



# MODULE 10: MULTI-DISCIPLINARITY

M▲PChIPP

SUPPORTED BY THE RIGHTS, EQUALITY  
AND CITIZENSHIP (REC) PROGRAMME  
OF THE EUROPEAN UNION



# MULTI-DISCIPLINARITY

- ▶ **Intersectoral**: collaboration between sectors
  - Administrative and justice system: statutory social services, (family) courts
  - Criminal justice system: police, prosecutors, criminal courts
  - Service provision: home visiting services, advice and counselling centres, trainings, foster and residential care, child and youth treatment, child abuse hotlines, etc.
  - Health care: paediatrics, child and youth psychiatry, general practitioners, midwives, etc.
- ▶ **Multi-disciplinary**: collaboration between professionals with different professions
- ▶ **Systembased**: involvement of the total family-system (children/parents/grandparents/adults)
- ▶ **Coordinated**: casemanager / case-coordinator and process-coordinator (don't forget someone who watches the child's safety!)

# MULTI-DISCIPLINARITY (CONTINUED)

- ▶ **Comprehensive approach:** help directed to all forms of violence in the family (child abuse / family violence / sexual violence), coordinated and provided in combination
- ▶ **Phased:** direct safety planning, assessment-diagnostics-treatment planning (risk-driven and directed to enduring safety), recovery (e.g. trauma treatment), follow-up treatment, preventing recurrence
- ▶ One family, one (coordinated) plan, one director (case manager), one team

# WHY?

- ▶ Multiple problems in many domains needing various specialists
- ▶ More comprehensive assessments
- ▶ Coordination of interrelated targets
- ▶ Less stressful for children and their families
- ▶ Better results for children and their families: increased safety and better outcomes

Different graditions of collaboration:

- ▶ At case level (incidentally and structurally)
- ▶ At organisational level (collaboration network)

# WHAT IS NEEDED?

Necessary for effective multi-disciplinary decision-making:

- ▶ Good preparation of team members
- ▶ A structured and purposeful process
- ▶ A mandate for decision-making on behalf of the organisation
- ▶ Systematic case reviews at different stages of the process

# PROBLEMS ENCOUNTERED IN DAILY PRACTICE

- ▶ Lack of a common perspective
- ▶ Insufficient participation of parents / family members
- ▶ Contradictory actions of professionals from different organizations
- ▶ Relevant professionals are not involved and/or too many professionals are involved
- ▶ No or not enough budget for coordinated care and consultation
- ▶ Lack of coordination of care
- ▶ Difficulties with information exchange (real or assumed privacy regulations)
- ▶ Illusion of safety ('responsibility' / attention of colleagues)
- ▶ Disagreement on goals
- ▶ Tunnel vision (every team member tends to reason in the same direction as the professional that brought in the case)

# EXERCISE: THE GOLDEN THREAD

The golden thread and cooperation

- ▶ Getting acquainted using a ball of wool
- ▶ Standing in a circle
- ▶ Use the red thread in cooperation
- ▶ The result is a network

# EXERCISE: MARSHMALLOW CHALLENGE

- ▶ Build the highest free standing structure.
- ▶ The whole marshmallow has to be in the top of the structure.
- ▶ You can use the content of the envelope.
- ▶ You are allowed to break the spaghetti, the rope or the tape.



# EXERCISE: SUCCESSES AND OBSTACLES IN YOUR MULTI-DISCIPLINARY COOPERATION

## SUCCESSES

- ▶ ...
- ▶ ...
- ▶ ...
- ▶ ...

## OBSTACLES

- ▶ ...
- ▶ ...
- ▶ ...
- ▶ ...

