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Final Report: Evaluation of CPS/DV Co-Location

Center for Human Services Research, University at Albany

Evaluation of Co-locating Domestic Violence Advocates in New York State Child Protective Services Offices

Final Report
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Prepared for:
New York State Office of Children and Family Services

Center for Human Services Research
University at Albany State University of New York

About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department within the School of Social Welfare at the University at Albany. CHSR has over 20 years of experience conducting evaluation research, designing information systems and informing program and policy development for a broad range of agencies serving vulnerable populations. CHSR studies cover a wide range of topics including children and family services, education, early childhood development, health behavior and services, youth development, and juvenile justice. Within these areas, studies address such social issues as intimate partner violence, substance abuse, child maltreatment, school readiness, and neighborhood reform. Rigorous research and evaluation methods, strong relationships with project partners, and timely, accurate and objective information are hallmarks of CHSR's work. For more information about CHSR please visit www.albany.edu/chsr.

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Executive Summary

Background

Recognizing the significant overlap in families served by the child welfare and domestic violence (DV) service systems, and the benefits of coordinating services, in 1996 the New York State Office of Children and Family Services (OCFS) began supporting a "co-location" model in which a DV Advocate from a community-based DV program is placed in a Child Protective Services (CPS) office. The goal of the program is to increase safety for families experiencing both domestic violence and child maltreatment by improving case practice and system relationships.

The Center for Human Services conducted a mixed methods study to examine the implementation and effects of co-locating DV Advocates in CPS offices. The methodology included:

- Telephone interviews with directors from Local Departments of Social Services in 54 counties (outside of New York City)
- Focus groups and in-person interviews with CPS caseworkers and supervisors, DV Advocates, and DV agency program managers in 11 counties with an OCFS-supported co-location program
- Surveys of 1,121 CPS workers in 57 counties outside of New York City
- Surveys of 458 DV Advocates in 58 counties outside of New York City
- Case record reviews of 230 CPS reports in three counties with a co-located DV Advocate and three counties without a co-located DV Advocate

Findings

The study found that overall, co-location of a DV Advocate in a CPS office fostered positive case practice and improved system relationships. Specifically, the study found effects in the following areas:

Case Identification and Referrals to DV Advocates

- Co-location encouraged more frequent and timely case referrals to DV Advocates.
- DV Advocates reported that they were able to serve families whom they would not have served without the co-location program.

Case Practice

- Co-location had a positive influence on CPS caseworker's knowledge about DV dynamics.
- CPS caseworkers in co-location counties reported an increased understanding of patterns of DV and the barriers victims face in leaving a DV offender.
- Co-location increased coordination between CPS and DV workers, including joint home visits and collaborative case conferences, case consultations and family team meetings.
- CPS caseworkers in co-located counties were significantly more likely to avoid using victim-blaming language and to speak with DV offenders about taking responsibility for their actions.
- DV Advocates with co-location experience reported a greater understanding of CPS and were more likely to address child safety with their clients.
- DV Advocates with co-location experience more often reported that CPS workers are skillful in helping families impacted by DV.
- DV Advocates with co-location experience were more likely to report that communicating with CPS workers is worthwhile.
- DV victims and DV offenders in local districts of social services (LDSS) with co-location programs were more likely to be referred to community-based services than DV victims and offenders in LDSS without co-location programs.

System Relationships

- The study found strong evidence that co-location had a positive effect on building relationships between the systems despite some implemetation challenges.
- Co-location was effective in strengthening trust and communication between systems and promoted a more positive working partnership.
- Co-location had a small impact on mitigating information sharing challenges between DV and CPS systems.

System Level Outcomes

- CPS reports from counties with co-located DV Advocates were significantly less likely to cite DV as the only reason for substantiation of DV victims as child neglect perpetrators.
- The study found no statistically significant differences between counties with a co-located DV Advocate and those without on the number of child removals from homes. Overall, there were very few removals, and there were no removals in which DV was cited as the only reason in any of the county records reviewed.
- The study found no effect of co-location on the likelihood of subsequent CPS reports.

Practice Recommendations

While the study found a positive influence on case practice and system relationships, a number of implementation challenges related to referral procedures, joint home visits and information sharing were identified. The following recommendations are provided to enhance future co-location initiatives:

- Adopt standardized internal referral processes tailored to each locality in order to increase the number of appropriate cases sent to the DV Advocate
- Review agency policies that might restrict DV Advocates from participating on home visits
- Refine information-sharing agreements between the two systems
- Support expanded hours of DV Advocates in CPS offices
- Sustain ongoing cross systems training and relationship building
- Consider the incorporation of CPS worker input on hiring decisions for a new co-located DV Advocate
- Employ multi-lingual DV Advocates or have interpreters available at the DV agency

Conclusions

The study provides evidence that co-locating a DV Advocate within CPS is helpful in shaping CPS caseworker and DV Advocate practice and in linking clients experiencing DV to services. OCFS' recognition of domestic violence as a specific circumstance that requires specialized intervention is warranted, as is continued support and encouragement of LDSS to partner with DV agencies using the co-location model.

Introduction

Background

Domestic violence (DV) and child welfare (CW) systems frequently work with the same families, yet have found it difficult to coordinate their efforts in a systematic way. The divergent responses of the two systems have been largely due to the differences in each system's historical development, philosophy, mandate, policies and practices. For Child Protective Service (CPS) caseworkers, whose legal mandate is investigating allegations of child abuse or maltreatment and protecting maltreated children, responding to DV among adults was regarded as a peripheral issue. Alternately, DV service providers had primarily focused on pursuing safety and empowerment of adult victims.

Recognizing the significant overlap in families served by these two systems[1], and the benefits of coordinating services, the New York State Office of Children and Family Services (OCFS) supports the exchange of expertise between DV and CPS services systems by funding cross-system initiatives, sponsoring regional forums for CPS and DV providers, and providing DV training to caseworkers statewide.

