



CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY
State University of New York

Findings from the CPS/DV Caseworker Experience Survey

January 2013

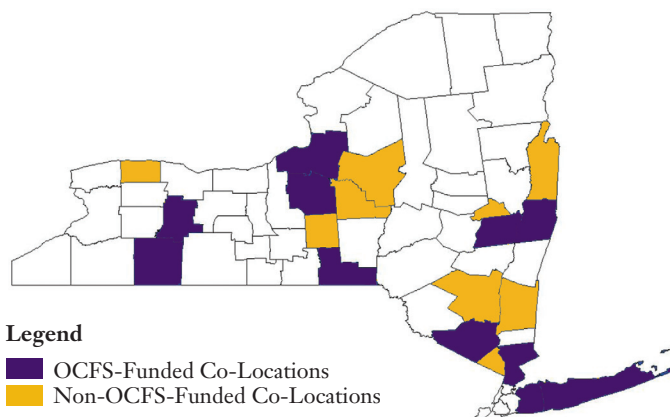
Background

While it is well documented that child welfare services and domestic violence (DV) providers often serve the same families, workers in each system may lack knowledge of the practices of the other, and there is often a lack of coordination between the two systems. As a result, many states are now supporting collaborative initiatives. One popular approach supported by the New York State Office of Children and Family Services (OCFS) is to physically place (or co-locate) a DV Advocate (DVA) in the Child Protective Services (CPS) office with the idea that proximity, in addition to other typical cross-system efforts (i.e., cross-training and shared protocols), will enhance shared learning, mutual respect, collaborative case practices, and ultimately, better outcomes for children and families.

In order to assess the effectiveness of the co-location model as well as to inform practice, OCFS contracted with the Center for Human Services Research to conduct an evaluation study. This report presents findings from one component of the evaluation — a survey of New York State CPS caseworkers to understand the effects of co-location on worker attitudes and behaviors toward DV cases.

As displayed in Figure 1, a total of 20 of the 58 counties (34%) outside of New York City have a co-location program. Eleven of the co-location programs were funded by OCFS prior to and during the study period while the other nine were funded by a variety of local, state, and federal sources.

Figure 1. Counties with Co-Location Programs (excluding New York City)



Source: Directors of Services telephone interviews, 2010–2011,
Center for Human Services Research

Research Areas

The survey was designed to compare counties with and without co-located DVAs on caseworkers' knowledge of and attitudes towards DV and its victims, the nature of collaborative practice between CPS staff and DV providers, and caseworkers' individual practice with DV cases. Specifically, the survey was designed to test the following hypotheses:

- **Workers in counties with a co-located DVA report better relationships with DV agency staff than workers in counties without a co-located DVA.**
- **Workers in counties with a co-located DVA report better caseworker practice with clients experiencing DV than workers in counties without a co-located DVA.**
- **Workers in counties with a co-located DVA possess a higher level of knowledge about DV and greater understanding of DV victims than workers in counties without a co-located DVA.**

Survey development was informed by a review of the literature; information obtained from caseworker focus groups; and consultation with former CPS caseworkers, DVAs, national CPS/DV experts, and other stakeholders.

Methods and Data Collection

The survey was conducted between May and June 2012. Each county provided a list of the names and e-mail addresses of their CPS caseworkers. The workers were invited to participate in an online survey. Participants were given the option to complete a paper questionnaire, but only one county chose this method. One county opted not to participate in the survey.

Electronic invitations to participate in the survey were sent to 1,572 caseworkers. A total of 1,403 e-mail addresses were valid. An additional 108 respondents were disqualified because they did not work in CPS or FAR, were not caseworkers, or reported never having cases that involved DV. A total of 1,121 valid surveys were returned generating an overall response rate of 87%. Response rates ranged from 46% to 100% across counties. Almost one third of the counties had a 100% response rate.

Analysis

Survey items were analyzed to determine whether there were statistically significant differences between counties with a DVA and counties without a DVA. Chi-squared analyses were conducted to identify differences between the two groups; differences were considered significant if $p < .05$.

¹ Other evaluation components include caseworker focus groups; DVA and CPS supervisor interviews; case record reviews; and surveys of DVAs, clients, and directors of services.

Respondent Characteristics

Table 1 shows the characteristics of CPS workers in counties with and without co-location. The vast majority of workers (82%) were women. About one quarter had a master's degree or above. Over 55% of participants had academic backgrounds in the social sciences, including psychology, social work, sociology, or criminal justice.

Most respondents (88% in co-located counties, 79% in counties without co-location) worked in CPS investigations. The rest worked in either Family Assessment Response or long-term child protective services. Nine percent worked in both investigations and one or both of the other divisions.

The average respondent had held their current position for 3–5 years and worked in the child welfare field for 5–10 years. Compared to participants in counties without a DVA, participants

in counties with a co-located DVA had worked in their current position and in the child welfare field longer.

Many more CPS workers in co-location counties reported speaking to clients in a language other than English (22% vs. 6%). Of these, 74% listed Spanish as a language they speak with clients.

In co-located counties, 60% of CPS workers reported attending one or more trainings related to domestic violence in the past year, compared to 47% of workers in counties without co-location.

