Collaboration Quality Review

Approaches to Measure Collaboration Quality in the Context of Barnahus

December 2025

unisa.edu.au/accp

Assoc Prof James Herbert
Dr Rachael Tindal
Dr Mary Mitchell
Assoc Prof Camille Warrington
Prof Silvie Bovarnick

University of South Australia | Australian Centre for Child Protection

THE UNIVERSITY of EDINBURGH

University of Bedfordshire

Stiftung Universität Hildesheim 2003

University of South Australia | Australian Centre for Child Protection

COLLABORATION QUALITY REVIEW: APPROACHES TO MEASURE COLLABORATION QUALITY IN THE CONTEXT OF BARNAHUS.

Associate Professor James Herbert (Australian Centre for Child Protection; University of South Australia); Dr Rachael Tindal (Australian Centre for Child Protection; University of South Australia); Dr Mary Mitchell (School of Social and Political Science; University of Edinburgh); Associate Professor Camille Warrington (Safer Young Lives Research Centre; University of Bedfordshire); Professor Silvie Bovarnick (Institut für Sozial- und Organisationspädagogik; Universität Hildesheim)

Suggested Citation:

Herbert, J. L., Tindal, R. A., Mitchell, M., Warrington, C., & Bovarnick, S. (2025). Collaboration quality review: Approaches to measure collaboration quality in the context of Barnahus. Australian Centre for Child Protection. [URL]

This review was made possible thanks to the support of Oak Foundation. The researchers would like to acknowledge Shawnna Von Blixen and Olivia Haldorsson from the Barnahus Network for their support in undertaking this review.

Contents

EXECUTIVE SUMMARY

This report was undertaken to explore approaches to measuring the quality of multi-agency collaboration in the response to child abuse. While there is broad agreement that collaboration is critical to the quality of responses experienced by children and their families, it is less clear what good quality collaboration looks like, and how to measure it at a systems level.

This review was undertaken as part of a larger project to develop and test a common evaluation framework for the European Barnahus. The aim of the review was to identify the domains that make up collaboration quality in a multi-agency response to abuse and review the degree to which existing measures/instruments cover these domains. Measures could ideally also be used in the context of informal or inter-agency collaboration, which would allow for examination of how implementing interventions like the Barnahus affect collaboration relative to other types of responses.

A rapid review was conducted that included 38 international studies published between 2000 and 2025, identifying the underlying dimensions of collaboration and the existing instruments used to measure them. Studies included both qualitative research focusing on the underlying elements of collaboration and quantitative studies utilizing existing measurement approaches. The first part of the report examined the underlying domains of collaboration, synthesising the findings of the qualitative studies and the reported constructs/factors that make up existing measures. The second part of the report examined the range of existing measures and the degree to which they cover all of the domains identified in the first part of the report.

A central finding from the synthesised evidence is that collaboration is a multi-layered construct made up of the quality and implementation of the collaborative arrangements, but also cognitive and relational domains that influence how professionals work within these arrangements. The analysis identified six primary domains that define collaboration quality, reflecting the foundations of a collaborative response, the collective characteristics of professionals working in the response, and enablers of collaborative practice:

1. Relational Foundations (Trust, Respect, and Safety) This domain represents the interpersonal climate of the team. It is defined by the measurable presence of mutual trust, professional respect, and psychological safety—the perception that professionals can take interpersonal risks without fear of blame from their colleagues. The review indicates these interpersonal factors are prerequisites for functioning collaboration and are developed over the course of professionals interacting with each other on cases and through informal connection.

2. Cognitive Foundations (Shared Goals and Understanding) This domain relates to the team's intellectual infrastructure. It involves the alignment of purpose (e.g., a unified child-first mission), clear role definitions, and co-knowledge—a mutual understanding of each partner's mandates and legal constraints. In a team context, this reflects the degree of agreement on shared purpose, but it applies equally to informal, case-specific interactions.

3. Structural Frameworks (Protocols and Governance) This domain encompasses the formal scaffolding of the multi-disciplinary team. It includes the existence and usefulness of written

interagency agreements, clear governance structures, and the logistical infrastructure that facilitates interaction, such as co-location.

4. Communication (Quality and Function) This domain measures the mechanics of interaction. A quality response is defined by the timeliness, accuracy, and openness of information exchange. A key indicator of quality is a problem-solving focus, where communication is oriented toward solutions rather than assigning blame during crises.

5. Active Processes (Coordination and Decision-Making) This domain captures collaboration in action. It includes the practical synchronization of activities (joint planning), the execution of shared decision-making, and the presence of constructive conflict resolution mechanisms to manage professional disagreements.

6. Systemic Enablers (Resources and Support) This domain measures the organisational context. It includes the top-down inputs necessary for success, specifically sufficient time, funding, staffing, and organisational support. Joint training was identified as a critical intervention for building shared knowledge.

The review identified 13 existing measures used to assess collaboration quality. While some standardised measures provided comprehensive coverage across the identified domains (e.g., Self-Evaluation Tool for Child Protection Teams), the majority tended to focus on specific aspects of collaboration. Measures varied significantly in their breadth, with some focusing exclusively on team climate (e.g., Team Functioning Survey), while others functioned primarily as structural inventories (e.g., Multi-Disciplinary Collaboration Scale). Some measures focused more on the presence of elements, while others asked more probing questions about the functioning and suitability of elements that supported collaboration (e.g., interagency protocols). Measures also varied in whether they reported on teams or systems (e.g., *Comprehensive Measures of Team Dynamics and Culture*), or whether they asked about each agency/disciplines interaction with each other (e.g., *Relational Coordination Index*).

To facilitate the full coverage of domains the report proposes integrating the *Team Functioning Survey* (McGuier et al., 2024) to capture internal team dynamics (trust, learning, and coordination) with specific items from other surveys to balance a breadth and depth of coverage of the themes. This compilation of measures will need to receive validity and reliability testing in the Barnahus context.

MEASURING COLLABORATION QUALITY IN THE CONTEXT OF BARNAHUS

INTRODUCTION

A key argument for forming multi-disciplinary responses to child abuse (e.g., Barnahus, Children's Advocacy Centres [CACs]) is that formalising how disciplines, agencies and systems interact for the best interests of children can improve the holistic response to the case. This is typically framed in terms of efficient information exchange, consistent decision-making, and the minimization and management of distress associated with systemic responses (Herbert & Bromfield, 2019b). This reflects deliberate efforts to manage the well demonstrated negative effects of role confusion across professionals, conflicting perspectives and priorities, poor communication, inter-agency politics, and structural barriers to collaborative work (e.g., Westphaln et al., 2022).

Multi-agency responses typically involve developing agreements for working across the justice system, child protection, medical health services, mental health and therapeutic services, social work/victim advocacy, and a range of other disciplines and agencies typically involved in responses to abuse (Herbert & Bromfield, 2019a). These responses involve forming a Multi-Disciplinary Team (MDT), where these different groups work in a more integrated and holistic way. In the absence of a formal multi-agency response, these agencies would informally communicate, which can be extremely time consuming, slow down the response, and potentially exclude key groups that have important insights about the case (Cross et al., 2007; Herbert & Bromfield, 2019a). The lack of communication and collaboration between these systems can result in serious secondary harms that children and families have reported as being as distressing as the abuse itself (Powell & Wright, 2012; Van Bijleveld et al., 2015).

Another key advantage of these formal collaborative responses is being able to develop a holistic view of children and families' experiences of responses, allowing for these principles to be realised and quality assured in a more comprehensive and meaningful way. Formal collaborations provide a mechanism to operationalise children's rights; by organizing responses around shared principles such as the best interests of the child and trauma-informed practice, these rights are embedded and implemented more comprehensively (Haldorsson, 2017).

A core challenge for multi-agency responses is that different agencies and disciplines are likely to frame 'success' in the response to the case in different ways (e.g., Parker et al., 2025). While developing formal responses allows for the identification of common goals to minimize potential conflict (Darlington et al., 2005), distinct responsibilities and mandates create inherent challenges that cannot be entirely eliminated.

As there are inherent differences between the groups responding to abuse, establishing how to define collaboration quality presents a core challenge for researchers, policymakers, and practitioners. Conflict or disagreements between professionals can potentially be viewed as a healthy part of the interactions of a multi-disciplinary team and a check against potential within discipline 'group-think' (Munro, 2011). In a simulation study, Herbert et al. (2025) observed that these interactions tended to involve clarification of the roles and processes of agencies, discussion of the rationale for each agency's decision-making, and additional lines of inquiry for agencies to increase their certainty around their decisions and recommended actions.

Researchers have observed the significant role of power within multi-disciplinary teams, typically framed around the disproportionate influence of the criminal justice system or hierarchy of clinical/medical perspectives over welfare expertise (Johansson et al., 2024; Nugus et al., 2010). However, scholars caution against the blurring of roles as the ultimate goal; rather, a fine balance is required. While silos must be broken down, distinct professional mandates and epistemologies are essential to shed light on the different needs of the child (Lalayants & Epstein, 2005).

Relatedly, while outcomes are traditionally framed in terms of access to justice or therapeutic services (Walsh et al., 2014; Westphaln et al., 2022), researchers have increasingly focused on children's experiences as a key measure of whether collaboration has translated into an improved response (e.g., McGuier et al., 2024; Mitchell et al., 2025). Recent findings suggest that team members may agree on the broad mission but differ on specific responsibilities (Parker et al., 2025), highlighting the complexity of maintaining distinct professional identities while working toward a shared purpose.

Context

In the context of a project aiming to develop a common approach to evaluating the quality and effectiveness across the European Barnahus, this review aimed to explore definitions and understandings of collaboration quality in the research literature. This review was interested in canvassing the existing literature to better understand the underlying dimensions of collaboration in response to child abuse, along with examining the applicability of existing instruments to the diverse implementation contexts of the Barnahus model in Europe.

Barnahus has rapidly expanded from initially being implemented in Iceland, Sweden, Norway, and Denmark (Johansson & Stefansen, 2020) to now being implemented at various levels across most European jurisdictions (Council of Europe, 2023). The Barnahus model exists as a set of aspirational standards (Haldorsson, 2017), however there is considerable differences in how the model is implemented. Target groups, for example, have generally expanded over time but vary in their inclusion or exclusion of specific cohorts, such as children who have witnessed domestic violence or those who have displayed sexually harmful behaviour (Johansson & Stefansen, 2020). The model's integration into existing systems also differs significantly; for instance, the Norwegian Barnahus model is affiliated with the police system (Bakketeig et al., 2017), whereas the Swedish model is affiliated with municipal child welfare services (Johansson et al., 2024). Regarding therapeutic services, the model is designed to strengthen the support and treatment of children as a core goal, with its service approach including therapeutic services and therapy to avoid re-traumatization (Johansson et al., 2024). This can involve the direct implementation of combined treatment for children and parents within the Barnahus itself (Johansson et al., 2024), rather than solely relying on external referrals.

A recent comparative analysis of Barnahus in Northern and Eastern Europe (Herbert et al. In Preparation) further highlights the range of models and contexts that exist. For example, in Finland, the Units within university hospitals are empowered by legislation to investigate the reliability of evidence provided by children and more resemble a socio-forensic investigative approach. In Poland, Barnahus are primarily operated by Non-Governmental Organisations (although a joint government-NGO partnership model recently opened in Krakow) and are primarily oriented toward the

therapeutic care of children. While the Barnahus does not directly provide therapy in the Estonian model, the model is led by the Estonian Social Insurance Board (Sotsiaalkindlustusamet), meaning that therapy is directly paid for and managed through the Barnahus. This diversity creates a measurement challenge. Instruments designed for the US-based CAC model—which typically assumes a standard team includes CPS, Law Enforcement, Prosecution, medical/mental health — may require adaptation for European contexts where the 'Barnahus' might be a hospital unit (Finland) or an NGO-led service (Poland). Measures must therefore be sensitive to varying governance structures.

As a precursor to proposing an evaluation framework that would aim to be responsive to these different circumstances and adaptations to the model this review aimed to unpack the complexities of collaboration quality to support the identification or development of an appropriate set of measures to gauge the quality of collaboration within a system. Along with a measure adaptable enough for different implementations and contexts that Barnahus operate in, being able to measure the quality of collaboration in a non-Barnahus response was also an important consideration for a possible multi-site comparison study.

The review included two main research questions:

- What are the underlying dimensions of collaboration quality in multi-agency responses to abuse?
- What measures exist to measure the quality of collaboration in multi-agency responses to abuse?

The review also aimed to examine any potential gaps between the underlying dimensions that exist in the research literature and the dimensions covered by the existing measures.

METHODS

A rapid review of the literature was conducted to identify measures for assessing MDT collaboration. The search was finalised on 1st August 2025 and comprised five peer-reviewed academic databases: MEDLINE (PubMed), PsycINFO, CINAHL, ProQuest, and Scopus. The following search string was run across the databases, with limits for articles published from 2000 to the present:

(("multidisciplinary*" or "multi-disciplinary" or "interdisciplinary*" or "inter-disciplinary" or "interprofessional" or "inter-professional" or "interagency" or "inter-agency" or "CAC" or "Child Advocacy Centre" or "Children's Advocacy Centre" or "Child Advocacy Center" or "Children's Advocacy Center" or “Child and Youth Advocacy Centre” or “Barnahus” or “Children’s House*” or “team*” or “integrat*” or “MDT”) and ("child abuse" or "child maltreatment" or "child protection" or "child sexual abuse" or “CSA”) and ("measure*" or "assessment" or "evaluation" or "indicator*" or "tool*" or "instrument*")) and ("collaboration" or "cooperation" or "quality" or "function*" or "performance" or “client-cent*")

In addition, supplementary searches were conducted to identify grey literature, acknowledging that many tools exist in manuals or evaluation reports rather than peer-reviewed journals. This process included searches in Google Scholar and targeted searches on the websites of key child protection agencies (e.g., NSPCC, Child Welfare Information Gateway, Better Care Network, Child Protection

Hub [ChildHub]) and relevant professional bodies. The reference lists of included studies and relevant reviews were also hand-searched. Finally, a targeted review of studies included in Herbert & Bromfield (2017), the NCAC's Review of Evidence for the CAC Standards, and relevant Barnahus Evaluations was conducted to capture these key practice-based tools.

Eligibility Criteria

The review aimed to identify studies and sources that matched the eligibility criteria, which were structured to answer the review questions.

Participants. The primary focus of the review were studies that focused on multidisciplinary teams or system responses to child abuse. This included, but was not limited to, responses with professionals from child protection services, law enforcement, health care, education, and legal sectors.

Intervention. As the ultimate aim of this review was to identify and summarise measures of collaboration, the scope included any measure, tool, framework, or indicator used to assess the quality of collaboration. The intervention of interest was the interaction between professionals as part of the response to abuse; this could include any type of interaction, informal or a formal multi-agency model. Studies not focused on collaboration or interprofessional working, or those assessing only single-discipline teams, were excluded. Studies also needed to focus on collaboration in the context of responding to child abuse, although collaborations across child abuse and other inter-related issues such a family and domestic violence, substance abuse and mental health were also considered.

Comparison. Being a rapid review to identify existing measures, there was no expectation that studies had to include a comparison condition to be included.

Outcomes. The review was focused on identifying the measures themselves (i.e., tools, frameworks, indicators). This review also sought to isolate the mechanism of collaboration from its results. Therefore, studies that focused solely on outcomes for children without an explicit assessment of the collaborative processes that produced them were excluded. The relevant outcome of interest was either directly reporting on what constituted collaboration, or measurement of collaboration through any kind of methodology.

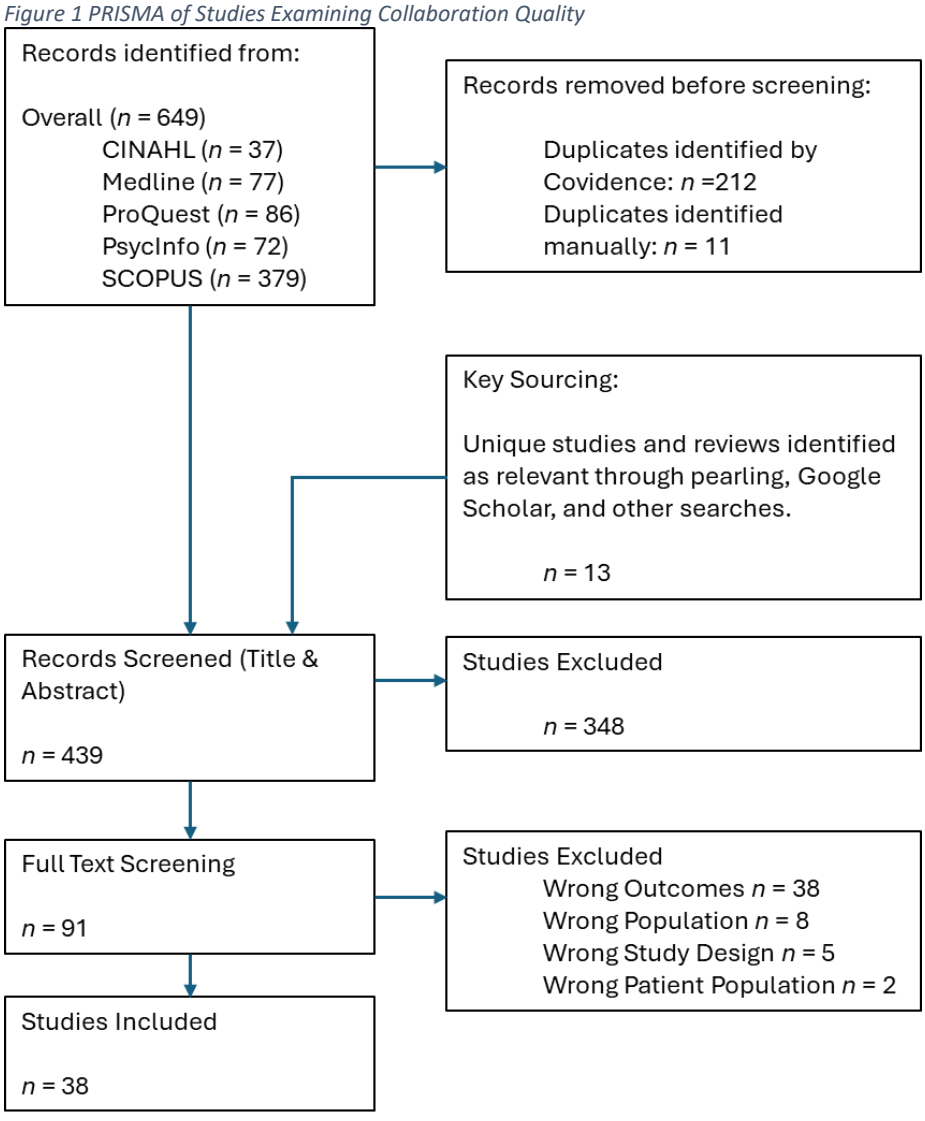
Publication Status and Study Design. The review included peer-reviewed articles, grey literature (e.g., government or NGO reports), and tool manuals. Only sources published from 2000 to the present were included. This period was selected as it corresponds with the significant expansion and formalization of collaborative response models in child protection, including the growth of the CAC movement and the initial implementation and subsequent proliferation of the Barnahus model across Europe. The search was limited to English-language sources, though sources in other languages identified by their English abstract were considered. Included studies were expected to comprise surveys and observational rubrics, or reviews/audits of systems responses. The review also included studies that talked to practitioners about the underlying elements of collaboration, which was expected to primarily involve qualitative interviews about working with other discipline groups.

