

Thesis
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**UNIVERSITY OF STIRLING
DEPARTMENT OF APPLIED SOCIAL SCIENCE**



THE TRIUMPHS AND TENSIONS OF TEAMWORK
An Analysis of Multi-disciplinary Meetings

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5/9/99

DECLARATION

This thesis has been composed by myself and the work it embodies has been done by myself and has not been included in another thesis.

Lama Bell

ABSTRACT

This thesis presents findings from a study of fifteen multi-disciplinary child protection teams in New Jersey, USA. The agencies represented in the teams were the prosecutor's office, the Division of Youth and Family Services, law enforcement, hospitals and mental health organisations. The professionals who were members of the teams included caseworkers and supervisors from the Division of Youth and Family Services, assistant prosecutors, law enforcement officers and captains, mental health staff, social workers, psychologists, physicians, nurses, assistant district attorneys and victim witness staff.

The data was collected through questionnaires, direct observation and in-depth interviews. The thesis explores the teams' structures, processes and interactions from two perspectives, that of the observer and that of the team members.

The general findings of the study are that the prosecutor's office dominates multi-disciplinary teams in the fifteen counties of New Jersey that have them, although this domination is more marked in some teams than in others.

The findings reveal differences among the teams on two dimensions: 'multi-disciplinary sharing' and 'team members' perceptions of the teams'. When positive and negative values are attached to each of the two dimensions a matrix of four typologies is constructed, as follows:

Depressed Team

negative multi-disciplinary sharing/negative perceptions of the team

Realistic Team

positive multi-disciplinary sharing/positive perceptions of the team

Repressed Team

negative multi-disciplinary sharing/positive perceptions of the team

Pessimistic Team

positive multi-disciplinary sharing/negative perceptions of the team

Each of these team types is characterised by a complex combination of attributes which are not easily disentangled and isolated.

Explanations for the findings are formulated as are suggestions for promoting multi-disciplinary co-operation

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ABBREVIATIONS

AP	Assistant prosecutor.
CAC	Child advocacy center. Specialist centres which provide a child-centred environment in which children who have been abused and their families can be interviewed by professionals.
CPS	Child protective services. A generic title used throughout the United States for professionals who investigate allegations of child abuse (excluding law enforcement)
DYFS	Division of Youth and Family Services. Provides statutory child protection services in New Jersey. Part of the Department of Human Services.
DY (C)	DYFS caseworker
DY (S)	DYFS supervisor
LE (PD)	Law enforcement officers in the local Police Department.
LE (PO)	Law enforcement officers and supervisors who are specialist child abuse investigators attached to the prosecutor's office.
LE (O)	Law enforcement officer
LE (C)	Law enforcement captain
MDT	Multi-disciplinary Team.
MH	Mental Health staff in a range of non-governmental organisations, including private, charitable and non-profit making. These provide a range of services to children and families.
PO	Prosecutor's Office
VW	Victim witness staff, employed by the prosecutor's office to provide services to victims of serious crimes

CHAPTER ONE : INTRODUCTION

Introduction

Teams are like 'mom' and 'apple-pie'. They are seen as inherently a good thing. They are imbued with virtues. To be called a team player is not simply a description it is also a compliment. It is therefore hardly surprising that when there have been concerns about the provision of health and welfare services, teams have been introduced to improve and develop services, both intra-professional, such as area social services teams (Stevenson, 1980), and inter-professional, such as primary care teams (Dingwall, 1980). Widely-held beliefs and assumptions that the teams will be effective and efficient and will enable practitioners to work together to provide co-ordinated services have had an influence on the encouragement of teams by government and agencies and the emergence of teams among practitioners. I hear this rhetoric about working in teams but still have a feeling of scepticism because of my own experiences of teams and groups in my personal and professional life. I have experienced teams which have been unable to make decisions after hours of discussion because no-one was able to take a leadership role; in which the personal agendas of team members rather than the task have dictated the content and process of the meeting; in which men have ignored, interrupted and patronised me; in which I have had so little respect for my colleagues or the topic of discussion that I have either contributed nothing or I have sabotaged the discussion; and in which colleagues have delivered monologues. My experiences are not unique. In her scathing attack of the team ideology, Sinclair (1992) asserts

...under the banner of benefits to all, teams are frequently used to camouflage coercion under the pretence of maintaining cohesion; conceal conflict under the guise of consensus; convert conformity into a semblance of creativity; give unilateral decisions a co-determinist seal of approval; delay action in the supposed interests of consultation; legitimize lack of leadership; and disguise expedient arguments and personal agendas (p.612).

This then is the Janus face of teams: the one side expressing the idealised picture of the goodness of teams, the other side expressing the ugly experience of team shortcomings. My curiosity about this consistent dichotomy has led me to consider how it is manifest in teams involved in child protection.

Background to teams in child protection

There have been concerns in both the United Kingdom and the United States about the way in which professionals and agencies have worked together in child abuse cases ever since child abuse re-emerged as a social problem in the late nineteenth century (Bross et al, 1988; Home Office et al, 1991; Hallett and Birchall, 1992; Pence and Wilson, 1994). In response to these concerns, professionals and agencies have been encouraged, persuaded and even sometimes mandated to co-operate and collaborate in order to improve the identification and assessment of abuse; to protect the child; to take the most appropriate civil and criminal legal action; and to ensure that the child and family receive the services and interventions they require. One way of achieving closer co-operation among the various agencies involved in child protection work is through the establishment of multi-disciplinary or inter-agency teams or meetings. In

the UK the best known of these fora is the case conference which is a meeting of the significant professionals, and sometimes parents, who are associated with a particular case. A new meeting with a different group of people is constituted for every case for which a conference is deemed appropriate. This group discusses the case and decides whether or not the child's name should be placed on the child protection register and whether a child protection plan is required in order to protect the child. Review conferences are held to monitor the protection plan and to make decisions as to whether or not the child's name should remain on the register.

In the US, different states have developed different types of multi-disciplinary meetings and while some have meetings which are similar to case conferences others have developed very different systems. One such system is the use of Multi-disciplinary Teams (MDTs) in the state of New Jersey. These are consistent teams of professionals who meet on a regular basis to discuss a number of cases at each meeting. These teams are of particular interest because, as they are on-going, they have the opportunity to develop over a period of time and thus establish their own particular patterns of communication and interaction, structures, cultures and ways of functioning.

Although there are similarities between the UK and New Jersey in the way in which child protection services are provided, there are also some notable differences and the following section provides an overview of the most significant agencies and professionals involved in the provision of Child Protective Services (CPS) in New Jersey since these are the focus of this study.

New Jersey ranks as the second smallest state in terms of area in the United States but is the most densely populated, with 1066 people per square mile and a population of almost 8 million in 1996. In 1995, 78% of the population was white; 12% African American; 10% Hispanic and 5% Asian/Pacific Islanders. The state has a young population; 26% were under the age of 20 in 1995. Local administration of services is on a county-wide basis and there are twenty-one counties in New Jersey. Only fifteen of these counties have MDTs. Most of the funding for services is provided to the counties by the state administration although counties can get extra funding from other sources, such as local taxes and benefactors.

New Jersey state Department of Human Services is similar to UK Social Services or Social Work Departments, providing a range of assessment and treatment services to children and families and to people who are elderly or have a mental illness or learning difficulties or a physical disability. The Division of Youth and Family Services (DYFS) is one of the divisions in the Department of Human Services and provides preventative, investigative and treatment services to children and families (similar to Children and Families teams in the UK). In New Jersey it is this agency that is mandated to provide Child Protective Services (CPS). It accepts reports of abuse and maltreatment; conducts investigations; carries out safety and risk assessments in relation to children; develops case plans, and; arranges for services, such as foster-care, to be provided to children and families. Each county in the state has a number of DYFS districts, each of which is managed by a district manager. DYFS caseworkers in the districts conduct the investigations under the direction of supervisors. DYFS caseworkers do not have to be qualified social workers. They are required to have an undergraduate degree in the

social sciences and, once appointed, must undergo initially only twenty days of training in Child Protection. As a consequence, DYFS caseworkers do not have high status compared with some of the other professionals involved in child protection. Advice and action relating to civil legal proceedings are provided to DYFS staff by one or more lawyers, Deputy Attorney Generals (similar to local authority solicitors in the UK), who are attached to each county and are employed by DYFS. In recent years there has been increasing disquiet in New Jersey with regard to the competence of DYFS because of a number of highly publicised child deaths. There were some moves to have DYFS taken into receivership in order to improve the service and, to head off this threat, Governor Whitman, established a Blue Ribbon Committee in 1997 to inquire into the agency and make recommendations to the state government. The Committee's Report was very negative about DYFS and this entire process has had a devastating effect on the morale of its staff, according to state officials. The Department of Human Services has set out an action plan to address these problems.

The Prosecutor's Office is similar to the Crown Prosecution Service in England and the Procurator Fiscal in Scotland (see Sanders, 1999). Its remit in child protection cases includes participating in the case's overall investigative strategy; assessing the evidence collected to determine its potential usefulness in court; participating in interviews, and; determining how the case should be disposed of e.g. a plea bargain or presented in Court. Each county in the state of New Jersey has its own prosecutor's office which is headed by the district attorney (DA) who is appointed by the County Executive. This is therefore a political appointment. Cases are reviewed and prosecuted by assistant prosecutors (AP). In larger counties, specialist APs deal with

child protection cases while in smaller counties, APs review and prosecute all kinds of cases. Law enforcement officers (equivalent to British police officers) are appointed to, and employed by, the prosecutor's office to conduct investigations on behalf of the DA when the local law enforcement officers have determined that a crime has been committed. All law enforcement officers have the power to arrest suspects and to take a child into protective custody if warranted. In many counties, specialist officers conduct child protection investigations and local patrol officers will call on these specialists as soon as they become aware that they are dealing with a child protection case. In most counties investigators are recruited from local law enforcement to serve in the prosecutor's office. However, in one county, a group of young women were specifically recruited to be child protection investigators. Nevertheless, since technically they were law enforcement officers, they had to undergo weapons training and carried a weapon. Prosecutor's offices have victim witness programmes attached to them. These programmes provide a range of services to victims of serious crime (including child abuse victims). Services include advice, support, advocacy and counselling. Some of the services are provided directly by staff of the victim witness programmes, such as supporting a victim through the process of a prosecution, while others, such as specialist counselling, are purchased by the programme. Funding for these services is provided from a range of sources, including the prosecutor's office, DYFS, medical insurance and public donations. In fourteen of the fifteen counties, the co-ordinator of the multi-disciplinary team is employed by the prosecutor's office and is usually located in the victim witness programme. When not fulfilling their co-ordinator role, they are engaged in victim witness tasks.

Each county has a local police department which is headed by a police chief, appointed by the Mayor. Criminal investigations are conducted by law enforcement officers under the supervision of captains. Their remit is to collect and preserve evidence, examine crime scenes, take statements and secure confessions (Pence and Wilson, 1994). Some counties have specialist abuse teams who are called out to investigate cases of domestic violence, child abuse and sexual assault. As noted above, in child abuse investigations local law enforcement officers are discouraged from conducting the investigation themselves but are encouraged to call in the specialist investigators from the prosecutor's office.

Mental Health Agencies are staffed by psychiatrists and/or psychologists and/or social workers (with a Bachelors or Masters degree in Social Work) and provide services to a wide range of client groups. In relation to child protection, they provide services such as advice, support, therapy and counselling. The agencies derive their income by selling their services to the prosecutor's office, DYFS or families (who are covered by medical insurance) and through charitable donations.

Hospital staff who are involved in child protection include physicians, pediatricians, psychiatrists, psychologists, nurses and qualified social workers. Their role is to provide a physical and psychological assessment of the child, and sometimes of his or her family, and to make treatment recommendations.

There has been a number of studies of multi-disciplinary meetings and teams in the UK (Corby, 1987; Birchall, 1995; Birchall and Hallett, 1995; Farmer and Owen, 1995;

Murphy, 1995;) and in the US (Bross et al, 1988; Westman, 1998) and these provide valuable data on what is done in the meetings and how the professionals within them perceive themselves and others. Essentially, they have approached the study of multi-disciplinary working from a social policy or management perspective and have tended to focus on the content of, and outcomes from, multi-disciplinary meetings rather than on the processes within them. Similarly, governments on both sides of the Atlantic have provided guidelines and regulations concerning when professionals must work together and what they must achieve when working together but have provided little guidance on how they might work together (Department of Health and Social Security, 1988; Ells, 1998; Home Office et al, 1991; Scottish Office, 1989; Scottish Office, 1998). Although there are some references to the complexity of multi-disciplinary co-operation (Home Office et al, 1991, p.5), there appears to be an underlying assumption that if a group of professionals are put together in a room and are told to work together then somehow they will forget status differentials, organisational, professional and cultural differences and disputes over ownership of expertise and clients. This is a naive assumption which has persisted despite the conclusions in many of the enquiries into the deaths of abused children that the inability of professionals to work together was a contributory factor to their deaths (London Borough of Lambeth, 1987; London Borough of Greenwich, 1987, Home Office et al, 1991). Assuming that professionals will automatically work together well or exhorting them to work together is of limited value and a more realistic approach is to acknowledge that multi-disciplinary meetings contain the potential for both positive and negative outcomes; to gain some understanding of how individuals within meetings relate and interact; to develop an understanding of what constitute positive and negative interactions; and to advise

meetings and their members how to accentuate the positive and lessen the negative aspects of their interactions. One way of exploring these process-oriented aspects of multi-disciplinary working is to recognise that meetings are groups and that they can therefore be examined by using a social psychological perspective which focuses on the analysis of group dynamics. A social psychological approach was selected for this study to complement the existing research into multi-disciplinary teams and thus provide an alternative insight into team functioning.

The research aims

The existing research into multi-disciplinary meetings has focused on what the purpose of meetings is and what the members of meetings do but it has not provided an analysis of the relationships among professionals in individual meetings or teams. This is the focus of this study. This research adopts a more social-psychological approach and aims to:

analyse and describe the functioning of multi-disciplinary teams;

explore and understand the ways that the teams function by examining team dynamics, including the interaction patterns among team members; and

explore and understand the meaning of the team and its functioning for team members by ascertaining the members' perceptions of team interactions.

Considering the research design

In considering which research design would be most appropriate to meet these aims, both quantitative and qualitative studies were assessed. As the focus of the study is on exploring and understanding the ways that teams work and on gathering information on the meaning of the team for group members, a purely quantitative methodology was rejected because it was not suitable for this type of investigation. Furthermore, since there was little known about the way that the teams in New Jersey operated it was not clear which of the many variables affecting group and team functioning could be combined to form testable hypotheses. The size of the population to be researched also militated against the use of quantitative methods as there were only 15 teams and a total of about 150 team members, who belonged to four agencies and at least eight different professions, and this would have made the generation of statistically significant relationships between variables difficult. 'Meetings' could have been used as the population for study but to obtain data from a reasonable number of meetings would have required a massive research project beyond the scope of my time and financial resources. An experimental design, similar to those used with mock juries (Kerr and Huang, 1986), in which members are observed discussing hypothetical cases, could have been employed or professionals could have responded to hypothetical scenarios as in studies conducted by Birchall and Hallett (1995) and Cooper et al (1995). Although such methods have provided some fascinating data they do have the drawback that they are hypothetical and participants may respond differently in real situations with real clients with real problems. Team members could have provided written records of their contact with other professionals and then a content analysis of

the data could have been made. I did design and pilot a 'daily diary' to be completed by team members but only two of the four professionals involved in the pilot study returned the diary and these two complained about the amount of time involved so this method was rejected as being too time-consuming for busy professionals.

Since the aims of this study are to explore the experiences of multi-disciplinary team members and to analyse how each of the fifteen teams functions, a qualitative approach is clearly the most appropriate since according to Patton (1990), qualitative methodology is characterised by naturalistic inquiry, in which real life situations are studied; a holistic perspective, such that the focus of the research is on the complex interdependencies that comprise the phenomenon rather than on a few discrete variables and linear cause-effect relationships; inductive analysis, in which important categories, dimensions and relationships emerge throughout the research process; the collection of qualitative data, which captures respondents' personal experiences and feelings; the researcher having personal contact with the people, situation and phenomenon under study; and a unique case orientation, in which first individual cases are studied and described and these are then subjected to cross-case categorisation.

This study uses a case study design, a detailed description of which is in Chapter Three. The research process is also informed by concepts and methods developed in the grounded theory approach to social research. In this approach, theory about a phenomenon is induced from data through the use of multiple stages of data collection and by refining and interrelating the categories of information derived from the data (Strauss and Corbin, 1990). Two specific elements of a grounded theory approach

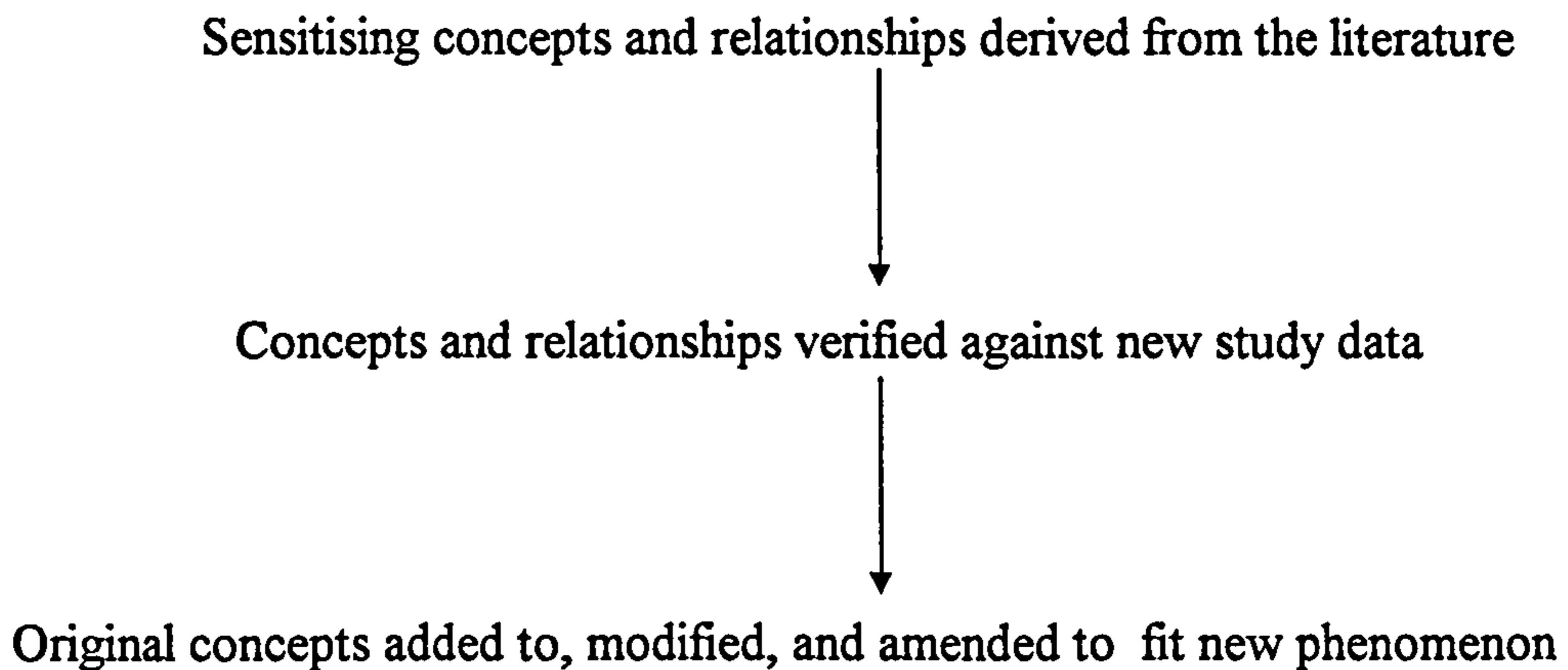
which are particularly significant in this study are the use of literature and the use of coding in analysis.

In a grounded theory approach one does not begin with a theory and then set out to prove it. Rather one begins with an area of study and what is relevant to that area is allowed to emerge. As can be imagined from this description, grounded theory has been criticised for its failure to acknowledge implicit theories which guide research in its early stages (see Silverman, 1993). However Strauss and Corbin (1990) provide a convincing rationale for using and acknowledging the use of pre-existing theory in such a grounded theory approach, such as using literature to stimulate theoretical sensitivity by providing concepts and relationships that can be checked out against actual data; to stimulate questions in the empirical study; to direct theoretical sampling; and as supplementary validation.

To stimulate theoretical sensitivity the literature is reviewed to identify concepts which emerge from research and from descriptions of reality. This sensitises the researcher to what to look for in his or her own data. An existing theory can be applied in the researcher's study to new and varied situations to see how it 'fits' the new situations and if it does not fit, the theory can then be amended or modified as illustrated in

Figure 1.1.

Figure 1.1 Stimulating theoretical sensitivity



Literature can be used in a grounded theory approach to enable the researcher to develop the initial questions to be answered either by respondents or in observations. During the study if there is a discrepancy between the researcher's new data and the findings derived from the literature then the researcher can return to his or her data with further questions to explore the reasons for any discrepancies. The researcher can return to the literature when the empirical work has been completed to support and validate the new findings or, where there are differences between the literature and the new findings, to explore what different conditions operated in both situations to account for the differences in findings. In this study of MDTs, literature is used to stimulate sensitivity to concepts; to develop research questions; and to provide a context for the research findings. Literature thus forms a significant part of this thesis and is explored in Chapter Two.

Although there is limited information about the MDTs themselves to guide an investigation of them, there is a substantial literature on groups, teams and interdisciplinary co-operation which can be studied to identify a range of sensitising

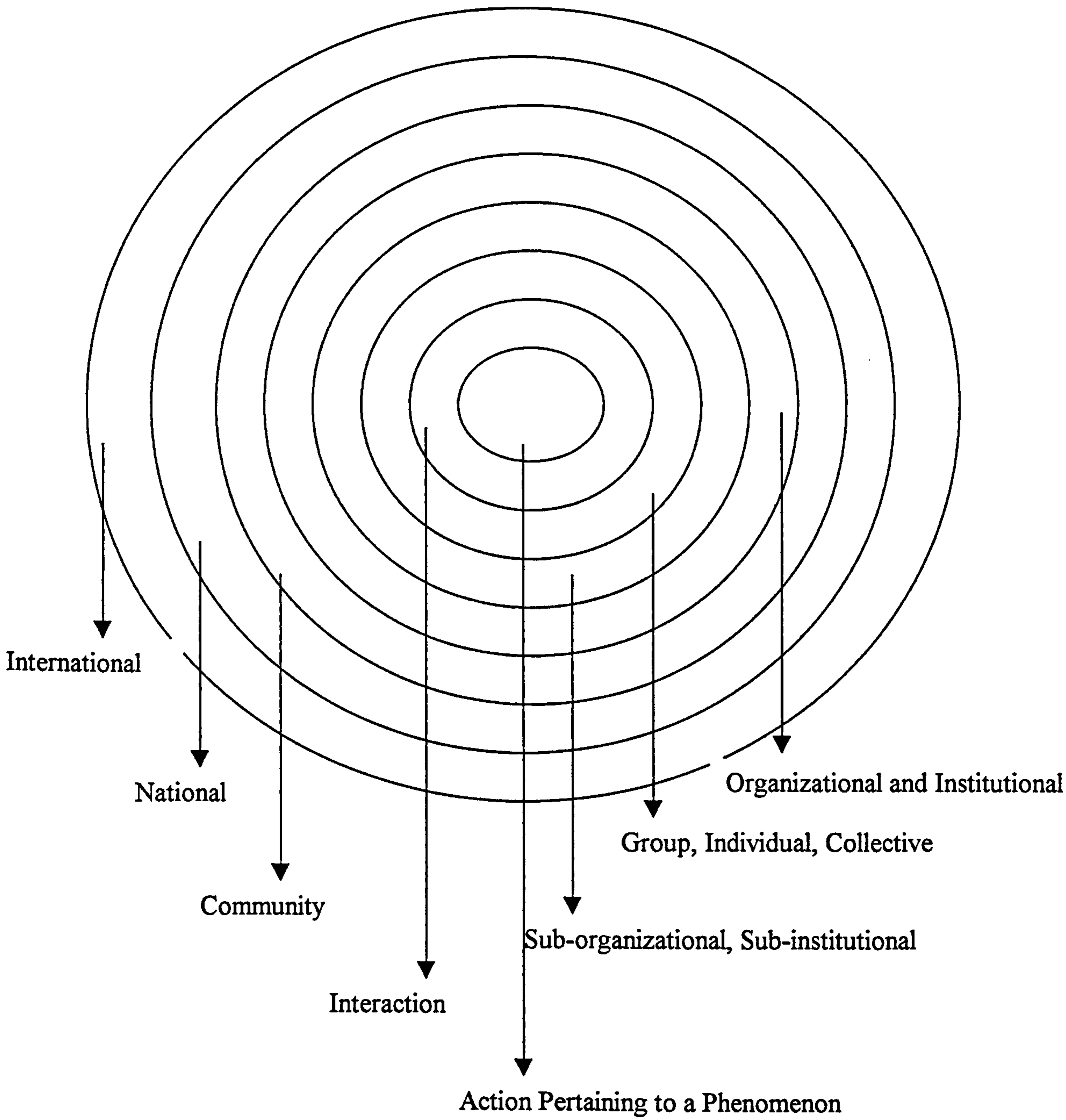
concepts relevant to MDTs. Thus themes and theories ranging from the very general perspective of group dynamics to the very specific perspective of child protection case conferences is explored in the literature (see Chapter Two). Since this topic straddles a range of disciplines, including psychology, sociology, social policy, business and management, criminal justice, social work and anthropology, the literature is drawn from many of these disciplines but has been selected on the basis of its relevance to this particular study rather than on its significance within the various disciplines.

The second significant element of a grounded theory approach is that of ‘coding’ (see Strauss and Corbin, 1990). Coding represents the operations by which data are broken down, conceptualized and put back together in new ways. It is the central process by which theories are built from data. Three types of coding are used in the process of theory generation, namely, open coding; axial coding; and selective coding. Open coding is the process of breaking down, examining, comparing, conceptualising and categorising data. Axial coding is a set of procedures which puts back the data in new categories. Selective coding is the process of selecting a core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development. A category is a classification of concepts. It can be developed in terms of its properties which can then be dimensionalised. Properties are the characteristics or attributes of a category and dimensions represent the location of a property along a continuum. For example ‘group’ is a category; one of its characteristics is ‘size’; and the dimensional range of size is from small to large. The attributes or characteristics of a category are derived from the literature and/or emerge during the process of research. Some of the

categories that emerge as important in the literature relating to multi-disciplinary teams include interaction patterns in groups, group cohesion, roles, status and power in groups, leadership, influence in groups and by groups, team integration, positive and negative effects on teams, inter-disciplinary co-operation and professional perspectives on child abuse. These are used as a framework to explore the functioning of the MDTs. The process of coding categories occurs throughout this study and is explored in greater detail at the relevant points in the study.

This study focuses on the interactions and relationships among MDT members. Nevertheless, it is recognised that these do not occur in a vacuum, but are affected by broader conditions which are relevant because participants in any interaction bring with them, amongst other things, the attitudes and values of their national, regional and organisational cultures, as well as their past experiences. One tool that has been adopted by a number of writers, as described by Whitmore (1994), to explore the inner and outer conditions relating to a phenomenon is the matrix. Strauss and Corbin (1990) developed the Conditional Matrix, Figure 1.2, which may be represented as a set of circles, one inside the other. In the outer rings stand those conditional features most distant from the action/interaction, such as international and national features, while the inner rings pertain to those conditional features bearing more closely on the action/interaction, such as group and individual factors. This matrix is used in the following section to explore some of the ways in which broader aspects of child protection impact on interpersonal actions and relationships.

Figure 1.2 The Conditional Matrix



In studying the work of professionals engaged in child protection work, some writers, such as Finklehor (1994) and Gil (1970), have focused on the international level while others have focused on such features as national politics, culture, history, values, economics and problems and government regulations. For example, Cooper et al (1995) focus on the national level and illustrate how philosophies which describe the relationships between the law, the state and the individual, underpin subsequent social and fiscal policies relating to the family and child welfare and how these in turn shape the way in which professionals carry out their roles in child protection work. In her study of interagency collaboration Hallett (1995) takes a politico-economic perspective and argues that changes in the political economy of welfare in the UK, notably the extension of markets and quasi-markets in social policy significantly affect collaboration between agencies. Other writers focus on societal power imbalances. Thus, Murphy (1995) states that the socio-political realities of the inequality of power in society, will have a strong effect on the child protection process and inequalities related to gender have been explored by, for example, McIntosh and Dingwall (1978), Pollock and West (1984), Pollock (1986) and Cloke and Naish (1992). They contend that gender inequalities in society lead to the differential status of decision-making afforded men and women in professional groups in child protection. At the community level, each community has its own demographic features, such as local politics and regulations, culture, history values and issues, which give it its character. In her study of the Cleveland Crisis, Campbell (1988) shows how the masculinist North-eastern culture in Cleveland affected relationships between the predominantly male police officers and the predominantly female social workers. The inquiry into child care policies in Fife (Kearney Report, 1992) focused on a particular local authority's policy

and the impact that this had on local child care practice and relationships among professionals.

A number of studies has examined the impact of factors at the organizational and inter-organizational level on child protection, such as organizational structures, cultures, functions and values. For example, Stevenson, (1989) explores the hierarchies of power and influence within and between professionals. In terms of within organizational hierarchies, she notes that in the Beckford Report it is suggested that the health visitor's information may have been dismissed because of the inferior status accorded to her by the doctor. In terms of inter-organizational hierarchies, she describes the complexity of power relations between doctors and social workers because traditional notions of the 'inferior social worker/superior doctor' relationship are challenged in child protection. Parton (1985, 1991,1997) argues that an analysis of hierarchies of power and authority between different agencies and professionals aids an understanding of the key areas in decision-making. In his study of ACPCs, Murphy (1995) suggests a hierarchy of power of influence with Social Services at the top, followed by the Police, Education and Health, then other represented agencies, such as the Probation service and the NSPCC and finally by those organizations not given any representation at all, such as small voluntary organizations. At the individual/group level the effects of individual characteristics, such as dominance and submission, introversion and extroversion, or professional characteristics, such as knowledge base, values, status are seen as significant and have been explored by a number of writers, such as Hallett and Stevenson (1979) Birchall (1995), Farmer and Owen (1995) and Hallett (1995).

The strengths of analyses at the broader macro levels – societal, community and organizational perspectives – are that they explore the structural constraints on, and the opportunities for, individual actions and on interactions among individuals. They set the context for the ways in which professionals can relate and interact within a child protection system. However, these macro-levels should not be seen as totally inflexible and deterministic because, although they establish the broad outlines for professional activities, they leave space for the professionals to work out for and amongst themselves exactly how those activities should be conducted. Furthermore, over time this ‘negotiated order’ by professionals can itself influence the macro-level. Hallett (1995) notes that several authors have commented on the emphasis in the interorganizational literature on structures and mechanisms, which has led Tibbett (1973) to argue for the need to put people back into organization theory since *‘interorganizational relationships occur through the interactions of individuals’* (p.166). A social psychological approach was adopted for this study to provide data on the interactions and relationships among groups of professionals in child protection work. The study uses methods that provide relatively structured and ‘hard’ data on what was happening in the meetings to complement those earlier studies that obtained data from the professionals themselves. While the study explores multi-disciplinary work at a micro-level, the findings can still be located within broader contexts, as illustrated in Chapter Six.

This study used structured social psychological research instruments and aspects of a grounded theory approach which could be seen as contradictory as each derives from a different methodological paradigm. The former derives from a positivist, scientific

tradition while the latter is more emergent and interpretive. However, the possible tensions in the research, which might have ensued from adopting these two strategies, are reduced to some extent by modifying them both so that neither represents a purist interpretation of the method. Researchers using structured instruments in a purist way to collect data would analyse them quantitatively to indicate the relationship between variables, such as communication patterns and personality types. However, in this study the research instrument is used as a systematic way of collecting data which are analysed, alongside other data collected in a less structured way from interviews, to determine what patterns emerge from the data. Purist grounded theorists would argue that the researcher should begin by immersing himself/herself in the data and should allow his/her mind to “*wander to make free associations for generating stimulating questions*” (Strauss and Corbin, 1990, p.27). In this study, although the way in which data are collected and analysed is influenced by pre-existing theory and concepts, nevertheless, this does not preclude the discovery and creation of new categories which are not bound by pre-existing theory. A criticism of this approach could be that either it is not sufficiently rigorous and scientific to allow hypotheses to be tested or that it does not allow concepts to emerge completely freely. Nevertheless, the advantage of this approach is that as important issues emerge in the study there are some quantitative data available to add weight to the interpretation of the softer data. Strauss and Corbin (1990) suggest “*a certain amount of openness and flexibility are necessary in order to be able to adapt the procedures to different phenomenon and research situations*” (p. 26).

Structure of thesis

Chapter One: this chapter provides the context for the study by describing the background to the use of multi-disciplinary meetings in child protection in both the UK and the US. There is an outline of the existing research into the functioning of multi-disciplinary meetings and an identification of some of the gaps in the research, particularly those gaps relating to how teams function and how team members relate and interact. It is argued that it is essential to fill these gaps in knowledge and understanding because multi-disciplinary meetings are a critical part of the child protection process and their functioning must be evaluated using a range of theoretical perspectives and empirical methods.

Chapter Two: as noted in the Chapter One, the purpose of exploring the literature in this study was to sensitise the researcher to significant concepts and categories and to provide a context for analysing the findings from the empirical study. Since multi-disciplinary teams are task-focused groups some of the factors which have been identified by researchers as being significant to the functioning of groups and teams are of relevance to the functioning of multi-disciplinary teams. Therefore Chapter Two begins by exploring the literature on the functioning of groups and teams to set the broad context for an examination of multi-disciplinary teams. The chapter then focuses more narrowly on multi-disciplinary working both in the provision of welfare services generally and in the provision of child protection services specifically. Both the purposes and benefits of multi-disciplinary working and its costs and problems are outlined.

Chapter Three: this chapter begins with an outline of the methods used in the study and the reasoning behind the choice of methods. This is followed by a more detailed exposition of each of the research methods, including a description of the ‘subjects’ of the research (where subjects refers to informants and participants as well as to events, such as team meetings) and how and why they were selected; a description of the research instruments and the rationale behind the choice of such instruments; and a description of how the data were collected and an explanation of how they were analysed.

Chapters Four and Five: these chapters focus on presenting and analysing the findings from the research. The findings are presented and analysed under seven headings, including: team demographics; team communication and interaction patterns; the focus of team discussion; levels of members’ influence in the team; levels of co-operation between professionals in the team; leadership; and information-gathering, decision-making and case planning. The first three headings are addressed in Chapter Four and the latter four are addressed in Chapter Five. The findings provide information on the professionals as a whole; the teams as a whole; on each professional group; and on each individual team. Although the data are derived from three sources, namely questionnaires, structured observations, and in-depth interviews, they address similar questions and are therefore presented under each heading as a combination of the data from all three sources in a synthesised form.

Chapter Six: this final chapter draws together the findings from the research, explores the relationships between the findings and relates the findings to earlier studies identified in the review of the literature. It also outlines the significance of the findings to the child protection system. The first part of the chapter focuses on the findings relating to groups and teams in general while the second part focuses on findings relating specifically to multi-disciplinary teams in child protection.

Summary

The aims of this study are to explore and understand the ways in which multi-disciplinary teams in New Jersey function and to explore and understand the team members' perceptions of team functioning. The study was conducted on fifteen child protection teams. A case study design was used which allowed descriptions of the teams to be made. The teams were compared and their differences and similarities identified with a view to discovering important categories, dimensions and relationships relating to the teams and the professionals within the teams.

CHAPTER TWO : LITERATURE RELATING TO GROUPS AND TEAMS¹ AND TO DISCIPLINES WORKING TOGETHER IN THE PROVISION OF HEALTH AND WELFARE SERVICES

Introduction

Groups can be defined as ‘two or more interdependent individuals who influence one another through social interaction and who define themselves as members of the group. Furthermore the group must also be recognised as such by at least one other outsider’.

Teams have the characteristics of groups but since they are specific types of groups they also have certain characteristics that differentiate them from the others.

Management theorists define a team as a distinctive class of group which is more task-oriented than other groups, and which has a set of obvious rules and rewards for its members (Adair, 1986). (For details of definitions see Appendix One).

It is clear from these definitions that multi-disciplinary teams can be categorised as both groups and as teams. However, because they involve co-operation among a number of professionals, they are particular types of groups and teams and have further characteristics which are specifically related to their multi-disciplinary and inter-agency nature. This chapter therefore explores the literature relating to groups and teams to provide a foundation for the subsequent discussion of literature relating to disciplines working together in health and welfare services. Some of the studies that are examined

¹ Although some of the literature relating to groups does not relate to teams, in this review only that literature on groups which also relates to teams is included so the term ‘groups’ is used to refer to both groups and teams in the review of this literature. Some of the literature relating to teams is specific to teams and does not relate to all groups, for example families, and in these instances the term ‘team’ is used.

might not appear to relate directly to multi-disciplinary teams but are included as relevant because they have been conducted on a range of different types of groups and have generated similar findings and therefore the findings may be generalizable to MDTs; or because they have been conducted in controlled, experimental settings and have generated findings which are highly reliable but which require further exploration in natural settings; or because some part or parts of the studies are directly applicable to MDTs.

Factors that affect group and team functioning

Teams can provide a range of benefits for the organisation, for the team itself and for individual members of the team. They can enable individuals to carry out their tasks more effectively and also provide individuals with socio-emotional benefits. However, while there are significant advantages in working in teams, these are not always realised by all and are only achieved by some following immense struggle. An increasing number of writers suggest caution in accepting the view of teams as a quick, cheap and easy fix to a multitude of organisational ills and note that they can be ineffective and inefficient (Hunt, 1979; Bolman and Deal, 1992; Sinclair, 1992; West, 1994; Alexander, 1995). Studies of groups and teams have established a range of factors which are significant in determining the success or failure of group and team functioning. These include group/team size, developmental stage, degree of cohesion, integration, the role and status of members, leadership, interaction patterns, and influence and power.

Group size

Within the field of social psychology there has been a historical ebb and flow in emphasis on the individual versus the group as the fundamental locus of behaviour. Nevertheless, whichever is the predominant focus, it has always been clear that the individual has some effect on the group and the group has some effect on the individual. Group composition is related to the tension between individuals and groups, and how groups are tied to their embedding contexts, which is through the identities of individual members. It is also related to what individuals bring from, and how they stay connected to the other groups to which they belong (see Gruenfeld, 1998). One important aspect of group composition is size. The State of New Jersey provides some guidelines regarding MDT composition (D'Urso, 1995) but these guidelines allow individual teams to exercise considerable discretion regarding composition and membership so the MDTs are of different sizes. The literature on groups suggests that the size of a group can have a significant effect on its functioning. Noting the variations in group size, Simmel (1902), developed a taxonomy of groups based primarily on size. Shifting from the smallest to the largest, he identified the dyad (2 members), triad (3 members), the small group (4 to 20 members), the large group (20 to 30 members) and the society (more than 40 members). James (1953) found that deliberately formed groups, such as those created in a work setting, included on average 3.2 members. Since the multi-disciplinary teams have between four and twenty members they can be defined as small groups and the literature relating to small groups is of relevance to a study of them.

Hinton and Reitz (1971) reviewed a number of studies that examined the effects of group size on the group as a whole and on the behaviour of individual members. The value of this review is that it identifies the common and consistent conclusions drawn from a range of different studies using different methodologies and different subjects. Thus it can be argued that the findings are relevant to a variety of small groups, including MDTs. For example, Dawe's (1934) study involved unstructured observation analysis of kindergarten children in groups of between six and twelve; Hare's (1952) study involved questionnaires to 150 boy scouts in groups of between five and twelve; Bass and Norton's (1952) study involved observation and structured analysis of experimental groups of students in groups of two, four, six, eight, ten and twelve; and Miller's (1951) study involved experiments with three-man and six-man groups carrying out three different tasks. Slater's (1958) study is of particular interest in relation to MDTs as his subjects were asked to discuss and resolve human relations problems. However, they were not real-life groups but were twenty-four experimental groups of between two and seven paid undergraduates. The study used structured observation analysis of the groups and questionnaires to the subjects.

Despite the differences in subjects and methods involved in these studies, Hinton and Reitz identified a number of similar findings emerging from them. The first set of studies examined the effects of size on the group as a whole. The second set of studies examined the effects of size on the behaviour of individual members of the group. In examining the effects of size on the group as a whole, they found that the larger the size of the group, the higher was its quality of performance and its productivity but its speed was lower. In relation to participation rates, they found that while an increase in

the size of the group was accompanied by an increase in the total number of members who spoke there was a decrease in the proportion of the group who spoke (Dawe, 1934; Miller, 1951; Hare, 1952; and Stephan and Mishler, 1952). Studies by Bass and Norton (1952), Bales and Borgatta (1955), Berkowitz (1958), and Slater (1958) suggest that smaller groups inhibit expression of disagreements and dissatisfactions more than larger groups and give each individual more opportunity to interact and to exhibit leadership behaviour. The last set of studies which looked at the effects of size on the group as a whole concerned group organisation. These studies indicate that as size increases there is a decrease in group cohesiveness and an increase in organisation and division of labour in the group along with the development of cliques and possibly of factions.

In their summary of the studies that explored the effects of size on the behaviour of individual members, Hinton and Reitz note that in those studies that examined individuals' problem solving as a result of interacting in groups of varying size, sometimes group size is related to individual problem solving but the direction of the relationship is highly dependent on group conditions other than size. Studies by Hare (1952) and Slater (1958) into the effect of group size on conformity and consensus show that the extent of the group's influence on the individual to conform is a function of group size. Those studies that examined members' levels of satisfaction with the group found that members of larger groups are significantly less satisfied with the amount of time available for discussion, with their opportunity to participate, and with the group meeting and its decision. In addition, Slater found that his subjects considered five members to be optimum (i.e. neither too large nor too small) for the

task of discussing human relations problems. The general trend of the findings of other studies indicates that the smaller the group, the more likely it is that the individual will be satisfied with the discussion and his/her own part in it. Recent research into teams by Carter and West (1998) who studied nineteen BBC-TV production teams and Carletta et al (1998), who studied workplace decision-making meetings, found that larger teams (over 10 members) tended to have poorer climates for innovation and poorer team member mental health.

In their conclusion to their review of the literature, Hinton and Reitz note that the findings of the studies they examined do suggest that group behaviour and individual behaviour is affected by the size of the group. However, they also warn against accepting these findings too uncritically

... many more studies will have to be conducted and appraised before general conclusions can be drawn with confidence about the numerous effects of group size. Aside from their relatively small number, this set of studies, when considered collectively, has other limitations as a basis for generalised inferences
(1971, p. 106).

These shortcomings include methodological difficulties, such as the arbitrary and unsystematic selection of sizes for comparison and the fact that in the studies many independent variables other than group size were involved, and the failure of the majority of the researchers to seek to determine why changes in group size had the observed effects.

Some studies have attempted to give explanations for the effects of group size. Baron et al (1992) suggest that the participation of individual members decreases as the size of the group increases and these findings have been consistent in studies that have examined different sized groups, groups dealing with different tasks and groups in different cultures. For example, Ringlemann (1913) studied groups of two, three and eight men engaged in a physical task while Jackson and Williams (1986) studied groups of between two and six men and women working on complex cognitive tasks. As well as these American and British studies, similar research has been conducted in India (Weiner et al, 1981), Japan (Williams and Williams, 1984) and Taiwan (Gabrenya et al, 1981). Although these studies do not refer to multi-disciplinary teams, the consistency of their findings in different types of groups in different cultures suggests that their conclusions may be applicable to MDTs. The researchers conclude that the participation of members of larger groups is limited both because there is more competition for the time available to speak and because people are likely to feel more anxious about speaking in larger groups. It has also been shown that larger groups enable people to feel anonymous. Further explanations for their lack of participation in groups by some individuals include 'social loafing', 'free riding' and 'the sucker effect'. Social loafing occurs when an individual believes that his or her performance will not be noticed because being in a group makes identification and evaluation of individual performances less likely. The individual indulges in free riding when he or she expects that other members of the group will do all the necessary work. When the individual believes that others in the group are not doing their fair share of the work, he or she may participate less and this is described by Baron et al (1992) as the sucker effect.

The influence of social loafing on group effectiveness was investigated by Mulvey et al (1998) who studied 49 groups of 204 business students working for three months on a team task. They demonstrate that social loafing has a negative impact on the level of satisfaction of group members with the group and on group performance.

The existing research suggests that group size does affect the behaviour of the group as a whole and the behaviour of individual members. Although not all studies use the same criteria for determining whether groups are large or small, generally small groups have memberships of less than ten while large groups are composed of more than ten members. In general, the studies suggest that larger groups are better at solving problems probably because there is a wider variety of personalities and talent present and thus the potential for developing more ideas is enhanced. Smaller groups are better in socio-emotional areas, such as the achievement of higher levels of satisfaction, members being able to interact and take leadership roles, the encouragement of participation and the development of greater degrees of intimacy. This is probably because, in smaller groups, members find face-to-face contact with all group members easier to achieve.

Group development

Hill and Gruner (1973) noted that there were some 100 theories at that time relating to group development and, although they differed on many points, most assumed that groups have a life-cycle and pass through stages as they develop (Bales and Strodtbeck, 1951; Tuckman, 1965; Lacoursiere, 1980; and Worchel, 1994).

Tuckman's (1965) has been the most influential of these models. It is based on

observations of therapy groups and small work groups. He argues that small groups develop through a series of stages, each characterised by a specific focus. He proposes a linear progression of stages from beginning to end:

1. forming - characterised by exchange of information; increased interdependency; task exploration; identification of commonalities;
2. storming - characterised by disagreement over procedures; expression of dissatisfaction; resistance;
3. norming - characterised by the growth of cohesiveness and unity; the establishment of roles, standards and relationships;
4. performing - characterised by goal achievement; high task orientation; emphasis on performance and production; and
5. adjourning - characterised by termination of roles; completion of tasks; reduction of dependency.

More recently, Moreland and Levine (1988, 1992) have adopted this developmental approach to group dynamics suggesting that individuals go through a series of relationships with their group and each phase of the relationship is characterised by different behaviours and perceptions of the group. One of the most significant phases is when a member joins a group. During this phase, Moreland and Levine observe that there are changes in individual's self-concept as he/she joins a group. One of the first consequences of becoming a member of a group is a change in the way an individual sees himself/herself, since joining the group requires the individual to reappraise who he/she is which, in turn, may have consequences for his/her self-esteem, as illustrated in

the study by Moreland (1985) which involved twenty experimental groups of fifty men and fifty women. The study, which focused on the effects of social categorisation on the assimilation of 'new' members, also shows that although most groups need new members in order to ensure the group's success, before a newcomer can contribute fully to the achievement of the group goals he or she needs to be assimilated into the group. Assimilation involves attempts by the group to change the newcomers thoughts, feelings and behaviour in ways that will make that person more similar to full group members. Moreland found that the speed of assimilation is affected by a range of factors including

...the absolute and relative levels of commitment between the newcomer and the group and the extent to which the newcomer actually differs from full group members. The number of other newcomers in the group can also affect the assimilation process. When the group contains only one new member, assimilation proceeds quickly and easily but special problems can occur when there is more than one new member in the group (Moreland, 1985, p. 1174).

Since newcomers face this initial hurdle of being accepted as fully-fledged members, they categorise themselves and are categorised by the other members of the group as 'new' members in contrast to existing or 'old' members. This categorisation of the group into old and new members affects the behaviour of the newcomers. Analysis of their verbal utterances indicates that they talk more to fellow newcomers and express more agreement with them than with old members. A recent study by Craig (1996) examines the way in which ascribed characteristics of newcomers, specifically race and gender, affects subsequent socialisation into the group, since according to Kanter

(1977), ascribed characteristics such as race and gender '*carry a set of assumptions about culture, status and behaviour highly salient for majority group members*' (p. 968).

Craig's study involved fifty-five white female college students as the subjects and four women, two African American and two white Americans, who served as confederates. The findings show that African American newcomers received more positive evaluations than did old members of either race on the two items, 'open-mindedness' and 'usefulness of task contribution'. This was not the case for white members, whose ratings were highest when they were present as old members. These results are consistent with the explanation provided by Ziller et al (1960), who examined the socialisation of minority newcomers in open and closed groups. They constructed twenty-four three-person groups each consisting of two naive subjects (all of whom were white) plus either an African American or white confederate. Ziller et al note that the white subjects experience interpersonal anxiety when they interact with an African American newcomer and they speculate that this anxiety is manifest in a tendency to 'bend over backwards' when evaluating the African American newcomer.

These findings are important in exploring the functioning of MDTs because the teams studies had started at different times and so were at different stages of development; they were composed of associate members who attended on an occasional basis and must be assimilated; and the teams included both white and African Americans.

Group cohesion

An important characteristic that contributes to group structure is group cohesion which is defined by Forsyth (1990) as *'the strength of the relationships linking the members to one another and to the group itself'* (p.10) and by Back (1951) as the *'sum of all pressures acting to keep individuals in a group'* (p.36). These pressures consist of interpersonal attraction between group members, liking for or commitment to the group task and the attractiveness of group prestige or pride derived from membership of the group (Cartwright, 1968). There have been some studies which have sought to discover what makes a group more cohesive. In a number of studies of young college students who started together in large groups but quickly developed sub-groupings, Newcomb (1961, 1963) explored the antecedents of interpersonal attraction and identified a variety of tendencies including:

1. the similarity/attraction effect: individuals like those who are similar to themselves in some way;
2. the complementarity of needs hypothesis: individuals like others who possess qualities that fulfil their own needs;
3. the proximity/attraction effect: individuals like others who are close by;
4. mere exposure: individuals like others whom they are exposed to repeatedly;
5. reciprocity: individuals like those who like them; and
6. basking in reflected glory: individuals seek to associate with successful, prestigious groups.

In their study of groups of fifty-three fire-fighters who were members of twenty groups of two to four members each, Wekselberg et al (1997) conclude that congruence of members' attitudes is positively related to group cohesion. Deutsch (1949) illustrates that the way in which the group task is defined affects the development of cohesion. He notes that if the actions of individuals in the group towards their goals directly benefit the other members then the group is more cohesive, while if the achievement of the group goal confers differential benefits on individual members then the group is more competitive and less cohesive.

There have been numerous studies of the effect of the level of cohesiveness on groups. Highly cohesive groups generally have high rates of attendance, participation and communication. High levels of enjoyment, satisfaction and self-esteem are experienced by team members. Drop-out rates and levels of anxiety among team members are low. In cohesive groups, members show high levels of conformity to group norms as illustrated in Festinger's (1950) study of groups of people living in the same court of a housing complex and Mobley et al's (1979) study of cohesion and turnover in industrial settings. Lembke and Wilson (1998) reinforce the importance of the relationship between cohesion and effectiveness. They suggest that social identity theory and self-categorisation theory posit that the motivation for thinking, feeling and thus working as a cohesive unit is socially constructed. Therefore, highly productive teamwork requires that team members recognise the team as a unit and as an attractive work arrangement. Other studies, particularly those concerning 'groupthink' (Janis, 1972), stress the negative aspects of high group cohesion. Janis developed the concept of groupthink from examining documents relating to the Bay of Pigs incident, the

bombing of Pearl Harbour and the Watergate burglary as well as newspaper articles about ordinary groups of citizens seriously misjudging issues. His analysis led him to suggest that groupthink is defective decision-making that results from the group making the decision being very cohesive; the group being insulated from outside information; the decision-makers not considering the merits of a range of policy alternatives; the group being under pressure to reach a decision quickly; and the group being dominated by a very directive leader. Much of the research into groupthink has focused on experimental groups but two recent studies by Rosander et al (1998) and Peterson et al (1998) have demonstrated the effects of groupthink in authentic groups. Three hundred and eight teams from six different organisations were studied by Rosander et al and Peterson et al studied seven top management teams. Other studies have shown that in highly cohesive groups, members can be very intolerant of any sort of disagreement and harsh measures are used to bring dissenters back in line (Schachter, 1951). Cohesion can also increase negative group processes like hostility, scapegoating and rejection and Argyle (1994) notes that in cohesive groups there may be too much social activity at the expense of work. Nevertheless, typically the atmosphere in cohesive groups is co-operative, friendly and marked by exchanges of praise for accomplishments. In non-cohesive groups hostility and aggression surface along with a tendency to criticise other group members.

Whilst cohesion has been a popular construct with which to examine the nature of group functioning there have been criticisms of the way the concept has been operationalised by some researchers who have tended to define it as a unitary construct with the interpersonal attraction element the primary target of their studies. Longley

and Pruitt (1980) and Turner (1991) have criticised Janis (1972) for failing to provide a clear definition of cohesion. Furthermore, due in part to this ambiguity in definition, researchers have generally been unable reliably to reproduce group cohesion during experimental manipulations. Bernthal and Insko (1993) returned to the original position that group cohesion is a multidimensional construct and have operationalised two types of group cohesion: task cohesion and socio-emotional cohesion. Groups that tend to emphasise the task at hand, rather than the social nature of the group, are said to be task cohesive. Groups that focus more on the social and emotional aspects of the group are socio-emotionally cohesive. Festinger (1950) argues that these two views of cohesion are compatible with the original conceptualisation of the variable

Task cohesiveness is equivalent to the degree to which group members are committed to the task of the group and socio-emotional cohesion is consistent with the interpersonal attraction and pride in group membership components (p.78).

Despite its lack of specificity, cohesion is an important concept in understanding group dynamics, with studies suggesting that the degree of cohesion affects how group members experience the group as well as the productivity of the group.

Team integration

Some studies have examined different types of teams and categorise teams in terms of their degrees of integration. Hey (1979) uses the contrast between teams and networks to draw out what is unique about team working. She argues that a team mode of working involves the

...continuing interaction of a small and clearly bounded group of people, unchanging in identity, over a long period of time. It implies the experience of frequent face to face work, indeed face to face work by the whole group from time to time. Even where members truly bring distinctive knowledge and skills to the common task, it also implies the existence of some minimum of shared values, attitudes and outlook (1979, p.27).

A network on the other hand, involves

...the individual in interaction with a range of people in an indefinitely expanding network. Small groups may meet for particular tasks on particular occasions but there exists no one permanent and definite face to face group. Individuals may come and go. Different people may have very different theoretical outlooks and professional approaches and yet manage to work together reasonably well when the occasion demands (p. 27).

In a similar vein Kane (1980), using Horowitz's (1973) two models of teams, found that approximately one third of the teams described in the literature fell into the 'integrative' group, characterised by a high degree of interdependence, role blurring, consensus and an emphasis on group processes, whereas twice as many were of the 'co-ordinate' type, with clear leadership, distinct roles, non-consensual, communicating formally, with sequential and rather independent inputs. Webb and Hobdell (1980) use a sporting analogy to describe the differences between teams in the health service. They argue that there is a continuum of teamness on one end of which the team is composed of a group of members who meet regularly, work together and

share goals and a philosophy, typified by the football team. On the other end of the continuum the team is more like a network as members meet irregularly and do not necessarily have common values, typified by the athletics team.

According to Webb and Hobdell, the main features of the football team are that there is agreement that the overall objectives is to to win the match; there is an agreement and a commitment to specific objectives which are to score goals against the opposition and to defend against the opposition scoring goals; the basic tasks and skills of team members are similar (ability to control and use a ball in a number of ways); although there is some specialisation there is a degree of interchangeability which allows each team member to undertake the task of another if so required; there is a strong emphasis on all members of the team working together face to face and the notion of 'teamness' is encouraged so that members will support each other and work in unison; and feedback on performance is immediate and can be given by team members to each other.

At the other extreme, and an example of a network, there is the athletics team whose characteristics are that individual members are very much concerned with their own individual performance, although there is an agreed overall objective which is to win the match against other athletics teams; the tasks and skills required of each member are very different although there is a common basic requirement that all team members have to be physically and mentally fit,; interchangeability across tasks is almost impossible because of the different skills required of individuals; there may be little face to face interaction between team members as they compete at different times and in

different parts of the stadium; and members may provide support to one another but give and receive very little specific feedback on his or her own performance.

Between the two extremes of the football and athletics teams is the tennis team and its features are that there is agreement on the overall objective which is to win the tournament, although individual members are mainly concerned with their own performance; all team members have the same task and have similar skills; despite the similarity in skills, team members might still not be entirely interchangeable; and some players, such as pairs players, get instant feedback from each other but singles players must play with minimum help from other team members.

In his analysis of multi-disciplinary teams in primary care, Øvretveit (1993) claims that teams differ in three significant ways: in terms of integration or the closeness of working relationships among team members; structure or who is in the team and how it is managed; and process, which is defined as 'client pathways' or how the team receives clients and deals with them over time. Using this framework, teams can be placed on some point on a continuum of degree of integration. At the low integration end is a group of practitioners each of whom is a member of a different service. The group forms because each member serves the same or a similar population and meetings are a convenient way to share information. The most structurally integrated team has some full-time members, a base and a team leader who is the only manager of each member of the team and where this manager determines team policy. Teams differ in terms of which professions and staff work in the team and in terms of the different categories of membership. Membership may be part-time or full-time and include core,

associate or honorary members. Teams also differ in the extent to which the leader has authority or control over individual team members with some being totally responsible for the activities of team members and others having none at all. Mapping the pathways of clients through the team process, including how they are accepted as clients by the team and how they are discharged from the team, helps to highlight the differences between network teams of separate professional services and collective service teams. In the former each profession or service has priorities and resource-allocation rules that govern what the practitioner can do while in the latter the teams themselves develop decision criteria for decisions about acceptance and closure and team policy and guidelines for carrying out priorities.

These studies of teams indicate that teams can be classified according to the degree of integration they exhibit, ranging from relatively unintegrated networks to highly integrated teams that share objectives, skills, knowledge, values, offices and a manager.

Structure, role and status

All but the most ephemeral groups develop some stability in the pattern of relationships among the members. As members of a group communicate with and relate to each other a distinctive and characteristic pattern of interaction emerges. According to Forsyth (1990), this *'underlying pattern of stable relationships among the group members'* (p 110) constitutes the group's structure. Sherif and Sherif (1969) define group structure as *'an interdependent network of roles and hierarchical*

statuses' (p. 150). Both role and status refer to predictable patterns of behaviour associated not so much with particular individuals in the group but with the positions occupied by those individuals. Role and status are similar, the difference being that while roles can be of equal worth, status positions are differentially valued. Since roles and status are important aspects of a group's structure they are explored individually to illustrate their significance to an understanding of group dynamics.

Roles

Role differentiation appears to serve some purposes in groups. Brown (1988) suggests that the first obvious purpose is that roles imply a division of labour amongst group members which can often facilitate the achievement of the group's goals and ensures that responsibility is shared among members so that the leader does not become overloaded. Secondly, roles help to bring structure and order to the group's existence since roles imply expectations about one's own and other's behaviour and this means that group life becomes more predictable. Finally, roles form part of an individual's self-definition within the group and provides a sense of who he or she is. In some groups, roles are formally prescribed like a sports team which has a goalkeeper, a midfield player, a coach and so on. In other groups, when the group forms, the members consider themselves to be basically similar to each other but gradually as the group develops various roles emerge in a process of role differentiation. The roles that emerge during this process are often unique to a particular group but many researchers, such as Benne and Sheats (1948), have argued that some roles are more common than others and that certain types of roles will develop in virtually all groups (see Appendix Two).

Furthermore, Bales (1950, 1970, 1980), whose conclusions are derived from many different studies conducted in experimental settings, natural settings, therapy groups and case discussion meetings, suggests that group roles become increasingly differentiated over time into one of two basic categories, the task role and the socio-emotional role. Members who fulfil the task role are primarily concerned with accomplishing the task of the group while those who fulfil the socio-emotional role are more likely to perform actions that will help to satisfy the emotional needs of the group. Bales also suggests that it is difficult, if not impossible, for one individual to fulfil both task and socio-emotional functions. When task specialists try to move groups towards their goals, they must give orders to others, restrict the behavioural options of others, criticise other members and prompt them into action. These actions may be necessary to reach the goal but the group members may react negatively to the task specialist's exhortations. Because most of the members believe the task specialist to be the source of the tension, *'someone other than the task leader must assume a role aimed at the reduction of interpersonal hostilities and frustrations'* (Burke, 1974, p. 380). The peacemaker who intercedes and tries to maintain harmony is the socio-emotional specialist.

Salazar (1996) is critical of the rigid classification system devised by Benne and Sheats and the ordering of behaviour along the two dimensions of task and group maintenance developed by Bales because they are overly prescriptive. He argues that a more useful conceptualisation of 'role' emphasises the part played by interaction in the positioning of individuals in groups and thus the ever-changing nature of roles as described by Bormann (1990), who claims:

People act in extremely complex ways and no static labelling of one or two salient role functions for each member can do justice to human behaviour in a small group. What is required is a concept that sees each role as a dynamic set of expectations and behaviours that are part of a complex communication system (p. 169).

According to Salazar, individuals can undertake both task and socio-emotional functions and this assertion is particularly significant in relation to gender differentiation. A gendered division of roles appears to be supported by Carlson (1971), who conducted personality tests on 213 male and female adults and 18 male and 23 female undergraduates, and Spence and Helmreich (1979), who administered Personal Attributes Questionnaires to 1809 males and 2047 females in different age groups. Their research indicates a bias in personality style towards socio-emotional orientation in women and task orientation in men. However, these views have been challenged by Nemeth et al (1976) who did not find differences between male and female group members on:

(1) the frequency of positive social emotional acts (friendliness, dramatisation and agreement), (2) the frequency of negative social emotional acts (disagreement, showing tension and unfriendliness) (3) the frequency of questions asking for task oriented statements (suggestions, opinions and information) (quoted in Mabry, 1985, p. 76).

Although this study was smaller than Carlson's and Spence and Helmreich's, as it involved only 204 male and female undergraduates, it did not rely on personality tests

but engaged the subjects in mock jury deliberations which may account for the difference in the findings.

In summary, it is clear that role differentiation occurs in groups and that different individuals within groups fulfil different roles. Furthermore, two basic roles, socio-emotional and task have been identified. Individuals will vary in the extent to which they can fulfil both these roles. Some individuals will have a role that is almost totally task-oriented, others will have a role that is almost totally socio-emotional oriented and others will have some mixture of both.

Status

Not all roles taken on by different group members are equally valued nor do they carry the same power to exert influence or control over others. Each member is respected or liked to a different degree and this is reflected in his or her status. All groups form hierarchies and an individual's position in the hierarchy, and thus his or her level of authority and influence, is determined by his or her status. Brown (1988) identifies two major themes in any definition of *status*.

One is that high status implies a tendency to initiate ideas and activities which are taken up by the rest of the group... ..The other important aspect of status is that it implies some consensual prestige, a positive evaluation or ranking by others in the group... ..These two indicators of status are nearly always highly correlated with each other (p. 56).

The prevalence of status hierarchies in groups was confirmed by Sherif and Sherif (1964) in their study of adolescent gangs in which the participant observers and the group members themselves agreed on the levels of status attached to group members. There can be changes in the positions in the status hierarchy as members enter or leave the group and also positions can change as the group task changes. This is well illustrated in the study by Carter and Nixon (1949) who show that when groups are given three different tasks to perform: an intellectual task, a clerical task and a mechanical assembly task, there is little evidence of the same person emerging as leader in all three tasks.

An individual's position in the status hierarchy is likely to affect both his or her effect on the group and the effect of the group on him or her. Studies of a variety of groups in a range of settings by Bales (1953), Slater (1955), Stiles (1978, 1981) and Godfrey et al (1986) indicate that the low status people at the bottom of the group hierarchy talk little, address higher status members politely and deferentially and little notice is taken of what they say. People with high status contribute more, are listened to more and exert more authority.

The development of status hierarchies

There are two major explanations for the evolution of status differentials in groups, expectation-states theory and dominance theory. Berger et al (1986) studied status organising processes in decision-making groups whose members differed in external status in a standardised experimental setting with eighty-one subjects. They traced the development of status differentiation back to the expectations of group members as the

group begins. At this point, if the group members are working collectively on a task that they feel is important and they want to successfully complete the task, they intuitively take note of the personal qualities of the other group members that they believe are indicative of their ability to achieve the end result. These personal qualities can be termed status characteristics and those members who are identified as possessing numerous positive status characteristics are then permitted and encouraged by other group members to perform more numerous and varied group actions, to provide greater input and guidance for the group, to influence others and to reject the influence attempts by others (see Berger et al, 1972; Ridgeway et al, 1986).

Generally two types of cues are taken into consideration when status is allocated within a group. These are specific-status characteristics and diffuse-status characteristics. In the first of these the individual is awarded status based on specific qualities they have which will enable them to successfully complete the task to be performed in a given situation. Thus an individual may be allocated high status in one group where his or her personal qualities are essential for the achievement of the group's goal but have low status in another group where his or her qualities are less important. Diffuse-status characteristics are those general qualities that an individual may have that leads other members of the group to think he or she is likely to have ability and competence in any context. Gender, age, class, ethnicity and high-prestige occupations are examples of diffuse status characteristics. Despite recent changes in sexist and racist attitudes in society, stereotyping biases still make gaining status in small groups a difficult task for women and people from ethnic minorities. Shackelford, et al (1996) examined ways in which women can surmount the social stereotypical

barriers to influence in male-dominated task-performing groups in two experiments with 289 male undergraduates and trained female confederates. They suggest that women can increase their influence in mixed-sex groups by a series of 'specific-status' enhancing strategies. They can, for example, demonstrate superior ability at being able to exert influence before attempting influence or adopt a group-oriented style which generates the perception that they are highly competent at the task. Although specific-status and diffuse-status characteristics have a considerable impact on status in groups, Ridgeway (1982, 1984) has shown that status differentiation also results from competition among members. Thus sometimes individuals gain status by exhibiting aggressive or dominant interpersonal behaviours. Shackelford et al (1996) also suggest that women can attract others' attention through disruptive, self-assertive behaviours.

These studies suggest that some group members bring with them into the group the status they have acquired elsewhere while other members acquire status within the group because they have specific qualities that are important for the achievement of the group task.

Leadership

One particular role that has attracted considerable study has been that of leadership.

The research into leadership emphasises the great significance that the role of leader, either formal or informal, has for group functioning. Fielding and Hogg (1997) define leaders as

...individuals who have influence, often through possession of consensual prestige or the exercise of power, over the attitudes, behaviours and destiny of ingroup members (p.40).

Approaches to leadership

Although leadership has traditionally been a prominent topic in social psychology (e.g. Lippett and White, 1943; Bales, 1950; Fiedler, 1965 Stogdill, 1974) it has declined in popularity within that discipline over the years and is now more usually researched in, for example, organisational psychology and management studies (e.g. Bass, 1990; Levine and Moreland, 1990; Yukl and van Fleet, 1992). Over the years there have also been differences in trends relating to theories of leadership. Up to the late 1940s most researchers adopted the trait approach which emphasised the notion that leadership ability was innate and that leaders were born rather than made and many of the studies have been reviewed by Stogdill (1948, 1974) and Bass (1990). From the late 1940s to the late 1960s this was replaced by the style approach which suggested that the effectiveness of a leader rested more on how he or she behaved (Fleishman et al, 1955; Halpin, 1957). From the late 1960s to the early 1980s the contingency approach was developed which indicated that the effectiveness of a leader is affected by the situation (House, 1973; House and Mitchell, 1974; Hersey and Blanchard, 1977). Since the early 1980s the emerging approach has been that of new leadership which suggests that leaders need to have vision (Tichy and Devanna, 1990; Bryman, 1992). The contingency and new leadership approaches are examined in more detail because although all four approaches to leadership have been challenged, these two

approaches have proved more robust in the face of the criticisms made of them than the two earlier approaches and thus appear more relevant to a study of MDTs.

The contingency approach to the study of leadership proposes that the effectiveness of a leadership style is situationally contingent which means that a particular style or pattern of behaviour will be effective in some circumstances but not others. Thus there is no universally appropriate style of leadership. In their summary of the research evidence on contingency leadership, House and Mitchell (1974) suggest that there are four kinds of leader behaviour which are instrumental leadership, supportive leadership, participative leadership and achievement-oriented leadership. Instrumental or directive leadership entails a systematic clarification of what is expected of subordinates and how work should be accomplished. Supportive leadership entails a concern on the leader's part for his or her subordinates' well-being and status. Participative leadership entails a consultative approach in which the leader seeks to involve subordinates in decision-making. Finally, achievement-oriented leadership entails the setting of high performance goals and exhibiting confidence in subordinates' ability to attain high standards.

