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**Brief No. 3**  
**Social welfare framework: Models of collaborative service delivery in child protection**

**An overview of the relationship between statutory protective services and non-government agencies**

(see also Briefs nos 1 & 2 in relation to recent developments of the family support model)

Tomison (1999) points out that coordination in child protection networks has been generally adopted in the western world as a desirable work practice (Jones, Pickett, Oates & Barbor, 1987; Morrison, 1994). Inter-agency and inter-professional cooperation and coordination has been a common theme in child abuse research for many years (Hallett & Birchall 1992). The model proposed by *Messages from Research* recognised that child protection services are part of the wider child and family support system and reinforced the need for effective collaboration between child protection services and other family support agencies.

There is a belief that a coordinated response to the problem of child abuse results in more effective interventions (Tomison 1999). Such co-ordination may provide more effective assessment of family needs and to provides a response that can positively affect family wellbeing and ensure the protection of children from abuse and neglect (Tomison 1997). Specifically, good coordination can lead to greater efficiency in the use of resources, improved service delivery by the avoidance of duplication and overlap between existing services; the minimisation of gaps or discontinuities in services; clarification of agency or professional roles and responsibilities in 'frontier problems' and demarcation disputes; and the delivery of comprehensive services (Hallett & Birchall, 1992).

Inter-professional and inter-agency communication and coordination problems have beset child protection systems since the modern discovery of child abuse in the 1960s (Kempe et al., 1962). These problems may be exacerbated by a 'family support' model, as child protection services reduce their role as primary or coordinating agencies, family support services have greater responsibility for case coordination (Tomison 1997).

**Extract from Chapter 4, Adam Tomison's PhD thesis (pp.100-115) – a theoretical overview**

[N.B. References from this section available upon request.]

**Interprofessional coordination and communication**

Interagency (and interprofessional) coordination and communication have been well-documented as having the potential to enhance or undermine child protection case management, and the decisions professionals make. Coordination in child protection networks has been generally adopted in the western world as a desirable work practice (Jones et al., 1987). Ensuring effective interagency (or interprofessional) cooperation and coordination has been a common theme and an ongoing, significant issue for the provision of child protection services for many years (Reid, 1964; 1969; Berkeley Planning Associates, 1977; Westrin, 1987; Goddard, 1988a; Hiller et al., 1991; Goddard & Hiller, 1992; Hallett & Birchall, 1992; Wells, 1994; Morrison, 1994; 1998).

A general tenet of child protection systems is that a coordinated response to the problem of child maltreatment results in more effective interventions. Specifically, good coordination can lead to greater efficiency in the use of resources, improved service delivery by the avoidance of duplication and overlap between existing services; the minimisation of gaps or discontinuities in services; clarification of agency or professional roles and responsibilities in 'frontier problems' and demarcation disputes; and the delivery of comprehensive services (Hallett & Birchall, 1992).

For example, Berkeley Planning Associates (1977) evaluated 11 child abuse and neglect demonstration projects located across the United States. They concluded that child protection would be maximised by: services that were housed in, or closely linked, to statutory child protection services; close cooperation between law enforcement, schools, hospitals and private agencies; and, decentralised decision making, with clear but flexible rules, strong supportive leadership and multidisciplinary staff.

Interagency coordination however, is not a natural state of affairs and it does not result merely from good intentions (Reid, 1964; 1969). While there would appear to be overall agreement that coordination in child protection is a necessary and valuable practice, it has been commonly reported as being difficult to achieve (for example, Dale et al., 1986; Jones et al., 1987; Challis et al., 1988; Stevenson, 1988; DoH, 1991; Goddard & Hiller, 1992; Reder et al., 1993; Morrison, 1998). The desire for a coordinated response to child protection is often 'asserted, rather than demonstrated, and [may be] taken to be self-evident.' (Hallett & Birchall, 1992:18).

Smith, Bulkley and Jackson (1988) conducted an evaluation of the level of interagency coordination operating between police and child protection units when responding to allegations of child maltreatment in the out-of-home care system. They reported that the level of coordination between the police and child protection services ranged from minimal to shared investigation and decision making. They identified a number of primary obstacles to improving interagency coordination: limited resources; conflicting agency goals; distrust of other agencies; and ambiguities in laws and protocols setting down the roles and responsibilities of each agency.

Similar conclusions were reached by Hallett and Birchall (1992) in their seminal text, *Coordination and child protection: A review of the literature*, which provided a detailed analysis of interprofessional coordination and collaboration in child protection case management, with particular emphasis on formal and informal communication structures. They provided a concise summary of some of the issues which may arise when agencies or professionals work together and which affect professional decision making, such as:

‘. . . different professional perspectives and frames of reference about the nature of child abuse and of intervention, different agency mandates and operational priorities or organisational tendencies towards autonomy, the time and other resource costs of collaborative work and interpersonal difficulties of trust and openness, gender and status differentials’ (Hallett & Birchall, 1992:26).

Poor coordination and cooperation have been mentioned as contributing factors in a number of child abuse death inquiries (for example, DHSS, 1982; DoH, 1991; Reder et al., 1993; CSV, 1991a; Victorian Child Death Review Committee, 1997). Inaccurate information, the failure to receive relevant case information, interagency disputes and/or ignorance of the role of other professionals involved in a case’s management all reduce the ability of professionals to make informed decisions when dealing with suspected or substantiated child maltreatment cases.

### *Definitions*

As Kelly & Milner note ‘coordination and collaboration have been uncritically characterized as beneficial and essential, the result being a plethora of government guidelines and training packages’ (1996:91). Although coordination is widely advocated, its meaning in social policy is unclear (Hallett & Birchall, 1992). Most usages of the term are based upon the idea of professionals working together cooperatively and in harmony. However, the term *collaboration* is often used synonymously with *coordination*, whilst other researchers use the term *cooperation* synonymously with both coordination and collaboration (Westrin, 1987; Hallett & Birchall, 1992). For example, Westrin (1987), categorised *cooperation* in a primary health care system into the following hierarchical structure (from lowest to highest):

- some concerns about the need for cooperation;
- the implementation of experimental or demonstration projects in the field;

- explicit policy statements from community authorities or governments;
- the implementation of such policies; and finally,
- the organisation of systems of follow-up or evaluation.

