) and made some preliminary progress in institutionalizing the provision of these resources (Phase 4). Project strategies have focused largely on efforts to mobilize all segments of the community around child protection and safety and to strengthen families by expanding available supports. Since its inception, Strong Communities has placed heavy emphasis on educating all elements of the community around the program's core message—a sense of perceived responsibility among community members to keep children safe. Initially, the project approached this engagement process by assigning community outreach workers to address specific issues of general concern to local residents, such as workforce development, economic investment, and safety. The assignment of outreach workers, however, was altered after the initial operating year. Under the revised system, each outreach worker was assigned a specific neighborhood, ranging in population from 5,000 to 50,000, and charged with expanding the level of social exchange within these communities.

Strong Communities implemented a broad array of community engagement efforts over its initial five years, including recruiting volunteers through various mechanisms, such as pledge card drives; hosting various community wellness fairs and events; widespread educational efforts around the issue of Shaken Baby Syndrome; annual “Blue Ribbon” Sabbath campaigns at local churches during Child Abuse Prevention Month (April); media outreach; and public awareness campaigns. Not all of these strategies were consistently implemented. Indeed, the Strong Communities leadership team repeatedly stressed the need for a flexible implementation plan that allowed staff to respond to emerging opportunities as they materialized.

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<sup>3</sup>Copy of Strong Communities' logic model as described in April 2003 is included on page 5.

Collectively, these outreach efforts increased the awareness and engagement of various community institutions, such as community and civic organizations, faith-based institutions, and police and fire departments, in the issue of child safety. By 2007, the project estimates that almost 200 churches, 77 community organizations, and 186 businesses had provided resources, leadership, and infrastructure support to one or more Strong Communities activities. Additionally, the project asserts that almost 5,000 individuals, which represents 3.7 percent of the service area's population, had volunteered in some capacity with Strong Communities. Collectively, these volunteers contributed at least 43,667 hours of service.<sup>4</sup>

Strong Communities used a variety of ways to increase resources available to families. The "Strong Families" initiative was launched in 2006 to draw together a variety of community-based strategies, including Chats with a Family Advocate, Family Activity Centers, Extra Care for Caring Families, and Family Watch. According to the project's 2007 Annual Report, as of June 2007, 2,479 families had completed a Strong Families' enrollment form, providing their name, address, home and work telephone numbers, email address, and the names, birthdates, and ages of their children. Most of the families who enrolled (65 percent) came through the health care system either at the time of a child's birth or as part of a routine health visit. The second largest enrollment source was the school system, primarily via the 4K program (22 percent). The balance of the enrollments came from the various Family Activity Centers (8 percent) and other sources (5 percent). Of those who enrolled, 63 percent of families participated in at least one activity.

### **Strong Communities Evaluation**

A rigorous and multifaceted evaluation is a critical component of any large-scale initiative that is testing innovative ways of preventing child abuse and neglect. As part of its portfolio, Strong Communities embedded several evaluation strategies into its work plan. The Duke Endowment provided Strong Communities generous funding to plan and implement its internal evaluation. The plan focused primarily on collecting a range of quantitative and qualitative process indicators, allowing project leadership to monitor volunteer and organizational engagement levels and document outreach worker activities. Outcome-oriented components included secondary analyses of annual school-based surveys regarding safety perceptions, as well as interviews with a subset of particularly engaged volunteers to gauge the impact of their involvement on their personal behaviors and on their perceptions of community cohesion and efficacy.

Chapin Hall's role as an external, third-party evaluator of the Endowment's overall initiative augmented these local efforts. As the cross-site evaluator, Chapin Hall was asked to document the progress both Strong Communities and DFI made toward accomplishing the initiative's core

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<sup>4</sup>Strong Communities Annual Report, 2007, p. 5.

objectives and to provide a comparative analysis of each project's implementation trajectory and replication potential. This assessment was guided by the trends observed in repeated surveys of a random sample of households in the intervention and matched comparison communities along with administrative and survey data collected by the individual sites. In interpreting these data, Chapin Hall placed particular emphasis on drawing out key lessons with respect to each site's respective theory of change, the relative efficacy of each site's various strategies, and the most promising areas for replication.

In addition to collecting and analyzing the household survey data, Chapin Hall staff conducted annual visits to each site to discuss implementation accomplishments and challenges. Chapin Hall also actively engaged in ongoing conversations with The Duke Endowment staff regarding implementation issues, promising strategies, data-collection methods, and operational challenges facing the two sites.

The cross-site evaluation data highlighted the success of Strong Communities' neighborhood engagement and resource provision efforts through improved parent-child interactions as measured by the household surveys. The surveys found significant improvement over time in self-reports by parents of positive interactions with their children and a corresponding reduction in parent reports of acts suggestive of neglect.<sup>5</sup> These surveys, however, revealed no significant change on indicators of collective efficacy, mutual reciprocity, or neighborhood satisfaction, areas of change one might have expected given the project's primary focus. Indeed, on several of these measures, performance in the intervention community was less positive than that in the comparison community. In addition, local administrative records revealed no significant declines in child abuse reports, substantiation rates, or hospitalizations related to injuries suggestive of maltreatment when compared with similar records in the comparison community.

The absence of measurable effects on indicators of resident perceptions of their community and interactions with their neighbors was unexpected given the project's theory of change and implementation profile. Similarly, the improvements seen in self-reported parent-child interactions were not supported by comparable improvements in parental personal functioning or reflected in any changes in administrative data regarding child abuse reports or substantiations. It is plausible that continued implementation would have led to reduced official child maltreatment reports and child injuries over a longer period of time. Alternatively, it is possible that the intervention is too far removed from within-family maltreatment behavior to have its desired impact, particularly on families facing the greatest challenges.

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<sup>5</sup>*Mid-Point Assessment*, 2008, p. 30.

In its *Mid-Point Assessment Report*, Chapin Hall concluded that community prevention efforts are best served by augmenting broadly defined and diffuse community engagement efforts with specific interventions targeting populations of interest. As such, the report placed particular emphasis on both DFI and Strong Communities strengthening their capacity to provide direct assistance to new parents. In the case of Strong Communities, the report recommended emphasizing the Strong Families program components. Further, Chapin Hall pointed out that if funding was to continue and the broader prevention field to benefit, future program activities would require careful planning, consistent implementation, continuous and rigorous evaluation, and a willingness to make midpoint changes as suggested by the data.

Following a careful review of Chapin Hall's full evaluation report and subsequent conversations with the Strong Communities leadership team, advisory board, and Chapin Hall, The Duke Endowment Board of Trustees elected to discontinue ongoing funding for Strong Communities in June 2009. This decision reflects the fact that the household survey data did not support the program's theory of change, which suggests that changes in community cohesion and levels of mutual reciprocity among residents would precede and influence changes in parent-child interactions. Although the data found some improvements in parent-child interactions, these changes were not attributable to changes in either personal parental functioning or community perceptions or levels of interaction among neighbors. In addition, the primary focus of Strong Communities shifted away from its initial attempt to create universal access to support for families, as demonstrated by Strong Families. At present, the program is more heavily invested in creating support opportunities for children whose parents have been incarcerated and parents needing direct assistance in caring for their children either through voluntary placement arrangements or ongoing intensive support. These efforts, while meeting important service needs in the community, are not aligned with The Duke Endowment's focus and interest in expanding community-based primary prevention efforts. This shift in program emphasis, coupled with the absence of compelling data to support Strong Communities' theoretical assumptions, led the Endowment staff to recommend that funding be terminated.

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# Purpose of the Report

To better understand the evolution of Strong Communities and the ambiguous findings documented in Chapin Hall's household surveys, Chapin Hall staff conducted a comprehensive review of the initiative's annual reports, written summaries of various site visits, and meetings held between the Endowment's staff and the program's internal advisory board, and completed a series of interviews with Strong Communities staff and stakeholders. A list of these resources and those interviewed as part of this process is provided in appendix A. Chapin Hall staff also analyzed the household survey data for those cases in which these data helped clarify the potential impacts of a specific program strategy or operating hypothesis. We have three goals for this report:

- To critically assess the implementation levels achieved within Strong Communities;
- To identify specific conceptual and operational limitations that may have contributed to poor or incomplete implementation in some areas; and
- To identify ways in which the Strong Communities experience can inform future decisions among those interested in implementing and financing community prevention efforts.

Although The Duke Endowment Board has voted to discontinue funding to the Strong Communities site, this type of review provides both the Endowment and the child maltreatment field in general important information for assessing the potential of these types of community-based initiatives.

The report begins by presenting the Strong Communities theory of change, including a discussion of the four phases of its logic model. It then presents the core activities that Strong Communities engaged in, and it discusses the actual implementation of those strategies, including a critical examination of the accomplishments, challenges, and assumptions regarding impact. We then highlight key implementation issues encountered by the initiative and end the report with broader lessons gleaned from the initiative for both The Duke Endowment as well as others seeking to implement or expand community prevention efforts.

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# Strong Communities: Theory of Change

The conceptual basis for the Strong Communities initiative is the series of reports written by the US Advisory Board on Child Abuse and Neglect, particularly the reports published in 1993, *The Continuing Child Protection Emergency: A Challenge to the Nation* and *Neighbors Helping Neighbors: A New National Strategy for the Protection of Children*.<sup>6</sup> These reports highlight the US Advisory Board's ideas about the need for a neighborhood-based child protection strategy and outline several guiding principles for designing this new system. They articulate a vision for child protection strategies that includes social and economic support for at-risk families focused at the neighborhood level and based on numerous guiding principles, including the following:

- Activities should include a focus on increasing connectedness among people;
- Activities should include a focus on development of actual and self-perceived competence of neighbors as helpers (e.g., mutual reciprocity);
- Neighborhood residents should be actively involved in the design and implementation of child protection activities;
- Efforts should be made to develop and strengthen links between the neighborhood and external resources;

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<sup>6</sup>US Advisory Board on Child Abuse and Neglect (1993), *The continuing child protection emergency: A challenge to the nation* (Washington, DC: US Government Printing Office). US Advisory Board on Child Abuse and Neglect (1993), *Neighbors helping neighbors: A new national strategy for the protection of children* (Washington, DC: US Government Printing Office).

- Activities should occur where people are (e.g., child protection efforts should be built into settings that are important in everyday life; services should be easily available and accessible within neighborhoods; services should be available outside conventional hours); and
- Services should be integrated and coordinated (e.g., build on existing service-system reforms; use existing community support systems).

Strong Communities leadership used the US Advisory Board reports as the foundation for creating a logic model and designing its primary strategies. The logic model was formally created in 2003 and put forth the expected sequence of program activities and core outcomes. This model is referred to throughout Strong Communities' annual reports and in interviews with key stakeholders. The logic model details the project's four phases and lists four core outcomes. These outcomes include

- improvements in the perception of the quality of life for families;
- changes in community norms;
- improved safety for children (i.e. reducing child abuse and neglect); and
- improved well-being of children and families.

As illustrated in the logic model (shown below), project staff identified a more specific set of indicators for two of these core outcome measures but did not offer additional indicators regarding improved child safety or well-being. Chapin Hall measured progress in child safety and well-being through the household surveys, child welfare administrative records, and data on emergency room use and hospitalizations suggestive of maltreatment. In this section, we provide further details about the logic model and the theoretical assumptions undergirding the Strong Communities intervention.

**Phase 1: Spreading the Word.** This phase involved building relationships in order to have an audience to hear the Strong Communities' message—"for every child and every parent to be confident that someone will notice and someone will care whenever they have cause for joy, sorrow, or worry."<sup>7</sup> Outreach workers, the most fundamental strategy of Strong Communities, were encouraged to talk to as many community residents and organizational leaders as possible to explain the idea behind Strong Communities and to highlight what part they can play. The principal targets of this campaign were not traditional social service agency personnel, but rather

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<sup>7</sup>Strong Communities, retrieved April 10, 2009 from <http://www.clemson.edu/strongcommunities/about.html#two>, accessed April 10, 2009.

community organizations and institutions outside of the formal service network (e.g., ministers and their congregations, apartment complex managers, business leaders, fire and police department officials, health care providers, school personnel, and nonprofit agency directors and staff).

**Phase 2: Mobilizing the Community.** This phase involved a call to action for community residents and leaders reached during Phase 1. The three strategies employed during Phase 2 were *increasing community discussions*, *increasing community action*, and *building structures to facilitate “natural” helping*.

The first strategy focused on increasing discussion among the community’s formal and informal venues regarding the need for *all* community members to take action to prevent child abuse and neglect by supporting families. To generate both awareness and interest in the topic, Strong Communities staff and volunteers authored newspaper articles and sponsored announcements using all of the local media; spoke on behalf of the initiative at numerous clubs, organizations, and public events; and distributed pledge cards to those attending these events as a way of directly engaging them in a commitment to learn more about the needs of parents in their immediate community and to become more aware of the children who lived in their neighborhood (e.g., learning the names of children on their block).