According to House and Mitchell (1974), the extent to which each of these forms of leadership will have a beneficial impact on subordinate performance and job satisfaction is contingent on two broad classes of situational factors which are the personal characteristics of the subordinates and environmental factors, such as the nature of the subordinates' tasks, the formal authority system of the organisation and the primary work group. A more recent contingency approach has been developed by

Hersey and Blanchard (1976, 1977, 1982) which suggests that the fit between leadership style and group members' needs is determined by the maturity of the group. Maturity is not to do with the age of the group but more to do with its experience in working on a particular problem. To examine this hypothesis, Kilvington (1997) set up a study to explore the group leader's shift from a task to a relationship orientation over the lifetime of a group. The subjects were 92 men and 280 women undergraduates who were divided into seventy-two groups each of which was led by a trained leader whose performance was measured using a group leader measuring scale. The findings indicate that immature group members work most effectively with a high task/low relationship leader while in more mature groups the high relationship/low task model is most effective. According to contingency theorists, an effective group leader must display different leadership styles as the group moves through its life-cycle or according to the task of the group. Although most people have a preferred style of leadership they need to learn to be flexible. Vroom (1973, 1974, 1976) has studied types of leadership ranging from autocratic, through consultative, to group-centred and argues that no single leadership method will be best in all situations. He suggests that while, in general, leaders should probably meet with and make decisions with the group whenever a major decision must be made, there are some situations when this democratic approach may prove ineffective, time-consuming and dissatisfying to members. The empirical studies into contingency leadership have been somewhat disappointing as they have been dogged by methodological problems and have produced inconsistent findings. However, they are included here because the frameworks devised by contingency theorists have been found to be useful in organisational practice (Bryman, 1992).

Approaches associated with new leadership stress that the true leaders or the leaders who are most likely to be effective are those who envision an image of the future for their organisations and relentlessly persevere with this mental image, often in the face of considerable resistance. According to Bryman (1992)

Such leaders are individuals who deal in values in that an important component of the process of creating a vision is one of instilling new principles which will both guide organisational members to the new future that the vision reflects and mobilise their energies behind the new way forward. The leader facilitates the process by creating a climate of trust which will help the vision to gain acceptance, by empowering people so that they have the opportunity to make the vision work for themselves, and by tirelessly reiterating the vision and its underlying values (p. 150).

Some of the writers on new leadership have stressed the central significance of the role of charisma to any understanding of the approach. They argue that charismatic leaders are the ones most likely to have the qualities necessary to perceive and realise a vision. These qualities include, according to Bass (1990), energy, self-confidence, determination, intellect, verbal skills and strong ego ideals and are probably innate. These conclusions were based on Bass's programme of research which is significant because he has sought to conduct systematic research into the idea of new leadership employing a measurement-based framework, the Multifactor Leadership Questionnaire (MLQ). Studies using MLQ have been used by other researchers and although in some versions it has been used by leaders to describe their own performance, in the most commonly used version the respondent describes the behaviour of a leader, usually the

respondent's superior. Conger and Kanungo (1988) have provided a framework for the study of charismatic leadership which is specifically concerned with its emergence in organisations and they propose that charismatic leadership can be developed by cultivating the five competencies of critical evaluation and detection skills, visioning skills, such as creative thinking, communication skills, impression management skills and empowering skills. Other new leadership theorists see charisma as virtually insignificant. For example, Tichy and Devanna (1990) conducted in-depth interviews with twelve Chief Executive Officers and conclude that although they shared a number of qualities, such as believing in people and an ability to cope with complexity, ambiguity and uncertainty, these are qualities which can be learned. Bryman (1992) also suggests that charismatic leaders can be despotic, mercurial, self-serving and ultimately destructive of others.

Researchers have continued to be interested in determining what qualities are characteristic of leaders. Lucas and Lovanglia (1998) investigated the effects of leadership status, gender and group size on group reactions to the leader in an experiment with 488 students. They found that female group leaders were rated as more likeable than other group members while male leaders were not. Both male and female leaders were rated as more competent and willing to contribute than were other group members. Group size did not affect the rating of leaders. Smith and Foti's (1998) study examined the effects of personality traits on leadership emergence among 160 male college students and found that those rated high on dominance, intelligence and general self-efficacy emerged as leaders significantly more frequently than all other individuals. Johnson and Bechler (1998) conducted a study of 51 undergraduates

assigned to ten leaderless groups and found that emergent leaders typically displayed more effective listening skills than the other group members.

Gender and leadership

Leadership has been viewed traditionally as a masculine activity (Bass, 1990). Kanter (1977) observes that if women in organisations are to emerge as leaders, it is important that they are perceived as individuals who can influence or motivate others. Research in the 1970s, by Bartol (1978) and O'Leary (1974), suggests that gender biases inhibit recognition of women's qualities, achievements and contributions in groups. Thus they are denied opportunities for accession to positions of legitimate authority and leadership. More recent research suggests that women are viewed differently from men when it comes to leadership. A survey of executives' attitudes concerning women as leaders in business (Sutton and Moore, 1985) reveals that most respondents believe that women need to be exceptional to succeed. Shimanoff and Jenkins (1991), in their review of research on leadership, note that women are less likely than men to be selected as leaders and the same leadership behaviour is often evaluated more positively when attributed to a man than to a woman. Both qualitative and quantitative studies suggest that stereotypical masculine characteristics are positively related to leader emergence when leaders are not elected or appointed in groups but rather emerge as they receive recognition as leaders as a product of social interaction within the group (Goktepe and Schneier, 1989; Kent and Moss, 1994; Kolb, 1997).

Informal leadership

Most leadership research has focused on exploring the behaviour of designated, formal leaders or the leader emergence process in initially leaderless groups. Those who emerge as leaders in leaderless groups have been found to talk more than the other members of the group and the content of their verbal contributions has been found to be high in both task and socio-emotional inputs (Bales, 1950; Crosbie, 1979; Mullen et al, 1989; House and Baetz, 1990). Wheelan and Johnson (1997) have also studied the emergence of leaders in groups that already have a formal leader at a Human Relations conference and argue that

...if leadership is a necessary group function as opposed to a role occupied by one individual, then members other than the formal leader may participate in leadership activities (p. 34).

Their study shows that emergent leaders talk more than do most, but not all, of their non-leader peers but that they do not distinguish themselves from member non-leaders on the basis of their contributions to the task or the socio-emotional arena. The behaviour of informal leaders does not mirror that of the formal leaders nor are they mere extensions of the formal leaders. Rather, they directly oppose the leaders in many instances and ignore them in others by engaging more with the other members. They influence their peers to resist the authority of the formal leader and have a significant influence on the culture that emerges in the group.

In summary, the research on leadership suggests that leaders do have qualities that are different from subordinates but that these qualities are acquired rather than innate. Furthermore, since different qualities are required of leaders depending on group membership, the task of the group and the maturity of the group, leaders must adopt a flexible approach to their role.

Interaction patterns and influence

An important element in the study of group dynamics is the pattern of interactions that develop between group members. An analysis of such interactions provides a picture of the group's structure and the way that the group functions. Furthermore, Cartwright (1959) believes that few interactions advance very far before elements of power and influence are evident. Indeed he concludes that

...such concepts as influence, power and authority (or their equivalents) must be employed in any adequate treatment of social interaction wherever it may take place (p. 183).

This next section examines group interaction and then explores influence and power in relation to group interaction.

Patterns of interaction

There is a reciprocal relationship between role and status and patterns of interaction in groups. In other words, an individual's role and status both determine, and are

determined by, the patterns of interaction in the group. In their critique of studies of interaction in groups, Berger and his associates (Berger, 1992; Wagner and Berger, 1993) confirm that different individuals in groups differ significantly in the way that they interact with other group members. This difference in interaction patterns across individuals is evident in both the quantity and the quality of the interaction.

Bales (1950, 1970, 1980) has developed a structured coding system for classifying behaviour performed by group members called 'Interaction Process Analysis' (IPA). (See Chapter Three for a fuller description and critique of IPA). In this system each piece of behaviour performed by a group member is assigned to one of twelve categories. Six of these categories (1-3 and 10-12) pertain to socio-emotional activity or actions that are based on the interpersonal relationships within the group.

Complimenting another person would be an example of positive socio-emotional behaviour while insulting a person would be an example of negative socio-emotional behaviour. The other six categories (4-8) pertain to task activity or behaviour that focuses on the problem the group is trying to solve. Giving and asking for information, opinions and suggestions relating to the problem the group faces are all task-oriented activity (Figure 3.3, Chapter Three). When all the activities have been assigned to a category it is then possible to collate the observations in each category and provide an interaction profile of the group as a whole, in terms of the percentages of time spent engaged on the different categories of behaviour or of individuals in the group, or the proportion of time each person spent interacting with each other and in what manner. Hare (1976) and McGrath (1984) summarise some of the more important conclusions which have emerged from research using IPA which include:

- some group members consistently talk more than others;
- people who talk the most tend to receive the most attention from the group;
- the discrepancy between the leading initiator in the group and his/her peers increases with the size of the group - large groups are more likely to be dominated by a single individual;
- the interaction profile for a typical laboratory discussion group is quite stable and consists of nearly 66 per cent task 'acts', 25 per cent socio-emotional behaviours and the remainder negative socio-emotional behaviours; and
- different people in the group often tend to predominate in particular coding categories suggesting a degree of role specialisation.

This last point led Bales to suggest that groups require a task specialist or leader who will see that the group achieves its goal and a socio-emotional specialist who intervenes regularly to reduce interpersonal strains and stresses within the group and that it is unlikely that one individual will be able to fulfil both roles. The study of task and socio-emotional interaction also led Bales to suggest that groups maintain a balance or equilibrium through the adoption of both these activities. He argues that while people's actions in a group are primarily geared to achieving a goal, this instrumental activity would create tensions in the group that could threaten the stability of the group. At this point counteracting expressive behaviours, such as expressions of praise or sympathy, emerge among group members which have a cathartic effect on the group and reduce tensions so that the group can continue with its task. In 1979, Bales developed a second, more complex, system for understanding group interaction called SYMLOG. Like IPA, SYMLOG is a system for coding and analysing behaviour in a

group. Where it differs from IPA is that it also provides for the simultaneous analysis of social relations within the group by its members through the use of an adjective rating scale with which each member can rate every other member. This model explores three dimensions: roles (task/socio-emotional); status (dominance/submission) and attraction (friendly/unfriendly).

Shelly (1997) argues that in order to understand how social structures emerge from and are maintained by interaction, it is important to identify sequences or cycles of interaction between group members. In his study of seventy task groups composed of college students he was able to identify such a cycle which was composed of four stages. In the first stage an action opportunity, in the form of a question or non-verbal cue such as a directed gaze, was given by one group member to another. When the target of the action opportunity responded by performing, he or she was engaged in the second stage of the cycle. Performances are behaviours focused on the task of the group. A performance was followed by the third stage, a further action opportunity. The cycle ended with positive or negative reward actions. Positive reward actions include praise, agreement or assent in relation to the suggested course of action. Negative reward actions include criticism, disagreement or dissent in relation to the proposed course of action. Shelly found that the total level of activity initiated by an actor was correlated with the total level of activity received by the actor ($r = .821$). The study thus shows that people who initiate a lot of action in the group are those who are given a lot of opportunities to interact by other members of the group.

In relation to the effect of status on quantity of interaction, Forsyth (1990) suggests that higher status individuals speak more while communications from a low status person to a high status person tend to be fewer in number, briefer and more guarded.

In relation to quality of interaction and status, evidence suggests that upward communications within a hierarchy from a subordinate to a superior are strikingly different from downward communications. Upward communications include information on performance, insinuations about peer's performance, requests for information, expressions of distrust and factual information. In contrast downward communication from superior to subordinate include explanations of actions to be taken, the reasons for actions, suggestions to act in a certain manner and feedback concerning performance. This is illustrated in a study by Browning (1978) in which 426 communications incidents in a research and development organisation were analysed. According to Godfrey et al (1986), in their study of the effect of status on communication of a hundred undergraduates in same-sex pairs, the comments of high status individuals often hint at their wider experience, greater knowledge and better judgement and, in general, high status individuals tend to tell other people what they should do; interpret other people's statements; confirm or dispute other people's viewpoints; and summarise or reflect on the discussion. Stiles (1978, 1981) undertook a number of studies which focused on the communication patterns between college professors and their students in classroom discussions and he concluded that high status people can be presumptuous in that they often maintain that they understand other group members' viewpoints even when they do not. Non-verbal interaction also differs according to status. Lee and Ofshe (1981) examined the effect of status

knowledge and demeanour on influence in a study of 324 undergraduates who viewed mock jury deliberations and conclude that a high status individual speaks

...in a firm, rapid and loud voice. His speech contained few hesitations, and he spoke without stumbling over his words. His posture appeared to be relaxed, he looked up as he spoke, and he periodically dropped his eyebrows to make a point. He wore a tie and sport-coat.' In contrast the low status person 'spoke softly, slowly and hesitantly. His speech contained pauses, and as he searched for words he occasionally said 'umm' and 'uh'. He sat rigidly, made nervous movements (wringing his hands) and sometimes looked down when he spoke. He wore a T-shirt (p.78).

In a recent study of multi-disciplinary team meetings in a child guidance clinic, Goldberg (1997) analysed joking behaviour and concluded that a joking exchange was an informal mechanism for negotiating hierarchy. He suggests that such an informal mechanism may resolve differences between the need for a hierarchy and the idealisations of the multi-disciplinary team.

In summary, groups develop characteristic and relatively consistent interaction patterns. Interaction can be divided into different types with the two major categories being socio-emotional interaction and task interaction. Individuals vary in the quality and quantity of their interactions within a group and an individual's interaction pattern is affected by his/her status within a group.

Influence in groups

Social influence is made up of interpersonal processes that lead to changes in individuals' feelings, thoughts or behaviour. Groups influence their members in a variety of ways. They sway their judgements, favour one interpretation of reality over another and encourage some behaviours while discouraging others. To achieve these effects, groups exert pressure on individuals that makes agreement with the norms of the group preferable to deviation from these rules. The individual who strays too far from the group's idea of appropriate action, thought or belief must be convinced of the value in the group's perspective and encouraged to agree to group norms.

Forsyth (1990) suggests that there are three major types of influence, normative influence, informational influence and interpersonal influence. Normative influence is based on the assumption that groups develop norms, or social standards, that describe what behaviours should and should not be performed in a social setting, and that once these norms have been established the group will exert pressure on individual members to ensure that they adhere to the norms. Generally, normative influence is based upon compliance in which the individual conforms outwardly but not necessarily inwardly to the expectations of others within the group. The group member conforms because of social pressures, which include the power of others to reward and punish and his or her own desire for acceptance and approval and to avoid rejection and hostility. Turner (1991) argues that such conformity

...may be based on an individual's irrational emotional need to belong but that in general attraction to the group is based on mutual interdependence for shared goals. Conformity is assumed to be functional to the group to reach its goals (p38).

Informational influence is exerted because individuals face ambiguous, difficult or complex situations or problems for which measures of 'reality' are difficult. This leads to considerable uncertainty and a need for information to reduce uncertainty.

Individuals must look to others to provide that information to reduce uncertainty and thus they become dependent on these information-providers. This informational dependence leads to influence as the individual conforms to the responses of others perceived to provide evidence about reality. This type of influence, defined by Asch (1955) as 'conversion', is said to be 'true' influence as it is influence that leads to private acceptance, internalisation and long-lasting attitude change.

Interpersonal influence describes the ways in which group members attempt to influence others in the group through various forms of social interaction, including persuasion, bargains, promises and the threat of rejection. The studies by Schachter (1951) of cohesiveness and influence pressures among groups of female students completing a number of tasks, show that when a deviant or potential deviant is identified by the group, initially group members will concentrate the bulk of their communication on him/her in order to put pressure on him/her to conform. They continue to make the dissenter the focus of their attention until either he or she capitulates or the majority feel that he or she will never move from their dissenting position.

Kaplan (1987) has sought to reconcile what appears to be a conflict between the effects of normative influence and informational influence. He argues that normative influence tends to be triggered by those variables that pertain to group and interpersonal attributes while information influence revolves around variables relating to the decision task and its successful resolution. Consequently, anything that focuses concern on the positions and preferences of others, their status, power, numbers, acceptance/rejection, harmony and so on will enhance the use of normative influence. Anything that makes salient the task, the correctness/adequacy of the decision, and the need for gathering information, will facilitate the use of informational influence. Thus, according to Kaplan

Intellective or factual issues, task orientations, and agentic personal orientations provide fertile conditions for informational influence. Judgmental or value-laden issues, group orientations and communal personal orientations enhance normative influence attempts (p.208).

French and Raven (1959) suggest that an individual's capacity to exert influence over others in the group derives from his/her 'power' of which there are five types, namely; reward power, coercive power, legitimate power, referent power and expert power. For an individual to be able to exert reward power he or she must be in a position to be able to reinforce the behaviour of another through positive or negative reinforcers, such as social approval or salary increases. Coercive power derives from an individual's capacity to dispense punishments or sanctions to those who do not comply with requests or demands. Molm's research into the use of power in small groups, in

which she used 120 undergraduates as subjects, suggests that most people prefer to use reward power rather than coercive power when both are available to them (Molm, 1987, 1988). Legitimate power is the socially sanctioned right to require and demand compliance. This is one of the strongest of the power bases since members of the group obey this authority because they personally accept the norms of the group and so they obey from an internalised sense of duty, loyalty or moral obligation. Referent power is the power that a reference group or significant others have over an individual because the individual wants to identify with, and be liked by the group or significant other. Expert power derives from the belief that the power-holder possesses superior knowledge, skills and abilities.

Majority and minority influence

The extent to which individuals in a group conform or accept the influence of others has been shown to be affected by the size of the group or factions within the group. The positive relationship between majority size and conformity has been confirmed in many studies. For example, Bury and Penner's (1974) study involved male and female undergraduates in same-sex groups of four; Nordholm's (1975) study exposed 140 female students to social pressure; and Stang's (1976) study involved 300 college students. These studies tend to suggest that the larger the unanimous majority facing the lone individual, the greater the rate of conformity. Furthermore, few people conform when only one other person disagrees with them but conformity rises rapidly when the majority increases to two or three. After that point increasing the number in the majority has little impact. This latter finding supports Asch's (1955) conclusion that impact levels off when the group size reaches four. According to Latane (1981), in

his review of the relevant evidence from a variety of research studies, the first person who opposes the lone minority has the greatest impact. Each additional person adds to the majority's impact but the gain in impact decreases as the majority grows larger and larger.

While one person standing alone stands little chance of resisting the influence of the majority, a minority coalition, even if it contains only two individuals, is more likely to withstand the majority's attempts at influence (Asch, 1955). It is suggested that the reasons for this are that the power of the majority is weakened when its unanimity is broken (Morris and Miller, 1975); two or more individuals share the pressure to conform exerted on them from the rest of the group and are thus more able to withstand it (Asch, 1955); and the larger the size of the minority coalition, the smaller the majority's coalition (Latane, 1981). Some researchers have also suggested that not only do minority factions resist the influence of the majority but they can also have a significant influence on the group themselves. For example, Moscovici, (1976, 1980, 1985) studied the responses of 236 students in France to influence by trained confederates and reports that a minority of one or two members can sometimes considerably influence the majority's judgements provided that

- 1. The minority's responses are highly consistent over time, 2. The majority is aware of this consistency and, 3. Majority members believe that the consistency is an indication of the minority's confidence* (Forsyth, 1990. p. 152).

Findings in relation to minority influence also suggest that the quality of that influence is different from majority influence in that it is more likely to be conversion influence than compliance influence as suggested by Maass et al, (1987)

Minorities tend to produce profound and lasting changes in attitudes, and perceptions that generalise to new settings and over time... .. Whereas majorities are more likely to elicit compliance that is confined to the original influence setting (p.56).

Thus the key points in relation to majority and minority influence are that individuals are influenced to change their opinions if a majority of the group are against them. However minority factions can have a significant influence on the opinion of the majority in the group under certain circumstances.

Status and influence

Studies that have examined the relationship between status and influence have shown that high status members are less likely to be influenced by other members of the group (Harvey and Consalvi, 1961) and their deviations from group norms are less likely to attract approbation (Hollander, 1971; Levine, 1989). However while this research suggests that high status individuals conform more than low status individuals, other research including a recent study by Fielding and Hogg (1997), involving thirteen mixed-sex groups with between six and thirteen members from the general community who were attending weekend courses, suggests that high status members are more likely to be prototypical group members and to adhere to group norms. Studies have

also shown that high status individuals have more influence over the group's deliberations and judgements of the group (Torrance, 1954; Strodbeck and Mann, 1956; Strodbeck and Hook, 1961). This view is confirmed in a more recent study of 160 four-person single-sex undergraduate groups by Hogg (1992) who suggests that some individuals may be more influential because they are more socially attractive and thus, because they are liked, other group members are more likely to comply with their suggestions, requests and orders.

Studies of status allocation indicate that women are often accorded less status than men in groups and this undermines women's resistance to influence and weakens their power to influence others (Eagley, 1987). Eagley notes that women, more so than men, agree with fellow group members so that the group's level of cohesiveness and harmony will be maintained, use conformity as a self-presentational tactic, and interpret conformity as a sign of strength rather than weakness. However, these conclusions should be considered alongside Eagley's (1987) review of conformity studies which shows that the evidence for gender differences in susceptibility to influence is inconclusive. She found that women conformed more than men only in studies that involved face-to-face social pressure while in more anonymous studies differences between men and women have been almost non-existent.

Team ineffectiveness

From the literature relating specifically to teams a number of other factors have emerged which affect team functioning. Sinclair (1992) notes that there is a 'halo

effect' associated with teams which means that the real problems within them can be denied, hidden or unacknowledged as noted in Chapter One. The reasons for team ineffectiveness have been outlined by Bolman and Deal (1992) who note that

...a common recipe for failure was to burden a team with a vague purpose, squishy deadlines, and fuzzy success criteria, and then instruct the team to 'work out the specifics' (p. 36).

Some other barriers to effectiveness they identify are that some teams lack critical resources, or individuals with key expertise or critical organisational linkages. In other teams their authority and mandate are unclear or insufficient. Hackman et al (1990) also found that teams that started well and achieved some early success often triggered a self-sustaining upward spiral in performance while those that started badly often fell into a negative performance rut and their efforts to dig themselves out put them deeper in the mud.

In studies that have examined the problems of teams that have operated across organisational boundaries, Alexander (1995) concludes that the combination of organisations having high expectations of teams and the teams having weak and low cost structures contributes to the failure of such teams.

Belbin (1993) suggests that teams fail because too much attention is paid to the eligibility that individuals have for working in a team and not enough is paid to their suitability to work in a particular team. In other words, individuals are selected to

work in a team because they have the right professional qualifications rather than that they have the right personality to fit in with other team members. This notion of the 'right personality' is developed in Belbin's notion of team roles which is a modification and refinement of the group roles described earlier in this chapter (Benne and Sheats, 1948). He suggests that nine major roles can be found in teams: the plant, the resource investigator, the co-ordinator, the shaper, the monitor/evaluator, the team worker, the implementer, the completer and the specialist (for more detail see Appendix Three). His studies into these roles have shown that individuals have one primary role and one secondary role that they perform best. The most effective teams contain individuals with a wider spread of team roles. Fisher et al (1998) argue that because many teams in industry have fewer than nine members, and Belbin's model requires the presence of nine individuals, the issue of secondary team roles is important as team members may have to develop their secondary roles to ensure that all roles are present within the team. They collected data from 1,796 managers which showed that team roles fall into two general categories which they labelled task and relationship. These categories reflect the concepts originally developed by Bales (1960, 1970, 1980).

Thus the studies of teams have shown that not all teams are successful. Teams fail for a variety of reasons including problems with their objectives, membership, structure, power and authority. Furthermore, sometimes teams are used in inappropriate contexts and for inappropriate purposes.

Ineffective teams can be improved. As teams have acquired their important role in organisations, there has been a parallel growth in the number of organisations and

individuals offering consultancy and training to improve team effectiveness through team-building and team development. Such interventions seem to be among the best researched of the Organisational Development interventions. In the study of such techniques, Porras and Berg (1978) show that 45 per cent of teams report significant positive changes in process variables such as trust, communication, support, involvement and problem-solving after team building. Nicholas (1982) also shows that following team building there is a significant positive change in workforce behaviour, turnover, absenteeism and productivity. Thus team building and team development interventions can improve team effectiveness and efficiency.

Working together

Having reviewed the literature on groups and teams as a foundation for thinking about multi-disciplinary teams, the following section focuses more narrowly on the literature relating to professionals working together in the provision of health and social welfare services.

The key points that emerge from a review of the literature on a number of agencies working together (inter-agency working) are that there can be real advantages to services being provided by teams composed of a number of individuals from different professions or disciplines (multi-disciplinary teams) but that these advantages might not be realised because of barriers to professionals working together. There are a range of factors that inhibit inter-agency working which are related to differences between agencies in their organisational culture and structure. Inhibiting factors also include

stereotyping, differences between agency roles, priorities, traditional ways of working, training, language, authority structures and professional status. Furthermore, different agencies and disciplines have different perspectives on the work in which they are engaged. These aspects of multi-disciplinary working are explored in the following section.

In the UK there is a wide range of areas in which services to the community are provided by various agencies working together to provide them. Perhaps the best known are those services which are provided by the health and welfare services which were given added impetus in the local authority and National Health Service (NHS) reorganisations of the early 1970s (Loxley, 1997). These involved a significant move towards integration illustrated by the combining of social work at professional, educational and service delivery levels; in the integration of the different branches of nursing under one professional council; and in the bringing together of hospital and community medicine in the 1974 NHS reorganisation. These reforms have continued over the years and form the basis of the NHS and Community Care Act (1990) which contained the implicit assumption that a variety of agencies would be involved in the efficient meeting of individual and community needs. Inter-agency working has also been developed to combat crime with the establishment of multi-agency crime prevention initiatives which have been assessed by a number of researchers (Liddle and Gelsthorpe, 1994; Crawford and Jones; 1995).

In the field of child protection, the development of multi-disciplinary approaches began in the US with those involved in direct work with children and families, such as

clinicians and welfare professionals. In the 1960s and 1970s they began to establish child protection task forces, ad hoc committees and multi-disciplinary centres. Although Helfer and Kempe (1972) were advocating a multi-disciplinary approach in 1972, the earliest known teams were formed around 1958 at university-affiliated hospitals in Pittsburgh, Pennsylvania, Los Angeles and Denver, and were generally composed of a nurse, paediatrician and a social worker. The first child protection laws to include multi-disciplinary teams were enacted by the Colorado and Pennsylvania legislatures in 1975 and in a survey conducted by NCCAN (1993) it was learned that at least thirty-three States and the District of Columbia had laws requiring joint investigations and co-operation between law enforcement and child protection agencies in child abuse cases. Laws in twenty-nine States and two US territories mandated or authorised the creation of multi-disciplinary and multi-agency child protection teams. Currently the federal government encourages law enforcement and social services to co-operate in child abuse investigations. The Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247) requires those states that receive federal funds through the Act to establish multi-disciplinary teams. The Children's Justice Act of 1986 offers funds to states to establish task forces, comprising child advocate, child protective services, health, judicial, law enforcement, legal, mental health and parent participants to review and evaluate the handling of child abuse cases.

Child protection work in the UK was significantly affected by the experiences of the US, and the UK-based Tunbridge Wells Study Group appropriated the ideas of Kempe and Helfer (1972) and advocated the need for a co-ordinated approach to child protection in the UK (Franklin, 1975). This view was reinforced by the Maria Colwell

Inquiry which sat in 1973 and reported that the various agencies involved with the child had failed to protect her because they had not acted in a sufficiently co-ordinated way (Secretary of State for Social Services, 1974). The government responded to these concerns by stressing the need for a multi-disciplinary approach in a circular of guidance issued in 1974 (Department of Health and Social Security, 1974). This circular recommended that local authorities should establish area review committees (renamed area child protection committees in 1988) as policy making bodies for the management of cases; call case conferences to decide what action was to be taken when instances of non-accidental injury came to light and establish a central record of information of abused children (the register) in order to facilitate good communication between the agencies involved. Since the 1970s a succession of child deaths from abuse and public inquiries into their deaths have continued to demonstrate the need for co-ordination (London Borough of Lambeth, 1987; London Borough of Greenwich, 1987; Department of Health and Social Security, 1982; Department of Health, 1991) and the government has continued to issue guidelines, the most significant of which are 'Working Together', (Department of Health and Social Security, 1988), and 'Working Together under the Children Act 1989', (Home Office et al, 1991) relating to England and Wales and 'Effective Intervention' (Scottish Office, 1989) and 'Protecting Children : A Shared Responsibility' (Scottish Office, 1998), which relate to Scotland.

Whilst the notion of multi-disciplinary working and multi-disciplinary teams is well established, what is meant by such terms is vague and variable. For example, some multi-disciplinary teams are established at a senior management level, like Area Child

Protection Committees in the UK and Governors' Task Forces in the US and have a role in the development, implementation and monitoring of inter-agency policies and procedures. Some multi-disciplinary teams are at the case management level such as Multi-disciplinary Teams (MDTs), Child Advocacy Centers (CACs) and case conferences. Sometimes multi-disciplinary team refers to the pair or group of practitioners (usually police and social workers) who conduct the joint investigation of an allegation of abuse.

Types of inter-agency working together

In the review of the literature on groups and teams earlier in this chapter, integration was identified as a significant factor in understanding how groups function. The importance of this concept is echoed in research into inter-agency or interdisciplinary relationships which suggests that these can take a variety of forms depending on the degree of integration between agencies. Liddle and Gelsthorpe (1994) conducted a study to investigate and assess multi-agency crime prevention initiatives by obtaining documentation and information from a large number of organisations involved in such work across the UK and then carrying out in-depth interviews in twenty-six areas. Their findings led them to describe five possible models ranging from the least communicative to the most communicative, which appears to be derived from the model devised by Davidson (1976):

The communication model -where agencies recognise that they have a role to play in relation to each other, but do not go beyond communication with each other. The

communication may be one-way or two-way, and may involve full or partial disclosure of information.

The co-operation model - where agencies maintain separate boundaries and identities, but agree to work on a mutually defined problem. This may involve joint action , or it may involve one agency (or more) consenting to another taking the initiative to act.

The co-ordination model - where agencies work together in a systematic way; there are defined agency boundaries but agencies may pool resources to tackle mutually agreed problems.

The federation model - where agencies retain their organisational distinctiveness but also share some central focus. The agencies operate integrated services.

The merger model - where the agencies become indistinguishable from one another in working on a mutually defined problem and they form a collective resource pool.

(p. 2)

Similar classifications have been developed by Bond et al (1985) in their descriptions of primary health care and Gough et al (1987) in their study of child protection systems. Bond et al suggest five stages of collaboration: isolation, encounter, communication, collaboration between two agents and collaboration throughout an organisation and Gough et al identify four levels of interdisciplinary co-operation: working separately, keeping each other informed, co-ordinating work and being part of a true team. In 1996, Sheppard and Zangrillo (1996) conducted a study across the US

to determine the levels of co-ordination among agencies involved in child protection. Because of this focus the findings and conclusions from their study are of particular significance to a study of MDTs in New Jersey. Using a national random sample of counties, stratified by populations, Sheppard and Zangrillo sent questionnaires to law enforcement and child protective services agencies and had responses from 325 municipal police agencies, 279 county law enforcement agencies, and 239 child welfare agencies. After analysing the questionnaires they conducted case studies in seven counties across the US. They then used the results from the case studies and the questionnaires to identify three models of co-ordination.

In the first type, called joint investigations using existing agency personnel and resources, although joint investigations would continue to be handled by traditional investigative units in child welfare and law enforcement agencies, a permanent child abuse investigation committee would be appointed to direct and monitor this work and to guide improvements. Co-ordinators to the steering committee might be appointed and regular case reviews by a multi-disciplinary group would be instituted.

In the second type, multi-disciplinary centers, a base for all the professionals involved in child abuse would be established so that the child could be interviewed and medically examined in the same place. A lead agency would administer the centre.

The third type is the child advocacy center (CAC), based on the programme developed in Huntsville, Alabama. In CACs law enforcement and CPS investigators and their supervisors would be co-located in a common base which would be typically

administered by an independent non-profit organisation and would have a board of directors, a full-time executive director and support staff.

A detailed description of the three models is in Appendix Four.

Thus the literature suggests that multi-disciplinary teams can be classified according to their place on an integration continuum with 'communication only' at one end to 'fully merged' at the other.

The purposes and benefits of inter-agency work

According to Hallett and Birchall (1992), the objectives of multi-disciplinary work in human services in general may be said to be:

- *the achievement of greater efficiency in the use of resources and improved standards of service delivery through the avoidance of duplication and overlap in service provision;*
- *the reduction of gaps or discontinuities in services;*
- *the clarification in roles and responsibilities arising in 'frontier problems' and demarcation disputes between professions and services; and*
- *the delivery of comprehensive, holistic services (p.17).*

Hearn and Higginson (1998) conducted a study of specialist multiprofessional palliative care teams and found that compared to conventional care, the teams improve satisfaction among patients and their families and identify and deal with more patient

and family needs. Thus the teams are more effective. They also argue that the teams are more efficient since there was evidence that they reduce the overall cost of care by reducing the amount of time patients spend in acute hospital settings.

In relation to co-ordination in child protection, it is argued that co-operation between professionals will provide a wider and more thorough assessment and servicing of client needs (Cooper, 1977; Duquette and Jones, 1979; Krugman, 1984; Simmons, 1986; Jones et al 1987; British Association of Social Workers, 1988; Valman, 1988); will avoid muddle and harassment by professionals which can be damaging to families (Kempe and Helfer, 1972; Mundie, 1984); and will facilitate mutual support for professionals in a difficult area of work (D'Agostino, 1975).

Sheppard and Zangrillo (1996) argue that

...one of the primary reasons for law enforcement and CPS to co-ordinate their responses to allegations of child abuse is to reduce the number of interviews with the child. These interviews are traumatic to the child and, if conducted repeatedly, essentially revictimise the child (p.24).

They also note that agencies should co-operate in order to minimise the number of people involved in a case; enhance the quality of evidence discovered for civil litigation or criminal prosecution; provide information essential to family service agencies; and minimise the likelihood of conflicts among agencies with different philosophies and mandates. In Hallett and Birchall's (1992) review of the literature relating to the

advantages of inter-agency team working in child protection they suggest that the following are the positive consequences of working together:

- the provision of emotional support in stressful work (Helfer and Kempe, 1976) and hostile environment (Kent et al, 1979; Bourne and Newberger, 1980; Mundie, 1984);
- the minimisation of professional collusion and denial (Mattinson and Sinclair, 1979; Pickett and Maton, 1979; Morrison et al. 1985; Dale et al. 1986);
- the sharing of the risks of decision-making (Bourne and Newberger, 1980; Topper and Aldridge, 1981; Mouzakitis and Varghese, 1985);
- increasing self-actualisation and self-renewal (Christenson et al, 1984);
- increasing confidence and reducing professional fatigue, staff burnout or staff turnover (Wallen et al, 1977; Minnesota, 1983; Kovitz et al, 1984; Mouzakitis and Goldstein, (1985); and
- the reduction of inter-agency struggle and paranoia (Bennet et al, 1982).

In their examination of the literature on the benefits of co-ordination in child protection, Hallett and Birchall (1992) cite a range of studies (Newberger et al, 1973; Wallen et al, 1977; Schmitt, 1978; Bourne and Newberger, 1980; Mills et al, 1984; Mouzakitis and Goldstein, 1985; Totah and Wilson-Coker, 1985) which report positive outcomes of co-ordination, such as increased effectiveness of communication between professionals, improved co-ordination of service delivery, improved commitment and morale among professionals and deepened understanding among professionals about

each other and the nature of the problem of child abuse. These studies range from a case study of an innovative interdisciplinary programme funded in 1979 by the National Institute of Mental Health's Antisocial and Violent Behavior Branch, (White et al, 1987) to a study examining interprofessional consensus through the use of case vignettes to 295 paediatric hospital professionals from five occupations (Snyder and Newberger, 1986). However, Hallett and Birchall suggest that these studies should be viewed with some scepticism as they are often written by the practitioners themselves and may therefore provide a subjective assessment of the outcomes. More recently Birchall and Hallett (1995) obtained data from some 339 respondents, including social workers, health visitors, teachers, police, general practitioners and paediatricians to get their views on co-ordination and found that practitioners generally deem co-ordination or co-operation in child protection to be valuable and to be working reasonably well. Most respondents appreciated child protection conferences quite highly and thought the local network of professionals functioned reasonably well. This view was confirmed in Hallett's (1995) study in which practitioners stressed the value and importance of the child protection conferences as mechanisms for inter-agency co-ordination during the referral and investigation phase. However, practitioners were rather less impressed by co-ordination in the intervention phase. Nevertheless, the respondents in Hallett's study '*almost unanimously accepted the importance of working together and appeared to value it*' (p. 295) and most suggested that it had improved over time. In questions which asked how clear the roles of professionals were in child abuse cases and how much role overlap there was among agencies in such cases, the practitioners' responses indicated a relatively clear division of labour in child protection. When asked how easy it was to co-operate with other professionals

and how well other professionals carried out their role in child abuse cases, once again most respondents replied positively. Thus this particular study suggests practitioners generally believe that co-ordination is successful and beneficial. One of the main objectives of inter-agency co-operation is to reduce the number of interviews of the child. Hallett suggests that in her study there was little evidence of repeated intrusive interviewing of children and Moran-Ellis and Fielding's (1996) national survey of social services and police arrangements for investigating child sexual abuse indicates that police and social workers jointly interviewed children in approximately 90 per cent of cases. This was a significant survey which involved telephone interviews and postal questionnaires to key staff in 97 social services departments and 48 police forces throughout the UK. Westman (1998) describes the work of child advocacy teams in the US and presents findings from an examination of the outcomes of seventy-seven cases handled by the University of Wisconsin child advocacy team over a twenty year period and concludes that the team is an effective means of integrating professional and volunteer activities for a family during a child protection or divorce action.

Factors enhancing co-ordination

Hallett and Birchall (1992) provide a comprehensive review of the literature which has examined the factors that enhance co-ordination among agencies. They conclude that five factors appear to be particularly important in facilitating co-ordination in child protection. The first is a supportive external environment, which includes clear policy recommendations and societal acknowledgement of the importance of the problem and of the need for co-ordination. The second is a high degree of consensus among the

agencies about the issues and a clear commitment from the agencies to work together on the issues. The third is the existence of particular individuals playing key roles as instigators or sustainers of co-ordination. These individuals are described as 'reticulists'. The fourth factor in facilitating co-ordination is the importance of co-terminosity of agency boundaries and geographical proximity of agencies. The fifth is the existence of incentives which, in the field of child protection, might include the fear of failure to obey an administrative mandate to co-ordinate and altruistic beliefs that services will be improved if a co-ordinated response is made.

Levine and White (1961) have developed an exchange theory of inter-organisational co-operation in which they suggest that inter-organisational relations form when members of organisations perceive mutual benefits or gains from working together. Thus co-ordination will be successful when the agencies involved all get some gains from co-operating. This has some similarity to Deutsch's (1949) views, noted earlier in this chapter, that if the actions of individuals in the group towards their goals directly benefit the other members of the group, then the group will be more cohesive. The importance of having group goals from which all members derive some benefit are reinforced by Alper et al (1998). In their study of 60 self-managing teams in organisations, findings suggest that, in teams with highly co-operative goals, members discuss their opposing views open-mindedly and constructively which in turn develops confidence in team dynamics and contributes to effective team performance. On the other hand, whereas competitive goals appear to interfere with constructive controversy, confidence, and effectiveness.

Barriers to working together

In social welfare generally, co-ordination is seen to have a range of either negative outcomes or no positive ones (Warren et al, 1974; Challis et al, 1988; Condry, 1988; Smith, 1988). Whetten (1981), for example, identifies three negative consequences of co-ordination strategies. The first is the reduction in the responsiveness and flexibility of service delivery systems because of tighter integration of agencies. The second is a reduction in innovation of service delivery and the third is a possible reduction in the quality and the quantity of services provided. Others, such as Davies (1977), suggest that co-ordination strategies enable social welfare agencies to exert a greater and unwelcome degree of social control over their clients.

There are a range of reasons for poor co-ordination. Yerbury's (1997) study of multi-disciplinary teamwork for children with disabilities suggests that there are poor leadership and management structures within the teams and a lack of clear lines of external accountability. In his discussion of inter-agency collaboration in community care, Horder (1996) argues that, to avoid frustration and failure, the disparities in organisation arrangements, competing professional rationales and psychodynamics (structures and cultures) of interpersonal relationships must be understood. Hague and Malos (1998) conducted a study of inter-agency approaches to domestic violence and conclude that difficulties arise because of power differentials between member agencies.

The literature on child protection also refers to the difficulties in multi-disciplinary working. According to Stone (1990)

Inter-agency work brings professionals with very different values, perceptions and work conditions together; procedures often appear to ignore these differences or assume that they will somehow be accommodated (p. 50).

Skaff (1988), who examined twenty-four child maltreatment co-ordinating committees in the US, comments that most child protection systems in the US are characterised by

...fragmentation, overlapping and duplicative services, minimal inter-agency contacts and agency role confusion (p. 218).

and in 1993, Lyon and de Cruz were still arguing that

...despite a detailed allocation of responsibilities for each agency, undoubted commitment to inter-agency co-operation in child protection work, an impressive array of guidances and a comprehensive Act such as the 1989 Act, the differences in duties, aims and traditional methods of operation within each agency has militated against effective multi-agency co-operation in many instances (p. 159).

Newberger's (1975) list of the most important limiting factors on effective interdisciplinary action in child protection includes:

1. *lack of understanding by members of one discipline of the objectives, standards, conceptual bases and ethics of the others;*

2. *lack of effective communication from members of one discipline to another;*
3. *confusion as to which personnel can take what management responsibilities at what time ;*
4. *professional chauvinism;*
5. *too much work for everybody and a sense of hopelessness and despair in the face of overwhelming problems and unsympathetic colleagues;*
6. *institutional relationships which limit effective inter-professional contact;*
7. *prevailing punitive attitudes and public policies about child abuse;*
8. *a lack of confidence and trust on the part of one profession towards colleagues in the others; and*
9. *cultural isolation of professional personnel* (Newberger 1975. p.61ff).

Although some of the reasons for the difficulties in inter-agency working are related to the personalities of particular individuals, it is clear that structural factors have a more significant impact on the ability of agencies to work together and these factors have been highlighted by writers such as Stevenson (1989), Hallett and Birchall (1992), Murphy (1995) and Lupton and Khan (1998). From their analyses it appears that the most significant factors causing difficulties in inter-agency working in child protection can be grouped under the headings of perspective, role, stereotyping, status, structure and power, and working practices.

Perspective

Murphy (1995) argues that no society will adopt a single perspective on child protection and thus the different agencies and disciplines involved in child protection work will have different perspectives on the causes of, and answers to, child abuse which are related to their function and historical involvement in such work. These

views may be in conflict with each other and may create tension. Murphy offers a three-perspective model - the family welfare, the child protection and the children's rights perspectives, which builds on the two value positions of the 'kinship defenders' and the 'society-as-parent protagonists' devised by Fox Harding (1991). The family welfare perspective proposes that the needs and interests of the child and the parent are the same and that there should be a minimal level of state intrusion into family life and only limited power should be given to the child protection system. The child protection perspective proposes that the needs of parents and the needs of children are not necessarily the same and in many instances are in conflict. This perspective believes in the positive nature of state intervention and is willing to allow intrusive intervention into family life to prevent child abuse. The children's rights perspective believes that children can be both nurtured and oppressed within the family and that allowing children to have more control over their own treatment is the way to combat their continued abuse (Murphy, 1995). Carter (1974) argues that most approaches to the management of child abuse can be identified in terms of three major perspectives; the penal or legal model, the medical model and the social model. She suggests that the penal model holds that when violent parents commit criminal acts they should be answerable to society for their offences. The medical model defines the problem in terms of a disease, illness or syndrome and the main job of the child protection system as diagnosing and treating physical symptoms of abuse. The social welfare model sees the problem in terms of social relationships. Within this latter model, some believe that the major difficulty resides within the personalities of violent parents whereas a minority locate the major problems of parental violence within the structure of society. These three beliefs are outlined in Figure 5.1, Chapter Five. King and Piper (1995)

argue that in the UK and US, in policies and decision-making related to abused or neglected children, there are two opposing ideologies, justice and welfare, and these are characterised by specific discourses which cannot be joined because the 'autopoietic', or self-reproductive, nature of law and its inability to incorporate external discourses except by reconstructing them, means that law 'enslaves' welfare discourse. The richness and complexity of child welfare discourse is reconstructed to make sense within the legal discourse by reducing it to issues of right and wrong, winners and losers, guilt and innocence. King and Piper support their argument with a detailed description of how the law 'thinks' about and treats children in child protection, mediation and divorce and children who are offenders.

Closely associated with difference in perspective is the great difference in role between many of the various agencies and practitioners within the child protection system. For example, social workers have professional and legal pressures to protect the child and to maintain families where possible while the police have a clear mandate to gather evidence of criminal activity and sometimes these roles are in conflict. Furthermore, it can be very difficult for professionals to fully appreciate the roles of others involved in child protection work. Thus Murphy (1995) notes that

... the local authority solicitor will never have the stressful task of maintaining primary health care work in difficult families and health visitors will never have to co-ordinate and marshal a complex case through the legal process (p. 45).

The study by Moran-Ellis and Fielding (1996) found that 19 per cent of police respondents and 23 per cent of social work respondents said that role problems caused difficulties between professionals.

Stereotyping

Professionals in an occupational culture develop views of themselves as members of an in-group, and ascribe generally positive typical characteristics to themselves, and views of others as members of out-groups, to which generally negative typical characteristics are ascribed. Thus in Broussine et al's (1988) study of 257 British professionals, doctors were seen, by the other professionals, as knowledgeable, powerful, judgmental, arrogant and overworked while social workers were seen as caring, helpful, friendly, not precise and not incisive. In his study of police culture, Young (1991) suggests that

...many of those in the caring sections of the 'control industry', particularly social workers are stereotyped (by the police) to set them off against the 'polises' (p.171).

He noted that a police superintendent's image of a social worker, which was built up on a board in the office, was

A cartoon image of a bearded bespectacled, unkempt, sandal-wearing hippie and reader of the Guardian, who owned a 2CV Citroen, was a member of Greenpeace, Friends of the Earth and animal rights groups (p. 172).

Furthermore, in the police station the officers cut items from their daily papers that criticised social workers and stuck them on the wall. For example, 'Sick society blamed on do-gooders.....' (Daily Mail, 12 April 1977). These negative perceptions that professionals have of the others with whom they must work clearly creates the potential for lack of respect and poor working relationships.

Structure and power

According to Hallett and Birchall (1992)

The organisational, financial and legal bases of the network professionals are evidently very different, ranging from the independent contractor status of the individual general practitioner to the quasi-military command structure of the police (p. 167).

These differences can prove a considerable block to inter-agency working.

Professionals may have very little or no understanding of the discretion or choice available to other members of the multi-disciplinary network. Furthermore, the multi-disciplinary network itself can create tensions for practitioners who are both instructed to co-operate within the inter-agency framework and to retain the right for themselves and their agency to take independent action. In the UK the social services or social work departments have been identified by government guidelines as the lead agency in child protection work but most decisions made by multi-disciplinary groups in relation to child protection are merely recommendations and individual agencies are not bound by them. One of the dangers of having such a system in which power is ambiguous and

diffuse is that the lead agency might be seen by other agencies as exerting an inappropriate amount of power as noted by Blom-Cooper (1985)

...we do think that the appearance, if not the reality of domination of social services gives a bad impression to those who properly seek a truly multi-disciplinary approach to the child abuse system (p. 50).

Or the authority of the lead agency may not be accepted by others and professionals in other agencies may then use their occupational authority to acquire power as Moore (1992) warns

We need to watch that the inter-disciplinary team is a team and not a pyramid of pecking orders with the paediatrician at the top and the family aide at the bottom. (p. 160).

In their study of child care reviews, Kendrick and Mapstone (1989a) suggest that the designation of the chairperson and his or her perceived level of objectivity critically affects the exercise of authority within the reviews.

Status

As has been described earlier in this chapter, status problems have frequently been identified as inhibiting smooth collaborative relationships between individuals and groups and these problems are evident in multi-disciplinary co-operation. In this context, assumptions about status derive from the history of each profession and its public image both in relation to its function and to universal social influences such as

education, race, class and gender. These traditional status factors affect an individual's locus in his or her employing organisation, which in turn affects individual and mutual expectations regarding collaboration. Thus co-ordination may be inhibited both because those of high status resist surrendering autonomy and authority and because it is always difficult for individuals or occupations of lower status to claim rights to equality, even when equal relations may be officially legitimated and functionally appropriate. In 1968 Helfer and Kempe (1968) noted that the medical profession was lagging behind social and legal agencies in relation to child abuse and asserted '*we must hurry and catch up, for we are their leader. It is the responsibility of the medical profession to assume the leadership*' (p. 43). Since then this view has been repeated in both the UK and the US by some members of the medical profession (Delnero et al, 1972; Arthur et al, 1976; Hall, 1978; Elliot, 1987; White et al, 1987). The views of General Practitioners (GPs) regarding their participation in case conferences are explored in two studies by Simpson et al (1994) which involved 83 and 76 GPs respectively and it appears that doctors find it difficult to accept that other members of the multi-disciplinary team have an equal role to play, particularly when those others are health visitors or nurses who have had a traditional subordinate position to doctors. Other writers have acknowledged that the other, lower status professionals have found it difficult to challenge the views and opinions of high status professionals like doctors and the Cleveland Report (Secretary of State for Social Services, 1988) includes the statement that

Social workers did not regard themselves as competent to question the basis of medical diagnosis from a consultant paediatrician nor to query the basis of the diagnostic findings on the basis of a co-equal professional relationship
(1988. p. 84).

In their study of collaboration between nurses and physicians, Keenan et al (1998) suggest the nurse is more able to manage nurse-physician conflicts if he or she perceives that the physician regularly manages nurse-physician conflicts with styles like collaborating, compromising and obliging, and the work group norms support both strong constructive and aggressive-defensive behaviours. In their survey of police-social worker co-operation in sexual abuse work, Blagg and Stubbs (1988) noted that the police concerns with detection achieved more attention than social workers concerns with the therapeutic needs of the child.

Organisational and occupational/professional cultures

A distinction may be drawn between organisational culture and sub-cultures of departments or groups, such as occupations or professions, within organisations. Organisational culture is concerned with the organisation as a whole and is largely supportive of the organisation and its structure and activity. Sub-cultures of occupations or professions within an organisation vary in their dynamics and in their attitude towards the structure and functioning of the organisation, with some being very critical of it (Salaman, 1979). Organisational culture can be defined as ‘the sets of values and norms and beliefs’ that exist within the organisation (Handy, 1985). Different organisations develop different cultures since an organisation’s culture, which

is reflected in its structure and system, is affected by the events of the past and the climate of the present, by the technology of the type of work, by its aims and by the kind of people that work in it. Thus beliefs develop in organisations about the way work should be organised, the way authority should be exercised, and the ways in which people within the organisation should be rewarded and controlled. Culture affects the kind of people the organisation employs, their career aspirations, their status in society, degree of mobility and level of education. According to Handy (1985)

Strong, pervasive cultures turn organisations into cohesive tribes with distinctly clannish feelings. The values and traditions of the tribe are reinforced by its private language, its catch-phrases and its tales of past heroes and dramas. The way of life is enshrined in rituals so that rule books and manuals are almost unnecessary; custom and tradition provide the answers (p. 188).

Although early management theorists, such as Everett et al (1982), sought to discover and disseminate a common organisational culture that would be appropriate for all organisations, their efforts were unsuccessful and more modern theorists, such as Bloor and Dawson (1994), are increasingly persuaded of a systems approach to organisational culture, involving the match of people to systems, of task to environment and of the interrelationship between people, systems, task and environment. However not all cultures suit all purposes or all people. Cultures are founded and built over the years by the dominant groups in an organisation and what suits them and an organisation at one stage is not necessarily appropriate for ever.

Handy notes that

...people are often culturally blinkered, thinking that ways that worked well in one place are bound to be successful elsewhere (p. 188).

Within organisations sub-cultures based on a range of criteria including occupation or profession also develop. An occupational culture can be described as

...that collection of shared assumptions, custom and practice and models of reality which mark out the boundaries between those who belong inside and those others who are outside (Trice and Beyer, 1993, p. 55).

Although sometimes these sub-cultures are critical of the organisation of which they are a part, it would be a mistake to regard them as being entirely opposed to the existing structure and activity of the organisation. Thus, for example, although the cultural norms, values and attitudes of social workers might at times be in conflict with those of the Social Services Department, social workers will, nevertheless, largely subscribe to the wider organisational culture. The members of each occupational group generally share a set of priorities and values and organisational setting, which include the stereotyping of others outside, especially those who are in competition for domain, power and resources as described by Kraus (1980). Some of these aspects of occupational culture can become dysfunctional when members of different occupations try to work together as each professional group develops and maintains an occupational culture which influences and identifies its members as distinct from other occupational groups.

Thus different organisations, and the occupations/professions within them, have different cultural norms and values and the differing organisational cultures of agencies involved in child protection might lead to misunderstanding, particularly in combination with gender or racial differences. If the cultures of the police and social work are compared in relation to both organisational and occupational/professional cultures, the differences between the two are apparent. In his analysis of police culture, Young (1991) asserts that

The police organisation I have described can be defined as forming a primarily masculine domain, where metaphors of hunting and warfare predominate. Categories of prestige, power and status are allocated to tough, manful acts of crime-fighting and thief-taking.These values create cultural attitudes amongst policemen which stress drinking as a test of manliness, lend importance to physical courage and see glamour in violence. All these amount to a 'cult of masculinity' used as a 'prestige structure', in the course of which women are denigrated, given low status, condescended to and denied social value (p. 192).

In contrast, when Banks (1995) examined the codes of ethics developed by social work professional associations in different countries she found that there were common features around the stated values or principles underpinning social work including: respect for the individual person, promotion of user self-determination, promotion of social justice and working for the interests of the user. More recently there has been an emphasis on empowerment, on enabling service users to understand, articulate and secure their rights, including rights to information and to certain standards of service and to choice. Clearly, there are obvious differences between

police and social work in terms of both organisational and occupational/professional cultures, attitudes and values. The negative consequences of the clash of these two cultures is described by Campbell (1988) in her description of the Cleveland Crisis. She demonstrates how the predominantly male police force in Cleveland became increasingly unable to work with the two female professionals involved with the crisis, the social worker, Ms. Richardson and the paediatrician, Dr. Higgs, because of differences between them in culture, attitudes, values, beliefs and working practices. The language of their critique of the two women was entirely gendered

...rationality against unreason; stubborn, obsessed, besotted, neurotic, knowing witches versus the common-sensical bobby, sanguine, sensible, seeking reconciliation (p. 93).

Pence and Wilson (1994) describe the 'my girl syndrome'. When male law enforcement officers who were involved in child protection work were asked why their team was successful they praised the working relationship with female social workers or mental health therapists using such phrases as

My girl is great. She will do anything I want her to. If I need something done, all I have to do is tell her and it gets taken care of (p.23).

The women in the teams, with very different cultural expectations, were not at all happy with this attitude nor with the functioning of the team.

The culture of an organisation is also reflected in the language used by its members; thus different organisations or occupations develop a different language or jargon. Multi-disciplinary work can be negatively affected when members of different agencies are unable to communicate with each other because each uses a language which is incomprehensible to the other.

Working practices

Formal and informal rules develop in organisations about how practitioners are expected to behave and conduct their work on behalf of the organisation. Such traditional working practices can be very resistant to change and can therefore create difficulties when agencies with different working practices try to work together. Pence and Wilson (1994) suggest that in the US law enforcement officers are accustomed to rapid, autonomous decision-making in the field and do not typically seek out the opinions of their superiors before acting. On the other hand, workers in many child protective services (CPS) agencies have developed a shared decision-making system which translates into the need for the worker to consult by phone with a supervisor before making key decisions. Police officers find this need to consult frustrating and inefficient, while CPS staff find this style of consultative decision-making useful in avoiding overreactions based on the emotions of the moment. In Moran-Ellis and Fielding's (1996) study, they found that a number of organisational problems were cited by police and social work respondents as hindrances to joint working, the most prominent of these being the police working shifts round a twenty-four hour rota while social workers did regular hours, and social workers specialising in child care activities while the police remained generic. The former problem could provoke

conflict over appropriate times to conduct interviews and meetings and the latter meant that staff from the two agencies had few opportunities to work together on more than one occasion so that the development of working relationships was hampered.

Child protection is a major and critical part of the work of some disciplines, such as social workers and child protection workers, and is usually given priority over other work of the agency, but for other disciplines, such as general practitioners/physicians, child protection is a much less significant aspect of their work and is thus given lower priority by them and their agencies. This partially accounts for the high level of attendance of social work staff and the low level of attendance of medical practitioners at multi-disciplinary meetings (Hallett and Birchall, 1992).

Although the Department of Health (1991) insists that '*...education and training are not luxuries; it is essential that all members of staff working in child protection are properly trained for the jobs which they are expected to do*' (p. 54), it is clear that training closely mirrors work priority and that the groups for whom child protection is a low priority will have had very little training in the subject area. As Murphy (1995) confirms

...though the importance of including GPs within the British child protection system have been proclaimed for many years a trainee GP will be fortunate if he or she has had more than one day's training in the subject area. The practitioner groups who

are unlikely to have frequent contact with abuse are exactly those groups who find it difficult to work with other groups when it does (p.47).

Moran-Ellis and Fielding (1996) suggest that the success of training in alleviating the problems associated with inter-agency working is mixed. It appears that stereotypical attitudes about staff of partner agencies can be reduced by training while organisational and resource problems are not affected at all by training.

Summary

There are a wide range of categories that could be identified as being relevant to a study of the functioning of multi-disciplinary teams but those that have been selected as being most significant are 'groups', 'teams' and 'multi-disciplinary working together'. These categories have been explored earlier in this chapter to sensitise the researcher to those characteristics and attributes which might be of significance in understanding how MDTs in New Jersey operate. Some of the findings and conclusions have been included because the groups and teams upon which the research is based share many characteristics with multi-disciplinary teams. Other findings and conclusions have been included because they have emerged from multiple studies of a variety of groups and therefore appear to be of relevance to all groups, including multi-disciplinary teams. An examination of the literature relating to groups, teams and multi-disciplinary working indicates that although there are criticisms of the existing research, there is still a substantial amount of support for theories that suggest that the structure of the group, particularly its size, membership and sub-groupings, will affect its functioning.

The considerable amount of research by Bales and his colleagues, and subsequently replicated by other researchers in both experimental and naturalistic studies, is recognised as valuable in showing that groups are affected by the relationships and interactions among their members.

The concepts of cohesion, integration and co-operation appear to be closely related and are of importance in an investigation of multi-disciplinary working. However, the literature highlights the difficulties in understanding the concepts and the nature of the relationships between them because a plethora of studies have applied different definitions to them and have found different relationships among them. Nevertheless, despite these reservations, cohesion, integration and co-operation are explored in this study of MDTs because of their centrality to the topic.

Although leadership has been the focus of many research studies, it emerges as the least evidenced concept in the literature. The most recent studies into new leadership which declare that leaders must have vision and are usually charismatic have focused on studying the Chief Executives of EMI and Apple. It is therefore difficult to apply notions of new leadership to a co-ordinator in an MDT in New Jersey. Contingency approaches which suggest that leaders need to adopt different styles with different groups and in different situations seem to have more relevance to MDTs.

This examination of the literature indicates that structure, role and status, developmental stage, integration, cohesion, interaction patterns, influence and power, and inter-professional differences in working practices and perspectives on child abuse

are the characteristics which are of particular salience to an understanding of how multi-disciplinary teams in child protection function and how team members experience them. The following chapter outlines how the characteristics were investigated.

CHAPTER THREE : RESEARCH DESIGN AND METHODS

Introduction

This chapter outlines the reasons for selecting a qualitative framework for the study of multi-disciplinary teams and presents an argument for the use of a variety of methods of data collection and analysis. The methods of data collection and analysis and the subjects of the research are described. It is recognised that there are threats to generalizability, reliability and validity in all research and the chapter ends with an outline of how these threats are addressed in this study.

Aim of the study

It was not the aim of this study to test or verify hypotheses about the functioning of MDTs which had been derived from previous research or theoretical constructs. It was the aim of the study to analyse and describe the functioning of MDTs; to explore and understand the ways that the teams function; and to explore and understand the meaning of the teams and their functioning for team members. This would involve discovering the themes and categories that could be used to illuminate the teams' functioning and

...the generation of categories for understanding human phenomena and the investigation of the interpretation and meaning that people give to events they experience Polkinghorne, 1991. p.112).

Thus the study aimed to address the following three broad questions:

How do the Multi-disciplinary Teams in New Jersey operate?

What are their structures and processes?

How do team members experience working in the teams?

These three questions led to subsidiary ones including:

How are the MDT's structured?

What are the similarities and differences in team structures?

How do the teams perform their tasks?

What are the similarities and differences in the ways that the teams perform their tasks?

How do members of the teams relate and interact with each other?

What are the similarities and differences in the ways that team members relate and interact in different teams?

In what ways is the experience of multi-disciplinary working similar for all professionals in all MDTs across New Jersey?

In what ways is the experience of multi-disciplinary working different for each professional group in all MDTs across New Jersey?

What are the similarities in the ways that all professionals in a particular team experience working in it?

What are the differences in the ways that each professional in a particular team experiences working in it?

It was intended that the research study would explore these questions by using some of the sensitising concepts identified in the literature review. In relation to grounded theory this corresponds to the open coding process in which the broad categories which are of interest to the researcher are broken down into their characteristics so that data can be collected on the characteristics and their dimensions. The data can then be examined, compared and conceptualised. As noted in the previous chapter the categories selected for study were groups, teams and multi-disciplinary working and the characteristics that were identified include, interaction patterns, cohesion, roles, status and power, leadership, influence in groups/teams and by groups/teams, integration, positive and negative effects on groups/teams, inter-disciplinary co-operation, and professional perspectives on child abuse. Some of these characteristics were relatively easy to define and measure, for example, the size of a group. Other characteristics, such as 'cohesion' were much more difficult to operationalize so more concrete indicators of these characteristics were examined. For example, since the literature suggests that highly cohesive groups are characterised by high participation by group members, data were collected on participation rates to provide one indicator of levels of cohesion. Since the aim of the study was to provide insight and understanding, a qualitative methodology, using a case study design and a multi-method approach, was seen as most appropriate.

Case study design

This study utilised a case study research design. Yin (1989) defines a case study as

...an empirical inquiry that investigates a contemporary phenomenon within its real life context... ..in which multiple sources of evidence are used (p.23).

Thus a case study involves the exploration of a single entity or phenomenon (the case) bounded by time and activity (a program, event, process, institution or social group) and the collection of detailed information by using a variety of data collection procedures during a sustained period of time (Merriam, 1988; Yin, 1989). The purpose of a case study is to gather comprehensive, systematic and in-depth information about each case of interest. Patton (1990) suggests that such a study is of value in monitoring the

...complexities of program implementation in the delivery of human services... ..it can be particularly helpful to decision makers to have detailed case descriptions of how programs are operating (p.111).

The qualitative study of a single programme may be a case study within which the researcher can do an analysis of a number of layers of case studies. In such an approach the analysis might begin with case studies of individual participants which would be combined to make up project site case studies. These project site case studies could themselves be combined to make up a state programme case study. Thus, in this

type of research, the value of a case study design is that it can enable global statements about statewide patterns in programmes to be made as well as the outcomes for a number of separate cases within the programme (Patton, 1990). In this study the phenomenon was a single programme which was 'multi-disciplinary teams within the state of New Jersey'; the project sites were county multi-disciplinary teams; and the individual participants were the members of each team.

Hallett (1995) notes that while the case study method has strengths, it also has weaknesses. The first of these is that, because generally case study designs rely heavily on qualitative methods, their reliability and validity can be challenged. Secondly, because they are case studies they are specific to a particular context and there may be difficulties in suggesting that their findings can be generalised to other contexts.

However, this suggestion confuses statistical generalisation with theoretical generalisation. Quantitative studies rely on representative samples and the relationship between variables having statistical significance to enable the findings from such studies to be generalised to other contexts and populations and this forms the basis for statistical generalisation. Qualitative studies usually do not have representative samples or variables that are statistically significant; thus they cannot provide findings that are capable of statistical generalisation. However, when the data from qualitative studies are analysed with close attention to detail, which are understood in terms of their internal patterns and forms, they can be used to develop theoretical ideas about social processes and cultural forms that have relevance beyond the data themselves. Thus according to Coffey and Atkinson (1996)

In developing and refining or indeed creating concepts we aim to transcend the local and the particular. Abductive inferences lead us from specific cases or findings toward generic levels that allow us to move conceptually across a wide range of social contexts (p. 162).

Some of the drawbacks to a case study design can be minimised through relating findings from the study to findings from other studies; through the use of multiple sources of data collection; and through ensuring that the presentation of qualitative data is representative and typical of views expressed. The more detailed descriptions of the research methods which follows describes further strategies which were adopted to improve validity and reliability.

A multi-method approach

A qualitative framework was used for this study since the aim was to explore, understand and explain phenomena. A quantitative framework is characterised by deductive hypothesising in which variables are identified and linked to frame hypotheses which are then tested by the collection of data. Quantitative research relies on statistical sampling, validated measuring instruments and the objectivity of the researcher in collecting data and the statistical analysis of the data gathered. The findings from such research tend to be high in reliability and generalizability. In contrast, the qualitative framework is characterised by inductive hypothesising in which the gathering of data is guided by very general concepts. The data are then drawn together to provide an understanding of the phenomena being studied. Qualitative

researchers rely on theoretical sampling and stress their flexible, reflexive, holistic and naturalistic approach to the gathering of data and the interpretative analysis of it. Such research tends to be high in validity but low in statistical generalizability.

Within the qualitative framework of the study, both quantitative and qualitative methods of data collection and analysis were utilised. Brewer and Hunter (1989) argue that

...our individual methods may be flawed, but fortunately the flaws in each are not identical. A diversity of methods allows us to combine methods not only to gain their individual strengths but also to compensate for their particular faults and limitations. The multimethod approach is largely built upon this insight. Its fundamental strategy is to attack a research problem with an arsenal of methods that have nonoverlapping weaknesses in addition to their complementary strengths
(p. 17).

Brannen (1992) suggests that there are five major purposes for combining methods in a single study. The first purpose is to achieve triangulation of methods, in the classic sense of seeking convergence of results; the second is for methods to be complementary, in that overlapping and different facets of a phenomenon may emerge; the third purpose is developmental, since the first method is used sequentially to help inform the second method; the fourth is initiation, wherein contradictions and fresh perspectives emerge; and the fifth is expansion, because the mixed methods add scope and breadth to a study.

Bullock et al (1992) outline four models of linking qualitative and quantitative approaches all of which have been used effectively in social policy research. The first model is where the quantitative findings are illustrated by qualitative case studies. The second way is to use qualitative results to explain the findings of quantitative research. The third relationship is to use qualitative evidence to produce hypotheses which can be tested quantitatively and, finally, qualitative studies can be used to produce typologies which improve the understanding of the factors explored through quantitative evidence. Although the decision to use a combination of qualitative and quantitative methods was influenced by many of these arguments, the major purposes in this study were twofold. The first was to achieve triangulation. The concept of triangulation (based on a metaphor drawn from surveying or navigation) promotes the idea that the best way to pinpoint a phenomenon more accurately is by sighting in on it from different viewpoints. Jick (1979) also suggests that any bias inherent in particular data sources, investigator and method can be neutralised when used in conjunction with other data sources, investigators and methods. The second purpose was so that data collected from the first phase of the study could be used to determine the sample that would be used in a subsequent phase. Bryman (1988) suggests that this is one of the two main ways that researchers who have drawn on both qualitative and quantitative methods in their work have combined them and he describes the combinations as being

...qualitative work as a facilitator of quantitative work; quantitative work as a facilitator of qualitative work; both approaches are given equal emphasis (p. 23).

This study represents the second of these two combinations as it used quantitative methods to help with the choice of subjects for the qualitative investigation. In this study, the integration of qualitative and quantitative methods was undertaken throughout the course of the investigation. The quantitative, as well as qualitative methods, were used to explore the teams rather than to prove hypotheses relating to the teams.

The study design

The research design for this study can be divided into three parts.

The first used survey methodology in the form of a questionnaire. The purpose of this was first, to collect data on the responses of all MDT members to working in teams and with other professionals regardless of which team they were members of so that a picture of multi-disciplinary working across the whole of New Jersey could be obtained; and secondly, to correlate particular teams with the scores of members responses relating to team characteristics and team functioning so that differences among teams on these dimensions could be identified.

The second was a structured observational design which used Bales' Interaction Process Analysis to facilitate the categorisation of group behaviour. The purpose of this was to collect data on the nature and quantity of each professional's communication in each team. The data also provided information on the quantity and

quality of the interaction in each team so that differences among teams could be identified.

The third was an in-depth semi-structured interview which aimed to obtain qualitative data on individual professionals' perceptions of their experiences of working within teams and with other disciplines.

The survey

Aim

The survey aimed to obtain information from respondents on their attitudes towards, and opinions on working in multi-disciplinary teams and with other professionals in child abuse cases.

