School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Improving Collaboration Between Nurse-Family Partnership and Child Protective Services: A Multiple Case Study

Executive Summary

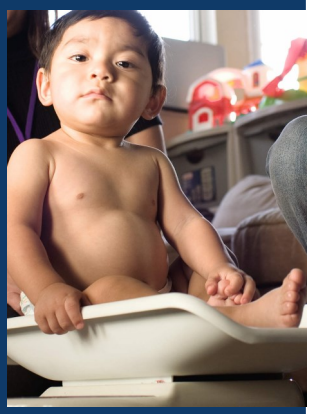
The aim of this multiple case study report was to assess the level of organizational collaboration between the Nurse-Family Partnership (NFP) and Child Protective Services (CPS) in Colorado, as well as facilitators and barriers to effective collaboration between these agencies. A multiple case study was conducted, primarily informed by key informant interviews with NFP nurses and nurse supervisors; CPS caseworkers, supervisors, and senior-level workers; and other community partners familiar with NFP or CPS and/or involved in child maltreatment prevention. The findings indicated that organizational collaboration between NFP and CPS varied tremendously within and among sites and the majority of NFP and CPS staff perceived a need to strengthen local organizational collaboration. The report concludes that organizational collaboration has led to successes in effectively serving high-risk clients. It is recommended that the Colorado Department of Human Services (CDHS) and the NFP National Service Office (NSO) consider policy and programmatic changes to facilitate stronger organizational collaboration between the NFP and CPS.

Introduction

In February 2013, Colorado's Governor John Hickenlooper announced an enhanced Child Welfare Plan named "Keeping Kids Safe and Families Healthy 2.0". The plan built upon Colorado's existing Child Welfare framework and proposed to enhance existing services and introduce new practices, including prevention initiatives to support families even before they became part of the Child Welfare system. Indeed, prevention services were deemed necessary to support families at risk for abuse and neglect. As part of the enhanced Child Welfare Plan, CDHS provided services and funding that could help families address a broad range of factors that impact their stability and safety. Such services and funding for coordination of prevention strategies were provided to three programs: the NFP, SafeCare, and Colorado Community Response (CCR).

The NFP is an evidence-based, voluntary, nurse home visitation program designed to improve the health and development of first-time low-income mothers and their children. In a series of randomized-controlled trials, the NFP program had consistent effects in improving prenatal health, child health and development, and maternal life-course, as well as decreasing childhood injuries and the incidence of child abuse and neglect. In Colorado, the NFP currently serves over 3,500 families in 61 of Colorado's 64 counties, operating through a variety of local implementing agencies. Strengthening the NFP's ability to reduce child abuse and neglect requires continuous improvements in the implementation of the program model and better collaboration with local CPS. To strengthen collaboration efforts between local teams of NFP nurses and CPS workers, there was a need to understand the types of collaborative efforts currently existing in the state of Colorado and examine factors that facilitate or create challenges towards collaboration. Through CDHS funding from the state's enhanced Child Welfare Plan, a partnership involving the University of Colorado (CU), Invest in Kids (IIK), and the NFP NSO conducted a quality improvement project of the NFP program, with goals aimed to prevent child maltreatment through improved organizational collaboration, enhanced nurse education, and increased enrolment of clients in the NFP program.

