KATHOLIEKE UNIVERSITEIT LEUVEN
LUCAS



Are integrated responses of child welfare agencies and domestic violence service providers desireable and feasable in Flanders?

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Outline

- Research group and this research project
- What's the problem?
- What do we learn from international knowledge about:
  - Is an integrated response desireable?
  - Is an integrated response feasible?
- What do we learn from local research?
- Does research help?

Research group and project

- An applied academic centre:
  - Scientific partner: K.U.Leuven – Lucas / Research group social work
  - Professional partner: Confidential Centre for Child Abuse and Neglect Leuven
  - Two components:
    - Research projects + PhD-research
    - Knowledge-exchange infrastructure within (networks of) organisations
- This project:
  - Pathways for collaboration between a child protection service and a welfare agency
  - In the city of Leuven, Flanders
  - Centre for General Social Work + Confidential Centre for CAN

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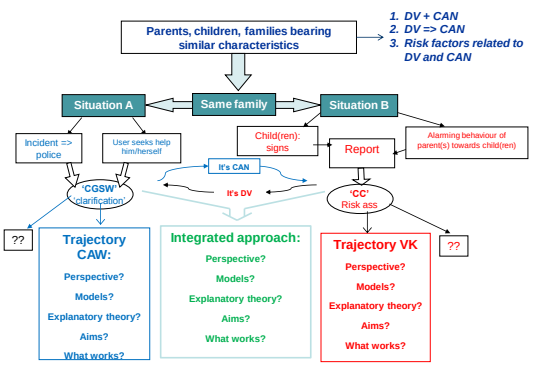
She has her mother's eyes…





Zoe Strauss – Monique showing black eye

Research topic



Is an integrated response desireable?

What serves the client?

4 ingredients of good practice/policy

- DV/CAN needs to be detected as early as possible
  - Screening, risk assessment, reporting channels, …
- DV/CAN must end / be ended
  - Safety first, recognition, solution focused …
- Re-occurrence must be prevented
  - Relapse prevention, prevention of secundary traumatisation, prevention of shifts in the type violence, …
- Individual and system need to be able to recover
  - Trauma therapy, family therapy, …

Is an integrated response desireable?

International research and practice show 3 trends:

- A systems approach
- An accosting, outreaching approach
- An integrated approach

- Assumption: in this way we are more capable to achieve the 4 ingredients

- E.g. MARACs (UK), Safety Houses (NI), Greenbook (US), CO3 (B), Family Justice Centres, …

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Is an integrated response feasible?

- Many fruitful and positive efforts…
- But also:
  - frustrations in implementing an integrated response
  - Effects in the long run?
  - Risks: client in chains? Fordistic approach?
  - …

- Why??

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Is an integrated response feasible?



Archetypes

- System of child protection services
- System of intimate partner violence service providers

- separate history, culture, laws, perspective, professional group, …
- 'invisible culture' influences strongly day-to-day practice

=> difficult to see practice from a different professional perspective and to collaborate

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What do we learn from local research?

Design:

- Qualitative research / action research
- Aim: connecting to the actual practice / 'practice near research'
- Methods:
  - Literature review (factors influencing success / failure)
  - Interviews of managers and street level workers
  - (Mixed) focus groups
  - Test cases

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Centre for General Social Work in Leuven

Principles:

- Regional contact point for intimate partner violence
- Front-line social work
- Question-oriented way of working
- Shelter, assistance, …

- But:
  - (IP)V: front-line versus specialist approach?
  - Question-oriented versus accosting/outreaching
  - Double role of social worker: intimate partner violence versus effects on children

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Confidential Centre for Child Abuse and Neglect

Principles:

- Reports of (suspicions of) child abuse and neglect
- Safety of the child, responsibility of parents
- Acting in the best interest of the child/youngster
- Voluntary but not without commitment

But:

- IPV does not easily lead to assistance
- Often parents are also victim of violence
- Conflicting needs between children and parents

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Philosophical, organisational, historical, cultural… differences?

Confidential Centre for CAN	Centre for General Social Work
Archetype 'child protection'	Archetype 'IPV'
Roots in medical model	Roots in social casework
Treatment	Assistance
Multidisciplinary team	Social work
Peer judgment	Question-oriented
small organisation	large organisation
Short distance management-practice	Large gap management-practice
Bottom-up; professional discretion	Top-down; provisional logic
Systems perspective	*Systems perspective*
Reporting point	*Contact point*
Claiming a (private) mandate to intervene	Acquire a mandate of the cliënt
Aim = stopping violence	*Aim = stopping violence*

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Common aim/vision/problem definition?

CGSW and CC share a common perspective on DV and the relation with CAN

But:

- much debate about if and how an integrated response helps
- Diffuse concept of CAN
- Actor-perspective versus systems approach
- Differences regarding
  - client and problem view
  - Decision about 'good' intervention

  (In the interest of families?)

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Trust

As a prerequisite for a successful collaboration?

- In each others professionality
- In how the other approaches the common client

Test cases show that trust is best built by acting together

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What did we learn?

- Growing insight in each other
  - Differences
  - Commonalities
  - Shortcomings
  - Supplementarity
- Strengthened capacity by seeing the complexity
- Emphasis on acting together (in stead of talking together)

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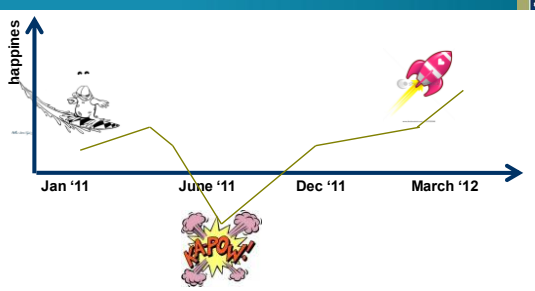
Does research help?



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Does research help?

Coming soon: experiment in 2 phases:

- Phase 1: think and discuss in tandem
- Phase 2: act in tandem

- 4 ingredients of good practice serving clients
- A systemic, accosting and integrated response

- Group of motivated social workers
- Management of the integrated response in and between CGSW and CC.

In the meanwhile: Hotline 1712 for violence, abuse and child maltreatment



- Exposure: 'sitting' and acting together
- 'peer' judgment
- Unified forces: multimodal approaches
- Empowerment of the reporter +++++ 'intervention'
- Cross-pollination: learning together

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QUESTIONS / COMMENTS ?

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