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Strategies for developing collaborative competence

CFCA PAPER 53

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Contents

Summary

This practice paper focuses on improving cross-sectoral relationships between child protection and child and family welfare practitioners, who are often required to work together to keep children and families safe. This paper aims to build practitioners' *collaborative competence*; that is, their skills in developing and sustaining effective cross-sectoral relationships in the many and varied circumstances of daily practice.

Key messages

- Protecting children from abuse and neglect generally requires the coordinated efforts of practitioners from various health and welfare sectors.
- Child protection system inquiries in Australia and internationally have repeatedly highlighted strained relationships and poor coordination between child protection and child and family welfare services.
- There are both system-level barriers (e.g. inadequate resources) and practitioner-level barriers (e.g. mutual lack of understanding) to collaboration.
- Practitioners in the child protection and child and family welfare sectors can strengthen collaborations by adopting strategies to develop their collaborative competence.
- Collaborative competence involves developing an understanding of the differences between the child protection and child and family welfare sectors.
- Collaborative competence is strengthened by clarifying whether collaboration is necessary in a specific circumstance, and, if so, what form it could or should take.
- Collaborative competence depends on communicating effectively with other practitioners and family members.

Introduction

The child protection and child and family welfare sectors support society's most vulnerable children and families. Indeed, the same families often 'bounce' between the child protection and child and family welfare systems. Both groups of practitioners work in areas of practice where the stakes – and the cost of making mistakes – can be extraordinarily high. In situations where children's welfare is at risk, it is essential that the various practitioners involved are able to effectively collaborate as necessary.

Although it is difficult to provide concrete evidence of the effectiveness of cross-sectoral collaboration, it is widely recognised that service system fragmentation is a significant contributing factor in many cases of serious harm (Boydell, 2015). Indeed, child protection system and child death inquiries in Australia and internationally have repeatedly highlighted strained relationships and poor coordination between child protection and child and family welfare services (e.g. Child Protection Systems Royal Commission, 2016; Commission for Children and Young People, 2018; Cummins, Scott, & Scales, 2012). Such problems remain despite organisational, technological, legislative and procedural efforts to facilitate cross-sectoral collaboration (Flaherty, 2019).

This practice paper aims to assist child protection and child and family welfare sector practitioners to cultivate their *collaborative competence*; that is, their personal abilities to develop and sustain effective cross-sectoral relationships in the real-world situations in which they find themselves working. Although diverse professionals may benefit from this paper, it was written particularly for practitioners who work outside of well-developed collaborative systems or supports. Such practitioners are often required to negotiate collaborative relationships in ad-hoc and dynamic circumstances, and they seldom receive adequate training or support for such challenging work (Hood et al., 2017). It is hoped that the notion of collaborative competence provides a focus on the practitioner-level skills and qualities that enable effective collaboration, while also acknowledging the importance of system- and organisational-level barriers and facilitators to collaboration.

This paper begins by exploring the idea of collaborative competence, and why it is relevant to those working to support at-risk children and families. The literature on the system- and practitioner-level barriers to effective collaboration is then reviewed, as understanding such barriers gives important insight into the specific qualities and practices that facilitate effective collaboration. The paper then outlines evidence-informed strategies that practitioners in the child protection and child and family welfare sectors can adopt in order to develop their collaborative competence. Specifically, practitioners are encouraged to (1) *understand* the differences between sectors, (2) *clarify* the specifics of collaboration and (3) *communicate* with collaborative partners. Finally, the organisational qualities and practices that support collaborative competence are briefly reviewed.

Methods

This paper was developed based on round table discussions with practitioners and academics, ongoing sector consultations, and a literature review.

AIFS hosted three round table discussions in Melbourne in April 2019 to gather the perspectives and experiences of 21 key stakeholders in child protection and child and family service sectors. Separate round table discussions were hosted for practitioners and academics with experience and/or expertise in the following sectors: (1) child and family welfare, (2) child protection and (3) adult-focused services. Practitioners were recruited by the authors through a CFCA newsletter item or by directly contacting practitioners from Victorian services identified through CFCA networks.

A small group of practitioners and academics were also recruited to provide consultation and advice throughout the planning, writing and editing phases of the production of this paper.

To complement key themes identified in the round table discussions and sector consultations, a targeted literature review was conducted in May 2019 to identify key barriers and facilitators for intersectoral collaboration between child protection and child and family services (primary search)

or other sectors (secondary search) in Australia and internationally. Social science and medical electronic databases (i.e. ProQuest, Elsevier, MEDLINE Ovid PsyArticles) were searched using the following keyword and Boolean search terms: '(collab* OR partner* or integrat*) AND (family services OR family welfare OR social services OR social support OR child services OR community welfare OR intensive family support OR community sector OR family support) AND Australia'. A hand search of article reference lists identified additional sources. Sources were included if they were published between 1999 and 2019, and if they involved primary research (including qualitative, quantitative and mixed methods methodologies), literature reviews or secondary research analysis. A total of 50 sources were identified, most of which are cited in this paper. This structured literature search informed the 'Acknowledging the collaborative environment' and 'Strategies for developing collaborative competence' sections of this paper.

Case study, part 1 – A challenging situation

An extended case study with 'practitioner perspectives' weaves its way through this paper. It is designed to demonstrate the types of collaborative difficulties that practitioners can encounter, and to provide an example of practitioners overcoming a challenging collaborative situation, which, in turn, leads to them being able to provide more appropriate support to a family with multiple and complex needs. The characters and situation in these sections are fictionalised, yet were developed with the assistance of highly experienced practitioners from both the child protection and child and family welfare sectors.

Kim (29 years old) and her sons, Tyler (10 years) and Brett (8 years), live in a short-term rental property in the outer suburbs of a metropolitan Australian city. They are a family with multiple and complex needs. Kim's ex-partner and the boys' father, Glen, lived with the family until recently, and was physically and verbally abusive. He is making efforts to remain actively involved in his sons' lives, yet continues to threaten and intimidate them when he gets frustrated. Kim has a long history of substance misuse – in recent years this has predominantly involved alcohol – for which she has never received adequate treatment. Tyler and Brett have always struggled with learning and socialising at school but Tyler's disruptive and aggressive behaviour has become an issue of considerable concern for his teachers, as well as for other students and their parents. Recently, a group of alarmed parents reported to the school principal that at school pick-up time, Kim, smelling strongly of alcohol, had threatened to punch another parent.