Regression analyses were conducted to ensure that these variables did not account for the differences seen in other responses. While training and duration of employment were correlated with many of the same items as co-location, they did not negate the co-location program's impact. Significant differences were still found in DVA counties even when controlling for these employment variables.

Table 1. Respondent Characteristics

	Co-located counties N=579 N (%)	No co-location N=542 N (%)
Gender		
Male	112 (21%)	79 (15%)
Female	431 (79%)	434 (85%)
Education		
Bachelor's degree	422 (74%)	410 (77%)
Master's degree or above	146 (26%)	125 (23%)
Child Welfare Unit¹		
CPS investigations	497 (88%)	428 (79%)
Family Assessment Response	102 (18%)	68 (13%)
Long-Term Child Protective Services	50 (9%)	90 (17%)
Years in this position²		
Less than 1 year	36 (6%)	72 (13%)
1-2 years	124 (22%)	129 (24%)
3-5 years	165 (29%)	149 (28%)
5-10 years	153 (27%)	108 (20%)
10-20 years	77 (14%)	59 (11%)
Over 20 years	14 (3%)	19 (4%)
Years working in child welfare		
Less than 1 year	15 (3%)	30 (6%)
1-2 years	69 (12%)	65 (12%)
3-5 years	113 (20%)	126 (24%)
5-10 years	178 (31%)	159 (30%)
10-20 years	158 (28%)	114 (21%)
Over 20 years	36 (6%)	42 (8%)
Speaks with clients in language other than English	123 (22%)	30 (6%)
Number of DV-related trainings attended in past year²		
0	231 (40%)	286 (53%)
1	200 (35%)	177 (33%)
2 or more	148 (26%)	79 (15%)

¹ Respondents could select more than one unit. ² Percentages may not add up to 100 due to rounding.

Findings

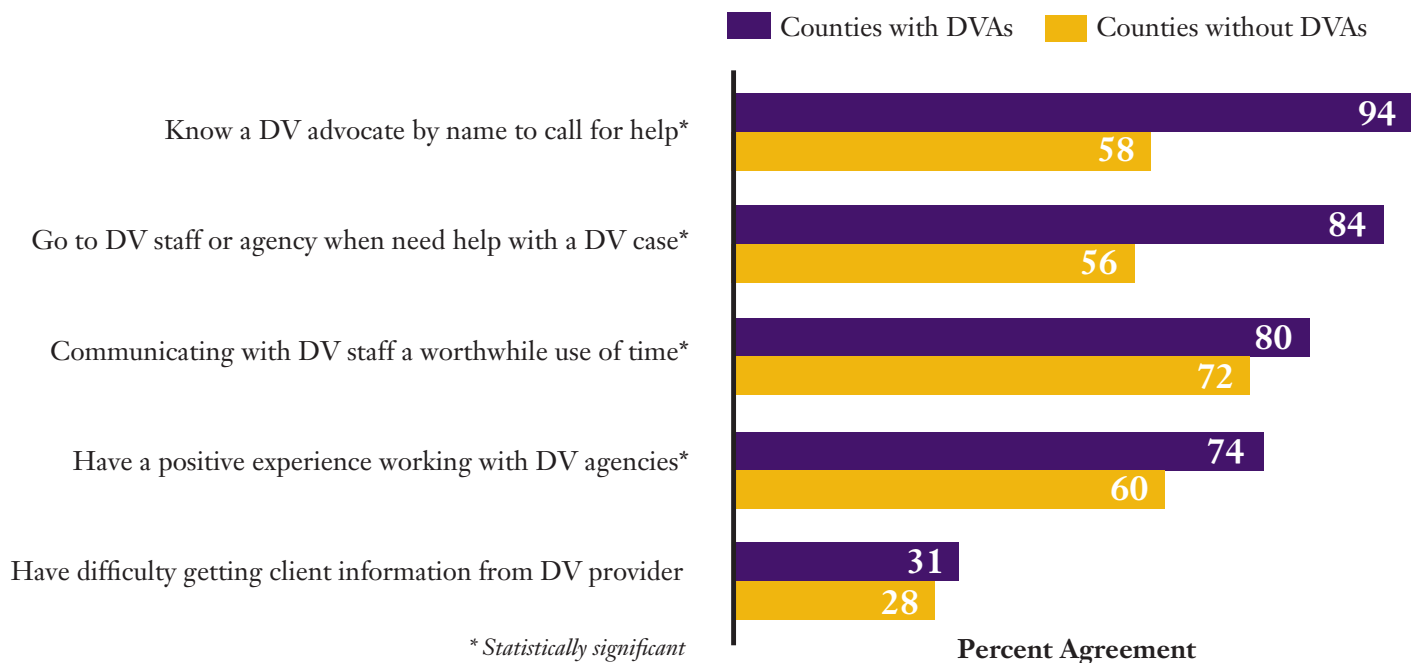
Hypothesis 1: CPS workers in counties with a co-located DVA report better relationships with DV agencies than CPS workers in counties without a co-located DVA.

