
Building Bridges Between Domestic Violence Organizations and Child Protective Services

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About the Author

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Introduction

Violence against women and children is centuries old, but only over the past 25 years have communities made significant improvements in their responses to each problem.

In the 1970s, state legislatures created systems to help abused children, and by the 1980s many grassroots women's organizations had set up shelters for battered women. These two response systems were designed with very different mandates, funding, and goals.

As a result, tensions and problems now emerge as service providers, the courts, and communities try to more effectively help those families in which violence against women and children is overlapping and intertwined.

Domestic violence advocates have learned that the concerns of battered women are inextricably linked to the welfare of their children and that the safety decisions of battered women are typically guided by the needs of their children.

As a result, domestic violence organizations have worked hard to address the needs of the children of battered women, including providing a variety of concrete services like children's play and educational groups, support activities, and therapeutic services. Advocates have also broadened the scope of their work to include case-level and systemic advocacy for children.

Over the last ten years, domestic violence advocates have learned that it will take a coordinated effort to effectively protect women and their children. No single organization can do this work by itself. Without collaboration and coordination among agencies, it is the battered women and their children who pay the price: their safety is jeopardized and their needs for security and stability are compromised.

"Building Bridges Between Domestic Violence Organizations and Child Protective Services" was prepared as a new resource for advocates seeking to strengthen efforts to help battered women with abused and neglected children. This paper provides both background information and a framework for collaboration with child protection agencies that will support the work of domestic violence advocates as they try to improve safety for women and their children.

The paper covers the following topics:

- Why must domestic violence advocates and child protection staff work together to keep battered women and their children safe?
- What effects does domestic violence have on children?
- How does the child protection system work?
- How can domestic violence organizations and child protection agencies collaborate effectively and respond to policy challenges constructively?
- Author's Note: CPS is the acronym commonly used to denote the public agency designated by statute to investigate reports of child abuse and neglect. In this paper, the terms cps, child protective agency, and child protection agency are used interchangeably. The term child protection system is used to denote the broad network of partners with critical roles in child protection including the legal system, the cps agency, and other service providers.

Why must domestic violence advocates and child protection staff work together to keep battered women and their children safe?

Last night Gina's boyfriend Mark came home drunk again. They started arguing about money, and Mark slapped and punched Gina. Seven-year-old Sammy ran into the kitchen and started hitting Mark and yelling, "Stop hurting my Mommy!" Mark picked Sammy up by the seat of his pants and yelled, "Stay out of this, you little bastard, you're just like your father -- a real loser." He then dropped Sammy, who crashed to the floor. Sammy started crying, and Gina yelled at him to get out of the kitchen. Gina and Mark's one-year-old daughter Jessie started crying in the other room. Mark told Gina to just "let her cry, or she'll grow up to be a stupid baby like you."

A neighbor called the child abuse hotline to report that there was fighting in the apartment next door and that she could hear the children crying again and worried that they were being hit.

Gina's situation is all too familiar to domestic violence advocates and child welfare workers. A woman is the victim of physical assaults and verbal abuse. Her children's lives are altered by her situation -- their well being, and often their safety, are compromised by the actions of an abusive partner. Sometimes, before the woman can fully consider the alternatives available to her, she is reported to child protection authorities because neighbors, friends, or service providers are concerned that the risk to her children is too great. Soon, she finds herself meeting with a child protection caseworker whose assessment of her situation could result in the removal of her children.

The actions of the police, child protection workers and others can have a tremendous impact on the immediate and long-term safety of both Gina and her children. However, domestic violence advocates and child protection workers might start from different places of emphasis. For example, advocates considering Gina's situation might focus on the following questions:

- How does Gina view the risks to herself and her children? What supports and resources does Gina have available to help her keep herself and the children safe? What is her current safety plan? Will it be effective, or does she need additional information and resources?
- How dangerous is Mark? Does he understand how he is hurting Gina and the children? Has he ever been arrested for his violent behavior? How did he respond? Will he obey court orders?
- A child protection worker might focus on these questions:
- What happened on the night of the incident according to Gina, her children, and the neighbor? Was Sammy physically injured when Mark dropped him? If so, did Mark or Gina make sure he got medical attention? Has this happened before? Has Mark ever hit Sammy or Jessie?

- What steps has Gina taken to protect the children? Can Gina protect the children? Are there other indications that the children are neglected or abused or at serious risk of harm?

Once advocates and caseworkers answer these questions, each will begin a series of activities to help family members achieve safety. These efforts are likely to help some family members. For example, a battered woman's shelter will provide safety for mother and children in the short term. However, once the shelter period is over, lack of resources may send her back to an abusive partner, placing her and the children at renewed risk.

At the same time, foster care placement -- arranged through the child protective system -- can provide safety for the children, but it may not be needed or desirable if the mother is able to provide for their care. Even if she can't, foster care does nothing to address her safety concerns.

Family preservation workers can also provide a valuable resource to the family, with frequent home visits to provide help and monitor the safety of mother and children, even if the abusive partner returns. But this intervention can be problematic if the family preservation worker does not have strong skills in handling a domestic violence situation.

Finding strategies that help both women and children to be safe is a dilemma that challenges domestic violence advocates and child protection workers every day. Despite mutual interests, those working with battered women and their children find that not all approaches are useful in achieving safety for all victims. Some approaches don't last long enough. On occasion, interventions to help one victim -- giving the mother time to develop a plan -- might actually increase the risk to another group of victims, the children.

When advocates and child protection workers *are* able to effectively assist women and children, it is likely that they have done so by coordinating safety assessments and interventions for both the mother and child. Together, they have also found ways to better understand how services for battered women and their children work, and how these services can work together. This has meant sharing vital information about the differing laws that guide domestic violence advocates and child protection caseworkers, the values and principles that guide their responses, and the tools and resources that are available in each system.