Following the incident at school pick-up, the principal contacted a local family support service that they knew had worked with Kim and her boys the year before. Jessica, the family support worker assigned to this case, introduced herself to Kim, who initially expressed interest in re-engaging with the service. However, Kim did not follow up on Jessica's attempts at connecting her to alcohol and other drug services, housing support services and a local trauma-informed parenting group. In Jessica's opinion, the primary obstacle to Kim and her boys receiving adequate specialist support was Kim's terror that her boys would be removed from her care if any professional understood the full extent of her family's problems. Jessica told her supervisor that she felt ill-equipped to handle the complexity of this family's needs on her own, and that she believed that Tyler and Brett were experiencing significant cumulative harms.

Three weeks into her involvement in this case, Jessica received a phone call from the school principal informing her that neither Tyler nor Brett had attended school for the past two weeks. Following this phone call, Jessica made the decision to report Kim's family to child protection services. This was not the first time Kim's family had been referred to child protection, and the child protection intake team decided to forward the case to the investigation team. Following a three-week investigation, the lead child protection investigator, Avanthi, decided to substantiate the child protection concerns based on Kim's heavy alcohol use, the boys' father's aggressive behaviour and the physical neglect that the boys were experiencing. However, Avanthi also deemed that out-of-home care was unwarranted in this case, and that voluntary child and family services provided the most appropriate avenue of support. She determined

that it was unwise to pursue this case in the Children's Court, and so there was no further role for child protection services.

Avanthi phoned Jessica to organise a case closure meeting, where she would refer Kim and her boys back to the family support service for case management and specialist referral. Jessica felt distressed and angry on hearing that child protection services agreed with her assessment of risk, and yet had determined that they would not provide any further support. She expressed her extreme disappointment and told Avanthi she would be raising this matter with her manager. Following the phone call, Jessica reported the situation to her manager, who suggested that they contact the unit manager of the child protection service. The unit manager agreed that Tyler and Brett were being exposed to harm, yet reiterated Avanthi's judgement that nothing beneficial would be achieved by pursuing this matter in the Children's Court.

This case study is continued in the 'case study' sections that follow.

Understanding collaborative competence

In recent years, much has been written about collaboration, and many definitions have been offered. Some authors distinguish between *cooperation*, *coordination* and *collaboration*, with each respective term denoting increased levels of partnership and integration (McDonald & Rosier, 2011). However, in this paper the term collaboration is used to denote everything from temporary and informal working alliances between practitioners to sustained and formalised inter-agency collaborative partnerships – in short, all that is involved in working together to keep children and families safe.

The existing literature on cross-sectoral collaboration has focused predominantly on structural-level barriers and facilitators to collaboration (e.g. funding, policy and organisational factors) (Press, Wong, & Sumsion, 2012; Wong & Sumsion, 2013). While structural solutions are vital to the ongoing development of Australia's health and welfare systems, practitioners involved in this project expressed a need for immediate and practical advice, designed to assist them to navigate systems as they currently exist.

Many practitioners simply do not work in ideal collaborative environments, and are left to navigate the 'street-level' complexities of imperfect systems with little explicit training or advice. Even when practitioners do work in environments in which cross-sectoral collaboration is supported, it is unlikely that 'top-down' efforts at collaboration – policies, protocols, procedures, manuals, checklists, and so on – will provide them with all they need to bridge professional silos (Hood, Gillespie, & Davies, 2016). Cross-sectoral collaboration is always to some extent a 'bottom up' activity; something that must be invented and reinvented in the here and now based on the unique constellation of family members and practitioners involved in a particular case.

Alongside the literature on structural-level barriers and facilitators to collaboration exists a small but growing body of work focused on the collaborative skills or capabilities that individual practitioners can develop. For example, Hood and colleagues (Hood, 2015; Hood et al., 2016; Hood et al., 2017) write about 'interprofessional expertise', arguing that it is not 'enough for practitioners to develop and use identikit assessment templates, or to learn generic "competencies" for interprofessional working, unless these tools and skills are deployed in a working context that encourages innovation and adaptive solutions' (Hood, 2015, p. 151). Similarly, a number of authors have developed the concept of 'collaborative competence' (e.g. Hepp et al., 2015; Orchard & Bainbridge, 2016; Sims, 2011), which is the term adopted in this practice paper. While these authors each present their own vision of collaborative competence (which tends to be related to the specific area or field they are writing for), they share the idea that promoting effective cross-sectoral collaboration 'requires us to have a clear understanding of the characteristics of an ideal collaborative practitioner' (Orchard & Bainbridge, 2016, p. 526).

Case study, part 2 – Practitioner perspective

Avanthi, Child Protection Worker

Avanthi is a 32-year-old Senior Child Protection Worker. She has been in the role for four years, having previously worked at a women's refuge for several years. She enjoys the challenges of her role but often feels frustrated by the constraints of the complex system in which she works.

Avanthi has a demanding workload. She currently has 15 open cases under investigation, three of which are active in the Children's Court. Many cases allocated to Avanthi involve only the most serious incidents of child abuse or neglect, and she is under considerable pressure to close less serious cases sooner than she would like. She worries that the thresholds for child protection intervention are too high, and that many cases in which children are being exposed to serious cumulative harm are simply referred to voluntary family support services.

Jessica, Family Support Worker

Jessica is a 28-year-old Family Support Worker for a small family support service. She has worked for three years in this role, which she started after completing her social work degree. In her role, Jessica mainly works to support parents and their children who are affected by family violence, drug and alcohol problems, and housing stress.

Like Avanthi, Jessica has a large caseload. Many of her cases are referred from child protection services, which can make it challenging for Jessica to engage parents in her service, especially if their experiences with child protection have been negative. Jessica often feels like she is working outside of her formal job description, with many cases involving children in high-risk situations that she thinks should be handled by child protection.

In a lot of cases, Jessica feels her time is taken up by monitoring families for risk in case things escalate, rather than providing the therapeutic support that her service is capable of offering. In Kim's case, Jessica recognises that Kim fears child protection but doesn't feel confident that she has the authority to reassure Kim that her kids won't be removed.

Acknowledging the collaborative environment

While this paper focuses on ways in which practitioners can develop their collaborative capacities, it must first be acknowledged that there tend to be numerous contraints on effective collaboration. It is only through understanding these constraints that we can begin to develop a sense of how they can be mitigated or overcome.