Fourteen survey items were used to test the first hypothesis. The items were grouped into two themes: (1) communication between CPS and DV systems and (2) perceptions about DV service providers.

Communication between CPS and DV Systems

Four of five survey items supported the hypothesis that co-location improves communication between CPS and DV workers.

Chart 1. Collaboration and Communication between CPS and DV Systems

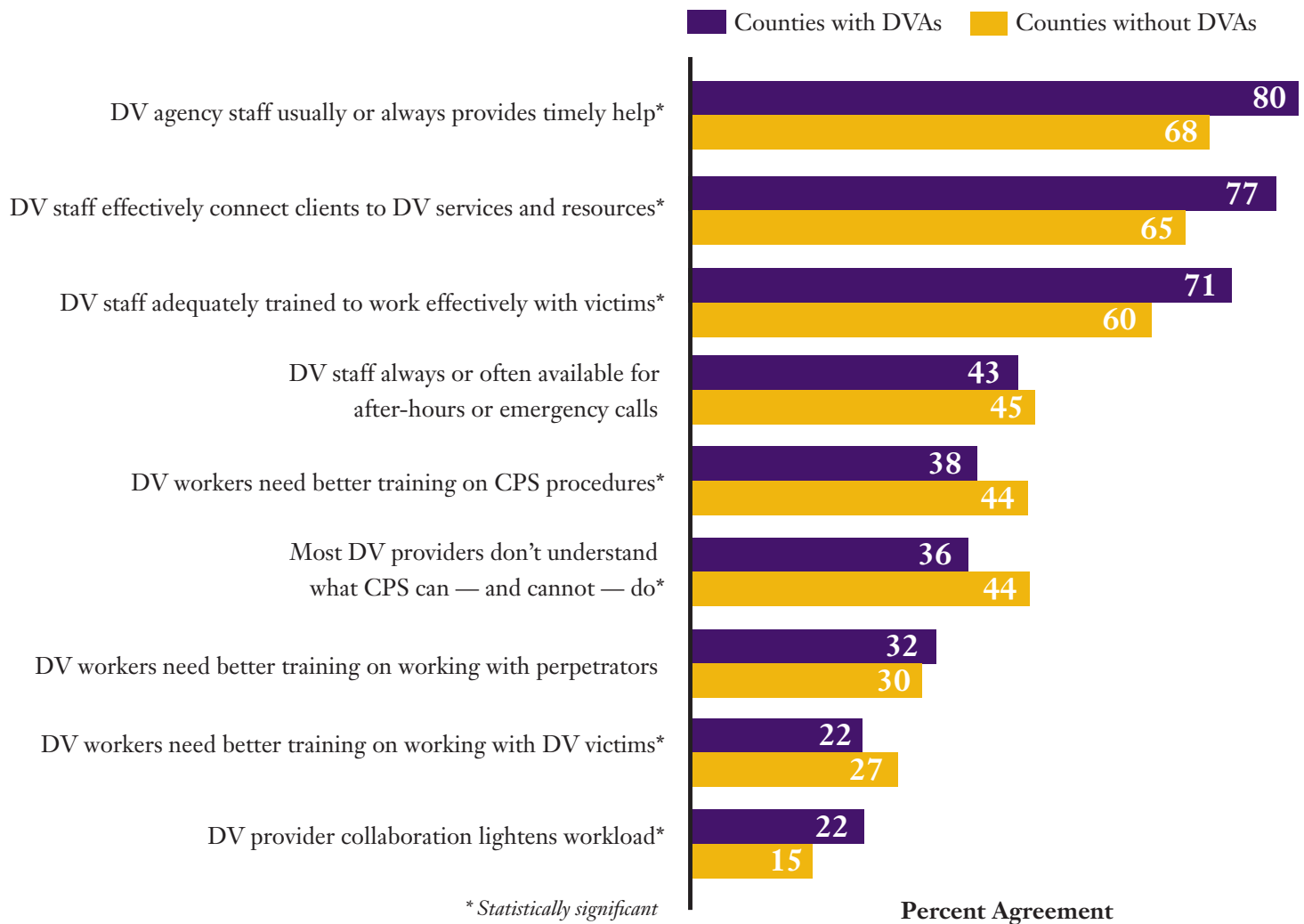


- Almost all caseworkers (94%) in co-located counties know the name of a DV advocate they can call on for assistance, while only 58% of respondents in non co-located counties know an advocate by name.
- Most workers (84%) in co-located counties reported going to DV agency staff for help with DV cases, while only 56% did in counties without a co-located DVA.
- Workers in counties with a co-located DVA were more likely to believe that communicating with DV staff is a worthwhile use of time (80% vs. 72%).
- Most importantly, having a DVA on-site increases the likelihood that CPS workers report positive experiences working with DV agencies: 74% versus just 60% of CPS workers in counties without a co-located DVA.
- Less than a third of caseworkers in both groups reported difficulty getting client information from DV providers. There was no significant difference between groups on this item.

Perceptions of CPS Workers about DV Service Providers

Seven of nine survey items supported the hypothesis that CPS workers in co-located counties have more positive perceptions of DV service providers than workers without a co-located DVA.

