



## ARCHIVED - Archiving Content

### Archived Content

Information identified as archived is provided for reference, research or recordkeeping purposes. It is not subject to the Government of Canada Web Standards and has not been altered or updated since it was archived. Please contact us to request a format other than those available.

## ARCHIVÉE - Contenu archivé

### Contenu archivé

L'information dont il est indiqué qu'elle est archivée est fournie à des fins de référence, de recherche ou de tenue de documents. Elle n'est pas assujettie aux normes Web du gouvernement du Canada et elle n'a pas été modifiée ou mise à jour depuis son archivage. Pour obtenir cette information dans un autre format, veuillez communiquer avec nous.

This document is archival in nature and is intended for those who wish to consult archival documents made available from the collection of Public Safety Canada.

Some of these documents are available in only one official language. Translation, to be provided by Public Safety Canada, is available upon request.

Le présent document a une valeur archivistique et fait partie des documents d'archives rendus disponibles par Sécurité publique Canada à ceux qui souhaitent consulter ces documents issus de sa collection.

Certains de ces documents ne sont disponibles que dans une langue officielle. Sécurité publique Canada fournira une traduction sur demande.

Programs  
Branch  
User  
Report

METROPOLITAN TORONTO  
DOMESTIC RESPONSE TEAM

A report prepared by the  
Sutcliffe Group Incorporated

No. 1984 - 62

HV  
6157  
S8  
1984  
c.3

Ministry of the Solicitor General of Canada

Secretariat

HV  
6157  
S8  
1984  
C.3

LIBRARY  
MINISTRY OF THE SOLICITOR  
GENERAL  
  
NOV 14 1984  
  
BIBLIOTHÈQUE  
MINISTÈRE DU SOLICITEUR GÉNÉRAL

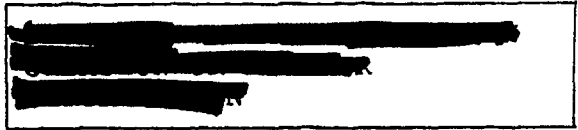
Copyright of this document does not belong to the Crown.  
Proper authorization must be obtained from the author for  
any intended use.  
  
Les droits d'auteur du présent document n'appartiennent  
pas à l'État. Toute utilisation du contenu du présent  
document doit être approuvée préalablement par l'auteur.

**METROPOLITAN TORONTO  
DOMESTIC RESPONSE TEAM**

A report prepared by the  
Sutcliffe Group Incorporated

No. 1984 - 62

This report was prepared under contract with the Consultation Centre, Ministry of the Solicitor General of Canada. It is made available as submitted to the Ministry. The views expressed are those of The Sutcliffe Group Incorporated, and are not necessarily those of the Ministry of the Solicitor General of Canada. This report may not be published, cited or reproduced without permission of the Ministry.



METROPOLITAN TORONTO

DOMESTIC RESPONSE TEAM

A REPORT PREPARED BY

THE SUTCLIFFE GROUP

INCORPORATED



THE SUTCLIFFE GROUP  
INCORPORATED • (416) 961-1536  
50 BELMONT STREET, SUITE 100, TORONTO, ONTARIO M5R 1P8

METROPOLITAN TORONTO  
DOMESTIC RESPONSE TEAM

A report prepared under contract with the Consultation Centre, Ontario Region, Ministry of the Solicitor General of Canada. The views expressed in this report are those of The Sutcliffe Group Incorporated, and do not necessarily reflect the views or opinions of the Solicitor General of Canada.

Toronto, September 27, 1983

TABLE OF CONTENTS

	i
INTRODUCTION	1
BACKGROUND	2
1. History of Domestic Response Team in Metro Toronto	2
2. Description of Metro Toronto	4
. <i>Location of DRT in Metro</i>	5
3. D.R.T. Model	6
. <i>Rationale</i>	6
. <i>Method of Operation</i>	6
. <i>Advantages of the Model</i>	8
. <i>Hiring Criteria for DRT Workers</i>	9
IMPLEMENTATION	10
1. Supervision and Reporting Relationships	10
. <i>Joint Steering Committee</i>	11
2. Staffing and Hours of Operation	11
. <i>Information System</i>	12
3. Training	13
4. Funding Sources and Conditions	14
KEY FINDINGS FROM TWO EVALUATIONS OF THE DRT	17
1. Structure and Organization	17
2. DRT and the Police	17
3. DRT and Community Agencies	18
4. DRT Clients	19
. <i>Demographics</i>	19
. <i>Follow-Up</i>	20

ISSUES RELEVANT TO START-UP	21
1. Training of DRT Workers	21
2. Acceptance By Uniformed Officers	22
3. Clear Understanding of When To Activate The DRT	23
4. Inter-Team Communications	23
5. Hours of Operation	24
6. Needs for Evaluation	25
OPERATIONAL ISSUES	26
1. Clear Lines of Authority and Responsibility	26
2. Rising Expectations	27
3. Supervision of DRT Workers	28
4. Trained Back-Up Workers	29
5. Time for Peer Consultation	29
6. Differing Service Provision Philosophies	30
7. Educational Function of DRT	31
8. Gaps in Service	31
9. Office Space	32
10. Answering Service Not Adequate for Intake	33
EVENTS SUBSEQUENT TO EVALUATIONS	34

## INTRODUCTION

This report documents first, the background and method of implementation of the Domestic Response Team in Metropolitan Toronto. Subsequently, the results of two evaluation studies, conducted by The Sutcliffe Group Incorporated -- one conducted after two months of operation and the other, after 17 months of operation -- are presented in the form of key findings and issues.