A small body of evidence has identified barriers to collaboration between child protection services and other service sectors, especially child and family welfare services (Anderson, McIntyre, Rotto, & Robertson, 2002; Darlington, Healy, & Feeney, 2010; Hebert, Bor, Swenson, & Boyle, 2014; Munro, 2011) and mental health services (Arney, Zufferey, & Lange, 2010; Bai, Wells, & Hillemeier, 2009; Darlington & Feeney, 2008; Darlington, Feeney, & Rixon, 2005).

This section provides a review of the most common barriers to collaboration between child protection and child and family welfare services reported in the existing literature. Given the limited literature on this topic, it also draws on the literature on collaboration between child protection and mental health services (as much of the identified literature focused on these sectors). This section

divides barriers into those found at the level of systems or organisations and those found at the level of individual practitioners (or, at least, that can be modified, to some extent, by individual practitioners). However, it must be acknowledged that this division is somewhat artificial, as practitioner-level barriers tend to be closely related to particular system-level barriers (e.g. 'mutual lack of understanding' [practitioner-level] is clearly related to 'different conceptual frameworks, aims and practices' [system-level]).

System-level barriers

Most published research has focused on system-level barriers to intersectoral collaboration (Atkinson, Jones, & Lamont, 2007). System-level barriers are the structural and contextual conditions of work that challenge collaboration (Easen, Atkins, & Dyson, 2000; Hodges, Nesman, & Hernandez, 1999). The main system-level barriers to collaboration include:

- *Inadequate resources*: Inadequate human and financial resources are one of the main barriers to collaboration. Insufficient numbers of staff reduce the time available to existing staff to establish and maintain relationships with collaborative partners (Arney et al., 2010; Cooper, Evans, & Pybis, 2016; Darlington & Feeney, 2008; Easen et al., 2000; Hinton, 2013; Mason, Du Mont, Paterson, & Hyman, 2018; Maybery & Reupert, 2006). The high staff turnover associated with inadequate staffing is also a barrier to collaboration, because collaboration relies on relationship- and trust-building (Arney et al., 2010; Atkinson et al., 2007). Collaboration is also challenged by a lack of funding for collaborative structures, such as employing a key person in each organisation or joint-funding activities between organisations (Bai et al., 2009; Cooper et al., 2016; Darlington & Feeney, 2008).
- *Different conceptual frameworks, aims and practices*: Different sectors employ different conceptual frameworks for understanding the nature of client problems and how best to address these problems (Darlington et al., 2005; Mason et al., 2018; Salmon, 2004). Consequently, organisations across sectors may differ in their aims of practice, and roles and responsibilities in relation to clients (Darlington & Feeney, 2008; Darlington et al., 2010). Based on the statutory or policy requirements of each organisation, practices also vary, and can conflict across sectors, about who the primary client is, which cases should be prioritised, and time scales for action (Easen et al., 2000; Hinton, 2013; Salmon, 2004).
- *Different confidentiality policies and practices*: Child protection and child and family welfare services communicate with each other primarily to share information. However, organisational confidentiality policies and practices can restrict such information sharing. Tension can arise when organisations have different procedural and ethical stances on the scope and boundaries of sharing client information (Cooper et al., 2016; Darlington & Feeney, 2008; Darlington et al., 2005; Kerns et al., 2014; Mason et al., 2018). Consequently, trust between organisations and the effectiveness of the collaboration for client outcomes may be reduced when organisations do not allow practitioners to share relevant client information (Atkinson et al., 2007; Cooper et al., 2016).
- *Lack of organisational support*: Structures, policies and protocols – shared between organisations and internal to each organisation – create the authorising environment to support collaboration (Atkinson et al., 2007; Darlington & Feeney, 2008). A lack of shared objectives and planning to unite efforts between organisations has consistently been identified as a barrier to collaboration (Atkinson et al., 2007; Easen et al., 2000; Horwath & Morrison, 2011; Kerns et al., 2014). A lack of organisational guidance or training for practitioners about how to work with other sectors also challenges collaboration (Hinton, 2013). Without such shared goals and guidance, collaboration depends on the motivation of the individual practitioner, and consequently may be a low priority or not happen at all (Cooper et al., 2016; Hinton, 2013).

Case study, part 3 – Practitioner perspective

Avanthi's challenges

Avanthi wants to work more closely with child and family welfare services to improve the supports available to her clients but currently has a full workload and doesn't feel she has a clear role outside of formal case meetings.

On top of this, Avanthi often feels misunderstood by other child and family welfare workers, who she thinks have an unrealistic understanding of child protection services' ability to resolve complex cases. In Kim's case, Avanthi feels upset by the strained relationship with Jessica. In an attempt to avoid unproductive conflict, she withdraws from speaking with Jessica.

Avanthi has been part of collaborative meetings before, with mixed results. In her experience, collaboration usually takes a lot of effort and needs to be coordinated by more senior practitioners in response to more serious cases. Avanthi feels like it would take more time than it is worth and could risk wasting people's time if it doesn't achieve a good outcome. Fundamentally, Avanthi is balancing a big workload and doesn't think she can do anything more to help the situation.

Jessica's challenges

From Jessica's perspective, child protection services should be providing more support to Kim and her children. Since escalating the case with her manager, Jessica feels out of her depth. Rather than helping Kim and her family, she feels her actions have only made things worse.

After several unsuccessful attempts to engage Kim, and having escalated her case to child protection services again, Jessica thinks she has lost Kim's trust and ruined any attempt to re-engage her. Jessica thinks that recent events have only made Kim more fearful of child protection. She would like child protection to help in some way but doesn't know what this would look like.

Practitioner-level barriers

Although there are often systemic barriers to intersectoral collaboration, there are also practitioner-level factors that challenge collaboration between child protection and child and family welfare services (Hood et al., 2017). Key practitioner-level barriers are:

- *Mutual lack of understanding*: Given the different conceptual frameworks informing practice across sectors, a mutual lack of understanding between organisations is a common barrier to collaboration (Darlington et al., 2010; Easen et al., 2000). When practitioners do not fully understand the scope of practice of other organisations, they may lack respect for or not recognise the contribution of partners (Atkinson et al., 2007; Hinton, 2013). Practitioners may also set unrealistic expectations of their partner organisations, which, if not fulfilled, can lead to mistrust (Anderson et al., 2002; Cooper et al., 2016; Darlington et al., 2005; Hudson, 2002; Kerns et al., 2014; Mason et al., 2018; Salmon, 2004). Tension arising from different conceptual approaches may also be amplified if there is unequal power between collaborative partners (Hudson, 2002; McLean, 2012).