The second strategy involved expanding volunteerism, direct parent participation, and collective action (e.g., groups working together on a specific project). As one respondent put it, “The plan began with the importance of mobilizing the community to recognize that the community had a responsibility to support families and to keep children safe—and to recruit volunteers.” Volunteer recruitment and engagement were central tenets of the Strong Communities’ approach to community change. The initiative sought to convince residents that it was up to them to intervene in families’ lives to prevent abuse and that they could do so by volunteering in myriad ways through the day-to-day choices they made in their lives. In this respect, the definition of “volunteer” within the context of Strong Communities varied from other, more structured volunteer recruitment efforts. The Strong Communities’ approach assumed that explaining to people that they should be preventing abuse and neglect would make them naturally want to do so by assisting their neighbors and others in their social circles (e.g., church members, coworkers, etc.), and they would gradually move toward deeper involvement with their neighbors. Strong Communities considered this a natural process not requiring a formal program of volunteer training, enrollment, and supervision.

**Table 1. Strong Communities Logic Model**

**The Expected Sequence of Activities and Outcomes in Strong Communities**

***Phase 1. Spreading the word***

- ❖ *among community leaders and residents* □ Relationship-building + education about social trends and their relation to child maltreatment

***Phase 2. Mobilizing the community***

- ❖ *by increasing community discussion* □ Increased public (organized) and grassroots (informal) discussion of the need for action
- ❖ *by increasing community action* □ Increased collective action, volunteerism, and parent participation
- ❖ *by building structures to facilitate “natural” helping*

***Phase 3. Increasing the resources for families***

- ❖ *by increasing social and instrumental support and by improving the safety and aesthetics of the physical environment*

***Phase 4. Institutionalizing the provision of resources***

**Intermediate outcomes relate directly to the process of change (e.g., the number of volunteers involved in action to support families) as outlined above.**

**Ultimate outcomes are expected to change in the following order but probably not substantially until Phase 3 is well underway:**

***1. Improvements in the perception of the quality of life for families***

- Increased perceived community concern for children and perceived family support
- Increased sense of collective efficacy and sense of personal efficacy, especially efficacy as a parent

***2. Changes in community norms***

- Greater watchfulness for children and families
- Greater reciprocity and regularity of informal help
- Greater energy and control in care for children

***3. Improved safety for children (reduced child abuse and neglect)***

Promoting this type of volunteerism involved working with residents on an individual basis or, more commonly, working through an existing organizational affiliation. Respondents interviewed by Chapin Hall explained that recruiting volunteers is easier when done by building on what an existing organization or church is already doing and by encouraging the organization to focus more explicitly on families with young children. As one respondent noted:

We were not telling organizations what they had to do; we were assisting them to do what they normally would do for families. We would go in with a number of ideas but we were looking to identify what these organizations were already doing, or were comfortable doing and then we would help them get more involved and committed to this type of work.

Staff members described this approach as different from other volunteer recruitment efforts in that Strong Communities “did not ask people to do something ‘special’ or to be part of a volunteer program, but just asked folks to do what they do naturally to help others.”

Parent participation was part of this phase as well. Strong Communities theorized that if parents, especially those with young children, participated more in community life they would engender greater support naturally through that process. Again, the idea was that if people understood that they have a responsibility to help prevent abuse and neglect, they would reach out to neighbors to provide support. And if parents were involved, and thereby known to community members, they would inevitably receive support. Reciprocity of help was a fundamental goal for Strong Communities. Numerous written Strong Communities reports express the concept of mutual assistance. For example, in the 2006 Annual Report, staff notes that “...children’s safety requires the establishment of a norm of mutual assistance for all families so that children most at risk are protected.” The 2006 report also discusses the idea of transformation: “Strong Communities seeks *transformation* of the norms of social interaction and community responsibility for the well-being of young children and their families.”<sup>8</sup> It is clear that the idea of changing the way people think about helping their neighbors was a key goal of the overall initiative.

Another strategy central to Phase 2 was building structures to facilitate “natural” helping. This idea of “naturalness” is a common theme running through Strong Communities’ written material. Several respondents also mentioned it during the recent Chapin Hall site visit. As one commented, “[Strong Communities] is simply helping people and organizations do what they would do naturally.” This phase of the initiative also introduced the Strong Families concept, which was an effort to “make the support process and context more concrete □ to show community residents how they could support and help families in a nonstigmatizing way.”

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<sup>8</sup>Strong Communities Annual Report, 2006.

In general, this phase was designed to help the full range of families who needed support (from low- to high-risk families) become more involved in a continuum of services: efforts ranged from expanding the provision of playgroups and parent-child activities to offering more intensive interventions such as short-term mental health services (e.g., Chat with a Family Advocate). In Chapin Hall's interviews with staff and key stakeholders, it became clear that Strong Communities operated under the premise that it was providing a variety of strategies designed to build relationships rather than creating community service centers where services were limited to a specific geographic location. This view became somewhat compromised when the initiative developed Family Activity Centers, a concept that did in fact house a package of services within a specific setting. Although all of the centers were clearly "place-based," staff members continued to define this effort as having a purpose different from more traditional family resource or community service centers. As one respondent said, "The [traditional] center's activities are just that, activities. Strong Communities focuses on using activities to build relationships." Underscoring this difference, the program's 2006 Annual Report notes, "Fundamentally, Strong Communities is about relationships—protection and promotion of the family and community relationships that form the basis of our personal identities...and that ordinarily shelter and nurture us."<sup>9</sup>

**Phase 3: Increasing Resources for Families.** The strategies developed under this phase, as articulated in the logic model, focused on *increasing social support for families*, *increasing instrumental support*, and *improving the safety and aesthetics of the physical environment*. Although the logic model does not articulate specific ways to accomplish these outcomes, such activities can be inferred from the program's written materials and our interviews with program staff. The initiative operated under the assumption that social support would increase once community members embraced the idea of personal responsibility for child safety and built relationships with one another that would encourage offering help in natural ways to families with young children, including reciprocal help (given and received mutually).

One key respondent explained that this phase of the work involved an explicit shift from focusing on universal prevention strategies to focusing on reaching high-risk families. Rather than promoting efforts to engage all residents in the social exchange process, Strong Communities promoted programs capable of providing more intensive services to families facing the greatest challenges. As one respondent explained:

The third phase of Strong Communities is more professional, direct services to high need families. The project (and the community) is now at the point of demonstrating and accepting what it really takes to support high risk families. Volunteers will now be asked to do more as

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<sup>9</sup>Strong Communities Annual Report, 2006.

mentors for Building Dreams (i.e., a Federal-funded initiative to support children whose parents are in prison) or as resource or partner families for Safe Families (i.e., a program for parents who are seeking to voluntarily place their children with others on a temporary basis).

During this phase, the “natural” help promoted by Strong Communities became more structured and embedded within these two specific interventions (Building Dreams and Safe Families). Strong Communities more intentionally recruited residents to volunteer for a specific program as opposed to encouraging residents to provide assistance to others on a more a natural and reciprocal basis.

This shift from a general awareness and volunteer mobilization campaign to directly serving high-need families reflects Strong Communities’ strategy of preventing maltreatment via a staged approach. It is not clear why Strong Communities leadership believed that these two strategies should not occur simultaneously. This concept of a staged approach further complicates the concept of promoting “natural” helping relationships. For example, if the community’s norms with respect to help-seeking and help-giving changed significantly as a result of specific activities undertaken during Phases 1 and 2, then asking people to engage in a structured volunteer program should not be necessary—residents would be providing their neighbors with the support they needed. On the other hand, if the program adopted the assumption that structured and formal interventions are indeed required to successfully serve the most at-risk or disadvantaged families, this would reflect a shift away from the program’s unique reliance on the “naturalness” of helping high-risk families and an explicit recognition of the need for more professional and structured assistance. Rejecting the idea that the support of formal interventions represents a shift in the program’s underlying logic. One respondent described this change as an example of Strong Communities working to “better enfold Safe Families and Building Dreams into the Strong Communities identity, with the only differentiation [being] who the recipients are—Safe Families recipients are whole families and Building Dreams recipients are individuals.” Respondents explained that this would be done by “emphasizing that neither of these programs is a case management program but rather a strategy designed to ‘naturally’ identify and address family needs.” It is not clear how methods for identifying and addressing needs in this context differ from those of other family support programs.

The final outcome identified for Phase 3, *improving the safety and aesthetics of the physical environment*, seemed to occur more during the early years of Strong Communities than in later years. Early on, when trying to spread the word and mobilize the community, outreach workers, other organizations, and individual volunteers used community clean-up days as a mechanism for engaging community residents in Strong Communities. During our most recent site visit, however, no respondents mentioned these types of activities as being a current focus of staff or volunteer time, nor are they mentioned in more recent Strong Communities reports.

**Phase 4: Institutionalizing the Provision of Services.** This phase involved ensuring that the services and activities developed as part of Strong Communities' effort were sustainable and available to the community for the long term. In operationalizing this objective, the Strong Communities leadership team focused on identifying "lead organizations" within the project's service area that would take permanent responsibility for providing services and activities currently being led by Strong Communities staff. One respondent talked at length about the importance of institutionalizing the Strong Communities' *message*, not just its activities. However, at the time of the Chapin Hall site visits, the program had yet to secure a firm commitment from any organization to assume this responsibility, although staff had identified around a dozen congregations or community organizations they viewed as promising candidates for this role.

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## Summary

Strong Communities created a logic model that illustrates its theoretical assumptions and listed the sequence of events expected to achieve a set of specific outcomes. However, these two concepts (work phases and outcomes) were not linked, making it difficult, if not impossible, to determine which activities were expected to contribute to which outcomes. Furthermore, the initiative lacked specifics about how it would modify the norms of social interaction among people, even though the assumption was that by engaging in all of these strategies, community residents *would* change the way they interact with others in their community.

The logic model does not address the project's primary agent of change, an important and central issue. The available data suggest several possible hypotheses regarding this question:

- Was Strong Communities trying to change individuals in need of more support by educating them that it is okay to ask for help?
- Was Strong Communities trying to change individuals with the time and energy to volunteer by directing them toward volunteering for this initiative, or to benefit specific groups of people (e.g., families with young children)?
- Was Strong Communities trying to influence organizations that already work with volunteers to shift their volunteer efforts toward families with young children?
- Was Strong Communities trying to encourage organizations that do not normally work with volunteers to start doing so and to direct those volunteers toward families with young children?
- Was Strong Communities trying to re-orient organizations that work directly with families to deliver services and to influence those organizations to provide services differently?

It is our belief that Strong Communities leadership assumed that through the outreach workers, the initiative could do all of the above simultaneously. This assumption led to a frenzy of activity across the service area, as outreach workers attempted to bring about comparable change in all of these areas. We do not know which of the above options may have contributed to the positive changes we observed in the household survey data with respect to parenting practices, nor whether the attempt to focus on all of these possible change agents resulted in the initiative's inability to fully and deeply implement the majority of strategies it began.

Another limitation of the program's logic model as stated is the absence of a clear theoretical link between the four phases of Strong Communities (as explained in the logic model), the program's specific strategies and activities, and the expected outcomes. Additionally, the four phases were not well operationalized, resulting in poor planning (discussed in more detail in the following section). Strong Communities leadership made several critical, but not well-tested, assumptions about how activities were linked with outcomes, but did not thoroughly explain them. For example, Strong Communities assumed that by providing opportunities for community residents to gather together at special events or other activities, neighbors would meet each other, notice each other's needs, and be willing to intervene, ultimately resulting in decreased child neglect or abuse. However, this assumption was not tested prior to full-scale implementation. Using the household surveys as one measure, it appears this assumption was incorrect. The surveys clearly show that community residents in the service areas did not increase their willingness to offer or receive help from each other. Even once these data became available, Strong Communities still held to the belief that providing opportunities for neighbors to meet neighbors would result in deeper mutual engagement. Additionally, it appears that Strong Communities continued to assume that volunteer mobilization would result in deeper involvement with neighbors.

Toward the end of the project, the initiative seemed to abandon the idea of reciprocity or mutual assistance—instead, staff members began recruiting volunteers to help families enrolled in Building Dreams and Safe Families. During our last site visit, the concept of reciprocity was rarely mentioned. The logic model does show a progression toward more resources and the institutionalization of these resources, but it does not specify a shift to trying to serve high-need families directly. This may have been the original plan, but the logic model does not articulate it, nor did early reports or visits. Early on, the plan seemed to be that high-need families would naturally come to the attention of neighbors, just as low-need families would, as they became more engaged in community life. Families who had substantial needs were seen as parallel to those who had few needs; this concept shifted by the end of the initiative to one where volunteers with resources (time, energy, interest) were being recruited to try to meet the needs of families with few resources (due to parent incarceration or other concerns)—the assistance was no longer mutual, but went one way, from those capable of helping to those needing help. It is not clear exactly when or why this conceptual shift occurred.