For advocates, collaboration can mean a significant and positive change in their work on behalf of women and children. Child protection workers are not experts in domestic violence. Typically, they must have general casework skills to deal with a variety of family needs. Only a few workers have training opportunities that would allow them to develop expertise in the dynamics of battering and its impact on children. While most are familiar with local battered women's shelters, they often have limited information about the range of related services and supports that are available through advocates, the courts, and other systems. Domestic violence advocates can change this through collaboration.

Likewise, advocates can be frustrated in their interactions with a child protection system whose powers are substantial and whose rules may often seem arbitrary and subjective. Collaboration can help unravel the complexity of the child protection system to reveal ways in which advocates can work effectively with child protection workers to keep both battered women and their children safe.

What effects does domestic violence have on children?

- For advocates to collaborate effectively with child protection workers, the latter must have a basic understanding of the effects of domestic violence on children.
- For more than a decade, researchers have examined the impact of children's exposure to domestic violence. This body of data supports the experience of women like Gina. Most children who live with domestic violence witness it in some form, and this experience may cause harm. These harms include those that result when:
 - children experience their mother being battered and also see injuries that result from the violence;
 - children are injured during a violent episode; this may occur inadvertently when a batterer attacks, a victim tries to defend herself or the children, or the child tries to protect a parent; or children are directly abused or neglected.

While effects on individual children may vary, researchers have concluded that many children who are exposed to violence exhibit at least some symptoms related to this experience. These symptoms might include fearfulness, sleeplessness, withdrawal, anxiety, depression, and externalized problems such as delinquency and aggression.

Research also suggests that these problems are often alleviated when children and their mothers are offered adequate social, emotional, and material support and safety.

The overlap of domestic violence and child maltreatment

Through their work with women like Gina, front-line workers in domestic violence and child protection agencies are increasingly aware that when there is child maltreatment there is often domestic violence. Data from research and from direct practice in shelters and in child protective service programs are supporting their experience.

In one nationwide survey of 6,000 families, researchers found that 50% of men who frequently assault their wives also frequently abuse their children. In a 1991 Boston City Hospital study, researchers reported that 59% of mothers of abused and neglected children had medical records that suggested that their partners had battered them.

Although there is little formal research on domestic violence in child protection caseloads, some data support a link between domestic violence and child abuse and neglect. For example, in a 1990 review of substantiated child protection cases, the Massachusetts Department of Social Services reported that workers noted domestic violence in 30% of the cases. Because the agency did not prepare or require caseworkers to consider domestic violence in the investigation and assessment process, the study was believed to underestimate the actual incidence of domestic violence. In a subsequent study, conducted after implementing policies and training in domestic violence, the Department found that in 48% of records reviewed workers identified domestic violence or cited "protecting an adult from domestic violence" as a goal of service.

As with any case type, domestic violence cases can range from those where child maltreatment is highly unlikely to those in which there is serious or life threatening harm to children. Thus far, several other child protection agencies have documented a disturbing link between domestic violence and fatal child abuse. In 1993, the Oregon Department of Human Resources reported that domestic violence was present in 41% of families experiencing child abuse and neglect resulting in critical injuries or death. The Massachusetts Department of Social Services made a similar finding when a 1994 review of child abuse- and neglect-related fatalities revealed that 43% of mothers identified themselves as victims of domestic violence. In New York City between 1990 and 1993, the public child welfare agency found that 55.6% of the families with child homicides had a documented history of domestic violence in the four years preceding the fatality.

Although we are learning more about the connection between domestic violence and child maltreatment, we still know little about how the two interact within the family. There is no evidence, for example, that fatal child abuse is more likely to occur where there is domestic violence. A better understanding of domestic violence will help child protection workers to best target their interventions. Also, if advocates and child protection workers strengthen their knowledge and skills in assessing the risk to children, they will be better able to reduce the number of children and women experiencing serious harm.

How does the child protection system work?

How did the child protection system begin?

The child protection movement began more than 100 years ago and galvanized around a highly publicized New York City case involving a young child, Mary Ellen, who was brutally beaten by her caretakers.

This case led to the creation of the first child protection agency and state statute providing agents to conduct court investigations into child maltreatment. Early activists sought protection for children and punishment for abusers. As the child protection movement evolved, new mechanisms emerged to support this work including:

- the first juvenile court, in Illinois, in 1899;
- a federal oversight agency -- The Children's Bureau -- which still exists today; and
- the Social Security Act in 1930, which provided the first national directive and funding for child welfare services.

Each of these events was critical in the development of the nation's child protection system. Nonetheless, much of our modern system has emerged over the last 37 years, beginning in 1962, when Dr. C. Henry Kempe identified the "battered child syndrome." His work resulted in the first broad public awareness of child abuse and neglect.

Since then, both state and federal governments have been proactive in their response creating new legislation to direct child protection efforts. Throughout this period we have seen dramatic increases

in the number of children and families served, the array of services, and the scope of legal requirements guiding the system. The key components in our current system are highlighted in the following table.

Table 1. Key Features of the Child Protection System

<p>Federal Legislative Framework</p>	<ul style="list-style-type: none"> • Child Abuse Prevention & Treatment Act of 1974 • The Indian Child Welfare Act of 1978 • Adoption Assistance & Child Welfare Act of 1980 • The Adoption & Safe Families Act of 1997
<p>Primary Service Mandate</p>	<ul style="list-style-type: none"> • Safety for children
<p>Secondary Service Goals</p>	<ul style="list-style-type: none"> • Permanency for children by strengthening family or seeking alternative permanent families. (e.g., adoption) • Well-being of children
<p>Service Providers</p>	<ul style="list-style-type: none"> • Government agencies providing statutorily mandated services • Contracted and community services used to reduce risk & address family problems
<p>Support and Authority Used to Assist Victims</p>	<ul style="list-style-type: none"> • Child protection worker responsible (through state statute) to monitor families and offer supportive services • Supportive & authoritarian roles also carried by community agencies and police/courts, respectively

<p>Examples of Services and Tools Used to Respond</p>	<ul style="list-style-type: none"> • Child Abuse and Neglect Hotline • Joint police & child protective services response including investigation & assessment • Shelter, kinship, and foster care placements • Treatment services like parenting classes, substance abuse treatment & counseling • Case management & referral • Temporary & permanent custody of child
<p>Court Role</p>	<ul style="list-style-type: none"> • Juvenile or Family Courts provide protection (e.g., legal custody) & oversee decision-making of CPS • Criminal Courts used in a few extremely serious cases.

