

# Overview and Evaluation Data Briefing

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Domestic violence is a challenging and prevalent issue for child welfare professionals. Collaboration with child welfare has sometimes been a challenge for domestic violence advocates. The Safe and Together™ model is a field tested promising best practice designed to improve competencies and cross system collaboration related to the intersection of domestic violence and child maltreatment. This child centered model, which is based on a set of assumptions, core principles and critical components, derives its name from the concept that children are best served when we can keep them safe and together with the non-offending parent (the domestic violence survivor). It provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and wellbeing of children.

The Safe and Together™ Model, which was developed by David Mandel & Associates LLC (DMA), has been implemented at the statewide level in a number of different states including Colorado, Florida, Oregon, Connecticut, New York, New Jersey, Wisconsin & Ohio. Safe and Together™ model trainings have also been delivered abroad in the UK (Scotland and England) Australia, the Republic of Ireland and Singapore. The model has been supported and utilized by both child welfare agencies and domestic violence advocacy agencies.

*Safe and Together™ Model Suite of Tools and Interventions* training and technical assistance packages are designed to help child welfare systems become domestic violence-informed and are tailored to the needs and circumstances of individual sites including issues of sustainability and integration with local initiatives, statutes and resources. Some of our specialized packages have been focused on child welfare supervisors, legal staff, or domestic violence advocates. Other packages have focused on community collaboration. The packages vary in intensity and length with many of them being between 9 and 17 days. We have recently developed case reading and organizational self-assessment tools to help agencies determine their progress toward domestic violence-informed practice. Certification in the model is becoming a more regular part of our packages including the

## *What's new with Safe and Together*

- Increased focus on high standards for fathers and the nexus between perpetrator's behavior and harm to children
- Evaluation data from multiple sites
- Increased emphasis on identifying the key domains of knowledge and skills needed for workers
- Pivoting and Mapping as Practice Tools
- Safe and Together Model Advocacy Institute
- Case Reading Tools
- Organizational Self Assessment Tool
- Expansion of our train the trainer model
- Basic Safe and Together Model Certification
- Training for Family Conferencing Facilitators
- Increasing integration with Practice Models

train the trainer certification and certification for frontline staff. The model has been used to guide a network of statewide domestic violence consultants in Connecticut as well as a trainer certification model that has been used as a cost effective way of bringing Safe and Together training into all 88 Ohio counties.

## **Integration with Differential Response and Other Initiatives**

David Mandel & Associates has an established track record of adapting the Safe and Together model to the local context and integrating it with other initiatives such as Differential Response and Father Engagement. We are very familiar with the predominant safety and risk methodologies including Safety Organized Practice (Children's Research Center) and the Safety Interventions (Action for Child Protection). Currently we are working closely with both child welfare and domestic violence advocates in Florida to integrate Safe and Together with the Florida Safety Decision-Making Methodology (developed in conjunction with Action for Child Protection). In Ohio, Safe and Together is being rolled out statewide as part of the Alternative Response roll out.

## **Collaboration with Domestic Violence Advocates and Other Providers**

It is difficult to imagine moving towards a domestic violence-informed child welfare system without greater collaboration with domestic violence advocates. The 2010 CAPTA reauthorization recognizes this through its focus on domestic violence in its funding priorities. David Mandel & Associates has worked closely with advocates around the country and believes that their participation in system change is critical. Our recommendations in this area have included inviting domestic violence advocates to participate in training as participants, to specialized training to support the co-location of advocates in child welfare offices. Most recently we developed the Safe and Together Model Advocacy Institute to help domestic violence advocates apply the critical components and principles of the model to help enhance their advocacy with child welfare.

### ***What Advocates have said about the 2014 Advocacy Institute***

*"This Monday I was so pumped and ready to make a difference, that I purposely walked around the CPIS building following up on the referrals I had received..."*

*"Immediately, I started using the program by focusing on my participant's strengths and creating a safety plan around their strengths."*

*"Since attending the training, my conversations with survivors have changed drastically and have definitely improved my advocacy skills."*

## The Safe and Together Model as a Method of Creating Domestic Violence-Informed Child Welfare Systems

The *Safe and Together Model Suite of Tools and Interventions* is a perpetrator pattern-based, child-centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the model highlights the 'how' of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out-of-home placements in child welfare domestic violence cases.

