



CENTER FOR HUMAN SERVICES RESEARCH
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**Co-Location of Domestic Violence Advocates
in Child Welfare Offices:
Findings from Focus Groups and Interviews**

2013

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Executive Summary

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.

Sharing Information 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

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

About this Report

The focus groups and interviews conducted with the CPS/DV programs were designed to learn more about how the co-location model has been implemented in different counties. The research also identified perceived benefits of the model, as well as unresolved or sensitive issues involved in this joint work. Where appropriate, these **benefits and issues** are highlighted throughout the report.

In addition, participants identified the most pressing challenges of the CPS/DV work, and, where possible, offered practical solutions. These **challenges and solutions** are highlighted in boxes throughout the report, as well as included in the **Recommendations** section.

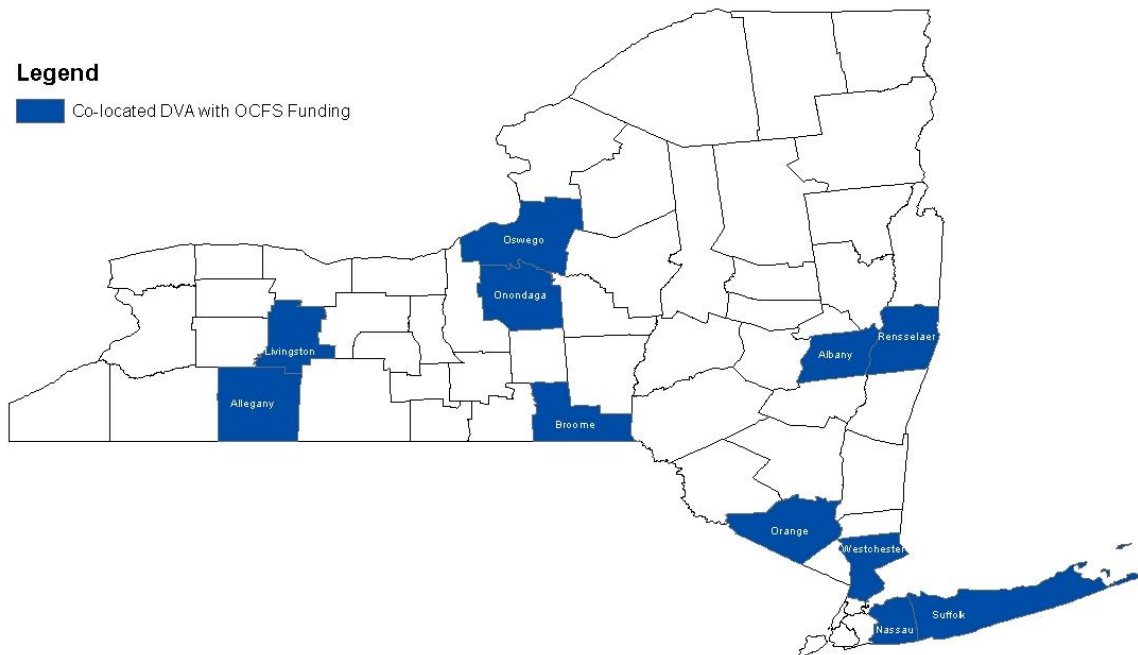
Chapter 1: Introduction

Background

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. As a result, many states are now supporting collaborative initiatives. 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.

There are twenty counties in New York with a CPS/DV co-location model. Eleven of these are funded by the New York State Office of Children and Family Services (OCFS) (see Figure 1); these counties are the focus of this report.

Figure 1: OCFS Funded Co-Located Counties



Evaluation Methodology

OCFS contracted with the Center for Human Services Research (CHSR) to evaluate the CPS/DV co-location model. Specifically, this study is designed to examine the effectiveness of co-locating a DVA in CPS offices and to gather information to improve CPS/DV collaborative practice. The multi-stage evaluation includes surveys of child welfare directors of services, CPS workers, and DV victims; focus groups of CPS workers, Family Assessment Response (FAR) workers¹, and CPS supervisors; interviews with DVAs and DV agency administrators; and case record reviews. This report presents findings from the focus groups and interviews in counties with an OCFS-funded DVA.

The focus groups and interviews were conducted from November 2011 to March 2012 and covered the following topics:

- Case identification and referral processes
- Client engagement and service delivery
- Relationships between CPS systems and DV systems
- Perceived outcomes and program enhancements

The evaluation team convened separate focus groups with CPS workers, FAR workers, and CPS/FAR supervisors (see Table 1). In larger counties that had multiple CPS offices, focus groups were organized at more than one site. Focus groups were generally comprised of 8-10 participants, providing ample opportunity for individuals to express their views. Each group had a moderator to facilitate the discussion and a recorder to take detailed notes, with audio recordings as back-ups. The focus group sessions followed a standardized protocol and lasted between 45 and 90 minutes. Structured interviews were conducted with DVAs and DV agency administrators.

Table 1. Number of Focus Groups and Interviews	
Participants	Number of Groups or Respondents
CPS caseworkers	14 groups (some included CPS and FAR workers)
FAR caseworkers	3 groups
CPS/FAR supervisors	12 groups
DV Advocates	18 individuals interviewed
DV Administrators	18 individuals interviewed
Total Groups/Interviews = 65	
Total Individuals = ~ 335	

After the evaluation team reviewed the notes from the focus groups and interviews, findings were summarized into county reports. All the responses were then examined for patterns or themes to provide overall findings among the counties as a group.

¹ Family Assessment Response (FAR) is a form of Child Protective Service that allows local jurisdictions to respond to reports of child abuse and neglect with an assessment and supportive services rather than an investigation and court ordered intervention.

Chapter 2: Findings from Focus Groups and Interviews - Benefits and Issues

Overview

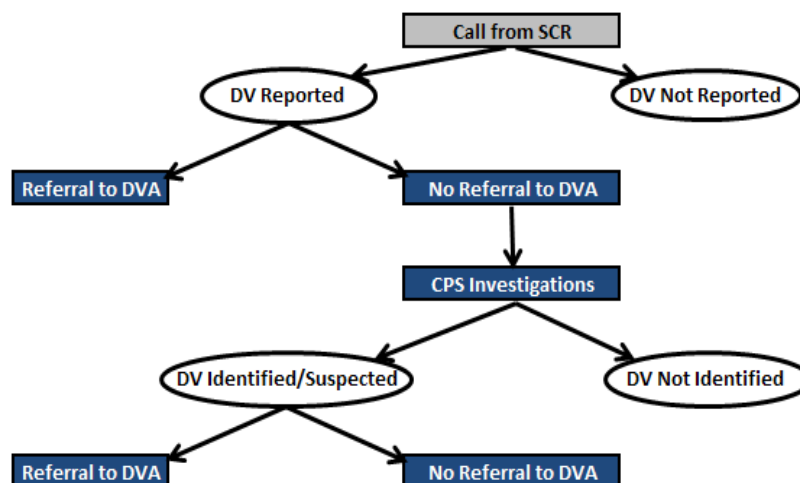
OCFS requirements for funded CPS/DV programs include co-locating a DVA the equivalent of three days a week at the CPS office, developing a workgroup of line and supervisory staff from CPS and DV agencies, and holding ongoing cross-systems training (OCFS, 2009). Further guidelines allow for a broad range of activities, policies, and protocols across sites. For example, while the New York State model of co-location includes common elements, such as case referrals to the DVA and joint home visits by CPS workers and DVAs, this study found that there is wide variation in the practice details between counties with a co-located DVA.

