

# **THE DEVELOPMENT OF A MEMORANDUM OF UNDERSTANDING BETWEEN A DOMESTIC VIOLENCE INTERVENTION PROGRAM AND A CHILD PROTECTIVE SERVICE AGENCY**

## **A RESOURCE PAPER**

### Intent

The purpose of this resource paper is to make the process of developing a Memorandum of Understanding (MOU) easier, more focused and more likely to result in a thoughtful, useful product. Both DV and CPS agencies face high workloads and frequent crises. While the need to address system-level issues like collaboration between CPS and DV agencies may be acknowledged and valued, it is difficult to find the sustained staff time such an effort requires. This resource paper will provide a structure that will reduce the time required to establish the process for development of the MOU so that local participants can focus on the content – how to establish and maintain a collaborative working relationship on the local level.

This paper does not provide a “cookie cutter” model that agencies can merely sign. The process of discussing and developing alternatives is often more influential than the documents that contain them. This paper is intended to provide a logical structure for discussion that recognizes knowledge, trust and respect must be foundations for policy development. It identifies issues that are often problematic and provides information about how other communities have addressed these issues. The models are not offered as prescriptions but, rather, intended to generate creative local approaches.

### Content and Organization of the Resource Paper

Collaborative agreements between agencies vary as to their scope and purpose. The development of a MOU to address all issues related to CPS-DV collaboration would be an overwhelming task. In recognition of this, this resource is divided into three different levels:

- Level One – Establishing a Collaborative Relationship
- Level Two – Coordination of Services
- Level Three – Improving Community Response

These three levels follow a logical progression and build on each other. Resolution of difficult practice issues requires the understanding and trust that can result from the relationship building of Level One. Once the involved agencies address their own coordination issues, they are in a better position to

approach other community entities, such as the court system, together to accomplish the broader systems improvements that are the subject of Level Three.

The description of each level will include a listing of the pertinent practice principles developed by the workgroup. These principles provide a philosophical and ethical context for local discussion. The principles are contained in a box.

Within each level, specific issues are identified that could be addressed to further the goal the title describes. These have been selected because they are common areas for friction. The levels with their associated areas for discussion are:

Level One – Establishing a Collaborative Relationship

- ◆ Cross Training
- ◆ Ongoing Relationship Tending
- ◆ Consultation
- ◆ Conflict Resolution
- ◆ Confidentiality Issues

Level Two – Coordination of Services

- ◆ DV Staff Reporting Suspected Child Abuse or Neglect to CPS
- ◆ CPS Staff Referring Women to DV Services
- ◆ Coordinating Services for Children
- ◆ Safety Planning
- ◆ Outreach
- ◆ Confidentiality Issues

Level Three – Improving Community Response

- ◆ Jointly Approaching Other Services to Improve Community Response
- ◆ Joint Family Violence Community Education
- ◆ Joint Family Violence Prevention Efforts
- ◆ Confidentiality Issues

For each issue identified, the paper provides a brief elaboration of why it is significant. A series of questions suggest aspects of the issue the MOU might address. These lists are not exhaustive, but offer a beginning for local discussion. Note confidentiality issues appear in each level. Because initiatives often have confidentiality implications, attention is directed to these issues at each level.

Finally, for each issue there is a listing of models that have been used to address the identified issue. They are only briefly stated and are intended to stimulate thinking about what could work for you in your local environment. These models vary in terms of scope. Some could be easily accomplished, such as identifying a contact person for inter-agency questions. Some are very ambitious, such as

co-locating agencies. This resource paper does not include a discussion of pros and cons of these approaches and further research may be appropriate before implementing a solution. All represent approaches that have been employed in other places or ideas generated by the workgroup. They are offered to spark creative thought.

#### How to Use this Resource Paper

This resource paper was developed to be used in a variety of ways depending on local need and time available to dedicate to this task. It can serve as a resource for answering a specific question or as the structure for an ambitious undertaking.