Consistent with OCFS' increasing emphasis on family engagement principles, CPS caseworkers are learning how to safely and effectively intervene with entire families, including working with both DV victims and DV offenders. OCFS engaged national and state experts to help create guidance documents and training modules for CW/DV practice **(Figure 1).** The goal of all these efforts is to provide families experiencing both child maltreatment and DV a more comprehensive and compatible response to improve safety.

[1] The OCFS Child and Family Services Review reports domestic violence as one of the most frequently reported risk factors in indicated Child Protective Services (CPS) reports.

Figure 1. CW/DV Practice Guidance from OCFS

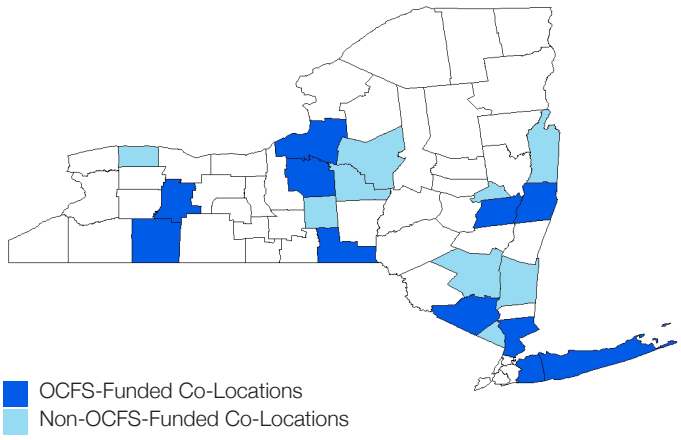
OCFS has engaged national and state experts to help create guidance documents and training for child welfare workers. To date, the following resources have been made available to the field and can be accessed at: http://ocfs.ny.gov/main/dv/child_welfare.asp.

- A web-based video entitled "Domestic Violence: An Overview" provides guidance for child welfare caseworkers on how to identify domestic violence, its impact on families, and strategies to engage caretakers to address child safety, permanency and well-being.
- A webcast entitled "Family Engagement and Assessing Domestic Violence in Child Welfare" defines family engagement, describes why it is important to screen for DV before doing any family engagement, and provides examples of best practice strategies to engage the non-offending parent, the offender and the children.
- Practice documents include "Identifying Domestic Violence," "Helpful Things to Say," "DV Practice Considerations for Conducting Family Meetings with Families Affected by Domestic Violence," "Locating and Engaging Fathers" and "Practice Considerations for Coached Visits in Domestic Violence Situations."
- Revised curriculum for the mandated DV training for Child Protective Services (CPS) to teach CPS caseworkers to appropriately engage and effectively intervene with families impacted by DV, including the DV offender. The course is taught jointly by the NYS Office for Prevention of Domestic Violence and the Center for Development of Human Services.

In addition to developing documents and other resources, OCFS has sought to institutionalize collaboration between the child welfare and domestic violence fields by promoting a "co-location" model in which a DV Advocate is physically placed in a CPS office. The goal of the program is to increase safety for families experiencing both domestic violence and child maltreatment by improving case practice and system relationships. Since the start of these programs in 1996, OCFS has funded 21 co-location programs through a competitive grant process. Currently 20 counties report having a co-location program – some currently funded by OCFS and some supported using other funding sources **(Figure 2).**

Through funding mechanisms, OCFS established requirements for operating CPS/DV co-location programs **(Figure 3).** Beyond these minimum requirements, LDSS may adapt the model to meet their needs.

Figure 2. Counties with Co-Located DV Advocates



Source: 2011 Director of Services Interviews

Figure 3. Requirements for OCFS-Funded Co-location Sites

- Co-location of at least one Domestic Violence Advocate at one or more of the CPS offices in the local social services district. The advocate must be an employee of a community domestic violence agency and must have at least one year of domestic violence work experience.
- The advocate must be stationed at CPS, in close proximity to CPS workers, for the equivalent of at least three full days per week, to provide ongoing consultation and support and to participate in joint home visits, joint safety planning and cross training.
- Development of a protocol for joint case practice prior to collaborative work with families. The protocol must be agreed to by both agencies and must support adult and child safety. The protocol must minimally address roles, information sharing, and plans for resolving disagreements.
- A workgroup of both line and supervisory staff representing both the CPS and DV programs must meet regularly to develop, implement, evaluate, and modify the joint case practice protocol; provide case consultation; and maintain positive working relationships.
- Ongoing cross-training to improve the knowledge of each system's employees regarding the other agency's mandates, philosophies, roles and responsibilities, resources, and limitations, as well as to stay informed about state of the art information and new legislation.
- Management level commitment to the project from both agencies. Such support must include an ongoing assessment of performance.

Over the years, information had been collected through program reports, site visits, statewide roundtable meetings and an initial early evaluation about the benefits and challenges of co-locating a DV Advocate at CPS. In 2011, OCFS sought a formal evaluation of this promising approach and contracted with the Center for Human Services Research to systematically study the effects of co-location. This report provides the findings of the evaluation to help OCFS and others understand how co-location programs operate, identify best practices and implementation challenges, and examine program impacts.

The co-location program's conceptual framework is depicted in the CPS/DV co-location program logic model presented below **(Figure 4).** In the logic model, the various activities of the co-location program were expected to shape caseworker beliefs and practice, which in turn would impact outcomes for DV victims and their families. The CPS/DV co-location program logic model was developed in consultation with the co-location program's architects at OCFS and co-location program participants in the field.