Chart 2. Perceptions of CPS Workers about DV Service Providers



- Workers in co-located counties were more likely than workers in non co-located counties to feel that local DV staff:
 - provided timely help (80% v 68%),
 - effectively connected clients to DV services (77% v 65%), and were
 - adequately trained to work effectively with clients (71% v 60%).
- Although fewer CPS workers in co-located counties (38%) believe that DV workers need better training on CPS procedures than do caseworkers in non co-located counties (44%), 38% still represents a substantial number of workers in co-located counties with concern about DV workers' knowledge of CPS.
- Workers in co-located counties (36%) were less likely to feel that DV providers lacked an understanding of the CPS worker's role than workers in counties without co-location (44%).
- About 22% of workers in co-located counties said that collaborating with DV providers lightened their workload, compared to 15% in counties without a DVA.
- There were no significant differences between groups on two items:
 - less than half of caseworkers in both groups reported that DV workers were often or always available after hours or for emergencies , and
 - about one-third of caseworkers in both groups believe that DV workers need better training for working with perpetrators.

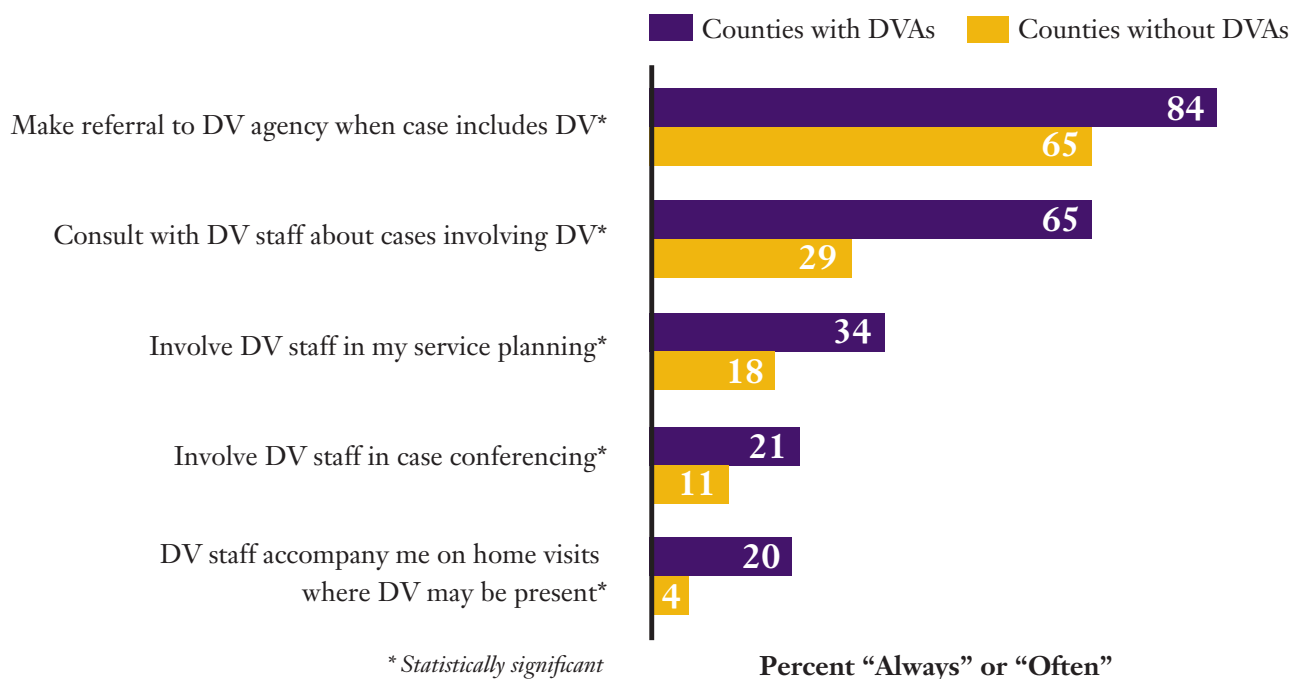
Hypothesis 2: CPS workers in counties with a co-located DVA report better casework practice with clients experiencing DV than CPS workers in counties without a co-located DVA.

Survey items testing this hypothesis were grouped into three themes: (1) collaborative practices between CPS and DV workers, (2) CPS workers' own case practices with clients, and (3) CPS workers' beliefs about the role of CPS in DV cases.

Collaborative Case Practice

CPS workers from co-located DVA counties were significantly more likely to answer "always" or "often" to all five questions about conducting collaborative case practice than workers in non co-located counties.