In hindsight, requiring Strong Communities leadership team to better define the relationship between specific activities and desired outcomes might have helped to focus the initiative and to provide clearer benchmarks against which progress could have been measured in the absence of independent outcome data. Perhaps modifications were not required earlier in the process because Strong Communities did not, in reality, use the logic model or the theoretical assumptions embedded in the US Advisory Board report to guide its day-to-day operations. As discussed in the following section of this report, many of the strategies initiated by Strong Communities outreach workers and leadership capitalized on emerging opportunities and did not arise out of an understanding of how a given activity would be implemented or what it might accomplish. If one accepts the validity of this approach, a well-crafted, highly specified logic model or theory of change would not be expected to impact programmatic decisions. Indeed, Strong Communities leadership argued that their underlying assumptions were grounded in the US Advisory Board's vision of community prevention, a vision that required simultaneous change in multiple dimensions. Learning how to create such change was, in part, what Strong Communities set out to accomplish. In the absence of a clear understanding of what would have constituted the correct set of activities, it is perhaps understandable that the project was not asked to clarify its primary agent of change or provide more specific expectations with respect to the scope or impact of its varied activities. Judgment regarding efficacy and progress would ultimately need to rest on the more objective and rigorous data collected through the household surveys and administrative records that constituted the cross-evaluation plan. Once these data became available, the Endowment staff had an empirical base on which to better assess the project's viability.

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# Strong Communities: Implementation of Core Activities

Strong Communities implemented a wide variety of strategies, activities, and initiatives to mobilize the community, engage volunteers, and provide resources to families. As documented in our *Mid-Point Assessment* of the initiative, many of these strategies were used for only a short time while others persisted for several years. In some cases, the strategies' core elements remained consistent over time but may have assumed different names or identities, such as Family Watch transitioning to Family Friends or Family Partner transitioning to Family Advocate. The reasons for starting or stopping a particular activity or changing its identity are not always clear, but may have included a lackluster response on the part of the community to a given approach; a change in leadership at various partnering organizations; a change in outreach worker personnel or the unique personalities and contacts of an individual outreach worker; unpredicted opportunities emerging in other areas suggesting the need to divert resources to capitalize on these opportunities; or a lack of staff interest in continuing a given approach.

Key to understanding the development of Strong Communities is the wide latitude outreach workers had in determining which opportunities they would pursue within their given community. Rather than adhere to a fixed work plan, each outreach worker was free to follow up on the opportunities, interests, or personal contacts he or she saw as offering the strongest pathway for engaging local organizations or individuals. Outreach workers were free to build relationships with individuals or organizations and plan activities, even if they were not directly related to the Strong Communities' mission. The more important objective of these initial contacts was to establish a relationship that would allow outreach workers to, over time, direct the organization toward a set of activities that more explicitly focused on building mutual support for

families and collective responsibility for child protection. As explained in a letter sent by Dr. Melton to The Duke Endowment in 2005,

...the activities in Strong Communities are heuristics intended to facilitate movement at particular points in time and in particular settings and communities toward our ultimate goal....It is not disturbing to me if a staff member leaves or de-emphasizes a particular strategy. Instead, I am disturbed if they stay in one place (in a metaphorical sense) because the level of change that we are seeking will occur only if there is continuous and multi-faceted movement toward that goal.<sup>10</sup>

In this section, we highlight the strategies that Strong Communities put forth as being central to accomplishing its mission and that represent, in most cases, those activities that consumed the most staff time and energy at some point in the project's development. They are also the activities most frequently mentioned in the project's annual reports, on its website, and during Chapin Hall site visits. Our assessment of these strategies is based on a review of the project's written material as well as on our interviews with key stakeholders and our secondary analysis of the household surveys data. We used this information to assess the degree to which each strategy was fully implemented, the range of decisions made regarding its ongoing scope and role within the project, and the specific challenges that emerged in implementing these decisions.

Table 2 organizes these strategies into three clusters: activities that represent *minimal engagement or need* on the part of participants; activities that represent *moderate levels of engagement or need*; and activities that represent *deeper, more lasting engagement and high levels of need*. Although the degree to which a local organization or family used a specific strategy varies to some degree, these three levels underscore the scaled way in which Strong Communities interacted with the community. In some instances, the project is best understood as having a strong public awareness function of which the primary objective was to reach out to residents and generate a body of shared knowledge and experiences. Such activities as pledge card drives, volunteer recruitment efforts, and promotion of Blue Ribbon Sabbath within the faith community all reflect this element of the program.

In other instances, the project is best understood as fostering opportunities for families to access short-term assistance in addressing responsibilities, such as accessing primary health care, securing safe child care, and finding opportunities for social interactions with other parents, across a broad spectrum of parents. Efforts to enhance a family's relationship with its primary health provider (e.g., Extra Care for Caring Families), Chats with Family Advocates, and Café Cultura reflect this element of the program.

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<sup>10</sup>Letter from Dr. Melton to Rhett Mabry, January 10, 2005, p. 23.

Finally, Strong Communities might be best understood as offering ongoing support to families facing specific challenges in caring for their children by expanding access to services or providing ongoing volunteer support. Strategies such as providing home visitation services, offering mentoring services to children with parents in prison, or providing alternative care arrangements with volunteer families for children whose birth parents are temporarily unable to care for them represent this function.

Interacting with a community at any of one of these levels for an extended period of time represents a significant challenge. Attempting to operate at all three levels presents a range of conceptual and implementation dilemmas. As noted below, we observed several instances in which these challenges may have limited the reach and sustainability of a given strategy and, in turn, the overall impact of Strong Communities.

**Table 2. Primary Strong Communities Strategies**

	<b>Minimal Engagement/Low Need</b>	<b>Modest Engagement/Moderate Need</b>	<b>Deep Engagement/High Need</b>
<b>Outreach workers</b>	x		
<b>Faith community engagement</b>	x		
<b>Pledge cards</b>	x		
<b>Shaken Baby Syndrome Campaign</b>	x		
<b>Clemson Community Fellows</b>	x		
<b>Family Activity Centers</b>	x		
<b>Welcome Families</b>		x	
<b>Extra Care for Caring Families</b>		x	
<b>Family Advocates</b>		x	
<b>Café Cultura</b>		x	
<b>Family Watch</b>			x
<b>PAT/Home Visitation</b>			x
<b>Building Dreams</b>			x
<b>Safe Families</b>			x

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## Level One: Minimal Engagement

### Outreach Workers

The most central and consistent component of Strong Communities has been its use of outreach workers. Initially assigned to work within a given sector (e.g., business sector, faith community, and community-based organizations), individual outreach workers were reassigned on the basis of geographic area, with each worker focusing on activities in a specific neighborhood within the broad Strong Communities service area. As of February 2009, there were six outreach workers on staff.

Although given great latitude in selecting specific activities and identifying core partners, all of the outreach workers were guided by eight principles:

- Activities used to engage the community should be logically linked to child abuse reduction.
- Activities should enhance the likelihood that residents will notice and respond to the needs of children and their parents.
- Fostering new activities that extend the reach of the initiative has greater priority than completing an activity that is not achieving its objectives.
- Primary emphasis is placed on volunteer recruitment, mobilization, and retention.
- Activities should foster relationship building among residents, among institutions, and between institutions and residents.
- Activities should generate support that is widely available and nonstigmatizing.
- Activities should be directed to parents and enhance parent leadership and community engagement.
- Activities should build on each area's unique assets.<sup>11</sup>

The outreach workers' goal was to build relationships that fostered a willingness to "hear" the Strong Communities' message. How an individual outreach worker achieved this goal was largely self-determined.

Outreach workers are working with individuals, families, local government, the schools, churches, businesses, civic and neighborhood organizations, and local law enforcement to

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<sup>11</sup>"Summary of Developments in Strong Communities: June 2005 to May 2006," no page numbers, page titled "Principles of Outreach Work in Strong Communities."

make the Golden Rule a part of everyday life. Together they are striving to ensure that all families feel supported, and that when families have a reason to celebrate, grieve, or worry, someone will notice and someone will care.<sup>12</sup>

Initially, outreach workers spent most of their time building relationships with community leaders or individuals who were willing to listen to the Strong Communities' message. These efforts were not necessarily directly related to supporting families with young children but were viewed as a way to foster dialogue among community residents. In many cases, the outreach workers identified an existing activity or community event and worked to integrate the Strong Communities' message of child safety into that activity—either by formally cosponsoring the event or by simply attending the event. As these relationships matured and Strong Communities became an entity better known in the community, outreach workers initiated activities with partners that were more directly related to its mission (e.g., parent-child activities, playgroups, etc.).

Based on data provided by the program, it appears the outreach workers were successful in engaging a diverse number of organizations and individuals to participate in and directly support a range of activities designed to improve awareness of Strong Communities and its mission to support families and protect children. Less clear are the degree to which these activities represented new resources for families and their sustainability once funding for the outreach workers ended. As one respondent noted, “Churches and community organizations are unlikely to take on the function of generating volunteers and informal support without a paid staff position.” One sustainability strategy suggested by the Strong Communities leadership team as a relatively inexpensive way for mobilizing a community around a particular cause involved asking local organizations to pool their resources to support the outreach workers. At the time of our site visit, however, several respondents expressed concerns about asking local organizations to support salaries, particularly when these organizations and congregations were facing their own financial challenges. At the time of our site visit, no substantial new source of funding had been identified for any of the outreach workers.

### **Volunteer Mobilization**

Generating a substantial number of volunteers is the linchpin of Strong Communities' approach to building support. Although using volunteers to support families is not a new idea in child abuse prevention, Strong Communities defines volunteers in a unique manner. As one respondent explained, “We did not ask folks to do something ‘special’ or to be part of a volunteer program. We asked folks to do ‘what they do naturally’ to help others.” Given this definition, program

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<sup>12</sup>South Carolina Annual Report, 2006.

leadership argued that it was virtually impossible to document all individuals involved in the initiative. On the other hand, the definition begs the question of who should be counted as a new volunteer. For example, if an individual is already providing support and engaged in an activity supportive of the Strong Communities' mission, is this person a new resource for the community (and therefore counted as a Strong Communities volunteer), or simply a newly *identified* resource? In some cases, formal involvement with Strong Communities might have altered an individual's volunteer experience by extending his or her level of commitment or engaging him or her with a new population. These types of changes would argue for including these cases in the count of new volunteers (i.e., resources) for the community. Unfortunately, in reviewing Strong Communities' material and data sources regarding volunteers, we were unable to determine how volunteers became eligible for inclusion in the program's volunteer database. There appears to be a fine line between Strong Communities' success in recruiting and training volunteers and engaging organizations to execute specific activities within the "normal course" of events and in merely identifying existing efforts that complemented the Strong Communities' mission. Reflecting this tension, the 2006 advisory board report to the Endowment notes that "the volunteer study would be improved by a better definition of what a volunteer is."

Setting aside these definitional challenges, Strong Communities documented least 4,638 volunteers from March 2002 through July 2007, a figure that represents 3.7 percent of the service area population.<sup>13</sup> By way of contrast, the US Bureau of Labor Statistics reports that between September 2007 and September 2008, over one-quarter of the US population volunteered at least once.<sup>14</sup> It is not clear how many Strong Communities volunteers engaged in a one-time activity, or what the average duration of involvement was for all volunteers. In the 2007 report, Strong Communities provides a chart highlighting the duration of involvement for volunteers, but it unfortunately only includes those volunteers who *were* involved in at least one activity during a given reporting period, rather than the entire population of volunteers recruited.<sup>15</sup>

We know, however, from our site visit interviews that securing volunteers for one-time events or projects with a short duration was easier than securing volunteers for tasks that involved a long-term commitment. This pattern may in part account for the large number of block parties, health fairs, Blue Ribbon Sundays, street dances, and festivals that occurred over the life of the initiative. Mobilizing local residents and organizations to engage in these functions proved relatively easy, and the program was successful in accommodating the level of effort most

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<sup>13</sup>Strong Communities Annual Report, 2007, p. 5.

<sup>14</sup>U.S. Department of Labor, Bureau of Labor Statistics, January 23, 2009, *Economic News Release: Volunteering in the United States*, retrieved April 22, 2009, from <http://www.bls.gov/news.release/volun.toc.htm>.

<sup>15</sup>Strong Communities Annual Report, 2007.

volunteers were able to offer. In contrast to those residents who had a more limited level of involvement with the initiative, others played a significant role in advancing the Strong Communities' message throughout the service area. These "exceptional volunteers" were indeed impressive in their commitment to the community and the Strong Communities' philosophy. It is clear that these individuals took the Strong Communities' message to heart and that their lives were transformed. However, it is unclear if this level of individual commitment translated into a measurable impact on the community as a whole. As reported in the *Mid-Point Assessment*, the household surveys observed a decrease in the measure of collective efficacy within the Strong Communities service area between 2004 and 2007 (mean 3.21 to 3.07,  $p < .05$ ), but it remained constant for the comparison group.<sup>16</sup> One explanation for this might be that the number of "exceptional volunteers" was too small to make a measurable impact on the larger community.

Also in the 2007 Annual Report, Strong Communities leadership asserts that "it is also clear that many of the activities in which our volunteers are engaged and, indeed, the act of volunteering itself, is becoming a *typical* feature of the community." Again, it is unclear exactly how Strong Communities defines "volunteering," so it is difficult to assess the efficacy of this statement. The household surveys included a few questions that might serve as proxies for determining residential attitudes toward volunteering. Specifically, residents were asked the following:

- "If the fire station closest to your home was threatened with budget cuts, how likely is it that your neighbors would do something about it?"
- "How willing are people in your neighborhood to help their neighbors?"

As summarized in Table 3, response patterns to these questions suggested no change or even a possible deterioration in how respondents in Strong Communities service areas viewed volunteer activities between the two observation periods. No significant changes were observed in the comparison communities on these indicators.

