

**A STUDY OF COLLABORATION  
BETWEEN  
CHILD AND FAMILY SERVICES  
AND BATTERED WOMEN'S SHELTERS**

**by**

**MARY ANNE HILDEBRAND**

**A thesis presented to the University of Manitoba  
in partial fulfillment of the requirements for  
the degree of Master of Social Work**

**August, 1998**



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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
of  
MASTER OF SOCIAL WORK**

**Mary Anne Hildebrand**

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## ACKNOWLEDGEMENTS

I would like to thank the employees, directors and supervisors of child protection agencies and women's shelters who willingly and frankly shared their experiences and ideas of collaboration as participants in this study. Their participation in a research endeavour such as this speaks to their willingness to consider collaboration with each other.

I am also grateful to my advisory committee: Elizabeth Adkins, Lyn Ferguson and Tuula Heinonen, for their helpful suggestions and input into the design and reporting of this study. Their ideas and encouragement kept the work focused .

This project could not have been completed without the support and encouragement of my colleagues and friends who were always willing to share their knowledge and expertise with me and challenge my thinking. I am especially indebted to my husband, Brian, who gave so much of his time in order that deadlines could be met and the project completed.

## Summary

Research has shown that domestic violence and child abuse often occur in the same family. Practitioners in child protection and battered women's shelters, therefore, frequently find themselves involved with the same clients. However, differing historical developments, mandates and approaches of these two movements have created obstacles to working together. More recently proponents of collaboration between these two services have demonstrated some success in overcoming barriers and in working together to provide greater safety for women and children.

This study examines the working relationship between front-line workers in child protection and battered women's shelters in rural settings as they relate to each other over common clients and cases. A qualitative study which uses the phenomenological method was undertaken with practitioners from these two services as subjects of the study. Workers in the two fields described their understanding of collaboration and related their stories of success and failure at collaborating with each other. The study demonstrated that differences in mandatory and voluntary services determined differences in approaches to working with families. These differences sometimes caused conflict between the workers and made collaboration difficult.

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## **I. INTRODUCTION**

### **A. Rationale**

This thesis consists of a qualitative study examining the working relationship between child welfare and battered women's shelters. According to various sources (Dykstra, 1995; Dykstra & Alsop, 1996; DePanfilis & Brooks, 1989; Schechter & Edelson, 1995) these two systems, which serve an overlapping population of women and children, seldom work together to respond appropriately and effectively to the problem of violence and abuse in families. Some of the most difficult cases both child welfare and battered women's programs face are ones they confront in common. Research has shown that domestic violence and child abuse frequently occur in the same family (Stark & Flitcraft, 1988; Straus & Gelles, 1990; Walker, 1984).

Differing historical developments, ideologies and mandates of the domestic violence and child welfare movements have created obstacles to cooperation. The domestic violence movement began less than 30 years ago as a grassroots and feminist movement to provide immediate safety to battered women and their children. At that time domestic violence was not seen as a crime and public institutions were not responding to the needs of victims of domestic violence.

Women in local communities established safe houses for the protection of battered women. The child welfare system, institutionalized in state government, was viewed with suspicion and mistrust by the battered women's movement. According to some feminist writers such as Callahan, (1993) the rise of child abuse was somewhat of a "bellwether"; that is to say, a phenomenon that could be "used to focus on concern for the family rather than on the social conditions confronting families" (p. 95). In Britain during a time when family break-up and divorce were becoming common, the problem of child abuse was used to promote traditional family values and a way of keeping women in their place (Parton & Parton, 1989).

Those who believe that child welfare organizations have little to do with the protection of children or the support of families, argue that the organization exists primarily to ensure that the poor will not abandon responsibility for their children. Other feminist perspectives insist that child welfare, like all other social institutions, obscures the problems of economic disadvantage and violence against women, and undervalues the work of caring for children which is done primarily by women (Callahan, 1993). Feminist thinking has had limited influence on child welfare, and tensions between the two movements still abound.

Although more recently attempts have been made to bring together child protection and battered women's programs, an examination of the literature reveals

that there is little research available that promotes the view that these two agencies work together in order to provide services to families. While many feminist practitioners and theorists such as Callahan (1993) and others (Dominelli, 1989; Eichler, 1989; Gordon, 1985, 1986, 1988; Swift, 1991, 1995; Ursel, 1992; and Wilson, 1997) may be skeptical of such endeavours other feminist practitioners are beginning to see the value of joining forces against the pandemic problem of child maltreatment and violence in families. A strong proponent of this approach is well-known feminist writer, teacher and activist in the women's shelter movement, Susan Schechter. Schechter believes that over the course of the past 30 years the battered women's movement has laid the groundwork for feminist services to women and changed the way in which other social services understand violence toward women. It is her contention that by joining forces to preserve the mother-child unit in the aftermath of violence, which will in most cases be the desired outcome, child protection and services and programs for battered women are able to provide better services to families. In "Model Initiatives Linking Domestic Violence and Child Welfare" (June, 1994), Schechter lists descriptions of programs across the U.S. which have been able to overcome barriers, identify common ground and initiate partnerships in the work toward ending violence and keeping children and mothers safe.

Descriptions of collaborative efforts in Canada were not available. However,

interviews with persons from two different locations in Alberta revealed that at least two women's shelters or transition houses in that province had a history of working in cooperation with child welfare authorities, without a provincial directive to do so.

In Manitoba there exists no formal collaborative approach between child protection services and battered women's shelters. However, a research project, conducted between 1989 and 1991 in rural Manitoba, involved the cooperation of all agencies and organizations in the area, including legal, educational, medical, judicial and others providing services for family members where child sexual abuse had been identified. This demonstration project by Trute, Adkins and MacDonald (1994) had at its hub the child welfare agency, but also involved staff members of the women's shelter. Researchers for this project believed that collaboration among many agencies increased both the effectiveness of intervention and the overall quality of services. Collaboration in this project consisted of coordinating a more unified team approach among the various agencies and services, and identifying a case manager for each case. The role of the case manager, who might be from any one of the organizations or agencies providing treatment, was to ensure comprehensive treatment of each child and family members, and monitor each case to be sure that treatment providers remained committed to the treatment strategy.

As a participant in that 1989 to 1991 research project I was influenced by the collaborative approach to child sexual abuse cases. This experience helped to shape my study in that it included interviewees who had been a part of the previous study and overlapped geographically with the 1989 project. Although the earlier study included all service providers and organizations in the area, my study focused on collaboration between only two of the groups, that is, child welfare and battered women's shelters.

As a child protection worker with a feminist orientation, I had become increasingly aware of the need and possible benefits of collaborating more fully with the women's shelters when working with families where child maltreatment and spousal abuse was occurring. I became convinced that the substantial overlap in the issues between domestic violence and child abuse and neglect required that domestic violence programs and the child welfare system needed to work together to find better solutions to the problems the two organizations faced in common. Except for the brief span of the research project, it was my experience that these two services functioned quite independently and had difficulty talking to each other even when they had clients in common. It was in reading about positive experiences in collaboration that I was prompted to pursue this issue for further study and research. I wanted to understand more fully what stood in the way of these two service systems working together effectively, and how the barriers might be

overcome in the future. Reports of successful collaboration in the U.S. by the American Humane Association, Children's Division (1995), with proven results of improved and increased protection for abused women and children, convinced me that I needed to explore similar possibilities in my work setting.

The American Humane Association Children's Division devoted an entire volume to this topic in Protecting Children (1995) with Schechter as its strongest proponent. It stated:

Women and children should not be seen as separate entities to be dealt with by different branches of our response systems. Coordinated efforts by both groups can strengthen and enhance the quality of services that we provide to families and assist in establishing a firm foundation for the elimination of all aspects of violence from our society.  
(p. 2)

Effective collaboration requires planning, addressing interagency hostilities and turf issues, and recognizing the need for ongoing evaluation and adjustment. However the proven results of such collaboration -- improved and increased protection for abused women and children -- are well worth the effort. (Child Protection Leader, 1995)

## **B. Research methodology and objectives**

This qualitative research study examines the nature of collaborative

interactions specifically between two women's shelters and two child protection service agencies in rural Manitoba, by analyzing interviews detailing the experiences and ideas of front-line workers in the two fields. Some of the participants in this study were part of the 1989 research project in coordination of child sexual abuse services. Their responses to this research may have been influenced by that earlier experience.

With the use of a semi-structured format and a systematic qualitative analysis, responses from participants in the two professional environments regarding their positive and negative experiences with each other were compared. Areas of successful cooperation and specific problem areas in collaborating were identified. Practical ideas and solutions for furthering collaboration were elicited and examined. Overall objectives of the study are as follows:

1. Find out what collaboration means to practitioners in child welfare and battered women's shelters.
2. Discover patterns of collaborative practices between the women's shelters and child welfare workers.
3. Identify structural, ideological/philosophical and other factors that contribute to the positive and negative collaborative experiences and which promote or hinder collaboration.
4. Compare perspectives on collaborative behaviour between front-line

workers from the two agencies.

This research offers some insight into a well identified but little talked about problem. Collaboration between child welfare and women's shelters is an important issue for social work practice which needs further discussion and action. The findings and recommendations flowing from this research could potentially influence those who practice in the two fields, as well as policy planners and decision makers who recognize the benefits of collaboration between the two services.

### **C. Organization of thesis**

Chapter Two of this study highlights statistics of concurrence between domestic violence and child abuse. Differences in historical development, ideologies and mandates within child protection agencies and battered women's shelters, and their implications for collaboration between the two systems are discussed.

Chapter Three defines collaboration and examines the reported overlap in clients between the two types of agencies. Some current collaborative programs are described.

Chapter Four reviews the qualitative methodology used and how it was implemented in this study. Details of participant selection, interviews, data compilation and analysis are presented. Strengths and limitations of the study are evaluated.

Chapter Five presents the findings of the data collected from the twelve qualitative interviews as they relate to experiences of collaboration by child and family services (CFS) and shelter participants. Collaborative experiences described by participants are analyzed under various categories that relate to the type of collaboration that occurred, and how these collaborative efforts might have been improved upon according to the participants. Responses from shelter participants are compared and contrasted with responses from CFS participants.

Chapter Six discusses the benefits and barriers to collaboration as perceived by research participants.

Chapter Seven concludes the thesis with a summary and discussion of the findings with some recommendations for those who want to pursue cooperation, coordination and collaboration of services to abused women and children.

## **II. DOMESTIC VIOLENCE AND CHILD ABUSE**

Domestic violence and child abuse have traditionally been viewed as separate issues. While both phenomena became apparent during the past 30 years, the social reform movements in response to these problems have grown independently of each other. Research has shown that there is a great deal of overlap between the populations served by child welfare agencies and battered women's programs (McKay, 1994; Schechter & Edelson, 1995; Stark & Flitcraft, 1988; Straus & Gelles, 1990; Walker, 1984). Increasingly, current research indicates that in homes where there is violence between the adult partners, children are likely to be at risk of abuse as well. Despite their differences, battered women's advocates and those concerned with child welfare have much in common.

### **A. Overlapping populations: Statistics of concurrence**

The link between domestic violence and child abuse was first observed by Walker (1984). In interviews with 400 battered women Walker reported that 53% of fathers and 28% of mothers abused their children (p. 59). According to Walker the percentages are probably low in that battered women's self-reporting is considered inaccurate primarily because of the fear of reprisal from partners or the

loss of their children to child protective services.

In a national survey of over 6,000 American families the researchers, Strauss and Gelles (1990), found that 50% of the men who assaulted their partners also frequently abused their children. The same study also found that the rate of child abuse by mothers who have been assaulted is double that of mothers who have not been beaten. The study found that while the majority of perpetrators of child maltreatment were women, who also provided the majority of child care, men were the perpetrators of the most severe forms of child abuse.

Other recent research on domestic violence (McKay, 1994) reveals that 45% to 70% of battered women retreating to shelters report the existence of some form of child abuse in their homes. One 1988 study found that as many as two-thirds of abused children had mothers who were being battered (Stark & Flitcraft, 1988).

In 1990 the Massachusetts Department of Social Services found that of 200 substantiated child abuse reports, 30% also mentioned domestic violence (Herskowitz & Seck). This number increased to 48% as workers were trained to specifically ask about possible spouse abuse. In another study in 1992 by the same researchers, of 67 child fatalities resulting from abuse reported, 29 (43%) occurred in families where mothers admitted to being victims of domestic violence. A 1992

study concluded that most child fatalities occurred in homes with two-person caretakers, primarily by the father of the children or the boyfriend of the mother (Pecora et al., 1992).

Much research has been done on the effects of domestic violence on children (Hughes, Parkinson, & Vargo, 1989; Jaffe, Suderman, & Reitzel, 1992; Jaffe, Wolfe & Wilson, 1990; Sternberg, et al., 1993). The combined effects of witnessing domestic violence and experiencing abuse may produce even greater traumas for children than either factor alone. Where the mother's abuse is severe, it is likely that her ability for emotional nurturing and daily care of her children may often be seriously incapacitated, placing the children at risk for neglect or abuse. Poverty, frequent moves, shelter stays, separation, divorce, substance abuse, a family history of abuse, few resources and social supports, or mental illness are other stressful factors frequently compounding the problems of abusing parents. Added to those stressors may be the vulnerabilities of children with special needs or unique difficulties. Thorough assessments from various sources are imperative and will assist in determining the level of risk and type of intervention.

Child welfare and battered women's shelters serve large numbers of single mothers and their children. Women separated from violent partners make up a large proportion of battered women. These women are often mothers with children. Data

in the U.S. has shown that 32% to 72% of those receiving child welfare services are single, female-headed households (Dykstra & Alsop, 1996). Canadian statistics from Novick and Volpe's study (as cited in Wharf, 1993) indicated that at least half of the children in care with Children's Aid Society in Toronto in 1989 were from single-parent female-headed families even though single parents constitute about 13% of families in Canada. Similar statistics held true for the province of B.C. (Campbell, 1991 as cited in Wharf, 1993). All of these were from families with incomes below the poverty line. Studies have shown that child abuse and neglect are strongly related to poverty (Pelton, 1978; Horowitz & Wolock, 1981). The Government of Manitoba (1998) estimates that 2,500 out of 17,000 births (14%) which occur annually, off reserve, are born into high risk circumstances of poverty and/or single parenthood. According to the same report, at least 50% of children who come into care are from poor, single parent (mother led) families.

Abuse does not necessarily end when a woman decides to leave her abusive partner. Children and women may continue to be exposed to various forms of violence even after former abusive partners are no longer living in the home. Many women continue their relationships with their abusive partners after separation, sometimes reuniting with them voluntarily, sometimes under threat. Some women begin new relationships with partners who are violent as well.

Although spouse abuse and child abuse have traditionally been viewed and treated as separate issues, research indicates that violence between the adult partners frequently occurs in the same home with violence against children (Stacey & Shupe, 1983). This link also leads to the belief that each can be seen as a fairly strong predictor of the other. The overlap between domestic violence and child abuse is significant. The overlap in clients of women's shelters and child protection services is therefore also notable. Child protection agencies and battered women's shelters share a common concern for safety of their clients and an interest in stopping the cycle of family violence. That is why it has become more important that the child welfare and domestic violence intervention communities work together closely in seeking the best resolution of these violent situations for both the women and their children. "As long as the safety of abused children is viewed as an issue apart and different from the safety of battered women, neither constituency can be made truly safe" (Dykstra & Alsop, 1996: p. 62). DePanfilis and Brooks (1989) advocate the development of a case plan that maximizes children's safety by using community resources for advocacy and support of the battered mother. Safety for the mother means greater safety for her child as well.

Family violence affects all aspects of our society. Besides the toll on human suffering, the costs associated with domestic violence impact on the justice and law enforcement, medical, legal and mental health systems. These costs are particularly

evident when viewing the long-term effects such actions have on children. Children in violent homes face the risk of psychological trauma, injury and sometimes death. Even when they are not direct targets of abuse, children can be traumatized in many ways that lead to physical manifestations and emotional disabilities. Understanding the complexity of family violence, its physical and emotional cost to individuals, families and society, should prompt a unified and complete response.

#### **B. Differing histories, philosophies and mandates**

Although to a great extent society's recent awareness of child sexual abuse and family violence can be credited to the Women's Movement and feminism, child abuse and spousal abuse are handled quite differently. The child welfare movement and the women's shelter movement have grown out of very different histories, philosophies and mandates, and therefore promote different views and responses to the problem of violence in families.

As has already been stated, spouse abuse and child maltreatment often occur in the same family. While there are some similarities between violence towards a spouse and violence toward a child, there are also differences. Spousal abuse is unique in that the perpetrator and the victim are both adults in an intimate

relationship where both supposedly can act as peers with equal rights and responsibilities. Neither has a role of disciplining or controlling the other, although inequality of power often leads to the assertion of dominance. Spousal abuse is therefore a distortion of a normal relationship. Children, on the other hand, are developmentally in a vulnerable position, and in need of appropriate nurturing and discipline from their care givers. Their emotional and physical safety is usually left in the hands of the parents, often their mothers, who may themselves have been abused and/or abusive toward their children. The safety and protection of children, is therefore, the responsibility of all members of society, not just mandated child protection agencies.

From a feminist perspective, violence against women and children is seen in the context of patriarchal relations that operate to oppress women. Domestic violence programs and battered women's shelters were developed initially to meet the needs of battered women, not their children. Their primary goal is one of sheltering battered women from further abuse, and, as much as possible, empowering and enabling women to move on to more productive lives. Their philosophies and goals are not shaped by a legal mandate, but by the needs of women in response to domestic violence, and services provided are entirely voluntary. Shelters have increasingly recognized the effects of domestic violence on children and many shelters now receive funding for services to children. These services are often

invisible to the child welfare community.

The child welfare movement grew out of a charity model, and in its formative years focused entirely on destitute and homeless children. The early "child-saving" mission of the pioneer child welfare workers has largely been discredited. However, Callahan (1993) compares this early social work, initiated primarily by women, as being not unlike the current commitment to social change and helping individuals in feminist child welfare practice today. The concept of *parens patriae* (Latin for "protector" or "father of the country") later allowed the state the right to remove authority of the parents when they were not seen to be fulfilling their responsibility for the child's protection and acting in the best interest of the child. Ursel (1994) describes this as a move from familial patriarchy to social patriarchy, with little influence by women on the development of child welfare services.

According to Callahan (1993), although the social work profession was built by women who continue to be in the majority within the child welfare system, feminist thinking has not been particularly influential there. Callahan cites a number of reasons for this, one of them being the "male takeover" of the profession at the administrative and leadership levels, thereby silencing innovative feminist voices. Callahan believes that most of the women continuing in the field of child welfare espouse traditional views about the role of women. Furthermore, she contends,

those women engaged in social change for women became active in alternative services for women through the women's movement.

Swift (1995) discusses the effects of bureaucracy on child welfare work.

Although early social welfare investigations were carried out by "friendly visitors", over the years, as in other organizations, the work became specialized and hierarchical.

In the context of the bureaucratization that has occurred over the past few decades, child welfare work has become a highly fragmented process, with each worker performing only a small piece of the work involved in 'processing' any one case or client. (p. 54)

Child welfare organizations have become part of a larger service structure.

They are tied to an 'interlocking organizational network' which includes the educational system, health facilities, welfare and housing, courts and law enforcement agencies. Many of child welfare workers' tasks involve the coordination of relations among these various institutions, with the individual client as the focus. Lack of harmony or collaboration in the organizational network greatly affects the ability of individual workers to provide supportive services to families (Swift, 1995). Callahan (1993) also recognizes that child welfare workers together with their clients often learn to manage this complex system.

Over time, workers, like politicians learn by experience and reflection to react to certain situations, to select

appropriate means for response, and to aim for some kind of outcome. Ambiguity, conflict, and overload are dealt with daily in the mediating process where both workers and clients are active participants. The excitement and the challenge of the work often arise from the complexity of this interplay.  
(p. 92).

In this process, insufficient funding for prevention programs remains a constant problem due to low priority in current policy.

Callahan (1993) refers to a study by Callahan and Attridge (1990) which studied the nature of child welfare work. Their study revealed that child welfare workers comprised a highly trained and experienced group, and that from the analysis of texts of some of the critical incidents it was evident that the work child welfare workers do is "crucial, complex, fast-paced, risky, solitary, invisible, contradictory, and potentially divisive" (1990: p. 73). Analysis of critical incidents revealed that workers counsel, advocate and investigate. In her conclusion, Callahan states that workers felt "powerful" when they were able to work in concert with people so that they could define their own problems and successfully tackle some of them, but ambiguity and role overload in child welfare work tended to rob workers of their sense of competence leading inevitably to stress. Callahan's suggestion is for workers, managers and policy makers to strive for ideological coherence and administrative consistency.

If there could be agreement on a mission for child welfare, if the contradictions could be removed, if the unpredictable work could be made more predictable, if the invisible work could be more visible and measured, then the job could be improved and satisfactions increased. (1993: p. 86)

Like other professionals, child welfare workers are shaped and oriented to the policies, mandates and practice milieu of their agencies. These features do not necessarily reflect a feminist analysis, but are likely to be framed by politically conservative assumptions about the desired and expected role of women and mothers. Callahan (1993) proposes that child welfare be more closely connected to the women's movement by refocusing on the inequality of women and the issue of poverty. She makes the assertion that child welfare policy and practice have often worked to disempower women by focusing on their behaviour rather than the larger social issues of poverty and child care, power and gender. Swift (1991) and Gordon (1988) have documented how, when dealing with issues of care, social workers in their written reports tend to evoke sympathy for children and blame the mothers for not protecting the child. According to Swift's study, social workers in child welfare tended to ignore the poverty and powerlessness of women, separating the issues of child care and poverty. Both Callahan and Swift believe that child welfare needs to place at its centre the empowerment of women, and work to give greater social status to the matter of child care. In this way the lives of both women and children, and all caregivers will improve. Research supports the notion that there is a link

between the status of women and the well being of children (National Council of Welfare, 1990). The more disadvantaged the mother, the more disadvantaged the child.

It has been documented that children of battered women were more often likely to be placed in out-of-home care when compared to children of non-battered women (Stark & Flitcraft, 1988). A 1987 Canadian report by MacLeod indicates that many battered women have the perception that child welfare is not there to help and support the family or individual members in it, but rather to break an already injured family apart. They do not trust the child welfare system to adequately protect children without taking the child away from the mother. In the MacLeod study approximately 1,380 women who stayed in shelters in 1985, gave as their major reason for needing admission, the abuse of their children by their fathers or step-fathers. Another 92 women sought shelter to obtain help for their own abusive behaviour toward their children.

Studies show that the rate of child abuse by mothers who are beaten is double that of non-battered women (Straus & Gelles, 1990). However, workers at women's shelters are often reluctant to refer women to child welfare authorities or seek their assistance when child abuse has been reported or indicated. This is due to perceived insensitivity of child protection workers toward the woman and her

plight. In the view of shelter workers, it is their role to protect women, not only from abusive partners, but from community agencies that may revictimize them (Dykstra & Alsop, 1996). "Some shelters have defined their mandate as protecting battered women from CPS and refused to cooperate with child welfare agencies except in the most extreme cases of child abuse" (Schechter & Edelson, 1995: p. 8).

A 1987 report by MacLeod indicates that 70% of transition house workers described their relationship with family and children's services as "poor" or "just adequate" on a scale ranging from poor to excellent. Domestic violence workers claimed that mothers were penalized by having their children removed from the home by child welfare workers when mothers were unable to protect their children from violence or other maltreatment. While the immediate and legal mandate of child protection workers is to protect children, and not rehabilitate adults, advocates for battered women argue that "the best interest of the child" is too narrowly defined.

One of the primary mandatory roles of child welfare is to investigate child abuse referrals and make protection plans for children at risk of abuse. When these are done in isolation and without the consideration of the needs of the mother, or larger family/community issues, actions taken by child welfare authorities may be

discriminatory towards women. More recently feminist thinking has begun to influence policy and practice in child welfare. (Callahan, 1993; Campbell & Ng, Costin, 1985; 1991; Dominelli & McLeod, 1989; Gordon, 1985; Swift, 1991; Swift, 1995). Over the years child welfare has changed its emphasis to accommodate to increased social awareness of the needs and rights of children, the responsibilities of parents as primary caregivers, and the responsibilities of communities to help meet the needs of children and families. The trend away from the punitive child welfare model towards a more cooperative approach has over the past two decades led to an array of support services to families. For example, the Declaration of Principles of the Child and Family Services Act of Manitoba (1985) states:

Families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights.

Families are entitled to receive preventive and supportive services directed to preserving the family unit.

Decisions to remove or place children should be based on the best interests of the child and not on the basis of the family's financial status.

Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children.

These principles guiding the provision of services to children and families allow for sensitivity to parents' needs and to their participation in decisions. However,

feminist writers and practitioners believe that child welfare has for the most part ignored the oppression of women in our society. Feminist writers continue to be critical of child welfare's treatment of women. Callahan (1993), Costin (1987), Dominelli and McLeod (1989), Gordon (1988), Swift (1991 and 1995), Ursel (1992), Wharf (1993), and Wilson (1977), have raised awareness of systemic problems inherent in issues of women and poverty and women as primary care providers of children, which they say have not been considered by policy makers and child welfare workers alike.

Various practitioners in the field of child welfare (Callahan, 1993; Wharf, 1993) advocate for the separation of mandatory and voluntary services in child protection, believing that consumers will be more willing to go for help if they do not think they are in danger of losing their children. Some feminists believe that through a voluntary process women would be able to achieve and maintain greater control over their lives (Callahan, 1993; Swift, 1995; Wharf, 1993; ). Other feminist writers believe that statutory social work practice does not oppose control of certain behaviours, "but should seek to sort out the ways in which women's behaviour is controlled to the detriment and subordination of their welfare" (Dominelli, 1989: p. 112).