Federal statutes that guide child protection agencies

While child abuse and neglect laws vary from state to state, *they all must comply with the basic requirements established in the following federal statutes:*

- **The Child Abuse Prevention and Treatment Act of 1974 (CAPTA)** The act required that each state establish a mandatory reporting system for child abuse and neglect. Through a series of revisions, the most recent of which became law in 1996, the act has established detailed criteria for state programs receiving the limited funds available under the act. These include provisions guiding the definition of abuse and neglect in state statutes; requirements for confidentiality for children and families; immunity for individuals who report abuse and neglect; and provisions requiring guardian-ad-litem for children.
- **The Indian Child Welfare Act of 1978 (ICWA)** This act establishes the jurisdiction of Indian tribes in child custody cases involving Indian children. The act provides specific procedures for the timely notification of tribes when Indian children come to the attention of child welfare agencies and placement is being considered, so that tribal membership can be determined.
- **The Adoption Assistance and Child Welfare Act of 1980 (P.L.96-272)** This act establishes procedural safeguards for children to try to ensure that they do not linger in foster care. As amended in 1983, the act establishes administrative and judicial case review to try to ensure that the protective and "best interests" needs of children were met. The statute also requires child welfare agencies to make reasonable efforts to prevent placement and provide services to reunify

families. The statute also supports agency programs to secure an alternative permanent family when reunification is not possible.

- **The Adoption and Safe Families Act of 1997 (ASFA)** This act is broad in its scope, addressing family preservation, child protection, permanency planning, and adoption concerns. Among its key provisions is a focus on child safety as the first priority in child welfare decision-making. It also calls for states to pass legislation detailing specific criteria for timely permanency planning in all cases and expedited termination of parental rights in cases of extreme child abuse and neglect.

Core values of the child protection system

The principal purpose of a child protection service is to protect children whose parents or caregivers are unable or unwilling to provide for their safety, basic needs, and emotional security. Within this framework, it is understood that children are not able to protect themselves and that those who act on their behalf must be guided by what is in the child's best interests. The following values hold true:

- Every child has a right to adequate care, supervision and freedom from maltreatment.
- Every child should have a safe permanent family.
- Parents have the primary responsibility and are the primary resource for their children.
- In most circumstances, the most desirable place for children is in their own safe and caring family.
- Most parents want to and can be adequate parents.
- Most parents experiencing difficulty can be helped to be adequate parents.
- When parents cannot or will not fulfill their protective responsibilities, the community has the right and obligation to intervene.

Once the child welfare agency intervenes to protect a child, two key principles guide its work:

1. Safety is always the first consideration in determining how the best interests of a child will be met.
2. The child's wellbeing and need for a more permanent family are also critical considerations.

At a casework level, this typically means that when it can be done safely, services must be provided to strengthen the parent's ability to provide a safe and permanent home for the child. Whenever safety cannot be assured while the child is at home, placement outside the home is made and services are geared at strengthening the family so that the child may be returned home. When this cannot be accomplished in a reasonable timeframe, the agency must look quickly to other resources, including relatives and adoptive families, to provide a permanent family for the child.

The basis for this approach can be found in both state and federal statutes. At the state level these laws may also provide more specific guidance to caseworkers by outlining timelines for key decisions and criteria for certain agency actions. For example, statutes often prescribe the number of days within which a child abuse investigation must be completed and sometimes detail what contacts or assessments are required in order to complete an investigation. States vary widely with regard to the specificity of their child abuse laws and policies. Advocates seeking to collaborate should become familiar with their state statute, and with related state and local policies.

How do cases move through a child protective agency?

What happens during CPS intake and screening

To best describe how the child protection system operates, let's return to the report filed regarding Gina and her children. Before a visit was made to her home, the child protection agency "screened" the report made by the neighbor to determine how it should be handled. Often this means answering only a few simple questions. First, if the allegation were true as reported, would it constitute abuse or neglect according to the state law? Second, is the report credible? In Gina's case the intake worker "screened in" or accepted the report, believing that it was reliable and that Gina's children may be at risk. Had the worker found otherwise, the report would be "screened-out." At that point, it would typically be closed or referred to another agency for assistance.

What happens during an investigation or assessment?

Once a case is screened in, the child protection caseworker begins an assessment of the situation. This assessment or investigation typically begins with an interview of the parents and children that is usually conducted in the family home. During this interview, the worker tries to determine what has happened, and whether or not the children are at immediate risk. [See Appendix A for a more detailed description of the CPS investigation and assessment process.]

After receiving the hotline report, a child protection caseworker met with Gina and her children to begin an assessment. The worker learned that Sammy and Jessie are Gina's only children and that Sammy's father is Gina's ex-husband, who does not live in the area. Gina talked freely about the current incident and said she yelled at Sammy to leave the kitchen so he wouldn't get hurt.

Although Sammy was not hurt this time when Mark dropped him, he and Jessie are afraid of Mark. Mark has never hit them, but Gina is afraid that if she leaves Mark alone with them he might. Gina also told the worker that the one time Mark came home really drunk, she and the kids stayed at a friend's house overnight. Gina also reported that Sammy and Jessie sometimes had difficulty sleeping after an episode of abuse and that she is really worried about them.

A separate interview with Sammy corroborated their mother's account of the incident. The children also stated that they were afraid of Mark and that they worried about their mother. Sammy is upset because his Mother yelled at him to leave the kitchen that night and he didn't know what to do. He went into Jessie's room to try to get

her to stop crying. When Mark is in a "bad mood," Sammy says, his mother tells him to stay in his room.

The interview with Mark was very brief. Mark admitted to having a "few too many" but dismissed the rest of the allegations as just the "fantasy world of a busybody neighbor.