Chart 3. Collaborative Case Practice

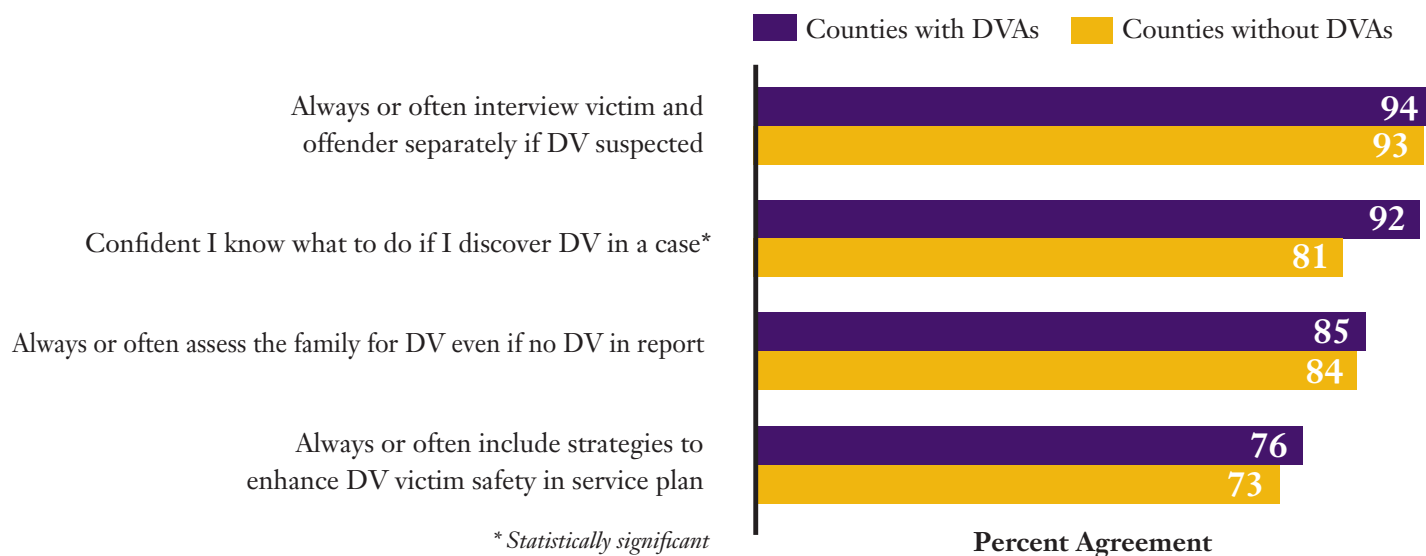


- More CPS workers in co-located counties than non co-located counties said that they always or often:
 - make referrals to DV agencies when cases include DV (84% vs. 65%),
 - consult with DV staff about DV cases (65% vs. 29%),
 - involve DV staff in service planning (34% vs. 18%),
 - involve DV staff in case conferencing (21% vs. 11%), and
 - bring DV staff on visits to clients' homes (20% vs. 4%).
- The differences between co-located and non co-located groups regarding collaborative case practice were even greater than the differences in communication and perceptions of DV providers reported earlier.

Individual Case Practice

One of four items relating to the effects of co-location on individual case practice was statistically significant.