The population

In studies of case conferences in England and Wales, such as those by Farmer and Owen (1995) and Gibbons et al (1995), research has been conducted in a small number of local authorities and the researchers have then argued that the results from these studies are generalisable to the entire population of local authorities in the England and Wales because they have been gleaned from a representative sample. This is possible because the local authorities are all bound by the same legislation and the same government guidelines with regard to the investigation of child abuse and the use of case conferences. This is not true of the US where there is more diversity across states in the way that investigations are conducted and multi-disciplinary teams used since

Federal legislation sets very general expectations and requirements and each state then enacts its own legislation which provides more specific detail. Thus it is much more difficult to obtain a sample of states in the US which could be seen as representative of all fifty in the ways in which they use multi-disciplinary teams. Given this difficulty this study examined the use of multi-disciplinary teams in only one state, New Jersey. While the results of the study cannot be used for statistical generalisation to all other teams in all other states, the concepts derived from the findings can be generalised. Thus the findings might be useful to other states as they provide a picture of team functioning and multi-disciplinary working with which other states can compare their own practices. Therefore in this study the population was the members of teams in all the counties in New Jersey that used multi-disciplinary teams.

The sample

There were twenty-one counties in New Jersey, fifteen of which had multi-disciplinary teams. Each team had one co-ordinator and an average of eight core team members. Half the teams invited associate members on an occasional basis averaging four members per team. This provided a total population of 167 made up of 15 co-ordinators; a maximum of 120 core team members; and a maximum of 32 associate members. The core team members and associate members were a heterogeneous group as they were composed of professionals from a variety of agencies. Since the total population was small and therefore sub-groups within the population were particularly small, the sample for the survey was the entire population of team members in New Jersey.

The research instrument

Self-administered, mailed questionnaires were used for this phase of the study. The strengths of using such questionnaires are that they are cheaper than face-to-face interviews; they provide more anonymity which might be important as respondents will be asked some sensitive questions; respondents can take their time to fill in the questionnaire and consider their responses; they are less subject to bias than interviews; and it is possible to cover a wider geographical area at a lower cost which was an important consideration since the team members were spread across the whole of New Jersey. The disadvantages of using mailed questionnaires are that questions have to be simple and unambiguous; there is no opportunity to probe beyond the answer given; and the response rate may be very low (see Sapsford and Jupp, 1996). These disadvantages were addressed by careful design of the questionnaire; by conducting in-depth interviews at a later stage in the research; and encouraging a high response rate which is described in the next section.

There were three different questionnaires, one for each of the three types of team members, and these were colour coded so that the co-ordinators had blue questionnaires, core members had green and associate members had salmon. The co-ordinators' questionnaire had a total of 69 questions; the core members' a total of 45; and associate members' a total of 48. Most of the questions asked were common to all three questionnaires but some were different so as to reflect the specific role of the members concerned (see Appendix Five). Some of the questions on working with other professionals were similar to questions asked in Hallett's (1995) study; the

questions on groups were developed from a study completed by the researcher and a colleague (Ainscow, 1996).

Section A (co-ordinators, core members and associate members) was the same in all questionnaires and asked classification questions such as age, gender, ethnic group etc. This section also asked respondents to identify their professional experience and their involvement in child abuse work.

Section B (co-ordinators) asked for information on the team, such as how often it meets, how many cases are discussed.

Section B (core and associate members) The first 6 questions for core members and the first 4 questions for associate members in Section B asked for information on their membership of the team, such as how often they attended meetings.

Section C (co-ordinators) Section B (core and associate members) The remaining questions in Section B for core members and associate members and in Section C for co-ordinators were the same and focused on the attitudes and opinions the respondents had about the team and the work of other professionals.

The questionnaires used both closed and open questions. Closed questions have the advantage of being easy to pre-code and analyse and permit comparability between respondents answers, while open questions give respondents greater freedom to answer the question because they answer it in a way that suits their interpretation. In

the questionnaire, sometimes closed questions were followed by an open question which is a technique advised by May (1993). Examples from the Associate Member's questionnaire are in Figures 3.1 and 3.2.

Figure 3.1 Example of questions from questionnaire

Section B question 4: How satisfied are you with your contribution to the MDT? Please circle the appropriate number very satisfied 1 2 3 4 5 very dissatisfied Briefly give reasons for your rating

In some questions attitude scales were used employing either words or numbers in a Likert scale examples of which are questions 14 and 6 respectively in Associate Members questionnaire Section B.

A major problem with questionnaires is that they can be low in content validity. In other words they may not be measuring or describing what they are supposed to be measuring and describing. This problem was addressed to some extent in this questionnaire by using questions that had been used in similar research and by paying careful attention to the wording and ordering of questions. Bell (1991) warns against using questions that use complicated language or are ambiguous, imprecise or which

Figure 3.2 Questions 14 and 6 from the questionnaires

14. How clear/unclear do you think the role of each is in child abuse cases? (Please place an X in the appropriate boxes)					
	Very clear	Fairly clear	Rather unclear	Very unclear	No experience
DYFS worker					
Law enforcement					
Physician					

6. To what extent is the team negatively affected by:						
Please circle the appropriate number						
dominance by certain members	a great deal	1	2	3	4	5 none
too much structure	a great deal	1	2	3	4	5 none
'bad manners', interrupting etc.	a great deal	1	2	3	4	5 none
poor attendance	a great deal	1	2	3	4	5 none
lack of direction	a great deal	1	2	3	4	5 none

make assumptions. Double questions and leading questions should also be avoided.

The instrument was tested at various stages of drafting on a number of academic and professional colleagues in both the US and the UK. This ensured that where questions from previous UK research were being used they were written in a way that was understandable and relevant to American respondents. For example, the UK 'police' was translated into 'law enforcement' in the US questionnaire and instead of being asked to 'tick' a correct response, respondents were asked to 'place an X in the appropriate box' or 'check' a box as 'tick' is not used in American surveys.

Collecting the data - administering the questionnaire

The researcher attended a meeting of all MDT co-ordinators with the Chief of Research in the Division of Youth and Family Services and the Consultant to the MDTs in order to describe the research and to encourage the participation of the co-ordinators in completing their own questionnaire and in distributing questionnaires to other team members. Questionnaires for all team members were distributed to each co-ordinator and they were asked to give a questionnaire to all core members and to each associate member who attended the next MDT meeting. A letter describing the research was attached to each questionnaire and a stamped addressed envelope was provided. A reminder letter was sent to co-ordinators three weeks after the return date for the questionnaires asking them to remind team members to complete and return the questionnaires as soon as possible. A month after the reminder letter was sent the researcher attended another co-ordinators meeting and again asked them to encourage team members to respond (Appendix Six).

Data analysis

The questionnaires were coded and analysed using SPSS-X. Since the sample comprised 117 respondents, when sub-divided by type of team membership, profession and/or county many of the cell sizes were too small for tests of significance, with large numbers having expected frequencies of less than five. The data were, therefore, analysed principally by frequency counts of variables and simple cross-tabulations.

The questionnaire respondents

There was a total of 117 respondents in the survey and since 167 questionnaires were distributed. This represents a response rate of 70 per cent. The response rate for co-ordinators was 73 per cent; for core members 60 per cent; and for non-core members 84 per cent. Dillman (1978) states that *'with well conducted mail surveys the typical response rate was between 60 - 75%'* (p. 236) so the response rate in this survey was good.

Seventy-eight per cent of the respondents were female. Eighty-three per cent of all respondents were white. None of the co-ordinators was black and while only eight per cent of core members were black, twenty-six per cent of non-core members were black (see Table 3.1).

Table 3.1 Ethnicity of respondents

Ethnic Group	Co-ordinators	Core members	Non-core members	Total	% Total
White	11 (100%)	68 (86%)	19 (70%)	98	83
Black	0	6 (8%)	7 (26%)	13	11
Other	0	2 (2%)	1 (4%)	3	3
Missing	0	3 (4%)	0	3	3
Total	11	79	27	117	100%

When the professions of respondents are examined (see Table 3.2), the data show that the largest groups of respondents were DYFS workers (25%), social workers (18%) or law enforcement officers from the prosecutor's office (17%). This pattern was particularly evident in the non-core respondents while the professions were more equally represented in the core respondents.

Table 3.2 Profession of each respondent

Profession	Core members	Non-core members	Total	% Total
DYFS	15 (17%)	13 (47%)	29	25%
Social worker	14 (15%)	7 (26%)	21	18%
Law enforcement (prosecutor's office)	16 (18%)	4 (15%)	20	17%
Prosecutor	12 (13%)	1 (4%)	13	11%
Co-ordinator	11 (12%)	0	11	9%
Psychologist	8 (9%)	0	8	7%
Other	6 (7%)	0	6	5%
Therapist	4 (4%)	1 (4%)	5	4%
Paediatrician	1 (1%)	1 (4%)	2	2%
Missing	1 (1%)	0	1	2%
Special law enforcement	1 (1%)	0	1	1%
Total	90 (100%)	27 (100%)	117	100%

Table 1, Appendix Eleven shows that there were responses from each of the fifteen teams whose members were surveyed, with a low of three responses from team 13 and a high of fifteen responses from team 4. The mean number of responses per team was eight.

The structured observation

Aims

The aims of this stage of the research were two-fold. The first was to obtain data on the behaviour of members of the team which would be achieved by an observer using structured observational measures, Bale's Interaction Process Analysis, to categorise the interactions of group members. The second aim was to gather data on the content of meetings. These data would complement the data gathered from the questionnaires and would, additionally, provide a basis for selecting teams for in-depth interviews.

The population and sample

There were fifteen counties with multi-disciplinary teams in New Jersey and these teams met once every two weeks. For this study the sample was one meeting of each of the teams. This was a convenience sampling of meetings since there was not time for the researcher to attend more than fifteen meetings and the meetings had to be observed when the researcher was in the US. However this did mean that the researcher, not the team members, determined which meeting was to be observed. The major drawback to observing only one meeting per team is that the observed meeting may not be typical of that team. It was intended that the data from the questionnaires would serve as some check on the accuracy of the observations of meetings.

The research instrument

Observational measures have been used by many researchers to study groups and a range of approaches has been developed. Yet despite the differences, the goal of any observational measure is always the same: to watch and record events that transpire in groups in order to describe those processes (Kidder, 1981; Weick, 1985). Some researchers, such as Whyte (1943) did not try to structure their observations but simply took extensive notes and eventually integrated them to form an overall picture of the group. While to some such an open approach to observation is needed so that the final conclusions are not biased by the researchers' preconceptions about the groups (Glaser and Strauss, 1967; Schwartz and Jacobs, 1979), others argue that such openness should be avoided as it puts too much trust in the observational powers of the researchers. Structured observational measures offer one possible solution to the problem of reliability by helping observers to categorise group behaviour. To achieve

this goal the researcher must first decide which behaviours in the group are of interest and which are not. Next he or she sets up the categories to be used in the coding system and finally the researcher notes the occurrence and frequency of these targeted behaviours. Brown (1988) argues that Bales' IPA method has been proved to be particularly useful in classifying interaction and states that *'in its ability to shed new light on the phenomenon of interest IPA has been strikingly successful.'* (p37). It was therefore decided to use IPA in this study.

In IPA the interaction in the group is broken down into a series of 'acts'. These 'acts' can be a sentence in a verbal utterance or some non-linguistic vocalisation or non-verbal behaviours such as facial expressions, gestures or body posture. Each act is classified by the observer into one of the twelve mutually exclusive categories shown in Figure 3.3 together with a note of the committer of the act and its intended recipient. Six of the categories (1-3 and 10-12) pertain to socio-emotional activity or actions that are based on the interpersonal relationships within the group. The other six categories (4-9) pertain to task activity or behaviour that focuses on the problem the group is trying to solve.

In some studies observers record the interactions onto a chart during the period of the group's interaction and in others the entire group activity is video-recorded and observers complete the analysis while watching the video. For this study it was decided that neither of these two methods was suitable. If an observer codes interaction immediately then he/she cannot reflect on and change the scoring and, unless there is more than one observer, it is difficult to check the reliability of an observer's scoring.

Additionally, learning to score in situ requires some three months of training (Forsyth, 1990). There was neither the time nor the opportunity for the observer to undertake such training. Video-recording requires a complex and sophisticated filming/recording system since the interactions of all team members must be recorded in the correct sequence and such a system was not available for this study. Furthermore, video-recording was not feasible because of the sensitivity of the subject matter of the meetings, which included names and addresses of children and families, and the requirement to keep this information confidential.

Figure. 3.3 The categories of the interaction process analysis system

General Categories	1950 IPA Categories	Codes
A. Positive (and mixed) actions	1. Shows solidarity 2. Shows tension release 3. Agrees	ss st ag
B. Attempted answers	4. Gives suggestion 5. Gives opinion 6. Gives orientation	gs gop gor
C. Questions	7. Asks for orientation 8. Asks for opinion 9. Asks for suggestion	aor aop as
D. Negative (and mixed) actions	10. Disagrees 11. Shows tension 12. Shows antagonism	dag st ant

It was therefore decided that all the verbal communication in each meeting would be recorded and coded subsequently. I intended undertaking all the direct observations and coding myself and although I had not had intensive training in IPA, I had been taught by a Principal Lecturer in Psychology how to use it and together we had used IPA to analyse communications patterns in case conferences (Bell and Pennington, 1986). While using IPA in this way meant that reliability could be measured it did create problems in terms of validity since the only communication that was recognised

was verbal communication. Non-verbal interaction could not be recognised and, since it is estimated that in normal two-person conversation, the verbal components carry less than 35 per cent of the social meaning of the situation while more than 65 per cent is carried through non-verbal cues (see Birdwhistell, 1970), this was a drawback.

However, in this particular study non-verbal communication may not have been as significant as Birdwhistell suggests that it is in two-person conversation. Hinde (1978) argues that non-verbal communication is likely to be of lesser importance in formal situations, in groups and in certain cultures (including Americans, according to Hinde) and since the focus of this study was formal groups of Americans it is likely that non-verbal communication was of lesser significance. Furthermore, there are real difficulties in recording non-verbal communication as it is impossible for an observer to see all the non-verbal interaction of everyone in a group as much of it happens simultaneously; not all group members see the non-verbal interactions of others; and both the researcher and the group members have to interpret non-verbal interaction and may interpret it differently. Difficulties in assessing non-verbal communication are described by Knapp, (1978) who argues that

...it is clear that there is no one category system for non-verbal observations which currently enjoys the same widespread acceptance and use achieved by Bales (1950) for observing and recording primarily verbal behaviour (p.387).

There are disadvantages to observation as a research method, the major one being that people may consciously or unconsciously change the way they behave because they are being observed thus observational accounts of their behaviour may be inaccurate

representations of how they behave 'normally'. Occasionally, after I had observed a meeting a respondent would remark that it had been a more polite and good-natured meeting or a quicker meeting than usual. This is the problem of reactivity. A further limitation is that observations are inevitably subjected to the interpretation of the observer. Thus observations never provide a direct representation of reality but can only provide a constructed representation of the event.

Collecting the data - observing the meetings

The researcher attended a meeting of all MDT co-ordinators with the Chief of Research in DYFS and the Consultant to the MDTs to explain the research and encourage co-ordinators to describe the research to other team members. Letters were sent to the co-ordinator in each team. These described the research and explained the purpose of the researcher observing a meeting and how this would be done. The letters were followed by telephone calls by the researcher to each co-ordinator to ask if there was a need for further clarification and to arrange a suitable day for the observation of the meeting to take place. These observations took place in three phases. There were seven observations in April 1996; five observations in July/August 1996; and three observations in July 1997. This was because of the researcher's availability in the US to undertake the observations and because of team commitments such as holidays.

While it might have been better to have done the observations in a single phase it is unlikely that the timing differences between first and last observations was problematic from a research perspective as there was no feedback given to the teams during this period and the teams were all at different developmental points in any case, as some

had been in existence for a number of years while others had only been established for a few months.

At the meetings the researcher was introduced to the team by the co-ordinator and invited to describe the research to the team. The team members were asked if they had any questions or objections. Thus the observation was overt rather than covert (see Patton, 1990). The meetings all took place around a table and the researcher sat at the table recording the communication throughout the meeting. This meant that the researcher took no part in the meeting and even eye-contact with individual team members was minimal. Thus the researcher was not a participant observer but was an onlooker observer of meetings (see Patton, 1990). It had been intended that the meetings would be both manually recorded and tape-recorded but it was not possible to negotiate the latter on a state-wide basis as each county was under the jurisdiction of different prosecutor's offices. Only three were willing to have the meetings tape-recorded. This was clearly a disadvantage both in terms of having complete data and in terms of accuracy since it is difficult to manually record everything that is said.

Competent shorthand minute takers can take shorthand at a rate of 80-120 words per minute, long-hand recording speeds are 60-80 words per minute. A news-reader speaks at a rate of 120 words per minute and the members of the teams speak at a rate of 95 words per minute (calculated from the tape-recordings of three meetings). The researcher could not write shorthand but practised manually recording meetings for a period of a month before undertaking the observations by making notes on previously tape-recorded meetings and developed a series of strategies for improving accuracy of recording such as using abbreviations like V for victim, F for father and so on. In the

meetings themselves the researcher would have a five minute break from recording every half an hour. In order to check the reliability of the manual recording, three meetings were both manually and tape recorded so that a comparison could be made between both these methods of recording. This comparison showed that manual recording recorded between 5.6 per cent and 10.2 per cent less than audio-recording. When these differences were examined it appeared that the major variation occurred when an individual team member embarked on a long and detailed description. The manual recorder could keep pace with individuals as they talked to each other as this usually involved a degree of hesitation and thinking time but it was more difficult to keep pace when an individual spoke fluently and at length. In these instances the manual recording does indicate that the recorder was not able to record all the communication. The reliability of the recorded data was also checked by having two manual recorders in three meetings - the researcher and a person from DYFS. When these records were checked there was a high level of similarity between both recordings but the researcher's recording was more substantial. As soon as possible after the meeting (usually that evening) the transcriptions of the meeting were typed into a computer.

Data analysis

The data derived from the observations of the meetings were coded in a variety of ways for analysis. According to Coffey and Atkinson (1996), within the qualitative paradigm coding can be thought of as '*a range of approaches that aid the organisation, retrieval and interpretation of data*' (p27) and Miles and Huberman (1994) note that coding will entail some system

...for categorising the various chunks (of data), so that the researcher can quickly find, pull out and cluster the segments relating to a particular research question, hypothesis, construct or theme (p.57).

Three major coding strategies were used for the analysis of the observation data. The first was based on IPA codes; the second was based on the conceptual framework of child abuse ideologies; and the third was based on themes that emerged from research into multi-disciplinary groups and which were evident in the transcripts.

For the purposes of the IPA analysis the data was transferred into EXCEL and transformed so that each sentence (or part of a sentence in which there was a 'but' or 'and') was identified as an act and each act was related to a perpetrator. Each act was then coded using IPA as illustrated in Figure 3.4.

Two colleagues at Kingston University who had some experience of IPA were used to check the reliability of the coding by the researcher. Initially all three coders coded two meetings separately then met to compare their codings. There was a substantial level of agreement but where there were disagreements, these were discussed to establish why the disagreements occurred and to develop principles for future coding. When all the transcripts had been coded, these were sent to the Kingston coders so that they could make random assessments of the researcher's coding and it was found that there were no issues arising from the researcher's coding. The data were then analysed by frequency counts of variables and cross-tabulations.

Figure 3.4 Example of Bales' analysis

H = Hospital personnel			
MH = Mental Health personnel			
DS1 = First DYFS Supervisor			
PO1 = First Police Officer			
PO4 = Fourth Police Officer			
			gop = gives opinion
			ag = agrees
			gor = gives orientation
			gs = gives suggestion
			aor = asks for orientation
Speaker	Communication		Code
H	I think she's bi-polar		gop
MH	Yea, she has highs and lows.		ag
	That's why I think she needs help.		gop
DS1	Yea		ag
H	Grandma is worried about the ex-husband showing up and she says she's not convinced by her daughters judgement		gor
			gor
MH	She won't follow through with counselling and that's why I think DYFS should be involved		gop
			gs
DS1	Yes		ag
PO1	We just need a Grand Jury date		gs
PO4	Yea,		ag
	this is a pretty easy one for me		gop
DS1	We need some information from you		aor
MH	Yea,		ag
	give me your phone number		aor

The data from the IPA analysis provided:

- a frequency distribution of each IPA category for each team as a whole;
- a frequency distribution of each IPA category for each team member in individual teams;
- a frequency distribution of the total of all IPA categories for each team member, i.e., the total communication of each team member; and
- a frequency distribution of each IPA category for each professional group across all teams.

In the second coding strategy, data from each meeting was assigned to one of four categories developed from Carter's (1974) child abuse ideology framework, described in Chapter Two. Carter uses three categories - penal, medical and social welfare - and the social welfare category is sub-divided into traditional and radical. A traditional perspective adopts a therapeutic approach to child abuse while a radical perspective locates the problem of, and solutions to, child abuse in the structure of society. For this study four categories were used, penal, medical, social and therapeutic. The first two correspond to Carter's categories, penal and medical while the third and fourth correspond to Carter's sub-categories of traditional and radical, and are designated, 'therapeutic' and 'social' respectively. Data that did not fit into any of these categories were excluded. Data that fitted two or more categories were recorded in each category (Figure 3.5).

The data in each category were filed separately on the computer and the amount of data in each category for each meeting were measured using number of lines as the measurement. For each meeting each category was calculated as a percentage of the total of the four categories for that meeting. This yielded information on the amount of discussion in each meeting that was devoted to a particular ideological framework and also allowed comparisons to be made across teams (see Table 2, Appendix Eleven).

Figure 3.5 Examples of coding based on child abuse perspectives

Team 11. Medical Focus

Unexplained fracture. Doctor's conclusion this is an accidental injury. Nothing to indicate abuse or neglect. Child rolled off the bed - mother offered no explanation. All statements taken by physician, medical reports from hospital. Also has to have a psychological evaluation. Refrain from drugs. Random urine monitoring They were seen by a clinician Yes, they were seen by the hospital before they were placed The girls were seen at the hospital and medicalled. The medical says they were normal but we haven't the reports yet. Yes, there's a medical due because one girl says she's been raped by him then she denied it in the same interview. I now have to assume it didn't as the medical was normal. So you still want to look at the medicals? Yes, we'd still like to see them from the hospital Are there any medicals yet? They're scheduled for medicals on (date). I heard he'd been referred to the hospital after the disclosure. Yes. I'll talk to her. It's not good if our own people are referring to the hospital. The girls will be medicalled on (date). Medicals did not corroborate. So we'll get medicals

Team 3. Penal Focus

And why are you going back to court? SAVA got this from DYFS on (date). DYFS says these two came out with allegations against these two alleged suspects. They're indications of allegations. And see what the best approach with them is law enforcement-wise in talking to the kids. And I told him this was an on-going investigation. That's one of the suspects, one of the alleged suspects - this is an on-going investigation and I would be in touch with him in the near future. He has told me that he will co-operate in any way he can so it's an on-going thing. and then I'm sure M will come in or I'll find M and I'll get his version about what happened but I don't want him to come in early because I won't have anything to go on. She doesn't want to pursue the case. She doesn't want to give a statement and she doesn't want to testify. She doesn't want to pursue it. What else can I say. If they don't want to testify in court (shrugs). Who knows if he'd get sentenced anyway. City mistakenly reported it to us as a sexual assault but it turned out that that was the story. And you know they'll handle it as simple assault We spoke with the victims and we spoke with J and he confessed to doing what he did to the two kids and he'll appear in juvenile court. The (other state) police have a video statement from her, forwarded it to us. Suspect still lives City. The investigation will be on-going

Coffey and Atkinson (1996) confirm the legitimacy of such a process

Such code-and-retrieve procedures can be used to treat the data in quasi-quantitative ways by, for example, mapping their incidence, and measuring the relative incidence of different codes (p.28).

The third coding strategy was developed from the literature relating to multi-disciplinary teams and consisted of the following categories:

Co-operation

Inter-professional difficulty

Information-gathering

Decision-making

The team itself

The chair

Figure. 3.6 Examples of coding based on categories emerging from data

Team 13. Co-operation	
<i>Law enforcement</i>	<i>In our cases we've often used Guardian ad Litem and we often run across them. We've got one woman we often run across. I could give her a call and ask her if she could take a look at this.</i>
<i>Co-ordinator</i>	<i>Would you do that?</i>
<i>Law enforcement</i>	<i>Yes, I know her name, it's D and I could call her and ask her what the process is and maybe tell her a bit about this case and see if she can take it.</i>
<i>Mental health</i>	<i>And could you contact us if that doesn't work because we maybe have to do something else.</i>
<i>Co-ordinator</i>	<i>Okay, I'll leave that with you and you'll report back..</i>
Team 13. Inter-professional difficulty and Co-operation	
<i>Assistant prosecutor</i>	<i>I got this at 3 in the morning. There's a problem because the local police don't know about calling in to DYFS. We used to tell them that during training but there's going to be no more training of them. We need to remind the police of the requirement, title 9, to inform DYFS. They're not doing it. Maybe I should write out to the Chief of police and ask him to remind his detectives.</i>
<i>DYFS supervisor</i>	<i>I do think it would be useful to get the cops to come if we list it immediately after the case starts. Sometimes the cases are listed here a long time after they've investigated and they're not so interested.</i>
<i>Co-ordinator</i>	<i>So let's see how we can solve this problem</i>
<i>Assistant prosecutor</i>	<i>M. and I can put a memo out to the police about this case and say that we need more information on this case because we may have to refer to DYFS.</i>
<i>Mental health</i>	<i>But this is just on this case but what about other cases?</i>

There were other categories but these six were selected because they emerged as the most significant during the observations. A word-processor was used to create and store files relating to these categories. The transcript of each meeting was scrutinised and any text relating to these categories was copied into the appropriate category file. Data that fitted more than one category was recorded in each appropriate category (Figure 3.6).

The members of the observed meetings

A total of 151 professionals was observed in fifteen meetings, ranging from a low of five in team 2 to a high of 15 in team 8. The average number in the observed meetings was 10. The majority of the members of the observed meetings were white (92%) and the majority were female (72%). Table 3.3 shows the profession of the team members.

Table 3.3 Profession of members of observed meetings

Profession	Team members
DYFS	37 (24%)
Law enforcement (prosecutor's office)	29 (19%)
Therapist	24 (16%)
Assistant Prosecutor	19 (13%)
Co-ordinator	15 (10%)
Victim witness	10 (7%)
Social worker	4 (3%)
Nurse	3 (2%)
Psychologist	2 (1%)
Paediatrician	2 (1%)
Other	6 (4%)
Total	151 (100%)

This indicates that 24 per cent were DYFS caseworkers or supervisors; 19 per cent were law enforcement officers or captains from the prosecutor's office; and 13 per cent were assistant prosecutors. Thirty-nine per cent of the members were from the prosecutor's office, i.e. law enforcement officers and captains, assistant prosecutors, and victim witness staff.

The interviews

Aim

The aim of the interviews was to obtain a more detailed personal account from a number of professionals about their experience of working in a multi-disciplinary team.

The population and sample

The population was all the professionals who attended multi-disciplinary team meetings in New Jersey. It was decided to sample a number of these professionals using *purposeful sampling*. According to Patton (1990)

The logic and power in purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research (p.169).

Patton describes fifteen strategies for purposefully sampling cases, one of which, maximum variation sampling was used in this study so that all the professionals in three

selected teams would be interviewed. It was clear from the questionnaires and from the observations of the meetings that the teams varied considerably. Patton notes that

For small samples a great deal of heterogeneity can be a problem because individual cases are so different from each other. The maximum variation sampling strategy turns that apparent weakness into a strength by applying the following logic: Any common patterns that emerge from great variation are of particular interest and value by capturing the core experiences and central, shared aspects or impacts of a program (p.172).

To select a maximum variation sample, one begins by identifying diverse characteristics or criteria for constructing the sample. For the purposes of selecting three teams the criteria were:

- perceived level of co-operation in the team;
- dominant ideological framework in the team (penal, medical, social or therapeutic);
- size of team workload

Information relating to these criteria was derived from the questionnaires and from the observations of the meetings and put on charts (see Appendix Seven). Using the charts, three teams were selected to maximise the variation between them.

Team 4 High Co-operation, Mixed ideology, High caseload

Team 9 Medium Co-operation, Social Ideology, Medium caseload

Team 11 Low Co-operation, Penal Ideology, Low caseload

(N.B. Only Penal and Social Ideologies were used as these were the only dominant ideologies in the teams).

Teams 4 and 11 were in the north of the state and were in urban, industrial counties while team 9 was in the south of the state and was in a rural county.

By selecting cases of great diversity it is clear that the researcher cannot generalise findings to all people or all groups but this type of data collection and analysis yields two kinds of findings: first, high-quality, detailed descriptions of each case, which are useful for documenting uniqueness, and secondly, important shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity. From such an analysis, concepts and typologies can be developed which can be generalised.

The research instrument

There are three basic approaches to collecting qualitative data through interviews which are the informal conversational interview, the general interview guide approach and the standardised open-ended interview. For this study the general interview guide approach was selected. This approach involves outlining a set of issues that are to be explored with each participant before interviewing begins. The interview guide presumes that there is common information that should be obtained from each person interviewed, but no set of standardised questions are written in advance. The interviewer is thus required to adapt both the wording and the sequence of questions to specific respondents in the context of the actual interview.

The strengths of an interview guide approach are that the outline increases the comprehensiveness of the data and makes data collection more systematic for each respondent than an informal conversational interview. Logical gaps in data can be anticipated and closed. Interviews remain fairly conversational and situational. The weaknesses, however, are that important and salient topics may be inadvertently omitted. Interviewer flexibility in sequencing and wording questions can result in substantially different responses from different perspectives, thus reducing the comparability of responses.

The interview guide approach was selected for this study because the respondents were a heterogeneous group, as they were from different professions and each profession had a different role to play in child protection and in the team itself. A highly standardised interview would have had to be too general and may not have been relevant for all respondents. The purpose of the interviews was not to compare the responses of respondents but was to build up a picture of each of the three teams through interviewing all members of each team. Therefore lack of comparability was less of a problem in this instance.

The interview guide was as follows:

What is your role in child abuse cases - what do you have to do?

What are your links with other professionals in child abuse cases?

How do you link in with the multi-disciplinary team?

What are the advantages of working with the multi-disciplinary team?

What are the disadvantages of working with the multi-disciplinary team?

What, if anything, would improve the multi-disciplinary team?

What is the major focus of team discussion - penal, medical, social or therapeutic?

The interviews were piloted in Scotland in the Fife Child Protection Teams in which two police officers and two social workers were interviewed.

Dean and Whyte (1969) note that research workers who deal with interview data frequently are asked the question 'How do you know if the informant is telling the truth?' and outline a range of reasons why the informant might not provide accurate information. They also suggest that the major way that the researcher can detect distortions in the informant's account is by '*comparing the informant's account with the accounts given by other informants*' (p.111). In this research study, respondents' accounts were checked against the accounts of other interviewees; against the responses in the questionnaires; and against the observer's perceptions of the meetings. However, it must also be acknowledged that because an informant's attitude or sentiment with regard to an event is different from others, this does not confirm that he or she is not telling the truth but may be an indication that he or she is perceiving the event differently from others. Thus

...with such considerations in mind the researcher will not ask himself, 'How do I know if the informant is telling the truth?' Instead, the researcher will ask, 'what do the informant's statements reveal about his feelings and perceptions and what

inferences can be made from them about the actual environment or events he has experienced? (Dean and Whyte, 1969. p.114).

Collecting the data - conducting the interviews

When the three teams had been selected the co-ordinators of each team were contacted by telephone and were informed that the team had been selected as part of the sample for further study. They were asked to provide names, addresses and telephone numbers of all core team members and the last four associate members who had attended a meeting. Table 3.4 shows the number of potential interviewees and the number of those actually interviewed. Thus out of a potential population of forty-two team members, thirty-eight were interviewed which is a very high response rate of 90 per cent.

Table 3.4 Number of potential and actual interviewees

Team	Co-ordinators		Core members		Non-core members		Total	
	Potential	Inter-viewed	Potential	Inter-viewed	Potential	Inter-viewed	Potential	Inter-viewed
9	1	1	8	7	4	3	13	11
11	1	1	9	9	0	0	10	10
4	1	1	14	12	4	4	19	17
Total	3	3	31	28	8	7	42	38

All team members were contacted by telephone. The research was explained to them and they were asked if they would agree to be interviewed. All but four agreed and of these four, two could not be contacted despite repeated telephone calls and two said that they had not attended the MDT for some time and a colleague (whom I had already arranged to interview) attended instead. All but two of those who agreed to be

interviewed consented to face-to-face interviews and the remaining two accepted a telephone interview. Interviews were arranged at times and dates convenient to the interviewees.

The interviews took place in two phases. Most of the team members in teams 4 and 11 were interviewed in January and April 1997. Members of team 9 and the remaining members of the other two teams were interviewed in October 1997. All interviews were conducted in the respondent's workplace and each interview lasted between twenty and thirty minutes. It had been intended to tape-record the interviews but this was not possible because a number of prosecutors' offices would not allow any recording devices into the building. Interviews were therefore recorded manually and transcribed into the computer as soon as possible following the interview.

Data analysis

The data were coded into categories developed from the literature on multi-disciplinary working and from the preliminary findings from the questionnaires and from the observations. These categories were:

- benefits of multi-disciplinary working - structural and organisational, team-related and individual;
- costs of multi-disciplinary working - structural and organisational, team-related and individual;
- personal contacts;
- focus of team discussion; and

- costs and benefits of the team to clients

Figure 3.7 Examples of coding of interview data

Team 9. Benefits of multi-disciplinary working

My MDT role enables me to check up on a case and monitor the work of the others involved. We also see that we get reports quickly - the victims shouldn't linger. There's a need to speed things up. I'd talk to M (mental health) about counselling and I'd get input from M if the child is in counselling. I'd ask her how the child will hold up to the trial. If we think it would be bad for the child to prosecute we would pull back from prosecution. Dr K receives the agenda and attends. That's wonderful - she can tell us things - 'that's not just shaking a baby, that's trauma'. The MDT can ask the physician about how an injury has occurred. We call each other all the time. We interact as a team - all the team. No-one doesn't get on. It's important to network. Networking is important and it's in place. I used to have the feeling of "Ugh I have to be at MDT" but now I am enthusiastic. I ask the officer what does he think, what does he think should happen. They see what's happening on the street. We try to see each others role.

Team 11. Costs of multi-disciplinary working

Mental health say they can't talk about the case they're working with to detectives. I don't see much being realised from it though it could get better. If the case is going to court we need feedback from mental health but they're not always prepared to do it. The other disciplines need to understand our time-frames. There are confidentiality issues. - for mental health - they don't tell us everything. I don't see we get many advantages from being in the MDT. It's time-consuming and we don't get many benefits. We call DYFS and tell them we're doing an investigation. The quality of the DYFS workers is not good. I have no respect for DYFS or for mental health. I do have respect for medical staff. There's not enough learning by the other disciplines about police work.. I've no negatives of the MDT except that it can be very time-consuming. Once every two weeks, a whole afternoon. Sometimes it's all a bit long-winded. It's important that people get to the meetings or if they can't then they get someone to cover for them or send faxes on the cases that are on the agenda.. There needs to be information so the cases keep moving.

The interview respondents

The majority of the interviewees were white (76%) and the majority were female (76%). Table 3.5 shows the profession of the interviewees and this indicates that 32 per cent were DYFS caseworkers or supervisors; 16 per cent were assistant prosecutors. 33 per cent of interviewees were from the prosecutor's office, i.e. law enforcement officers and captains, assistant prosecutors, and victim witness staff.

Table 3.5 Profession of interviewees

Profession	Number interviewed
DYFS (caseworker and supervisor)	12 (32%)
Assistant prosecutor	6 (16%)
Law enforcement (prosecutor's office)	4 (9%)
Co-ordinator	3 (8%)
Hospital (social worker)	3 (8%)
Victim Witness (prosecutor's office)	3 (8%)
Mental Health (social worker)	2 (5%)
Psychologist (mental health)	2 (5%)
Law enforcement (police department)	1 (3%)
Nurse (hospital)	1 (3%)
Administrator (hospital)	1 (3%)
Total	38 (100%)

Comparison of questionnaire respondents, members of observed meetings and interviewees

Tables 3.6, 3.7 and 3.8 compare some of the characteristics of the questionnaire respondents, the team members who were observed in the meetings and the team members who were interviewed. These indicate that the proportion of males to females is similar in each method of data collection. Women predominate. In each set of data a majority of respondents are white although a higher proportion of black team members were interviewed. This might be because one of the teams selected for the interviews was in a very large urban area in which most of the population was black. The high number of white team members is particularly interesting since most of the families discussed by the teams were either black or hispanic.

The percentage of respondents from each profession is similar in all three data sets although there were fewer law enforcement officers interviewed and a higher percentage of mental health staff responded to the questionnaires. There may have

been fewer law enforcement officers interviewed because the largest of the three teams used for the interviews had only one core member from law enforcement and law enforcement officers were not invited as associate members.

Table 3.6 Gender of questionnaire respondents, members of meetings and interviewees

Gender	Questionnaires	Observations	Interviews
Male	22%	28%	24%
Female	78%	72%	76%

Table 3.7 Race of questionnaire respondents, members of meetings and interviewees

Ethnicity	Questionnaires	Observations	Interviews
White	83%	92%	76%
Black	17%	8%	24%

Table 3.8 Profession of questionnaire respondents, members of meetings and interviewees

Profession	Questionnaires	Observations	Interviews
DYFS (caseworkers and supervisors)	25%	24%	32%
Assistant prosecutor	11%	13%	16%
Law enforcement (prosecutor's office)	17%	19%	9%
Co-ordinator	9%	10%	8%
Victim witness	0	7%	8%
Mental health (including social workers, therapists and psychologists)	29%	20%	18%
Nurse	0	2%	3%
Law enforcement (local)	0	0	3%
Medical	2%	1%	0
Missing	7%	8%	3%
Total	100%	100%	100%

Ethical issues

While all researchers must consider the ethical implications of the design and implementation of their research, ethical issues were particularly important considerations in this study because of the multi-method approach and the use of qualitative methods. In relation to using a variety of research methods, Brewer and Hunter (1989) suggest that

An ethical problem is posed by multi-method research. This problem stems from the ability of multi-method research to identify and combine a variety of discrete data points from different methods, thereby linking information about individuals and groups that could not be linked if the methods were used separately. This creates the danger of invasion of privacy (p.194).

and Patton (1990) argues that qualitative researchers must be particularly sensitive to ethical issues

...because qualitative methods are highly personal and interpersonal, because naturalistic inquiry takes the researcher into the real world where people live and work, and because in-depth interviewing opens up what is inside people - qualitative inquiry may be more intrusive and involve greater reactivity than surveys, tests and other quantitative approaches (p.356).

The major ethical issues raised by this study are addressed through a discussion of informed consent, confidentiality and risk to the participants.

Informed consent

According to Rudestam and Newton (1992), there are five major elements of informed consent. The first involves telling the participant who is conducting the study; why he/she was singled out for participation; what is the time constraint; any benefits from the study for the participant; any potential risks for the participant; and that participation is voluntary. The second element involves explaining the study to the participant and offering to answer any questions. Thirdly, the researcher should explain to the participant the limits of confidentiality and fifthly he or she should explain the process of de-briefing.

In this study all participants who answered questionnaires, or were observed in the meetings or who took part in interviews were given information about the study at the beginning of each stage of the research by letter, by telephone and/or face-to-face by the researcher. The survey was clearly voluntary and, indeed, some team members did not respond. Before the interviews, potential interviewees were contacted by the researcher by telephone and were asked if they were willing to be interviewed for about thirty minutes but that their participation was not compulsory. Before the direct observation of the meetings, team members were informed that a researcher would attend the meeting and, at the beginning of the meeting, the researcher explained the process of observation and recording and asked if anyone had any objections.

Confidentiality

There are two concepts which are similar in relation to protecting the identity of participants; one is confidentiality and the other is anonymity. They are defined by Sapsford and Jupp (1996) as

Confidentiality is a promise that you will not be identified or presented in identifiable form, while anonymity is a promise that even the researcher will not be able to tell which responses came from which respondent. (p.319).

Within this study absolute confidentiality has been maintained with regard to the children and families who were discussed by team members since no names or addresses of the cases under discussion were recorded. Since the cases are of no relevance to this research study, identifiable details of cases do not appear in any description, discussion or analysis of data.

In relation to the team members, the questionnaires were anonymous. When the observed meetings and the interviews were recorded teams were given random identification numbers and team members were identified by code rather than name, e.g. AP = Assistant Prosecutor, DS = DYFS supervisor. In the analysis of the data, individuals were grouped into professions or teams to reduce the risk of individuals being identified. However since it was possible that some individuals, notably coordinators, could be identified, they were informed that total anonymity could not be guaranteed.

Risk to the participants

Patton (1990) suggests that the researcher should conduct a risk assessment of his or her research design which should include a consideration of the ways in which the research method will put participants at risk. Risk factors may include psychological stress, legal liabilities, continued programme participation (if certain things they have divulged to the researcher become known), ostracism by peers or programme staff for having talked, or political repercussions, and then devise ways in which the risks can be eradicated or minimised.

In this study there did not appear to be any psychological risks to participants. The risk of legal liability was minimal because tape-recordings or video-recordings of decisions regarding specific cases were not made, and in the manual recordings, neither cases nor particular participants could be identified. Risks relating to participants being ostracised, criticised or dismissed for comments they made were minimised by ensuring that, as far as possible, no comments or behaviour could be attributed to a particular individual.

Delimitations and limitations of the study

This study confined itself to obtaining data in fifteen multi-disciplinary child protection teams in New Jersey, through questionnaires to all MDT members in all fifteen teams, through in-depth interviews with all members of three selected teams, and through observation of one meeting of each of the fifteen teams.

The purposive sampling procedures which were used in some stages of the study decrease the statistical generalizability of the findings. The findings from this study cannot be statistically generalizable to other multi-disciplinary teams. The validity of the findings is reduced because in the observations of the meetings only verbal interaction were recorded and therefore non-verbal interaction was not included in the measures of interaction. The reliability of the findings are affected by the fact that the interactions in the team were recorded manually so some verbal and non-verbal interaction was missed.

Verification

The threats to generalizability, validity and reliability have been explored throughout the description of the study's design and strategies for enhancing the quality and credibility of the findings have been outlined.

To ensure internal validity, the following strategies were employed:

1. triangulation of data. Data was collected through multiple sources to include interviews, observations and questionnaires;
2. member checking. The data was presented to a conference to which all members of the multi-disciplinary teams were invited so that my interpretations of the team members' reality and meanings could be validated; and
3. peer evaluation. The Chief of the Bureau of Research for DYFS oversaw the study and served as a peer examiner.

To ensure external validity, detailed descriptions of the research process and findings are provided so that anyone interested in transferability has a solid framework for comparison.

To ensure reliability, the following strategies were employed:

1. a detailed account is provided of the focus of the study, the researcher's role, the informant's position and basis for selection, and the contexts from which the data were gathered;
2. multiple methods of data collection and analysis were used, which strengthens reliability as well as internal validity;
3. data collection and analysis strategies are reported in detail in order to provide a clear and accurate picture of the methods used in this study; and
4. all phases of the study were scrutinised by an external auditor, the Chief of the Bureau of Research for DYFS, who is experienced in both qualitative and quantitative research methods.

Personal account

A personal account of some of the research process is included here because since the researcher is the instrument in qualitative inquiry, information about the researcher affects the credibility of the findings. Researchers always have an impact on the research that they undertake, particularly when they undertake a qualitative study, and their impact can reduce or enhance the validity and reliability of the research.

Throughout this study, I have been conscious of being a British researcher conducting

a study in the US and, while this has had some disadvantages, I believe these have been outweighed by the advantages. Although I am British, I have spent at least two months in the US, mainly in New York and New Jersey, every year for the past five years and have numerous friends and colleagues in the field of child protection in the two states. With an American colleague from Cornell University, I have already published two articles comparing the UK and US child protection systems (Bell and Tooman, 1994; Bell and Tooman, 1996) and a third, written with the Chief of the Bureau of Research at DYFS, has been accepted for publication (Bell and Feldman, 1999). So I do have some understanding of the child protection system in the US. However, because it is a system that is still relatively new to me, I am less likely to make assumptions and to imagine that I know and understand the system than I would if I were researching the UK child protection system. In many ways being a 'foreign' researcher made it easier to ask naive questions as my American informants assumed that I did not know their system and were prepared to spend a lot of time explaining it to me. On one occasion I confessed my ignorance of Grand Juries to an assistant prosecutor and he spent over an hour explaining them to me. Shaw said that the Americans and the English are divided by a common language (Rees, 1987), and I am aware that the Americans and the British use the same words to mean different things and different words to mean the same thing. I was very careful to check out that I knew what was being said and what was meant by what was being said, when I was conducting the research in the US.

Another advantage of being a 'foreign' researcher was that the research informants saw me as a guest in their country and extended to me the courtesies due to a visitor.

They were probably more willing to spend a lot of time with me because I was interested enough in them and their work to travel 3000 miles to observe them and talk with them. Furthermore, the fact that I was travelling back 3000 miles to another country and to my job with a Scottish University after the interviews and observations, probably meant that the respondents felt safer to disclose their thoughts and feelings to me. However, one disadvantage of being a British researcher was that the Americans may have wanted to present a particularly good image of themselves to a 'foreigner', so I might not have obtained reliable data from the questionnaires, interviews and observations. I was also told by many Americans, particularly men, that they were charmed by my British accent and at times I suspected they were 'putting on a performance' for my benefit in interviews and meetings.

Conducting the fieldwork in the US over a number of two- or three-week periods meant that I could separate completely from the demands and distractions of my every-day life and immerse myself in the research. Patton (1990) notes that the qualitative researcher must engage in fieldwork which involves

... getting one's hands dirty, participating where possible in actual program activities, and getting to know program staff and participants at a personal level.....because without empathy and symathetic introspection derived from personal encounters the observer cannot fully understand human behaviour (p.47).

During my periods in New Jersey, I would travel around the state conducting observations and interviews during the days and typing up the transcripts into my

laptop computer in the evenings. On a number of occasions team members would invite me for lunch or an evening meal after I had observed their team meeting or interviewed them. Although this process of immersion had the advantage that I could become more in tune with the phenomenon that I was observing, it did have a disadvantage. At the end of one particular week, I had attended five meetings at which an average of ten cases were discussed per meeting, so I had heard the details of at least fifty serious physical and/or sexual assaults against babies and children. I felt sickened, saddened and demoralised.

Throughout the process of the research I was supervised by Christine Hallett at the University of Stirling. Additionally, I was supervised by the Chief of the Bureau of Research for DYFS, Len Feldman. He had to comment on the overall research design as well as the design of the individual research instruments on behalf of DYFS. I reported my findings to him and spent many hours sharing my interpretations of the data with him. We presented a paper together on the initial findings of the research to The International Society for Prevention of Child Abuse and Neglect conference in Dublin in July 1996. When I was back in the UK, contact with my US supervisor was still easy because we both had access to e-mail which meant that even changes to questionnaires could be done quickly and easily. When the fieldwork was completed, I presented the findings to a conference for all multidisciplinary team members held in New Jersey in June 1997 and was able to obtain comments and feedback on the findings from the participants.

Summary

This study was designed to obtain data on the functioning of multi-disciplinary teams in order to understand how they achieved their tasks and to obtain data on team members' perceptions of team functioning. Three methods of data collection were utilised so that a picture of team functioning could be constructed from a range of perspectives.

CHAPTER FOUR - FINDINGS RELATING TO TEAM DYNAMICS, INTERACTION AND COMMUNICATION

Introduction

This research study aimed to analyse and describe how MDTs in New Jersey operate and to explore and understand their functioning and the meaning of the teams and their functioning for team members. This was achieved by analysing team structures and processes and by examining similarities and differences in the way that the teams function. Chapter Four focuses on the findings which are related to group and team functioning while Chapter Five focuses on the findings relating more specifically to multi-disciplinary working. The findings provide information on the professionals as a whole; the teams as a whole; on each professional group; and on each individual team. Although the data are derived from three sources namely: questionnaires, structured observations, and in-depth interviews, they address similar questions and are therefore presented as a combination of the data from all three sources in a synthesised form.

The review of the literature relating to groups and teams identified a number of factors that had been shown to be significant in group/team functioning and these can be grouped under the following headings:

- team size, composition, dynamics of the team and workload (i.e. team demographics);
- team communication and interaction patterns, particularly levels of participation;

- the focus of team discussion;
- levels of members' influence in the team;
- levels of co-operation between professionals in the team;
- leadership; and
- information-gathering, decision-making and case planning.

The findings from the study of the MDTs are presented and analysed under each of these headings.^{2 3}

Team size, dynamics and workload

Team size

Data from the structured observations shows that the team size ranged from five to fifteen with a mean of ten (Table 4.1). Thus the MDTs can be classified as small groups, according to Simmel's (1902) classification, but they were much larger than the typical, formally created group as described by James (1951).

Thomas and Fink (1963) and Argyle (1994) suggest that groups of more than ten tend to behave differently from groups of less than ten. In the larger groups it is less easy to participate; it is less easy to influence what the others will do; and there is greater

² There were 15 teams in New Jersey and one meeting of each team was observed so the data from the structured observations refers to the 15 teams as observed during a meeting.

³ For the presentation of the data from the in-depth interviews the respondents have been allocated to one of four categories according to their profession or discipline in order to preserve anonymity. 'Medical' includes doctors, psychiatrists and nurses; 'Legal' includes assistant prosecutors, victim witness personnel and all law enforcement personnel; 'Therapeutic' includes psychologists, social workers and therapists; 'DYFS' includes DYFS caseworkers and supervisors. One of these four categories is used to identify the respondent at the beginning of each quotation from the interviews.

discrepancy between the amount of interaction of different members. In larger groups the majority scarcely speak at all; the variety of personality and talent present is greater and there is greater differentiation of styles of behaviour; discussion is less inhibited and there is ready expression of disagreement; and if the group has work to do, there is a greater tendency to create rules and arrange for division of labour. The relationship between group size and some of these variables will be explored later in this chapter.

Using a membership of ten or less or eleven or more to classify MDTs, Table 4.1 shows that nine of the teams had populations of ten or less while six had populations of eleven or more (see also Table 4 Appendix Eleven).

Table 4.1 Team meeting size
Number of teams = 15

Team Size	Team	Total
0 - 10	1, 2, 5, 9, 10, 11, 13, 14, 15,	9
11 - 15	3, 4, 6, 7, 8, 12	6
Total		15

In seven of the teams the size remained static throughout the meeting while the remaining eight had a fluctuating population consisting of a core group, which remained throughout the meeting, and a series of associate members, usually the DYFS or law enforcement officers, who only attended the meeting to present the cases with which they were directly involved (see Table 4.2).

Table 4.2 Numbers of team meetings with static and fluctuating membership
Number of teams = 15

Type of membership	Team	Total
Static	2, 7, 10, 11, 13, 14, 15	7
Fluctuating	1, 3, 4, 5, 6, 8, 9, 12	8
Total		15

The core group size ranged from five to twelve with a mean size of eight. Only three of the core groups consisted of more than eleven members (Table 4.3).

Table 4.3 Core group size
Number of teams = 15

Core Group Size	Team	Total
0 - 10	1, 2, 4, 5, 8, 9, 10, 11, 12, 13, 14, 15	12
11 - 15	3, 6, 7	3
Total		15

Team composition

The list of core team members recommended by New Jersey (D'Urso, 1995) was:

- Child Protective Service Casework Supervisors
- Criminal Investigation Supervisors
- Assistant Prosecutors
- Deputy Attorney Generals (DYFS attorneys)
- Child Abuse/Mental Health Program Directors
- Crime Victim/Witness Co-ordinators
- Physicians/Nurse Practitioners
- Department of Education Liaison

More than one type of professional could attend the team.

The case specific, associate, membership suggested was:

- Child Protective Service Workers/Supervisors
- Criminal Investigators/Law Enforcement Personnel
- Child Abuse/Mental Health Professionals
- Victim Counsellors
- Law Guardian
- Educators
- Other Appropriate Professionals (involved with the victim/family)

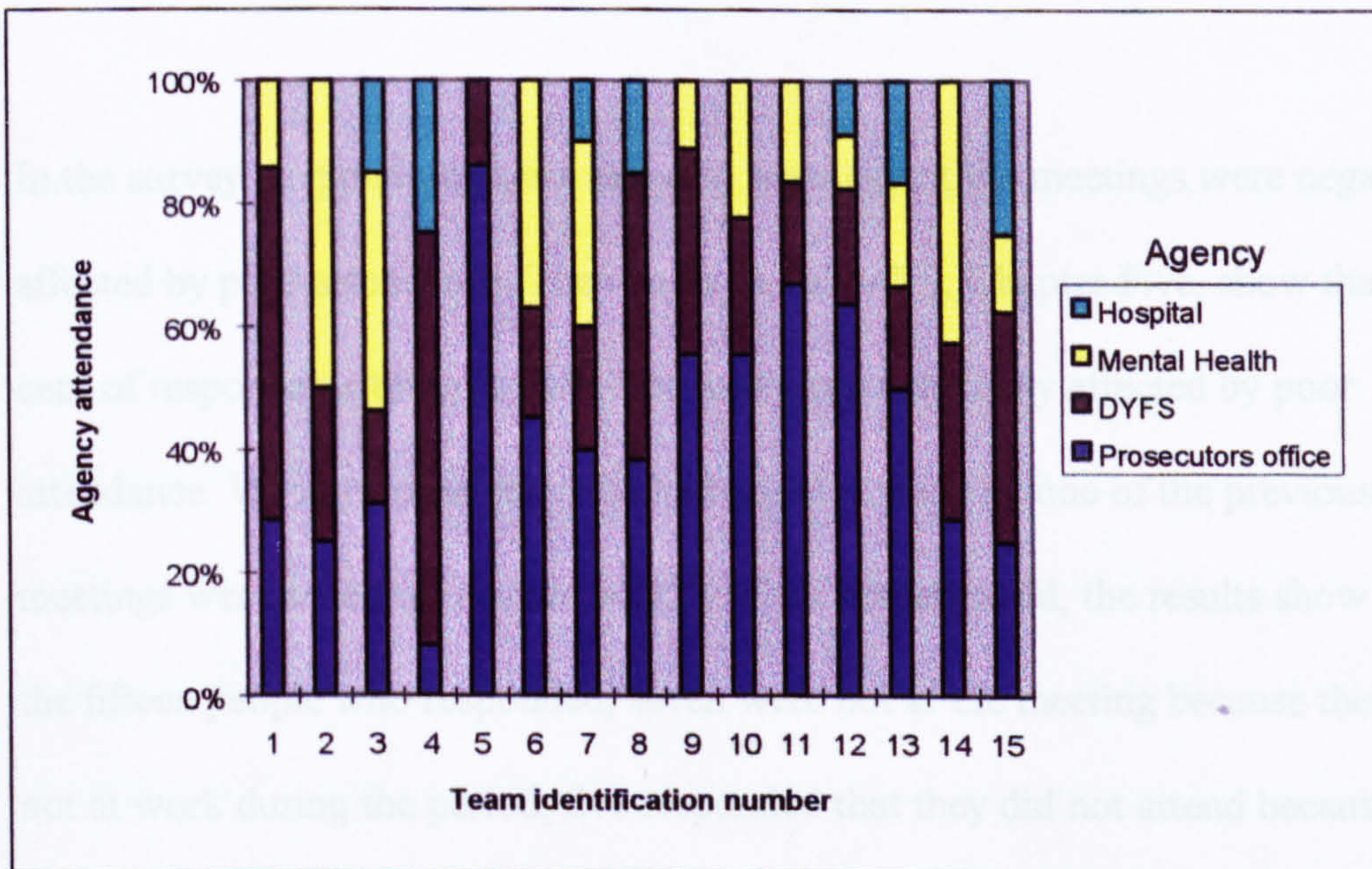
These recommendations suggest teams which would have a multi-disciplinary membership of over fifteen. However, the reality appears to be somewhat different. Table 4.4, showing team composition of the 15 observed meetings, shows that in no team meeting was there a representative from Education; in only two meetings was there a Deputy Attorney General; and in only seven of the meetings was there a hospital representative. In every meeting there was at least one, and sometimes as many as six, representatives from the prosecutor's office (assistant prosecutor, law enforcement personnel) (see also Table 3, Appendix Eleven).

Table 4.4 Attendance of professionals at observed MDT meetings
 Number of team meetings = 15

Profession	Total Number of Meetings attended
Co-ordinator	15
Assistant Prosecutor	10
Law Enforcement Officers	10
DYFS Supervisor	10
Mental Health	10
DYFS Caseworker	8
Victim Witness	6
Physician/Nurse	5
Hospital Social Worker	5
Law Enforcement Supervisors	3
Deputy Attorney General	2
Deputy District Attorney	1
DYFS Nurse	1

Figure 4.1 shows how many staff from each agency attended the observed MDT meetings.

Figure 4.1 Agency attendance at observed MDT meetings
 Number of team meetings = 15 Number of professionals = 151
 Number of agencies = 4



In Figure 4.1, numbers for assistant prosecutors, law enforcement officers and victim witness are aggregated to give a total for the agency 'prosecutor's office' and DYFS supervisors and DYFS caseworkers have been aggregated to give a total for 'DYFS'. This figure indicates that the teams varied greatly in the levels of attendance by different agency groups. At least one professional from DYFS and the prosecutor's office attended each team meeting. There were representatives from mental health and hospitals in twelve and seven of the meetings respectively. Teams 3, 7 and 15 had the most evenly balanced membership across the four agencies, namely the prosecutor's office, DYFS, hospitals and mental health agencies. Teams 6, 10 and 14 had the most evenly balanced membership across three agencies, namely the prosecutor's office, DYFS and mental health agencies. In teams 1, 4 and 8 the highest proportion of members was from DYFS; in teams 5,9,11,12 and 13 the highest proportion was from the prosecutor's office, and in team 2 the highest proportion was from mental health agencies.

In the survey, respondents were asked to what extent the meetings were negatively affected by poor attendance. The results in Table 5.8, Chapter Five, show that 38 per cent of respondents thought that meetings were negatively affected by poor attendance. When respondents who had not attended any one of the previous six meetings were asked to indicate why they had not attended, the results show that of the fifteen people who responded, seven were not at the meeting because they were not at work during the period, five responded that they did not attend because of pressure of work, and two responded that there was no purpose in their attending.

Some team members in the in-depth study identified that a number of professionals were missing from the MDT and that their absence was a loss to the team. The professionals that team members would most like to see attending the meeting were medical personnel, schools representatives and local law enforcement officers.

Medical. Team 4: Maybe there's a lack in the MDT with not having a medical presence. But we could get a physician on the phone if we needed one. Maybe it would be useful to have that medical expertise. Sometimes we could do with a specialist. Though if we need specialist information now we could always reschedule it and ask a specialist to attend the next meeting.

DYFS. Team 4: Maybe there should be more diversity on the team. Maybe hospitals other than X should be represented. There is no representation from education. Though P... can give some information on physical abuse we're not so good on physical abuse as we are on sexual abuse because for sexual abuse we have the hospital. There's not enough variety on the team.

Legal. Team 4: There are times when the police and the investigators from the prosecutor's office do not attend. It might help if they were there.

The reasons given by interviewees for themselves or others not attending fall into two major categories. First, it appears that some people wanted to attend but could not as existing workloads and agency priorities made it difficult or impossible for them to do so and secondly, some people did not want to attend the meetings because they, or their agency, did not appear to get any benefits from attending.

Medical. Team 11: *We have a lot of cases and it's a matter of trying to find time. There are less people to do more work. It's difficult to plan a schedule to fit in with the MDT meeting. Sometimes an emergency happens at the hospital and that means I can't get to the meetings. Some of the members of the MDT are supervisors but I'm more of a front-line worker so I have less control over my workload.*

Legal. Team 4: *I don't have time to go to MDT. Our police departments are overburdened and don't have the staff to do child abuse. We're very short of money and resources.*

Medical. Team 4: *Initially the police used to come but sometimes what was being discussed wasn't immediately relevant to them so they stopped coming and that's a miss. We've discussed in the MDT if there is a way of getting the police to attend. But we can't think of a way.*

Medical. Team 11: *I don't think M. (prosecutor's office) thinks much of the meetings. He thinks they don't need all this touchy/feely stuff. So he doesn't always turn up, sends his investigators instead to deputise.*

Another way in which teams varied in their composition was that some had a core group and did not invite associate members; others had a core group and invited associate members, usually DYFS caseworkers or law enforcement officers from the prosecutor's office on a regular basis; and others had a core group and invited caseworkers, law enforcement officers and other professionals, such as psychologists and physicians, on an occasional basis when the particular case required their input (see Table 4.2).

Two teams in the in-depth study, teams 4 and 9, expected DYFS caseworkers to attend the meeting to present their cases while in team 11 only core members attended the meeting. The members of teams 4 and 9 valued the presence of the caseworkers and could not see how a meeting could be conducted without them while the members of team 11 considered the inclusion of caseworkers as logistically difficult and unnecessary.

Legal. Team 9: It's an advantage having the DYFS workers there. They know the details about the family which is helpful to us if they haven't got a criminal record. The DYFS family team know the families really well. It's good to talk to the cop. Ask what was the demeanour of the child. You get not just the tangible information but you also get the feeling thing. I don't usually get the immediate stuff so I have to get this from DYFS and the cop.

Legal. Team 4: It's important that the caseworkers are there. They have the face-to-face contact. They can write a report but that doesn't tell you everything - they might mention an insignificant point that we see as important. When they attend the MDT it gives the workers a working knowledge of who they're working with.

DYFS. Team 11: There is a problem in having the workers at the MDT meeting as this would be logistically difficult. It takes 45 minutes to get from here to the meeting. If there are 7 or 8 workers we have to get to the meeting it wouldn't be a productive use of their time. The meetings would not be all that useful to them.

It was also noted that the absence of caseworkers sometimes meant that important pieces of information were not available to the meeting.

DYFS. Team 11: *If the MDT doesn't ask specifically what they want before the meeting then I may not have the right information for the meeting.*

An examination of the transcripts of the structured observations illustrates that in those meetings where the caseworker was absent the supervisor did not always have the relevant information available, for example:

Team 2

Co-ordinator: Is she still involved with DARC?

DYFS Supervisor: I don't remember

Mental Health: I don't know.

Team 10

Co-ordinator: I should call (DYFS) worker to see what's happening?

DYFS caseworker: Yes. I spoke to (DYFS worker) but I don't really remember what she said.'

Team 11

Mental Health: Is there a homemaker?

DYFS caseworker: I don't know. I don't have the information.

It was recognised by core team members that the associate members might feel uncomfortable in the meeting and this was acknowledged in a number of interviews.

Legal. Team 9: I think the police probably find the meetings difficult. It can put them on the defensive. They don't know what the meetings are about. They think they are there to be criticised.

Medical. Team 4: *I can see it might be difficult for new DYFS workers who attend the MDT as they might find it difficult to hear the teams criticisms but the purpose is really to provide constructive criticism and not to be negative.*

The DYFS caseworkers themselves had mixed feelings about attending the MDT, although there were more positive comments than negative ones.

DYFS caseworker. Team 4: *For the most part the meetings are comfortable - if the case has gone okay and has been well done. I can get help from the MDT on what to do. It's good to get all those people together at the same time. You can get resources for the child and family and they can point out ideas that I haven't thought of.*

DYFS caseworker. Team 4: *The MDT is a working tool. I don't see it as a core group. I've known the people for ten years. They're not strangers. I know everybody - I've talked over the phone with them. It's a warm atmosphere - it's not all business. I feel relieved that I'm getting another opportunity to talk things over. It's a meeting of heads - initially it's a bit like brainstorming then it's more like routine. You are clearer about what avenues you're taking. It keeps you consistent. You're more focused.*

DYFS caseworker Team 4: *I have mixed feelings about the MDT. Sometimes it's needed, sometimes it isn't. It's needed for very complex cases. I would like to get some concrete tools and ideas, money, funding to help move things along. Sometimes it's just for talking and not much help. Sometimes it can be a nuisance. Cases that are closed they'll call back and you still have to write a summary for the meeting.*

These comments reflect some of the findings by Moreland (1985), discussed in Chapter Two, which suggest that an individual's sense of self changes as he or she joins a group and that a newcomer needs to be assimilated before he or she can fully contribute to the group.

Team workload

The counties varied considerably in terms of child abuse/neglect referral rates, from a high of 33.0 and 31.7 per 1000 children in teams 2 and 13 respectively, and a low of 7.5 and 7.2 per 1000 children in teams 1 and 14 respectively (see Table 4.5). Thus the number of potential cases that could be referred to and discussed by each MDT varied across the counties.

Table 4.5 New Jersey child abuse/neglect referral rate per 1000 children for 1996
Number of Teams = 15

Rate per 1000 children	Team	Total	% all Teams
0 - 10	1, 14	2	13
11 - 20	6, 10, 11, 12, 15	5	34
21 - 30	3, 4, 5, 7, 8, 9,	6	40
31 - 40	2, 13	2	13
Total		15	100

The criteria for selecting cases for discussion at the MDT meetings were determined by the individual teams themselves with reference to New Jersey legislation and the New Jersey Child Abuse Task Force guidelines. New Jersey Law, N.J.S.A. 9:6 - 8. 36a, requires DYFS to report to the County Prosecutor those cases of alleged abuse and/or neglect that involve suspected criminal activity on the part of a child's parent,

caretaker, or any other person. The DYFS Casework Policy and Procedures Fieldwork Operations Manual, Number II, Vol. C, Section 12, para. 1202 states that

Case Managers are obligated to report to the Prosecutor cases involving suspected criminal conduct on the part of a parent, caretaker, or any person. Reports must be made regardless of the child's residence, with whom the child lives, or the child's relationship to the alleged perpetrator. This obligation will be satisfied if the Prosecutors receive referrals on all cases involving the following:

- 1. death of a child;*
- 2. the subjecting or exposing of a child to unusual or inappropriate sexual activity;*
- 3. any type of injury or condition resulting in hospitalization or more than superficial emergency room treatment;*
- 4. any type of injury or condition that requires more than superficial medical attention (e.g., treatment for a broken bone at physician's office);*
- 5. repeated instances of physical violence committed against a child, or substantially depriving a child of necessary care over a period of time; or*
- 6. abandonment of a child (p1).*

The Task Force Guidelines, 'Proposed Guidelines of Practice for Multi-disciplinary Team Case Management', (D'Urso 1995) indicate that the MDT's '*typically review first and second degree sexual assaults*' and that '*cases continue to be reviewed until case dispositions occur in both the civil and criminal arenas.*'

However, in referring cases to the MDT, some teams, for example 11, referred every case that met these criteria to the team while others, for example, 4, selected only the

more complex cases. Some teams, such as 6, included any juvenile suspect and others only included abuse by an adult who was in a care-taking role to a child. The teams also had different criteria for removing a case from the MDT list. In the survey, the coordinators were asked at what point a case was terminated with the MDT and the responses show that in five teams the point of termination was when a decision was made not to prosecute or when the results of a prosecution were known; two teams terminated when there was a linkage made between the family and support services; and three others said they used other, unspecified, criteria.

The differences among counties in referral rates and the differences in the criteria used to refer cases to and remove cases from the MDT agendas provide the potential for a wide variation across the teams in the number of cases discussed per meeting. The data from the observations of the meetings shows that the highest number of cases discussed was twenty-three, by team 11, and the lowest number was five, by team 1. The mean number of cases discussed was eleven (Table 4.6).

Table 4.6 Number of cases discussed by MDTs
Number of teams = 15

Number of Cases	Team	Total	% of all Teams
0 - 10	1, 2, 4, 5, 8, 9, 13, 14, 15	9	60
11 - 20	3, 6, 7, 10, 12	5	33
20 - 30	11	1	7
Total		15	100

There was also a difference in the number of new and review cases discussed by the teams (Tables 4.7 and 4.8). A majority of the teams, 67 per cent, discussed five or

fewer new cases and the remaining 33 per cent discussed between six and ten new cases. Fifty-three per cent of teams discussed five or fewer review cases; 40 per cent discussed between six and ten; and one team discussed nineteen.

Table 4.7 Number of new cases discussed by MDTs
Number of teams = 15

Number of New Cases	Team	Total	% of all Teams
0 - 5	1, 2, 4, 8, 9, 10, 11, 13, 14, 15	10	67
6 - 10	3, 5, 6, 7, 12	5	33
Total		15	100

Table 4.8 Number of review cases discussed by MDTs
Number of teams = 15

Number of Review Cases	Teams	Total	% of all Teams
0 - 5	1, 3, 4, 5, 7, 8, 9, 13	8	53
6 - 10	2, 6, 10, 12, 14, 15	6	40
11 - 20	11	1	7
Total		15	100

In the survey, the fifteen co-ordinators were asked to indicate how many cases were discussed in the previous six MDT meetings. Only eight responded but their responses show that the pattern of caseloads in the previous six meetings was similar to the pattern of caseloads in the observed meetings (see Table 5, Appendix Eleven).