In instances like Gina's, the caseworker will also talk with the neighbor to confirm her report and might contact the police to gather information about their history of calls to the home. In addition, the caseworker might contact a daycare center, school, or pediatrician for additional information about the family.

Based on this information, it is the caseworker's responsibility to make several determinations:

- **Is there reason to believe that the allegations of child abuse or neglect are true?**

State law sets the legal standard against which this is measured. Typically, evidence does not have to "be clear and convincing" but there must be "reasonable cause to believe" that allegations are true. The answer to this question determines whether a case is substantiated (also called "founded").

- **What, if any, risk of harm to the children currently exists and what is the likelihood that they will be at risk in the future?**

This assessment of current safety and future risk usually helps a worker to determine what, if any, services will be provided to the family. Cases where the risk is believed to be minimal are usually closed, unless the agency and family agree to services on a voluntary basis. Low to moderate risk cases may receive in-home services designed to support the family, improve parenting, and ultimately lower the risk of future abuse and neglect. Higher risk cases often result in either intense monitoring through in-home services or in the removal of the child from the family to achieve safety.

The worker decides to substantiate a finding against Mark because of the risk created when he gets drunk and violent. The caseworker believes that Gina has not intentionally harmed her children and that she has made efforts to protect them. The worker is concerned about Mark's ongoing violence against Gina and its effects on the children. The worker has agreed not to remove the children on the condition that Mark remains out of the home. At this point the caseworker opens a case for in-home services and begins a more in-depth assessment of the family's service needs.

- **What happens during the assessment and service planning phase?**

Once an initial investigation or assessment is completed, the child protection worker is responsible for continuing to gather information about the family and to determine what services are needed.

As the worker spends more time with Gina, he finds out the following: Gina moved to this community two years ago. She and Mark began dating right after she moved. At first, he was very kind to her and to Sammy, helping her get settled and taking Sammy to ball games. He convinced Gina they would "be a family" if she let him move in. As soon as she became pregnant, things got bad. Mark started drinking more and he would fly into rages, destroying property and attacking Gina. She wanted to ask him to leave, but she quit her job when she became pregnant with Jessie and now relied on Mark for financial support. Mark's parents have also been supportive, and she's worried that if she asks him to leave, she'll lose contact with them. The worker is now also convinced that Gina is severely depressed and may have an alcohol problem.

The worker tells Gina she must get a protective order to assure that Mark can not legally come back to the apartment and that she must get an alcohol and psychological evaluation.

At this point the worker has begun the process of planning services. The service plan will later be written down and signed and will outline the types of resources clients must access and the requirements they must address.

- **What is the role of the legal system in child protection?**

Juvenile and Family Court Proceedings

The caseworker drops by Gina's home to see how she and the kids are doing. Gina, obviously drunk, answers the door. The worker can see that the apartment is in disarray and can hear Jessie crying. She asks to see the children. Gina tells her to go away and to leave her family alone. As the worker heads back to her car to call for help, she sees Mark standing in the back yard.

Gina will no longer talk to the caseworker, so the caseworker decides that the children must be removed from their home in order to be safe. She begins the paperwork to get a court order giving the CPS agency the authority to take Sammy and Jessie out of their home and place them in foster care.

During the initial hearing, however, the judge decides to place Jessie and Sammy with Gina, on the conditions that she comply with the recommendations of the substance abuse evaluation and treatment program and that Mark move out and also attend a substance abuse and batterer intervention program.

Nationwide, only about 15% of children in substantiated abuse and neglect cases are removed from their homes. As a result, the court is not involved with most children who come to the attention of the child protection agency. Nonetheless, the court plays a critical role in certain circumstances. First, court intervention is needed when an investigation and assessment indicate that a child cannot remain at home safely. In these instances, the court's authority is required to

take legal custody of the child so that placement and other services may be provided to protect the child. In certain limited circumstances, the child protection agency may place a child out of the home voluntarily with permission of the parent. Policies governing voluntary placements vary across jurisdictions, but even these placements are subject to juvenile court review after six months.

In many jurisdictions, the court may also be involved and allow the children to remain at home with the parent. In these cases the court may oversee the safety of the child and the parents' compliance with the case plan agreement either through an order of supervision or by taking legal custody of the child.

When court intervention is needed, federal and state statutes guide the court in overseeing the protection of children. These oversight responsibilities include assuring that:

- the child protection agency has made *reasonable efforts to prevent the removal of the child* from the home;
- there is a sufficient basis for state intervention on behalf of the child;
- the child is adequately represented;
- each parent has received adequate due process including notice; representation; and the right to be heard, present evidence, remain silent and appeal;
- a proper case plan has been prepared for each parent;
- the child protection agency has either made *reasonable efforts to reunite the child with the family* once placement has occurred, and/or the agency has documented that reasonable efforts are not warranted because reunification would be detrimental to the safety of the child;
- each case is reviewed regularly by the court *to ensure that the child's need for a permanent family is addressed* in a timely manner; and
- the child protection agency has made *efforts to find a permanent home* when the child cannot be returned home.

The courts also play an integral role in decision-making in child protection. Key steps in the court process include:

- **The Petition.** In most states, child protection workers cannot, on their own authority, remove children from their home. They must rely on the authority of either the police or the courts (or in a few cases medical personnel). Even when a child is removed without a court order, the child protection agency is required to file a petition with the court based on timelines established in state law (typically 72 hours or less following removal). The petition contains facts about the alleged abuse or neglect and provides the basis for juvenile court involvement.