Others have defined *coordination* as involving a more formalised process, a process which takes part at higher organisational levels (for example, at the supervisory level, or with senior management), and which involves more complex organisational arrangements for the establishment of inter-agency linkages (Mulford & Rogers, 1982). Hallett and Birchall contend that *coordination* is not synonymous with cooperation, but is distinguished from it by the 'presence of decision rules, the degree of formalisation present, an emphasis on joint goals and (a) potentially greater threat to autonomy' (1992:9).

*Coordination* is more likely to involve senior agency personnel, and a relationship approaching a joint teams system, while *cooperation* is categorised as 'more *ad hoc* and relatively temporary . . . efforts typically involving field level personnel' (Hallett & Birchall, 1992:9). Morrison (1998) distinguishes between *interagency coordination* 'different agencies working together at an organisational level' and *multidisciplinary collaborations*, 'committed individuals from different disciplines working together' (Morrison, 1998:6).

'Whilst multidisciplinary work is essential, it is not a sufficient condition for effective collaboration, because it is dependent on the commitment of individuals not their agencies. Thus when such individuals depart, collaboration may collapse. The nature and pace of organisational changes has resulted in collaboration becoming dangerously over-dependent on the commitment and skills of *individuals* rather than *organisations*, and too easily disrupted by their departure' (original author's italics) (Morrison, 1998:6).

### *Classifying coordination*

Rather than viewing coordination as a simple dichotomy (absent or present), a number of researchers, such as Westrin (1987) above, have developed continuums to distinguish between the degree or extent of collaboration present in a system (Bond et al., 1985; Gough et al., 1987; both cited in Hallett & Birchall, 1992). Thus, the extent to which there is interagency coordination is determined by the various coordinated activities operating in a system.

Challis et al., (1988) defined coordination in three different ways. The first involved the 'machinery', or interorganisational arrangements by which coordination is effected. There is the potential for agencies to develop a large variety of inter-organisational (or inter-professional) links for the purpose of coordinated service delivery. These may range from low-key, unstructured, informal links between workers from different agencies, to the formalised inter-relationships which may occur with agencies or professions in (and between) particular organisational networks, to highly formalised, centralised coordination structures (Challis et al., 1988; Hallett & Birchall, 1992). Distinctions can be made

between the levels at which coordination is sought. Friend (1980) identified three levels: personal links, locally-negotiated arrangements, and formal, legislated coordination structures.

Second, coordination can be defined as a process. The existence of the means or machinery alone, does not ensure coordination: 'the activities and decisions of those participating determine the extent to which coordination exists' (Hallett & Birchall, 1992:13).

Finally, coordination may be defined in terms of its outcomes, such as the positive and negative outcomes for families, professionals and the service system as a whole. However, the available research data is limited; similarly, outcomes appear to be contingent and limited, with:

' . . . little systematic evidence [with the exception of child death inquiries] concerning the outcomes of the coordination policies and practice in child abuse in the U.K. . . . and relatively little descriptive data on the workings of the child protection system' (Hallett & Birchall, 1992:97).

Recent U.K. studies (Farmer and Owen, 1995; Gibbons et al., 1995; Thoburn et al., 1996) have in part rectified this gap. In Australia, the tracking studies completed by Goddard and colleagues have provided a rich source of descriptive data on the operation of Victoria's child protection system (Goddard, 1988a; Hiller et al., 1991; Goddard & Hiller, 1992; Goddard et al., 1996).

#### *Decision making consequences*

A number of problems in agency or professional coordination may affect professional decision making. These include poor information exchange, inter-agency disputes, differences in client populations, the failure to use formal methods of communication and coordination and the use of informal cooperation to supplement the formalised child protection system.

Some descriptive work has been done in this area (Martin & Hamilton 1988; as cited in Wells, 1994; Goddard, 1988a; Hiller et al., 1991; Goddard & Hiller, 1992; Scott, 1993; Birchall & Hallett, 1995; Farmer & Owen, 1995; Gibbons et al. 1995; Hallett, 1995; Goddard et al., 1996). In an assessment of the efficacy of multidisciplinary teams that is equally applicable to interagency coordination in general, Bourne & Newberger (1980): concluded that a number of problems could decrease team effectiveness, such as:

- an expert maintains undue influence in areas outside her/his expertise (for example, because of high status);
- group members conform to gain approval;
- there is diffusion of responsibility, leading to increased risk taking in decision making;
- responses to cases become routine or heuristic in nature;

- group members become so accustomed to relying on others that they do not learn or think on their own;
- team members do not understand the group process; and,
- there is limited understanding of the philosophies and work of other professionals.

Birchall and Hallett (1995) attempted to identify the factors that might hinder or assist inter-professional collaboration via the mailout of a self-complete questionnaire. Overall, they obtained responses from 339 professional respondents, including GPs, health visitors, paediatricians, specialist police, social workers and teachers, representing a 60% response rate. The majority had some experience of child protection work, but almost half had been involved in fewer than ten cases during the previous decade. Social workers, police and paediatricians were identified as the key network figures, which was taken as a reflection of the 'forensic investigatory' focus of child protection work.

Overall, Birchall and Hallett identified a strong recognition from workers of the need for effective interprofessional and interagency collaboration/cooperation. Generally quality of cooperation was perceived positively with no sign of severe interprofessional conflicts. However, in spite of the perceived lack of severe conflict, only a minority of workers believed the system was working smoothly, with many instances of interagency and interprofessional friction and confusion being identified.

### **Communication issues**

Communication is an inevitable accompaniment of human interaction. It involves the exchange of both a message component and a relational component. The relational component, an exchange of information about the relationship between those interacting, qualifies and gives meaning to the message content (Pearce & Cronen, 1980). In addition:

' . . . interprofessional communications are embedded within multiple relationship contexts . . . during every professional interchange personal, professional, institutional and inter-agency factors colour how the messages are relayed and received' (Reder et al., 1993:65).