Since all meetings lasted between an hour and a half and two hours and there was no correlation between length of meeting and number of cases. The amount of time devoted to individual cases varied across teams so that some spent approximately thirty minutes discussing a new case while others spent only a few minutes. The transcripts of the meetings show that this resulted in a very different level of discussion of cases. The following shows the difference between team 1, which discussed a case

for 30 minutes, and team 11, which discussed a case for only a few minutes. The extract from team 1 represent only a small part of the discussion but the extract from team 11 represents the entire discussion of the case.

Team 1

Assistant Prosecutor: I think you're right I think we're going to see more of them if that's all it is, if it's just coming from her. I guess that's another alternative That the mother is just saying these things to be vindictive Right?

DYFS Caseworker: Mmmm

Assistant Prosecutor: What kind of visitation does she have? - how much does she see them?

DYFS Caseworker: I know she gets them on the weekend

DYFS Supervisor: I think it's pretty liberal actually

DYFS Caseworker: ...and he'll even bring the children over to her

Assistant Prosecutor: Right

DYFS Caseworker: Sometimes she doesn't always have a vehicle I mean so you know he's trying to be accommodating cos he acknowledges that this is their mother and that they should be having a relationship with their mother and er

Assistant Prosecutor: Is she sticking with .. you know she's saying the kids have kind of changed. Is she laying the groundwork for things being bad at the father's house? Right? She's saying that anyhow?

DYFS Caseworker: Mmmmmmm

Assistant Prosecutor: Does she sometimes say that's okay or that the father's an okay guy?

Law Enforcement: That's a tough one. I don't know. My gut feeling is that she's laying the groundwork more than anything in this whole scenario but whether she's sticking up for the father and saying he's 'a good guy', I'm not sure.

Assistant Prosecutor: I'm just wondering if they were, you know, given some intervention to help them get along with each other might be ...not even you have to keep the case open. Maybe a case of just telling them what's available

Co-ordinator: For (natural mother) and

Assistant Prosecutor: ... for the natural parents . Cos they got to deal with each other

DYFS Caseworker: Mmmm

Co-ordinator: Where would you make a referral to?

Assistant Prosecutor: I guess there's some place... ..

DYFS Supervisor: There is mediation at the courthouse

Team 11

Co-ordinator: This is a new case. I haven't any notes

Law Enforcement: I've got information. (To group) Victims 1 and 2 indicated that the suspect touched their breasts and vagina - they told their mother. On video they said nothing happened to them. Victim 3 denied any assault by the suspect. Victim 4 denied any assault. Victim 4 however said she saw the suspect touch

victim 3 but victim is denying it. Victim 4 cannot corroborate any dates or times. The suspect has fled New Jersey and mother has refused to co-operate and all contact will have to be through the attorney

Mental Health: They sound guilty

Co-ordinator: Are they going to stay where they are?

Law Enforcement: Yes

Co-ordinator: So you don't think these kids have been coached?

Law Enforcement: Yes. Is it worth traumatizing them more if they're denying it? We can't take them to Grand Jury.

Victim Witness: If they go to counselling maybe they'd talk

Co-ordinator: But they have to live back with the mother. Can we get any more from the kids?

Law Enforcement: No, she's sealed them off. They've already been interviewed and make denials

Co-ordinator: Can you interview the suspect?

Law Enforcement: Yea, if we can find him. We can't do anything at the moment

Co-ordinator: Okay, relist it for next time

In the in-depth interviews, a number of respondents in teams 4 and 11, which had high referral rates and high caseloads, noted the impact of work pressures on the team's processing of cases while this was mentioned by only one member of team 9, which had a lower referral rate and caseload.

Medical. Team 11: The disadvantage of the MDT is time. We have a lot of cases and it's a matter of trying to find time.

Medical. Team 11: *The MDT meetings are not used sufficiently for case planning - there's often a lot of time spent on unnecessary monthly monitoring of cases. There should be more time spent on those cases where the services are not working.*

Medical. Team 4: *Initially, before the MDT the hospital held its own case discussions and I felt these were more useful than some of the MDT discussions which often discusses inappropriate cases which means that there is not enough time for discussion and problem-solving in difficult cases.*

Legal. Team 4: *We have such a large number and wide variety of crimes in (the county) so the team doesn't really work as it should. We have such a large population and such a large staff and DYFS is so stretched and it's not working properly I've only got four detectives and we can't get overtime and DYFS can't get staff.*

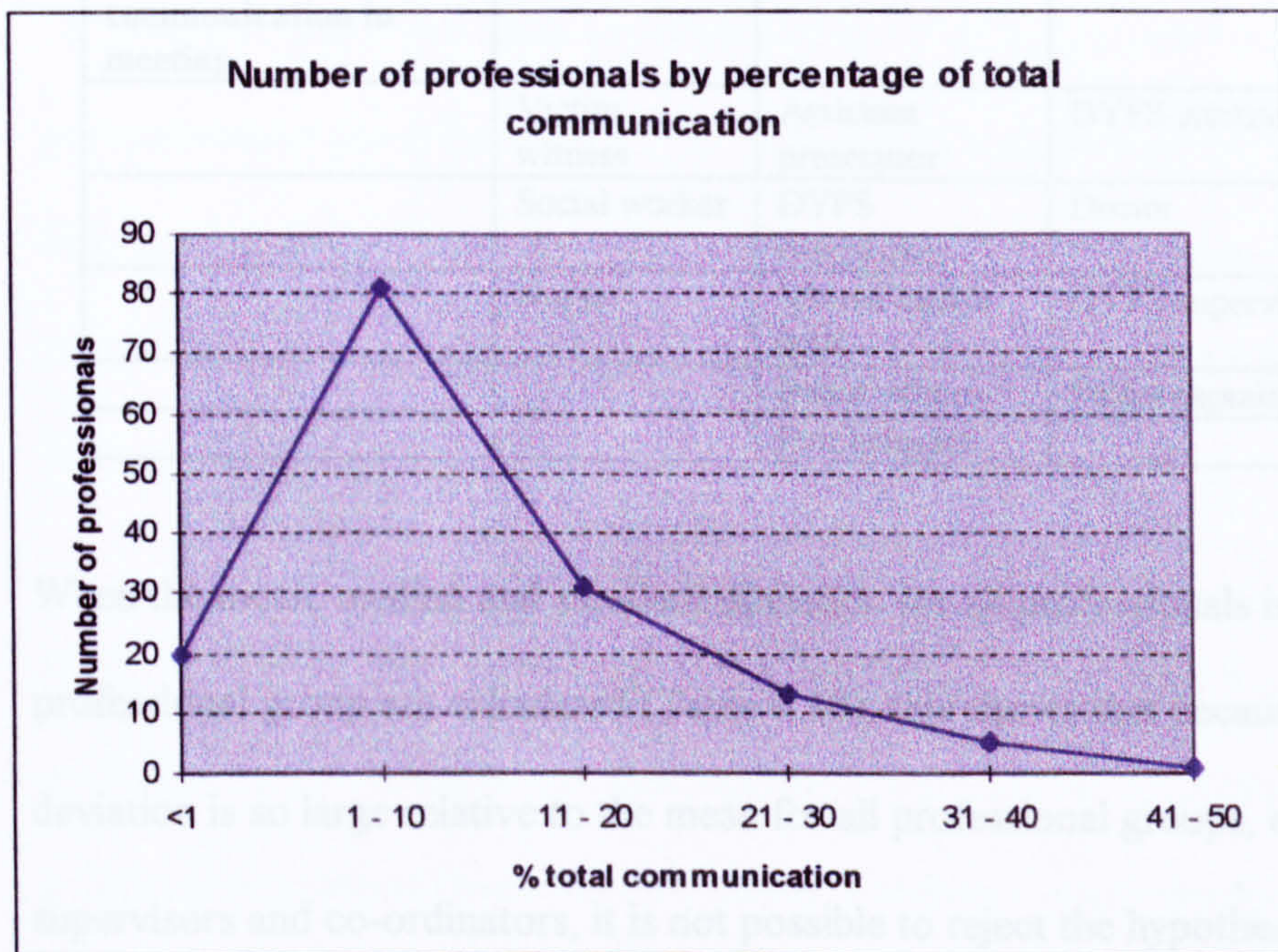
Team communication and interaction

Forsyth (1990) notes that when groups are formally established sometimes particular communications networks are set up but, even when no formal attempt is made to organise communication, an informal communication network will usually take shape over time. Research into these communication patterns has shown the important impact of communication on group performance and effectiveness and on members' level of satisfaction with the group. The amount of communication and the type of communication among team members has been shown to affect and to be affected by the roles, status, and power of group members (see Craddock, 1985; Friedkin, 1983; Keller and Holland, 1983; Tutzauer 1985). Thus an analysis of the communication

patterns in a team will yield information about the relationships among team members and so in this study the 'Interaction Process Analysis' developed by Bales (1950, 1970, 1980) was used to analyse communication patterns. This has provided data on the amount and type of communication by individual team members; the amount and type of communication by sub-groups; and the amount and type of communication by each team as a whole.

The data from the observations has been analysed to provide a frequency distribution of each of the twelve Bales' categories for each professional. It also provides the sum of 'socio-emotional', 'gives task', 'asks task' and all 'task' communication as well as the sum of all communication for each professional. These sums have then been converted into a percentage of that professional's communication in his or her team so that cross-team comparisons can be made. When the amount of communication by individual members is examined, it is clear that there was a wide variation among members with the spread being from nought per cent to 45 per cent (see Figure 4.2). The mean percentage communication is 9.9, the median is 7.4 and the standard deviation is 9.3.

Figure 4.2 Number of professionals at all observed meetings by percentage of communication
 Number of professionals = 151



In the analysis of the data from the observations, the sum of the percentages of ‘socio-emotional’, ‘gives task’, ‘asks task’, and all ‘task’ communication as well as the sum of the percentage of all communication for individual members of each profession have been combined to give a total and mean percentage score for that profession. Table 4.9 shows the average total communication for each profession. Thus, for example, on average social workers communicated less than 5 per cent in a meeting while the average DYFS supervisor communicated between 11 per cent and 20 per cent. The Table shows that co-ordinators were the highest communicators. Managers, such as DYFS supervisors and law enforcement captains, communicated more than front-line workers (DYFS caseworkers and law enforcement officers) and this may be related to the former having a higher status than the latter within their organisations (see Chapter Two).

Table 4.9 Level of communication by each professional group in all meetings
Number of professional groups = 13

Average communication in meeting	0 - 5%	6% - 10%	11% - 20%	More than 20%
	Victim witness	Assistant prosecutor	DYFS attorney	Co-ordinator
	Social worker	DYFS caseworker	Doctor	
	Nurse	Mental health staff	DYFS supervisor	
		Police officer	Police captain	
		Psychologist		

When the mean, median and standard deviation for all professionals in each professional group are calculated (Table 4.10), this shows that because the standard deviation is so large relative to the mean for all professional groups, except for DYFS supervisors and co-ordinators, it is not possible to reject the hypothesis that the mean is zero for all these professional groups and that therefore on average they would say nothing. As the standard deviation and mean are closer for DYFS supervisors and co-ordinators the zero hypothesis can be rejected and it can be predicted that members of these two groups would, on average, say something.

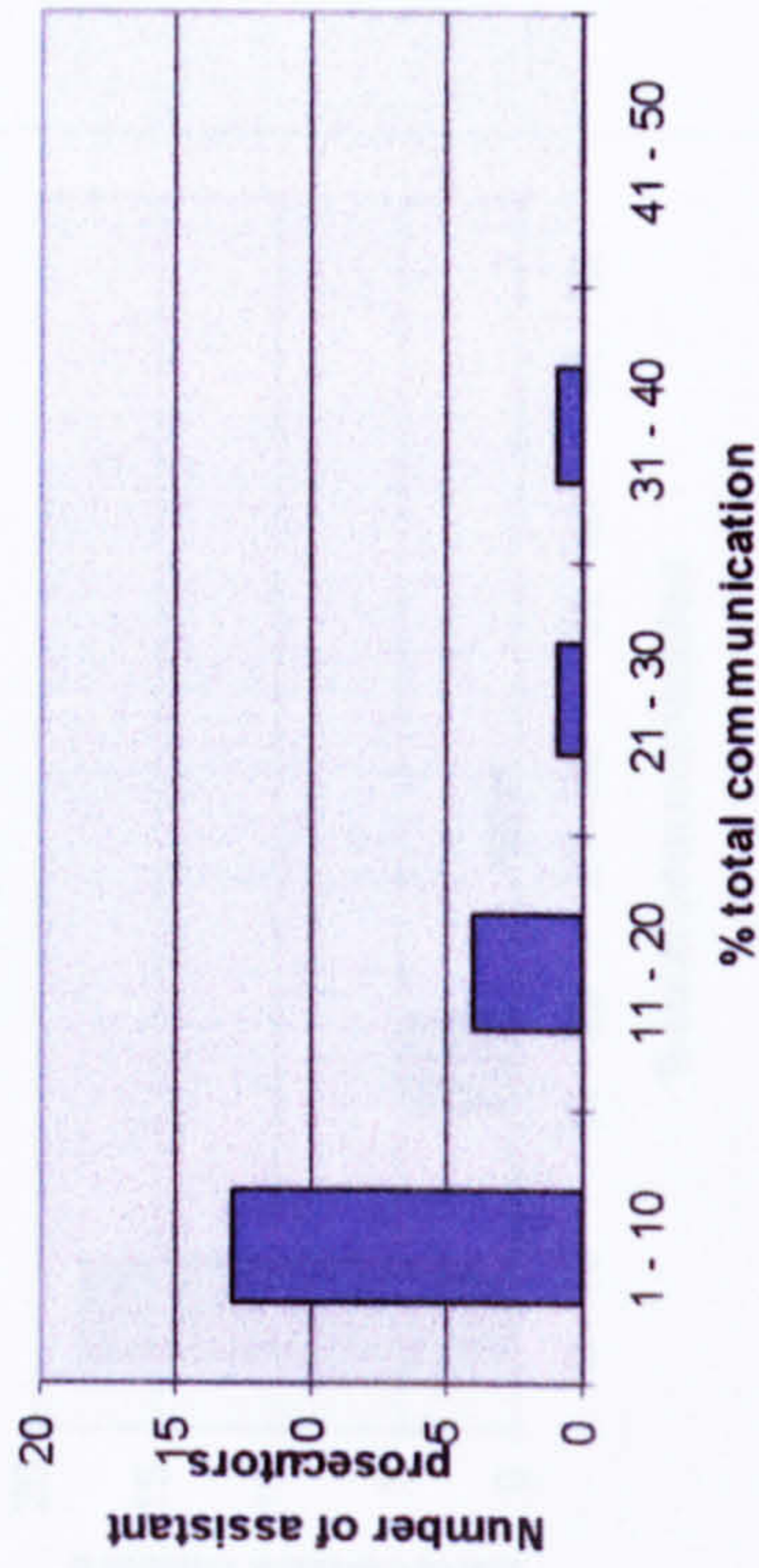
Table 4.10 Mean, median and standard deviation for amount of communication for each professional group

Profession	Mean	Median	Standard Deviation
Co-ordinator	25.5	28	5.3
Police captain	14.6	17.4	8.6
DYFS supervisor	10.6	10.2	5
Assistant prosecutor	10.1	8.6	8.6
DYFS caseworker	9.0	6.9	9
Police officer	7.5	6.9	6.8
Mental Health	5.3	4	5.3
Victim Witness	1.9	0.4	3.2

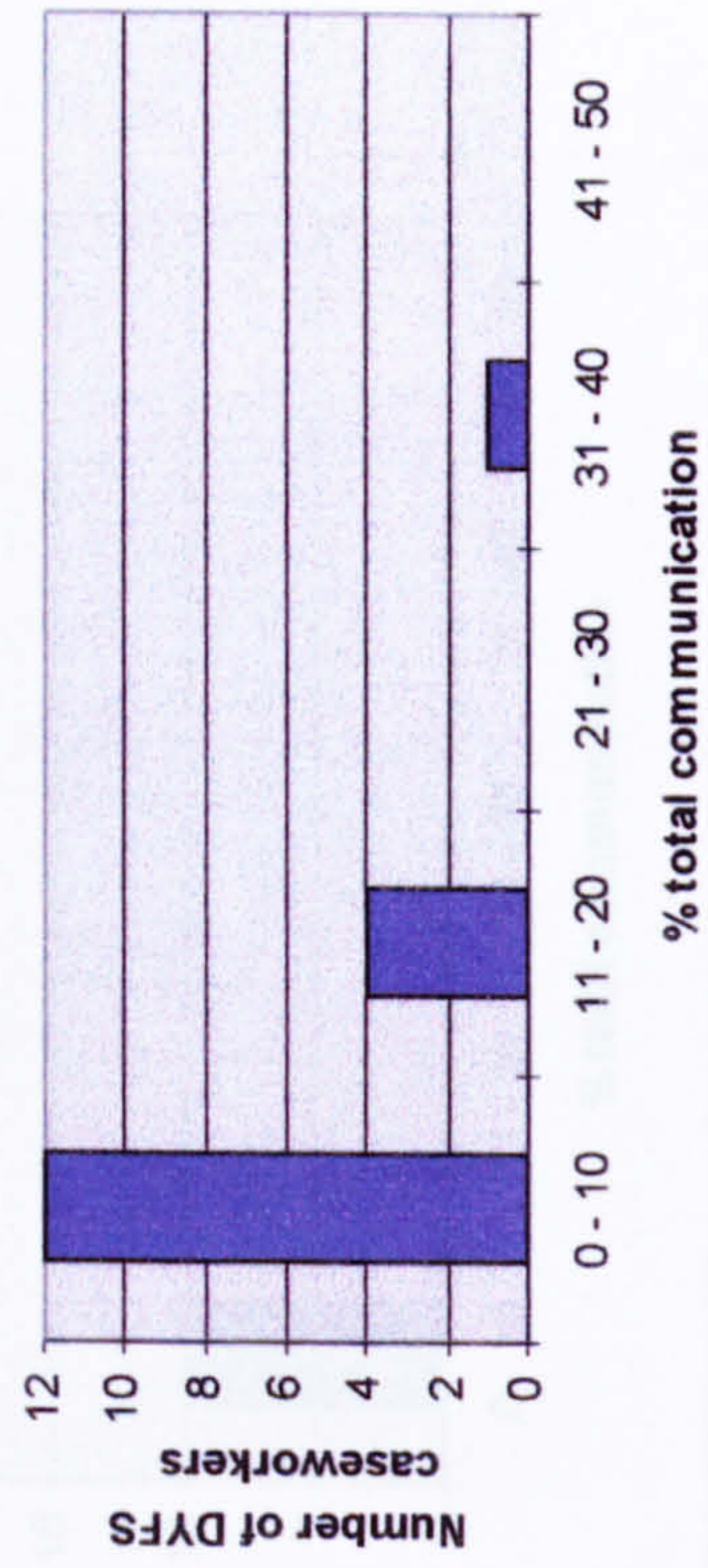
Figures 4.3 to 4.10, which show the frequency distributions of communication within each profession, illustrate the variation of communication for each profession. Thus, for example, there was some variation among co-ordinators with a group of three low communicators (each less than 13 per cent of total communication) and a group of high communicators (each over 34 per cent of total communication) while a large group of assistant prosecutors communicated nothing or very little and only one or two communicated more than 25 per cent of total communication.

Figure 4.11 shows the percentage of total communication for each person in each profession. This illustrates that although there were smaller numbers of law enforcement captains (five) and co-ordinators (fifteen), every member of these professions contributed to the meeting and the contribution of a few was very high. Almost all assistant prosecutors contributed to the meeting but the contribution of many was low with only two rising above 10 per cent. There was a notable variation among DYFS caseworkers with two contributing nothing and one contributing over 30 per cent. Victim witness staff contributed nothing or very little. These findings suggest that generally the profession of an individual cannot be used as a predictor of his/her communication level in a meeting, although it is likely that a co-ordinator or a law enforcement captain will communicate and that their communication level is likely to be high relative to other team members and that victim witness staff are likely to communicate very little.

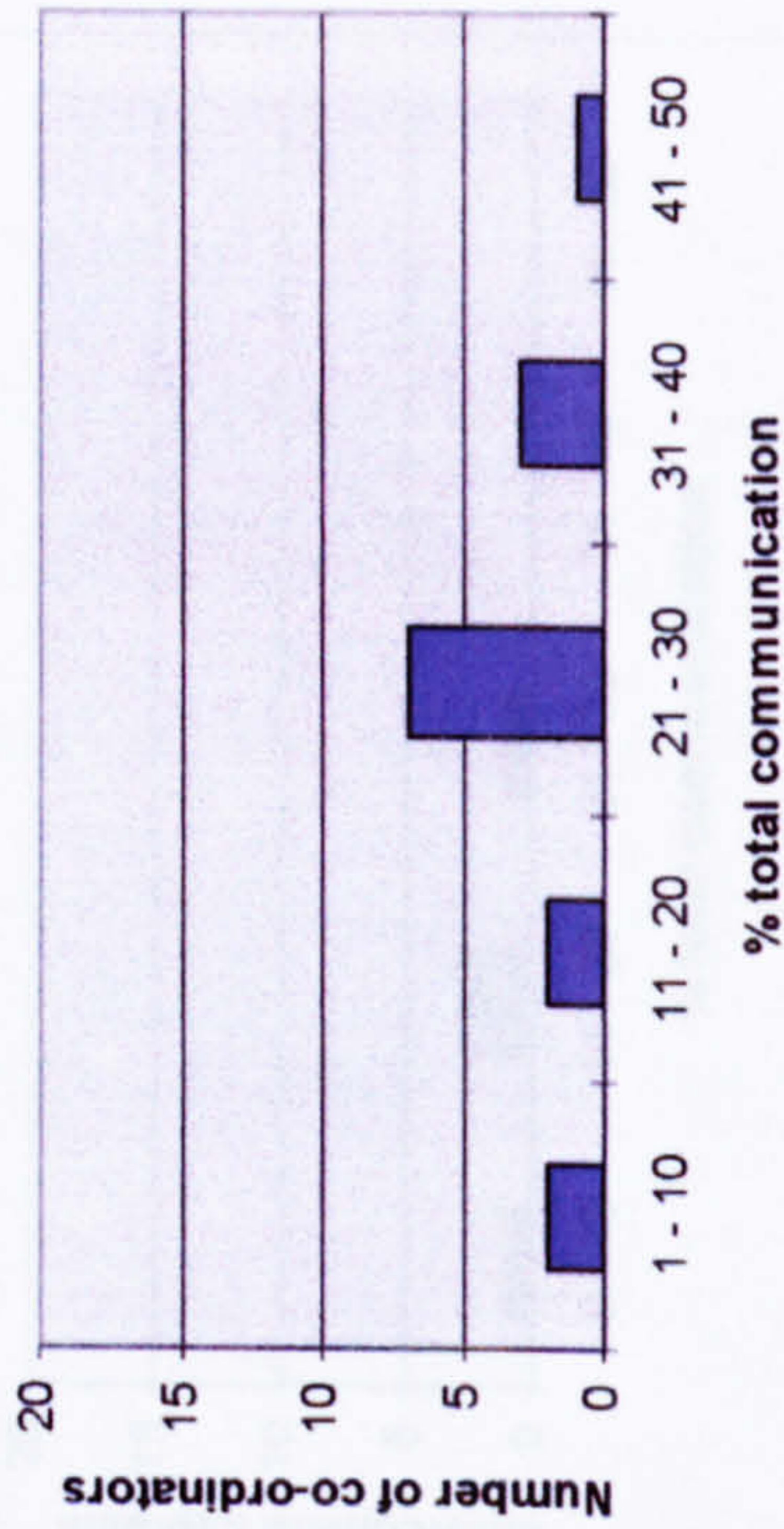
Frequency distribution of assistant prosecutors' communication N=19



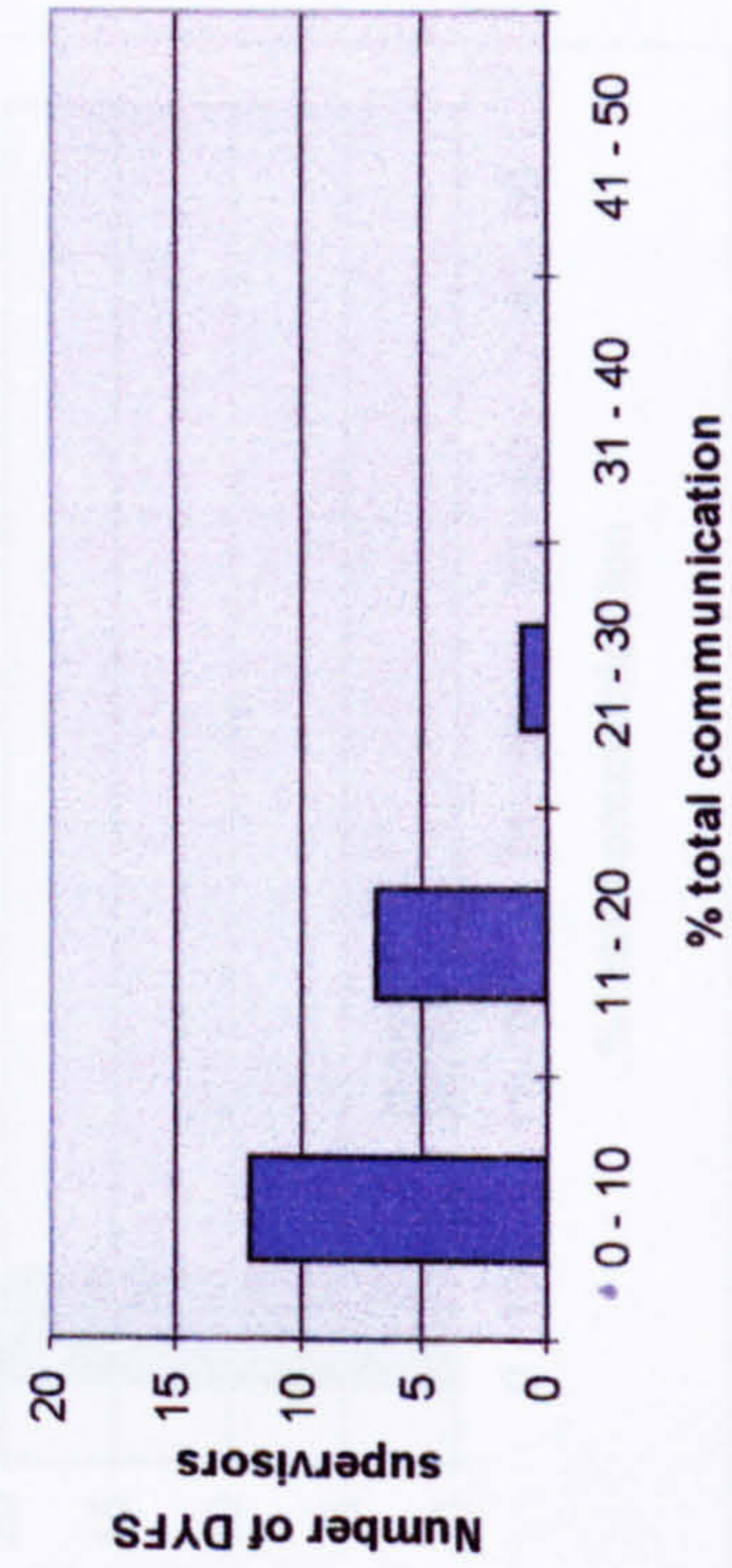
Frequency distribution of DYFS caseworkers' communication N=17



Frequency distribution of co-ordinators' communication N=15



Frequency distribution of DYFS supervisors' communication N=20



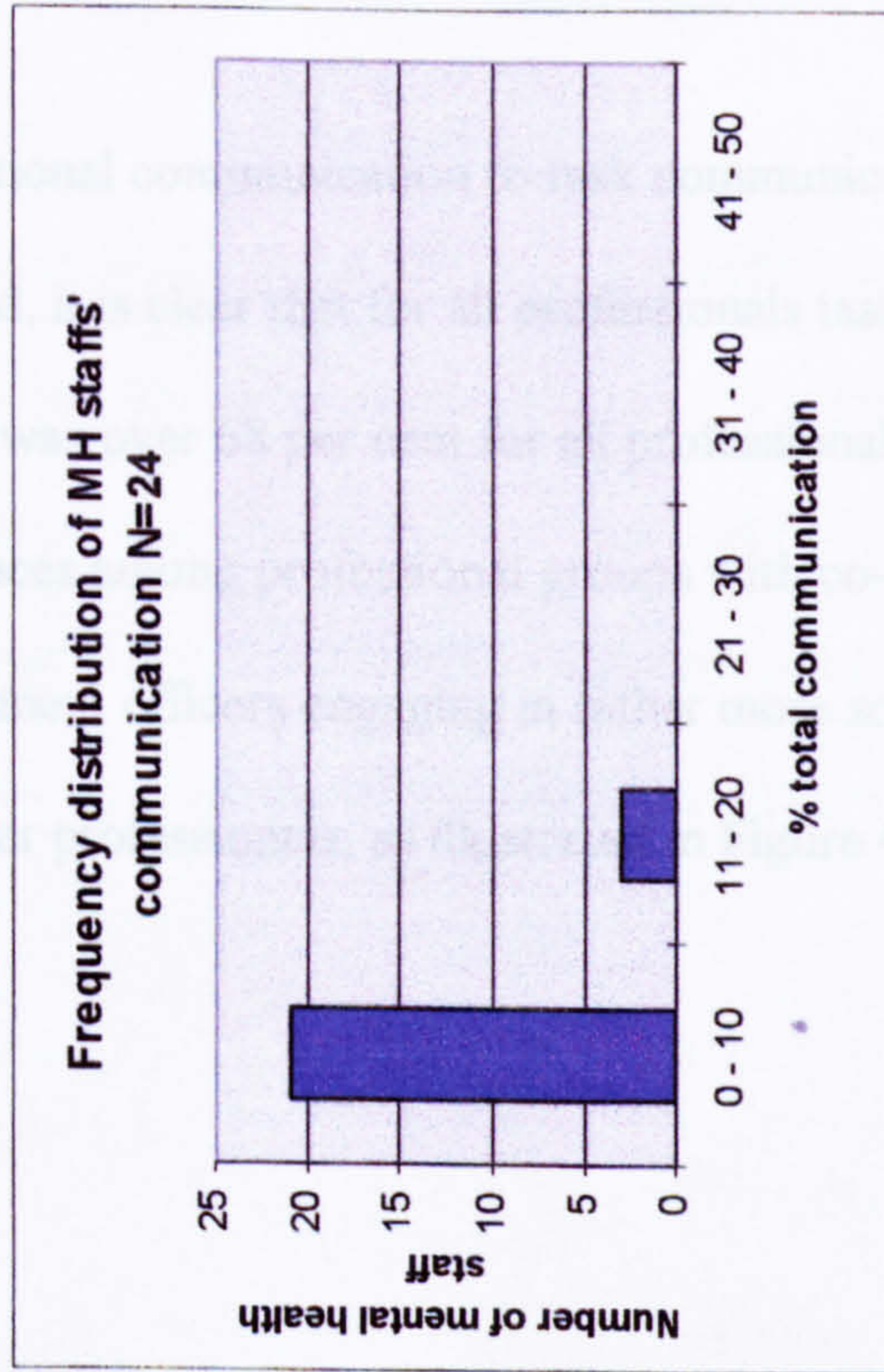
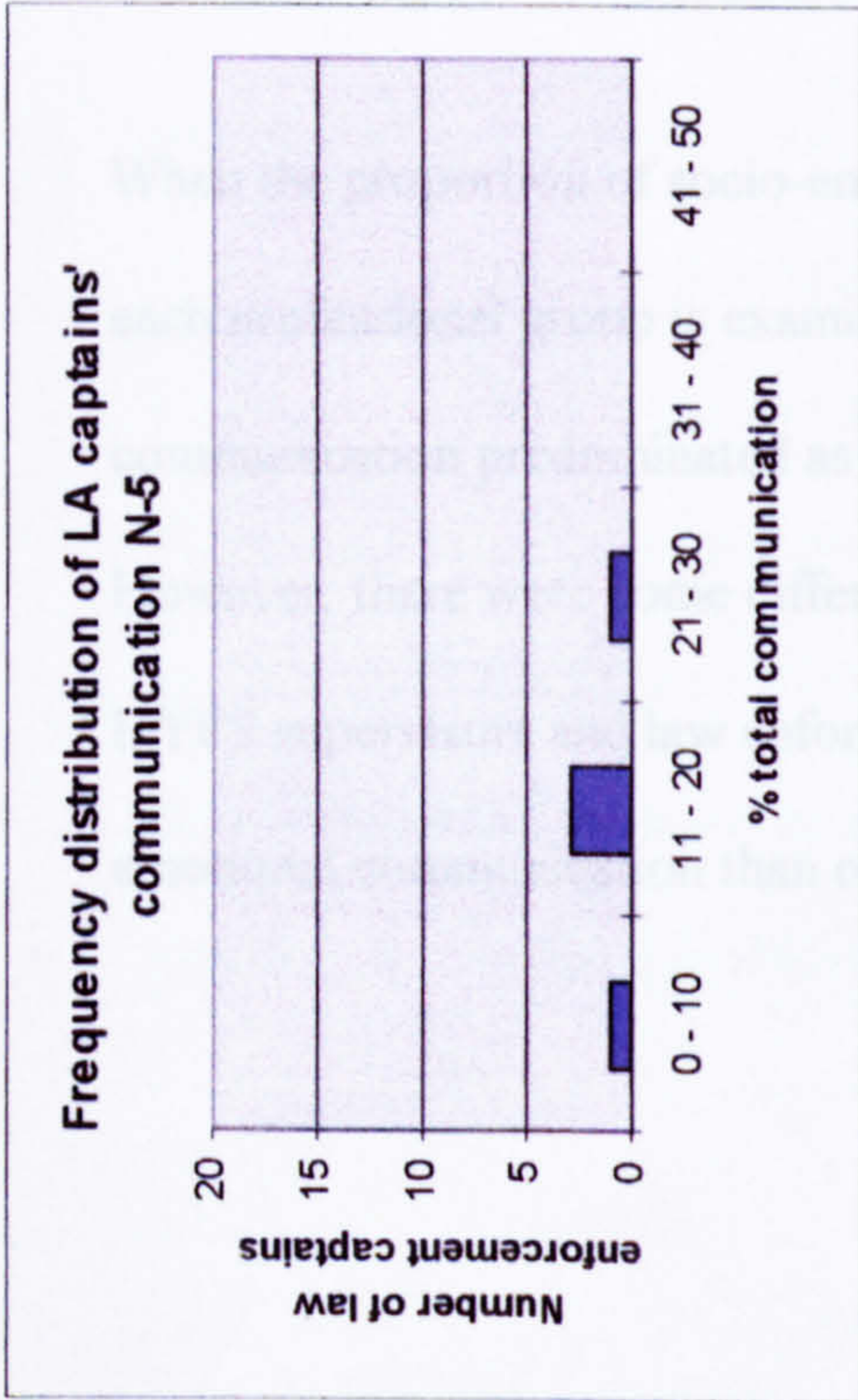
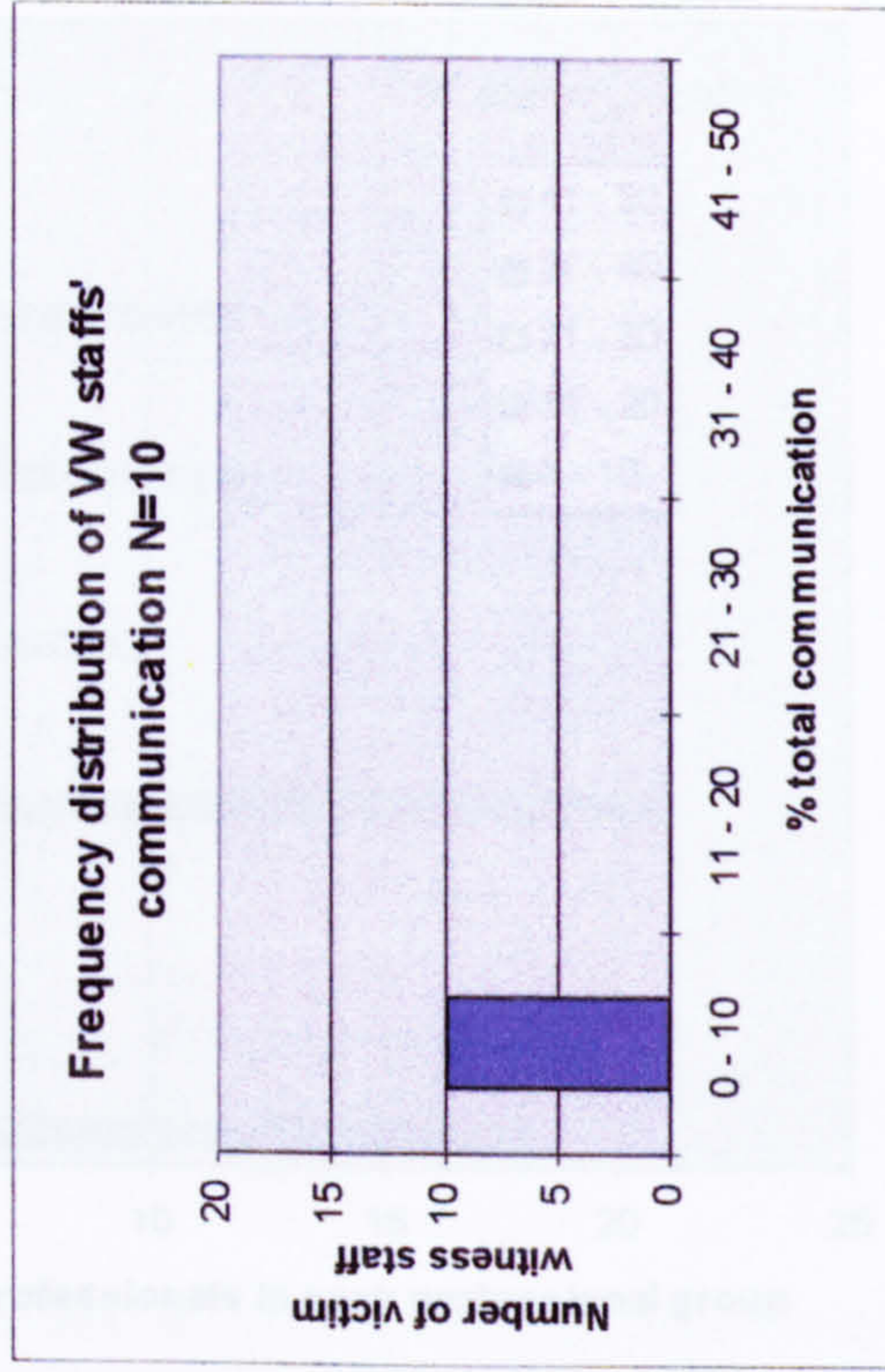
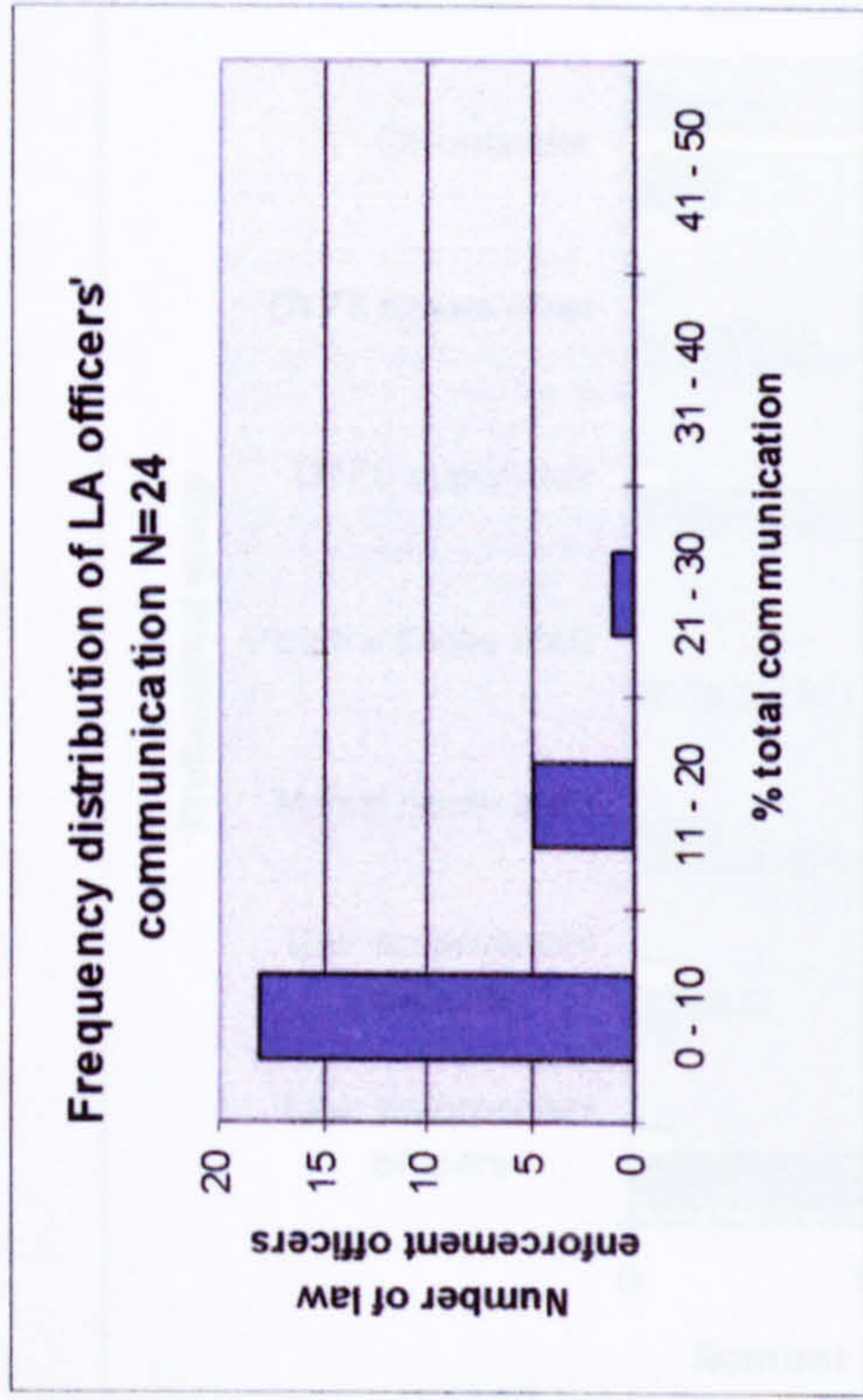
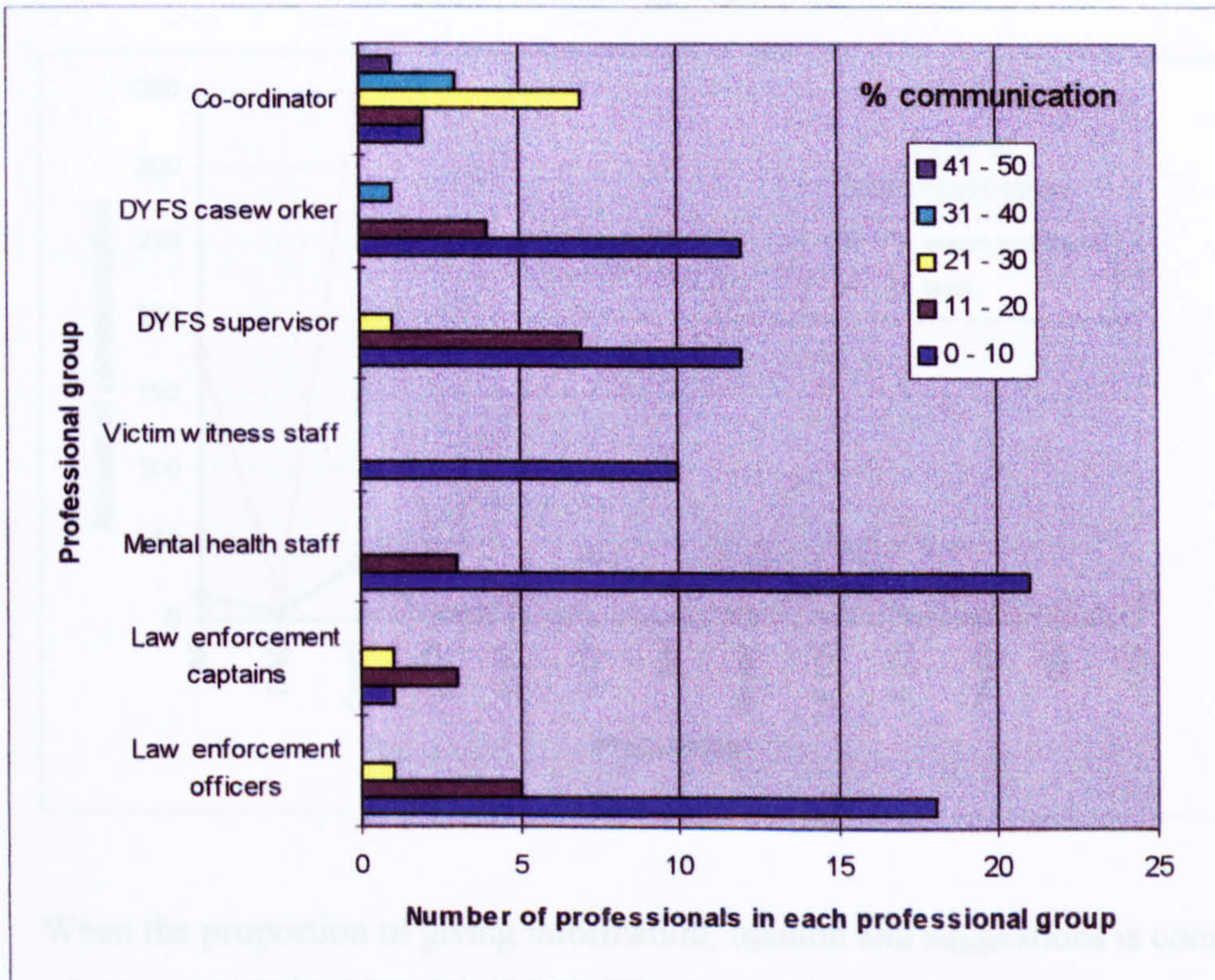
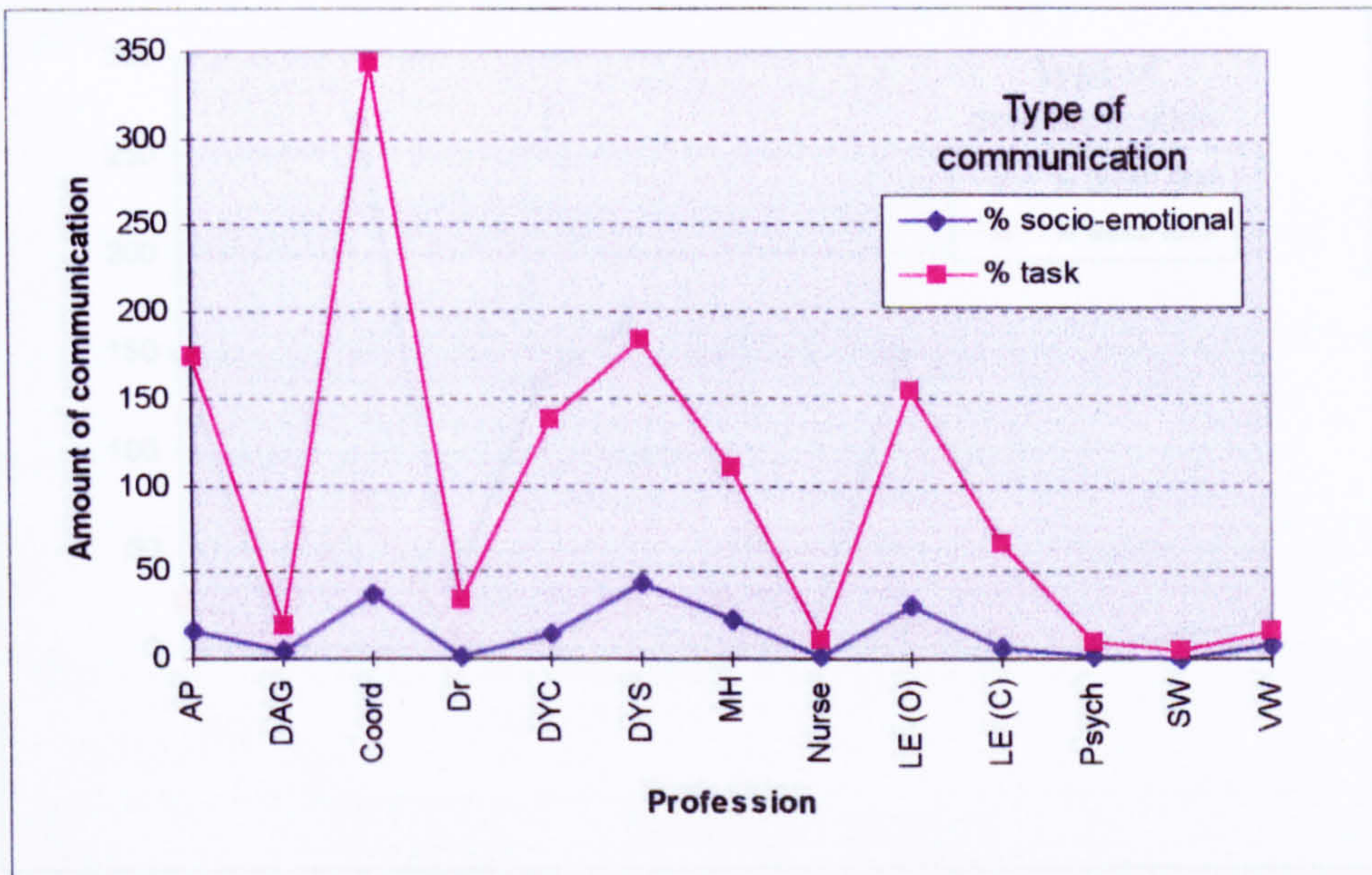


Figure 4.11 Comparison of professionals contributions to the meetings



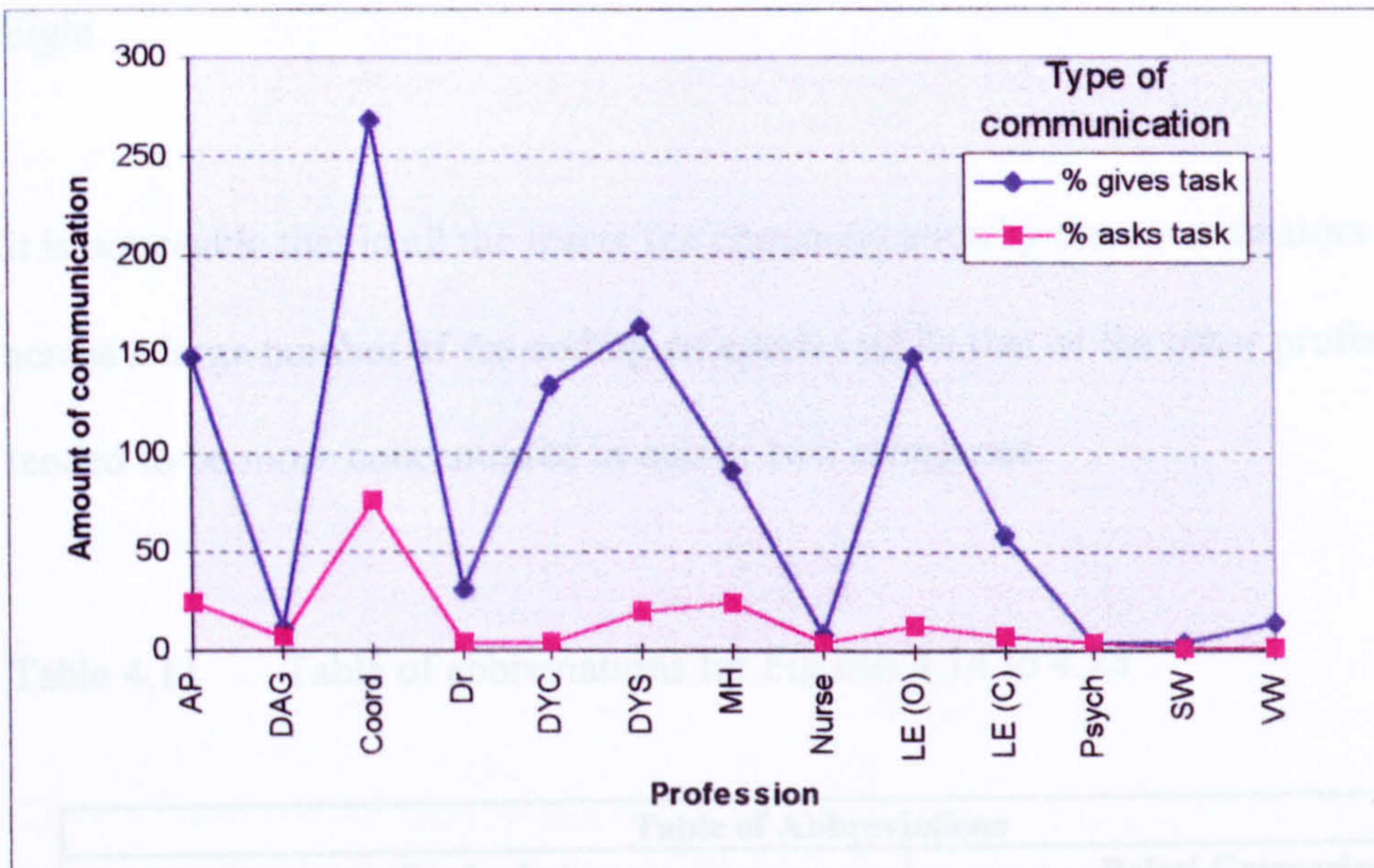
When the proportion of socio-emotional communication to task communication for each professional group is examined, it is clear that for all professionals task communication predominated as it was over 68 per cent for all professional groups. However, there were some differences among professional groups with co-ordinators, DYFS supervisors and law enforcement officers engaging in rather more socio-emotional communication than other professionals, as illustrated in Figure 4.12.

Figure 4.12 Comparison of socio-emotional and task communication for each professional group.
 Number of professional groups = 13



When the proportion of giving information, opinion and suggestions is compared with asking for information, opinion and suggestions (see Table 6, Appendix Eleven) for each professional group, it appears that all professionals, except psychologists, gave rather than asked for information, opinion and suggestions. This is particularly noticeable for DYFS caseworkers and law enforcement officers and is probably because these professionals presented cases in the MDTs. Assistant prosecutors, doctors, DYFS supervisors and law enforcement captains also had higher levels of giving communication and this may be a reflection of their higher status within the meeting as suggested by Forsyth (1990) (see Figure.4.14).

Figure 4.13 Comparison of 'asking' and 'giving' task communication for each professional group
 Number of professional groups = 13



Type and amount of communication by each professional in each team

As described in Chapter Three, the communication in each team has been broken down into sentences or parts of sentences which have then been categorised according to Bales' IPA categories, giving orientation, giving opinion, giving suggestions, asking for orientation, asking for opinion, asking for suggestions, showing solidarity, showing tension release, agreeing, disagreeing, showing tension and showing antagonism. The number of sentences, or parts of sentences in each category have been counted and then calculated as a percentage of the total communication of the team meeting.

Figures 4.14 to 4.28 show the percentage of the total amount of communication for each type of communication for each type of professional in each team. These figures illustrate the variations across the teams. For example, team 4 had more equal participation than team 1; team 13 had noticeable amounts of socio-emotional communication by a number of team members whereas in team 2, there was very little

such communication; and in team 8 much of the socio-emotional communication was negative while in team 1 it was almost all positive. Full page Figures are in Appendix Eight.

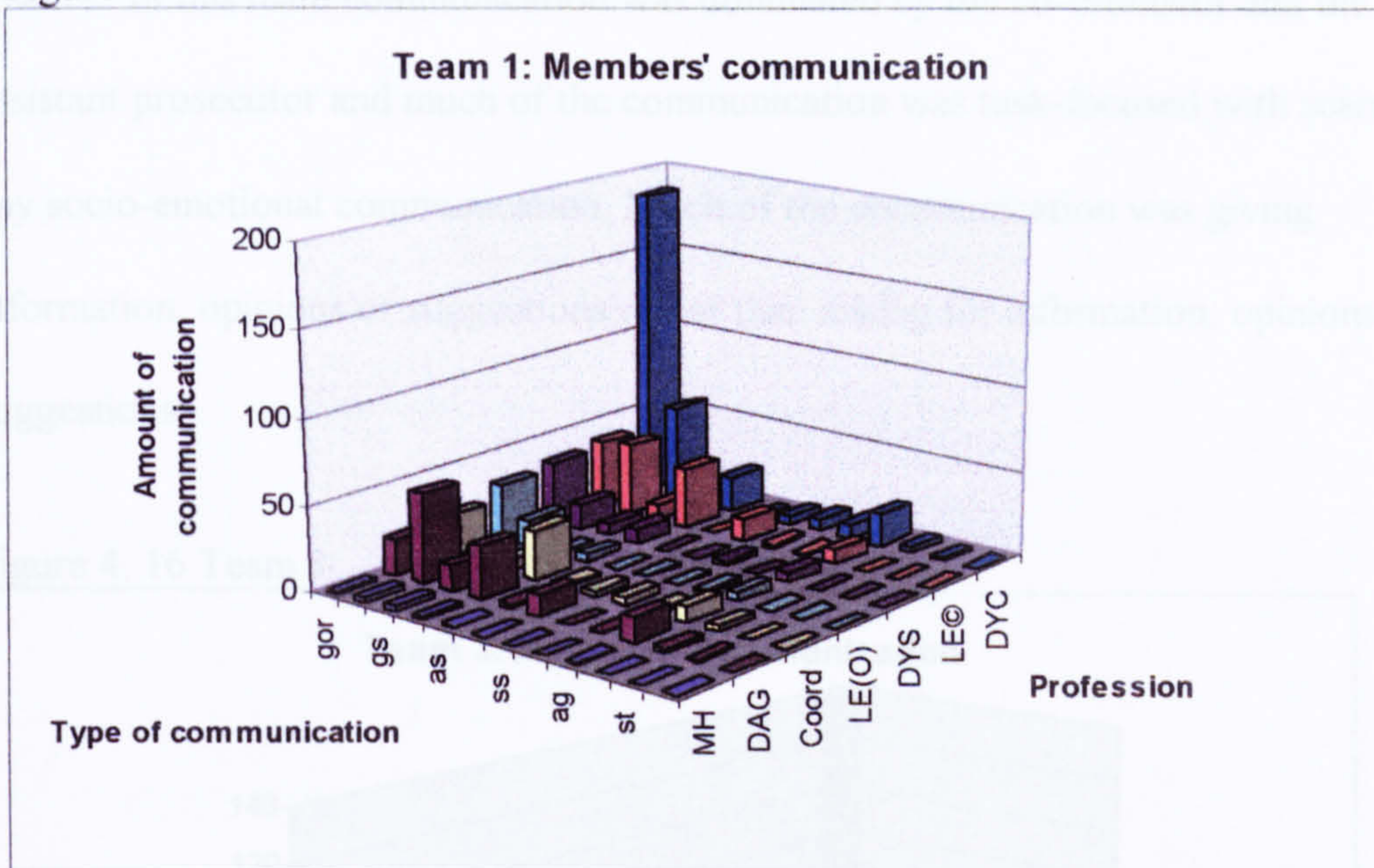
It is noticeable that in all the teams the communication by the co-ordinators spread across a large number of the coding categories while that of the other professionals tended to be more concentrated in one or two categories.

Table 4.11 Table of abbreviations for Figures 4.14 to 4.28

Table of Abbreviations			
Profession		Bales' Categories	
MH	Mental Health staff	gor	gives orientation
DAG	Deputy Attorney General	gop	gives opinion
Coord	Co-ordinator	gs	gives suggestion
LE (O)	Law Enforcement Officer	aor	asks for orientation
LE (C)	Law Enforcement Captain	aop	asks for opinion
DYC	DYFS Caseworker	as	asks for suggestions
DYS	DYFS Supervisor	ss	shows solidarity
AP	Assistant Prosecutor	str	shows tension release
VW	Victim Witness staff	ag	agrees
Psych	Psychologist	dag	disadrees
AD	Assistant District Attorney	st	shows tension
H	Hospital staff	ant	shows antagonism

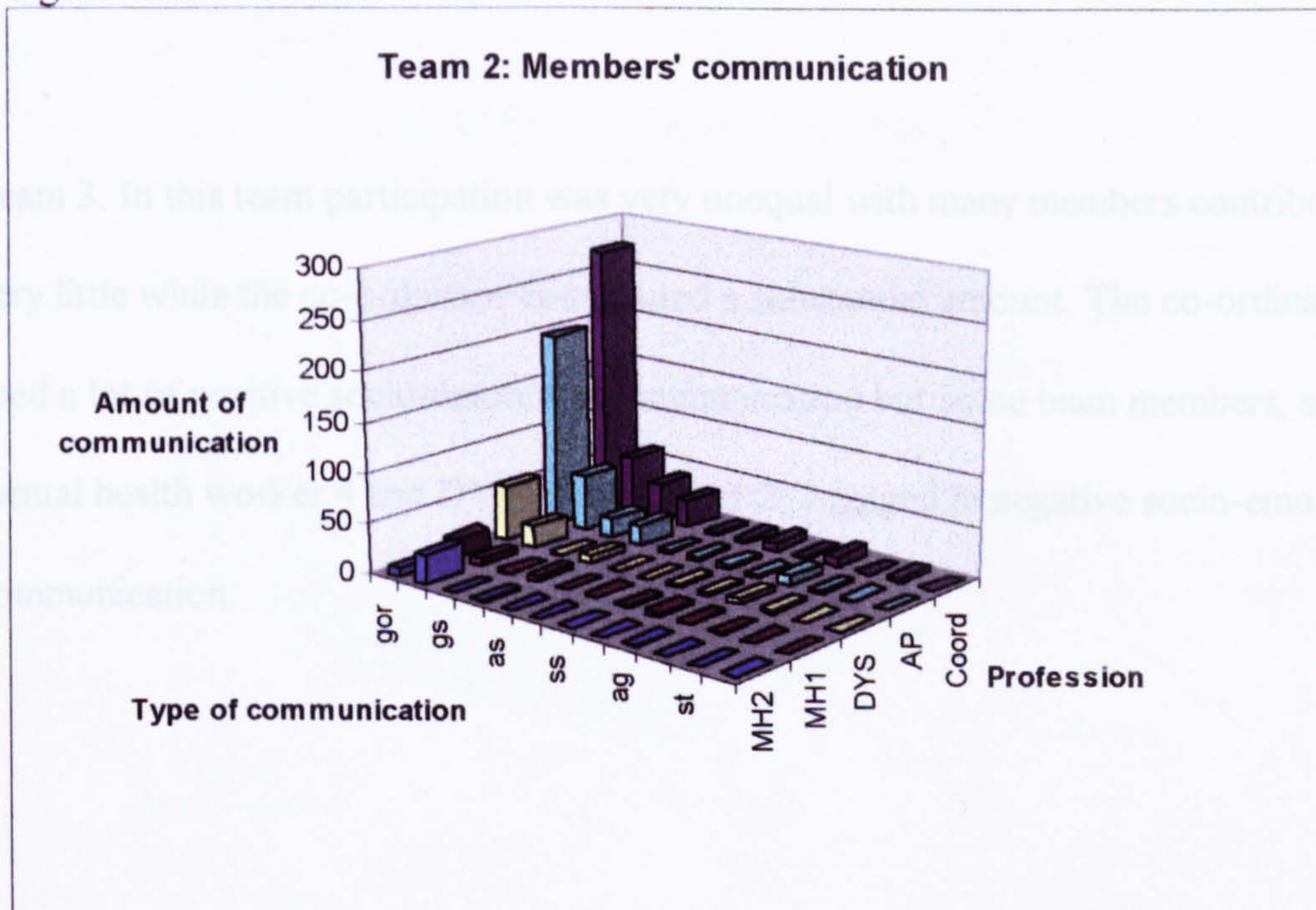
There is not sufficient space for all the Bales' categories to be printed in the following figures. The order of the categories in the figures is as listed in Table 4.11.

Figure 4.14 Team 1



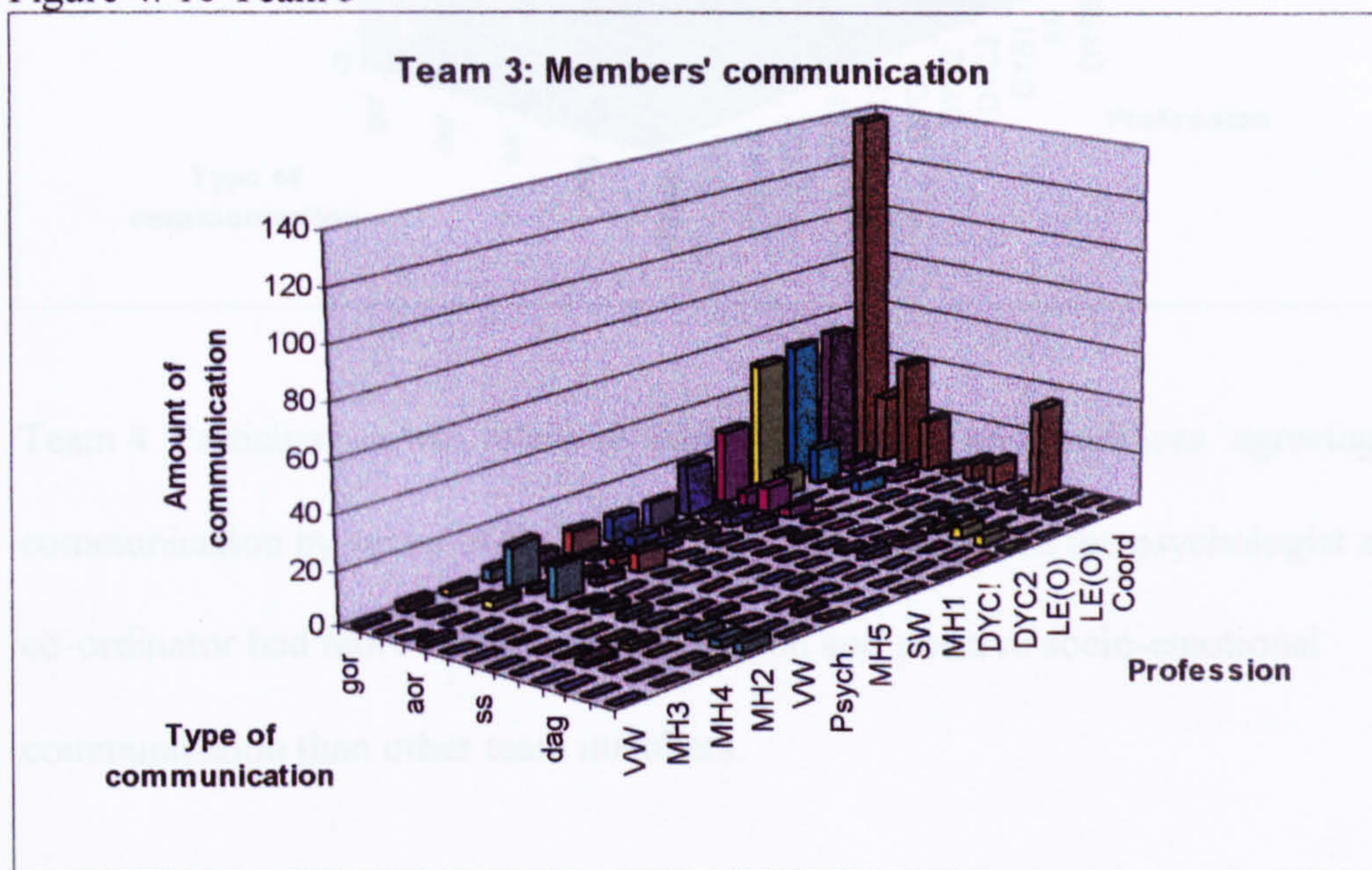
Team 1. In this team there was a high level of giving information by the DYFS caseworker although all other members were participative, except for the mental health worker. There was scarcely any negative socio-emotional communication but a noticeable amount of 'agreeing' communication by team members.

