Individual Strategies for Coordination

***Reach out to the other discipline:** This should be done in informal, nonthreatening ways. It can take many forms, including inviting other disciplines to a staffing or case consultation. It is important for team members to know that they are professionally and personally valued.

*Share professional information: Individuals can share research articles, procedure manuals, or other materials of mutual interest. Each contact helps build the sense of trust and breaks down the barriers to effective team work, particularly if the material shared relates to an area of conflict.

***Keep communication open:** Even when the system does not provide for a close team approach, individuals can keep their counterparts informed on the status of individual cases through notes or telephone calls.

*Confront the conflicts openly: Areas of professional or personal conflict should be confronted in a nonthreatening and open manner. Discussion can put the issues on the table and sort them out. Some issues can be resolved; on others, the parties may agree to disagree. The conflicts inherent in the relationship between CPS and other entities are serious but do not have to present road blocks to working together effectively. Communicating and formalizing the relationship where possible can break down barriers to effective team work. Dissonance can be reduced, and conflicts can be minimized. When collaboration works, it works for all the agencies and, most importantly, for the child and family.

Program Level Strategies for Coordination

Memoranda of Understanding. Good collaborations, coordination, and communication may benefit from Memoranda of Understanding (MOU) that clarify the kinds of information each agency can share, how and when this sharing will take place, procedures for information sharing, monitoring of clients, confidentiality, and other items specific to the agencies and community. Determine from your department the nature and extent of MOUs are currently in effect. As you work with various entities across your community, you may want to suggest that the department establish an MOU that will solidify best practices across your department and between your department and the other agency.

Cross-training opportunities. Regardless of who hosts or the focus of the training, cross-training allows child welfare and domestic violence professionals to receive and provide relevant information simultaneously about their respective processes and subject areas. CPS caseworkers can invite service providers to inservice trainings where they provide critical information regarding the definitions of child maltreatment, the criteria for reporting to CPS, and the CPS process. This provides an opportunity to clarify misconceptions about their roles, responsibilities, and authority. For example, caseworkers likely will see that some domestic violence workers struggle with mandatory reporting requirements because they fear victims will be "revictimized" by punitive child welfare practices, that it will cause them to lose their children, or that they are breaking victims' confidentiality. CPS caseworkers can ease such apprehensions by explaining the criteria for case substantiation, the course of protective custody decisions, and the required steps in the child protection process. Further, caseworkers can offer to help victim advocates develop protocols and staff trainings on mandatory reporting to CPS. Similarly, service providers and organizations can invite CPS caseworkers to trainings such as appropriate safety measures for victims, perpetrator intervention programs, and the dynamics of domestic violence.

Joint training. This is one of the keys to collaboration once the team concept is realized. Training provides all parties with an opportunity to hear the same information and to learn skills together, and provides an opportunity to acquaint one discipline with the philosophical perspectives and unique concerns of others.

Based on tips from *The Role of Law Enforcement in the Response to Child Abuse and Neglect: U.S. Department of Health and Human Services*. Donna Pence, Charles Wilson; 1992.