- *Lack of clarity about when and how to collaborate*: Practitioners are often motivated to collaborate with other organisations but may lack knowledge about when and how to do so (Darlington & Feeney, 2008; Darlington et al., 2005). Practitioners may lack clarity about their own and other agencies' roles in the collaboration (Atkinson et al., 2007; Horwath & Morrison, 2011; Mason et al., 2018). For example, which organisation should facilitate and oversee child and family involvement with support services (Hinton, 2013). Without role clarity, any unequal power relationships between organisations may remain unaddressed (Atkinson et al., 2007). Practitioners may also be unclear about their internal organisational processes and resources for collaboration (Atkinson et al., 2007; Darlington & Feeney, 2008; Horwath & Morrison, 2011).
- *Ineffective communication*: Ineffective communication is a key barrier to developing partnerships (Atkinson et al., 2007; Hood et al., 2017; Salmon, 2004). When practitioners have infrequent or no contact with partner organisations, there is insufficient opportunity to discuss client needs, approaches and feedback on actions (Atkinson et al., 2007; Cooper et al., 2016; Hinton, 2013; Horwath & Morrison, 2011; Kerns et al., 2014). Additionally, unclear communication between organisations may negatively affect clients if services are not working towards mutual goals for the family (Hinton, 2013).

Strategies for developing collaborative competence

This section addresses the practitioner-level barriers outlined above, and articulates a vision of collaborative competence that is specific to the issues faced by child protection and child and family welfare practitioners. It was developed by drawing on the research identified in the literature review, which was then confirmed and elaborated on by participants in round table discussions, as well as the professionals involved in ongoing sector consultations. Figure 1 introduces the key elements of collaborative competence, which are discussed in further detail throughout this section.

Figure 1: Key elements of collaborative competence for professionals in the child protection and child and family welfare sectors

Understand the differences between sectors

A first step towards strengthening collaborative competence is developing a broad understanding of the different sectors that are likely to be involved in collaboration. In the context of this paper, this means understanding both the child protection and child and family welfare sectors. As identified in the previous section, a key barrier to effective collaboration in the care and protection of children is a mutual lack of understanding about how each sector operates. Research literature and inquiries into child protection have highlighted that while there is some common ground in terms of goals and approaches between sectors, they tend to operate in silos (Coates, 2017; Hester, 2011). Many services focus on the particular needs of their specific client groups. They generally have different organisational policies and procedures, which are shaped by different legislative requirements and funding arrangements. And they tend to have their own histories, identities and organisational cultures with specific values, perspectives and languages (Lalayants, 2013).

Child abuse and neglect is a complex issue that requires bringing together practitioners from different disciplines with diverse perspectives and approaches. A diversity of perspectives and expertise can be invaluable for working with complex practice issues and can enhance creative solutions (Atkinson et al., 2007). Increasing understanding of each sector provides practitioners with an important foundation for effective collaboration and can reduce misunderstandings and unrealistic expectations (Patsios & Carpenter, 2010). Improving knowledge of other services also increases the range of options for families (Winkworth & White, 2011). It is important for practitioners to take the time to learn about how other services operate and what they can contribute. This includes the range of perspectives, legislative constraints, funding arrangements and different forms of expertise (Atkinson et al., 2007).

Some of the main characteristics and differences between the child protection and child and family welfare sectors are outlined in Table 1. The Appendix provides a more detailed overview of the key features of the child protection and child and family welfare service sectors, as well a comparison of the sectors.

Table 1: Comparison of the child protection and child and family welfare service sectors

Feature	Child protection sector	Child and family welfare service sector
Primary client	Children	Families, parents or children
Primary focus	Safety and wellbeing of children	Safety and wellbeing of family members
Client engagement	Mainly involuntary	Mainly voluntary
Framing the problem of child abuse and neglect	Focus on protecting children from harm by parents/caregivers	Abuse and neglect arise from social, economic and psychological difficulties affecting families
Basis of intervention or service provided	Statutory; adversarial/legalistic; investigatory	Non-statutory; supportive or therapeutic responses to meeting the needs of families
Location of services	Primarily separate from broader child and family service sector	Generally embedded within broad child welfare or public health services
Coverage	Resources are concentrated on families where risks of (re)abuse are high and immediate.	Resources are available to more families at an earlier stage.
Service approach	Standardised procedures; rigid timelines	Greater flexibility to meet clients' needs
Expertise	Identifying child abuse and neglect and risk factors for child abuse and neglect	Identifying therapeutic needs of family members, providing therapeutic supports to family members

Source: Modified from Price-Robertson, Bromfield, and Lamont (2014, p. 4, Table 1)

Box 1: Ideas for practice

Understand the differences between sectors

For readers who could benefit from explicit advice about how to apply the information in this paper to their own practice context, these boxes include practice guidance and tips. This practice guidance was developed based on literature identified in the literature search and in consultation with practitioners from both the child protection and child and family welfare sectors. These boxes are called 'ideas for practice' because they provide just that: ideas. These ideas are not designed to be prescriptive, or to provide the 'final word' on any matter. It is not imagined that each idea in these sections will be relevant to every reader, or in every case. Readers are encouraged to take what is relevant to them, to modify the ideas to suit their own circumstances, and to disregard ideas that seems irrelevant or inappropriate.

- *Attend inter-agency meetings, where possible*. Inter-agency meetings can be helpful for practitioners to develop a better understanding of different sectors in a naturalistic environment. If this isn't available to you, it could be worth raising with your supervisor to pursue.
- *Draw wisdom from senior practitioners.* Long-term sector professionals can provide practice wisdom that's difficult to acquire without years of experience. Informal meetings with more senior colleagues may help increase your knowledge of how roles in the sector interact, as well as provide a potential source of practical guidance or mentorship.
- *Ask questions about the service-delivery environment.* Understand that many services (e.g. family support services) may be funded to be involved on a very short-term basis, while other services may be involved on a longer-term basis (e.g. education). When you engage with practitioners from other services, ask them about their service.

Clarify the specifics of collaboration

Once practitioners have developed a 'big-picture' understanding of the differences between sectors likely to be involved in collaboration, they can then clarify whether collaboration is necessary in a specific circumstance, and, if so, what form it could or should take. Would collaboration be beneficial with this particular family? What would be the roles and responsibilities of the practitioners involved in the collaboration? What are the barriers and facilitators to collaboration in this specific case?

Own roles and responsibilities

An important element of collaborative competence is practitioners gaining clarity about their own roles and responsibilities, and how these intersect with the roles and responsibilities of those they collaborate with. Confusion about roles and responsibilities can negatively affect practice by leading to the duplication and waste of resources, as well as inadequate assessments of risk and provision of needed services for families (Bittner, 2018). It can also contribute to territorial struggles and stress and burnout among practitioners (Bittner, 2018).

