



INTERDISCIPLINARY RESEARCH LEADERS

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Using Inter-Professional Collaboration to Improve Outcomes in Child Protective Services Investigations

WHY WE DID THIS STUDY

Every year, one in 15 infants is referred to Child Protective Services (CPS) due to concern for child maltreatment.¹ This early call to CPS is one of the strongest predictors of preventable deaths before a child's fifth birthday, highlighting the ongoing risks to safety and health experienced by young children with a history of CPS involvement.² As an interdisciplinary team of researchers and practitioners in public policy, child health, and child welfare, we are compelled to identify novel approaches to improve outcomes for this highly vulnerable population.

In 2016, the Presidential Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) concluded that child welfare agencies alone cannot shoulder the responsibility of reducing risk and promoting health after CPS involvement.³ Rather, CECANF argued that communities must "build a village" around at-risk children and families in the months and years after CPS involvement. There is growing recognition of the role for child health care providers in this village, with the potential to promote the longitudinal health, safety, and well-being of young children with a history of child welfare involvement.⁴⁻⁶ Unfortunately, heavy regulation and intense politicization of child welfare practice may limit our ability to build these villages. CECANF highlighted legal and policy restrictions around information-sharing as important barriers to successful implementation of interprofessional collaboration to prevent child abuse and neglect fatalities.³

While designing more collaboration-friendly regulation or removing regulatory obstacles might enable more collaboration, the influence of regulatory frameworks on child welfare collaborative practices has never been systematically explored. To understand the influence of regulatory environments on the effectiveness of interprofessional collaboration related to protection of children with a history of child welfare involvement, our team conducted a national policy scan to identify states with the highest and lowest levels of child welfare regulatory restriction. We then interviewed child welfare and child health care professionals from these states to answer the question: Are child welfare and child health care professionals who operate in more permissive regulatory environments more effective in their cross-sector collaboration than child welfare and child health care professionals who operate in more restrictive regulatory environments?

WHAT WE FOUND

- Effective interprofessional collaborations in Child Protective Services (CPS) investigations could improve the well-being of children with suspected abuse or neglect.
- Interpersonal relationships and opportunities for interdisciplinary interactions in CPS investigations are critical for effective interprofessional collaborations.
- Collaboration experienced by professionals involved in this work is not determined by the policies and regulations that either mandate or restrict interprofessional collaboration.

Effective inter-professional collaboration, or lack thereof, in CPS interventions can improve the well-being of children with suspected abuse or neglect. Collaboration among professionals who work with children with suspected abuse or neglect takes place when barriers to information-sharing are removed and facilitators of effective communication are supported. When collaboration takes place, experts tell us that it leads to better quality, right-sized and timely investigations of child abuse, and leads to better outcomes for the children involved in these investigations. When collaboration fails, experts suggest that critical information does not get communicated and important strengths and risks for the child’s safety and well-being may be overlooked.

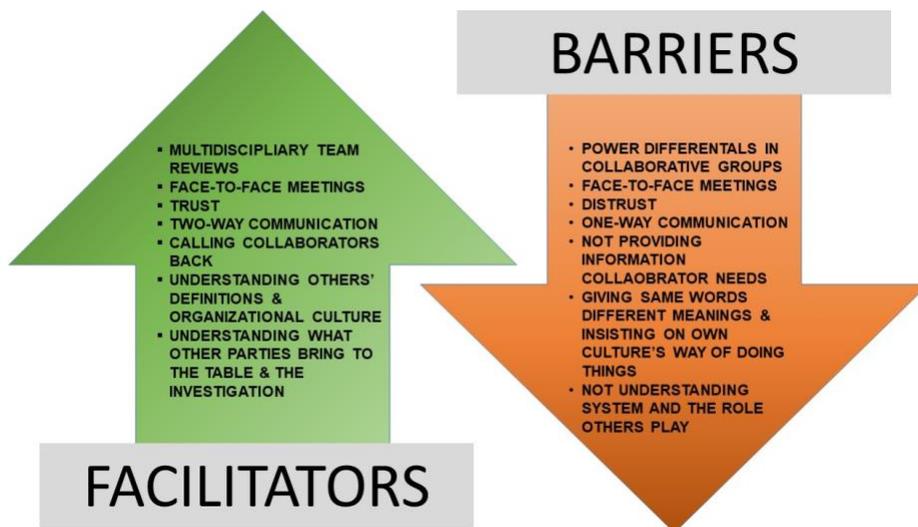
Policies and regulations matter less for collaboration. We assumed that regulations about the content or context of child welfare collaboration with other professionals would define the day-to-day collaborative practices of child welfare professionals. We were surprised to find that this is not the case. Regulations related to inter-professional collaboration, whether very permissive or very restrictive, is not what “makes or breaks” inter-professional collaboration in the response to children with suspected abuse or neglect.

