# A model for multi-disciplinary collaboration in child protection

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*Working from a background in child protective intervention and staff training and development, the authors sought to address two commonly reported deficits in child protection – the lack of a risk management framework and failures in interagency collaboration. This paper reports their approach to locating a risk and safety factor matrix and their evaluation of its use in a series of interagency workshops designed to improve collaboration.*

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This article arose from three workshops conducted in 1995 by the authors who work for the Department of Human Services (Victoria) in child protection service delivery and training. The workshops were based on a risk management model designed by the authors and presented to multi-disciplinary groups of professionals who have responsibility for children at risk of harm from abuse or neglect. The aim of the workshop was to explore the proposition that interagency collaboration and the standards of risk management could both be improved if professionals used a common conceptual framework to aid their assessment and decision-making concerning children and families in need of support and protection. This article outlines the background, design and results of the workshops.

## THE CONTEXT FOR THE PROJECT

All those involved in child abuse work would agree that the imperative for good practice is never stronger than with child protection issues. Yet any analysis of child death inquiries reveals a bleak picture because the same issues of practice failures are consistent themes. The authors have focused on two aspects of these inquiries, inter-agency collaboration and risk assessment, and in the article outline a strategy employed to approach these problems from a multi-disciplinary training perspective.

The exposure of poor relationships between different agencies involved in the protection of children is nothing new. A breakdown in interagency cooperation has been the tragic hallmark of numerous child abuse orientated inquiries and reports over the years (Cashmore, Dolby & Brennan 1994; Scott 1993; Knight, Mattocks, Patten-Vincenti & Price 1993; Community Services Victoria 1992; Reder, Duncan & Gray 1993). In one study by the UK Department of Health and Social Security (1982), in 18 inquiries they found that uncoordinated and inadequate communication within child protective services (CPS) and between CPS and other agencies resulted in a failure to share vital information. As a consequence decisions about the level of risk to a child were often made in a vacuum, resulting in poorly planned and ineffective interventions. The same study also found that CPS workers cited poor interagency communication as a major factor in failing to realise until too late the extent of the risk to the child.

Time has had little effect in ameliorating these issues. In 1975 the Lisa Godfrey Inquiry Report (UK) (DHSS 1982) said:

> There can be no doubt...that if co-ordination and communication between these services had been effective, then, on the information and evidence available to one or more of the services, the risk of repeated seriously non-accidental injury to Lisa should have been clearly recognised and acted upon.

Nearly twenty years later Armytage and Reeves (1992) cite this example of the failure to communicate between agencies in their review of child death inquiries:

> In one case CSV and the police had sufficient information if pooled together to identify clear risk factors, but there was over-reliance on informal communication.

Scott (1993) has lamented that:

> Exhortations to agencies to work together have become well worn and well meaning clichés, particularly in the wake of inquiries into the the non-accidental deaths of children yet the goal of interagency collaboration has often remained elusive.

The failure of different agencies to work together has been identified as a major problem in almost every inquiry into child abuse. Clearly, interagency collaboration is problematic and difficult to implement (Birchall & Hallett 1995).

Another area identified as concerning is the assessment and management of risk. The ability to assess, analyse and reduce the level of risk to children is a core task within the CPS. However, as with the absence of good basic communication systems, the lack of risk assessment frameworks consistently applied is particularly noticeable in child death inquiries (Armytage & Reeves 1992; Reder, Duncan & Gray 1993).

Many of the inquiries have found that there are often no clear plans between agencies or effective systems to manage the identified risk, and those plans that are in place are rarely based on comprehensive assessments (Armytage & Reeves 1993). Justice Fogarty, in his 1993 report into Protective Services in Victoria, found that between 1989 and 1993 the thirteen children who died were all under Guardianship, the maximum supervision the state can offer children. All of these cases also had the direct involvement of a range of support agencies engaged in the on-going case management.

Furthermore, interagency problems are compounded by ineffective communication within agency structures. Tomison (1995), in his tracking study of child protection cases in Victoria, found that in six cases labelled emotional abuse and/or neglect:

> ...children were left in violent households and there appeared to be no acknowledgment by the workers of potential physical or emotional harm to the children.