Role clarity has been recognised as a valuable collaboration tool (Ly, Sibbald, Verma, & Rocker, 2018). Role clarity involves practitioners developing a clear understanding of their role and responsibilities in relation to the child and their family members and to other practitioners. What organisational risk-assessment and decision-making processes are they expected to follow? What organisational procedures should they follow if they have concerns about the safety and wellbeing of the children in families that they work with? How do existing protocols, regulations and legislation affect their scope of work? The clearer practitioners are about questions like these, the more chance they have of developing effective collaborative partnerships.

Others' roles and responsibilities

When working in collaboration with other professionals, it is critical for practitioners to be clear about others' roles and responsibilities; to understand how these intersect with their own roles and responsibilities, and to know which elements they need to hold others to account for (Horwath & Morrison, 2011). It is important for practitioners to understand the information, services and supports that other practitioners working with the same families can provide. Establishing clarity about the roles of other professionals requires knowledge of their goals and desired outcomes, as well as how decisions are made in their organisations and who has authority to make them (Drabble, 2011).

It can be useful for practitioners to have access to the job descriptions of collaborating partners (Inkilä, Flinck, Luukkaala, Åstedt-Kurki, & Paavilainen, 2013). However, clarity about role differentiation really develops from working together rather than from reading a list of roles and responsibilities (Patsios & Carpenter, 2010). It can be useful to bring all of the collaborating parties together to discuss their individual roles and responsibilities and shared goals. Role clarification is an ongoing process because roles are not static and must be negotiated, adapted and reinforced (Ly et al., 2018).

Possibilities for collaboration

Another key barrier to collaboration identified in the previous section is a lack of clarity about when and how to collaborate across sectors. An important step in planning collaborative action is identifying where there is collaboration currently and where it may be required. This can be considered in general terms but requires some flexibility as it can vary on a case-by-case basis (Hood et al., 2016). The specific characteristics and needs of each client affects the practitioners who should be consulted and included in the collaboration; for instance, professionals who have expertise relevant to the client group such as with Aboriginal and Torres Strait Islander services, culturally and linguistically diverse (CALD) services and disability services (Humphreys et al., 2018).

It is also important to consider what resources and opportunities are available for collaboration, both within and across organisations. Once practitioners are clear about who they can collaborate with, they can then explore how their roles and responsibilities relate to one another.

Collaboration should also include working in partnership with the family wherever possible (Atkinson et al., 2007). Indeed, it is crucial not to lose sight of the clients at the centre of cross-sectoral relationships. Children and families should be an integral aspect of good collaboration, with their input encouraged and valued at the appropriate stages of decision making and planning. Indeed, much of the information and advice provided in this paper is also applicable to the development of good relationships with clients. Additional considerations must be made when collaborative partnerships are forged with marginalised groups (e.g. when working with clients who are Indigenous or from culturally or linguistically diverse backgrounds).

Box 2: Ideas for practice

Clarify the specifics of collaboration

- *Check in with your supervisor.* If the reality of your daily workload isn't reflected in your role statement, consider discussing this with your supervisor. You should also draw on your supervisor's expertise to help navigate any difficulties in your interprofessional relationships.
- *Reiterate your shared goals.* Although it may not always feel like it, try to keep in mind that there is a common goal between practitioners and clients: to keep children safe. It's likely that everyone involved is doing their best to achieve this goal. Articulating this (to other workers or the client) in times of tension may help to keep efforts on track.
- *Map out services available in your area.* An increased knowledge of welfare and support services available can increase the expediency of referrals and services available to clients. This information should be kept as up-to-date as possible.
- *Articulate role boundaries and expectations.* Clearly communicate the boundaries of your role to other practitioners to help them understand what role you can play towards achieving a common goal. This should also be communicated to your client to reduce role ambiguity. As there can be 'grey zones' (where responsibilities and expertise may overlap), as well as service gaps (where no professional or agency has formal responsibility for meeting a particular need), it's also important to have some flexibility in your role, where possible.
- *Get used to networking.* Developing good relationships through networking can be critical to the success of a multi-agency intervention, and can help avoid relationship tension in periods of high stress. Form alliances with key workers at external agencies where possible (e.g. through introductory phone calls, informal meetings and professional networking opportunities).

Communicate with collaborative partners

Once practitioners have an understanding of the sectors involved in a collaboration, and have developed clarity about when and how to collaborate in a specific situation, they then need to effectively communicate this information to other practitioners (and, often, family members). Effective communication involves the exchange of information to ensure mutual understanding and is a critical component of collaboration (Lalayants, 2013; Winkworth & White, 2011). However, good communication is not always easy, and practitioners are often not taught the attitudes or practices that promote effective communication with other service providers, or provided with the organisational supports that can help to foster effective communication. Indeed, as demonstrated in the 'Acknowledging the collaborative environment' section above, communication difficulties are consistently identified as one of the main practitioner-level barriers to effective collaboration.

This section does not cover communication micro-skills, such as active listening or understanding non-verbal communication. Rather, it outlines the broad attitudes and practices that have been shown to support effective communication between child protection and child and family welfare practitioners. It is important to note that effective communication is not a one-time activity – it is something that practitioners need to employ every day in all of their collaborative relationships.

Nurture collaborative relationships

Effective communication usually depends on the quality of a practitioner's relationships. Relationships built on trust, understanding and respect are important for engaging and sustaining cross-sectoral collaboration (Hood et al., 2017). Such relationships make it easier to share and obtain information, to work together to achieve goals, and to negotiate difficulties or differences as they arise.

Relationship building is a developmental process that takes time and effort (Horwath & Morrison, 2011). There are many ways to nurture collaborative relationships, both formal and informal. Teleconferences, face-to-face meetings, round table discussions, interagency workshops and webinars are all practices that can build and strengthen the relationships between practitioners from different sectors and agencies. When collaboration becomes more formalised, it can be helpful to have agreed-on protocols for ongoing communication, such as phone calls, emails and text messaging (Lalayants, 2013).

Develop a shared understanding of collaboration

An essential starting point of collaboration is developing a shared understanding of collaboration, which means explicitly identifying and defining shared objectives, goals and desired outcomes (Winkworth & White, 2011). Having a shared overall vision with a social justice focus can have a positive impact on collaboration, as the collaborators then have a shared responsibility to achieve that vision (Humphreys et al., 2018).