This chapter describes a range of activities undertaken by the co-location programs: case identification and referrals, joint home visits, case consultations, DVA client services, and client engagement. Within these activities, participants identified benefits and issues. Where applicable, the report highlights challenges and solutions proposed by the focus group participants.

Identification and Referral of DV Cases

There are two ways a family can be identified with DV issues – through hotline calls reporting child maltreatment to the State Central Registry (SCR) or during the CPS investigative process. OCFS protocol does not specify when CPS should refer cases to the DVA. As a result, counties have varying referral practices. As displayed in Figure 2, SCR reports mentioning DV may or may not be referred directly to the DVA. DV cases not identified in the SCR intake or not referred at that point may be referred later in the case investigation. Each process is more fully described below.

Figure 2: Process of Case Referral to Co-located DV Advocate



Case Identification and Referral from SCR Reports

When calls are made to the SCR, the caller may report that the case also involves DV. According to SCR procedure, DV is then written into the SCR narrative, as well as identified in the SCR Safety Factor Checklist, which contains an item about harm to the child due to DV. However, caseworkers seemed unaware of this DV item on the SCR Safety Checklist which would assist in identifying appropriate cases. Caseworkers felt DV identification was impeded by the fact that unlike other issues such as substance abuse, the SCR does not contain a specific allegation code for DV.

The way cases were reviewed and referred varied, as most counties do not have a standardized practice for universal referrals of DV cases identified in the SCR. In just over one-third of the counties, all SCR reports mentioning DV are referred to the DVA. In some counties, supervisors or caseworkers reviewed the SCR report and then referred appropriate cases to the DVA. In two counties, all SCR reports that explicitly mentioned DV or indicated issues such as “parents fighting” were entered into a logbook that DVAs reviewed in order to follow-up with the assigned caseworker. Some DVAs waited to receive referrals from CPS, while others actively solicited them from caseworkers.

Case Identification and Referral from Case Investigations

Cases identified with DV during the case investigation process were referred to the DVA at the discretion of the caseworkers or supervisors. The timing of those referrals varied among caseworkers. As already noted, caseworkers might refer the case when it is initially identified in the SCR report. Other caseworkers waited to make a referral to the DVA, preferring to conduct the initial investigation themselves to first assess the nature of the case or to establish basic trust with the client; some caseworkers never invited the DVA to assist on a case.

Caseworkers did not systematically screen for DV using a formal instrument or interview protocol for all investigations. Rather, many caseworkers asked informal questions of family members to elicit information about DV. For example, a caseworker may have asked the children, “*What happens when mom and dad fight?*” Given its complexity and sensitivity, DV is often difficult to accurately identify, and caseworkers in some counties called upon the DVA for advice. The DVA would either coach the CPS worker on how to assess the situation or would arrange a personal meeting, such as a joint home visit or office visit with the client.

FAR and DV cases

There was wide variation in how FAR workers were assigned and referred DV cases. Nine of the 11 counties with OCFS-funded co-location programs have FAR programs. Families may be referred to FAR rather than CPS Investigations if the allegations meets certain criteria (e.g., no sexual abuse), the children are assessed to be safe, and the family is willing. Counties have flexibility to further restrict eligibility for FAR, and some counties have a policy to not refer families with known DV to FAR. Not all FAR counties with a DVA have fully implemented FAR, so procedures for working with the DVA had not yet been firmly established everywhere. In addition to differing levels of FAR implementation, there is also variation in how FAR workers receive DV cases. FAR workers in two counties were regularly assigned DV cases, while FAR workers in three counties were not assigned DV cases, were irregularly assigned DV cases, or were only assigned less severe DV cases. Caseworkers in another county said, “*Which cases go to FAR or CPS is mostly [determined by] the supervisors.*”

In general, newer caseworkers and FAR workers were more open to working with the DVA. The newer workers may have been less established in how they investigate cases and may have been more willing to be assisted by the DVA. FAR workers, who tend to be less experienced, were also more likely than longtime caseworkers to consistently refer cases to the DVA.

Benefits of Referral through the DVA

CPS caseworkers were more confident their clients were being connected to appropriate resources and supports. Immediate access to the DVA eliminated “telephone tag” with the DV agency, and allowed CPS workers to more effectively refer clients to DV services. According to one CPS worker, “*I trust leaving a referral for [the DVA] at her desk in the office over faxing a referral and never hearing anything back.*” In addition, most CPS caseworkers believed that the physical proximity of the DVAs allowed quick and easy access to collaborate on cases. With the DVA visible to caseworkers, it was more likely that caseworkers would remember to invite her along on a case investigation or ask for assistance on a difficult case.

FAR workers felt both they and their clients benefitted from the DVA’s expertise. FAR workers expressed concern that without the DVA they might not recognize subtle forms of DV or be prepared to deal with the complexity of DV family dynamics. FAR workers thought that both they and their clients benefitted from the DVA’s specialized assistance.

Having a co-located DVA increased referrals to the DV agency. While DVAs believed they were not receiving all appropriate referrals (see Referral Issues below), they also acknowledged that through the co-location program they helped families that they may not have otherwise known about without the partnership. The clients involved in these cases may not have initiated contact with a DV provider on their own, and caseworkers could easily refer these individuals to the co-located DVA.

Issues with Referrals through the DVA

In all counties, caseworkers reported that DV is difficult to identify in the SCR intake report.

Although DV may be mentioned in the SCR narrative, unlike other issues, such as substance abuse, the SCR does not contain a specific DV allegation code. Additionally, while DV may be identified in the SCR Safety Factor Checklist, caseworkers seemed unaware of the DV item on the SCR checklist and did not appear to use the checklist in order to identify DV in new cases.

Overall, the DV agencies partnering with CPS felt that they were not receiving all appropriate referrals.

As one DVA stated, “*We’ve been fighting for years to get all the cases.*” Some DV providers thought CPS workers should be mandated to use DV services, emphasizing that the DSS leadership should make non-referring caseworkers more accountable. Generally, DV agencies would like CPS supervisors to be more supportive and to market the DVA as a resource.

