WORKFORCE

Getting Everyone on the Same Page: Child Welfare Workers' Collaboration Challenges on Cases Involving Intimate Partner Violence

Issue

Child welfare workers commonly work with families where there is co-occurring intimate partner violence (IPV) and child maltreatment. It is estimated that between 25 and 70 percent of child welfare cases involved IPV. Research has also demonstrated the various intersecting social service needs of both IPV victims and perpetrators, such as housing instability and employment struggles, suggesting that many non-IPV social service professionals encounter IPV on their caseloads. As such, community responders often share overlapping cases. A victim-centered approach to IPV intervention often includes collaboration of responders as a component of a well-coordinated community response. As such, collaboration with other types of providers as part of a larger network of IPV responders is often necessary, though can be challenging for various reasons. The present study explores child welfare workers' perspectives on collaboration challenges specific to child welfare cases that also involve interpersonal partner violence.

Findings

The present data were collected as part of a longitudinal study on child welfare workforce turnover, the Florida Study of Professionals for Safe Families.[1] The data for this particular analysis were collected via survey responses from Wave 4 of the study, conducted between June 2017 and April 2018. Participants were asked "What is the most challenging part of collaborating on cases that involve intimate partner violence?" The qualitative findings are representative of 493 child welfare workers in Florida. Only 6.5 percent of participants (*n* = 32) suggested there were no challenges of note. The remaining participants shared challenges specific to their collaborative work with other responders.

Ultimately, four themes comprised of 16 patterns emerged: communication, complexity of IPV cases, competence, and participation in the collaborative process.

COMMUNICATION. Communication was cited as the most challenging aspect of collaborating with fellow responders on IPV cases. For example, a participant commented that "[The biggest challenge is] ensuring proper communication and follow through so that both the parent's/survivor's and the children's needs are being met." Unfortunately, maintaining open communication can be difficult, with participants citing both "time constraints" and conflicting schedules as reasons why information is not communicated between responders. As one participant shared, "It's challenging to get a full and accurate picture and timeline of events, when information comes from multiple sources. Communication is sometimes an issue with workers who are very busy and have high caseloads." Another expressed frustration with "playing phone tag^ with fellow responders. Even when case details are communicated, it may not be in a "timely manner," which can result in workers having outdated information (e.g., "difficulty in getting up-to-date treatment plans, progress, etc."). This lack of communication can impede service provision for their clients.

Beyond responders' time and availability constraints, confidentiality policies can impede the amount and nuance of case details certain responder roles are able to share with their collaborators. Confidentiality was most often talked about within the context of victim advocacy, and particularly when communicating with shelters. One participant shared that "shelters only being able to give certain information unless they have a consent" is the biggest challenge, though another participant reported that the "responding agency withholds information regardless if a parent signs consent." Some child welfare workers expressed frustration in how these policies impact their ability to perform their duties. One participant stated: "[IPV] providers do not provide all information regarding mutual clients because of their policy; however, that information is important to know when determining child safety."

COMPLEXITY OF IPV CASES. In addition to communication, many participants cited the inherent complexity associated with co-occurring child maltreatment and IPV cases as the most challenging aspect of collaboration, both in terms of the cases themselves as well as how varying viewpoints and approaches to intervention impact the work. As one participant shared, "Getting everyone to have the same goal [is challenging]. One advocate might have just the victim/survivor in mind, one has the family in mind, one has the child in mind, one is looking at the law/protocol [point of view]."

This tension around conflicting goals was particularly prevalent in the context of IPV advocacy and safety planning. As one participant said, "DV advocates look at the parent as the victim and we have the child(ren) as our victims." Some participants spoke of the difficulty in determining if the victim-parent is contributing to

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the potential danger. Others were more direct in their support for victim-parents (e.g., "CPIs need to stop using failure to protect on mom").

Participants also shared perceptions of overstepping roles (e.g., "outside agencies telling me my job"). As one worker said, their biggest challenge was "too many people involved and attempting to tell you what you need to do." These frustrations can lead to confusion over how to work with the victim-parent. In the words of one participant, "It is hard to know whose expectations to hold the client to. At what point am I, as the case manager, the authority on the case?"