In practice, this means that in order to attribute the relevant meaning to information, workers must identify not only the message content, but the multiple levels of context in which the message is embedded (Reder et al., 1993). This is obviously exacerbated when a high volume of messages are passing between a high number of professionals with different professional training and background, roles and value systems (Reder et al, 1993; Hallett & Birchall, 1992).

'At every contact there is the potential for distortion or loss of message content . . . As communication between professionals tends to progress through a series of intermediaries . . . the potential for distortion is multiplied' (Reder et al., 1993:65).

A number of studies and inquiry reports have noted the problems that may arise in case management when collaboration and communication between workers breaks down. In Victorian death inquiries (CSV, 1991a; 1991b; Victorian Child Death Review Committee, 1997) it was indicated that poor communication between police, welfare services and police physicians led to children being left in 'at risk' situations, sometimes with tragic consequences. Similar findings have been reported by British death inquiries, and other descriptive studies (DHSS, 1982; Stevenson, 1988; Hill, 1990; DoH, 1991; Reder et al., 1993).

Dale et al. (1986) proposed that professional relationships were analagous to the variety of formal and informal communication patterns, healthy and destructive patterns of behaviour that develop between members of a family. Just as a family may obstruct or block change, workers may accidentally or deliberately hinder interagency communication (Dale et al., 1986; Preston-Shoot & Agass, 1990; DoH, 1991). Thus, interagency relationships were seen as reflecting or mirroring the dysfunctional family's level of 'dangerousness' (Dale et al., 1986); with the degree of blocking attributed, in part, to professional differences in power or status and resource dependency (Hallett & Birchall, 1992; Birchall & Hallett, 1995).

Overall, it should be recognised that if services are not properly coordinated, workers are not aware of the roles of the other professionals or agencies involved with particular cases, or are not fully appraised of all the 'facts' of a case, professional decision making occurs without the complete information and the probability of problems arising in case management is increased.

#### *Formal communication structures*

There are a number of formal structures or mechanisms that commonly facilitate interagency and interprofessional coordination. In the United Kingdom, the case conference is commonly identified in the literature as one of the formal mechanisms for case coordination, the other being the child protection case register (for example, Jones et al., 1987; DoH, 1991; Hallett & Birchall, 1992; Birchall & Hallett, 1995; Hallett, 1995).

In Australia, formal referral protocols between statutory agencies, and mandatory reporting legislation (Goddard, 1988a; Hiller et al., 1991; Goddard & Hiller, 1992; Goddard et al., 1996; Tomison, 1996f) are perhaps the primary formal means of communication in most States/Territories. In addition, some States/Territories have adopted some form of joint investigation or multidisciplinary teams approach to assessment and caseplanning, where case conferencing is one of the significant means of coordination and communication. In Victoria, formal referral protocols (see *Children and Young Persons Act 1989*, section 2.1.1) and the Protective Services case conferencing requirements (see below) are the primary means of communication and coordination<sup>1</sup>.

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<sup>1</sup> There was a phased introduction of the mandatory reporting of sexual and physical abuse in Victoria in late 1993, just after the case tracking study had ended. Thus it will not be discussed in detail as a formal means of communication.

### *Referrals*

Aspects of the referral process as they impact on professional decision making have already been discussed in Chapter 4 (see section 4.1.1). One additional issue worthy of mention is the tendency of workers to circumvent the formal referral protocol and to use the 'grapevine', their personal relationships with other professionals, to seek advice and sometimes, to make an *informal referral* (Dingwall et al., 1983). Such communications have been documented in health care settings (for example, Glaser & Strauss, 1965) and are usually perceived to be a device for a professional of lower professional status (for example, a school nurse) to influence a professional of greater standing (child protection worker or paediatrician) to take action without resorting to an overt request that may be seen as directly challenging the latter's status (Dingwall et al., 1983).

By alluding to an issue or case, perhaps without labelling it as 'maltreatment', it is drawn to the attention of a colleague without impinging on the other's expertise or implying criticism of their judgement. Informal referrals enable professionals to seek expert advice and 'provide for a tentative exploration of possible cases without committing a front-line worker to an identification in advance of the accumulation of relevant evidence' (Dingwall et al., 1983:115). Conversely, the information may be picked up and filed for future reference, acted upon, or rejected by the professional receiving the 'referral', without an open rejection of the concerns expressed by the 'referring' professional, or questioning of their professional competence (Dingwall et al., 1983).

An interprofessional dispute may arise however, if both professionals do not share the same assumptions regarding the purpose of the informal contact. For example, the referring professional may assume that the informal referral of the case will be acted upon, but that assumption is not shared by the professional receiving the information. Dingwall et al., (1983) concluded that in general informal referrals do not result in action because an informal referral is often unacceptable grounds for becoming involved with a case and/or the information provided is insufficient to enable a response. What is usually required is a formal referral and the presentation of specific background information. Hence, the role of the informal referral is mostly designed to assist the referrer to crystallise her/his conviction that something need to be done with a case, setting the groundwork for a later formal approach.

### *Case conferences*

Case conferences are deemed to serve a variety of purposes:



‘. . . to collate information for risk assessment and treatment planning, to collate evidence for possible legal proceedings, to share and manage anxiety, to recommend interventions to the several professions and agencies involved, to decide on registration and to nominate the key worker’ (Hallett & Birchall, 1992:277).

In the United Kingdom in particular, case conferences have become central to the exchange of information and interdisciplinary case management, so that ‘understandably high expectations of these may have evolved’ (Reder et al., 1993:67). Hallett and Birchall (1992) cite varying rates of the frequency and regularity of case conferences in the U.K., ranging from 25% to the ‘vast majority’. Packman and Randall (1989) found that, in the absence of a case conference, workers usually indulged in intra- and inter-agency consultation and information-sharing. In contrast, Reder et al. (1993) concluded that the absence of a case conference usually signalled a failure in the child protection network’s functioning, as evidenced by a child’s death.