- **The Initial Hearing.** This is a critical point in the child protection process. During this hearing the court will decide whether or not the allegations in the petition support the need to remove the child or continue a temporary custody order to protect the child. It is also at this hearing that the court ensures that parents have an attorney to advocate for their rights in the process and that a guardian ad-litem (or alternatively a Court Appointed Special Advocate -- a CASA) is appointed to ensure that the child's best interests are addressed.
- **Adjudicatory Hearings.** These are held to determine whether or not the petition is true -- i.e., the child has been abused and neglected -- and whether the child should be declared dependent -- i.e., whether custody or supervisory authority should be removed from the parent and transferred to the court or the child protection agency.
- **Dispositional Hearings.** These are held so that the court may decide what action should be taken after the child is declared dependent. Choices may include returning the child home with supervision from the child protection agency, out-of-home care, and orders for service to the parents and children.
- **Review Hearings.** Following the dispositional hearing, the court typically sets a date(s) to review the status of the case, including the case plan, the parents' progress in meeting the requirements of the case plan, and recommendations for changes in the case plan, the child's placement or custody.
- **Permanency Hearings.** These are held so that the court may establish a permanent plan for the child. This hearing also considers information documenting the current status of the case in determining how and when the child's need for a safe and permanent family will be met. New requirements established in the Adoption and Safe Families Act of 1997 require that a permanency hearing be held within 12 months of a child's entry into care (and at 15 months for children already in care). This requirement puts an enormous burden on battered women to make quick and effective safety plans for themselves or else run the risk of losing their children permanently.

Once the court is involved, the number of people involved in the case can increase dramatically. In addition to family members, the child protection caseworker, service providers, and the judge, legal counsel represents each of the parties to the case. This means that one or more attorneys will represent the parents. The child protection agency will also be represented. Finally, the court will assign a guardian-ad-litem (an attorney) and/or a court appointed special advocate for the child. With these participants, and through this process, the case plan, services to family members, and, ultimately, the outcome of the case are decided.

Law Enforcement

Law enforcement plays an integral role in the protection of children from child abuse and neglect. In nearly all jurisdictions, police share responsibility with the child protection agency to receive and respond to reports of child maltreatment. In so doing, they carry two primary roles. First, they are responsible for the immediate protection of the child -- particularly in cases where there is an imminent risk of harm. In many cases, this includes the authority to take protective custody

of the child to ensure safety. Second, police are obligated to investigate child abuse and neglect when a crime may have been committed. In many jurisdictions, these investigations only occur when children have been killed or seriously injured as a result of abuse or neglect, when there is sexual abuse of a child, or when there is evidence of other criminal activity by the parent or caretaker.

An additional role for law enforcement is the safety of service providers. In many jurisdictions, police provide protection for caseworkers when they are entering a potentially dangerous situation.

Each of these responsibilities is carried out in coordination with the child protection agency. While many jurisdictions operate informally, in some states, statute or policy requires formal agreements between child welfare and police. Cross reporting of cases between the police and child protection may be mandated to ensure that cases are appropriately investigated and services provided. Jurisdictions may also establish protocols for joint investigations to ensure that the work of the two agencies is coordinated, to minimize the trauma of multiple interviews for children, and to ensure that juvenile and criminal court actions are coordinated.

How can domestic violence organizations and child protection agencies collaborate?

Examples of current domestic violence/CPS collaborations

Several communities across the country have already built collaborations that address domestic violence and child maltreatment collaboratively. Among these are:

- **The AWAKE Program.**

Located at Children's Hospital in Boston, Massachusetts, this strengths-based and family-centered program was one of the first to make the link between domestic violence and child protection. Offering counseling, support groups, and advocacy to battered women with abused and neglected children, the program successfully promotes safety for mothers and children. In 16-month follow-up with a group of 46 mothers served by advocates, 85% of the women reported they were free from violence, and in only one family had children been placed in foster care.

- **Massachusetts Department of Social Services.**

This practice integration model has brought domestic violence expertise to traditional child protective services through a statewide program in which domestic violence specialists work hand-in-hand with child protection caseworkers. The specialists provide case consultation, direct advocacy, and linkages to community resources for battered women and children served by the child welfare agency. Policy guidance supports decision-making that is responsive to the concerns of battered women beginning with screening and investigation and including risk assessment, family assessment, case planning and service delivery.

- **Michigan's s Families First Domestic Violence Collaboration Project.**

This cross-system collaboration between shelter programs and family preservation programs is offered in eleven communities across the state. The program provides intensive services designed to keep children safe and with their mothers. The program has also provided models for cross-training that integrate principles from family- centered practice, child protection, and domestic violence.

These three pioneering programs are among a growing array of models that are serving battered women and their abused and neglected children (see Appendix B for suggestions about building positive collaborations).

In Jacksonville, Florida, and Cedar Rapids, Iowa, child protection and domestic violence programs are working together in community partnership models. In San Diego and Minneapolis, hospital-based programs are in place, and partnerships among police, hospitals, and child protection are developing. In Hawaii, Healthy Start programs are combining early intervention for children with screening and intervention in domestic violence. [For more examples, see *Family Violence: Emerging Programs for Battered Mothers and their Children*, published in 1998 in Reno, Nevada, by the National Council of Juvenile and Family Court Judges.]

What would a collaborative response look like?

The following scenario provides one example of how domestic violence advocates and CPS workers could collaboratively respond to families in which there is domestic violence and risk to the children. This particular example, rather than neatly solving the complex issues in such families, shows a process through which advocates and workers provide ongoing resources to the adult victim, while taking actions necessary to protect the children.

When Gina talked with her caseworker about Mark's violence, he told Gina about a collaborative program between the local domestic violence shelter program and CPS. Gina agreed to participate, and the worker called the shelter to let them know that Gina would call that afternoon. When Gina called, an advocate talked with her to get a basic understanding of her situation and needs and then set up a time to meet with Gina the next day. Gina told the advocate that she believes Mark could be a good partner and father to Sammy if he didn't drink. She also admitted that she probably drinks too much and just doesn't seem to have "any energy anymore." The advocate talked with Gina about Sammy and Jessie. She validated Gina's efforts to keep them out of the way, but also tried to make sure that Gina understood how the drinking and the abuse affect them and what actions CPS must take if the kids are in danger. They talked about what Gina thinks will keep her and the kids safe.