Figure 4.15 Team 2



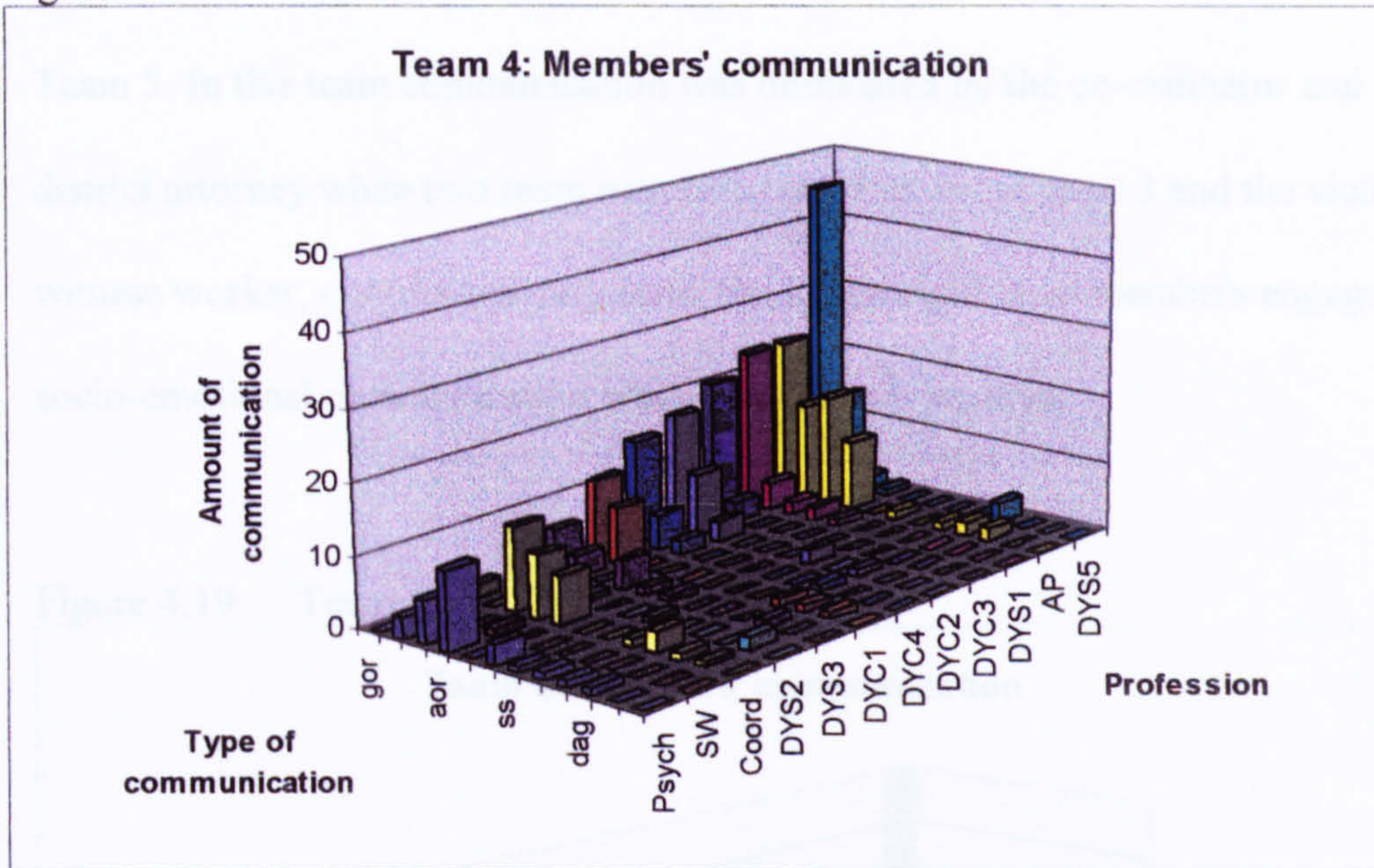
Team 2. In this team communication was dominated by the co-ordinator and the assistant prosecutor and much of the communication was task-focused with scarcely any socio-emotional communication. Much of the communication was giving information, opinions or suggestions rather than asking for information, opinions and suggestions.

Figure 4. 16 Team 3



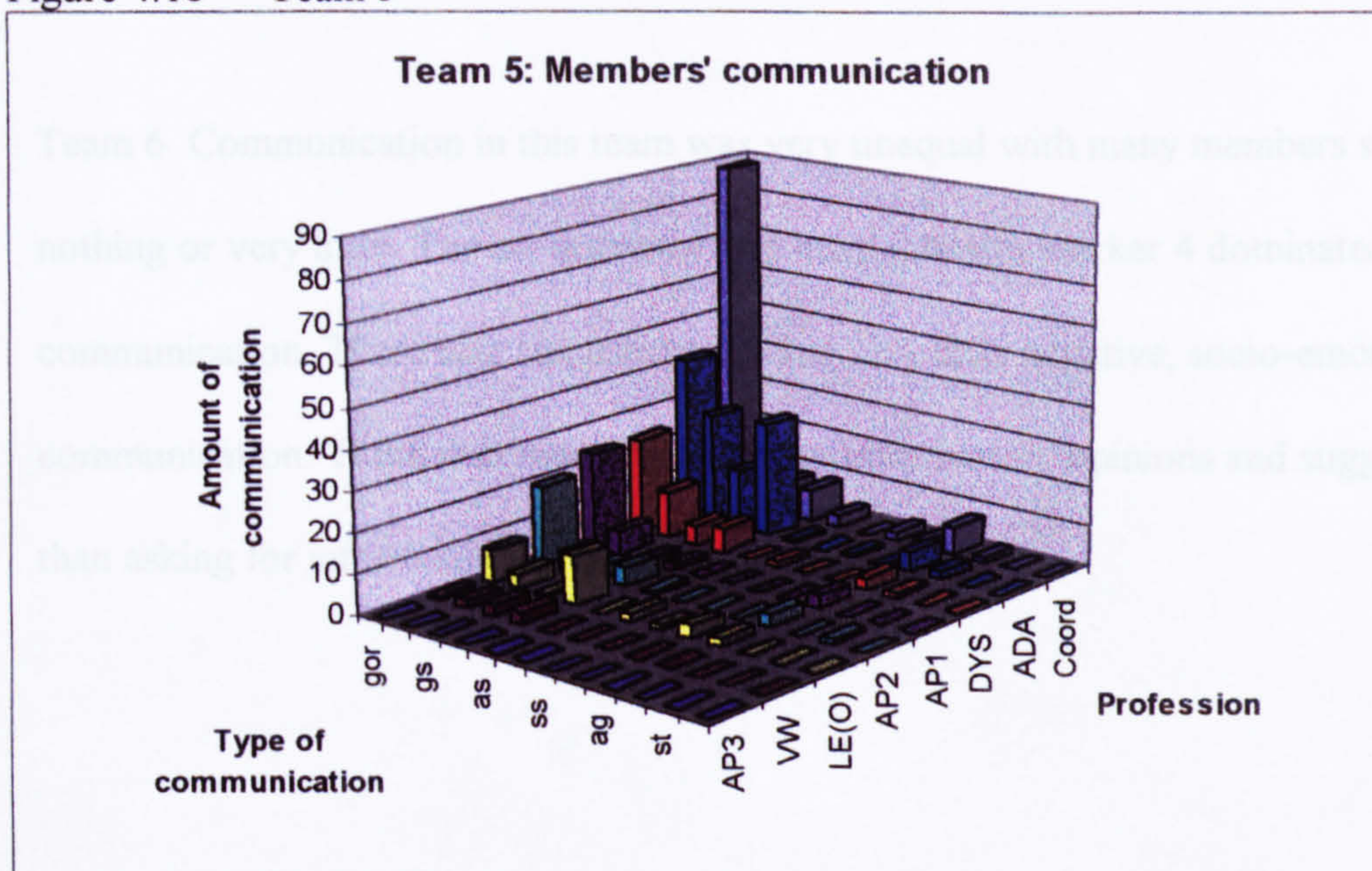
Team 3. In this team participation was very unequal with many members contributing very little while the co-ordinator contributed a substantial amount. The co-ordinator used a lot of positive socio-emotional communication but some team members, such as mental health worker 4 and DYFS caseworker 2, engaged in negative socio-emotional communication.

Figure 4.17 Team 4



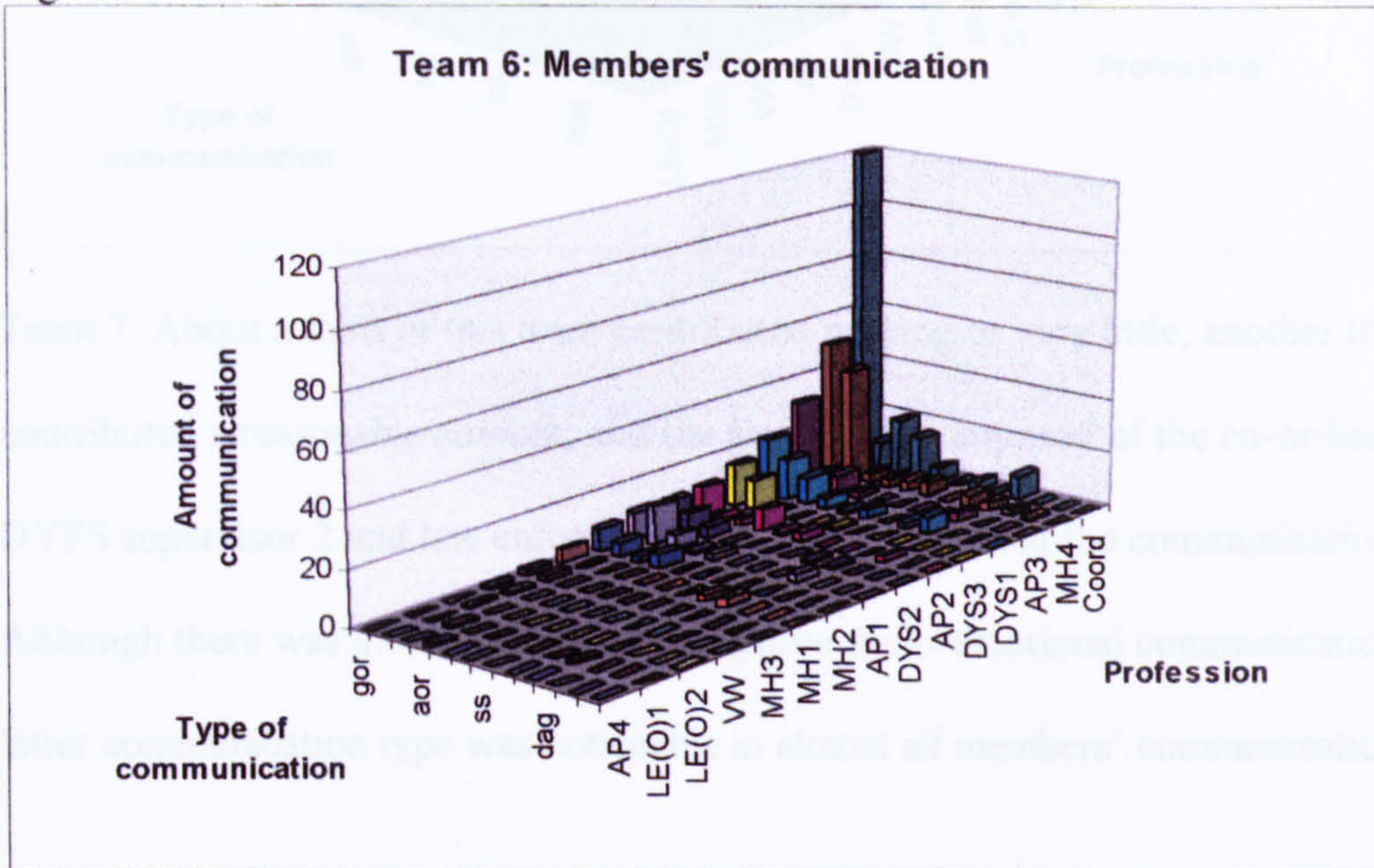
Team 4. Participation was relatively equal in this team and there was 'agreeing' communication by seven of the twelve team members. Both the psychologist and the co-ordinator had more asking communication and positive socio-emotional communication than other team members.

Figure 4.18 Team 5



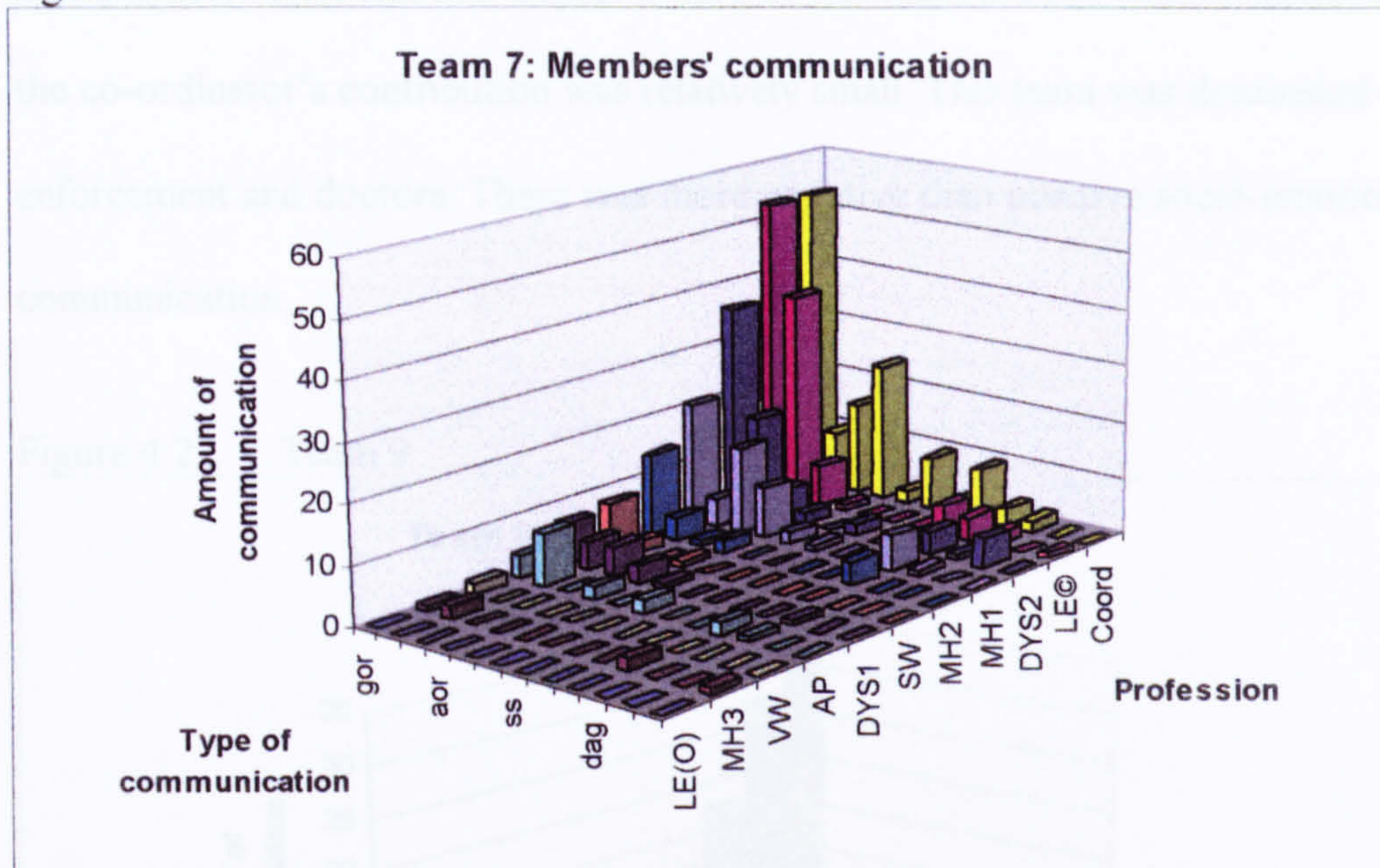
Team 5. In this team communication was dominated by the co-ordinator and assistant district attorney while two team members, assistant prosecutor 3 and the victim witness worker, contributed very little. Six of the eight team members engaged in socio-emotional communication which was mainly positive.

Figure 4.19 Team 6



Team 6. Communication in this team was very unequal with many members saying nothing or very little. The co-ordinator and mental health worker 4 dominated the communication. There was some positive, but very little negative, socio-emotional communication. There was much more giving information, opinions and suggestions than asking for information, opinions and suggestions.

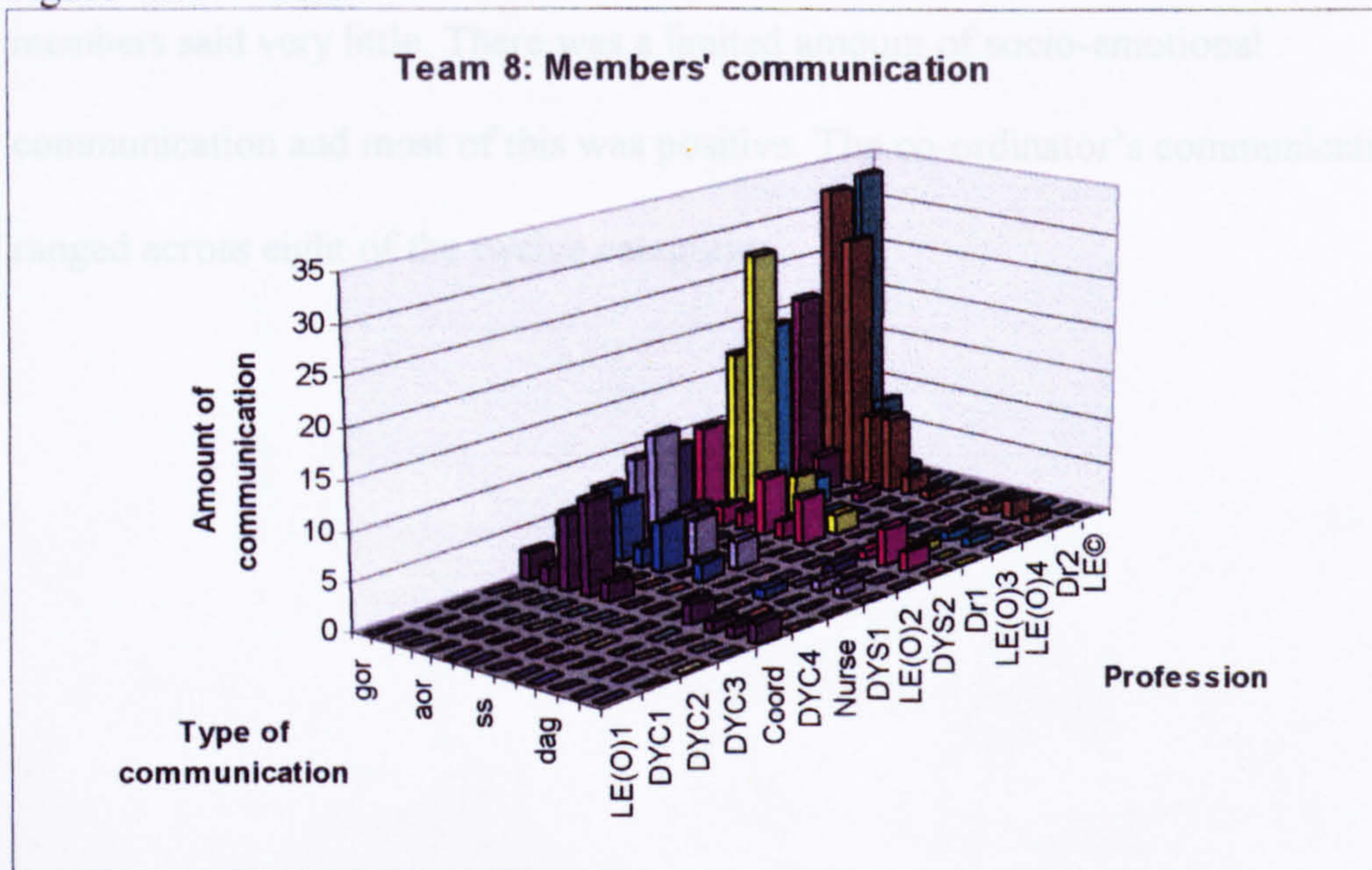
Figure 4.20 Team 7



Team 7. About a third of this team contributed nothing or very little; another third contributed a reasonable amount; and the final third, composed of the co-ordinator, DYFS supervisor 2 and law enforcement captain, dominated the communication.

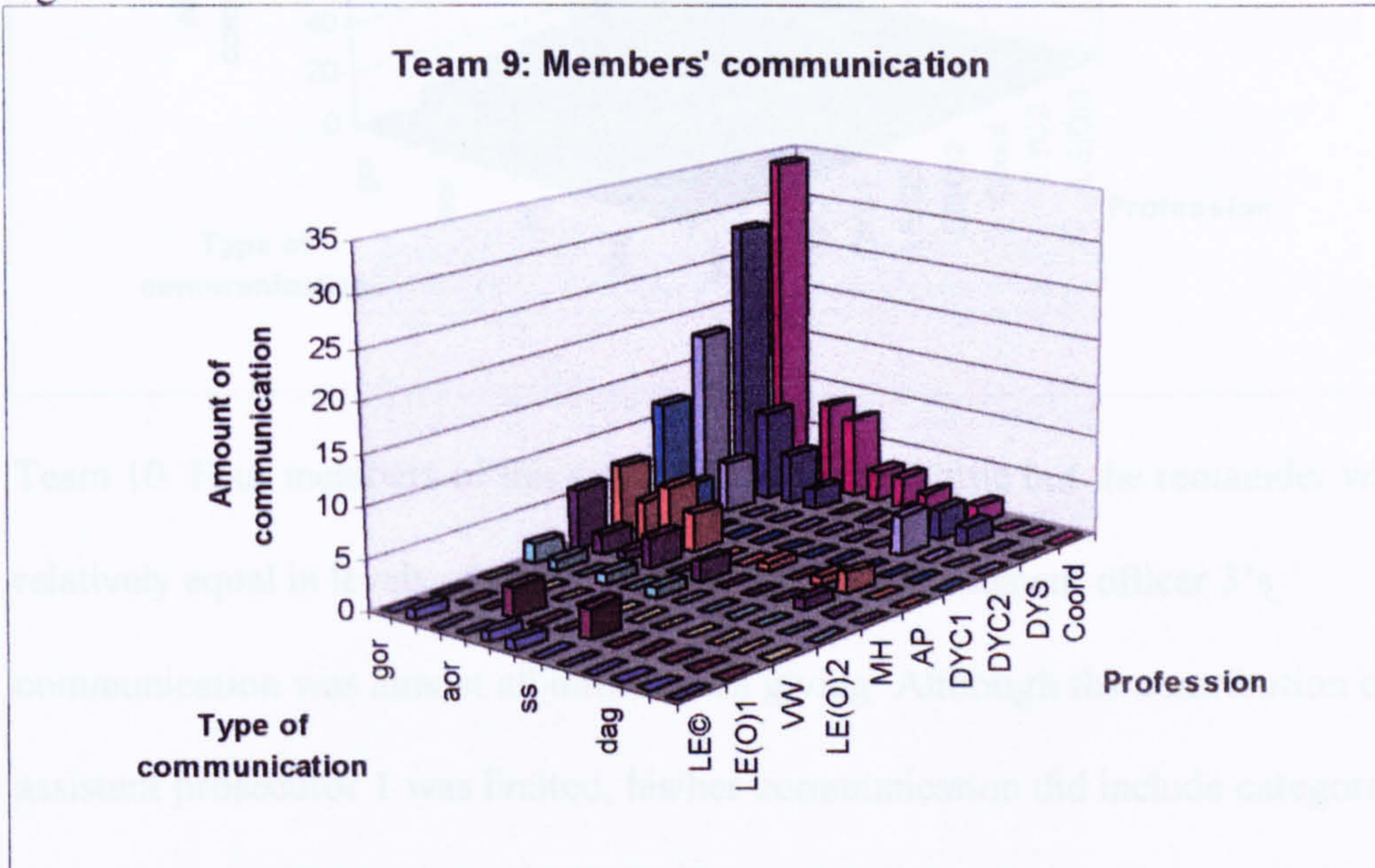
Although there was more positive than negative socio-emotional communication this latter communication type was noticeable in almost all members' communication.

Figure 4.21 Team 8



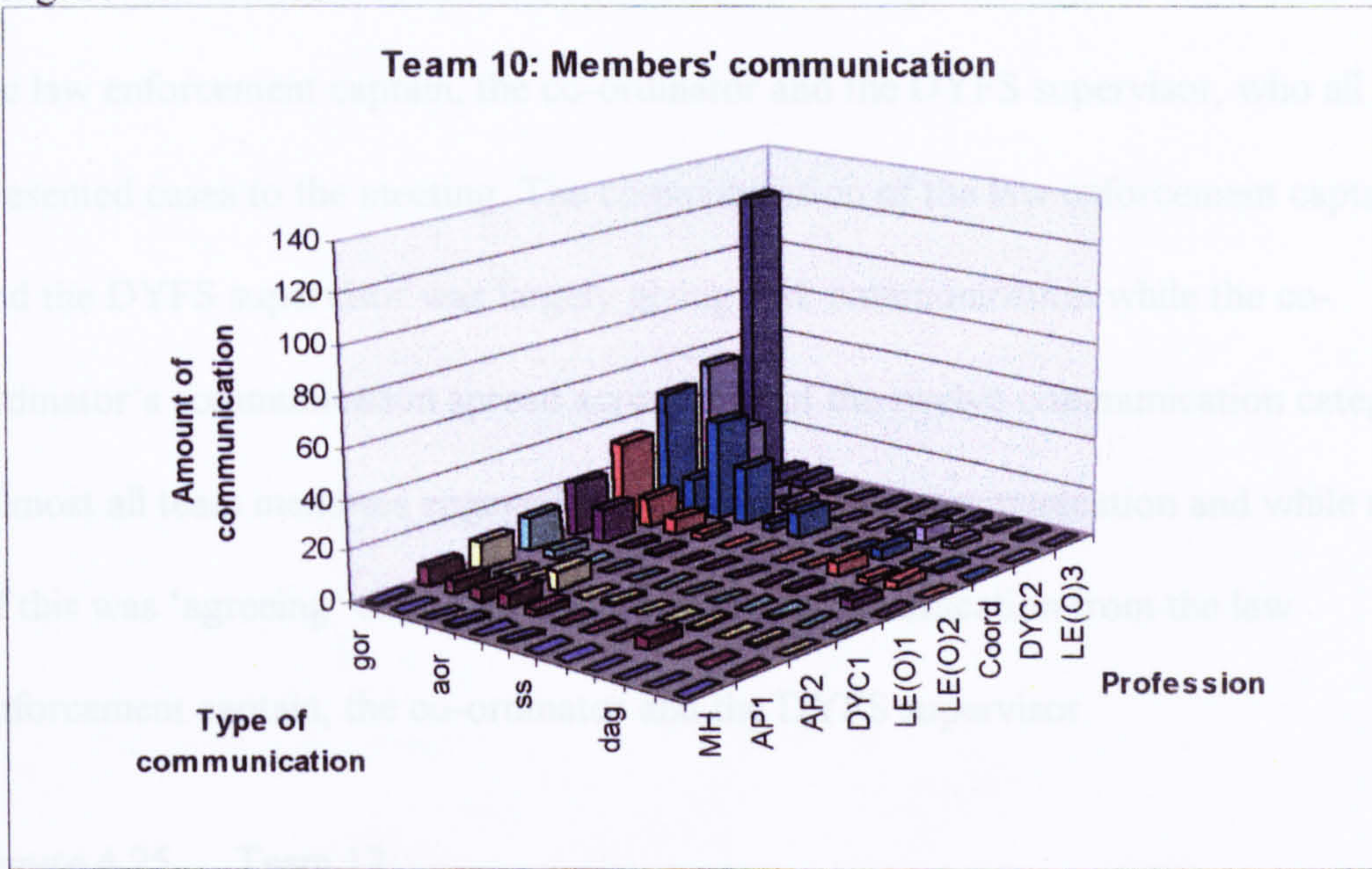
Team 8. It is noticeable that almost a third of this team did not communicate at all and the co-ordinator's contribution was relatively small. This team was dominated by law enforcement and doctors. There was more negative than positive socio-emotional communication.

Figure 4.22 Team 9



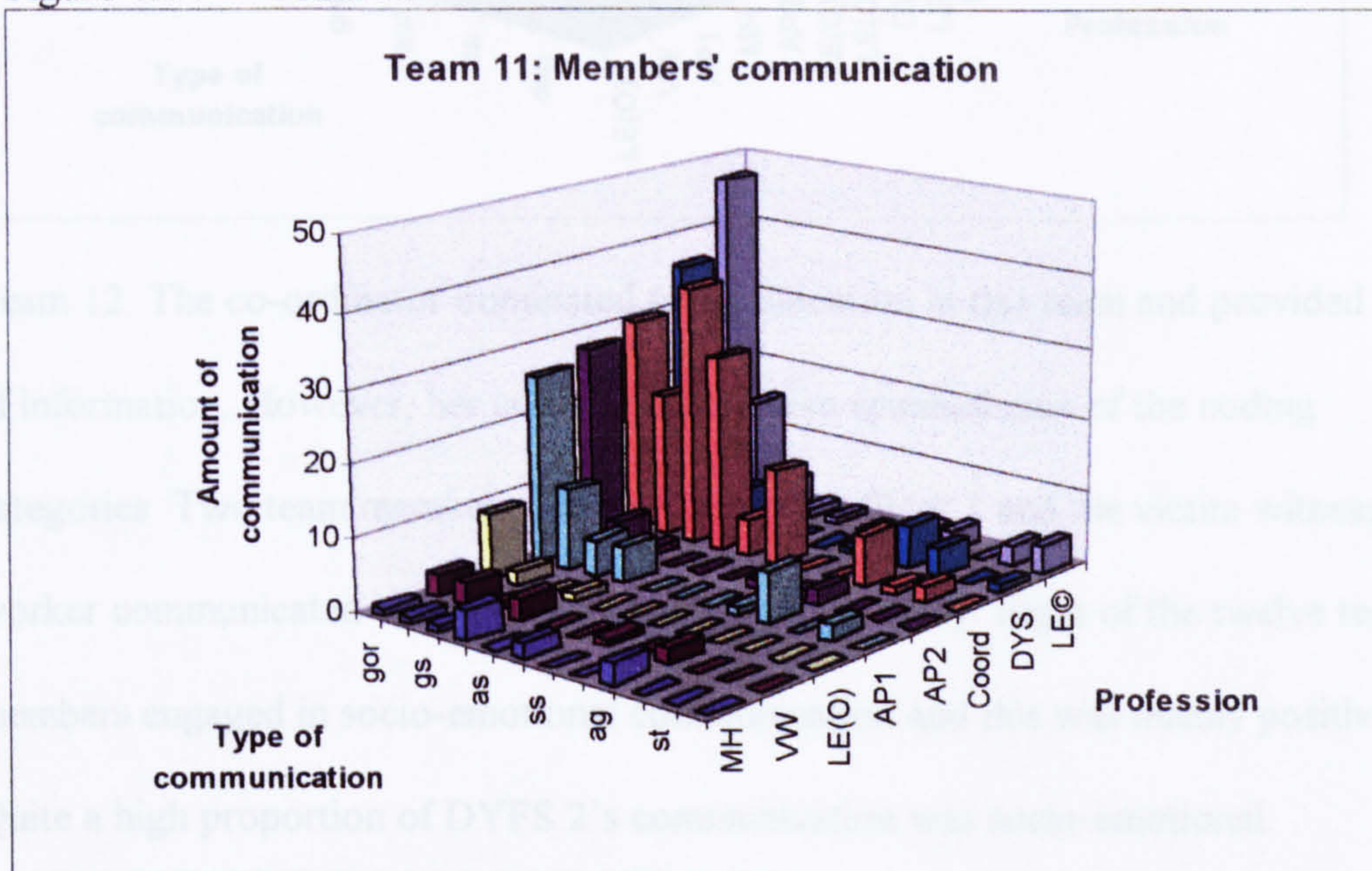
Team 9. There was more equal participation in this team although two or three members said very little. There was a limited amount of socio-emotional communication and most of this was positive. The co-ordinator's communication ranged across eight of the twelve categories.

Figure 4.23 Team 10



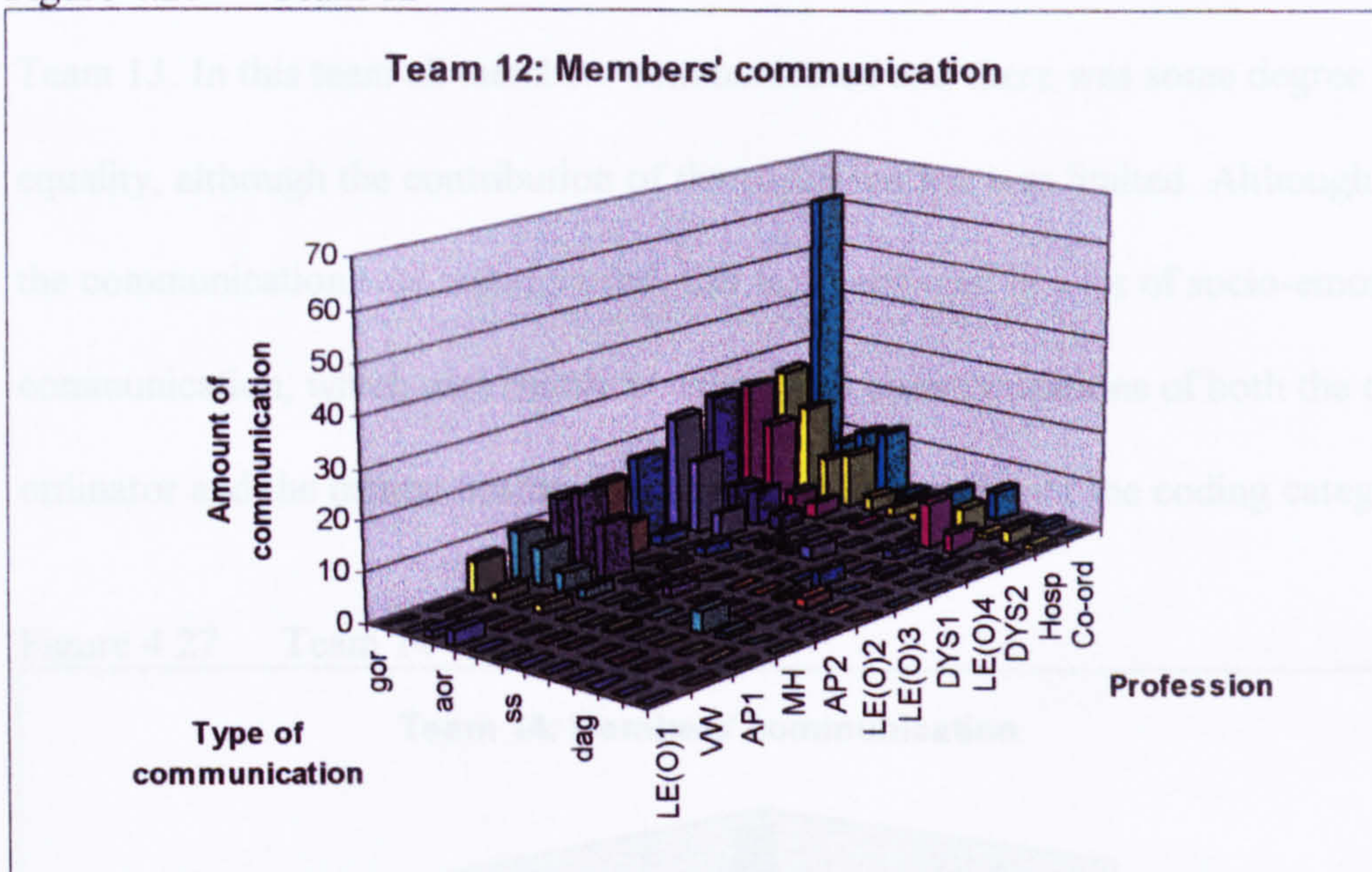
Team 10. Four members of this team communicated little but the remainder were relatively equal in levels of communication. Law enforcement officer 3's communication was almost all information giving. Although the contribution of the assistant prosecutor 1 was limited, his/her communication did include categories such as 'asks for information' and 'asks for opinions' and 'agrees'.

Figure 4.24 Team 11



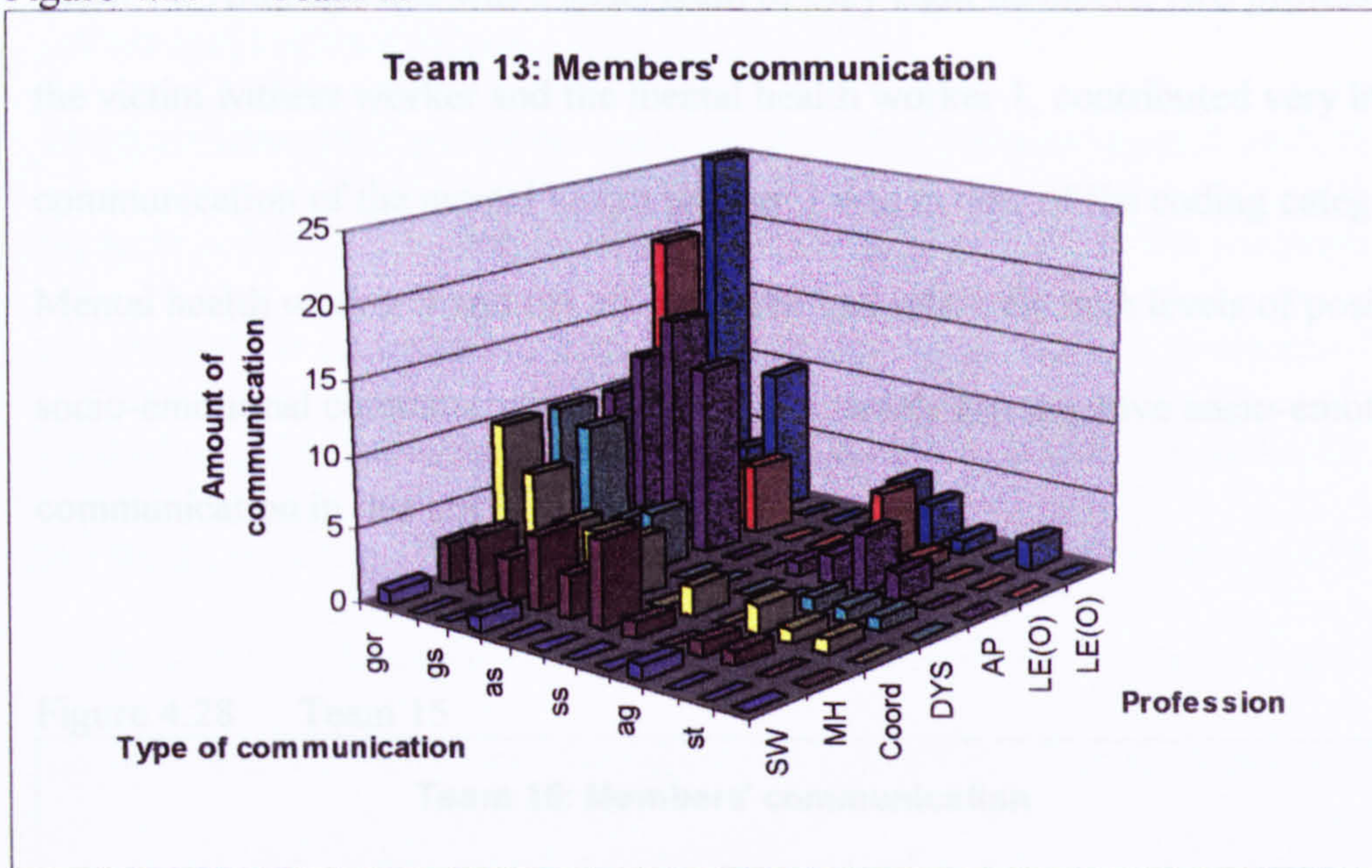
Team 11. All members of this team contributed although the highest contributors were the law enforcement captain, the co-ordinator and the DYFS supervisor, who all presented cases to the meeting. The communication of the law enforcement captain and the DYFS supervisor was largely giving task communication while the co-ordinator's communication spread across nine of the twelve communication categories. Almost all team members engaged in socio-emotional communication and while much of this was 'agreeing' there was some negative communication from the law enforcement captain, the co-ordinator and the DYFS supervisor.

Figure 4.25 Team 12



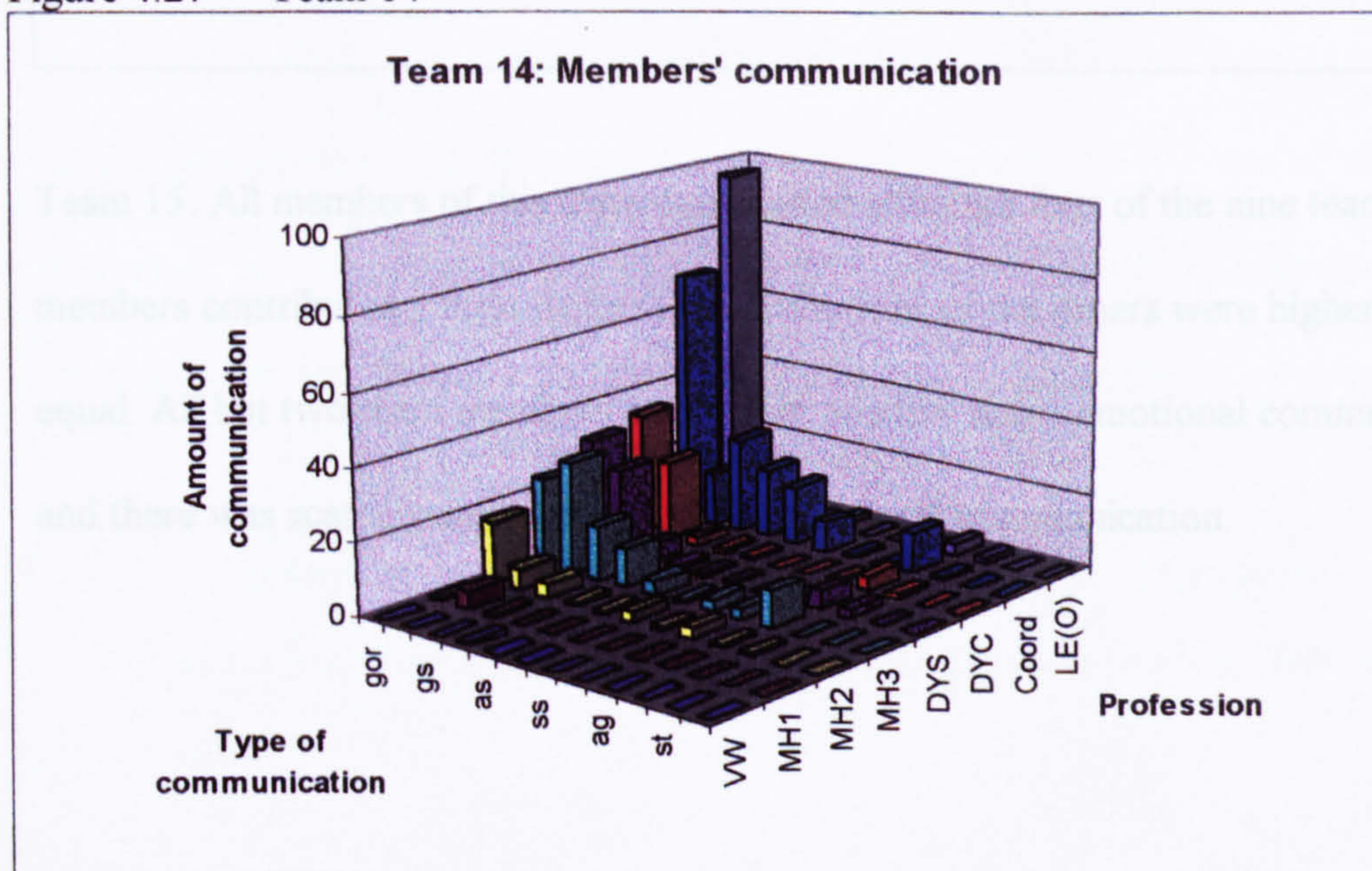
Team 12. The co-ordinator dominated communication in this team and provided a lot of information. However, her communication also spanned nine of the coding categories. Two team members, law enforcement officer 1 and the victim witness worker communicated very little and nothing respectively. Eight of the twelve team members engaged in socio-emotional communication and this was mainly positive. Quite a high proportion of DYFS 2's communication was socio-emotional.

Figure 4.26 Team 13



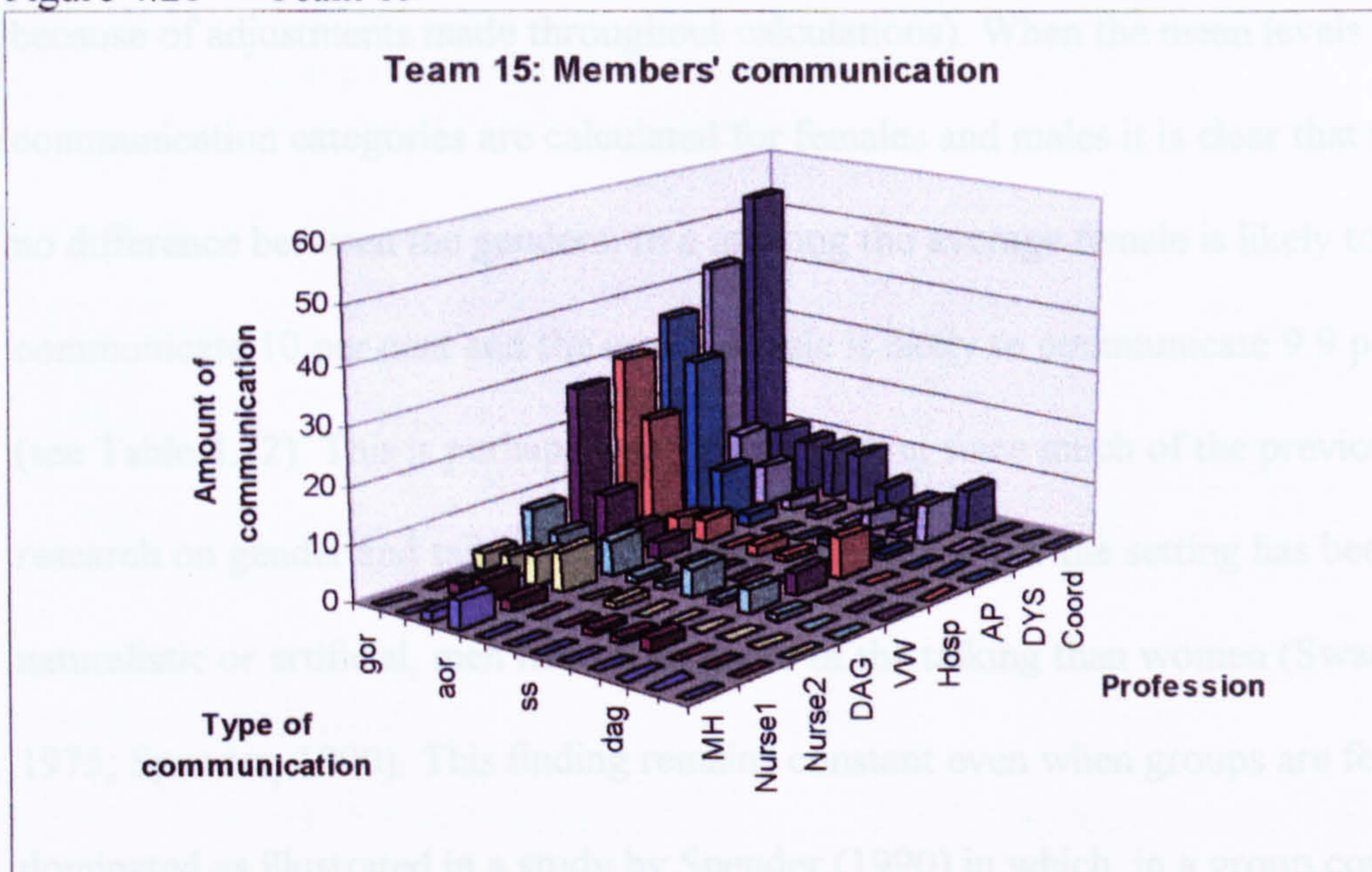
Team 13. In this team all members communicated and there was some degree of equality, although the contribution of the social worker was limited. Although most of the communication was task-focused, this team engaged in a lot of socio-emotional communication, which was mainly positive. The communications of both the coordinator and the mental health worker spread across nine of the coding categories.

Figure 4.27 Team 14



Team 14. Although this was a small team of only eight members, two professionals, the victim witness worker and the mental health worker 1, contributed very little. The communication of the mental health worker 3 was in nine of the coding categories. Mental health worker 3 and the co-ordinator had relatively high levels of positive socio-emotional communication. There was scarcely any negative socio-emotional communication in this team.

Figure 4.28 Team 15



Team 15. All members of this team contributed although four of the nine team members contributed a little while the contributions of the others were higher and more equal. All but two team members engaged in positive socio-emotional communication and there was scarcely any negative socio-emotional communication.

Gender and communication

There are fifteen team meetings with 100 per cent communication in each meeting so the total percentage of communication for all teams is 1500. When the percentage of communication for each female and each male in every meeting is calculated and then totalled to provide a figure for all females in all meetings and all males in all meetings the results show that the total percentages of female communication is 1074.1 and of males is 415.3. (The total for females and males is 1489.4. The total is not 1500 because of adjustments made throughout calculations). When the mean levels of communication categories are calculated for females and males it is clear that there is no difference between the genders. In a meeting the average female is likely to communicate 10 per cent and the average male is likely to communicate 9.9 per cent (see Table 4.12). This is perhaps a surprising finding since much of the previous research on gender and talkativeness suggests that whether the setting has been naturalistic or artificial, men have done more of the talking than women (Swacker, 1975; Spender, 1990). This finding remains constant even when groups are female dominated as illustrated in a study by Spender (1990) in which, in a group composed of thirty-two women and five men, the men talked for over 50 per cent of the time. In their study in 1975, Zimmerman and West (1975) found that 98 per cent of interruptions in mixed sex conversations were made by men. They concluded

...men deny equal status to women as conversational partners with respect to rights to full utilization of their turns and support for the development of their topics (p125).

The difference between these findings and those in this study may be because a number of women in the MDTs were doctors, psychologists and attorneys and thus had higher status than some of the men in the meetings. In three meetings there was only one man in the meeting. Furthermore, all but one of the co-ordinators were women and this group tended to be high communicators. It seems that status and role may compensate for gender.

Table 4.12 Total of all percentages of female and male communication and mean percentage communication for females and males
Number of professionals = 151

Females = 109 Males = 42

Communication Type		Socio-emotional	Gives task	Asks task	Total task	Total communication
Female	Total	145.9	801.9	162.7	957.5	1074.1
	Mean	1.3	7.3	1.5	8.7	10
Male	Total	50.6	330.1	45.4	369.1	415.3
	Mean	1.3	7.3	1.5	8.7	9.9

Equality of communication

Table 4.13 shows that in five teams, 1, 2, 11, 13 and 15, all team members contributed more than one per cent in the meeting while in three team meetings, 3, 8 and 6, more than 21 per cent of the members communicated less than one per cent.

Studies by Thomas and Fink (1961) suggest that as membership of groups increase the proportion of members who do not communicate also increases. The relationship between the size of the MDT meeting and number of members contributing to the meeting was calculated using Pearson's correlation coefficient and the significance calculated using a two-tailed test. The correlation is 0.88 with a significance level of

0.01 showing that there is a strong positive correlation between size of meeting and the number of members who did not contribute in the meeting.

Table 4.13 Percentage of team members communicating less than one per cent
 Number of teams = 15
 Number of professionals = 151

% of Team members contributing 0 - <1%	Team	Total
0	1, 2, 11, 13, 15	3
1 - 10	9, 12	2
11- 20	4, 5, 7, 10, 14	5
21 - 30	3, 8,	2
31 - 40	6	1
Total		15

In every team meeting one or two members each contributed more than 20 per cent of the communication. However, these members could be a very small proportion of the total membership of the team thus Table 4.14 shows that in five teams, 3,4,6,8 and 12, a very small percentage of the membership (less than 10 per cent) was responsible for more than 20 per cent of the communication in the meeting.

Table 4.14 Percentage of team members communicating more than 20 per cent
 Number of teams = 15
 Number of professionals = 151

% Team members contributing 20% or more	Team	Total
0 - 10	3, 4, 6, 8, 12,	5
11 - 20	1,7, 9, 10, 11,14, 15	7
21 - 30	5, 13	2
31 - 40	2	1
Total		15

The individual members of the team belonged to different professions or disciplines and the data from the observations have been analysed to identify the amount of communication by each member of each profession or discipline. When an analysis is made of the two highest and the two lowest contributors, according to profession or discipline, it is clear that there was a difference across the teams (see Table 4.15).

Table 4.15 Two highest and two lowest contributors in each team
Number of teams = 15

Highest contributors			Lowest contributors		
Profession	Number of teams	Teams	Profession	Number of teams	Teams
Co-ordinator	11	2,3,5,6,7,9,10,11,12,14,15	Victim Witness	7	3,5,6,7,9,12,14
Law enforcement	7	3,7,8,10,11,13,14	Mental Health	7	1,2,3,10,11,13,15
Assistant prosecutor	4	2,4,13,15	DYFS	3	4,8,10
Physician	2	8,12	Law enforcement	5	1,7,9,11,12
DYFS	3	1,4,9	Assistant prosecutor	2	5,6
Deputy DA	1	5	Hospital	2	13,15

This shows that the co-ordinator was one of the two highest contributors in eleven of the teams; a law enforcement officer/captain was highest in seven teams; an assistant prosecutor was one of the highest in five teams; and DYFS caseworker or supervisor was one of the highest in only two teams. There was more variety in lowest contributors, although in seven teams victim witness was one of the two lowest contributors and in seven teams mental health was one of the lowest.

In the survey, the respondents were asked if the participation level of professionals was equal in the team and 49 per cent responded 'Yes' and 51 per cent responded 'No'.

Table 4.16 shows the responses for the individual teams and this indicates that there was a variation across the teams with regard to the members' perceptions of equality of participation. Thus in teams 1, 2, 4 and 6 some 75 per cent of the membership believed the team to have equal participation while in teams 3, 8, 9, 10 and 11 a higher proportion of members believed the team to have unequal participation. In all the teams it appears that different team members had different perceptions of equality of participation in the team, except for team 11 in which all members agreed there was unequal participation. This may be because members who do participate are not aware that others are not taking part, while those who do not participate are more likely to be aware of their own silence.

Table 4.13 shows that, according to the Bales' analysis, teams 1,2,11,13 and 15 had the most equal participation, while Table 4.16, which shows questionnaire respondents' perceptions of equality of participation, suggests that teams 1,2,4,6,7 and 13 had the most equal participation. Thus teams 1 and 2 were identified as having equal participation in both data sets while the others were identified in one set but not the other. Indeed, team 6 was identified as having equal participation by questionnaire respondents but was shown to have least equal participation in the Bales' analysis.

Table 4.16 Members' perceptions of equality of participation
 Number of teams = 15 Number of respondents = 117

% team members responding participation is equal	Teams	Total
0 - 20%	3,9,11	3
21 - 40%	5,8,10,12,14	5
41 - 60%	15	1
61 - 80%	1,2,4,6,7,13,	6

The respondents who said that the level of participation was not equal were then asked to identify which professionals were the most participative and which were the least participative (see Tables 4.17 and 4.18). Although there were 117 respondents to the questionnaires, only those respondents who said participation was not equal responded to these questions.

Table 4.17 Members' perceptions of the most participative professionals
 Number of teams = 15 Number of respondents = 36

Most Participative Profession	Number of Respondents
Law Enforcement	13
Hospital Staff	5
Co-ordinator	5
Assistant Prosecutor	5
DYFS.	4
Mental Health	4
Other	0

Table 4.18 Members' perceptions of the least participative professionals
 Number of teams = 15 Number of respondents = 53

Least Participative Profession	Number of Respondents
Law Enforcement	13
Hospital Staff	13
DYFS	11
Assistant Prosecutor	6
Mental Health	5
Other	3
Co-ordinator	2

Law enforcement appeared as both the most participative profession and the least participative profession because there was a variation across the teams in relation to the most and least participative professions (see Table 4.19).

When the team members' perceptions of most and least participators were compared with the Bales' analysis of the highest and lowest communicators in Table 4.19, there was agreement about highest communicators/participators in eight of the fifteen teams and agreement on lowest communicators/participators in six of the fifteen teams.

Table 4.19 Comparison of most and least participative members from questionnaires and from Bales' analysis

The shaded areas show where there was agreement between the questionnaires and the Bales' analysis.

Team	Questionnaire - most participative professional	Bales' most participative professional	Questionnaire - least participative professional	Bales' least participative professional
1	Law Enforcement	DYFS/DAG	Assistant Prosecutor	Mental health
2	Law Enforcement	Assistant prosecutor/co-ordinator	DYFS /Mental health	Mental health
3	Law Enforcement	Law enforcement/co-ordinator	DYFS	Mental health/victim witness
4	DYFS / Assistant prosecutor	DYFS/assistant prosecutor	Law Enforcement	DYFS
5	Law Enforcement	Deputy DA/co-ordinator	Hospital	Assistant prosecutor/victim witness
6	Co-ordinator	Mental Health/co-ordinator	Hospital	Assistant /victim witness
7	Law Enforcement DYFS	Law enforcement/co-ordinator	Various	Law enforcement/victim witness
8	Law Enforcement	Law enforcement/physician	DYFS	DYFS
9	None Identified	DYFS/co-ordinator	Law Enforcement	Law enforcement/victim witness
10	Law Enforcement	Law enforcement/co-ordinator	Hospital/ Mental health	Mental health/DYFS
11	Hospital	Co-ordinator/police captain	Law Enforcement Assistant Pros.	Mental health
12	Hospital	Hospital/co-ordinator	Law Enforcement	Law enforcement/victim witness
13	None Identified	Assistant prosecutor/co-ordinator	Law Enforcement	Mental health/hospital
14	Assistant prosecutor	Co-ordinator/police	Hospital	Victim witness
15	Assistant prosecutor/DYFS	Co-ordinator/assistant prosecutor	Hospital	Mental health/hospital

There is a number of factors that might account for the differences between the perceptions of participation levels by team members and the Bales' assessment of communication levels which include:

1. The Bales' analysis was done on only one meeting of each team and on that occasion the membership and behaviour of the team may not have been typical. Some highly participative members who usually attended might have been absent and/or some highly participative members who usually did not attend might have been present. Furthermore, the participation level of an individual is likely to be inhibited or facilitated by the absence or presence of other team members (Baron et al, 1992). However, the co-ordinators were asked about missing members prior to the meeting and it appears that in only Team 15 was a significant team member, the assistant prosecutor, missing.
2. While the use of self-report measures of group dynamics (in the survey) has many strengths, as suggested by Moreno (1953) and Dawes and Smith (1985), it also has weaknesses, as noted by Forsyth (1990) *'If subjects are unwilling to disclose their personal attitudes, feelings and perceptions or are unaware of these internal processes, self-report measures will provide little in the way of useful data.'* (p36). Thus the differences between the perceptions of team members and the Bales' analysis may be because team members were unaware of what was happening within the team or were reluctant to acknowledge what was happening.
3. The 'Hawthorne Effect', discovered by Mayo in 1945, warns researchers of a serious problem when they seek to understand groups by observing them. This is that group members act differently when they believe they are being observed by

social scientists interested in their behaviour. Thus the members of the teams may have communicated more or less because of the presence of the researcher.

4. The Bales' analysis measured verbal communication. In the survey the team members were asked about the participation of colleagues. While these two concepts are similar, they are not the same. The Bales' analysis did not record non-verbal communication but in their response to the survey question team members might have considered a colleague who was not particularly verbal but who offered a considerable amount of non-verbal support, such as nods and smiles and murmurs of encouragement, as participative while in the Bales' analysis this individual would not be assessed as communicative.
5. The Bales' analysis recorded the communication of each member of each profession while the team members were asked to rate professionals as a group rather than as individuals.

The amount of communication by individual members will be affected by a range of factors including their status in the team and outside it; their role within the team; and the size and composition of the team. Status has been one of the factors shown to affect levels of participation. According to Bales (1985), once a group has settled into working together, a characteristic pattern of interaction develops in which low status people at the bottom of the group hierarchy talk little, address the senior members politely and deferentially and little notice is taken of what they have to say.

In the MDT meetings some team members belonged to the same agencies in which they occupied different positions in the organizational hierarchy. For example, a DYFS

caseworker would be in a subordinate position to a DYFS supervisor and a law enforcement officer would be in a subordinate position to a law enforcement captain. Molm (1986, p1363) suggests that *'there is a tendency for external status characteristics to determine internal group structure'* and thus it is likely that the pre-existing organizational relationships between some team members were brought into the MDT setting and affected levels of participation. For example, in team 5 the hierarchical relationships in the prosecutor's office were reflected in levels of communication in the meeting with the most senior member of the agency, the deputy district attorney, speaking most, followed by the assistant prosecutor and then the victim witness, who was the most junior in the agency, speaking least. In teams 7 and 8 the law enforcement captains communicated more than the law enforcement officers and in team 9 the DYFS supervisor communicated more than the DYFS caseworker. However, these external hierarchical relationships were not always mirrored in team interaction patterns. For example, in team 4 a DYFS caseworker communicated more than a DYFS supervisor and in team 13 the law enforcement officer communicated more than the law enforcement captain. Thus factors other than position in organizational hierarchy must also affect team interaction patterns. One such factor might be the task that particular individuals have within the team, such as case presentation.

The teams varied in terms of who presented the cases to the meeting. In some meetings the cases were presented by one member throughout the meeting while in others a

number of members presented cases. Table 4.20 shows the relationship between who presented the cases in a meeting and who communicated most. An asterisk (*) shows where the case presenter was one of the two highest communicators in the meeting.

Table 4.20 Relationship between presenter of cases and level of communication
Number of teams = 15

Team	Case presenter	Most communication
1	C/DYFS	DYFS*/DAG
2	C/AP	C/AP*
3	C/LE	C/LE*
4	DYFS	DYFS*/AP
5	C	C*/AD
6	C	C*/MH
7	C	C*/LE
8	LE	LE*/H
9	C	C*/DYFS
10	LE	LE*/C
11	various	C/LE
12	C/LE	C*/H
13	LE	LE*/AP
14	LE	LE*/C
15	various	C/AP

This shows that in thirteen of the fifteen meetings the case presenter was one of the two highest communicators. Unsurprisingly, the task of presenting a case appeared to have a significant effect on level of communication.

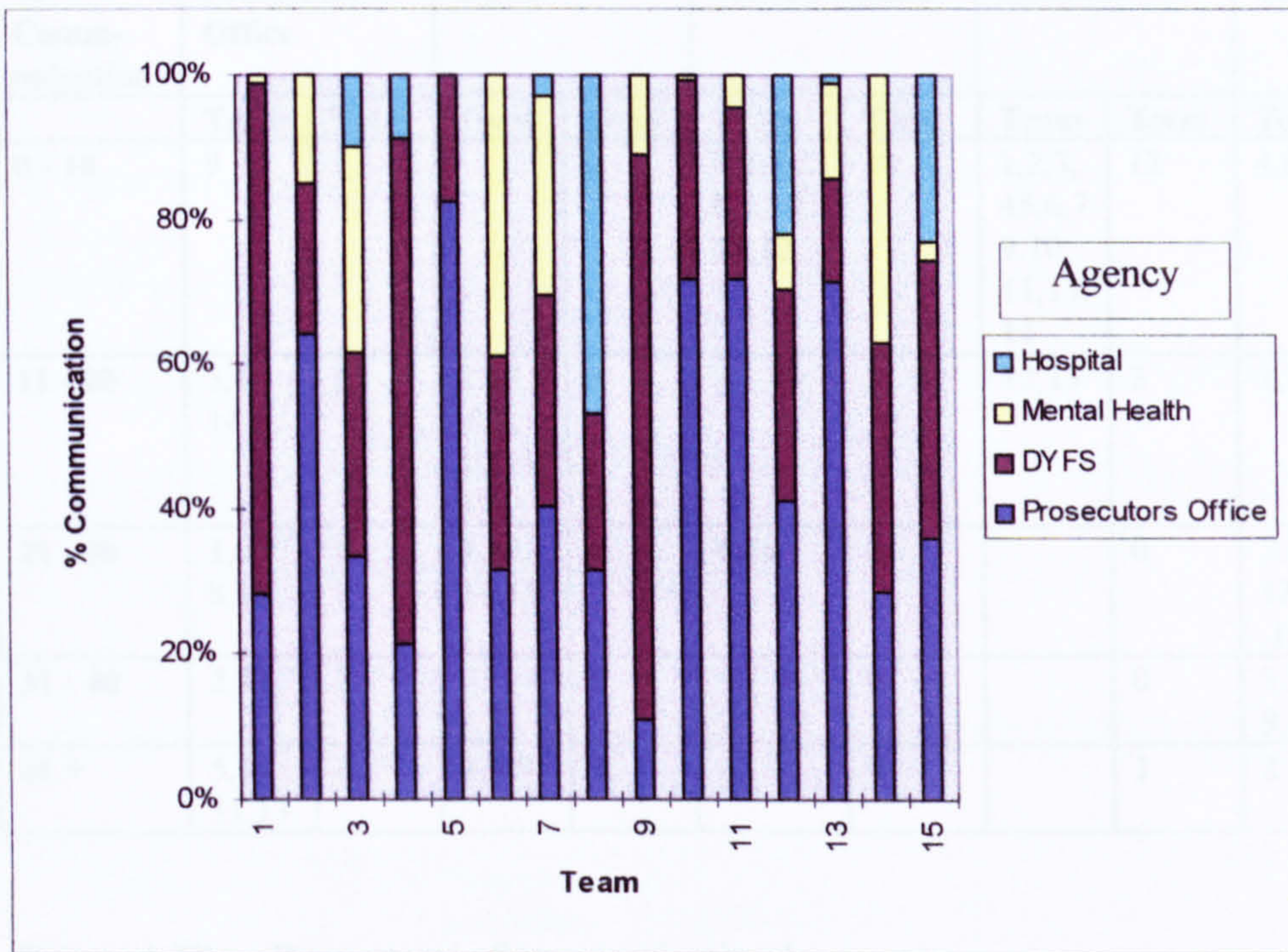
Baron et al (1992) suggest that different social roles within a group, including levels of communication, will be affected by another aspect of an individual's status which is *'the degree to which an individual's contribution is crucial to the success of the group'* (p7). In the survey respondents were asked to rate the importance of a number of professionals in child abuse cases and the responses, in Table 5.18, show that

DYFS, law enforcement officers in the prosecutor's office, and assistant prosecutors were seen as essential by 86 per cent, 79 per cent and 79 per cent of respondents respectively while the role of the medical profession was seen as much less important.

In an analysis of communication patterns in the teams, it is important to consider the communication patterns of sub-groups in the teams as well as the patterns of individual members. Studies of sub-groups or factions within groups have indicated that the factions with the highest number of members take a larger share of the deliberations in the meeting (Hawkins 1962). Strasser and Titus (1985) have shown that information shared by several group members outside a meeting is much more likely to be voiced during group deliberations than information which is unshared. Faction size also affects the way in which arguments are heard and interpreted and Mackie (1987) has shown that arguments voiced by a majority faction are better recalled and are more likely to stimulate consistent positive thoughts than the same arguments developed by a minority in the group.

As noted earlier, for the purposes of this study the sub-groups or factions are defined by agency affiliation and Figure 4.29 shows how many of each profession and agency attended the observed MDT meetings. When the amount of communication by every member of each agency is aggregated a total communication level for each agency is obtained.