The child welfare system has sometimes been justly accused of individualizing

the problem of child abuse and focusing on the behaviour of the mother, as opposed to advocating and lobbying for improved conditions for children and families living in poverty. The crisis-oriented nature of child welfare practice reinforces the predisposition to frame problems in individual terms. However, similar difficulties present themselves in women's shelters. A 1994 study by Peled and Edelson, based on a national survey of 379 advocacy services for battered women in the U.S., found that most respondents also focused their energies in direct service as opposed to systems change. "This is ironic given the underlying feminist ideology of the Battered Women's Movement that views structural change as the most effective strategy and a prerequisite for ending violence against women" (Peled, 1994: p. 294). The findings raise concerns regarding a possible imbalance between advocacy with individuals and advocacy for social change. Reasons cited for such an imbalance resemble those given for child welfare workers - firstly, the constant demand to respond to crisis situations, and, secondly, a service delivery and funding system dependent on battering incidents, a contradiction which makes the battered women's movement particularly susceptible to co-optation. Thirdly, there has been a general shift from attention to social causes of violence against women in the 1970s to a focus on individual treatment in the 1980s (Davis, 1987). According to the research by Peled and Edelson, there has been no consistent definition of advocacy. "Accountability to both battered women and funding sources demands that we know more about whether advocacy services achieve their goals and how

they do so" (p. 286). In a 1987 study on feminist ideology as it relates to the battered women's movement, Pennell states that "as feminists we need not be ashamed of our own inconsistencies and omissions as long as we see their detection as an opportunity to reconstruct our thinking and to realign our programs for social change" (p. 121).

Some battered women's advocates argue that child welfare workers define "the best interest of the child" too narrowly, and that they ignore the fact that the majority of mothers leave their abusive partners for the sake of their children. Those who stay with abusive partners do so in order to ensure necessary financial support for their children or because of threats by their violent partners to them or their children (Hilton, 1992). An unpublished Manitoba study by Phillips (1993) determined that the number of dependent children a woman had was not related to the likelihood of her leaving an abusive relationship, but was related to her help-seeking behaviour, often at a battered women's shelter. According to this study, it was often the desire to protect her children from abuse that led a woman to seek help to stop the abuse. Another Canadian study by Henderson (1990) reported that women clearly recognized the effects of violence on their children. According to Schechter (1995) child welfare and battered women's programs find common ground when they share a common goal of supporting the mother-child unit through assisting a woman to increase her social support network and personal

skills.

Child protection workers have sometimes accused shelter workers of blind loyalty to women and disregarding children's needs. Schechter and Edelson (1995) found that shelters can justly be charged with ignoring or minimizing the abuse waged by women against their children, and underestimating the harm children suffer from witnessing domestic violence. In a study by Sternberg et al. (1993) mothers tended to recognize and report the effects of violence on their children only when they themselves were victims of violence. When the children alone were being abused, they chose consciously or unconsciously not to recognize the signs of the damage done.

Another study by Giles-Sims (1985) reported that 56% of women who had been abused by their partners, also admitted to abusing their children, although the frequency and severity were less than reported for men.

In addition to caring for different victims, child welfare workers and battered women's advocates tend to differ on their views in response to male perpetrators. Both groups may encourage the batterer to seek specialized help but they differ in how much confidence they place in this effort child welfare workers tend to be more optimistic than women's shelter workers as to the effectiveness of treatment programs for male perpetrators (MacLeod, 1987; Dykstra & Alsop, 1996). This

presents another barrier to collaboration. Jenkins (1993) believes that successful intervention with perpetrators, respecting them as individuals and inviting them to take responsibility, will depend on various agencies and services involved, to coordinate their efforts and give the same message that violence will not be tolerated, and the expectation that offenders can change their violent behaviours.

Other barriers between the two agencies stem from shortcomings in how each group has been trained, and the difference in levels of education and expertise. Social workers in child protection, at least in Canada, are usually university educated and consider themselves "professionals." Shelter workers are more often paraprofessionals with limited education and skills, and often with no formal education in social work. Differences in educational disciplines and/or backgrounds signify differing ideologies, theory and practice, and consequently also differing professional languages. Women's shelters, who have traditionally focused on a grassroots model of responding to abused women, also recognize the benefits of more formal education. The complexity of the abuse problem and the management of effective and appropriate responses at the various levels, whether they be individual, organizational or political, requires a depth of knowledge and skills and practice wisdom in order to influence change at many levels.

One of the most important contributions that feminism can continue to make is

in its encouragement to reform state services by directing attention to those aspects of policy and organization that control rather than empower. Callahan reminds us that cooperation with other views and practices is important.

It is important to acknowledge that while feminist perspectives provide crucial analysis to these situations, they do not constitute all that is needed. Knowledge about behaviour emerges from many theories and many quarters. Feminist perspectives help to sift that knowledge to ensure that it does not compound the disadvantage of women. (Callahan, 1993: p. 194)

In her article, "Building Bridges Between Activists, Professionals and Educators", Shechter (1988) explores the distrust and caution of grassroots activists of the battered women's movement and encourages mutual trust and respect in the process of building bridges as opposed to separation from mainstream services.

While it is increasingly acknowledged by some feminist educators and practitioners such as Alsop (1995,) Alsop and Dykstra (1995), Findlater and Kelly (1994), Schechter and Edleson (1994), and various other groups and organizations across the U.S., that child welfare and battered women's shelters must join forces to effectively address the roots and consequences of family violence, these groups have traditionally not been allies. Although they share common goals to eradicate violence from the home and help victims find safety and healing, tensions and barriers prevent wider agreement and cooperation between them. Several factors

have been cited which appear to have created, and perhaps perpetuated, the gap. Of primary importance is the fact that child welfare and the battered women's movement are at different points in their historical development and that they abide by different philosophies and legal constraints. One provides statutory services while the other does not. They serve different clients, pursue different outcomes, and employ different professional terminologies and practice methods. They may also be in competition for private and public funding and recognition. Neither constituency has been trained to recognize and understand the existence of the other and the barriers to collaboration remain varied and deep seated. Any attempt to work together whether as a result of circumstances or by design will require understanding of the barriers and a commitment to changes at many levels. Some feminists see the advantage of continuing to work for reform and connecting child welfare with the women's movement. For a comparison of differences in mandates and work orientation see Appendix A.

The following section of this chapter attempts to define collaboration and identify factors that lead to successful collaboration. Some examples of successful cooperative efforts between child welfare and battered women's shelters are described. Each of the projects described began with individuals committed to ending the fragmentation of services to families experiencing violence and abuse, and a vision for improved cooperation and efficient collaboration between

organizations originally formed to protect and support women and children.

## **II. COLLABORATION**

### **A. Defining collaboration**

The term collaboration is often used loosely in the social service field referring to some form of interaction between staff, workers or agencies working on the same project or with the same clients. This study began with a broad meaning for collaboration, and the participants in the research also assigned a variety of meanings to the term.

Collaboration is often interchanged with terms such as cooperation and coordination. Although cooperation and coordination are a part of collaboration, according to Bruner (1992), Goldman & Intriligator (1990), and Morgan (1997) collaboration is more than simply talking to one another about common problems, sharing data about clients, or even coordinating the delivery of various services. Collaboration between agencies refers to a process for reaching broad, long term goals that can not be easily achieved by working as individual entities and has generally developed out of a recognition that by working together, agencies can provide a comprehensive service and increase efficiency at the same time.

With reduced financial resources many agencies are forced to see the importance of working together to improve their efficiency and to minimize waste. In this process they often become more rigid about mandates and less flexible in the delivery of programs and services. Most front line professionals are probably aware that as they stick to addressing their piece of the family's problem, their service becomes less accountable for the overall welfare of families, and even less successful at meeting their overall mandate. This is true of many social services agencies, including child welfare agencies, who have felt the need to limit their services through tightening up criteria for services. In this process they may have lost sight of the fact that collaboration with other agencies can be particularly beneficial to families with multiple and changing long term needs ( Goering & Rogers, 1986).

According to Morgan (1997) a number of preconditions are necessary for successful collaboration at the community level: 1) knowledge of the different systems/agencies; 2) shared perceptions of the shortage of resources; 3) consonance of values; 4) shared vision; 5) autonomy to act and lack of rigidity of rules; and 6) responsiveness of funding sources, bottom-up , met by top down.

In a study by Trute, Adkins and MacDonald (1994) which sought to coordinate child sexual abuse services in rural communities, the researchers

concluded that collaboration tended to result from the initiative of individual workers, with the support and allied commitment of administrators, rather than solely through formal policy changes at senior organizational levels. This Manitoba study did indicate that support from provincial government departments was important, but not as key to its success as political support at the grass roots level (1994: p. 194).

Collaboration is about making sure that efforts to improve the community support each other. Successful interagency collaboration, according to Goldman and Intriligator (1990), requires interagency policies, pooled resources and loyalty to the interagency effort. It implies a shared responsibility for achieving mutually agreed upon goals and therefore requires shared authority and collaborative evaluation of outcomes.

#### **B. Challenges of collaboration between child welfare and women's shelters.**

The process of moving from improved communication and cooperation to actual cross-agency collaboration involves a commitment to overcoming many barriers. It requires not only establishing personal relationships, receptivity and

rapport between the two agencies, but commitment and a determination by administrators, policy makers and other staff to make collaborative efforts succeed. It is process-intensive and requires interpersonal and problem-solving skills that many professionals have not been called upon to use before, toward such aims.

Collaboration between child welfare and women's shelters is likely to be fraught with many challenges. The historical incompatibility between these two services presents great potential difficulties. Awareness of differing belief systems, differing views of reality, frames of references and languages idiosyncratic to each organizational system are significant in the process of consultation and collaboration. Collaborative programs must consider the compatibility of policies and whether they may impede or support one another. The merging of statutory with discretionary services gives rise to concerns that the mandatory service is likely to overwhelm other services especially if one community organization is responsible for both (Payzant, 1992). It may be difficult for administrators to work together if they feel they are losing control of their mandate and resources. Administrators need to be convinced that they are being asked to share power rather than relinquish it.

Attitudes, priorities and support of key decision makers and the personal commitment of front line staff will obviously have a significant impact on outcome

of collaborative efforts. Likewise, an organization's climate and stability can also promote or impede initiatives. "Healthy and secure agencies usually find it easier to collaborate" (Bruner, 1991: p. 19). Some models of service delivery try to break down artificial walls between disciplines and bureaucracies, bringing together professionals from different systems into collaborative relationships, sometimes involving the families themselves. According to Morgan (1997) the interest in improving programmatic models must be supported by policy and infrastructure. Models of service integration must be viewed from a programmatic perspective as well as from a policy perspective. These two are not the same and one should not be confused by the other. Women's shelters and child welfare are two systems governed by very different policies and mandates which have been prescribed by different jurisdictions within one ministry in government. Collaborative programs may require making some changes to policy and funding agreements.

A Manitoba study on coordinating child sexual abuse services in rural communities maintained that although commitment to coordination of services by administrators was important primarily through supportive efforts of their line staff, the key actors in the coordinated process were the line-level service providers (Trute, Adkins & MacDonald, 1994). This study project admitted that it had difficulty in gaining the initial managerial support for collaborative efforts involving the Family Violence Program and CFS. "The relationship with CFS and the Family

Violence Program (women's shelter) had been strained historically" (Trute, et al., 1994: p. 30). Trust on both sides was described as being low, "largely due to different philosophies and lack of understanding of each other's positions" (p. 30). Although initial verbal managerial support was gained for coordination, ongoing support was not easily maintained when managers did not become personally involved in service coordination and efforts of their field workers were not encouraged. The study concluded that "a coordinated treatment system needs political support most profoundly at the 'grass roots' level" and that 'consensus-building' was key (p. 194) . This research project seemed to have the effect of increased interaction and collaboration among CFS and the women's shelter staff. When the project ended, collaboration decreased due partly to lack of funding and therefore also, a lack of further initiative for a coordinated service model.

Schellenberg (1996) has pointed out that collaborative efforts should ultimately also result in shared accountability. Recent public criticism and an increasing demand for accountability of child welfare workers in a number of difficult cases that resulted in the death of children work as deterrents to collaboration and shared accountability.

Public vilification of child welfare with no comment about other services provided by other members of the team involved in the case is not a process which will continue to

motivate team members to participate. (Schellenberg, 1996: p. 1)

Child welfare work is fraught with profound strains and contradictions. Managing the roles of investigator and helper, saving children from harm, but keeping families together, policing family performance while supporting family strengths, working collaboratively, yet bearing responsibility individually, takes its toll on social workers in the field. When so much of the work is invisible, and role ambiguity is often great, workers are robbed of a sense of competence. Sharing responsibility and working collaboratively is, therefore, likely to be more attractive to child welfare workers than to women's shelter workers. Ultimately, the responsibility for child protection and the reporting of suspected cases of child abuse belongs to all citizens as well as specialized agencies and service systems. Collaboration across agencies in the service delivery for children is essential in order for a child welfare agency to do its job well.

Specialized mandates and the size of bureaucratic structures can make the development of collaborative relationships difficult. However, collaborative models may become more necessary as the limitations of approaches that address only one piece of a family's problem are recognized. In the process of identifying and assessing problems regarding families or individuals, caution must be taken against information based only on observing or knowing one family member. "The more

limited the view an agency has of the system relevant to the presenting problem, the more limited its range of alternatives for working with the problem will be"

(Anderson & Goolishian, 1986). The range of alternatives may not include relevant solutions to the problem. "The resources and expertise of both child protection workers and battered women's advocates are increasingly blended to provide safety for members affected by violence" (Dykstra, 1995: p. 4). Callahan (1993) states that

within the women's movement, feminists could make ongoing connections between child welfare and violence, poverty and powerlessness and use the public voice of the movement to broadcast the issues. (p. 202)

Those who have considered collaborative programs between child protection services and domestic violence programs have identified shared goals which these two services hold in common. In the descriptions of the collaborative programs organizational structures, policies and funding arrangements were not considered as impediments to collaboration as much as traditional differences in ideology, history and mandates. Beginning with the identification of commonalities to the two services, consensus was sought also on common goals. Some of the commonalities identified were: 1) both want to eradicate violence from the home setting; 2) both understand the root causes of family violence and have been specially trained to identify risks, legal implications and treatment options; 3) both acknowledge the importance of strengthening of the family unit; 4) both have a history of advocacy,

albeit for different clients within a family; 5) both are traditionally underpaid and overworked; and 6) both face similar personal, on-the job safety concerns. The identification of these common bonds and shared goals assisted in breaking down the mistrust each group had of the other. Other challenges could only be overcome through commitment and determination. It was believed that each service could potentially strengthen the work of the other by joining efforts (Findlater & Kelly, 1996).

The Manitoba Children and Youth Secretariat, a collaborative organizational body consisting of representation from seven departments of government, believes that by putting the child first, barriers to coordinated services for children will be overcome by working across jurisdictional barriers. It encourages the exchange of information across government departments and agencies, relevant to planning and funding the overall policy direction for children, youth and families. "Agencies and departments will share information to ensure coordinated service delivery and front-line workers will exchange information to ensure the delivery of effective, integrated interventions for children and youth" (1998). This directive has the potential to influence collaboration between child and family services agencies and women's shelters.

True collaboration between women's shelters and child welfare agencies can be

achieved only when everyone recognizes that services to women, children and families can be provided more effectively through collaboration. "There must be a common vision, and that vision must be discussed thoroughly and accepted by all participants" (Payzant, 1992).

### **C. Examples of collaborative programs**

A cross-disciplinary framework brings specialists from closely allied fields together to restructure the assumptions and ideas of their traditional disciplines (Morgan, 1997). This was done formally in the state of Michigan through the "Finding Common Ground" project initiated by the Domestic Violence and Child Welfare Collaboration (Findlater & Kelly, 1996). This project and numerous others across the U.S. combined child-based and woman-based services to address their overlapping concerns. After recognizing the link between domestic violence and child abuse and neglect, Michigan, in 1994 instituted a multi-disciplinary workgroup involving child protection services and domestic violence advocates for the purpose of strategizing together about how best to keep women and children safe. It became their conviction that the safety of children is enhanced by increasing the safety and self-sufficiency of their mothers. Initially the two groups sought to identify the barriers which had kept them from working together. They discovered

that the different historical developments of domestic violence and child welfare movements created obstacles to cooperation. Other barriers were the lack of understanding of each other's programs and services, the absence of a common language. Words such as "family", "choice", "victim", "empowerment", "protection", "perpetrator", "support" and "prevention" needed to be defined and explained (Findlater & Kelly, 1996).

In the Michigan model of collaboration as described by Findlater and Kelly (1996), the Families First, Michigan's statewide family preservation initiative, began a dialogue with the Domestic Violence Prevention and Treatment Board, the agency mandated to oversee services for abuse victims and their children in Michigan. Both groups recognized that they shared an overlapping caseload of domestic violence and child abuse, and both knew that almost no formal collaboration was occurring between agencies. Believing that cooperation would enhance the safety of women and children, the two organizations met regularly, obtained funding from the federal government, and continued by forging bridges between child protective services and domestic violence programs. This helped in breaking down the suspicion and mistrust that existed between them. They literally charted a new course, first by agreeing to talk to one another, and in a step-by-step process began the journey of collaboration. Policy, law, program, and administrative issues were discussed in a series of focus groups with a common

vision of providing appropriate and effective community response to domestic violence and child abuse.

Child protective services and family violence services in Michigan began to seek common ground by identifying common goals, such as safety, empowerment and justice for their clients. These laid the foundation for their collaboration. The two groups committed themselves to continue a long term conversation. They pledged themselves to the following: Children have the right to be safe in their own homes whenever possible; the best way to keep children safe is to enhance the safety and self-sufficiency of their mothers; and perpetrators of domestic violence and child abuse must be held responsible for their behaviour. Services to perpetrators of domestic violence were also provided. Through policy, training, and resource sharing, battered women's advocates were informed of issues about child abuse and neglect, and child welfare workers learned how to address issues of domestic violence more appropriately and effectively. To help foster coordination and understanding between these agencies, Cummings and Mooney (1988) created a list of questions they recommended for both groups to ask. Questions focused on the possibility that where one type of abuse exists the other may also be present. As part of assessment and planning phases, McKay (1994), further recommends that women's shelter workers help the woman to accept the necessity of altering her own parenting if she was abusive with the children.

The Michigan project found that women's shelter advocates can be of great assistance and support in helping a mother file a child abuse report and in steering women through the child welfare process. "Ideally, under an improved collaborative environment, women and their advocates will feel less threatened by the decision to seek child welfare services and, ultimately, the children will be better protected" (Dykstra & Alsop, 1996: p. 37). Where child protection workers focus on improving the protective response to abused mothers, repeated involvement with these families will be reduced, and the protection of maltreated children will be increased (DePanfilis & Brooks, 1989).

In order to facilitate the growth of a collaborative relationship between child protective services and battered women's services, characteristics of successful collaboration and specific ideas for nurturing a cooperative relationship were developed by the two groups in the Michigan study (Findlater & Kelly). These ideas spelled out the ways in which members would communicate with each other in mutual respect around cases, and how conflicts would best be resolved. Underlying these characteristics, they determined, was that both groups be understanding of each other's roles and responsibilities. Each discipline must trust the other to be doing its job. Each must assume that the other has something of value to bring to the collaborative relationship.

As a result of the Michigan efforts, Schechter and Ganley (1995) have prepared a curriculum for family preservation practitioners and domestic violence advocates with the goal of providing training to these two groups. The following goals provided a basis for the training curriculum: 1) protecting the victim; 2) holding the abusive person responsible for the violence and for stopping the violence; and 3) increasing the victim's self-efficacy by providing supports.

Although it was recognized that child protection agencies need to follow their legal mandate and that the placement of children away from their mothers might be recommended in some cases, none of the programs spelled out how collaboration would impact the most difficult cases. Creative solutions to these types of problems, they stated, would continue to involve collaborative efforts (Findlater & Kelly).

In a personal interview (March 20, 1997), G. Heinrichs, M.S.W., child protection/women's shelter liaison worker in Edmonton in 1989, stated that child protection services and the battered women's shelter literally worked together by sharing facilities and resources. As a child protection worker she was given office space within the women's shelter, and programs for women and children were combined as part of child protection. All cases at the shelter were assessed with the child protection/shelter liaison worker and resources were pooled. Sometimes child

apprehensions take place right at the shelter as a result of collaboration between the two services, and appropriate interventions for the mother were planned. Because of a long history of combining these services, problems in collaborating appeared to be minimal. Heinrichs did not believe that this collaboration hindered women's perceived safety or their freedom to enter the shelter.

A director at a rural women's shelter in Alberta, K. Danser, (personal communication, July 9, 1998) described efforts of their shelter to work cooperatively with as many other service agencies as possible. According to her, the shelter consulted frequently with child protection workers, sharing as much information as necessary whenever child protection concerns became apparent at the shelter. The levels of risk of abuse were assessed for both the mother and the children, and other agencies were always invited into the process to initiate a "team approach". This shelter had determined to take a "holistic" approach where children were seen as the most vulnerable people, but self-determination of the mother was not denied.

Danser stated that when she was hired as director for the women's shelter a number of conditions existed besides her own philosophy and vision that allowed her to develop a more collaborative approach with other service agencies in the community. According to Danser, the move to privatize the Alberta child welfare

system in combination with internal events at the women's shelter were two important factors that allowed for the institution of major changes in direction at the shelter. Danser's own background experience in child welfare influenced her to use a more proactive and collaborative approach in the shelter through an expanded mandate. With the support of research statistics and a board of directors, a case was made to the Minister of Social Services to allow the shelter to practice more outreach in the community. This required extra funding which was granted.

Although funding for shelters in Alberta, according to Danser, has been seriously cut during the past few years, it is a system that does not rely on payment according to number of abuse cases. Shelters are funded by the number of licensed beds which remains stable from year to year, as opposed to the number of bed/nights in Manitoba which is difficult to predict and depends on women with children to seek safety. This difference means that shelters in Alberta do not need to be focused so much on showing abuse statistics, but are motivated to provide more proactive programs to address the problem of family violence. According to Danser, one of the positive changes since the shelter expanded its outreach mandate is that the rate of women who are returning to their abusive partners has declined from 87% when there were no outreach services, to 48% with outreach services. Part of this change was attributed to the fact that in-home support and counselling were being provided to couples where both partners expressed a willingness to

participate.

The Manitoba study in coordinating child sexual abuse services in rural communities concluded that collaboration among involved agencies increased both the effectiveness of the intervention and the overall quality of services (Trute, Adkins & MacDonald, 1994). This demonstration research project sought to coordinate services at the field level, facilitating communication between those investigating child sexual abuse, the treatment providers and the family involved. Support from services such as Community Mental Health, the Family Violence Program (women's shelter) needed to be secured by first addressing interagency issues and past tensions. The researchers stated that they had some difficulty initially gaining the support of the Family Violence Program (women's shelter), due to mistrust between the women's shelter and the child protection agency, which was at the hub of this collaborative effort, and the lack of understanding of each other's position. These concerns were alleviated through discussion and the Family Violence Program was able to support the project and recognize that it would be of some value to them. "They recognized the training and consultation opportunities and saw this as a way of gaining an increased understanding of the other agency's perspectives" (1994: p. 30).

Although it is not that common, some efforts in coordinating child abuse and

domestic violence services have demonstrated that these two groups can work together effectively. Clearly these initiatives were successful to the extent that major barriers could be overcome. Their success depended upon careful planning, commitment and ongoing support from all parties involved.

### **III. METHODOLOGY**

This chapter highlights the methodology used in the research. This includes the development of questions, type of participants, the interview process, compilation and interpretation/analysis of the study.

#### **A. Methodology/research design**

Given the apparent dearth of systematic and comprehensive research on this topic, my study needed to be exploratory. The lack of data suggested to me that a qualitative study could begin to provide a description of the relationship between child and family services agencies and battered women's shelters from the perspective of front-line workers.

"All research is interpretive, guided by a set of beliefs and feelings about the world and how it should be understood and studied" (Denzin & Lincoln, 1994: p. 13). From the review of the literature on this topic and my own experience as a group facilitator for battered women, a child welfare worker, and as a active participant in the 1989-91 research project in rural Manitoba, I had already formulated some of my own judgments and theories. I relied on reports and

writings about other collaborative projects such as those by Schechter and Edelson (1995), and Findlater and Kelly (1996). I used these for information and corroboration and based my interview questions on reports from those two sources. I wanted to understand more fully the obstacles to collaboration between child protection and women's shelters in my own setting and to explore the possibility of working together more effectively. By giving opportunities to workers in both settings to relate their experiences to me as a researcher, I could compare their experiences and interpretations with my own. I was also curious as to what participants might see as possible solutions to improving relationships between the two groups and the level of interest in coordinating services more effectively.

Qualitative research does not favour any one interpretive practice over another (Denzin & Lincoln, 1994: p. 3). It studies people in their natural environment and attempts to understand how they live and the meaning they give to their experience. In contrast to quantitative research, which relies on well established, standardized instruments, qualitative studies favour more unstructured and in-depth data collection and analysis to produce rich descriptions of unique aspects of people's lives and/or events (Tutty, Rothery & Grinnell, 1996: p. 9). Qualitative data is typically in the form of words, and the researcher's primary goal is to understand the personal realities of the research participants in-depth. Conclusions are sometimes compared with findings of other studies but cannot easily be generalized.

I decided that a qualitative research study would be most appropriate and helpful in analyzing the way people in the two service areas described their experiences of collaboration with each other. I also wanted to hear about their practical ideas and visions for the removal of impediments to collaboration and the hopes for improved relationships. A qualitative research approach allowed me as the researcher to engage with professionals in the field who had both knowledge and experience to share about this topic. From their descriptions, through analysis of the text, I tried to understand their meanings and attempted to make sense out of what I had learned.