He goes on to say:

> Taken at face value these placement decisions would appear to indicate a lack of comprehension of the further risk to the child and/or a minimisation of the level of protective intervention required.

It is essential to recognise that responsibility for children and judgments about their safety are not simply the failure of individuals within the system but also a reflection of problems within the systems themselves. Child protection decisions are influenced by the structure of professions and law enforcement, health and welfare organisations. These structural difficulties are combined with the inherent difficulties in child abuse cases which generate conflicting perspectives on how, when, where and by whom cases should be handled. Within this context the authors set about attempting to address these issues at a local level.

The authors concluded that 'decision aids' could make a useful contribution within the Victorian child protection field. This in turn could result in more consistent decision-making across workers and, with the same worker, across cases ( English 1989; Pecora 1989, 1991). It was also the authors' view that such an aid had the possibility of promoting a common problem definition, enabling the multi-disciplinary groups who have responsibility for the protection of children to communicate more effectively with each other.

## THE RISK MANAGEMENT MODEL

### Background

It was the authors' experience in child abuse work and in the training of protective workers that prompted them to develop a framework for risk assessment, analysis and reduction to train the multi-disciplinary groups. In designing this generic model of risk management the authors took note of other risk assessment approaches (Meddin 1985; Jones et al 1982) and sought to incorporate the lessons learnt from child death inquiries and ensure that family situations are seen in the fullest possible context: historical, present and future. The authors agreed with Hendry and Lewis (1990) when they said:

> What is needed is a framework within which to make a clear assessment of risk and to provide a basis for sharing decision-making with others.

The authors sought to avoid the applications of simple solutions to complex situations which inevitably result in the failure to address the issues of risk (Reder, Duncan & Gray 1993) and constructed a model containing 'an iterative process with well defined steps taken in sequence' (Draft Australian/New Zealand Risk Management Standards 1994).

### Risk assessment

The authors were aware from practice and the research that there are clusters of factors that increase the vulnerability of children to risk of abuse and neglect (Reder, Duncan & Gray 1993; UK Department of Health and Social Security 1991; UK Department of Health and Social Security 1985; Starr 1982; Greenland 1987; Brearley 1982; Dale 1985; Murphy, Orkow & Nicola 1985; Miller, Williams, English & Olmstead 1987). Notwithstanding some criticism about the quality of the research (Besharov 1987; Hutchison 1990), a number of factors have consistently shown up in study after study (Miller, Williams, English & Olmstead 1987). These factors are reflected in the assessment framework and the risk assessment examples within the model:

1. Child's age and development
2. Severity and recency of abuse
3. Functioning of primary caregiver
4. The cooperation of primary caregiver
5. Intent of the perpetrator
6. Further access of the perpetrator
7. Previous contacts

8. The degree of denial/minimisation
9. Parent child interaction
10. The child's wishes
11. Social isolation

The authors are also aware that the value of risk assessment frameworks has been challenged in the child abuse literature (Wald & Woolverton 1990). However, this work, while providing a valuable warning bell, seems to take the view that child protection is currently being undertaken in an optimum environment, despite there being major concerns about the effectiveness of child protection work operating without structures within which information can be systematically collected and assessed. The authors accepted and endorsed the view that professional judgement based on the particular information gained from the individual circumstances and situation should be the deciding factor in any case. The use of measurement devices was avoided because of doubts about their methodological validity (Wald & Woolverton 1990). The authors held to two maxims: firstly, that risk assessment frameworks should seek to 'improve clinical judgement, not act as an actuarial device' (Wald & Woolverton 1990); secondly, 'risk can only be measured through a careful, holistic consideration of many fluid, interconnected factors' (Miller, Williams, English & Olmstead 1987).

## Risk analysis

In rejecting the actuarial devices, but recognising the need for a systematic, organised and purposeful approach to the analysis of the interconnected factors in the situation, the authors adapted the work of Paul Brearley (1982). Brearley drew on the work of the insurance field and proposed a means of analysing the gathered data via a matrix.

The matrix visually identifies those specific events that are feared, and the likely consequences for the child and family, known as 'dangers'. The matrix has the capacity to display various dangers in context, that is, in response to certain actions or inactions within the family and professional systems.