The resource paper can serve as a reference to local staff who would like to develop a MOU through a series of inter-agency meetings. In such a process, agency staff would first decide the scope and focus of the MOU. This can be accomplished by reviewing the three levels for collaboration and engaging in candid discussion about the current qualities of the relationship between the agencies. Establishing a foundation of understanding and trust is fundamental to meaningful inter-agency policy implementation. If relationship issues are neglected, policy tends to sit on the shelf and the improvement of practice it was intended to accomplish is rarely actualized.

Local participants need to be realistic about the scope of the MOU. The development and implementation of new practices takes time. It is better to start small and experience success. In this environment, taking on additional issues and crafting a response is gratifying for participants and more likely to be sustained. Overly ambitious agreements that take on too many issues simultaneously may result in predictable failure, as agency staffs are unable to follow through with multiple initiatives. Such experiences detract from, rather than support, positive relationships.

When possible, the process of developing the MOU can benefit from outside facilitation. The facilitator needs to understand the culture, philosophy and parameters of both DV and CPS programs. With the addition of an outside facilitator, agency participants are able to focus solely on the issues at hand. This is challenge enough without needing to develop structure for meetings and facilitate discussion. In the absence of such a facilitator, agencies may want to consider rotating that function or establishing a small steering committee to assure the process is not perceived as predetermined by an individual's loyalties.

This paper may also be a helpful resource when agencies are having a specific problem working together. Since this paper was developed around frequently encountered problems, there is likely related content. The paper can be consulted for ideas about how other communities have addressed the issue.

## **LEVEL ONE – ESTABLISHING A COLLABORATIVE RELATIONSHIP**

This level focuses on establishing a foundation for collaboration. As such, it is fundamental but not simple. The issues to be addressed are aimed at knowing each other better (as agencies and individuals), understanding and respecting our separate missions, developing some predictability for our interactions and anticipating resolutions of our problems.

Most communities would benefit from some attention to inter-agency relationship building. Once staff get to know each other, they are more likely to ask questions rather than assume. When we view staff at the partner agency as well-intentioned individuals like ourselves, we are more likely to give them the benefit of the doubt. When we understand their mission, philosophy and limitations, we are less likely to see their decisions as precipitous or ill informed.

Many communities report their relationships are “just fine” because there has never been any overt conflict. Sometimes this is just because the relationship has never been tested by difficult case circumstances. One case in which the needs of the children and the mother are difficult to reconcile can uncover tensions and misunderstandings that had just never been discussed openly.

Relationship building first requires knowledge. Staffs of both agencies need to understand the connections between these two forms of family violence. They need to understand the philosophies, missions and public policy directives of each field. Finally, they need to understand how their partner agency works.

Relationship tending is an ongoing process. Even without considering the needs resulting from staff turnover, relationships cannot be built by one-time efforts. Trust and respect are generated by contacts across time. Much of this is best accomplished by informal contact. Making time for fun and getting to know each other as people pays dividends in enhanced professional relationships.

Good relationships can minimize problems related to coordination of services. If I need to solve a problem with “Ann at CPS” rather than “whichever bureaucrat made this decision”, my potential for success is certainly enhanced. On the other hand, policy development without relationship building often results in a hollow document that doesn’t touch the real practice issues it was intended to address. If your agencies only have the time to implement one or two changes, it generally makes sense to focus on relationship enhancement rather than policy development.

*Pertinent Workgroup Principles:*

*CPS and DV agencies should assure all staff understand and respect the role, values, capacity, policies, needs and limitations of local services to facilitate effective collaboration.*

*DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide community outreach and education, identify and address gaps in resources and provide support for staff.*

Cross Training

The first step in building inter-agency relationships is increasing the knowledge base of all staff. These two systems are designed to focus primarily on different victims of family violence with very different needs. Each system has evolved differently resulting in professional cultures that sometimes clash. Recognizing this allows a better appreciation of partner agencies. Cross training needs to address several levels:

- The connections between domestic violence and child maltreatment and appropriate interventions with families who are experiencing both;
- The history, philosophy, values and mission of each field;
- The statutes, policies and rules governing each field; and
- The specific policies, practices, capacities and limitations of each agency.

When staff have this knowledge base, the actions of the partner agency make better sense and misunderstanding are rarer. The quality of discussion about decisions and service provision is elevated. Actions are seen in context. The vast common ground between these two fields is more evident.