Study Design and Methods

The Center for Human Services Research conducted a mixed methods study from July 2011 to September 2013 to examine the implementation and effects of co-locating DV Advocates in CPS offices. The methodology included the following components summarized in **Table 1.**

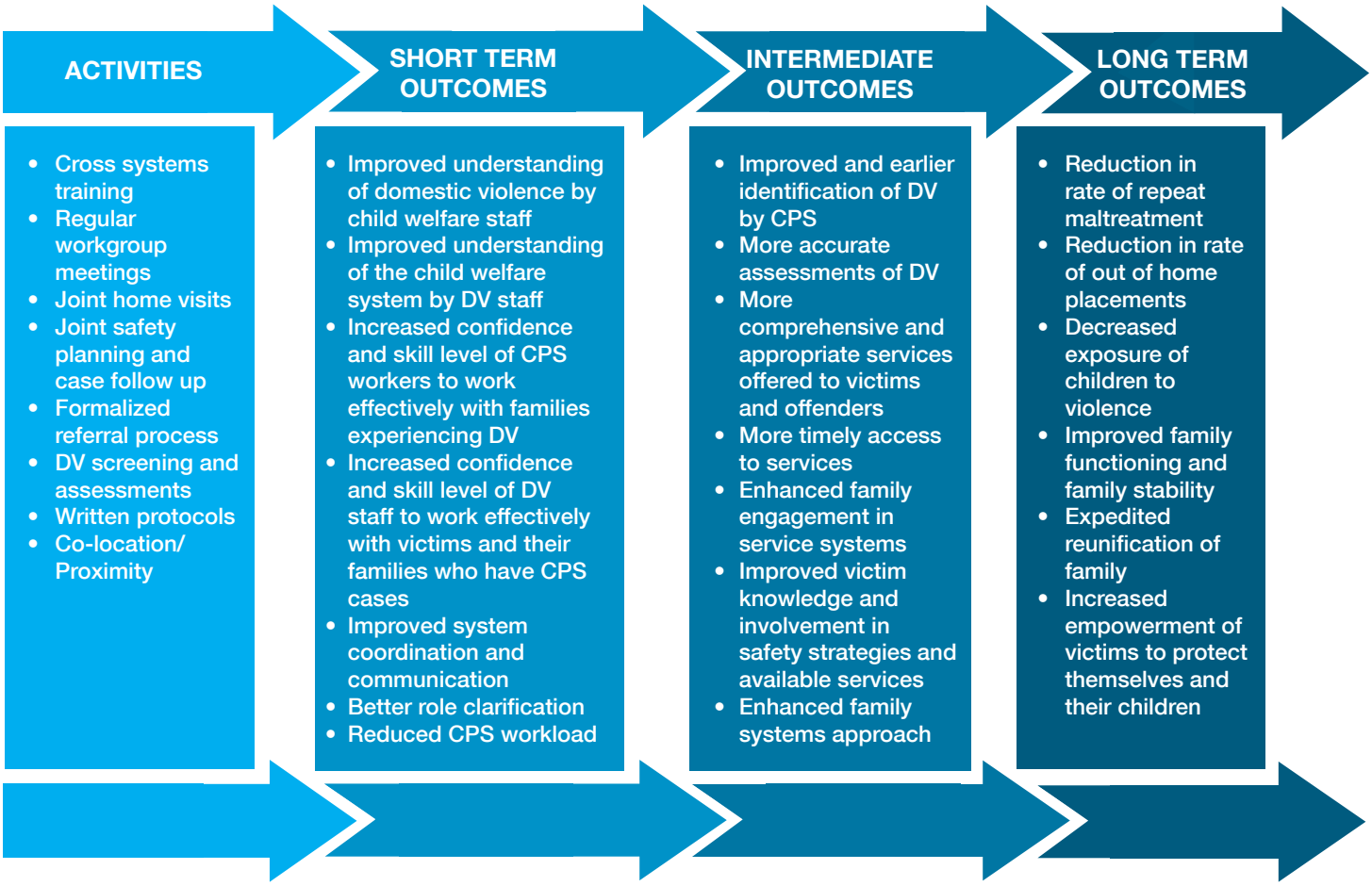
Director of Services Interviews

Telephone interviews were completed with directors of services in 54 local districts (outside of New York City[2]) from August through October 2011. The interviews were designed to obtain an overview of the CPS agency's relationships with DV programs in each county to be used to inform subsequent analyses. Responses were categorized into types of collaboration:

- Co-location of a DV Advocate at CPS
- Collaboration with DV agencies without a co-located advocate (such as case consultation)
- No known collaboration

[2] New York City has its own model of addressing domestic violence in the child welfare population.

Figure 4. CPS/DV Co-Location Program Logic Model



Focus Groups and Interviews

A total of 65 focus groups and interviews were conducted from November 2011 to March 2012 with the 11 co-location programs funded by OCFS. Over 300 CPS workers, Family Assessment Response (FAR) workers[3], and CPS supervisors participated in focus groups. Eighteen co-located DV Advocates and 18 DV agency administrators took part in structured interviews. The following topics were covered:

- Case identification and referrals to DV Advocates
- Client engagement and service delivery
- Relationships between CPS systems and DV systems
- Perceived outcomes
- Practice recommendations

CPS Caseworker Survey

An electronic survey of CPS caseworkers was conducted between May and June 2012 to understand the effects of co-location on worker attitudes and behaviors toward DV cases. A total of 1,121 valid surveys were returned from 57 counties (excluding New York City), generating an overall response rate of 87 percent. The survey addressed:

- Relationships and collaborative case practice between CPS and DV workers
- Caseworkers' individual case practice with DV cases
- Caseworkers' perceived knowledge of DV and attitudes toward DV victims

DV Advocate Survey

An electronic survey of DV Advocates was conducted between April and May of 2013 to understand the effects of co-location on DV Advocates' experiences and perceptions of the CPS system. The survey reached DV Advocates whether or not they were co-located in CPS offices. The survey addressed:

- Attitudes about CPS
- Advocates perceived knowledge of CPS and child welfare
- System coordination with CPS
- Case practice with CPS-involved families

Sixty-eight DV agencies from all New York counties (excluding New York City) were contacted to solicit surveys from workers who provide direct services to families experiencing DV. A total of 458 valid surveys were returned generating a response rate of 84 percent.

[3] 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.

Case Record Review

A review of CPS case records was completed between November 2012 and January 2013 to examine the effects of co-location on casework practice and case outcomes. A sample of 230 cases was drawn from CPS reports with intake dates between January and June of 2011 from three counties that had a co-located DV Advocate and a comparison group of three counties that did not have co-location programs or collaborations with DV agencies. Counties with co-location programs were selected to represent regional diversity in New York State. Comparison counties were selected based on similar size, demographics, and urban/rural characteristics to the selected co-location counties.