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<sup>16</sup>*Mid-Point Assessment*, 2008, p. 49.

**Table 3. Attitudes toward Volunteering**

**Q17: If fire station closest to your home was threatened with budget cuts, how likely is it that your neighbors would do something about it?**

	Intervention (%)		Comparison (%)	
	2004 <i>n</i> = 223	2007 <i>n</i> = 306	2004 <i>n</i> = 226	2007 <i>n</i> = 257
<b>Somewhat or very likely</b>	76.8	70.5	81.8	83.7
<b>Somewhat or very unlikely</b>	23.2	29.5	18.2	16.3

Note: Intervention group chi-squared test (2.48) is not significant ( $p = .12$ ). Comparison group chi-squared test (.29) is not significant ( $p = .59$ ).

**Q18: People around here are willing to help their neighbors.**

	Intervention (%)		Comparison (%)	
	2004 <i>n</i> = 229	2007 <i>n</i> = 307	2004 <i>n</i> = 233	2007 <i>n</i> = 263
<b>Agree or completely agree</b>	91.8	86.7	88.0	89.1
<b>Disagree or completely disagree</b>	8.2	13.4	12.0	11.0

Note: Intervention group chi-squared test (3.27) is significant ( $p = .07$ ). Comparison group chi-squared test (.13) is not significant ( $p = .72$ ).

Similarly, as shown in Table 4, we did not observe any increase between the two survey waves in resident self-reports of *giving help* to their neighbors in either the intervention or comparison communities. Additionally, Table 5 illustrates that we did not observe any significant difference between respondent perceptions of their community's *collective efficacy* or *parental efficacy* between those who had reported involvement in at least one community activity in the previous 30 days and those who reported no involvement with community organizations. For the entire South Carolina sample (intervention and comparison groups), the correlation between collective efficacy and parental efficacy is .216, indicating a mild relationship between the two constructs. On balance, these findings confirm what we reported in the *Mid-Point Assessment*, namely a weak relationship among levels of community activity, parental capacity, and reported ratings of collective efficacy within one's community. As such, it appears that Strong Communities'

emphasis on increasing levels of volunteer service among residents was not a productive and meaningful pathway to the type of community change the initiative was seeking.

**Table 4. Giving Help Scale**

	Intervention		Comparison	
	2004 <i>n</i> = 229	2007 <i>n</i> = 307	2004 <i>n</i> = 238	2007 <i>n</i> = 270
<b>Giving help to neighbors</b>	.90	.90	1.00	.95

Note: Intervention and comparison group *t*-tests were not significant at the  $p < .10$  level.

**Table 5. Collective Efficacy and Parental Efficacy Scales (for those reporting participation in at least one activity in the previous 30 days)**

	Intervention		Comparison	
	2004	2007	2004	2007
<b>Collective efficacy</b>	3.21	3.15	3.20	3.17
<b>Parental efficacy</b>	4.62	4.70	4.59	4.62

Note: Intervention and comparison group *t*-tests were not significant at the  $p < .10$  level.

### **Faith Community Engagement**

From the outset, Strong Communities considered the faith community well positioned for implementing the initiative’s principles due to the natural emphasis congregations place on serving others in a compassionate and inclusive manner. As such, the outreach workers invested considerable time in building relationships with local ministers and lay leadership throughout the Strong Communities service area. Over time, the outreach workers used these relationships to foster interdenominational work groups that assisted the ministers and their congregations in working collaboratively on important issues facing their communities. In some instances, as in Mauldin, the outreach workers were instrumental in re-establishing a pastor network that had not been particularly active in recent years. In others cases, these collaborative relationships represented new partnerships, often bringing together congregations that differed not only by denominational affiliation but also by race and socio-economic status. These collaborations provided opportunities for joint planning around community events and gave pastors an opportunity to talk about their ministries. Sometimes these conversations identified instances in which local congregations were providing activities for families on the same day (e.g., Mothers’ Day Out or child care), facilitating the ability to alter scheduling plans to allow for the more consistent availability of such services throughout the week.

In addition to providing activities for young families, the faith community played an important public engagement role. During the month of April (Child Abuse Prevention Month), Strong Communities staff promoted “Blue Ribbon Sabbath,” a long-standing child abuse prevention strategy designed to raise public awareness about child abuse, its impacts on children, and the actions individuals can take to prevent it within their families and communities. Over the course of the initiative, approximately 140 congregations participated by highlighting the issue during their worship services.<sup>17</sup> In another routine strategy to educate their congregations, ministers used “bulletin inserts” that identified ways in which individuals might take action to enhance child safety and gave general information about Strong Communities. In its 2004 Annual Report, Strong Communities leadership reports that “approximately 20,000 bulletin inserts about messages related to neighborliness, child safety and family support are distributed periodically by the churches.” In its October 2007 annual report, Strong Communities reports that contact had been made over the life of the initiative with 71 percent (195) of the 275 faith communities in the service area and that 164 churches had used bulletin inserts at least once. It is not known how many actual inserts were distributed in 2007.

Given the strong emphasis on working through the faith community, one could hypothesize that the attitudes and behaviors toward the core messages promoted by Strong Communities (e.g., mutual reciprocity and awareness of child safety concerns) among those who attend church would demonstrate a higher rate of positive change than among those residents not involved in a faith community. We examined this hypothesis using data from the household surveys. As shown in Table 6, those who reported attending church in the past 30 days demonstrated much higher baseline scores in 2004 on our indicators of *child safety*, *neighborliness*, and *giving help* than those not reporting church attendance. However, these attitudes did not change over time for the group attending church, although those not reporting church attendance in 2007 did demonstrate a significant increase at the trend level on our child safety scale, improving from a mean score of 5.76 to 6.56 ( $p = .06$ ).

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<sup>17</sup>Strong Communities Annual Report, 2007, p. 12.

**Table 6. Attitudes toward Child Safety and Mutual Reciprocity**

<b>Intervention</b>				
	<b>Attends Church</b>		<b>Does Not Attend Church</b>	
	<b>2004</b> <i>n</i> = 163	<b>2007</b> <i>n</i> = 220	<b>2004</b> <i>n</i> = 238	<b>2007</b> <i>n</i> = 270
<b>Giving help to neighbors</b>	1.00	.97	.75	.72
<b>Child safety</b>	7.01	7.09	5.76	6.56*
<b>Neighborhood social interaction</b>	1.63	1.57	1.26	1.19

  

<b>Comparison</b>				
	<b>Attends Church</b>		<b>Does Not Attend Church</b>	
	<b>2004</b> <i>n</i> = 163	<b>2007</b> <i>n</i> = 220	<b>2004</b> <i>n</i> = 238	<b>2007</b> <i>n</i> = 270
<b>Giving help to neighbors</b>	1.07	1.04	.92	.77
<b>Child safety</b>	6.49	6.32	6.22	5.23*
<b>Neighborhood social interaction</b>	1.78	1.53*	1.44	1.24

\*None of the changes were significant for the Attends Church group. For the Does Not Attend Church group, the change in child safety was significant ( $p = .06$ ).

\*For the Attends Church group, the only significant change was a decrease in the neighborhood social interaction scale ( $p = .01$ ). For the Does Not Attend Church group, the only significant change was an increase in the child safety scale ( $p = .03$ ).

It is possible that the attitudes of those attending church were sufficiently high at the time of the baseline measure that little improvement could be observed over time. If true, this suggests that the project’s strong emphasis on disseminating information through congregations added little benefit in terms of impacting community-wide norms. Rather than fostering change, this approach may have simply reinforced a set of beliefs already strongly held among those who elect to be active members of a specific congregation. It is possible, however, that those hearing the message within their congregations might have been motivated to discuss at least the notion of household safety with their neighbors, thereby spreading the information beyond the members of these faith communities.

### **Pledge Cards**

One of the first public engagement activities promoted by Strong Communities was the distribution of pledge cards asking residents to commit to four actions:

- I will watch out for children in my community.

- I will do my best to notice and show I care when a child or a child’s family has reason to rejoice, worry, or grieve.
- I will learn the names of the children in the 10 homes closest to my own.
- I will regularly take time to help a family with young children.

Cards were distributed to local residents through the mail and following large-group presentations. Cards altered to include more specific language outlining ways in which individuals might work within their congregations to keep children safe were also distributed at local churches. Residents were asked to review the pledge cards, indicate those items or activities to which they could commit, and return the completed forms to Strong Communities staff. In its 2003 Annual Report, Strong Communities reports that 900 pledge cards had been signed and returned. The following year, staff reported distributing 3,000 pledge cards of which 708 were returned, a response rate staff described as lower than expected.<sup>18</sup> Over time, Strong Communities leadership determined it was more efficient to limit distribution of the pledge card to large-group settings, further reducing the use of this approach. The 2005 Annual Report notes that the pledge cards were being distributed primarily as a way to concretize the initiative, especially in wealthier communities; to build a mailing list; to serve as conversation starters among residents regarding the Strong Communities’ mission; and to operationalize a vision for the community.<sup>19</sup>

Although distribution continued as part of the project’s work with the faith community (e.g., approximately 50 to 55 ministers distributed the pledge cards to their congregations in 2006),<sup>20</sup> no mention of this strategy appears in the project’s 2007 Annual Report. During our site visit, staff confirmed that no systematic follow-up was made to determine if those who had completed the pledge cards had sustained their commitments. Indeed, one staff member reported that the cards were primarily a public awareness tool to provide residents specific suggestions on actions they might take to enhance child safety (e.g., learn the names of children in their neighborhood).

To discern whether the pledge cards were successful in improving residents’ knowledge of the names of children living in close proximity to them, we examined the response patterns from the household surveys. As summarized in Table 7, between 2004 and 2007 there was a significant increase among respondents in the Strong Communities service area who reported that they knew the names of almost everyone in their immediate neighborhood. This proportion doubled between the two surveys, increasing from 8 to 16 percent. In contrast, respondents in the comparison

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<sup>18</sup>Strong Communities Report, January 2005.

<sup>19</sup>“Strong Communities Baseline Data,” January 2005, p. 2.

<sup>20</sup>Strong Communities Annual Report, September 2006, p. 7.

group reported that this level of familiarity with their neighbors decreased from 17 to 14 percent during the same period, although this change was not significant. The service area also saw a jump in the proportion of respondents reporting that they did not know the names of anyone in their neighborhood, a change not seen in the comparison area. Although the increase in familiarity suggests a significant and unique change in the Strong Communities service area, multivariate analysis found that this difference is largely attributable to variation in demographics (race, education, length of time in neighborhood), organizational involvement, and attitudes about collective efficacy between the intervention and comparison communities, not to the unique impacts of Strong Communities.

**Table 7. Number of Neighbors Known by Name**

	Intervention*		Comparison**	
	(%)		(%)	
<b>Sample Size</b>	<b>2004</b> <i>n</i> = 229	<b>2007</b> <i>n</i> = 308	<b>2004</b> <i>n</i> = 238	<b>2007</b> <i>n</i> = 270
<b>None</b>	4.35	8.70	9.20	7.41
<b>1</b>	33.09	37.33	28.39	31.52
<b>2</b>	39.93	20.31	29.60	26.07
<b>3</b>	15.10	18.04	15.71	20.98
<b>Almost everyone</b>	7.54	15.62	17.09	14.02

\*Chi-squared value = 28.79 (*p* = .000).

\*\*Chi-squared value = 3.89 (*p* = .42).

### Shaken Baby Campaign

For approximately one year, Strong Communities outreach workers conducted a public education campaign to raise awareness of Shaken Baby Syndrome (SBS), a serious and often fatal outcome for infants who are victims of violent shaking. Workers presented information and distributed educational material on this topic at numerous churches, community groups, and civic meetings. During the year in which this strategy was actively pursued, 1,283 people attended a presentation, representing 13 businesses, 11 churches, and 11 civic organizations.<sup>21</sup> Unlike other SBS campaigns that have been implemented and evaluated, the Strong Communities' approach neither targeted nor systematically served all new parents in the service area; did not ask participants to commit to not shaking a baby or to educating others about the harmful effects of violent shaking; and had no follow-up component to determine if those who received the training found it useful.

<sup>21</sup>Email correspondence from Strong Communities staff, November 14, 2008.

Campaigns including this systematic approach have been found to reduce the incidence of serious head trauma within their targeted community.<sup>22</sup> In contrast, Strong Communities used the strategy as a way to initiate a conversation in the community about child protection more generally. Specifically, staff viewed these presentations as vehicles for introducing the concept of child abuse in a clear, unambiguous manner. Individuals would readily understand the negative consequences of violent shaking on a young child and, to some extent, could grasp how a young parent might resort to this behavior when struggling to calm a crying or fussy baby. As one staff member explained, the SBS presentation offered a way to engage diverse partners in Strong Communities and served as “one of our primary strategies for engaging with institutions.” It is unclear what criteria the Strong Communities management team used to decide to end this strategy or they viewed it as no longer a viable way to build community engagement.

### **Clemson Community Fellows Program**

The Clemson Community Fellows Program was developed to capitalize on the energy, willingness to volunteer, and networking capabilities of Strong Communities’ “star volunteers.” The Fellows were organized geographically, with one group serving the Golden Strip area and the second group focusing in the Pelzer/Piedmont areas. Unlike other community leadership groups that place particular emphasis on strengthening networking opportunities among their members, the Clemson Community Fellows were charged with furthering the goals of Strong Communities, primarily through collective action.

