WHAT SHOULD PROGRAM DESIGNERS CONSIDER TO SUCCESSFULLY DEVELOP AND IMPLEMENT A PUBLIC HEALTH APPROACH TO PREVENTING VIOLENT EXTREMISM?

LESSONS LEARNED FROM EVALUATING SAFE SPACES

The University of Illinois at Chicago (UIC) evaluated the Muslim Public Affairs Council's (MPAC) Safe Spaces program and found that the program as implemented was not successful, but some aspects showed potential. The full NIJ report is available and scholarly reports forthcoming. This research brief, written in collaboration with START, shares key lessons learned to help guide other programs and policies.

BACKGROUND

A public health approach to preventing violence needs to be grounded in an appropriate and acceptable model and also include a feasible plan for how community-based organizations can implement the program under real-world conditions. The Safe Spaces program took the following steps, with key lessons learned as follows:

PROGRAM DESIGN

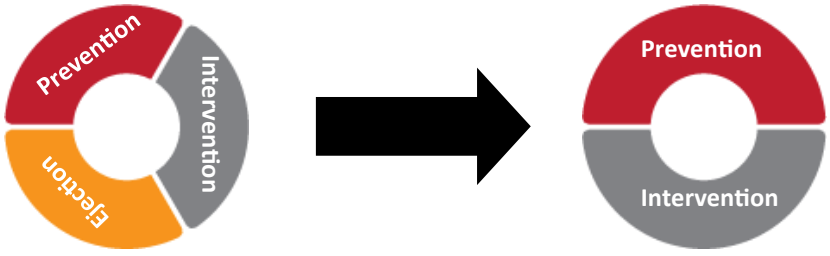
Gathered community feedback.

The researchers conducted focus groups with a heterogeneous sample of individuals at different settings (i.e. mosques, schools, community centers) to gather feedback that was used to modify the Safe Spaces Toolkit. Community members rejected the violent extremism focus and preferred a public health approach. However, there was not enough formative work on better defining community needs, priorities, and strengths, that could be the basis for programming.

Redesigned the program.

After gathering community-feedback, MPAC and the UIC researchers convened a Program Design Lab that modified the Safe Spaces model based on focus group findings. Such modifications included:

- abandoning a national security focus,
- adopting a public health framework that emphasized building healthy communities, and
- refining the PIE (Prevention, Intervention, Ejection) model to remove the ejection component.



These steps, while necessary, were in retrospect **not sufficient.**

- One, the program did not adequately define with communities who is vulnerable for what and how the program would help them.
- Two, the program also needed to further consider program delivery in order for communities to be able to implement the program successfully.

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PROGRAM TRAINING AND DELIVERY

Selected the trainer(s).

The Safe Spaces trainer received over 20 hours of training that included practice runs in person and over the phone with MPAC and UIC researchers. Regardless of being trained, the trainer did not have previous knowledge of the Safe Spaces program or background knowledge of the public health framework. In addition to having to learn the program in a short amount of time, the trainer also needed to understand the communities' top concerns (e.g. mental health, substance abuse, youth apostasy, domestic violence), and did not have sufficient expertise to address questions and challenges that arose during the trainings (e.g. providing tangible examples of civic engagement and explaining the roles and responsibilities of the Community Response Team members).

Communicated with site leadership.

Enlisting the support of leadership ahead of the initial training ensures that they will actively drive the program forward. Although the sites agreed to participate in the Safe Spaces training, at many of the sites the leadership was not fully supportive of the program or aware of the long-term commitment, and following the initial training, they put forth little effort to implement primary prevention or secondary prevention activities.

Provided a cohesive program.

Primary prevention is a proactive effort, based on the pillars of honest conversations, civic engagement, parental support, and media literacy. Secondary prevention is about identifying at-risk individuals, assessing the levels of distress and threat, and providing the best course of action (including forming a community response team, and referral for continued care). There was a disconnect between the primary prevention activities, which were heavily informed by the public health model, while the secondary prevention activities focused on threat assessment and crisis intervention, which require focusing in-depth on specific violence and suicide scenarios.

Provided technical assistance.

While MPAC provided post-training technical assistance to implementation sites free of charge, the communities seemed uninterested in receiving this support. While the coordinator provided contact information and encouraged participants to reach out, this support mechanism depended on communities assessing their needs for support and/or further training. This was not done consistently from site to site. Additionally, the leadership at these sites were volunteers who wore many hats and allocated time to other programs. Technical assistance was not enough to overcome the lack of human resources at the sites to take on violence prevention programming.

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RECOMMENDATIONS

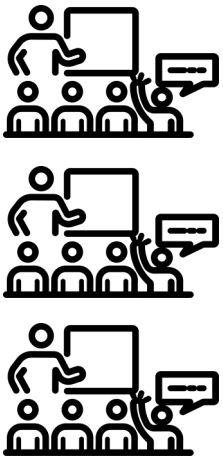
Use a Collaborative Partnership Approach.

Rather than designing a program based on the program developers' perceived needs of the community, a collaborative partnership approach should be pursued so that community members, program designers, and researchers can collaboratively define the priorities the program addresses, including but not limited to violence prevention. Gathering information on the needs of each community site prior conducting the training can be useful to understand unique concerns, issues for action, and developing goals prior to delivering the program training.