Reports were randomly selected from each county based on one of two criteria: DV being noted by the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) hotline worker in the safety factors checklist, or by the caseworker in one of the safety assessments conducted during the investigation. Case notes were read and coded on caseworkers' skill in addressing DV with families; families' likelihood of being connected with DV service systems; and rates of substantiation, re-reports, and out of home placements. Inter-rater reliability among coders was high with a three percent difference in cases coded separately.

Table 1. CPS/DV Co-location Study Components

Stage of Study	Respondents
Director of Services Interviews	54 administrators
Focus Groups and Interviews	335 participants in co-location programs, including CPS caseworkers and supervisors, co-located DV Advocates, and DV agency program managers
CPS Caseworker Survey	1,121 CPS caseworkers
DV Advocate Survey	458 DV Advocates
Case Record Reviews	230 CPS reports

Findings

Strengths and Limitations of Study

Utilizing mixed methods strengthened the research design. Qualitative data from interviews and focus groups improved understanding of complex motivations and behaviors of the participants in the co-location programs, producing a level of insight rarely derived from the unidirectional information collected from surveys. Quantitative data derived from surveys and case reviews allowed for categorical and aggregate level statistical analyses. The surveys also allowed us to reach a broad, statewide respondent pool.

The mixed method approach also enabled the utilization of qualitative data to inform the quantitative phases of the study. Specifically, the qualitative information collected early in the study from the focus groups and interviews informed the design of measures used in the CPS Caseworker Survey and DV Advocate Survey. Focus groups illuminated key areas of inquiry and clarified terminology critical for sound survey design. Data from the focus groups, interviews, and surveys relied on self-reported attitudes and behaviors, while the review of CPS case records afforded researchers the ability to collect case outcome data beyond self-report, such as service referral rates and out-of-home placements. While case notes varied in their level of clarity and detail and were just one worker's assessment of a complicated situation, the patterns identified in the notes across reports aided in understanding caseworker practice with DV cases.

A significant limitation of the study was that it was missing the view of DV victims themselves. Future studies would benefit from including the valuable perspective of CPS clients experiencing DV.

Overview

The findings presented in this report synthesize the qualitative and quantitative data from all the study components discussed above. Further detail about findings from each study phase can be found in the following documents:

- Research Brief: Findings from the Directors of Services Interviews
- Report and Research Brief: Findings from Focus Group and Interviews
- Research Brief: Findings from the CPS/DV Caseworkers Experience Survey
- Report and Research Brief: Results from a DV Advocate Survey
- Report: Case Record Review

These documents can be found on:
http://www.albany.edu/chsr/csp-dv.shtml

This report begins with a presentation of findings related to program activities followed by a discussion of the program's short-term and long-term outcomes. Throughout this report, only statistically significant results ($p<.05$) are cited from the quantitative components of the study (CPS caseworker survey, DV Advocate survey, and case record review).

Program Activities

How are families identified as experiencing DV and referred to the DV Advocate?

Overall, the co-location program used two methods for identifying DV issues in CPS cases: through screening hotline reports that came to the LDSS from the SCR or gathering information during the case investigation.

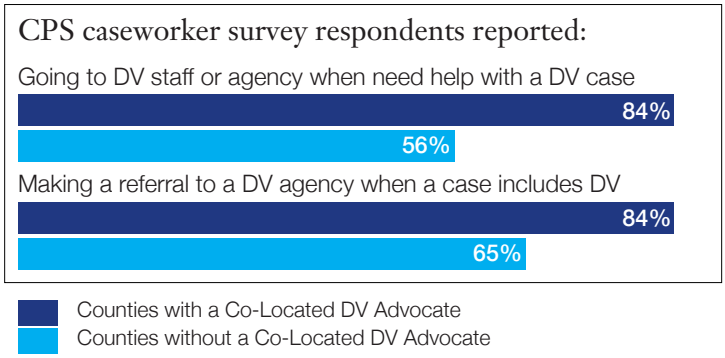
Case review and referral procedures varied among the co-location offices. In more than one-third of the co-location counties, local district staff reviewed all SCR reports for DV-related allegations and then referred the identified cases to the co-located DV Advocate. Some counties had workers catalogue the SCR reports with DV-related allegations in a log book for the DV Advocate to review. Some workers chose not to refer to the DV Advocate at this point, preferring to conduct the initial home visit themselves to assess the nature of the case or to establish a relationship with the client.

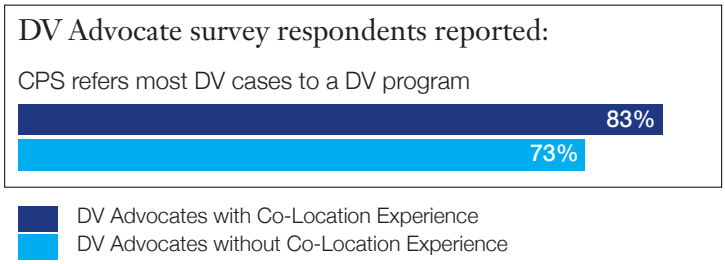
DV issues were often identified when the CPS worker interviewed clients during the case investigation and assessment. Caseworkers did not systematically screen for DV using a standardized interview protocol, but would ask informal questions of family members to elicit information about DV. When DV was identified during an investigation, caseworkers chose whether to refer the client to a DV Advocate based on their relationships with the DV Advocate, their preferences for working alone or collaboratively, and their assessment of whether a DV Advocate would be helpful in a particular case.

In general, whether DV was identified in the hotline call or later during the case investigation, the decision to make referrals to the DV Advocate was usually at the discretion of the caseworkers and supervisors.