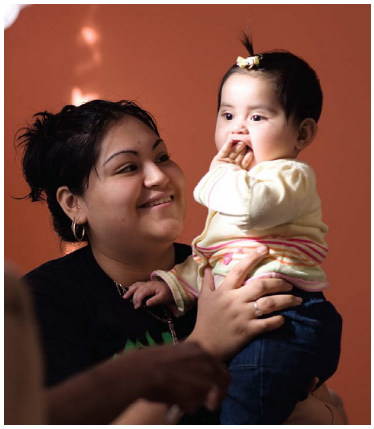
Methods



A multiple case study approach was used to explore how collaboration could be improved between NFP and CPS to prevent child abuse and neglect. A grounded theory approach was adapted and used to gather qualitative data through focus groups with NFP nurses and supervisors as well as key informant interviews with NFP nurses and nurse supervisors, CPS caseworkers and supervisors (e.g. senior level Child Welfare workers including supervisors, managers, administrators, and directors), and various community partners. Through a snow-ball sampling method, a total of 130 qualitative interviews were conducted with NFP staff (54/130), CPS workers (65/130), and other community partners (11/123) over seven NFP sites serving 15 counties in Colorado; breakdown as listed in Table 1. Interviews conducted were digitally recorded with the consent of participants, transcribed by a contracted transcriptionist, and validated by CU research members to ensure accuracy. Data analysis was conducted using NVivo 10, with the development of a codebook through an iterative process. The codebook informed the development of a thematic interview guide that was used to approach qualitative interviews. Coding consistency was assessed using percent agreement, kappa statistics, and expert validation. After each transcript was coded, vertical memos were written for each interview to capture key findings. Horizontal memos were then written based on themes generated from the interview data across all seven participating sites. Thematic horizontal memos were then integrated to form the results section of this multiple case study report.

Table 1: Number of Participants and Interviews

	Initial Interviews	Follow-Up Interviews	Total Interviews
NFP Nurses	42	2	44
NFP Nurse Supervisors	8	2	10
CPS Caseworkers	32	1	33
CPS Supervisors	30	2	32
Community Partners	11	0	11
TOTAL	123	7	130



Results

Variations in levels of collaboration between CPS and NFP existed within and between the seven NFP sites analyzed in this multiple case study. Among many sites, there existed some level of collaboration between individual NFP nurses and CPS caseworkers around training and education on mandatory reporting, approaching gray areas to mandated reporting through consultations, working jointly with mutual clients, and working together on community-wide initiatives, groups or meetings like NFP Community Advisory Boards. In a couple of sites, several individual nurses and caseworkers had a point of contact in the other agency (ranging from a designated nurse liaison to specific workers with whom they had previously interacted) who helped to facilitate interactions and collaborations. In several sites, there was also a lack of collaboration between the two organizations mainly due to a lack of knowledge and/or awareness of one another. Interestingly, the perceptions in level of collaboration varied within several sites and between positions in both organizations; often with senior-level workers perceiving a stronger level of collaboration than frontline workers.

In general, there existed a desire to improve or enhance existing collaboration efforts among both CPS and NFP workers in many sites. A few individuals expressed strong concerns regarding organizational collaboration between CPS and NFP. These concerns were mainly a result of past personal experiences and stigma associated with CPS that could potentially transfer onto NFP if organizational collaboration was too close.

Many strategies were suggested to improve or enhance organizational collaboration, including: opportunities to interact and engage with one another; developing points of contact in one another's agency; educational opportunities to learn about each other's organizational structure, processes, and scope of work, including those related to how to work together when serving mutual clients; and policy or programmatic changes that needed to take place to facilitate stronger collaborations. Having a consistent contact person was considered necessary and important for both CPS and NFP workers: CPS workers wanted to have a point person to gain clarity on the NFP program and to make referrals, while NFP nurses wanted to have a CPS contact to ask about mandated reporting, gray areas in their practice, and to follow up with when they made reports to CPS. Finally, strategies towards working with mutual clients were shared by workers from both agencies and included: better communication (such as a stream-lined referral process, follow-up on referrals to NFP or reports made to CPS; facilitated sharing of consent forms), focusing on client strengths and engaging with the family, and increased organizational interactions to discuss cases and/or treatment planning (i.e. through CPS family engagement meetings or staffings).

Results continued

Challenges to organizational collaboration were also expressed by many caseworkers and nurses across all sites to include: NFP programmatic and eligibility restrictions thereby limiting the chance of having mutual clients; CPS workload and burden; philosophical misalignment between the agencies; individual attitudes towards one another's agencies; and community stigma towards CPS. Many caseworkers explained that a barrier to collaborating with NFP was the strict NFP eligibility restrictions of being a first-time mother, because CPS primarily worked with multiparous mothers; having a small portion of mutual clients limited the opportunity to interact and collaborate frequently. It was also difficult for caseworkers to refer to NFP due to the program's referral timeframe (during pregnancy and within 30 days postpartum); CPS did not become involved with first-time pregnant women and infrequently became involved with infants until past 30 days of birth. On the other hand, many NFP nurses found that CPS workers' workload and busy schedules limited their ability to interact and follow up with nurses. In addition, there existed a perception that CPS and NFP were misaligned organizationally and philosophically among some NFP nurses and CPS workers; NFP was considered as a preventive program while CPS was perceived as a reactive agency. Finally, caseworkers and nurses recognized that individual attitudes as well as stigma associated with CPS posed challenges that were difficult to overcome, especially when individuals were not open to having any interactions with the other agency. It is important to acknowledge these perceived barriers to collaboration when considering future efforts.