These subsequent two sections present the findings and recommendations of the two evaluations in a format which hopefully will be useful to communities considering the establishment of a domestic violence crisis intervention unit similar to the Domestic Response Team model employed in Toronto.

## BACKGROUND

In this section we present a brief outline of the history of the development of the Domestic Response Team in Metropolitan Toronto, a description of the setting in which the Team operates, and a description of the Domestic Response Team model.

### 1. History of Domestic Response Team in Metropolitan Toronto

There was a growing awareness throughout the 1970's, among those active in the social policy area in Toronto, that the lack of social service support for the police, after regular working hours, was becoming a serious problem. With the occurrence of a number of well-publicized events, involving the police with disturbed individuals in domestic situations, came a realization that the police should not be responsible for dealing with these circumstances single-handedly. Consequently, a number of groups began investigating the possibility of after-hours services in the city.

Separate initiatives were undertaken by the Ontario Association of Professional Social Workers, the Social Planning Council, and Family Service Association. Discussions led by each of these groups took place over a number of years from 1974 to 1979.

In September 1979 a draft proposal submitted by Family Service Association (FSA) to Metropolitan Toronto Police, for FSA to provide after-hours services, was received favourably. The Police, however, requested that FSA expand their plan to involve three other family agencies (Catholic Family Services (CFS), Jewish Family and Child Service (JF & CS) and Huntley Youth Services (HYS)), to present a truly co-ordinated approach to the problem.

With a concrete proposal in hand, an approach was made by the four family agencies to Metropolitan Toronto's Commissioner of Social Services in

February of 1980. In June 1980, there was a meeting in City Hall, attended by representatives from the four family agencies, the Social Planning Council, Metro Police, the children's aid societies and the Community Information Centre, the objective of which was to co-ordinate the currently divergent responses to dealing with domestic problems after hours.

Several further meetings took place prior to a two-day workshop in December 1980 designed to look at possible models of a domestic response unit. A proposal was then written with the co-operation of the four family agencies, outlining a model of a domestic response unit consisting of a social worker and a Police Community Relations Officer working together as a team. The proposal was brought before the Metropolitan Toronto Council's Social Service and Housing Committee on March 12, 1981. The location of the unit was to be in Police Districts 1 and 5 -- a geographic area of 156 km<sup>2</sup> with an estimated 1982 population of 960,000 -- with the Team responding to calls, Metro-wide. Hours of operation were to be 7:00 p.m. to 3:00 a.m.

At this meeting of the Social Service and Housing Committee, approval was received for funding of a pilot project, and the Commissioner of Social Services requested that Family Service Association act as an agent for all four family agencies, in the hiring of three full-time staff persons (social workers) under a Purchase-of-Service Agreement between Metro Social Services and FSA.

## 2. Description of Metropolitan Toronto

Metropolitan Toronto, with a population of 2.2 million, covers an area of 630 sq. km. and consists of six area municipalities including the Cities of Toronto, North York, Etobicoke, Scarborough, and the Boroughs of York and East York.

During the past 25 years the population of Metropolitan Toronto has more than doubled. A major factor contributing to this increase has been immigration: Metropolitan Toronto has consistently attracted more than 25% of all immigrants to Canada. In addition, many people from other parts of Ontario have been attracted to Metro Toronto. In 1953 the Municipality of Metropolitan Toronto Act was passed, and in 1954 the Metropolitan system of government, with a two-tiered system of local government, came into being.

The Metropolitan Toronto Police Force, created in 1957 when the police forces of the then 13 area municipalities in Metro were unified, is now the second largest police force in Canada, comprising 5,445 uniformed officers and 1,556 civilians.

The Force is divided geographically into five districts, Numbers 1 through 5, each of which is divided into between two and five divisions. Each division serves a population of between 75,000 and 150,000. The number of uniformed officers per division varies with the population, but ranges between 125 and 200 uniformed officers per division.

It is well known that in addition to performing their traditional and primary roles as protectors of life and property and maintainers of law and order, the police are often called up to be social workers, community workers, and guidance counsellors. Through the Community Relations Office and Youth Bureaus, the Metro Police are involved directly with the schools and with many social agencies.

In many instances it is the police who are the first contact of people who require help from some other agency, and it has become a recognized and important part of the policing function to handle these referrals with dispatch and skill. The Domestic Response Team was set up originally as an additional support to the Metro Police in providing some of these services to the general public.

Location of DRT in Metro

As noted, it had been originally planned to establish the Domestic Response Team in Police Districts 1 and 5, serving a population of 960,000, spread over 156 sq. km. After a series of discussions between the representatives of the family agencies and the Metro Police, it was agreed that the fledgling DRT would not be able to serve such a large population, spread over such a large geographic area.

It was eventually decided that the DRT should operate exclusively in Division 13 of District 1. Thirteen Division serves a population of 126,000, in an area of approximately 19 sq. km. After the first five months of operation, it was decided that the Team should be expanded to cover another police division (12 Division), involving a population of 76,000, with an approximately equal geographic area (18 sq. km.).