Vernon and Fruin (1986) concluded that reviews and case conferences did not appear central to professional decision making, at least in cases involving long-term intervention. Rather, they were merely a vehicle for the confirmation of existing plans, that is, they were a procedural requirement used for decision making ratification (Vernon & Fruin, 1986). More recently, Farmer and Owen echoed their comments, noting that:

‘. . . in spite of the strong ethos of collaboration which accompanied inter-agency working, the bulk of the power and responsibility for decision-making still rested with social services’ (Farmer & Owen, 1995:101).

Case conferences may lead to less defensive case management practice as a function of a reduction of professional anxiety (Meddin, 1986) and the ‘diffusion of responsibility’ for decision making between conference participants (Preston-Shoot & Agass, 1990). In an empirical study Bennett, Collins, Fisher, Hughes and Reinhart (1982), reported that professional fatigue and interagency conflict were apparently reduced, as was professional anxiety, in cases where a number of workers had shared responsibility for decision making. This was seen to result in marked improvement in professional skills and judgement.

Meddin (1986) reported that the more support offered to workers by colleagues and supervisors, the greater the ability of the worker to offer effective assistance to families.

Case conferences provide a venue for information sharing and can be a vehicle to cement interagency relationships with other agencies (Meddin, 1986; Hallett & Birchall, 1992; Farmer & Owen, 1995). But, as with most aspects of practice, overly cohesive group practice may have negative, as well as positive impacts on child protection decision making; for example ‘groupthink’ or conflict avoidance (Bourne & Newberger, 1980; Blyth & Milner, 1990; Farmer & Owen, 1995; Scott, Lindsay & Jackson, 1995).

In their study of U.K. case conference decision making, Farmer and Owen noted few instances of overt disagreement and a 'strong prohibition against criticism of professional performance' (Farmer & Owen, 1995:101). They attributed the finding to 'groupthink', - 'a mode of thinking that people engage in when they are deeply involved in a cohesive in-group, when members' striving for unanimity overrides their motivation to realistically appraise alternative sources' (Janis, 1982; as cited in Kelly & Milner, 1996:93). 'As a result, some important dissenting information was not utilised, and deficiencies in the current handling of ongoing cases were occasionally glossed over' (Farmer & Owen, 1995:101). 'Groupthink' or conflict avoidance reflects the potentially negative impact of conformity in group decision making which has been identified as an issue in some child death inquiries (DoH, 1991).

Hallett (1995) designed a study that involved a comparison of interagency policies and practices in two different regions by retrospective analysis of the case records of 48 primary-school aged children registered as physically or sexually abused, with the intention of assessing the degree of interprofessional coordination. A significant police presence was observed, with officers involved in 32 of the 48 cases, and invited to attend all initial case conferences. In contrast, GPs were the professionals most frequently absent from the case conference process, and were most commonly considered by other professionals as fulfilling 'very' or 'rather' unclear roles. They were also rated by approximately half of the respondents as performing 'rather' or 'very' poorly with regard to child protection work.

Having made a detailed study of the mechanisms for interprofessional coordination, including case conferences and local procedural guidelines, Hallett concluded that:

'... widespread routinised interagency coordination was central to child protection practice. While there were occasional reported lapses and certainly some frictions and difficulties in the process, the automatic mode of operation at referral, and if the cases progressed further into the system, at the investigation and initial case conference stage was a multidisciplinary one. This was reflected in a routinised and relatively clear division of labour among the key agencies, operating largely sequentially, particularly in the early phases of the construction of a case of child abuse (Hallett, 1995:325).

In Victoria, Protective Services workers are expected to hold a case conference within 28 days of the commencement of protective intervention in cases which have not been closed or transferred to another Protective Services office (CSV, 1988). This may only involve Protective Services staff (internal case conference), or may involve Protective Services staff and other professionals (external case conference). Where it is deemed necessary, a case conference may be called by Protective Services, or other professionals, in cases where protective intervention is to cease (within 28 days), in order to develop an ongoing caseplan to ensure treatment and support of the child and family.

Similarly, other professionals may hold a case conference where Protective Services have decided not to investigate, or have classified the case as 'No Further Action' in order to develop a caseplan and the responsibility for any ongoing work. For example, in a hospital-based case tracking study, Hiller et al. (1991) noted that the hospital organised case conferences in cases of sexual abuse, typically for more serious assaults, where both caregivers were involved in perpetrating the abuse, or where there were disagreements with Protective Services over case management.

### *Information exchange*

The maintenance of accurate records and the exchange of correct case information, including a list of any proposed professional actions, is clearly a key factor in subsequent professional decision making and case management (Colwell, 1974; DHSS, 1985; Packman et al., 1986; DoH, 1991; Goddard & Hiller, 1992; Reder et al., 1993; Farmer & Owen, 1995).

However, case management practice may be characterised by poor quality recordkeeping, with communications between professionals often not properly recorded (Colwell, 1974; DHSS, 1985; Packman et al., 1986; DoH, 1991; Birchall, 1992; Goddard & Hiller, 1992; Reder et al., 1993; Victorian Child Death Review Committee, 1997). In one study only 60% of the workers reported that they 'almost always' made notes of interprofessional contacts, and only one in six reported 'almost always' receiving written confirmation from other workers of the outcomes of contacts (Birchall, 1992). This tendency was worse for external communications (that is, involving interagency contacts) than for internal (intra-agency) contacts. The failure to keep accurate records was attributed to a lack of administrative support, time and other resources.

In a series of Victorian case tracking studies Goddard and colleagues identified the recording of incorrect information (including the case identification and significant case factors in child protection records), and a substantial amount of missing information, such as listing of the actions that had been taken (Goddard, 1988a; Goddard & Hiller, 1992). In an assessment of Police child protection files, recordkeeping was found to be very poor, with a reliance on individual officers to record cases and to be able to retrieve files. That is, there was a reliance on ad hoc, informal rather than formal retrieval systems (Goddard, 1988a).