After getting Gina's s permission to talk to the worker, the advocate called the worker, and they developed a plan to propose to Gina and to Mark. The proposed plan called for the following: Mark would move out of the apartment, go to a substance abuse/batterer intervention program sponsored by CPS, pay child support,

and visit with Jessie while his parents supervised. Gina would attend counseling to address her substance abuse and depression and would bring Sammy to a children's group run by the shelter. After 6 months, CPS would reevaluate the potential danger to Sammy and Jessie. Both parents agreed to this plan.

After six weeks of attending classes, Mark stopped going. He also told Gina he wasn't going to pay child support for a child he only sees once a week. Desperate for money and tired of single parenting, Gina invited Mark to move back in.

The CPS worker was notified about Mark's lack of attendance. The worker called the domestic violence advocate to let her know, and went out to check on Sammy and Jessie. The advocate also contacted Gina to see how she might help.

Principles for domestic violence-child protection collaboration

Successful collaboration requires a shared framework for the response to battered women and their children. Core principles already guide collaborative efforts in communities across the country. The following discussion explains each principle and raises key policy challenges that face advocates and child protection workers as they practice together to keep children and their battered mothers safe.

- Principle 1: The safety of children is the priority.

Every procedure, policy or practice of an integrated response to child maltreatment and domestic violence must ensure that children are protected. For example, services to support a battered mother's safety and autonomy must not compromise safety for children. Commitment to this principle can provide essential common ground as child protection workers and domestic violence advocates work through the complex issues of building a collaborative response.

Policy challenges raised by Principle 1: Does a child's witnessing domestic violence constitute abuse/neglect?

There is growing consensus that witnessing domestic violence is harmful to children. However, the harm will not be the same for every child, because the level of violence and each child's experience of the violence are different. Therefore, there is much less agreement about when the harm from witnessing domestic violence is serious enough by itself to constitute possible child abuse and neglect that should be reported to authorities.

While it is clear that situations in which children are physically injured or sexually assaulted during a domestic violence incident should be reported, other situations are less straightforward and require a careful assessment of danger and risk. For most child protection agencies, the threshold for the finding of emotional abuse and even neglect is quite high, and many domestic violence cases, therefore, will be inappropriate for a referral to CPS. Typically, CPS intervention requires independent corroboration that documents that the neglect and emotional harm is significant and is caused by the actions of the parent.

When domestic violence cases fall below the threshold for child protection intervention, community-based services are needed to address the problems that children may experience.

- Principle 2: Child safety can often be improved by helping the mother to become safe and by supporting the mother's efforts to achieve safety.

Child protection strategies should include efforts to enhance a battered mother's safety.

Policy challenges raised by Principle 2: Should CPS routinely assess for domestic violence at intake?

Among many child protection workers and domestic violence advocates there is a great deal of concern about whether or not routine child protection service intake assessment for domestic violence should be done. Child protection agencies fear that this assessment will overwhelm the agency with even more new cases. Domestic violence advocates fear that child protection may fail to address, or, even worse, compromise the mother's safety during the intake process. In reality, assessing for domestic violence is already a part of the investigation and risk assessment procedures for many child protection agencies. There is growing consensus that child protection should develop the skills and protocols needed to effectively assess for domestic violence, to determine which cases require child protection intervention and which should be referred to community agencies, and to offer services that promote safety for mother and child.

How do we resolve confidentiality issues in child protection?

Privacy and confidentiality are cornerstones of domestic violence advocacy with battered women. In contrast, child protection agencies are often bound by policies that mean that information contained in safety plans, service plans and case records may be accessible to perpetrators. A batterer may use this information in custody proceedings or to thwart safety plans developed to protect a woman and her children. Confidentiality issues and misunderstandings often hinder collaboration. To avoid unnecessary conflict, advocates and CPS should work together to understand existing policy and look for ways to improve it. Confidentiality policies must balance the CPS's need for information with the battered mother's right to privacy and with advocates' legal/ethical requirements to keep certain information confidential.

- Principle 3: Safety for battered mothers and their children can be supported by holding the batterer, not the adult victim, accountable for the domestic abuse.

By focusing on perpetrator accountability, we open a new range of resources that can protect children -- including restraining orders, prosecution of domestic assaults, and batterer intervention programs. By focusing on perpetrator accountability, we are less likely to blame one victim for harm to another. Batterers must be held accountable for their abuse of women and children, and they must have access to services that eliminate violence and that appropriately and safely support their role as parents.

While most would agree with this principle, in practice the issues become more complicated.

Gina, for example, did not hit Sammy or Jessie, nor was she the one who dropped Sammy. In fact, Gina tried to get Sammy to leave the kitchen and get out of Mark's way. However, Gina is also a parent who is responsible for making decisions about her kids' lives. When Gina decided that Mark could move back in, after he dropped out of the substance abuse/batterer intervention program, she made a decision that could place her kids at risk. Her decision to let Mark move back in was based on her need for financial support. It is important to understand that Gina did not decide, "Yes, I want Mark to move back in so that Sammy and Jessie are at risk," but, rather, "I have to let him back in or else we'll be homeless."

Given Gina and her children's need for financial support, she had little other choice but to let him move back in. The key to keeping Gina safe is to look beyond the decision she made to fully understand why that was her decision. As CPS and other agencies make efforts to help Gina and her children meet their financial needs, Gina's responsibility is to accept and work with those who are trying to help her. (In Gina's case, financial independence through employment may take awhile, and she may need temporary support from the government along with opportunities to address her substance abuse and depression.)

At the same time, Mark needs to be mandated back to substance abuse treatment and batterer intervention programs. If Mark is once again living with the children and, as a result, the children are in danger, child protection and the courts may have no choice but to remove them from Gina's care.

Understanding the basis for battered mothers' decision-making about their lives and the lives of their children will provide the information necessary to effectively safety plan with them. Understanding a battered mother's decision-making also points out that strategies to protect children that hold mothers like Gina liable for "failure to protect" -- either in juvenile or criminal courts -- will be counterproductive. For example, arresting Gina for getting access to Mark's financial support would not make Jessie or Sammy safe, nor would it change her decision, as she believed she had no other choice. Such strategies will actually decrease a woman's options (thereby increasing her danger and her partner's control) and may subject children to unnecessarily being taken from their homes and families.