Dr. David Taylor and Dr. Michael Wolfe, two local area ministers, were recruited to lead the groups. Both received adjunct faculty appointments through Clemson University’s Institute on Family and Neighborhood Life and were given a stipend. Dr. Taylor was also hired to work one day a week at Strong Communities to assist in building parent leadership (separate from the Community Fellows program). In September 2007, nominations to the Fellows Program were solicited from community organizations and the most active Strong Communities volunteers. The program sought to identify and enlist individuals who were considered community leaders and who had extensive personal networks likely to support Strong Communities.

The Fellows program selected 26 individuals based on community or self-nomination who represented all sectors of the community—health, faith, business, education, government, social services, and first responders. As noted above, one group of Fellows focused on the eastern portion of the service area (e.g., Mauldin, Simpsonville, and Fountain Inn), and one group

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<sup>22</sup> Dias, M., Smith, K., deGuehery, K., Mazur, P., Li, V., Shaffer, M. (2005), Preventing abusive head trauma among infants and young children: A hospital-based, parent education program, *Pediatrics*, 115, e470–e477.

focused on the western portion of the service area (e.g., Conestee, Gantt, Donaldson, Piedmont, and Fork Shoals). Biweekly meetings were scheduled, and they initially focused on developing a plan for implementing a specific set of group projects. The Golden Strip group (eastern portion of the service area) decided as a group to focus on providing material support to Building Dreams, especially emergency food relief. The group in the western portion of the service area was unable to come to a consensus about a collective project and, over time, stopped meeting.

It is unclear how much impact this program might have had in the service areas. During our site visit, when asked about the Fellows program, at least one respondent at first did not remember being involved, and then once reminded of the program, basically reported that the group could not decide on a worthwhile project and disbanded. Others, when asked about their involvement with Strong Communities, did not mention the Fellows program, raising questions about its impact on either the individuals involved or the community at large.

### **Family Activity Centers<sup>23</sup>**

Family Activity Centers evolved out of the perceived limitations of Strong Communities' initial attempt to serve new parents by expanding and enhancing the community's existing Parents as Teachers (PAT) program. To expand the number of families it could serve, Strong Communities leadership established Family Activity Centers that would serve as a hub or core strategy for mobilizing broad support for families within the community. Such Centers would provide a centralized location for various support services and would also offer young parents a "place" to come and receive assistance and have fun with their children.

The *Strong Families Operations Manual* (2007) describes the purpose and offerings of the Centers as follows:

Family Activity Centers are a means for increasing the capacity of families with young children to nurture their children, use the resources and opportunities within the community, and join supportive networks to enable families to watch out for one another. These Centers provide a common set of activities and supports for families with young children. Activities

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<sup>23</sup>Family Activity Centers are one of five interrelated strategies that forms Strong Families, an effort launched by Strong Communities in 2006 to provide more direct support to families with children under the age of six and discussed in greater detail in subsequent sections. Specifically, Strong Families focuses on providing a systematic way of connecting the initiative with all families with young children, offering these families a package of activities designed to strengthen their social networks along with direct support when needed. As of June 2007, Strong Families had enrolled 2,479 families, over half of whom had accessed at least one activity. In this section of the report, we discuss the specific role the Family Activity Centers play in engaging young families and facilitating their access to service. We review the other strategies offered as part of Strong Families (Welcome Families, Extra Care for Caring Families, Family Partners, and Family Watch) in subsequent sections.

to be provided include: Kids and Families Play Groups; Parents' Night Out; Parent-Child Activities;<sup>24</sup> Financial Education and Counseling; and Chat with a Family Advocate.

Initially, Strong Communities' vision was to start these Centers from the ground up.

Members of the community—including parents of young children—must be a part of the planning and development process. During this time, a site is selected, an organizational structure created, potential sponsors ascertained, resources identified and/or developed for administering the five core activities, volunteers recruited, and a communication strategy aimed primarily at family recruitment underway.<sup>25</sup>

At some point, outreach workers began seeking to build relationships with organizations already serving families, encouraging these organizations to expand their services and to formally identify their efforts as Strong Communities Family Activity Centers. For example, an outreach worker might encourage a church providing a mother-infant support group to also provide financial counseling classes to young parents.

Although originally conceived as a strategy to generate new resources for young families, Family Activity Centers largely emerged as a result of outreach workers identifying existing resources within a local organization, school, or church and soliciting their willingness to be formally identified as Family Activity Centers. Rather than requiring that these organizations be willing to offer all five core activities (e.g., family play groups, parents nights out, parent-child activities, chat with a family advocate, and financial education and counseling), they asked organizations to provide at least one of these services. This change in expectations reflected the staff's belief that requiring an organization to conform to a specific structure or array of activities would alter the perception of the Centers as being "idea-driven, not structure driven." As result, the Family Activity Centers were not governed by formal agreements between the sponsoring agencies and Strong Communities, nor did Strong Communities provide any initial training or ongoing quality control. No consistent attempts were made to document the number of families utilizing these activities and the extent to which these activities effectively addressed participant needs. Although the Strong Communities' website lists a wide range of activities for young families provided throughout the community, it is unclear how many of these reflect new activities initiated as part of the outreach workers' efforts to develop Family Activity Centers.

In our site visit conversations, we were told that many of the Family Activity Centers frequently offered an activity a few times or for a limited period (e.g., 6 to 12 months). Based on our

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<sup>24</sup>According to the September 2006 Annual Report, parent-child activities include "community events, such as block parties, that evolved from Strong Families and intended to support parents with young children." p. 28.

<sup>25</sup>*Strong Families Operation Manual*, 2007, p. 5.

interviews, it appears activities were discontinued for a range of reasons including lack of demand, insufficient staff or volunteer resources to provide the service on a more regular basis, and lack of physical space to devote to the activity. In at least one instance, an organization identified by Strong Communities as a current, active Family Activity Center explicitly told the outreach worker that it did not want to become a Family Activity Center because it was currently offering many activities for families and had several established partnerships. However, the organization continued to be listed in the Strong Communities' newsletter as a Family Activity Center site, hosting Family Advocate Chats and financial counseling services. It is not known whether this was the result of a communication issue or a lack of monitoring the activities truly occurring in the field.

On balance, the Family Activity Centers on the east side of the service area (Simpsonville, Mauldin and, to a lesser extent, Fountain Inn), appear to have maintained higher levels of activities for families, in part because many of these activities predate Strong Communities and have a more engaged and active participant base. The most active and reliable of the Family Activity Centers were churches, the majority of which offer the activities primarily for the benefit of their own membership rather than the community at large. Respondents explained that far less success was observed on the west side of the service area, which includes less affluent, more isolated communities where schools, community agencies, and churches have limited staff and resources.

To check this assumption about east and west side discrepancies, we examined the response patterns in the household surveys between residents living in the more affluent east side of the service area and those residing in the more distressed communities west of I-385.<sup>26</sup> As summarized in Table 8, we observed only one significant change for these two groups of respondents in either survey wave on the measures of *community engagement*, levels of *social support*, or *organizational participation*. As we might have predicted, residents in the less affluent areas were less likely to participate in formal organizations such as churches, educational entities (e.g., PTAs), neighborhood associations, or civic associations. Over time, however, significant improvements in reported levels of social support were only noted in the less affluent communities (mean 3.61 to 3.96,  $p = .07$ ). Although modest improvements on this measure were also noted among respondents from the Mauldin and Simpsonville communities, these improvements were not significant (mean 3.74 to 3.88,  $p = .42$ ). To some extent, these patterns

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<sup>26</sup>For purposes of this analysis, we have allocated respondents from Fountain Inn to the west side despite the fact that it is located east of I-385. In many respects, the Fountain Inn population and community structure are more similar to the communities located on the west side (e.g., Piedmont, Conestee/Donaldson/Gantt, Williamston/Pelzer) than its closer neighbors, Simpsonville and Mauldin. This distinction is also in keeping with how Strong Communities research staff members divided the service area in their analytic models.

may again reflect the relatively high levels of engagement and social support reported by residents in these communities at the time of the baseline survey, making it difficult to detect significant improvements. However, the pattern also confirms that the Strong Communities’ strategies were most available in areas where the need might not have been most acute.

**Table 8. Community Engagement and Isolation, East vs. West Sides of the Service Area**

Measure	West (n=212)	
	2004	2007
Community engagement (neighborhood social involvement, giving help, receiving help)	1.21	1.20
Social support	3.61	3.96*
Organizational participation	1.30	1.22

\*Only significant finding,  $t = -1.85, p = .07$ .

Measure	East (n=325)	
	2004	2007
Community engagement (neighborhood social involvement, giving help, receiving help)	1.22	1.14
Social support	3.74	3.88
Organizational participation	1.94	1.93

Note: No significant changes were observed.

## **Level Two: Modest Engagement/Need**

### **Welcome Families<sup>27</sup>**

Welcome Families, a component of Strong Families, is defined as a strategy that

reaches out by telephone and home visits to every family expecting a child and every family with young children new to the area, providing a “welcome to our community” package. In

<sup>27</sup>Welcome Families is another of the strategies constituting Strong Families.

addition, families receive regular mailings providing information about family activities in the community, community resources, and practical information about child rearing.<sup>28</sup>

As a part of this strategy, Strong Communities proposed providing “welcome baskets” for all families with a new baby to ensure the birth was noticed and celebrated and to provide information about community resources and parenting to the family.

In practice, this strategy did not accomplish the type of broad coverage this description suggests it might. Packets of information about community resources, including health care, early childhood education, and family support services, were delivered to families by the Bon Secours St. Francis, the Greenville Hospital System, and several pediatric and family medicine practices. In many respects, these packets are comparable to the information distributed in many other South Carolina communities as part of the state’s Welcome Baby program, a child abuse prevention initiative initially developed by Prevent Child Abuse South Carolina over 20 years ago. With respect to the Strong Communities’ effort, however, it is unclear how many families actually received the information, when distribution began, or when distribution ended. In some instances, welcome baskets were put together by area churches and distributed to new parents within their congregation or made available for families contacted as part of other efforts such as Family Watch, described below. At present, Welcome Families is not formally an ongoing strategy except in the Anderson School District One, where respondents said that some principals deliver baskets to families with newborns. The baskets in that district include commonly needed baby items, such as wipes, bibs, baby spoons, rattles, and a receiving blanket.

### **Extra Care for Caring Families<sup>29</sup>**

The Strong Communities’ annual reports offer inconsistent descriptions of the Extra Care for Caring Families strategy, ranging from family support activities offered by medical providers, anticipatory guidance given to pregnant women by medical providers, and case management services for high-need families. It was originally envisioned as a partnership with health care practices serving children zero to three years old; medical providers would explain Strong Families to parents and encourage their enrollment or, if he or she noticed an immediate need, the medical provider would contact Strong Families directly to seek help for the family via a Family Advocate. Additionally, as a May 2006 Strong Communities’ report explains, Extra Care for Caring Families would provide family support activities (undefined) through health care settings:

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<sup>28</sup>Strong Communities Annual Report, September 2006, p. 9.

<sup>29</sup>Extra Care for Caring Families was one of several strategies included in the Strong Families initiative.

The Center for Pediatric Medicine at Greenville Hospital System University Medical Center is collaborating in the development of Extra Care for Caring Families. Extra Care provides an opportunity for the addition of family support activities during the “off” months of ordinary well child care during a baby’s first year. Some components of Extra Care are also being applied in community pediatrics and family medicine practices.<sup>30</sup>

By the time of the project’s September 2006 Annual Report, however, Extra Care for Caring Families is described somewhat differently:

Extra Care for Caring Families provides Family Advocates to work directly with families to enhance children’s healthy development. Services are provided through home visits, parent group sessions, and activities at various locations.<sup>31</sup>

In reports and presentations over the next year, Extra Care for Caring Families continued to be described in a variety of ways. In one presentation, Strong Communities staff members described Extra Care as a partnership with pediatric and obstetric health care physicians to provide “anticipatory guidance” to pregnant women and parents of infants about family support needs and services.<sup>32</sup> In its September 2007 Annual Report, Strong Communities describes Extra Care as a program that “enhances well-child care for families of children younger than 3. In partnership with health care providers, families are offered parent group sessions, home visits, and developmental screenings. Families needing more support are connected with Family Advocates, specially trained community volunteers.”<sup>33</sup>

Over 65 percent of the 2,479 families enrolled in Strong Families entered this program through the health sector, reflecting the relationship Strong Communities forged with the medical community. According to a Strong Communities presentation, as of March 2007, the program had engaged 10 pediatric practices in Extra Care, 11 family practices, 8 obstetric practices, and 6 health educator programs. Collectively, these sources represented a total of 80 doctors and midwives. The presentation also states that Strong Communities developed a physician handbook containing fact sheets and parent handouts, and it was facilitating group pediatric sessions for mothers in two pediatric practices, although copies of these documents were not presented for

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<sup>30</sup>“Summary of Developments in Strong Communities: June 2005 to May 2006,” p. 5.

<sup>31</sup>Strong Communities Annual Report, September 2006, p. 10.