A phenomenological approach to research aims to understand and interpret human action and thought through description (Holstein & Gubrium, 1994: p. 263). Interpretation is given to the everyday subjective experience and meaning. There are multiple descriptions of any phenomenon, since perception is selective and mediated by language and experience. I was aware that professional training and experience would shape and influence the meaning that workers in each field would give to their experience and the way I interpreted them. Through the use of semi-structured interviews I invited informants to describe for me in their own words what they believed and experienced. As a qualitative researcher I gave further interpretation to their experiences.

In qualitative research the experience of the researcher and interaction with the participants is understood to be an important part of data for analysis. I was cognizant of the fact that responses by some shelter participants may have been influenced or limited by the fact that I as a researcher was also an employee of a child and family services agency. This may have influenced some to be more cautious and more positive than what they actually felt. Some participants might also have seen the interview as an opportunity to express their frustrations and ideas for improvements.

In qualitative research, analysis is synonymous with interpretation of data and the final conclusions drawn may vary from one research study to another (Strauss, 1987: p. 5). I realize that other researchers on the same topic might arrive at somewhat differing interpretations in their analyses since the experiences of methods used by the researcher influence interpretations and therefore, also, the final conclusions drawn. This research provides a unique, in-depth perspective on the experiences of human service workers in collaborating across organizations with differing histories, mandates and contexts. As an insider, I have a particular understanding of the working conditions and relationships between the two service fields, which helped in making sense of the interview data and the organizational contexts. Nevertheless, it is acknowledged that an insider's perspective shapes the way in which the data is understood.

## **B. The Study**

I used semi-structured interviews with open-ended questions. This approach allowed me to develop specific questions informed by previous experience, research and writings, that focused on the key issues within the problem to be studied. The precise wording of the questions was sometimes adjusted to suit a particular interview, with some digressing and probing beyond core questions. The advantage of the approach is that it is particularly appropriate in comparing responses among people, at the same time allowing the researcher to understand each person's unique experience (Tutty, Rothery & Grinnell, 1996: p.56). Qualitative interviewing sees the interviewees as "experts" in their own perspectives, and "provides the interviewer with an opportunity to enter into more of a dialogue and partnership with each interviewee while still working within professional ethical parameters" (Tutty, et al. ,1996: p. 57).

### **1. Development of questions**

In the process of developing questions for the interviews I consulted with co-workers, my supervisor and my research advisor, as well as readings on the

topic, in order to identify key issues. My initial drafts of the interview guide were too lengthy and needed to be more focused. Discussions with my advisor helped me to narrow the volume of questions. I conducted a pilot interview to test the quality and quantity of information. I made a few more changes to allow the questions to flow more naturally one from the other (Appendix B).

I was conscious of the fact that I was currently a CFS social worker myself and that I brought particular biases out of that experience. At the same time, I believe that my sensitivity to systemic oppression of women has also shaped my practice. Although I have very limited interaction with women's shelter workers within my work, I was aware of the history of strained relationships between women's shelters and the child and family services agencies. My experiences in using feminist approaches in child abuse investigations laid the foundation for this research. The research process also provided a way for me, as a CFS worker, to reach out to the participating women's shelters and begin a dialogue, worker to worker.

## **2. Participants**

For my study I sought to interview individuals, both males and females, with a depth and breadth of experience in either or both child welfare and women's shelter

work. I received differing advice as to how I might access individuals so as not to be biased either by my own selections or by those giving suggestions. The previous research project on coordination child sexual abuse services may have had some influence as to who volunteered or who chose not to participate in this research. (Four of twelve interviewees had been a part of the earlier study). In the end, the size of the agency units alone limited the numbers available to be interviewed. Both geographical areas were rural and the number of workers there was small.

It seemed important that the Executive Directors of each agency be contacted for permission and possible suggestions for potential participants. An initial phone call followed by a formal letter to each Executive Director began the process (Appendix C). CFS Executive Directors informed their respective unit/team Supervisors who were then contacted and given information pertaining to the research. Supervisors provided me with names of potential interviewees. At women's shelters, names of potential interviewees were provided by the Directors. I wanted participants with interest and/or experience in collaborating with the other system, and who were accessible and willing to share their experience and knowledge. At least seven of the twelve participants were known to me through either my social or professional networks. I knew they would be willing to participate in the research.

I sent copies of the information and consent forms to each agency director/supervisor, so that these could be reviewed prior to my calling. I called each potential interviewee to explain the purpose of my research and how they might be helpful to me. Each potential participant was informed that their participation was entirely voluntary and that they could withdraw from the research at any time without penalty.

I decided to interview at least three persons from each of the four work sites, leaving myself the option of including more if needed. Appointment times were set and the preferred site of each interview was arranged. Where possible, participants were sent copies of consent forms and questionnaires in advance so they would be informed and able to prepare for the interview.

The consent forms offered information on the particulars of the study and dealt with time commitments, confidentiality and anonymity issues (Appendix A). I felt it was important for each interviewee to be aware of confidentiality issues. Of particular concern was the fact that the number of participants was small. This meant that specific responses, although they would not have names attached, might be identified quite easily. This did not appear to be a threat to anyone.

In one women's shelter the director met with staff in advance, so that they had

opportunity to air concerns and plan responses. Interviews were conducted in the workplace and at my office or in the participants' homes. One shelter director was interviewed, while another was unavailable to meet with me within the time frame given, due to other commitments.

Consent forms were discussed and signed at the time of the interview. All interviewees appeared to be well-seasoned and experienced workers in their fields. None of them expressed any discomfort with the process I had chosen of tape recording the entire interview. As stated in the consent form, each participant was reminded that they would receive a summary of the findings of the study, and that a copy of the completed thesis would be provided for the directors of each agency involved.

Interviews were generally one hour to ninety minutes in length. I transcribed all but one interview myself. This was time consuming but allowed me to become familiar with the responses. One interview was particularly difficult to understand due to problems with the recording device. This interview was transcribed by a coworker who signed a notice of confidentiality.

In total, twelve persons were interviewed, six from CFS which included two supervisors, a male, and a female. Three CFS workers were male front-line

workers, and one female was a front-line worker. The six women interviewed from the shelters included one director, two children's activity workers/counsellors, two outreach and follow-up workers, and one support worker. I was made aware that at least six different cultural backgrounds were represented in the entire pool of participants.

I was interested in hearing from each participant as to how they understood the working relationship with the other agency and whether this relationship might be enhanced. I sought responses that not only described existing realities, but also included suggestions for improving or overcoming problems in collaboration between women's shelters and child protection agencies. I realized that there might be those who were not interested in collaborating. Those participants who favoured more collaboration may have self-selected to take part in the study; those who were less interested may have opted out of the study.

### **3. Interviews**

The interviews were conducted in different places. All interviewees appeared to be readily available to take time out from their busy work schedules to be interviewed. For some interviews, the allotted sixty or even ninety minutes seemed

too short a time to cover each question in depth. Some interviews where only a sixty minute time allotment was set, felt rushed to me since I wanted to be sure to get all the questions in. There were times when I found that I wanted to pursue some responses, in greater depth. In the interest of keeping focused on the research topic I resisted such temptations. I had also deliberately set up my questions in such way as to get at the same information in different ways during the course of the interview. At times the information offered was extraneous to the purpose of the study. At the conclusion of the interview I reminded each participant that they were welcome to call me within the next two weeks if they wanted to add or make changes to what they had shared in the interview. No one called.

I recognized that much of my information on the positive experiences in collaboration had come from various places in the U.S. where the social and agency contexts and conditions might be somewhat different from those in Canadian settings. As a way of checking for the possibility of collaborative efforts in Canadian settings I interviewed two persons from Alberta who had been involved in cooperative programs between child welfare and women's shelters. With their consent and permission these interviews, one by telephone and one in person, provided me with information from which to make some comparisons with the findings in my research.

#### **4. Compilation of data**

Each interview was transcribed onto my personal computer and onto a backup disk. In the transcriptions all identifying data such as references to actual names of persons or places were excluded so as to protect anonymity. This was done with the knowledge of the primary advisor to this thesis.

The transcriptions were printed and initially sorted into four groups, representing the two shelters and the two CFS agencies. Transcribing and analyzing data took some time. I tried to set realistic time lines for myself. Doing my own transcribing allowed me to become very familiar with all of the interview material I had collected from the 12 interviews and the words participants chose to describe their experience.

##### **Participants' expertise**

One of my questions asked participants about their experience and education. There were a number of reasons why I included this question. I wanted to be able to compare my findings with other reports, and I felt that it would provide me with some sense as to a participant's professional or work orientation or bias.

Most social workers at CFS held social work degrees. Most held second

degrees or were working towards completing a second degree. The social workers represented had an average of ten years experience in the field. This finding is consistent with the findings of Callahan and Attridge (1990), who found that most social workers in child welfare practice in British Columbia had a Bachelor of Social Work degree and had five or more years in child welfare. A more current study might show that social workers today have even more education and more years of experience.

Four of the six women's shelter workers interviewed also held arts degrees or were working towards completing a degree. None of them had degrees in social work but were being required to take courses in counselling. Shelter workers possessed from two to eight years of work experience in their field. These findings show that shelter workers may have more education today than they did some years ago. It is significant that none of them have degrees in social work. Low salaries at shelters are likely to deter social work professionals who can earn higher salaries in other areas of work.

#### Clients in common

Nearly everyone interviewed felt that the client overlap between the two agencies was 25% or higher, up to 80%. Although the overlap was considered to be relatively high, actual contacts between the two service agencies did not bear out

a substantial degree of collaboration. Some interviewees stated that their contact was minimal, perhaps five or six times a year. For the most part, contacts were limited to making abuse referrals to CFS by the shelter, or CFS asking for information about a client.

## **5. Interpretation of Data**

Analysis of qualitative data begins by reading and re-reading the interviews/stories. I read each transcript thoroughly noting common phrases and words used by participants from each grouping. I made notes throughout on the themes that began to emerge. I had also made field notes after each interview recording ideas and theories generated from the interview. This process of unrestricted coding of the data allowed for the emergence of tentative concepts. With longer illustrations I needed to be asking continuously: "What category does this incident indicate?" and "What is the main theme described by the person's experience?" (Strauss, 1987: p.30).

I found it helpful to map out each interview transcript on one large paper in order to determine visually the content of each interview (Jones, 1988: p.63). From here themes began to emerge more clearly which guided the next level of my

analysis. The summary diagrams provided a guide for comparison, displaying conceptual themes and categories and their interconnections. Maps represented definitions of collaboration, the descriptions, attitudes and experiences of actual interactions between the two agencies and possibilities, dreams, and visions of what the relationship between the two agencies might be. Barriers to collaboration were listed in the middle of the "map". Through the process of comparison, dimensions and properties of the different categories were soon identified.

In the next step of the analysis, comments and responses that related to or described interactions between the two agencies, were cut out and sorted into potential categories. This was done by manually cutting up the interviews which had been copied onto coloured paper, a different colour for each work site. Phrases, sentences or sometimes entire paragraphs became the "meaning units" which were categorized according to the type of contact described. Similar categorical descriptions were grouped together through selective coding (Strauss, 1987: p. 33). Words used to describe the categories included "making referrals", "establishing protocols", "consulting" "information sharing", "time to talk to each other", etc. If when comparing the content of some of the categories they seemed similar, they were later grouped together. Unclassifiable units were placed in a miscellaneous pile. There were few of these. Some meaning units potentially fit into two categories. What became evident was that some categories that emerged from

CFS and shelter responses were different from each other by agency. The category names were reexamined and renamed in some cases so as to provide broadened category names that could be compared across the two service agencies.

The categories which were created from the themes that emerged were compared with terms used to describe collaboration in various projects such as Bruner (1991), and Goldman and Intriligator, (1990). A typology of categories of interagency efforts as described Goldman and Intriligator (1990) was applied to illustrate the level of interagency interactions. That is to say, categories representing relationships and interactions were placed on a continuum of interdependence including cooperation, coordination, and collaboration. Cooperative efforts were those interactions described as time limited and usually devoted to a single issue or planning for a specific client. Coordinated relationships were those described as continuing for longer time periods where individuals maintained their own goals, agency expectations and responsibilities, but resources may have been shared. Collaboration, according to Goldman and Intriligator, refers to a process for reaching broad, long term goals through the development of a coordinated response to problems with special attention given to the process of collaboration as well as the outcomes.

My final analysis attempted to look at all responses/meaning units once again

and list them under the categories - barriers and benefits. The themes that emerged within each category were named. This time each agency's responses were kept discrete from the other in order to compare responses between the two services.

### **C. Evaluation of Study**

As in any research, there were strengths and limitations in this qualitative research study. The major strength of this small exploratory study is that the participants represented a significant portion and component of their agency's staff. Responses from participants therefore provided me with rich descriptions of the way in which one agency experienced the other agency, and how they understood their relationship to each other. As a researcher who had experience working in both fields, I felt that participants were able to share their ideas and experiences with someone they knew would understand the barriers and opportunities they faced in their work. This, I believe, was particularly important for shelter participants. In this way the qualitative, narrative approach opened the door to furthering more positive working relationships between women's shelters and child and family services. The use of participants' own words (narrative) brought to the findings honesty and real life challenges that would be difficult to examine through other research methods.

The primary contribution of this research is perhaps the way in which it presents greater clarity of an identified problem. It will be of value to social work students and workers and administration personnel in the two fields. It also has many implications for policy makers and funders.

It is important to acknowledge that the small number of participants interviewed for this study do not necessarily represent collaboration experiences in other geographical areas within the province or else where. This study is small in size and therefore limited in scope. Its findings are representative of a small sample of responses of workers representing primarily line workers, supervisors in the two fields, and one executive director. Thus one cannot draw firm conclusions from it. Further, the rural context in which the research took place is unique and different from an urban one. Therefore, these factors need to be considered in the comparison of findings.

In my analysis I was hampered by the inability to give full weight to all comments made by or about shelter administration due to concerns for protecting confidentiality and a very limited sample. I had wanted to do more of a comparison of interactions between the two services studied in two geographical areas. Once again, small numbers of participants did not allow for this without breaching confidentiality. Factors that accounted for differences in ideologies and perspectives

of staff, such as specific mandates and policies guiding each agency's programs, the history of each agency and history between the two agencies, were not included in this study.

A limitation of this study is that the ideas, beliefs and experiences of workers were culled from only one interview with each respondent. A larger more comprehensive study could have captured more experiences in multiple interviews. Multiple interviews instead of only one with each participant would also have provided greater depth to the research. Comparisons with programs in other provinces would have provided breadth to the research data. This study, however, was more local in focus.

Another possible limitation may be the fact that I as researcher was employed as a social worker from a child protection agency. This association may have influenced responses in a particular way. My research questions assumed that collaboration between the two service areas studied was desirable. Collaboration in itself implies a level of cooperation and relationship. I believe that all participants expressed a desire for a better relationship between the two service areas, but did not necessarily see other benefits to collaborating. The extent to which any one interviewee may have felt that she/he needed to be in agreement with the interviewer regarding benefits to collaboration remains unknown, but is quite likely

especially in the case of some participants either as CFS and shelter workers, that collaboration in the fullest sense may not have been viewed as beneficial.

An examination of the ways in which social, political and legislative factors have shaped child protective services and women's shelters over time was not a part of this study, but might have added further depth to the research study and pointed to why collaboration has been difficult to achieve historically.

## **V. EXPERIENCES IN COLLABORATION**

### **A. Types of interagency efforts: Cooperation, coordination, collaboration**

The focus of this study is the relationship between two agencies. In a study project Goldman and Intriligator (1990) have defined interagency relationships along a continuum of interdependence ranging from cooperation, through coordination, with collaboration as the most intense. In their model of the types of interagency efforts they describe cooperation between two agencies as usually being ad hoc and time limited relationships, often devoted to resolving a single issue or for a specific client. In the process of cooperation, according to their definition, no interagency policies or structures are needed, and loyalty to interagency effort is not required. From the verbal descriptions of the participants in this study it is clear that most of the interagency efforts were at best only cooperative in nature.

Participants described a process where the individual worker was representing their own agency's interests and "collaboration" occurred on a case by case basis with specific characteristics. Agreement could not always be achieved even at this first level of interaction.

Participants in the study often assumed that the major goal of collaboration was to get others to change the way they do their jobs, rather than to re-examine

their own practice (Bruner, 1991: p. 13) . Both shelter and CFS participants made many references to the other agency's practice as being problematic for them. Participants from both agencies also made self-reflective comments to indicate how they might change their practices and attitudes in order to facilitate greater cooperation. In nearly every interview what was expressed as an ideal for collaboration was not what was actually happening.

According to Goldman & Intriligator (1990), coordinated relationships between agencies require the formation of an interagency unit where territorial issues and disagreements can be resolved. Interagency needs at this level are secondary to single agency needs and policy issues are decided by a committee which demonstrates commitment to the interagency objective, but represents individual agencies' interests. The primary objective of coordination is aimed at improving the individual client situation by working together. In both geographical areas studied, there had been some attempts made at a more coordinated approach in attempts at solving problems with regard to specific cases. These meetings were sporadic with no real ongoing commitment to coordination between the two agencies. Acknowledgment was expressed for the need for greater efforts to continue such a process.

Collaboration between agencies, according to Goldman and Intriligator, (1990)

refers to a process for reaching long term goals that cannot easily be achieved by working individually. A collaborative approach requires pooled resources, common interagency policies, and staff who are dedicated to the collaborative process. Primary loyalty is to the interagency effort, rather than to individual agencies. Most agencies need to begin by cooperating, and developing a coordinated response to problems, before they reach a stage of inter-dependence that could be characterized as collaborative. Both the individual client and the communities in which they live are seen to benefit (Goldman & Intriligator, 1990).

When responses from this study were compared to the above description, it was evident that collaboration in the full sense was not occurring between the agencies studied. The possibility of attaining a collaborative relationship in the future will depend on future efforts at cooperation and coordination at various levels, and a commitment by administration and policy changes to facilitate greater working together.

### **B. Participants' definitions of collaboration**

This section of the findings focuses on the different meanings given by the research participants to the collaborative process. All interviewees' words are identified by code letters and numbers. The words "interagency collaboration"

meant different things to different people. Differences in the meanings were determined by professional orientation, personal experience, culture and other factors. Some responses defined collaboration in very simple terms such as spending more time together and sharing information with each other. Other responses focused on working toward common goals, by sharing common beliefs and values. One respondent stated that collaboration was working together to overcome significant problems (CNH-1).

Shelter participants' definitions were more "client" or "consumer" oriented than those of CFS participants. Three shelter participants stated that collaboration could be evaluated on the basis of how helpful the collaborative process had been in assisting a client in reaching her personal goals. It was important for shelter respondents that the client (woman) be a part of all interagency collaborations. One shelter worker felt that it was important for both agencies to get together over all cases they had in common since she believed that this could be in the best interest of the woman as well as the child.

It would mean that workers from both agencies would get together ... and come up with some sort of a solution or at least a goal as to how to help solve the problem. It would happen by workers coming together. For instance, if a client came to the shelter it would be up to the shelter workers to get in contact with CFS and let them know that such and such a client is at the shelter. We know where there is abuse, there is also child abuse. And then finding out what your

involvement has been with this person and finding out what we can do together.

In order to be the most help to the client or consumer it would have to happen on an ongoing basis I think. It doesn't at this point, and that would be my dream for it to happen among workers. (SNE -1)

This was one of the most collaborative ideas and attitudes offered by a shelter participant who throughout the interview consistently expressed the need for the two agencies to work together on cases on an ongoing basis. To another participant it was important that workers in the two agencies experienced a degree of comfort with each other so they could work together in the best interest of the client.

Another participant was aware of different mandates, and therefore differing goals, but felt that these were important matters about which to come to some resolution. She emphasized trust and respect for each other's roles in the community.

Some CFS participants also described client satisfaction as a measure of the level of success in collaboration, but more important to them generally was the relationship the two agencies would need to have with each other. Trust and respect were also mentioned repeatedly by both groups of participants. Besides needing a clear sense of roles and responsibilities, the sharing of common beliefs and values was raised as a significant factor in the collaborative process by four CFS participants. One participant offered the following:

What it means to me is that we work together as effectively as we can and in terms of points of agreement where we can share some perspectives. And so where the challenge for me was always to look for points of congruence as opposed to incongruence and get caught up in a struggle as opposed to finding ways to agree to disagree. (CWU-1)

Participants from both agencies, in varying degrees, expressed the desire for better collaboration. Five out of six shelter workers interviewed, expressed some ambivalence regarding collaboration. All CFS workers interviewed felt that collaboration with the shelter was almost always essential for them to do their work effectively and with all the relevant information.

The definitions or descriptions alone given by participants in the research did not describe the level that the organizations did or could work together, or to what extent resources and responsibilities were shared between agencies. Barriers to collaboration, potential benefits and possibilities for collaboration were discussed. CFS participants, representing line workers as well as supervisors, saw ideology and limited vision of women's shelters as primary impediments to collaboration as opposed to structures, policies and mandate which seemed to act as constraints for shelter participants. This difference may be due to the broader mandate and size of bureaucracy of CFS and the need for CFS workers to pursue collaborative relationships in smaller rural areas where collateral agencies are few and resources are very limited.

### **C. What kind of collaboration was really happening?**

Persons interviewed had different perceptions as to the percentage of client overlap between the two agencies. Percentages given ranged from ten percent to eighty percent with the majority of estimates between twenty-five and forty percent. Although clients were sometimes involved with both agencies at the same time, the actual contacts between the agencies were quite low by comparison. They ranged from once per month to once or twice per year.

Contacts between CFS and shelter workers, according to their interview responses, consisted primarily of three types: making a referral, inquiry for resources for a client, and CFS requesting information about a client. These contacts were experienced by a few workers as having been "collaborative" in that they were able to talk to one another and understand or help one another in a specific situation. Other responses were not so positive.

In the following section, collaborative efforts will be divided into six different categories: 1) reporting child abuse, 2) requesting resources for clients, 3) talking with each other, 4) sharing information, 5) sharing cases, and 6) sharing programs. These were the categories which emerged within the theme of collaboration. They

are not discrete categories in that they overlap to some extent. Information about collaborative efforts will be compared with ideas for solutions leading to improvements. Comparisons will also be made between shelter participants' responses and CFS participants' responses.

### **1. Reporting child abuse**

Making referrals regarding child abuse was most often the first and only point of intersection between women's shelter workers and child protection workers. Sometimes these were described by CFS participants as not having been carried out in the spirit of collaboration whereby it seemed that shelter staff were not always very forthcoming with information regarding a referral. Since there were no formal agreements between the agencies as to how referrals should be made, other than the legal mandate to report, referrals were sometimes a source of conflict between the two agencies. One CFS participant shared the following frustration:

Quite often they [shelter] are calling to "consult" with me. Usually they want to consult with me in such a way that they are wondering if they should be making a referral to the child protection agency, but are reluctant to do so.... The problem is that they already know what they should do but don't. I have a feeling that usually the referral source is seeing something that gives her reason to be afraid for the children. And so they call and say 'what should we do?' and they don't want to go all the way and say they think that the woman is at risk to these children. (CNH-1)

Shelter participants often felt unsure as to when a referral should be made to CFS, and they sometimes feared what might happen to their client if they did make a referral. Experience had taught at least three shelter participants that when a case of child sexual abuse was reported to CFS, workers had put into motion a process that they as shelter staff were not a part of, nor did they understand it. They felt that this was too often damaging to the mother, their client, and sometimes also to the child. One situation involved a child disclosing to a shelter worker inappropriate touching by her father. The mother was then told and she called CFS. Shelter staff felt that the response of the CFS worker was an over reaction (ESL-3). Through the legal investigatory process of charges being laid and later dropped, the shelter participant observed that both child and mother were "victimized". This participant felt that CFS responded too quickly and too harshly. The shelter worker felt that some of the tensions might have been resolved if the CFS worker had made a personal appearance at the shelter to talk about things. Other than that, the shelter participant felt that all she could have done differently would have been to discourage the woman from reporting the abuse disclosed by her child in the first place. It was the shelter worker's opinion that the mother was quite able to protect her child, but she had no discussion with the CFS worker around this matter. Such a discussion, she said, would have been quite difficult for her because of the limitations that were placed on her due to the confidentiality policy at the shelter protecting information regarding a client.

All shelter participants stated that they would not report abuse unless they saw it at the shelter, or if a mother wanted to report abuse of her child, or if they were instructed to do so by administration. This reluctance to report was a source of discomfort to some, but justified by others who felt that CFS did not treat women or children well.

One shelter worker stated that she rarely had contact with CFS because it was not stipulated in their mandate.

Our mandate, as our administration pointed out to us, was to work with the woman and if she chose not to call CFS that was her choice. Unless we saw abuse happening at the shelter we would not call CFS. (SNE-2)

At least four shelter participants stated that they saw it as their job to protect women. Sometimes they also saw it as their task to protect women from CFS even when they were aware that CFS was already involved, or when there were some questions about child protection.

Shelter participants who were in the role of children's workers had slightly less difficulty with reporting, but felt ill-informed as to what CFS might do with a case. They reported a sense of alienation and loneliness in their work, understanding that

needs of children were sometimes secondary to a woman's needs at the shelter. Seeing a situation from the perspective of a child and a child's needs, left these participants in an ambivalent position as to what to do when it came to child protection issues. This ambivalence is reflected in the following quote:

I have called them (CFS) when I have been really concerned about safety for a child who was still with her mother. That is a bit difficult for me because we work with mothers and children. (SWM-2)

This participant's admission of a dilemma requires further discussion at the shelter. Left alone with the ambivalence, it would seem unlikely that a child's needs could adequately be addressed. Neither would it be the shelter's mandate to take on the safety of a child at risk with its mother. The participant's experience was that her referral to CFS did not turn out to be collaborative. She felt that the CFS worker did not listen to the child, and because the child ended up being disappointed, the effort to collaborate was understood to be unsuccessful by the shelter participant. Successful collaboration to this shelter participant meant that a client was assisted in achieving her goals as much as possible. A client's stated goals determined together with a shelter participant is likely to be quite different from goals determined with a child protection worker. When the two agencies find themselves overlapping in their services and crossing mandates, a discussion across agency administrations would be in order. Although this had sometimes occurred on a case-by-case basis, there were no clear boundaries established and agency

administrations had not found a way to resolve this problem area.