### *Interagency disputes*

In some cases workers described difficulties or friction that occurred when dealing with other workers, both within and outside their own group. A number of researchers (for example, Hallett & Birchall, 1992; Reder et al., 1993) note the conflicts (or breakdowns in coordination) that may result from a lack of

understanding by workers of other agencies (or professions) standards of practice, conceptual bases or ethical standards. Shane (1982) provides a summary of some of the key reasons for ineffective coordination (which at times results in interagency conflicts): a lack of trust between agencies or professionals, professional 'turfism' (that is, professional claims to particular aspects of case management), inter-agency (or interpersonal) power struggles, a lack of resources to support ongoing coordination, and finally, the potential for agencies to be trapped in a conflict of interest.

#### *Role confusion*

A number of studies have highlighted the effect of role confusion or role blurring on interagency collaboration and child protection case management (Satyamurti, 1981; Blyth & Milner, 1990; DoH, 1991; Preston-Shoot & Agass, 1990; CSV, 1991a; Goddard & Hiller, 1992; Reder et al., 1993; Victorian Child Death Review Committee, 1997).

Reder et al.(1993) note that some overlap of skills and responsibilities is inevitable between the various professions working with child maltreatment cases. Provided clear interprofessional communication is maintained and the actions each worker will take are known, they believe workers can share overlapping roles. Conversely, a lack of clarity as to the roles and functions to be fulfilled by the various agencies and professions involved with child protection cases may lead to confusion, territorial disputes and the breakdown of interagency collaboration (Blyth & Milner, 1990; Birchall & Hallett, 1995).

For example, Birchall and Hallett (1995; Birchall, 1992) investigated how professionals respond to cases. Presenting a series of case vignettes to workers they concluded that professional affiliation appeared to be *the* factor that most affected a worker's general perceptions of case management as well as her/his own responses to a case situation. They noted that professional responses appeared to be based on unrealistic or incompatible ideas about others' roles and functions, which were exacerbated by power, status and resource issues.

Conversely, agency settings within different networks appeared to have minimal influence on professionals' perceptions of policy and the practicalities of collaboration, as did worker factors such as age, gender and childrearing experience. There was some evidence of the importance of the interaction of gender and professional status in some areas of interprofessional collaboration, but more importantly, there was the general lack of consensus between and within professional groups:

'The difficulties the practitioners found in evaluating the cases and the high incidence of expected dissensus sharply reveal the lack of certain and agreed intervention protocols and indicate the need for much careful research into outcomes and more skill development among the practitioners' (Birchall, 1992:225).

#### *Perceptions of other agencies*

In a related issue, mutual respect for workers and their roles are fundamental for effective cooperation (Hallett & Birchall, 1992). A body of research has indicated that there is widespread ignorance amongst workers as to the training, role and perspectives of other professions (Hallett & Stevenson, 1980; Preston-Shoot & Agass, 1990; Goddard & Hiller, 1992). Workers often have stereotypic perceptions of other professions, with little reported overlap between various groups' perceptions (Hallett & Stevenson, 1980).

Misunderstandings of others' philosophies, roles and function may engender interprofessional conflict, a lack of respect or a lack of trust (Mayhall & Norgard, 1983; Reder et al., 1993); and misplaced loyalty to one's own agency at the expense of other agencies or clients, manifesting as 'turfism, territorialism, and critical asides (about) coworkers' (Mayhall & Norgard, 1983:235). It might also result in a lack of information sharing and an emphasis on informal (with trusted colleagues) rather than formal coordination and communication structures (Baher, Hyman, Jones, Jones, Kerr & Mitchell, 1976; Packman & Randall, 1989).

'It is inevitable that disparate motives, techniques and goals will come into play, once the broadest banner goals are translated into practical actions by a complex and extended network of practitioners. Some of these dispositions will be complementary and mutually enriching, but others will be sources of conflict, and it is likely that the impact of particular elements may change at different points in history, in a case network and in individual case careers' (Hallett & Birchall, 1992:126).

### **Co-ordination and collaboration between child protection services and the police**

Communication and information exchange between the statutory services is based around formal protocols, which in theory, should mean that a high degree of coordination exists between the services. Most formal exchanges of information is expected to occur via between-group referrals, consultations, particularly during case conferences. Child protection units are responsible for protective investigation and are expected to refer abuse matters involving criminal assaults to the police.

The police (often via a specialist child abuse/family violence squad) are mandated to conduct criminal investigations of alleged physical and sexual abuse cases in order to assess their suitability for criminal prosecution of the perpetrator(s). Although this is a relatively recent development; often police have had a statutory protective role as well. For example, until early 1992 the Victoria police had the authority to conduct protective as well criminal investigations under a 'dual track' system (Fogarty, 1993).

Justice Fogarty (1993) indicated in his review of Victoria's child protection system that the introduction of the 'single track' approach (where the protective role was managed by DHS only) had progressed in a satisfactory manner, with both statutory services following the appropriate interagency protocols. However, the findings from a large-scale case tracking study undertaken by Tomison (1999)

indicate that there are still significant inter-agency issues or case management practices which need to be further refined in order for the 'single track' system to function as was intended.

#### *Collaborative approaches*

There are two main approaches to developing better collaboration between child protection agencies and the police. First, the development of a formal referral and investigations protocol (some version operates in most Australian States/Territories). Second, the development of a joint team, such as the Joint Investigations Team (JIT) used in New South Wales (Cosier & Fitzgerald, 1999).

Such teams offer a combined welfare/police child protection service, where all cases are jointly assessed at intake by a social worker and a police officer. Such a scheme is running in a number of jurisdictions and is one team's approach that appears to work well (Bowman, 1992, McCarthy, 1994). The benefits that have resulted from the approach include a reduction in the emotional trauma experienced by victims, resulting in more effective investigations and the eliciting of higher quality case information. This in turn has enhanced the decision making process and enabled a higher degree of quality in planned interventions and a large increase in the number of prosecutions carried out. There has also been a higher degree of satisfaction by child protection workers, the Police members and other agencies as to the protective and criminal casework that has been carried out, which has led to better interagency cooperation and the active support of the unit in its investigations (Bowman, 1992; Cosier & Fitzgerald, 1999). A similar scheme was proposed by Victoria Police senior management in the early 1990s, but has not received widespread support by Police or DHS (Vic) management (Tomison 1999).