The eventual model of the Domestic Response Team, then, involved three social workers, supervised by a part-time social work supervisor, paired with three Community Relations Officers, supervised on a part-time basis by a staff sergeant in the Community Relations Office, serving an area of approximately 38 sq. km. and a population of 202,000.

### 3. Domestic Response Team Model

#### Rationale

The DRT model of a social worker working with a Community Relations Police Officer, responding to a uniformed officer's request for assistance in a domestic disturbance, is not unique in North America, but is unique in Canada. The model evolved over time, with the first proposal suggesting a domestic response unit involving only one social worker responding directly to calls from uniformed officers. Concerns over the safety of this social worker, the desire to deal adequately with the legal issues involved in a domestic dispute, as well as the perceived benefit of a male/female role-model combination, all combined to support the concept of a police officer/social worker team.

It has additionally been suggested that by having a social worker and a police officer working together, some of the antagonism which traditionally has existed between these two groups, might be reduced. Furthermore, it was argued at the outset that the nature of the Metropolitan Toronto population (composed of widely divergent racial, ethnic, and religious groups) made Metro very different from other cities such as London, Ontario (where a social-service-worker-only model had been employed successfully for some time).

#### Method of Operation

The Domestic Response Teams can only be called to the scene of a domestic dispute initially, by uniformed officers, who upon arriving at the scene of a call, and determining that it is a domestic dispute, may radio or telephone the DRT, if permission is given by at least one adult involved in the dispute.

The uniformed officers either wait at the scene for the arrival of the DRT, to brief them on the nature of the problem, or the officers may brief the DRT over the telephone or radio, and leave the scene themselves. Generally, it is understood that if the situation is extremely volatile, the uniformed officers will wait until the DRT have arrived, before leaving the scene.

Crisis counselling is then carried out by the DRT in the home of the clients, an activity which generally takes one and a half hours. The model is designed to encourage clients to seek further assistance from the established social service system, and very often results in a referral for counselling.

The following day, a social worker in the DRT office (working day shift), will follow-up on this referral for counselling, attempting to get an early appointment for the client with the most appropriate agency, then ensuring that the client and agency both follow through on the appointment. On average, two phone calls are made to set up the first appointment for these clients.

A significant proportion of the day follow-up worker's time is spent contacting agencies and services, either to set up an appointment for a new client, or to follow-up on old appointments which may or may not have been kept by clients. On average, within the 25 days that a case is active, it appears that approximately 45 to 50 minutes is spent by the DRT member in contact with "collaterals".

Over the course of these 25 days, generally speaking, a total of 4½ hours is spent on each case (including the first contact). This activity consists of telephone calls made during the day on behalf of, or to, the clients (average 5 calls per case), as well as a number of telephone calls made

during the night shift hours (average 2 calls per case). Additionally, a small percentage (8%) of clients visit the office of the DRT during the day, and in 20% of the cases, night visits are made to clients' homes following a phone call to the DRT office by the client.

Advantages of the Model

The primary benefit of the DRT model, of a social worker teamed with a Community Relations Officer, is the merging of the two perspectives of social work and police work, and the accumulated experience that is associated with these, with resultant benefit to the client. The police bring to a crisis situation experience in, and knowledge of, the law and the legal system, as well as experience with dealing with physically violent aspects of a crisis. The social workers, with their experience in dealing with the socio-emotional aspects of relationships, are able to deal with that component of the crisis, as well as utilize their extensive knowledge of the social service network in referring clients to the appropriate agencies.

A second area which has emerged as a benefit accruing from the model, is, as suspected, the spill-over effect of the mutual respect between the social work and police members of the Team.

Finally, resulting from the merging of these two perspectives in a crisis intervention team, is the development of new strategies for dealing with domestics, and new insights into how to handle and deal with this client group. The benefits of this development of new strategies is that these insights are in turn passed on by the CRO's to fellow police officers, and by social work members of the DRT to case workers in other social service agencies.

Hiring Criteria for DRT Workers

Social workers were screened in interviews, for experience in crisis intervention, ability to work well independently, make diagnostic opinions in an isolating situation, and take action on the basis of that diagnosis.

The Community Relations Officers for the pilot project Team, were selected from the pool of approximately 50 CRO's in the Metro Toronto Police Force. Criteria for selection included interest in the project, ability to work well with others who were not necessarily police officers, commitment, and a willingness possibly to forgo a promotional opportunity in the short-term. All three officers chosen had been on the force for a minimum of eight years and were qualified for promotion.

A final criteria for both the social workers and the police members of the DRT, was facility in languages other than English. Within the pilot Team, as it was finally constituted, there was the ability to speak seven different languages.

## IMPLEMENTATION

In this section the actual activities of setting up the Domestic Response Team are described. The supervision and reporting relationships, staffing and hours of operation, the training of DRT staff, as well as the sources of funds and conditions attached to these, are summarized.

### 1. Supervision and Reporting Relationships

The three social work members of the DRT report to the part-time supervisor of the Team, who is accountable to the Family Service Association's Director of Community Services. From there the line of authority extends to the Executive Director of FSA, and ultimately to the Board of Directors of that agency.

The three CRO's are responsible initially to their part-time supervisor, a staff sergeant in the Community Relations Office, during the time that they are working for the DRT. When they are working in their regular jobs, as CRO's within the Police Department, they are responsible to their own Division Staff Inspector.