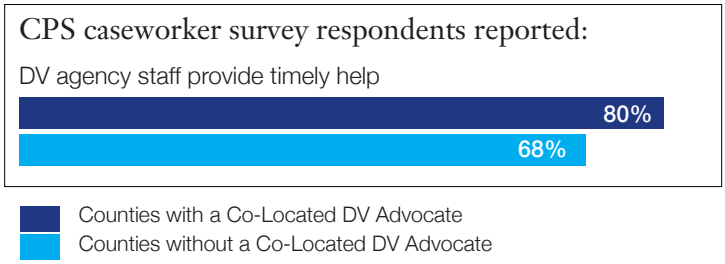
Did co-location increase referrals of appropriate cases to the DV Advocate?

Surveys of CPS workers and DV Advocates showed that co-location encouraged case referrals to DV Advocates.





The co-location initiative had a positive influence on timeliness of response by the DV Advocates.



DV Advocates believed that through co-location they were able to serve families that may not otherwise have accessed their services.

During the focus groups CPS respondents reported that many victims of DV do not seek DV services. Co-location enabled DV Advocates to reach out to families who might otherwise not have received assistance. DV services have been found to be protective for DV victims, so more access to individuals at risk is a positive outcome. Co-location also allowed DV Advocates to connect with the DV victim at the moment of crisis, when there is an investigation for a child maltreatment allegation, which may increase the victim's receptiveness to accepting help.

Did co-location impact the workload of CPS workers?

Some caseworkers were initially resistant to co-location services, fearing increased paperwork and added responsibilities. However, caseworkers who participated in focus groups indicated that the presence of the co-located DV Advocate actually lessened their overall burden. Surveyed caseworkers in counties with co-location were more likely to agree that collaboration with DV providers lightened their workload than caseworkers in counties without co-location (22% vs. 15%).

Were there challenges in referring cases to the co-located DV Advocate?

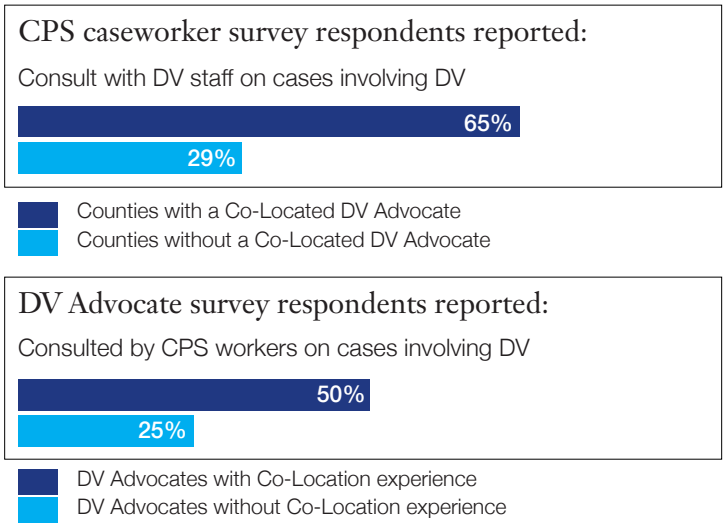
At times, co-located DV Advocates needed to actively solicit cases from caseworkers. The study's review of case records revealed that within co-location counties, the DV Advocate assisted the CPS worker in 39 percent of DV-flagged reports. Focus groups with CPS workers revealed several reasons why they might not refer cases. These included:

- 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.
- DV Advocates were unavailable when the CPS careworker needed them.
- Some families expressed a reluctance to meet with a DV Advocate.

Did co-location promote collaborative case practice?

DV Advocates assisted the caseworker and family in a variety of ways: case consultations, joint home visits, and attending CPS case conferences and family team meetings.

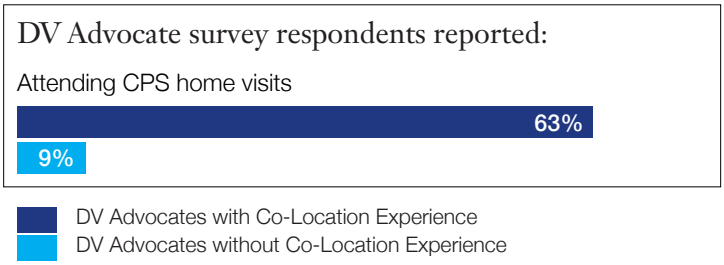
Co-location of a DV Advocate at CPS increased the likelihood of case consultation to foster effective practice of CPS workers with DV victims.

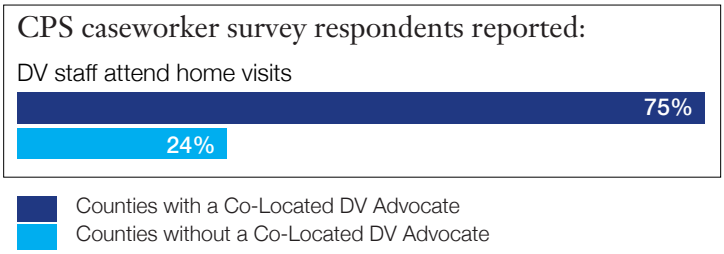


Did co-location influence the frequency of joint home visits?

Joint home visits between CPS and DV workers were much more likely to take place if a DV Advocate was co-located at CPS.

While the frequency of joint home visiting varied among counties, many more co-located DV Advocates reported attending CPS home visits than DV Advocates who were not co-located at CPS. Additionally, CPS caseworkers in co-location counties were more likely to report that DV staff had accompanied them on home visits than DV staff in counties without co-location programs.





CPS caseworkers described how joint home visits created a unique opportunity to improve the clients' immediate access to services, resources, and supports. Attending a home visit allowed the DV Advocate the opportunity to build trust with the client through a face-to-face introduction. Having both the CPS and DV worker at the home visit gave workers the opportunity to conduct separate interviews with family members. The DV Advocate could interview the victim and provide options and resources, while the CPS worker could speak with the children or the perpetrator.