Figure 4.29 Percentage of communication from all members of agency
 Number of teams = 15 Number of professionals = 151
 Number of agencies = 4

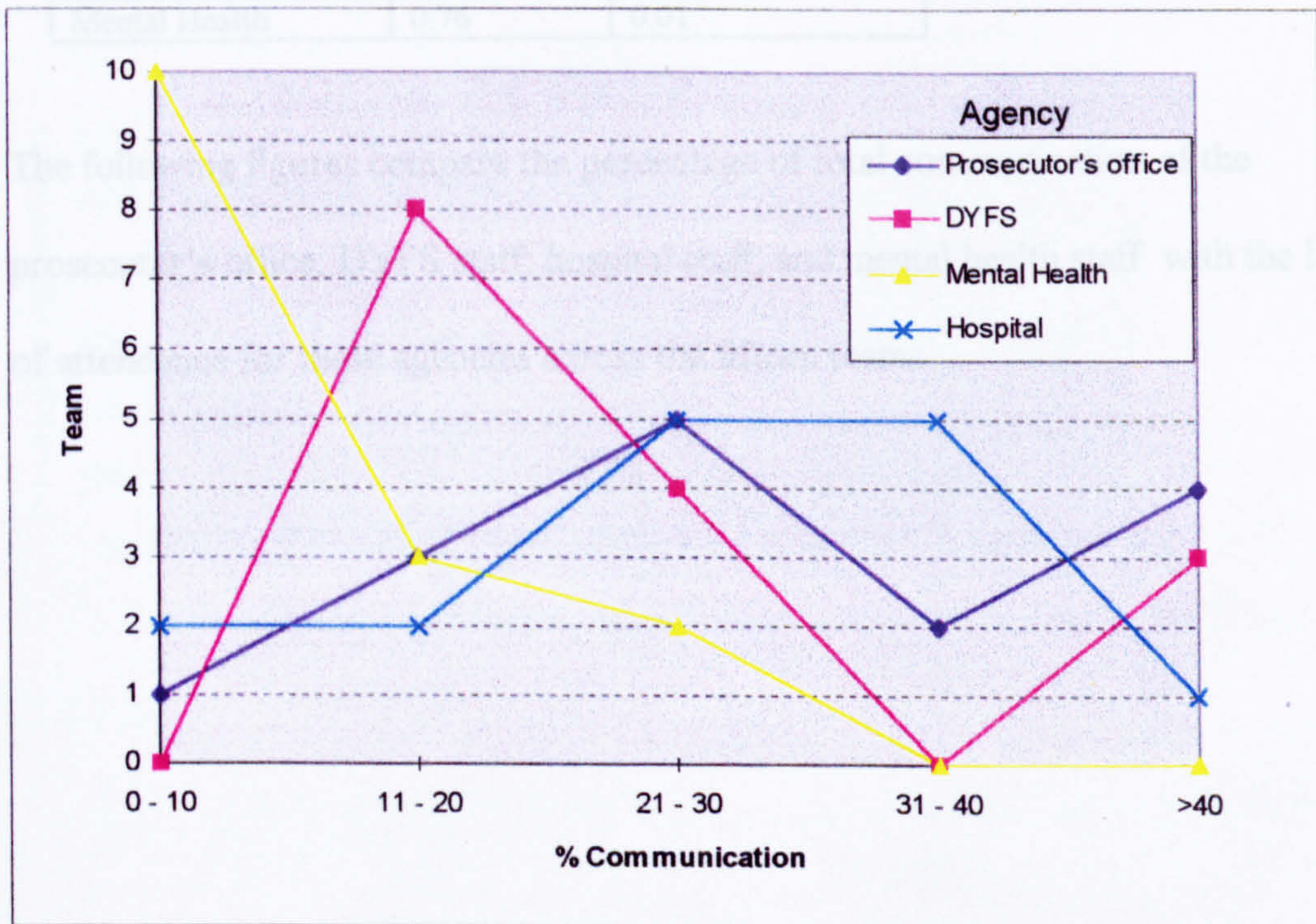


This shows that the prosecutor's office was the most communicative agency in five teams, 5, 7, 10, 12 and 13; DYFS was the most communicative in three teams, 4, 9 and 15; and hospital staff were most communicative in one team, 8. Mental health was not the most communicative agency in any team. Team 3 had the most equal participation of all four agencies and teams 6 and 14 had most equal participation of three agencies. While DYFS and the prosecutor's office had communication levels of less than 10 per cent in no teams and one team respectively mental health and hospitals had communication levels of less than 10 per cent in eight and ten teams respectively (see Table 4.21). In Table 4.21 'co-ordinator' is added as an extra category as co-ordinators were only semi-attached to the prosecutor's offices.

Table 4.21 Percentage of communication by agency
 Number of teams = 15 Number of professionals = 151
 Number of agencies = 4 + co-ordinators

% Comm-unication	Prosecutor's Office		DYFS		Mental Health		Hospital		Co-ordinator	
	Team	Total	Team	Total	Team	Total	Team	Total	Team	Total
0 - 10	9	1		0	1,2,4,5 8,9,10, 11,12, 15	10	1,2,3, 4,5,6,7 9,10, 11,13, 14	12	4,8	2
11 - 20	3,4, 14	3	2,17,5 ,6,8, 10,11, 13	8	3,7,13,	3	12,15	2	1,13	2
21 - 30	1,6,7, 8,15	5	7,12, 14,15	4	6,14	2		0	7,10, 12,14 ,15	5
31 - 40	2,12,	2		0		0		0	3,5,6, 9,11	5
41 +	5,10, 11,13	4	1,4,9	3		0		1	2	1

Figure 4.30 Percentage of communication by agency
 Number of teams = 15 Number of professionals = 151
 Number of agencies = 4



To assess whether or not there is a relationship between agency attendance and the level of agency communication, correlations of these two variables were calculated using Pearson's correlation coefficient and the significance of the coefficient calculated using a two-tailed test. Table 4.22 shows that there is a positive correlation between the numbers of people who attended from an agency and the level of that agency's contribution to the meeting. The correlations are statistically significant. This means that in most cases where there was a high level of attendance by an agency, its members would monopolise the discussion but there were exceptions in which this was not the case (see Figures 4.31 to 4.34).

Table 4.22 Correlations between attendance and communication levels for all agencies

Agency	Pearson's correlation coefficient	Level of significance (two-tailed test)
Prosecutor's Office	0.54	0.05
DYFS	0.84	0.01
Hospital	0.54	0.05
Mental Health	0.76	0.01

The following figures compare the percentage of total communication of the prosecutor's office; DYFS staff; hospital staff; and mental health staff with the levels of attendance for these agencies across the fifteen teams.

Figure 4.31 Comparison of prosecutor's office percentage of total communication across the teams

Number of teams = 15 Number of staff from prosecutor's offices = 56

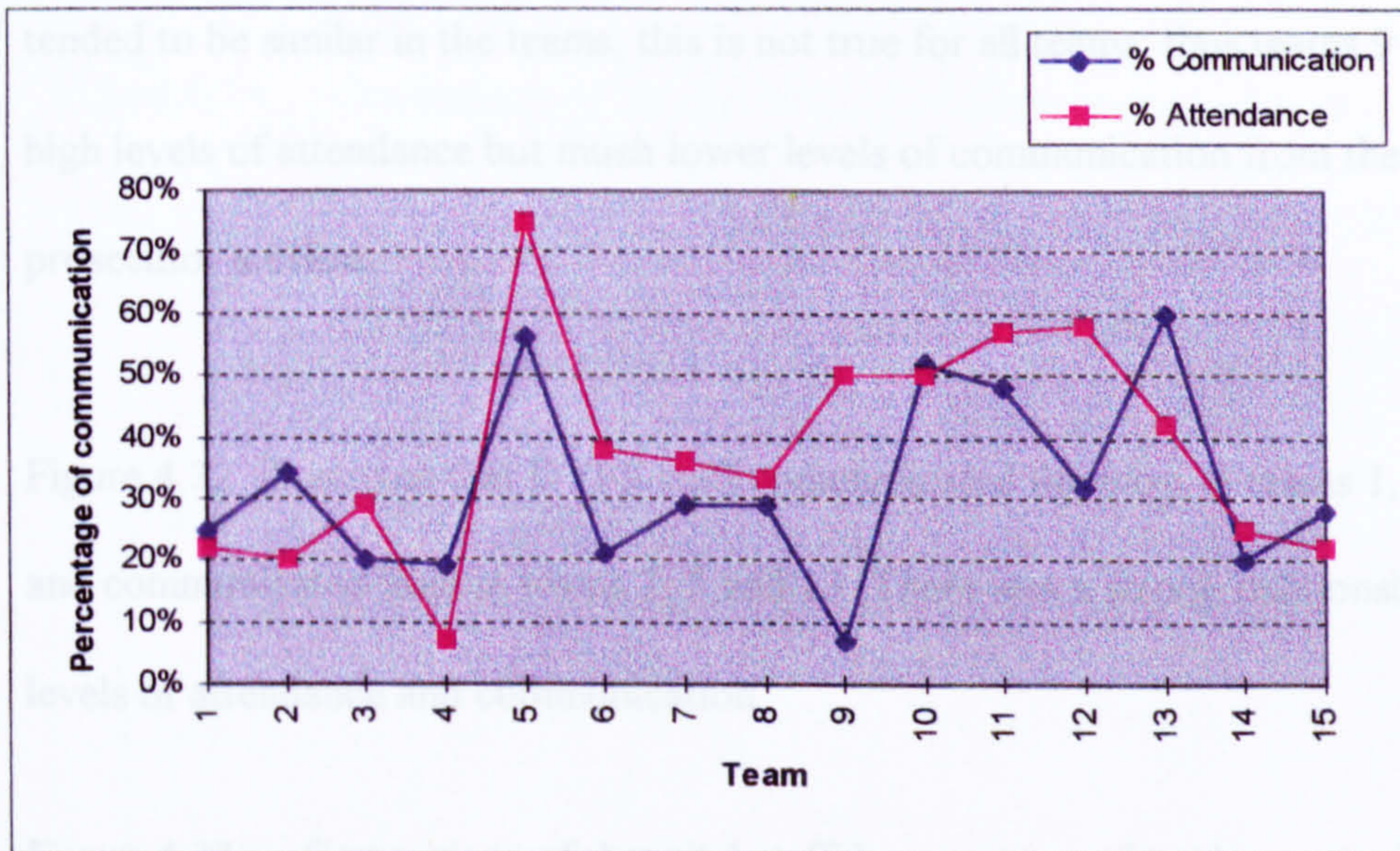


Figure 4.32 Comparison of DYFS percentage of total communication across the teams

Number of teams = 15 Number of staff from DYFS = 40

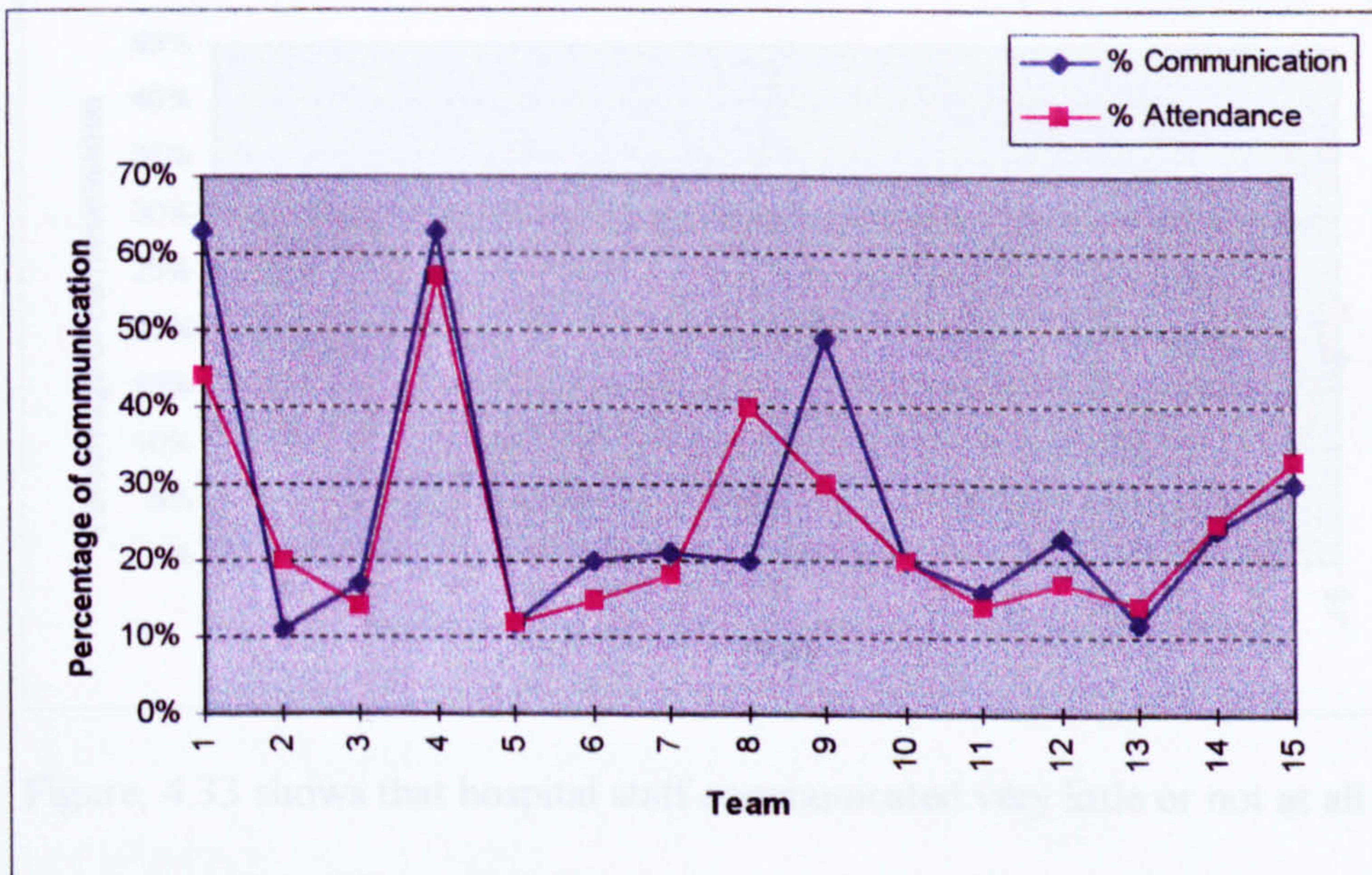
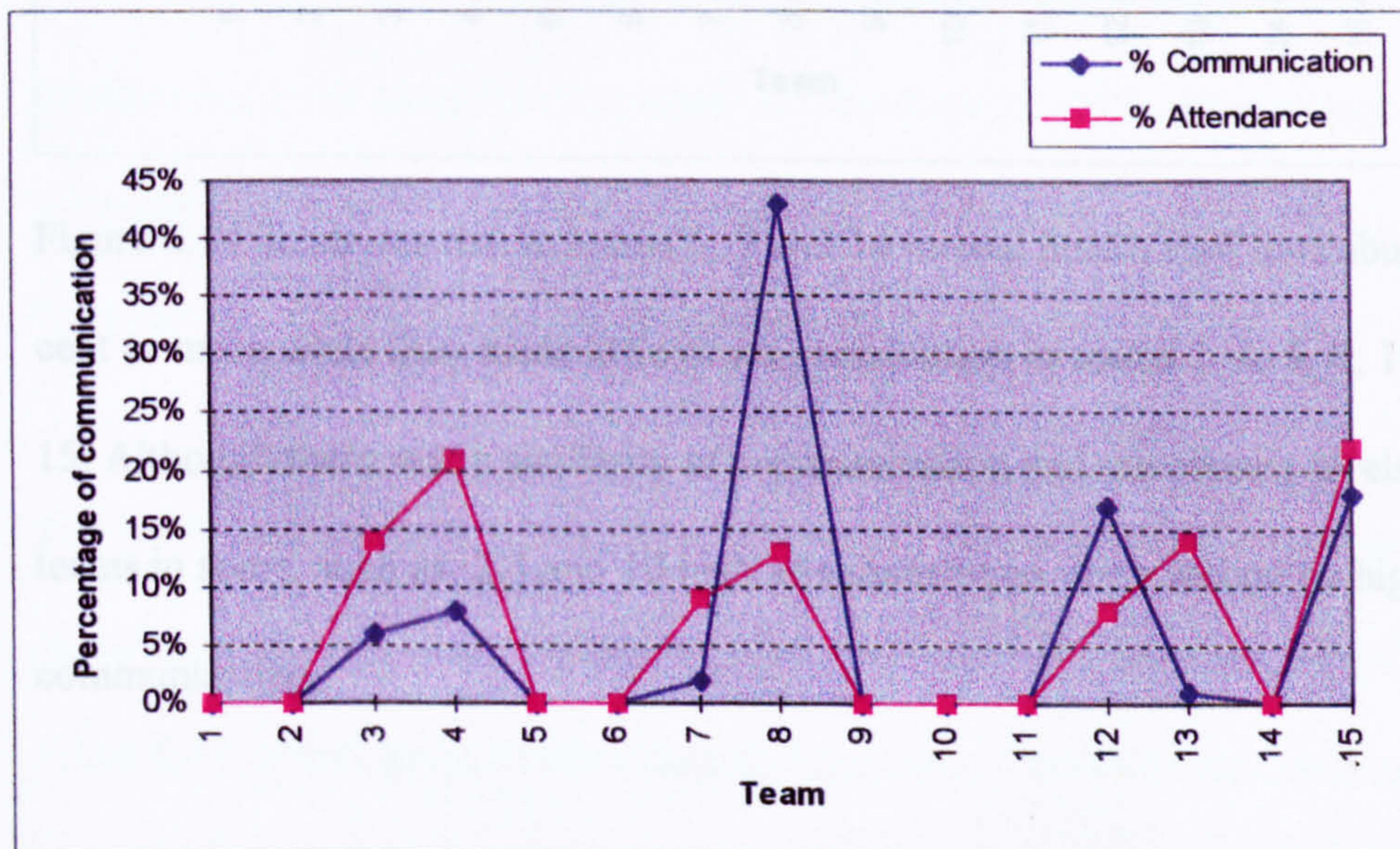


Figure 4.31 illustrates that the prosecutor's office had high levels of communication in teams 5, 10 and 13 but little in team 9. Although attendance and communication tended to be similar in the teams, this is not true for all teams; thus teams 9 and 12 had high levels of attendance but much lower levels of communication from the prosecutor's office.

Figure 4.32 illustrates that DYFS staff communicated the most in teams 1, 4 and 9 and communicated least in teams 2, 5 and 13. There was a strong relationship between levels of attendance and communication.

Figure 4.33 Comparison of hospital staffs' percentage of total communication across the teams
 Number of teams = 15 Number of hospital staff = 12



Figure, 4.33 shows that hospital staff communicated very little or not at all in almost all teams although they did make some significant contribution in teams 8, 12 and 15. In some teams, such as 3, 4 and 13 although attendance was relatively high

communication was low while in team 8 although attendance was low, communication was very high.

Figure 4.34 Comparison of mental health staffs' percentage of total communication across the teams
 Number of teams = 15 Number of mental health staff = 25

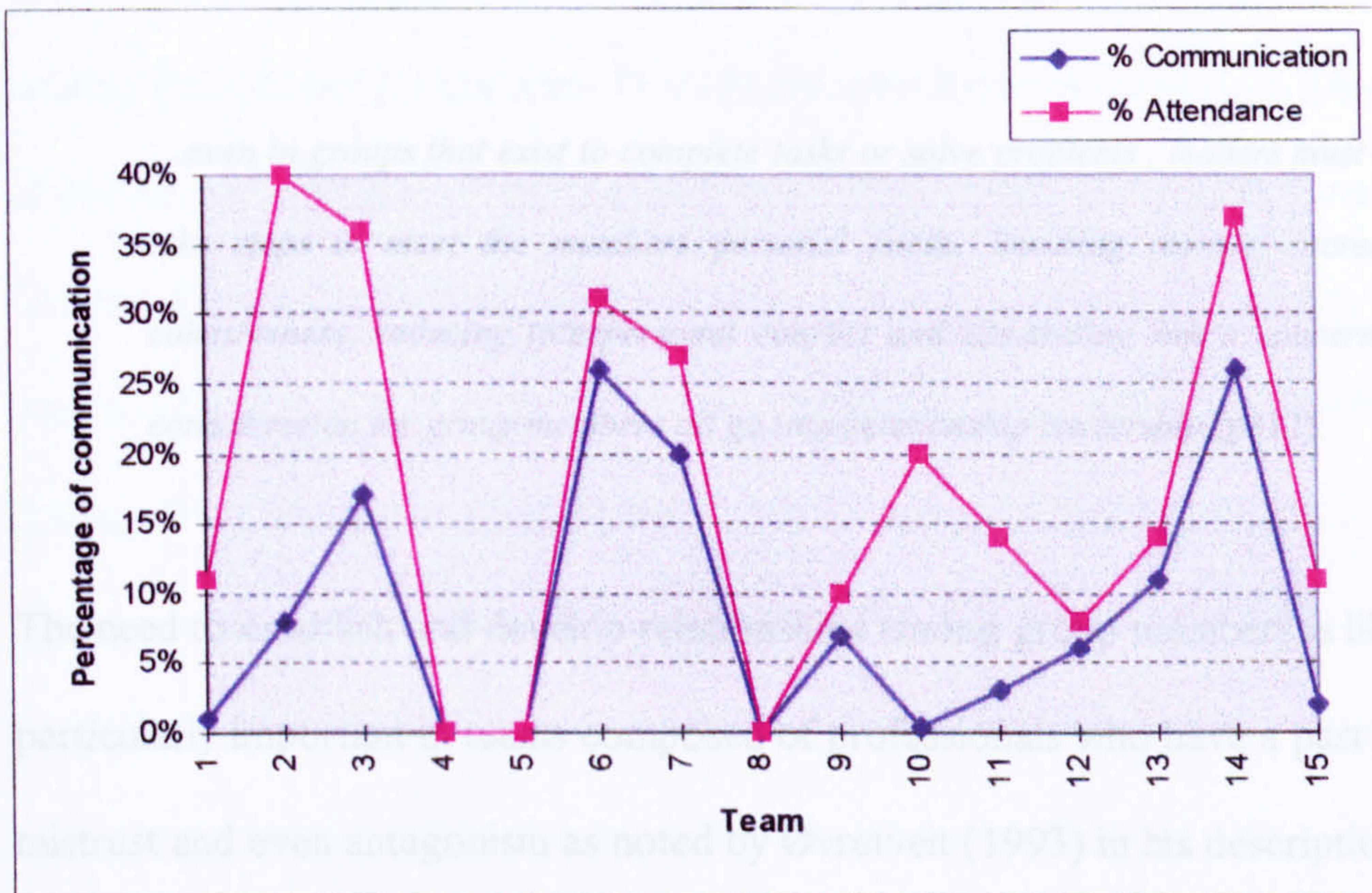


Figure 4.34 illustrates that in teams 6, 7 and 14 mental health staff contributed 20 per cent or more while they made little or no contribution in teams 1, 4, 5, 8, 10, 11 and 15. Although there was a similarity in communication and attendance levels for most teams in some, such as, 2,3,and 10 high attendance was not matched by high levels of communication.

Task and socio-emotional orientations of the teams

According to Argyle (1994)

The basic theory of groups is simple, there being two motivations for joining one - to carry out a task, play a game etc. and to enjoy the social interaction and sustain

relationships. All groups have these two sides of them - task and sociable motivations and activities, though the balance varies (p165).

Thus even groups that are established as task groups must have some socio-emotional interaction within them if they are to be effective, as Forsyth (1990) emphasises

...even in groups that exist to complete tasks or solve problems , leaders must often take steps to meet the members personal needs. Boosting morale, increasing cohesiveness, reducing interpersonal conflict and illustrating one's concern and consideration for group members all go into relationship leadership (p217).

The need to establish and develop relationships among group members is likely to be particularly important in teams composed of professionals who have a past history of mistrust and even antagonism as noted by Øvretveit (1993) in his description of community care teams and by Hallett and Birchall (1992) in their review of the literature on co-ordination in child protection.

The MDTs were developed to perform the task of assessing and monitoring child abuse cases and deciding on a unified case plan for all agencies to follow. They were established as task groups rather than social groups. Therefore an expectation would be that the interaction in the team meetings would be more task than socio-emotional focused. Bales' IPA classifies interaction into the two basic categories of task interaction, (including the codes gives suggestions, gives opinion, gives orientation, asks for suggestions, asks for opinion and asks for orientation) and socio-emotional interaction (including the codes, shows solidarity, shows tension release, agrees,

disagrees, shows tension and shows antagonism). An examination of the proportion of socio-emotional and task communication in each team illustrates that in all teams the proportion of task communication was very much higher than the socio-emotional communication. Task interaction accounts for over 83 per cent of the interaction in all teams. There was a slight difference in the amount of task interaction across the teams, ranging from 83 per cent in team 13 to 93 per cent in teams 2 and 8. In the summaries of the research into Bales' analyses by Hare (1976) and McGrath (1984) referred to in Chapter Two, it is concluded that, in a typical laboratory discussion group, the communication consists of nearly two-thirds task and one-third socio-emotional. The findings from this study of MDTs show that the level of task communication was higher than the findings from earlier studies and may be because the MDTs were task-focused groups and had met on a number of previous occasions, thus reducing the necessity for socio-emotional communication. However, there may be a number of reasons why the analysis of MDT communication may have underestimated the level of socio-emotional interaction and these include:

1. The Bales' IPA is really only an effective measure of verbal communication and it does not measure non-verbal communication. Since verbal communication accounts for only 35 per cent of interaction in groups (Birdwhistell, 1970) it is clear that there was a substantial amount of non-verbal communication in the teams which was not measured. Non-verbal communication is likely to be more socio-emotional than task-related. For example, agreement is frequently expressed by nods and smiles but it is more difficult to ask for information using only non-verbal communication.

2. The recording of the MDT meetings started when the formal meeting began and stopped when the formal meeting ended. Before the meeting, team members greeted each other and at its end they engaged in social conversation. These interactions were not recorded but would obviously increase the proportion of socio-emotional interaction in the meeting.
3. The Hawthorne Effect (Mayo, 1945), noted earlier, may also have affected the interaction in the meetings as members may have wanted to impress the observer by their discussion of cases and may have been more task-focused as a result.

In the in-depth interviews, most of the interviewees said that the MDT meetings were useful because they provided the opportunity for people to share information and opinions about cases, to make decisions on case plans, and to monitor and review cases. In other words, they valued the meeting because of its task focus. However, a number of interviewees in teams 4 and 9 also indicated that they valued the meeting because it met their socio-emotional needs. Only one person in team 11 stressed the importance of relationships in team functioning and the co-ordinator emphasised that the team was there to fulfil a task and not to meet the needs of members.

DYFS. Team 4: I've known the people for ten years. They're not strangers. I know everybody - I've talked over the phone with them. It's a warm atmosphere - it's not all business. I feel relieved that I'm getting another opportunity to talk things over.

DYFS. Team 4: At the end of that case the children were in foster homes, the parents were indicted, the case was closed and I got an ovation from the MDT. That helped put a topper on the work I'd done. Recognition.

Legal. Team 9: *You get to know people and how people will react. I feel free to share my concerns with the group. Most of the group - even the DYFS workers - are regular attenders and that makes it feel easier.*

Mental Health. Team 11: *The MDT gives the opportunity to network - to get the feel of other personalities and system components. It means that it's not just a voice on the other end of the phone and that facilitates communication.*

Co-ordinator. Team 11: *The MDT is not used for sharing professionals anxiety about a case. It has a legal function and a protective function.*

Information-giving and decision-making

A number of studies have shown that, although no two groups reach their decision in precisely the same way, the stages of group decision-making appear consistently in many groups. The first stage is the orientation stage when the group identifies the problem to be solved, the choice that must be made, or the conflict that requires resolution. Next, during the discussion stage, the group first gathers information about the situation and then, if a decision has to be made, identifies and considers options. In the decision stage, the group chooses its solution by reaching a consensus or compromise. Lastly, implementation must occur and the impact of the decision is assessed (Dewey, 1910; Mintzberg, 1979; Fisher, 1980; Zander 1982; Guzzo, 1986).

The Bales' categories can be roughly divided into 'information-gathering' (codes asking for information and giving information) and 'discussion of options' (codes asking for and giving opinion, asking for and giving suggestions, and agreeing and

disagreeing). The final category contains the remaining socio-emotional codes, shows tension, shows tension release, shows antagonism and shows solidarity (see Table 4.23). This shows that in team 13 there was about the same amount of communication related to information gathering as there was on discussion while in all the other teams there was more information gathering than discussion. In teams 2, 3, 5, 9 and 10 over 60 per cent of the communication was information-gathering.

Table 4.23 Percentage of team discussion on information-gathering

% Communication on Information-gathering	Teams	Total
40 - 50	13	1
51 - 60	1,4,6,7,8,11,12,14,15	9
61 - 70	2,3,5,9,10	5
Total		15

There is a more detailed examination of information-gathering, discussion and decision-making later in this chapter.

In the in-depth interviews a number of interviewees noted that the different professional backgrounds of the team members could lead to communication problems and this is illustrated by the following comment:

Medical. Team 11: You have to be able to speak the language - you have to be multi-lingual. I can speak CPS language and I can speak mental health language because I've worked in that system. I've learned to speak law enforcement and I can speak medical because I'm part of that system. And all MDT members have to learn the languages and learn the systems. Teams don't work when MDT members are linguistically underdeveloped.

Leadership

Øvretveit (1993) states that *'As nature abhors a vacuum so groups abhor lack of leadership'* (p.122) and he and others who have looked at leadership in groups suggest that even in groups where no leader is assigned, a leader will emerge to fill 'leadership' functions. These functions include being a figurehead; motivator and trainer; liaison; monitor; disseminator; spokesperson; entrepreneur; disturbance handler; resource allocator; and negotiator (see Mintzberg 1980).

In all of the teams a team co-ordinator had been appointed. In Team 15 the co-ordinator was employed by the county while all the other co-ordinators were employed by the prosecutor's office. Fourteen of the co-ordinators were female and one was male. Fourteen of the co-ordinators were white and one was black. They were aged between 20 and 54; had salaries of between \$20,000 and \$50,000 per annum; and were in low hierarchical positions in their agency. In Teams 11 and 15 they were employed on full-time basis while the remaining thirteen were employed part-time as co-ordinators. For the part-time co-ordinators, the amount of time spent as a co-ordinator ranged between less than 15 and more than 35 hours per week. The remainder of their time was spent on other duties within the prosecutor's office (see Table 4.24).

Table 4.24 Profile of co-ordinators

Number of co-ordinators = 11

Age	20-24	25-29	30-34	35-44	45-54
Number	1	4	3	1	2

Education Level Reached	BA	MA	Professional license
Number	5	4	2

Length of Time in Post	6mnths - 1 year	1 - 2 years	2 - 3 years	More than 3 years
Number	3	1	2	5

Hours per week spent as Co-ordinator	Over 35	26 - 35	15 - 25	Less than 15
Number	3	3	3	2

Salary (per annum)	\$20-25.9K	\$26-30.9K	\$31-35.9K	\$36-40.9K	\$41-45.9K
Number	1	3	5	1	1

The functions of the co-ordinators are detailed in their job description and include: to ensure a collaborative case management approach in meeting victim and family needs; to co-ordinate a multi-disciplinary team as a formal mechanism to respond to child victims; to serve as a liaison to the Advisory Board; to provide crisis intervention services as needed; and to develop a referral system for victim services. Øvretveit's taxonomy of team leadership (see Appendix Nine), identifies three main types which are: the elected team chairperson who has no other leadership function; the team co-ordinator who is appointed by management and has delegated authority to co-ordinate the team; and the team manager who has a managerial role in relation to team members. Although the MDT co-ordinators appear closer to the 'team co-ordinator' type, some, like the co-ordinator of team 4, did little more than chair the meetings, while others, like the co-ordinator of team 11, appeared to be aspiring to have a more

managerial position. In the questionnaires the co-ordinators were asked what elements their role included and their responses are shown in Table 4.25.

Table 4.25 Co-ordinators' perceptions of their role
Number of co-ordinators = 11

Question	Yes	No
Do you enable the members of the MDT to work together?	10	1
Do you provide direction and guidance to members of the MDT?	10	1
Do you provide structure to the MDT's to problem-solve and make decisions?	11	0
Do you co-ordinate the activities of the MDT members?	10	1

In the in-depth interviews the co-ordinator of team 9 said, *"my MDT role enables me to check up on a case and monitor the work of the others involved"* while the co-ordinator of team 4 said, *"It wasn't my job to report on people and tell them what they weren't doing"*. The co-ordinator of team 11 said, *"I am supposed to be the Master of ceremonies of the whole bit but I am often just seen as an afterthought."*

An examination of the transcripts of the observed meetings shows clearly the different roles that co-ordinators took. In teams 4, 8 and 13, they made few comments other than announcing the next case and pronouncing the decision at the end of the case. In other teams they provided information on their own involvement with the case, for example,

Co-ordinator. Team 2: *I've been in contact with the one Mom in the case.*
Well I'll discuss that with the family about counselling.
Okay I'll tell you what I'll do. When I make contact with
the family regarding EDP I'll talk to them about services
for the family.

In other teams the co-ordinator was more involved in encouraging members to solve problems, for example,

Co-ordinator. Team 14:

Co-ordinator: Can you remove her from the foster placement?

DYFS supervisor: To where?

Co-ordinator: She says she wants the kid out.

DYFS supervisor: If that's what she's saying then we'll have to move on it.

The Bales' analysis of the observed meetings shows that there was a difference in the amount of communication by the co-ordinators in the meetings with the overall contribution of co-ordinators being less than 20 per cent in teams 1,4, 8 and 13 and above 40 per cent in team 2 (see Table 4.15). In teams 2,3,5,6,7,9,10,11,12,14 and 15 the co-ordinators had the highest level of communication in the meeting. Studies of participation rates and leadership suggest that the person who talks the most in the group is the most likely to emerge as the leader (Burke, 1974; Stein and Heller 1979, 1983). The correlation between participation and leadership is strong, 0.65. The data from the Bales' analysis suggest that since the co-ordinators in teams 2,3,5,6,7,9,10,11,12,14 and 15 had the highest participation levels in the meetings then it was likely that they did have a leadership role in the team. The roles of the co-ordinators in teams 4, 8 and 13 were more ambiguous, with the highest participators in these teams being a DYFS supervisor, a physician and an assistant prosecutor respectively (Table 7, Appendix Eleven). It may be that these individuals had a consistent leadership role in the teams, although an analysis of the questionnaires

suggests that, although this might have been the case for teams 4 and 13, it was not true for team 8. Thus it may be that, where the chair did not have a strong leadership role, this position was occupied by different people at different meetings. The Bales' analysis indicates that the DYFS supervisor was the highest participator in Team 4; the physician was the highest participator in team 8; and the assistant prosecutor was the highest participator in team 13.

The Bales' analysis of the observed meetings shows that all co-ordinators were very task focused in the MDT meetings (Table 10, Appendix Eleven). Communications around the task of the meetings was in excess of 80 per cent for all co-ordinators. However, there was a variation among co-ordinators in level of task communication with a high of 97 per cent for the co-ordinator of team 3 and a low of 81 per cent for the co-ordinator of team 8 (see Table 4.26).

Table 4.26 Percentage of socio-emotional communication by co-rdinators

Number of teams = 15
 Number of co-ordinators = 15

% Socio-emotional communication	Team	Total
0 - 5	10	1
6 - 10	2,5,6,7,9,11,12,14,15	9
11 - 15	4,	1
16 - 20	1,3,8,13	4

This analysis obviously focuses on the verbal content of the meeting itself. It is noticeable that many co-ordinators saw it as their role to provide 'socio-emotional' support to team members and they provided a range of refreshments at the meetings.

In the in-depth interviews one co-ordinator was obviously aware of her 'socio-emotional' role and commented on how she attempted to improve the 'feel' of the group.

Co-ordinator. Team 4:

I held 'team-building meetings' with the team to try to resolve things I used theory from college about looking at where people were sitting - people joining forces. So I changed the layout of the table. I realised that the time we met was in the middle of lunch so that's why I provide something for people to eat at the meeting - that also made a difference. I try to make people comfortable - you have to make it so they want to attend. I think they like being there - they don't mind.

Research by Stiles et al (1979) suggests that high status individuals tend to tell other people what they should do; interpret other people's statements; confirm or dispute other peoples' viewpoints; and summarise or reflect on the discussion. In terms of the Bales' analysis, it might be expected that higher status and more powerful people will use 'giving' communication rather than 'asking' communication. However, Larson et al (1998) suggest team leaders are more likely than other members to ask questions and to repeat information. When the task focused communication of the team is divided into giving orientation, opinions and suggestions and asking for orientation, opinions and suggestions there was some difference between co-ordinators (see Table 11, Appendix Eleven). The co-ordinators in teams 2, and 5 used more 'giving' communication than 'asking' communication while the reverse was the case for the co-ordinators of teams 4 and 8 (see Table 4.27). While this might suggest that these co-

ordinators were less powerful in these teams it might also suggest that they were more able to elicit information and opinions from team members than giving their own.

Table 4.27 Percentage of 'asking' communication by co-ordinators
Number of teams = 15 Number of co-ordinators = 15

% 'Asking' Communication	Team	Total
0 -10	2,5	2
11 - 20	3,6,11,12	4
21 - 30	7,9,10,13,14,15	6
31 - 40	1,8	2
41 - 50	4	1

In the survey, respondents were asked to rate co-ordinators on four dimensions: how well they carried out their role; how easy they were to co-operate with; their importance in the team; and the clarity of their role. The responses appear in Tables 4.28, 4.29, 4.30 and 4.31 respectively. Although there were 117 responses to the questionnaire some respondents replied 'no opinion' to the following questions.

Table 4.28 Team members' perceptions of how well co-ordinators carry out their role
Number of respondents = 117

How well do co-ordinators carry out their role?	Very well	Fairly well	Rather poorly	Very poorly	Total
% responses	32	66	2	0	100

This suggests that generally the team members were satisfied with the performance of co-ordinators. In the in-depth interviews, a number of members of team 9 remarked positively about the co-ordinator,

Legal. Team 9: The co-ordinator, A, runs the meetings well. If someone is talking a lot she gets other people to express their opinions.

Legal. Team 9: *A, the co-ordinator is very good. She stops the meeting and asks 'what has been decided, when will it be done and who will do it'*

Medical. Team 9: *I think there is a general respect for A (the co-ordinator)*

However, in team 11 one respondent suggested that another member of the team acted more like a co-ordinator and in team 4 the co-ordinator was less influential than others in the team.

Table 4.29 Team members' perceptions of how easy it is to co-operate with the co-ordinator
Number of respondents = 117

How easy is it to co-operate with the co-ordinator?	Very easy	Fairly easy	Rather difficult	Very difficult	Total
% responses	57	37	5	1	100

Table 4.30 Team members' perception of the importance of the co-ordinator's role
Number of respondents = 117

How important is the co-ordinators role?	Essential	Important	Not very important	Not important at all	Total
% response	51	38	10	1	100

The data from the Bales' analysis shows that co-ordinators were, generally, high participators in the meetings and it is clear from the amount of hours they spend on MDT work, from the transcripts of the meetings and from the in-depth interviews, that they did a lot of MDT work outside the meetings. It is therefore surprising that only 51 per cent of respondents saw their role as essential and that 11 per cent saw their role as unimportant. This is perhaps because respondents were focusing on the co-ordinator in their team in responding to this question and it is clear that the performance of co-ordinators was different.

Table 4.31 Team members' perceptions of the clarity of the co-ordinators' role
 Number of respondents = 117

How clear is the co-ordinator's role?	Very clear	Fairly clear	Rather unclear	Very unclear	Total
% responses	48	40	10	2	100

The job description for co-ordinators is very general and leaves considerable room for interpretation by co-ordinators and by team members.

The Bales' analysis of the observation data shows that, in three teams 4, 8 and 13, members other than the co-ordinators were the highest participators and these individuals may therefore have had a leadership role in the teams. In the in-depth interviews some respondents identified some team members as having an important and significant role within the team because of their personality, experience and/or expertise.

Medical. Team 4: I want to stress the importance of J and A to the MDT. These people open doors. They are well respected. They have good reputations and are respected by the people on the team. They have both been around here a long time and are very important.

Key findings

- the teams varied in size, composition and workload and in the amount of time they spent discussing individual cases;

- at least one representative from the prosecutor's office and one from DYFS attended each meeting while there was no representative from mental health and from hospitals in twelve and seven meetings respectively;
- there was a wide variation among team members in the amount that they communicated in the meetings. In some teams, such as 1,2,11,13 and 15, all members communicated while in others one or more members did not communicate at all, as in 3,8,and 6. In some teams one or two members communicated a substantial amount, such as teams 3,4,6,8 and 12. There appears to be a relationship between size of meeting and the number of members communicating less than one per cent, so that the larger the meeting the fewer the number of members that contributed;
- the co-ordinators were, in general, the highest communicators and managers, such as DYFS supervisors and police captains, communicated more, in general, than front-line workers. The case presenter tended to be the highest communicator;
- police and assistant prosecutors were one of the two highest communicators in ten teams while the lowest contributors tended to be victim witness staff and mental health staff;
- the prosecutor's office was the most communicative agency in the majority of teams;
- there was a variation among co-ordinators in terms of age, education level, experience, salary and the amount of time spent on co-ordination activities; and
- co-ordinators appeared to carry out their roles differently with some participating in the meeting more than others.

Summary

These findings show that although there are some similarities among the teams, such as the high levels of participation by the prosecutor's office, there are also many differences in relation to, for example, team membership, workload, levels of participation by the various professionals and the role of the co-ordinator. These similarities and differences will be discussed in Chapter Six.

CHAPTER FIVE : FINDINGS RELATING TO MULTI-DISCIPLINARY WORKING

Focus of the teams

In 'The Maltreated Child' Jan Carter (1974) discusses the part played by the traditional beliefs of different professional groups in the diagnosis and treatment of child abuse and suggests that each belief is an attempt to make sense of the problem, contains its own assumptions and logic and informs the way the problem is managed. She identifies three major belief systems (see Figure 5.1).

The first, the legal or penal model holds that when violent parents commit criminal acts they should be answerable to society for their offences. Second, the medical model, defines the problem scientifically and the main job as diagnosing and treating physical symptoms. Third, the social welfare model views the problem in human terms. Some consider that the major difficulty resides within the personalities of violent parents, whereas a minority locate the major problems of parental violence within the structure of society (p51).

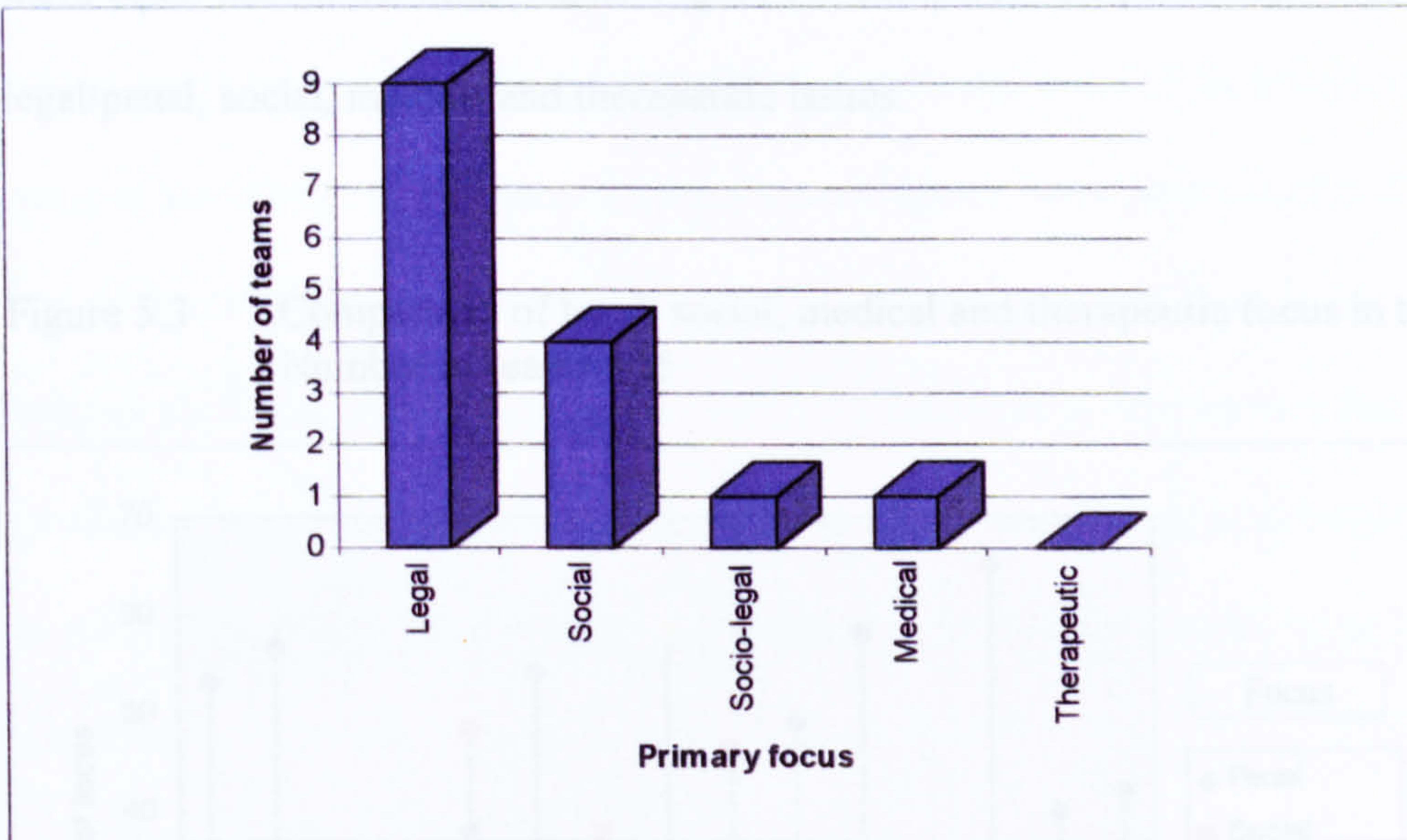
This framework was used to analyse the content of the communication in the MDT meetings, with the modification of splitting 'social welfare' into 'social' and 'therapeutic' so that there were four categories. Communication in the meeting was assigned to one of the four categories. Neutral communication was ignored. There is a more detailed description of this process in Chapter Three.

Figure 5.1 J. Carter Alternative child abuse ideologies

	Penal	Medical	Social Welfare	
Framework	Legal	Scientific	Humanistic	
			Traditional	Radical
Pre-supposition	individual has free will	behaviour is determined		
Definition	cruelty	battered baby syndrome	child abuse	child abuse
Attitude to problem	punitive: deviance is conscious defiance of rules; moralistic	results from forces beyond the control of the individual	compassionate: individual/family cannot cope with situation	relative, but results from social processes
Social rationale	justice; due process; individual rights	cure; treatment of needs of the child	prevention; rehabilitation by adjustment	social liberation by re-organisation
Focus of attention	act of abuse; depravation	disease process, pathology syndromes	the person; family, social situation; 'cycle of deprivation'	social processes, structural inequality
Tools	legal code, courts	medical expertise and technology	counselling, therapeutic relationships, social experts	social change
Conception of parent	responsible	irresponsible or not responsible	psychologically, emotionally and socially inadequate	socially victimised
Stated purpose of intervention	punishment of guilt	treatment of dysfunction	personal, family rehabilitation, physical and emotional safety of the child	equality and redistribution
Some practising groups	police, judiciary	doctors, some psychiatrists	social workers, some doctors and pediatricians	some social workers and some sociologists

The results of the analysis show that there was a wide variation among the teams in the extent to which they focused on each of the four areas and which area was their primary focus. In one team social and legal had an equally high focus so in Figure 5.2 a fifth category of 'socio-legal' is added (see Table 2. Appendix Eleven).

Figure 5.2 Primary focus of teams
Number of teams = 15

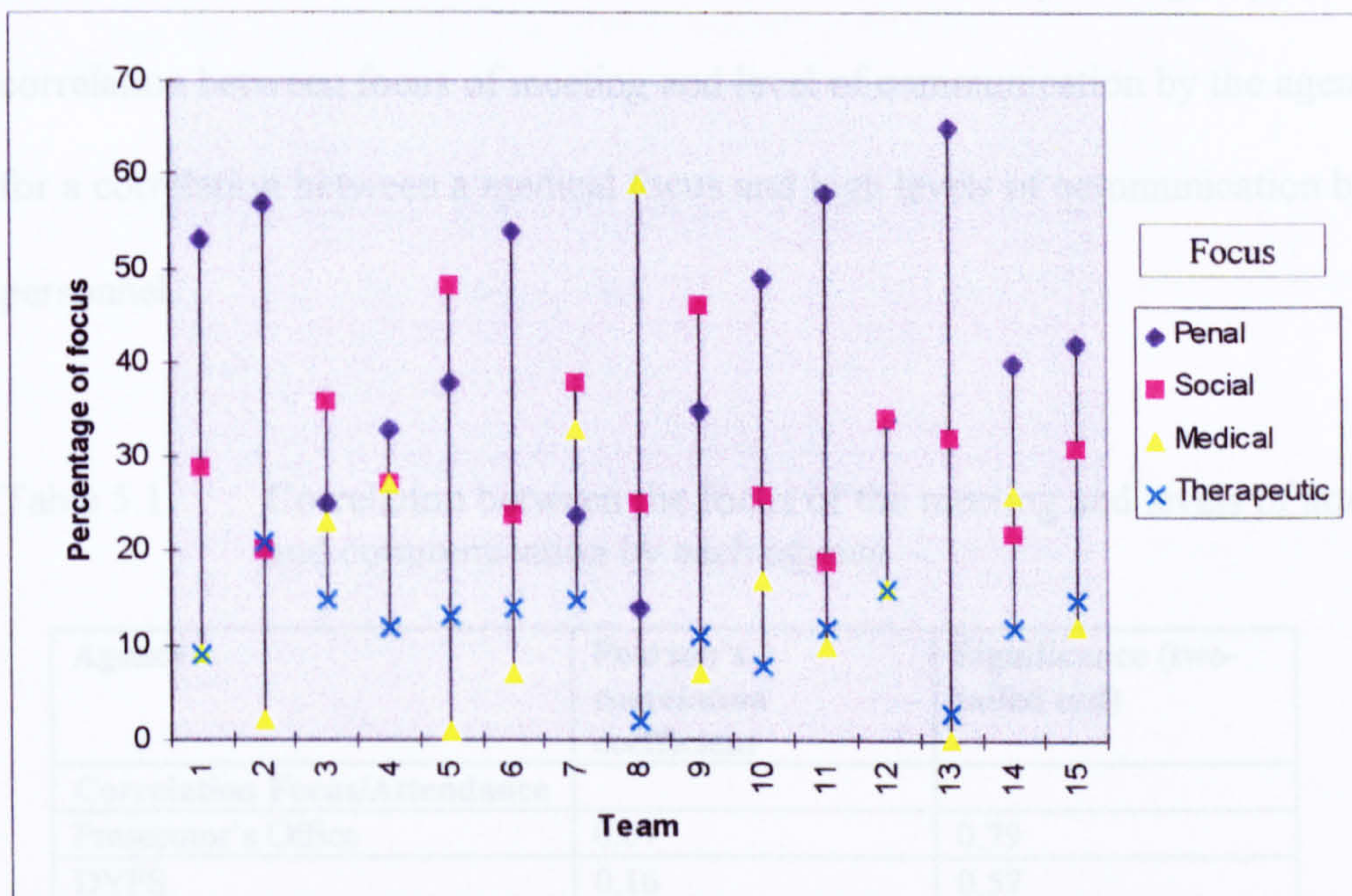


In 60 per cent of the meetings the highest proportion of the teams' discussions was on legal/penal issues while in 27 per cent of the meetings the primary focus was on social issues. In only one meeting was the focus primarily medical and in no meetings was the primary focus therapeutic.

All teams discussed legal issues, with the proportion of discussion ranging from 14 per cent to 58 per cent and a mean of 40 per cent. All teams discussed social issues, with the proportion ranging from 19 per cent to 48 per cent and a mean of 32 per cent. All teams discussed therapeutic issues, ranging from two per cent to 22 per cent, with a mean of 12 per cent. One team did not mention medical issues at all and the proportion of discussion in the other teams was between one per cent and 59 per cent, with a mean of 17 per cent.

In four of the teams, 3, 4, 7 and 12, the percentages for the four categories are rather more equal than in the other teams. Figure 5.3 compares the percentage discussion of legal/penal, social, medical and therapeutic issues.

Figure 5.3 Comparison of legal, social, medical and therapeutic focus in teams
Number of teams =15



In no team were legal/penal issues discussed less than 10 per cent. In only three of the fifteen teams were legal/penal discussions less than 30 per cent while in five teams it was more than 50 per cent. In no team was the focus on social issues less than 10 per cent. In eight of the fifteen teams less than 30 per cent of the discussion was on social issues and in no team were social issues discussed more than 50 per cent. In seven of the fifteen teams medical issues were less than 10 per cent of the discussion and in only one team were medical issues discussed more than 40 per cent. In four of the fifteen teams less than 10 per cent of the discussion was devoted to therapeutic issues. In no team were therapeutic issues discussed more than 20 per cent.

It might be supposed that if there was high attendance from an agency at a meeting or high communication from agency members then the focus of the meeting would reflect that agency's orientation. The relationships between the focus of the teams and the levels of attendance and communication by each agency have been calculated using Pearson's correlation coefficient (Table 5.1) and this shows that there is no correlation between the focus of the team and the level of attendance by that agency and no correlation between focus of meeting and level of communication by the agency except for a correlation between a medical focus and high levels of communication by medical personnel.

Table 5.1 Correlation between the focus of the meeting and levels of attendance and communication by each agency

Agency	Pearson's correlation coefficient	Significance (two-tailed test)
Correlation Focus/Attendance		
Prosecutor's Office	0.07	0.79
DYFS	0.16	0.57
Hospital	0.37	0.17
Mental Health	0.52	0.06
Correlation Focus/Communication		
Prosecutor's Office	0.46	0.09
DYFS	- 0.09	0.75
Hospital	0.73	0.01
Mental Health	0.26	0.34

In the three teams selected for the in-depth interviews, the primary focus of the teams, according to this content analysis, was; team 4, relatively equal balance for all areas, team 9, social focus and team 11, legal/penal focus. Most of the interviewees from team 4 commented that they thought the team focused on legal, social, therapeutic and

medical matters although one or two DYFS personnel suggested the focus was on prosecution.

Legal. Team 4: The MDT has a dual focus - the goal can be prosecution as well as services to the child and the family. If prosecution is not a viable option then there is a focus on treatment and we reach for the family to co-operate with DYFS so that they don't get involved in the criminal process in the future.

Medical. Team 4: I think a strength of the team is that all agencies are equally strong and this means that all the key functions are addressed (legal/therapeutic/protective/welfare).

DYFS. Team 4: 'The function of the team? It is the prosecutor's team. It is their agenda more than others. It's about getting a prosecution. But they actually do try to hear what the caseworker's saying.

The interviewees from team 9 suggested that the focus of the team was mixed with one or two members stressing the needs of the child and the family and the need to look wider than merely getting a prosecution.

Legal. Team 9: Sometimes the perp. is not such a bad person and it's felt that it would be better handled through a family court so the family is not destroyed.

Legal. Team 9: There is a mixture of focus in the meeting but generally it involves all three aspects - legal, welfare of the child and support for the family.

A number of interviewees from team 11, particularly those from the prosecutor's office, stressed that the team focused on medical, therapeutic and social issues as well as legal issues. However, rather more of the interviewees in this team suggested that there was a strong focus on prosecution.

Legal. Team 11: The focus of the team is a combination of legal, welfare, medical, therapeutic. The main focus is the child - what's best for the child. If it's not in the best interests of the child to prosecute we'd ask DYFS to do an alternative. But we would still keep the case open and if DYFS don't come up with the goods then we would go back and prosecute. This is an example of how we really need co-operation.

Legal. Team 11: There's a big emphasis on prosecution. Not only because of getting a prosecution but also because a prosecution is a vindication for the child and/or family.

DYFS. Team 11: I see the meeting as a prosecutor's meeting.

Medical. Team 11: The MDT is highly prosecution motivated though it is also the role of the MDT to ensure services are in place and the hospital is used for that.

Influence in the teams

Social influence within groups is made up of interpersonal processes that lead to changes in individuals' feelings, thoughts or behaviour (see Chapter Two). A two-process model of social influence has been widely accepted (Turner 1991). This model

suggests that social influence is composed of informational influence and normative influence. Informational influence is exerted because individuals face ambiguous, difficult or complex situations or problems for which measures of 'reality' are difficult. This leads to considerable uncertainty and a need for information to reduce uncertainty; individuals must look to others to provide that information to reduce uncertainty and thus they become dependent on these information-providers. This informational dependence leads to influence as the individual conforms to the responses of others perceived to provide evidence about reality. This type of influence is said to be 'true' influence as it is influence that leads to private acceptance, internalisation and long-lasting attitude change.

Normative influence is based upon compliance in which the individual conforms outwardly but not necessarily inwardly to the expectations of others within the group. It is a specifically group process of conformity to social pressure, based on the power of others to reward and punish, and socially motivated by a desire for acceptance and approval and to avoid rejection and hostility. Turner (1991) argues that such conformity

...may be based on an individual's irrational emotional need to belong but that in general attraction to the group is based on mutual interdependence for shared goals. Conformity is assumed to be functional to the group to reach its goals (p38).

There seem to be at least five relatively firm empirical generalisations that emerge from conformity research which are congruent with the two-process model and the data

from this study are explored using these generalisations. The five generalisations are the importance of the reference group; the effect of social support and validation by group members ; the effect of being watched by group members and feeling the pressure to comply publicly; the impact of dealing with issues and problems that are ambiguous and uncertain; and the differences among group members in their levels of influence and the degree of support they receive from the group (relative subjective validity and relative influence).

1. Reference group membership

Interdependence, similarity and group cohesiveness.

The hypothesis that individuals will tend to conform more to the norms of people to whom they feel psychologically attached through relations of interdependence, similarity and mutual attraction is well-supported (Deutsch and Gerard, 1955; Sherif and Sherif, 1956; Walker and Heyns, 1962; Allen, 1965). Deutsch and Gerard's (1955) study illustrates the importance of co-operative interdependence for a common goal between individuals and the group. Social interdependence provides motivation for maintaining membership in a group because it implies that significant goals are mediated by group membership. However as Allen and Wilder (1977) point out, these studies have generally been conducted on 'contrived' groups

All of them are (usually) college students of similar age and race; the group is usually composed of same -sex members; all are presumably intelligent and rational individuals; they have similar educational experiences; often all subjects

have come from the same classroom; they share a reasonably homogeneous cultural life and so on (p188).

This level of homogeneity was not to be found in the membership of multi-disciplinary teams as illustrated in Tables 3.6, 3.7 and 3.8, Chapter Three, and indeed it was because they were from different professional backgrounds that they were brought together within the team. Hallett and Birchall (1992) and Carter (1974) outline the different values, beliefs, attitudes and practices that different agencies and professionals have to child abuse and show how these may affect their goals.

Officially, the members of the MDTs did have common, shared goals as these are identified by D'Urso (1995) in the guidelines for the teams, but it is possible that all team members did not subscribe to the goals because of their personal and/or professional and/or agency agendas. Furthermore, a closer examination of the guidelines show the goals to be very wide-ranging, which means that professionals and teams would have to select which of the goals they would prioritise. For example, some teams, such as 1 and 11, have been able to achieve the goal of 'reduce the number of multiple interviews' while other teams, such as Team 4, have not been able to make any progress in this area. Furthermore, even the specific goals are open to interpretation. In the interviews a number of interviewees agreed that the goal of the team was to protect the child, but how this was to be achieved varied among professionals with some seeing prosecution as the most significant means of protecting the child and others seeing therapeutic intervention as most effective.

In the survey, respondents were asked to identify which factors militated against initial and on-going co-ordination (see Tables 5.2 and 5.3). Although there were 117 responses to the questionnaire, a number of respondents replies 'don't know' to the following questions. There was not a wide variation in responses across the fifteen teams.

Table 5.2 Factors militating against co-ordination in initial investigations
Number of respondents = 117

Factor	Important		Unimportant		Total Number
	Number	%	Number	%	
Professionals assess cases differently	72	89	9	11	81
Conflicting values about goals of intervention	61	78	18	22	83

Table 5.3 Factors militating against co-ordination in on-going work
Number of respondents = 117

Factor	Important		Unimportant		Total number
	Number	%	Number	%	
Professionals assess cases differently	60	82	13	18	73
Conflicting values about goals of intervention	59	82	13	18	71

This indicates that the members of the multi-disciplinary team in New Jersey did not see themselves as homogeneous with regard to the way they assessed child abuse cases and their goals of intervention.

Some of the responses in the in-depth interviews also illustrate that team members believed that the different professionals within the team had different values and different goals.

Medical. Team 11: *The police and prosecutors get frustrated with mental health. For example in a recent case mental health worked really hard with a victim of abuse so that she was able to come to terms with it and was no longer traumatised by it. However at the trial - two years after the event - the fact that the girl no longer presented as traumatised meant that the jury did not think she had been abused and the case was dismissed. The prosecutor's office was annoyed with mental health because they'd 'cured' the girl but because of this had lost the case. The prosecutors saw this as a bad outcome. Mental health saw this as a good outcome because the girl was no longer traumatised though they would also have liked a prosecution because this would have been a validation for her.*

DYFS. Team 4: *I feel that the MDT is a waste of time. I have a case with two kids who were sexually abused and the father was in jail - the mother was doing everything she could to protect the children. Mom is beyond wonderful. The prosecutor knew of the mother because the Mom was not as co-operative with him as she was with us so he wanted a psychological examination to see if he should prosecute. DYFS said there was no need for a psychological.*

However, Hallett's (1995) study suggests that there is a probability that the more that different professional groups work together then the more they will understand each other and the more similar will their values and goals become and this is evidenced in some other responses from interviewees.

Mental Health. Team 9: *For example, the detective might say that a child is manipulating but I might explain to him that this behaviour would correlate with a history of child abuse. This idea might not be a part of their thinking at the time so my intervention might encourage them to hang in there with it longer.*

Co-ordinator. Team 11: *People do change their culture as they work together. There's been a shift in the investigators - they're more interested in the kind of counselling that's going to be provided. - they are really deeply concerned. There's a shift in emphasis - they are different from the man on the beat. The police see what they are doing as social work not as real cop work.*

DYFS. Team 11: *We're definitely more sympathetic about the prosecutors. There's a lot more awareness about their limitations and their need to win cases. A lot more insight into them. That makes our relationship better. I can defend the prosecutor's office better in the DYFS office because I know what their constraints are.*

DYFS. Team 4: *The MDT supplies the missing pieces. It's a learning experience for everyone. It's enlightening to hear other disciplines' experiences and perspectives. It helps me to see the case more realistically and with more objectivity. You can't control a case situation because there are other people involved. It improves your ability to understand the constraints of other agencies. It gives a better understanding all round.*

Other interviewees emphasised the interdependence of members of the MDT, both in terms of only getting a clear picture of a case if they shared information and also in sharing responsibility for the outcome of a case

DYFS. Team 4: *It puts the responsibility on a large group of people - you don't feel so alone. You have the opportunity to ask for help. It's good to push the responsibility onto other people.*

Medical. Team 11: *There is a real advantage in being part of the MDT. You see the bigger picture, you see where all the pieces fit together. You get a better sense of how things are coming together. This is distressing work - but the MDT gives a sense of accomplishment.*

2. Consensual validation and social support.

One of the findings to emerge from the study of conformity by Asch (1952) was that conformity depends upon the perception that the group is consensual and the deviant is isolated. Subsequent studies have confirmed that the more consensual the group and the more isolated the individual, that is, the less others agree with the deviant, the greater the power of the group to define reality, induce self-doubt in the deviant as to both his or her competence and social position, and threaten him/her with ridicule and rejection for being different. There appears to be some evidence for this process in team 11. In this team, all the members of the MDT who were from the prosecutor's office were housed in the same building (prosecutor, assistant prosecutors, police captain and police investigators) and so was the co-ordinator, who was employed by the prosecutor's office. In the analysis of the focus of this team it clearly had a legal/penal focus. A number of interviewees suggested that this team had a strong prosecutor bias.

Mental Health. Team 11: *It's a prosecutorially-biased team and they call the shots and though it's not equal footing yet it could be. You have to be very forceful to question them.*

Thus in this team there was a strong consensual group from the prosecutor's office. The co-ordinator could be described as the deviant in the group. He was from a mental health background and there had been some tension between him and the prosecutor's office.

Co-ordinator. Team 11: *I am supposed to be the Master of Ceremonies of the whole bit but I am often just seen as an afterthought.*

In relation to the prosecutors I will often be asked informally for advice and information but this doesn't always work and my advice isn't always listened to.

I'm generally very negative about the prosecutor's office. There are personality differences between me and R.

In team 3 a team member from a mental health setting was frequently confrontational, this being particularly obvious on four separate occasions during the observed meeting when she challenged a police investigator; a DYFS caseworker twice; and hospital staff member. There were three other members of staff from the same mental health facility at the meeting and they supported their colleague when she made the challenges.

3. Surveillance and public compliance (normative influence).

Individuals are more prone to be influenced to conform to group norms in public rather than private arenas. An examination of the data from the observations of the meetings suggests that there is a high degree of conformity within all the teams. The Bales'

analysis shows that the communication in all teams was mainly information-giving and that there was scarcely any communication coded as 'showing tension' or 'disagree'. The transcripts of the meetings also indicate that there was very little disagreement within the teams. Where there were disagreements sometimes they were resolved, as in the first example below, but more commonly they were not fully explored and resolved, as in the second example.

Example 1.

Team 3

- Hospital:* *Wait, she said that she could stop the medication*
- DYFS caseworker:* *That is what the grandmother said. The next appointment is on....*
- Co-ordinator:* *N is a very, very difficult child if not given his medication*
- Mental Health 1:* *So is she continuing to give him the medication? Is he giving her any problems?*
- DYFS caseworker:* *She just...she took him to C and C said if he isn't giving her any problems he doesn't have to give him the medication*
- Mental Health 1:* *So is he giving her any problems?*
- DYFS caseworker:* *She didn't say anything about him giving her any problems. If he does give her any problems then she'll give him the medication*
- Co-ordinator:* *Okay so he's going to see the psychiatrist*
- Mental Health 2:* *He was suspended from school on Thursday. He'd gotten into two fights*

Mental Health 1: See that's the problem when he doesn't get his medication

Mental Health 2: But when he gets his medication he's always so tired and that's why the C said to take him off the medication

Mental Health 1: So why not just reduce the dose?

Mental Health 2: I can check on that

Mental Health 1: Yea. I mean maybe you could give it one day and then not give it the next day something like that

Mental Health 2: Right, right'

Example 2.

Team 6

Law enforcement officer: All I asked was for D3 to consider it and she has but they (DYFS) don't want it. I just hope we don't see this kid again

Co-ordinator: Okay.

Law enforcement officer: I'm not pleased with this case

Nurse: Neither am I

Law enforcement officer: But there's nothing we can do

However, the data from the in-depth interviews and from the survey appear to suggest that there were rather more disagreements and conflicts in the teams. Sometimes the disputes were discussed and resolved, whereas at other times it appears that there was no resolution and the underlying conflict remained.

In the in-depth interviews, some interviewees talked of the way in which different professionals listened to each other's perspectives and were prepared to change their opinions, although this was more apparent in teams 4 and 9 than in team 11.

Legal. Team 9: I'd be happy to keep the agenda small so we can start talking things out - I feel good to have in-depth conversations, we will argue something out. Sometimes we agree on things straight away and then we're done.

Medical. Team 4: It's been running three years. We now have enough trust to disagree with each other and to bring those disagreements out in the open. There's no real animosity in the team. If there are difficulties or disagreements we argue them out, they're worked on and dealt with..

Legal. Team 4: In the MDT we plan the prosecution. No-one expects you to have to do it in one particular way - people take advice. We would listen if people didn't want to prosecute - we might suggest pleading out.

Other interviewees suggested that team conflict was more endemic and unresolved. This aspect was much more marked in team 11 than in the other two teams.

Legal. Team 9: Sometimes there are conflicts - between DYFS and the police and prosecutors. DYFS want the offenders to fry - the prosecutors can't always prosecute.

DYFS. Team 4: The MDT is prosecution driven. There's a mixture of functions for the MDT and the power of the different players affects the meeting. They have

different perspectives and these perspectives affect the meeting depending on who is putting them forward.

DYFS. Team 11: At the meetings there are separate agendas. Everyone assumes that the others will take care of their bit. The prosecutor's office just think DYFS will do as it's told.

Medical. Team 11: There needs to be a change in fundamental thinking - there has to be a change in the psyche, a change in approach. to thinking of these things. There's a need to think more integratively. For so long people have built up their own agencies, built up their own hierarchies and integration with others is just not there. Maybe this is an American thing - being independent, not depending on others - part of the American character.

When asked whether the atmosphere in the team was conflictual or cohesive, some 16 per cent of respondents said that there was some degree of conflict although as Table 5.10 indicates, there was a wide variation across the teams in response to this question. The difference between the degree of conformity in the meetings and in the survey and interviews suggests that team members were showing public compliance to group norms but that this was not necessarily matched by private acceptance. In other words, group members may have conformed to group norms because they felt some degree of compulsion to do so rather than they fully shared them. Perhaps the presence of the researcher reinforced group norms to present a united front and so members seemed to be in agreement in the observed meetings.

4. Stimulus ambiguity and subjective uncertainty (informational influence).

The idea that ambiguity about situations and problems produces uncertainty which then leads to informational conformity to others was also confirmed by Deutsch and Gerard (1955) and Asch (1956). They have shown that individuals are influenced by others in the group to the extent to which the others provide evidence about reality and to the extent to which these others are perceived as similar to the individual, or experts, trustworthy or credible.

The history of professional involvement in child abuse is a history of uncertainty and ambiguity with professionals being castigated by society either for not intervening quickly enough or for intervening too quickly (Parton, 1985). Studies of child abuse, such as those by Greenland (1987) and Browne et al (1988) and the reports following enquiries into the deaths of abused children (Department of Health and Social Security, 1982) give the impression that it is possible for professionals to investigate and assess cases and hence ensure that there will be no more deaths of children from abuse or neglect. The members of MDTs are faced with uncertainty and are therefore, according to theories of informational influence, prone to be influenced by information provided by the team to which they belong.

Certainly, the Bales' analysis of the level of information-gathering in the teams (Table 12, Appendix Eleven) suggests that this activity was of primary importance in all teams with between 53 per cent and 66 per cent of communication being spent on requesting or giving information. Similarly, in the in-depth interviews, the majority of the

interviewees stressed the importance of the MDT in being an information exchange and that getting information influenced their thinking about the case.

Legal. Team 9: But at the same time DYFS can have more interaction with the family and you get their input at the meetings. The information that comes out at the meetings can affect the direction the case will take. For example we can hear from DYFS whether or not the family are co-operating and that information will affect how we continue with it.