The Safe and Together model suite of tools and interventions shares some key characteristics.

### Perpetrator pattern-based, child-centered, survivor strengths approach to domestic violence

The model is specifically designed to focus on promoting the best interest of children including safety, permanency and wellbeing,

and in this way, is designed with the mission of child welfare systems in mind. Using the foundation of strong nexus and high standards, the model's use of a perpetrator pattern creates a whole family approach that guarantees a more comprehensive assessment of risk, safety and protective factors and increases the effectiveness of the system in engaging men to become better fathers. As it relates to domestic violence survivors, the model keys assessment and partnership specifically to the safety and wellbeing of children. Instead of a focus on generic strengths, the model directs the system to articulate the specific actions the adult survivor has taken to promote the safety and wellbeing of the children.

### Fact-based

The model's fact-based approach is intimately connected with the strong nexus perspective. Identifying the nexus between the domestic violence and the children is really a question about the nexus between the domestic violence perpetrator's behavior

### *Safe and Together*<sup>TM</sup> model: Better Outcomes for Families and Systems



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and the impact on children’s safety and wellbeing. This emphasis on the ‘facts’ of the perpetrator’s pattern has a number of benefits for policy and practice:

- Behavioral focus: The model uses behaviors as the focal point for assessment and intervention. By mapping the behaviors of both the perpetrator and the survivor, practitioners have a starting point for all their work with the family. Working in parallel process, we also focus on the behavior of the practitioner and the system by exploring the ‘how’ not just the ‘what’. Moving the conversation from “Did you screen for domestic violence?” to “**How** did you screen for domestic violence?” becomes the starting point for practice transformation.
- Gender/sexual orientation neutral: With its clear focus on patterns of coercive control and actions taken to harm the children, the model offers a clear and powerful assessment methodology that focuses on behaviors that are harmful to children versus gender. This fact-based, behavior-pattern approach helps workers sort out the risk and safety issues for children when more than one caregiver is arrested or has been violent. The model provides the same clear and powerful lens in cases involving same-sex couples.

### Safe and Together™ Principles



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- Leads to case plans with measurable goals: From clear behavioral assessment of the perpetrator’s pattern and the adult survivor’s protective capacities, the model encourages case planning that focuses on what each parent has responsibility for and can change to determine a behaviorally defined case plan. Services, when necessary, are then identified to support the achievement of those behavior-change goals.

### Gender responsive

As written above, the model rests on the analysis of the child welfare system being highly gendered. This language and approach dovetail nicely with other policy efforts to improve the response of systems to fathers in general by providing a framework that allows for an assessment of fathers’ overall involvement as positive and negative. It also supports consistent efforts by the system to be better allies to adult domestic violence survivors by offering a fact-based assessment framework for a mother’s strengths around safety, healing from trauma, stability and nurturance for children.

## Strengths-based

A clear analysis of the system's issues and the source of risk to families from domestic violence makes it easier to focus on the strengths of the practitioner, particularly the child welfare worker, and also those of the domestic violence survivor, as key to successful interventions and outcomes.

## Integrative and interdisciplinary

Using domestic violence perpetrator behavior as the organizing framework, the model is inclusive of safety and trauma issues for the practitioner and family members. It ensures that safety issues can be managed in an individualized manner consistent with each perpetrator's pattern of behavior, and that as systems become more trauma informed, that safety will continue to be addressed. The articulation of the perpetrator's pattern as the source of the concern for child safety and wellbeing allows for direct, non-blaming conversations with the adult survivor about the things she has control over including her own substance abuse issues. The model's assumptions, principles and critical components provide a framework for working in multi-disciplinary settings and for information sharing.