The dangers are examined alongside identified hazards; factors that may predispose a child to risk of harm or, as a result of a particular circumstance, increase the likelihood of a danger. Family and system strengths that indicate safety are now added to the equation. These are factors that reduce the likelihood or consequences of the danger. If the analysis is completed appropriately, it can act as the blueprint, including facts, opinions, and providing the means to identify gaps in the information.

It was felt that the visual aspect of the matrix was of considerable importance. As Antony Williams has said, 'using images...urges meaning and connection to emerge from the dim back-alleys of the mind to the bright lights of consciousness' main street' (1995). The authors have found that options that were not considered viable become possible through the displaying of the material in this way.

## Iterative process

It was at this time that the authors discovered the work of the Australian and New Zealand Risk Management Standards (1994). The standards operate within a dynamic process of 'risk management' as opposed to the static notion of risk assessment alone and were used as a framework for the model presented here. The standards require an iterative process with clearly defined steps taken in sequence. The authors believed strongly that some of the failures within the child protection system resulted from the lack of such clearly articulated, workable structures, that is, processes that can be measured for their appropriateness/effectiveness from outside as well as inside child protection. This enables us to move away from the very narrow concept of risk that currently exists (Carson 1995).

A risk reduction planning component was added to the risk assessment and analysis matrix, thus completing the process (see figure 1).

The first part of the process involves a comprehensive risk assessment, guided by but not necessarily limited to a series of example questions. The examples consist of those areas highlighted in the inquiry reports, other research and practice experience (Reder, Duncan & Gray 1993; Department of Health and Social Security 1982, 1985, 1991; Dale 1985).

Having gathered the information, the matrix enables one to organise existing information, whilst identifying gaps in knowledge about the situation.

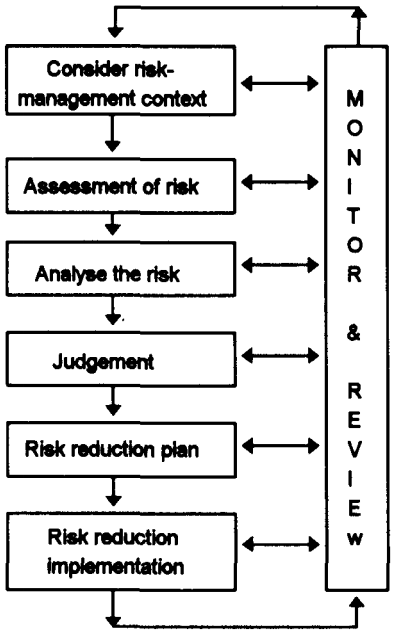
It can also serve as a tool to make sense of what can be chaotic and confusing data at a time of great pressure, that is, in the course of a child abuse investigation. The authors argue that the gathered information can be simultaneously sorted for harms-based and needs-based factors. Indeed the authors would argue that neither can be critically assessed in the absence of the other and that the model presented aims at doing just that, by assessing for both risk and safety simultaneously, and identifying the gap between risk and safety as the 'risk reduction' strategy that must include all needs relating to the child and family.

Having completed the risk analysis, professionals are in a position to formulate a judgement about the consequences of the risk to the child, and the likelihood of these risks occurring in the future. The judgements reached flow from the assessment data and the analysis of that information. The model requires them to provide a summary statement about the nature, severity and likelihood of risk, whilst selecting specific levels of predicted harm and their likelihood, thus making the process transparent to all those involved in the case, most particularly the families.

**Figure 1. Risk analysis matrix**

| People/ systems | Dangers | Hazards | Strengths | Safety |
|---|---|---|---|---|
| | | Predisposing/ situational | Predisposing/ situational | |

**Figure 2.**
**Risk management process flow chart**




A risk reduction and needs enhancement plan is directly informed by the preceding process, and requires intervention decisions to be linked to the identified dangers to the child, carers and systems. Clarity in relation to goals is required, with a direction that the goals must be realistic, achievable and measurable. A range of options for achieving the goals may be identified, in collaboration with family members (family conferencing perhaps) and the other professionals in that protection system. Statements about the roles, responsibilities, measurement and timelines for review are all included on the reduction plan.

