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| Futures without Violenec and Boston Medical Center logo**DPH Child Principle****Focus Groups Summary**Futures Without Violence and Child Witnessto Violence Project, Boston Medical CenterNovember 18, 2019 |

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| **Overview**-5 regional focus groups with Child Advocates in MA (Southeast, Western, Metro/Metro West) -20 advocates attended -17 organizations represented -2 CEDV programs, 15 DV programs |

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| **Key Themes & Recommendations** |

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| **Cultural Relevance & Race Equity** |
| **Challenges*** Staff hesitant to have conversations around parenting, discipline and culture
* Trainings about race equity do not address parenting and unpacking
 | **Strategies*** Self-reflection support for staff and focusing on family vision/goals
* Prioritizing efforts to recruit and hire staff who are more representative of the community (i.e. language, race, ethnicity)

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| **Staff Wellness and Support** |
| **Challenges*** Child Advocate is responsible for all work with children and educating other staff about their needs
* Overworked, stressed and feel less valued
* Lack of dedicated physical space for children in some programs

  | **Strategies*** Some programs have implemented weekly self-care activities for staff
* One program is developing a vicarious trauma policy
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| **Types of Interventions** |
| **Challenges*** Most programs not offering evidenced-based clinical interventions due to lack of training/capacity

CEDV programs doing more clinical dyadic work* Long waitlists and lack of culturally or linguistically appropriate services for outside referrals
 | **Strategies*** Many programs doing interventions with therapeutic value: arts & crafts, meals, field trips
* While some programs outsource supervision, it is not the norm and not adequate.
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| **Interactions with DCF** |
| * Fear of DCF involvement/ continued involvement is a huge barrier to adults and children accessing domestic violence services.
* DCF case plans are sometimes inappropriate or unrealistic (e.g. go to shelter on a case plan).
* Screening and investigation are so variable makes it hard to trust what the response will be.
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| **Other Needs Identified** |
| * Lack of access to affordable, quality childcare, transportation, and safe housing are major barriers.
* Move to less rules in shelter setting is good but programs struggling with implementation and need support, particularly regarding what children experience with adult behaviors.
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| **Recommendations** |
| * Develop joint recommendations with the Race Equity and Child Principle working group
* Create buy-in among program leadership to support, integrate and sustain children’s work
* Develop mechanisms and capacity to integrate ongoing, regular clinical/reflective supervision
* Convene children’s advocates regularly (virtual and in-person) to share best practices and support each other
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| **Recommendations** |
| **Training and TA*** Intersections of parenting, race, culture and privilege; Provide support to help programs unpack staff biases (including unlearning whiteness for white staff) around parenting
* Implementing protective factors with a focus on culturally grounded practices
* Create a learning collaborative to provide ongoing support to clinicians and advocates who are working with parents and children together to share lessons learned and engage in dialogue about the tensions and solutions to supporting parents and their children together
* Provide support and funding for dyadic or two generation approaches including funded training opportunities in both clinical and non-clinical models

**Cross-Collaborations*** Create mechanisms for parents and youth to consult on program design and evaluation (with questions that are culturally sensitive, collect narratives and stories).
* Develop intensive collaboration and training with DCF and DV programs at local, regional and state levels
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| **Topics/Questions for Further Inquiry** |
| * Gain input/feedback from more expansive group.
* How to strengthen community partnerships and system collaborations?
* What partnerships are needed to create increased capacity for access to culturally relevant healing for children?
* Can DPH develop implementation tools/resources for programs to take the guiding principles and make them “real”?
* What are best practices and what are organizations currently doing to promote equity (ex: cultural broker position)?
* What solutions can we identify to address barriers related to housing, transportation, childcare and food?
* Are there salary disparities for child vs. adult advocates?
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| Thank you!**Contact:** Lonna Davis, ldavis@futureswithoutviolence.org Jess Fournier, jfournier@futureswithoutviolence.org Neena McConnico, Neena.McConnico@bmc.org Mie Fukuda, mfukuda@futureswithoutviolence.orgLeiana Kinnicutt, Lkinnicutt@futureswithoutviolence.org |