Screening Process

As identified in Figure 1, a total of 662 records was identified through the search, which was reduced to 439 once duplicates were removed. One reviewer conducted the initial screening of titles and abstracts in Covidence; most studies were excluded at this stage as they were irrelevant to collaboration in the context of child abuse or not involving original research (e.g., practice notes or conceptual/theory articles). This resulted in a final 91 studies that were progressed to full-text review.

The full-text review of all potentially eligible records was conducted by two reviewers in Covidence, with notes provided to help facilitate discussion between reviewers where needed. Any uncertain cases regarding final inclusion or exclusion were discussed, and a decision was reached through consultation. Most studies were excluded due to including the wrong outcomes; these were primarily studies that measured the effects of teams but not the quality of collaboration (e.g., Cowley et al., 2018) or only reported on the types of cases that teams responded to (e.g., Bag & Guney, 2017). In total, 38 studies were identified that met eligibility criteria for the review.

Figure 1 PRISMA of Studies Examining Collaboration Quality



Quality Review

A formal quality appraisal using a standardised checklist for the purpose of study exclusion was not conducted, consistent with the review's rapid methodology and its objective to identify all existing measures. However, a critical component of the review was the assessment of the psychometric properties of the identified measures. This assessment was integrated into the data extraction process, where any information reported by the authors regarding the measure's validity, reliability, and usability was systematically captured once a potential measure was identified as eligible in the review. When measures were derived from existing instruments, the original source articles were also reviewed for information about validity and reliability.

Extraction

Eligible studies were then extracted by the reviewer(s) into an Excel spreadsheet to assist with the analysis and synthesis. This included key information about the studies: Title, Citations, Year, Paper Format (e.g., Journal Article, Report), Country/Countries, Type of Study (e.g., Surveys, Qualitative), the Type of Response setting (e.g., CAC, Barnahus, general cross-agency interaction), the agencies/disciplines included, and the formal Name of the measure.

The key information most relevant to the review extracted from the studies were:

- Underlying Constructs – This was specific to the parts of collaboration the tool measured (e.g., "Timeliness of communications, Trust"), drawn from the study or tool manual to address the second review question. For qualitative or exploratory studies, these underlying constructs were the themes identified in the results section summarising what participants said about what constituted good quality collaboration from their perspective.
- Administration and Content – This extraction captured the Instructions or directions for administering the measure and the specific Survey/Interview Questions used by the measure.
- Application and Access – This involved identifying the intended use of the tool (e.g., evaluation, quality improvement, research) and, where available, and information on where to access it. This pragmatic information was deemed essential for producing a report useful to frontline practitioners and managers.

A narrative synthesis was conducted to summarise the findings. The synthesis included both qualitative studies that explored the dimensions of multi-agency collaboration through interviews, and the underlying dimensions and constructs of existing measures. The identified measures were then reviewed, identifying the types of tools, summarising the common domains of collaboration measured, the reported strengths and limitations of each measure. As part of the review, tables were used to map the identified tools by their purpose, setting, and scales. These were also mapped against the themes identified in the first phase of the review to identify the coverage of these existing measures. This was intended to assist with identifying complementary measures that would comprehensively measure the quality of collaboration across responses to abuse (i.e., informal, inter-agency, and multi-agency teams).

RESULTS

The review extracted 38 studies with publication dates spanning from 2001 to 2025. The majority of these (35 studies) were peer-reviewed journal articles. This academic literature was supplemented by key grey literature, including a comprehensive report on evaluation measures for CACs (Jackson, 2004) and an academic thesis (Smith, 2012), which provide detailed descriptions of measures.

Geographically, the eligible studies were heavily concentrated in the United States, which was the setting for 22 of the 38 identified studies (e.g., Banks et al., 2009; Crandal et al., 2019; McGuier et al., 2024). This geographic concentration is likely attributable to the maturity of the US Child Advocacy Centre network, which has a centralized infrastructure for research and evaluation (National Children's Alliance), alongside the review's exclusion of non-English language sources that may have omitted local evaluations of the European Barnahus model. Significant contributions also come from other high-income, English-speaking countries, including the United Kingdom (5 studies; e.g., Hood et al., 2017; Morrison & Lewis, 2005), Australia (2 studies; e.g., Darlington et al., 2005), and Canada (2 studies; e.g., Rousseau et al., 2012). The review also captured studies from Europe (e.g., Eilfgang et al., 2024; Ødegård & Strype, 2009) and Asia (e.g., Okato et al., 2020; Sakakida et al., 2021), as well as one multi-country scoping review (Seekamp et al., 2022).

Table 1 Study Characteristics (N = 38)

Characteristics	Distribution
Year of Publication	2000–2004 (n = 4)
	2005–2009 (n = 5)
	2010–2014 (n = 13)
	2015–2019 (n = 5)
	2020–2025 (n = 11)
Geographic Distribution	North America: 24 (USA: 22, Canada: 2)
	Europe: 8 (UK: 5, Norway: 2, Germany: 1)
	Oceania: 2 (Australia: 2)
	Asia: 3 (Japan: 2, Taiwan: 1)
	Worldwide Review: 1
Publication Type	Journal Articles: 35
	Article (draft): 1
	Report: 1
	Thesis: 1
Methodology	Survey (Quantitative): 15
	Qualitative: 10
	Mixed-Methods: 11
	Observation: 1
	Scoping Review: 1
Response Type	General Cross-Agency Interaction: 23
	CAC/Barnahus/CYAC Models: 10
	Specific Multi-Agency Program (e.g., Local Safeguarding Children Boards, Multi Systemic Therapy-Child Abuse & Neglect): 4
	Scoping Review (i.e., included a range of different response types): 1

Methodologically, the most common method, used in 15 studies, was quantitative surveys or self-report questionnaires to multi-disciplinary team members (e.g., Crandal et al., 2019; Gau et al., 2023; Jackson, 2012). The second most common approach, found in 11 studies, was qualitative research using semi-structured or individual interviews with professionals (e.g., Darlington et al., 2005; Eilfgang et al., 2024; Westphaln et al., 2022). A smaller number of studies used mixed methods (9 studies, e.g., He et al., 2014; Parker et al., 2025), structured observation of team meetings (2 studies, e.g., Bell, 2001), or analyses of case files (5 studies, e.g., Banks et al., 2008).

The studies investigated collaboration across a range of operational contexts. A significant portion (10 studies) focused specifically on formal models like the Child Advocacy Centre (e.g., Jackson, 2004; McGuier et al., 2023; Smith, 2012) or the Barnahus model (e.g., Eilfgang et al., 2024). However, the largest group (23 studies) examined general cross-agency interaction in child protection, not tied to a specific formal model (e.g., Banks et al., 2009; Crandal et al., 2019; Darlington et al., 2005). The professionals included in these assessments cover the full spectrum of MDT partners, most commonly Child Protection/Child Welfare, Law Enforcement, Prosecution, Medical, and Mental Health providers. The review also captured measures designed for collaboration at the intersection of child welfare and other specific sectors, such as Domestic Violence (DV) services (e.g., Banks et al., 2009; Haas et al., 2011) and Substance Use Disorder treatment services (e.g., He, 2017; He & Phillips, 2017).

Underlying Components of Collaboration

The included studies were examined for how collaboration in multi-agency responses was defined. In the context of qualitative studies this involved the findings of studies reporting what professionals characterised as good quality collaboration, the underlying conditions that supported good quality collaboration, or barriers to working collaboratively. For studies reporting on collaboration measures, the definition of each of the underlying constructs the measure aims to measure has been included in the synthesis. These were synthesised into an overall model of collaboration (see Table 2 and Figure 2).

Figure 2 Identified Themes and Key Concepts for Effective Collaboration in the Context of Barnahus

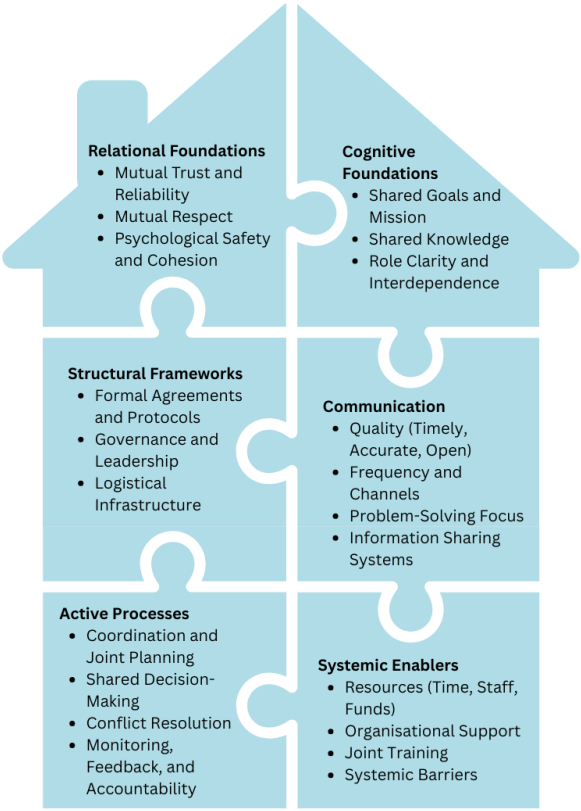


Table 2 Table of Collaboration Themes

Primary Theme	Sub-Theme/Key Concept	Description and Measurable Indicators
1. Relational Foundations	Mutual Trust and Reliability	The belief in the honesty, integrity, and reliability of partners. Measured by perceptions of honesty, dependability, competence, and trust.
	Mutual Respect	The degree to which partners value each other. Evidenced by perceptions of being treated with respect, respect for expertise, and respect for cultural background and personal heritage of their colleagues.
	Psychological Safety and Cohesion	A group-level environment free from interpersonal threats. Evidenced by affective integration (liking), team cohesion, and the (lack of) blame, tension, or territorial issues. Safety and cohesion appear to be an important precursor for being able to respectfully challenge others in the team.
2. Cognitive Foundations	Shared Goals and Mission	The alignment of purpose, philosophy, and direction. Evidenced by shared goals, clear direction, and a common 'child-first' mission.
	Shared Knowledge	The mutual understanding of each partner's professional roles, mandates, and constraints. Evidenced by shared knowledge and understanding of roles and constraints.
	Role Clarity and Interdependence	The clear definition and delineation of responsibilities to avoid gaps and overlaps. Evidenced by clear sense of roles, role clarity, and lack of role overlap.
3. Structural Frameworks	Formal Agreements and Protocols	The infrastructure of policies and written agreements. Evidenced by the existence of these elements (e.g., signed interagency agreement), utility (e.g., the protocol is useful), and adherence (e.g., our team follows the mandates).

	Governance and Leadership	The formal management and accountability structures. Evidenced by strong leadership, governance, accountabilities, and ongoing review/auditing.
	Logistical Infrastructure	The physical and resource-based structures. Evidenced by co-location, shared office space, and designated MDT staff.
4. Communication	Quality (Timely, Accurate, Open)	The ability of communication to create a conductive atmosphere for collaboration. Evidenced by timeliness, accuracy, and openness.
	Frequency and Channels	Evidenced by frequency of communication, ongoing communication, and whether regular meetings or other channels for communication are in place.
	Problem-Solving Focus	The function of communication. Evidenced by the degree to which professionals adopt a problem-solving approach and are flexible and adaptable in response to circumstances.
	Information Sharing Systems	The procedural and technical exchange of data. Evidenced by systems for information sharing and navigating confidentiality barriers.
5. Active Processes	Coordination and Joint Planning	The synchronisation of team activities. Evidenced by the degree of coordination, well-organised processes, continuity of the case response, and degree of follow up between agencies.
	Shared Decision-Making	The joint execution of case strategy. Evidenced by the degree to which decisions are made by consensus or in a consultative manner across members.
	Conflict Resolution	The presence of mechanisms for handling disagreements among professionals. Evidenced by knowledge of, having a process for, and satisfaction with conflict resolution processes.
	Monitoring, Feedback, and Accountability	Evidenced by the presence and usefulness of processes for continuous feedback, monitoring, and follow up to continuously improve practice.
6. Systemic Enablers	Resources (Time, Staff, Funds)	The allocation of resources necessary for collaboration. Evidenced by sufficient staffing, budget, and time for collaboration.
	Organisational Support	Encouragement and investment in the response from leadership. Evidenced by the degree to which supervisors support participation and leaders encourage and recognise collaboration.
	Joint Training	The primary intervention for building cognitive foundations. Evidenced by the availability, participation, and usefulness of joint or cross-training.
	Systemic Barriers	Overarching contextual challenges. Evidenced by staff turnover rates, vacancy rates, and differences in agency mandates or legal conflict.

Relational Foundations

Across the extracted studies, the most frequently identified domain of collaboration was coded as *Relational Foundations*. This theme represents the interpersonal and inter-agency context of the MDT, often described as the prerequisite for any functional collaboration. It captures the quality of the relationships that professionals build, which must be strong enough to withstand the high-stakes, high-stress nature of child abuse work. Underlying this domain are the sub-themes: (1) Mutual Trust and Reliability, (2) Mutual Respect, and (3) Psychological Safety and Team Cohesion.

Mutual Trust and Reliability represents the measurable belief in the integrity, competence, and dependability of partners. This construct was presented as a specific, measurable variable across numerous studies. Quantitative measures capture this directly through items assessing a "history of trusting each other" (Crandal et al., 2019) and direct perceptions of whether a partner "was honest"

and "was dependable" (Gau et al., 2023). The concept also encompasses confidence in professional capability; measures assess "confidence in the competence and reliability of colleagues" and whether professionals "seem to trust my professional competence" (Ødegård & Strype, 2009). The qualitative studies included reinforced this, noting that trust is "built over time" by members "doing their part" and "showing competence" (Smith, 2012). This link between time, stability, and trust explains why systemic barriers like high staff turnover were repeatedly cited as destructive, as they disrupted relationships, eroded trust, and forced teams to constantly 'start over' (Smith, 2012; Westphaln et al., 2022).

Closely linked to trust, *Mutual Respect* is defined as the degree to which partners value each other's contributions and expertise. The extracted studies suggest this is a multi-dimensional construct, encompassing interpersonal, professional, and cultural respect. At its most direct, it is measured through items asking professionals to rate whether a partner "treated me with respect" (Gau et al., 2023). Other measures assess professional respect across a team, for example, studies ask whether professionals respect the expertise of their partners (Rousseau et al., 2012) or "respect your role in the work you do together" (McGuier et al., 2024). This is captured in the Interprofessional Collaboration (IPC) scale, which assesses if professionals "seem to value my work" and "feel that my professional competence is acknowledged" (Ødegård & Strype, 2009). Qualitative data reinforces this, noting that a "lack of respect for other members' roles or expertise damaged trust" (Westphaln et al., 2022). Critically, some measures identify a broader understanding of respect beyond professionals' abilities, explicitly assessing "respect (including for racial and cultural background)" (Gau et al., 2023). The absence of this respect is often measured by its negative indicators, such as the presence of territorial issues (Jackson, 2004; Langenderfer-Magruder et al., 2019).

Psychological Safety and Cohesion refers to the collective environment and whether it feels supportive and free from interpersonal threats. This concept is measured in the literature using terms like "MDT cohesion" (Crandal et al., 2019) and "affective integration," which is defined as the degree of "team liking, trust, and respect" (e.g., McGuier et al., 2023, 2024). The most critical component is "psychological safety," which is the "perception that team members will not be punished for interpersonal risk taking", a more specific variation of the themes trust and respect. Included studies measured this with items like, "it is safe to take a risk on this team" and "members of this team are able to bring up problems and tough issues" (e.g., McGuier et al., 2024). Trust must also be reciprocal, with professionals feeling like they could put faith in their colleagues and expect them to do the same in return (Feng et al., 2010; Langenderfer-Magruder et al., 2019). The absence of this safety is a powerful negative indicator, measured by the presence of blame, tension (e.g., Bell, 2001), territorial issues (e.g., Jackson, 2004; Langenderfer-Magruder et al., 2019; Okato et al., 2020), or a "tendency for disagreements to be 'swept under the rug'" and not dealt with directly (e.g., Westphaln et al., 2022).

Cognitive Foundations

This theme represents the common intellectual and philosophical infrastructure of the team in formal multi-agency responses. This theme captures the "shared mental models" (Parker et al., 2025) that professionals must develop to work cohesively. The extracted literature indicates that many relational breakdowns, such as territorial issues (e.g., Jackson, 2004; Langenderfer-Magruder et al., 2019) are often symptoms of a deeper cognitive misalignment, such as the presence of

competing agency-specific goals (e.g., Westphaln et al., 2022) or a poor understanding of partners' legal constraints (e.g., Rousseau et al., 2012). This domain was coded as composing of three sub-themes: (1) Shared Goals and Mission, (2) Shared Knowledge and Mutual Understanding, and (3) Role Clarity and Interdependence.

Shared Goals and Mission captures the alignment of purpose, philosophy, and direction among team members. The extracted literature indicates that collaboration requires a unified purpose and that failures are often rooted in a misalignment, such as when partners are working toward "competing agency-specific goals" (e.g., Westphaln et al., 2022) or have "different approaches to work" (e.g., Eilfgang et al., 2024). An example of misaligned approaches was described in Langenderfer-Magruder et al. (2019), where one collaborating agency may focus on the family, another may focus on the child, and another on a legal or procedural perspective. This construct is widely measured in quantitative tools, often as "Shared goals" or "Shared Vision, Values, and Objectives" (e.g., Morrison & Lewis, 2005). This was also phrased in terms of the "Extent to which team members have a shared understanding of the team's purpose and goals" (e.g., McGuier et al., 2023). For example, the Relational Coordination Index, used in several studies, directly asks partners to rate the extent to which "people in these groups share your goals" (e.g., McGuier et al., 2024; Okato et al., 2020). Qualitatively, an aligned approach has been referred to as "partnership ethos" (Hebert et al., 2014) and is often framed as alignment around a 'child-first' approach (e.g., Westphaln et al., 2022).

Shared Knowledge and Mutual Understanding, also termed co-knowledge (e.g., He & Phillips, 2017), cross knowledge (Lalayants, 2012), or shared understanding (e.g., Seekamp et al., 2022), refers to the mutual understanding professionals have of each other's roles, mandates, and constraints. The extracted studies suggest this is one of the most critical constructs, as this mutual understanding is the primary antidote to the territorial issues and blame identified in the relational themes. Existing measures assess this as a specific and practical familiarity with partners' operational contexts. For example, the Relational Coordination Index (RCI) asks partners to rate "How much do the people in this group know about your role in the work you do together?" (e.g., McGuier et al., 2024; Okato et al., 2020). Similarly, the Interprofessional Collaboration Quality Scale (ICQS) provides a detailed measure, assessing whether partners are familiar with the work pressures, role defined by their workplaces, and constraints of the other professionals (e.g., Rousseau et al., 2012), which is the mechanism for overcoming "unrealistic expectations" (e.g., Jones et al., 2002) and building professional respect. Qualitative studies reinforce this, noting that mechanisms like formal networking groups are praised for clarifying roles (Eilfgang et al., 2024).

Role Clarity and Interdependence appears to function as the direct outcome of shared knowledge and concerns the clear definition and delineation of responsibilities among team members. The extracted studies suggest this construct reflects whether professionals can coordinate effectively, prevent service gaps, and avoid the unnecessary overlap of roles (Jackson, 2004; Langenderfer-Magruder et al., 2019) or conflicts regarding the division of work (Ødegård & Strype, 2009). It is frequently captured in assessment tools using straightforward constructs like "Role Clarity" (e.g., Darlington et al., 2005), "Clear Roles and Responsibilities" (e.g., Morrison & Lewis, 2005), or a "Clear Sense of Roles and Responsibilities" (Crandal et al., 2019). The Interprofessional Collaboration (IPC) scale measures this directly with the item "It is clear who is responsible for what" (Ødegård & Strype, 2009). More recent studies expand this concept to include "role interdependence," assessing

the team's understanding that their distinct roles are necessarily connected to function as a system (Parker et al., 2025). Qualitative studies reinforce this, noting that effective teams demonstrate respect for the unique roles and 'pieces of the puzzle' that each agency brings (Smith, 2012), while "sharing the load" of responsibilities equally (Langenderfer-Magruder et al., 2019).