Specific questions:

- How will our orientation for newly hired staff assure they appreciate the connection of the multiple forms of family violence, understand the role and workings of our partner agency and are familiar with our procedures for working together?
- How will provide ongoing training for staff to enhance their understanding and skills for identifying family violence and working with families that are experiencing more than one form?
- How will we keep staff up-to-date on changes in agreements between our agencies and changes in the policies and procedures of each agency?

Ideas for addressing these issues:

- Release time for volunteer work in the partner agency
- Shadowing staff of the partner agency

- Visit partner agency as part of orientation
- Buddy system with staff person at partner agency
- Joint training events
- Identify staff to provide training for the partner agency
- DHFS-DOJ sponsored training for DV staff on understanding the child welfare system
- Training Partnership's curriculum on intervening in families experiencing domestic violence for CPS workers

### Ongoing Relationship Tending

Knowing and trusting staff at your partner agency can curtail many problems. Having someone you can call and ask candid questions is invaluable to collaborative work. Much of this happens informally, after the meeting's formal agenda has been accomplished. It is wise for agency management to sanction and promote opportunities for staff to spend informal time together. Thankfully, this doesn't all need to feel like hard work!

Specific questions:

- How can we build in opportunities for staff of partner agencies to stay in touch?
- How do we keep up our energy for our work?
- How do we stay current with changes at our partner agency?
- How do we have some fun?
- How do we jointly identify our common concerns and frustrations?
- How do we make this part of our agency cultures?

Ideas for addressing these issues:

- Regular joint meetings that include time for food and fun
- Supervisor sanction for protected time for relationship tending
- Identify someone responsible for planning – set up an inter-agency planning group comprised of your most fun staff
- Buddy system
- Celebrate and appreciate each other during Child Abuse Prevention Month and Domestic Violence Awareness Month

### Consultation

All staff benefits from having an established mechanism for dealing with questions as they arise. When there is an easy way to bring questions to your partner agency, everyone is less likely to just make assumptions. The quality of our interventions with families and inter-agency relationships are both enhanced when there is a quick, easy way to get the answers we need.

Specific questions:

- Where can I take my hypothetical questions? (What would your agency do in these circumstances?)
- Where can I take my questions about what I should do in a particular family circumstance concerning the other form of family violence?
- Where do I take my questions about the partner agency's services and procedures?
- Where do I take my questions about actions of the partner agency's staff on a joint case?

Ideas for addressing these issues:

- Identify contact people – agency liaisons
- Buddy system
- Co-locate
- Hire someone from the other field to work on your staff
- Regular issue meetings

### Conflict Resolution

Conflicts of various sorts arise in the course of working in the same community. Sometimes, there are tensions regarding decision making or actions with a particular family. There may be conflicts about a policy or general practice of the partner agency. An individual staff person may say or do something that is seen as detrimental to the partner agency. If there is an existing process to address these conflicts, the potential for damage is minimized. Conflict can be addressed directly and contained. This is more likely to happen if a means for addressing conflict has been developed in advance.

Specific questions:

- What values should guide staff response when there is conflict between partner agencies?
- How will we address conflict about a particular family?
- How will we address conflicts about roles, practices or communication that is not specific to only one case?

Ideas for addressing these issues:

- Problem solving groups
- Identify an outside mediator and process for mediation should it ever be needed (regional office, neutral third party, etc.)
- Procedure for involving management and description of when this is appropriate

### Confidentiality Issues

Some of the models used to nurture professional relationships may have confidentiality implications. One of the best ways to understand a partner agency may be to see the staff in action. This may require having access to clients or

client information. It is important to review any initiatives developed to foster collaborative working relationships for confidentiality implications.

In addition, each field often misunderstands the client confidentiality needs and provisions of the other. These are difficult to reconcile and have often been the source of tension between domestic violence program staff and child protective services workers.

Specific questions:

- How will we assure that staff understands the partner agency's needs related to confidentiality and governing statutes, policies and procedures?
- How will we address confidentiality issues related to shadowing, spending time at the partner agency, etc. when these strategies are chosen to enhance our collaboration?
- How will we work together despite confidentiality provisions that, while necessary, are sometimes challenging?