Challenge 1: DVAs are not aware of all appropriate CPS cases where DV is occurring

- **Solution: Encourage caseworkers to review the SCR Safety Factor Checklist, as well as the SCR intake narrative, to identify DV in new cases.**
- **Solution: Improve system of referral to DVAs.** In Orange, Rensselaer and Westchester counties, all SCR intakes containing DV are given to the DVA via written referral. In Albany and Oswego counties, SCR intakes with DV are entered into a logbook and the DVA follows up with assigned caseworkers. Onondaga County DVAs are given access to SCR reports to identify cases themselves.
- **Solution: Encourage caseworkers to utilize DVAs as a resource.** Reinforce the DVAs’ ability to provide case consultation in all cases where DV is identified or suspected, not just the most serious ones.

Some DVAs were concerned that they were not receiving referrals early enough and wished they could be involved from the very beginning before “things get so bad” for the family. One county has attempted to address this problem by developing a policy around response time for CPS/DV cases, reducing the amount of time for the CPS worker to give the referral to the DVA from 10-15 days to 24-28 hours in most situations. On the other hand, caseworkers in three counties were dissatisfied with the timeliness of the DVA’s response, underscoring that if the DVA didn’t connect with the client promptly, the client could be at increased risk from the perpetrator and/or become reluctant to pursue services.

Caseworkers also cited the following reasons for not making referrals:

- Some caseworkers preferred to refer clients directly to the DV agency themselves rather than to the co-located DVA. In this situation, the caseworkers had previously established relationships with other advocates at the agency and chose to coordinate with them.
- Some caseworkers, due to their working style or citing their longstanding experience in the child welfare field, preferred to handle all aspects of an investigation themselves.
- Due to overwhelming caseloads, some CPS workers said they did not always remember to refer the case to the DVA. This was particularly likely to happen if a caseworker received a DV case on a day when the part-time DVA was not in the office.
- CPS caseworkers or supervisors deemed certain cases not “serious” enough to involve the special expertise of the DVA. DVAs in some locales were frustrated that they seemed to only be utilized for more severe cases.
- Some CPS workers had personality or philosophical conflicts with a particular DVA.
- In some situations, caseworkers complied with the client’s desire not to receive DV services. In some counties, it was protocol to still refer these cases to the DVA; in other counties, these cases were not referred.
- Rarely, caseworkers did not make referrals to the DVA because they did not understand what the DVA could do for them or their client.
- One county reported restrictions on which geographical areas the DVAs were allowed to serve. This forced many CPS workers to reach out to other DV services in the county for assistance.
- In one county, the caseworkers lacked confidence in the DVA’s expertise. She was new to her position, and workers reported that she did not have adequate training and experience working with families with DV.

Joint Home Visits

Joint home visiting involved a DVA accompanying the CPS worker when conducting an investigatory or family assessment visit with the family. Joint home visits could occur during the initial home visit or later during subsequent visits. OCFS protocol encouraged joint home visiting, however their frequency varied by county. Fewer than half of the collaborations were actively using joint home visits. While six collaborations permitted the DVA to go on initial home visits, in only two was the DVA likely to go on the initial home visit with the CPS worker.

Benefits of Joint Home Visits

One key advantage of joint home visits was the ability to get services to the DV client quickly and connect with the victim at the moment of crisis, when she may be more receptive to accepting help. Many caseworkers described how joint home visits at this time created a unique opportunity to improve the clients' immediate access to services, resources, and supports. If the client has to wait a few days, she may reconsider speaking to the DVA. In the words of one caseworker, *"The immediate availability of services and access to the DVAs is huge. It is key to get in immediately..."*

Having both the CPS and DV worker at the home visit allowed the opportunity for separate interviews of family members. The DVA could interview the victim while the CPS worker could speak with the children or the perpetrator. The DVA may talk with the victim (usually, the mother²) to explain options and share information and resources. Naturally, even without the perpetrator present, some clients were reluctant to divulge their DV experiences. In these instances, the DVA could use her expertise to create a comfortable environment for the client to divulge trauma, or might offer the client a follow-up meeting or telephone call.

DVAs had the time to provide support needed by DV victims, thereby easing caseworker workload. As one CPS caseworker stated, *"We do not have time to counsel. These moms benefit from having the DVA listen to their stories."* With the DVA serving as a counselor to the mother, the CPS worker could focus on other pressing issues of the case.

Issues in Joint Home Visits

While joint home visits provided a unique opportunity to quickly connect the DV victim to DV services, most counties reported an overall low frequency of home visits. Caseworkers and DVAs cited the following barriers:

Scheduling difficulties between the CPS worker and the DVA made coordinating joint home visits difficult. Most DVAs are at the CPS offices part-time and may not be at their desk when the CPS caseworker needs to go on a case investigation or other home visit. Given the limited time frame for a CPS investigation, if the caseworker is unable to coordinate with the DVA in a timely manner, they are compelled to complete their investigation without the DVA.

Safety concerns of both the caseworker and the DVA due to the presence of the perpetrator. Meeting with a family with the perpetrator at home poses risks. Some DV agencies support the DVAs to use their discretion in visiting families when the perpetrator may be present, while other DV agencies have strict policies restricting the DVA from attending home visits with the perpetrator. Most DVAs were prohibited by their agency from making home visits without CPS workers. To protect the safety of the DV victim, caseworker and DVA, upon arrival at a client's home, the DVA was often introduced to the family as a

² The use of gendered pronouns in this document reflects the reality that women are most often the victims of domestic violence, and men are most often the perpetrators of domestic violence. However, domestic violence occurs in gay and lesbian relationships and can be equally dangerous in a same-sex relationship as in a heterosexual relationship. Less frequently, a woman may be violent and abusive with a male partner. Gender-specific language is used for the sake of simplicity, but we acknowledge that it is not accurate for all DV cases.

“co-worker” until it was safe to identify herself as an advocate. If the perpetrator was present, the DVA might never identify her affiliation with the DV agency during the visit.

Some DV agencies required a release signed by the client agreeing to work with the DV agency before the DVA could make a visit. This procedure presented significant barriers to service receipt, as well as discouraged caseworkers from bringing DVAs along to help them assess for the presence of DV.

CPS work demands, which are often overwhelming, make it difficult for caseworkers to always remember to take the DVA along. Most CPS workers carry heavy caseloads which need to be managed within strict timeframes. Under daily pressure, some CPS workers place their focus on expediting investigations, rather than coordinating with the DVA.

CPS workers in some sites placed little value on the benefits of a joint home visit: “Going out with the DVA was time consuming and they gave information I could give...all they did was hand the client a card.”

Challenge 2: <i>The frequency of joint home visits was lower than CPS caseworkers and DVAs desire</i>
<ul style="list-style-type: none">• Solution: <i>Reduce barriers to visits.</i> Allow DVAs to accompany caseworkers on their first visit to a family without requiring release forms. Minimize safety concerns by initially introducing the DVA as a coworker rather than a DV specialist.• Solution: <i>Expand the range of possible joint visits by inviting DVAs along to help assess for DV.</i> When DV is suspected in a case, Livingston County and Broome County caseworkers bring a DVA along to help them evaluate the presence of DV.