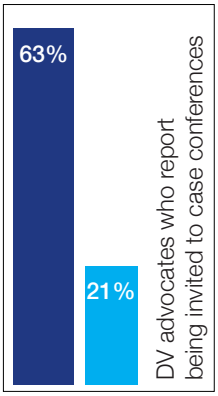
What were the barriers to conducting joint home visits?

Caseworkers and DV Advocates reported that joint home visits did not take place as often as they liked, citing a number of barriers including scheduling difficulties, safety concerns, agency requirements to obtain signed releases from the victim before the visit, and caseworker preferences to work alone.

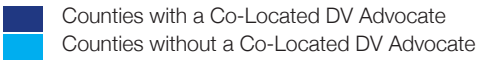
However, co-location seemed to have a positive influence on mitigating DV agency restrictions on home visits. DV Advocates in co-location counties were less likely to report organizational constraints that limited home visits compared with DV Advocates in counties without co-location (37% vs. 59%).

Did co-location lead to more collaborative CPS/DV case conferences and family team meetings?

DV Advocates were much more likely to attend CPS case conferences and family team meetings in counties with co-location programs.



- Caseworkers in co-location counties were more likely to invite DV staff to case conferences than caseworkers in counties without co-location (21% vs. 11%).
- DV Advocates with co-location experience reported being more likely to be invited to case conferences than DV Advocates without co-location experience (63% vs. 21%).
- DV Advocates with co-location experience reported being more likely to be invited to family team meetings than DV Advocates without co-location experience (35% vs. 15%).

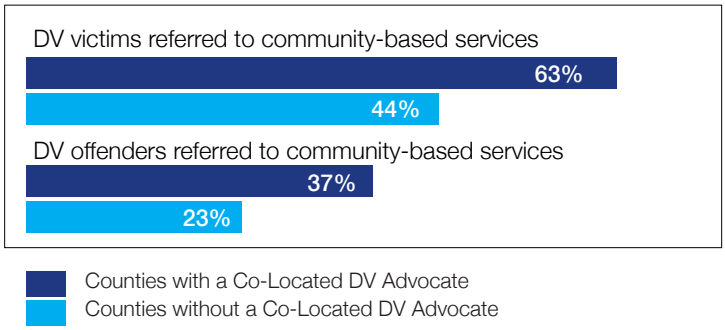


Short-Term and Intermediate

Did co-location increase service referrals?

Case record reviews confirmed that DV victims and DV offenders in counties with co-location programs were more likely to be referred to services.

- DV victims were more likely to be referred to a community-based service in counties with co-located DV Advocates.
- DV victims were significantly more likely to be referred to non-residential DV programs and relocation or housing assistance programs.
- DV offenders were significantly more likely to be referred to a community-based service in counties with a co-located DV Advocate than in counties without a co-located DV Advocate.



What services did co-located DV Advocates provide directly to clients?

In more than half of the co-location counties, DV Advocates provided direct services for as long as needed. Depending on client needs, co-located DV Advocates reported working with CPS clients in a variety of ways such as:

- Providing crisis and ongoing counseling to the client
- Conducting safety planning with the client
- Helping clients recognize the presence of DV
- Assisting the client navigate the court system
- Helping clients find shelter to relocate away from the DV offender

Did co-location promote client engagement?

CPS workers and DV Advocates perceived that the collaboration between the systems fostered client engagement in services.

CPS sometimes carries a stigma in communities, 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 DV Advocates since they do not carry the threat of child removal.

CPS caseworker focus group participants reported that DV Advocates helped to translate the CPS process for clients, thereby easing concerns and alleviating the stress of the investigation. The CPS investigatory process is daunting for most families. With the DV Advocate's involvement, staff believed that clients' trust in CPS was sometimes enhanced. Some CPS workers reported that clients were more likely to speak openly with CPS workers after speaking with the DV Advocate. When clients saw that the DV Advocate regarded the CPS worker positively, the client began to trust the CPS worker as well. Some DV Advocates showed the client that the CPS worker was there to help rather than "punish" her, and explicitly encouraged clients to open up and share information with the CPS worker.

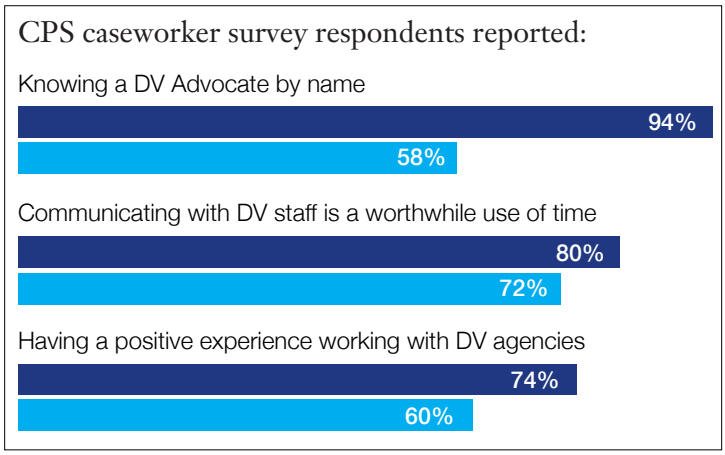
Interviewees noted that for some clients, CPS provided an effective "buffer" to receive DV services. For example, clients could tell the DV perpetrator, "I have to go to counseling – CPS told me to." Or clients could use CPS's involvement to deflect personal responsibility for pressing charges or filing orders of protection against perpetrators. Some DV victims could access DV Advocates more discreetly at the DSS office by informing the DV perpetrator that she needed to attend a CPS appointment rather than a meeting with the DV Advocate.

Outcomes

Did co-location help build system relationships?

The study found strong evidence that co-location had a positive effect on relationships between the systems.

Focus group participants from both CPS and DV systems emphasized that co-location was effective in building trust and strengthening communication between their agencies.