Finally, the model assumes that there will be a need to monitor and review the risk levels throughout the life of the case, making changes to the risk priorities as appropriate. The model requires that the responsible individual/ agency be identified, tasks set and specific dates for review recorded.

The Risk Management Model clearly differentiates the dangers (problem behaviours) from the safety (solution behaviours). In summary, the model is future oriented, prevention focused, and requires that those who use it have a sound knowledge of child abuse work, casework practice, family assessment and intervention. The model is not restricted to one area of case life (investigation), but rather acts as a guide throughout the process of intervention. The model involves the consideration of case life in its broadest context: legislative, policy and protocol, and resources, whilst maintaining as an integral part the roles, responsibilities, aims, objectives and priorities of the various professionals involved.

## Workshop design and implementation

Having designed a risk management model, the authors set about designing a training program which would improve communication and mutual trust, and increase the knowledge and skills of the multi-disciplinary groups and their awareness of each other's contribution to the local child protection area.

The design of training which best facilitates skill development and the retention of knowledge has been the subject of a longitudinal study by Joyce and Showers (1995). Their findings provided the authors with a framework through which the multi-disciplinary groups could explore their roles in child abuse work and improve their ability to collaborate together. The workshop was a combination of theoretical information, demonstration of the required behaviour and opportunities for the participants to rehearse the new skills in a setting which replicated their working environment (the case conference). These design features were seen to maximise the retention of this learning more effectively (Joyce & Showers 1995).

The workshop contained a number of sessions:

1. **Context of collaboration within child and family welfare arena**

   This session explored the child abuse literature and the potentially problematic nature of collaboration.

2. **Exploration of values, attitudes and beliefs in child abuse work**

   This session invited the participants to consider how values, attitudes and beliefs are formed and what influences them, and the possible impact they have in child abuse work.

3. **An examination of the concept of professional judgement**

   This session examined what constitutes a professional judgement and the external issues which impact on these judgements.

4. **A Model of Risk Management**

   A presentation of the model was followed by a demonstration of its application using a detailed case study. Participants then formed small multi-disciplinary groups, and were provided with case study material. They were then given an opportunity to process the case information through the model. They were required to reach a judgement about the level and likelihood of risk in the particular case and formulate a risk reduction plan.

5. **Plenary**

   The authors sought immediate feedback from participants about the collaborative experience.

## Outcomes of collaborative training

The workshops were held in three demographically different environments: inner Melbourne (A), a large provincial city (B) and rural Victoria (C). A total of 62 participants completed the training.

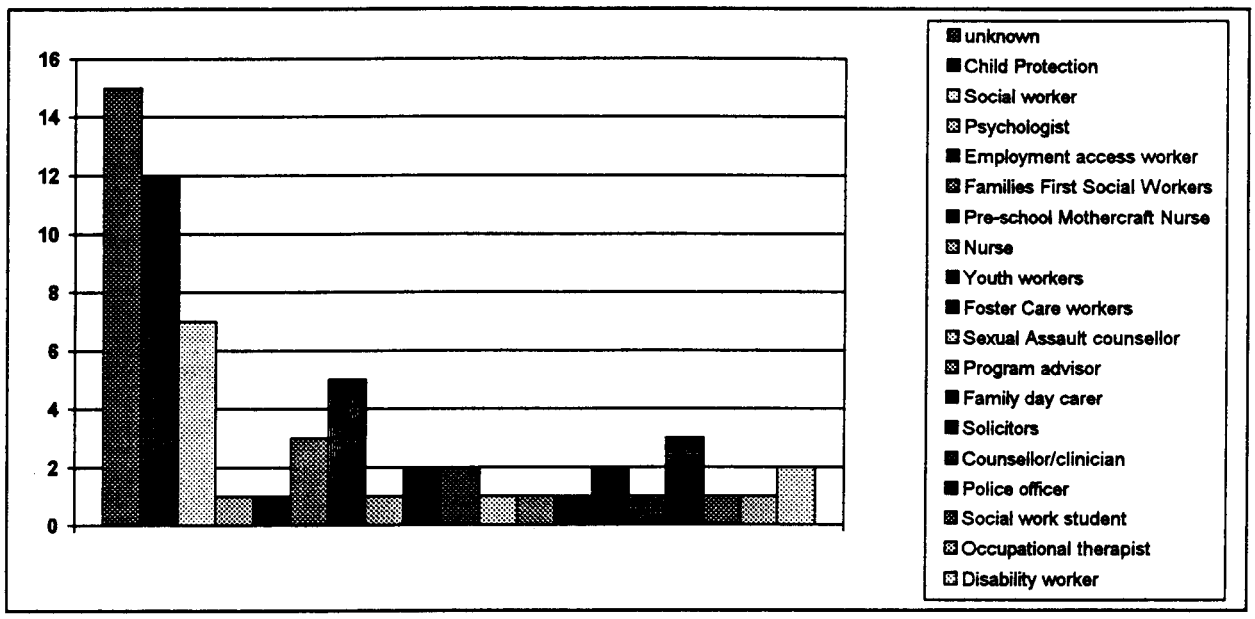
The groups were drawn from a wide range of professional backgrounds, including social work, law, nursing, policing and occupational therapy.