Challenge 3: <i>The DVA is not always available when needed by CPS caseworkers</i>
<ul style="list-style-type: none">• Solution: <i>In counties with two DVAs, encourage them to work staggered, not overlapping, schedules, to provide maximum availability and consistent coverage throughout the week.</i>• Solution: <i>Increase DVA coverage after 5pm and on the weekends</i>

Case Consultation

Case consultation was seen by OCFS as an integral activity of the co-location program model. CPS caseworkers sometimes conferred with DVAs about how to work with DV victims. These case consultations were provided in addition to or instead of the DVA working directly with victims.

Benefits of Case Consultation

Caseworkers reported an increased empathy towards DV victims, after having worked with the DVA.

Throughout the counties, many caseworkers explained that the DVAs gave them more insight into understanding the situation of DV victims. According to one caseworker, after talking to the DVA about a mutual client, it was easier for the worker to understand “*Why the [DV victim] doesn’t leave the [abusive partner]*”.

Some caseworkers reported that their knowledge of DV and DV victims was improved by working with the DVA.

CPS caseworkers learned about techniques for broaching the topic of DV with clients, identifying subtle signs of domestic violence, and helping clients having difficulty acknowledging the presence of DV. Caseworkers learned the importance of interviewing the victim and perpetrator separately, why DV victims may not leave abusers, dimensions of DV beyond physical abuse, and DV resources and supports in the community. Less experienced FAR workers were especially likely to report that the DVA increased their understanding of DV and better prepared them for working with the family.

Issues in Case Consultation

As with all aspects of co-location, there was tremendous variability in the level and frequency of case consultation across counties. More active case consultation occurred with more experienced DVAs who had been in the co-location position for many years.

DVA Client Services

While OCFS protocol originally encouraged DVAs to serve mainly as a referral service, the DVAs reported working with clients separately from CPS in a variety of ways.

In more than half of the counties, the DVA provided services directly to the client continuously and for as long as needed. Depending on the client’s needs and preferences, the DVA’s work with the CPS client often extended beyond the 60 days of the CPS investigation. In other counties, DVAs limited their role to engaging with the client briefly, then referring the victim to the DV agency for an intake interview and/or services, thereby ending her involvement with the family.

In counties where the DVA took on a more comprehensive role (and if the client was willing), the DVA would personally meet with the client multiple times. This included telephone calls, during CPS home visits, or at a neutral location such as McDonald’s, the library, or the DSS office. During her interactions with the client, the DVA provided all or most of the following services:

- Helping clients recognize the presence of DV
- Providing crisis counseling to the client and/or the whole family³
- Conducting safety planning with the client
- Facilitating referrals and/or personally connecting the client to services, resources, and supports
- Assisting the client in navigating the court system, including obtaining an Order of Protection
- Finding shelter for the client
- Helping victims gain custody of their children, access public (financial) assistance, and relocate away from the abuser.

³ Only one county provided counseling to the whole family, involving the perpetrator where appropriate.

Benefits of DVA Client Services

CPS caseworkers appreciated the DVA taking a comprehensive approach, believing it provided necessary support for their client. Some workers believed that the collaboration resulted in longer range outcomes such as preventing foster care, avoiding court involvement, and reducing re-reports by engaging clients in services and addressing such barriers as child care, shelter, and transportation. Interviewees from both systems felt that the DVA promoted the client’s safety by helping the victim follow her safety plan and alerting CPS if the client’s circumstances became unsafe. CPS could then offer further support to the family.

Caseworkers reported that DVAs helped clients recognize and accept that they were experiencing DV. Some clients were informed that DV may include less severe physical abuse while others learned to recognize other dimensions of DV such as emotional or financial control⁴.

Issues with DVA Client Services

In some sites, caseworkers were frustrated when DVAs did not provide direct services and only made client referrals to the DV agency. Even though the OCFS co-location model asked DVAs to serve primarily as a referral link, caseworkers were dissatisfied if the DVA’s services ended there. The caseworkers felt that they are just as qualified to “*hand the client a card.*” One caseworker noted, “*The DVAs are pretty much salespeople for the [DV agency].*” Another interviewee wished the DVA would “*pick up the ball and run with it,*” engaging the client in crisis counseling, completing the DV agency’s intake interview on-the-spot, and developing safety plans with clients. DVA flexibility and responsiveness were two important characteristics for caseworkers.

Caseworkers and DVAs identified gaps in services for clients who primarily spoke languages other than English, especially Spanish. Gaps in services were also identified for male victims of DV.

Challenge 4: Services need to be available for diverse populations

- **Solution: *Employ multi-lingual DVA or have interpreters available at the DV agency.*** One of the Suffolk County DVAs speaks Spanish and is sought after for all cases with Spanish speaking clients. According to CPS staff and the DVA, having a Spanish speaking DVA makes the client and their family feel more comfortable working with them (ex. the client will say, “She’s one of us”).
- **Solution: *The DV agency should develop a plan with the local District that supports the service needs and safety of male victims.*** Some local DV agencies will not work with any males including male victims or teenaged children of victims.

⁴ One county reported that their co-located DVA was not helpful in this regard because she took the stance that if a client was in denial, it was not effective or respectful to try to work with that client. This frustrated caseworkers.

Benefits for Client Engagement

The original OCFS guidelines for the co-location model outlined its potential benefits (OCFS, 1998). Through the collaboration, OCFS thought that clients might view the DVA as less threatening than CPS, and see “CPS less punitively and more as a resource.” Overall, OCFS hoped the collaboration would improve clients’ engagement with DV services. These potential benefits were confirmed and additional ones were identified.

Both CPS caseworkers and DVAs noted that the collaboration had a positive impact on client engagement with and receptivity to both systems. For the most part, the collaborative relationship between CPS and the DVA was seen as a motivator for the client to engage in services and make positive changes. CPS carries a stigma in the community making it difficult for CPS caseworkers to build rapport and trust with their clients. Caseworkers felt that clients were more open to addressing DV issues with the DVA since she does not carry the threat of child removal and cannot testify against the client in court, as CPS workers can. Home visits also provided the DVA with the opportunity to obtain a fuller picture of the client’s needs and her situation. While some clients were initially distrustful of the DVA because of the advocate’s association with CPS, in most situations trust developed over time.

DVAs translated the CPS process for the clients, thereby easing concerns and alleviating the stress of the investigation. The CPS investigatory process is daunting for most families. With the DVA’s involvement, clients’ trust in CPS was enhanced in some locales. Four counties reported that after clients spoke with the DVA, they were more likely to speak openly with the CPS worker. Some DVAs explicitly encouraged clients to open up and share information with the CPS worker. When clients saw that the DVA regarded the CPS worker positively, the client began to trust the CPS worker as well. Some DVAs showed the client that the CPS worker was there to help rather than “punish” her.