Legal. Team 4: Part of my role is to give information also to get information from others. Sometimes DYFS will have the address of a person who we're trying to get hold of - they don't realise we haven't got it till the MDT. So that means we can chase the defendant.

DYFS. Team 4: I can get help from the MDT on what to do. It's good to get all those people together at the same time. You can get resources for the child and family and they can point out ideas that I haven't thought of.

The interviewees also indicated that they valued, and were influenced by, the information given by particular individuals, like hospital staff because they had medical expertise, or front-line investigators or caseworkers because they had direct knowledge of the case.

Co-ordinator. Team 9: K receives the agenda and attends. That's wonderful - she can tell us things - 'that's not just shaking a baby, that's trauma'. The MDT can ask the physician about how an injury has occurred.

DYFS. Team 4: *I think that it's very important that the caseworkers are at the meeting. If my workers cannot be there I get them to give me a summary. It's important for me to hear about the case directly from the worker and it's important for the worker to hear directly from the MDT. The workers learn from the experience, from the expertise of the team members.*

There are also examples in the transcripts of the team meetings of team members being influenced by information provided by team members (see Transcript, Appendix Ten).

In the first example, in team 7, the prosecutor's office had closed a case but when hearing that the staff in the mental health facility might enable the child to talk about her victimisation the police investigator agreed to re-open the case. In the second example in team 12 the DYFS supervisor gave information about the mother to the police investigator which persuaded her not to prosecute her at that point.

5. Relative subjective validity and relative influence

The dual-process model implies that mutual influence in the group will vary with the relative power of members. According to Turner (1991)

Individuals will both tend to exert more influence and to resist influence more than others, the more they are perceived to be able, competent credible, successful, correct, confident, certain and consensual compared with others (p45).

In the survey, respondents were asked whether or not influence was equal in the team to which 55 per cent responded 'Yes' and 45 per cent responded 'No'. Table 5.4 shows that there is a variation across the teams with a high proportion of respondents

from teams 3, 4, 9, 10, 11 and 12 responding that the team members had equal influence while a high proportion of respondents from teams 2 and 7 responded that influence was unequal. It is noteworthy that in all teams there was some disagreement among members about whether or not influence was equal, with six members of team 1 saying it was and six saying it was not.

Table 5.4 Proportion of members who believed influence was equal in the team
Number of teams = 15 Number of respondents = 117

% team members responding influence is equal	Teams	Total
0 - 20%	4,12,14	3
21 - 40%	3,9,10,11,13,15	6
41 - 60%	1,5,6,8	4
61 - 80%	2,7	2

The respondents who indicated that influence was not equal in the teams were asked to identify which professionals were the most influential and those who were the least influential and the results appear in Tables 5.5 and 5.6.

Table 5.5 Members' perceptions of who were the most influential professionals
Number of respondents = 56

Most Influential Professional	Number of Respondents
Assistant Prosecutor	27
Law Enforcement	19
Hospital	2
Mental Health	2
Other	2
DYFS	2
Co-ordinator	2

Table 5.6 Members' perceptions of who were the least influential professionals
 Number of respondents = 48

Least Influential Professional	Number of Respondents
Mental Health	14
Hospital	13
Co-ordinator	8
Other	4
Law Enforcement	3
DYFS	3
Assistant Prosecutor	3

Although there were 117 questionnaire respondents, only those who thought influence was unequal responded to the two questions above. These results show that it was mainly the assistant prosecutors - a high status group - who had the greatest influence. It is perhaps surprising that other high status groups, such as staff from hospitals and from mental health facilities, were not identified as having great influence in most of the teams, particularly as this is different from findings in the UK (see Birchall and Hallett, 1995), but, given that the role of these professionals was seen as less important in child abuse cases (see Table 5.18), it may be that they were seen as less able or competent in this area of work. The co-ordinators who chaired the meetings, and therefore might be expected to have had some influence, were said to have had least influence by some 19 per cent of respondents. It is possible that this reflects their lower hierarchical position in the prosecutor's office. DYFS staff were seen as having most influence by only two per cent of respondents and were seen as having least influence by seven per cent. There were comments from the interviewees, particularly in team 11, which suggested that this might be due to some DYFS staff not being respected or highly regarded by their colleagues.

Team 11.

Legal: *The quality of the DYFS workers is not good. I have no respect for DYFS or for mental health. I do have respect for medical staff.*

Mental Health: *There would be no team if there were not DYFS and the prosecutor's office. The others are fringe members. But DYFS is not a strong member and if the prosecutors say they're going to close out it is usually one of the fringe members who argues for it to continue.*

Co-ordinator: *DYFS is a mess. The best ones are over-worked, the worst can't even talk to kids and that all feeds into the groups perceptions about DYFS.*

Medical: *DYFS is the lowest on the totem pole - it's the most likely to be criticised. The problem is the DYFS system. There are no incentives.*

Other comments from interviewees suggested that some individual members of the teams were influential because of their knowledge or expertise. In teams 4 and 11 individual medical staff were identified as being influential.

Team 11.

DYFS: *The MDT is helpful in terms of having the CAC (Child Advocacy Centre) and the work that P does is good as she can provide other things to the family. Sometimes the family is more willing to receive services from P because she hasn't got the DYFS stigma of 'baby-snatchers'. P has expertise in the community and we can use that.*

Team 4.

Medical: *I want to stress the importance of J and A to the MDT. These people open doors. They are well respected. They have good reputations and are respected by the people on the team. They have both been around here a long time and are very important.*

Legal: *I've been in this unit for one and a half years and I have learned a lot about this area of work from experts like J.*

Co-operation

In his examination of what constitutes co-operation in general, Axelrod (1984) assumes that individuals and agencies will initially co-operate for their own benefit but that this will eventually become an overall gain for all those involved. He suggests that co-operation contains three major elements, reciprocity, durability of relationships and a quick response to defections. This last element depends on each participant in the co-operative undertaking having enough power in the situation to make the other(s) realise that defection or non co-operation, is more costly than co-operation and that defection will be followed by the certainty of punishment from the outside world. Loxley's discussion (1997) of inter-professional co-operation echoes this view and suggests that it was highest when

...professionals got to know a few others well and worked under such conditions that there was a strong likelihood of frequent contact. It was lowest where professionals either never met at all, or met so casually that they did not get to know each other (p.39).

In terms of child protection, the elements of a multi-disciplinary approach are outlined in a number of government guidelines, such as, Section 3.3 in 'Effective Intervention' (Scottish Office, 1989)

A co-ordinated multi-disciplinary approach depends not only on the sharing and exchange of relevant information but on a clear appreciation of the respective duties and responsibilities of the agencies involved. A multi-disciplinary approach however can minimise the risk of unnecessary duplication of enquiry and ensure that decisions are reached on the basis of full information (p.6).

According to Øvretveit (1993), in order to enhance co-operation among professionals

...it is necessary to recognise the forces which act on people to pull them away from the group, and to eliminate or minimise these forces. The forces that bind people together also need to be maximised. The basic human need to associate with others is one such force but it is relatively weak in a multi-disciplinary group, especially when people have separate employers and are members of other uniprofessional groups. The main uniting force is what people have in common, either patients or programmes. It is not sufficient to remove the impediments; the positive forces pulling people inwards need to be recognised and strengthened, as do communications and other links between people in the group (p.189).

Many of the forces that enhance co-operation have been discussed in the literature review and these include small group size, equality of power, influence, participation and status, shared goals, information, resources and values and a recognition of

common interests and mutual dependence. Many of these qualities are characteristic of groups that are cohesive since cohesion refers to the strength of the relationships linking the members to each other and to the group itself. Thus co-operative groups will be cohesive groups and will share their characteristics. These characteristics were explored in the questionnaires, the direct observations, and the interviews.

In the in-depth interviews, many interviewees tried to describe what co-operation was while others described the positive effects of co-operation. In describing the benefits of the MDT, many interviewees said that it was about sharing information and ideas but also stressed that it was about networking and making face-to-face contacts with other members of the team.

Mental Health. Team 9: The MDT gives the opportunity to network - to get the feel of other personalities and system components. It means that it's not just a voice on the other end of the phone and that facilitates communication. There are fewer people to get to know in this county and that probably makes it easier. That doesn't mean we're all bosom buddies.

Legal. Team 9: It's more convenient to have everyone together than to do the talking over the phone. You get more co-operation from others face-to-face than you do on the phone. It encourages the development of ideas. The DYFS worker will say something that seems unimportant to them but will be important to the cop.

Medical. Team 4: There's a value in looking at the cases with other disciplines. It also means you can give names to faces - you're meeting the people you usually only hear on the end of a telephone. It enables the sharing of information. It can

make a difference to the priorities in a case and you get information. It provides the human element to the work.

The interviewees were able to describe the advantages of working together on a case or cases within the meeting.

Legal. Team 9: *I would be there at the MDT, the cop and DYFS would be there and they'd present the story - then I'd give my bit. I see the medical records. We have some situations where we don't know which way to go so we ask each other.*

Legal. Team 11: *Sometimes there will be negotiation on a case between the prosecutor's office and DYFS. The prosecutor will tell a perpetrator if you don't work with DYFS we'll prosecute. Sometimes DYFS will ask the prosecutor's office to send a letter to the parents saying we're not prosecuting but you have to co-operate with DYFS. It has no legal validity but it might work.*

DYFS. Team 4: *I feel relieved that I'm getting another opportunity to talk things over. It's a meeting of heads - initially it's a bit like brainstorming then it's more like routine. You are clearer about what avenues you're taking. It keeps you consistent. You're more focused. You focus on what it is you have to do. It acts like an 'organiser' - you need this in a job like this when it sometimes gets crazy.*

A number of interviewees also noted that their attendance at the MDT made relationships outside the meeting much easier. Having face-to-face contact with team members established a level of trust which enabled them to continue co-operating outside the meeting. This aspect was most marked in the interviews with members of team 4 but was only mentioned by one member of team 11.

DYFS. Team 4: *Before the MDT a lot of the time we were not able to co-ordinate services and get co-operation from the police and the prosecutor's office. We've been able to communicate a lot better since the MDT. As a casework supervisor I can call the prosecutor's office or the police and get co-operation. I can get information that I wouldn't have received. It co-ordinates decision-making about risk to the child. The prosecutor's office will tell me where the suspect is and how long he'll be in jail. They will ask for 'no bail' if we ask them to.*

DYFS. Team 4: *Up till a few months ago a couple of district offices were not part of the MDT but because of the relationships that developed within the MDT I was able to contact the prosecutor's office informally about cases in these two districts as well. In one case it was clear that the injury was caused by the mother but no-one was doing anything about it. I called the prosecutor's office to express my concern and because they know me through the MDT they went out and then went ahead with a prosecution. The MDT helps everyone.*

Legal. Team 4: *It has fostered our working relationships. Each discipline seems to know when it's a really important case and they'll call me and ask me to deal with it quickly. And because we trust each other and I know they don't abuse this if they call I do deal with it quickly because I know it must be important. Similarly I can call them if I want something done quickly. As an example I wanted a photograph taken and her photographer wasn't there so she called us and we sent a photographer down.*

The transcripts of the meetings also provided examples of members co-operating and trying to be helpful to each other.

Team 1

Assistant Prosecutor: There isn't physical evidence on that? I'm just wondering if I have to try it there's a lot of good statements from these kids but is there anythingbut I can't, I can't premise the whole case just on their out-of court statements. I need something corroborative...

D YFS caseworker: Well there is just one other thing that might be helpful to you. The day that I went to visit the mother her father was in the house but in the other room. M and I were in the kitchen and her father her own father, that would be M's own grandfather came....

Team 7

Mental Health: You want the kid to see Trauma Assessment or a therapist?

DYFS supervisor: Trauma Assessment because she's acting out

Mental Health: We got the referral. I'll prioritise this one.

DYFS supervisor: Do you want the social worker to contact you?

Mental Health: Get her to fill out the new form and fax it to me and I'll get a date.

Co-ordinator: Okay is that all right?

DYFS supervisor: Yes

Although there is evidence from the interviews that many members saw the team as co-operative and could describe the benefits of that co-operation, other team members saw more conflict in the teams and were able to describe what those conflicts were and what impact they could have. Only one or two interviewees in team 9 made brief

references to conflict in the team whereas more members in teams 4 and 11 referred to difficulties within the team.

Legal. Team 11: Mental health say they can't talk about the case they're working with to detectives. I don't see much being realised from it though it could get better. If the case is going to court we need feedback from mental health but they're not always prepared to do it. The other disciplines need to understand our time-frames There are confidentiality issue - for mental health - they don't tell us everything.

Co-ordinator. Team 11: However the investigations are not well co-ordinated and sometimes a complaint is not made because of a lack of co-operation. I think the investigations would be improved if there were joint investigations. Even for the prosecutors it could speed things up if there were joint investigations.

Medical. Team 11: They have moved together a bit but they could move a bit more. They still get caught up in their own piece. There was a lot of stereotyping at the beginning - particularly from the prosecutor's office - that all DYFS workers are terrible, incompetent. Now they're still critical but they recognise that some do a good job, and some don't. It's not gone. There are still some critical comments.

DYFS. Team 4: The MDT needs to be more au fait with what workers are doing and give more concrete support. And they should learn to critique more humanely. Sometimes I've heard other workers made to feel very uncomfortable, they've been put on the spot by the members of the MDT.

This information appears to contradict data from the Bales' analysis which suggests that there was little conflict in the teams. However, it should be noted that the Bales'

analysis reflects only what occurred in team meetings, while the interviews refer to conflicts between team members both inside and outside the meeting. Furthermore, team members may have behaved in what they perceived to be a more acceptable way while they were being observed and so kept conflict to a minimum during the observed meeting.

The self-report approach to assessing co-operation in groups assumes that group members are accurate observers of their group cohesiveness and are willing to communicate their perceptions to the researchers. A number of studies, Schachter, (1951); Schachter et al, (1951); Indik, (1965) and Terborg et al, (1976) are based on self-report questions related to group cohesion. This study utilised a self-report format in the survey where the following questions were asked:

To co-ordinators, core team members and non-core team members,

How much do you like working with the team?

Generally what is the atmosphere of the team, conflictual or cohesive, co-operative or competitive?

Is participation equal in the team?

How well does co-ordination work?

The responses to the question as to how much they liked working in the team are shown in Table 5.7. This shows that the majority of team members in all teams liked working in the team. In only teams 4, 9 and 11 did some members, one, two and two

respectively, respond that they did not like working in the team. In ten of the fifteen teams more than 60 per cent of the members liked working in them.

Table 5.7 Proportion of members who liked working in the team
 Number of teams = 15 Number of respondents = 117

% Members like working in the team	Team	Total
0 - 20	0	0
21 - 40	8, 11	2
41 - 60	2	1
61 - 80	1,3,5,9,12,14	6
81 - 100	4,6,7,10,13,15	6
Total		15

Respondents were asked to identify the extent to which the team was negatively affected by a number of factors, including dominance by certain members, too much structure, bad manners, poor attendance and lack of direction and the results are shown in Table 5.8.

Table 5.8 Negative effects on teams
 Number of respondents = 117
 (1 = a great deal, 5= not at all)

Negative effect	1	2	3	4	5	Total
Dominance by certain members	12	16	27	19	35	109
Too much structure	0	1	12	39	53	105
Bad manners	5	4	11	36	49	105
Poor attendance	32	11	8	4	6	61
Lack of direction	4	9	18	35	41	107

(Numbers may not add up to 117 as some respondents did not respond to each question.)

It appears that the only factor which was seen by a majority of respondents to have a negative effect was poor attendance while the dominance by certain members was seen by some respondents as detrimental to team functioning but not by others.

Respondents were asked to indicate what the atmosphere of their team was generally like and the results appear in Table 5.9. This suggests that many respondents experienced their teams positively although 52 per cent experienced some degree of conflict in them.

Table 5.9 Atmosphere of teams
Number of respondents = 117

Atmosphere	1	2	3	4	5	Atmosphere	Total
Relaxed	32	34	25	11	0	tense	102
Conflictual	4	53	36	9	13	cohesive	115
Humorous	7	44	51	9	1	serious	112
Co-operative	30	36	30	10	2	competitive	108
Effective communication	26	39	38	7	4	poor communication	114

(Numbers may not add up to 117 as some respondents did not respond to each question.)

The responses to the question whether the team atmosphere was conflictual or cohesive are in Table 5.10. This shows that only 16 per cent of respondents felt their teams were conflictual while 51 per cent felt their teams were cohesive. The remaining 33 per cent rated the team as between these two. In nine teams more than 40 per cent of the membership felt the team was cohesive. It is noticeable that team members' subjective experience of the teams can be very different, with ten members of team 4 experiencing it as cohesive and four members experiencing it as conflictual.

Table 5.10 Proportion of members who felt the team was cohesive
 Number of teams = 15 Number of respondents = 117

% Members felt team cohesive	Team	Total
0 - 20	3, 11,14	3
21 - 40	7,13,15	3
41 - 60	1,5,8,9,10,12	6
61 - 80	2, 4,6	3
81 - 100	0	0
Total		15

The responses to the question whether the atmosphere in the team was co-operative or competitive are in Table 5.11. This shows that 67 per cent of the respondents experienced their teams as co-operative and 10 per cent experienced them as competitive. In eight of the teams more than 60 per cent of the membership experienced the atmosphere as co-operative. Again there was some disagreement among the members in some teams with two members of team 11 experiencing it as co-operative and two experiencing it as competitive.

Table 5.11 Percentage of members who felt the team atmosphere was co-operative
 Number of teams = 15 Number of respondents = 117

% Members felt team co-operative	Team	Total
0 - 20	0	0
21 - 40	5,11	2
41 - 60	2,8,10,15	4
61 - 80	3,6,7,9,12,14	6
81 - 100	1,4,13	3

In all three questions, team 11 scored least in being liked to work in; in being co-operative; and being cohesive while team 4 scored highly in all three areas. Team 2 scored lowest in two areas and teams 6 and 13 scored highest in two areas. It is clear from the data collected from the observation of the meetings, from the interviews, and

from the questionnaires that there were differences both between teams and within teams in terms of their perceived levels of cohesion and co-operation. Thus team 11 was consistently perceived as conflictual and unco-operative while team 4 was consistently perceived as cohesive and co-operative. There is a range of factors that could account for these differences between teams, including the team's age and stage of development (Tuckman, 1965); the size and membership of the team; the size of the county; team workload; the level of support given to the team by parent organisations; and the personalities of team members. The findings from this study so far would suggest that team membership was probably the most important factor, as domination by one agency appeared to create real difficulties in teams.

Within individual teams it is common to find that some members saw the team as co-operative while others saw it as conflictual. There is a range of factors that can account for the different perceptions of members within a team including the status, role, function, and level of influence of individual team members; and the costs and benefits of team membership to individual team members.

Respondents were asked their opinions on co-ordination in child abuse cases in general and their responses indicated a very high level of satisfaction with co-ordination both in initial case assessments and in on-going work with the child and family. In response to the question on how well initial case assessments are co-ordinated, 83 per cent respondents said 'well' or 'very well' and for on-going interventions 82 per cent said 'well' or 'very well'. There was not a wide variation across the teams. (see Table 5.12).

Table 5.12 Extent to which respondents believed co-ordination was working well
Number of respondents = 117

	Well	Badly	No experience/opinion	Total
How well initial case assessments are co-ordinated	87	12	18	117
How well continuing interventions are co-ordinated	91	16	10	117

Respondents were then given a number of reasons why co-ordination might not work and asked to rate the importance of each reason. Their responses for initial case assessments and for on-going interventions are given in Tables 5.13 and 5.14. Again, there was not a wide variation across the teams.

Table 5.13 Respondents rating of importance of reason for co-ordination not working in initial case assessments
Number of respondents = 117

Reason	Unimportant	Important	Total
Professionals assess cases differently	9	72	79
Different overall workload priorities for each occupation	13	69	82
Conflicting values about goals of intervention	18	62	80
Incompatible methods or time schedules	21	57	78
Occupational rivalries	34	45	79
Concerns about confidentiality	46	33	79
Insufficient knowledge about each others roles and skills	34	41	75
Other	1	2	3

Table 5.14 Respondents rating of importance of reason for co-ordination not working in on-going interventions
Number of respondents = 117

Reason	Unimportant	Important	Total
Professionals assess cases differently	13	60	73
Different overall workload priorities for each occupation	10	66	76
Conflicting values about goals of intervention	13	59	72
Incompatible methods or time schedules	17	53	70
Occupational rivalries	36	34	70
Concerns about confidentiality	46	25	71
Insufficient knowledge about each others roles and skills	29	39	68
Other	1	5	6

These Tables show that in both initial assessments and on-going interventions the main reasons why respondents considered that co-ordination was not working well were related to professionals assessing cases differently; having different workload priorities; having conflicting values about their goals in relation to child abuse; and having incompatible methods or time schedules.

A series of questions in the questionnaires related to respondents' experiences of other professionals in child protection cases. Respondents were asked to rate how easy or hard they found it to collaborate with members of other professions; how clear the role of other professionals was in child abuse cases; how well other professionals carried out their roles; and how important the roles of other professionals were in child abuse cases. The responses are in Tables 5.15, 5.16, 5.17 and 5.18. The totals do not add up to the entire questionnaire population of 117 as respondents responses to their own profession are not included. Again, there was not a wide variation across the teams.

Table 5.15 Ease of co-operation with other professionals
Number of respondents = 117

Profession	Very easy		Fairly easy		Rather difficult		Very difficult		Total
	n	%	n	%	n	%	n	%	
DYFS	13	17	40	53	19	25	3	4	75
LE (local)	19	23	50	59	14	17	1	1	84
LE (Special Unit)	26	38	40	58	2	3	1	1	69
LE (Prosec. Office)	30	37	47	59	2	2	1	1	80
MD (Doctor)	16	19	54	63	14	16	2	2	86
Paediatrician	17	21	53	65	9	11	3	4	82
Assist. Pros.	33	37	46	52	8	9	1	1	88
Co-ord.	53	57	34	37	5	5	1	1	93

Over 50 per cent of respondents considered that it was very or fairly easy to co-operate with other professionals although the professionals identified as being more problematic to co-operate with were DYFS staff (29 per cent).

Table 5.16 Clarity of other professionals' roles
Number of professionals = 117

Profession	Very clear		Fairly clear		Rather unclear		Very unclear		Total
	n	%	n	%	n	%	n	%	
DYFS	36	47	32	42	7	9	2	3	77
LE (local)	27	28	44	46	22	23	2	2	95
LE (Special Unit)	35	47	28	38	10	13	1	1	74
LE (Prosec. Office)	45	63	21	30	5	7	0	0	71
MD (doctor)	39	42	41	45	7	10	3	3	90
Paediatrician	38	44	39	45	5	6	4	5	86
Assist. Pros.	58	64	25	28	6	7	1	1	90
Co-ord	45	48	37	40	9	10	2	2	93

Generally the roles of other professionals were thought to be clear although 25 per cent of respondents thought the role of local law enforcement was not clear.

Table 5.17 Competence of other professionals in carrying out their role
Number of professionals = 117

Profession	Very well		Fairly well		Rather poorly		Very poorly		Total
	n	%	n	%	n	%	n	%	
DYFS	10	14	46	63	12	16	5	7	73
LE (local)	8	9	54	62	21	24	4	5	87
LE (Special Unit)	28	42	32	48	7	10	0	0	67
LE (Prosec. Office)	31	38	46	56	5	6	0	0	82
MD (doctor)	25	28	51	57	12	13	1	1	89
Paediatrician	24	31	49	63	5	6	0	0	78
Assist. Pros.	34	40	45	54	4	5	1	1	84
Co-ord	16	32	33	66	1	2	0	0	50

A large proportion of respondents replied that they thought assistant prosecutors, paediatricians, co-ordinators and law enforcement officers from special units and from prosecutor's offices were competent in carrying out their role while DYFS and local law enforcement were seen as carrying out their roles poorly by 23 per cent and 29 per cent of respondents respectively.

Table 5.18 Importance of other professionals' roles

Number of professionals = 117

Profession	Essential		Important		Not very important		Not at all important		Total
	n	%	n	%	n	%	n	%	
DYFS	66	86	10	13	0	0	1	1	77
LE (local)	46	48	43	45	0	0	6	6	95
LE (Special Unit)	49	66	24	32	0	0	1	1	74
LE (Prosec. Office)	65	79	17	21	0	0	0	0	82
MD (doctor)	56	59	39	41	0	0	0	0	95
Paediatrician	59	64	32	35	0	0	1	1	92
Assist. Pros.	71	79	18	20	0	0	1	1	90
Co-ord	43	51	32	38	8	9	1	1	84

All professionals were seen by almost all respondents as being either essential or important in child abuse cases.

A number of researchers who have examined those factors that facilitate co-operation between disciplines and those that act as barriers to co-operation have noted the importance of factors such as geographical proximity and coterminous boundaries. Armitage (1983), who studied joint working in primary health care, suggests that propinquity is important in establishing and maintaining relationships since spatial proximity is likely to provide opportunities for interaction and individuals are more

likely to collaborate in such circumstances. Reid (1964) and Schermehorn (1975) also reached similar conclusions about the importance of organisations being near each other geographically in enhancing co-ordination. Skinner et al (1983), Westrin (1987) and Broussine et al (1988) suggest that links between social services and health or education agencies are improved if they have co-terminous boundaries.

The fifteen New Jersey counties varied considerably in term of geographic area and in size of population. Some counties were dominated by cities with large populations while the largest conurbations in others were only small towns. The prosecutor's office in one county was based in the centre of a city in a seven floor building whose entrance was protected by law enforcement staff and an x-ray machine. The police and DYFS districts which related to this prosecutor's office were located many miles away. The prosecutor's office in another county was based in a small town and was located in an insignificant building resembling a family home. All agency offices associated with the MDT were within the locality. Thus in the latter county it was easier for team members to attend the formal MDT meetings and it was also easier for them to engage in face-to-face contact outside the meeting.

In the in-depth interviews, none of the respondents in Team 9, a small county, suggested that geography created any difficulties for the team whereas the impact of geography was mentioned by respondents in 4 and 11 which were two of the bigger counties. The distance from workplaces to the meeting was identified as problematic in both these counties

DYFS. Team 11: *There is a problem in having the workers at the MDT meeting as this would be logistically difficult. It takes 45 minutes to get from here to the meeting. If there are seven or eight workers we have to get to the meeting it wouldn't be a productive use of their time*

Legal. Team 4: *I think that theoretically the MDT is a fine idea. In the smaller counties I think it works. We have such a large number and wide variety of crimes in C so the team doesn't really work as it should. We have such a large population and such a large staff and it's not working properly. I've only got four detectives and we can't get overtime and DYFS can't get staff.*

In larger counties the MDT's had more agencies and more parts of agencies to work with and this was said to be difficult.

Legal. Team 4: *I come from a school background and I don't think DYFS takes school referrals seriously. In X (the City) has a large number of public schools and a number of private schools so it's difficult to know if a school liaison person would work here. It might work in smaller towns.*

A legal respondent noted that there were difficulties for law enforcement in being part of the team because *"the police districts are not co-terminous with DYFS districts so it might be difficult to organize a police presence"* Legal. Team 4.

Skaff (1988) studied twenty-four child maltreatment co-ordinating committees in the US to investigate the relationships between committee characteristics and factors assumed to be related to committee effectiveness and concluded that *'a strong*

commitment by participating agencies/professionals was essential' (p.228). Thus the agencies that employed the members of the MDT could influence its effectiveness by the level of support they gave to their staff to enable them to participate in the MDT. This support might be emotional, such as being enthusiastic and interested in the work of the MDT, or practical, such as reducing workloads to facilitate attendance at MDT meetings. Exchange Theory (see Loxley, 1997) would suggest that agency support would reflect the level of benefit the agency obtains from membership of the team. In the interviews, a number of respondents, mainly from the prosecutor's office, noted the agency's support for the MDT.

Co-ordinator. Team 9: *We have a wonderful prosecutor who backs victim witness and the MDT one hundred per cent.....For the long reviews I send out letters to the officer and to his station commander or captain to ask for the presence of the officer at the MDT meeting. They're generally good at attending.*

Legal. Team 9: *It's quite a commitment from the prosecutor's office. I attend so does the chief and the sergeant and the investigator..... The Commissioner was a key player in setting up the MDT.*

In one team a respondent claimed that the support for the MDT reflected the agency's commitment or 'mission' to protect children.

Victim Witness. Team 4: *This is God's work and we want to do it right. We have a mission to protect children. That's more important than playing power games so we don't get involved in any of that. My staff operate through their Christian*

principles. The aim is to help children. I am very overworked. I have put in 80 hours a week for the past three weeks. Dedication is the key word here.

Mental Health. Team 11: *The Board thinks it's good to have the contact (with the MDT) - it gives us a high profile.*

However, there were many more comments from all three teams which identified how agencies had a detrimental effect on their employees capacity to engage with the MDT. These comments reflected the conclusion in Newberger's study (1975) that effective interdisciplinary action in child protection is limited by, *'too much work for everybody and a sense of hopelessness and despair in the face of overwhelming problems and unsympathetic colleagues'* (p.61). This is graphically illustrated by these comments from a DYFS respondent:

We could get more out of the MDT if we didn't have such hectic schedules, such large caseloads. It is not as leisurely a process as it should be. We sometimes close rather faster than we should. We handle the more serious cases but the more marginal ones get closed. You can't keep cases hanging on because if they are open you have to give them the full service. We don't do as much as we should because we're too busy and the MDT can be a chore particularly when things haven't been done.

This theme of being so overworked by the parent agency that there was little time left for the MDT was echoed by other respondents. The two agencies which were identified as being most problematic in this respect were DYFS and the police.

Mental Health. Team 11: *Sometimes the DYFS supervisors don't know what's going on in their caseworkers cases. I know that time is an issue for the supervisors and how overloaded they are. But some have very little link with their front-line workers. There is a problem because sometimes the DYFS supervisor doesn't feedback to the caseworker what happened at the MDT so there isn't an incentive for the caseworker to respond to the MDT.'* *'DYFS are very inconsistent. There's a lack of investment in the process.*

DYFS. Team 11: *DYFS workers have caseloads of fifty children. The intake team is supposed to hold cases for one or two months but often hold onto cases much longer than that.*

Medical. Team 11: *The problem is the DYFS system. There are no incentives to do good work. The good workers get the most cases, they get overloaded and burnt out.*

Legal. Team 4: *We don't have the staff and the means to support the MDT...I don't have time to go to MDT. Our police departments are overburdened and don't have the staff to do child abuse. We're very short of money and resources.*

DYFS. Team 4: *Child abuse is not a priority of the police or the prosecutors. There are very few people assigned to child abuse in their offices and this reflects the priority it's given. A few years ago there was a police presence at the MDT meetings and this was very helpful. It's a pity this isn't happening now but they haven't got the time or the manpower to attend.*

The staff who were interviewed in Team 9, which was a small county and appeared to be average in co-operation in the analysis of the questionnaires, identified few instances

in which agencies who were associated with the MDT had a negative influence on the team and in fact noted how agency commitment aided the team. Staff who were interviewed in the two larger counties, 4 and 11, provided many illustrations of the ways in which agencies affected team functioning negatively. Although Team 11 scored low in co-operation in the analysis of the questionnaires and Team 4 scored very highly the comments of staff from both teams were similar.

A number of studies note the detrimental effect of pre-existing agency systems on a newly established multi-disciplinary team. Broskowski et al (1982) identify '*the fear of lost autonomy: managers already feel overconstrained without seeking new partners*' (p.201) as an inhibitor to co-operation. This issue was noted by a few respondents in the interviews.

Mental Health. Team 11: *DYFS see the MDT as just another check on them and they've already got enough checks on them - they don't want another one.*

Medical. Team 11: *The problems with the MDT are to do with a number of agencies being established and working with their own hierarchies - a number of entrenched systems which then had the MDT superimposed on them. It's just one more layer of bureaucracy. No one agency or person has responsibility for the case.*

DYFS. Team 11: *This department (DYFS) is responsible for the case - we're mandated. We're not going to the MDT to oversee what the Division is doing.*

The consequences of a lack of commitment or support to the multi-disciplinary team by agencies could also be identified in the structured observations of the fifteen teams. In the observation of team 3 there was no DYFS supervisor present at the meeting although two DYFS caseworkers attended parts of the meeting to present their cases. This meant that at times there was no DYFS representative in the meeting to provide a DYFS perspective. Indeed after eleven cases had been discussed the co-ordinator commented, *“I’m just trying to decide if it’s worthwhile going on with these cases since we don’t have DYFS representation or SAVA (Law enforcement) representation”*. They agreed to discuss one more case and then the meeting was stopped and the outstanding cases were put on the agenda for the next meeting. In other meetings, while the DYFS supervisor attended, the DYFS caseworkers did not. In these meetings the DYFS supervisors did not have all of the relevant information on the cases under discussion and on three occasions were deep into a discussion of the wrong case before they realised their mistake.

Team 10

DYFS supervisor: I’m not sure what’s happening.

Co-ordinator: So I should call (the DYFS caseworker) to see what’s happening?

DYFS supervisor: Yes. I spoke to (the DYFS caseworker) but I don’t really remember what she said.

Team 12

DYFS supervisor: But I’ve got the child placed with foster-parents.

Co-ordinator: I didn’t know that.

Hospital staff: But why has that happened if the child's just visiting and mother's appropriate? We're missing something here.

DYFS supervisor: I don't know.

Hospital staff: Have we got the right case?

DYFS supervisor: I'll check.

The DYFS supervisor left the room to get further information on the case and when she returned, she informed the team that she had been discussing a different case.

In some meetings team members spoke of the difficulties they had experienced with other agencies because of a lack of commitment to or enthusiasm for multi-disciplinary working.

DYFS caseworker: I went out initially and there was no coverage by the D police at all. I contacted the prosecutor's office a couple of times and they were searching and said they'd notify back. They said the D police were going to be covering and I contacted the person whoever it was, I forget who it was now. He wasn't available and I left a message that I was on my way to the school and would he like to meet me there.

Co-ordinator: This was trying to get back-up?

DYFS caseworker: Yes. So I went ahead and conducted the interview on my own. I called the police station again and I said that I was going to be at the home again at four o'clock if they would like to meet me there and no-one showed up. I was

there till about six o'clock and they never showed up at all. Whatever happened I dunno. Then the next day I got a phone-call from some patrolman at night who had called back, you know, I had a message on my answer machine and I called back and that was the end of it. I did whatever I could. I made the contacts.

Law enforcement: Just for a little clarification. We have been having problems with D police department.

Co-ordinator: Is that unusual?

Law enforcement: No, what a surprise.....and they have not been too happy with our office. We've asked them to cover a few of these cases as they are mandated to do and they've been kinda resistant to it and I've been asked to assess a couple of situations which they've practically refused. So hopefully things will appear to get better sometime soon though I don't say that'll be a much better attitude but you may get a little more work out of them. If you've got a problem where they're not cooperating please let me know and I will continue to work on them.

Team 11

DYFS caseworker: I was just explaining that we had a problem with detectives not being able to take pictures. The judge has dismissed cases because of poor pictures.

Co-ordinator: What's the policy?

Law enforcement: The problem is we would like to send people out but we have a problem with action. We think we should go out but they (superior officers) say it's too costly - they tell

DYFS to buy a camera. We're in a pissing competition with the Chief. We think we should be doing it.....If it was something really serious we can go out but I get problems from up top if it's something like just spanking - if it's not criminal.

Mental Health: Could the local police department help?

Law enforcement: You can't get the local police department out even if it's a homicide.

Studies of co-operation identify differences in professional culture as a significant inhibitor to co-operation. In 1975, Newberger identified '*a lack of understanding of the objectives, standards, conceptual bases and ethics of the others*' (p.61) as a limiting factor in effective interdisciplinary action and Norton and Rogers (1981) include '*the conceptual gulf between professions*' (p.3) as a constraint to working together. Ten years later Pietroni (1991) suggested that conflicts among professionals arise because of '*conflicts in values and procedures.*' One of the questions in the survey of team members asked respondents to give reasons for the lack of co-ordination among agencies in child abuse investigations and treatment and the responses are in Tables 5.2 and 5.3. This shows that 89 per cent and 83 per cent (initial and on-going investigations respectively) felt that co-ordination did not work because agencies assessed cases differently and 79 per cent and 80 per cent felt that it did not work because the professions had conflicting values about the goals of intervention.

In the interviews, respondents from all three teams commented on the differences among agencies and professions and how the ways in which these were accommodated

influenced the effectiveness of the team. These differences included different philosophies, roles, priorities, agency structures and working practices and affected relationships within the teams and the decision-making processes.

Legal. Team 9: At the beginning it was very difficult for the agencies. They felt as if they were being exposed. Then, DYFS were not aware of the laws that law enforcement need to abide by and law enforcement didn't understand what DYFS could and could not do. There were a lot of hostilities at the beginning. We have come a long way since then.. We have responsibility for prosecution and sometimes we have to say to DYFS 'this is not prosecutable'.

Mental Health. Team 9: There are always turf wars in these types of meetings though it's not really marked in this team. The prosecutor's office would listen to the views of others in the team but this would depend on how far the views were from the legislation. If there was a big gap between the team view and the legislation then they would still go ahead and prosecute. If the prosecutor's office feel they have a case that they can win then they will prosecute.

Mental Health. Team 9: We do report back to the MDT on what is happening in cases but there can be problems with confidentiality. but confidentiality does have its limits. If I hear that a mother is allowing a father back into a family home when he is not supposed to then I would tell the MDT.

Broskowski et al (1982) suggest that sometimes while professionals accept the need, or the order to collaborate, they lack the skills to negotiate since negotiating and forming linkages with other professionals is complex and a similar concern is expressed by Norton and Rogers (1981) who argue that there is a *'lack of clarity about the*

means and ends of collaboration, and how to achieve it in practice' (p.3). Some respondents suggested that different professionals had different experiences of working in groups or teams and that this affected what they wanted and expected from the MDT.

Medical. Team 11: *In the hospital we have the ultimate in multi-disciplinary teams so I'm used to working with other professionals....I don't think M (prosecutor's office) thinks much of the meetings. He thinks they don't need all this touchy/feely stuff. So he doesn't always turn up.*

Medical. Team 4: *Initially, before the MDT the hospital held its own case discussions and I felt these were more useful than some of the MDT discussions which often discusses inappropriate cases which means that there is not enough time for discussion and problem-solving in difficult cases.*

Information-gathering, decision-making and case planning

In the New Jersey Multi-disciplinary Team Manual, D'Urso (1995) identifies the goals and purposes of multi-disciplinary teams. These include

Multi-disciplinary teams attempt to provide reasonable yet victim-centered coordination of civil and criminal dispositions by supporting the victim through a unified service delivery and a unified case plan.

The case management team constructs, from the early stages of the investigation, a case plan and case disposition that all parties agree upon. When this case plan is changed, such a change is accomplished with all the constituents.

Multi-disciplinary case management allows for the maximum utilization of personnel through a co-ordinated investigation and treatment/management approach. (p.13)

The emphasis here is on a multi-disciplinary approach and a focus on the child which involves gathering information, making decisions and planning; monitoring civil and criminal prosecution; providing services to the child and family; and obtaining treatment (therapy) for the child and family. These goals and purposes are similar to the 'primary' functions of reviews noted by Kendrick and Mapstone (1989b). They suggest that the ten functions of statutory child care reviews identified by Sinclair (1984) can be divided into two categories of 'primary functions' and 'secondary functions'. Primary functions are critical to the achievement of the reviews' purposes and include monitoring, decision-making, co-ordinating information, making earlier decisions more specific, re-assessing and long-term planning. Secondary functions may be a feature of reviews but are not essential and include providing administration and supervision, providing information to line managers and providing staff training and development.

The Bales' analysis shows that a majority of the communication in all of the meetings was concerned with information-gathering (Table 12, Appendix Eleven). Data from the

interviews indicates that almost all the interviewees made comments about the value of the MDT meeting as a means of exchanging information.

Legal. Team 9: The meeting is an information-gathering tool. I get information from all members.

DYFS. Team 9: By pooling resources we get more information - for example from the police. We can also tell the police and the prosecutor information. We can get a better a better picture.

Legal. Team 4: You know everything you need to know from the MDT - it's all there in one place. Everything you need to know about a case. There's an understanding of everyone's process; the DYFS process; medical process; victim witness process.

However, there are dangers is collecting too much information. Janis and Mann (1977) note that information-gathering can be a way of procrastinating, of postponing making a decision and Russo and Schoemaker (1989) state

More information helps only to the extent that you can use it intelligently. Many professionals ask for too much in making estimates and decisions (to cover themselves or delay having to make a decision). Numerous studies suggest that people have difficulty keeping more than seven or so 'chunks' of information in mind at once. Vast amounts of data may only confuse matters (p114).

Janis and Mann suggest that groups do not always use discussion of information to their advantage as they rely on a variety of discussion-limiting strategies such as 'bolstering', 'ignoring alternatives' and 'satisficing'. Since many of the teams were required to discuss a large number of cases in a relatively short period of time, some of these strategies were evident. A number of interviewees expressed their dissatisfaction with the level of discussion in the meetings and suggested the workload should be reduced to allow more discussion to take place.

In relation to decision-making, Øvretveit (1993) suggests that there is a continuum of integration which can be used to assess teams. At the low integration end

...is a group of practitioners each of whom is a member of another service, often a uni-professional or single-agency team based elsewhere. The group forms because each member serves the same or similar population and meetings are a convenient way to cross-refer. It is a 'post-box meeting' (1993 p62).

In such meetings the members take unilateral decisions and do not discuss their decisions with others. At the high integration end, team members are full-time members of the team, share the same base, have a formal team policy and a team leader. In these teams more decisions are taken jointly by the team and even where unilateral decisions are made these are discussed with and may be influenced by the team. In the examination of the content of the meetings with regard to decision-making, there were more instances of individual members making unilateral decisions rather than joint decisions. This was particularly evident in those situations when the

decision would usually be one taken by a single agency, such as whether or not to keep a case open or whether to prosecute. There was a slight difference in the language used by members of different teams with some being more definite and not allowing any discussion than others. For example in some teams the decision had been made by a single agency and was not up for discussion by the team.

Team 2

Assistant prosecutor: As a result of that we decided to close the case. Anyway we're going to close it.

Co-ordinator: The prosecutor's office will close the case.

Co-ordinator: What did DYFS do with this?

DYFS supervisor: We closed it.

Co-ordinator: Closed it?

DYFS supervisor: Quick.

Team 8

Law enforcement officer: That's about it. Abuse cannot be substantiated. We're closing it.

Co-ordinator: Did (the District Attorney) do anything with this one?

Law enforcement officer: She says we'll close it.

In other teams the decisions made by individual agencies were couched in more flexible language - although they might still have been non-negotiable.

Team 1

DYFS supervisor: I don't see, er, us keeping this case open.

Co-ordinator: I think from the prosecutor's office this isn't going to go?

In some teams decisions were negotiated with team members.

Team 7

Co-ordinator: Has she been referred to Y?

Hospital: No.

DYFS caseworker: This was only one incident a long time ago.

Mental Health: She may be minimising.

DYFS caseworker: But her story has been consistent.

Assistant prosecutor: And he says the same.

DYFS caseworker: Okay so we'll make a referral to Y.

Co-ordinator: Yes, 'cos she was terrified.

Assistant prosecutor: Why don't you just let it sit with DYFS monitoring? Give them time and space.

DYFS supervisor: Yes, my worker can do that.

Assistant prosecutor: If your worker thinks we can go back to court let her introduce the idea.

DYFS supervisor: Okay.

Mental Health: We could assess the child. See if she says anything.

Assistant prosecutor: You could see the other children as well.

Mental health: Okay. Shall we get the child in to see if she will talk?

Assistant prosecutor: Yes, that's good for me. But they'll need to be good. Powerful - it's one shot and you're out.

Team 12

Assistant prosecutor: So we shouldn't prosecute?

DYFS caseworker: No, she's cooperating. The children are in day-care. She's very caring. She's pregnant and she's clinically depressed.

Assistant prosecutor: But if she falls off the program would you let us know because then we'd have to charge her.

Assistant prosecutor: I don't want to do this without the approval of the team but I want to go before the judge and say there are material witnesses and they shouldn't leave the country.

Co-ordinator: That sounds okay.

The decision whether or not to keep a case open to the MDT - clearly a team decision - was discussed more in some teams than in others where the decision was taken by the co-ordinator. In the following examples there was little discussion of the decision to close cases to the MDT.

Team 2

Co-ordinator: We'll continue with the prosecution and I'll close this case out to MDT.

Co-ordinator: Okay so that is going to be a closed case. Unsubstantiated I guess you could say it was. And it will be closed to MDT.

Team 4

Assistant prosecutor: We're going to close this case. DYFS determined it was a first time incident.

Co-ordinator: This case is closed to MDT.

In the following examples there was slightly more discussion of the decision to close.

Team 5

Co-ordinator: And DYFS has it closed. And the mother doesn't want counselling. So do we close? Can I have a consensus?

Assistant prosecutor: Yes, we can't do anything. And the kid is safe.

Team 6

DYFS supervisor: We just need to close this.

Law enforcement officer: This isn't going anywhere.

Assistant prosecutor: We should close it.

Co-ordinator: Let's close it. But if something else comes up we'll bring it back.

Co-ordinator: So we close. Everyone agree?

Thus it appears that the MDTs in New Jersey more closely resemble 'post-box' meetings, which are described by Øvreveit (1993) in Chapter Two as teams in which members only come together to quickly exchange information and to cross-refer clients but where there is very little, if any, team decision-making. This is partly because in child protection work, a number of decisions must remain individual agency decisions because specific agencies have a legal responsibility for making decisions and are

accountable for those decisions. In the interviews, some interviewees described how decisions could be made more jointly with, for example, the assistant prosecutor holding off from prosecution because of advice from a DYFS worker. However, other interviewees made it clear that some decisions must remain with a single agency.

DYFS. Team 11: *This department is responsible for the case - we're mandated. We're not going to the MDT to oversee what the Division is doing.*

Legal. Team 9: *As I said sometimes I have had to make a decision that the others might not like. I think overall people are tolerant of me, are sympathetic.*

Mental Health. Team 11: *The prosecutor's office will only keep a case open that they are sure they will win.*

Some interviewees also suggested that there were more practical reasons for decisions being made by a single agency. They argued that sometimes decisions needed to be taken quickly and they could not delay making a decision until the next MDT meeting.

DYFS. Team 11: *A lot of the meetings are held after the fact - things have happened in the case, so it's not for giving advice or guidance. I don't expect the MDT meeting to be a case discussion - it's more of a reporting back, of monitoring what happens to the child. There's a limited number of things that can be done. If the child needs counselling that would have already been decided by DYFS. We have a protocol for dealing with cases.*

In relation to case planning, the MDT might agree very general plans for a case. For example, the team might agree that the family needed support or that a suspect should be prosecuted. It might then decide who should carry out those plans. However, the teams appeared to be clear that once an agency had agreed to continue to work with a case, either to provide support or to take legal action, then the agency could subsequently decide unilaterally to discontinue the work. Furthermore, the plans decided by the team were usually very general plans and it was left to the individual agencies to determine exactly what should be done and how it should be done. Kendrick and Mapstone (1989b) describe the five elements of decision-making as: understanding the problem; identification of objectives; identification of alternatives; evaluation of alternatives; and choice. It appears that the first two of these elements are evident in MDT deliberations while the latter three are much less discernible.

A number of interviewees referred to the importance of the team as a monitoring tool. This monitoring was seen as being of cases, of agencies or of both.

Co-ordinator. Team 9: My MDT role enables me to check up on a case and monitor the work of the others involved.

Mental Health. Team 11: In (this team) tasks are identified and sent out in the minutes then the list of tasks goes out with the agenda to check if they've been done.

DYFS. Team 11: The MDT might give DYFS tasks. Sometimes the others see themselves as watchdogs over the situation - monitoring peoples work. For the most part this feels okay. Without the MDT things might have fallen through gaps.

DYFS. Team 4: *It helps keep people abreast with what's going on. Also knowing that a case is going to be reviewed by the MDT makes people more diligent.*

Legal. Team 4: *Its an important way of logging and tracking cases so they don't get lost.*

Key findings

- legal issues were the primary focus of the majority of the teams;
- although all teams discussed legal, social and therapeutic issues, teams varied in the proportion of their discussion relating to legal, social, therapeutic and medical issues with some focusing almost exclusively on one area while others addressed all areas more equally;
- legal focus was high in all teams while therapeutic focus was low in all teams;
- team members appeared to conform to the influence of the team in public but in private suggested that they were more in disagreement with the team's views and decisions;
- some team members, such as assistant prosecutors and law enforcement officers, were more influential than others, such as mental health and hospital staff;
- some agencies, such as the prosecutor's office, were more influential than others either because of the perceived power of the agency or because the agency had a large number of personnel at the meeting;
- there were differences between teams in terms of the levels of cohesion and co-operation as perceived by their members, with team 4 having the highest

- proportion of members seeing it as cohesive and co-operative while team 11 had the lowest proportion of members seeing it as cohesive and co-operative;
- there were differences within teams in terms of members' perceptions of cohesiveness and co-operation;
 - in general co-ordination was perceived as working well and where it was not this was seen as being because professionals assessed cases differently; they had conflicting values about their roles in relation to child abuse; and had incompatible methods or time schedules;
 - most agencies were perceived as being easy to co-operate with and were seen as competent in carrying out their role in child abuse cases, although DYFS was viewed less favourably in both these areas;
 - some agencies and professionals appeared to gain much more than others by their membership of the MDTs; and
 - information-sharing was seen as a critical part of MDT activity while decision-making was of less importance.

The findings relating to multi-disciplinary working show that there are some similarities among the teams, for example, the high level of discussion relating to legal issues and the perception by team members that the agencies work together well. However, there are also some differences, for example, some teams appearing to be much more integrated, cohesive and co-operative than others

Summary

Chapters Four and Five describe and analyse the data derived from questionnaires, structured observations of team meetings and in-depth interviews with team members. In Chapter Four the findings relate to the MDTs as groups or teams while in Chapter Five they relate to the MDTs as groups of disciplines working together. The findings indicate that there are characteristics which are common for all teams in New Jersey. They also indicate that there are important differences among the teams. These similarities and differences are related to team structure, such as size, composition and sub-groupings; the interaction patterns within the teams which are affected by a range of factors including the roles and statuses of team members and leadership issues; and the way that the team members work together which is influenced by team cohesion, degrees of integration and levels of co-operation. The description and analysis of these similarities and differences provide an understanding of how the teams function from both the perspective of the researcher and from the perspective of the team members and are discussed further in Chapter Six.

CHAPTER SIX : TOWARDS AN UNDERSTANDING OF THE SIMILARITIES AND DIFFERENCES AMONG MULTI-DISCIPLINARY TEAMS

Introduction

The aims of this study were to describe, explore and analyse the functioning of multi-disciplinary teams in New Jersey and to provide an understanding of such functioning from both the perspective of the researcher and the perspectives of the team members. This was achieved by collecting data on a number of dimensions relating to the teams through questionnaires, direct observations and in-depth interviews. The findings, presented in Chapters Four and Five, provide an analysis of what the teams do and how they do it. This chapter draws together the findings and identifies key similarities among the teams and the major differences between the teams. The chapter also provides some explanations for, and discusses the implications of, the findings in relation to the existing research on groups and teams and in relation to the existing research on multi-disciplinary working in the context of child protection practice.

It was noted in Chapter One that the multi-disciplinary teams and their members are part of a society and are related to other organizations and that these societal and organizational contexts are likely to affect the ways that the teams function as well as the behaviour of individual team members. In the final section of Chapter Six there is a discussion of the findings in relation to these broader societal and organizational contexts. This provides an indication of how the teams and team members are affected by broader contexts and also illustrates how data collected on interpersonal interaction

and relationships at the micro-level – within teams - can illuminate the quality of relationships and interactions at the macro-level – within organizations.

The process involved in this discussion reflects the expectation that the inductive analyst will be looking for emergent patterns in the data that he or she has collected. These patterns can be represented by dimensions, classification schemes, themes and categories. Patton (1990) suggests that once these patterns have been constructed it is sometimes useful to cross-classify different dimensions to generate new insights about how the data can be organised and to look for patterns that might not have been immediately obvious in the initial inductive analysis. According to Patton (1990)

This procedure involves creating potential categories by crossing one dimension or typology with another and then working back and forth between the data and one's logical constructions filling in the resulting matrix (p411).

This cross-classification process is utilised to explain the differences between the teams.

Multi-disciplinary teams in the context of group/team literature

Much of the research into the functioning of groups and teams has focused either on experimental groups (for example, Lucas and Lovaglia, 1998; Mulvey et al, 1998), usually of students, or on established teams within organisations (for example Alper et al, 1998; Carter et al, 1998). The advantages of experimental studies are that typically

they involve large numbers of subjects and the researcher is able to have some control over extraneous variables. This means that the findings are high in reliability. Although there is a problem with the validity and generalisability of findings from experimental groups because they may differ significantly from authentic groups, many of the quantitative experimental studies have been replicated in qualitative studies of groups in organisations and the findings from experimental studies have been supported. For example, the original studies of groupthink by Janis (1972) have been replicated in studies in organisations by Rosander et al (1998) and Peterson et al (1998). There are fewer studies of groups composed of members drawn from a number of organisations or agencies so this examination of MDTs augments and complements the existing research.

This study of MDTs has yielded a considerable number of findings related to group functioning as outlined in Chapters Four and Five and the most important of these, concerning participation and integration, are discussed in this section.

Participation

The findings from the observation of the meetings and from the questionnaires show that there is unequal participation by team members in all MDTs (Tables 4.9 and 4.16). Some of the reasons for these differentials are related to the size of the team, the roles of the members, the professions of the members and the purpose of the meeting. The findings show that there is a positive correlation between increasing team size and decreasing levels of participation as suggested in studies by Dawe (1934), Bales et al (1951) and Stephan and Mishler (1952). Studies by Thomas and Fink (1961) suggest

that as membership of groups increase, the proportion of members who do not communicate also increases, and the findings from the MDT study show that there is a strong positive correlation between size of meeting and the number of members who did not contribute in the meeting. In Chapter Two, it was noted that Hare (1976) and McGrath (1984) concluded that the discrepancy between the most communicative group member and his/her peers increases with the size of the group and large groups are more likely to be dominated by a single individual. Six of the seven larger MDTs, but none of the smaller, were dominated by one or two individuals.

Various explanations have been proposed for this lack of participation by some individuals in larger groups, such as competition for time available in the meeting (Forsyth, 1990), individuals being anxious about speaking in larger groups (Baron et al, 1992) and because individuals adopt behaviours such as 'social loafing' and 'free riding' (Ringlemann, 1913; Kerr, 1983 and Jackson and Williams, 1986). Competition for available time may be a contributory factor to lack of participation by some members in the MDTs. The meetings lasted about one and a half hours during which time a number of cases was discussed and much of the meeting was devoted to the presentation of each case by a specific individual, such as the co-ordinator or DYFS caseworker. This left little time for others to participate. For example, in team 6 there were fifteen members and seventeen cases were presented by the co-ordinator who was the highest participator. In this team 40 percent of the members did not contribute.

Social loafing and free riding may also account for the lack of participation by some team members. As described in Chapter Two, individuals may engage in social loafing

when being in a group makes identification and evaluation of individual performances less likely or free riding when being in a group creates the expectation that other group members may do the necessary work. These behaviours are particularly evident in individuals who are unsure of their own value to the group effort and who believe that others have much more to contribute to the group. In the MDTs, victim witness staff were the lowest participators but these professionals rarely had direct contact with the case and were in very junior positions in the prosecutor's offices. In all the meetings that they attended, a more senior member of staff from the prosecutor's office, either law enforcement officer or captain or assistant prosecutor, also attended. Thus victim witness staff are likely to feel that they have little to contribute compared with their colleagues. It was also noticeable that if there were large numbers of staff from an agency, such as six staff from the prosecutor's office in team 6 and five mental health staff in team 3, then one or two members of the agency participated and the others did not. Thus it appears that the role of case presenter and the status of being a senior member of an agency is likely to increase an individual's level of participation (see Godfrey et al, 1986 and Brown, 1988).

Studies by Lucas and Lovaglia (1998) and Bryman (1992) suggest that high participation is characteristic of leadership and in twelve of the fifteen teams the co-ordinators were one of the two highest participators. However, the co-ordinators also presented the cases in these teams and it appears more likely that their high levels of participation are a function of their roles as case presenters rather than leaders.

Although most of the communication of all co-ordinators was task-focused, in some teams, for example team 11, they were more task-focused than in others, for example

team 4. The communication patterns of co-ordinators were different from other team members as their communication ranged across more of the Bales' categories than did the communication of their colleagues. Thus they engaged in more asking communication and more socio-emotional communication which may be related to their leadership role in encouraging and enabling the participation of other members. Some co-ordinators adopted a very active approach, like the co-ordinator in team 7, who worked hard throughout the meeting to encourage participation and reduce conflict, or the co-ordinator of team 11, who had a directive style so that even his questions were rhetorical ones and already had an answer attached to them. Other co-ordinators had a more passive approach, like the co-ordinator of team 8 who appeared intimidated by the medical personnel and the co-ordinator of team 4 who had a very laissez-faire style. Each co-ordinator had a particular style and there was little evidence of their changing their style according to the needs of the meeting. They did not appear to have a contingency approach to leadership (Kilvington, 1997; Bryman, 1992). This finding may be a consequence of observing only one meeting of each team. In other meetings of the team, with different memberships and tasks, the co-ordinator might adopt a different style. While in most teams the co-ordinator did have something of a leadership role in managing the discussions of the team, in some teams other team members emerged as informal leaders, such as the physician in team 8 and the assistant prosecutor in team 13, and their participation levels were higher than other team members. Thus it seems that the leadership role affects both the quantity and quality of communication and vice versa.

It appears that participation levels may also be affected in some teams by how well associate members are assimilated into the team. Moreland (1985) notes that before new members can contribute fully to group goals they must understand and accept the group's norms. In team 4, associate members (DYFS caseworkers) were briefed about the meeting and their contribution to it by their supervisors before the meeting. In-depth interviews with these caseworkers suggest that they did understand the process and were able to contribute. However, in team 9, the integration of associate members was not managed so effectively, particularly by the prosecutor's office, and in the in-depth interviews team members reflected that associate members (law enforcement officers and DYFS caseworkers) either did not know what to expect in the meeting or were intimidated by it and so either did not attend or contributed very little.

Although it is not mentioned in the literature, the purpose of the group appears to have an effect on the participation of members. Many of the previous studies, described in Chapter Two, have focused on problem-solving and decision-making groups but data from the observations of the MDTs and interviews with their members suggest that the MDTs are primarily information-exchanges. It is clear that the professionals who conducted the investigations and co-ordinated the work in each case had a lot of information to give while others, such as mental health staff, who had no direct contact with the case at that stage but may have had contact at a later stage, had limited information to give. Thus, while they may not have participated by speaking, they did participate by listening. Whilst it may be possible for the information to be relayed in more efficient ways than through a meeting, such as by telephone, facsimile or e-mail, the interviewees stressed the effectiveness of sharing information face-to-face which

enabled them to establish trust, develop understanding and combine information from a number of sources at one time.

Unsurprisingly, there is a strong correlation between levels of attendance by agencies and levels of communication by agencies. Where there was a large number of agency staff at a meeting, then that agency had a high level of communication. The findings relating to the communication levels of all professionals (see Figure 4.11) suggests that although the patterns of communication are different for each professional group, generally it is not possible to predict the level of an individual's communication because of their profession. However, all co-ordinators, law enforcement captains and DYFS supervisors communicated in meetings and the communication levels of the former two tended to be higher than other professionals. Generally, victim witness personnel communicated very little.

The teams were very task-focused, with task interaction being over 80 per cent in all teams. This is higher than was found in the summary of studies of groups by Hare (1976) and McGrath (1984) in which nearly two-thirds of the interaction was task-focused. This difference may be because the latter studies were laboratory discussion groups which may not be typical of 'real' groups or because in the MDT study socio-emotional interaction was under-represented as a result of recording methods or it may be that these teams are very task-focused.

Given these findings, it seems to be important that the primary goal of the teams should be clarified. If they are to act as information-exchanges then they can be

relatively large and all members may not need to speak. However, if they are to act as problem-solving or decision-making groups, their size may need to be limited to less than ten and membership limited to only those members who have something to contribute to decision-making or problem-solving. The number of cases should also be limited to less than ten. This would enable all members to contribute to the meeting because they would not have to compete for speaking space or indulge in social loafing or free riding. The role of the co-ordinator is unclear and most of the co-ordinators are not trained for their role. Yet they must chair or lead meetings of professionals from different disciplines, many of whom have a higher status than they do. Such co-ordination is a complex task which requires different styles of leadership and different skills at different times and in different situations. The co-ordinators would be enabled to carry out their tasks more effectively if their roles were clarified and they received training.

Integration

Groups and teams vary in their degrees of integration as noted by Webb and Hobdell (1980), Øvretveit (1993) and Sheppard and Zangrillo (1996) and there are fully integrated teams at one end of a continuum and loosely integrated teams at the other. The MDTs are somewhere between these two extremes, perhaps being closer to the loosely integrated type. Using Webb and Hobdell's analogy with sports teams, the MDTs are rather more like athletics teams than fully integrated football teams because, although the MDTs have a number of shared overall objectives, team members were primarily concerned with their own individual performances rather than with the performance of the team as a whole, as illustrated in the in-depth interviews. For

example, personnel from the prosecutor's office were primarily concerned with prosecuting offenders successfully and indeed their competence is measured by this criterion by the District Attorney. Mental health staff were less interested in prosecution and were more concerned with ensuring that the child was enabled, through counselling, to recover from his/her victimisation. Although there is the common basic requirement that all team members have some knowledge and understanding of child abuse, the tasks and skills required of each member are very different and interchangeability across tasks is almost impossible. The DYFS worker cannot prosecute the offender. The assistant prosecutor cannot provide therapy to the victim. Although there was some face-to-face interaction between some team members, such as DYFS caseworkers and law enforcement officers during an investigation, generally team members conduct their work with a case in different places and at different times and even with different members of a family and may only meet together at the team meetings. These characteristics of MDTs also place them towards the low integration end of Øvretveit's model of integration and between the 'co-operating' and 'co-ordination' models described by Liddle and Geldthorpe (1994) (see Chapter Two).

Using these models there appears to be little difference between the teams in their levels of integration. However, there are greater differences when Sheppard and Zangrillo's model, which is described in Chapter Two, is utilised. A number of teams, teams 1, 7, 9, 10, 11, 12 and 15, have established what are described as 'child advocacy centers' although, in fact, they more closely resemble 'multi-agency centers' since only personnel from the prosecutor's office are located in them and they are

administered by the prosecutor's office. The remaining teams are characteristic of 'improved joint investigations using existing agency personnel and resources' (see Appendix Three).

Although there appears to be agreement among policy-makers, managers and the members of the MDTs in New Jersey that the function of the teams is to co-operate and provide co-ordinated services in cases of alleged child abuse, there is much less clarity about the level of integration expected or required of the teams. The Child Advocacy Center model is supposed to provide the framework for the development of the MDTs but the 'ideal type' of this model is a highly integrated team and this is not evident in any of the MDTs. The CAC level of integration may not be present because it is not required; or is not expected by all agencies; or is not wanted by all agencies; or is not feasible. However, there is no indication that there has been a debate or discussion by those organisations involved with the MDTs about the level of integration that is required, expected or feasible nor of the consequences of integration for individual agency authority, accountability and autonomy. Such a debate could provide the direction for the development of the MDTs.

Common features of multi-disciplinary teams

Power of the prosecutor's office

The mission statement for the New Jersey MDTs is

...to contribute to the effective investigation, disposition and treatment of child abuse. By adopting a MDT approach, we promote healing and the prevention of re-victimisation of children through legal, child protective and health and human services (D'Urso, 1995. p. 11).

Their aims are identified as follows

The case management team constructs, from the early stages of the investigation, a case plan and case disposition that all parties agree upon. When this case plan is changed, such a change is accomplished with all the constituents. (D'Urso, 1995, p.13).

The intention in establishing the MDTs in New Jersey was to provide a forum in which a number of professionals from a variety of agencies could meet, share information on cases, make decisions and plans for the child(ren) and family in relation to legal, welfare, medical and therapeutic issues, and monitor the progress of cases. No profession or agency was identified as being most significant. However, the findings show that in all the MDTs the prosecutor's office and legal issues achieved primacy. In every meeting there was a presence from the prosecutor's office, including assistant prosecutors, police investigators attached to the prosecutor's office or victim witness personnel, and in some meetings there were as many as five or six representatives from the prosecutor's office (Table 3, Appendix Eleven). A representative from the prosecutor's office was one of the two highest contributors in eleven of the fifteen observed meetings and the agency as a whole was the most participative in six teams. There was participation from the prosecutor's office in every team and this participation was never less than 10 per cent (Table 4.9). In the questionnaires,

assistant prosecutors and law enforcement personnel were identified as the first and second most influential professionals in the MDT respectively (Table 5.5). Assistant prosecutor's were rated highest by questionnaire respondents in terms of ease of co-operation; clarity of role; competence; and importance in child abuse cases (Tables 5.15, 5.16, 5.17 and 5.18). In 60 per cent of the meetings, the highest proportion of the teams' discussion was on legal/penal issues and all teams discussed legal issues with the proportion of discussion ranging from 14 per cent to 58 per cent, with a mean of 40 per cent. (The mean for social issues is 32 per cent, for medical issues 17 per cent and for therapeutic issues 12 per cent) (Figure. 5.3). In fourteen of the fifteen teams in New Jersey the prosecutor's office provided the funding and appointed the co-ordinator. The findings in this study of MDTs differ from some of those reported in other studies in the United States. In their study of multi-disciplinary teams across the United States, Kaminer et al (1988) found that while social work was represented in every team, legal representatives were not and appeared less frequently than psychologists, nurses and physicians. In her study of the Denver Child Protection Teams (DCPT), Williamson (1988) reported that one of the problems of the teams was

...the inability of the city's attorney's office to send an attorney to DCPT meetings. Although many of the case presentations do not require legal expertise it is impossible to predict when a case will be presented where legal advice is helpful and necessary to the DCPT and the social worker in arriving at a joint decision (p.25).

In terms of influence, the survey in Kaminer et al's study included two rating scales to ascertain the various disciplines' impact upon two hypothetical situations, one involving a short term measure and the other involving long-term case planning. The results showed that

In dealing with returning the child home (the short-term measure) the legally based disciplines (lawyer, judicial representative) appear to have more influence. In the situation involving long-term treatment for the physically abused child, the physician appears to have greater impact. In both cases, however, the social worker ranked first in influence (p.557).

In relation to the funding of multi-disciplinary teams, the national survey by Kaminer et al (1988) showed that a range of funding mechanisms were available to teams and out of a total of 50 states

Twenty-three states indicated that no funding was available. Out of the remaining twenty-seven states, funding was reported from one or more of the following sources: federal funds (17 states); state funds (15 states); local/county funds (15 states); contributions/donations (8 states); private foundations (4 states); third party payments for services (2 states) and other (4states) (p.552).

In ascertaining the method used in choosing leadership of the team, the most frequent answer in the national survey was that the leader was elected by the team (24). The other responses included natural evolution (14) and appointed from outside (6). In

Colorado, social services staff were responsible for the leadership/co-ordination of all the community-based multi-disciplinary teams (Motz and Schultz, 1988).

These studies show that there is a wide variation across the United States in the degree to which legal issues and legal representatives influence the functioning of multi-disciplinary teams, although, as described later, such issues are of importance in all states. It appears from these studies that the teams in some other states are affected less by legal issues and representatives than those in New Jersey.

Differences among multi-disciplinary teams

The findings show that there is a number of differences between the fifteen multi-disciplinary teams in New Jersey and these are summarised in Table 6.1. In this table grades of 'positive', 'neutral' and 'negative' are attached to each characteristic based on previous research findings in relation to that characteristic (see Chapter Two). Thus, for example, since Slater, (1958), Carter and West, (1998) and Carletta et al (1998) suggest that teams of less than ten members are better in a number of respects, such as participation rates and levels of satisfaction among members, than teams of more than ten members, a team with less than ten members is graded positive while a team with more than ten members is graded as negative. These characteristics have been selected because they were identified as being significant to team functioning in the literature and they emerged as being important in understanding the differences among the MDTs during the empirical study.

It is acknowledged that these characteristics are linked in complex ways and that a number of them may be correlated. It might also appear that some characteristics 'cause' others, for example that domination by a particular agency will cause team members to dislike working in the team. However, this simplistic interpretation of cause and effect denies the complexity of reality and the circularities and interdependencies of human behaviour. Patton (1990) warns

One of the biggest dangers for evaluators doing qualitative analysis is that, when they begin to make interpretations about causes, consequences and relationships, they fall back on the linear assumptions of quantitative analysis and begin to specify isolated variables that are mechanically linked together out of context. In attempting to present a holistic picture of what the programme is like and in struggling to understand the fundamental nature of a particular set of activities and people in a specific context, simple statements of linear relationships may be more distorting than illuminating (p423).