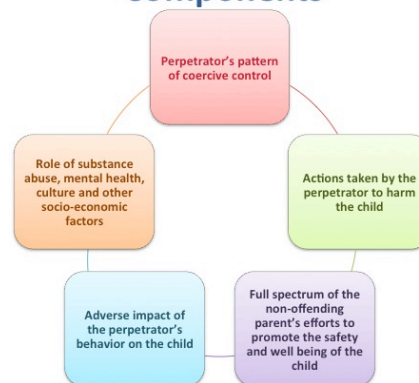
## 'Beyond services'

In the United States the child welfare system and many other services have become the *sine qua non* of child welfare intervention. Driven by the common interpretation of 'reasonable efforts' as offering the family services to address its issues, child welfare equates interventions with a referral to and completion of services. With the advancement of differential responses in many US jurisdictions, child welfare is recognizing that one type of intervention does not work for every family. With its strong nexus and 'high standards for fathers' foundation, the model allows for approaches to adult survivors, children and perpetrators from a 'beyond services' perspective. The 'beyond services' quality of the model has multiple aspects:

- Often case planning occurs at the level of the identification of issues, for example, substance abuse, which then triggers a referral. Often the assessment of the issue and associated

documentation is not more detailed. Because of the complexity and danger associated with domestic violence as an issue impacting child safety and wellbeing, this approach is not adequate. In the Safe and Together model, the quality of the intervention with the family starts with mapping the perpetrator's

### Safe and Together™ Critical Components



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pattern of behavior. The ability to map the perpetrator's pattern, using a framework of strong nexus and high standards, goes deeper than "The family has a history of domestic violence".

- The understanding of the perpetrator's particular behavior patterns provides a framework for a broad understanding of intervention and accountability that goes beyond a referral to treatment. This means that 'reasonable efforts' to maintain children in the home include communication and coordination with criminal court and/or adult probation. It may mean setting specific expectations for supporting children's therapy, paying bills for children's basic needs or other specific behavioral expectations. It also means that the work of the social worker doesn't stop with the referral to services but includes meaningful communication with the service provider, including sharing information regarding the perpetrator's patterns and case plan goals and independent assessment of change.
- For adult survivors, the 'beyond services' aspect of the model respects the fact that some domestic violence survivors are not 'broken', meaning that as victims of abusive behavior they may not have any pathologies of their own. And parallel to the pathway with perpetrators, good work with survivors is not led by services, but is driven by a good assessment of protective capacities.
- Finally, children, when the parents are addressed appropriately, may not need services at all. The strong nexus approach also helps determine the level of impact experienced by individual children. Because impact varies widely based on a number of factors, the approach encourages individualized assessment of impact.

### **'Removal is an option of last resort' approach**

The model respects that there are situations where the domestic violence perpetrator is so dangerous or has done so much harm to the children, the adult survivor has done everything a 'reasonable person' can do promote their safety and wellbeing, and outside systems have made every effort to intervene with the perpetrator – that removal might be the decision that's in the child's best interest, at least in the short term.

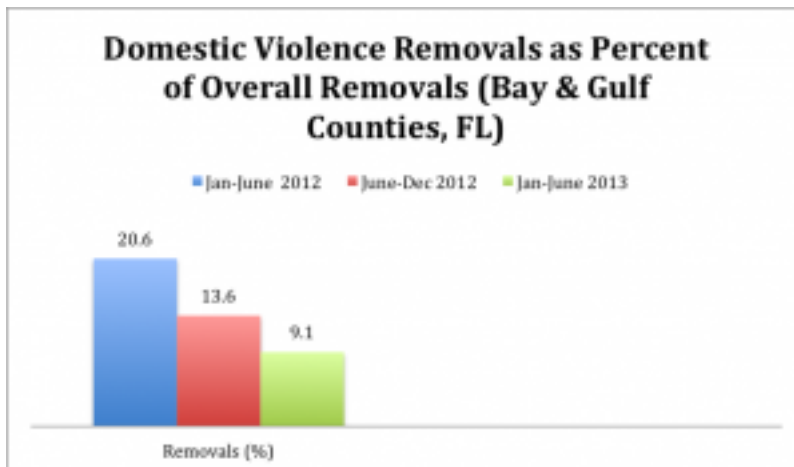
### **Evidence**

The Safe and Together™ model continues to amass a growing body of data to support its positive impact on practice and outcomes for families.