Interviewees noted that for some clients, CPS provided an effective “buffer” to receive DV services. For example, clients could tell the DV perpetrator, *“I have to go to DV counseling – CPS told me to.”* Or clients could use CPS’s involvement to deflect personal responsibility for pressing charges or filing orders of protection against perpetrators. One DV agency administrator noted that it is safer for some clients to receive DV services through DSS, rather than directly from a DV agency, because the perpetrator perceives the services as mandated by CPS. Sometimes DV victims had easier access to DVAs by visiting the DVA at DSS. In these situations, the client could inform the perpetrator that she needed to attend a CPS appointment rather than a meeting with the DVA.

According to both caseworkers and DVAs, CPS clients who engaged with the DVA became empowered to make positive changes in their lives. Beyond helping clients obtain Orders of Protection, gain custody of their children and relocate, the DVAs became part of the clients’ support systems, reassuring clients they were not alone, and helping clients gain independence.

Other

Both systems reported that by working together they could motivate clients in ways that neither system could do by working alone. For example, CPS caseworkers might tell clients to work with the DVA and *“do the right thing to protect your children,”* implying that if clients do not, it will reflect poorly on their case. Also, merely through their association with the CPS system, clients may believe they are required to work with DVAs.

Chapter 3: Sharing Information Between Systems

Within the variety of activities and practices implemented by the co-location programs, effective information sharing was consistently identified as an ongoing challenge.

OCFS guidelines required the co-location programs to design protocols outlining how caseworkers and DVAs may share information during the case investigation. In each co-location county, workgroups comprised of representatives from both CPS and the DV agency developed information sharing agreements. The agreements varied county to county, depending on the unique agency relationships in each locale.

Information sharing was also impacted by the fact that DV agencies must comply with federal guidelines and other funding mandates that place restrictions on sharing client information. DV agencies stressed the importance of safeguarding their client's confidentiality to engender the victim's trust; if the victim feared the DVA would report incriminating information to CPS, she was less inclined to trust the advocate and engage in services.

Challenges in Information Sharing

While counties were required to design information sharing protocols, many workers were not aware of these written guidelines, and overall the protocols were not actively used. All counties reported they had a written protocol, either in final or draft format. DV agency staff, who frequently took the lead in developing the protocol, demonstrated a fuller familiarity of its contents and had a stronger belief in its utility. CPS caseworkers on the other hand, reported rarely referencing the written guidelines, and many were not aware of the protocol's existence, partly due to staff changes since the protocols were developed.

Challenge 5: CPS caseworkers need clarification on the confidentiality requirements of the DV agency

- **Solution: Training to provide clarity on confidentiality restrictions and requirements.** Caseworkers may not understand the reasons certain information cannot be released and therefore be frustrated by the DVA's perceived obstruction of the investigation.
- **Solution: Provide clear direction in the collaboration protocol and refresh CPS workers' knowledge of its information sharing guidelines.** Having a predetermined written policy agreed upon by the collaborative partners can prevent misunderstandings and promote cooperation.

Before DVAs could share any information with CPS caseworkers, clients were required to sign a DV agency release form, however, delays in obtaining signed releases posed barriers to service and information receipt. Some agencies required a signed release in order for the DVA to disclose whether or not the DVA was working with the client, as well as whether the client was receiving services. In some cases, DVAs did not obtain signed releases in a timely matter. Workers in one CPS office

attempted to rectify this by completing the release with clients themselves but were told that the DV agency required a DVA to be present at their signing. In other counties, DV agencies required the client sign the release before the DVA could contact the client. Caseworkers felt this led to lost opportunities to help clients at risk.

Caseworkers in about half of the counties said once the release was signed that information sharing worked fairly well, while caseworkers in about half of the counties were frustrated with the level of information: *“We give them all we know about the client and the DVA leaves us in the dark. How is this true collaboration if they don’t tell us anything?”*

Challenge 6: CPS caseworkers are frustrated by unwieldy or untimely release forms and procedures.

- **Solution: Simplify procedures for obtaining information release forms.** Some counties require releases to be signed before a client can be referred to a DVA, and others only accept releases if the DVA was present at signing. These are significant barriers to service and information receipt. Accepting release forms presented by either caseworkers or DVAs and making their completion part of standard visit protocol reduces these barriers. In Broome County, for example, caseworkers consistently ask clients to sign releases as soon as DV is identified.
- **Solution: Create simplified release form that is mutually beneficial.** Some release forms are unwieldy or do not specify what kind of information the DVA is allowed to share with CPS. Westchester County and Albany County developed release forms that allow clients to choose the types of information to be shared, as well as the timeframe in which it may be shared.

CPS caseworkers are not aware if and when DVAs make contact with clients.

Caseworkers in the midst of an investigation are constantly assessing the safety of the children, including whether the family is at continuing risk of domestic violence. When assessing risk, caseworkers take into consideration many factors, including whether the parent(s) are receiving DV services. Sometimes caseworkers were not able to learn from the DVA whether she had successfully contacted the client, or whether the client was receiving services. Caseworkers understood that they would not receive information about the details of the client’s work with the DV agency but felt they needed to know general information in order to assess whether the client was receiving services that would promote a safer home environment for the child.

CPS caseworkers were unable to learn the status of clients and children who relocate to a shelter.

Caseworkers were particularly concerned with obtaining information if their client was staying at a shelter. Due to potential danger from abusers, shelter personnel are carefully trained not to disclose the identity of shelter residents. When CPS workers called a DV shelter, they were likely to be told, *“We can neither confirm nor deny that [the client] is here.”* DVAs also abide by this policy and will not disclose the location of the CPS client and her child to child welfare workers. This prevented caseworkers from moving forward with their investigation because they were unable to verify the location or safety of the child. In the words of one caseworker, *“I can’t confidently say that the child is safe if I cannot see where the child is living.”*

Challenge 7: CPS caseworkers are not aware if and when DVA makes contact with client, including the status of clients and children who relocate to a shelter.

- **Solution: Maintain a logbook or contact sheet that records DVA/client contact and make this accessible to CPS workers.** Westchester County follows this procedure, documenting the date of contact (or attempted contact) and whether it was in person or by telephone.
- **Solution: Develop a shelter policy between CPS and the DV agency outlining specific communication protocols.** Albany County's policy specifies that CPS workers may not go to the shelter to check on clients, but that the DVA will coordinate a neutral meeting place between the client and caseworker. Westchester's shelter policy articulates how caseworkers should verify their identity when calling a shelter, as well as safe and confidential procedures for conducting visits to shelters.

Further Issues with Information Sharing

There were fewer issues with information flowing from CPS to DV agencies. Even though DVAs did not usually have access to all records, they felt they received the information they needed to do their work. In all but one county, DVAs did not have access to CPS records and relied solely on the SCR intake narratives and background information communicated verbally by the CPS workers to gain background on the case. DVAs in one county had access to CPS' electronic case records. They used the information primarily to verify case demographics and place of residence to determine geographic proximity to the DV agency.