Build community-based organization's capacity.

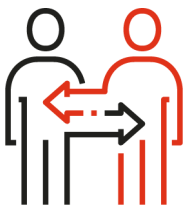
For successful implementation, the program needs to consider human and financial resources, and building the community's capacity to implement and sustain their own programming. This could include focusing on leadership buy-in so that local institutions are more willing to mobilize resources. Additionally, the program could provide assistance to search for potential funding and staffing. The program could also work on connecting sites with local experts to address specialized problems (i.e. mental health, substance use), which would further enable communities to rely on outside experts and address a broader range of issues at play.

Enhance training the trainer(s).



Training the trainer needs to be a top priority since a program cannot be effectively implemented by community sites without an effective trainer to deliver the skills and education to the sites. In addition to rehearsing the curriculum with the program developers, there should be multiple mock trainings at pilot community sites before conducting trainings at actual sites. This will better ensure that the trainer can successfully implement the program in a real-world setting. This also prepares the trainer for dealing with community questions and challenges so he/she has more realistic expectations before conducting trainings at actual sites. Moreover, a team approach may prove more advantageous than an individual trainer as it could include experts in community/mental health, youth issues, and other related concerns such as substance abuse and gang violence. Additionally, having conducted a community needs assessment first would allow for better selection and preparation of trainers with the most relevant expertise.

Engage leadership prior to training.



To get leadership support, it is imperative to ensure that the leadership has a positive perception of the program's benefits and effectiveness. This can be done by having the trainer establish a relationship with the leaders ahead of the initial training. The trainer should gather information regarding their community's needs, so that the program can be tailored, such as using language and examples that are relevant to each site. Leadership will likely make a greater effort to drive the program forward and mobilize resources to implement the program if they think it will strengthen their community and meet their community's needs.

RECOMMENDATIONS

Prepare the site ahead of the training.

During site recruitment, the trainer needs to be fully transparent with the communities regarding the content and the length of the training and the level of commitment required from the participants, so as to increase participation and prevent dropouts.

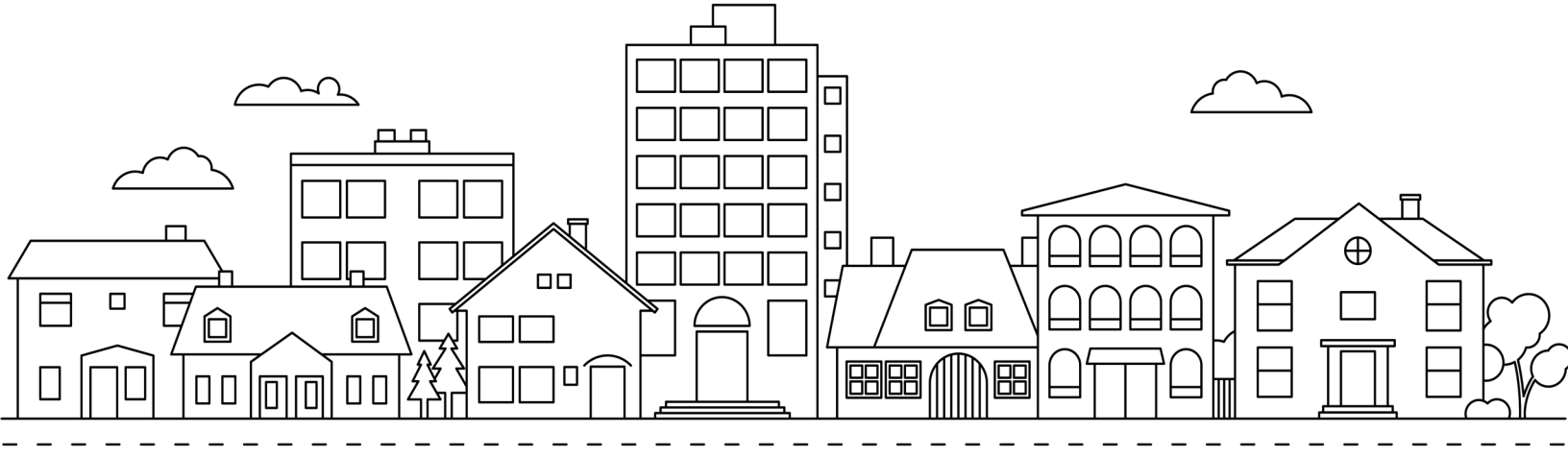
- The trainer should send materials in advance so participants attend with background knowledge of the big picture.
- The trainer should also assess whether there will be non-English speakers in attendance, have the training material translated, and have an interpreter available during all training sessions.

Enhance support services.

Organizations providing the training to the sites could incentivize community-based organizations to engage with more active and ongoing monitoring, periodic in-person check-ins, and by incorporating a feedback loop between program developers, implementer/training team, and target communities to update program materials and training with lessons learned or new information.

Ensure implementation fidelity.

After the initial training there needs to be ongoing monitoring to ensure that the program is being implemented in the way that the developer intended. Therefore, implementation should include fidelity measures, such as checklists that could be used by observers during primary and secondary prevention activities, to monitor adherence and the quality of delivery.



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