Ideas for addressing these issues:

- Include agency attorneys in the collaboration discussion
- Use outside legal advice – WCADV and/or DHFS
- Include affected clients in these discussions
- Ask client permission before allowing staff access to information – use releases

## LEVEL TWO – COORDINATION OF SERVICES

Level Two addresses issues related to serving families in which both forms of family violence may be occurring. Issues arise around referral between programs and working together to provide comprehensive services that address complex family dynamics.

Within this resource paper, six issues that have been challenging for inter-agency collaboration are discussed. In addition to these service coordination issues, each agency may have internal practice issues that are significant to quality intervention with families experiencing child maltreatment and domestic violence. An example is each agency's screening for the other form of family violence. While these are critical practice issues, they are not generally appropriate to include in an inter-agency MOU. Therefore, they are not included in this resource paper. Each agency's internal practices may be the source of friction between agencies, however, and may generate discussion. To serve families well, we must attend to both internal and inter-agency issues.

A discussion around coordination of services sometimes exposes conflict between agencies that was not recognized earlier. Staff of either agency may have made assumptions that, on closer examination, are found to be false. Either agency may become aware of practices with which it disagrees. The work that has been done to build inter-agency relationships is a great asset when this occurs. These discussions, though sometimes difficult, can result in deeper understanding and agreements that are responsive to the complexity of family violence.

Since the issues identified here relate to different aspects of practice, the pertinent principles from the workgroup are incorporated into each section.

### Domestic Violence Program Staff Reporting Suspected Child Abuse or Neglect to Child Protective Services

*Pertinent Workgroup Principles:*

*When working with families experiencing domestic violence and child maltreatment, we have an obligation to provide safety for children and an obligation to aid battered women to achieve safety.*

*Safety for battered women and children is enhanced when batterers are held accountable for their actions.*

***DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide***

***community outreach and education, identify and address gaps in resources and provide support for staff.***

A cornerstone of public policy regarding child maltreatment is the mandatory reporting statute. This legislation was deemed necessary because children cannot be expected to take action on their own behalf. It reflects the community responsibility for the safety of children. Wisconsin's mandatory reporting statute does not specifically name DV program staff within the list of professionals required to report suspicions of child abuse or neglect. DV staff may, however, have professional credentials that make the issue of interpreting the mandatory reporting statute complex. In addition, a DV staff person who is a certified social worker may have additional obligations and possible sanctions related to reporting. This issue is complex and has been interpreted differently by various legal authorities. Within many communities, agency staff may not have been exposed to the complexity of this issue. It is possible for staffs of partner agencies to be operating with different understandings and interpretations of the statute without realizing this discrepancy. A first step toward coordination is to understand the partner agency's stance regarding mandatory reporting and, if possible, coming to a common interpretation.

Many DV programs have developed internal policy to guide their staff in child abuse and neglect reporting. Empowerment of battered women is the paramount value of the philosophy of DV programs and that cultural value is reflected in these policies and the struggle staff sometimes faces when implementing them. These policies often contain provisions for first encouraging women to self-report and keeping clients informed about everything done for and about them. These policies may generate tensions with CPS workers who are generally trained to initiate contact with children first and gather significant information before approaching the individual alleged to have maltreated the child. In addition, mandated reporters are guaranteed certain information under the statute that would not be released to a non-mandated individual who is reporting because of agency policy. This seriously curtails the information DV staff could receive in response to a report.

Clear expectations about reporting require common understanding about what exactly constitutes a reportable condition. Tensions are generated when DV staff report suspected maltreatment, despite concerns about the ramifications this will have for the battered woman's relationship with their agency, only to have the report screened out. These circumstances speak to the need for cross-training and easily accessible consultation.

To add to this complexity, issues related to reporting child abuse and neglect must be resolved in a manner that does not violate the non-disclosure statute

that prohibits DV program staff from revealing the location of any woman who has used their services or her children.

Specific questions:

- Does the domestic violence program staff believe they are mandated reporters by statute?
- Does the domestic violence program have a written policy describing its expectations about reporting? Does everyone understand and support the provisions of that policy?
- How will the agencies reach a clear understanding of what circumstances will be accepted as reports of child maltreatment?
- How will domestic violence program staff report child maltreatment without violating the non-disclosure statute?
- How will domestic violence program staff receive feedback about reports that are screened out? When can they receive information about actions taken in response to a report?