Structural Frameworks

The third major theme, Structural Frameworks, reflects the tangible, formal, and physical infrastructure that is reported to enable collaboration. This theme captures the agreed rules of engagement between disciplines and the physical environment that are put in place to facilitate the team's work. The extracted studies were coded to reflect that the domain was comprised of three core sub-themes: (1) Formal Agreements and Protocols, which represent the written policies and signed interagency agreements; (2) Governance and Leadership , which covers the formal management and accountabilities; and (3) Logistical Infrastructure, which includes the physical and resource-based structures like co-location and designated MDT staff such as MDT Coordinators. These frameworks are measured as foundational enablers; their function is to provide the stable, formal structure required for the relational and cognitive themes to develop and be sustained. As such, these elements appear to be more passive factors, with collaboration quality more dependent on relational and cognitive foundations.

Qualitative studies identified the presence of *Written Protocols* as a key facilitator for effective team functioning. For example, participants in Smith (2012) noted that teams performed better when they had written protocols to guide their work. These agreements function as the infrastructure that outlines roles and responsibilities, information sharing parameters, decision-making, and oversight for MDTs (Parker et al., 2025). The absence of this infrastructure can result in conflict between different, unaligned agency mandates can be a significant barrier to collaboration (Eilfgang et al., 2024). Quantitative tools capture this construct as "Agreed Protocols for Practice" (Morrison & Lewis, 2005) or the simple existence of a "Memorandum of Understanding" (He, 2017). The most comprehensive measures, found in Jackson (2004), provide a framework that assesses three distinct levels: the existence of the protocol ("written agreements... signed by authorized representatives"), its utility ("I find the written protocol useful") and team adherence ("The team members follow the mandates contained in the written protocol").

Governance and Leadership addresses the formal management, accountability, and direction required to steer and sustain the MDT. The extracted literature measures this using constructs like "Strong Leadership and Management" (Morrison & Lewis, 2005) and "Strong Leadership" (Lalayants, 2013). More detailed tools, such as the Local Safeguarding Children Boards Self-Assessment and Improvement Tool (SAIT), assess specific governance structures, including "LSCB [Local Safeguarding Children Boards] membership, member and partner responsibilities, accountabilities and auditing" (Horwath & Morrison, 2011). Qualitative data provides functional context to this, identifying effective leaders (e.g., CAC directors) as "active facilitators" who "managed the meeting process, ensured all voices were heard, refereed conflicts, and protected the team's child-focused mission" (Smith, 2012). The importance of this construct is also measured by its absence, such as through the "laissez-faire leadership" subscale of the Multifactor Leadership Questionnaire, which includes items like "avoids getting involved when important issues arise" (Endsjø et al., 2024).

The tangible, physical, and human-resource structures that facilitate joint work were coded as *Logistical Infrastructure*. The most prominent indicator identified in the extracted studies is co-location (e.g., He, 2017; Hurlburt et al., 2004), which includes having a shared office space designed for joint practice (Jones et al., n.d.). This construct also includes human infrastructure, measured as the presence of designated MDT staff (Jones et al., n.d.). Qualitative data explains the critical function of this infrastructure, noting that co-location was a facilitator because it led to significantly more informal communication, which in turn built stronger relationships and trust (Smith, 2012).

Communication

Communication represents the day-to-day interactions that bind the team together and reflects the tangible practice of collaborating. This theme reflects the process, quality, and function of the interactions between professionals. This domain was comprised of four sub-themes: (1) Communication Quality (timeliness, accuracy, and openness), (2) Frequency and Channels, (3) Problem-Solving Focus, and (4) Information Sharing Systems.

Communication Quality assesses the qualitative attributes of the communication itself. Qualitative studies provide practical definitions of this, framing poor communication as specific behaviours like unreturned calls (Szilassy et al., 2013) or professionals being hard to reach (Langenderfer-Magruder et al., 2019; Westphaln et al., 2022), while effective quality is linked to adhering to clear communication rules (Eilfgang et al., 2024). This is assessed comprehensively in the RCI, which is used in several extracted studies to measure the core components of the timeliness and accuracy of communication (e.g., Jones et al., n.d.; McGuier et al., 2024). Beyond these metrics, this construct also measures the openness of the exchange, captured in qualitative data as effective MDT communication and in quantitative tools through items assessing whether professionals "Communicate Openly" (e.g., Crandal et al., 2019) or create a "conducive atmosphere" where partners "feel comfortable sharing information" (e.g., Gau et al., 2023). A positive example of communication quality was demonstrated in Hebert et al. (2014), where inter-agency professionals stated that others on the team would communicate when something good happened to a family, instead of solely when problems arose. Beyond impacts of communication for professionals, Langenderfer-Magruder et al. (2019) also analysed the effectiveness of interagency communication for clients, such as whether professionals have a consistent understanding of their circumstances and whether instances of re-telling are minimised. Such principles demonstrate a child-centred approach, keeping children's wellbeing at the forefront in professional's daily communication.

In addition to the quality of collaboration, the *Frequency of Communication* and the channels that enable communication were coded as a sub-theme. Measures capture this construct with items assessing the frequency of communication (e.g., McGuier et al., 2024; Okato et al., 2020), whether they "Regularly Share Information" and whether they "Regularly Attend Joint Meetings" (e.g., Crandal et al., 2019). Qualitative measures also explore the specific channels used, such as verbal/written communication, and how these different methods impact the collaborative process (e.g., Jackson, 2004).

The sub-theme *Problem-Solving Focus* assesses the primary function of communication during a crisis. The extracted measures often frame this as a critical dichotomy: whether communication is used for joint problem-solving or for assigning blame. The Relational Coordination Index (RCI)

provides the clearest measure of this, asking partners to rate, "When a problem occurs... do the people in this group blame others or work with you to solve the problem?" (e.g., McGuier et al., 2024). This is reinforced by other tools that measure whether a partner "Worked with me to develop solutions" (e.g., Gau et al., 2023). A team that "blames" signals a breakdown in trust and goal alignment, whereas a team that "works together" demonstrates a high-functioning, integrated unit.

The presence of technology and systems to support case communication were highlighted in the sub-theme *Information Sharing Systems*. Measures in this area assess the 'flow of Information' (e.g., Eilfgang et al., 2024) and the presence of systems for information exchange (e.g., Sakakida et al., 2021). The literature highlights a critical tension between the need for open information sharing (e.g., Rousseau et al., 2012) and significant legal and procedural barriers, such as restrictions due to confidentiality (e.g., Davidson et al., 2012; Haas et al., 2011) and perceived legal uncertainty (e.g., Eilfgang et al., 2024). Therefore, measures of an effective system assess the team's ability to navigate these confidentiality conflicts legally and effectively.

Active Processes

The fifth major theme, *Active Processes*, captures the joint, applied activities and behaviours that define functional collaboration. This theme represents the practical application of the foundational layers from the other themes. While the Relational, Cognitive, and Structural themes provide the necessary conditions for collaboration, this theme reflects how those conditions are translated into tangible action. The extracted data indicates that failures in these processes are often the most visible, but they frequently serve as symptoms of deeper failures in the foundational themes. The measures show this domain is comprised of four core sub-themes: (1) Coordination and Joint Planning, (2) Shared Decision-Making, (3) Conflict Resolution, and (4) Monitoring, Feedback, and Accountability.

Coordination and Joint Planning reflects the presence and quality of activities to ensure a smooth and seamless process for the child and family. Quantitative measures assess this as the "Quality of Team Coordination" (e.g., McGuier et al., 2024) or "Coordination of Investigators' Efforts through Multi-Professional Meetings" (Jones et al., n.d.). The IPC scale provides a clear framework, defining "Co-ordination of Activities" by whether they are perceived as "well organized" and whether they are "characterized by continuity" (Ødegård & Strype, 2009). Qualitative findings reinforce this by defining coordination as the active process of MDTs coordinating their involvement from first report throughout the life of a case (Parker et al., 2025).

While disciplines typically have individual mandated decision-making responsibility for some parts of cases, *Shared Decision-Making* reflects the team's ability to collectively execute case strategy and work around the scope of their individual mandates. Qualitative scoping reviews identify shared assessment and decision-making (e.g., Hood et al., 2017) as examples of collaborative practice. Other qualitative studies define this construct by its failures, such as the presence of perceived or real hierarchies, particularly where members with statutory authority dominate decision-making (e.g., Westphaln et al., 2022). Quantitative measures provide an indicator of this construct, assessing it by its absence. For example, the Virginia Multidisciplinary Team Knowledge and Functioning Survey measures this process failure by asking team members to rate their agreement with the

statement: "The MDT makes few decisions by consensus and instead lets individuals make decisions" (Jackson, 2012).

Conflict is considered an inherent part of multi-agency interaction; therefore, *Conflict Resolution* represents a critical aspect of how collaboration can be sustained. Qualitative studies differentiate functional and dysfunctional teams on this point: effective teams addressed conflict openly and respectfully (e.g., Smith, 2012), while ineffective teams had a tendency for disagreements to be 'swept under the rug' (e.g., Westphaln et al., 2022). The most comprehensive measurement framework, found in Jackson (2004), assesses this quantitatively across three dimensions: team members' knowledge of the process ("I do not know the method of resolving team disputes"), the process itself ("How are these conflicts usually handled (e.g., avoidance or systemic examination)"), and their satisfaction with conflict resolution ("I am very satisfied with the way my team members resolve conflicts").

Also related to the sustainability of collaborations, *Monitoring, Feedback, and Accountability* reflects the capacity to obtain information about the collaboration and the team's ability to self-correct, maintain accountability for tasks, and evaluate its own performance. Qualitative studies identify this as continuous feedback and evaluation (e.g., Lalayants, 2013), while quantitative assessment tools include "Monitoring and Review" as a core construct of a high-functioning system (e.g., Horwath & Morrison, 2011; Morrison & Lewis, 2005). The most practical, measurable items for this construct are found in the Virginia MDT survey (Jackson, 2012), which assesses both task accountability ("There is follow up at case review to ensure all members have completed what they agreed to do") and goal assessment ("At the end of a case review meeting, the MDT does not assess whether the MDT achieved its intended goals for that meeting").

Systemic Enablers

The final domain *Systemic Enablers* captures the overarching organisational and systemic factors that create the context for collaboration. These are the macro-level factors that individual teams often cannot control but which are critical to their success or failure. This domain describes the "top-down" inputs that organisations must provide to enable the relational, cognitive, and procedural work of the MDT. The extracted literature measures this theme by assessing three key enablers: (1) Resources (Time, Staff, and Funds), (2) Organisational and Supervisory Support, and (3) Joint Training. This theme also includes critical (4) Systemic Barriers, such as high turnover rates for workers and differences in agency mandates that can't be reconciled, which are identified as primary inhibitors of a team's capacity to function.

The sub-theme *Resources* reflects that organisations must provide the capacity for collaboration to be possible. This is grounded in observations about the effects of requiring individual professionals to find the time to participate in collaboration and case coordination without it being specifically resourced (e.g., Eilfgang et al., 2024). The extracted studies define this sub-theme as sufficient resources (Morrison & Lewis, 2005), shared funding or resources for collaborative responses (He, 2017), and through specific survey items such as, "My agency provides sufficient staffing for participation in an MDT" and "My agency provides sufficient budget for participation in an MDT" (Jackson, 2004). Qualitative studies consistently identify a lack of these resources as a primary barrier, citing personnel shortages (Eilfgang et al., 2024), too few staff, and time constraints (Haas et

al., 2011). This can be compounded by high turnover rates for workers (Haas et al., 2011; Smith, 2012; Szilassy et al., 2013), which qualitative studies identify as a major barrier that disrupted relationships and mutual trust (Smith, 2012) and hindered the ability to build stable personal contacts (Eilfgang et al., 2024). A particularly critical barrier identified is the lack of paid time specifically for collaborative tasks (Eilfgang et al., 2024), framing collaboration as unfunded work expected on top of normal duties.

Organisational and Supervisor Support describes the degree of organisational commitment to collaboration, particularly whether agencies have truly built working collaboratively into their practice. This is measured at the agency level with constructs like whether "Social agency leaders... encourage collaborative efforts" (Jones et al., 2002). The most direct measure connects the recognition of collaboration work by direct managers, captured in the survey item: "My supervisor supports my participation in the MDT" (Jackson, 2004).

Another common sub-theme of Systemic Enablers was the presence of *Joint Training* that focuses on working in a multi-agency model, fostering understanding of roles, and building connections between professionals. It is described in the extracted studies in terms of “Joint Learning and Development” (Morrison & Lewis, 2005), "Interdisciplinary/cross-training" (He, 2017), "Co-training” (Haas et al., 2011), and "joint training" (Jackson, 2004). The extracted studies suggest this as an important intervention used to build the Cognitive Foundations of collaboration. It functions as the key mechanism for developing "Shared Knowledge” and a "common language” among professionals, which is seen as supportive for navigating other significant systemic barriers at an individual worker level such as differences in agency mandates (Haas et al., 2011) or legal conflict (Eilfgang et al., 2024).

Measures of Collaboration Quality

The review identified 13 examples of measures used to assess collaboration quality across the included studies, which varied in terms of their scope and focus (see Table 3). These were limited to measures that cover the range of professional groups associated with Barnahus and CAC models (i.e., law enforcement, child protection, health, social work, prosecution).

Several measures were identified but not included as they only measured collaboration from one perspective (e.g., Darlington et al. 2005) or focused on other agencies experiences with one particular discipline group (e.g., Domestic Violence Advocates; Banks et al., 2009). Several other measures were specific to the interactions between groups of professionals and were unlikely to be able to be adapted or generalised to other groups (e.g., Child Welfare and Behavioural Health; Perceptions of Overarching Cross-System Collaboration; Crandal et al., 2019). Several instruments were also excluded as they reported measuring the outcomes thought to result from collaboration quality (e.g., Team Member-Rated Performance; McGuier et al., 2024). Other measures were excluded as they relied too heavily on short answer responses, observations, or collaborative tasks and likely would not produce comparable results across sites.

One measure (NCA OMS MDT Survey) that was not identified in the literature search was included as it is the primary measure used across the United States CACs (National Children’s Alliance, 2017), though the measure is widely cited in practice, no peer-reviewed studies appear to be using the measure. Several of the instruments were from an as yet unpublished manuscript that studies

collaboration quality in the context of CACs (Jones et al., n.d.). Jackson (2004) included several instruments in their *Resource for Evaluating Children's Advocacy Centers*, most of which appear to be designed by the author or shared from CACs that used these as part of their practice review processes.

The measures identified in the review included (see Appendix A for more detail on these measures, including items, scale labels, and reported validity and reliability of the measure):

National Children's Alliance Outcomes Measurement System (NCA OMS) MDT Survey - National Children's Alliance (2017): This instrument measures the quality of collaboration across MDTs at Child Advocacy Centres (CACs). It is designed for use with all Multi-Disciplinary Team (MDT) members and consists of 14 multiple-choice items on a 4-point scale covering communication, collaboration, structure, and overall effectiveness.

Quality of Investigations and Services Scale (QISS) – Jones et al. (n.d.): The QISS aims to measure the perceived quality and efficiency of sexual abuse investigations and services, serving partly as a measure of system outcomes, but framed around the effectiveness of the collaboration between the team members. It is intended for CAC members, including law enforcement, child protection, medical, and mental health professionals, and comprises 10 items.

Multi-Disciplinary Collaboration Scale (MDCS) – Jones et al. (n.d.): This scale is designed to measure the extent of integration between police and Child Protective Services (CPS), specifically assessing the scope, breadth, formality, and history of their collaboration. Administered to law enforcement officers and CPS workers, it includes 9 items measuring structural and procedural integration of these agencies' work.

Relational Coordination Index (RCI) - Gittell (2002) used in the context of CACs by Jones et al. (Unpublished) and McGuier et al. (2024): The RCI measures the strength of collaborative ties based on work roles, hypothesising that relational dimensions (e.g., respect) reinforce communication dimensions (e.g., timeliness). In the included studies it is used with the professional groups working within a CAC and consists of 7 items that respondents answer separately for each agency they interact with.

Task Interdependence Scale - Van der Vegt et al. (2000) used in the context of CACs by McGuier et al. (2023): This instrument assesses Task Interdependence at the individual level, measuring the extent to which a team member must exchange resources with colleagues to complete their own work. It is used with multidisciplinary team members and consists of 5 items.

Team Functioning Survey (McGuier et al., 2023): This battery aims to measure three dimensions of team functioning: affective integration (relationships), behavioural learning (processes), and cognitive alignment (goals). In McGuier et al. (2023) it is used with multidisciplinary cross-sector teams in CACs; the core battery consists of 21 items, with later iterations (McGuier et al., 2024) adding subscales for psychological safety and coordination.

Virginia MDT Knowledge and Functioning Survey – Jackson (2012): This survey measures the team's knowledge of philosophy and procedures, the dynamics of case reviews, and the decision-making

process. It is intended for MDT members affiliated with CACs and contains 19 items organised into four factors.

Kistin et al. (2011) Self-Evaluation Tool for Child Protection Teams: This tool is designed to help teams identify strengths and weaknesses by measuring the foundations for collaboration, enabling conditions (process), and team effectiveness. It is used with hospital-based Child Protection Teams and consists of 70 items organised into 13 subscales. Although the Kistin tool was designed for hospital settings, its focus on 'Initial Conditions' and 'Hospital Support' makes it uniquely valuable for evaluating Barnahus implementations integrated into hospital units, such as those found in Finland.

Collaboration Evaluation Scale - Okato et al. (2020) derived from Johnson et al. (2003): The purpose of this scale is to measure the quality of inter-agency collaboration to identify factors that affect workers' ability to recognise child maltreatment. It is used with multidisciplinary workers such as nurses and welfare officers and consists of 24 items grouped into four factors.

Comprehensive Measures of Team Dynamics and Culture - Jackson (2004): This instrument measures the internal emotional and interpersonal climate of the team, assessing both negative states (e.g., burnout, blame) and positive states (e.g., trust, pride). It is designed for members of the MDT and consists of 66 items.

Child Advocacy Center Team Evaluation - Jackson (2004) derived from Wageman et al. (2005): This tool measures team effectiveness and functioning by assessing whether the necessary structural and interpersonal enabling conditions are present. It is intended for MDT members at a CAC and consists of 13 items.

Measures of Interagency Collaboration and Communication – Beauchamp et al. (1997) presented in Jackson, 2004): This instrument assesses the perceptions that staff from one agency have regarding other agencies in the system, focusing on friction points like goal alignment and role overlap. It involves staff from relevant agencies (e.g., CPS, Law Enforcement) and consists of a general section of 8 items plus agency-specific sections where respondents rate partner agencies.

Child Advocacy Center Team Meeting Assessment - Jackson, 2004 reported as developed by a CAC in Poughkeepsie, New York: This tool measures the quality of interaction and process during specific MDT case review meetings. It is completed by MDT members attending the meeting and consists of 12 items.