**Florida:** David Mandel & Associates has been collaborating with both the Florida Coalition for Domestic Violence (FCADV) and the Florida Department of Children and Families for the past seven years. In the last few years, much of this work has focused on supporting FCADV-funded co-located domestic violence advocates as part of their CPI Project. These advocates work closely with local DCF staff to provide expert consultation and assistance on domestic violence cases. David Mandel & Associates' role

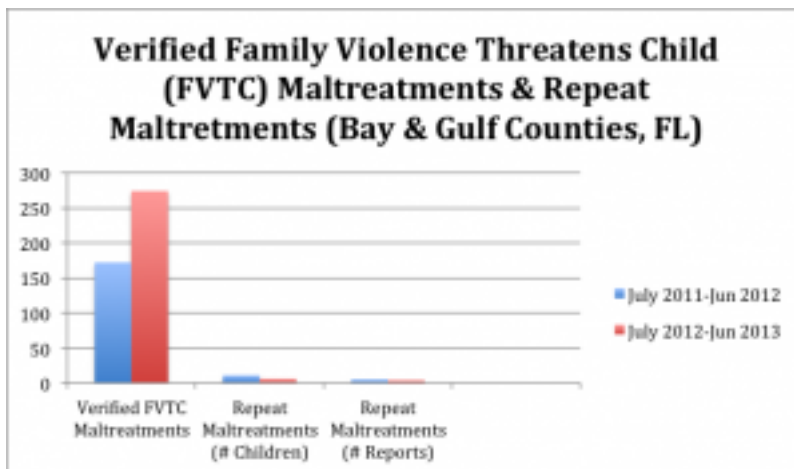
in supporting these collaborations involves training co-located advocates, local DCF staff, Children’s Legal Services and others in the Safe and Together model. The training is supported with technical assistance and follow-up support and coaching for advocates and CPS staff.

Recently, the CPI/Safe and Together project site in Northwest Florida reported strong results from this approach. From January 2012 through June 2012, domestic violence related removals represented 20.6% of removals in Bay and Gulf Counties. This was the first six months of the project when co-located advocates were hired and the staff was receiving Safe and Together Model training. During the next six months, from July 2012 to December 2012, the removal rate dropped to 13.6%. For the most recent six-month period, January 2013 to June 2013, the removal rate dropped even more to 9.1%.



From July 2011 to June 2012 (which includes the benchmark period of Jan to June 2012), there were 172 verified domestic violence specific maltreatments (Family Violence Threatens Child or FVTC). 11 children in those cases had repeat maltreatments, which

means there were two separate verified reports for FVTC. These children represent five families/five reports of repeat maltreatment. From July 2012 to June 2013, there were 274 verified maltreatments of FVTC. This represents 6 children from four families/four reports of repeat maltreatments.



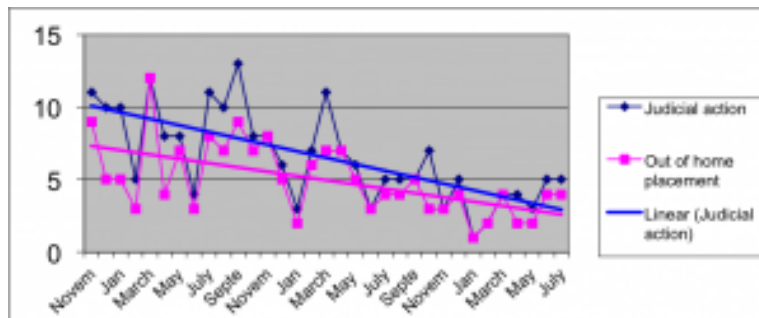
While this data is only correlative and data collection needs to continue, the increase in verified domestic violence maltreatments (by almost 60%) combined with a serious decrease in removals (over 50%) and a stable raw number of repeat

maltreatments is exactly the kind of results we expect to come from improved child welfare practice and community collaboration in domestic violence cases where children are involved.

Local project staff believe these changes are a direct result of this project including the staffing of co-located advocates, implementation of the Safe and Together Model, and enhanced system collaboration between partners such as: FCADV, DCF, the Salvation Army Domestic Violence and Rape Crisis Program, the Bay County Sheriff's Office, and the State Attorney's Office.