### **The theory versus practice of collaboration between child protection services and welfare agencies**

#### *Theory versus practice: The difficulties of achieving good collaboration*

Tomison (1999) undertook research designed to evaluate the decision making of the various professionals involved in the management of suspected and confirmed child abuse and neglect cases. The study was carried out in the predominantly urban, Barwon region of the State of Victoria. The study found that the child protection network under investigation suffered from a number of inter-professional coordination and communication problems. Missing cases and missing data was a problem. In extreme instances this meant that basic child demographics were not collected and/or the official designation applied by the worker to identify the type of maltreatment that was suspected for specific cases was omitted (Tomison 1999).

Additionally, in a number of cases workers had not collected (or been able to collect) data concerning familial stressors (for example, domestic violence, parent history of being maltreated) and significantly, were not informed of the involvement of other workers, or the actions those workers had taken. For some individual cases collected from more than one professional, there were major

differences in: the maltreatment that was suspected to have occurred, the workers' ratings of case severity and risk to the child of further maltreatment, and the level of intervention employed to alleviate the situation.

Tomison's study (1999) provided some evidence of inter-group communication problems in a sizeable proportion of cases. In this study only 84 case conferences were reported to have been held (28.5% of all cases) (Tomison 1999). The study found that the two statutory authorities, Community Policing Squad and child protection services, were often not following their own agency protocols with regard to inter-agency referral and the demarcation of protective service roles in child abuse cases. However, Tomison (1999) describes a reasonably 'harmonious' network, where the inter-professional links between workers were good, and the system (based on the perceptions of a number of workers) was functioning well. It was evident however, that formal inter-agency or inter-professional methods of communication, such as case conferences and referral protocols, appeared to have been circumvented in a large proportion of cases.

The failure of workers to effectively utilise case conferences and referral protocols would appear to indicate that the main means of information dissemination in this study was by informal methods. It appeared that the informal contacts developed between workers in the region supplemented and/or supplanted the more formalised communication pathways (Tomison 1999).

#### *The use of informal networks of communication*

Challis et al. (1988), noted the important role that informal professional relationships and communication paths can play in combination with formal child protection structures. Morrison (1994, 1998) also emphasised the benefits of informal contacts or relationships in strengthening the formal child protection system. It should be noted that in both cases it is acknowledged that informal linkages need to operate in conjunction with more formal communication structures.

Taken to extremes, the tendency to rely on informal communication methods may lead to the variety of interagency communication problems, often by the workers themselves (Tomison 1999). That is, running a child protection network on an ad hoc basis may result in poor information sharing and at times, the loss of cases through inter-professional 'gaps' in the system. The probability of 'losing' cases is amplified in child protection networks, given the vast number of inter-professional links commonly occurring.

#### *Coordination models*

As has been noted, coordination and communication is most effective when based on formal methods/structures that are supported by good informal linkages between agencies and workers. Underpinning good interagency practice is a 'shared understanding' of definitions of maltreatment, key issues and respective roles and responsibilities. When developing links between child protection and other services, the following formal structures may enhance process:

Case conferences. Currently under-utilised (and often non-mandated) in Australian systems (e.g. Tomison 1999), these are perhaps the most common (and one of the easiest) models.

Multidisciplinary teams. These may look like the Queensland hospital-based SCAN teams, or be Expert panels (child death review teams), or co-located, joint action teams (e.g. JIT) where the team does not only coordinate action, it offers a joint practice approach. One other model worth noting is the 'key agency' model, such as is used in Victoria's *Strengthening Families* program (see Tomison et al. 1998). Here one agency per region is funded to develop case plans for families, to act as a brokerage service to ensure families needs are met, and to coordinate the activities of other service providers. If adequately resourced, such an approach may be an effective means of network coordination.

## **Conclusions**

Interagency coordination, collaboration and communication are frequently cited as a key element or 'best practice' in child protection and family support work. However, it is notoriously difficult to achieve – with difficulty increasing significantly as the size of the professional network increases. Joint teams approaches offer the most cost effective solution, but given the low likelihood that they can be applied across the board, it is important that formal methods of coordination (and dispute resolution!) be put in place to ensure adequate, informed case management. Efforts should also be made to strengthen the informal linkages between agencies and workers as it has been demonstrated that such links may 'grease the wheels' of child protection practice.



## **Literature**

### **An overview of the relationship between statutory protective services and non-government agencies**

Bell, L. (1999)

During the past 30 years in both the United Kingdom and the United States there has been an increasing emphasis on the need for the agencies, disciplines and professions who are involved in investigating child abuse allegations and in protecting children from abuse to work together, to cooperate with each other and to coordinate their responses. (See Besharov. 1990; British Paediatric Association, 1966; Kempe and Heifer, 1972; London Borough of Brent, 1985; London Borough of Greenwich, 1987). One way of achieving this has been through the use of multi-disciplinary groups. This paper will describe the initial findings from a study which aimed to examine and compare the working of two such groups, namely, case conferences in the UK and multi-disciplinary teams in one state in the United States, New Jersey. The findings from the study show that while there are some similarities between the two types of multi-disciplinary groups, there are also significant differences in functions, membership, structure of meetings and chairing. However, the major difference that emerges is the more prominent role of representatives from the legal system in New Jersey's multi-disciplinary teams compared with UK case conferences.

Tomison (1999)

The objective of this paper is to present some findings on professionals' management of suspected child maltreatment cases in a Victorian child protection network, focusing in particular on the extent to which effective inter-professional coordination and communication has been achieved. The results of an in situ tracking of suspected child abuse and neglect cases are used to form the basis for a discussion of professional case management and the implications for child protection practice. The issues raised by a case study presented in the appendix are discussed.

Tomison 1999 (PhD) – see Brief no.1

### **Co-ordination between protective services and the police**

Cameron, Roylance & Reilly (1999)

Why has there been an exponential growth over the past two decades in the number of children and young people being presented to the criminal justice system as victims? Why do the issues associated with the identification, investigation, and prosecution of crimes against children remain so problematic? In order to address these questions, this paper briefly discusses: crimes against children; the perpetrators; the victims; disclosures; investigations; testimony; and relationship to offender. SCAN (Suspected Child Abuse and Neglect) teams, which use a model of best practice for the investigation, management, treatment and prevention of child abuse and neglect, are described, including their history, role, principles, structure, responsibilities, and advantages. It is argued that inter-agency cooperation is essential for effective child protection.