Many difficulties in communication can be avoided when practitioners are able to jointly articulate a clear justification or purpose for their collaborative activities (Atkinson et al., 2007). Once a shared understanding is reached, practitioners are then in a better position to articulate specific goals that contribute to achieving effective collaboration. And, in cases where there is a breakdown in communication, or differences of opinion, it can be clarifying to refer back to a jointly developed understanding of collaboration.

Share information

Collaboration requires the exchange of information. Information sharing is easier when there are open lines of communication, with all parties kept up-to-date and informed (Atkinson, Wilkin, Stott, Doherty, & Kinder, 2002). Children's and families' circumstances often change quickly, so there is a need for frequent and regular communication, including with family members (Cooper et al., 2016).

Communication and information sharing benefit from having a shared language that is understandable, meaningful and relevant to everyone in the collaboration (Atkinson et al., 2002; Humphreys et al., 2018). Language should also be sensitive to others and culturally appropriate.

Information sharing is not only about providing information to others, it also involves receiving information from others. This requires that practitioners are open to listening, and to allowing others to have input into their service provision and decision making. Information sharing is likely to be more effective if a safe environment is established in which to express diverse opinions (Orchard & Bainbridge, 2016).

Each jurisdiction in Australia has a process for sharing information and legislation to allow the exchange of information across agencies. Information sharing needs to be undertaken in a way that is consistent with relevant regulations and privacy legislation, so it is important to be clear about these (Drabble, 2011). However, privacy legislation is often used as an excuse to withhold information when it is not actually necessary; the legalities of information sharing are not as prohibitive as many practitioners believe (Winkworth & White, 2011).

Address differences and conflict

Collaboration requires ongoing negotiation. It is often necessary to negotiate many aspects of collaborative work, such as: the shared vision, goals and responsibilities for tasks; decision-making processes; and methods for communication. Due to the divergent paradigms and perspectives of practitioners, and the many challenges of working with families in complex environments, it is common for cross-sectoral disagreements and conflicts to arise (Hood, 2014). Addressing and resolving differences and conflict is central to the maintenance of effective collaborative relationships. However, it is not necessarily an easy thing to do; it takes 'skill, empathy and emotional intelligence to manage often conflicting agendas' (Department of Health and Human Services, 2015, p. 9).

Practitioners need to be prepared to explicitly address disagreements with colleagues. Taking differences personally can have a detrimental effect on the collaborative relationship and the services that can be provided to clients, so it is important to deal with facts rather than opinions and focus on what can be agreed on (Keast & Mandell, 2013).

When the relationships between collaborative partners break down – whether that is between practitioners or between practitioners and clients – it is important to work towards improving the threatened relationship, or at least hearing and validating people's respective experiences (Coates, 2017). When progress stalls or an issue cannot be resolved, it is also essential to know the process for escalating the matter, and to know the relevant procedures for conflict resolution (Atkinson et al., 2002).

Box 3: Ideas for practice

Communicate with collaborative partners

- *Meet face-to-face (where possible).* Having meetings in person can assist with building rapport with professionals working in other services; non-verbal cues can also help to avoid miscommunications that may arise in what may otherwise be a hurried phone call.
- *Clarify communication expectations and processes.* Establish formal communication through regular meetings involving all relevant stakeholders. A preferred system should also be agreed on for interim communication or if people cannot attend meetings (e.g. email or phone calls).
- *Identify shared problems and goals.* Identify shared problems with other workers, as well as goals and desired outcomes. This can lay the groundwork for progress towards mutually beneficial outcomes, and can also help to minimise incidents of client 'splitting' interrupting interprofessional relationships.
- *Clearly delegate tasks.* During the case-planning phase, a clear designation of tasks should be finalised and communicated to all stakeholders. If additional referrals need to be made as a result of the case plan, allocate the worker responsible so the plan is clear.
- *Share information.* Information should be shared openly between professionals, and all relevant case details should be exchanged (within the bounds of confidentiality obligations). Greater access to case information can help you to appropriately triage and prioritise a busy caseload.
- *Name the mutual need for collaboration.* Articulating the shared need for collaboration is an important aspect of communication. While they may take time to establish and maintain, good collaborative relationships are beneficial to everyone.
- *Have the confidence to 'state the obvious'.* Sometimes aspects of a case can seem obvious to one person and not to another, for a number of reasons. Try to be assertive and have the confidence to name key concerns, including 'invisible' issues such as unequal power dynamics between workers. Sometimes there are no easy answers to the problems faced by workers but talking openly and honestly can, in itself, help to improve relationships.
- *Understand that it's okay to express emotional concern.* It is likely that your cross-sectoral colleagues share similar concerns about the work that you are doing and the welfare of your clients. Articulating and validating these concerns reinforces the human element inherent in this difficult work and may help you to build connection and empathy with your colleagues.
- *Take opportunities to 'upskill'.* Pursue professional development opportunities relating to communication and collaboration between professionals in your sector. Talk with your supervisor about these opportunities and request endorsement if opportunities aren't readily available.
- *Take reflective practice seriously.* The development of effective communication skills is an ongoing process; as is the nature of reflective practice. Reflective practice and appropriate debriefing, ideally in supervision, can assist you to cope with the uncertainties of the role and strategise more effectively.

Reflect on collaborative practice

Becoming an effective communicator is not something that will happen overnight, and it is not something that happens without effort and honest reflection. Collaborative relationships, activities and outcomes can be the subjects of reflective practice, including reflective supervision. Effective communicators tend to regularly take stock, reflect and identify ways of communicating more effectively (Horwath & Morrison, 2011). They identify debriefing opportunities for those involved in collaborating, and take the opportunity to discuss issues that arise in collaboration during supervision. They also take opportunities to give positive feedback to their collaborators, and keep a record of positive experiences and outcomes from collaboration to assist with learning and evaluation.

Case study, part 4 – Developing collaborative skills

Avanthi has been thinking more about Kim's case and where things were left with Jessica. She decides to call Jessica's office to arrange a meeting with Jessica to help clear the air and to try to come up with a plan to help resolve the case. Jessica accepts Avanthi's offer and they meet up at Jessica's office to talk things through.

Avanthi begins by sharing some of the context around the decision-making process involved in Kim's case, including what her role involves as a statutory child protection worker. Avanthi explains that they need to prioritise the most serious cases of children at risk of harm and that in Kim's case they didn't think it would meet the threshold to apply for a court order. Instead, they determined that the best course of action was to refer Kim and her boys to a family support service, so they could get the help they need.