Chart 4. Individual Case Practice

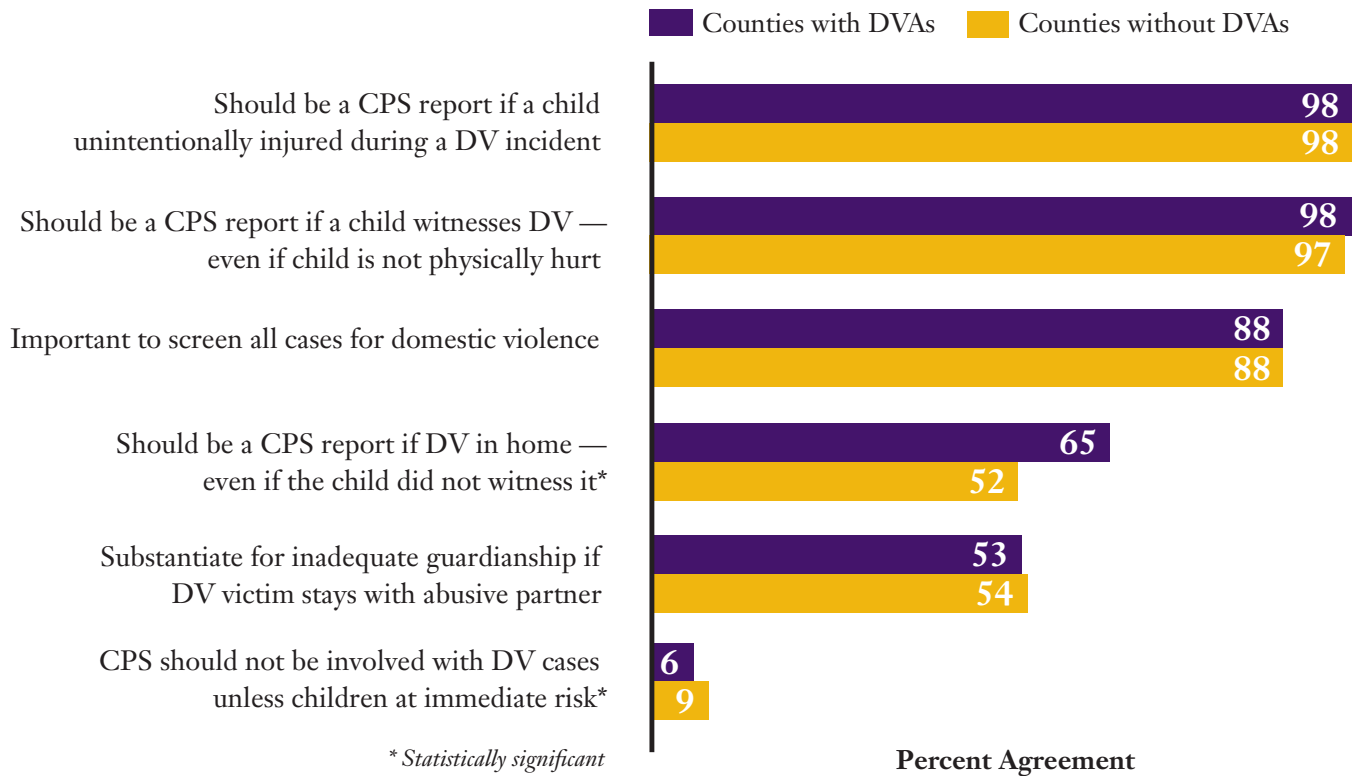


- More CPS workers from co-located DVA counties (94%) expressed confidence handling DV cases than workers in counties without a co-located DVA (81%).
- There were no significant differences regarding more specific aspects of case practice. However, between 73% and 94% of participants reported always or often including these strategies, regardless of DVA county status:
 - interviewing victims and offenders separately when DV was suspected,
 - assessing all families for DV even if DV is not mentioned in CPS report, and
 - incorporating DV victim safety into service plans.

Beliefs about the role of CPS in DV cases

High percentages of CPS workers in both groups agreed on five of the six items designed to assess caseworker beliefs about CPS response to DV cases.

Chart 5. Beliefs about the Role of CPS in DV Cases



- Nearly all respondents (98%) believed that a CPS report should be made if a child was unintentionally injured during a DV incident.
- Nearly all respondents (97-98%) believed that a child witnessing a DV incident warrants a CPS report.
- Most respondents in both groups (88%) thought that it was important to screen for DV with all families who are reported to CPS.
- CPS workers in co-located DVA counties (65%) were more likely than CPS workers in counties without a co-located DVA (52%) to believe that there should be a CPS report if DV occurred in the home even if a child did not witness it.
- Just over half of all respondents (53-54%) believed that a DV victim should be substantiated for inadequate guardianship if s/he stays with an abusive partner.
- Very few CPS workers in both groups (6-9%) believed that immediate risk to a child was a necessary element to justify CPS involvement in DV cases.

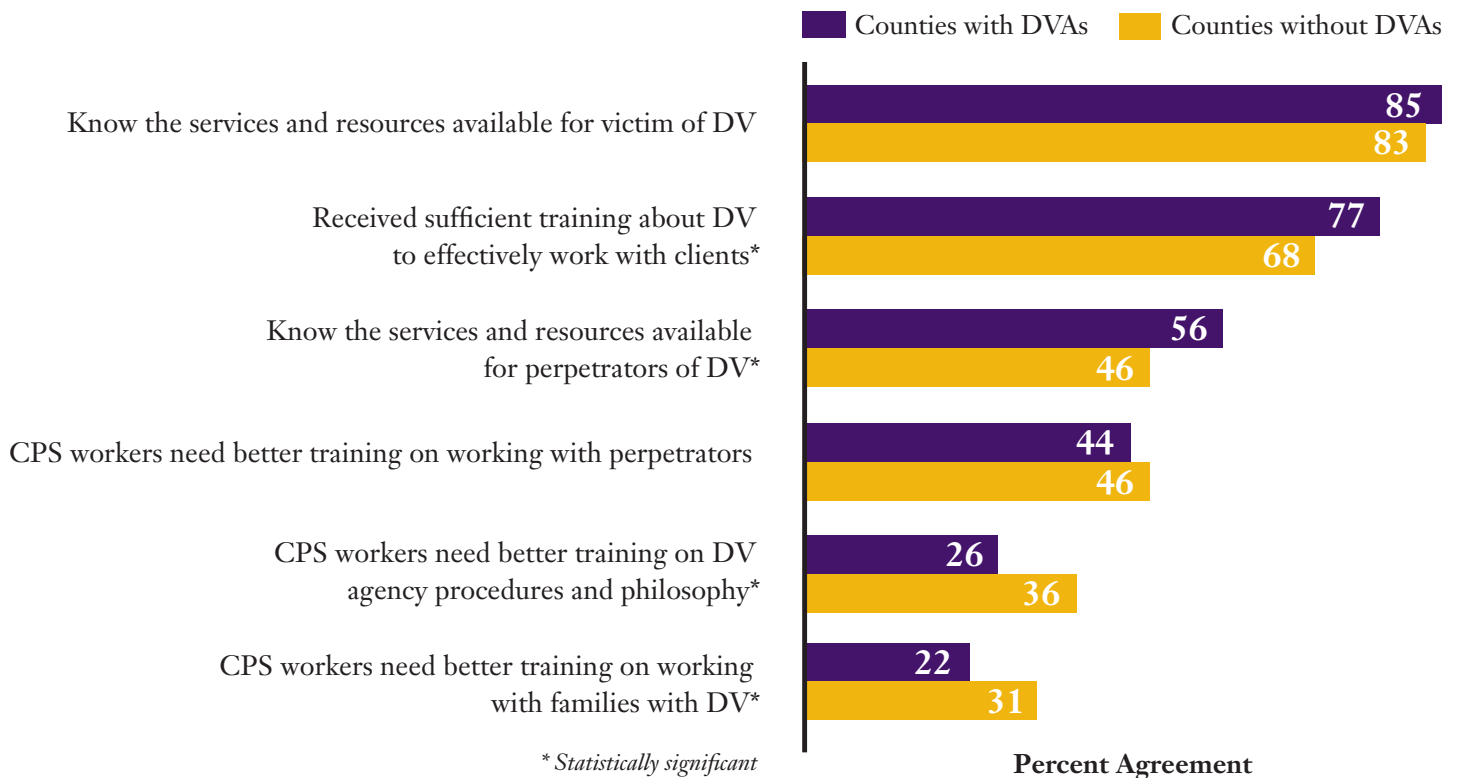
Hypothesis 3: CPS workers in counties with a co-located DVA possess a higher level of knowledge about DV and greater understanding of DV victims than CPS workers in counties without a co-located DVA.