Comparison of Measures. The operational context and unit of analysis vary significantly across the identified instruments (see Table 3), ranging from assessments of internal team dynamics to broader evaluations of system infrastructure and quality. Most instruments, such as the *National Children's Alliance Outcomes Measurement System (NCA OMS) MDT Survey* and the *Virginia MDT Knowledge and Functioning Survey* (Jackson, 2012), are designed to measure the team as a cohesive unit, asking members to rate the general climate of the CAC model. In contrast, the *Relational Coordination Index* (as used in McGuier et al., 2024) and the *Interagency Collaboration and Communication* measure (Jackson, 2004) adopt a pairwise approach, requiring professionals to rate each agency partner separately (e.g., CPS rating Law Enforcement), which allows for the identification of specific weak ties rather than a generalised perception of collaboration. Other instruments shift the focus away from interpersonal dynamics entirely; the *Multi-Disciplinary Collaboration Scale* (MDCS; Jones

et al., n.d.) functions as an inventory of the structural integration of the system, measuring the presence of protocols and co-location, while the *Quality of Investigations and Services Scale* (QISS; Jones et al., n.d.) assesses the perceived efficiency and quality of the system's output rather than the collaborative process itself.

The identified instruments vary significantly in their specific measurement aims, ranging from the assessment of internal team climates to the evaluation of structural integration and service efficiency. Several instruments focus on the psychological and interpersonal conditions of the team; for example, the *Team Functioning Survey* aims to measure affective integration, psychological safety, and team learning behaviour (McGuier et al., 2024), while the *Comprehensive Measures of Team Dynamics* assesses the emotional and interpersonal climate, explicitly capturing negative states such as 'burnout' and 'blame' alongside positive cohesion (Jackson, 2004). In contrast, instruments grounded in organisational theory, such as the *Self-Evaluation Tool for Child Protection Teams* (Kistin et al., 2011) and the *Child Advocacy Center Team Evaluation* (Jackson, 2004), focus on the enabling conditions and initial conditions for effectiveness, such as the physical environment and clarity of purpose. Other measures prioritise the structural necessity or mechanics of the work; the *Task Interdependence Scale* measures the extent to which individuals must exchange resources and information to complete tasks (Van der Vegt et al., 2000), whereas the *Multi-Disciplinary Collaboration Scale* functions as an inventory of structural integration, measuring the scope, breadth, and formality of agreements between agencies (Jones et al., n.d.).

Different approaches were also taken to measuring the interaction between professionals in the reviewed measures. The *Relational Coordination Index* (Gittell, 2002) measures task integration through distinct dimensions of communication (e.g., timeliness, accuracy) and relationships (e.g., shared goals), similarly Jackson's (2004) *Measures of Interagency Collaboration* identifies friction points and goal alignment between specific agency dyads. Shifting focus to the output of these interactions, the National Children's Alliance *Outcomes Measurement System and the Quality of Investigations and Services Scale* (Jones et al., n.d.) aim to measure the efficiency, effectiveness, and quality of the case response itself. Bridging these domains, the *Virginia MDT Knowledge and Functioning Survey* measures the team's specific knowledge of team philosophy alongside the mechanics of their decision-making processes (Jackson, 2012), while the *Collaboration Evaluation Scale* introduces an attitudinal focus, assessing commitment, loyalty, and territorial issues as drivers of the ability to recognise maltreatment (Okato et al., 2020).

Table 3 Standardised Measures of Collaboration Quality

Measure Name	Studies Using Measure	Agencies / Disciplines	Themes and Sub-themes Assessed
Measures Used with Barnahus, CAC, or Similar Range of Professionals			
NCA OMS MDT Survey	N/A	Designed to be used in the context of a CAC (e.g., Mental Health, Child Protection, Law Enforcement)	Relational Foundations (Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals and Mission; Shared Knowledge); Communication (Quality – Timely, Accurate, Open; Frequency & Channels); Active Processes (Coordination and Joint Planning; Shared Decision-Making); Systemic Enablers (Resources – Time, Staff, Funds; Organisational Support)
Quality of Investigations and Services Scale (QISS)	(Jones et al., n.d.)	Designed to be used in the context of a CAC (e.g., Mental Health, Child Protection, Law Enforcement)	Relational Foundations (Mutual Trust & Reliability); Cognitive Foundations (Shared Goals & Mission; Role Clarity and Interdependence); Communication (Quality – Timely, Accurate, Open); Active Processes (Coordination and Joint Planning); Systemic Enablers (Resources – Time, Staff, Funds)
Multi-Disciplinary Collaboration Scale (MDCS)	(Jones et al., n.d.)	Designed to be used in the context of a CAC but is specially focused on Police and CPS collaboration	Structural Frameworks (Formal Agreements & Protocols; Logistical Infrastructure); Active Processes (Coordination & Joint Planning)
Relational Coordination Index (RCI)	Jones et al., n.d.; McGuier et al., 2024	Used between any professional groups at a CAC (e.g., Law Enforcement, CPS, Health, Prosecution)	Relational Foundations (Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals and Mission; Shared Knowledge); Communication (Quality – Timely Accurate, Open; Frequency and Channels; Problem-Solving Focus)
Task Interdependence Scale	McGuier et al., 2023	Used with multidisciplinary team members in Child Advocacy Centres (CACs), including law enforcement, child protective services, and medical/mental health staff.	Scale measures the interdependence of work between members of a CAC rather than assessing the quality of collaboration.
Team Functioning Survey – Compiled from a range of existing measures from Edmondson (1999) and Cronin et al. (2011)	McGuier et al., 2023, 2024	Used with multidisciplinary team members in Child Advocacy Centres (CACs), Law Enforcement, Child Protective Services, Prosecution, Victim Advocacy, CAC Administration, Mental Health, Medical, Others (e.g., Probation, Forensic Interviewers).	**Base Survey – McGuier et al., 2023** Relational Foundations (Mutual Trust & Reliability; Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals & Mission); Active Processes (Conflict Resolution; Monitoring, Feedback, & Accountability) **Extended Survey – McGuier et al., 2024 (Note: Includes the RCI)** Relational Foundations (Mutual Trust & Reliability; Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals and Mission; Shared Knowledge); Communication (Quality – Timely, Accurate, Open; Frequency &

			Channels; Problem-Solving Focus); Active Processes (Conflict Resolution; Monitoring, Feedback, & Accountability)
Virginia MDT Knowledge and Functioning Survey	Jackson, 2012	Designed to be used in the context of a CAC: Child Protection, Law Enforcement, Mental Health, Criminal Justice, CAC staff – including directors, Medical, and others	Relational Foundations (Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals & Mission); Structural Frameworks (Formal Agreements & Protocols); Communication (Quality – Timely, Accurate, Open; Frequency and Channels; Problem-Solving Focus; Information Sharing Systems); Active Processes (Shared Decision-Making; Monitoring, Feedback, & Accountability); Systemic Enablers (Joint Training)
Collaboration Evaluation Scale	Okato et al., 2020	Public Health Nurses; Welfare Officers; Nurses; Physicians; Medical Social Workers; Others (teachers, legal professionals).	Relational Foundations (Mutual Trust & Reliability; Psychological Safety & Cohesion); Cognitive Foundation (Shared Goals & Mission; Shared Knowledge); Structural Frameworks (Formal Agreements & Protocols; Governance & Leadership); Active Processes (Coordination & Joint Planning; Conflict Resolution; Monitoring, Feedback, & Accountability); Systemic Enablers (Resources – Time, Staff, Funds; Organisational Support)
Kistin et al. (2011) Self-Evaluation Tool	Kistin et al., 2011	Child Protection Teams in a Hospital (Doctors, Nurse Practitioners, Nurses, Social Workers, Lawyers, Psychologists, Child Protective Services Workers)	Relational Foundations (Mutual Trust & Reliability; Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals & Mission; Shared Knowledge; Role Clarity & Interdependence); Structural Foundations (Governance & Leadership; Logistical Infrastructure); Communication (Quality – Timely, Accurate, Open; Frequency & Channels; Problem-Solving Focus; Information Sharing Systems); Active Processes (Coordination & Joint Planning; Shared Decision-Making; Monitoring, Feedback, Accountability); Systemic Enablers (Resources – Time, Staff, Funds; Organisational Support; Joint Training)
Comprehensive Measures of Team Dynamics and Culture (Jackson, 2004 Evaluation Toolkit)	Jackson, 2004 (Appears to be an antecedent for Virginia MDT Knowledge and Functioning Survey)	Designed to be used in the context of a CAC: Child Protection, Law Enforcement, Mental Health, Criminal Justice, CAC staff.	Relational Foundations (Mutual Trust & Reliability; Mutual Respect; Psychological Safety and Cohesion); Cognitive Foundations (Shared Goals & Mission; Shared Knowledge; Role Clarity & Interdependence); Structural Frameworks (Formal Agreements & Protocols; Governance & Leadership; Logistical Infrastructure); Communication (Quality – Timely, Accurate, Open; Frequency & Channels; Problem-Solving Focus); Active Processes (Coordination & Joint Planning; Shared Decision-Making; Conflict Resolution; Monitoring, Feedback, & Accountability); Systemic Enablers (Resources – Time, Staff, Funds; Organisational Support; Joint Training; Systemic Barriers)

Child Advocacy Center Team Evaluation (Jackson, 2004 Evaluation Toolkit)	Jackson, 2004 (Appears to be based on Wageman, Hackman, & Lehman, 2005)	Designed to be used in the context of a CAC: Child Protection, Law Enforcement, Mental Health, Criminal Justice, CAC staff.	Relational Foundations (Mutual Trust & Reliability; Mutual Respect; Psychological Safety & Cohesion); Cognitive Foundations (Shared Goals & Mission); Structural Frameworks (Governance & Leadership); Communication (Quality – Timely, Accurate, Open; Problem-Solving Focus); Active Processes (Coordination & Joint Planning; Shared Decision-Making; Conflict Resolution; Monitoring, Feedback, & Accountability)
Measures of Interagency Collaboration and Communication (Jackson, 2004 Evaluation Toolkit)	Jackson, 2004	Members of agencies involved in the collaborative system, specifically: Child Protective Services (CPS); Mental Health Services; Law Enforcement.	Cognitive Foundations (Shared Goals & Mission; Shared Knowledge; Role Clarity & Interdependence); Communication (Quality – Timely, Accurate, Open; Frequency & Channels; Information Sharing Systems); Active Processes (Coordination & Joint Planning; Conflict Resolution); Systemic Enablers (Joint Training)
Child Advocacy Center Team Meeting Assessment (Jackson, 2004 Evaluation Toolkit)	Jackson, 2004 (developed by a CAC in New York state)	All attendees of an MDT at a CAC (in reference to a case review meeting)	Relational Foundations (Mutual Respect; Psychological Safety & Cohesion); Communication (Quality – Timely, Accurate, Open); Active Processes (Coordination & Joint Planning)

The psychometric evidence supporting these instruments varied, particularly between measures adapted from established standardised measures and measures developed by the author or obtained from practice sites. The *RCI*, *Team Functioning Survey*, and *Virginia MDT Survey* demonstrate strong psychometric properties; for example, the RCI has shown high internal consistency (α = .85) and predictive validity in CAC settings (Jones et al., n.d.), while the *Virginia MDT Survey* established four distinct factors with α exceeding .80 (Jackson, 2012). Similarly, Kistin et al. (2011) reported reliability coefficients between .71 and .97 for their subscales and successfully differentiated Centres of Excellence that had been qualitatively identified as high functioning collaborations from other teams. In contrast, the *MDCS* reported a low internal consistency (α = .57), suggesting it functions better as a structural checklist than a unified psychometric scale (Jones et al., n.d.), and Okato et al. (2020) reported mixed reliability, with their "Resources" and "Turf Issues" factors showing α as low as .62. The practitioner-focused tools found in the *Jackson (2004) Evaluation Toolkit*—including the *Comprehensive, Team Evaluation, and Meeting Assessment tools*—are presented as practical field resources without published validity or reliability data, limiting their utility for rigorous evaluation despite their granular coverage of team dynamics. While noting that validity and reliability testing had been completed, details of the analysis specific to the *NCA OMS MDT Survey* were not included in the manual (National Children's Alliance, 2017).

Measures and their Coverage of the Components of Collaboration

The identified measures tended to emphasise different parts of the themes in their measurement of collaboration quality (see Table 4). The measures appear to often trade breadth for depth in specific domains. Instruments such as the *Team Functioning Survey* and the *NCA OMS MDT Survey* place their primary emphasis on the Relational and Cognitive Foundations of the team, prioritising the assessment of soft constructs like trust, psychological safety, and mission alignment. In contrast, the *Multi-Disciplinary Collaboration Scale (MDCS)* focuses narrowly on Structural Frameworks and Coordination, assessing physical infrastructure and formal protocols while omitting relational dynamics. Other measures, such as the *Self-Evaluation Tool* (Kistin et al., 2011) and the *Virginia MDT Survey*, prioritise breadth, offering a comprehensive evaluation that spans Systemic Enablers and Active Processes alongside relational elements. Finally, the *Relational Coordination Index (RCI)* focuses on the mechanics of interaction, providing a granular analysis of Communication Quality and Problem-Solving orientations.

Table 4 Coverage of Themes Across the Included Measures

Instrument	Studies	Relational Foundations	Cognitive Foundations	Structural Frameworks	Communication	Active Processes	Systemic Enablers
NCA OMS MDT Survey	N/A	–	–	X	–	–	–
Quality of Investigations (QISS)	Jones	–	–	X	–	–	–
Multi-Disciplinary Collab Scale. (MDCS)	Jones	X	X	–	X	–	X
Relational Coordination Index (RCI)	Jones; McGuier et al.	–	–	X	–	X	X

Task Interdependence Scale	McGuier et al.	✗	✗	✗	✗	✗	✗
Base Team Functioning Survey	McGuier et al.	✓	–	✗	✗	–	✗
Extended Team Functioning Survey	McGuier et al.	✓	–	✗	–	–	✗
Virginia MDT Survey	Jackson	–	–	–	✓	–	–
Collaboration Eval. Scale	Okato et al.	–	–	–	✗	–	–
Self-Evaluation Tool	Kistin et al.	✓	✓	–	✓	–	–
Comprehensive Measures	Jackson	✓	✓	✓	–	✓	✓
Team Evaluation	Jackson	✓	–	–	–	✓	✗
Interagency Measures	Jackson	✗	✓	✗	–	–	–
Meeting Assessment	Jackson	–	✗	✗	–	–	✗

Note: (✓) Indicates full coverage of the theme, (-) Indicates partial coverage, (✗) indicates no coverage.

Several instruments appear to function as specialised measures targeting specific components of the collaboration framework, seemingly intended for use in conjunction with other measures. For instance, the *Task Interdependence Scale* (Van der Vegt et al., 2000) assesses the structural workflow dependency—specifically the requirement to rely on colleagues for resources—rather than the quality or effectiveness of those interactions, resulting in no coverage of the defined collaboration themes. Similarly, the *Child Advocacy Center Team Meeting Assessment* (Jackson, 2004) acts as an event-specific measure, evaluating the immediate Relational and Communication dynamics of a single case review meeting while omitting the broader organisational climate, governance, or cognitive alignment that define the team's long-term functioning. This narrow focus is also evident in the *Multi-Disciplinary Collaboration Scale* (Jones et al., n.d.), which primarily serves as an inventory of Structural Frameworks and coordination mechanisms, such as signed protocols and co-location. By capturing the existence of infrastructure without assessing the relational or cognitive foundations required to make them functional, these measures are likely intended to serve as complementary modules within a comprehensive assessment battery rather than independent indicators of collaboration quality.

Other instruments appear to be designed as comprehensive, standalone measures intended to provide a holistic picture of collaboration quality by assessing multiple domains simultaneously. The *Self-Evaluation Tool* (Kistin et al., 2011) and the *Comprehensive Measures of Team Dynamics and*

Culture stand out as the most truly holistic instruments; the coding indicates that these measures assess indicators across all six domains, uniquely bridging the gap between "soft" relational dynamics and "hard" structural realities like funding, protocols, and logistical infrastructure. The *NCA OMS MDT Survey* also serves as a robust standalone measure, designed to cover a wide spectrum of the collaborative experience—spanning communication, relational safety, efficiency, and systemic support—to allow for national benchmarking, though it notably excludes the assessment of formal structural frameworks. Similarly, the *Extended Team Functioning Survey* (McGuier et al., 2024) functions as a comprehensive set of measures for internal team dynamics, capturing the affective (relationships), behavioural (learning processes), and cognitive (shared goals) dimensions of the team, although it relies on supplementary tools to assess the external systemic enablers and structural governance that define the wider organisational context.

Comprehensive measures are distinguished by their depth and intent to diagnose issues in the collaborative environment. The *Comprehensive Measures of Team Dynamics and Culture* (Jackson, 2004) and the *Self-Evaluation Tool for Child Protection Teams* (Kistin et al., 2011) are significantly longer instruments intended to serve as deep diagnostic audits; notably, these are the only two instruments in the review that provide coverage across every domain in the coding framework. Jackson's (2004) measure is unique in assessing the emotional and structural stability of the team, capturing both positive cohesion and negative states like "blame", "territorial issues", and "turnover". Similarly, Kistin et al.'s (2011) tool treats organisational context as a primary driver of collaboration, simultaneously measuring the initial conditions (Structure and Resources), enabling conditions (Communication and Active Processes), and effectiveness via a performance rating grid. Finally, the *Virginia MDT Knowledge and Functioning Survey* bridges the gap between structure and process, serving as a standalone assessment of whether the team possesses the necessary knowledge of protocols (Structural Frameworks) and effectively executes its functioning during case reviews (Active Processes).

A critical distinction among the identified measures is the depth of their inquiry, distinguishing between the mere existence of collaborative infrastructure and the qualitative functioning of those elements. Instruments like the *Multi-Disciplinary Collaboration Scale* (Jones et al., n.d.) operate primarily as inventories of Structural Frameworks, assessing the presence of signed interagency agreements or shared office space without probing the relational effectiveness of these features. In contrast, the *Relational Coordination Index* (Gittell, 2002) focuses entirely on the quality of interactions, asking specifically if communication is "timely" and "accurate", or if problem-solving is free from blame. Similarly, while some tools might check for the presence of a case review, the *Virginia MDT Knowledge and Functioning Survey* (Jackson, 2012) assesses the Active Processes within those meetings, determining whether decisions are made by consensus or dominated by individuals. This distinction between structural compliance and functional culture is most evident in the *Comprehensive Measures of Team Dynamics* (Jackson, 2004), which probes the Relational Foundations and emotional climate of the team—measuring trust, blame, and "territorial issues"—recognising that the presence of a team does not guarantee a functional collaborative culture.

DISCUSSION

This review set out to unpack the complexities of collaboration quality within multi-agency responses to child abuse and identify existing tools capable of measuring these dynamics. The analysis confirms that collaboration is a multi-layered construct comprised of distinct, interrelated themes. The literature suggests that successful collaboration relies on a set of initial conditions or foundations: Relational Foundations, defined by mutual trust, respect, and psychological safety; Cognitive Foundations, characterised by shared goals and role clarity; and Structural Frameworks, which provide the necessary protocols and governance. These foundations enable the active work of the team, operationalised through communication quality and problem-solving, and Active Processes such as joint planning and shared decision-making. Finally, these efforts are sustained—or constrained—by Systemic Enablers, specifically the availability of resources, organisational support, and training.

Synthesising the diverse elements of collaboration into a common taxonomy provides a critical mechanism for advancing the evaluation of multi-disciplinary teams. It builds the capacity for actionable feedback on the collaborative environment in individual Barnahus/CACs. The effects of implementing elements of a multi-agency response on collaboration quality have not been well explored (Elmquist et al., 2015; Herbert & Bromfield, 2019a), although some recent studies have explored the connection between collaboration quality and outcomes in the context of CACs (McGuier et al. 2023, 2024). By providing a clear definition and its component parts the review aimed to advance conceptual understandings of collaboration quality in the context of multi-agency responses to abuse. Defining the domains of collaboration quality can potentially contribute to the quality of review and self-assessment at Barnahus/CACs by highlighting the key areas for reflection and discussion.