Other shelter participants had more positive experiences in making referrals to CFS. However, they stated that they were often unsure as to when to make a referral. Uncertainty was fed by fear of CFS by clients, and little guidance by shelter workers as to when to contact CFS. "As much as clients are afraid of calling CFS, we are too, and that shouldn't be." (SSB-8). When shelter participants were able to convince a woman to report child abuse, they felt somehow responsible to have the process with CFS to go smoothly for their client, even though they as shelter workers did not see themselves taking an active part in that process other than advocacy and support. When things did not go smoothly and the client was unhappy with CFS, shelter participants tended to believe that the interactions with CFS were not collaborative. Being only in the role of advocates, not knowing CFS's plan and hearing only from the client, left shelter workers often feeling quite helpless. CFS as well as shelter participants felt that the promotion of a new direction for working together might facilitate greater and more effective collaboration with CFS. However, according to shelter participants, there were no plans in place to do so.

One shelter participant gave the following example of what for her was a successful collaborative effort when making a referral of abuse:

There was a situation where a woman had come to the shelter and she had talked to one of the counsellors about the abuse of her children and that staff had referred her to CFS and we then called and did a follow up and she had called [CFS]. For me as a staff person at the shelter it is always nice when we do find out that a woman has actually called rather than feeling those stereotypes. So often when I say you should be talking to CFS about that concern there are so many stereotypes that go with that agency - that you guys take kids away - and so when I hear that someone has actually called CFS I think that is really good. That is a step right there.

So she called and we then reported the information she had given us. Then we hear back a few weeks later that CFS has done their investigation and been working on it. It seemed to tie up some of those loose ends. So often we make a referral but we don't know what happens with that and you feel like it's just out there. Getting that feedback from CFS was a nice piece to tie things up. ....When someone is able to overcome those [negative stereotypes about CFS] I think it is great and CFS has a chance to do their job too. My hands are tied since I can't do that piece. Unless there is that sense of cooperation with the client, that isn't going to be easy for anyone to work with.  
(SNW-3)

From the perspective of CFS respondents, receiving clear referrals from a women's shelter was quite problematic. One CFS participant offered the following reason as to why that might be:

I think that for a shelter to be able to say to a woman that they work collaboratively with CFS and that they have a good relationship with CFS would jeopardize their relationship with their client. On the other hand, we [CFS] feel it takes a stand for the child. It doesn't necessarily have to pull support away from the woman. It's a matter of clear boundaries. When it comes time to report the shelter needs

to be really up front with the client. (CNE-5)

Underlying the ambivalence and resistance for shelter workers in reporting child abuse or neglect are a number of issues. Confidentiality issues, possible loss of trust of their client, fear of what CFS might do, uncertainty about when to report a situation which might be termed as a 'gray area', not understanding fully the mandate of CFS, and, of course, negative past experiences and the fear that CFS may not take into consideration the needs of the woman, and sometimes also the child, shaped decision-making for reporting of child abuse to CFS.

In 1997 the Government of Manitoba commissioned an inquiry into the deaths of Rhonda Lavoie and Roy Lavoie, otherwise known as the Schulman Report. It represented a study of domestic violence and the justice system in Manitoba. One of the recommendations coming out of the study was directed at the Women's Advocacy Program to refine its intake system, assign priority to cases of domestic violence based on its estimation of the risk of further violence, and offer a greater variety of services to victims (p.124). Similarly applying risk assessments to children entering a shelter could facilitate making referrals to CFS and the making of appropriate safety plans and supports for both mothers and children.

CFS participants in the study recognized that even though women who entered

the shelter who also became involved with CFS, sometimes might "publicly denounce CFS to collateral agencies while secretly applauding the actions of CFS" because at that point she doesn't feel that she can take that step.

Therefore we are an adjunct to what she really wants to do. So that's empowerment, although real empowerment takes place when she is able to take that step herself (CWU-4).

For CFS participants, the hesitancy and ambivalence and guarded referrals of shelter workers in their reporting of child abuse was perceived as a desire on the part of shelter workers to be protective of the woman, but minimizing the needs of a child. Shelter participants in the role of children's workers were more likely to desire consultation and cooperation with CFS, but confidentiality policies and the need to go through administrative levels frequently prevented this from occurring. CFS participants often felt frustrated when they were unable get full information about a case involving child abuse. The fear a woman might have in disclosing the abuse of her child was seen by CFS as secondary to the need to protect the child from further abuse. Mandatory investigations of reported child abuse require that a child's need for safety be paramount, but that consideration also be given to the impact of family disruption. These matters of differences in emphases had not been discussed between the two agencies.

The strict philosophy of protecting a woman's rights as observed by the shelters studied fits with the literature that speaks to these issues which were first raised by the women's liberation movement. As some of the shelter participants pointed out, it might be time for some of the beliefs underlying various policies, beliefs which arose from experiences twenty years ago, to be revisited. While it is true that CFS holds and sometimes wields much authority and power, changes to the CFS Act and current emphasis on family preservation allow for the consideration of alternative approaches, especially with regard to the placement of children. Child abuse investigations can be conducted with sensitivity to a family's needs. Plans for safety can and should include discussions with other collaterals.

In an interview with an executive director at a women's shelter in rural Alberta (July 9, 1998), K. Danser stated that having come from a child welfare background, she took a somewhat different approach to the matter of confidentiality and collaboration with the child protection agency. She saw that reporting child abuse and consulting with child protection authorities was important in her work at the shelter. It was her belief that protecting women from child welfare was unethical, and that it was incumbent upon shelter staff to share openly and honestly with child welfare regarding the abuse of children. Policy and relationship issues with other agencies were dealt with at policy level. Individual client issues were dealt with at the line worker level. It was her belief and practice that shelter staff assist battered

women who were involved with child welfare to take responsibility for their own lives with appropriate supports, and that there was nothing to be gained by withholding information from the child protection agency. Women were assisted to face child protection workers while the shelter would diligently advocate for appropriate supports for women and children. When asked to what extent a shelter's collaborative relationship with child protection might affect women seeking help at the shelter, Danser stated that protecting children from harm and zero tolerance for violence were an important part of the philosophy at the shelter. It would not be likely, Danser felt, that women who were fleeing for their lives would be deterred from attending at the shelter. To the contrary, she felt that a positive working relationship between child welfare staff and women's shelter staff was more likely to assist a woman to leave an abusive relationship, find the necessary supports to make changes in her life and protect her children as well.

## **2. Requesting resources for clients**

This study revealed that when workers from one agency requested resources for their clients from the other agency, they tended to make assumptions about each other's services which created tensions through misunderstandings. CFS participants from one agency were very aware of their legally mandated service and

were quick to point this out to reluctant shelter staff, insisting on information to aid them in making decisions in the interest of protecting children from abuse and neglect. When the child protection agency determined that a mother and her children would need to go to the shelter in order to protect the children, the shelter staff would resist. As one shelter participant stated, shelters do not appreciate women being referred to them by CFS when there are protection concerns regarding children, because the services at the shelter remain voluntary for women.

One shelter participant stated the following:

CFS used to call the shelter to place a woman there. The shelter did not like that because it is a voluntary service. You can't mandate women to come here. They [CFS] will say 'we know she is there and we have some real concerns about her parenting. Could you keep an eye on her and let us know what you think'. We will say "NO! I'm sorry, that's not what we do. If there is a protection concern we will obviously contact CFS, but other than that, no. That's definitely not collaboration. They [CFS] see that as collaboration sometimes. (SEE-4)

We will not respond to CFS's request to monitor a situation when a woman is in shelter and there are concerns about her level of parenting. (SWE-7)

Shelter workers came from the perspective that the empowerment of their client (the woman) depended on the client's choice to voluntarily participate. Coming with different mandates and different ways of working with clients these misunderstandings often led to potential conflict. When CFS workers requested the

shelter's assistance by having a woman attend at the shelter with her children, the issue for the shelter was not whether the children need to be protected, but, is it the woman's choice to go to the shelter? The choice CFS presented to a woman, of seeking refuge at the shelter with her children, or to have the children taken to another safe place such as a foster home, was not seen as a fair option for a woman by shelter staff who were interested in protecting a woman from further coercion. Fundamental philosophical differences presented themselves as barriers to good services to families in crisis, differences which had not been discussed.

The view that all services to clients are voluntary was evident in the response of another shelter participant who stated that she sometimes called CFS to find out if a particular "program" was available for a client of the shelter through CFS because

I would be wanting to find out if something was available for someone who is kind of risky. Once they leave the shelter we can't keep an eye on them and you just have a kind of a feeling that you want a pair of eyes watching.  
(SSB-3)

This participant felt that she would like to be able to refer a client at risk of neglecting or abusing her children to voluntarily participate in some program with CFS and to have the situation monitored there, when as a shelter worker she felt that addressing this with a woman would go against her role as an advocate for the

woman.

One shelter participant described a situation of an adolescent with whom she was working who wanted to go into an independent living situation with CFS. When this was presented to the CFS worker involved, there was no agreement and it was felt that CFS was unresponsive to the needs of the child. This shelter participant seemed to be of the belief that CFS services were voluntary and that clients could be referred to these "programs", as long as it fulfilled the client's goals.

A situation was described by a CFS participant where the shelter had called CFS after a woman had agreed with shelter workers that she would accept in-home support services from CFS. This agreement with the client was made without the knowledge and assessment of CFS, and based solely on shelter workers convincing a woman that this might be helpful to her in parenting her children. Coming from a belief about voluntary and supportive services for their clients, this referral was made from that perspective and philosophy. This type of referral was seen by the shelter participant as attempts at being collaborative. In response to these kinds of referrals one CFS participant stated:

The biggest example where collaboration does not occur is where somebody makes a plan without consultation on a matter that is our bailiwick and then says this is how we are going to do it and expects us to do it....It was not collaborative to make up a plan and then tell somebody

what it's going to be and pretend we don't have our own responsibilities. (CNH-2)

Underlying most of the misunderstandings between the agencies are the different approaches to clients. The debate about the conflict between social control and caring roles of social service agencies and professionals has been around for some time. It is probably correct to say that most practitioners were taught to work with clients who wanted to work with them. The reality is that clients may often be more interested in escaping the clutches of an agency and the law, than gaining insights into their problems. They are non-voluntary clients because they are under some sort of pressure from agencies, other people, and outside events to seek help even from so-called voluntary agencies.

According to Rooney (1992) there is a lack of a solid knowledge base for work with involuntary clients.

Continuing the debate about whether we are engaged in social control or even should be, is not productive: the issue is not that social workers engage in social control, but rather *what* values they support and how they should support them... Social work not only performs social control functions for the social system, but also stands for values and goals that may be a critique of the system. (p.10)

Working with voluntary clients has always been the preferred role for practitioners in the helping profession. Women's shelters consider all their clients to

be seeking help voluntarily. Because women who seek help and safety at a shelter are likely to have experienced coercion in various forms prior to their coming for help, it is important for shelter staff to remain in a supportive role to their clients when helping them to take steps towards leaving a violent relationship.

Self-determination, autonomy and empowerment for clients are important values held by most practitioners, whether they work in a women's shelter or at a child protection agency. But what happens when the choices made by one person, let's say the mother, appear to conflict with the rights of another person, her child? Commitment to self-determination does not mean that the practitioner, whether they work at a women's shelter or in child protection, must agree with unwise client choices. Persuasive influence toward making better choices can be ethical in such circumstances. Dominelli (1989) believes that a feminist approach to issues of social control does not represent simply taking the part of woman over the interests of others, especially where children are being abused by women. Such cases must be considered in their full complexity, so that self-determination as well as safety for children is considered. The matter of mandatory services versus voluntary services and the assumptions held by the two groups studied appears to be fundamental to the differences between the two agencies.

One CFS participant stated that CFS could do better at being sensitive and

respectful to a woman's needs in the initial contact with women or shelters. Taking time to listen to shelter workers and their clients before rushing into an investigation meant that there was time to come to some agreement on professional assessment of the situation, and this was helpful to conducting the investigation. "Generally we saw the shelter as a community resource that we wanted a good relationship with and therefore if things were not working we felt it was incumbent that we do whatever possible to clarify" (CEE-3).

CFS participants frequently wanted to take a broader perspective and longer process that would include working with the mother in order to assist in increasing her capacity to protect and care for her children adequately. However, it was always difficult for the two agencies to work together when CFS was seen to be coercive and powerful at the beginning. Shelter staff rarely saw their advocacy role as one of learning to work with CFS on behalf of the needs of the mother. Feeling overwhelmed, powerless and not understanding what CFS was up to, they were more likely to withdraw into the privacy and behind the confidentiality policy of the shelter, believing that it was sometimes in the best interest of the client to do so.

According to Stacey and Shupe (1984) child abuse sharply declines when battered mothers are able to escape their abusing partners or gain legal and community intervention against the violence. In the state of Michigan focus groups

were held across the state including child protection supervisors and front line workers, executive directors of domestic violence agencies, front line advocates, and children's workers. Groups were invited to envision an appropriate and effective community response to domestic violence which included child abuse. Discussions focused on safety for mothers in order keep children safe. Results of these focus group meetings were presented to members of the collaboration board, state legislators and curriculum developers of the State of Michigan Department of Social Services. Decisions were made jointly as to what matters needed to be investigated by child protective services and what kind of services communities needed to provide to keep women and children safe. By working together resources for those suffering from or in danger of abuse and domestic violence were increased and improved.

### **3. Talking to each other**

In this study the need and desire to be more familiar with each other as persons was expressed by both shelter and CFS participants. Neither work setting had established any formal relationship between the two agencies, and few workers knew or had ever met workers from the other agency. At most they had telephone contact, but face to face contacts were rare. One shelter participant described the kind of face to face meetings she saw as being important.

One of the things we are trying to do, and this hasn't happened yet, is to get all of our staff together, CFS staff and shelter staff, meet face to face, to talk about some of this. You know simple questions like, when I call the shelter, why can't you tell me if she's there or not? And just putting faces with names, and having our staff ask questions of CFS staff, in terms of situations or just in general. I think it's better understanding of who we are and what we do. There's a lot of mystery surrounding women's shelters and the work that is done in shelters - and trying to get rid of that mystery. (SWE-5)

Three shelter participants talked about feeling isolated in their work at the shelter because it was such a private and confidential place. One shelter worker expressed a strong desire to build more of a relationship with CFS workers, to share ideas and deal openly and more constructively with all conflicts between the two agencies. When asked what was stopping this from happening, she believed it was a difference of opinion among some staff at the shelter as to the helpfulness of such meetings.

Four CFS participants felt that they needed to be more open to inviting women's shelter workers into their workplace and take more opportunities to talk to each other. A male worker also felt that the shelter saw his being male as an obstacle to being invited for open discussions.

If people feel that if they can walk into an agency and have coffee with the rest of the people - if they don't feel free to walk into the women's shelter as a man and not be treated as a stranger from a strange land, that's not going

to build collaboration.

We have to reach out more than we do. We also have to reach through prejudices of other people even though they are there, and try to work our way through that, and not throw up our hands and say I've got other things to do. (CNH3)

It was stated by all but one participant that talking more with each other, and developing a better understanding of each other's mandate and work would go a long way toward increasing trust between the agencies. One shelter participant was less optimistic that greater contact with CFS would improve service to clients or the relationship between the agency workers.

Sometimes we have sporadic contact with them but the other thing is that this whole structure of our organization that workers are really not supposed to do that, the Director is supposed to do the communication, so that kind of limits our attempts... Sometimes our backs are up and we feel that the another agency isn't doing anything properly, you get all annoyed and we don't really see the whole picture. We just see what we want to see and so I think if we had a broader scope and made those connections and did them very slowly, then maybe things would work out a little better. And, too, we have to accept that different agencies do things differently. That's the way it is. And we have to accept that. (SWL-9)

Another CFS participant felt that the shelter did not initiate many contacts with CFS.

It's mostly that we find out that there is someone there that we know about. It's often come through that if there is a situation of domestic violence and abuse of kids. We often

give the option to the mom of going to the shelter with the kids or the kids come out. Then we work with the shelter because they have made the referral...As long as the shelter has space they don't mind us sending a woman and children there. (CWL-3).

Taking the time and the initiative to get to know one another, and to organize meetings to share with each other as agency staff what each agency does, would be a way to begin to build a better relationship between women's shelters and CFS. Although meetings had been called from time to time to solve problems around specific cases between the agencies there were never any meetings designed just for the purpose of getting to know each other. Nearly everyone interviewed saw the need for doing so. However, with no directives and little incentive to further such a process, along with busy work loads, it is unlikely that the relationship between the two agencies will change. Without vision and a perceived need to do so in an ongoing way, these two agencies are not likely to change the way in which they relate to each other.

Lack of communication and informal meetings between workers is compounded by the fact that shelter workers in rural areas work in isolated environments. Administrative offices are combined with sheltering facilities, the locations of which are kept confidential. Males are generally not welcome, and staff are not at liberty to discuss cases with collaterals. Often believing themselves to be

the only service truly sensitive to battered women's needs, workers at shelters often felt alone and isolated even in their views. This was expressed in various ways by at least two shelter participants in the study, who longed for intellectual interaction and new ideas. This may be peculiar to small rural agencies.

#### **4. Sharing information**

Different understandings and policies have influenced the way in which information is shared by each agency. As part of their investigative and assessment processes, CFS workers are required to consult and share information with other professionals involved. Shelter workers, on the other hand, protect all information given to them by their clients as part of their commitment to honour their client's confidentiality. The process of sharing information about clients, usually at the request of CFS, was almost always problematic for the shelter and appeared to have no simple solution.

The matter of confidentiality was reported by both shelter and CFS participants as a major obstacle to sharing information between the two agencies. When CFS workers called for information regarding a mutual client, shelter staff were unable to respond openly and honestly without the consent of their client and their client's presence at all discussions about them. CFS participants reported that it caused

them much frustration when they called a shelter and the workers shared information very guardedly, if at all. One CFS participant stated that one way to improve communication with shelter workers was for one's intent and role to be very clear, and to take time to explain carefully what one was doing as a CFS worker. One CFS participant reported that sometimes there was refusal from the line staff at the shelter to allow access to a particular client and that this dispute about the role of the shelter and the role of CFS then had to be taken up with the shelter director.

Shelter participants agreed that they were very "stingy" with information, and that they sometimes used the issue of confidentiality as an excuse for not sharing information with CFS workers. They also worried sometimes that CFS might use whatever information they had against a woman. One shelter had developed a clear protocol as to what information could be shared, by whom and with whom. A shelter participant expressed fear of breaching that inadvertently. All requests for information regarding clients therefore needed to go through the director. They would collaborate...

if we are comfortable as an organization or as an agency that the information that we gave, or the participation that we had in collaboration, if we felt that somehow it was helpful to the client in reaching their goals. (SWE-4)

Apprehensiveness, uncertainty and mistrust regarding CFS is reflected in the following comment by a shelter participant:

For a lot of workers here not really knowing where the boundaries were in terms of sharing information there was sometimes the feeling that workers were calling and looking for specific information about women. How was that going to be used? Was it ultimately going to be used against her [client]? That was always an issue for the workers here. (SWE-2)

All participants from one shelter expressed some ambivalence regarding their policy of confidentiality and that sometimes it may not necessarily be the most helpful to a client. This ambivalence is reflected in the following quote:

I think as shelters we need to take a good look at what confidentiality is, because I think the times have changed and certainly twenty years ago when women came into the shelter there were a lot of agencies seen as not being helpful and we had this whole thing about no one is to know who is coming into the shelter. Social stigmas have changed and we have worked really hard with other agencies to develop some sort of protocols. Some part of me believes that if the RCMP and CFS can disclose things to us, and they are much more open than we are to them, then why can't we do the same..... We are still in that mentality of the 70's about our own confidentiality and we kind of cloak ourselves with this whole thing about us protecting women by having confidentiality. (SWL-5)

On the other hand, participants from both shelters stated that they sometimes wanted information from CFS particularly when they were frustrated by

contradictory messages they received from a woman in the shelter who was also a client of CFS at the same time. Seeing herself as an advocate for the woman, one participant stated that she might take it upon herself, at a woman's request, to call CFS for clarification. Another worker stated that she got frustrated when her client did not hear back from CFS for too long a period of time. Without a good sense of the entire picture, and CFS's role, shelter participants often felt left in the dark as to how best to support their client. Their feeling was that CFS too often left women out of the planning process and simply told women what to do. Both client and shelter worker sometimes felt they could not understand what the expectations were from CFS for the woman. Information they needed from CFS was focused on trying to understand the CFS process and CFS's expectations of a client.

The matter of sharing information seemed most contentious and most important to CFS participants who said they were always required to make decisions and assessments based on complete information. CFS participants from both areas reported frustration with the shelters' guarded response and sometimes refusal to share any relevant information which CFS regarded as being child protection concerns.

CFS workers felt that shelters often withheld information under what they thought was a pretense of confidentiality. As a result they felt that clients engaged

in triangulation and splitting. Triangulation refers to one member directly or inadvertently joining with another person or idea to oppose a third party. One CFS participant referred to a situation where a shelter worker seemed to minimize child abuse by agreeing with the client that there were no child protection issues, even though CFS had quite serious concerns. This caused the child protection agency great difficulties. When a woman, who was a client of both helping systems used one agency against another, child protection workers were unable to do their job.

Ultimately when there is a lack of collaboration there will also be a triangulation of clients and certainly the kind of outcomes you hope for and what happens for them will be significantly compromised. In many ways you could compare it to how we do things differently than our clients do in the context of their family. Is it possible that we kind of mirror our clients in our nontrusting, possessive, perpetrating way which we relate to each other? (CNL-9)

A shelter participant understood that triangulating clients was destructive. "I think when we play each other against each other we slam a door" (SWL-6).

Sometimes we get the information from the woman, who gets the information from the [CFS] worker. It's all in the interpretation of the information. You know the woman will say, "well they told me this and they told me that" and we will sometimes say "that doesn't sound right. Would you mind if I called the worker to clarify that?" So we do that. In that way we also get a lot more information and are better able to communicate that information to her as well. Sometimes they [clients] don't always hear or understand what is being said, and that's understandable. We all do that. In clarifying for her, it helps us in our advocacy roles. (SWE-7)

From the above response it is apparent how when all parties do not sit down together to determine a plan of action, much time is spent in guessing what the other agency wants. When one agency is invested in protecting women from further victimization by other systems such as CFS, and the underlying mistrust is never addressed openly with the other agencies, triangulation of clients is inevitable. From the interviews it is unclear to what extent shelter participants are aware of this underlying barrier to collaboration, or if they are aware of it, how best to address it particularly when there are child protection issues.

Although CFS participants expressed a strong desire to be able to establish more open communication lines with regard to the way in which the two agencies saw the problem of violence differently, and a need to collaborate more effectively, they were less optimistic as a group, that it could be achieved, based on their individual experiences. One CFS participant stated: "We need to help the shelter believe that more people are on their side than are against" (CNH-4).

We need to find a common language and help the shelter to discover that we are people who are concerned about helping the woman overcome her problems further even than they thought about (CNH-6).

A number of high profile cases involving child deaths in Manitoba, Ontario and B.C., have highlighted the need for communication and sharing of information between the services involved. Although women's shelters may seem to be immune

to these directives, perhaps the time has come to begin to seek more cooperative ways of working together. Working in isolation would appear to have many disadvantages for shelter staff as well as clients.

## **5. Sharing cases**

The following section includes the references participants made to sharing cases. Because collaborative efforts between CFS and the women's shelters studied were for the most part limited to making referrals and sharing information, the sharing of cases was reported to have occurred only sporadically, over very short periods of time, and for very specific reasons.

One CFS participant reported a situation where the two agencies were able to work together with a woman and other collaterals, where the woman needed protection from her abusive husband. The CFS worker and the shelter worker were, over a period of time and preparation, able to strengthen the woman and assist her to confront her abuser. The two agencies were able to work together because in the first place the client requested assistance, and secondly, they could agree on a common goal. After that it was a matter of sorting out what role each agency would play. This was described by the CFS participant as having been a successful collaborative effort, not only because the client got what she wanted, but the two

agencies found a common goal and could agree on roles to play within this particular case.

Another CFS participant recalled a case where CFS and the women's shelter had been able to work collaboratively. It involved an abused woman who was ready to give up her children to CFS, while she stayed at the shelter voluntarily. During her three weeks at the shelter the two agencies were able to work collaboratively. The shelter assisted her to find alternate housing, while CFS assessed her ability to protect and care for her children. The CFS participant commented that

we had worked very collaboratively with the shelter on that issue when usually they would not be as amenable to us giving those kinds of condition to a person coming into a shelter. In that instance the collaboration was wonderful and it worked very well. (CWU-3)

Another CFS participant stated that after the initial reluctance on the part of the shelter to share information was overcome, and the shelter became convinced that CFS was not just overreacting, the CFS worker was able to complete the assessment.

One shelter participant stated that collaboration with CFS was usually quite short and limited to making a referral or a quick discussion. She stated that longer term collaboration would be considered if both agencies had supportive roles to

play.

In her attempt to collaborate with CFS around a particular case, one shelter participant reported that it seemed to her that the CFS worker involved did not listen to the child. One situation concerned a teenager who wished to move into independent living, but the CFS worker would not agree to this and the child, she felt, was shut down. The impression left by CFS workers at this women's shelter was that CFS seemed to respond only to crises, providing little or no protection education, or support resources. CFS workers did not appear to be available unless the shelter was calling about referrals.