<sup>32</sup>“Strong Communities: Where Family Support Is a Part of Everyday Life,” presentation by Dottie Campbell and Doris Cole, slide 17.

<sup>33</sup>Strong Communities Annual Report, September 2007, p. 15.

review by the Chapin Hall evaluation staff.<sup>34</sup> Strong Communities did have a formal contractual relationship with a physician in the Greenville Hospital System. Dr. Kerry Sease, who was the primary contact for Strong Communities, contributed time to Extra Care valued by the program at \$65,000. It is not clear what role Dr. Sease played in developing or promoting the program among her colleagues. However, this documentation of her formal relationship with Strong Communities provides tangible evidence that the approach was a viable strategy within the context of this initiative. By 2007, however, this relationship dissolved, with the hospital citing limited space to support the program and difficulty in getting medical staff to enroll the families. Dr. Sease left the hospital during this time, and Strong Communities was unable to find another contact with the same commitment to the Extra Care program.

During our most recent site visit, none of the respondents mentioned the health care sector as being a primary partner or that it worked with Strong Communities in any structured manner. Indeed, they described Extra Care as a strategy to work with very high-need families. It provides case management services designed to connect these families to resources, to offer direct social support, and to encourage families to build relationships with other families as a source of ongoing support. Strong Communities does have an Extra Care Family Advocate on staff, and it could be that this person was originally going to be the referral point for health care providers to call when they encountered a family with high needs. However, another respondent told us that the Family Advocate assigned to high-need families referred from health care providers was going to be a Piedmont Mental Health Center employee. Alternatively, staff members might be confused regarding the “names” given to particular strategies, or while the strategies themselves have evolved over time, the names have not. Another respondent during our visit mentioned that they had hoped to find a few leaders to carry out the work of Extra Care, but were unable to, and they hoped to revisit the strategy soon.

### **Family Advocates<sup>35</sup>**

A May 2006 Strong Communities report describes “Family Friends” as volunteers who will watch out for families with children under the age of six, or families with more intense needs may be offered the help of a “professional family advocate.” The report also discusses “Family Partners,” family advocates employed by the Piedmont Mental Health Center who served families of children participating in the Greenville County Schools preschool program (4K program).<sup>36</sup>

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<sup>34</sup>“Strong Communities: Where Family Support Is a Part of Everyday Life,” presentation by Dottie Campbell and Doris Cole.

<sup>35</sup>Family Advocates was a component of Strong Families.

<sup>36</sup>Strong Communities report, May 2006, p. 4.

These strategies (Family Friends, family advocates, and Family Partners) were combined and renamed “Chats with a Family Advocate” at some point during 2007. This program was described in a Chat with a Family Advocates brochure as follows:

Chat with a Family Advocate provides a welcoming community environment for families to ask for help and support in dealing with difficult situations they may be facing. Family Advocates can support the family through problem solving based on the unique strengths and interests of the family, can provide guidance and assistance in connecting with the supports and services available in the community and can offer friendly advice and counsel.

The strategy was created to help families to problem solve and access professional and informal resources to address their needs. Regular visits were scheduled either with a volunteer professional offering mental health counseling or a community volunteer providing more general ongoing family support. The volunteers would focus on engaging potential participants in locations they frequented such as food pantries, community organizations, schools, or churches.

Originally, Strong Communities had hoped to recruit numerous volunteers with professional credentials to offer the chats. However, that strategy proved difficult to implement, possibly due to liability concerns on the part of potential professional volunteers. Subsequent Strong Families brochures and the program’s operations manual market the chats as being offered by nonprofessionals because that is “what families prefer,” a statement at odds with the original intent of the effort and with comments made by staff regarding the importance of recruiting professionals to offer this assistance. Over time, a wide range of volunteers were recruited for this program. At the time of our site visit, Strong Communities staff members, Piedmont Mental Health employees, or Center for Community Services staff primarily provided the Family Advocate chats. There is some discrepancy in the number of individuals offering chats, with estimates ranging from 14 to 25. The September 2008 Chats with a Family Advocate schedule<sup>37</sup> provided to us by the program lists 13 sites offering chats and at least 16 individuals as Family Advocates, including:

- strong Communities outreach workers (3)
- mental health workers paid in part by Strong Communities (3)
- center for Community Services employees(2)
- individual community volunteers (5)

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<sup>37</sup>“Chat with a Family Advocate,” schedule for September 2008 is included in this report as Appendix B.

- staff from various community organizations (3)

Lori Bailey, the Strong Communities volunteer coordinator, provided training for the volunteers serving as Family Advocates. This training included a general description of Strong Communities, an overview of Strong Communities' guiding principles, a discussion of the resources and activities available through the Family Activity Centers, the roles and responsibilities of a Family Advocate, and a review of the resources listed in a community directory developed by Ms. Bailey and updated by Strong Communities staff. During our interviews, one respondent reported that 30 volunteers had completed the training while another estimated that 100 to 120 volunteers have been trained in the model since 2007. Outside of the initial training, it is not clear that the volunteer Family Advocates were provided ongoing or structured supervision. One respondent noted that supervision is not necessary in this case, adding, "This is a small community, we would hear if there were any problems."

Strong Communities reported conducting 4,134 chats over 10 months, between September 2007 and June 2008. If one assumes that a minimum of 14 volunteers offered chats during this period, each Family Advocate conducted an average of 30 chats per month, or 295 chats over the 10-month period. Given that several of the staff members offering this service were available only two hours a month while others were available five days a week (e.g., a full-time Center for Community Services employee who is available during her work hours), the actual number of chats provided by each advocate varies substantially around this average.

Most of the chats focused on finding community resources to help resolve specific situations for families. For example, one church secretary who participated in the Family Advocate training routinely uses the program's resource manual to refer individuals who call the church seeking assistance. One respondent said that when someone comes to him for help, he addresses the issue by "just turning to that need in the book of community resources and providing the family with specific help and advice. There are dozens of places that people can go to, and they would never find resources if it wasn't for Strong Communities." Because the outreach workers are so familiar with the communities in which they work, they often do not need to depend on the resource manual when offering assistance to a given family but rather draw on their own knowledge and experience.

As noted above, three of the Family Advocates were employees of the Piedmont Mental Health Center although a direct grant to the agency from Strong Communities covered 60 percent of their salaries. These individuals were out-stationed at the Greenville School District Child Development Centers and one elementary school. They offered nontraditional mental health services to children, families, and school personnel as needed. The majority of their time, however, focused on working directly with children with mental health issues or with classroom teachers on behalf of particular children. They participated in the preschool (4K) screening

process and met with parents at the beginning of the school year to review their available services and educate parents regarding local community resources, particularly with respect to mental health services. Additionally, they offered group activities to engage parents in the schools and their children's lives, including a grandparent support group (that still exists with approximately four participants), coordinating the design and construction of a community garden (landscaped area in front of the school), hosting parent-child craft times, and cohosting educational opportunities for parents to learn about child and school issues.

At the time of our site visit in February 2009, the mental health workers were no longer a part of Strong Communities due to mental health and Strong Communities budget cuts. The local mental health director, however, hopes to be able to identify alternative funding that will support community-based mental health staff. Now, however, Strong Communities employs one of the three workers full time by in another capacity.

### **Café Cultura**

Strong Communities received a \$50,000 grant in 2006 to open Café Cultura, a strategy to serve the growing and disenfranchised Latino population in Greenville County. It is housed at the Center for Community Services (CCS) and staffed by a PhD candidate at Clemson University (who serves as the program coordinator) and a part-time outreach worker. Since November 2008, 15 community volunteers have been involved in offering services at Café Cultura, as well as four students from Universidad Iberoamericana (UNIBE) in the Dominican Republic. Café Cultura's core activities are to provide tutoring and parent-child activities at CCS several times a week. Other activities include offering opportunities for families to meet in their own community, coordinating various cultural events and celebrations, sponsoring a family summer camp, assisting in the translation of various written documents, and advocating on behalf of Latino families with other community organizations and the schools. The program's primary objectives are to build family cohesion, to create a sense of community and cultural identity, to assist children in achieving school success, to offer parent education and parent leadership opportunities, to improve civic engagement among the Latino community, and to offer crisis intervention assistance as needed.

Numerous families have engaged in the project in various ways. Weekly parent-child activities at CCS engaged 512 children and 384 adults during the 2007–2008 program year. Approximately 24 children receive regular tutoring and assistance with their homework. Provided by volunteers from Clemson University, all tutoring is conducted in English. During the 2007–2008 program year, 21 adults participated in the meetings Café Cultura sponsored in homes of local residents. These meetings provided opportunities for families living in a particular neighborhood to discuss

a variety of topics relevant to Latino parents. The program also offered a four-day Latino family summer camp in the summer of 2008, where 160 adults and 280 children participated.<sup>38</sup>

In addition to its direct work with families, Café Cultura staff members advocate with the local schools to create a more inclusive and welcoming environment for Latino families, especially the mothers. Staff reported that one school in Simpsonville “transformed the way it works with Latino families,” and the staff hopes to do the same at two additional elementary schools. Strategies staff members use to create this change include offering help with translation, exploring the possibility of a Latino PTA, offering ESL classes for the mothers, and seeing that all school notices are available in Spanish and English.

A strategic plan has been developed for Café Cultura to give it more structure. At present, no information documents the potential impacts of this strategy on the ability of Latino families to access needed health care and social service support, to create more robust informal social service network, or on the quality of parent-child interactions.

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## **Level Three: Deep Engagement/High Need**

### **Family Watch<sup>39</sup>**

The Family Watch program began in 2005 with the goal of matching families with young children with a community volunteer (i.e., Family Friend). The original plan for the program involved using firefighters and police officers to identify families in need of this type of support. According to the description in the September 2006 Strong Communities Annual Report, “Public safety officials make contact with families with children under six years old, offering an opportunity to be matched with a family friend (a trained volunteer who will provide friendship and encouragement, and will help the family find the community resources it needs).”<sup>40</sup>

The Family Watch strategy was never fully developed. Several respondents suggested that the inability to implement the program reflected a resistance on the part of community residents to the idea of home visits by law enforcement personnel. Families were concerned that law enforcement officers were there to “check in on them” rather than offer support, and they worried that officers would call child welfare officials. In addition to the struggle of identifying families needing assistance, it proved difficult to recruit volunteers willing to provide the commitment

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<sup>38</sup>“Café Cultura List of Activities,” provided to Chapin Hall by Strong Communities, December 2008.

<sup>39</sup>Family Watch was a service component within Strong Communities.

<sup>40</sup>Strong Communities Annual Report, 2006, p. 9.

necessary to offer sustained support to at-risk families with newborns. As one respondent noted, the program “came at the wrong time in the life cycle (of the overall program). Residents were just not ready to make that type of volunteer commitment.” Finally, some noted that a reduction in the Fountain Inn Police Department budget, which limited the time officers could devote to identifying and engaging high-risk families, negatively affected the capacity to implement Family Watch.

None of the respondents we interviewed raised concern as to whether this intervention was something community residents *wanted* or *needed*. One respondent did note, however, that the “community was not ready to accept that level of support.” However, it is not clear whether the families were really not ready, the model poorly conceived, or the model poorly implemented. Several annual reports discuss the model as part of Strong Families, presenting it as a viable part of the overall initiative. In its October 2005 report, Strong Communities notes that in the previous year, agreements were secured from four police departments to be “major partners (e.g., Family Watch; neighborhood meetings).”<sup>41</sup> In his January 2005 letter to the Endowment, Dr. Melton states that 9 of the 14 families recruited to participate in the program had been matched with volunteers.<sup>42</sup> Yet, according to a Strong Communities status report from May 2006, only two matches were pending.<sup>43</sup> The 2006 and 2007 Annual Reports mention Family Watch/Family Friends as part of Strong Families, but do not provide any implementation information.

### **PAT/Home Visitation**

Initially, home visitation was a central Strong Communities strategy for providing direct support to families, mirroring the call for universal neonatal home visitation services in the US Advisory Board reports.<sup>44</sup> Healthy Families America (HFA) South Carolina was identified as a major subcontract in the initial award the Endowment made for the initiative. However, early in the first year problems developed with this relationship, including credentialing issues around the way in which the program planned to implement HFA. As a result, Strong Communities elected to partner with the Greenville County School system to expand the Parents as Teachers (PAT) services it was offering families with a child enrolled in the 4K preschool program who also had a younger sibling at home. According to the district website, the basic PAT program offered through the school district includes biweekly home visits to provide developmental information to

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<sup>41</sup>Strong Communities Annual Report, 2005, p. 8.

<sup>42</sup>Letter from Dr. Melton to Rhett Mabry, January 10, 2005, p. 24.

<sup>43</sup>“Family Friends Status Report,” May 31, 2006, provided to Chapin Hall by Strong Communities staff.

<sup>44</sup>US Advisory Board on Child Abuse and Neglect (1991), *Creating caring communities: Blueprint for an effective federal policy on child abuse and neglect* (Washington, DC: US Government Printing Office), p. 141.

parents. The goal of PAT is to “strengthen parenting skills and teach parents how to prepare their young children for school. The parent educator helps to build the home/school connection that is so important to successful learning.”<sup>45</sup> Strong Communities planned to augment this basic PAT program with additional family activities, parent meetings, periodic screenings for health or child development issues, parent leadership and community engagement opportunities, and linkages to a medical home.