Beyond organizational collaboration, many NFP and CPS workers across most sites shared similar experiences in working with clients of different cultures and with complicating risk factors, such as mental health, substance use or abuse, developmental or cognitive delays, special medical needs, intimate partner violence, and environmental health. Workers from both agencies spoke about the need for developing relationships with their clients but NFP nurses tended to value the nurse-client relationship and client strengths more than CPS caseworkers. In fact, valuing the nurse-client relationship, at times, hindered nurses' ability to make a mandated report with the worry that clients would drop out of the program if the nurse reported. This finding highlighted the need for additional education and training on maintaining the nurse-client relationship before and after a CPS report was necessary.

Risk assessment and gray areas regarding their scope of practice were similarly shared by both CPS and NFP workers. Workers from both agencies took part in risk assessment with their clients within their scope of practice. However, different tools and assessment skills were used; caseworkers tended to differentiate risk from safety, while NFP nurses focused on ongoing assessment and utilized the nursing process and judgment in their practice. Gray areas for workers from both agencies were similar and included marijuana use, severe mental health, failure to thrive, and developmental delays. Having similar gray areas showcases an opportunity for NFP and CPS workers to interact and learn together. Such opportunities may involve mutually relevant topics that are beneficial within their scope of practice, for example: motivational interviewing, building and maintaining relationships, and strengths-based approaches.

Implications

These findings highlight areas of improvement to strengthen organizational collaboration among local teams of NFP nurses and CPS workers. It is important to acknowledge the main facilitators and barriers perceived by CPS and NFP workers that contribute to effective collaboration when considering future collaboration strategies.

Moreover, the results have contributed to several practice-integrated elements within the larger NFP quality improvement project funded by CDHS to prevent child maltreatment. The research helped to inform education for Colorado NFP nurses and nurse supervisors based on needs identified from the qualitative data. Topics included in the nurse education were strength and risk assessments, mandatory reporting, approaching marijuana use, maintaining the nurse-client relationship, and intimate partner violence. The data also contributed to the development and implementation of regional trainings and Lunch and Learns between teams of NFP nurses and CPS workers to strengthen local collaboration by offering a venue for knowledge and information sharing. Finally, the research findings have informed the development of key recommendations to CDHS and the NFP NSO related to policy and programmatic changes towards strengthening organizational collaboration.

Conclusion

In summary, the level of organizational collaboration among NFP nurses and CPS workers varied within and across seven NFP sites in Colorado. Among some sites, there existed strong collaboration efforts where CPS and NFP staff were able to effectively support high-risk clients. Most NFP and CPS workers felt it necessary, however, to strengthen existing local collaboration efforts so as to better serve high-risk clients. Both NFP and CPS workers suggested ways to improve collaboration, including: educational opportunities to learn about each other's agency; developing points of contact; and policy or programmatic changes. Workers from both agencies also shared challenges towards building collaboration, such as: NFP programmatic restrictions; CPS workload and burden; philosophical misalignment; and stigma. These findings highlight opportunities towards improving organizational collaboration between local teams of NFP and CPS workers to prevent the incidence of child abuse and neglect in their communities.

Contact Information

For questions regarding this multiple case study, please contact:

Venice Ng, MPH, CHES
Professional Research Assistant
University of Colorado
Prevention Research Center for Family and Child Health
13121 E 17th Ave, MS 8410
Aurora, CO 80045
email: venice.ng@ucdenver.edu
phone: 303-724-8298
fax: 303-724-2901

Greg Tung, PhD, MPH
Assistant Professor
Department of Health Systems, Management and Policy
Colorado School of Public Health
13001 E 17th Pl, MS B119
email: gregory.tung@ucdenver.edu
phone: 303-724-7787
fax: 303-724-4495