CPS caseworkers also described developing indirect communication methods that they believed did not compromise the DVA's mandate to protect client confidentiality. For example, if a CPS worker asked, "is she receiving services?," the DVA would not directly say no, but answer "*I can't tell you that, but if you speak to her can you ask her to give me a call?*" It may be more beneficial to both DVAs and CPS workers if the agencies developed information sharing policies and protocols that were more direct and did not conflict with their agencies' philosophies and mandates. One DVA program worked through this obstacle by the asking the victim for verbal consent which allowed the DVA to tell CPS that the victim refused services.

Chapter 4: Relationships Between Systems

Overview

The CPS and DV systems have a long history of differing philosophies and perspectives, and the OCFS co-location program was no exception. While the CPS and DV systems work with the same families, both systems continue to view cases through different lenses. The DV system places an emphasis on DV victim safety and holding the perpetrator accountable, while the CPS system places an emphasis on protecting the child and working with the whole family to create a safe environment.

While in some cases differences of perspective created issues in building positive relationships, in other cases these different views were seen as beneficial. This chapter describes how the different emphases impacted shared cases, especially in terms of how the systems defined accountability for unsafe situations, and also discusses one of the most reoccurring issues in co-location efforts, information sharing.

Differences between the CPS and the DV System: Challenges

The CPS and DV systems viewed cases through different lenses, which led to disagreements on case practice and case outcomes. DVAs believed that caseworkers placed responsibility for the safety of the children predominantly on the mother instead of turning the focus of the case onto the DV perpetrator. DVAs felt that placing responsibility on the mom to keep the children safe in situations with a violent perpetrator at home put the client in an unfair position resulting in re-victimization⁵. Several DVAs claimed that CPS indicated reports for child maltreatment when DV victims did not leave households that included a perpetrator. In turn, CPS workers were frustrated that DVAs did not always emphasize the woman's responsibility to keep her child safe. CPS agencies in two counties reported that DV administrators had publicly stated that CPS was re-victimizing DV victims through their investigations, reinforcing a stigma which CPS had worked hard to diffuse.

Differences in perspectives also led to conflicting definitions of the target population to be served by the co-located DVA. DVAs define DV as one intimate partner's coercive pattern of power and control over another partner. However, CPS agencies described a different definition of DV which included all forms of adult-to-adult violence in the home. As reported recently by *Child Trends* (June 2012), "...there are many instances of reciprocal or couple violence that occur in the context of interpersonal conflict, are perpetrated equally by both partners, and do not escalate or result in injury. For these couples it may be that violence is less about premeditation or control and more of a reaction to the volatility in the relationship." Some DVAs will not work with these types of families because there is no defining characteristic of "power and control and so there is no DV." In these counties, the DV agency will not address couple violence, leaving these families, and the CPS caseworkers trying to support them, with little or no option for services. These families, and the children in the home, may remain at continuing and increased risk for violence.

⁵ In the DV system perspective, "re-victimization" occurs when a victim of domestic violence is then again unfairly treated by the CPS system.

The CPS and the DV system, in general, have very different perspectives on serving perpetrators.

Many perpetrators do not leave the household. Sometimes the woman does not want him to leave for financial, safety, or emotional reasons. Therefore, it becomes necessary to involve him in services if child safety issues are to be fully addressed. Differences emerged in each system’s willingness and capacity to engage with perpetrators. Caseworkers noted that CPS’s emphasis on engaging the whole family often included working with the perpetrator; one caseworker said, “*We’re dealing with families, not one or the other.*” In some counties, CPS workers mentioned their aim was the reunification of families, which by definition may involve engaging the perpetrator of domestic violence.

While the majority of DVAs reported only providing services to victims and not the children or the perpetrator, two sites were an exception:

- **In one county, the DVA worked with the *whole family*, including the perpetrator, engaging the couple in relationship counseling when appropriate.** This DVA and her agency held the philosophy that if the couple wanted to stay together, their best strategy was to give that family the skills to live together safely. This program placed a large emphasis on examining the underlying factors of the domestic violence (e.g. substance abuse), as well as other pieces of the “bigger picture.”
- **Another county ran groups for perpetrators, and the DVA co-located at CPS also facilitated those groups.** When this DVA occasionally met perpetrators during home visits, she challenged them to be accountable for their behaviors.

Challenge 8: *CPS-involved families experiencing family violence need access to additional services often not provided by the DV agency*

- **Solution: *Contract or develop referral relationships with other agencies that deal with all forms of adult violence.***
- **Solution: *Support the development of resources for DV perpetrators.*** Interventions for DV perpetrators are critically needed.

Differences between the CPS and the DV System: Benefits

While it is well recognized that there are differences in philosophies and mandates between the CPS and DV systems, overall, interviewees indicated that the co-location helped to build positive working relationships. In most counties, both systems reported that the co-location effort did provide unique opportunities for the DVA and the CPS caseworker to collaborate and work together.

Some DVAs endeavored to understand the CPS culture and over half reported an improved sensitivity to CPS’s role and a better understanding of the CPS processes. “*We better understand the pressure they’re under and can see things from their perspective,*” noted one DVA. Prior to the co-location, some DVAs thought the goal of CPS was to “*swoop in and take the children,*” but afterwards increasingly understood CPS’s focus on helping troubled families. Relationships seem to be strengthened when DVAs had opportunities to participate in CPS office culture by attending formal staff meetings as well as informal office gatherings.

In two counties, CPS workers recognized the value of the different perspectives between CPS and DV, saying that it allowed for fuller insight into the case. Even though they might take different approaches to a case, CPS did not interfere with the DVA's work with the victim, and the DVAs did not interfere in the investigative process with both parents.

Challenge 9: *While the co-location helped build positive working relationships, continuous effort is needed to foster trusting relationships between CPS staff and DVAs*

- **Solution: *Include DVA(s) in CPS staff meetings and social functions.*** Both Livingston and Broome CPS involve their DVAs in their weekly staff meetings and staff special functions.
- **Solution: *Provide ongoing cross-systems training that reaches caseworkers, not just supervisors.*** Although all counties reported cross training, many of these activities were in the past or were not reaching CPS caseworkers, only supervisors. Counties identified a strong need for regular training to keep the information fresh for longtime workers and to reach new workers at both agencies. One county plans to hold brief, early morning breakfast forums.
- **Solution: *Involve caseworkers in hiring DVAs.*** Allowing CPS to provide input when hiring a new co-located DVA may facilitate the best possible match of skills and personality.
- **Solution: *Provide steady funding for the DVA position.*** Keeping the program consistent supports the development of long-term collaborations and relationships.