A number of shelter participants made comments that they believed CFS does not understand the situation of women, and that this made collaboration difficult. They felt that in their experience CFS sometimes punishes women by taking their children away. One participant stated that CFS makes unrealistic plans for women to get their children back. At other times they felt that CFS misled clients and shelter workers by talking about the possibility of supportive resources for the woman/client that turned out to be nonexistent.

It appeared to some shelter participants that CFS and women's shelters were often working against each other, by working for different clients - mother versus

child. Sharing information was easier when the shelter knew that there were going to be supportive interventions for their client.

Although some shelter participants felt they were usually unable to agree with CFS on how to work together on a case, two participants stated that they had discovered that CFS workers really had the same goal as the shelter and worked from the same empowerment perspective with women as they did. They expressed desire to work together more with CFS. However, collaboration was not viewed in the same way by different levels of shelter staff, and front line staff did not feel able to make decisions on their own about potential collaboration.

In one case the two agencies had been able to work collaboratively in a situation where children were placed in a foster home when everyone agreed that the mother was not able to care for them at the time. She [client] knew that we were working together. She knew that she could get back to us or to CFS and so even though things did not turn out and anyone looking at it might not think it was successful, it was in that she did not leave frustrated. She left knowing. When there is no collaboration that does not happen because either the woman does not want to come back to the shelter because she doesn't get help she needs and she continues to be afraid of CFS because there have been no discussions. It [collaboration] was successful not in that the client got what she had hoped for, but because she knew that we were working together for her best interests as well as her children's. (SNE-2,3)

What made collaboration successful when working together with cases between the shelter and CFS, was that a woman usually came voluntarily to both

agencies and both agencies together with the client could agree on a plan. The case of a woman's children coming into the care of CFS while remaining a client of both agencies was unusual in that it represented collaboration at another level; that is, the cooperation between two different services to give the same message, while playing different roles. It was an example where confidentiality was not problematic and the two agencies were able to share information and agree on a plan for a family even though the children were unable to stay with their mother.

From the responses by shelter participants it was quite clear that their understanding of the role of CFS, especially in cases of sexual abuse of children, which are always complex, was really quite limited. From their perspective as advocates for women, and their belief that the only way to work with women was through their voluntary participation, it was difficult to understand the dynamics of working with involuntary clients and to believe in the possible benefits to families in doing so. Much education in these areas seems essential for collaboration to be a possibility. Continued demonstration by CFS workers of sensitivity to women's needs alongside issues arising regarding the safety of the children, will aid in establishing a greater level of trust in the ongoing attempt to be collaborative in difficult cases.

As already mentioned earlier in this report, Children and Youth Secretariat, a

cross-departmental body consisting of Education, Justice, Family Services, Health and Recreation, has been appointed by the Manitoba Government to take the lead in preparing collaborative programming and protocols in response to identified problems involving children, youth and their families. In its Statement of Government Policy on Manitoba Children and Youth (Government of Manitoba, 1998), ways of strengthening families and reducing barriers to coordinated services for children are addressed. This body underlines and encourages the need for agencies with clients in common to work together and develop "holistic approaches of prevention, treatment, rehabilitation, safety and care of children, youth and their families" (p.6). Women's shelters, which are increasingly working with children, are often seen to be outside of these collaborative efforts. The formal inclusion of women's shelters in these cases could further assist cooperation.

## **6. Sharing programs/facilities**

There was no shared programming between CFS and shelters in the areas studied. One geographical area had scheduled meetings between shelter directors and CFS supervisors, at the request of CFS, in order to sort out difficulties between shelters and CFS agency. Another area used to have meetings for similar reasons, but lately there had been no time for that. These meetings had been initiated by CFS.

The agencies studied were a long way from sharing programs or facilities. A number of difficulties needed to be overcome first. Support for shared programs would require a better understanding and some common goals, a deeper level of commitment to collaboration, as well as directives and policy changes from government and administration. In addition greater trust had to be built.

Although there was no sharing of programs and/or facilities between the shelters and CFS agencies studied, all the shelter participants and CFS participants interviewed from one geographical area, expressed a desire and need to share programs or facilities with each other. One shelter participant wanted CFS to be able to do investigations at the shelter and work together on cases from beginning to end. Another participant favoured the sharing of a building and being able to work with perpetrators together with CFS workers, while another saw the need to work with men and boys and felt that CFS and the shelter could combine resources for such programs. Some CFS agencies do not see it as their mandate to offer services to perpetrators. Others do provide treatment where the offender is willing and/or mandated. Two shelter participants felt that working with offenders would be very helpful to their clients, and would lend greater credibility to the work of the shelter. They acknowledged that this would also fulfill the wishes of the community. Shelter participants understood that services for male offenders were almost nonexistent, and that by working together CFS and women's shelters could

do much to help end violence in families.

Unlike some other shelter participants' responses, one children's worker felt that fathers were an important part of working with children, and wished for the shelter to consider adopting a different view, attitude and mandate to include working with men. This would demand greater collaboration with CFS as well as other services in the community.

Two CFS respondents envisioned that the two agencies could do public education together. "Of course, to do public education together we have to be able to work together... With a shared vision the work can only be the best for children and moms and perhaps the rest of the families" (CSE-7).

Two CFS participants envisioned a collaborative resource, established between the agencies that would provide services to offenders as well as victims and do away with the dichotomy that currently exists. Another participant wanted a cooperative approach at the front end of each case between collaterals such as police, CFS and women's shelters, whereby each would be required to report to the others any abuse occurring where there were adults and children involved. Working together this way could prevent further abuse from occurring. "My perspective is that where there is physical abuse and there are children in the home who have

witnessed the abuse, I believe these children are in need of protection" (CWU-7).

#### **D. Summary of Interagency Collaboration**

In their varied meanings and understandings of collaboration all participants agreed that it was desirable but to varying degrees. CFS participants expressed greater openness and need for collaboration and the need for improved relationship between the two agencies, while women's shelter participants based the level of desirability on the perceived benefits to their clients (women). These responses are consistent with agency mandates in the strictest sense whereby CFS is required to work with other agencies in order to make the best assessments for children at risk of abuse and of a family's needs and strengths. Women's shelters are not required to do formal risk assessments and focus primarily as providing safe places for women and their children. If in the process of collaboration anything would be seen to jeopardize a woman's sense of safety, the shelter staff would likely not desire collaboration.

Contacts between CFS and women's shelter staff according to this study consisted primarily of consulting about or making referrals of child abuse by the women's shelter and either agency inquiring about resources for their clients or

information regarding a specific client or process. Occasionally cases were shared when workers in the two agencies could agree on common goals, but there was no sharing of programs.

In the reporting of child abuse by the shelter, mandates determined responses. Shelter participants expressed some fear and uncertainty about making referrals to CFS especially when they saw it as a "gray" area and not clearly abuse. Seeing themselves first and foremost as providing a safe place for women with complete protection with regard to confidentiality, child abuse referrals presented a very real quandary for shelter staff. Since they were unable to determine after the referral was made as to what might happen, they feared losing the trust of their client and that the shelter would no longer be seen as a place of safety for women. The justification that while women were in the shelter with their children, and no abuse was apparent, was sometimes used by shelters to avoid making referrals to CFS. Attempts would be made to encourage women to call CFS themselves. This was seen somewhat differently by children's workers at the shelters who acted as advocates for the child. Often feeling isolated and alone in their work as well as in their views regarding family and children's needs, they desired more consultations with CFS. Successful collaborations for shelter participants, consisted of those interactions with CFS where their referrals or consults with CFS were met with supportive and understanding responses and where their clients ended up receiving

the assistance they wanted and needed.

When either agency requested resources from the other, issues of mandate and ideology presented themselves most dramatically. CFS participants, coming from a mandatory and legislated role, often took the approach that in some matters pertaining to child protection clients did not really have a choice. Asking to place a woman and her children at the shelter when there was abuse in the home was met with resistance by shelter staff who believed firmly in the lack of any coercion and in a woman's choice to attend the shelter. Strict adherence to policy and mandate by the shelter caused frustration and a sense of a lack of cooperation with child protection issues on the part of CFS workers. When CFS asked the shelter to assist by monitoring a woman's ability to parent, shelter staff would refuse. Once again, this was not seen to be in the best interest of a woman's needs for safety, choice and self-determination.

When it came to sharing information, there were difficulties once again, based on mandates and policies. Women's shelters' protection of the confidentiality of a client means being unable to share with CFS any information or whereabouts regarding their client. This protection of a woman was interpreted as a lack of understanding of the complex issues of child abuse, especially with regard to sexual abuse of children. It sometimes seriously hampered the ability of CFS participants

from doing their work effectively with families and inadvertently and sometimes directly caused the triangulation of the client (woman) with the shelter staff against CFS where CFS became the enemy. Some shelter participants were aware of this dynamic and recognized its destructiveness to CFS-women's shelter relationships as well as to clients. Some shelter participants felt justified in their supporting a woman in this way, since they believed that the outcome of CFS's work and the justice system with the client had been destructive to the woman as well as the child.

In the matter of sharing cases, CFS took the position that collaborating and sharing information will allow for the best plan for all family members in the process of improving the safety of the children. Women's shelter participants, in the role of assisting a woman to access resources and advocate for resources for her, sometimes expected CFS to respond to their requests without CFS's knowledge and assessment of the situation. Differing mandates, advocacy for resources for women versus clear assessments and long term plans for child protection interfered with the two groups working together harmoniously.

While no programs were shared between CFS and women's shelters, both groups agreed that this would be beneficial. CFS saw that providing joint educational programs in the community would be one way to be seen as supporting

each other's work. Other participants suggested the establishment of a collaborative resource that would assist agencies to work together for the same goals.

Shelter participants had somewhat different ideas. Some hesitated to share any programming with CFS. Others went so far as to suggest sharing a building, working together with offenders and boys as well as doing educational programs together. Some shelter participants expressed greater frustration and a sense of isolation in their work and desired the input of new ideas and ways of working. They felt that shelter mandates were too restrictive and kept them from doing more creative work in the community. However, full and regular collaboration with CFS was limited by contrasting policies at the shelters.

Some shelter participants were notably more interested in greater cooperation and collaboration with CFS than others. Experiences with CFS were described much more positively by some than by others. Some shelter participants felt that their agency would have greater success at cooperating with other service agencies and be seen more positively in the community if they expanded their mandate to include working with men and boys, and if they had greater freedom to share information, cases and programs with CFS and other agencies. They felt torn between feminist ideology, the limited mandate of the shelter and the need they saw for different services in the community that would benefit their clients. Others

described more mixed responses and experiences with CFS that led them to be more doubtful that fuller collaboration was a good idea. They did not believe that an expanded mandate would empower them to do better work with women.

Nearly all participants agreed that the two agencies should spend more time talking to one another about difficulties between them to help each other understand what the other is doing, and to get to know one another. However, this was not being initiated in any formal way. Such a relationship cannot be fostered without ongoing and open, honest communication.

Varied responses to collaborative interactions reflect the differences in philosophies, mandates, policies of the two organizations. Positive experiences in collaboration influenced the desire of shelter participants for greater collaboration with CFS. However, policies at the shelter prevented full and regular collaboration with CFS.

## **VI. BENEFITS AND BARRIERS TO COLLABORATION**

### **A. Potential benefits to collaboration**

According to some participants' responses, greater collaboration between the women's shelters and CFS would have various potential benefits. These benefits included improved relationships between individual workers from different agencies as well as between agencies, improved services to clients, and better services to communities.

Other shelter participants were less favourably inclined toward establishing a more collaborative relationship with CFS since they perceived many problems with the way in which CFS carried out its work with the clients they shared. However, they had also had some positive experiences. A number of participants perceived there to be many potential benefits if shelters could work together with CFS. CFS participants understood that there could be many benefits to collaborating with the shelter, but were not that optimistic that it could happen. The following are responses to each category of potential benefits to collaboration.

## **1. Freedom to consult with each other and support one another**

Feeling free to consult with CFS was something that was important to shelter participants. Consultations would usually be around situations where they were unsure as to whether or not to report to CFS. Having a sense that their request for consulting would be met with openness, would give them a level of comfort and confidence to do this more often. The following quotes from shelter participants indicate the level of uncertainty they experienced, and the support they desired from CFS.

I have done a number of back and forth calling social workers with scenarios when I'm not sure where to go with cases. Actually I found those kinds of interactions to be very good where they will even affirm me. I'll say 'Am I legally bound? This is the sort of scenario', and they'll say "that's such a gray area, go with it, use your expertise. Keep working with them". - very cooperative, not saying yes you should report that and then they get involved with pulling a kid. That's not my experience at all. Now when I look back at those small involvements they have been very positive. (SWM-6)

I would like to know if I can call a person when I'm not quite sure what I'm supposed to be doing. Is this supposed to be reported? Can I call them up and say "I've got this situation and I'm kind of wondering and I'd like to put it by you to find out. I'm thinking this but I kind of want your input." (SSB-2)

It's just simply having a conversation that makes a huge difference. You feel a lot more comfortable picking up the phone and saying "Look, this is kind of what we are dealing

with. Do you guys have any ideas or what can you offer'?  
It just happens that much smoother. (SNW-2)

Half the shelter participants interviewed felt that open communication between CFS and especially the children's worker at the shelter was essential for support. Participants expressed a sense of isolation and valued the possibility of greater interaction with other professionals who were dealing with the same issues.

Without communication there's this gap between CFS and the children's worker. We go our path. They go their path. If there was communication with CFS the child counsellor would not feel so lonely and the workers would know that CFS was supporting them. (SNE-5)

Due to differences of opinion among other staff members, communication with CFS was not always encouraged.

For CFS participants more open communication meant that there would be greater freedom and access to discuss cases with shelter workers. More complete information shared both ways was seen by some CFS participants to benefit both women and children toward greater safety and improved services to them.

## **2. Greater safety for women and children**

Some shelter participants saw few benefits to their clients by collaborating with CFS. Their history of fear and frustration in watching CFS intervene with their clients prompted them to be much more guarded in their approach to sharing anything with CFS. They often did not believe that women and children would somehow be safer if the two agencies worked together better. In contrast another group of participants understood that effective collaboration between the agencies would likely increase the safety of women as well as children and their ability to trust. Two of them felt that by changing the shelter's and their clients' perceptions of CFS to a more positive one women and children would feel more safe and cared for. This could result in better and more efficient services.

Women would feel safer if they would find out that CFS is not this big agency to fear but they are there to help them just like the shelter. A lot of women want their men to get help. If they knew their men were getting help outside they would feel better. (SNF-5)

This shelter worker stated that she had worked hard at the shelter to challenge and dispel the belief their clients as well as shelter staff held that CFS was to be feared by women. In her experience this had not been true and had only worked to alienate women further from that agency. Another participant anticipated a deeper level of trust between workers from the two agencies if they collaborated more.

This would allow for better information sharing between workers and ultimately improved services to clients. Other potential benefits named were opportunities to work with perpetrators and to take a stronger stand publicly against violence toward women and children in families.

CFS participants from both areas also felt that benefits to collaborating more fully with the shelter would enhance safety for both children and their mothers.

I think children would be a lot more safe if the two agencies worked better together. The non offending parent which is most often the woman would feel a lot more concerted kind of support given to her that could strengthen her in many different ways. For the women's agency to say to her, "we'll be there for you even though there is this abuse investigation.

(CNH-4)

Other potential benefits to clients which were named by CFS workers, when the two agencies work together well, were greater validation for a woman's experience of abuse and greater safety and protection for children.

By having consistent messages from the two systems the child would be given a much clearer sense of the larger social sense of what is appropriate and inappropriate, so their safety would be enhanced, because in the process they might not feel so torn between their commitments to their parents and their relationship. But for their own safety they would not have to feel they had to go to the parent who had been abusive. (CWE-6)

As Schechter & Edelson (1995) have stated, one of the benefits of good

collaboration is increased safety for clients, since this goal is primary for both shelters and CFS agencies. Coming to some agreement about how to work together to accomplish this, would require a commitment to an educational process for both agencies which is currently not in place. While some line workers at shelters understood the potential benefits to their clients, others in the study were more cautious and had greater investment in upholding traditional values and philosophy of the shelter movement, which would doubt the benefits of collaboration to promote safety to their clients.

### **3. Discourage triangulation or "splitting" by clients**

At least three CFS participants felt that if each agency would have the same information about a specific case this would discourage "splitting" one agency from the other, where one agency becomes triangulated against the other through a client. This could lessen the confusion experienced by family members caught up in both helping systems. However, shelter staff reported often feeling justified in joining women against CFS when they, too, were in disagreement with CFS. Shelter administration is key to this issue, since administrators are in a position to dialogue with child protection agencies as to how cases could be dealt with differently and how line staff might respond.

An unpublished article "Avoiding Agency Triangles in Child Sexual Abuse Work", by G. MacDonald (1992) points out that the complexity of working with families where child abuse has been identified, their involuntariness in treatment, and the sheer numbers of helpers usually involved usually means that there will be many competing ideas regarding the source of a problem and what to do about it. Therefore, "the identification of clear cut criteria for intervention and treatment puts a tremendous onus for leadership on the child protection agency, but requires the cooperation of all other helpers involved, with clearly defined roles" (MacDonald, 1992: p.3). At least three participants from CFS and the shelters related experiences where a shelter disagreed about how a sexual abuse case should be handled by CFS.

I have seen times where we have said to a woman "you need to leave this isn't a good situation". That often won't work out because in that case the mom came in and said "CFS is saying there is a problem and I don't really want to be here. My family is not that violent." The woman's shelter took her position as well. That caused us great difficulties...I think that woman needed some serious empowerment. (CWL-7)

I think it [greater collaboration with the shelter] would enhance the safety of mothers a great deal because they wouldn't be able to split the agency from the shelter... Someone else would be taking the bottom line which is very difficult for women in abusive relationships to do. We [CFS] can do that more than the shelter which is a voluntary service, and we are required to protect children, and therefore have more power to protect them. (CWU-6)

A united front was seen to be especially helpful in holding perpetrators more accountable.

When you always have ambivalent moms, if you can work on the moms to get them to be stronger and accepting of this... I think that if we're together that makes it easier going into court making a perpetrator take responsibility. There's that belief that all disclosures made in women's shelters are not valid. I think that if we are able to work together it might be the first time that a child has felt safe. The investigations have to be extremely clean or we are going to get shots from the side by people who are convinced that disclosures that come out of women's shelters are simply invalid. If we are fighting between ourselves that just makes it easier for perpetrators in court. (CWL-9)

According to Imber-Black (1991) paying attention to the "larger system perspective" is imperative when dealing with families in which abuse occurs and who are involved with multiple agencies. The larger system surrounding the family plays a crucial role often times inadvertently perpetuating the same problems they are intending to solve. Colluding with a family in the pretense that abuse was not serious, rather than acknowledging themselves as a part of a larger system taking direction from the protection agency may set the stage for polarizing the "bad" protection worker with the "good" shelter worker (MacDonald, 1992). Where these dynamics and interactions are not understood fully by the professionals involved, children and women will not be safe, and their confusion will only be heightened as the larger helping system is drawn into a family's dysfunction.

A CFS participant offered the following:

When the two agencies work together the odds of somehow being helpful to clients increase significantly simply because we're all singing from the same page or same channel. It eliminates triangulation. It models for the clients something different than what they would see in the context of their own family. Success then is much more attainable. (CNL-4)

#### **4. Strengthening communities**

One CFS participant understood the need for community support and how the collaborative process could help to strengthen communities.

Because both agencies have some very appropriate socially sanctioned roles, that is, protection and well being of children and families, I think that family life can be nurtured. Ultimately community life can be strengthened when we work well together. If the community and the family can accept that what we are trying to do and work towards those goals, then clients end up benefiting both in the moment and in the longer term. (CWE-4)

Together we could develop plans and strategies that would be much more preventative in the community. We could talk together about issues of vulnerable populations and we could be sponsoring workshops together. We could educate the community together. And we could stop acting like we are two solitudes. That's really true. We are concerned about children. They are really concerned about women. (CNH-5)

CFS participants saw many potential benefits to collaborating effectively with the shelter. However, over the course of interviewing they expressed less optimism than the shelter participants that effective collaboration between the two agencies was a possibility. This, they said, was due to a long history of misunderstandings between the two agencies, and that much effort would need to be placed into developing common goals and visions.

Other CFS participants saw that clients would not see the strain between the two agencies and not be caught up in the middle if the two agencies worked together well. Also, they suggested that together the agencies could be stronger in preventing further violence.

I think that under the legislation the issue of violence in families is one of need for protection. If we were to develop protocols around that as CFS and women's shelters I don't think there is going to be a whole lot of room for a woman to go back to her abusive husband, because we are going to make a choice for them. I think we could make a big impact on violence in the family by providing support for the non-offending parent. CFS could take the stronger role and the shelter the more supportive role.... Together we can give tremendous support to and protection to mothers and children. We just become more resources to each other rather than adversaries. (CNE-7,8)

Pence and Shepard (1988) discuss the Domestic Abuse Intervention Project in the state of Minnesota, where women's advocates organized, through a collaborative process, major institutional changes within their community, assisting

abused women and helping to impose legal sanctions and rehabilitation programs for men who were abusing. Other examples of collaborative models in the U.S. (Schechter, 1994) and Alberta as described earlier in this report, demonstrate the benefits to families and communities when helping organizations combine their efforts in order to provide services to families where violence is a problem.

### **B. Barriers to Collaboration**

This section re-categorizes participants' responses into groupings which speak to matters which they experienced as barriers to their collaborative efforts. Entire interviews were scanned once again, this time for the purpose of lifting out any comments or experiences which related to possible barriers to the two agencies working together. Although there was a specific question in the interview that allowed participants to name barriers, I found that participants named obstacles to collaboration during the course of answering other interview questions as well. The new categories which emerged were: 1.) confidentiality policy at the shelter; 2.) compartmentalization of services: women's advocacy versus children's advocacy, victim-offender dichotomy; 3.) lack of supportive resources and preventive services in CFS; 4) lack of guidelines and/or legislation to encourage collaboration and; 5) lack of understanding of the limitations of each other's mandate and the differences

in working with voluntary and non-voluntary clients.

### **1. Shelter confidentiality policies**

The matter frequently raised by both shelter and CFS participants as a barrier to open communication between them was the policy of confidentiality adhered to by shelters. As with most voluntary services, shelters, too, regard information about a client as confidential and therefore not to be shared with other collateral services without the consent of the client. At battered women's shelters according to the participants interviewed, the matter of sharing information about a client is taken a step further. It is the shelter's preference that a client (woman) must be present at all times while matters relating to her or her children's well-being is discussed with collaterals. Women who work at shelters see themselves first as advocates for their clients, supporting a woman's right to self-determination and supporting the fulfillment of her goals. This process sometimes becomes problematic for CFS workers when the shelter is consulted for its perspective on a family's dynamics and a child's safety, and their request for information is met with apparent lack of cooperation by shelter workers. With different goals and no specific protocol between the two agencies as to how or why that information can legitimately be shared, the collaborative process appears to be stifled before it has even begun. From the perspective of CFS workers, their mandate to assess the level of risk to

children in a family takes priority over the concern for confidentiality of the mother's situation. Shelter workers in their primary mandate to honour a woman's right to confidential services, combined with two other fears-- that CFS may be insensitive to women, and the possible loss of trust of their client-- find themselves unable to share with CFS workers around common cases. Shelter staff are unable even to tell CFS staff if a particular woman is currently at the shelter or not. If child abuse has not been overtly noted, or raised by a client, shelter workers have no further obligation to share information with anyone.

Two shelter participants brought up the matter of confidentiality as a barrier to collaboration. One participant stated that

The whole concept of confidentiality limits dramatically what we can do as an agency... We need to redefine what confidentiality is. Is confidentiality never talking to anyone about a woman? That's far too narrow a definition. Let's broaden it out. We need to try to find something that is workable for everyone. If different agencies could come together, CFS, the shelter, the police, the medical community, Community Mental Health, I would like us all to come together with a working definition of confidentiality that we can apply to situations. That could be a stepping stone to working together. (SNW-16).

Another shelter participant echoed similar feelings of restraint. Although she stated that there were consent forms for clients for release of information, she felt that sometimes these made the process too lengthy. Her ambivalence to the policy

was also apparent.

CFS participants from both areas shared frustrations with regard to lack of information, therefore limiting any attempts to collaborate when shelter staff were unable to share anything about their client, even whether they were at the shelter at the time.

There is a huge thing with confidentiality and that's quite frustrating sometimes. I can phone and they won't let us know what is happening with mom and it makes planning with a family really difficult. I can understand why they don't when a mom is saying I don't want child welfare to know, but it's caused some barriers and we've had some difficulties... I think it important to have as much information as possible and try to make some decisions about that and what is the best way to help the family.  
(CWL-2,4)

Other CFS participants expressed frustration at the lack of information coming from shelters due to shelter policy and understanding of confidentiality. One participant felt that more complete information needed to be shared both ways since the history of a family might be quite extensive and there might be all kinds of risks to the family that the shelter might not be aware of. "On the other hand perhaps the shelter is under the belief that they are acting as advocates for women, and at the time may believe that they are protecting them by not sharing all the information, thereby showing a lack of trust" (CSL-6).

Another CFS participant stated that sometimes the issue of confidentiality at the shelter intruded in how well they could collaborate.