Ideas for addressing these issues:

- Make agreements for hypothetical calls, who will receive them and give feedback, level of flexibility
- Inservice training with DV staff to include sharing intake form and screening criteria
- Make agreements about DV staff empowering women to make self-reports, deadlines, DV staff ability to check on accuracy, and ability to call ahead to alert staff that woman will be making report.

### **Child Protective Services Staff Referring Women to Domestic Violence Services**

*Pertinent Workgroup Principles:*

*When working with families experiencing domestic violence and child maltreatment, we have an obligation to provide safety for children and an obligation to aid battered women to achieve safety.*

*When making decisions and policies about information disclosure, we should recognize (a) CPS staff need to have sufficient information to identify children who may have been maltreated and, when necessary, provide safety for those children and (b) battered women need information kept confidential that would jeopardize their ability to maintain and plan effectively for their safety.*

*Policies, protocols and decision making should recognize families experiencing domestic violence and child maltreatment vary in dynamics, family situation and the impact of abuse on its victims and provide a range of response appropriate to the family's circumstances.*

*CPS and DV agencies should assure all staff understand and respect the role, values, capacity, policies, needs and limitations of local services to facilitate effective collaboration.*

*DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide community outreach and education, identify and address gaps in resources and provide support for staff.*

CPS staff may work with a woman whose parenting is compromised by the effects of domestic violence. Under these circumstances, the CPS perspective may be that the woman needs DV intervention services to reduce the threat to child safety. To fulfill their responsibility to the child and community, CPS staff may feel they need to mandate those services and evaluate whether the mother's participation in services is having the desired effect on her parenting behavior.

This perspective has fundamental differences from the perspective of DV service providers. As an outgrowth of the empowerment philosophy, DV staff may be opposed to any coercion regarding use of their services. They may have concern that serving a client mandated by a court order or the CPS case plan to participate in services will have a negative effect on their community reputation as an advocacy-based organization and, thus, diminish their ability to reach other battered women.

No matter how a woman comes to services, there are issues that must be resolved regarding inter-agency information sharing. CPS workers need adequate information to support their decision-making. The means for doing so needs to respect client confidentiality.

Specific questions:

- How directive can the CPS role be in referring women to DV program services? Can participation in services be court ordered? Can DV program services be included in the CPS case plan?
- Can CPS receive reports from DV program staff regarding a woman's participation in those services? Under what circumstances and with what level of detail? Attendance? Nature of participation? Progress on goals identified in a case plan?
- What if CPS refers a woman to domestic violence services and she does not call? Can there be feedback to the CPS staff?

Ideas for addressing these issues:

- Case staffings or multidisciplinary teams with releases
- Cross-training to include differences between cultures regarding documentation and language
- Separate programs that are open to mandated clients, offered at a different location than the shelter program
- Contract for domestic violence services from another community agency such as a mental health program

### Coordinating Services for Children

*Pertinent Workgroup Principles:*

*Policies, protocols and decision making should recognize families experiencing domestic violence and child maltreatment vary in dynamics, family situation and the impact of abuse on its victims and provide a range of response appropriate to the family's circumstances.*

*DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide community outreach and education, identify and address gaps in resources and provide support for staff.*

Given the high rate of co-occurrence of domestic violence and child maltreatment, CPS works with many children who have witnessed domestic violence. Part of the CPS case plan may include services designed to address the negative impact that experience can have on children.

The issues regarding children's participation in DV intervention services parallel those for women. Can these services be mandated? How can information regarding the impact of these services on child functioning be shared?

Specific questions:

- How directive can the CPS role be in referring children to DV services? Can participation in services be court ordered? Can DV services to a child be included in a case plan?
- Can CPS receive reports from DV services regarding a child's participation in those services? Under what circumstances and with what level of detail? Attendance? Nature of participation? Progress on goals identified in a case plan?
- Does our community have the capacity to provide outreach to children following their witnessing of an incident of domestic violence?