Chapter 5: Benefits, Conclusions and Recommendations

Co-location programs place a DVA in close proximity to CPS workers to enhance communication and coordination, with the ultimate goal of improving safety for families experiencing both DV and child maltreatment. The findings suggest that although there is a wide variation in practice among co-location counties and many challenges to creating effective collaborations, the collaborations have overall improved the relationship between the two systems and provided valuable services to caseworkers and clients.

Benefits of the Co-Location Program

We found that the majority of DVAs are working to integrate their services into CPS and meet the needs of CPS clients experiencing DV. DVAs are accepting referrals from caseworkers, helping caseworkers devise safe approaches to DV cases, making themselves available to attend home visits with caseworkers, and connecting clients to DV services. It appears that DVAs are serving a subset of clients who otherwise would not be reached by their DV agencies, thereby supporting a vulnerable CPS population affected by DV.

For the most part, CPS and FAR caseworkers valued the DVA's physical co-location. Her physical proximity increased the rate of referrals from CPS, increased spontaneous case consultation, and increased the likelihood of joint home visits. In addition, the co-location increased caseworkers' confidence that referrals were being effectively processed and improved caseworkers' perception of the DVA as reliable and trustworthy, thereby strengthening the working relationship.

Caseworkers and DVAs reported positive effects for clients served by the collaboration. One of the strongest effects was quicker access to DV services, especially for those clients visited jointly by the caseworker and the DVA. The joint response in a time of crisis created a unique window of opportunity for clients to more readily engage with each system and accept services. In these situations, and during other contacts with clients, DVAs helped translate the often-daunting CPS system, easing clients' stress and concern and improving their perception of CPS as a positive agency. In addition, CPS served as a safe umbrella under which the client could receive DV services. Since her participation in CPS meetings was mandatory, meeting with the DVA through CPS channels buffered the victim from the perpetrator's suspicions.

Recommendations for Improvement

The following recommendations for improvement were suggested by caseworkers and DVAs, and developed through careful examination of the characteristics of well-functioning collaborations and the ongoing challenges experienced by many collaborations. As noted previously, the recommendations correspond to the Challenges highlighted throughout the report.

Recommendation: Ensure DVAs Receive All Appropriate Referrals (Challenge 1)

Adopt standardized referral procedures to the DVA

About half of the counties follow standardized procedures to refer all SCR intake reports mentioning DV to the DVA. In the remaining counties, cases are sent to the DVA at the discretion of the caseworker or supervisor. This contributed to the DVA not receiving all appropriate referrals. While some DV cases were referred directly to the DV agency by the caseworker, others were not referred to any DV services. Counties should consider adopting universal, formalized referral processes in order to increase the number of appropriate cases sent to the DVA. For example, three counties send written referrals to the DVA for all SCR reports mentioning DV. Another successful approach has been adopted by one county where supervisors maintain a log of appropriate cases for the DVA, identified both during hotline calls and investigations.

Advise caseworkers to review the SCR Safety Factor Checklist

One way CPS identifies DV cases is from the SCR intake reports. Caseworkers and supervisors expressed concern that not all appropriate cases were identified because the SCR does not contain an allegation code for DV. However, the SCR intake includes a safety factor checklist that specifies DV. It is recommended that CPS staff, if not already doing so, review each intake's Safety Factor Checklist for the presence of DV.

Encourage caseworkers to utilize DVAs as a resource for all cases where DV is a concern

Caseworkers may feel they should only refer DV cases to the DVA if the violence is "severe," or if the DV is completely confirmed. It may be beneficial for the DVA to consult on cases with "mild" DV or those where DV is only suspected. The co-location programs should reinforce the DVA's ability to provide assistance with all cases where domestic violence may be a concern, not just those with confirmed, "serious" DV.

Recommendation: Increase Joint Home Visits (Challenge 2)

Joint home visits are effective in linking clients quickly to services, but the frequency of visits was low in most counties. Most participants agreed it would improve their CPS/DV collaboration to increase the number of joint home visits, especially during the initial investigation, and some were making efforts towards this.

Reduce barriers to home visits and expand the range of possible joint home visits

Strategies to reduce barriers to home visits include allowing the DVA to make their first visit to a family without a signed release and minimizing safety concerns by initially introducing the DVA as a co-worker rather than a DV specialist. Caseworkers can expand the range of possible joint home visits by inviting the DVA to help assess for suspected DV. DVAs should be encouraged to prioritize home visits, exploring new case management methods that support their attendance with little notice. In counties where caseworkers do not invite DVAs on home visits because of frustrations with the collaboration, efforts should be made to rebuild trust. Specific strategies to build trust will vary according to each program's strengths and history.

Recommendation: Maximize the Availability of DVAs (Challenge 3)

Many counties cited the need for more consistent coverage of the DVAs. In some locations, additional DVAs would be beneficial to serve more clients. In counties with two DVAs, encouraging them to work staggered, not overlapping, schedules would provide maximum availability and consistent coverage for the CPS workers throughout the week. Ideally, DVAs would be available after 5PM and on the weekends.

Recommendation: Increase Services Available for Diverse Populations (Challenge 4)

Support the development of multi-lingual DV services, especially Spanish-speaking advocates. Availability of multi-lingual DVAs was highlighted as a need. The availability of Spanish speaking DVAs not only facilitates translation, but the client will feel more comfortable working with someone who better understands her culture.

Develop services for male DV victims. Some local DV agencies will not work with any males including male victims or teenaged male children of victims.

Recommendation: Refine Information Sharing Practice (Challenges 5,6,7)

Refresh caseworkers' knowledge of existing information sharing protocols, including confidentiality requirements followed by DV agencies. Caseworkers were often not aware, and needed to refresh their knowledge of existing guidelines for information sharing in the collaboration protocol.

Refine information sharing agreements between the two systems. CPS staff frequently mentioned the need to improve information sharing agreements between the two systems to increase communication, build trust, and allow CPS access to more information on mutual clients served by the DVA.

Create a system to update CPS workers on clients' receipt of DV services. CPS caseworkers discussed a strong need for updates on clients' receipt of DV services. To address this, DVAs maintained a logbook or contact sheet to track DVA/client contact and made this accessible to CPS workers.

Develop written shelter policies between the DV agency and CPS office. CPS caseworkers identified a pressing need to verify clients' status if in shelter. Two CPS/DV programs successfully developed written shelter policies between the DV agency and the CPS office detailing communication protocols for CPS workers contacting shelters and outlining the DVA's role in assisting the CPS worker in these situations.

Develop mutually beneficial release of information forms. To improve information flow about clients' receipt of services, CPS/DV programs developed release of information forms that allow clients to choose the types of information to be shared, as well as the timeframe in which it may be shared.

**Recommendation: Expand Access to Family Violence Services Often Not Provided by the DV Agency
(Challenge 8)**

Contract or develop referral relationships with agencies that deal with all forms of adult violence.

Caseworkers need access to agencies that address all aspects of family violence, rather than those which only provide victim services. Families experiencing adult-to-adult violence of all kinds, including mutually assaultive relationships which are not addressed by all DV agencies, require interventions that are beyond the scope of CPS caseworkers. Collaborations should be developed with providers who will work with these families.