The DRT project is accountable to the Joint Steering Committee, a group made up of the Executive Directors of the four family agencies (Catholic Family Services, Jewish Family and Child Service, Huntley Youth Services, and Family Service Association), and to representatives from Metropolitan Toronto Police and Metropolitan Toronto Community Service Departments. FSA is the agency responsible for hiring, wages, and benefits of all the DRT social workers and their part-time supervisor, and is accountable to both Metro Community Services, by virtue of contractual obligations, and to the Joint Steering Committee for the overall project.

### Joint Steering Committee

The Joint Steering Committee meets on a monthly basis to discuss issues of a policy and funding nature related to the Domestic Response Team. The Joint Steering Committee as a concept has been met with approval from those who participate, in that it represents the successful coordination by three different types of service organizations (voluntary agencies, municipal government, and the police), working together to sponsor a successful community service.

### 2. Staffing and Hours of Operation

At the time of the final evaluation in December 1982, one Team consisting of a social worker and a Community Relations Officer worked together from 7:00 p.m. to 3:00 a.m., seven nights a week. Between the hours of 9:00 a.m. and 5:00 p.m., Monday to Friday, the office was staffed by one social worker; and on Monday, Tuesday, and Wednesday, a second social worker also was on the job.

When the social work partner of a team was working days (9:00 a.m. to 5:00 p.m.), his/her CRO partner was carried out his/her regular CRO Police duties in his/her own Division. For two of the CRO's, this meant that they were working in a separate Division not serviced by the DRT two weeks out of three, while for the other CRO, this meant working in the Division in which the DRT's office was located.

2

The supervisor of the social workers works from 1:00 p.m. to 9:00 p.m. on Tuesdays, and 9:00 a.m. to 5:00 p.m. on Thursdays, in the DRT office. The supervisor of the CRO's does not have scheduled regular hours at the DRT office, but attends staff meetings which are held from 6:00 to 7:00 p.m. every second week, and is available by telephone should the need for supervision arise.

There is also a part-time secretary who comes to the office during the mornings to type reports which have been hand-written or dictated by the DRT workers.

During the evening hours (7:00 p.m. to 3:00 a.m.) when the Team is operational, calls coming directly to the DRT telephone number are received by a telephone answering machine when the Team is not in the office.

#### Information System

The DRT opens a file on every client with whom they have contact, whether the contact is merely providing advice to a uniformed officer who telephones from the scene of a domestic dispute, or involves a home visit by the DRT members. When a file is opened, straightforward demographic information (name, address, telephone number, etc.) is obtained, as well as a brief synopsis of the initial problem.

After recording this information, more detailed notes describing the nature of the problem, and the relationships amongst the participants in a dispute, are usually completed and included in case note format in the files.

A complete set of information sheets may be obtained from the Domestic Response Team in Toronto, and more detailed information concerning useful

and relevant data to be collected may be found in the Phase II Evaluation Report.

### 3. Training

Prior to the commencement of the Domestic Response Team, all six team members, and two back-up workers (a police officer and a social worker) underwent two weeks of intensive training, one week at the police academy and one week in a social work setting.

At the police academy, the training concentrated on police powers, aspects of the law, as well as crisis intervention from a police standpoint, transactional analysis, patterns of domestic violence, and role plays to investigate all of these areas.

The second week of training concentrated on the social work aspects of the Domestic Response Team, and took the form of lectures and site visits. The purpose was to familiarize the workers with crisis work from a social work standpoint, as well as to familiarize them with the community in which they would be working. Visits were made to a number of agencies to which the DRT would make referrals. Discussions included issues surrounding of domestic violence, working in a multi-cultural community, how to use the service book produced by the Community Information Centre, and some background information about transitional residences. In each of the agencies visited, a contact person was nominated so that DRT workers, in making a referral, would need to deal with only one person.

#### 4. Funding Sources and Conditions

Funds for the first six months of operation of the Domestic Response Team, came from a number of sources. The Social Services and Housing Committee of Metropolitan Toronto Council approved a grant of approximately \$50,000 for the first six months of operation. Approximately \$40,000 of this was contributed by the Ontario Ministry of Community and Social Services through a purchase counselling arrangement, with another approximately \$10,000 contributed by the Metro Community Services Department.

The contract of Purchase of Service from Metropolitan Toronto Council, through the Social Services and Housing Committee via the Metro Services Department, to the Family Services Association, provided for the salaries of three social workers, one back-up worker and a part-time supervisor, over a six month period extending from August 1st, 1981 to December 31st, 1981.

As noted, this contract was signed subject to an interim evaluation to be presented after six months. In addition to this \$50,000, another \$21,500 (approximately) was contributed by the Metropolitan Toronto Police Force, in the form of a radio-equipped car, radio equipment, office space, and salaries.

The first evaluation, submitted on November 3, 1981 to the Joint Steering Committee of the Domestic Response Team, was funded by the Consultation Centre, Ministry of the Solicitor General of Canada. The evaluation concluded that all the pieces were in place for a successful operation of the model and recommended that the pilot project continue for another twelve months, subject to a more comprehensive evaluation to be started as soon as possible.

On the basis of these recommendations, and the recommendations of the Joint Steering Committee to the Social Services and Housing Committee of Metropolitan Toronto Council, monies were received from the Ontario Ministry of Community and Social Services for funding for the calendar year 1982. The amounts contributed by the Ministry of Community and Social Services, Metro Toronto Community Services Department, the Police Force, and the Family Service Association, are all noted in Table 1 below.