# WHAT WORKS?

## 1. Common perspective (on organisational and executive level)

- ▶ Shared problem analysis (*e.g. based on the assessment framework triangle*)
- ▶ Shared views
- ▶ Shared definition of child abuse
- ▶ Clearly defined target group

# WHAT WORKS? (CONTINUED)

## 2. Relevant partners included and agreements on collaboration

- ▶ Partners in child as well in adult care
- ▶ Partners from different disciplines
- ▶ Partners in different domains
- ▶ Clear agreements, division of tasks and responsibilities
- ▶ Clear organisational structure (core group and second circle)
- ▶ Financial agreements

# WHAT WORKS? (CONTINUED)

## 3. Respectful collaboration culture

- ▶ Enthusiasm, reliability, confidence, respect
- ▶ Willingness to cooperate
- ▶ Time and effort to know and understand each other
- ▶ Inspiring leadership of the person directing and coordinating the collaboration

# WHAT WORKS? (CONTINUED)

## 4. Clear direction

- ▶ **At organisational level:** agreements on which organisation is in the lead, especially when cooperation stagnates
- ▶ **At executive level:** who is in the lead, especially when case development stagnates (case coordination)
- ▶ Agreements on decision making at both levels

# WHAT WORKS? (CONTINUED)

## 5. Supportive work agreements

- ▶ Exchange of information
- ▶ Consultation
- ▶ Adaptation of working processes

# WHAT WORKS? (CONTINUED)

## 6. Effectiveness of treatment service

- ▶ Use of effective interventions
- ▶ Based on the 'what works' principles concerning:
  - Inclusion of different domains and systems
  - Comprehensive treatment planning
  - Abuse specific treatment
  - Needs and resource base
  - Keep safety in view all the time

# WHAT WORKS? (CONTINUED)

## 7. Systematic evaluation and quality improvement

### On case level

- ▶ Goal attainment scaling and evaluation of treatment
- ▶ Working with questionnaires

### On organisational level

- ▶ Systematic evaluation of goals and accumulation of results
- ▶ Continuing evaluation and quality improvement



# TOOL: CHECKLIST OF COLLABORATING IN CARE OF ABUSED CHILDREN AND THEIR PARENTS

- ▶ Checklist for organisational and executive levels
- ▶ Based on the 'what works' principles
- ▶ To analyse the cooperation
- ▶ At different moments (starting, progress, stagnations)
- ▶ Helps to get the full picture: success factors, forgotten aspects and obstacles
- ▶ Basis for communication and action

# EXERCISE: CASE REVIEW (EXECUTIVE LEVEL)

- ▶ Divide into groups of two
- ▶ Analyse a recent case regarding multi-disciplinary collaboration on the executive level  
After 15 minutes, change places and analyse the case of the other group member
- ▶ Reflection: What are the successes and obstacles, what can be improved and how can this be organised?
- ▶ Continue with analysis of collaboration on organisational level

Alternative:

Ask the group to introduce a complex case of child maltreatment and analyse together which services and agencies are involved in the treatment planning and how they can collaborate in a common plan.

# INFORMATION SHARING

- ▶ Multi-disciplinary assessment needs **exchange of information** and views.
- ▶ Information sharing needs to **follow (statutory) provisions** (e.g. data protection, notification duties).
- ▶ Even with clear (legal) framework: professionals face **potential conflicts of interests**

Multi-disciplinary assessment	vs.	Confidentiality in helping relationships
Notification/reporting duties without consent	vs.	Earning and preserving trust of children and parents/carers
Professional collaboration	vs.	Participation and co-creation of children and parents/carers
Professionals as (only) experts	vs.	Engaging children and parents/carers as knowers

# INFORMATION SHARING (CONTINUED)

*Questions to be answered:*

- ▶ **Information sharing with consent:** How much has been done to achieve consent by child and/or parents/carers?
- ▶ **Information sharing without consent:** What has be done to achieve transparency and honesty in trustful relationship with child and/or parents/carers?
- ▶ **Purpose of information sharing:**
  - Can this purpose be achieved without this information or with consented information sharing?
  - Who needs to get the information to achieve the purpose?
  - What information is necessary to achieve the goals?
- ▶ **Risks of information sharing:**
  - Does information sharing pose potential risk for the child?
  - Does the value of confidentiality in child protection need balancing with the expected benefits of multi-disciplinary information sharing?  
(only applicable if information sharing is not obligatory)

# EXERCISE: REFLECTION ON CASES

Discussion of cases in which information exchange:

- ▶ went well: what factors contributed to these positive experiences?
- ▶ was complicated: what factors contributed to the complications?
- ▶ what are possible solutions / good practices?