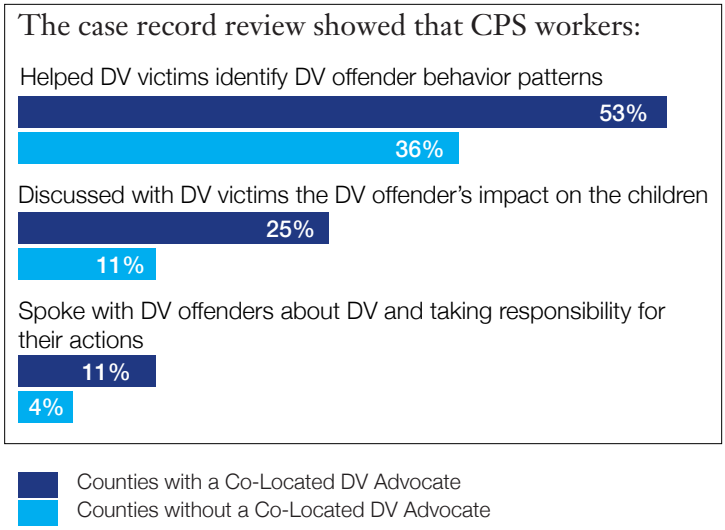


Did co-location influence CPS attitudes, knowledge and practice?

The co-located DV Advocate increased CPS workers' understanding of patterns of DV and the barriers victims face in leaving a DV offender.

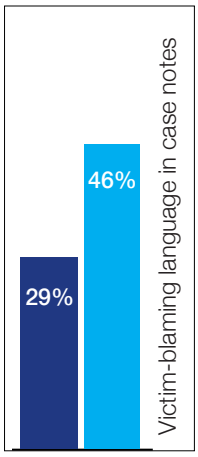
Caseworkers in focus groups reported increased empathy toward DV victims after consultation with the DV Advocate. Caseworkers reported that the DV Advocates gave them more insight into understanding DV victims. Some caseworkers reported that their knowledge of DV and DV victims was improved by working with the DV Advocate.

Caseworkers in counties with co-location were more likely than caseworkers in counties without co-location to address DV in greater detail with both victims and offenders.



Case notes in counties with co-located DV Advocates were less likely to include victim-blaming language than case notes in counties without co-located DV Advocates.

Below are some examples of responses from case record reviews that directly or indirectly blamed a DV victim for the domestic violence:



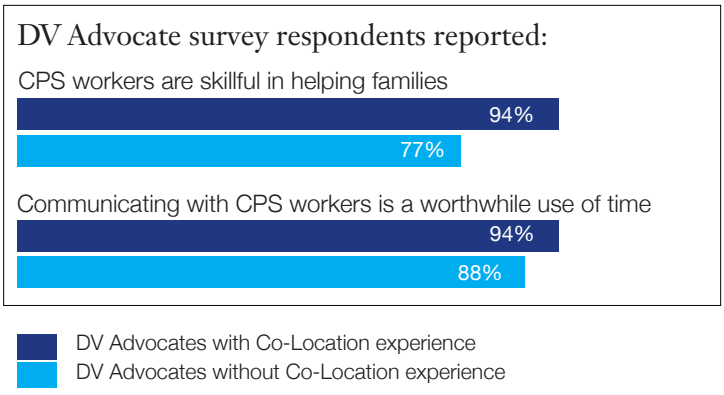
- DV "between" parents, rather than placing responsibility for violence on the aggressor (i.e. "parents engage in DV")
- A DV victim's "failure to protect" children from violence directed toward the adult
- Threats of CPS consequences if a DV victim does not "avoid DV"
- Criticism of a DV victim for returning to a DV offender
- Minimization of the presence of DV (i.e. "it was only one slap")

Counties with a Co-Located DV Advocate
Counties without a Co-Located DV Advocate

Did co-location influence DV Advocates' perceived knowledge and attitudes?

DV Advocates with co-location experience reported increased knowledge of CPS processes.

DV Advocates with co-location experience reported better working partnerships with CPS workers.



Did co-location impact information sharing between systems?

Difficulties with sharing information can be a significant barrier to collaborative work between CPS and DV systems. DV agencies must comply with federal confidentiality guidelines and other funding mandates that place restrictions on sharing client information. DV Advocates also stressed the importance of safeguarding their client's confidentiality to engender the victim's trust; if the victim feared the DV Advocate would report incriminating information to CPS, the victim was less inclined to trust the advocate and engage in services. While they understood the DV Advocates' constraints, CPS workers emphasized the need for 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.

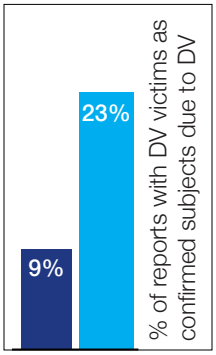
Co-location did not have a large impact on mitigating information sharing challenges between DV and CPS systems.

About one-third of CPS caseworkers in both co-located and non-co-located counties reported that they had difficulty getting client information from DV providers. More than one-third (37%) of DV Advocates felt that sharing any information about their clients with CPS workers could put their client at risk. However DV Advocates with co-location experience were less likely to report frustration about information flow than DV Advocates without co-location experience (38% vs. 56%).

While co-location counties funded by OCFS were required to design protocols outlining how caseworkers and DV Advocates could share information during investigations, many workers were not aware of these written guidelines, and overall the protocols were not actively used. Additionally, caseworkers sought information from DV Advocates that was not always specifically covered in the protocols, such as learning if and when the DV Advocate made contact with one of their clients, determining the status of clients and children who had relocated due to danger from the DV, or determining whether a client was staying at a DV shelter.

Long-Term Outcomes

Did co-location reduce the substantiation rates of victims for DV?



While overall substantiation rates were similar between counties, DV was less likely to be cited as the only reason for substantiation of DV victims in co-location counties than in counties without co-location.

Of note, some reasons for substantiating DV victims for neglect included statements in the case notes that the DV victim was not 'following' an Order of Protection or taking other protective measures that the caseworker felt would restrain the DV offender's abusive behavior around the presence of a child during a DV incident. These reasons contain an underlying assumption that the non-offending parent should be able to control the DV offender's violence.

Did co-location reduce the number of children removed from their homes due to DV?

