



Co-Location of Domestic Violence Advocates in Child Welfare Offices: Findings from Focus Groups and Interviews

Introduction

While it is well documented that child welfare services and domestic violence (DV) providers often serve the same families, there is frequently a lack of coordination between the two systems. In New York State, a popular approach is to physically place (or co-locate) a domestic violence advocate (DVA) in child protective services (CPS) offices. On-site DVAs provide ongoing consultation to caseworkers and participate in joint home visits and cross systems training. The goal of the program is to increase safety for children and families experiencing DV and child maltreatment by jointly improving the case practices of both CPS and DV workers.

The New York State Office of Children and Family Services (OCFS) contracted with the Center for Human Services Research (CHSR) to evaluate the CPS/DV co-location model. As part of a multi-stage evaluation, focus groups and interviews were conducted in the 11 counties currently funded by OCFS to implement the co-location program. From November 2011 – March 2012, the CHSR conducted focus groups with CPS caseworkers, Family Assessment Response (FAR) workers, and CPS/FAR supervisors, and interviews with DVAs and DV agency administrators.

Findings

Although OCFS specifies certain activities for co-location programs, the guidelines allow for a broad range of practice across sites. Wide variation was found between the co-location sites in all their CPS/DV activities: identification and referral of DV cases, joint home visits, case consultations, DVA client services, and client engagement. However, along with significant variation, common themes and patterns were identified across collaborations, allowing overall findings and recommendations to be made for co-location projects as a whole.

Identification and Referral of Domestic Violence Cases

The successful start of the collaborative work is an effective referral process from the CPS

caseworkers to the DVA. The way DV cases were referred to the DVA varied, with only one third of the counties systematically referring all child abuse hotline reports with DV. Caseworkers in all counties reported that DV is difficult to identify in the hotline intake report, partly because no allegation code exists for DV. Although the State Central Registry (SCR) hotline does use the Safety Factor Checklist to flag DV in a report, most caseworkers were unaware of this checklist and did not review its information. Most DV agencies partnering with CPS felt they were not receiving all appropriate referrals, and some felt not early enough in the case. When referrals were successfully made to the DVA, caseworkers were more confident that their clients were being connected to appropriate DV resources.

Joint Home Visits

Caseworkers invited the DVA to accompany them on investigatory visits, allowing the opportunity for the DVA to talk with the DV victim to explain options, share information and resources, and quickly link the client to services. Although almost all programs had conducted joint home visits recently, fewer than half used this collaborative strategy regularly and frequently. Most counties reported a low frequency of home visits citing a number of barriers, including scheduling difficulties, safety concerns, and caseworker preference. In addition, some CPS workers placed little value on joint home visits, perceiving the effort to coordinate the visit with the DVA (including obtaining signed releases) outweighing its benefits. Nevertheless, joint home visits were perceived by most as key to connecting with the client at the moment of crisis, when (s)he is most receptive to help and enhancing the ability to get DV services to the client quickly.

Case Consultations

Case consultations were another integral activity of the co-location program model. The DVAs guided the CPS worker on how to assess for the presence of DV, talk with the DV victim and her family, and proceed safely with a case. Caseworkers reported that after consulting with the DVA, their empathy for the DV victim increased, giving them more insight as to why the victim might not leave the abusive partner. There was tremendous variability in the level and frequency of case consultation across counties, with more comprehensive consultation occurring with the DVAs who had been in the co-location position for a long time.

DVA Client Services

DVAs provided a variety of services directly to CPS clients. In over half of the counties, the DVA worked directly with the client to conduct safety planning and connect the client to resources and supports, staying with the case continuously and for as long as needed. In other counties, DVAs played a more limited role

and only referred the client to the DV agency for services, thus ending her personal involvement with the client. In general, caseworkers were not pleased when DVAs only made client referrals to the DV agency and did not serve the victim directly.

Client Engagement

Caseworkers and DVAs believed there were many positive effects on the clients associated with their collaboration, such as increasing the motivation of the client to engage with both systems and creating an effective link to DV services for the client. CPS was perceived as a safe buffer under which the client could receive DV services, shielding her from the suspicions of the perpetrator. DVAs helped clients understand the CPS process, thereby easing concerns and alleviating the stress of the investigation. The clients' involvement with the CPS/DV collaboration was perceived to be empowering, supportive, and potentially affecting long term case outcomes, such as preventing foster care placements, avoiding court involvement, and lowering re-reports of maltreatment.