Ideas for addressing these issues:

- Services outside of DV program space, including schools (especially for teens)
- Purchase of service contracts to allow the county to purchase and shape services

### Safety Planning

*Pertinent Workgroup Principles:*

*When working with families experiencing domestic violence and child maltreatment, we have an obligation to provide safety for children and an obligation to aid battered women to achieve safety.*

*Child safety can often be improved by helping the mother to become safe and by supporting the mother's efforts to achieve safety. Our first strategy should be considering means to provide safety for the child and battered woman together.*

*CPS and DV staffs should consider the impact of their interventions on all family members. Whenever possible, we should not take action that increases the danger to or vulnerability of another family member. When this cannot be avoided, we should attempt measures to address this resulting increase in risk.*

*Policies, protocols and decision making should recognize families experiencing domestic violence and child maltreatment vary in dynamics, family situation and the impact of abuse on its victims and provide a range of response appropriate to the family's circumstances.*

*DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide community outreach and education, identify and address gaps in resources and provide support for staff.*

The term "safety planning" has different meanings within each of these fields. In DV work, safety planning refers to contingency planning in the event of an episode of violence. In CPS, safety planning is a plan to control any condition or behavior that has been identified as a threat to child safety. In the context we are discussing, this could be violence by the batterer or other behavior or condition present in the family. Coordination of services in this area requires participants understand the meaning of the term within each context.

In families experiencing both domestic violence and child maltreatment, both the mother and child may be unsafe. Staff within each partner agency must take steps to assure they are assessing the safety of all family members and are not intervening in a manner that increases the danger to another family member. In the event this is unavoidable, measures should be taken to address the resulting increased danger.

Research and innovative projects have demonstrated that the most secure, durable alternative for child safety in domestic violence situations is providing for the safety of the mother and child together. This is also consistent with the CPS value of resorting to out-of-home placement only when safety cannot be assured with an in-home safety plan. This cannot always be accomplished, but it remains our goal in most cases.

Specific question:

- When a battered woman and her child are both unsafe, how will staff work together to develop a safety plan that address the needs of both?

Ideas for addressing these issues:

- Joint CPS, DV meetings with the woman to develop safety plan
- Use your contact person at the other agency to help develop safety plan
- Share resources that are available to provide safety

### Outreach

*Pertinent Workgroup Principles:*

*When working with families experiencing domestic violence and child maltreatment, we have an obligation to provide safety for children and an obligation to aid battered women to achieve safety.*

*Child safety can often be improved by helping the mother to become safe and by supporting the mother's efforts to achieve safety. Our first strategy should be considering means to provide safety for the child and battered woman together.*

*CPS and DV staffs should consider the impact of their interventions on all family members. Whenever possible, we should not take action that increases the danger to or vulnerability of another family member. When this cannot be avoided, we should attempt measures to address this resulting increase in risk.*

*Policies, protocols and decision making should recognize families experiencing domestic violence and child maltreatment vary in dynamics, family situation and the impact of abuse on its victims and provide a range of response appropriate to the family's circumstances.*

*DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide community outreach and education, identify and address gaps in resources and provide support for staff.*

Given the co-occurrence of child maltreatment and domestic violence, it is not surprising that staff of each partner agency often identify the other form of family violence. They may be the first to do so. Increased awareness and more extensive training will only increase this likelihood.

In particular, CPS is often in a position of identifying women who have been subjected to domestic violence and have not received support or intervention. They are often among the most isolated battered women. The MOU could address how offers of DV services could be made to these women.

In addition, CPS identifies children who have witnessed domestic violence. In the absence of indications of maltreatment, the case may not be opened. These children may, however, benefit from services designed to ameliorate the effects of witnessing domestic violence.

Specific questions:

- When CPS is working with a woman who has experienced domestic violence, what are the outreach options?
- When CPS is working with a child who has witnessed domestic violence, what are the outreach options?