Policy challenges raised by Principle 3:

Decision-making in Child Protection

A decision to substantiate or confirm a report of abuse and neglect is typically made in the context of several key questions: (1) Did the reported incident occur? (2) Is the child at continued risk of harm? (3) Who is responsible for the maltreatment? and (4) Who can protect the child?

The last few questions pose some unique challenges in cases involving domestic violence.

- How do we minimize allegations of failure to protect?

When child protection workers substantiate maltreatment, they must typically identify what type of abuse occurred (e.g., physical abuse, neglect, sexual abuse, or emotional maltreatment) and how the parent is responsible for the harm. Often a substantiated neglect decision is based on the mother's "failure to protect," when the actual harm to the child is the result of actions by the father or the mother's partner. Neglect allegations due to failure to protect may also be the basis for the petition for juvenile court involvement. In cases of domestic violence, basing substantiation decisions or petition allegations on neglect due to failure to protect can mean that the ultimate cause of the risk, the abuser, is not being addressed.

Collaborators have worked to achieve mother/child safety without making "failure- to-protect" allegations. Typically, these efforts have been successful when service to the family integrates safety interventions for both victims. We must further consider how a system of case decision-making and substantiation can better reflect the real source of harm to the child. New categories for case findings exist in a few states, including New Jersey and North Dakota, that allow a family to be considered "in need of services" when there is no need for placement. This finding does not require that a parent be blamed for maltreatment but acknowledges that services are needed to protect the child. As these new frameworks evolve, they may help us to resolve this concern.

- How do we hold batterers accountable when they are responsible for child maltreatment?

Typically, this would be done through the criminal legal system process, as many juvenile courts do not have the same authority to criminally punish. In addition, when batterers are not the parent, they are usually not a party to the child protection legal case and therefore the juvenile court has no authority over them. New strategies for connecting criminal and juvenile proceedings may be one solution to this dilemma. However, criminal court involvement may raise other legal and safety issues for battered mothers and their children. For example, a criminal proceeding may delay the juvenile proceeding and result in an escalation in the batterer's violence, or it may lessen the likelihood that he will agree to voluntary interventions. In addition, criminal court actions will not guarantee that the battered mother or her child will be safe.

Batterers intervention services should also be integrated in the CPS response. Given the legal framework guiding child protection, workers typically have a responsibility to work with fathers who may also be batterers. These services are typically intended to strengthen the father's ability to parent and provide safe visitation with children. We must consider how to provide workers with a framework for deciding what services to provide to these men and what criteria to use for determining when and how these fathers should be part of their children's lives.

- What do we do when battered women abuse and neglect their children?

Sometimes battered women abuse or neglect their children. Reluctance to discuss these concerns has limited our ability to fully consider how to address the safety needs of women and children in these cases.

We are also learning that domestic violence, depression, and substance abuse are interrelated. For children living in these situations, the risk of abuse and neglect is elevated. We must

thoughtfully consider how these circumstances place children at risk and work with child protection agencies to develop guidance for properly identifying and appropriately helping these families. In each of these circumstances, safety planning for battered mothers and children will need different yet coordinated strategies.

Conclusion

The policy dilemmas will not be resolved overnight. They will require that we embrace a shared agenda of safety for battered women and for their abused and neglected children. They will require that we turn this shared agenda into real work and shared policy, program, and practice strategies that support our shared goals. This practice paper is intended to offer information and ideas that will help begin this process. The answers to the many questions it raises can be provided in local communities only through concerted and collaborative efforts. In each locale, collaboration efforts can move us from these problems to new solutions meeting the safety needs of women and children.

Learning to work collaboratively is rarely easy. If they are to succeed, front-line domestic violence advocates and child protection workers will need assistance from others in the community, including administrators, public officials, and policy makers who can commit resources to promote more effective collaboration on behalf of children, adult victims, and batterers. The material in Appendix B -- Preparing to Work Together -- is offered as a beginning guide for bringing potential collaborators together.

Finally, this paper reflects the learning from a number of groundbreaking collaborations across the country that link domestic violence and child abuse/neglect interventions. We know that these efforts are just the beginning. More needs to be done to forge new ways for domestic violence advocates to approach and work with child protection caseworkers, juvenile courts, child welfare attorneys, foster families, treatment providers and others. Through these future collaborations we will learn much more about what works for women and children and for those who work on their behalf.

Appendix A

Table 2. Responsibilities of caseworkers in the child protection process

Steps in Casework Process	Key Tasks	Key Questions	Key Decisions
Intake/Screening	Gathering & analyzing information about: <ul style="list-style-type: none"> • Family demographics • Nature of the alleged maltreatment • Behavioral, emotional & physical condition of child & parents • Prior child welfare history 	Is the report credible? Does the report meet statutory & agency guidelines for abuse & neglect?	Should the report be accepted for investigation or assessment? What is the urgency of the report & the timeline for response?
Initial Assessment/Investigation	Interviewing the child, adult caretakers, alleged perpetrator, & family members Gathering information from schools, medical personnel, other service providers Participating in multidisciplinary teams bringing special expertise to the table Documenting their findings Seeking court authorization for emergency placement Preparing court petition	Is the child currently safe? Is the child at risk of maltreatment in the future? What intervention is needed to ensure safety? If the child's safety cannot be assured at home, what type & level of care is needed? Does the family have other emergency needs? Should ongoing services be offered?	Is maltreatment substantiated? Should the case be opened for services? Is placement needed to ensure safety? Is court action needed to achieve safety?