What matters more are interpersonal relationships. Experts repeatedly highlighted the quality of relationship (professional courtesy, respect and appreciation of what each team member brings to the table), the level of trust in the relationship, and the opportunities for face-to-face meetings as critical determinants in collaboration and shared decision making. It seems that once personal relationships are established, inter-professional collaboration happens whether it is encouraged or not in regulation. Conversely, if those personal relationships are not in place, effective collaboration will not materialize regardless of the regulation.

Collaboration is facilitated by the details. Structured multidisciplinary meetings, real-time face-to-face meetings, and expectations for participation all support meaningful collaboration. Furthermore, understanding the differences in professional language, cultures, and power differences among members of the collaborative group facilitates collaboration.

The figure below reflects the themes identified in qualitative analysis of interviews with child welfare and child health care professionals related to interprofessional collaboration, highlighting facilitators of and barriers to effective collaboration.

Figure 1. What influences interprofessional collaboration



“There are several of us who’ve been here for the long-run. First it was simple Starbucks meetings, face-to-face, it turned into about eight of us who are interested in trying to figure out ‘How do we talk to each other better?’.”

–Study participant

WHAT THESE FINDINGS MEAN

Because regulation alone does not shape professional collaboration around children at risk for abuse or neglect, we should spend less time legislating or crafting the perfect policy on intra-professional collaboration. Drawing from the expert experiences reflected in this project, we should focus on improving inter-professional relationships, improving inter-professional communication, clarifying and sharing privacy rules, and supporting what facilitates collaboration. By

removing barriers and introducing facilitators to collaboration, experts believe that we can see improvements in quality, scope and timeliness of child abuse investigations as well as outcomes for the children with suspected abuse or neglect.

Future work should focus on moving beyond expert opinion on the benefits of inter-professional collaboration in these investigations. We are actively engaged in research to describe the meaningful impacts of collaboration on CPS investigations and the children involved in these cases.

MORE ABOUT THIS STUDY

The collaborative relationship between health care providers and child welfare service is key to improving the health trajectory of children at risk of continuing abuse or neglect after involvement with Child Protective Services (CPS). CPS comes in contact with struggling families only once abuse is suspected, and rely upon child health care providers to identify and refer these cases appropriately.⁷ Caseworkers are then only in contact with the family until the investigation is closed. Child health care providers, in contrast, continue to engage with children and parents throughout early childhood. Although these providers may note and report repeated abuse, they also have the opportunity to build relationships with families at risk and refer them to resources that may improve parenting, resolve stress, and reduce the risk of abuse.⁸ CPS lacks the capacity to provide ongoing services to many children and families at risk after child welfare involvement, whereas health care providers can fill that important continuum of care function. Furthermore, many parents report a willingness to talk with their child's health care provider about household struggles that may persist after CPS involvement.⁹ Collaboration and trust between child welfare workers and child health care providers is an essential ingredient to building the village needed to protect children at risk for ongoing abuse and neglect.

To address these issues, we examined a possible structural barrier and facilitator of professional collaboration – the heavy regulation guiding CPS work. Laws and red tape are frequently seen as an obstacle to interagency collaboration in other settings. We wanted to learn whether strict CPS regulation prevents needed interprofessional collaboration, recognizing that if this is a critical barrier, we might be better able to change these regulations. To answer these questions we conducted a study of the permissiveness and restrictiveness of collaboration in state-level CPS regulation.

In this study, state regulations related to child welfare interactions with other professionals in 50 US states were given a weighted score based on the types of information shared, the stakeholders with whom information is shared, and whether collaboration was encouraged or mandated. States that scored in the top or bottom 10% of the collaborative regulation scores (10 states total) were selected for in-depth interviews (34 interviews total). The interviews engaged child welfare agency administrators, CPS supervisors, CPS caseworkers, primary care health providers and child abuse pediatricians. The semi-structured interviews explored the origins of current regulations, the impact of regulations on inter-professional collaboration, perceived barriers and facilitators to inter-professional collaboration, and specific barriers and facilitators to collaboration between child welfare and child health service providers. These interviews were read and re-read by our research team to identify common themes and concepts that might inform our understanding of the reality and promise of inter-professional collaboration in our response to suspected child abuse or neglect across the United States.

SOURCES

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