

Logic Model of the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW)

Inputs	Activities	Intervention	Consequent Practice Behaviors	Child & Adult Outcomes
<p>QIC-DVCW</p> <ul style="list-style-type: none"> Leadership, planning, and development Technical Assistance (TA) to participating sites for implementation and evaluation Funding to support implementation and evaluation <p>Project Sites</p> <ul style="list-style-type: none"> Leadership and support Implementation teams Domestic violence, battering-intervention and other social service programming within selected sites Child welfare agency and dependency court practice guidance, structures, and expertise for domestic violence cases Case-level service and outcome data 	<p>Site Readiness</p> <ul style="list-style-type: none"> Assess and strengthen site implementation drivers, and collaborative processes and structures Develop structures & processes for collaboration between QIC-DVCW and sites <p>Intervention Implementation</p> <ul style="list-style-type: none"> Train and coach in child welfare and partner agencies Enhance community services Provide TA to support communication and collaboration of project partners 	<p>Adult & Child Survivor-Centered Approach</p> <ul style="list-style-type: none"> Six principles Risk and Protective Factors (RPF) Framework for Survivors of DV Relational and Systemic Accountability (RSA) Framework 	<p>Enhanced Child Welfare Practice</p> <ul style="list-style-type: none"> Domestic-violence informed planning, decision-making, and practice Early and ongoing identification and assessment of domestic violence Engagement and partnering with survivor parents and family Individualized safety and case planning, referrals, support, and interventions Survivor-informed engagement, accountability, and support for person using violence (PUV) Actively work toward racial, ethnic, and gender equity in their practice, as well as in families' access to resources and services. <p>Enhanced Community Partner Practice</p> <ul style="list-style-type: none"> CP planning, decision-making, and practice address Risk & Protective Factors Framework CP Planning, decision-making & practice address RSA Framework CP practice is DV-informed, individualized, and dynamic Actively work toward racial, ethnic, and gender equity in their practice, as well as in families' access to resources and services. <p>Increased Cross-Organization Communication & Collaboration</p> <ul style="list-style-type: none"> CW-Partner Communication in Case Activities CW-Partner Collaboration in Case Activities CW-Partner Communication at Mgmt Level CW-Partner Collaboration at Mgmt Level Shared Principles (Approach) Shared Frameworks (RPF, RSA) Data-Driven/Community Stakeholder Inclusion & Feedback Actively work toward racial, ethnic, and gender equity in their collaborative work together. 	<p>Child Survivor</p> <ul style="list-style-type: none"> Increase safety Increase permanency Increase well-being <p>Person Using Violence</p> <ul style="list-style-type: none"> Decrease blaming adult survivor and justification for violence Promote positive beliefs, attitudinal, & behavioral change Increase well-being & supports <p>Adult Survivor</p> <ul style="list-style-type: none"> Increase safer and more stable conditions Increase social, cultural, and spiritual connections Increase resilience and growth mindset Increase nurturing parent and child interactions Increase social and emotional abilities

BRIDGES TO BETTER

Copyright © 2023 Futures Without Violence. All rights reserved.
Futures Without Violence is a 501(c)(3) organization with EIN/tax ID: 94-3110973.

Bridges to Better is a project of Futures Without Violence. The development of this resource was supported by Grant Number 90EV0401, 90EV0532, and 90EV0524 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services and by the Children's Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, under grant #90CA1850. Points of view in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