TABLE 1

Operating Costs - Domestic Response Team

<u>Funder</u>	<u>1982</u>
Ontario Ministry of Community and Social Services	\$108,800
Metropolitan Toronto Community Services Department	27,200
Metro Police Force	(59,912)*
Family Service Association	( 8,141)*
Actual Dollars Contributed	<u>\$136,000</u>
Real Annual Cost of DRT:	<u>(\$204,053)</u>

\*Represents hidden costs contributed by the organization

The figures in brackets represent hidden costs which were assumed by the relevant organization. For example, in the case of the Police Force, the salaries and benefits of the CRO's who worked on the DRT, pro-rated for the number of shifts spent on DRT duty; the part-time police supervisor's

time (pro-rated); a portion of the car assigned to the Team; office space; and other miscellaneous items, are represented in the annual figure of \$59,912. This amount is "buried" in the existing Police Force budget.

Likewise, \$8,141 from Family Service Association represents management staff time, payroll, and general administrative activities undertaken by FSA on behalf of the DRT.

## KEY FINDINGS FROM TWO EVALUATIONS OF THE DRT

### 1. Structure and Organization

- . The location of the DRT's office within a police station has enhanced positive relations between the DRT members and uniformed officers, allowing for a free and informal exchange of information and views.
- . The model of a social worker, working together with a police officer, has allowed for a unique dynamic to develop within Teams. The exchange of ideas across the two disciplines of social work and police work has spread beyond the individuals involved, to the communities they represent.
- . There was unanimous praise for the model from all respondents interviewed in the course of the two evaluations.

### 2. DRT and the Police

- . All uniformed officers interviewed were impressed with the Domestic Response Team's capability for dealing with domestic crises at the point of intervention. Officers acknowledged the superior ability of the DRT in dealing with clients, spending more time talking quietly and playing a supportive role, as well as the DRT's superior ability to link clients into the social service system.
- . DRT workers were seen as knowing the social service system well, and knowing which routes were appropriate for which types of clients. Additionally, officers were impressed with the DRT's comprehensive follow-up capability.
- . The majority of uniformed officers interviewed felt that they were now spending less time on the first call of a domestic to which the DRT was called, than they would have spent on a similar call in the past prior to the DRT. It is important to note here that the reference is to domestic calls in which they call the DRT, not to all domestics. It is apparent that uniformed officers have continued to call the DRT only on some domestics.
- . Almost all of the officers interviewed agreed that once the DRT is called to the scene of a domestic dispute, it is rare for the police to be called back to the same residence on the same night,

or the next day. These officers contrast this situation to that of the past, where it was very common for officers to go to the scene of a domestic, defuse the crisis, and be called back again that night or the next morning.

Finally, in relation to call backs, all officers interviewed indicated a reduction in the time spent by uniformed officers on "chronic" domestics, as a result of the DRT involvement. Families who may have been in dispute regularly for a number of years, were now being linked into the social service system, or at the very least, were being diverted from the police to the DRT.

### 3. DRT and Community Agencies

- . On the basis of available data, it appears that the DRT has been successful in achieving its objective of linking its clients with the social service system, within a minimum waiting period. The median length of time for getting an appointment was two days for DRT clients, contrasted with the average length of time taken at one of the family agencies (five days for a daytime appointment and 16 days for an evening appointment).
- . Caseworkers who were interviewed about the Domestic Response Team indicated that the crisis intervention skills of the DRT members are excellent. It was felt that the DRT's service is very effective and valuable for the following reasons:
  - . there are very few other outreach emergency responses -- combining legal and counselling orientations -- currently available in Toronto;
  - . by counselling in vivo, the DRT models to clients what is involved in counselling;
  - . the DRT directs clients, who might not otherwise have sought help, or even known about the existence of community services, into the social service system;
  - . the DRT provides an effective follow-up involving short-term support to clients until a linkage is effected with an agency; and
  - . the DRT is seen as willing to advocate on behalf of their clients with various helping services and agencies.

#### 4. DRT Clients

In this section the results of the client follow-up, and a profile of DRT clients are presented.

##### Demographics

- . In the majority of the 300 case files examined, adult males (87%) and adult females (95%) were involved as primary disputants.
- . The median age of the males was between 36 and 40 years of age, while females ranged from 26 to 30 years (median age).
- . Contrary to what might be expected, a reasonably large proportion of primary male disputants (62%) were employed at the time of the DRT's intervention. Only 25% of males were unemployed. Others were retired, in school, disabled or on strike.
- . Females also, in general, were employed (62%). Only 20% of females indicated they were unemployed, with a further 12% indicating they were homemakers. (Others were retired, or in school.)
- . The majority of clients dealt with by the DRT (62%) were married at the time of the crisis intervention, (median 3 to 7 years of marriage).
- . Most cases reported having children (71%), with two children as the median number.
- . The ethnic/cultural breakdown of DRT clients roughly coincides with the description of the ethnic/cultural make-up of Police Divisions 12 and 13 where the DRT operates (based on data provided by the Metro Toronto Police).
- . Few of the DRT clients (28%) had been in contact with a community agency for service prior to their involvement with the DRT.
- . Over 50% had had prior contact with the police.
- . In 73% of all cases examined, there was either threat of abuse or actual physical abuse. In the majority of these abuse cases, the abuse, or threat, was directed by the primary male disputant toward the primary female disputant.