Sometimes we decided we just didn't need to know it or if we weren't going to find out we just worked with the best information we had. Sometimes we had to expect or assume that they were protecting confidentiality that was ultimately in the best interest of children too. We had to believe that. Sometimes we didn't and then there was some attempt to talk to the director and find out what the benefits were of maintaining confidentiality. (CWE-3)

Confidentiality requirements of shelters have been cited as a frequent barrier to collaboration by both women's shelter and CFS participants in this study. Payzant (1992) points out that these are often perceived to be more of a problem than legal or policy requirements. According to participants in this study the confidentiality policy at women's shelters needs to be revisited. Women's shelter participants in this study always found themselves in a dilemma when CFS workers were calling for information. The bind for them was running the risk of losing the trust of their client, sometimes perhaps, at some cost to the rest of her family, and sharing important information with CFS, when a woman herself is not forthcoming.

One Alberta shelter director viewed this matter differently. K. Danser (personal communication, July 9, 1998) stated that while she considered herself feminist in orientation and believed in a woman's right to confidential services, the value and policy of stopping violence in families was as much a shelter's job as it was the job

of the child protection agency. By working together with the woman and the child protection agency much more could be accomplished. Women were informed of both their right to confidential services, and the need to work with the child protection agency if child protection issues were noted. In those situations where child protection authorities were also involved, the shelter would agree to work supportively with a woman and with the child protection agency. If a woman was being abusive with her children or expressed difficulties in this regard suggestions were made by shelter staff to consult with child protection workers in order to provide supportive services to the family. Working openly in this way did not appear to deter women from coming to the shelter. According to Danser, their shelter was full most of the time.

It appears that at the centre of the concern with confidential services for shelter workers is the potential for disagreement between shelter staff and CFS as to how to work with clients, and the fear of losing control over a case. Shelter workers stated that when CFS workers presented themselves as being sensitive to women and willing to share responsibilities of a specific case with shelter staff, the likelihood for cooperation increased. With the level of ambivalence expressed by some shelter workers, there appeared to be some readiness for further discussion on this matter. Once workers from the two agencies viewed each other as partners they could work together. For shelters there is always the fear that a closer working

relationship with CFS could potentially prevent women from coming to the shelter.

Shelter participants were sometimes also frustrated by the lack of feedback from CFS after a client of theirs had been assisted in reporting abuse. There is no accountability of CFS workers to provide feedback to shelter workers as to outcomes, when the referral did not come directly from a shelter worker. This problem in communication might be resolved if accountability to each other was more clearly defined.

## **2. Compartmentalization of services**

### **a) woman's advocacy versus children's advocacy**

Shelter and CFS participants in this study understood that both their respective services were dealing with violence in families and that they often shared the same clients. However, they rarely saw themselves as having similar goals. Both shelter and CFS participants talked about women's advocacy versus advocacy for children, which they saw as a barrier to collaboration between the two agencies; that is to say, what was seen by child protection workers as being in the best interest of the child, was not necessarily seen by individual women's shelter advocates to be in the best interest of the mother. However, these differences in opinion were rarely, if ever talked about with the other agency. Shelter participants offered the following

on the different goals:

Collaboration between CFS and shelters is problematic because a lot of times we are seen as working for the opposite people. CFS and their mandate is very much to work with the children, and our mandate is to work with the woman and involving the children. Sometimes there is a difference of opinion as to who's right and who's wrong in a situation, and CFS doesn't see mom as the best care giver for the child, and us as an agency are advocating on mom's behalf. That's usually where we'll end up at opposite ends. (SWE-3)

A CFS participant stated:

Their [shelter's] goal is to keep the mother safe and child welfare 's goal is to keep the children safe and sometimes that would clash. There was always a bit of distrust about what CFS was going to do. Is CFS going to make a spur of the moment decision and not bother to tell them... And I wonder if thinking that they lean towards helping mom and that they would perceive us as leaning more towards helping kids. I'm not sure that our unit views it that way. We try really hard to work with the entire family. If push comes to shove and kids need to be moved, of course child welfare is going to work that way. But we try hard to think of what's best for the entire family. That is where some of the bumping came about. (CWL-3)

When asked if these differences were ever talked about, one CFS participant stated that there had been a couple of attempts to meet to seek some clarity on different cases.

The opportunity ever to have their whole staff to meet with us, time wise, never seems to work out, but I think that would have been very helpful, so we could let each other

know what we are about and air our differences.  
(CWL-3,4)

In their training as women's advocates first, it seems likely that shelter workers may overlook the needs of children and the fact that mothers, too, can be abusive to their children. One CFS participant reflected on that possibility.

We made a decision that wherever we had a case in common we would call and debrief after. And in debriefing we would ask what do you think was right and what do you think was wrong. And we did that in a particular case. And we said ' It is very nice to support somebody and that is a belief that we want to have ourselves. We don't want to disbelieve in people's possibilities. In fact that was why we allowed those children to go with their mother. We wanted to believe. We like to be in the position ourselves of believing, but we also need to talk about when our believing wasn't helpful and where we needed to do some things differently.

The other agency [shelter] needs to sit down and say, having done all this believing did we put these children at risk? A major problem for me in the women's shelter is the assumption that women by their nature know how to nurture children. I haven't seen any evidence to support that idea carte blanche. That does not happen and I'm unhappy with adults whether they are men or women who abuse children, to women who don't take responsibility to protect their children from abuse, in spite of the struggle that women have. I understand that women have been disempowered.... The big thing about them [women's shelter workers] is that they take the position also of not being very proactive with people who don't voluntarily come in. If they could put a little more energy into strengthening her. (CNH-3,4)

From a shelter participant the following:

We still come across CFS workers who say that the shelter is not working in the best interest of children and that we are advocating for moms, and they may not be suitable to care for the children, and we're trying to advocate for the mom. And because of where she is coming from, the situation that she's been in, of course she's not at her best parenting mode right now. We come at it from a totally different perspective sometimes than they do. (SWE-5)

I don't mean to sound negative, but I don't really see CFS as being supportive to women. I guess I see them as working very hard to protect children, and understanding that's their mandate. In the instances where I talked about them having a plan, like if you want to get your children back this is what you have to do to get them back. Sometimes it seems that the women are jumping through hoops, and by doing this they believe they will get their children back. Then a worker will say "I really don't think she is ready yet." She has to jump through some more hoops. I don't think that is real empowerment in terms of allowing her to make some choices and decisions for herself. She is basically just doing what she's been told to do, because all she cares about is getting her children back, and once that happens we haven't seen a whole lot of growth in her. (SWE-7)

Another shelter participant echoed similar sentiments believing that abused women were sometimes placed in a the role of a child with CFS. "They either rebel or withdraw or get angry and resentful" (SEM-7). At the same time this participant also experienced a CFS worker who did everything possible to empower a woman providing her with effective in-home resources. This shelter participant also believed that the perception that appears to exist out there, is that shelters are so biased in favour of women that they might hide information regarding safety of

children.

I think that shelters have the reputation, and there is truth to it, of being so pro the woman that they are not willing to look at....that they hide information of neglect or abuse of children...We see our mandate as protecting women that we don't share information about children. (ENM-5)

Another women's shelter participant had the following to say:

I think in the women's shelters there is an underlying feeling that we need to protect our clients at all costs. I'm in a position, of course, where I'm the children's advocate, pretty much there on my own. That feeling that the woman can't be abusive I think that plays a piece. I think there is a history between women's shelters , I don't know if women's shelters in general, but at least ours, and CFS that's there, and I don't know how to get around it. I don't know if it's real or perceived. And I don't know from where it comes because it was there before I got there. So I would say there are two pieces - one is political, or kind of an organizational piece and the other is a client piece, because most of them are women's advocates first. (SNB-8)

Another shelter participant saw the need to include needs of children as a part of planning with women at the shelter.

I think we need to empathize more with the women we work with and that their choices are not just about them. Their choices are not just about their partner, but about their family, their children. Too often kids are silent. They don't count because we can't hear them or they are not sitting at the table when we are looking at choices. (SNW-11)

In response to the empowerment of women a CFS participant offered the following:

It's been my experience that people from the shelter assume that all women should parent and are good parents. It becomes quite a primary focus and in many ways that is unfair to women who have responsibilities which they are unable to carry out at the time. I would think that we as an agency could allow these women to say that they are unable to do that at this time. I think that would be helpful. On the other side of it, that, contrary to what some believe, we do try to maintain families, keep families intact, and I think that is important to a lot of these women, and to provide some sort of support or assistance to their partners or husbands, recognizing the whole picture instead of focusing on one piece of it... I would like to believe that we could provide a healthy balance of consideration for children, women and men in the context of the family situation. I think at times maybe what appears to be undermining of women in the effort of protecting children may in fact not be accurate, at least not at the front end. Some of that will become more evident down the road as these women become stronger as individuals and have a greater capacity at that point to parent. At the front end they need to understand that there are certain pieces that they are not capable of doing. I think it certainly could be argued that this is empowering of women because it takes them back to where they need to start, as opposed to expecting them to do something that potentially they are going to be stuck in forever, trying to attain something they really are not able to do..... If there were a greater freedom of the shelter to share a more complete version of what is happening, that might become more evident and at times might mean additional support will need to be provided for the mothers at some point early on in parenting the children, to reduce some of the risks involved in children and mothers going on their own when they leave the shelter. (CNL-4,5)

The concept of empowerment has come directly out of the women's movement and is central to battered women's shelters and is now widely touted. Just like terms "advocacy" and "support", empowerment is not always easy to describe or define within a specific context. In the context of family violence, assisting a woman to gain the strength or power to make something happen can be a lengthy process which will ultimately depend on her own abilities. CFS and women's shelters may disagree as to what is empowering for a woman, and "advocacy" at the shelter may sometimes come in the form of protection. Whether this is indeed empowering is another question. It is a matter for further discussion and debate. According to Yllo, "feminist fundamentalists" may too quickly dismiss nonfeminist insights. "If our mutual goal is to understand the violence in order to stop it then we must welcome the challenges that other viewpoints pose and give them respectful consideration" (Yllo, 1993: p. 60 ). Developing a full understanding of the dynamics of battering requires dialogue between the differing views.

**b) victim/offender dichotomy**

Shelter participants generally viewed women as victims and men as offenders. Their services were based on needs of adult female victims of abuse with no responsibility to deal with offenders. As a result shelter participants sometimes felt that they provided services to a very small piece of the entire problem of family

violence. One shelter participant stated that:

If she [the woman] knew that there was some assistance for her husband.... and that there was an option for him and he chose not to take it, she would have something to base her decisions on, but at this point it's not happening... We are the people to educate them [offenders] in order to teach them.. I think that at our shelter you get a lot of feedback from workers about this. This is exactly what women at the shelter want to have happen. They know there is a huge piece missing. But our mandate is so strict and governed by that. Even for parenting groups, having men attend that. I think there is fear within our workplace to think or talk about these kinds of things, because why are you wasting your time thinking about that. That's not our mandate. We're not paid to do that... For that to happen there needs to be a supportive environment, like in your work place that allows for dreams and goals. Not to say that there is money lying around in the bank account, but that there is even support for workers who are saying we could do a fund raiser for this or that. That there would be support for something like that and that there wouldn't be fear... It should be automatic that we work with the male population.. and all of us having a piece in that. We come from the women's perspective, and you come from the children's perspective. There is room. I see there would be lots of room for that...They all [family members] need to get the same piece. In a perfect world that is what would happen. (SNB- 14-17)

Individuals from each participant group felt that through more open communication, and by assisting each other to understand what perspective each service came from, this barrier of focusing only on the needs of one family member might be alleviated to some extent. Some shelter participants held a more positive view of this possibility than others, and expressed a desire to overcome the

dichotomous thinking within their own workplace.

We have the experience of seeing the direct effects of violence in families, so I don't see who would be in a better position to speak to the dire need that exists in our community for there to be service to perpetrators. And also in a sense the way that we would be seen by the community would be risen up. I feel that particularly for shelters that we are men bashers and that we don't care about them, but by doing that the community would see that we really care about family violence and the big picture. You can't cut it up. It's the whole family... And I think that it is likely that there are people within each of our agencies that have those skills and abilities that work well to working with abusers. (SNW-15)

When discussing ways in which shelters might improve on meeting the needs of children from abusive situations, one shelter participant stated that it would be beneficial to know what the other agency was doing, but because it was not necessarily the priority of a shelter, it was not likely that they would contact each other as agencies to share information. Referring to a situation where CFS had told a mother to stay away from her partner or risk losing the children the participant stated the following:

I personally believe that children who are in a home where there is violence, are in need of protection. So if mom goes back into a home where there is violence and the violence is going to continue, the children are in need of protection. We didn't have that kind of information that CFS had at the time the mom went back home. The mom did not disclose to us any fear or suspicions of sexual abuse. The dad was going for counselling and they were trying to get the family back together. If the mom was told to leave or is at risk of losing her children, then ultimately the responsibility is hers.

And really what is the accountability to the perpetrator?...  
There should be a place for the perpetrator to go... The law  
should state that he is not allowed to go back to the home  
on that very day. (SWE-10)

In this short response, the shelter participant raises a number different issues related to the mother versus child focused intervention that acted as barriers to collaboration. One issue raised is the lack of information shared between the agencies. This is due primarily to differences in the way in which information from clients is gathered and for what purpose. The differing approaches have everything to do with mandates and philosophies. A women's shelter sees itself as a voluntary service for the safety of women and children. It needs little information from its clients, and the client is entitled to make her own plan for the future with no approval from anyone. Formal assessments of any sort are not required since the shelter does not have to justify to anyone as to why they have a client staying in the shelter. CFS on the other hand needs to be assessing the level of risk to children in the family. In order to do so CFS often requires more information from the shelter to assist in its assessment process. The shelter is bound by confidentiality and does not feel any obligation to provide information to CFS. It is not likely that either agency would think it important to share information with the other while each follows its own mandate. However, since the safety of children will often and to a large extent depend on the mother's ability to take specific and immediate actions, CFS is placed in the position to assess that ability and may require more complete

information which the shelter may possess.

In the above response, once the shelter worker became aware of the CFS's position for protecting the children, she disagreed with the plan, not that the children needed protection, but with how that should happen. Her contention was that the perpetrator needed to be held accountable for his violent behaviour and that he should be the one to leave the home. In her opinion it would be unfair to the woman to ask her to either move out of the home with her children, or have the children placed in alternative placements. Looking at it from the woman's perspective, CFS's approach appeared to be blaming the woman. Shelter participants were not always clear as to the differences in authority between CFS and the police. CFS does not have the right to remove an offender. In Manitoba until there are charges laid by the police, a perpetrating father is allowed to stay in his home. Even when charges are laid, police may prefer that CFS remove children from the home instead of having the father leave. In these situations, collaboration including the police, women's shelter and CFS would be more appropriate.

When each agency appears focused only on its primary mandate, the best interest of the other individuals within the family cannot be considered. Without a more full and broader discussion about how the two agencies might work together to accommodate both the needs of the mother and the children, it is not likely that

the two agencies will be able to work together effectively.

CFS participants felt that women's shelter workers had a good understanding of spousal abuse, but that they were sometimes ill informed about family dynamics and child sexual abuse. This often created uncertainty and ambivalence in shelter workers who did not know what to do with a mother's denial or ambivalence when sexual abuse of her child had occurred. Working together at this point appeared crucial to CFS workers in assisting a mother to support her child. One children's worker at a shelter stated her dilemma of working with children when mothers were also involved. When asked if she ever included the mother when helping a child to speak up she said:

That is my ongoing difficulty in my work because children are entitled to confidentiality. I find that many children that I deal with do want me to share it with their mothers... This is very difficult for me. I try to work with where the child is at, and this is so hard for me because I want to be able to tell mothers what it is that they need. The reality is an ongoing balance and struggle....Mom is in a place where she is focusing on him (abusive partner) and she is not in a place to hear this about her child...If mom is not in that place it doesn't help much. (SWM-9)

Another CFS participant (CWL-7) stated that when a woman is forced to make a decision she is not in agreement with, it may not feel empowering to her, especially when the two agencies involved do not work together for the longer term to provide appropriate supports and give the same messages.

I wonder if women's shelters need to move beyond the initial making safe. If these women are planning on reunifying with their partners... perhaps we need to be challenged to be working also with the entire family... Men aren't all horrible and beat on people. They beat on people because of certain things that have happened in their lives. If we can get past that piece, and that's a hard thing for all of us because we deal with offenders of all types, then we can grow as professionals to incorporate some of that.  
(CWL-8)

One CFS participant felt that if shelters could be the providers of safety for children as well as women while the two agencies worked collaboratively, then children would not have to be placed into foster care, since all the necessary support services and monitoring would be available right there if collaboration between the two agencies was working. One shelter participant appeared to agree with this. She stated that ideally she would like the shelter to be seen as a safe place for children as well as women, and that if CFS and the shelter were to work together from the start, CFS could even do their investigations at the shelter.  
(CNE)

The need and desire to find common ground was evident in quotes such as the following from CFS participants: "We need to start seeing ourselves as partners to the solution", "We need to have some shared goals, visions and policies", "We need to share common beliefs and values."

One male CFS participant stated that he did not feel welcome at women's shelters just because he was a male, even as a professional care giver, and how for him this could not promote collaboration. Two other CFS participants believed that women's shelters needed to change their view on perpetrating men and begin to see that a man who abuses is also deserving of respect and is entitled to appropriate services. Castigation of the offenders was seen by these CFS participants also as being detrimental to the children involved, especially adolescent males. One CFS participant felt that perpetrators were either maligned or not talked about at all in the shelter, and that this would not be helpful to children staying with their mothers at shelters.

At least two CFS workers felt that it was important early on in the collaborative process to invite the perpetrator into the process to share with him what has been assessed as expectations for his role in creating solutions to the problems in the family, "rather than vilifying him or condemning him".

For the women's shelter to take sides with the mom forces  
CFS sort of by default to take the perpetrator's side.  
Initially the shelter takes sides but later we could come to  
a place where we all see ourselves as partners to the  
solution. (CWE-7)

Another CFS participant stated that CFS likes to work with entire families, knowing that children usually end up reconnecting with their parents eventually.

Therefore working with children, their mothers and fathers was seen to be important to all involved in some way.

If we view ourselves as purely advocates for children and they view themselves as advocates for mothers then it is inevitable that there will be conflict. Challenging our own beliefs, particularly those individuals who are fairly entrenched in a particular way of thinking narrowly.... if they were able to take a broader perspective and take a more balanced view of not only the child and the woman, but also the perpetrator, and all their respective needs, without feeling that you have to align yourself with one or the other, but rather acting in the interest of the family unit and hopefully being able to be respectful to the needs of those individuals, then perhaps some change can happen.  
(CNL-6)

One shelter participant wondered about the helpfulness of compartmentalizing services and the shelter's policy regarding perpetrators.

I'm wondering if our roots are not based in fear... We go to court with women and the men are there. I think that would be an empowering thing for women [for shelter staff to stand with women when women face their partners], because this is their life after all. If we compartmentalize and say we'll only work with you here and not in another situation... We are expanding and we need to redirect and we need to look at some of our initial mandate and some things need to change. To look at our mandate just because that is where it was twenty years ago, doesn't mean it can't be changed. That would certainly address the issue of how we are seen in the community - that of family breaker uppers, man haters, if we don't work at all with the men.  
(SWM-11,12)

Another shelter participant was less certain about changing the mandate to include a way of addressing work with perpetrators. She did not believe in conjoint therapy under any circumstances and stated that she did not trust a therapist not to blame a woman for her partner's violence. "I don't see the purpose of bringing the two together to talk" (SWE-12). Accompanying a woman to such a session as a woman's advocate was seen by this shelter participant to be placing shelter staff at risk of some violence by the perpetrator. Further to that there were some real doubts that any perpetrator could come to the point of understanding his abusive behaviour and actually change it. Her belief was that the best way to deal with perpetrators as shelter workers would be to advocate more for the rights of women and children. At the same time she realized that "we're just putting band-aids on huge, huge wounds, and then sending them [women] back to the battlefield" (SWE-11). Another shelter participant stated that it was made very clear to shelter workers that "once a perpetrator, always a perpetrator...It's made clear to shelter workers that they cannot meet if perpetrators are going to be present" (SNE-6).

A shelter participant held a different view. She supported the idea of more resources for perpetrators since she had experienced that children usually wanted ongoing contact with their fathers, and they as shelter workers could have a powerful role in that process, by supporting and empowering the mother. Another shelter participant felt that services to perpetrators was something they as women's

advocates should be advocating for as well. This would improve their image in the community as "men bashers" and that they did not care about men, "and I think that there are people within each of our agencies that have skills and abilities that work well to working with abusers" (SNW-15). This participant also felt that until more services existed for perpetrators "we won't have a solution to stop the problem and we are just treading water until that happens" (SNW-13).

The matter of working with perpetrators is an important one. According to one shelter participant, many women come to the shelter for resources and support, more than they come for immediate shelter from danger. With funding directly related to the number of shelter stays, there is an automatic incentive to keep these numbers high. Statistics for shelter stays could be misleading in that, each stay does not necessarily indicate abuse. It would seem that funding which is based on the number of bed/nights provides little incentive to do prevention work or community outreach. Between battered women's shelters and child protection workers there is little argument as to the extent and nature of woman abuse. The differences, once again, lie in the different response and approaches employed to combat family violence. Taking a singular and zealous approach to only protecting victims undermines the complexity of the nature of this huge social and individual problem. In the same way that it becomes problematic for shelter workers when CFS workers focus narrowly on the needs of a child without consideration for the other

family members, CFS workers are frustrated with advocacy focused only on a woman's needs. Without working together in more deliberate ways with common goals, the problem of violence in families cannot be addressed effectively. At some level shelter participants in this study were aware of that, but experience had taught them to be critical and untrusting of other services. Fair criticism and suspicion however, demand dialogue with differing views rather than withdrawal and isolation.

One CFS participant believed that attempts at working together would always be unsuccessful unless the shelter expanded its mandate. The intervention offered at a shelter is usually short term in response to a crisis. Training, education and ideology have focused on crisis intervention and providing information to the client to assist her to make choices regarding her future. There is no obligation or mandate to invite other helping systems in to assist the shelter with its work in protecting and empowering women with choices and education. There is no accountability to any other system with regard to actions taken, or to share risk assessments.

Funding for shelters is based on guidelines for the general services they provide, but the local board of directors together with the executive director (with input from staff) determine policies for their particular shelter. These policies

determine the way in which shelter workers carry out their work. Although front-line shelter participants in this study felt limited by these policies and expressed a need to "expand the mandate" or to change the policies, this could only happen through discussions with the administrative component who would need to take it to the board of directors. Shelters in this study generally had three components to their services; they were (1) a residential program which included working with children, and (2) non-residential services to clients outside the shelter, and (3) public education. Children's workers as well as other staff were sometimes involved in longer-term counselling with a client. Since funding for each program was small, the protection of each became quite important.

A CFS participant offered the following:

A collaborative approach between our agency and a shelter might be that we ensure appropriate treatment for offenders... I would certainly support such a collaborative approach. Nonabusive parents and offenders tend to split us from them. It is not because that's intentional on the part of the shelter, but it is simply their mandate that does not allow them to do more. If they were able to call us over, particularly on the part of the nonvoluntary client and there could be some level of enforcement there in a collaborative way including both the police and ourselves, I believe we could be more effective. One idea I would like to put forward is if for example, a spouse is charged with assault, that by law it would be helpful if for a period of time a legal separation would be required and that the shelter could be made available to people who were in need of that protection, and in those cases with children that CFS be automatically informed... I would like there to be a

collaborative resource established between CFS and shelters that deals with therapy for offender and the victim and a crisis intervention worker utilized by both agencies to do away with the dichotomy. This does not exist now and would require the expenditure of more monies. (CWU-7)

As mentioned earlier, in the state of Minnesota (Pence & Shepard, 1988) women's shelters initiated collaborative approaches with various other service systems in order to guarantee greater and more effective services to men who were abusing their partners. They expanded their mandate. Although women's shelters generally do not see themselves as initiating programs for men, some shelters have been instrumental in collaborating with other services (as noted earlier in this study), as well as creating their own programs that include men who abuse (Alberta). These initiatives require vision, commitment and, of course, funding support.

Shelter participants made the following comments regarding 'turf': We need to give up 'our client', 'our area', 'our expertise', and share a bit more. (SED- 10)

This is not my patch of turf with regard to violence against women and children. I need to be sharing everyone's turf. We all need to be sharing that. (SNW-12)

At the shelter we had blinders on...and we believed that we knew the most about domestic violence...I think that when the shelters were begun they had a good idea, but I think we have kind of worked ourselves out of a job. What needs to happen is for the women who started the shelters to recognize that things are changing. Some women may need shelter, but most women come to the shelter for resources and we need to look at supplying women with resources,

not just shelter. Shelters need to recognize that they are not the only helpers. They are doing a good thing but they cannot do it alone. The problem is too big. (SNE-3)

Not all shelter participants interviewed were in agreement with the narrow mandate of the shelter. They questioned the effectiveness of services only to women. Some stated that there was often discomfort within their workplace and lack of support to talk about other possibilities even though the need for it was quite apparent. Shelter participants recognized that women who attended the shelter came from varying degrees of violence, and some of them would prefer that their husbands be involved in supportive treatment for change. Some of the discomfort might be fear of being swallowed up by other agencies or of being unfaithful to the shelter movement's early commitment to supporting women.

### **3. Lack of supportive resources for women and families and other preventive services by CFS**

Both CFS and shelter participants voiced the need for supportive services to women with children. In the experience of one shelter participant there were not enough supports provided by CFS, and what supports were provided did not work.