Cosier & Fitzgerald (1999)

An historical overview of the development of Joint Investigation Teams (JIT) is provided in this paper which describes how JIT comprise of officers from the Department of Community Services (DoCs) and NSW police who receive specialised training to jointly interview children and investigate child abuse allegations that may involve a criminal offence. The joint investigative response seeks to link the risk assessment/ protective intervention system of DoCs with the criminal investigation/ protective system of police and prosecution/ legal systems. Issues examined include: suitable referrals to JIT; the investigative process; case management; and the challenges of joint work.

Lynch, Bryan & Sharland (1999)

The guiding principles and local procedures of a collaborative inter-agency approach to child abuse by New Zealand Police and the Children, Young Persons and their Families Agency are outlined in this paper which also discusses the regular training undertaken by both organisations.

Turner & James (1999)

The role of Community Policing Squads (CPS) to investigate criminal offences relating to child physical and sexual assaults and to support the victims is examined in this paper which discusses: joint response teams between Victoria Police and Department of Human Services; The Sexual Offences Investigation Unit; Victim Impact Panels; Video and Audio Taping of Evidence (VATE); interviews with child; forensic examination; police investigation and court hearing.

### **The process of protective service and welfare agencies collaboration**

Allan & Potten (1999)

If Community and family structures are to become more cohesive and supportive of each other, funders and designers of programs need to heed the views of service users in developing quality services. To explore this contention, a research project was undertaken to examine the quality components of an organisation's support services for families. The organisation used for the study was Anglicare Victoria, a major provider of services for families and children in Victoria. This article provides some preliminary findings of a particular aspect of the study - the perceptions of service users concerning aspects of service provision which they most valued. (Journal abstract)

Blake, Carlus & Campbell (1995)

Families First is a service initially modelled on the United States Homebuilders form of the intensive family based services that have been over almost two decades part of a major policy drive to arrest the rise of children entering substitute care and to shift the emphasis from funding substitute care services to funding those services which 'preserve families'. The theme of this presentation is collaboration between the state bureaucracy responsible for child protection and substitute care, non-government agencies also engaged with these families, and families themselves.

It briefly tells of the development of the Families First program in Victoria, outlines characteristics of the program, and describes some of the experiences of the program and the issues confronting its development within the spectrum of services to children and families. An attachment focuses on tasks of cooperation, listing issues to consider at key stages in the interests of building trust, establishing mutual accountability, and assisting ethical behaviour.

Campbell (1999)

This chapter puts the issue of inter-disciplinary and inter-agency collaboration in an historical context, examines some of the messages from research into services for families and children, and makes suggestions about how both individual workers and clusters of workers and agencies can liaise to improve service networks.

Department of Community Services (DOCS). (1998)

The New South Wales Council of Social Services (NCOSS) undertook a survey of family support services, refuges and other SAAP (Supported Accommodation Assistance Program) services, substitute care providers, neighbourhood centres and youth services in order to gauge sector views about the positives and negatives in case management, client referral, follow up client support and care where the Department of Community Services and a community sector provider jointly work with clients. This document describes the methodology and discusses the findings of the survey, covering issues of: staffing problems; communication and consultation; practice and case management; and funding issues for non-government organisations. Recommendations addressing these concerns are provided.

Elliott et al. (2000)

The authors describe the training package, 'Protecting Women and Children: an interagency response to family violence', which was delivered across Aotearoa/ New Zealand throughout 1998. It was aimed at the police, Women's Refuge, and Children, Young Persons and Their Families Agency staff. It is noted that what makes the training special is that the agencies concerned identified their common interests, worked through perceived areas of conflict, and developed a coordinated response.

Fisher, Thomson & McHugh (2000) (see Brief no. 1)

McIntosh, J (2000)

The author states that there is a rich web of resources in the service delivery network for responding to children in domestic violence situations. She refers to areas where extremely effective work has been done with children of domestic violence because of the timely and innovative cross fertilisation of service provision, and elaborates on the following: where crisis and protective services effectively link with infant and child psychiatry; where courts use contact services in the child's best interests; where protective services initiate therapeutic foster care; where contact services and courts access Child Inclusive Mediation; and where mediation uses specialist child counselling / therapy / groups.

McPherson, Macnamara & Hemsworth (1997) (see Brief no. 1)

Morrison, T (1999)

This paper explores current challenges and agenda for change facing interagency co-ordination in the child protection field arising from the attempt in the UK to refocus child protection work away from a forensic to a more holistic and needs-led approach.

### **Collaboration between child protection and domestic violence services**

Beeman & Edleson (2000)

This article outlines sources of conflicts between child protection workers and battered women's advocates, and elaborates on these conflicts using child protection workers and battered women's advocates own words elicited in a series of focus groups. Differences in philosophies of practice, focus of practice, communication problems, and gender, racial, and cultural bias within the systems are highlighted. The article also describes models of cross-system collaboration in the United States, and makes recommendations for practice and policy which support collaboration across systems. The two disciplines are advised to focus on the goal of the best interests of the mother and child, hold the male batterer responsible for abuse, and promote collaboration with courts and other systems. 22 references. (Author abstract modified) (Abstract from NISC and BiblioLine)

Spears (2000)

This paper presents a framework for establishing a collaborative working relationship between domestic violence services and child protection agencies. It provides an overview of the common concerns of domestic violence and child protection advocates and explains the impact of spouse abuse on children. Typical child protection procedures are also described. The report briefly reviews several effective domestic violence/child protective service collaborations, including the AWAKE Program in Boston, Massachusetts; the practice integration model used by the Massachusetts Department of Social Services; and the Michigan Families First Domestic Violence Collaboration Project. Principles for collaboration are identified as: priority on the safety of the children; support for the mother's attempts to achieve safety; and holding the batterer, not the victim, accountable for harm to children. Tips for working together are included in the appendix. (Abstract from NISC and BiblioLine)

Tomison (2000)

There is a growing body of evidence that suggests that different types of violence may occur simultaneously in the same family, and that the presence of one form of violence may be a strong predictor of the other. Yet until recently, policy, research and practice dealing with family violence has been fragmented, with the various types of violence that may occur between family members usually managed independently of one another. In this paper the relationship between child maltreatment and domestic violence is explored, in particular, the relationship between child sexual abuse and domestic violence, and the 'forgotten' victims of family violence - children who witness domestic violence.