### Follow-Up

A sample of former DRT clients was followed up, after a six month period, in a telephone survey conducted by the consulting firm carrying out the evaluation. Some of these telephone interviews were conducted in Italian or Spanish.

- . Almost 87% of clients indicated that they were satisfied with the way the DRT had handled the initial intervention in their cases. Most often these clients were referred for counselling.
- . A majority of those referred for counselling (65%), made use of these services.
- . A similar majority (61%), who used the services, felt the services helped their situation.
- . A small group (31%) of respondents reported a recurrence of the same or a similar problem which had involved the DRT initially.
- . For those clients who had experienced a recurrence, in all cases someone other than the police (the DRT, the agency to which they had been referred, or a friend) was called.
- . In a majority (83%) of these follow-up cases, the current domestic situation was described as being better now, compared to the time of the DRT's first intervention.
- . Over 87% of respondents indicated satisfaction with the DRT's service.
- . In 66% of cases, the DRT was considered better than uniformed police in dealing with domestic disputes.
- . Of those who used the services of a community agency, 92% were satisfied.
- . Most former DRT clients (70%) indicated that they had learned something new about services available to them in the community.
- . A similar majority (65%) of respondents felt that they had not learned anything new about their legal rights as a result of the DRT's intervention.

## ISSUES RELEVANT TO START-UP

A consulting report presented the results of the Phase I Evaluation. Based on these data, we have outlined in this section, issues which we feel will be relevant to a community wishing to establish a domestic response unit similar to the Domestic Response Team in Metro Toronto. Each of these issues are dealt with in a separate section below.

### 1. Training of DRT Workers

Moving into the role of short-term crisis intervenor, from that of social worker (previously involved with long term counselling), or police officer (previously involved in law enforcement), has the potential of being a difficult transition for DRT workers. As a result, the adequate and comprehensive training of workers, prior to involvement on such a domestic response unit, is critical.

If it is not possible for there to be more than two weeks of training at the outset -- the minimum length of time recommended -- then one way of dealing with gaps in training and experience could be through in-service training. Areas which should at some point be covered in the training of DRT workers, (in addition to the information mentioned earlier as being covered in the initial training), could involve discussions about the value systems and customs of the different cultural groups in the area to be serviced, alcoholism, drug abuse, physical and sexual abuse, sexual orientation, suicidology, as well as occasional reviews (for social work Team members, especially) of police powers and crisis intervention techniques from a police standpoint.

## 2. Acceptance by Uniformed Officers

A domestic response unit designed to operate along the same lines as the DRT in Metro (where the DRT is only activated by uniformed officers) must, of necessity, rely upon the acceptance of the DRT concept by uniformed officers, to ensure utilization of the service. In other words, if uniformed officers do not see the domestic response unit as a useful and effective means of dealing with domestic disputes, and do not accept those individuals working for the unit, then the service will not be used.

The experiences of the Toronto model suggest a number of ways to enhance acceptance by uniformed officers. First, verbal explanations about the operations of the Team should be accompanied by question and answer sessions. As well, it is most important that the public relations document, which accompanies these initial descriptions of the service, is phrased in positive terms. As this document is being used as a "sales tool", the DRT should be presented as a service which will operate to the benefit of uniformed officers.

Second, within the public relations document, and in discussions with uniformed officers when the concept is being introduced, domestic response unit workers should emphasize the flexibility of the service which they are offering.

Finally, it was found that if police officers who serve on the Domestic Response Team, are stationed in the Police Division in which the Team is operating, then acceptance by uniformed officers will be further enhanced. The DRT-CRO's can then act as informal public relations officers for the DRT when they are not operating in the capacity of DRT workers.

### 3. Clear Understanding of When To Activate The DRT

It was an unanticipated finding of the Phase I Evaluation that police officers and Domestic Response Team workers had a somewhat different understanding as to what constituted a crisis. As a result of this different understanding, police officers tended not to call the DRT when domestic disputes were, in the minds of these officers, relatively minor.

The Domestic Response Team, on the other hand, wished the police officers to activate the DRT regardless of the intensity of the dispute, arguing that if a family is intercepted early on in the cycle of violence, then preventive action can be taken, and possible escalation may be averted.

As a result of this finding, it seems important therefore, for there to be a clear and consistent understanding between uniformed officers and domestic response workers, at the outset, as to when is the appropriate time to activate the domestic response unit. In this way, there will be maximum utilization of the unit from its inception.

### 4. Inter-Team Communications

The role of Domestic Response Team worker can be an extremely isolating one. Teams work individually at night; and, especially for the social work member of the Team, there is little opportunity for discussion of social work issues and problems, with other social workers, as well as little opportunity for peer consultation.

One way to deal with the isolating nature of the job, as well as to allow different teams to get to know one another at the outset of what will no doubt be an innovative job, is to have hours of operation that allow for shift overlap. In this way, inter-team communications could be enhanced, to the benefit of the workers involved.

### 5. Hours of Operation

If baseline data exists before a domestic response unit is established -- that is, if it is known at what hours of the day and night domestic disputes occur, and in what number -- then the hours of operation of the domestic response unit should be keyed to the hours of greatest need. This setting of hours would, of course, be blended with working hours of response unit workers.