Support the development of resources for DV perpetrators. Additionally, almost all counties reported having few or no services available for perpetrators. CPS workers found the lack of programs for perpetrators to be a significant problem considering the rate of recidivism, the likelihood of the victim remaining with or returning to the perpetrator, and CPS's mandate to work with the whole family.

Recommendation: Sustain Cross Systems Training and Relationship Building (Challenge 9)

Prioritize regular cross systems training. Provide ongoing opportunities for workers to convene and teach each other about their ways of working, especially for collaborations where communication is strained. Building positive working relationships between the CPS caseworkers and the DVAs takes continuous effort. Even in counties which had undertaken a fair amount of cross training in the past, both CPS and DV agencies need to be continually updated on each others' philosophies, procedures, joint protocols, and services to keep information fresh and to reach new staff.

Create opportunities that allow caseworkers, not just supervisors, to meet regularly with DV partners.

Both CPS and DV partners spoke about the challenges in sustaining participants' interest in ongoing training. One example given was an early morning breakfast forum with CPS and DV providers. Well-functioning collaborations reported it is helpful to include DVAs in weekly staff meetings. In addition, successful collaborations emphasized the value of inviting the DVAs to CPS social functions to further build trust and relationships.

When possible, allow CPS to provide input on hiring decisions for the new DVA. Well-functioning collaborations noted that building relationships was easier from the start if the DVAs were considered by CPS to be a good match for the position, both in their skills and personality. Often DV agencies make DVA hiring decisions without consulting CPS caseworkers. Allowing CPS to provide input on hiring decisions to facilitate the best possible match may improve relationships between DVAs and CPS staff.

Many counties emphasized the need for consistent funding for the co-location program to ensure stable staffing of the DVA position. Keeping the program consistent supports the development of long term collaborations and relationships.

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Appendix A: Challenges and Solutions for CPS/DV Co-location Programs

Challenge 1: DVAs are not aware of all appropriate CPS cases where DV is occurring

- **Solution: Encourage caseworkers to review the SCR Safety Factor Checklist, as well as the SCR intake narrative, to identify DV in new cases.**
- **Solution: Improve system of referral to DVAs.** In Orange, Rensselaer and Westchester counties, all SCR intakes containing DV are given to the DVA via written referral. In Albany and Oswego counties, SCR intakes with DV are entered into a logbook and the DVA follows up with assigned caseworkers. Onondaga County DVAs are given access to SCR reports to identify cases themselves.
- **Solution: Encourage caseworkers to utilize DVAs as a resource.** Reinforce the DVAs' ability to provide case consultation in all cases where DV is identified or suspected, not just the most serious ones.

Challenge 2: The frequency of joint home visits was lower than CPS caseworkers and DVAs desire

- **Solution: Reduce barriers to visits.** Allow DVAs to accompany caseworkers on their first visit to a family without requiring release forms (see Challenge 6). Minimize safety concerns by initially introducing the DVA as a coworker rather than a DV specialist.
- **Solution: Expand the range of possible joint visits by inviting DVAs along to help assess for DV.** When DV is suspected in a case, Livingston County and Broome County caseworkers bring a DVA along to help them evaluate the presence of DV.

Challenge 3: The DVA is not always available when needed by CPS caseworkers

- **Solution: In counties with two DVAs, encourage them to work staggered, not overlapping, schedules, to provide maximum availability and consistent coverage throughout the week.**
- **Solution: Increase DVA coverage after 5pm and on the weekends**

Challenge 4: Services need to be available for diverse populations

- **Solution: Employ multi-lingual DVA or have interpreters available at the DV agency.** One of the Suffolk County DVAs speaks Spanish and is sought after for all cases with Spanish speaking clients. According to CPS staff and the DVA, having a Spanish speaking DVA makes the client and their family feel more comfortable working with them (ex. the client will say, "She's one of us").
- **Solution: The DV agency should develop a plan with the local District that supports the service needs and safety of male victims.** Some local DV agencies will not work with any males including male victims or teenaged children of victims.

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- **Solution: Training to provide clarity on confidentiality restrictions and requirements.** Caseworkers may not understand the reasons certain information cannot be released and therefore be frustrated by the DVA's perceived obstruction of the investigation.
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- **Solution: Simplify procedures for obtaining information release forms.** Some counties require releases to be signed before a client can be referred to a DVA, and others only accept releases if the DVA was present at signing. These are significant barriers to service and information receipt. Accepting release forms presented by either caseworkers or DVAs and making their completion part of standard visit protocol reduces these barriers. In Broome County, for example, caseworkers consistently ask clients to sign releases as soon as DV is identified.
- **Solution: Create simplified release form that is mutually beneficial.** Some release forms are unwieldy or do not specify what kind of information the DVA is allowed to share with CPS. Westchester County and Albany County developed release forms that allow clients to choose the types of information to be shared, as well as the timeframe in which it may be shared.

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- **Solution: Maintain a logbook or contact sheet that records DVA/client contact and make this accessible to CPS workers.** Westchester County follows this procedure, documenting the date of contact (or attempted contact) and whether it was in person or by telephone.
- **Solution: Develop a shelter policy between CPS and the DV agency outlining specific communication protocols.** Albany County's policy specifies that CPS workers may not go to the shelter to check on clients, but that the DVA will coordinate a neutral meeting place between the client and caseworker. Westchester's shelter policy articulates how caseworkers should verify their identity when calling a shelter, as well as safe and confidential procedures for conducting visits to shelters.

Challenge 8: CPS-involved families experiencing family violence need access to additional services often not provided by the DV agency

- **Solution: Contract or develop referral relationships with other agencies that deal with all forms of adult violence.**
- **Solution: Support the development of resources for DV perpetrators.** Interventions for DV perpetrators are critically needed.

Challenge 9: While the co-location helped build positive working relationships, continuous effort is needed to foster trusting relationships between CPS staff and DVAs

- **Solution: *Include DVA(s) in CPS staff meetings and social functions.*** Both Livingston and Broome CPS involve their DVAs in their weekly staff meetings and staff special functions.
- **Solution: *Provide ongoing cross-systems training that reaches caseworkers, not just supervisors.*** Although all counties reported cross training, many of these activities were in the past or were not reaching CPS caseworkers, only supervisors. Counties identified a strong need for regular training to keep the information fresh for longtime workers and to reach new workers at both agencies. One county plans to hold brief, early morning breakfast forums.
- **Solution: *Involve caseworkers in hiring DVAs.*** Allowing CPS to provide input when hiring a new co-located DVA may facilitate the best possible match of skills and personality.
- **Solution: *Provide steady funding for the DVA position.*** Keeping the program consistent supports the development of long-term collaborations and relationships.

Source:

Focus Groups and Interviews conducted by Center for Human Services Research, Nov 2011-March 2012