Ideas for addressing these issues:

- Meet with the woman at the shelter
- CPS and DV staff go to the woman's home together
- Outreach phone call while the batterer is in jail
- CPS brings the woman to the shelter program
- Mental health staff meet with the child after an incident to provide crisis intervention services

### Confidentiality Issues

*Pertinent Workgroup Principle:*

*When making decisions and policies about information disclosure, we should recognize (a) CPS staff need to have sufficient information to identify children who may have been maltreated and, when necessary, provide safety for those children and (b) battered women need information*

*kept confidential that would jeopardize their ability to maintain and plan effectively for their safety.*

Any initiatives or agreements that result from Level Two discussion should be reviewed for confidentiality implications.

## LEVEL THREE – IMPROVING COMMUNITY RESPONSE

*Pertinent Workgroup Principle:*

*DV and CPS agencies should coordinate their efforts on the local level in order to assure appropriate reporting and referrals, develop protocols for serving families together, use existing resources creatively, provide community outreach and education, identify and address gaps in resources and provide support for staff.*

Child protective services and domestic violence programs are part of a broader continuum of services that form the community response to family violence. Other members include the criminal, juvenile and family court systems; law enforcement; schools; mental health providers; medical care providers and hospitals; and the faith-based community. All have a part to play in building a strong, consistent community response to family violence.

Level Three focuses on inter-agency efforts to address the broader community response. This includes jointly approaching other community providers in attempts to improve their response to family violence, joint community education and joint family violence prevention efforts.

The timing for undertaking Level Three tasks is, like other aspects of inter-agency collaboration discussed within this resource paper, flexible and should be responsive to local circumstances. Broader community efforts can logically follow a progression of establishing a collaborative relationship and, then, addressing inter-agency service coordination issues. On the other hand, the policies or practices of a third agency can sometimes hamper the work of both agencies. In these circumstances, there may be immediacy in the need to address broader community issues. Working together on a joint project is often a great relationship builder, too.

### Jointly Approaching Other Services to Improve Community Response

DV programs and CPS do not work in a vacuum. The policies and actions of staff at other agencies can either enhance or hamper our ability to accomplish our goals. Families must often work with a confusing mass of community providers. It is critical that the professionals involved coordinate their intervention so that families are not left to figure out how all these parts fit together on their own.

Broader attention to community response can focus on enhanced community level coordination or problem resolution, depending on local need.

Specific questions:

- How will our agencies build a regular mechanism for evaluating and enhancing the quality of response to family violence in our community?
- How will our agencies work together to address problems in the broader system of response to family violence?

Ideas for addressing these issues:

- Community Coordinated Response Teams or other multi-disciplinary models
- Joint letters and meetings with other providers

#### Joint Family Violence Community Education

Both DV and CPS programs provide community education intended to increase awareness of and appropriate response to family violence. The community education role is generally more central in DV programs.

Coordination and integration of community education efforts can help community members appreciate the connections between child maltreatment and domestic violence; allow each agency to reach new audiences; maximize use of staff time and enhance the relationship between agencies.

Specific questions:

- Which of our existing community education efforts would benefit from integration of information about the other form of family violence?
- Are there community education opportunities that could include staff of both agencies?
- Can we identify opportunities for new, comprehensive family violence community education campaigns?

#### Joint Family Violence Prevention Efforts

Because DV and CPS programs are organized and administered so differently, each has assets it brings to joint family violence prevention efforts. As a part of a larger public agency, CPS often has access to better support services (clerical, printing, mailing, etc.) and more stability than DV programs. As a private sector agency, the DV program often has greater flexibility, the ability to raise funds and active volunteers. Community family violence prevention efforts can benefit from these combined strengths.

Both CPS and DV program staff work with profound human suffering and face frequent crises in their work. This takes a toll on staff and is reflected in the high staff turnover rates both fields tend to experience. The ability to step back and address broader issues like prevention can benefit staff, as well as the community at large.

Specific question:

- Are there family violence prevention efforts that we could undertake as partners?

### Confidentiality Issues

*Pertinent Workgroup Principle:*

*When making decisions and policies about information disclosure, we should recognize (a) CPS staff need to have sufficient information to identify children who may have been maltreated and, when necessary, provide safety for those children and (b) battered women need information kept confidential that would jeopardize their ability to maintain and plan effectively for their safety.*

Any initiatives or agreements that result from Level Three discussions should be reviewed for confidentiality implications.