Avanthi listens to Jessica's concerns and reassures her that child protection services won't be removing Kim's kids in the current circumstances. Avanthi stresses to Jessica that she wants Kim to get the help she needs. While Jessica is relieved to hear this, she is still faced with the challenge of engaging Kim with their service and reassuring her that child protection services don't want to remove her kids.

Jessica suggests that it would be helpful if Avanthi could meet Kim with her, to help reassure Kim that her kids are not at risk of being removed by child protection. Avanthi agrees and decides to ask her team leader if they can keep the case open for another three weeks to allow enough time to meet with Kim and encourage her to engage with the family support service to begin a process of getting the help her family needs.

Organisational support for collaborative competence

Collaboration and collaborative competence are difficult to achieve without an authorising organisational environment. Below are five organisational approaches that have been identified in existing research to support teams to implement collaboration.

- *Organisational culture*: Collaboration relies on relationship building (Hood et al., 2017). As such, an organisational culture that values and supports relationship building and collaborative learning is important. This can be achieved by providing team members with the opportunity to share their goals and visions to build relationships and support collaborative learning (Atkinson et al., 2007). Fostering a collaborative mindset also involves emphasising the benefits of collaboration and encouraging practitioners' beliefs that working collaboratively is 'worth it' (Lalayants, 2013).

- *Policies and procedures*: Policies and procedures are necessary to guide and facilitate practitioners through the processes of collaboration (Atkinson et al., 2007; Darlington & Feeney, 2008). To be effective, policies and procedures have to be clear and realistic; they must reflect the statutory requirements and scope of practice of practitioners, and the organisational resources available to support the collaboration (Atkinson et al., 2007; Horwath & Morrison, 2011). Policies on collaboration should specify the roles and responsibilities of practitioners and partner organisations, including confidentiality processes and how each person contributes to the broader collaboration (Atkinson et al., 2007; Darlington & Feeney, 2008). Procedures outlining practical instructions about the processes of establishing and maintaining interprofessional partnerships are also important for supporting practitioners to develop collaborative competence.
- *Leadership*: Effective leadership is critical for driving collaboration. Senior managers should role model a commitment to collaboration (Atkinson et al., 2007; Cooper et al., 2016; Horwath & Morrison, 2011; Mason et al., 2018). Competencies for collaborative leaders involve having a strong managerial presence, strong networking skills, and the tenacity to drive a collaborative agenda (Atkinson et al., 2007; Lalayants, 2013). Shared leadership, which requires reflection and ongoing negotiation, is also important for working with partner organisations (Horwath & Morrison, 2011).
- *Professional development*: Internationally, many practitioners receive little or no training in the skills that underpin effective collaborations (Hood et al., 2017), so professional development can provide an obvious opportunity for developing practitioners' collaborative competence (Darlington & Feeney, 2008). This includes training, self-directed learning, workshops and mentoring. Training about the role and work of partner organisations and in communication skills can help to reduce reliance on stereotypical beliefs about partners and unclear communication (Darlington et al., 2005). Opportunities for cross-agency training, team building and workshops led by professionals from partner organisations can also assist with role clarity and building trust with partners (Atkinson et al., 2007).
- *Supervision and feedback*: Consistent and effective supervision is crucial to guide practitioners through the complexity of collaboration. Supervision is an important space for personalised feedback, acknowledgement of efforts, reflecting on and learning from practice, evaluation of progress, and formulation of future strategies (Carpenter, Webb, Bostock, & Coomber, 2012; Lalayants, 2013). Supervision is also an organisational mechanism to promote wellbeing and buffer against practitioner burnout (Carpenter et al., 2012; McFadden, Campbell, & Taylor, 2015). Because of the multiple partners in the collaboration, different supervision options are possible, including supervision by partner organisations and peer supervision (Atkinson et al., 2007). Managers may need specific training to be able to provide supervision about collaboration and developing collaborative competence.

Conclusion

This paper has discussed the skills, attributes and practices that support effective collaborations between child protection and child and family welfare practitioners. These practitioners share responsibility for delivering services to vulnerable families in the community, and their interprofessional relationships are often critical to the safety and wellbeing of at-risk children. These practitioners are often required to navigate complex collaborative relationships with little support and within highly imperfect systems.

This paper has predominantly focused on practitioner-level barriers to collaboration and how to address these. This focus is in no way intended to detract from the important work that continues to be done to address the system-level barriers to collaboration. Rather, it intends to correct an imbalance in the existing literature, one that can leave practitioners without practical guidance on navigating some of the most pressing challenges of their work.

Ultimately, however, the advice offered throughout this paper cannot be considered in isolation from the structural barriers and facilitators to cross-sectoral relationships. More than most, practitioners in the child protection and child and family welfare sectors are aware of the effect that these barriers can have on working relationships, as well as the effect they can have on clients – vulnerable children and families, often in desperate need of coordinated, holistic support.

This paper seeks to reaffirm the good practice that is already being undertaken in these sectors on a daily basis, and to support practitioners in achieving small but important victories as they work together to keep children and families safe.

Case study, part 5 – Working together

Avanthi acknowledges how stressful it must be to have child protection services involved, but reassures Kim that child protection services are far less likely to become involved again if she is engaging with a family support service. Jessica reiterates this message and encourages Kim to reconnect with their service – not just for her sake but so her boys are supported in their development and education. Jessica asks Kim if she can give her a call in the next couple of days to give Kim some time to think about what they've talked about. Kim agrees and Jessica leaves her a number that she can call if she had any questions or concerns in the meantime.

After the meeting, Avanthi and Jessica debrief to reflect on how the meeting went. They agree that Kim began to look more comfortable with them and that it would be important for Jessica to follow up with Kim in the coming days. They talk about how this kind of joint meeting with clients was a promising way to help families engaged with support services in the future. Avanthi asks Jessica if she could keep her updated on how things progress with Kim and her boys, and offers to give Jessica a call within the next couple of weeks to check in.

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Appendix: The Australian service system

In Australia, child protection and child and family welfare services form part of an overall system that aims to keep children safe. The design and governing legislation of these services varies by state and territory. These services share common goals to: (1) protect children and young people (aged 0–17 years) at risk of abuse and neglect within their families and other care contexts; and (2) support families to provide safe and caring environments for children (Australian Institute of Health and Welfare [AIHW], 2019; Child Family Community Australia [CFCA], 2018; Productivity Commission, 2019).