The review identified 13 instruments that capture elements of these constructs, revealing a significant diversity in scope, focus and depth. These measures vary significantly in their unit of analysis, with some evaluating the team as a cohesive unit and others utilising a dyadic or pairwise approach to identify friction points between specific agency pairs. Some measures focus more on breadth of themes, while other measures are more focused and provide a depth of measurement of collaboration. While several of the measures were comprehensive in terms of the coverage of the themes (i.e., Jackson, 2004; Kistin et al., 2011), other measures provided greater detail on the complex relationships within an MDT through pairwise reporting of collaboration quality (e.g., McGuier et al., 2024). Notably the Jackson (2004) measure does not appear to have validity and reliability information and was published as a program monitoring tool, and the Kistin et al. (2011) measure was designed for Child Protection Teams in a hospital context rather than a Barnahus/CACs. The Child Protection Teams appear to provide components of a Barnahus/CAC type response from a health perspective (e.g., forensic interviews, psychosocial assessments, case supervision and cooperation with investigations), but without criminal justice and child protection professionals on the team.

As the Barnahus model expands across Europe, there is need for a robust, adaptable measure of collaboration quality as a barometer of how implementing Barnahus is affecting the quality of collaboration across the agencies responding to abuse. The measurement of collaboration quality is

a means to an end, namely understanding how these professional interactions translate into improved outcomes for children. The theoretical premise of models like Barnahus and CACs is that a cohesive, coordinated team reduces the distress associated with the investigation and prevents the secondary harm caused by fragmented systems. Collaboration quality presents as an important mediator for improved outcomes for children and families in multi-agency responses (Herbert & Bromfield, 2017). Without a reliable way to measure this, it becomes difficult to meaningfully evaluate the degree to which a Barnahus has been successfully implemented and the likelihood of children receiving a better response to abuse.

Recommendations for Measuring Collaboration in Barnahus/CACs

Based on the review, two of the measures (C*omprehensive Measures of Team Dynamics and Culture* – Jackson, 2004; *Self-Evaluation Tool for Child Protection Teams* – Kistin et al. 2011) were found to be comprehensive in representing all identified themes (see Table 4). However, each have limitations in terms of their value in assessing quality of collaboration at Barnahus/CACs. For Jackson (2004), the primary limitation is the lack of validation data; for Kistin et al. (2011), it is the tool's design for hospital settings rather than the Barnahus/CAC context. McGuier et al. (2024), on the other hand, while more focused in scope, includes well tested and validated measures with a depth of questions on Relational Foundations, Cognitive Foundations, Communication and Active Processes, though it lacks coverage of some sub-themes. Importantly this measure includes pairwise data to reflect the complexity of relationships and collaboration between team members, rather than reporting on the team as a homogenous whole. This provides a more nuanced approach to understanding the dynamics within teams, and potential applications for individual Barnahus in being able to recommend actions to address poor collaborative relationships.

A possible solution for the Barnahus/CAC context is a composite measure anchored by the Extended *Team Functioning Survey* (McGuier et al., 2024), supplemented by sub-scales and items from other measures. McGuier et al. (2024) was chosen for its strong grounding in organisational science, use of well-established measures, recent validation within CAC contexts, and robust coverage of core relational and cognitive domains. Table 5 outlines the components and sources of this proposed composite measure, highlighting the additional items selected to cover the full range of themes identified in the review. This combination balances the measurement of internal team culture with concise assessment of the inter-organisational context, drawing on measures with high psychometric validity.

While composed of well tested sub-scales, the proposed full measure would need updated validity and reliability testing, in addition to revising item wording to suit the European and Barnahus contexts. Construct validity testing could also help to reduce the size of the measure by identifying overlap between items or items with low internal consistency. The next steps required towards creating a complete measure are:

- Content Adaptation and Translation: Adapting wording to the Barnahus context, translating into multiple languages, and conducting a face validity review with practitioners to ensure the items make sense to the target population.

- Construct Validity & Item Reduction: Confirmatory Factor Analysis to confirm the items cluster in the predicted themes and remove items that fail to load onto their intended factors.
- Reliability Analysis: Test the internal consistency of the scales, particularly the ones composed of items from other measures.
- Cross-Jurisdictional Testing: Testing validity and reliability in a range of European contexts.
- Predictive Validity: Examine whether implementing a Barnahus is associated with improved collaboration quality, and the relationship between collaboration quality and children's and caregivers' experiences with the Barnahus.

Table 5 Coverage of Themes Across the Combined Team Functioning Survey and Self-Assessment Tool

Theme	Covered By McGuier et al.'s Extended *Team Functioning Survey* (2024)	Supplemented Items
Relational Foundations	I trust my teammates; I believe my teammates are truthful and honest; No one on this team would deliberate act in a way that undermines my efforts; I have little faith that my teammates will consider my needs when making decisions (reverse coded) **Mutual Trust & Reliability** I respect my team members; I hold the team in high regard; I think highly of my team members; Working with members of this team, my unique skills and talents are valued and utilized; How much do people in [Agency X] respect you and the work do…? (RCI) **Mutual Respect** I generally like my team; I do not particularly enjoy my team's company (reverse coded); I am friends with my team; I would socialize with my team members; Our team has a reason to be proud; It is safe to take a risk on this team; If you make a mistake on this team, it is often held against you (reverse coded); Members of this team are able to bring up problems and tough issues; People on this team sometimes reject others for being different (reverse coded); It is difficult to ask other members of this team for help (reverse coded) **Psychological Safety & Cohesion**	
Cognitive Foundations	It is clear what this team is supposed to accomplish; This team spent time making sure every team member understands the team objectives; The team has invested plenty of time to clarify your goals; To what extent do people in [Agency X] share your goals...? (RCI) **Shared Goals & Mission** How much do people in [Agency X] know about the work you do...?" (RCI) **Shared Knowledge**	There is very little, if any, unnecessary overlap of roles among the various agencies (Jackson, 2004)**;** MDT members do not experience role confusion (Jackson, 2004) **Role Clarity and Interdependence**

Structural Frameworks		MDT members have read and are familiar with all the protocols of the CAC (Jackson, 2012) **Formal Agreements and Protocols** The current leadership of our team creates and maintains a constructive meeting environment (Kistin et al., 2011) **Governance and Leadership** The MDT is under one roof and that helps a lot (Jackson, 2004); The CAC staff are available to meet our needs. (Jackson, 2004) **Logistical Infrastructure**
Communication	People in this team often speak up to test assumptions about issues under discussion; Do people in [Agency X] communicate with you in a timely way...? (RCI); Do people [in Agency X] communicate accurately...? (RCI) **Quality (Timely, Accurate, Open)** When involved in a case... how frequently do you communicate with [Agency X]...?" (RCI) **Frequency & Channels** When a problem occurs... do people in [Agency X] blame others or work together to solve the problem?" (RCI) **Problem-Solving Focus**	The MDT members share information about a child so that information from all disciplines can be heard to ensure that children and families receive all the services they need. (Jackson, 2012) **Information Sharing Systems**
Active Processes	This team tends to handle differences of opinion privately or off-line, rather than addressing them directly as a group **Conflict Resolution** We regularly take time to figure out ways to improve our team's work processes; This team frequently seeks new information that leads us to make important changes; In this team, someone always makes sure that we stop to reflect on the team's work process; Team members go out and get all the information they possibly can from others; We invite people from outside the team to present information or have discussions with us **Monitoring, Feedback, & Accountability**	Coordination of investigators' efforts through multi-professional meetings (Jones et al., n.d.); There is follow up at case review to ensure all members have completed what they agreed to do at the last meeting (Jackson, 2012) **Coordination and Joint Planning** The MDT makes few decisions by consensus and instead lets individuals make decisions (Jackson, 2012); Before undertaking a course of action, team members ask for help and suggestions from others (Kistin et al., 2011) **Shared Decision-Making**
Systemic Enablers		There are sufficient funding sources to engage in the collaboration (Okato et al., 2020); There are sufficient staff members to engage in the collaboration (Okato et al., 2020); I think that the hospital provides staff with adequate protected time to participate on the team (Kistin et al. 2011) **Resources (Time, Staff, Funds)** The upper management has a positive attitude towards the utilisation of our agency's resources to support the collaboration (Okato et al., 2020) **Organisational Support** We need more MDT training (Jackson, 2004) **Joint Training**

	There is no consistency in our MDT composition (Jackson, 2004); MDT members have insurmountable philosophical differences (Jackson, 2004) **Systemic Barriers**

Note: Items from the RCI ask participants to complete each item in relation to each of the partners in the collaboration.

The *Team Functioning Survey* serves as the primary measure for evaluating the team's internal dynamics. It provides validated, high-depth coverage of Relational Foundations, Cognitive Foundations, and Active Processes by explicitly measuring constructs like Affective Integration (trust and liking), Clear Direction (shared goals), and Team Learning Behaviour (reflecting on errors). Crucially, the most recent iteration includes a specific sub-scale for Psychological Safety—and addresses Communication through a coordination scale. The additional items critically expand this assessment by measuring the foundational Structural Frameworks (e.g., formal protocols, leadership, logistics) and Systemic Enablers (e.g., resources, organisational support, training) that determine a team's capacity to function effectively. Furthermore, these supplemental items provide deeper insight into key Active Processes like coordination and shared decision-making, which serve as practical, real-world indicators of successful collaboration. This combination creates a more powerful, holistic measure capable of distinguishing whether performance issues stem from internal team dysfunction or external systemic barriers, providing a complete picture of collaboration quality and offering clear, actionable insights for improvement.

Importantly this approach could also be used in jurisdictions without a Barnahus to potentially compare the effect of implementing a Barnahus/CAC on collaboration quality with a system, or before and after the implementation of a Barnahus/CAC. This composite measure addresses that need by focusing on the universal mechanics of cross-agency work (trust, learning, resources) rather than the specific outputs of a single service model.

Limitations

This review is subject to several methodological and contextual limitations. First, as a rapid review, it prioritised the identification of a wide range of existing measures over a systematic quality appraisal of every included study, potentially retaining instruments with weaker methodological underpinnings. Second, the literature is heavily skewed toward the United States and the Child Advocacy Centre (CAC) model (22 of 38 studies), which may limit the direct transferability of findings to European Barnahus contexts where legal frameworks and agency relationships—particularly in terms of police and social services—differ significantly. The inclusion of languages other than English in the review, and the inclusion of local variations on the term Barnahus/Children's House (i.e., Childhood Haus, Børnehus, Bairns' Hoose, Lastenasiaintalo, Lighthouse, Lastemaja, Hiša za otroke, Dječja kuća, Centrum Pomocy Dzieciom) may have resulted in additional measures and qualitative studies examining professionals' understandings of collaboration quality. Finally, as noted several widely used practice-based tools, such as the *NCA OMS MDT Survey*, lack published peer-reviewed psychometric data, making it difficult to scientifically verify their reliability compared to academic instruments.

Future Research

Future research should test the reliability, validity, and acceptability of integrating the *Team Functioning Survey* (McGuier et al., 2024) with additional items across different jurisdictional models (e.g., police-led vs. welfare-led) to establish a standardised European baseline for collaboration quality. A key question is the adaptability of these measures to the diverse Barnahus context, and particular adaption into multiple languages. Ultimately, the most critical avenue for future inquiry is to empirically link these measures of collaboration quality to client-level outcomes, testing the core theoretical assumption that superior multi-agency functioning directly relates to MDT effectiveness. For example, this could consider how differing levels of collaboration quality relate to children and caregivers' experiences at the Barnahus/CAC, improve the functioning of the criminal justice and child protection system, and improve the likelihood of children receiving services to address the impacts of abuse.

CONCLUSION

Establishing a robust evidence base for the quality of multi-agency collaboration is essential for ensuring the efficacy of the Barnahus model and similar multi-agency responses to abuse. This review highlights that collaboration quality relies on a complex interplay of relational trust, cognitive alignment, and systemic enablers. From a review of existing measures, the review proposes integrating two existing measures with demonstrated validity and reliability. By adopting this standardised method, Barnahus and other similar approaches can meaningfully evaluate the invisible architecture within which their teams operate, ensuring that professional cohesion translates into improved safety, justice, and recovery outcomes for children and families.

REFERENCES

Bag, O., & Guney, S. A. (2017). The evaluation of child sexual abuse in Child Advocacy Center: One year experience of a single center. *Alpha Psychiatry, 18*(1), 62 –68. https://doi.org/10.5455/apd.214951

Bakketeig, E., Stefansen, K., & Kaldal, A. (2017). Implementing the Nordic Barnahus model: Characteristics and local adaptations. In S. Johansson, K. Stefansen, E. Bakketeig, & A. Kaldal (Eds.), *Collaborating against child abuse: Exploring the Nordic Barnahus model* (pp. 1–32). Palgrave Macmillan. https://doi.org/10.1007/978-3-319-58388-4_1

Banks, D., Hazen, A. L., Coben, J. H., Wang, K., & Griffith, J. D. (2009). Collaboration between child welfare agencies and domestic violence service providers: Relationship with child welfare policies and practices for addressing domestic violence. *Children and Youth Services Review, 31*(5), 497–505. https://doi.org/10.1016/j.childyouth.2008.10.005

Banks, D., Landsverk, J., & Wang, K. (2008). Changing policy and practice in the child welfare system through collaborative efforts to identify and respond effectively to family violence. *Journal of Interpersonal Violence, 23*(7), 903–932. https://doi.org/10.1177/0886260508314693

Bell, L. (2001). Patterns of interaction in multidisciplinary child protection teams in New Jersey. *Child Abuse & Neglect, 25*(1), 65–80. https://doi.org/10.1016/S0145-2134(00)00224-6

Council of Europe. (2023). Barnahus: A European journey – Findings of a mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children. Council of Europe. https://rm.coe.int/barnahus-a-european-journey-mapping-study-on-multidisciplinary-and-int/1680acc3c3

Cowley, L. E., Maguire, S., Farewell, D. M., Quinn-Scoggins, H. D., Flynn, M. O., & Kemp, A. M. (2018). Factors influencing child protection professionals' decision-making and multidisciplinary collaboration in suspected abusive head trauma cases: A qualitative study. *Child Abuse & Neglect, 82*, 178 –191. https://doi.org/10.1016/j.chiabu.2018.06.009

Crandal, B. R., Martin, P. K., Hazen, A. L., & Reutz, J. A. R. (2019). Measuring collaboration across children's behavioral health and child welfare systems. *Psychological Services, 16*(1), 111–119. https://doi.org/10.1037/ser0000302

Cronin, M. A., Bezrukova, K., Weingart, L. R., & Tinsley, C. H. (2011). Subgroups within a team: The role of cognitive and affective integration. *Journal of Organizational Behavior, 32*(6), 831–849. https://doi.org/10.1002/job.707

Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., & Kolko, D. J. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on effectiveness. *Child Maltreatment, 12*(4), 358 –368. https://doi.org/10.1177/1077559507307781

Darlington, Y., Feeney, J. A., & Rixon, K. (2005a). Interagency collaboration between child protection and mental health services: Practices, attitudes and barriers. *Child Abuse & Neglect, 29*(10), 1085–1098. https://doi.org/10.1016/j.chiabu.2005.04.005

Darlington, Y., Feeney, J. A., & Rixon, K. (2005b). Practice challenges at the intersection of child protection and mental health. *Child & Family Social Work, 10*(3), 239–247. https://doi.org/10.1111/j.1365-2206.2005.00373.x

Davidson, G., Duffy, J., Barry, L., Curry, P., Darragh, E. and Lees, J. (2012), Championing the interface between mental health and child protection: evaluation of a service initiative to improve joint working in Northern Ireland. *Child Abuse Review, 21*(3), 157–172. https://doi.org/10.1002/car.1164

Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly, 44*(2), 350–383. https://doi.org/10.2307/2666999

Eilfgang, J., Bayer, L., Cigelski, M., Mensing, F., von Seeler, I., Sewald, H., & Pülschen, S. (2024). Collaboration between criminal justice and child protection in cases of child sexual abuse: Unveiling inhibiting and facilitating factors. *Child Abuse Review, 33*(2), e2868. https://doi.org/10.1002/car.2868

Elmquist, J. M., Blanchard, A., Helseth, S. A., & Wolven, K. K. (2015). A review of Children's Advocacy Centers' (CACs) response to cases of child maltreatment in the United States. *Aggression and Violent Behavior, 25*, 277–288. https://doi.org/10.1016/j.avb.2015.07.002

Endsjø, M., Vang, M. L., Jensen, T. K., & Skar, A. M. S. (2024). Predictors of burnout, secondary traumatic stress, and compassion satisfaction among practitioners in Norwegian child advocacy centers. *Child Abuse & Neglect*, *154*, 106924. https://doi.org/10.1016/j.chiabu.2024.106924

Feng, J.-Y., Fetzer, S., Chen, Y.-W., Yeh, L., & Huang, M.-C. (2010). Multidisciplinary collaboration reporting child abuse: a grounded theory study. *International Journal of Nursing Studies, 47*(12), 1483–1490. 10.1016/j.ijnurstu.2010.05.007

Gau, J. M., Zilberstein, K., Brown, A., & English, M. (2023). The quality of collaboration with child welfare scale (Q-CCW): Development and validation. *Developmental Child Welfare, 5*(4), 161–172. https://doi.org/10.1177/25161032231202254

Gittell, J. H. (2002). Coordinating mechanisms in care provider groups: Relational coordination as a mediator and input uncertainty as a moderator of performance effects. *Management Science, 48*(11), 1408–1426. https://doi.org/10.1287/mnsc.48.11.1408.268

Haas, S. M., Bauer-Leffler, S., & Turley, E. (2011). Evaluation of cross-disciplinary training on the co-occurrence of domestic violence and child victimization: Overcoming barriers to collaboration. *Journal of Health and Human Services Administration, 34*(3), 352 –386. https://doi.org/10.1177/107937391103400304

Haldorsson, O. L. (2017). *Barnahus quality standards: Guidance for multidisciplinary and interagency response to child victims and witnesses of violence*. Council of the Baltic Sea States. https://childrenatrisk.cbss.org/publications/the-promise-barnahus-quality-standards/

He, A. S. (2017). Interagency collaboration and receipt of substance abuse treatment services for child welfare-involved caregivers. *Journal of Substance Abuse Treatment, 79*, 20–28. https://doi.org/10.1016/j.jsat.2017.05.006

He, A. S., & Phillips, J. D. (2017). Interagency collaboration: Strengthening substance abuse resources in child welfare. *Child Abuse & Neglect, 64*, 101–108. https://doi.org/10.1016/j.chiabu.2016.12.011

He, A. S., Traube, D. E., & Young, N. K. (2014). Perceptions of parental substance use disorders in cross-system collaboration among child welfare, alcohol and other drugs, and dependency court organizations. *Child Abuse & Neglect, 38*(5), 939–951. https://doi.org/10.1016/j.chiabu.2013.10.020

Hebert, S., Bor, W., Swenson, C. C., & Boyle, C. (2014). Improving collaboration: a qualitative assessment of inter-agency collaboration between a pilot Multisystemic Therapy Child Abuse and Neglect (MST-CAN) program and a child protection team. *Australasian Psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists, 22*(4), 370–373. https://doi.org/10.1177/1039856214539572

Herbert, J. L., & Bromfield, L. (2019a). Better together? A review of evidence for multi-disciplinary teams responding to physical and sexual child abuse. *Trauma, Violence, & Abuse, 20*(2), 214–228. https://doi.org/10.1177/1524838017697268

Herbert, J. L., & Bromfield, L. (2019b). Multi-disciplinary teams responding to child abuse: Common features and assumptions. *Children and Youth Services Review, 106*, 104467. https://doi.org/10.1016/j.childyouth.2019.104467

Herbert, J. L., Paton, A., Deuter, K., & Horch, G. (2025). Effect of multi-disciplinary deliberation on perceptions of risk and recommended actions in response to child abuse. *Children and Youth Services Review, 178*, 108536. https://doi.org/10.1016/j.childyouth.2025.108536

Herbert, J. L. et al. (In Preparation). Barnahus in Northern & Central Europe. A comparative review of models and outcomes. Australian Centre for Child Protection.