If such baseline data does not exist, then there should be the flexibility within the first two to three months of operations to allow for possible changes in the hours, based on a review of the times at which calls are being received. Changes could then be made to suit the needs of the community which the Team is serving.

### 6. Needs for Evaluation

Prior to setting up a domestic response unit, it is critical for the organizers or sponsors to clarify what information would be most appropriate to collect through a formal information system. If the information system is to be designed for evaluative purposes, then the organizers should detail, at the outset, what evaluative questions are to be answered. The information system should then be designed to collect data which will answer these evaluation questions.

It would be additionally important in asking questions concerning evaluative needs, to design an information system which concentrated on collecting the minimum amount of information, so as to allow maximum worker time for crisis intervention, as opposed to "paperwork".

Finally, in relation to evaluation needs, it is critical for there to be an accurate record of the number of domestic disputes being responded to in the community -- either by police or by police and DRT -- so that the effectiveness of the Team in reducing the amount of time police spend on domestic calls, may be assessed accurately over time.

## OPERATIONAL ISSUES

Soon after the Phase I Evaluation Report recommended continuation of the pilot project in November 1981, the operations of the DRT were expanded to include a second police division in Metro Toronto. Plans were then set in place to conduct the Phase II Evaluation.

The Phase II Evaluation consisted of a file analysis, personal interviews of key personnel, focus group discussions with uniformed officers, telephone interviews with representatives of community agencies to whom the DRT had made referrals, and a telephone survey to follow up a sample of former DRT clients six months after their involvement with the Team. Three hundred files were examined, coded, and analyzed by means of computer. The findings of this computer analysis were synthesized with the findings from the qualitative interviews and the follow-up survey, to form a comprehensive assessment of the effectiveness of the Domestic Response Team in Metro Toronto.

Again, the evaluation results have been presented in terms of issues relevant to a community wishing to set up a similar crisis response unit.

### 1. Clear Lines of Authority and Responsibility

If a domestic response unit is to be set up and sponsored by an organization consisting of representatives from a number of different service systems, then it is essential, given the isolating nature of crisis intervention work, that the domestic response unit workers have a clear understanding as to whom they are responsible (from an organizational and management standpoint).

An equally important area of concern, in relation to authority and responsibility, relates to the role of Community Relations Officers. Responsibility of the DRT-CRO's was to the Police Unit Commander of their own Division, two weeks out of three, and to the part-time supervisor of the police DRT's in the third week. Such splitting of responsibility, it was felt, caused some management and administrative problems in the Toronto model.

Another problem revolved around the amount of time spent by CRO's on DRT duty, during the days when the CRO's should have been carrying out CRO duties. In cases where the DRT-CRO was on regular assignment to CRO duties, and was asked to perform DRT duties, there was a role conflict for that police officer, and a question as to which type of duty should take precedence. Such role conflict could be avoided by more clearly defining the job description of the DRT-CRO's.

## 2. Rising Expectations

Once a domestic response capability is established, is providing quick and effective delivery of service, and is accepted by police officers, there appears to be a likelihood that police officers will want to make use of such an effective service at all times of the day and night, and not just during the eight hours of service operation. This phenomenon has been described by the evaluation consultants as "rising expectations" on the part of police officers. Police officers expect the service to be available on a 24-hour basis, as they see the service as the most effective way of dealing with domestics, regardless of the time of day at which domestics occur.

If a 24-hour service is not possible, then steps should be taken at the outset to deal with these expectations. First, those individuals carrying

out the public relations function of the domestic response unit within the Police Department must be realistic in their descriptions to police officers, about the capabilities of the Team members to deliver the service.

Second, if baseline data is available on the number and times of domestic calls, then teams should be deployed in relation to the pattern of domestics occurring in a given geographic area. When police officers enquire as to why the service is not available on a 24-hour basis, it can then be explained that deployment has been decided on the basis of demonstrated need.

In any event, it seems that providing such a service for only part of the day can lead to difficulties. Police officers, it appears, will argue that domestic calls occur at all hours of the day and night (especially during the day on weekends), and that if such a crisis intervention service is available during the night hours, then it must also be available during the day hours. Initiators of such a service should be prepared for these arguments, by being realistic in their descriptions of the service, or being prepared with baseline data to justify their decisions as to hours of operation.

### 3. Supervision of DRT Workers

The role of Domestic Response Team worker can be, as has been noted, very stressful, and it is felt that both the social work and police officer members of the DRT require supervision and on-going support. The police officer members of the DRT are in a unique position within the Police Department. They are performing a law enforcement function within the context of a crisis intervention unit. Like social workers, they require supervision and direction concerning their role as DRT members.

It is important therefore, when initiating a domestic response unit, for there to be a set amount of time allotted, on the part of the supervisors of both the police and the social work members of the team, for specific supervisory activities. Supervisors should not merely be co-ordinators, or administrators of Team workers. The role of supervisor, providing guidance and advice, in both of these capacities, cannot be understated, and should not be subordinated as a possible cost-cutting measure.

#### 4. Trained Back-Up Workers

With only one Team providing crisis intervention service at a time, it is critical that coverage be maintained during the evening hours of operation. In that CRO's or social workers are sometimes unavoidably absent from their duties, it is necessary to have individuals, specially trained as back-up workers, available to step in when necessary.