Information Sharing Between Systems

Sharing information about mutual clients between the two systems emerged as an ongoing area of concern. Some programs developed effective methods to share information that gave the caseworkers adequate updates, while not compromising the DVAs' mandate to protect client confidentiality. However, while written protocols regarding information sharing existed in most counties, difficulties still arose. DVAs were limited by confidentiality guidelines, and in about a third of counties caseworkers were frustrated with the level of information sharing, stating they were "left in the dark." While they understood the DVAs' constraints, CPS workers stated they needed current information about the status of a client and her children in shelter, the safety of the child, and whether the client was receiving DV services.

Relationships Between Systems

The focus groups also explored obstacles in the collaborative work between CPS and domestic violence providers. As documented in the literature, the goals of each system are perceived to be different: CPS workers are mandated to protect the safety of the child, while domestic violence workers are focused on enhancing the safety of the DV victim. These different emphases impacted shared cases in many ways, such as how the systems defined accountability for unsafe situations. Differences in perspectives also impacted how the systems defined the appropriate target population, with CPS caseworkers seeking services for all types of adult-to-adult violence, but DVAs serving only intimate partner violence cases with the defining characteristic of one partner exerting power and control over the other. While both caseworkers and DVAs agreed that there was a lack of services for DV perpetrators,

caseworkers felt that DV providers should adopt a greater role in serving families when the DV perpetrator stays in the home with the children.

The focus groups and interview participants also discussed outcomes of the collaboration. Overall, participants indicated that the CPS/DV collaboration had improved the relationship between the two systems by strengthening communication and enhancing trust. Many CPS and FAR caseworkers valued the physical proximity of the DVAs, which made it convenient for them to collaborate on cases and improved their confidence that clients would receive appropriate services. Some caseworkers reported that the collaboration lightened their workload. Over half of DVAs reported that the collaboration increased their knowledge and understanding of the CPS process, and that they in turn used this knowledge to translate the process to the clients.

Recommendations

Although the co-location programs support the work of CPS caseworkers and help families, there were ongoing challenges, leading to the following recommendations:

1. Ensure that DVAs receive all appropriate referrals

- Advise caseworkers to review the SCR Safety Factor Checklist
- Adopt standardized referral procedures
- Encourage caseworkers to utilize DVAs as a resource for all cases where DV is a concern

2. Increase joint home visits

- Reduce barriers to visits by allowing DVAs to accompany caseworkers on their first visit to a family without requiring client release forms to be signed beforehand
- Minimize safety concerns by initially introducing the DVA as a co-worker rather than a DV specialist
- Expand the range of possible joint home visits by inviting DVAs along to help when DV is suspected, not just confirmed

3. Maximize the availability of DVAs

- In counties with two DVAs, maximize their availability by encouraging them to work staggered, not overlapping, schedules

4. Increase services for diverse populations

- Support the development of multi-lingual DV services, especially Spanish-speaking advocates
- Develop services for male DV victims

Recommendations

5. Improve information sharing practice

- Refresh caseworkers' knowledge of existing information sharing protocols, including confidentiality requirements followed by DV agencies
- Refine information sharing agreements between the two systems, especially policies regarding CPS contact with domestic violence shelters to verify client status
- Develop mutually beneficial release of information forms that allow clients choose the types of information to be shared, as well as the timeframe in which it can be shared
- Create a system to update CPS workers on clients' receipt of DV services, such as having DVAs maintain a logbook or contact sheet to track DVA/client contact and making this accessible to CPS workers

6. Expand access to family violence services often not provided by the DV agency

- Contract or develop referral relationships with agencies that deal with all forms of family violence among adults
- Support the development of services for DV perpetrators

7. Sustain cross systems training and relationship building

- Commit continual effort to updating caseworkers and DVAs on each others' philosophies and procedures and to building positive working relationships
- Create opportunities to allow caseworkers, not just supervisors, to regularly meet with DV partners to exchange information and socialize
- When possible, include CPS input on hiring decisions for a new co-located DVA
- Provide steady funding for the DVA position; keeping the program consistent supports the development of long term collaborations and relationships

For the full report: www.albany.edu/chsr/csp-dv.shtml

About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department within the School of Social Welfare at the University at Albany. CHSR has over 20 years of experience conducting evaluation research and designing information systems for a broad spectrum of agencies serving vulnerable populations. CHSR research studies cover a wide range of topics including education, early childhood development, children's mental health, child welfare, child health and development, substance abuse and service collaboration. What characterizes all of these studies is CHSR's focus on rigorous methods, strong stakeholder involvement, and the dissemination of timely, accurate and non-partisan information to guide best practices in service delivery.