A survey of the participants revealed that 96% had not previously attended any multi-disciplinary child abuse training in their local area.

The participants were given a pretraining survey asking open-ended questions about their definition of 'risk', plus their perceptions of existing levels of 'collaboration' with other agencies within the child protection system.

Following the training participants were asked, through a structured questionnaire, how they perceived the Risk Management model, and their perceptions of the 'collaborative'

**Figure 3. Breakdown of participants by profession (self report)**




training process in which they had participated.

The pretraining survey revealed that only 13.6% of all respondents were able to describe any definition of risk that they applied in practice, and only 12.1% of respondents were able to describe their agency's framework for assessing risk.

This low report rate was consistent and there was no significant difference in responses between the three geographical regions involved in the training ($P<0.05$) at Chi Square value ($V=4$) $=2.0$).

These results suggest some serious concerns. Although the survey made no attempt to identify what frameworks or what aspects of risk were common to those respondents, the responses raise significant questions regarding how professionals judge risk and how decisions regarding child abuse and neglect and interventions are made.

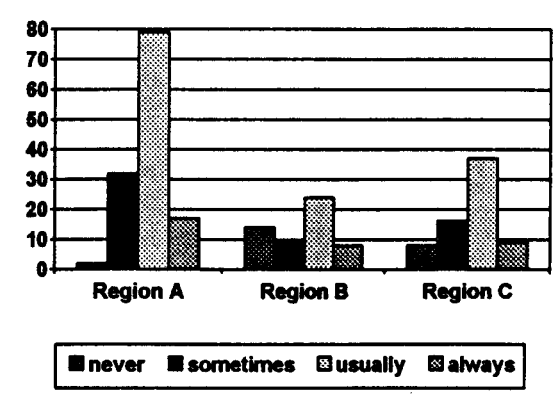
Research regarding decision-making related to risk of abuse and neglect is divided, with arguments ranging from those which value individual perspectives of 'clinical judgement' (Wald & Woolverton 1990) to those which advocate for wider, more routinised instruments of 'objectivity' (UK Dept of Health and Social Security 1988). However, the results here indicate no position as to how such analysis, decisions and judgements are made regarding risk, rather a clear lack of definition by professionals and the agencies they represent.

Given the very low ability of participants to articulate any risk or relevant management frameworks, one immediate interpretation is that there may be little 'common ground' between services and agencies responding to children at risk. This would make effective collaboration, that is, collaboration which results in better outcomes for children and families, improbable at best.

It is worthy of note that not all of the protective workers were able to describe a definition of risk. Protective workers would be more likely to have a definition of risk and a risk framework given the acute focus upon such practice development through in-service training. The fact that so few non-protective workers were able to provide definitions indicates two possible reasons – firstly that their respective fields of training, including social work, provide limited curricular around risk management in cases of child abuse and neglect, and secondly, that there continues to be limited familiarity in regard to (allied) professionals' roles and functions in child abuse and neglect or limited opportunity to become more familiar

The means of evaluating collaboration are many and varied (Birchall & Hallett 1995). The authors reasoned that the two possible indicators of how well agencies collaborate in cases of suspected child abuse and neglect would be through report by professionals regarding their perceptions of:

**Figure 4.**
**No. of participants able to achieve agreed case plans**



(1) their ability to achieve agreed case plans;

(2) the ability of services to enhance each other's roles.