Although the school system continues to offer PAT services to 4K families, the enhancements proposed by Strong Communities were never fully implemented due to a variety of philosophical issues and logistical problems. In an article published in the journal *Family Community Health*, Dr. Melton cites three reasons for not following through on plans for a universal home visitation project.<sup>46</sup> The first issue was the confusion resulting from home visitation “brands” such as Healthy Families America, Nurse Family Partnership, and Parents as Teachers. Dr. Melton claims that “branding rigidifies an intervention that had flexibility of response as a strong point.” Dr. Melton also cites the lack of convincing evidence that home visitation programs increase social support. Unfortunately, as noted in the *Mid-Point Assessment*, Strong Communities as it was implemented also did not improve social support, at least as measured by the household surveys. The last reason given in the article for not implementing a home visitation program is that it is too expensive, at least if offered universally.

### **Building Dreams**

Building Dreams, a federally funded mentoring program for children ages 6 to 15 years old who have an incarcerated parent, was begun by the Institute for Family and Neighborhood Life (IFNL) in 2004. The program is a collaboration between IFNL, Angel Tree Ministries, and various community organizations in eight counties: Anderson, Clarendon, Darlington, Greenville, Oconee, Pickens, Spartanburg, and Sumter. Two federal Department of Health and Human Services grants currently support it, one ending in September 2009 and the other ending in 2010. Possible continuation funding will be available through a competitive proposal process issued in the summer of 2009.

Referrals to the program come from the Department of Social Services, schools, community groups, and churches. Building Dreams staff also recruit potential participants through monthly visits to a women’s correctional facility, the Camille Griffin Graham Correctional Institution in

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<sup>45</sup> Greenville County Schools, retrieved June 5, 2009, from <http://www.greenville.k12.sc.us/child/familyng/about/parented.asp>.

<sup>46</sup>Melton, G., Holaday, B., Kimbrough-Melton, R. (2008), Community life, public health, and children’s safety, *Family Community Health*, 3(2): 84–99.

Columbia, South Carolina.<sup>47</sup> As of September 2008, 132 children were enrolled in Building Dreams in the Strong Communities service area.

Although Building Dreams and Strong Communities initially operated as distinct efforts, the two programs have become increasingly aligned during the past two years. At the moment, Building Dreams is a focal point among Strong Communities outreach workers in both their volunteer recruitment and community mobilization efforts. Outreach workers continue to recruit volunteers for all Strong Communities activities, but place priority on recruiting volunteers for Building Dreams (and Safe Families as noted below). Of particular importance is recruiting a network of volunteers to provide assistance to the mentors who work directly with the children of incarcerated parents. Several respondents mentioned the Network 6:2 program established at Eastminster Presbyterian Church as a mechanism for meeting the needs of Building Dreams mentees and their families. The Network is an email system that identifies needs in the church community, or needs of families known to church members or staff and attempts to find resources to meet those needs. It is similar to many email- or Internet-based linkage systems used by nonprofits, faith institutions, or other groups that attempt to link people to meet needs.

It is not clear what will happen to the Building Dreams program or its cadre of volunteers when and if federal funding ends.

### **Safe Families**

The most recent addition to Strong Communities' list of activities is Safe Families, a Chicago-based intervention designed to assist families who need intense, temporary support for their children. Safe Families for Children, [www.safe-families.org](http://www.safe-families.org), provides temporary in-home care, outside of the child welfare system, to children whose parents are struggling to meet their children's needs. Volunteer families who agree to care for a child until his or her parents are able to assume full responsibility provide these placements. During this period, a child lives with a volunteer family but generally maintains some ongoing contact with his or her birth parents.

The Safe Families program in Greenville, although similar to the Chicago model, differs in important ways. The Greenville program places much greater emphasis on recruiting volunteers to provide general support to high-need families rather than focusing solely on offering in-home care for children. At present, it is not clear whether in-home care will occur in Greenville. Also, unlike the Chicago model, the Greenville effort will not be directly housed in or affiliated with a specific faith community, although the program will share the Chicago model's overall religious overtones.

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<sup>47</sup> Clemson World Online, retrieved April 22, 2009 from <http://www.clemson.edu/clemsonworld/archive/2007/spring07/feature5.htm>.

Volunteers with Safe Families in Greenville must satisfy numerous criteria. These include a minimum age of 25, willingness to accept Safe Families staff involvement, and completion of a background check (i.e., criminal and child welfare). The process to become a volunteer involves completing an application, participating in a home visit by the Safe Families Coordinator, completing a two-hour online training, undergoing a background check, and submitting letters of recommendation. Once a volunteer completes this process, he or she is eligible to start receiving calls from Safe Families staff. However, during our site visit, respondents said that all of the criteria and screening mechanisms are applied only to families actually providing respite care in their home (called Active Partner Families), not necessarily to Resource Parents, who provide support but not in-home care. It is not clear what level of screening is completed for Resource Parents. As of February 2009, six families had completed the application to become Safe Families volunteers and were moving on to the home visit portion of the application.

At this point, it is difficult to determine the impact Safe Families will have on the perception or future direction of Strong Communities. The program coordinator is recruiting volunteers primarily through churches, school district personnel (primarily in Anderson School District One), and the existing Strong Communities volunteer pool. Families in need will be identified primarily through Building Dreams—as one respondent said,

In Chicago, the biggest reason for kids in Safe Families is homelessness, but here in Greenville, it will be incarceration. Kids need a place to go when the parent goes to jail.

A one-year grant from the South Carolina Department of Social Services (DSS) is funding Safe Families in Greenville. The actual contract started in July 2008, but it was not signed until that fall. According to respondents, program implementation was also delayed due to difficulty in hiring the coordinator, setting up a marketing plan, and visiting the Chicago program (which occurred in January 2009). It is not clear whether DSS will fund the program for additional years; nor is it clear how the program will be sustained if DSS funding is not renewed. DSS did not require specific targets for number of families served, and the program has set only “aspirational goals” regarding how many families would receive assistance through Safe Families.<sup>48</sup>

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## Summary

Strong Communities is a bold idea that generated positive change in its target service areas, primarily by improving positive parenting practices (as measured by the household surveys) and

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<sup>48</sup> Memo from Stacey Scott, Safe Families Coordinator, to Chapin Hall staff, February 27, 2009.

reinforcing a number of practices regarding community support and mutual reciprocity already embedded within the Greenville community. A success frequently cited by respondents and in written reports is Strong Communities' ability to mobilize the community around the issue of child protection. However, as noted above, that mobilization may not be as impressive as first thought; the household surveys do not reflect its impacts. Although Strong Communities mobilized almost 5,000 volunteers during its initial five years, it is not known how many of these individuals were already engaged in community service, whether they changed the focus of their volunteering as a result of Strong Communities' focus on child protection and family support, or what impact, if any, their volunteer efforts had on families and children in Strong Communities service areas.

Setting aside the issue of impacts, the purpose of this report has been to critically examine the implementation of the Strong Communities' initiative. Although Strong Communities is not simply a collection of programs or strategies, it does depend on these strategies to bring about the change it desired. As such, it is important to understand the possible reasons why so many of its strategies were not fully implemented or implemented at a level that lacked consistency and high quality. As we have already discussed, the initiative's poorly specified and incomplete theory of change played a significant role in poor implementation. The project was planned to test the ideas of the US Advisory Board on Child Abuse and Neglect and, as such, had a strong conceptual framework. Unfortunately, this vision was not translated into an adequate plan for implementing and linking the diverse set of strategies Strong Communities ultimately developed. In fact, Strong Communities abandoned the component cited by the Advisory Board as a minimal requirement for a neighborhood-based child protection system: a system of universal home visitation for families with newborns. Equally important, however, were the initiative's lack of strategic planning at its onset and its lack of responsive planning once strategies became inoperable or implementation became too difficult. The initiative did plan to be flexible and nimble, responding to new opportunities as they came along and ending strategies if the hoped-for opportunities did not present themselves. However, every endeavor, even those designed to be flexible and responsive, must have a clearly articulated plan—not just a theory of change, but a plan for operations. This type of clarity is needed for a variety of reasons:

- The staff members, beyond the highest level of leadership, must have a clear understanding of the strategies and activities that make up the overall initiative so that they can perform their job duties accordingly. Additionally, with a clear plan, staffing decisions are more transparent and appropriate supervision is more easily achieved.
- The community should have access to a clearly articulated plan so that it can trust that the initiative is in its best interest, believe that the staff can be trusted, and “buy into” the endeavor. In the absence of such a plan, community leaders and residents can become

confused about the purpose of the effort and what role they can or should play in its overall operation.

- Lack of a clearly articulated plan of operations makes it difficult for funding agencies to hold a program accountable. In the absence of a clear plan, it remains difficult to discern which activities are expected to be initiated and when; which activities are in response to new, external opportunities; which changes are in response to practical matters such as personnel changes, budget issues, lack of community support, or resistance to an idea; and what the rationale is for changing ongoing strategies.
- Any complex, innovative initiative that hopes to contribute new knowledge to its field of practice needs to offer that field a clear roadmap as to what it was attempting to accomplish and why it did or did not stay the course it had outlined. No demonstration project will be implemented exactly as intended. However, to adequately test a new idea, it must be clearly articulated and then implemented according to that plan. When the inevitable challenges arise, the problems should be clearly assessed and then decisions should be made about the feasibility of continuing a particular strategy. Decisions should be transparent and well documented so that outside individuals or entities can understand the process.

Our review of Strong Communities' various strategies identified numerous examples in which the lack of a clear plan stymied implementation. In the case of the Extra Care for Caring Families program, respondents noted three reasons why Strong Communities failed to engage doctors in helping to support families with young children: key personnel change at the medical provider, space issues at the medical provider's office, and a busy medical staff.<sup>49</sup> Although these are three important considerations, at least two (space and limited provider time) might have been foreseen and appropriately addressed if the strategy had been more carefully planned in collaboration with the medical provider. Further, the adverse impact of the change in key personnel might have been minimized if the strategy had a well-articulated plan of operations that included assignment of responsibilities and contingency plans. Changing the culture of a large medical provider is a daunting task that requires a great deal of thought, research, and planning. The idea definitely has merit, but, unfortunately, the way in which Strong Communities implemented it did not provide many answers about its true feasibility.

In addition to undermining the potential success of a given strategy, the absence of planning and the inability to use data to make midpoint corrections also affected Strong Communities' overall management. Staff members were left basically on their own to "operationalize" the Strong Communities concept. Although this approach has some strengths, such as staff empowerment

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<sup>49</sup> Strong Communities Annual Report, 2007.

and flexibility, it also has potential disadvantages. Strong Communities outreach workers were fully committed and very adept at identifying opportunities for integrating the Strong Communities' message into the community. However, in this type of distilled initiative, access to a high-quality supervisory structure might have helped focus efforts and enabled more sustainable strategies. Additionally, it is not clear how the more general strategic decisions were made—which opportunities to follow up on, what strategies to stop promoting, which organizations or individuals to target. The project's advisory board, while raising certain key implementation issues with respect to both the selection of programs and the selection of research strategies, did not follow up on its recommendations, nor did it require the staff to alter its approach. The advisory board made minimal attempts to redirect project activities or clarify the project's scope of work. Although it is not clear that advisory board members viewed this type of critical assessment as within their scope of work, more constructive and consistent oversight by the board might have resulted in the development of a more strategic work plan.

Strong Communities' internal evaluation data enabled us to learn much about the successes and challenges of the initiative. Most notably, the data generated by the project's internal assessment efforts provides documentation of the number and characteristics of individuals and organizations engaged in Strong Communities' various activities. These data also provide a fairly detailed descriptive profile of how various strategies evolved over time. Several of the evaluation activities, however, did face methodological difficulties that hindered learning and, as a result, diminished the program's capacity to effectively use these data to guide midcourse corrections. For example, the program's volunteer database could have been utilized more fully to determine the proportion of volunteers who only engaged in a one-time activity. This information would have led to a more realistic estimate of the number of individuals the program "touched" or deeply engaged. Similarly, failing to conduct repeated surveys of local professionals minimized the utility of the initial data that had been collected from these key informants.

Finally, Chapin Hall's early assessment of implementation levels could have been more comprehensive. Although Chapin Hall staff visited the site each year and participated in the project's advisory board meetings, more could have been done to interview outside stakeholders to verify information being presented in Strong Communities' annual reports and to better assess levels of commitment and change among these stakeholders.

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# Moving Forward: Lessons for the Field

The concept of community mobilization to improve the quality of civic life is gaining attention as a viable strategy to address a number of complex social dilemmas, including child maltreatment. Strong Communities reflects this transition and represents one of the few examples of using a diverse set of individual and organizational volunteer strategies to change community-wide norms. As a social service experiment, Strong Communities is not a failure of ideas or of bold thinking. It is, however, an implementation failure coupled with a logic model that does not accurately or adequately reflect the conceptual framework on which the initiative is based. Although it did not accomplish measurable impacts on community cohesion and levels of social interaction, Strong Communities' implementation failures can help sharpen our thinking around the conceptualization and monitoring of community prevention initiatives and assist in directing future investment opportunities in this domain.