This hypothesis had two subthemes: (1) knowledge of DV dynamics and resources and (2) understanding of DV victims.

Knowledge of DV Dynamics and Resources

Significant differences between groups were found on four of the six items about DV dynamics and resources.

Chart 6. Knowledge of DV Dynamics and Resources

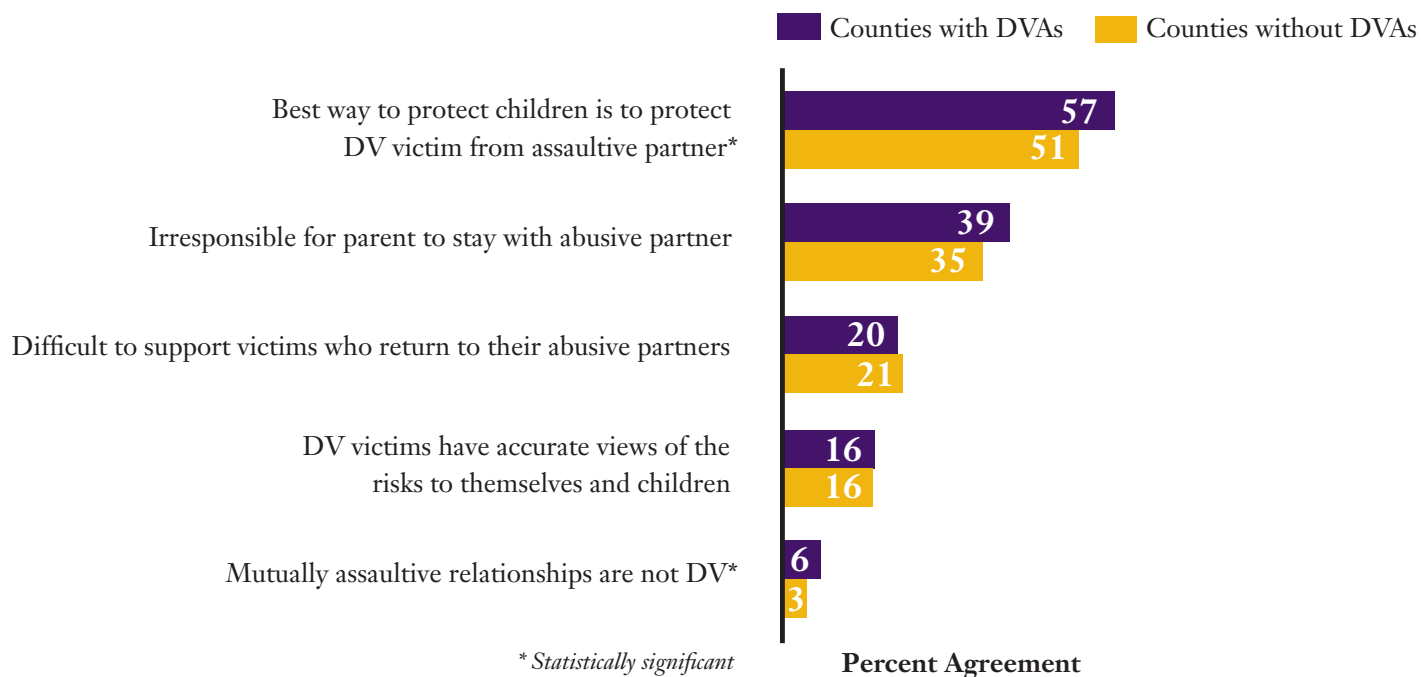


- Knowledge of victim services was high across both groups (83-85%).
- CPS workers in co-located counties were more likely to:
 - report they had received sufficient training about DV than workers in counties without a co-located DVA (77% vs. 68%), and
 - know what services were available to perpetrators in their community (56% vs. 46%).
- Across all counties, close to half believed that CPS workers' training on working with perpetrators needed significant improvement (44-46%).
- CPS workers in co-located counties had a more positive view of the training provided to CPS about working with families with DV and DV agency procedures and philosophy, as workers in co-located counties were less likely to believe that:
 - CPS workers need better training on DV agency procedures and philosophies (26% v 36%), and
 - CPS workers need better training on how to work with families with DV (22% v 31%).