Respondents were asked to indicate across a Likert scale whether they believed they were able to develop agreed case plans with police, community services, schools, health services and family support services (see figure 4).

There was a significant difference ($P<0.01$), at Chi Square value ($V=6$) $=27$), between regions' ability to achieve agreed case plans. The difference relates to region A reporting below expected value for *never* achieving agreed case plans, suggesting positive relations between agencies, and region B reporting above expected values for *never* achieving agreed case plans, suggesting less collaborative relations between these agencies. The specific services relating to the below expected value were community services and family support services, and in the region reporting above the expected value there was a generalised inability to achieve agreed case planning across all the services.

Participants were asked to indicate on a Likert scale whether they believed the actions of other agencies enhanced their ability to perform their own respective role.

There was significant difference ($P<0.01$) between regions (Chi Square value (at $v=6$) = 42.8). Again region A reported below expected value and region B reported above expected value for *never* enhancing respective roles, indicating collaborative relations between the services. Consistent with the trend from Question 3, region C reported greater than expected values for *never* enhancing respective roles. The frequencies reported in both questions 3 and 4 indicate a lack of collaboration in region C, and an active collaboration in region A.

Following the training, participants were asked to complete an evaluation of the training format and training content.

(1) Participants indicated on a Likert scale responses to whether the workshop had been helpful in establishing a clearer sense of risk management.

All but one respondent reported the workshop as either helpful or very helpful (see figure 5). Informal comments were similarly positive and one police officer remarked that it was the first time since 'single track' (1989) that she saw a role for the police in child protection. The authors saw this as a significant statement regarding the training process and content in assisting professionals to develop collaborative working relationships in an absense of role and mandate. There was no significant difference ($P<0.05$) between regions in their responses (Chi Square value (at $v = 4$) = 2.8).

(2) Participants were asked to rate on a Likert scale whether they thought the Risk Management model employed in training would be helpful in managing risk:

All participants reported that the model if adopted would be useful or very useful (see figure 6).

There was no significant difference ($P<0.05$) across regions (at Chi Square value ($v=4$) = 2.0).

(3) Participants were asked whether they thought the experience of joint training had been a useful exercise in working collaboratively.

All participants reported the exercise as useful or very useful (see figure 7). There was no significant difference ($P<0.05$) between regions (at Chi Square value (at $v=4$) = 0.4).

There was unanimous agreement that the training format, content and process was helpful in developing means to improve management of cases of children at risk, and that the process of training collaboratively was likely to improve collaborative working relations.

## CONCLUSION

The outcomes of these workshops support the existing literature in this area identifying a concerning lack of knowledge about or appreciation of risk frameworks, as well as varying levels of collaboration across services and regions operating in the field of child protection.

**Figure 5. Percentage of participants who found the workshop had been helpful in providing a clearer sense of risk management**