PARTICIPATION IN THE COLLABORATIVE PROCESS. Though still reaching saturation, fewer workers cited participation in the collaborative process as the primary responder-related challenge, which includes both a general lack of involvement and difficulty with the participation of specific roles. Workers spoke of responders' "disinterest" in collaborative efforts, including "not [being] willing to help or assist." Several participants expressed that "history" can impede collaboration (e.g., "turf wars," "getting thru bad blood with certain agencies"), while others felt agencies fell short on "follow thru." As one participant shared, "[It is challenging] when I have done a lot of work for a family that the responders do not continue." Other times, being ignored altogether makes collaborations difficult: "We receive reports but are never invited to meet regarding the clients or asked for our feedback on how the clients are doing."

COMPETENCE. A small subset of the sample cited competence as the primary challenge to collaboration. Workers expressed generalized challenges with competence, such as "minimizing the situation, victim-blaming, [and] lack of empathy." A lack of IPV-specific knowledge appears to result in perceived incompetence in many facets of the case, from interactions with the clients to biases and personal opinions overriding facts. Though frustrations with other fields were mentioned (e.g., "Police do not have any training on how to deal with IPV and do not respect CPIs opinions or decision[s]"); some participants expressed challenges related to other child welfare workers. For example, one participant stated that the largest challenge was "the lack of understanding among DCF investigators regarding the psychology behind DV." While this was a small component of the overarching theme, it illuminates a more inward reflection by some child welfare workers who acknowledge how varying perceived competence levels even within their own field can result in collaboration difficulties.

Implications

The authors conclude with several suggestions for practice, policy, and research.

- Co-location appears to be a promising strategy toward promoting collaboration between child welfare workers and victim advocates. Expansion of this strategy toward the inclusion of more responder roles should be considered. However, while proximity can facilitate information sharing and referrals, there are additional significant elements of collaboration that need to be fostered (e.g., exchanging of ideas, balanced power, shared decision-making).[2]
  » Provide responders with opportunities for sustained engagement with other roles to help improve working relationships, such as ongoing participation in interdisciplinary trainings and IPV working groups. Helping responders to understand one another's roles is essential to moving beyond practical challenges, such as information sharing.
  » Educate responders on other agencies' case policies and priorities, including confidentiality policies. This may help fellow responders gather better information for their colleagues and reduce frustrations when certain information cannot be shared.
  » Enhance institutional empathy by helping responders to better understand the challenging systemic contexts in which they each work, potentially reducing interpersonal frustrations that can lead to unnecessarily withholding communication. With improved institutional empathy, responders would perhaps be more willing to participate in collaborative efforts and come together to find creative solutions for serving all clients within a family experiencing IPV.

- To ensure responders have these opportunities, agency leadership has to prioritize the issue, as research has found leadership buy-in as facilitative to collaboration. This will likely include some expenditure of agency resources (e.g., money, time). Acknowledging that funds might already be thinly distributed within responding agencies, the organization of local, inter-agency trainings can help to defray costs, with the added benefit of providing a venue for responders to interact in a local community context, as opposed to larger (e.g., national trainings).

- Finally, more research is needed on how barriers to collaboration can be alleviated. Though agencies' foci and overarching goals might be rigid, identifying aspects of responding roles or agencies' policies and practices that can evolve to create better working relationships could help promote collaboration and, hopefully, improved client outcomes. Drawing on *Greenbook*[3] evaluation findings, they suggest that communities partner with local researchers to conduct needs assessments to help better define goals and outcomes of collaboration. Ideally, these assessments would include both frontline staff and supervisors.

1 Wilke, D. J., Radey, M., & Langenderfer-Magruder, L. (2017). Recruitment and retention of child welfare workers in longitudinal research: Successful strategies from the Florida Study of Professionals for Safe Families. *Children and Youth Services Review, 78*, 122–128. https://doi.org/10.1016/j.childyouth.2017.05.013.

2 Blacklock, N., & Phillips, R. (2015). Reshaping the child protection response to domestic violence through collaborative working. In N. Stanley & C. Humphreys (Eds.), *Domestic violence and protecting children: New thinking and approaches* (pp. 196–212). London and Philadelphia: Jessica Kingsley Publishers.

3 Banks, D., Dutch, N., & Wang, K. (2008a). Collaborative efforts to improve system response to families who are experiencing child maltreatment and domestic violence. *Journal of Interpersonal Violence, 23*(7), 876–902. https://doi.org/10.1177/0886260508314690.

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