Understanding of DV Victims

Statistically significant differences between workers from counties with and without a co-located DVA were found on only two of five items, suggesting that the co-location may have a smaller impact on attitudes than on other areas, such as case practice or system coordination.

Chart 7. Understanding of DV Victims



- Workers in counties with a co-located DVA were more likely to believe that the best way to protect children was to protect their caregiver from an assaultive partner (57% vs. 51%).
- Some beliefs do not appear to be affected by the collaboration. There are not statistically significant differences in the percentages of workers
 - who believe it is irresponsible for a parent to stay with an abusive partner (39% v 35%),
 - who find it difficult to support victims who return to abusive partners (20% v 21%), or
 - who believe that DV victims have accurate views of the risks to themselves and their children (both 16%).
- Nearly all CPS workers believe that mutually assaultive relationships should be considered DV. (Some DV agencies disagree with CPS workers on this point, and believe instead that mutually assaultive relationships generally fail to demonstrate the patterns of power and control they use to define DV.) Just 6% of workers in counties with a co-located DVA and 3% of workers without a co-located DVA agree that mutually assaultive relationships are not DV.

Summary

Three hypotheses were tested in this study. Significant results were found within each of them.

Hypothesis 1: CPS workers in counties with a co-located DVA report better relationships with DV agencies than CPS workers in counties without a co-located DVA.

CPS workers in co-located counties reported better communication and more positive experiences with DV providers than workers without a DVA on-site. They also reported more positive perceptions of DV service providers. The collaboration does seem to improve staff relationships between these systems, likely through increasing the amount of personal and working contacts CPS workers have with on-site DVAs as well as through formal collaborations and agreements.

Hypothesis 2: CPS workers in counties with a co-located DVA report better casework practice with clients experiencing DV than CPS workers in counties without a co-located DVA.

Collaborative case practices, such as consulting with DV staff, were much more likely to be reported by CPS workers in co-located counties. This particularly strong result provides support for the project's hypothesis that co-location has a stronger impact on how CPS caseworkers work with DV agencies than other standard efforts to affect DV practice, such as classroom training without the co-location aspect.

Fewer differences were found between counties with or without a co-located DVA in individual case practices (such as interviewing DV victims and offenders separately) and beliefs about the role of CPS in DV cases (such as universally assessing all clients for DV). For the most part, workers in ALL counties reported case practice and beliefs about the role of CPS that support DV victims. This suggests that some degree of DV awareness is becoming better incorporated into CPS offices statewide.

Hypothesis 3: CPS workers in counties with a co-located DVA possess a higher level of knowledge about DV and greater understanding of DV victims than CPS workers in counties without a co-located DVA.

In co-located counties, CPS workers were more likely to feel that they were adequately trained in DV and

knew about the services available to DV perpetrators. Workers from ALL counties reported good knowledge of services available to DV victims. About half of all workers felt that CPS workers' training and knowledge of services for DV perpetrators could use improvement.

Fewer differences were seen in attitudes regarding the understanding of DV victims. This was seen in items from other parts of the survey as well: for example, more than half of workers in all counties feel that a DV victim should be substantiated for inadequate guardianship if s/he stays with an abusive partner. The differing mandates and goals of CPS and DV agencies may prevent CPS workers from fully converting to a DV victim-focused perspective.

The evaluation design cannot tell us whether the differences found were due to the co-location program effectively promoting collaboration, or whether counties with co-location programs would have had better collaboration regardless of the co-location. But overall, the results point to a strong association between co-location of a DVA and better knowledge, coordination, and practice of DV cases by CPS caseworkers.

For more information about the CPS/DV Evaluation Study, please visit our website www.albany.edu/chsr.

About the Center for Human Services Research

The Center for Human Services Research (CHSR) has over 20 years of experience conducting program evaluations and designing information systems for a broad spectrum of agencies serving vulnerable populations. CHSR research studies cover a wide range of topics including family and children services, neighborhood reform, health behavior and services, juvenile justice, youth development, children's mental health, education, and early childhood development. What characterizes CHSR work is a focus on rigorous methods, strong stakeholder involvement, and the dissemination of timely, accurate and non-partisan information to guide best practice in service delivery. For more information please visit www.albany.edu/chsr. For more information about the CPS/DV Evaluation Study, please visit our website www.albany.edu/chsr.

The Evaluation Team

This research brief was developed by Sarah Rain as part of the state-funded contract with the New York State Office of Children and Family Services (OCFS). Other members of the evaluation team who collaborated on questionnaire development and survey administration include Ellen Unruh, Sarah Horan, and Corinne Noble. The research team thanks Joanne Ruppel from the OCFS Bureau of Research, Evaluation, and Performance Analytics for her insights and guidance in survey design, analysis and interpretation of findings.