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## Lessons for Program Planners

Protecting children from abuse and neglect is a complex task and one that most certainly involves efforts at the individual, community, and system levels. If the concept of community child abuse prevention is to move beyond the type of disjointed activities that constitute Strong Communities, additional conceptual work is needed. Strong Communities' efforts to engage with a broad range of stakeholders did not adequately address at least two important areas: how to integrate informal supports into a planned, overall effort with high-risk families and how to sustain interagency collaborations and community service networks in times of fiscal uncertainty and inevitable staff and community leadership turnover. Others planning community-wide initiatives must explicitly address these challenges in their theoretical framework and implementation plan if they hope to realize and sustain meaningful change.

As others consider implementing community focused child abuse prevention strategies, we offer the following guidelines for judging the viability of these efforts:

- When proposing a normative change in the target community, initiatives need to articulate how this change will be addressed and reinforced across all levels of the ecological framework. In addition, such efforts should establish a clear baseline measure of the existing normative values of interest so that progress over time can be accurately measured.
- As noted above, it is particularly critical that those proposing such innovations articulate a well-specified theory of change and provide a corresponding action plan and time frame for achieving core objectives.
- Program planners should consider whether a staged approach to meeting families' needs would be more or less successful than embedding services to high-risk families within a simultaneously implemented community awareness initiative. Although recognizing the importance and heuristic value of the ecological framework, a community change initiative needs to be disciplined and focus its initial efforts on outcomes it can accomplish. At the early stages of development, depth and quality of implementation will be more important than breadth.
- All strategies and program components need specific plans in place for monitoring implementation and for using these data to determine if specific benchmarks have been achieved and, if not, how data will be used to direct midpoint corrections.
- When recruiting individuals to an initiative's advisory board, care should be taken to select a diverse group with expertise in the various areas the initiative focuses on, including research and evaluation, strategic planning, and program planning and implementation. These individuals should be expected to provide critical assessments of the program's progress and operational assumptions, and project leadership should seek out this type of constructive criticism. When implementing innovation, the process requires an open mind on the part of all those responsible for shaping its work plan to identify both elements that are working well and those in need of new thinking. An external advisory board is most helpful when it can provide this type of objective assessment and when a project staff is encouraged to act in accordance with such recommendations.
- In addition to a clear implementation plan, initiatives seeking to build knowledge or move policy and practice in new directions need a strong evaluation plan that places a high value on scientific rigor, incorporating randomization procedures where possible. Although such efforts are often not designed as research demonstration projects, any untested idea needs to

be judged not only by the quality of its conceptual framework but also by the quality and commitment it demonstrates to new learning.

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## Lessons for Funders

Influencing the policy and practice landscape can be accomplished either by expanding the availability of evidence-based, proven interventions or by creating opportunities to test innovation. Each approach offers certain advantages and requires slightly different methods of monitoring. When implementing a proven intervention, the core assessment objective is to determine that replication sites are implemented with fidelity to the model developer's intent. Variation in the strategy is not expected over time. In contrast, efforts designed to test an innovation or explore new ways of achieving a given objective require some latitude on the part of funders as to how the idea will evolve and respond to emerging conditions. Variation in such cases is not only expected but welcomed as an opportunity to advance learning. Balancing investment in these two options has been key to driving progress in many domains including business, science, medicine, and social service delivery.

The Duke Endowment's Child Abuse Prevention Initiative represents an investment in the second of these strategies. As documented in our *Mid-Point Assessment*, both the Durham Family Initiative and Strong Communities altered their operational focus over their initial five years, discarding unproductive ideas and directing investments into areas considered more promising. A key difference in the two programs, however, has been how information was used to guide these decisions and the way each site framed its efforts going forward. In the case of DFI, the initiative has centered on a core idea (Durham Connects) and has established a rigorous method to determine the efficacy of this innovation. In the case of Strong Communities, less clarity emerged over time.

As the Endowment moves forward, it will continue to face the choice of investing in proven models or in innovation. Although supporting the replication of highly specified interventions addresses critical shortages in service resources throughout the Carolinas, it also is important to encourage innovation. No idea or program remains effective forever, and no one program can address the needs of all families or operate at maximum efficiency in all communities. Ensuring continued progress in addressing social dilemmas requires investment not only in proven models but also in learning how to do better. Although investments in innovation can represent a more substantial risk in that outcomes are less certain, such investments can be enhanced by holding those proposing innovations to high standards of scientific rigor. Indeed, the willingness of the Endowment to support rigorous internal and cross-site evaluation strategies as part of its Child Abuse Prevention Initiative has resulted in a substantial contribution to the field's understanding of how community prevention efforts unfold, underscoring the importance of building such

initiatives around the mutual objectives of system change and individual support. These data also provided the empirical evidence necessary for the Endowment to make the difficult decision to end its support of Strong Communities. Although Strong Communities did not accomplish the anticipated and desired outcomes, the investment itself was not without merit, in part because the Endowment valued both program and research.

In addition to continuing its commitment to knowledge development, the Endowment might consider the following strategies in further improving returns on its investments in innovations:

- The Endowment should require a pilot test of any innovation before supporting broad-scale implementation. Although many implementation issues may not surface until a concept has been taken to scale or attempted with diverse populations, a well-structured pilot program will determine the feasibility of the idea as well as highlight those operational or contextual situations that can be addressed before going to scale.
- In addition to pilot testing ideas, the Endowment should place particular emphasis on the quality and capacity of the organization and leadership that will implement the innovation. Of particular importance is gauging the receptivity of those promoting an innovation to learning that their ideas or underlying logic may be incomplete and, therefore, will require adjustments during the initial operating period.
- Innovations need to clearly articulate both their distal and proximate outcomes and link program strategies specifically to these outcomes. Additionally, process indicators (e.g., families served, volunteers engaged, activities offered) should be clearly linked with both program strategies and expected outcomes to ensure clarity between the funder and the program leadership regarding accountability benchmarks. In determining if any investment is warranted, the Endowment staff and board need to be comfortable both with the logic the innovation uses to link more immediate outcomes to the ultimate outcomes of primary interest to the board (in this case, child maltreatment prevention) as well as with the reality that the proximate outcomes may be the only change observed during the initial implementation period. This type of explicit discussion can clarify the tradeoff between short-term and long-term returns on investment that exist when one is electing to invest in knowledge development as opposed to service delivery.
- Those proposing to change individual behaviors, organizational relationships, or normative context should be required to provide solid strategies for measuring change in these domains over time. This is particularly important in areas such as assessing volunteer commitment and organizational engagement where less is known about how to track such changes in a reliable and valid manner.

- To protect the interests of the Endowment and the objectivity of the feedback it receives from grantees, the Endowment might consider appointing its own representatives to a grantee's advisory board. In many cases, such action may not be warranted if a grantee's leadership can create an environment that solicits critical assessment. In such cases, the Endowment might reinforce this standard by reminding grantees that it expects the advisory board to be an independent voice, providing professionally informed, frank feedback to the funder about the project's implementation.

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# References

Daro, D., Huang, L.A., & English, B. (2008). *The Duke Endowment Child Abuse Prevention Initiative: Mid-Point Assessment*. Chicago: Chapin Hall at the University of Chicago.

Dias, M., Smith, K., deGuehery, K., Mazur, P., Li, V., & Shaffer, M. (2005). Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. *Pediatrics*, 115, e470–e477.

Greenville County Schools. (2009). *Parent Educators*. Retrieved June 5, 2009, from <http://www.greenville.k12.sc.us/child/familylng/about/parented.asp>.

Melton, G., Holaday, B., Kimbrough-Melton, R. (2008). Community life, public health, and children's safety. *Family Community Health*, 31(2): 84-99.

U.S. Advisory Board on Child Abuse and Neglect (1991). *Creating caring communities: Blueprint for an effective federal policy on child abuse and neglect*. Washington, DC: U.S. Government Printing Office.

U.S. Advisory Board on Child Abuse and Neglect. (1993). *The continuing child protection emergency: A challenge to the nation*. Washington, DC: US Government Printing Office.

U.S. Advisory Board on Child Abuse and Neglect. (1993). *Neighbors helping neighbors: A new national strategy for the protection of children*. Washington, DC: US Government Printing Office.

U.S. Department of Labor, Bureau of Labor Statistics. (January 23, 2009). *Economic News Release: Volunteering in the United States news release*, Retrieved April 22, 2009, from <http://www.bls.gov/news.release/volun.toc.htm>.

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# Appendix A: Report Resources

## **Written Materials**

- Strong Communities Annual Reports: 2002 through 2007
- Various written materials provided by Strong Communities, including manuals, presentations, newspaper articles, correspondence, etc.; and Chapin Hall's written notes, reports, and correspondence about Strong Communities
- Email communications between Strong Communities and Chapin Hall staff

## **Site Visit Interview Respondents (February 2009 Visit)**

- Gary Melton, Principal Investigator
- Robin Kimbrough-Melton, Co-Principal Investigator
- Jill McLeigh, Research Associate
- Tricia Motes, Clinical Psychologist
- Dottie Campbell, Strong Families Coordinator
- Lori Bailey, Volunteer Coordinator
- Linda Smith, Director, Center for Community Services
- Stacey Scott, Safe Families Coordinator
- Christa Friddle, Extra Care for Caring Families Outreach Worker
- Tausha Hicks, Volunteer
- George Hicks, Outreach Worker
- Janine Sutter, Outreach Worker

- Dana Southern, Outreach Worker
- Paulette Grate, Outreach Worker
- Ann Cothran, Outreach Worker
- Doris Cole, Outreach Worker
- Glenn Farrow, Anderson County DSS Director
- Tony Segars, Belmont Fire Department Chief
- Delores Barksdale, Director, Upstate Circle of Friends
- George Singleton, Development Director, Upstate Circle of Friends
- Ashley Shockley, Member, Redemption World Outreach Center, SC Volunteer
- Genaro Marin, Outreach Worker
- Arelius Moore, Director, Café Cultura
- Nancy Prince, Elementary School Principal, Anderson School District One
- Jane Harrison, Director of Elementary Education, Anderson School District One
- Ted Mattison, President, Williamston Action Community Center
- Sam Cureton, Pastor
- Steve Kinney, Pastor
- Carl McCluney, Pastor
- Alex Sands, Pastor
- Smoke Kanipe, Pastor
- David Taylor, Pastor
- Tina Haley, Riley Center Principal
- Ronnie Reid, former Fountain Inn police officer
- Jill Korbin, Advisory Board Member
- Richard Krugman, Advisory Board Member
- Scott Henggeler, Advisory Board Member

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# Appendix B: Chat with a Family Advocate Schedule

## “Chat with a Family Advocate” at Family Activity Centers Schedule

Location	Regular Schedule	Family Advocate(s)
Center for Community Services (CCS)  Simpsonville	Monday thru Friday 8:30 am – 5:00 pm  Service also offered to individuals receiving services through Emergency Relief and DHEC during their normal operating hours.	Tausha Hicks and Noel Church for CCS  George Hicks at Emergency Relief Noel Church, Carolina Fernandez and Patty Martinez at DHEC
Trinity United Methodist Fountain Inn	Every Monday 10 am- 12 noon	Tammy Kowaleski*
Sue Cleveland Elementary Piedmont	1st Tuesday 2:00-4:00 pm (While school is in session.)	Jacque Gambrell*
Grove Elementary Piedmont	3 <sup>rd</sup> Wednesday every month 9:00 – 11:00 am (While school is in session.)	Jacque Gambrell*
Riley Child Development Center Pelzer	Monday – Friday 8:00 am – 4:00 pm Or by appointment	Stacey Scott*
Upstate Circle of Friends  Greenville	2 <sup>nd</sup> Saturday 11:00 am - 1:00 pm	Community volunteers from Upstate Circle of Friends and partners including DJJ, Youth Advocates, Probation/Parole office. Coordinated by Deloris Barksdale and Paulette Grate.
Life Church Piedmont	4 <sup>th</sup> Saturday 10 am – 12 noon	Community volunteers from Life Church. Coordinated by Angie Holbrooks

<b>Location</b>	<b>Regular Schedule</b>	<b>Family Advocate(s)</b>
Belmont Fire Dept. Greenville	3 <sup>rd</sup> Wednesday 1:00 – 3:00 pm	Paulette Grate and Community Volunteers from the fire department.
Kingdom Outreach Ministries Fountain Inn	Every Tuesday and Thursday 6:00-9:00 pm	Glen and Selena Parker
Palmetto Elementary  Williamston	Every Friday 10:00 am – 2:00 pm (While school is in session.)	Genaro Marin
Cashion Elementary  Greenville	2 <sup>nd</sup> Friday 2:00-4:00 pm (While school is in session.)	Jacque Gambrell*
Woodruff Rd. Christian Church Greenville, SC	Every Wednesday 11:00 am – 1:00 pm Or by appointment.	Steve Kinney

**“Chat with a Family Advocate” for Spanish-Speaking Families**

<b>Location</b>	<b>Regular Schedule</b>	<b>Family Advocates</b>
Café Cultura at the Center for Community Services Simpsonville  Other locations by appointment.	Coordinated through Café Cultura at 688-2224.	Genaro Marin Patty Martinez Carolina Fernandez Other graduate students and volunteers.

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### **About Chapin Hall**

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

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