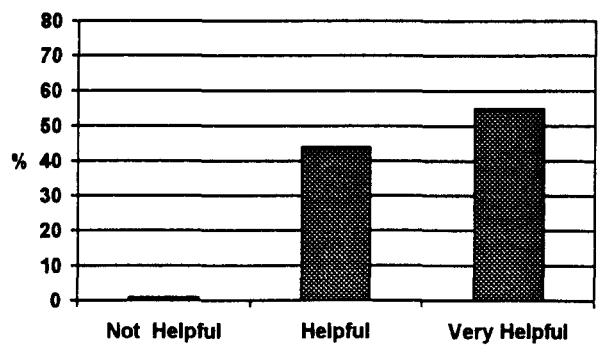



**Figure 6. Percentage of participants who thought the Risk Management Model would be helpful in managing risk**

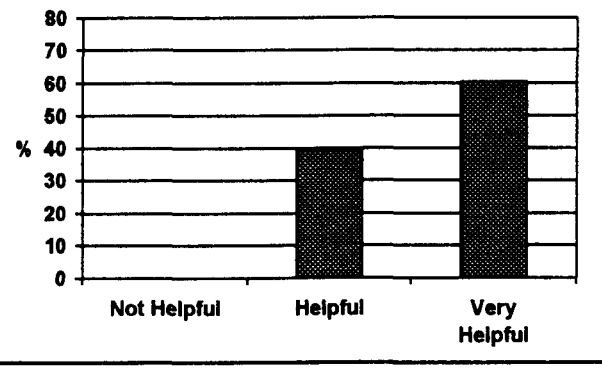
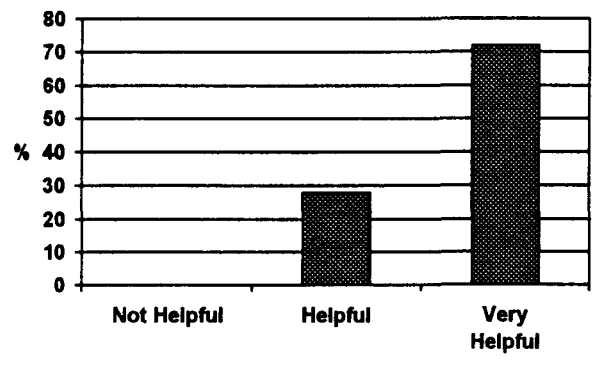


**Figure 7: Percentage of participants who found joint training helpful**




That large numbers of professionals working in the broad child protection field have disparate objective means of assessing risk is worrying and raises questions about the preparation for professionals in child protection, plus the ongoing failure to provide essential assessment skills in this area. Furthermore, the observed lack of 'agency definition of risk' presents as a major anomaly on the part of those services having mandate and practice principles in child protection.

The specific differences in collaboration were not identified within this study; however, research offers a variety of reasons and conditions relating to failures in professional cooperation in child protection. Consistently problems relating to personal relationships, differing mandates and theoretical perspectives, trust, resource use and exchange, agency autonomy, professional isolation, communication processes, homogeneity of goals, definition of roles, responsibilities, and lack of common problem definition emerge in discussions relating to collaboration (Hallett 1995; Gustafsson et al 1979; Scott 1993). It is probable that these conditions are related to the ability to collaborate reported in this study and additional research would identify these issues further.

Dorothy Scott (1993) locates child protection as operating in what organisational theorists Emery and Trist (1965) describe as a 'turbulent field'. Child protection by its very nature is dominated by significant moral, emotional and socio-political turbulence. Given the very low reported definition of risk and use of frameworks, the likelihood of consensus in the absence of such common references is likely to be cumbersome, frustrating, and less than effectual. The dangers of such practice have been spelt out previously. It is not clear from this study on what basis decisions are being made.

The complexities of decision-making in child protection demand a very careful balance between professional experience and judgement along with objective measurement. Researchers have warned of the failings through the loss of clinical judgement due to the application of actuarial devices in child abuse decision-making, while conversely, child death inquiries warn too regularly of the failure to apply frameworks, structures, coordination and objective decision-making. Logically, effective protective intervention lies along a continuum from the extremes of objective and subjective decision making.

The professionals involved in the child abuse field bring with them a significant range of qualifications, professional experience, learning and theory. The research by Birchall and Hallett (1995) highlights the need for collaborative training and shows a positive relationship between collaborative training and practice in child protection. The model presented aims to incorporate professionals' training experience and knowledge within an objective structure that guides rather than determines decision-making. It is suggested that the model and format are able to provide a context within which all contributors can be heard and are grounded by a common language. The participants of the workshops unanimously affirmed the collaborative format of the workshop, the model presented, and the experience of joint training with the model was helpful in developing a clear sense of risk management. The professionals involved expressed optimism and confidence that decisions were substantiated and that the typically stressful decisions and interventions in child protection were better validated in the process of sharing responsibility.

Given the exhortations for improved collaboration between agencies, it is suprising that so few participants (4%) had ever attended any collaborative training. The findings of this study strongly support the adoption of wider and increased collaborative training in the child protection field.

The Risk Management Model has evolved through a combination of theory and practice, and its development is ongoing. The outcomes from the workshops provide much impetus for further research that looks at the formal implementation of the model and its presentation to multi-disciplinary groups. □

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