Hood, R., Price, J., Sartori, D., Maisey, D., Johnson, J., & Clark, Z. (2017). Collaborating across the threshold: The development of interprofessional expertise in child safeguarding. *Journal of Interprofessional Care, 31*(6), 705–713. https://doi.org/10.1080/13561820.2017.1329199

Horwath, J., & Morrison, T. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through partnership. *Children and Youth Services Review, 33*(2), 368 –375. https://doi.org/10.1016/j.childyouth.2010.10.002

Hurlburt, M. S., Leslie, L. K., Landsverk, J., Barth, R. P., Burns, B. J., Gibbons, R. D., Slymen, D. J., & Zhang, J. (2004). Contextual predictors of mental health service use among children open to child welfare. *Archives of General Psychiatry, 61*(12), 1217–1224. https://doi.org/10.1001/archpsyc.61.12.1217

Jackson, S. L. (2004). *A resource for evaluating Child Advocacy Centers*. National Institute of Justice. https://nij.ojp.gov/library/publications/resource-evaluating-child-advocacy-centers

Jackson, S. L. (2012). Results from the Virginia Multidisciplinary Team Knowledge and Functioning Survey: The importance of differentiating by groups affiliated with a child advocacy center. *Children and Youth Services Review, 34*(7), 1243–1250. https://doi.org/10.1016/j.childyouth.2012.02.015

Johansson, S., & Stefansen, K. (2020). Policy-making for the diffusion of social innovations: the case of the Barnahus model in the Nordic region and the broader European context. *Innovation: The European Journal of Social Science Research, 33*(1), 4 –20. https://doi.org/10.1080/13511610.2019.1598255

Johansson, S., Stefansen, K., Bakketeig, E., & Kaldal, A. (Eds.). (2024). *Justice and recovery for victimised children: Institutional tensions in Nordic and European Barnahus models*. Palgrave Macmillan. https://doi.org/10.1007/978-3-031-53233-7

Johnson, L. J., Zorn, D., Tam, B. K. Y., Lamontagne, M., & Johnson, S. A. (2003). Stakeholders' views of factors that impact successful interagency collaboration. *Exceptional Children, 69*(2), 195–209. https://doi.org/10.1177/001440290306900205

Jones, L., et al. (n.d.). Measuring collaboration among Child Advocacy Center professionals using a relational coordination approach. University of New Hampshire.

Jones, L., Packard, T., & Nahrstedt, K. (2002). Evaluation of a training curriculum for inter-agency collaboration. *Journal of Community Practice, 10*(3), 23–40. https://doi.org/10.1300/J125v10n03_02

Kistin, C. J., Tien, I., Leventhal, J. M., & Bauchner, H. (2011). A novel self-evaluation tool to assess the team function of a child protection team. *Academic Pediatrics, 11*(6), 451–459. https://doi.org/10.1016/j.acap.2011.08.002

Lalayants M. (2012). Differential program evaluation model in child protection. *Child Welfare, 91*(4), 9–40. https://www.jstor.org/stable/48623349

Lalayants, M. (2013). Multidisciplinary collaboration in child protective clinical consultations: Perceptions of best practices. *Journal of Public Child Welfare, 7*(3), 253–274. https://doi.org/10.1080/15548732.2013.798245

Langenderfer-Magruder, L., Alven, L., Wilke, D. J., & Spinelli, C. (2019). “Getting everyone on the same page”: Child welfare workers’ collaboration challenges on cases involving intimate partner violence. *Journal of Family Violence, 34*, 21–31. https://doi.org/10.1007/s10896-018-0002-4

McGuier, E. A., Aarons, G. A., Byrne, K. A., Campbell, K. A., Keeshin, B., Rothenberger, S. D., Weingart, L. R., Salas, E., & Kolko, D. J. (2023). Associations between teamwork and implementation outcomes in multidisciplinary cross-sector teams implementing a mental health screening and referral protocol. *Implementation Science Communication, 4*, 13. https://doi.org/10.1186/s43058-023-00393-8

McGuier, E. A., Rothenberger, S. D., Campbell, K. A., Keeshin, B., Weingart, L. R., & Kolko, D. J. (2024). Team functioning and performance in Child Advocacy Center multidisciplinary teams. *Child Maltreatment, 29*(1), 106–116. https://doi.org/10.1177/10775595221118933

Mitchell, M. M., McMellon, C., & Warrington, C. (2025). *"Joining the Dots": Sycamore Bairns' Hoose evaluation: Phase 1 report*. The University of Edinburgh. https://www.sps.ed.ac.uk/sites/default/files/assets/pdf/SBH_Evaluation_Phase1Report_Final.pdf

Morrison, T., & Lewis, D. (2005). Toolkit for assessing the readiness of local safeguarding children boards: Origins, ingredients and applications. *Child Abuse Review, 14*(5), 297–316. https://doi.org/10.1002/car.906

Munro, E. (2011). *The Munro review of child protection: Final report, a child-centred system*. Department for Education. https://assets.publishing.service.gov.uk/media/5a7b455ee5274a34770ea939/Munro-Review.pdf

National Children's Alliance. (2017). *Outcome Measurement System (OMS) – Administrative Guide*. https://nationalchildrensalliance.org/wp-content/uploads/2018/05/OMS-Administrative-Guide-Updated-July-2017.pdf

Nugus, P., Greenfield, D., Travaglia, J., Westbrook, J., & Braithwaite, J. (2010). How and where clinicians exercise power: Interprofessional relations in health care. Social Science & Medicine, 71(5), 898–909. https://doi.org/10.1016/j.socscimed.2010.05.029

Ødegård, A., & Strype, J. (2009). Perceptions of interprofessional collaboration within child mental health care in Norway. *Journal of Interprofessional Care, 23*(3), 286–296. https://doi.org/10.1080/13561820902739981

Okato, A., Hashimoto, T., Tanaka, M., Saito, N., Endo, M., Okayama, J., Ichihara, A., Eshima, S., Handa, S., Senda, M., Sato, Y., Watanabe, H., Nakazato, M., & Iyo, M. (2020). Inter-agency collaboration factors affecting multidisciplinary workers' ability to identify child maltreatment. *BMC Research Notes, 13*, 323. https://doi.org/10.1186/s13104-020-05162-7

Parker, N. J., Scott, C. M., Herbert, J. L., & Rowe, W. (2025). Facilitating multidisciplinary team functioning in Child and Youth Advocacy Centres using shared mental models. *International Journal on Child Maltreatment: Research, Policy and Practice, 8*(2), 227–249. https://doi.org/10.1007/s42448-025-00224-4

Powell, M. B., & Wright, R. (2012). Professionals' perceptions of the value of multidisciplinary teams in child sexual abuse cases. *Children and Youth Services Review, 34*(6), 1108 –1113. https://doi.org/10.1016/j.childyouth.2012.02.011

Rousseau, C., Laurin-Lamothe, A., Nadeau, L., Deshaies, S., & Measham, T. (2012). Measuring the quality of interprofessional collaboration in child mental health collaborative care. *International Journal of Integrated Care, 12*, e3. https://doi.org/10.5334/ijic.676

Sakakida, C., Tadaka, E., & Arimoto, A. (2021). Development and validation of a new Multidisciplinary Approach Competency Scale for Prevention of Child Abuse from Pregnancy (MUSCAT). *PLoS One, 16*(4), e0249623. https://doi.org/10.1371/journal.pone.0249623

Seekamp, S., Ey, L. A., Wright, S., Herbert, J., & Tsiros, M. D. (2022). Service delivery goals and underlying interprofessional practices: A scoping review to support interprofessional collaboration in the field of child protection. *Children and Youth Services Review, 143*, 106680. https://doi.org/10.1016/j.childyouth.2022.106680

Smith, T. M. (2012). *Case studies of multidisciplinary child abuse case review teams and their leaders in Children's Advocacy Centers in Pennsylvania*. [Doctoral dissertation, Indiana University of Pennsylvania]. https://www.proquest.com/docview/867797681?pq-origsite=gscholar&fromopenview=true

Szilassy, E., Carpenter, J., Patsios, D., & Hackett, S. (2013). Outcomes of short course interprofessional training in domestic violence and child protection. *Violence Against Women, 19*(11), 1370–1383. https://doi.org/10.1177/1077801213513857

Van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2015). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child & Family Social Work, 20*(2), 129 –138. https://doi.org/10.1111/cfs.12082

Van der Vegt, G., Emans, B., & Van de Vliert, E. (2000). Team members' affective responses to patterns of intragroup interdependence and job complexity. *Journal of Management, 26*(4), 633–655. https://doi.org/10.1016/S0149-2063(00)00050-7

Wageman, R., Hackman, J. R., & Lehman, E. (2005). Team Diagnostic Survey: Development of an instrument. *The Journal of Applied Behavioral Science, 41*(4), 373–398. https://doi.org/10.1177/0021886305281984

Walsh, W. A., Cross, T. P., & Lounsbury, K. (2019). Feedback from families and multidisciplinary team members at Children's Advocacy centers: Are there differences between groups? Presented at the 34th Annual San Diego Conference on Child and family Maltreatment, San Diego, California, January 29th 2019. https://cfrc.illinois.edu/pubs/pt_20190129_FeedbackfromFamiliesandMultidisciplinaryTeamMembersatChildrensAdvocacyCenters:ArethereDifferencesAcrossGroups.pdf

Walsh, W. A., Jones, L. M., & Swiecicki, C. C. (2014). Using Child Advocacy Center tracking data to examine criminal disposition times. Journal of *Child Sexual Abuse, 23*(2), 198 –216. https://doi.org/10.1080/10538712.2014.868386

Westphaln, K. K., Manges, K. A., Regoeczi, W. C., Johnson, J., Ronis, S. D., & Spilsbury, J. C. (2022). Facilitators and barriers to Children's Advocacy Center-based multidisciplinary teamwork. *Child Abuse & Neglect, 131*, 105710. https://doi.org/10.1016/j.chiabu.2022.105710

APPENDIX A

National Children's Alliance Outcomes Measurement System - MDT Survey

The *Outcomes Measurement System (OMS)* was initially developed by the National Children's Alliance in collaboration with researchers from the University of Texas, Austin (National Children's Alliance, 2017). The methodology was evidence-based and rigorous, involving extensive literature reviews, focus groups with CAC Directors, and pilot testing to ensure high statistical reliability and validity. The primary purpose of the MDT Survey is to assist CACs in two core outcomes:

- Improving the collaborative efforts of MDTs.
- Ensuring that the MDT approach results in more collaborative and efficient case investigations.

The national standardisation allows CACs to track their performance, serving vital functions for accountability and strategic development. Centres use the data to benchmark their results against state and national trends, secure and retain funding, and strategically prioritise resources based on identified strengths and weaknesses. This ongoing data collection gives MDT members a structured, standardised way to provide feedback on the team's efficiency and overall effectiveness.

The survey consists of 14 multiple-choice items (plus open-ended response opportunities) covering four primary areas of measurement (communication, collaboration, structure, and overall effectiveness).

(1) Team members willingly share information.
(2) I can provide input during the Forensic Interview (FI) process.
(3) MDT members show respect for the perspective/needs of others.
(4) The CAC model fosters collaboration on the team.
(5) Team meetings are a productive use of my time.
(6) Case review meetings help me with my work.
(7) Other members understand my role on the team.
(8) Clients served through CAC benefit from team approach.
(9) My supervisor/agency is supportive of the work of the MDT.
(10) All members are actively involved in cases.
(11) Resources provided to the CAC help improve work on cases.
(12) CAC provides an environment where I feel safe expressing concerns.
(13) I get the information I need to fulfill my areas of responsibility.
(14) Other team members turn to my agency for information, expertise, direction.

The NCA emphasises that the surveys have been repeatedly tested for reliability and validity to maintain the statistical integrity of the standardised questions (National Children's Alliance, 2017). The manual, however, does not provide validity and reliability analyses specific to the *MDT Survey* element. The consistent use of these core items ensures that any results are comparable across the over 780 participating centres. Data from the *MDT Survey* is regularly analysed and presented by NCA in national reports and academic venues. For instance, a 2019 presentation utilised a national dataset that included 2,588 *MDT Survey* responses to explore how collaboration varied across team and centre characteristics (Walsh et al., 2019).

The *NCA OMS MDT Survey* is designed to provide coverage of Theme 1 (Relational Foundations) by assessing Mutual Respect regarding member perspectives and expertise, as well as Psychological Safety and Cohesion through items that measure the safety of expressing concerns. Theme 2 (Cognitive Foundations) is addressed through Shared Goals and Mission, which evaluates the perceived benefits of the team approach, and Shared Knowledge, which assesses the mutual understanding of professional roles. The instrument provides insight into Theme 4 (Communication) by examining Quality—specifically openness and accuracy—and the utility of Frequency and Channels such as case review meetings. Furthermore, Theme 5 (Active Processes) is covered by evaluating Coordination and Joint Planning alongside Shared Decision-Making, focusing on member involvement and input strategies. Finally, Theme 6 (Systemic Enablers) is included through items regarding the provision of Resources and the level of Organisational Support for the MDT.

Quality of Investigations and Services Scale (QISS)

The *Quality of Investigations and Services Scale (QISS)* is intended for Child Advocacy Centre (CAC) members, defined in the study as professionals from law enforcement, child protective services, medical, mental health, and the prosecutor's office. Its purpose is to have these professionals rate the quality of sexual abuse investigations and services based on their typical experiences. The *QISS* was administered in Jones et al. (n.d.) as part of a larger array of instruments measuring different components of collaboration.

The *QISS* is a 10-item measure with responses captured on a 5-point Likert scale (0 = Very Poor, 1 = Poor, 2 = Average, 3 = Good, and 4 = Excellent). The 10 items included are:

(1) Overall efficiency of the investigation process

(2) Communication among professionals involved in cases

(3) Sensitivity of investigators to the child's needs

(4) Coordination of investigators' efforts through multi-professional meetings

(5) Investigators' maintaining up-to-date information

(6) Collection of thorough and complete information

(7) Efforts by investigators to minimize duplicated work among professionals

(8) Expertise of professionals in understanding child development and child sexual abuse issues

(9) Availability of support and therapeutic services for families involved in CSA allegation

(10) The quality of support and therapeutic services for families involved in CSA allegations

Reported by the researchers, the instrument demonstrated high internal consistency, with a reported Cronbach's α of .85. A principal component analysis indicated that all 10 items loaded onto a single factor, supporting its use as a unified measure.

The *QISS* instrument provides coverage of Theme 1 (Relational Foundations) by assessing Mutual Trust and Reliability, specifically focusing on the expertise of professionals regarding child development and abuse issues. Theme 2 (Cognitive Foundations) is addressed through Shared Goals

and Mission, measured by the sensitivity of investigators to the child's needs, and Role Clarity and Interdependence, which evaluates efforts to minimise duplicated work among professionals. The survey provides insight into Theme 4 (Communication) by examining Quality, specifically looking at the timeliness of maintaining information and the accuracy (completeness) of data collected. Theme 5 (Active Processes) is covered by evaluating Coordination and Joint Planning, measuring the overall efficiency of investigations and the coordination of efforts through multi-professional meetings. Finally, Theme 6 (Systemic Enablers) is included through items on Resources, specifically the availability and quality of support and therapeutic services for families.

Multi-Disciplinary Collaboration Scale (MDCS)

The *Multi-Disciplinary Collaboration Scale (MDCS)* is an instrument designed by the researchers (Jones et al., n.d.) to measure the extent of integration of collaboration between police and CPS based on four dimensions: scope, breadth, formality, and history.

The *MDCS* was designed for and administered to "Law Enforcement officers and CPS workers" as part of the larger "CSA Teamwork Survey". It is a "summative scale" created from 9 different measures, which are not uniform items. These 9 measures assess the four dimensions and include:

(1) Procedures covered by protocol: A measure of the number of procedures (e.g., cross-referral, joint forensic interviews, team case reviews, etc.) covered by a signed agreement (0-5 count of possible procedures).

(2) Types of cases cross-referred: A mean score based on 4 questions about the cross-referral of different case types (none (0), some (1), most (2), or all (3))

(3) Proportion of forensic interviews at CAC: A question asking the proportion of child forensic interviews conducted at the CAC (% of cases).

(4) Proportion of case reviews at CAC: A question asking the proportion of case reviews conducted at the CAC (% of cases).

(5) Formality of procedures: A measure constructed from the number of "yes" responses to having central intake procedures, state law, written policy, or informal policy (count of 0-4).

(6) Number of liaisons available: A measure of the number of liaisons available from a list of 6 options (e.g., specified investigators, shared office space, a CAC, etc.; count of 0-6)

(7) Existence of a signed agreement: A "yes/no" question about whether the agency has a signed interagency agreement (yes/no).

(8) Knowledge of CAC leadership history: A "yes/no" question on whether the respondent knew which agency took primary leadership in developing the CAC (yes/no/don’t know).

(9) Knowledge of CAC time in existence: A "yes/no" question on whether the respondent knew approximately how long the CAC had been open (yes/no/don’t know).

For psychometric analysis, a Principal Component Analysis (PCA) indicated that the items loaded on one factor. The scale's internal consistency reliability was reported with a Cronbach's $\alpha = .57$, which the article describes as indicating a moderate level of construct validity.

The *MDCS* instrument focuses primarily on structural and procedural elements rather than relational dynamics. It provides coverage of Theme 3 (Structural Frameworks) by assessing Formal Agreements and Protocols through the existence of signed interagency agreements and written policies, as well as Logistical Infrastructure via items regarding shared office space and co-location. Additionally, Theme 5 (Active Processes) is addressed through Coordination and Joint Planning, which evaluates the synchronisation of team activities by measuring the cross-referral of cases and the proportion of forensic interviews and case reviews conducted at the CAC. The coding indicates that Relational Foundations, Cognitive Foundations, Communication, and Systemic Enablers are not explicitly covered by the items provided in this instrument.

Relational Coordination Index (RCI)

The *Relational Coordination Index (RCI)* was developed by psychologist Jody Hoffner Gittell (2002) grounded in the organisational theory of Mary Parker Follett (1941), who proposed a relational theory of coordination where the primary function of an organisation is the continuous interrelating of parts to the whole. Gittell (2002) defined relational coordination as "a mutually reinforcing process of interaction between communication and relationships carried out for the purpose of task integration".

The instrument is designed to measure the strength of collaborative ties based on work roles rather than personal friendships. It assesses the "task integration" between professionals, hypothesising that three relational dimensions (goals, knowledge, respect) reinforce, and are reinforced by, four communication dimensions (frequency, timeliness, accuracy, problem-solving). Originally used in the airline and healthcare industries, in this specific study, it was used with Child Advocacy Centre (CAC) professionals, specifically: Child Protective Services (CPS); Law Enforcement; Prosecutors; Mental Health Professionals.