If such specially-trained back-up is not available, Team members may sometimes feel, if they call in sick or book off for any reason, that they are really leaving their partner "in the lurch", knowing that their replacement will probably not have specialized training. It would seem important, therefore, to reduce possible pressure from this source, by ensuring that there are specially trained back-up workers available for both police and social work members of the Team.

#### 5. Time for Peer Consultation

The manner of operation of a domestic response unit, such as this one, is unusual in social work settings, to the extent that all social workers share all case files. Usually, individual social workers are responsible only to their supervisor for cases. As a result of this unusual situation

of joint responsibility, there must be co-ordination and agreement among all social work members of the Team as to approaches, including referral and treatment recommendations, to be used with any given case.

By increasing the number of case conferences, and the opportunities for peer consultation, this unusual aspect of the operations of a domestic response unit can be built upon as a strength. It is therefore doubly important that specific time be set aside for peer consultation, case management and case discussions. This time could be at shift overlap, or during specific case conferences.

#### 6. Differing Service Provision Philosophies

If clients of a domestic response unit are to be referred to social and community agencies the day after their involvement in a crisis intervention situation, as is done following the Toronto DRT model, it will be necessary for the domestic response unit workers to be aware of the philosophy of the agencies to which they are making referrals.

It was found in Toronto that there was a philosophical difference between the agencies, in general, and the DRT, in terms of the best approach for dealing with DRT clients. The DRT advocated an "outreach" approach, while most agencies held with a "client self-determination" approach. These differing philosophies in dealing with clients led to some differences with agencies, especially regarding follow-up, and who should take responsibility for such follow-up.

The issue of differing service delivery philosophies therefore, should be monitored, and possible friction prevented, by encouraging communication between the domestic response unit and community agencies, and the sharing of views.

## 7. Educational Function of DRT

When a new service is set up to deal with such a socially relevant and emotionally charged issue as domestic violence, it is to be expected that those involved in the delivery of such an innovative service will come to be regarded as "experts" in this particular field.

Such was the case with the Domestic Response Team in Toronto, as workers found themselves being sought out to make presentations to other social service workers and to act as a community resource, on the issue of crisis intervention responses to domestic violence. These presentations and other educative and public relations activities took place an average of five times a month -- a considerable investment of time.

It should be remembered then, when setting up a domestic response unit, that there is every likelihood that the Team members will be required to perform an educative function in the early days of the unit's service delivery. Specific time, therefore, should be allowed, for this activity, within the job description of Team workers, an activity which is clearly a significant contribution to the social service community.

## 8. Gaps in Service

An inevitable side-effect of establishing a qualitatively different service, such as a domestic response unit, is the identification of gaps in service delivery within the existing social service network. In Metro Toronto the following gaps and associated needs were identified:

- . the need for support groups and therapy groups for battered women and for battering men;
- . the need for greater co-ordination amongst agencies providing services in the domestic violence area;

- . the need for more Team workers and agency case workers who speak the languages of the community being served;
- . the need for sensitivity to cultural distinctions and the family traditions of ethnic subgroups within the community being served;
- . the need for more multi-service community centres combining several types of social services (e.g., legal, financial, medical, psychiatric, social work, and public health service);
- . the need for increased availability of evening appointments in community agencies providing social and counselling services;
- . the need for alternative housing for 18 to 25 year olds, for emergency hostels, for men and women who are involved in abusive relationships; and
- . the need for daycare services for children of women who are removed from battering circumstances.

#### 9. Office Space

Locating the offices of the Domestic Response Team within the Police Station of the Division in which the Team was operating, had the particularly positive benefit of enhancing the acceptance and credibility of the DRT with uniformed officers. Officers were able to drop in and talk informally with the DRT about cases, or get advice about referrals.

It was noted, however, that it would have enhanced the effective operations of Team workers if there had been at least two separate physical areas to which DRT members had access, as office space. Such space is necessary for private client counselling interviews, telephone counselling with clients, supervisory interviews, office space for the social work supervisor of the Team, as well as secretarial space.

#### 10. Answering Machine Not Adequate for Intake

If a call comes into the Toronto DRT office during the evening hours, and the DRT is unavailable, the telephone is answered by a telephone answering machine. There can be difficulties with such a machine, not only with the mechanical function of the machine, which may break down, but also with attitudes of some police officers who do not feel comfortable speaking to a tape recording.

A more serious problem revolves around the clients of the DRT, who, once they have had contact with the DRT, are encouraged to call the DRT directly if the same or similar problem arises. Sometimes, if they are not fluent in English, they also may not feel comfortable talking to a tape recording.

Some of this frustration with an answering machine could be dealt with by involving an Intake Worker. Such an Intake Worker could staff the office when the domestic response unit was unavailable to uniformed officers, and could provide uniformed officers with a minimal consultative service, as well as providing basic counselling and follow-up services for clients.



### EVENTS SUBSEQUENT TO EVALUATION

On the basis of the recommendations contained in the Phase II Evaluation Report, the Joint Steering Committee of the Domestic Response Team recommended to the Community Services and Housing Committee of Metropolitan Toronto Council, that funding be extended, and that the operations of the Domestic Response Team be expanded.

Approval was received for continued funding until December 31, 1983, and two more social workers were hired to bring the Team complement to five police officer/social worker Teams, operating within three Police Divisions in Metro Toronto.