It is contended that to adequately prevent family violence requires a shift in policy and practice to ensure that the 'totality of violence' present in families is addressed. Specifically recommended are greater cross-sectoral acknowledgment of the various forms of family violence, and the development of an overarching National Framework and a National Roundtable of Violence Prevention, encompassing the prevention of all violence.

### **Theory versus practice, difficulties with the collaborative approach**

Jacobson (2001)

The author argues that the multidisciplinary approach for handling child sexual abuse cases is problematic. Changing constructions of child sexual abuse and the ways in which multidisciplinary teams are structured may lead to a mismatch between what the children need and what the team can offer. The author suggests that a model of critical practice may offer a better and more flexible framework for services for sexually abused children.

Scott (1996)

Workers in the child welfare field are continually urged to work together, states the author. Collaboration between agencies, however, is highly complex and involves interpersonal, inter-professional and interorganisational dimensions. This paper discusses the obstacles to effective collaboration in child welfare. They include: resource scarcity and gatekeeping, different agencies identifying different family members as their primary client and unconscious processes of displacement and projection. Next, the author discusses strategies for effective collaboration at the level of the worker and his or her agency. They include: recognising that interagency conflict is largely structural not personal, building goodwill at a personal and interagency level, and avoiding making the other agency into the common enemy.

### **Aids to inter-agency collaboration**

Foster-Fishman (1999)

Although reform efforts are substantially altering the structural operations and guiding ideological framework of the human service delivery system, little empirical work has been done to systematically examine these transformations. This study examines providers' attitudes regarding two reform elements that are being widely implemented: an increased emphasis on interagency collaboration and a shift from a medical model service delivery philosophy, that focuses on client deficits, to one that emphasizes consumer strengths. Through survey data collected from 186 providers from 32 human service agencies in one county, the relationship between providers' perceptions of contextual support from human service delivery reform and providers' attitudes towards these initiatives is explored. The findings from this study support the importance of attending to the ecology in which we initiate system reform efforts. For both reform elements, working within contexts that are perceived as providing ideological and functional support for change was associated with positive provider attitudes towards those changes. Staffs' perceptions of the external environment played the most critical role in shaping staff attitudes.

Interestingly, unique aspects of providers' work environments were related to positive attitudes towards the two different reforms. The implications of these findings for the success of human service delivery reform are discussed.

Walter (2000)

In this paper, it is asserted that successful interagency collaborations require commitment to a shared value base as the core dimension of the joint efforts. A rationale framework that places family-centered principles at the core is provided, and how these principles translate into specific behaviors, attitudes, and policies on all levels within and between organizations is outlined. This template can provide guidance to local and state policy makers involved in reforming systems of care.

### **Models/programs which demonstrate collaboration between statutory protective services and welfare service providers**

Argyle & Brown (1998)

The intent of this presentation is to outline how close links with schools and the involvement of young people in working with families can be very effective in preventing irretrievable family breakdown and possible abuse. There appears to be a gap in the provision of integrated preventative and early intervention services by the Department of Community Services, to families facing the possibility of abuse or irretrievable family breakdown. Often this results in youth homelessness, suicide, self-harm, mental health issues, exclusion from the education system, or incarceration. The Regional Extended Family Services (REFS) model of intervention offers family mediation, solution-focused family therapy, individual counselling, family support, supported accommodation options. A joint project is currently being undertaken in child protection services offering REFS options to adolescents and families. The authors experience in providing preventative and early intervention options to address parent-adolescent issues in both short and long term indicates that close links with schools, the involvement of trained young people as role models and as peer mediators and the provision of options for families, greatly enhances the engagement of young people and their families and the likelihood of successful outcomes. Student welfare staff are frequently the first point of contact for young people experiencing family difficulties, including child protection issues. Following recognition of best practice work with families, the Department of Human Services funded an independent evaluation of REFS programs. Interviews with clients six to eighteen months post intervention reinforced the long-term benefits of this model. Specifically 67% of clients surveyed indicated that they believed total family breakdown would have occurred in the absence of intervention. The acquisition of communication and problem solving skills by family members during the process also enhances family resilience. (Author abstract)

Bennett & Weber (1998)

This paper discusses Building Bridges, an early intervention project, which is a new initiative planned by the Tasmanian Department of Health and Human Services. A brief introduction to the structure of the Department and some information about the socioeconomic factors influencing the Tasmanian situation are discussed. Within this setting the background to the Building Bridges project is outlined as well as an overview of the principle components of the proposed model. The project is modelled on early intervention based on primary health care principles and involves coordination of Family, Child and Youth Health Services and Child Youth and Family Support Division. The most significant finding of a follow up of children whose parents had been involved in the program, showed a 50 per cent reduction in physical abuse compared with abuse levels where these children lived. The authors highlight the Department's current opportunities and challenges that form the context for the planning process being embarked upon.

Blake, Carlus & Campbell (1995) (see above)

Henderson (1999)

This paper describes the Strengthening Families Local Co-ordination Initiative first trialed in Waitakere, New Zealand. Sixty communities now have their own local protocols for enhanced social service co-ordination in place, and uptake of the model is steadily growing. The locally negotiated protocol outlines a process for inter-agency collaboration designed to better meet children, young people and their families' needs, and optimize the effectiveness of agency resources.

Mackieson, P (1997) (see Brief no. 1)

Stuart (1999)

Based on empirical evidence gathered over two and a half years, and including nine families, the concept and framework of the Client Centred Teams methodology is detailed. A definitive response is given as to the effectiveness of this approach when working with high risk adolescents in non-government agencies who are bound by statutory obligations. (Journal abstract)

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