Instead of asking a professional to rate "the team" as a whole, the *RCI* asks respondents to rate their coordination with each specific agency separately (e.g., A CPS worker rates the Police, then rates the Prosecutor, then rates Mental Health separately). This allows researchers to identify specific "weak ties" between dyads (e.g., identifying that Mental Health workers have poor ties with Police, while Police have strong ties with Prosecutors). The instrument consists of 7 items (dimensions). In this study, respondents answered these 7 questions for each of the other professional groups they worked with. Responses are measured on a 5-point Likert-type scale, with higher scores indicating higher levels of coordination.

(1) Frequency: "When involved in a case... how frequently do you communicate with [Agency X] about the status of the case?".

(2) Timeliness: "Do people in [Agency X] communicate with you in a timely way about the status of CSA cases?".

(3) Accuracy: "Do people [in Agency X] communicate accurately about the status of CSA cases?".

(4) Problem-Solving: "When a problem occurs... do people in [Agency X] blame others or work together to solve the problem?".

(5) Shared Knowledge: "How much do people in [Agency X] know about the work you do on cases of suspected CSA?".

(6) Mutual Respect: "How much do people in [Agency X] respect you and the work you do on cases of suspected CSA?".

(7) Shared Goals: "To what extent do people in [Agency X] share your goals for investigations of suspected CSA?"

The *RCI* demonstrates strong psychometric properties across multiple studies and contexts. In an unpublished manuscript evaluating its use in Child Advocacy Centres, Jones et al. (n.d.) found the instrument displayed high internal consistency with a Cronbach's α of .85. This aligns with broader research by the instrument's developer, Jody Gittell, who originally validated the measure in the airline industry and found consistent reliability and validity across healthcare and education sectors (Gittell, 2002). The measure also demonstrated predictive validity in the Jones et al. (n.d.) study, where *RCI* scores significantly predicted participants' ratings on both the *Quality of Investigations and Services Scale (QISS)* and the *Multi-Disciplinary Collaboration Scale (MDCS)*.

The *RCI* offers deep but targeted coverage of the interactional aspects of collaboration. The RCI instrument provides coverage of Theme 1 (Relational Foundations) by assessing Mutual Respect, specifically regarding the value placed on a partner's work, as well as Psychological Safety and Cohesion through items that measure the presence of blame versus working together to solve problems. Theme 2 (Cognitive Foundations) is addressed through Shared Goals and Mission, which asks directly about the extent to which goals are shared, and Shared Knowledge, which evaluates partners' knowledge of the user's work. The survey provides significant insight into Theme 4 (Communication) by examining Quality (specifically timeliness and accuracy), Frequency and Channels, and the Problem-Solving Focus of communication, specifically whether professionals adopt a problem-solving approach when issues arise. Themes related to Structural Frameworks, Active Processes (e.g., joint planning), and Systemic Enablers are not explicitly covered.

Task Interdependence Scale

The *Task Interdependence Scale* was conceptualised and validated by Van der Vegt, Emans, and Van de Vliert (2000). The authors developed the scale by adapting items from previous research on job design and interdependence, specifically drawing from Kiggundu (1983), Mohr (1971), Pearce & Gregersen (1991), and their own prior work (Van der Vegt et al., 1998), as cited in Van der Vegt et al. (2000).

The instrument is designed to measure Task Interdependence at the individual level. It assesses the extent to which a team member perceives that they must exchange information, materials, and resources with their colleagues to complete their own work. Unlike group-level measures that assume everyone relies on the team equally, this measure acknowledges that within the same team, some members (e.g., a surgeon) may be highly interdependent while others (e.g., an anesthetist) may work more independently.

The measure is intended for use with members of work teams. In McGuier et al. (2023), it was used with multidisciplinary team members in Child Advocacy Centres (CACs), including law enforcement,

child protective services, and medical/mental health staff. The measure consists of 5 items. Scale: 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree).

1. "I have to obtain information and advice from my colleagues to complete my work".
2. "I depend on my colleagues for the completion of my work".
3. "I have a one-person job; I rarely have to check or work with others" (Reverse coded).
4. "I have to work closely with my colleagues to do my work properly".
5. "In order to complete their work, my colleagues have to obtain information and advice from me".

The *Task Interdependence Scale* demonstrates robust psychometric properties. In its initial validation, a Principal Component Analysis (PCA) confirmed construct validity with a single-factor solution that explained 53.3% of the variance, with all items displaying factor loadings greater than .48. Reliability has been consistently supported across studies, with Van der Vegt et al. (2000) reporting a Cronbach's α of .71 and McGuier et al. (2023) reporting a "good" internal consistency of α = .79 in a multidisciplinary setting.

The coding analysis indicates that the *Task Interdependence Scale* does not provide coverage of the specific Multi-Agency Collaboration themes defined in the framework. While the instrument contains items regarding the need to "depend on colleagues" and "obtain information," the audit classifies these as measures of structural workflow dependency—specifically the requirement to work together—rather than the relational belief in Mutual Trust and Reliability or the procedural mechanics of Information Sharing Systems. Similarly, items describing the need to "work closely" with others were determined to reflect job requirements rather than the active Coordination and Joint Planning processes defined in the codebook. Consequently, no themes are recorded as present for this instrument.

Team Functioning Survey (Compiled by McGuier et al., 2023, 2024)

This is not a single pre-existing instrument comprising the *Team Functioning Survey* (McGuier et al., 2023, 2024), but a composite battery constructed by the researchers using validated scales from two primary sources:

- Cronin et al. (2011): Developed the *Affective Integration* scale to measure the emotional identification team members have with one another.
- Edmondson (1999): Developed the *Team Learning Behavior* and *Clear Direction* scales as part of her seminal work on psychological safety and learning in work teams.

The battery is designed to measure three distinct dimensions of team functioning: 'Affective': The quality of relationships (trust, respect, liking); 'Behavioral': The team's engagement in learning processes (feedback seeking, error discussion); 'Cognitive': The alignment of team members on goals and purpose. While originally developed for diverse work teams (e.g., manufacturing and office teams), in these studies, the measure was successfully used with multidisciplinary cross-sector teams in Child Advocacy Centres (McGuier et al., 2023, 2024).

Noting that McGuier et al. (2024) included some additional sub-scales, the items below are the common measures across both studies reported by sub-scale:

- *Affective Integration (11 items; 5-point Likert 1 = Strongly Disagree to 5 = Strongly Agree):*
    - I do not particularly enjoy my team's company. [reverse-coded]
    - I generally like my team.
    - I am friends with my team.
    - I would socialize with my team members.
    - I hold the team in high regard.
    - I think highly of my team members.
    - Our team has a reason to be proud
    - I respect my team members.
    - I trust my teammates.
    - I have little faith that my teammates will consider my needs when making decisions. [reverse-coded]
    - I believe my teammates are truthful and honest.
- *Behavioral (7 Items; 7-point Likert scale 1 = Very Inaccurate to 7 = Very Accurate)*
    - We regularly take time to figure out ways to improve our team's work processes.
    - This team tends to handle differences of opinion privately or off-line, rather than addressing them directly as a group.
    - Team members go out and get all the information they possibly can from others- such as customers, or other parts of the organization.
    - This team frequently seeks new information that leads us to make important changes
    - In this team, someone always makes sure that we stop to reflect on the team's work process.
    - People in this team often speak up to test assumptions about issues under discussion.
    - We invite people from outside the team to present information or have discussions with us
- *Cognitive (3 items; 7-point Likert 1 = Very Inaccurate to 7 = Very Accurate)*
    - It is clear what this team is supposed to accomplish.
    - This team spent time making sure every team member understands the team objectives.
    - The team has invested plenty of time to clarify your goals.

In McGuier et al. (2024), the following items were also included:

- *Psychological Safety (7-items; 7-point Likert 1 = Very Inaccurate to 7 = Very Accurate)*
    - If you make a mistake on this team, it is often held against you
    - Members of this team are able to bring up problems and tough issues
    - People on this team sometimes reject others for being different
    - It is safe to take a risk on this team.
    - It is difficult to ask other members of this team for help.
    - No one on this team would deliberately act in a way that undermines my efforts.
    - Working with members of this team, my unique skills and talents are valued and utilized

- Relational Coordination Scale (See above)

The *Team Functioning Survey* demonstrates excellent psychometric properties across both studies. The *Affective Integration* scale (Cronin et al., 2011) showed high reliability, with Cronbach's α of .91 in both the 2022 and 2023 studies. The *Team Learning Behavior* scale (Edmondson, 1999) demonstrated good internal consistency with an α of .75. The *Clear Direction* scale (Edmondson, 1999) also showed excellent reliability with an α of .90. Construct validity for these scales is well-established in the broader organisational literature; Edmondson (1999) provided evidence of discriminant validity and internal consistency for the *Learning* and *Direction* scales, while Cronin et al. (2011) confirmed the single-factor structure of the *Affective Integration* scale via confirmatory factor analysis. Additionally, the studies confirmed acceptable within-team agreement (using the AD_{Md} index), justifying the aggregation of individual responses to the team level.

The Base battery used in McGuier et al. (2023) is heavily focused on relational dynamics and internal team processing. It provides comprehensive coverage of Theme 1 (Relational Foundations) by assessing Mutual Trust and Reliability through items measuring faith and truthfulness among teammates, Mutual Respect via the value and regard members hold for one another, and Psychological Safety and Cohesion through indicators of social bonding and affective integration. Theme 2 (Cognitive Foundations) is addressed specifically through Shared Goals and Mission, which evaluates the clarity of team objectives, and the time invested in clarifying goals. While the survey does not cover Structural Frameworks, Communication, or Systemic Enablers, it provides insight into Theme 5 (Active Processes) by assessing Conflict Resolution mechanisms and Monitoring, Feedback, and Accountability, focusing on the team's ability to reflect on and improve its work processes.

The Extended Survey (McGuier et al., 2024) significantly broadens the scope of the original instrument, offering comprehensive coverage of Theme 1 (Relational Foundations) by assessing Mutual Trust and Reliability (honesty and dependability), Mutual Respect (valuing partners and their unique skills), and Psychological Safety and Cohesion (affective integration and risk-taking safety) . Coverage of Theme 2 (Cognitive Foundations) is expanded to include Shared Knowledge regarding partners' work, alongside Shared Goals and Mission. The instrument provides robust insight into Theme 4 (Communication), which was absent in the original version, by explicitly measuring Quality (timeliness, accuracy, and openness), Frequency, and the Problem-Solving Focus of communication. Theme 5 (Active Processes) is addressed through items on Conflict Resolution mechanisms and Monitoring, Feedback, and Accountability, focusing on team reflection and process improvement. Structural Frameworks and Systemic Enablers remain uncovered in this extended version.

Virginia MDT Knowledge and Functioning Survey

The *Virginia MDT Knowledge and Functioning Survey* was developed by the author (Jackson, 2012) through a review of existing MDT surveys and brainstorming sessions, followed by a review and revision process involving the 'Research and Evaluation Subcommittee of the Virginia Chapter of Child Advocacy Centers'.

The instrument is designed to measure MDT Knowledge and Functioning, specifically focusing on: The team's knowledge of philosophy and procedures; The dynamics and attendance of case review meetings; The perceived helpfulness of the collaboration; and the decision-making processes used during reviews. The survey is intended for multidisciplinary team members affiliated with CACs,

including investigators (law enforcement, CPS, prosecution), service providers (mental health, medical, victim advocacy), and CAC staff.

The analysis reduced 24 original items into 4 factors (sub-scales) containing 19 specific items rated on a 5-point Likert scale (1 = Strongly Agree, 2 = Agree, 3 = Disagree, 4 = Strongly Disagree, 5 = Not Applicable):

- Factor 1: Knowledge of the MDT's Philosophy and Procedures (9 items)
    - MDT members are knowledgeable about the CAC's mission and philosophy.
    - MDT members have read and are familiar with all the protocols of the CAC.
    - I received training in understanding the MDT protocols, mission and philosophy.
    - MDT members can identify a course of action when needed.
    - The MDT members try to get all the information they can before making a decision about something.
    - The MDT members share information about a child so that information from all disciplines can be heard to ensure that children and families receive all the services they need.
    - MDT members are aware of cultural differences and needs.
    - The MDT process consistently achieves its intended goals.
    - There is follow up at case review to ensure all members have completed what they agreed to do at the last meeting.
- Factor 2: Well-attended and Participatory Case Review (5 items)
    - MDT members regularly attend case review.
    - MDT members actively participate in case review.
    - MDT members share information freely during case review.
    - MDT members are comfortable asking questions of the other MDT members during case review.
    - MDT members are given an opportunity to voice their opinions during case review.
- Factor 3: Helpfulness of Case Review to MDT Members (2 items)
    - Attending case review is important for the success of my job or my agency.
    - Information exchanged during case review meetings helps me do my job.
- Factor 4: Lack of Decision Making and Assessment at Case Review (3 items)
    - At the end of a case review meeting, the MDT does not assess whether the MDT achieved its intended goals for that meeting.
    - The MDT makes few decisions by consensus and instead lets individuals make decisions.
    - The MDT often fails to make decisions because it does not have the necessary information or people have not done their homework.

A Principal Components Analysis (PCA) with varimax rotation was used to establish the factor structure. The four factors had eigenvalues greater than one, and item loadings ranged from .583 to .836, indicating strong construct validity for the created variables. Internal consistency was high across all four scales: Knowledge (α = .92) Case Review (α = .90) Helpfulness (α = .82) Assessment (α = .80).

The *Virginia MDT Survey* offers broad coverage across multiple domains, addressing elements in all six themes. It covers Theme 1 (Relational Foundations) through Mutual Respect, specifically regarding awareness of cultural differences, and Psychological Safety and Cohesion, measured by the comfort level in asking questions during case reviews. Theme 2 (Cognitive Foundations) is addressed by Shared Goals and Mission, evaluating member knowledge of the CAC's mission and philosophy. Unlike many other instruments, Theme 3 (Structural Frameworks) is present via Formal Agreements and Protocols, assessing member familiarity with protocols and the utility of the case review structure. The instrument provides extensive insight into Theme 4 (Communication), covering Quality (openness), Frequency and Channels (participation), Problem-Solving Focus (identifying courses of action), and Information Sharing Systems regarding cross-discipline data exchange. Theme 5 (Active Processes) is addressed through Shared Decision-Making, focusing on consensus and information gathering, and Monitoring, Feedback, and Accountability, which tracks follow-up on agreed tasks. Finally, Theme 6 (Systemic Enablers) is included through items measuring Joint Training.

Collaboration Evaluation Scale

The *Collaboration Evaluation Scale* was developed by Okato et al. (2020), with content derived from a previous study by Johnson et al. (2003), which identified seven key factors of successful inter-agency collaboration (commitment, communication, strong leadership, understanding culture, preplanning, resources, and turf issues). The instrument is designed to measure the quality of inter-agency collaboration among multidisciplinary workers involved with children and families at risk of maltreatment. Its specific purpose in this study was to identify which collaboration factors affect workers' ability to recognise signs of child maltreatment.

The instrument includes multidisciplinary workers who interact with at-risk families. The study sample included: Public Health Nurses; Welfare Officers; Nurses; Physicians; Medical Social Workers; Others (teachers, legal professionals). The final scale consists of 24 items grouped into 4 factors (reduced from the original 7 factors via Exploratory Factor Analysis). Items were rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree).

Factor 1: Commitment and Loyalty (10 items)

1. I take time to learn and understand each collaborating agency's mission and priorities.
2. I always keep the goals and the potential positive outcomes of the collaboration in mind.
3. The characteristics of each collaborating agency are utilised to the maximum.
4. Prior to the beginning of a new collaboration, I identify similarities/differences between the cultures of the participating agencies.
5. I develop a way to compromise on important differences.
6. I provide feedback on the results of the cases to the collaborating agency.
7. I think the establishment of trust and mutual responsibility for common goals is important for collaborating with other agencies.
8. I define the goal of the case in detail prior to beginning a new collaboration.

9. I understand the working process of the collaborating agency.
10. I talk to my colleagues about a positive view of the collaboration.

Factor 2: Strong Leadership (6 items)

11. The upper management can take responsibility for making decisions on behalf of the collaborating agency.
12. The upper management provides immediate assistance when problems arise.
13. The upper management truly understands our agency's position in the collaboration.
14. The upper management truly understands the priorities of the collaboration.
15. The upper management has a positive attitude towards the utilisation of our agency's resources to support the collaboration.
16. The upper management explains the role of our agency to other collaborating agencies.

Factor 3: Resources (4 items)

17. I review pertinent laws and regulations prior to the collaborative effort.
18. I check the similar issues and cases of previous inter-agency collaborations prior to beginning a new collaboration.
19. There are sufficient staff members to engage in the collaboration.
20. There are sufficient funding sources to engage in the collaboration.

Factor 4: Turf Issues (4 items)

21. I do not want to deal with the additional tasks pertaining to the collaboration.
22. I do not want to provide any additional resources for the collaborating agency when my agency's duty is finished.
23. I want to defend my own territory.
24. I do not want to examine or modify an agency's procedures that are unnecessarily inhibiting or detrimental to a collaborating agency

Based on the study by Okato et al. (2020), the Collaboration Evaluation Scale demonstrates mixed psychometric properties. Construct validity was established through Exploratory Factor Analysis (EFA), which identified a four-factor structure that explained 42.0% of the total variance. Regarding reliability, the internal consistency varied significantly across the subscales. The "Strong Leadership" ($\alpha = .87$) and "Commitment with Loyalty" ($\alpha = .84$) factors demonstrated high reliability, whereas the "Resources" ($\alpha = .62$) and "Turf Issues" ($\alpha = .63$) factors showed relatively lower internal consistency. The authors retained these latter factors despite the lower α values, based on the factor analysis results.

The *Collaboration Evaluation Scale* provides a distinct mix of attitudinal and resource-based measures while embedding process indicators within broader categories. Moreover, the instrument provides broad coverage across most domains, with the notable exception of Theme 4 (Communication), which is not represented. It addresses Theme 1 (Relational Foundations) by

assessing Mutual Trust and Reliability through the explicit establishment of trust, and Psychological Safety and Cohesion by measuring positive views of collaboration alongside negative indicators of turf issues. Theme 2 (Cognitive Foundations) is well-represented through Shared Goals and Mission (defining common goals) and Shared Knowledge, which evaluates the understanding of partner missions and cultures. Theme 3 (Structural Frameworks) is covered by items regarding Formal Agreements and Protocols (laws and regulations) and Governance and Leadership, specifically the role of upper management in decision-making. Theme 5 (Active Processes) is addressed through Coordination and Joint Planning, Conflict Resolution (compromise mechanisms), and Monitoring, Feedback, and Accountability regarding case results. Finally, Theme 6 (Systemic Enablers) is included through items on Resources (staff and funds) and Organisational Support from leadership.

Kistin et al. (2011) Self-Evaluation Tool for Child Protection Teams

The *Self-Evaluation Tool* was developed by Kistin et al. (2011) to address the lack of standardised evaluation tools for hospital-based Child Protection Teams. The instrument is grounded in Hackman's model of group effectiveness, which posits that "initial conditions" (structure/context) and "enabling conditions" (process/effort) drive team effectiveness.

The tool is a self-evaluation instrument designed to help teams identify strengths and weaknesses, monitor quality improvement, and benchmark performance against 'Centers of Excellence' – teams that have qualitatively been assessed as having high quality practice. The instrument includes multidisciplinary CPT members, including physicians, nurses, social workers, psychologists, lawyers, and law enforcement liaisons.

The survey consists of 70 items organised into 13 subscales across three main sections. Scale: Most items use a 7-point Likert scale (Strongly Disagree to Strongly Agree) or frequency scales (Never to Always).