*Options to consider:*

- ▶ Knowledge about rules and standards: what is allowed and what not?
- ▶ Given the possibilities and restrictions of this context:
  - Present the safety / interest of the child as a shared focus
  - Have a curious attitude, good communication and problem solving skills
  - Mutual understanding of positions
  - Emphasis on good experiences in cooperation
  - (Other) aspects of the checklist collaborating in care
  - .....

## ILLUSTRATION: FAMILY JUSTICE CENTER

- ▶ Multiagency, multidisciplinary service center where public and private agencies assign staff members on a full-time or part-time basis in order to provide services to victims of domestic violence and their families from one location.
- ▶ Overall goal is to ensure that victims of domestic violence have access to all needed services in order to enhance their safety and increase offender accountability.
- ▶ Acts from one location in order to reduce the number of times victims must tell their story, reduce the number of places victims must go for help, foster collaboration and common approach of the different agencies and increase access to services and support for victims and their children.
- ▶ More information: [www.familyjusticecenterseurope.org](http://www.familyjusticecenterseurope.org)

# ILLUSTRATION: CHILD ADVOCACY CENTRE

- ▶ The Multidisciplinary Team concept was a core aspect of the original Child Advocacy Center model.
- ▶ This innovative model recognized that to effectively respond to this issue that the various agencies and departments responsible for the protection of children must be united in a collaborative effort to respond with the recognition that no one agency by itself could assure the protection of children.
- ▶ More information: [www.nationalcac.org](http://www.nationalcac.org)

## ILLUSTRATION: PROMISE

- ▶ Aims at promoting child-friendly multi-disciplinary and interagency services supporting child victims of violence, providing them with access to justice, avoiding re-victimization and ensuring high professional standards for recovery.
- ▶ Refers to the Barnahus (Children's House) model, and similar models such as the Children's Advocacy Centers, embracing cooperation between social services, police, prosecutors, judges, pediatrics and child/adolescent psychiatry in one place.
- ▶ This multi-disciplinary and interagency service model forms an integral part of the welfare and judicial system. It provides support to child victims and witnesses to violence, giving them access to justice, avoiding re-victimisation and ensuring recovery.
- ▶ More information: <http://www.childcentre.info/promise/>



# WRAP UP, EVALUATION AND REFLECTION

- ▶ What is your most important insight after today's work?
- ▶ Which elements are you going to use in your practice?
- ▶ What are you going to tell to your colleagues / managers tomorrow about what you learned today?
- ▶ In which situations can you implement the content of today in the time to come?

# COLOPHON

- ▶ The training material at hand was developed as part of the project **Multi-disciplinary Assessment and Participation in Child Protection Proceedings: training program with modules and toolbox, international network (MAPChiPP)**.
- ▶ This collaborative project was **supported by the Rights, Equality and Citizenship (REC) Programme of the European Union** and conducted by the German Institute for Youth Human Services and Family Law (Germany), Family Child and Youth Association (Hungary), the Estonian Union for Child Welfare (Estonia), the Netherlands Youth Institute (Netherlands) and Child and Family Training (UK).
- ▶ **Module 10: Multi-disciplinarity was developed in main responsibility of the Netherlands Youth Institute** by Marianne Berger and Cora Bartelink.
- ▶ We would like to thank Margreet Timmer and I. Haxe of the Landelijk Opleidingscentrum Kindermishandeling as well as Kiira Gornischeff and Helen Karu from the Estonian Union of Child Welfare for their substantial support in preparing and revising the present material.
- ▶ © 2017 **MAPChiPP project consortium All rights reserved**