This paper focuses on two types of services involved in secondary and tertiary interventions:

- *Child protection services*: Statutory services administered by state and territory government departments responsible for protecting children.
- *Child and family welfare services*: Non-statutory services that provide therapeutic and supportive services for children and families who are, have been, or may be at risk of becoming involved with statutory child protection.

Although for explanatory purposes in this paper it is useful to create a clear distinction between these two service sectors; in reality, the lines between them can become blurred, especially when statutory authorities hold funding for non-statutory services.

Child protection services

In Australia, child protection services are administered by state and territory government departments responsible for protecting children and young people. While there are differences across states, these departments are all responsible for investigating, processing and overseeing the management of child protection cases (AIHW, 2019). Child protection services have a statutory responsibility to respond to reports of child abuse and neglect, and take appropriate action to ensure children at-risk of harm are safe and well (CFCA, 2018). As a statutory body, child protection departments are established in law. There is specific legislation that regulates their functions and activities (for information about legislation in each state and territory see CFCA resource sheet, Australian child protection legislation: aifs.gov.au/cfca/publications/australian-child-protection-legislation), as well as state- and territory-specific policy and procedure manuals and protocols that guide their work.

In practice, when a child is suspected to be at risk of significant harm, child protection have a responsibility to make decisions about how to respond in the best interests of the child (CFCA, 2018). For child protection workers, this includes:

- receiving, investigating and substantiating reports of child abuse and neglect
- referring families to appropriate support services
- providing protective services
- preparing applications for court orders for removals and case management, and related services
- facilitating the placement of children in out-of-home care services
- managing other aspects of care and protection orders (Productivity Commission, 2019).

While child protection services can play a role across the prevention–intervention spectrum, their primary role is to respond to reports of child abuse and neglect, prioritise the most serious cases, and connect families with appropriate support services. It is not their role to provide therapeutic or supportive services for families who have come in to contact with statutory child protection services.

As a statutory agency, child protection services are generally *non-voluntary*, except in cases where families elect to engage. Unlike most other social services, statutory child protection agencies have particular legal powers to intervene in cases where a child is at risk, even when uninvited.

For example, if child protection services have reason to investigate a family where a child may be at risk of abuse or neglect, that family must allow child protection to carry out an investigation.

As the primary role of child protection services is to protect children from harm, they tend to be child-focused and risk averse. Many of their risk-assessment processes are highly prescribed. When risk is identified as meeting a particular threshold, child protection services can seek a court order to have a child removed from their family or caregiver. Generally, a children's court order is sought so that child protection practitioners can supervise families in their homes or so that children can be removed from parental care and placed in an alternative care setting (Cummins et al., 2012). Lower risk cases can be referred to family support agencies and the child protection case will be closed. An error of judgement can result in failing to identify a child who is at risk of harm, and the child being physically or sexual assaulted or even killed (Broadley, 2012).

Consequently, there is a high level of public scrutiny and concern about child protection practices. Criticism has been made that the bureaucratic nature of child protection services and the legislative constraints under which they operate creates a 'hierarchical and authoritative culture that values standardisation and well-defined structures for authority and decision-making' (Lalayants, 2013). Child protection services have also been criticised for being judgemental and for imposing white, middle-class values on people who are marginalised as the result of class or culture (Flaherty, 2019). The stigma associated with child protection work can affect relationships with other service providers and clients and contribute to defensiveness by child protection practitioners (Flaherty, 2019).

Child protection departments can also struggle to manage their workloads in the context of continued growth in the number of children receiving child protection services in Australia (AIHW, 2019). Increased demands and limited budgets have resulted in the need to prioritise resources to cases where children are most at risk of harm. Numerous child protection inquiries have noted that child protection workers experience high caseloads, limited access to training and supervision, burnout and high staff turnover (e.g. Child Protection Systems Royal Commission, 2016).

Child and family welfare services

Child and family welfare services work to ensure that families receive the help they need to provide safe and caring environments for children. This covers a range of support services that respond to the diverse needs of families, such as parenting skills and capacity, counselling, intensive family support, family violence services, mental health, housing, alcohol and other drugs (AOD) services, among others (AIHW, 2019). Consequently, a wide range of services can be defined as 'child and family welfare services', which means that child and family welfare services are funded through a range of public, private, non-government and philanthropic sources, and may be funded on a short-term basis or on a longer-term basis. This also means that child and family welfare practitioners come from a range of professional backgrounds with different qualifications, knowledge sets and skills. They have varying degrees of training in the effect of child abuse and neglect, child trauma and child development. Practitioners working in this sector may also belong to other sectors (e.g. AOD, education or mental health sectors).

Given the wide range of organisations that fit under the category of child and family welfare services, families engage with services in a number of ways. Unlike child protection services, clients are primarily engaged with these services on a voluntary basis and this is considered to be an important element of delivering therapeutic services, although sometimes these services are compulsory through court orders. Child and family services may work with clients who have been referred by child protection, other services or by self-referral.

Child and family welfare services have varying degrees of involvement with child protection services. In all states and territories, there are particular support services that work closely with child protection to help connect families with appropriate services, including Aboriginal and Torres Strait Islander community-controlled family services. These are known variously as 'family support', 'intensive family support', 'targeted family support' and 'integrated family support' services

(AIHW, 2019; Council of Australian Governments, 2009). These support services provide support and case management to families in response to their particular needs, and refer them to specialist services as needed. In this way, family support services often play a vital role in bridging the gap between statutory and non-statutory services.

Many services that can be broadly categorised into the child and family welfare sector work primarily with adults and/or families. They seek to support and assist parents to overcome their difficulties, which is identified as being important to both parents' and children's safety and wellbeing. The client focus of a service affects their approach to service delivery and how they interact with other services. For example, many family violence services focus on the needs of adult women who have experienced family violence and they are specifically funded to do so (Hester, 2011). Family violence services are often not funded to work directly with children and may not have received training in relation to supporting children who are affected by family violence. In comparison, child protection services that receive reports regarding the children in families affected by family violence will focus on the safety of the children, and this may involve assessing the capacity of a mother (who is herself a victim of family violence) to protect her children (Humphreys, Healey, Kirkwood, & Nicholson, 2018).

Child and family welfare services are often faced with the challenge of determining when to report concerns about the safety and wellbeing of children to child protection services. Practitioners may find it difficult to be sure their concern is reasonable. They may also be concerned about the effect the report to child protection will have on their therapeutic relationship with their client. Many practitioners who make reports to child protection experience uncertainty about how the process will affect the family, and about the progress of the child protection responses.