There are women who come into the shelter who are not able to care for their children for whatever reason. I'm not putting any judgment on that, but just making that determination that this woman is no way going to be able to protect these children, and sitting down and talking with her about that. What is it going to look like when she moves out into a two bedroom apartment with no supports in the home. It's not about taking the children away. It's about getting CFS involved, getting them to do some assessment, getting them to do some work with mom and putting some supports in place.... Sometimes we say to CFS if you could get a worker in there two or three times a week with her and help her to work on her parenting, work on setting limits with her children... But the answer is always "we don't have any resources. We can provide it in two or three weeks after an assessment to get it started up". So sometimes you feel they [women] are just being set up for failure because they get into situations where they don't have the supports and they are out there and three to six months later they are involved with CFS. So one of things we try to do is some follow up and continue to advocate for them with CFS. (SWE-13,14)

From the above quote it seems apparent that the shelter participant expects that supports to a woman with marginal parenting abilities will be provided by CFS, and that the shelter does not have a role in that process but to refer and advocate on behalf of a woman. Once again, without planning together between the agencies, sharing resources and commitments to similar or complementary goals, the chances for providing successful supports to families are limited to those CFS initiates.

Another shelter participant felt that a big barrier to collaborating with CFS was due to over work of CFS workers and lack of resources.

They can do intervention in emergencies and crises, but the protection education or the resources, no. There was a situation where I knew the family situation very well and there was a crisis. I thought with proper supports we could be there. This time it was me initiating and it was very hard to get the CFS worker involved. In the end it escalated and two kids came into foster care and.... So if there were resources they could get in there more before things are so escalated. (SWM-6)

Given time to reflect on other situations this same participant recalled a time where she saw a CFS worker do everything possible to empower a mom, to give her opportunities to have her child returned...

I remember one situation where CFS was able to give a woman with four young children and no ability to parent, providing her with in-home resources that were incredibly effective. They did as much as they could and I think it would have been even more effective if they could have provided even more of it, working alongside her , modeling parenting with her because she had never seen anyone parent. (SWM-7)

If CFS and shelters had a system whereby they collaborated regularly around cases and assessments, appropriate resources and roles of each agency might also be agreed upon. Although shelter workers see themselves as advocates for services for their client, it is inappropriate for them to tell CFS what resources CFS should be providing for a client. Collaboration would mean sharing full information with CFS, determining some joint goals and deciding complementary roles in the case.

Lack of resources in CFS is a very real problem in the rural areas. Distance, transportation and the fact that clients reside in many different small communities with uneven access to resources, are important factors in the attempt to provide resources. Only the most critical cases with CFS would be in receipt of formal resources. Other cases sometimes require that more informal resources be put in place. Studies on family preservation models are still in the process of determining which programs and approaches are most effective and in which social contexts, but these initiatives cannot be left to child welfare alone. The effectiveness of any program will be limited by the broader social environment, including the level of community support and social problems evident in the communities and neighbourhoods in which child welfare clients live. It's not up to the child welfare system or the educational system alone to solve these problems. It will require the efforts of major social institutions. Until broad reforms take place, we can expect even the best child welfare programs to result in only modest improvements in family life (Rzepnicki, 1996: p. 20).

By pooling ideas and efforts women's shelter staff and CFS workers with other organizations and programs could potentially enrich resources for families.

#### **4. Lack of guidelines and/or legislation that would require collaboration**

Although meetings had occurred between CFS supervisors and women's shelter directors in both study areas, these meetings were sporadic and represented attempts primarily by CFS at solving specific problems between the two agencies.

The purpose had never been to discuss long term goals, since the two agencies have never felt that they had similar goals. In order to establish more of a cooperative approach between the two agencies, some policies and mandates would need to change, and there would need to be the desire from administration by both agencies as well as government to begin to move towards greater collaboration between these two areas of service to benefit children, women and families.

One CFS participant envisioned that both CFS and battered women's shelters be given equal status and responsibility with regard to child protection. Safety of children would take priority over all. According to this participant, training and education for treatment and wide ranging supports for families would need to be planned for and provided. Intervention would begin early on in families presenting child protection issues. and common goals would be key to working together.

Another CFS participant suggested that CFS and women's shelters stay as separate programs but become part of one system. This participant felt that there were tremendous resources within the two systems already. However with the partnership of the relevant parties including CFS, shelters, churches, educational, legal and community structures, there could perhaps be an advisory body created that would give direction to the structures with authority and promote good collaboratory processes. According to this participant even if objectives might be

somewhat different between the two services, the ultimate goal might be the same.

Participants acknowledged that dividing work up into pieces amongst the agencies without coordinating the bigger picture, presented a fragmented approach with many obstacles.

With all of us working on one piece, one person doing a little bit here and a little bit there and not talking to each other, that doesn't work. Also, [we need] a real good understanding of what the other does. (SWE-13).

We need to stop parceling into different pockets and start working together. I'm very much attracted to what I see native people doing, the healing circles, where offenders are held to accountability and have to make reparation. There it happens because these families will come back together. We, by parceling it up create more work for ourselves. Unparceling will only happen with shifting government policy. I think we can push for that at the bottom here, and work like that here. But it's hard when you have certain systems working at odds. It has to be at the bottom pushing, but also at the top in policy change. (CWL-6)

##### **5. Lack of understanding of implications of limitations of each other's mandate and work and resources**

From the interviews it became quite apparent that although both agency's workers often felt misunderstood, each seemed to have some understanding of the other agency's mandate and how they carried out their work. What was frustrating,

especially for child welfare workers, were the limitations that seemed to be built into the women's shelter's mandate. CFS participants often felt that the narrowness of the shelter's mandate was due to shelter staff's beliefs, ideology and myopic vision and sometimes did not recognize to what extent a shelter's policies were determined by their funding guidelines. The two agencies behaved like "two solitudes" with little overlap for the most part. Those responders in the research who felt that the relationship between the shelter and CFS was quite positive, had few expectations for collaboration. When the interactions between themselves and the other agency staff were without problems, participants felt the relationship was "collaborative". However, when the actual experiences were analyzed in this research, and were compared with possibilities for improved collaboration, it was clear that lack of communication, cooperation and misunderstanding about each other tended to breed mistrust and perpetuated stereotypes. Although participants from both agencies had an understanding of each other's mandates and work, they were frustrated by the way it limited their collaborative efforts when collaboration was desired. CFS participants understandably saw greater advantages from the collaborative process than did shelter participants, since their work required them to work with collaterals.

The lack of trust between the agencies was cited by both participant groups as an obstacle to effective collaboration. Fear, mistrust, and misunderstanding of CFS

was expressed by shelter participants. A frequent response from participants was a feeling of frustration and helplessness when needing to "give up control of a case" once CFS was involved. Comments like "CFS needs to be less reactive" (SWM-4), or "because I had to report when the child disclosed, the matter was taken out of our hands "(SWL-5) were echoed by other participants from the same shelter. According to these participants giving up a case to CFS meant that shelter workers usually ended up feeling left in the dark as to what was happening with a case, which might have ended a relationship with the client. Involving the protection agency seemed to spell more trouble than anything that might benefit them or their client.

One shelter participant wondered what her attitude of mistrust of CFS did to her client.

[I wonder about] our own attitudes personally about other organizations what that does to our clients when we don't have trust. I'm just trying to think how open we are about that. I'm sure sometimes we've said things that say the way we feel [about CFS]. As for an example we might say to the woman that we might call CFS, but we have these fears and we say they are probably justified and this may happen. Yes, we do those things. (SWL-9)

CFS participants appeared to be aware of the lack of trust by shelter staff, but had only been able to overcome this on a case by case basis when they took the time to build trust and understanding over a shared case. They were also quite

aware of the differences between the shelter and CFS, but managed to work around these as much as possible. The expectation for cooperation by the shelter appeared to be quite low, and contact between the two agencies was kept to a minimum. Some CFS staff had however, been able to establish more of a rapport with shelter staff. It might have been their personal style, or the type of case in which they were involved.

Lack of trust in certain cases had to do primarily with some staff members' negative experiences with CFS in the past. Current workers expressed a desire to talk about problems between the two agencies, and to work towards solving them. At least two of the participants felt they and their clients had much to gain by cooperating and collaborating with CFS. Unlike other shelter workers, these participants came up with a number of ideas for working together. CFS participants struggled to improve the relationship between them and the women's shelter.

*Just in terms of the CFS role I think we do have a long way to go on that - collaboration, and even if we are not understanding, even if we are not on the same track, understanding what track we're taking. We've had situations in the past and I guess there is a lot of mistrust, for those who have been around a long time. Past history keeps coming up in memory and there has been a lot of mistrust. That may be true for both sides. I've always said if we provide similar service to families why would we not want to work together and collaborate. We're all working toward that. (SWE-13)*

### **C. Summary of benefits and barriers to collaboration**

Understandably, CFS participants saw more benefits to collaborating than shelter participants, not only because their mandate required it, but, also because the responsibility for the protection of children is too great for one agency to bear alone. Those shelter participants who had positive experiences in working with CFS, where they saw that CFS workers often shared the same views regarding self-determination of women, desired more collaborative efforts. They saw the benefits for their client in presenting a more united effort to support her and her children. In these cases it was felt by shelter participants that collaboration could potentially enhance safety for women and children. In their dilemmas with child abuse and protection issues of which they sometimes became aware, they wanted more freedom to consult with CFS and perhaps also plan together with CFS a strategy of safety for the family, even if it meant that the children would need to be placed in a foster home temporarily. Some women's shelter participants saw the potential benefits of working with offending partners, fathers and boys and felt that with the joint expertise within CFS and shelter staff families and communities would benefit if the two agencies worked together.

All participants agreed that the greatest barrier to collaboration was the

confidentiality policy at the shelters. Although there were sometimes ways around it, shelter staff hesitated to use it. All agreed that it needed to be reviewed, since they were unsure as to its helpfulness in the long run. On the other hand, they worried about women's sense of safety and trust.

Participants from both groups recognized that the compartmentalization of services tended to fragment families more and presented a major barrier to collaboration. As work with children was being incorporated into the shelters' mandate, these divisions between women and children's services were becoming more blurred for shelter participants. Working in isolation of other services was seen sometimes as being unhelpful and perhaps counterproductive to a child's growth, change and safety. However there are no guidelines in place as to how collaboration should occur and shelter staff were quite tentative about seeking any contact with CFS.

Other barriers named were the lack of services for men who are either mandated or who would consent to participate in treatment for change. The differing beliefs as to how to incorporate services for men and the benefits of doing so, were presented as potential barriers to working together. Shelter participants had varying views regarding the effectiveness of such efforts, even though they recognized that their clients and the community desired these services.

The lack of supportive resources and services for families was seen as a major barrier preventing shelter staff from referring clients to CFS. Although shelter staff sometimes blamed individual CFS workers for the dearth in resources, others were aware that this was not necessarily an individual worker problem, but a funding issue. If CFS had greater supportive and preventive resources for families, women's shelters would feel that the needs of their clients would be better met and there would be less hesitation to make referrals.

Probably, the biggest surprise for me as researcher was the fact that power issues per se between the two agencies were not discussed directly by shelter participants. With my assumption that women's shelter staff were all strongly feminist in their ideology, I had expected that CFS might well have been charged with being an authoritative hand of the state and offering help that is distorted by "a highly repressive state apparatus at work" (Swift, 1995). Although I believe that Swift's description of social work practice in child welfare is somewhat of an exaggeration, at least in my current work in child protection, I had anticipated greater articulation by shelter staff about the power given to CFS. Perhaps little enthusiasm for collaboration with CFS expressed by some participants was due to their "bad experiences" with CFS. It might be that participants who favoured greater collaboration with CFS, had not experienced CFS staff's work that way. It is also possible that an earlier research project on coordinating services for child

sexual abuse cases had influenced participants either for or against greater collaboration with CFS. It could also be that there was a self-censorship by shelter workers due to their knowledge that I, the researcher, was employed by CFS. Certainly some of the lack of trust with CFS by shelter participants did have to do with the powerful social control agent that CFS represents, and its ability to "take over" a case.

Two CFS participants raised the issue of power directly. Both recognized that much power was given to child protection workers, and that it was never helpful to abuse that power. With power comes accountability, often much more so to the bureaucracy than to the client (Callahan, 1993). In my experience, social workers are quite aware of their powerful roles. Many have also developed great sensitivity to the needs of families, for which the mother is so often the key. Often CFS social workers feel quite powerless. Complex and difficult and sometimes dangerous situations confront child protection workers who are left to provide care with a minimum of resources. They do not have the option of working with voluntary clients and are often faced with responsibilities they would rather share.

Legislated child protection services cannot go away, but perhaps they can continue to become more compassionate and more sensitive to the oppression and inequality of women who become involved in both helping systems. The interaction

of knowledgeable women's shelter workers with sensitive child protection workers can inform such a process. With the current focus on family preservation, clients involved with CFS are given more power to determine process and plans for them and their families. While changes in philosophy within CFS may be seen as progressive in some ways, these directives can also be viewed as cost-cutting measures by government. Progressive policies cannot be very helpful without appropriate funding and resources for families. Through the establishment of the Children and Youth Secretariat (1995) the joint effort of seven departments of the Manitoba Government join forces to encourage cross-agency collaboration in all matters regarding children and youth in order to better meet the needs of children and their families. With shelters increasingly becoming involved in working with children this directive could also apply to them.

## **VII. CONCLUSIONS AND RECOMMENDATIONS**

### **A. Summary and Discussion of Findings**

In this chapter of the report a summary of my findings and a discussion of the implications of this research is presented. Social work practice, education and policy implications are also considered and some recommendations flowing from the research findings are suggested.

I began my study with the premise that the working relationship between child and family service agencies and battered women's shelters was generally not collaborative and that improved collaboration would potentially provide better services to clients they had in common. My experience as a child protection worker had taught me that these two services which often share the same clients, rarely worked together in their common goal of helping to end violence in families. The relationship was often strained at the point of intersection, even if this was right at the beginning. I knew this was partly due to differences in ideology and restrictions of mandates and policies, and no shared language for the problem of violence and abuse in families. I was also aware that collaborative efforts usually focused on individual cases over which there was consultation as to how workers ought to

proceed with clients. Long term collaborative efforts had never been considered, since the two services did not view themselves to have the same goals.

The purpose of this study was to explore the barriers to collaboration that existed between child and family services and battered women's shelters in a rural setting by interviewing front-line workers in the two fields regarding their experiences and ideas for collaboration. What follows is a summary of the findings in the research.

**1. What did "inter-agency collaboration " mean to CFS participants and to women's shelter participants?**

This study invited front-line workers in child welfare and women's shelters to define inter-agency collaboration. Although there was much agreement among the responses, in that everyone believed that collaboration was about sharing information and working together with common cases, there were noticeable differences as well. Women's shelter participants tended to emphasize "client satisfaction" while Child and Family Services (CFS) participants focused more on inter-agency relationships and solving problems together. This difference in emphasis is indicative of the differing mandates by which the two agencies abide,

and the training and education they receive. Women's shelter's primary service is to provide short term safety for battered women, with an emphasis on advocacy and support by shelter staff. Voluntary attendance and confidentiality are considered essential in order for the women to feel safe. CFS, on the other hand, provides a statutory service focused on the protection of children. It's need and mandate to collaborate with other organizations is based on the requirement that risk assessments and workable plans for and with their clients are essential to help address problems in child protection concerns. Positive inter-agency relationships, therefore, were seen to be important.

In this study most CFS and shelter participants agreed that the two agencies could improve their relationship and increase trust between them by reaching out more to each other as front-line workers and creating more opportunities to talk with one another formally and informally. Some shelter participants felt isolated both in their views at the shelter and the lack of opportunity for interaction with staff from other agencies due to the private nature of their work. They expressed the need for greater professional stimulation and desired more interaction with CFS workers.

**Recommendations:** As a result of participants' responses on the need to collaborate with each other I would like to recommend that supervisors and

executive directors as well as front-line workers of both CFS and women's shelters work toward creating more opportunities for cross-agency contacts with the goal of increasing trust and improving relationships.

## **2. What kind of collaborative interactions were occurring?**

### **a) Making and accepting referrals of child abuse**

In this study collaborative activities between CFS and women's shelters were limited primarily to making referrals, requesting resources and asking for information on clients. Referrals of child abuse made by the shelter to CFS were often done with some fear and hesitation, with shelter workers providing only a minimum of information. One shelter participant stated that unless they saw abuse at the shelter they did not call CFS. Shelter workers felt ill-informed as to CFS's process, and worried that their clients would somehow feel betrayed by the shelter and perhaps ill-treated by CFS. Sometimes, negative past experiences with CFS influenced shelter participants' fear in making child abuse referrals. Participants who worked as children's workers at the shelter felt less ambivalent about calling CFS since they acted as advocates for the child, but their views posed somewhat of a dilemma among other staff at the shelter. Participants from CFS experienced the hesitation by shelter workers as a lack of cooperation by shelters, and feelings of

being misunderstood as to CFS's purpose and process. Both groups were pleasantly surprised whenever there was a sense of cooperation between them.

Differences in mandates and policy restrictions in the shelters stood in the way of collaborating fully when it came to the matter of making and accepting referrals of child abuse. With a shelter's primary focus on providing safe and confidential services to a battered woman, the disclosure or observation of child abuse either by the woman in the shelter or by another family member, tended to set off dilemmas for shelter workers as to when and how much to report to CFS. Women at the shelter are usually encouraged to call CFS with the report of child abuse. Although shelter participants understood the requirement for them to report child abuse to CFS, they did not always feel confident that CFS would carry out its investigation in a way that was helpful to a woman or her family. Other shelter participants had quite positive experiences with CFS workers when consulting with or making referrals to them.

**Recommendation:** As a consequence of the differences and conflicts between CFS and women's shelters as reported by participants in this study regarding the making of referrals of child abuse, I would like to recommend that CFS supervisors and shelter directors encourage cross-agency discussions between themselves as well as staff members, with the purpose of identifying some common goals between

the two agencies, such as helping to protect those in need of safety from violence in their homes, and how the two agencies can work together better to do that.

Everyone should remember that the protection of children is a task society has assigned to all citizens and that child protection agencies are able to carry out their mandated work only to the extent that other agencies and individuals are prepared to support, assist and cooperate.

**b) Requesting resources for clients**

Research participants reported that staff from either agency sometimes requested resources for their clients from the other agency. Sometimes CFS staff wanted to place a woman and her children at the shelter to avoid placing children outside of the home, separate from their mother, as an immediate way of protecting the children from further abuse. These requests were not met with favour by shelter staff who maintained that a woman must enter the shelter voluntarily as opposed to being coerced into attending. They also did not want to be placed in the role of monitoring a woman's potential to abuse her child or her ability to parent, since this did not fit their practice of advocacy or support to the woman.

Sometimes women's shelter participants made the assumption that a woman could freely avail herself of support services from CFS by simply making a referral

to CFS with such a request. CFS participants experienced this as "uncooperative" and were unable to fulfill such a request without their own assessment of the case. This came as a disappointment to shelter staff who felt that CFS did not provide enough preventive and supportive services to women and families.

When either agency requested resources of the other, each made assumptions and had misunderstandings about the other's services. These differences and misunderstandings, once again, derive from differing mandates and the philosophies that guide them. Although both women's shelters and child welfare agencies work with domestic violence and abuse, often with the same clients at the same time, their mandates are sometimes at odds with each other. A shelter's service is based on the voluntary participation of a woman with woman-focused service. Shelters seek to support, and empower women who are victims of abuse, by advocating on their behalf. Support, empowerment and advocacy have their place, but the effectiveness of the approaches has not been determined, since they must always be defined by the client (Peled & Edleson, 1994; Ristock & Pennell, 1996). What women's shelters do is to make individual women safer (Pence & Shepard, 1988). Women's shelters provide safe places for women to stay for a short time (usually up to ten days) to help them make decisions about their lives for the future. CFS, on the other hand, responds in a mandatory, and sometimes coercive fashion at the outset, that is often not perceived by clients, children or their parents to be helpful.

According to Rooney (1992) there is a growing body of evidence in the fields of treatment for alcoholism and child abuse and neglect that court-ordered intervention can be effective and that some form of coercion is often necessary to motivate change. Rooney also warns that long term high pressure may have negative consequences in the long run. However, these are not generally accepted approaches with agencies who deal with voluntary clients, especially women. Swift (1995) charges that child welfare workers can quickly lose sight of the critical relationship between policy and practice and invites social workers in child welfare to pay attention to policy as much as to individuals and their personal difficulties.

**Recommendation:** I would like to recommend that women's shelters and CFS agencies engage in informal and more formalized conversations regarding the potential goals, processes and outcomes of working with voluntary and involuntary clients and the potential consequences of the interface of the two types of services.

### **c) Sharing information and cases**

Sometimes mutual cases between CFS and the women's shelter ended up being shared with some success. This occurred when the woman/client was seen to be voluntary and cooperative by both agencies, and all parties agreed on a common goal. Both agencies and the family involved were seen to have benefited from such

collaborative work. In cases where both agencies were involved with a family simultaneously and there was misunderstanding and disagreement about what should happen, triangulation or splitting occurred. This happened, for example, when shelter staff joined with the client either directly or subtly in disagreement with CFS workers, thereby sabotaging CFS's intervention attempts and sometimes adding to the confusion of the client. Other shelter participants felt unsure as to how to respond to CFS or their client, knowing that in some cases immediate intervention was necessary.

The most significant area of conflict between the two agencies was shelter confidentiality policy. It was most frequently identified as a barrier to collaboration by both CFS and women's shelter participants. It prevented the flow and sharing of information essential for CFS and for the working together with a client, but placed shelter staff in a position of potentially losing trust of the client. Shelter participants understood both drawbacks and benefits to sharing information, and felt that the policy needed to be revisited and changed.

**Recommendation:** I recommend that women's shelter directors with their staff and board of directors revisit their policy on confidentiality and find ways to change it in such a way that it allows a better, but fair and safe flow of information between collaterals and clients, and that considers both the needs of abused women and

children.

**d) Sharing programs**

The compartmentalization of services between women and children, and victims and offenders was seen as unhelpful to clients, by both CFS and shelter participants. If women's needs and children's needs were seen to be different but not necessarily separate from each other, goals and programs could be shared. A number of CFS and women's shelter participants in this study suggested the sharing of various programs that included working with perpetrators, establishing collaborative resources that would provide services to offenders and victims, and doing public education together. Both sides felt that services for men would enhance public image and meet a great need within the community. There were no shared programs between the two agencies currently.

**Recommendations:** I would like to suggest the following in response to ideas from participants in the study: That CFS and women's shelter staff (administration and front-line staff) discuss (a) the limitations and opportunities of working together given current mandates and policies; (b) together discuss the possibility of sharing public education, programs for victims and offenders; (c) together lobby the government for more community-based support programs for families.

### **3. Implications for policy makers and legislators**

Policy makers in Manitoba have not yet considered the possibility that child and family service agencies and women's shelters could collaborate over common cases. Policies that promote a team approach to addressing matters of domestic violence and child abuse, which often occur in the same families, could provide incentives to initiate actions toward better understanding and improved relationships between these two agencies.

**Recommendations:** The Government of Manitoba encourage the establishment of community-based domestic violence/child protection councils at the local level whose purpose would be to improve responses to domestic violence and abuse in families. The Government of Manitoba could provide funding for collaborative efforts between Child and Family Services and Women's Shelters.

Family Dispute Services, the funding body for women's shelters in Manitoba, could consider changes to their funding system to shelters. If funding were based on a specific number of licensed beds as opposed to the number of bed/nights, shelters would experience more stable funding, and they would not need to depend so much on women's attendance (violent incidents) at the shelter in order to get funding. This could also provide greater incentive for shelters to initiate proactive programs

in the community. Alberta shelters are funded in this way.

The Children and Youth Secretariat of the Government of Manitoba could include women's shelters in their encouragement for cross-agency collaborations concerning children and youth.

#### **4. Implications for Education**

Gaining skills and recognizing the differences in working with voluntary and involuntary clients is key to understanding differences in service provision between CFS and women's shelters. Assumptions about the effectiveness of mandated services versus voluntary services need full discussion in order to develop greater understanding of each and how they might work together. In the provision of services to families at risk for domestic violence and child abuse, it is especially important to understand the effectiveness of various approaches used with different members within one family, and how through collaboration, collateral services can provide the best possible treatment, without losing sight of larger issues and societal attitudes that affect women negatively.

**Recommendations:** Promotion of both formal and informal education

opportunities for students, practitioners, and administrators of social service agencies in the areas of family violence, working with involuntary clients, legal aspects of domestic violence and needs and services for protection and treatment.

### **B. Future Directions**

There is clearly a need for more comprehensive studies to explore further possibilities and benefits to collaboration between women's shelters and child protection. Materials generated in this study can point to further directions for other related research and can be shared with policy makers, legislators and funders of social services.

This research did not study ways in which political and internal agency structures and policies may contribute or detract from the possibilities of collaboration. Future research could consider these aspects more fully in the discussion of collaborative programs between the two services.

An interesting follow-up to this study would be a participative research study that would actually bring the two groups together to discuss the recommendations that came out of this study. Through focus groups (as was done in the Michigan

project) within the two organizations, the two groups could meet to discuss the potential benefits of working together, and how each agency could adapt to the other's needs in order that families experienced the support and help they needed. It would be a place to discuss differences in ideology and practice, and common goals could be identified. Further discussions could lead to the formulation of coordinated and shared programs with appropriate requests for funding.

### **Concluding comments**

Both child welfare and women's shelters provide essential services to victims of abuse in their communities. The fact that client cases also often overlap means that from time to time workers from the two agencies end up interacting with each other. These interactions may or may not be experienced as "collaborative". In this study collaboration meant different things to different people. For some it meant a quick exchange of ideas or information between workers. To others, inter-agency collaboration meant something more complex such as sharing client cases or community programs. Most participants in this study felt that greater collaboration and improved relationships between CFS and women's shelters were desirable, and that greater cooperation had the potential for improved services to families.