The Florida Department of Children and Families supplied similar data, for the period when the Safe and Together model was implemented in the Jacksonville area. While not a formal CPI site, this training involved DCF staff, local domestic violence advocacy center staff, Children's Legal Services and community partners. Over almost a three year period, similar efforts in Florida DCF Circuit 4 produced an approximately 70% drop of neglect filings in domestic violence cases and an approximately 50% reduction in removals of children in domestic violence cases.

***Circuit 4 Domestic Violence Judicial Action/Out of Home Placement: October 2007-July 2010***



**Connecticut:** Since 2006, the Connecticut Department of Children and Families has used external domestic violence consultants, employed by community agencies and trained in the Safe and Together™ model, to help them identify, assess, and intervene effectively in cases involving domestic violence. Placed in every child welfare office, these consultants were highly utilized, becoming involved in over 15,000 unique cases over a five-year period.

Beyond the consultants, the Department offered specialized Safe and Together model training to supervisors. These supervisors were surveyed months after the training to determine the impact the training had on their practice. Training was provided at six area offices and the Training Academy, resulting in 88 supervisors trained. Out of those 88 supervisors, 41% responded to the survey. Over a third of those surveyed had been in the training longer than six months earlier. Sixty six percent of the respondents identified specific positive changes in their supervisory practice; 62% indicated positive



change in their workers' practice as a result of the training; 50% of the respondents indicated positive changes in outcomes for families; 69% of the respondents indicated continued positive or improved utilization of the Domestic Violence Consultants. There is also data on the model's implication for cross system collaboration and supervisory practice.

**Colorado:** Funded by the Colorado Department of Human Services, David Mandel & Associates delivered a series of three day Safe and Together model trainings for a diverse audience that included large numbers of child welfare staff and domestic violence advocates. Of the 125 people who responded to a survey a few months after the survey, the response was consistent with the Connecticut survey data. Eighty nine percent rated their experience of the training positive, very positive or excellent; 82% said that the training impacted their practice; 93% said they would recommend the training to a colleague.

**Ohio:** In Ohio, the National Center for Adoption Law and Policy (NCALP), the Healthpath Foundation of Ohio and ODJFS collaborated to conduct a third party evaluation of the Safe and Together trainings in Ohio including the certified trainer model being used to extend Safe and Together training to all 88 Ohio counties.

The evaluators, Sheri Chaney Jones and Kenneth Steinman, organized the evaluation around "5 data collection activities: (1) an online pre/posttest survey of 837 CPS caseworkers and supervisors; (2) semi-structured interviews with 16 supervisors; (3) semi-structured interviews with 8 community stakeholders; (4) desk reviews of 191 CPS case files; and (5) review of written policies from 15 counties that had completed Safe and Together training." They collected data from 12 of the counties trained during 2013, as well as 12 Ohio counties that had participated in Safe and Together training in previous years, and 7 local CPS from AR counties that had not yet participated in the training.

**Strong evidence that:**

- CPS staff assign less blame to victims for staying in a violent relationship;
- CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence.

**Mixed Evidence:**

- CPS staff increase their understanding of coercive control;
- CPS staff enhance safety planning for victims and children;
- CPS staff increase perpetrators' accountability.

**Little evidence that:**

- CPS agencies change written policies; and
- Community stakeholders become more receptive to Safe and Together policies and principles.

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The evaluation showed very positive results and demonstrated important, clear and positive movement towards a more domestic violence-informed child welfare system. Consistent with the Safe and Together model, there were changes in child welfare's practice associated with the entire family (adult survivor, child survivor and perpetrator). The results not only demonstrate significant attitude changes (less victim

blaming) towards adult domestic violence survivors, but strong changes in on-the-ground case practice. The desk reviews, interviews and surveys indicated that key child welfare practices such as screening and assessment for coercive control were improved. As a result of the training, child welfare became better at partnering with adult victims in order to assess victims' protective capacities and efforts to keep children safe. Because the movement toward a domestic violence-informed child welfare system requires enhancements in practice related to perpetrators, we were especially pleased with the changes related to case work with perpetrators. Social work staff reported that engagement and interviewing of perpetrators had become more valued. From a practice perspective, perhaps most importantly, the evaluation showed that the participants trained in the Safe and Together model were better able to assess and document the impact of perpetrators' patterns of behavior on children.

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