Steps in Casework Process	Key Tasks	Key Questions	Key Decisions
Comprehensive Family Assessment	<p>Review of initial decisions</p> <p>Gathering additional information</p> <p>Conducting additional child & family interviews</p> <p>Seeking evaluations</p> <p>Talking with other service providers</p>	<p>What are causes, nature & extent of risk?</p> <p>What are effects of maltreatment or risk factors?</p> <p>What are the individual & family strengths?</p>	<p>What must change to reduce or eliminate risk of harm?</p> <p>What must happen for effects of maltreatment to be addressed?</p>
Case Planning	<p>Involving the family in developing the plan</p> <p>Finalizing the plan</p> <p>Preparing a written case plan or agreement & obtaining parents' signatures</p> <p>Filing the plan with the court</p>	<p>What risk factors must be addressed?</p> <p>Are goals reasonable & achievable?</p> <p>Who will do what & when?</p> <p>How progress will be measured & evaluated?</p>	<p>What are service goals?</p> <p>What changes are needed to reduce risk & meet treatment needs?</p> <p>What services will be used to achieve goals & changes?</p> <p>How will progress be evaluated?</p>
Evaluating Family Progress	<p>Reviewing the case plan</p> <p>Collecting information from service providers</p> <p>Talking with the child and family</p> <p>Evaluating changes in conditions, behaviors & family dynamics</p> <p>Documenting evaluation and related decisions</p>	<p>Is the family participating in service?</p> <p>Is progress being made toward achieving the goals?</p>	<p>Does the child remain safe?</p> <p>Are the child's permanency needs being met?</p> <p>Is the goal still viable, or is a new goal indicated?</p> <p>Are additional services needed?</p>

Steps in Casework Process	Key Tasks	Key Questions	Key Decisions
Case Closure	Reviewing progress	Is there a continued need for service?	Does the child remain safe?
	Meeting with the family	Do all parties agree that closure is appropriate?	Are the child's permanency needs being met?
	Preparing court reports		
	Establishing a timetable for closure	Has the goal been achieved?	Can case be closed?
	Referring family for community service		What services might be needed to assist the family following closure?
	Providing for follow-up as required		

Appendix B

Preparing to work together, how do we begin to collaborate?

Many of the existing collaborations have evolved through a combination of approaches. Outlined below are some strategies that build on these experiences and some basic community organizing approaches. Although the goal is to build collaborations that help battered women and their children, each community may start with different strategies and achieve separate ends.

Establishing a Shared Mission

Each community will need to engage in a process that will help it determine what it wants to achieve. In some locales, this will mean establishing a broad vision for a community-wide and comprehensive system of services to children and families that includes everything from prevention, early intervention, and supportive services, to treatment and civil and criminal court interventions. In others, the vision will be more focused on specific protocols for collaborations between advocates and case-workers.

Efforts to collaborate are often preceded by some driving force that prompts action. This might be a **key individual, an agency, group, or an institution** that cares about the issue and is in a position to act on its concerns. It may also be found in **an event** that galvanizes a community to act. Often high-profile cases prompt both community and political action that can bring potential collaborators together. Collaborations may begin when there is **general agreement that a common problem exists**. In Massachusetts, for example, dialogue began because people in both domestic violence and child protection agreed that improvements were needed -- even though they had not yet found common ground about what was needed. Finally, collaboration may begin when **information** generated from agency data or research sheds new light on the scope and nature of family violence.

The following key steps are representative of some of the approaches that may be helpful in creating an effective collaboration.

1. A Start-Up Phase. Here, the primary goal is to establish a baseline consensus about the need to improve collaboration between child protection and domestic violence.

This will typically include the following tasks:

- Open the Lines of Communication between Potential Collaborators. This may mean starting with one-on-one conversations, small working groups, or community-wide task forces so that participants can share the concerns that prompt their participation.
 - Enlist the Support of Key Partners. These include those who are influential in each field and in the community. They will typically include:
 - The commissioner/director from the child protection agency or a key designee able to act on behalf of the agency
 - The director of the local domestic violence coalition
 - Domestic violence shelter directors and advocates
 - Key staff from the executive branch of government
 - Agencies and organizations serving children and families
 - Community leaders and others
 - Civic and community organizations
 - Law enforcement officials and the courts
 - Create vehicles for furthering the discussion. This is done through formal or informal meetings, structured work groups, conferences, and task forces.
2. An Information-Gathering Phase. Collaborators need to be better informed about the characteristics of children, women and families; the scope of their concerns; the availability and effectiveness of services; unmet needs; and service system mandates, strengths and weakness.
 - Understand how each system works. This means learning in some detail who receives services, what service methods are used, what resources support service, and what goals are sought and outcomes achieved.
 - Develop a shared understanding of the issues. Joint information gathering can be an effective method for learning about what is needed, and what works. It can also help us focus on gaps and agreed-upon needs.

- Bring citizens, service recipients, and new partners to the table. A broad range of community partners can bring a refreshing and valuable perspective to collaboration -- raising questions that can challenge our basic assumptions and prompt us to consider creative strategies for addressing service needs.
- Bring information and ideas to the community. Successful collaborations will include public hearings, community surveys, workshops, and other efforts to broaden community participation and strengthen constituencies on behalf of battered women and children.

3. A Planning Phase

- Articulate shared values and set common priorities. These will guide the collaboration and focus its activities
- Develop program models and protocols. Include specific strategies that will be used to provide services in a new way. These may include pilot projects and demonstration programs intended to test out new methods.
- Identify needed changes in policy. Include any need for legislative and regulatory changes, as well as changes in agency protocols and procedures.
- Identify resources needed. Include staff resources, training, administrative support, and other costs that will be incurred as a part of the effort.
- Devise a strategy for implementing new collaborative approaches. Include a workplan that identifies specific tasks and timetables for accomplishing these tasks.
- Create a process to evaluate the new model. Include a method that will help collaborators understand how well they are working together, what impact the collaboration is having on service delivery and outcomes, and what mid-course corrections are needed to resolve unforeseen problems. Typically, this will combine data collection and structured sessions to promote problem solving.

4. An Implementation Phase. Once planning is completed, the hard part begins -- we must actually work together. Collaborators will have the opportunity to try out shared service values and new procedures for working together. During this phase we will learn what works and what still needs to be improved. Success will require an ongoing commitment to open communication and joint problem solving. During this process we will also need to continue to bring new partners to the table, including political leaders and other policy makers so that they have a thorough understanding of the collaboration's goals and methods. The process is never smooth, but great gains are possible.