Fundamental in the barriers to greater collaboration between the two agencies studied were the differences in mandates based on different ideologies. This study highlighted the fact that the goals for collaboration of an agency are determined by its overall mandate and whether clients are seen to be voluntary or involuntary. The most positive experiences of collaboration in the study were those cases in which women clients were seen to be voluntary and cooperative by both shelter and CFS. Many adult CFS clients may not be voluntary participants in the services provided to them, at least not initially. Although collaboration amongst the agencies providing services to families in which abuse has occurred is vital, and the definition of roles among the various service providers is essential, the process of persuasion with such clients may be interpreted by some professionals as being coercive and therefore undesirable. The constant interface between voluntary and mandatory services requires greater discussion and understanding by the various services involved, since therein lie some of the barriers to full collaboration.

Historically child welfare and battered women's shelters represent two extremes in bureaucratic accountability and client services. Child welfare has a long but changing history of statutory services focused on child protection. Although the shelter movement represents a more recent community service with grassroots beginnings, shelters are also primarily government funded, but responsible to set their own policies. In their role as critics they have been successful in lobbying

governments for change in overall policies and legislation concerning women. Their contribution to social change is undeniably significant. These changes have also impacted child welfare and the way in which child protection workers carry out their work. In a time of shrinking resources shelters may feel more vulnerable to the possibility of co-optation than child protection services. However, by joining forces in the community in the identification of common goals, it has been shown that these two services can be more effective in addressing root problems and services to families affected by child abuse and violence. In the process of considering more collaborative efforts, mandates and philosophies need to be reviewed in an environment which supports a common understanding of work and goals. Open discussions about differences and similarities are likely to dispel the apprehension, suspicion and mistrust that had traditionally existed between the two groups.

Structurally and ideologically these two agencies may appear to some to be incompatible for collaboration. If both remain rigidly entrenched within their own systems, collaboration is unlikely. However, this study has shown that there is support for greater collaboration. With the exchange of ideas, wisdom, and vision, mandates can be expanded, philosophies enlarged and experimentation with cooperation tested. With so many issues and clients in common, the potential for collaboration is great (Schechter, 1994). Conditions in small rural communities may be even more conducive to interaction between workers from different fields.

Commitment by administrators, line staff, the community, government funders and policy makers who are convinced of the benefits, can make it happen. If everyone believes that children are best kept safe by keeping their mothers safe, two seemingly incompatible services can perhaps work together, at least on some fronts.

## REFERENCES

Abramson, J. S. & Mizrahi, T. (1994). Examining social work/physician collaboration: an application of grounded theory methods. In C. Kohler Riesman (Ed.). *Qualitative studies in social work research*. Thousand Oaks, London: Sage Publications.

American Humane Association Children's Division. (1995). Domestic violence and child abuse: Double jeopardy for families. Robyn Alsop, Ed. for *Protecting children* (Vol.11, no. 3.). Englewood, Colorado.

American Humane Association Children's Division. (1995, October). A Call for collaboration between child abuse and domestic violence advocates. *Child Protection Leader* [Brochure]. Englewood, Colorado.

Anderson, H. & Goolishian, H. (1986). Systems consultation with agencies dealing with domestic violence. Wynne, L.C., McDanieal, S.H. & Weber, T.T. (Eds.). *System Consultation: A New Perspective for family therapy*. New York: The Guildford Press.

Bruner, C. (1991). Thinking collaboratively: ten questions and answers to help policy makers improve children's services. Education and Human Resources Consortium, Washington, D.C.

Bowker, L.H. (1993). A battered woman's problems are social, not psychological. Gelles, R. J., Loseke, D.R. (Eds.), *Current controversies on family violence*. Newbury Park, CA: Sage Publications.

Callahan, M. (1993). Feminist approaches: Women recreate child welfare. In B. Wharf (Ed.). *Rethinking child welfare in Canada* (pp. 172-209). Toronto: McClelland and Stewart.

Callahan, M. (1993). The Administrative and practice context: Perspectives from the front line. In Wharf, B. (Ed.). *Rethinking child welfare in Canada* (pp. 64 - 97). Toronto: McClelland and Stewart.

Campbell, J. (1992). Children and Youth: Ministry of Social Services Child Protection and the Legislative Review. *Perspectives*, Vancouver, B.C.

Campbell, M. & Ng, R. (1991) Report of the participatory research project on empowerment and equity in Catholic Children's Aid Society of Metro Toronto.

unpublished paper. Toronto, ON.

Carter, J. (1996). Child abuse and domestic violence: Finding the nexus. Front Line Views, A Publication of the Intensive Family Preservation Services National Network, Vol 2, No.1, 2-3.

Child and Family Services Act, (1987). Manitoba, Canada.

Costin, L.B. (1987). Toward a feminist approach to child welfare. Child Welfare League of America., 10, Introduction 1-7.

Cummings N. & Mooney, A. (1988). Child protective workers and battered women's advocates: A strategy for family violence intervention. Response 11 (2), 4-9.

Davis, L. V. (1987). Battered women: The transformation of a social problem. Social Work 32, 306-311.

DePanfilis, D. & Brooks, G. (1989). Child maltreatment and woman abuse: A guide for child protective services intervention. Washington, D.C: National Woman Abuse Prevention Project.

Dobash, R.E., and Dobash, R.P. (1992). *Women, violence and social change*. New York: Routledge.

Dominelli, L. (1989). Creating a feminist statutory social work, In L. Dominelli and E. McLeod (Eds.), *Feminist social work* (pp. 101-130). London: Macmillan.

Dominelli L. & McLeod, E. ( 1989). *Feminist social work*. England: Macmillan.

Dykstra, C. (1995). Domestic violence and child abuse: Related links in the chain of violence. American Humane Association Children's Division, 11, 3.

Dykstra, C., Alsop, R. J. (1996). Domestic violence and child abuse monograph. Englewood, Colorado: The National Resource Center on Child Abuse and Neglect, American Humane Association.

Eichler, M. (1988). *Families in Canada today*. Toronto: Gage.

Findlater, J. & Kelly, S. (1996, July). Finding common ground: Michigan's domestic violence/child welfare collaboration. A working paper. Lansing, Michigan: Michigan Department of Social Services, Division of Family Preservation

Services. Detroit, Michigan: Wayne State University Law School, Domestic Violence Prevention and Treatment Board.

Gelles, R.J. & Loseke, D.R. (Eds.). (1993). *Current controversies on family violence*. Newbury Park, CA: Sage Publications.

Giles-Sims, J. (1985). A longitudinal study of battered children of battered wives. Family Relations, 34, 2, 205-210.

Goering, P. & Rogers, J. (1986) A model for planning interagency coordination. Canada's Mental Health, March, 5-8.

Goldman, H., & Intriligator, B. A. (1990). Factors that enhance collaboration among education, health and social service agencies. Paper presented at the 1990 annual meeting of the American Educational Research Association (ERIC Document No.318109).

Gordon, L. (1985). Child abuse, gender, and the myth of family independence: A historical critique, Child Welfare, LXIV, 3.

Gordon, L. (1986). Feminism and social control: The case of child abuse and

neglect, In J. Mitchell and A. Oakley (Eds.), *What is feminism? A re-examination*. New York: Pantheon Press.

Gordon, L. (1988). *Heroes in their own lives*. New York: Penguin.

Government of Manitoba. (1998). ChildrenFirst BabyFirst, Children and Youth Secretariat. Winnipeg, Manitoba, Canada.

Government of Manitoba. (1998). ChildrenFirst: A statement of government policy on Manitoba children and youth. Winnipeg, Manitoba, Canada.

Government of Manitoba. (1997). Commission of inquiry into the deaths of Rhonda Lavoie and Roy Lavoie, A study of domestic violence and the Justice System in Manitoba. Report of the Honourable Mr. Justice Perry Schulman, Commissioner. Winnipeg, Manitoba, Canada.

Henderson, A. (1990). Children of abused wives: Their influence on their mother's decisions. Canada's Mental Health, 38, 10-13.

Herskowitz, J. & Seck, M. (1990, January). Substance abuse and family violence, part 2: Identification of drug and alcohol usage in child abuse cases in

Massachusetts. Boston: MA. Department of Social Services.

Hilton, N.Z. (1992). Battered women's concerns about their children witnessing wife assault. Journal of Interpersonal Violence, *7*, 77-86.

Holstein, J.A., & Gubrium, J.F. (1994). Phenomenology, ethnomethodology and interpretive practice. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks: Sage Publications, CA.

Horowitz, B. & Wolock, I. (1981). Material deprivation, child maltreatment and agency interventions among poor families. In L. Pelton, (Ed.). *The social context of child abuse and neglect*. New York: Human Sciences Press.

Hughs, H. M., Parkinson, D. & Vargo, M. (1989). Witnessing spouse abuse and experiencing physical abuse: A "double whammy"? Journal of Family Violence, *Vol. 4*, No. 1, 24-35.

Imber-Black, E. (1991). A family-larger-system perspective. In A.S. Gurman & D.P. Kniskern (Eds.), *Handbook of Family Therapy*, (Vol. 2, Ch. 19). New York: Bruner/Mazel.

Interagency Collaboration Project Steering Committee. (1992, November). Opening doors: a review of school-agency collaboration. Calgary, AB Board of Education.

Jaffe, P.G. Wolfe, D.A. & Wilson, S.K. (1990). *Children of battered women*. Newbury Park, CA: Sage Publications.

Jaffe, P.G., Suderman, M. & Reitzel, D. (1992). Child Witnesses of Marital Violence. In Ammerman, R. T., Hersen, M. (Eds.). *Assessment of family violence*. New York, NY: John Wiley and Sons, Inc.

Jenkins, A. (1993). *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*. Australia: Dulwich Publications.

Jones, S. (1988). The analysis of depth interviews. In *Applied qualitative research*. R. Walker (Ed.). London, England: Gower.

Kohler Riesman, C. (Ed.). (1994). *Qualitative studies in social work research*. Thousand Oaks, CA: Sage Publications.

MacLeod, L. (1987). Battered but not beaten...Preventing wife battering in

Canada. Ottawa, ON. Canadian Advisory Council on the Status of Women.

MacDonald, G. (1992) Avoiding agency triangles in child sexual abuse work: Lessons from the Manitoba rural child sexual abuse project. Unpublished manuscript.

McKay, M.M. (1994). The link between domestic violence and child abuse. Child Welfare 73, 1, 29-39.

Morgan, G. (1997). Collaborative models of service integration. Child Welfare League of America. 73, 6, 1329-1342.

National Council of Welfare (1990). *Women and Poverty Revisited*. Ottawa.

Novick, M. & Volpe, R. (1989). Perspectives on social practice: Children at risk project, (Vol. 1). Toronto: Laidlaw Foundation.

Parton, C. & Parton, N. (1989, Spring). Women and the family in child protection. Critical Social Policy.

Payzant, T. (1992, October). New beginnings in San Diego: Developing a

Strategy for interagency collaboration. Phi Delta kappan, 139-146.

Pecora, P.J., Whittaker, J.K., Maluccio, A.N., Barth, R.P. & Plotnick, R.D.  
(1992). *The Child Welfare Challenge: Policy, practice and research*. New York:  
Adeline Degruyter.

Peled, E. & Edleson, J.L. (1994). Advocacy for battered women: A national  
survey. Journal of Family Violence, Vol 9.3, 285-296.

Pelton, L. H. (1978). Child abuse and neglect: The myth of classlessness.  
American Journal of Orthopsychiatry 48, 4, 608-617.

Pence, E. & Shepard, M. (1988). Integrating feminist theory and practice, The  
challenge of the battered women's movement. In Yllo, K. and Bogard, M. (Eds.).  
*Feminist Perspectives on Wife Abuse*. Newbury Park, CA: Sage Publications.

Pennell, J.T., (1987). Ideology at a Canadian shelter for battered women: A  
reconstruction. Women's Studies Int. Forum. 10. 2, 113-123.

Phillips, A.L. (1993). The battered woman's response to abuse: familial,  
psychological, situational and relationship correlates. Unpublished doctoral

dissertation, University of Manitoba, Winnipeg.

Polsenberg, C. & Sullivan, C. (1995, November). State of the State Survey Michigan residents speak out about domestic violence. Briefing paper no. 95-10. Michigan University: Institute for Public Policy & Social Research.

Rzepnicki, T. L. (1996, Nov.). The good, the bad and the upshot - family preservation in perspective. Keynote address presented at the Family Preservation & Reunification in Manitoba, A Symposium on the merits and limitations of services. Winnipeg, MB.

Ristock, J. & Pennell, J. (1996). *Community research as empowerment: Feminist links, postmodern interruptions*. Toronto: Oxford.

Rooney, R. (1992). *Strategies for work with involuntary clients*. New York: Columbia University Press.

Schechter, S. (1988). Building bridges between activists professionals, and researchers. In Yllo, K. and Bogard, M. (Eds.). *Feminist Perspectives on Wife Abuse*. Newbury Park, CA: Sage Publications.

Schechter, S. (1994). Model initiatives linking domestic violence and child welfare. Document prepared for the conference on Domestic Violence and Child Welfare: Integrating Policy and Practice for Families, Wingspread, WI: University of Iowa.

Schechter, S. & Edelson, J. (1995) In the best interest of women and children: A call for collaboration between child welfare and domestic violence constituencies. The Prevention Report. (pp.1-7).

Schechter S. & Ganley, A.L., (1995). Domestic violence: A national curriculum for family preservation practitioners. Carter, J. (Ed.). Produced by the Family Violence Prevention Fund in collaboration with Families First, Michigan Department of Social Services, Detroit, MI.

Schellenberg, D.H. (1996). Collaboration and accountability in children's services. Manitoba Social Worker, 28, 1.

Schellenberg, D.H. (1996). Confidentiality and media attention: A discussion concerning denial and public education. Social Policy and Administration, 30, 3.

Sells, S.P., Smith, T.E. & Sprenkle, D.H. (1995). Integrating qualitative and

quantitative research methods: A research model. Family Process 199-218.

Stacey, W. & Shupe, S. (1983). *The family secret*. Boston, MA: Beacon Press.

Stark, E. & Flitcraft, A. (1988). Women and children: A feminist perspective on child abuse. International Journal of Health Services 18, 9-118.

Sternberg, K. J., Lamb, M. E., Greenbaum, C., Dante, C., Dawud, S., Cortes, R.M., Krispin, O. & Lorey, F. (1993). Effects of domestic violence on children's behavior problems and depression. Developmental Psychology 29, 1, 44-52.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research, grounded theory procedures and techniques*. Newbury Park, CA: Sage Publications.

Strauss, M.A. & Gelles, R.J. (Eds.), (1990). *Physical violence in American families*. New Brunswick, N.J: Transaction Publishers.

Strauss, A.L. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.

Swift, K., (1991). Contradictions in child welfare: Neglect and responsibility.

Baines, C., Evans, P., Neysmith, S. (Eds.), *Women's caring: Feminist perspectives on social welfare*. Toronto: McClelland & Stewart, 243-271.

Swift, K., (1995). *Manufacturing 'bad mothers' a critical perspective on child neglect*. Toronto: University of Toronto Press.

Thompson, R.A. (1995). *Preventing child maltreatment through social support: A critical analysis*. London: Sage Publications.

Trute, B., Adkins, E. & MacDonald, G. (1994). *Coordinating Child Sexual Abuse Services in Rural Communities*. Toronto: University of Toronto Press.

Tutty, L.M., Rothery & Grinnell, Jr., R.M. (1996). *Qualitative research for social workers*. Toronto: Allyn and Bacon.

Ursel, J. (1992). *Private lives, public policy, 100 years of state intervention in the family*. Toronto: Women's Press.

Walker, L.E. (1984). *The battered woman syndrome*. New York: Springer.

Walker, R. (Ed.). (1988). *Applied qualitative research*. London, Enland:

Gower.

Wharf, B. (Ed.). (1993). *Rethinking child welfare in Canada*. Toronto: McClelland & Stewart Inc.

Wilson, E. (1977). *Women and the welfare state*. London, England: Tavistock Publications.

Wolcott, H.F. (1994). *Transforming qualitative data: description, analysis, and interpretation*. London: Sage Publications.

Yllo, K. & Bogard, M. (Eds.). (1988). *Feminist perspectives on wife abuse*. Newbury Park, CA: Sage Publications.

Yllo, K., (1993). Through a feminist lens: Gender, power and violence. R. Gelles, D. Loseke (Eds.), In *Current Controversies on Family Violence*. Newbury Park, CA: Sage Publications.

## Appendix A

### Comparison of differences in mandates and work orientation

<b>Child and Family Services</b>	<b>Battered Women's Shelters</b>
<ul style="list-style-type: none"> <li>• part of government bureaucracy</li> <li>• statutory services to families</li> <li>• policies determined by legislation</li> <li>• social work education and experience</li> <li>• priority is child safety</li> <li>• services provided to entire family</li> <li>• formal risk assessments essential</li> <li>• assessment of family strengths and deficits</li> <li>• collaboration with other agencies essential to formulate plan</li> <li>• counselling goals defined</li> <li>• front-line workers accountable to other service agencies, clients and bureaucracy</li> <li>• complex cross-organizational interactions required by front-line staff</li> <li>• tendency to hold parents responsible for maltreatment of children</li> <li>• may provide treatment for perpetrators</li> </ul>	<ul style="list-style-type: none"> <li>• evolving from grassroots beginnings</li> <li>• voluntary services for women</li> <li>• policies determined by individual shelters with provincial guidelines</li> <li>• paraprofessionals</li> <li>• priority is safety for women</li> <li>• assistance for women to access services and counselling for children</li> <li>• informal risk assessments</li> <li>• assessments not part of services</li> <li>• collaboration with other agencies discouraged due to confidentiality</li> <li>• non-directive approach to counselling</li> <li>• front-line staff accountable to clients</li> <li>• support and advocacy provided to client to access other services</li> <li>• tendency to hold society responsible for oppression of women</li> <li>• provide no services for men</li> </ul>

## **Appendix B**

### **Interview Questions**

1. How long have you worked at CFS/Women's Shelter? In what role/s?
2. What is your educational background? How important is education to you in your work?
3. What does inter-agency collaboration mean to you? How does it happen?
4. How often is that your clients are also involved with CFS/Women's Shelter?
5. How often have you had contact with CFS/Women's Shelter as a result of clients in common? Who initiated the contact? What was the purpose of the contact? Was this a collaborative contact?
6. How would you know when successful collaboration had occurred? Give an example.
7. How would you know when successful collaboration had not occurred? Give an example.
8. What do you believe stands in the way of better collaboration between CFS and Women's Shelters?
9. What might you do differently in order to overcome these barriers?
10. What might your agency do differently in order to overcome these barriers?
11. What are the potential benefits to your clients if the two agencies work together well?
12. How does CFS/Women's Shelter provide for the greater empowerment of women? Can you give an example?
13. How could these strengths be built upon?
14. How do Women's Shelters/CFS provide for the needs and empowerment of children coming from abusive families?
15. How could these strengths be built upon?
16. In cases of physical abuse or sexual abuse of children how could collaboration

between the professionals a) enhance the safety of children? b) enhance the safety of mothers? c) hold perpetrators accountable?

17. Under ideal circumstances what would be your vision for the way that these two agencies could work together helping to end violence in families?

## Appendix C

### Letter to Agency Directors

Dear \_\_\_\_\_,

During the months of March and April, 1997, I will be conducting a research study on the **Collaboration between Women's Shelters and Child and Family Services**. The study was developed in response to an identified problem area, and is being done in the hope of ultimately providing information on the barriers to collaboration between these two groups through the participants' stories of success and failure. This study will serve as the basis for my thesis in the Master of Social Work program.

I have chosen a qualitative methodology that will involve my interviewing workers from two Child and Family Services Agencies and two Women's Shelters. With your support and permission I would like to request the names of four potential workers from your staff who have experience and knowledge in this area, and who would consent to discuss with me their possible role in the research.

A summary of information gathered from the study will be shared with all participants, and could potentially become important documentation to influence positive change in the ways in which Child Welfare and Women's Shelters deliver services to the clients they have in common. A copy of the thesis will be provided to you upon the completion of the research.

If you have any further questions or concerns about the proposed research please feel free to call me. You can reach me at my workplace at (204) 325-4889.

Sincerely,

Mary Anne Hildebrand  
M.S.W. Candidate

## **Appendix D**

### **Interview Consent Form**

I understand I will be voluntarily participating in a research project to study the collaboration between women's shelter workers and child protection workers in our common goal of helping to create a safer environment for the women and children we serve.

The study was developed in response to an identified problem area, and is being done in the hope of ultimately providing information on the barriers to collaboration between these two groups. This study will serve as the basis for a thesis in the Master of Social Work program.

A summary of information gathered from the study will be shared with all participants, and could potentially become important documentation to influence positive change in the ways in which either or both child welfare and women's shelters deliver services to their clients.

I agree to participate in approximately a 60 to 90-minute interview to discuss my ideas, opinions and experiences on this topic. I understand the interview will be audio-taped to facilitate information analysis. If I am not comfortable with the taping process I can request that my responses be written instead.

I understand that my specific responses will be kept confidential, but that stories of success and failure at inter agency collaboration will be shared for the purpose of problem solving together. I understand that being in a small community, my responses could be identified.

The audio tapes will be coded without personal identification of any person interviewed and stored in a locked safe. Upon completion of the research study all identifying information in reports will be disguised and later erased. A summary of the information will be offered to me upon the completion of the study.

I understand that I have the right to refuse to answer any question, stop the tape if necessary and/or withdraw from the research project at any time I wish without penalty.

I am willing to participate in this study.

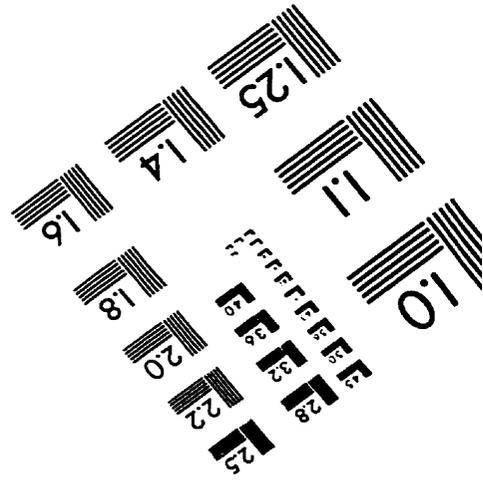
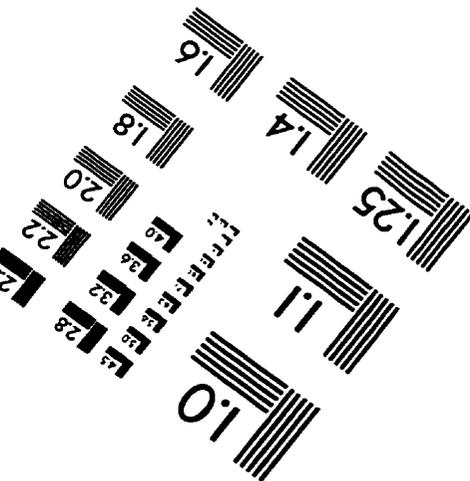
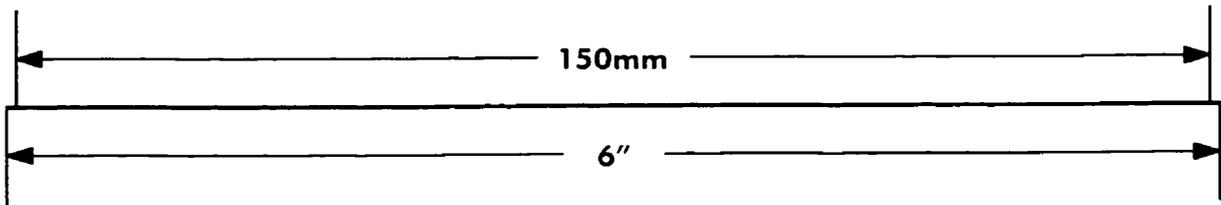
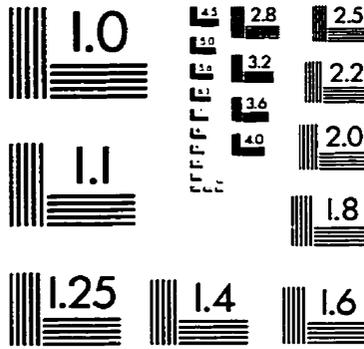
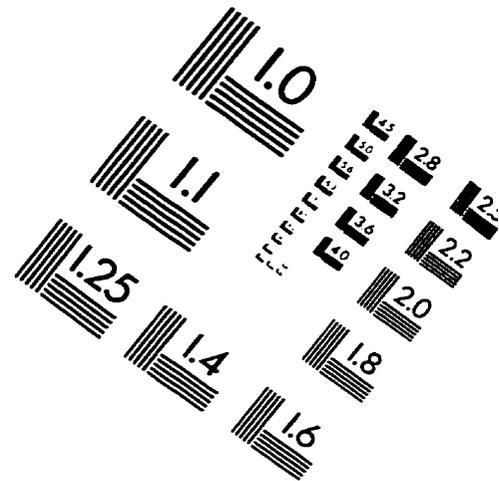
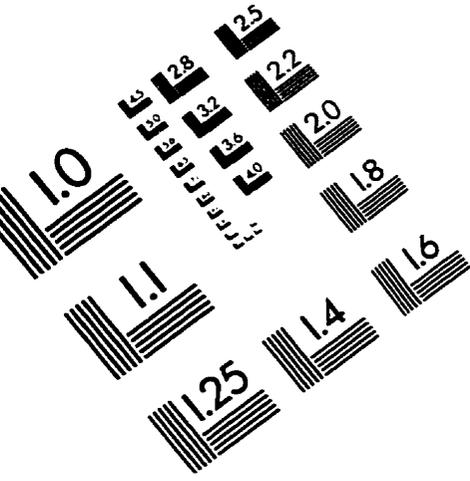
Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Researcher's phone number: (204) 325-4889

# IMAGE EVALUATION TEST TARGET (QA-3)



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