The 3 Sections and 13 Subscales included (items not included verbatim due to length):

- Section 1: Initial Conditions (Structure and Context)
    - Team Composition (6 items): Measures if the team has the right mix of talents and interpersonal skills, if tasks are viewed as important, if feedback is regular, and if help is available.
    - Hospital Support (3 items): Measures whether the hospital demonstrates support, provides adequate finances, and provides "protected time" for staff.
    - Incentives (3 items): Measures if there are group, individual, and collaborative incentives to perform well.
    - Physical Environment (3 items): Assesses if the meeting place is quiet, comfortable, and confidential.
    - Task Clarity (3 items): Measures if members know what information to review, what the team is deciding, and their influence on defining tasks.
- Section 2: Enabling Conditions (Process)

    - Approach (9 items): Measures team dynamics and decision-making. Items include whether decisions are controlled by one or two people, if members ask for help, if they feel comfortable being open (psychological safety), if they work cohesively, and if they make changes based on past performance.
    - Effort (6 items): Measures attendance, staying for the whole meeting, active participation, preparation, and access to necessary materials.
- Section 3: Team Effectiveness (Outcomes)
    - Standards Met (Review, Testimony, Consultation) (3 subscales, 24 items): A matrix where members rate the Quality, Quantity, and Timeliness of three core tasks (Case Review, Testimony, Consultations) from the perspective of *The Team* and *Referring Professionals*.
    - Team Cohesion (4 items): Measures constructive leadership, desire to continue membership, collective pride, and mutual respect.
    - Personal Well-being (4 items): Measures if the team enhances professional identity, helps learn new things, provides ongoing education, and contributes to personal well-being.
    - Professional Growth (5 items): Measures if discussions reflect multidisciplinary participation, if suggestions improve effectiveness, if exposure increases awareness of other disciplines, if it aids skill development, and if the team leads to better case outcomes.

The instrument demonstrated strong internal consistency. Cronbach's α coefficients for the revised subscales ranged from .71 to .97, indicating good to excellent reliability. The researchers tested validity by comparing scores between teams identified as 'Centers of Excellence' (based on external NACHRI criteria) and other teams (Basic/Advanced). The tool successfully differentiated these groups, with 'Centers of Excellence' scoring significantly higher on Incentives (P =.003), Effort (P =.003), and Professional Growth (P =.004). The authors initially attempted Confirmatory Factor Analysis (CFA) based on Hackman's model, but it showed poor fit. They subsequently used Exploratory Factor Analysis (EFA) to derive the final factor structure, which accounted for high variance (72% for Initial Conditions, 92% for Enabling Conditions).

Kistin et al.'s *Self-Evaluation Tool* is a highly comprehensive instrument that addresses elements across all six themes. It provides robust coverage of Theme 1 (Relational Foundations) by assessing Mutual Trust and Reliability (competence), Mutual Respect (mutual support), and Psychological Safety and Cohesion through items on team pride and cohesion. Theme 2 (Cognitive Foundations) is fully represented, covering Shared Goals and Mission, Shared Knowledge, and uniquely, Role Clarity and Interdependence by measuring if members have a clear idea of information needs. Theme 3 (Structural Frameworks) is addressed through Governance and Leadership and Logistical Infrastructure, specifically assessing the physical meeting space. The instrument offers extensive insight into Theme 4 (Communication), covering Quality, Frequency, Problem-Solving Focus, and Information Sharing Systems regarding access to medical records. Theme 5 (Active Processes)

includes Coordination, Shared Decision-Making, and Monitoring, Feedback, and Accountability, utilising a performance grid to rate quality and timeliness. Finally, Theme 6 (Systemic Enablers) is included through items on Resources (protected time), Organisational Support (incentives), and Joint Training.

Comprehensive Measures of Team Dynamics and Culture (Jackson, 2004 Evaluation Toolkit)

The *Comprehensive Measures of Team Dynamics and Culture* instrument appears to be a practitioner-developed tool compiled by Jackson (2004) from field practices. It is one of the longest and most granular measures in the literature for evaluating CACs, designed to capture the day-to-day reality of the team climate. The instrument measures internal team dynamics, specifically focusing on the emotional and interpersonal climate of the team. It assesses negative states (burnout, blame, territoriality) alongside positive states (trust, pride, support) to provide a diagnostic picture of team health.

The measure is designed for members of the MDT at a CAC, including law enforcement, CPS, prosecution, medical/mental health professionals, and victim advocates. The instrument consists of 66 items divided into two sections: "Questions Regarding the MDT" (57 items) and "Questions Regarding the CAC" (9 items) on a 6-point scale ranging from 0 (Does Not Apply) to 5 (Strongly Agree).

Section 1: Questions Regarding the MDT

1. I know the MDT model can work.
2. MDT members are never raked over the coals for errors.
3. MDT members have insurmountable philosophical differences.
4. MDT members are professional in their behavior.
5. MDT members enjoy working together on a case.
6. I feel burned out as a result of being a member of the MDT.
7. MDT members constantly battle over how to make things work.
8. MDT members have territorial issues.
9. MDT members would not take it well if they were told that parents had made negative comments about them.
10. I do not have to have my way every time.
11. When I have a concern about something, I feel free to raise it with the MDT.
12. There is no consistency in our MDT composition.
13. The other MDT members do not work as hard as I do.
14. The other MDT members are not doing their job.
15. The MDT discusses personal issues informally.
16. I am comfortable giving feedback to the MDT.

17. I understand the barriers other MDT members face.
18. MDT members do not experience role confusion.
19. The MDT membership is generally stable.
20. MDT members always help the newcomers along.
21. Change among the MDT membership is constant.
22. I feel comfortable disagreeing with my supervisor.
23. The MDT has had some positive experiences in terms of case outcomes.
24. I feel like someone on the MDT is always looking over my shoulder.
25. The MDT members are generally comfortable with one another.
26. The MDT is open to suggestions and criticism.
27. The MDT members do not know one another very well.
28. The MDT members socialize outside of work.
29. The MDT members trust one another.
30. The MDT members blame one another.
31. The MDT is part of my support system.
32. Awards are presented to MDT members.
33. Our MDT engages in ongoing team-building activities.
34. I am proud of the MDT.
35. The MDT members are comfortable bringing up problems.
36. The turnover and transfer rates are affecting the MDT.
37. I am dedicated to the MDT.
38. The MDT is a good idea.
39. The MDT has a regular forum for discussing system issues.
40. MDT members have no accountability when there is an MDT.
41. The MDT should be able to require a team member to perform some act.
42. I am frustrated by the outcome of the cases the MDT has been involved with.
43. It is preferable for the MDT to be co-located.
44. It was easier to investigate cases the conventional way.
45. I am able to see the benefit on the MDT of what I do.
46. I would never want to work without the MDT.
47. The MDT leader is neutral.

48. The MDT's primary agenda is the best interests of the child.
49. The MDT model is better for kids.
50. The MDT members should evaluate the CAC.
51. The MDT is under one roof and that helps a lot.
52. I know how the MDT model works.
53. I support the MDT model.
54. We need more MDT training.
55. It's hard to keep the MDT going because the CAC has no authority over the team.
56. I read the protocol occasionally to remind myself of the agreement.
57. At times, the MDT members are able to laugh, which releases some tension.

Section 2: Questions Regarding the CAC

58. I am generally cynical about the CAC.
59. The location of the CAC is inconvenient.
60. The accessibility of services is appropriate.
61. I am not comfortable coming to the CAC; for example, I do not feel welcome.
62. Working with the CAC has increased our team's cohesion.
63. The CAC director is good at settling issues.
64. The CAC should not have decision making authority within the MDT.
65. The CAC staff are available to meet our needs.
66. The CAC staff provide the services we need.

The text does not provide Cronbach's α coefficients (reliability) or factor analysis (validity) for this measure. Jackson (2004) introduces the questionnaires as examples that "have been developed and used by centers across the country" rather than standardised research instruments. This measure may have been the antecedent for the *Virginia Multidisciplinary Team Knowledge and Functioning Scale* (see above).

The *Comprehensive Measures of Team Dynamics and Culture* is the most extensive instrument analysed, providing coverage across all six themes. It addresses Theme 1 (Relational Foundations) through items on Mutual Trust (honesty), Mutual Respect (professionalism), and Psychological Safety (blame and cohesion). Theme 2 (Cognitive Foundations) is fully covered, including Shared Goals, Shared Knowledge of barriers, and Role Clarity. Uniquely, Theme 3 (Structural Frameworks) is comprehensively addressed via Formal Agreements, Governance (accountability), and Logistical Infrastructure (co-location). Theme 4 (Communication) focuses on Quality (openness), Frequency, and Problem-Solving (comfort of MDT staff in bringing up problems). Theme 5 (Active Processes) spans Coordination, Shared Decision-Making, Conflict Resolution, and Monitoring. Finally, Theme 6

(Systemic Enablers) is robustly represented, covering Resources, Organisational Support, Joint Training, and specifically Systemic Barriers like turnover rates.

Child Advocacy Center Team Evaluation (Jackson, 2004 Evaluation Toolkit)

The *Child Advocacy Center Team Evaluation* instrument is located in Appendix C of the CAC Evaluation Toolkit (Jackson, 2004). Unlike the "Perceptions" survey which appears to be a compilation of field questions, this measure is explicitly grounded in organisational psychology theory. The items closely mirror the criteria for effective teams established by J. Richard Hackman, who is cited in the resource book's bibliography. The content focuses on the "enabling conditions" for teamwork (e.g., clear purpose, appropriate leadership, supportive context) rather than just member satisfaction. The tool measures team effectiveness and functioning, specifically assessing whether the necessary structural and interpersonal conditions are present for the team to succeed. It moves beyond "how do we feel" to "how do we work."

The target audience of the survey is the members of the Multidisciplinary Team at a CAC. The instrument consists of 13 items. Scale: Items 1–12 use a 4-point frequency scale: 1 (Not at All) to 4 (Consistently). Item 13 is a checklist of specific skills.

(1) The team is clear about what it needs to accomplish and is unified in its purpose.
(2) Team members know that each person needs to accomplish team goals.
(3) Team members share values that support the team.
(4) Team members get and give prompt, direct, reliable, and useful feedback (positive, negative, developmental) about the performance of the team.
(5) All team members participate; contributions are acknowledged; consensus is sought.
(6) Team members trust one another enough to talk about issues openly and promptly.
(7) Team members feel a sense of belonging to the team, both emotionally and professionally.
(8) Team members express ideas on both problems and group process.
(9) Team members listen to one another.
(10) Disagreement is valued and used to improve the performance of the team.
(11) The leader does not dominate, and the group does not overly depend on the leader.
(12) Team members celebrate personal and team accomplishments.
(13) Team members possess and consistently use the following teamwork skills (Check all that apply): Problem solving, Conflict management, Confrontation, Listening, Validation/support, Coordination.

This is presented as a sample instrument for practical use rather than a validated research scale. No Cronbach's α or factor analysis results are provided in the text. The items bear a resemblance to the *Team Diagnostic Survey (TDS)* developed by Wageman, Hackman, and Lehman (2005), which is a highly validated instrument (α = .70 for most scales). However, the version in the Jackson (2004) book appears to be a simplified or adapted checklist based on Hackman's earlier work (cited as Hackman [1990] in the references of Jackson, 2004). While the concepts are based on validated theory (Hackman's model), the specific 13-item instrument presented here does not have independent published evidence of validity or reliability.

Based on the *Child Advocacy Center Team Evaluation'*s 13 items, the instrument functions primarily as a diagnostic checklist for the internal mechanics and interpersonal climate of the team, strongly reflecting Hackman's "enabling conditions" for effectiveness. The *Child Advocacy Center Team Evaluation* provides strong coverage of Theme 1 (Relational Foundations), explicitly assessing Mutual Trust and Reliability (trusting one another), Mutual Respect (acknowledging contributions), and Psychological Safety and Cohesion through items on belonging and celebrating accomplishments. Theme 2 (Cognitive Foundations) is addressed via Shared Goals and Mission, focusing on unified purpose and shared values. While Theme 3 (Structural Frameworks) is limited to Governance and Leadership, the instrument provides insight into Theme 4 (Communication) through Quality (openness and listening) and Problem-Solving Focus. Theme 5 (Active Processes) is comprehensively covered, including Coordination, Shared Decision-Making (consensus), Conflict Resolution (valuing disagreement), and Monitoring, Feedback, and Accountability regarding team performance. Theme 6 (Systemic Enablers) is not represented in this instrument.

Measures of Interagency Collaboration and Communication (Jackson, 2004 Evaluation Toolkit)

The *Measures of Interagency Collaboration and Communication* instrument was developed by Beauchamp, Tewksbury, and Sanford (1997, as cited in Jackson, 2004) as part of an unpublished manuscript titled "The Final Touch: Effectively Evaluating Child Advocacy Center Programming," produced for the National Children's Alliance (NCA). It is presented in the CAC resource book (Jackson, 2004) as a tool for evaluating the system-wide response to child sexual abuse. The tool measures system-level collaboration rather than just internal team dynamics. Its purpose is to assess the perceptions and experiences that staff from one agency (e.g., CPS) have regarding the other agencies in the collaborative system (e.g., Law Enforcement, Mental Health). It is designed to identify specific friction points between disciplines regarding information sharing, goal alignment, and conflict resolution.

The survey involves staff members of agencies involved in the collaborative system, specifically: Child Protective Services (CPS); Mental Health Services; Law Enforcement. The instrument consists of a General Section (8 items + 6 open-ended questions) followed by Agency-Specific Sections where respondents rate their relationship with partner agencies. Scale: 7-point Likert scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree).

General Interagency Collaboration Questions

Items 1–8 use a 7-point Likert scale (Strongly Disagree to Strongly Agree). Items 9–14 are open-ended.

1. Managers of the various agencies meet on a regular basis to discuss cases and other collaboration issues.
2. The collaborative agencies involved in addressing child sexual abuse share similar goals.
3. There is very little, if any, unnecessary overlap of roles among the various agencies.
4. The various collaborative agencies communicate effectively with each other.
5. Sufficient training opportunities exist within the collaborative system.
6. The services provided by the collaborative system empower the family and victim.

7. Victims and families are told what to expect during the investigative, legal, and treatment phases.
8. Opportunities for consultation between agencies are sufficient.
9. What effect, if any, does this overlap of roles have on service delivery?
10. What effect, if any, do differences in agency goals have on service delivery to victims and families?
11. What are the strengths of the collaborative system?
12. What are the weaknesses of the collaborative system?
13. What would make interagency communication more effective?
14. How could the collaborative system more effectively empower the family of a victim of child sexual abuse?

Child Protective Services (CPS) Section

Items 15–20 use a 7-point Likert scale. Items 21–23 are open-ended.

15. The CAC and Social/Protective Services readily share case information.
16. The CAC and Social/Protective Services communicate effectively with each other.
17. The referral process between the CAC and Social/Protective Services is effective.
18. Case information provided to the CAC by Social/Protective Services is helpful in the treatment planning process.
19. The CAC and Social/Protective Services share similar goals.
20. When they arise, conflicts between the CAC and Social/Protective Services are usually resolved effectively.
21. How could communication between the advocacy center and Social/Protective Services be improved?
22. What is the role of Social/Protective Services in the collaborative system?
23. How could conflict resolution between the advocacy center and Social/Protective Services be improved?

Mental Health Services Section

Items 24–28 use a 7-point Likert scale. Items 29–31 are open-ended.

24. The CAC and treatment agency/agencies readily share case information.
25. The referral process between the CAC and the treatment agency/agencies is effective.
26. The CAC and the treatment agency/agencies share similar goals.
27. Conflicts arise between the CAC and the treatment agency/agencies.
28. When they arise, conflicts between the CAC and the treatment agency/agencies are usually resolved effectively.

29. What is the role of the treatment agency/agencies in the collaborative system?
30. How could conflict resolution between the CAC and the treatment agency/agencies be improved?
31. How could communication between the CAC and the treatment agency/agencies be improved?

Law Enforcement Section

Items 32–36 use a 7-point Likert scale. Items 37–39 are open-ended.

32. The CAC and law enforcement agency/agencies readily share case information.
33. The CAC and the law enforcement agency/agencies communicate effectively with each other.
34. Case information provided to the CAC by the law enforcement agency/agencies is helpful in the treatment planning process.
35. The CAC and the law enforcement agency/agencies share similar goals.
36. When they arise, conflicts between the CAC and the law enforcement agency/agencies are usually resolved effectively.
37. How could communication between the CAC and the law enforcement agency/agencies be improved?
38. What is the role of the law enforcement agency/agencies in the collaborative system?
39. How could conflict resolution between the CAC and the law enforcement agency/agencies be improved?

The source is cited in Jackson (2004) as an unpublished manuscript (grey literature) produced for the National Children's Alliance. The text provides no Cronbach's α coefficients or factor analysis results. There is no evidence in the provided text or common literature that this specific scale has been widely adopted or validated in subsequent research studies.

The *Measures of Interagency Collaboration and Communication* instrument emphasises cognitive alignment and communicative processes over relational dynamics. It provides comprehensive coverage of Theme 2 (Cognitive Foundations) by assessing Shared Goals and Mission regarding goal alignment, Shared Knowledge of partner roles, and Role Clarity and Interdependence, specifically addressing role overlap and delineation. The instrument offers robust insight into Theme 4 (Communication), covering Quality (effectiveness and openness), Frequency and Channels (regular meetings), and Information Sharing Systems regarding the exchange of case data. Theme 5 (Active Processes) is addressed through Coordination and Joint Planning, focusing on referral processes, and Conflict Resolution, which measures the effectiveness of resolving disagreements. Finally, Theme 6 (Systemic Enablers) is included through items evaluating the sufficiency of Joint Training opportunities.

Child Advocacy Center Team Meeting Assessment (Jackson, 2004 Evaluation Toolkit)

The *Child Advocacy Center Team Meeting Assessment* was developed by the Child Advocacy Center in Poughkeepsie, New York. It is presented in the CAC resource book (Jackson, 2004) as a practical

tool for evaluating the effectiveness of specific case review meetings rather than the general organisational climate. The tool measures the quality of interaction and process during MDT meetings. It is designed to assess whether the meeting environment is productive, respectful, and efficient.

The target of the survey is MDT members attending case review meetings. The instrument consists of 12 items rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree).

- The meeting was orderly, with few (if any) side conversations.
- Cases were discussed clearly and succinctly, with little irrelevant information.
- Disagreement was accepted without defensive reactions.
- We demonstrated that we were listening to each other very well.
- I felt connected to the team process, even when I was not directly involved in the discussion.
- The meeting was very productive.
- The meeting was hard to follow due to lack of order and many side conversations.
- Cases were discussed in a disjointed, lengthy manner with much irrelevant information.
- Defensive reactions to disagreements blocked team process.
- We didn’t listen to each other very well.
- I did not feel a part of the team process.
- The meeting was not at all productive

There is no published psychometric evidence (reliability or validity) provided for this specific scale in the text; it is attributed to a single CAC's internal practices.

The *Child Advocacy Center Team Meeting Assessment* focuses narrowly on the immediate dynamics of team interaction within a meeting setting. It provides coverage of Theme 1 (Relational Foundations) by assessing Mutual Respect through behavioural indicators of active listening, and Psychological Safety and Cohesion, measuring the presence of defensive reactions to disagreement and the sense of connection to the team process. Theme 4 (Communication) is addressed through Quality, specifically evaluating whether discussions are clear and succinct versus disjointed. Theme 5 (Active Processes) is included through items on Coordination and Joint Planning, which assess the orderliness and productivity of the meeting structure. Themes related to Cognitive Foundations, Structural Frameworks, and Systemic Enablers are not represented in this instrument.

University of South Australia | Australian Centre for Child Protection

Contact:
childprotection@unisa.edu.au

Improving the lives of vulnerable children.

unisa.edu.au/accp