The study found no statistically significant differences between counties with a co-located DV Advocate and those without, in either the number of child removals from home or DV being cited as a reason for the removal.

Overall, removals from the home were rare. There were fewer removals of children from homes in counties with a co-located DV Advocate than without a co-located DV Advocate but the difference was not statistically significant (five removals vs. nine removals). No cases included DV as the only reason for the removal. There were always other immediate safety concerns cited such as substance abuse or mental health issues.

Did co-location reduce the rate of subsequent CPS reports?

The study found no effect of co-location on the likelihood of clients being subjects of subsequent CPS reports.

Across all counties reviewed, approximately 52 percent of families were re-reported to CPS within 12 months of the initial report's closing date; 59 percent of the subsequent reports mentioned DV as a current issue. This result did not vary significantly between the two samples. This finding aligns with other child welfare literature which has found that re-referral rates are influenced by factors beyond skillful casework or receipt of services during the investigative period.

Recommendations to Improve Co-Location Programs

The study identified some implementation challenges. The following is a list of recommendations to inform future practice:

How can identification and referral procedures be improved?

- Adopt universal, standard referral processes to increase the number of appropriate cases sent to the DV Advocate. Successful processes included:
  1. Providing written referrals to the co-located advocate for all SCR reports that include a DV allegation
  2. Maintaining a logbook of appropriate cases for the DV Advocate identified both during hotline calls and investigations
  3. Encouraging workers to review the SCR safety factor checklist, as well as the SCR intake narrative, to identify DV in new cases

- Utilize DV Advocates in cases of all levels of severity, including when DV is suspected but not confirmed. Caseworkers may feel they should only refer DV cases to the Advocate if the violence is "severe," or if the DV is completely confirmed. It may be beneficial for the DV Advocate to consult on cases in which the DV is perceived to be mild or those where DV is only suspected. The co-location programs should reinforce the Advocate's ability to assist CPS caseworkers to recognize the more subtle signs of DV.

How can joint home visits be encouraged?

- Review agency policies that might restrict DV Advocates from going on home visits. This may include allowing DV Advocates to accompany caseworkers on their first visit to a family without requiring release forms prior to initial contact.
- Strengthen the protocol so CPS caseworkers are expected to include DV advocates in home visits and are not allowed to exclude them due to personal preferences.
- Develop practices that address the need for safety for the DV Advocate and CPS worker as well as the victim and his/her children.

What are some effective strategies for sharing information?

- Refine information sharing agreements between the two systems, especially policies regarding CPS contact with DV shelters to verify client status.
- Develop release of information forms that allow clients to choose the types of information to be shared, as well as the timeframe in which it can be shared.
- Consider creating a system for DV workers to update CPS workers on client contacts. In a few counties DV Advocates maintained a logbook or contact sheet to track DV Advocate contact with clients.

How can co-location be strengthened?

- Maximize the availability of DV Advocates. In counties with multiple DV Advocates, maximize their availability by encouraging staggered work schedules.
- Sustain cross systems training and relationship building. Create opportunities that allow caseworkers, not just supervisors, to meet regularly with DV partners to exchange information and socialize.
- Include CPS input on hiring decisions for a new co-located DV Advocate
- Employ multi-lingual DV Advocates or have interpreters available at the DV agency
- Investigate effective programs that work with DV perpetrators.

What are remaining challenges to systems collaboration?

CPS workers and DV Advocates sometimes held different perspectives regarding the target population to be served by the co-located DV Advocate. DV is defined as one intimate partner's coercive pattern of power and control over another partner. However, CPS cases include all forms of adult-to-adult violence in the home. Other forms of intimate partner violence include situational, reactive/restrictive, pathological and anti-social[4]. Each of these forms of violence requires a different response. As most DV advocates are not trained to assist families experiencing these other types of violence, CPS caseworkers need to look to other service agencies in the community to help these families.

Additionally, CPS and the DV systems have different mandates about serving perpetrators. CPS is mandated to serve the entire family while DV agencies focus on the needs of the adult victims and their children guided by the mandates of law, regulations, and funding sources. While the majority of DV Advocates reported only providing services to victims, there were a few exceptions. In one county, the DV Advocate worked with the whole family, including the perpetrator. In another county the co-located DV Advocate facilitated groups for perpetrators.

CPS has been given recent guidance by OCFS on safely engaging perpetrators while using the victim's knowledge of the perpetrator to work toward safety for the entire family. The DV advocates can support the victim in this role and help guide CPS practice in this regard.

[4] Pence, E. and Dasgupta, S. (2006) Re-examining Battering: Are All Acts of Intimate Partner Violence the Same?

What are areas of unmet need?

The study uncovered several important areas of unmet need. Participants in different stages of the study emphasized that communities need more services focused on male DV victims and DV victims for whom English is not their primary language. There are insufficient financial and housing resources for DV victims who are leaving the offender. There is also a need for communities to identify, develop, or expand services that address the types of adult-to-adult violence that are not appropriate for referral to DV agencies. These other complex violence situations often require interventions that are beyond the scope of CPS-DV co-location program.

Conclusions

The complex situations and diverse needs of families impacted by domestic violence makes investigation and intervention by CPS very challenging. In addition, the differing mandates of the child protective and domestic violence victims service providers historically had made coordinating services to this population especially difficult. After more than 15 years of experience developing and refining the New York CPS/DV co-location program model to improve service provider relationships and case practice, this multi-methods study found evidence that the result of all this work is that the CPS/DV co-location program is an effective approach to address family safety and well-being.

Specifically, the study provides strong support that co-locating a DV Advocate within a CPS office is an effective strategy to improve CPS caseworker knowledge about DV dynamics, foster positive CPS caseworker practice, improve DV Advocate knowledge of ways to address child safety with their clients, increase coordination between CPS and DV workers, and link DV victims and offenders with needed services to improve family well-being.

OCFS' recognition of DV as a specific circumstance that requires specialized intervention is warranted, as is expanded support and encouragement of LDSS to replicate this model to co-locate DV Advocates in CPS offices.