The following discussion of the relationships between the characteristics and team functioning is not based on notions of linear causality but is interpretative and speculative. It involves the construction of typologies rather than the establishment of causal links between variables.

Table 6.1 Characteristics of team functioning

Characteristic	Positive	Neutral	Negative
1. Size of team	[<10] 1,2,5,9,10,11,13,14,15		[>10] 3,4,6,7,8,12
2. Number of Reports	[<10 per 1000 children] 1,14	[11 - 30 per 1000 children] 3,4,5,6,7,8,9,10,11,12,15	[>31 per 1000 children] 2,13
3. Number of cases discussed in meeting	[<10] 1,2,4,5,8,9,13,14,15	[11 - 20] 3,6,7,10,12	[>20] 11
4. Equality of agency membership (observation)	[All agencies represented] 3,7,12,13,15	2,6,8,9,10,14	[One agency highly represented] 1,4,5,11
5. Equality of participation (questionnaire)	[>61% members responded 'yes'] 1,2,4,6,7,13	[21 - 60% members responded 'yes'] 5,8,10,12	[<20% members responded 'yes'] 3,9,11
6. Equality of participation (observation)	[All agencies participate] 3,7,12,15	2,4,6,8,14	[One agency dominates] 1,5,9,10,11,13
7. High participation by prosecutor's office	4 (No)	1,2,3,6,7,8,9,13,14,15	5,9,10,11,12 (Yes)
8. % members contributing <1%	[All members participated] 1,2,11,13,15	[1 - 20% members participated <1%] 4,5,7,9,10,12,14	[>21% members participated <1%] 3,6,8
9. Highest communicator (observation)	1,4,9,(DYFS) 8,12 (Hospital)		2,3,5,6,7,10,11,13,14,15 (Police or assistant prosecutor)
10. Most participative professional (questionnaire)	4,7,15,(DYFS) 11,12, (Hospital)		1,2,3,5,6,8,9,10,13,14,15, (Police or assistant prosecutor)
11. Communication focus on information-gathering	13 (No)	1,4,6,7,8,11,12,14,15	2,3,5,9,10 (Yes)
12. Socio-emotional focus of co-ordinator	1,4,8,13 (high)	2,5,6,7,9,11,12,14,15 (medium)	10 (low)
13. Asking communication by co-ordinator	1,8,4 (high)	7,9,10,13,14,15 (medium)	2,3,5,6,11,12 (low)
14. Equality of focus	[Team focuses on all areas] 3,4,7,12	8,9,10,14,15	[Team focuses on one area] 1,2,5,6,11,13
15. Equality of influence (questionnaire)	[>61% members responded 'yes'] 2,7	[21 - 60% members responded 'yes'] 1,3,5,6,8,9,10,11,13	[<20% members responded 'yes'] 4,12
16. % members who like working in the team	[>81% members responded 'yes'] 4,5,7,10,13,15	[41 - 80% members responded 'yes'] 1,2,3,5,9,12,14	[<40% members responded 'yes'] 8,11

17. % members who responded 'team cohesive'	[61% members responded 'yes'] 2,4,6	[21 - 60% members responded 'yes'] 1,5,7,8,9,10,12,13,15	[<20% members responded 'yes'] 3,11,14
18. % members who responded 'team co-operative'	[>81% members responded 'yes'] 1,4,13,14	[41 - 80% members responded 'yes'] 2,3,5,6,7,8,9,10,12	[<40% members responded 'yes'] 11,15
19. Amount of discussion	14 (High)	1,4,6,7,8,11,12,13,15	2,3,5,9,10 (Low)
20. Socio-emotional communication by team	1,3,13 (High)	2,4,5,6,7,8,9,10,11,12,14 15	
21. Initial investigations	(Co-ordinated well) 1,6,13,14	2,4,5,7,8,9,10,12	(Co-ordinated poorly) 3,11,15
22. On-going investigations	(Co-ordinated well)	1,2,4,5,6,7,9,10,12,13,14	(Co-ordinated poorly) 3,8,11
23. Meetings have direction	(Yes) 6,10 13	1,2,3,4,5,7,8,9,11,12,14,1 5	
24. Meetings dominated by individuals	(No) 1,4,5,13	2,3,6,8,9,10,12	(Yes) 7,11,14,15
25. Meetings are relaxed	(Yes) 1,4,10	2,3,5,6,7,8,9,12,13,14,15	(No) 11
26. Good communication in meetings	(Yes) 1,4,6	2,3,5,9,10,12,13,14,15	(No) 7,8,11

Table 6.1 illustrates that the teams differ on a range of characteristics and to make sense of the differences, first an 'axial' coding process is employed to group the characteristics into two categories in 6.2(a) and 6.2(b). The two categories selected are 'multi-disciplinary sharing' and 'members perceptions of the team'. They were chosen because during the process of the research it emerged that in some teams the researcher's perceptions of the teams, in relation to the identified characteristics, reflected the perceptions of team members but in others this was not the case and the team members perceived the team differently from the researcher. Although this could be a consequence of different team members responding to the questionnaire than those who attended the observed meeting and the possibility of the observed meeting being 'atypical', the data from the interviews suggest that this is not the case. The category 'multi-disciplinary sharing' is constructed from characteristics which affect

the way in which team members are able to share opinions and information. Some of these characteristics are concrete and their effect on groups and teams has been established in the literature, for example, as group size increases levels of participation decrease (Mulvey et al, 1998). Some of the characteristics have been derived from studies which have identified the attributes of co-operation, collaboration and competition, for example Deutsch (1969) and Dutton and Walton (1974), and these are outlined in Figures 6.1 and 6.2.

Figure 6.1 Characteristics of co-operation and competition

Dimension	Relationship	
	Competitive	Co-operative
Task orientation	Emphasis on antagonistic interests; the minimisation of the other's power becomes an objective.	Highlighting of mutual interests, co-ordinated effort with division of labour and specialisation of function; substitutability of effort rather than duplication; the enhancement of mutual power becomes an objective.
Attitudes	Suspicious, hostile attitudes with a readiness the other's needs and weakness and a negative responsiveness to the other's requests.	Trusting, friendly attitudes with a positive interest in the other's welfare and a readiness to respond helpfully to the other's needs and requests.
Perception	Increased sensitivity to opposed interests, to threats, and to minimising the awareness of similarities.	Increased awareness to common interests while minimising the salience of opposed interests; a sense of convergence of beliefs and values.
Communication	Little communication or misleading communication; espionage or other techniques to obtain information the other is not willing to give; each seeks to obtain accurate information about the other but to mislead, discourage, or intimidate the other; coercive tactics are employed.	Open, honest communication of relevant information; each is interested in accurately informing as well as being informed; communication is persuasive rather than coercive in intent.

Source: Deutsch, 1969.

In his summary of the attributes of co-operative groups, Kraus (1980) suggests that they are characterised by more effective inter-member communication; more friendliness, more helpfulness and less obstructiveness; more co-ordination, division of labour orientation to task achievement, more orderliness in discussion and higher productivity; and more feeling of agreement and similarity of ideas.

Figure 6.2 Characteristics of win-lose orientation and collaborative orientation

Dimensions	Win-lose orientation	Collaborative orientation
Goals and orientation to decision making	Each unit emphasises the requirements of its own particular tasks.	Each unit stresses common goals whenever possible and in other cases tries to balance goals.
Information handling	Each unit minimises the other's problems or tends to ignore them when recognised; minimises or distorts the information communicated.	Each unit tries to understand the other's problems and give consideration to them; try to provide the other with full, timely and accurate information relevant to joint decisions.
Freedom of movement	Each unit tries to gain maximum freedom for itself through tactics such as circumventing formal procedures; emphasising jurisdictional rules; trying to fix the future performance obligations of the other unit; restricting interaction patterns; pressure tactics such as hierarchical appeals; blaming the other for past failure in performance.	Each unit tries to increase its freedom to attain goals through accepting formal procedures which facilitate task achievement; blurring of the differences between units; avoiding trying to fix the unit's future performance; encouraging relatively open interaction patterns; searching for solutions rather than employing pressure tactics; focusing on the diagnosis and correction of defects in rules rather than placing blame.
Attitudes	Each unit develops negative feelings toward the other. Desires to threaten, vent hostilities, and retaliate are common.	Each unit adopts trusting and positive attitudes toward the other.

Source: Dutton and Walton, 1974

For other characteristics, logical argument suggests that there is a relationship between the characteristics and the category of 'multi-disciplinary sharing' thus, for example,

1. Number of cases discussed in a meeting. The larger the number of cases discussed in a meeting the more time in the meeting is devoted to presenting cases and providing updates on them and the more limited is the time available for other team members to share thoughts about cases.
2. Equality of agency membership. If there are no members of an agency, or number of agencies, at a meeting then they cannot voice their opinions at the meeting nor can they hear the opinions of others, particularly as no reports are presented to any of the meetings and minutes of meetings are not distributed.
3. High participation by the prosecutor's office. The more that one agency dominates a group or meeting then the literature on majority influence suggests that others will conform to the perspective of the largest faction even though they do not fully subscribe to it and thus the opinions of minority members may not be shared in the meeting.

The category 'members' perceptions of the team' are constructed from those comments made by members in the questionnaire about their experience of working in the team.

Teams are given an asterisk (*) and the cell is shaded red when they are high in a characteristic, or a cross (x) and the cell is shaded blue when they are low. Nothing is recorded if they are at a mid-point in the characteristic. The proportion of positive and negative attributes for each team are illustrated in Tables 6.2(a) and 6.2(b).

* and red shading indicates where team has been rated highly on this characteristic. x and blue shading indicates where team has been rated low on this characteristic

Table 6.2(a) Teams' scores on characteristics relating to 'multi-disciplinary sharing'

Characteristic/Team	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Size of team	*	*	x	x	*	x	x	x	*	x	x	x	*	*	*
Number of Reports	*	x	x	*	*	x	x	*	*	x	x	*	*	*	*
Number of cases discussed in meeting	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Equality of agency membership (observation)	x	x	*	x	x	x	*	*	x	x	x	*	x	x	*
Equality of participation (observation)	x	x	*	*	x	x	*	*	x	x	x	*	x	x	*
High participation by prosecutor's office				*	x	x	*	*	x	x	x	*	x	x	*
% members contributing <1%	*	*	x	*	x	x	*	*	*	*	*	*	*	*	*
Highest communicator (observation)	*	x	x	*	x	x	*	*	*	*	*	*	*	*	*
Communication focus on information-gathering		x	x	*	x	x	*	*	x	x	x	*	*	*	*
Socio-emotional focus of co-ordinator	*	x	x	*	x	x	*	*	x	x	x	*	*	*	*
Asking communication by co-ordinator	*	x	x	*	x	x	*	*	x	x	x	*	*	*	*
Socio-emotional communication by team	*	x	x	*	x	x	*	*	x	x	x	*	*	*	*
Amount of discussion		x	x	*	x	x	*	*	x	x	x	*	*	*	*
Equality of focus	x	x	*	*	x	x	*	*	x	x	x	*	*	*	*

Table 6.2(b) Teams' scores on characteristics
 Characteristics relating to 'team members' perceptions of the team'

Characteristic/Team	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Equality of participation (questionnaire)	*			*		*	*								
Most participative professional (questionnaire)	X	X	X	X		X						X	X	X	X
Equality of influence (questionnaire)		*		X			*								
% members who like working in the team				*	*		*				X		*		*
% members who responded 'team cohesive'		*	X	*		*					X			X	X
% members who responded 'team co-operative'	*			*		*					X		*	*	X
Initial investigations co-ordinated	*		X								X				X
On-going investigations co-ordinated			X								X				
Meetings have direction															
Meetings dominated by one person	*			*		*				*			*		X
Meetings are relaxed	*			*							X		*		
Good communication in team	*			*						*	X		*		

Tables 6.2(a) and 6.2(b) illustrate that the data can be grouped into the two dimensions of 'multi-disciplinary sharing' and 'team members' perceptions of the team'. Each of these two dimensions can be given a positive and negative value: 'good' and 'poor' multi-disciplinary sharing; and 'positive' and 'negative' perception of the team. A four-quadrant matrix can then be constructed using the two dimensions of 'multi-disciplinary sharing' and 'perceptions of the team' and the two values of positive/good and negative/poor as illustrated in Figure 6.3. The resulting quadrants are:

1. Good multi-disciplinary sharing - positive perception of the team
2. Poor multi-disciplinary sharing - positive perception of the team
3. Good multi-disciplinary sharing - negative perception of the team
4. Poor multi-disciplinary sharing - negative perception of the team

Figure 6.3 Four-quadrant matrix

		Multi-disciplinary sharing	
		Good	Poor
Perception of Team	Positive	1	2
	Negative	3	4

There are a number of characteristics relating to the two dimensions and Tables 6.2(a) and 6.2(b) show whether the teams rate high or low on these characteristics. It is clear that some teams are rated high rather than low on more characteristics in one or both dimensions while others are rated low rather than high on more characteristics. For example, in Table 6.2(a) team 1 is rated high rather than low on more characteristics while team 11 is rated low rather than high on more characteristics. In Figure 6.4 teams have been allocated to a quadrant according to the whether they have preponderance of high or low ratings in the characteristics for each dimension. For example, team 1 is placed in quadrant 1 because it is rated high more than low in the characteristics relating to multi-disciplinary sharing and it is rated high more than low in the characteristics relating to team members perceptions of the team; team 2 is placed in quadrant 2 because it is rated low more than high in the characteristics relating to multi-disciplinary sharing but is rated high more than low in the characteristics relating to team members perceptions of the team. Four team types emerge from the matrix and are situated in each of the four quadrants.

Quadrant 1. Realistic Type. Good multi-disciplinary sharing - positive perception of the team.

Quadrant 2. Repressed Type. Poor multi-disciplinary sharing - positive perception of the team.

Quadrant 3. Pessimistic Type. Good multi-disciplinary sharing - negative perception of the team.

Quadrant 4. Depressed Type. Poor multi-disciplinary sharing - negative perception of the team

Figure 6.4 Matrix Types of Teams

	Good multi-disciplinary sharing	Poor multi-disciplinary sharing
Positive perception of Team	<p>Quadrant 1</p> <p>Realistic There is sharing and equality in the team. Conflicts are seen as healthy and are resolved.</p> <p>Teams : 1,4,7,13</p>	<p>Quadrant 2</p> <p>Repressed The team is dominated by one agency. The domination is either unrecognised or unacknowledged. There is little conflict</p> <p>Teams : 2,5,6,9</p>
Negative perception of Team	<p>Quadrant 3</p> <p>Pessimistic There is sharing and equality in the team. There are conflicts which are seen as unhealthy and as evidence that the team is not working.</p> <p>Teams : 8,12,14,15</p>	<p>Quadrant 4</p> <p>Depressed The team is dominated by one agency. Conflicts are acknowledged, frequent and unresolved.</p> <p>Teams : 3,10,11</p>

Four teams are described to illustrate some of the characteristics of the four different types.

Depressed : Team 11 Poor multi-disciplinary sharing/negative perception of the team

Team 11 was funded by the prosecutor’s office. Its meetings were held in the Child Advocacy Center but the Center was the permanent office of staff from the prosecutor’s office and was therefore really a sub-office of that agency. This made it much easier for prosecutor’s office staff to attend meetings and in the observed

meeting 64 per cent of the participants were from the prosecutor's office. Other team members had to travel some distance to the meeting since the county covered a large geographical area. This also meant that there was not much opportunity for face-to-face contact between team members outside the meeting. The most participative professional was the police captain from the prosecutor's office who frequently presented cases. 70 per cent of the communication in the meeting was from staff from the prosecutor's office and 58 per cent of the focus of the meeting was on legal issues. In the in-depth interviews, respondents suggested the team was dominated by the prosecutor's office and that other agencies were not strong enough to challenge this. The prosecutor's office had limited respect for DYFS and by being late for the meetings and being disorganised during them DYFS staff appeared to do little to promote their image. The prosecutor's office asserted that it could provide the services required by the children and their families through its Victim Witness programme.

Team 11 had the highest caseload of all teams, discussing twenty-three cases in the observed meeting. In the previous six meetings the average number of cases discussed was twenty-seven. Thus discussion of cases was limited and amounted to information-giving by each professional. This left little time for negotiation and decision-making. The decisions themselves were usually not determined by the members of the MDT but were presented as *fait accompli* by agency members. A number of staff in the in-depth interviews expressed their dissatisfaction with the level of discussion of cases. The number of cases discussed and the level of discussion was determined by the prosecutor's office.

In the questionnaires, 33 per cent of the members thought the team was conflictual and 33 per cent thought it was competitive. Half of the questionnaire respondents commented that they did not like working in the team and most of the interview respondents expressed dissatisfaction with the team. The importance of personal relationships in working together was not mentioned by team members in the in-depth interview and it was stressed that the purpose of the team was to monitor cases and not to meet the needs of team members. The members of team 11 were aware of conflicts between some team members which caused tension in the meetings. There were no refreshments provided by the co-ordinator for team members at the team meeting.

Realistic : Team 4 Good multi-disciplinary sharing/positive perception of the team

Team 4 held its meeting in a local hospital based in the major city in the county which was within easy reach for all team members. In the observed meeting attendance by the prosecutor's office was low (7%) while attendance by hospital/mental health staff was higher (21%) and by DYFS was higher still (57%). The figure for DYFS staff is somewhat inflated as only three of the eight DYFS members were core members and stayed for the whole of the meeting. The remainder were caseworkers who stayed only to present their cases. The highest contributors in the observed meeting were a DYFS supervisor and an assistant prosecutor. In the questionnaire, half of the respondents thought that participation in the meetings was equal. Those that thought it was not equal identified DYFS and the assistant prosecutor as the most participative. DYFS staff presented the cases. The most communicative agency was DYFS, followed by the

prosecutor's office, accounting for 63 per cent and 19 per cent of the communication respectively. The team focused on legal, social, medical and therapeutic issues to a more equal degree than other teams (33%, 27%, 33% and 27% respectively). Team members stressed the importance of personal relationships for working together successfully and noted that they were able to have face-to-face contact outside the meeting. Staff from the prosecutor's office had a high regard for other professionals in the MDT and in the meeting itself DYFS staff did much to enhance the image of the agency. They arrived on time and were well prepared with case files and up-to-date information on cases. Caseworkers with direct knowledge of the case attended the meeting and had been well briefed prior to the meeting by their supervisors on what was expected from them.

The team had a small caseload and discussed seven cases in the observed meeting. This provided the opportunity for discussion and negotiation and this was evident in a number of cases in the observed meeting. Interviewees noted the helpfulness of staff from the prosecutor's office who listened to the point of view of other agencies and would not prosecute if this was not thought to be in the best interests of the child or family and who would also issue warnings to parents when this was useful to other agencies.

Sixty-six per cent of respondents in the questionnaire thought the team was cohesive and 87 per cent thought it was co-operative. Eighty-six per cent of team members said they liked working in the team. The co-ordinator provided refreshments for team

members and in the interview noted the importance of group processes in enabling a group to carry out its tasks.

Repressed : Team 5 Poor multi-disciplinary sharing/positive perception of the team

Team 5 met in the prosecutor's office. In the observed meeting six of the eight members were from the prosecutor's office, one was the co-ordinator, also from the prosecutor's office, and the eighth member was a DYFS supervisor. This was a small county in which everyone knew each other well and had frequent face-to-face contact. The most communicative professionals were the manager from the prosecutor's office and the co-ordinator. Cases were presented by the co-ordinator. In the observed meeting 80 per cent of the communication was from members of the prosecutor's office. In the questionnaire, 60 per cent of respondents thought that participation was not equal in the team. The focus of the team was unequal, with 48 per cent of the discussion on social issues, 38 per cent on legal issues and the remaining 14 per cent was shared by legal and therapeutic issues. The higher focus on social issues in this team might suggest that DYFS was influential in raising such issues. However, an examination of the transcript of the observed meeting shows that the professional who raised and discussed social issues most was the manager from the prosecutor's office so the prosecutor's office was determining the nature of the discussion and was asserting a competence in discussing social or welfare issues. The observed team meeting more closely resembled a prosecutor's office meeting to which DYFS had been invited than a multi-disciplinary meeting. It may be that other professionals had experienced this which might account for their absence from the observed meeting.

Forty per cent of team members said they liked working in the team and 60 per cent and 40 per cent respectively responded that the team was cohesive and co-operative.

Pessimistic : Team 15 Good multi-disciplinary interagency sharing/negative perception of the team

Team 15 was not funded by the prosecutor's office but by the county administration, which also employed the co-ordinator. It met in the DYFS office in the major town in the county, although it was soon to move to purpose-built premises. It was a relatively small county so the venue was within easy reach for all team members and team members communicated outside the meeting. In the observed meeting a total of nine members attended, comprising two from the prosecutor's office, three from DYFS, two from the hospital, one from mental health and the co-ordinator. Thus agency membership was fairly equal. The assistant prosecutor and the co-ordinator were the two most participative members. In this meeting DYFS was the most communicative agency (30%), although the prosecutor's office, hospitals and mental health also contributed a significant amount (28%, 18% and 12% respectively). The focus of the meeting was largely penal/legal (42%) although there was also discussion of social issues (31%), medical issues (25%) and therapeutic issues (12%). The team had a small caseload of six cases and was able to spend some time discussing each case. The co-ordinator was aware of the need to foster team relationships and provided refreshments at the meeting.

The observation of the meeting suggested a team that had established good inter-agency working. However, in the questionnaires only a small percentage of team

members made positive comments about working in the team and a number suggested that the meetings were dominated by members of the prosecutor's office. It may be that since this is a relatively new team it is still in the 'storming' stage (Tuckman, 1965) in which members are experiencing their inter-agency differences and conflicts and that this is an uncomfortable stage. Team members can have very high expectations of multi-disciplinary teams working harmoniously together, an expectation fostered by some very uncritical accounts of such working by practitioners (Whiting, 1977; Wagner, 1987), and can therefore be disappointed when their own team does not immediately reach these high ideals.

Positive and negative factors affecting team functioning

Although this study shows that there is a positive correlation between team size and number of members who participate, it does not appear that larger teams (like team 4) necessarily had higher levels of dissatisfaction among team members as described by Hare (1952). However, it does seem that workload negatively affects team functioning as discussion of a large number of cases can lead to discontent (team 11). Kaminer et al (1988) suggest that a minimum of thirty minutes is usually needed to present and discuss a case and in her study of the Denver Child Protection Team (DCPT), Williamson (1988) acknowledges that reviewing too many cases has become a '*cumbersome, tedious and draining function.*' (p. 25).

Proximity and co-terminosity of boundaries have been identified as facilitators of co-operation and this is supported by this study as it appeared to be more difficult for

some team members to attend meetings in larger counties (team 11) and it was more difficult for team members to establish relationships outside the meeting in larger counties (team 11). The importance of geographic factors as barriers to co-ordination has been noted by Armitage, (1983) Westrin (1987) and Broussine et al (1988).

Attention paid by the co-ordinator to the socio-emotional aspects of the meeting, such as seating arrangements and providing refreshments, may affect the members liking of being in the team (team 4). Bales (1950) has noted that teams need to have a balance of task and socio-emotional interaction as working on the task is likely to generate tensions which can be reduced if the team is able to engage in some socio-emotional interaction.

The primacy of the prosecutor's office

This study shows that the prosecutors' offices generally rated the highest of all agencies in terms of attendance, participation and focus of the meetings. The prosecutor's office provided funding for the MDT to provide a meeting place and administrative support as well as the employment of the co-ordinator in 14 of the 15 counties. Data from the in-depth interviews indicated that the prosecutor's office provided support to their own staff to enable them to participate in MDTs. Some interviewees also suggested that the prosecutor's office was taking over tasks in child protection that had traditionally been undertaken by other professionals or agencies. The experts in interviewing child victims of abuse were no longer social workers but were police investigators attached to the prosecutor's office and some interviewees

indicated that, through its Victim Witness programme, the prosecutor's office was in a position to provide all the services to a victim of child abuse and his/her family that previously would have been provided by other agencies. This provides some evidence of the colonisation of child abuse by legal discourse (see King and Piper, 1995).

Although the primacy of the prosecutors' offices was evident in all the teams in New Jersey, it was more noticeable in 'depressed' and 'repressed' types than in 'realistic' and 'pessimistic' types. In 'depressed' teams, such as team 11, high attendance and participation by the prosecutor's office seemed to lead to high levels of dissatisfaction and conflict within the meeting. This reflects findings from other studies by Hawkins, (1962) Strasser and Titus (1985) and Mackie (1987) which show that larger factions take larger shares in deliberation and that the arguments voiced by such factions will be more influential in the meeting. This is likely to increase rather than decrease differences between the large faction, the prosecutor's office, and the other team members thus escalating the dangers of discord as noted by Øvretveit (1993), *'differences in a team can become accentuated and result in conflict, open warfare and team breakdown.'* (p.143). In the UK, Blom-Cooper (1985) drew attention to the negative effects of domination of child protection by social services. This discontent is likely to emerge in those teams where there was some challenge to the primacy of the prosecutor's office and in team 11 this challenge was provided by the co-ordinator (whose background was in a mental health setting) and by hospital representatives.

In 'repressed' teams, such as team 5, high attendance and participation by the prosecutor's office appeared to lead to the meeting becoming, in effect, a single-

agency meeting. In the smaller counties, like team 5, the personnel from the prosecutor's office at the MDT meeting were also a staff team within the prosecutor's office and the MDT meeting could therefore become another team meeting with the inclusion of a couple of outsiders. Most members of these teams were satisfied with the working of the team but discontent was expressed by one or two team members. The explanation for this can be found in a number of studies. In their review of studies of multi-disciplinary teams Hallett and Birchall (1992) note that if power in a group is not made explicit then there is a danger that one agency or discipline will fill that power vacuum. Studies by Ridgeway et al (1985) and Berger, et al (1986) suggest that power is most likely to be in the hands of people or professions with higher status than their peers and in the MDTs the assistant prosecutors had higher status than most other members. In team 5 the manager from the prosecutor's office had even higher status thus the prosecutor's office was in a position to fill a power vacuum.

Team 15, a 'pessimistic' team, might have been expected to have had a very different profile with regard to dominance of the prosecutor's office than the other fourteen teams as it was the only one that did not depend on the prosecutor's office for funding and its co-ordinator was not employed by the prosecutor's office but this study suggests that it was not markedly different from the other teams. Although the prosecutor's office did not dominate this team, team members experienced tension and conflict as staff from the prosecutor's office tried to take over the team. Even in a 'realistic' team, like team 4, which appeared to have the most positive profile, a representative from the prosecutor's office said,

We can manage without the MDT meetings and in fact generally have had to because only two of the DYFS divisional offices are linked into the MDT system at this point though the others will be included in the future. In fact it seems that some of the more serious and sensitive cases are not being discussed at MDT and we seem to be handling them okay.

These factors suggest that in New Jersey the prosecutor's office has an important, if not a lead, role in child protection which fits Aldrich's (1972, 1976 and 1979) power/resource dependency approach to inter-organisational relations and King and Piper's (1995) views on the appropriation of child protection by legal discourse. This model emphasises the resource acquisition activities of organisations, especially securing an adequate supply of money and of authority, defined as the legitimisation of activities or a mandate. This perspective assumes that environmental resources are in short supply because of inter-organisational competition and that organisations survive in so far as they can acquire scarce resources at the expense of other organisations. Kraus (1986) argues that competition has become so ingrained in the fabric of Western culture that it has become a primary value and that within organisations individuals are rewarded for their willingness to be competitive, especially when they are successful in competing. Such an ideology encourages a view that power and resources are limited and finite so the only way that an individual or organisation can acquire them is at the expense of other individuals or organisations. As well as competition among organisations there is also competition among professions. In his analysis of professions and power, MacDonald (1995) suggests that although a profession may be granted or may secure for itself a monopoly, it still must compete in the market place

against others who can provide similar, substitute or complementary services. It must, therefore, at least defend and probably enlarge the scope of its activities and jurisdiction.

The primacy of the prosecutor's office in New Jersey is due to a series of interacting factors ranging from national to individual factors. The first factor affects child protection throughout the US. The US child protection system, across all states, is significantly affected by legal issues and concerns, as attested by Besharov (1990) and Duquette (1992) although, as the studies of multi-disciplinary studies in Bross et al (1988) demonstrate, some - like New Jersey - are more affected than others. Cooper et al (1995) argue that in order to understand a society's child protection system it is necessary to understand the societal, cultural and historical context of that system since

...child protection practices cannot but reflect and be shaped by the wider society of which they are a part (p.18).

The wider society sets the boundaries for, and shapes how the child protection system will operate and thus the US system will have different characteristics from the systems in other countries, particularly where there are endemic societal differences between the countries (see Hetherington et al, 1997). However, the child protection system is likely to be more similar in those countries which share some societal characteristics.

American society, like English society, is profoundly shaped by ideologies of political and social individualism which stress the rights of individuals, the privacy of the family, and the separation of the state and civil life. Schene (1998) states that *'In the United*

States, independence, privacy, and parental rights are highly prized. ' (p.23). Thus the state, the family and the individual are not seen as indivisible and as having congruent interests as, for example, in France (see Cooper et al, 1995) but as frequently having opposing interests and thus being potential adversaries. This is illustrated in Costin et al's (1991) text on child welfare services.

All social services for children are based on certain assumptions about the relationships of a triad - parent, child, society. All the parts of the triad interact, with a constant shifting of balance, so that at certain times one part weighs more heavily than the others in terms of influencing the behaviour and welfare of children.

Each of these - parent, child, society - at any given time, has certain rights and responsibilities. Child welfare services are predicated on the conclusion that at certain times the well-being of the child may be insufficiently attended to because of conflict in rights and roles, or inadequacies of, or pressing demands upon, any one of the parts of the triad (p8).

In the US, like the UK, when conflicts between competing interests exist and require resolution, the legal system provides the mechanism for resolving disputes. This is an adversarial rather than an inquisitorial system and emphasises the importance of due process, the presumption of innocence, the right to legal representation and the rationality of justice. These principles are evident in the description of child protective services outlined by Costin et al (1988)

Child protective services in a democracy must provide safeguards for the rights of the child, the parents and society; the development of clear standards and rules as a basis for agency intervention and the proper observance of legal provisions will help to ensure that decision-making is reasonable and based on relevant criteria (p.353).

In the US, child abuse has always had a strong socio-legal emphasis although the medical profession had a brief period of leadership with the identification of the ‘battered baby syndrome’ in the 1960s. Furthermore, it appears that the importance of the legal system in child protection may be increasing, as would be predicted by King and Piper (1995). In 1991, Costin et al made it clear that at that time the lead agency in child protection work was child protective services (CPS) which was given socio-legal authority by the law authorising the agency to act in ways that would protect children from neglect and abuse. It appears at that time, even in New Jersey, child protective services was the lead agency (State of New Jersey, 1998). However, there is an increasing concern in the US with regard to the past and present efficiency and effectiveness of child protective services which is outlined in ‘The Future of Children’ (Behrman, 1998) and in the Executive summary of the working group convened by Harvard University, (Farrow, 1997).

Across the country, there is a growing consensus that states and communities need to change the way that they protect children. Alarmed by steady increases in child abuse and neglect reports and by a child protective services system that is struggling to safeguard children, professionals, politicians, and the public alike are calling for changes in child protection (p.vii).

The system is being criticised because CPS concentrates its efforts on investigation rather than prevention or treatment; it is reactive rather than proactive; and it makes too many mistakes by either distressing families where abuse has not occurred or by not identifying abuse when it has occurred. Waldfogel (1998) summarises the concerns as follows:

- *Overinclusion: Some families are referred to CPS who should not be.*
- *Capacity: The number of families referred to the system exceeds the system's ability to respond effectively.*
- *Underinclusion: Some families who should be referred to CPS are not.*
- *Service Orientation: The authoritative approach of CPS is not appropriate for many of the families referred to it.*
- *Service Delivery: Many families do not receive the services they need (p.108).*

These concerns mirror similar ones in the UK (see The Audit Commission, 1994; Dartington Social Research Unit, 1995; Cooper et al, 1995; Parton, 1997).

Since much of the concern in the US focuses on the shortcomings of CPS, this has led a number of individuals, groups and institutions to rethink legislation, policies and practice relating to child abuse and to make suggestions for change. Some reformers, such as Waldfogel (1998) and Weber (1998), suggest a partnership model, currently being experimented with in some states including Missouri, Florida and Iowa. This model is based on the premise that the entire community should share with child protective services the responsibility for preventing and responding to child abuse. Services should be community-based and should rely on a network of services and

supports offered by partnerships involving many sectors of society, including individuals, neighbourhood organisations, religious organisations, schools, civic groups, social service agencies, businesses and so on. Others, like Lindsay (1994) suggest that the CPS mandate should be more narrowly defined and even that CPS intervention should be limited to only those cases in which a criminal act has been perpetrated against a child. They would locate CPS in the criminal justice system rather than in the current social services arena. Pelton (1998) has even argued that the task of receiving child abuse reports and the investigative function of CPS should be transferred to law enforcement agencies.

All US states are likely to have a child protection system that has a significant emphasis on legal issues both because of the societal attitudes noted above and because

...during the past quarter century federal legislation has greatly influenced the states' legal response to child maltreatment (Goldner et al, 1996, p.173).

The Child Abuse Prevention and Treatment Act (1974) imposed various requirements on the states as a condition for receiving federal funds including the establishment of state reporting laws, a state agency responsible for carrying out investigations and providing treatment and a state-wide child abuse register. However, within this legalistic framework it is clear from the earlier comparison of New Jersey MDTs with teams across the United States that in some states, like New Jersey, legal issues and legal representatives are more important and influential than they are in other states. There are a number of possible reasons for this differential.

The MDTs in New Jersey were started by a psychologist, Tony D'Urso, who secured federal funding for four years to fund a project to establish MDTs in the state. A number of models for MDTs existed at the time including hospital-based and community-based models (see Bross et al, 1988) but the model he chose was the 'Child Advocacy Center' developed in 1984 in Huntsville, Alabama which was designed as a *'multi-disciplinary child-focused approach to prosecution of crimes against children by a team staffing a center through the prosecutor's office'* (Bross and Cramer, 1988, p.483). Although all agencies relevant to child protection work were involved in creating the MDTs, D'Urso saw the support of the prosecutor's office as crucial to the success of the project and his early negotiations focused on the County Prosecutors' Association. It was the support of this body that encouraged the establishment of the MDTs and also promoted the role of the prosecutor's office as the lead agency. When federal funding ended, funding of MDTs was continued by the prosecutor's offices in fourteen of the fifteen counties. The prosecutor's offices in these counties also employ the co-ordinator and this is likely to have an influence on the decision-making process, as outlined by Kendrick and Mapstone (1989a). In their study of child care reviews in Scotland they note

It has long been argued that the objectivity needed to chair a child care review cannot be provided by someone who is involved in the immediate day to day management of the case (p. 282).

Many of the MDT co-ordinators in this study were involved in the day to day management of cases on behalf of the prosecutor's office.

The function or purpose of the team also affects which agency will take a lead role. Kaminer et al (1988) have identified the four most prevalent types of teams as case consultation teams, treatment teams, resource development/community action teams and mixed model teams. Consultation teams provide advice to professionals carrying out child protective services. The team reviews cases in terms of case management and diagnosis and serves in an advisory capacity to primary workers around treatment planning and critical decisions. Treatment teams provide direct services to children and families and are likely to be led by medical staff or therapists. Resource development/community action teams work with local problems associated with child abuse and neglect. They address on-going planning, co-ordination of services, community needs and community education. Mixed model teams have an amalgamation of the functions of two or three of the other teams. The MDTs in New Jersey are case consultation teams with a dual focus on investigation and treatment. Both the UK and US experience is that in such groups discussion of investigation outweighs discussion of treatment and this provides a further explanation for the lead role of the prosecutor's office. Parton (1997) has described a similar pattern of colonisation of child protection by the legal profession in the UK.

...there has been an important shift in the relationships and hierarchies of authority between different agencies and professionals in key areas of decision-making. While at the moment of its modern (re)-emergence in the 1960s child abuse was

constituted as essentially a medico-social reality, where the expertise of doctors was seen as central, increasingly it has been constituted as a socio-legal problem, where legal expertise takes pre-eminence (p.19).

And in the same vein, King and Piper (1995) argue that the 'enslavement' of child welfare by law is a powerful, if not inexorable, process

The problem for child welfare as science is that, within the legal arena, the information will almost invariably be constructed according to the demands of the legal discourse.....The laws demand for decisiveness and finality, for winners and losers, for rights and wrongs to be identified and exposed to the public gaze in order to further its normative objectives tend to force legal judgements out of the mouths of child welfare representatives (p.50).

The appropriation of child abuse by law could possibly be halted by another strong agency or profession but in New Jersey the low regard with which the Division of Youth and Family Services (DYFS) is held by service users and other professionals means that the agency is not in a strong position to ward off any encroachment into its perceived field of expertise by other agencies or professions. In New Jersey the dissatisfaction with the services provided by DYFS, the child protection agency in the state, led to a Blue Ribbon Panel enquiry into the agency in 1997 (State of New Jersey, 1998). In the eight public forums held throughout the state of New Jersey from March 5th to April 2nd 1997 the Panel was provided with a wealth of information concerning the public's perception of DYFS and the Panel concluded that

...the testimony of representatives from various communities across the State were overwhelmingly negative concerning the Division of Youth and Family Services (p.5.24).

Co-operation and co-ordination between the various divisions in the Department of Human Services and with other agencies outside the Department were seen as woefully inadequate

A significant proportion of people from outside DYFS expressed concerns about poor communication and strained relationships between themselves and DYFS (p.1.13).

The Panel also conclude that DYFS staff themselves felt overworked and demoralised. Caseworkers had caseloads which were 35 per cent over the Division's own caseload standard of thirty-seven which was itself above the caseload standard of twenty-five as recommended by the Child Welfare League of America.

Over the years, there has been a serious erosion of casework practice due to a multitude of interwoven factors, i.e. erosion of infrastructure, leadership, diminishing resources and poor communication which has hampered open relationships both internally and externally (State of New Jersey, 1998, p.3.11).

The Division has made a commitment to, and a strategy for, addressing the problems identified by the Panel (State of New Jersey, 1998).

This study suggests that all teams in New Jersey were dominated by the prosecutor's office although this was more noticeable in some teams than in others. It may be that this is what policy-makers and managers want. If it is, then this should be made clear to those members of the MDTs who assumed the teams were going to be co-operative and collaborative with some degree of equality among their members and are frustrated because this is not the case. If the policy-makers and managers really do want co-operation and collaboration then they need to appreciate that they do not have it and to consider why they do not currently have it. It would probably be convenient for them to argue that the reason that team members are not working together successfully is because of interpersonal difficulties (the ubiquitous 'personality clash') but this study suggests that the problems that inhibit professionals and agencies from working together are to be located at the organisational, and even societal level rather than at the individual or group level. The power of the prosecutor's office can be counter-balanced by other agencies when they exhibit high levels of competence, such as DYFS in team 4. This finding supports the view of Rice (1958) that teams will be more effective when there are not significant differences in prestige and status among team members and Newberger (1975) argues that work done in teams will be enhanced if professionals have confidence in and respect for their colleagues. DYFS staff in team 4 operated in a highly competent way and were respected by other members of the team including staff from the prosecutor's office. Meetings held outside the prosecutor's office may also reduce the influence of the prosecutor's office (as in team 4). However, whilst team-building may improve individual teams to some degree the real changes need to be made at an organisational and societal level.

Differing perceptions of team functioning

A finding that has emerged from this study which, to some extent, reflects the Janus-face of teams discussed in Chapter One was the differing perceptions that exist about the functioning of the teams. There were differing perceptions between the team members and the observer and there were differing perceptions among team members in the same team. When the different perceptions of the observer and team members are examined, it appears that in 'realistic' and 'depressed' teams the observer and members had similar perceptions, with both having positive images of the former and negative images of the latter but in the 'repressed' and 'pessimistic' teams the observer had different perceptions from team members. Whilst it is accepted that there may be methodological explanations for this discrepancy, the literature offers some suggestions for why it might occur. In the 'repressed' teams the observer saw little evidence of co-operative working but the team members thought they were working well together. Possibly team members believed that because they were content then they must be being successful but Lonsdale (1980) cautions against equating satisfaction of team members with team effectiveness

The American research on group harmony and productivity is inconclusive and suggests that there is nothing to show that a happy team is a productive team (p.4).

It might be that in these 'repressed' teams the dominant group had taken over and that although it operated in a uni-disciplinary way, team members were either unconscious of this or accepted it. Furthermore, studies of conformity suggest it is difficult for

discontented members to voice their dissatisfaction (see Forsyth, 1990) and Sinclair (1992) argues that the 'halo effect' encourages team members to deny or hide differences between them. Øvretveit (1993) also suggests that the fear of consequences for team unity leads teams to minimise differences between members. Jackson et al (1996) suggest that if a group has a negative image then team members may argue that the group has more positive characteristics than negative ones because they want to maintain their own self-esteem and identity. In pessimistic teams the observer perceived the team as sharing but the team saw itself as not working together well. This may be because the 'tyranny of team ideology' (Sinclair, 1996), referred to in Chapter One, encouraged the team members to have an unrealistic expectation of how they would operate and when they did not reach their high expectations they were frustrated and disappointed. This high expectation may be exacerbated by the training video used to provide MDT members with an insight into a model of multi-disciplinary work produced by the Child Advocacy Center in Huntsville, Alabama. This video provided a very idealistic view of team functioning and did not refer to the difficulties that teams might experience.

In relation to different perceptions of team functioning among team members, it was noticeable that even in those teams where the majority of members were positive about the team, for example team 4, or negative about the team, for example team 11, a minority of members, sometimes only one, perceived these teams differently. For example, in team 4 most team members expressed the view that the lack of a law enforcement presence at the meetings was a disadvantage but a law enforcement representative stated

When I first started here I participated in the meetings but I haven't for some time now. We don't have the staff and the means to support the MDT.....I don't think it would be useful for any of us to attend the MDT.

In team 11 there were many criticisms of the MDT from all members of the team except for one member from the prosecutor's office who made the following comments as part of her very positive statement about the team.

I have been a member of the MDT since the beginning. It has made a tremendous impact. We're able to tackle problems that would have taken years for the agencies to speak to each other. Before the MDT it was difficult to get to know the names of the people who were working on the case. Now its much easier to get in touch with people and solve problems. If I have any problems I can get in touch at the MDT meeting. It speeds things up. It can get things expedited. If I am having problems with a DYFS worker I can get in touch with the supervisor.

An exchange model of multi-disciplinary collaboration, which is described in Chapter Two, provides one explanation for a negative response in an otherwise positive team which is that, while most agencies and professionals are getting some 'rewards' for being members of the team, for one or two members the costs of team membership outweigh the benefits. Where one member of the team is positive while the remainder are negative it may be that the individual member is dependent on the team for self-esteem and therefore paints a positive picture of the team because this reflects on him/herself (Jackson et al, 1996). It may be significant that the positive respondent in team 11 was in the lowest hierarchical position in the prosecutor's office.

Setting team interaction and relationships in an organizational and professional context

In Chapter One it was emphasised that the MDTs in New Jersey are not isolated, independent phenomena but are embedded in societal and organizational contexts. In the following section, the impact of these contexts on team functioning is explored by relating the empirical data from the study to some of the theoretical constructs pertaining to organisational/professional discourse and culture. Although the data were not collected for the purpose of testing hypotheses relating to these theories, they do nevertheless provide some empirical support for them.

As noted earlier in this Chapter, the data suggest that the legal profession and legal issues are of particular importance in the MDTs and ideas developed by King and Piper (1995) can be utilized to reflect on this aspect of team functioning. They argue that when policies and decisions regarding children come before the courts (or are likely to do so) they are subject to two opposing ideologies, welfare and justice, and these two ideologies are fundamentally incompatible. Furthermore, when they clash, the consequence is that welfare discourse⁴ becomes enslaved by legal discourse because the autopietic (or self-perpetuating) nature of the law means that it cannot incorporate other discourses but must reconstruct them so that they become part of legal discourse.

⁴ Hughes and Sharrock (1997) define discourse as

“... a complex structure governed by a system of rules which identifies the things that can be talked about, the things that can be said about them, which things can be said by which kinds of persons, and so on” (p. 187).

The data from this study of MDTs provide some support for this hypothesis.

According to King and Piper, legal discourse is characterised by a concentration on certainty, precision and individual responsibility and by a focus on dichotomous notions, such as right and wrong, guilt and innocence, truth and lies. The law cannot deal directly with the real world, it can only reconstruct the world in forms that are acceptable as legal communications. Thus, the 'persons' that the law deals with are not referred to as flesh-and-blood people but as constructs produced by legal discourse itself. The law reduces, simplifies and individualises complex issues so that, in relation to child protection, the law focuses on the rights, responsibilities and inadequacies of the parents in relation to the welfare of the child and not on the psychological, environmental, biological and economic factors that could affect the welfare of the child.

The reconstruction of child welfare discourse as legal discourse in the MDTs is indicated by the domination of the meetings, in terms of both levels of attendance and levels of participation, by representatives of the Prosecutor's office. In one sense, these are the people who can speak about child abuse. In relation to what can be said about child abuse, the analysis of the content of the meetings suggests that in all teams there is a significant focus on legal aspects of child abuse and a much more limited focus on social, medical and therapeutic aspects. Furthermore, a closer examination of the medical and therapeutic content of the meetings shows that the former is frequently related to gathering medical evidence and the latter is related to ensuring that the child is psychologically fit to be a witness in court. Even victim witness staff are clear that the prime reason for providing services for the victim is to enable him or

her to be a competent witness rather than to promote his or her welfare. In the meetings the children and their abusers are referred to as 'victims' and 'perps' rather than by their names, demonstrating a depersonalising legal discourse. In one meeting the members were concerned about whether they should classify a nine year old boy who had been abused and had abused another child as a victim or a suspect because this would determine how he would be interviewed. Luhmann (1982, 1985) suggests that the function of the law is the provision of certainty and in the meetings there is a concentration on establishing who is lying and who is telling the truth. In many meetings this is exemplified by the detailed discussions of the use of, and results from polygraphs. In one case the natural mother, natural father and step-mother were all being polygraphed in order to establish who could be believed. This provides an example of the dichotomous nature of legal discourse – truth or lies – and also illustrates that, in relation to the welfare of the child, the focus is on the perceived innocence or guilt of the parents rather than on broader, societal factors. In one meeting, an investigator reported that he would like to see the mother in jail because she was not taking the abuse of her daughter seriously. However, although almost all the cases discussed in the meetings involved children from black or hispanic families, living in deprived inner city areas, no team member ever reflected on this.

The data suggest that legal discourse is dominant in almost all teams but the degree of domination varies. In Repressed and Depressed teams there is a high degree of legal domination which appears to be accepted in the former type of team but challenged in the latter type. In Pessimistic teams, team members believed that the team was dominated by the prosecutor's office although this was not apparent in the observed

meeting. The data suggest that there is limited domination by legal discourse in Realistic teams.

Another finding that emerged from the data was that some teams were more integrated than others and that some team members were more integrated into the MDTs than others and these differences can be explored, using concepts relating to organizational and professional cultures. Kraus (1980) suggests that organisations and occupations develop their own cultures which are characterised by specific attitudes, beliefs, expectations and behaviours among members. However, as noted by Young (1991), some members are deeply integrated into the culture while others are more loosely integrated and are sometimes not even accepted by others as full members of the culture. These differences between organisational and occupational cultures can make it difficult for individuals from different cultures to work together and it is more difficult for those who are at the centre of the culture than those who are on the boundaries. Thus in Team 11, the older, male police captain is reluctant to attend MDT meetings because he does not like the *'touchy/feely stuff'* whereas the hospital social worker says she is at ease because she is able to communicate in legal language, psychological language and social work language, as well as medical language.

Those professionals who are closely integrated into a culture and are dependent on it for their self-image, self-esteem and identity are unlikely to be integrated into or influenced by a less prestigious hybrid culture, such as an MDT. Those who are on the boundaries of a culture and are not even fully accepted by it, such as those professionals who work full-time or part-time in the Child Advocacy Center and who

communicate as much with professionals from other agencies as they do with those from their own, are more susceptible to be integrated in, and influenced by the MDT.

There are a number of possible outcomes when professionals from different cultures work together, ranging from conflict between cultures to cultures merging to create a new hybrid culture. The four team types identified in the matrix illustrate some of these possible outcomes. In the Depressed teams, it appears that the professionals remain committed to their original cultures and the differences between these cultures results in conflict. In the Repressed teams, the MDT appears to have been taken over by the dominant original culture, the prosecutor's office, and other professionals are absorbed into the margins of this culture or are rejected. In the Realistic teams, a new culture may be emerging which is a hybrid of the original cultures. So, for example, in team 4 members appear to be conscious of team norms and values and new members are inducted into the team. In pessimistic teams professionals appear to be relinquishing some of their commitment to their original cultures and moving towards a new culture but are finding this process uncomfortable as the new culture is not yet offering the same advantages as their original cultures.

Another issue raised by the findings concerns the differential distribution of power among team members. In the MDT context, an individual's power is related, to some extent, to his or her personality and, to a much greater extent, to his or her organizational and professional role. The relationship between individuals power within the team and their position in an organization and profession is explored in the following section, using French and Raven's (1959) discussion of power. They explain

the origin of power by focusing on five critical power bases, which they refer to as legitimate power, expert power, referent power, reward power and coercive power. They point out that an individual's capacity to exert influence over others often derives from one or more of these bases.

Legitimate power derives from the powerholder's socially sanctioned right to require and demand compliance from others because of his or her position within a social or political institution. Within the MDTs, a number of individuals occupy different hierarchical positions in the same agency. For example, in the prosecutor's office the assistant district attorney has a higher organizational position than the assistant prosecutor, who has a higher position than the law enforcement investigator. Victim witness personnel occupy the lowest position. The findings show that the levels of participation and influence in the MDT meetings reflect these organizational relationships with the ADA being the most participative and influential and victim witness personnel being the least participative and influential.

Individuals exercise expert power when others are influenced by them because of the assumption that the powerholder possesses superior knowledge, skills or abilities.

Within the MDTs, this expert power appears to be strongly related to the profession to which members belong. For example, in a number of teams the APs are powerful because of their knowledge of the law and police investigators are powerful because of their skill in the forensic interviewing of children. In team 8 the doctor is powerful because of his medical expertise. The DYFS caseworkers do not belong to a recognised profession and therefore may be less able to exercise expert power.

Referent power concerns the way in which others are influenced by the powerholder because they identify with, are attracted to, or respect him or her. This type of power depends more on an individual's personality characteristics than on his or her organizational or professional position. For example, in team 11, a number of members referred to the influence that the hospital social worker had in the team because of the respect that other team members had for her.

Reward power derives from an individual's ability to mediate the distribution of positive or negative reinforcers. These reinforcers can be practical, such as money, or emotional, such as praise or criticism. Those in higher hierarchical positions in organizations are better placed to provide these reinforcers. In the MDTs, reward power is exercised by APs and DYFS supervisors as they are in a position to recommend referrals, and hence resources, from their organizations to mental health agencies.

Finally, coercive power depends on the capacity of the powerholder to dispense punishments to those who do not comply with requests or demands. French and Raven (1959) suggest that this is the least used type of power in groups, partly because individuals prefer to use reward power rather than coercive power if both are available. Although there are few examples of the use of coercive power in the MDTs, in team 11 the police captain made a complaint about the co-ordinator to the prosecutor's office which made the co-ordinator's position so uncomfortable that he left the MDT.

This exploration of power in the MDTs illustrates that, although theoretically the five types of power can be exercised by any individual in the team, in practice those members who occupy higher organizational or professional positions are more able to exercise such power.

This brief discussion of discourse, culture and power highlights how strongly organizational and professional factors affect what happens within the teams and thus sets team functioning in a broader context. It also illustrates how a study of teams at a micro-level can provide empirical support for concepts developed about the macro-level, such as the functioning of organizations.

Implications for practice and further research

This was an exploratory study which set out to understand the way that multi-disciplinary child protection teams operated in one state in the United States, New Jersey. To achieve this aim the study examined the structures of, and processes in the teams and explored the experiences of team members using a variety of research methods. The findings from the study suggest that while there are similarities among all teams, there are notable differences in relation to their structures; the processes within them; and their members' perceptions of them. In the US, as in the UK, national and local governments have developed protocols and guidelines to indicate to professionals who are involved in the prevention and investigation of, and intervention in, child abuse how they should work together so that there would be some uniform

standard that all could achieve and that others might exceed. The findings from this study suggest that despite carefully designed guidelines, regular meetings of coordinators and occasional training courses, not all teams in New Jersey are achieving the expected standards in terms of being multi-disciplinary in membership, participation or influence or in terms of developing open, trusting and constructively critical working relationships. Salaman (1979) states that '*organisations are, essentially, structures of control*' (p.107) and much of the literature on organisations, particularly bureaucratic organisations, suggests that the need for differentiation and coordination makes centralised control in organisations easier, more thorough, and more effective. However, Salaman also notes that despite the efforts of senior members of an organisation to

...legitimise the activities, structure and inequalities of the organisation and to design and install 'foolproof' and reliable systems of surveillance and direction, there is always some dissention, some dissatisfaction, some effort to achieve a degree of freedom from control - some resistance to the organisation's domination and direction (p.145).

The potential for subordinates to resist, subvert or alter the directions of managers and policy-makers is explored by Lipsky (1980) in his reflection on the behaviour of public service workers, 'street-level bureaucrats', who interact directly with citizens in the course of their work and have a considerable amount of discretion. He concludes that despite the efforts of bureaucratic organisations to determine policy

...the actions of most public service workers actually constitute the services 'delivered' by government. Moreover when taken together the individual decisions of these workers become, or add up to, agency policy (p.3).

The 'street-level bureaucrats' in New Jersey, such as the DYFS workers, police officers, and assistant attorneys, are thus able to play a significant role in determining how the individual teams operate despite guidance and directives from their organisations, the state and the federal government. It might therefore be more profitable for organisations to ensure that their staff obtain benefits from cooperation rather than to increase their exhortations, demands and instructions to staff to work together.

This study suggests a rather less rosy picture of multi-professional working than is painted in much of the recent research in the UK (Birchall and Hallett, 1995; Farmer and Owen, 1995; Hallett, 1995). Of course, one explanation for this difference might be that the studies have taken place in different countries and that inter-professional relationships in the UK are much better than those in New Jersey. However, another explanation might be that the studies in the UK obtained data from professionals on their perceptions of multi-disciplinary working while this study in New Jersey also obtained data from observations of team meetings. Indeed, the questionnaire data from the professionals in New Jersey are as positive about multi-professional relationships as are the data from their counter-parts in the UK. The data from the direct observations of the multi-disciplinary meetings suggest that there are some problems with inter-professional relationships. It would therefore be enlightening to have similar

data from the UK so that a more comprehensive appraisal of inter-disciplinary relationships could be made.

The similarities and differences between the teams in the way that they function has been explored in this study and the findings suggest that in some teams professionals work together better than they do in others. However, whether or not these differences affect outcomes has not been examined. There have been some studies which have compared jurisdictions which have MDTs with those that have not. These have found that outcomes, such as rates of criminal prosecution and conviction (Tjaden and Anhalt, 1994) and number of investigatory interviews with the victim (Henry, 1997) are better in the former than in the latter. In relation to differences between MDTs, a hypothesis might be that the most co-operative teams would achieve the best outcomes and that the least co-operative teams would achieve the worst outcomes. A study designed to test this hypothesis would be valuable. However, as this study illustrates, it would be difficult to define and measure outcomes of teams and difficult to show cause and effect. For example, the prosecutor's office might see an increased number of prosecutions as a successful outcome but this view might not be shared by DYFS workers. Furthermore, an increased number of prosecutions could be seen as either an indicator of cooperation, due to better information-sharing, or as an indicator of non-cooperation, due to domination by the prosecutors office. Notwithstanding these difficulties such a study would be worthwhile.

This study illustrates the Janus face of working in teams. In some teams, for almost all team members, working together appears to be a rewarding experience in terms of

both the completion of the task and the establishment and maintenance of relationships while in others, for almost all team members, working together is a tense and destructive experience which is seen as having a negative effect on the completion of the task and on members' emotional well-being. In all teams, some team members experience the teams differently from their peers. When the majority of team members gain satisfaction and benefits from team membership they can label it as a well-functioning team and a dissatisfied team member can be unacknowledged, ignored or banished. However, since a disgruntled team member can withhold information or sabotage team decisions it is important for the team to be more self-aware and self-critical and to work to ensure that all team members gain benefits from team membership.

The literature on multi-disciplinary teams and the findings from this study illustrate how societal, cultural and organisational factors create the parameters within which teams must function. Nevertheless, it is clear that within these constraints some teams are able to function more effectively than others and this study suggests some of the factors that enhance team effectiveness. A key part of the process of improving effectiveness is evaluation and the members of the MDTs in New Jersey have not engaged in systematic self-evaluations of the ways their teams operate. However, such evaluations are essential so that teams can recognise and develop their strengths and recognise and minimise their weaknesses. Ells (1998) argues that one of the keys to the successful operation of an MDT is

Periodic self-analysis and outside evaluation of how the team is working so that it continues to achieve the purposes for which it was formed (p. 3).

This self-evaluation could include a review of a team's mission and objectives, membership, member attendance, role of the co-ordinator and levels of member participation and influence as well as feedback from stakeholder agencies and 'consumers'. To assist in this process, instruments developed from Tables 6.2a and 6.2b could be utilised so that a team could assess its levels of 'multi-disciplinary sharing' and the 'team members' perceptions of the team' and then identify its position on the matrix, Figure 6.4. Having thus identified its strengths and weaknesses the team would be in a position to take remedial steps to enhance its functioning by, for example, reducing membership size to promote participation by all team members; increasing the socio-emotional activity of the team to foster cohesiveness; and clarifying the role and responsibility of the co-ordinator to reduce leadership contests.

The matrix of team types has been developed from a sample of only fifteen MDTs. Further research is required on a much larger sample of MDTs to test the validity of this four-type classification model. Similar studies of teams in other contexts would establish the generalizability of the model. If it can be established that teams can be classified as 'realistic', 'repressed', 'pessimistic' or 'depressed' then a study could be developed to see if there is a correlation between team types and outcomes with the hypothesis being that realistic teams would achieve better outcomes than depressed teams.

Teams do not function well automatically, particularly those that derive their membership from different professions and organisations. They require time and effort to achieve successful cooperation. All too often the time and effort is demanded of individual team members who are then blamed if teams are not working efficiently and effectively. But teams will not be successful unless policy-makers who encourage multi-disciplinary working match their rhetoric with the commitment and resources to enable them to work well.

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APPENDICES

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Appendix One

Definitions of groups and teams

A Group

Groups vary enormously on a range of dimensions such as size, structure and activities, yet despite these differences, theorists and researchers have been able to identify common characteristics that define groups although they differ in what must be included in the definition of a group. Some theorists argue that the most significant factor is the experience of a common fate (e.g. Lewin 1948; Campbell, 1958) while for others the existence of formal social structure, in the form of status and role relationships, is important (e.g. Sherif and Sherif, 1969). Still others stress the importance of face-to-face interaction in any definition of a group (e.g. Bales, 1950). These last two elements of the definition are really only applicable to small groups and would exclude large-scale social categories like ethnic groups. Lewin (1948) suggests that virtually all groups are based on interdependence among their members and Brown (1988) argues that in order for a group to exist it must be recognised as such by both its members and by at least one other.

Thus a group can be defined as ‘two or more interdependent individuals who influence one another through social interaction and who define themselves as members of the group. Furthermore the group must also be recognised as such by at least one other outsider.’ Using this definition, clearly a multi-disciplinary team can be defined as a group.

A Team

Teams have all the characteristics of groups but since they are specific types of groups they also have certain characteristics that differentiate them from other types of groups. Management theorists define a team as a distinctive class of group which is more task-oriented than other groups, and which has a set of obvious rules and rewards for its members (Adair, 1986). According to this view high-performing teams substitute collective goals and an interest in the task at hand for individual agendas and inter-personal conflicts.

Researchers have examined teams in a variety of health and social work settings and have arrived at different conclusions about what makes up a team. Webb and Hobdell (1980) emphasise that to be considered as a team, the group should contain people who, in order to provide a service, have to interact with each other; who are frequently based in physical proximity in a particular room, building or geographical area; and, of considerable importance, who get to know each other well. Brieland et al (1973) define the team in a more general sense. They identify as a social welfare team any grouping of personnel, which has mutual responsibility for providing appropriate social services to a common clientele. In a slightly different vein, Brill (1976) emphasises the individual contributions of members of teams. She identifies a team as a group of people who are responsible for their own individual decisions, but together have a common purpose; who communicate, collaborate and consolidate knowledge amongst each other and who plan together. These characteristics are prevalent in Multi-disciplinary teams so they can also be defined as teams.

Appendix Two

Task roles and socio-emotional roles in groups

Role	Function
	Task Roles
Initiator/contributor	Recommends novel ideas about the problem at hand, new ways to approach the problem, or possible solutions not yet considered
Information seeker	Emphasises getting the facts by calling for background information from others
Opinion seeker	Asks for more qualitative types of data, such as attitudes, values and feelings
Information giver	Provides data for forming decisions, including facts that derive from expertise
Opinion giver	Provides opinions, values and feelings
Elaborator	Gives additional information - examples, rephrasing, implications - about points made by others
Co-ordinator	Shows the relevance of each idea and its relationship to the overall problem
Orienter	Refocuses discussions on the topic whenever necessary
Evaluator/critic	Appraises the quality of the group's methods logic and results
Energiser	Stimulates the group to continue working when discussion flags
Procedural technician	Cares for operational details, such as the materials, machinery and so on
Recorder	Takes notes and maintains records
	Socio-emotional Roles
Encourager	Rewards others through agreement, warmth and praise
Harmonizer	mediates conflicts among group members
Compromiser	Shifts his or her own position on an issue in order to reduce conflict in the group
Gatekeeper and expediater	Smooths communication by setting up procedures and ensuring equal participation from members
Standard setter	Expresses, or calls for discussion of, standards for evaluating the quality of the group process
Group observer and commentator	Points out the positive and negative aspects of the group's dynamics and calls for change if necessary
Follower	Accepts ideas offered by others and serves as an audience for the group

Source: Benne, K.D. and Sheats, P., 1948, p.44.

Appendix Three

Belbin's team roles

Role	Descriptor	Allowable weaknesses
Plant	Creative, imaginative, unorthodox. Solves difficult problems.	Ignores details. Too pre-occupied to communicate effectively.
Resource investigator	Extrovert, enthusiastic, communicative. Explores opportunities. Develops contacts.	Overoptimistic. Loses interest once initial enthusiasm has passed.
Coordinator	Mature, confident, a good chairperson. Clarifies goals, promotes decision-making, delegates well.	Can be seen as manipulative. Delegates personal work.
Shaper	Challenging, dynamic, thrives on pressure. Has the drive and courage to overcome obstacles.	Can provoke others. Hurts people's feelings.
Monitor evaluator	Sober, strategic and discerning. Sees all options. Judges accurately.	Lacks drive and ability to inspire others. Overly critical.
Teamworker	Co-operative, mild, perceptive and diplomatic. Listens, builds, averts friction, calms the waters.	Indecisive in crunch situations. Can be easily influenced.
Implementer	Disciplined, reliable, conservative and efficient. Turns ideas into practical actions.	Somewhat inflexible. Slow to respond to new possibilities.
Completer	Painstaking, conscientious, anxious. Searches out errors and omissions. Delivers on time.	Inclined to worry unduly. Reluctant to delegate. Can be a nit-picker.
Specialist	Single-minded, self-starting, dedicated. Provides knowledge and skills in scarce supply.	Contributes on only a narrow front. Dwells on technicalities. Overlooks the 'big picture'.

Source: Belbin, M., 1993, p.23.

Appendix Four

Sheppard and Zangrillo's three models of collaboration

Program Model 1: Improved Agency-based Joint Investigations Using Existing Agency Resources

Program Description

Joint child abuse investigations are handled by specialized investigative units of police or sheriff's departments, CPS investigators, and assigned district attorneys, using written protocols. Investigators use existing facilities – schools, hospitals, police stations, or CPS offices, for example – to interview alleged victims. These jurisdictions do not have specialized victim interview centers or children's advocacy center programs. Joint investigations can be improved, however, by developing a joint investigation steering committee, written joint investigation protocols, pre- and post-interview conferences, regularly scheduled case review meetings, and joint training programs. Assigning CPS caseworkers and police detectives to work on site with police and CPS investigative units also can facilitate joint investigations.

Program Variations

A basic joint investigation model should include

- I. a program steering committee comprising police, CPS, prosecutor, medical, and mental health agency representatives, and possibly judicial representatives;
- II. a program co-ordinator to chair the steering committee, resolve problems, help design joint training activities, and monitor program implementation;
- III. a police-CPS child-friendly interview room;
- IV. regularly scheduled case review meetings attended by police, CPS, medical, and mental health participants;
- V. participation by the prosecutor's office in the case review process;
- VI. pre- and post-interview conferences between CPS and police investigators;
- VII. access to mental health therapists to initiate victim treatment and to facilitate the investigation process;
- VIII. joint training programs for police and CPS investigators; and
- IX. program review and feedback of unresolved problems to the steering committee.

In addition, an enhanced joint investigation model also may include

- I. one or more CPS caseworkers assigned as liaisons to the police department's child abuse investigation unit, and a police investigator assigned to CPS (both on a rotating basis, if necessary);
- II. a police-CPS victim interview room with observation capabilities;
- III. specialized training for police and CPS staff in the latest interviewing and investigative techniques; and,
- IV. program evaluation and feedback, using case tracking and follow-up records.

Program Model 2: Multidisciplinary Interview Center

Program Description

Although many jurisdictions would like to develop independent children's advocacy centers to conduct joint investigations of child abuse, these programs are not always feasible, due to lack of funding or sponsorship. The multidisciplinary interview center is an alternative. In a multidisciplinary interview center, police detectives, CPS investigators, and perhaps assistant district attorneys can meet to conduct victim interviews and develop investigation strategies. Multidisciplinary interview centers generally have limited staffing, with only a part-time administrator at a minimum. A specialist may be available to conduct victim interviews. Funding could come from agency budgets, combined with other funding sources. Multidisciplinary interview centers are designed to enhance joint investigations of child sexual and physical abuse and to reduce the trauma of repeated victim interviews.

Program Variations

A basic multidisciplinary interview center includes

- I. an active steering committee to review procedures and set policies;
- II. a full- or part-time program administrator to co-ordinate use of the multidisciplinary interview center;
- III. office facilities large enough to conduct victim interviews and provide meeting space;
- IV. pre- and post-interview conferences;
- V. regularly scheduled case review meetings;
- VI. access to mental health therapists to initiate victim treatment and to facilitate the investigation process;
- VII. joint training programs for police and CPS investigators; and
- VIII. a case monitoring system to help assess case dispositions.

In addition, an enhanced multidisciplinary interview center program also includes

- I. administrative support staff, in addition to a full-time program director, to schedule victim interviews and maintain case records;
- II. specialized training for police officers and CPS investigators in the latest interviewing and investigative techniques; and
- III. program evaluation and feedback, using case tracking and follow-up records.

Program Model 3: Child Advocacy Center

Program Description

Child advocacy centers are independent multidisciplinary programs designed to facilitate joint investigations of reported child abuse, reduce the trauma of repeated victim interviews, and initiate therapy. Law enforcement and CPS investigators are collocated in an independent physical facility, and victims are interviewed in specially designed, child-friendly surroundings. Child advocacy center operations are governed by an independent board of directors. The child advocacy center director supervises administrative and support staff and conducts fund-raising. Most child advocacy centers have a cadre of mental health therapists, child advocates, and volunteers to assist the police and CPS investigations and work with the victims and their families.

Program Variations

A basic child advocacy center program should include

- I. an independent, non-profit organization to administer the program;
- II. an active board of directors to set policies and assist with fund-raising;
- III. a full-time program director to co-ordinate the center's programs, supervise support staff, and implement fund-raising;
- IV. a building or office facilities large enough to conduct victim interviews, house police and CPS investigators, and provide meeting space for case reviews;
- V. pre- and post-interview conferences;
- VI. regularly scheduled case review meetings;
- VII. participation by the prosecutor's office in the case review process;
- VIII. access to mental health therapists to initiate victim treatment and to facilitate the investigation process;
- IX. joint training programs for police and CPS investigators; and
- X. case tracking and follow-up.

In addition, a full-service child advocacy center also should include

- I. full- or part-time administrative and support staff to maintain case records and assist the professional staff;
- II. full-time victim advocates to work with the victim and other family members;
- III. interview specialists to conduct forensic interviews with younger children;
- IV. full- or part-time mental health therapists to assist the police and CPS investigations and to initiate the treatment process;
- V. specialized training in the latest interviewing and investigative techniques; and
- VI. program evaluation and feedback, using case tracking and follow-up records.

Source: Sheppard, D.I. and Zangrillo, P.A., 1996, p.21.

Appendix Five

Questionnaires

Questionnaire for Co-ordinators

PLEASE PLACE AN X IN THE APPROPRIATE BOXES

Section A Coordinators Profile

- 1 Name of County:
- 2 Age: 20-24.....
 25-29.....
 30-34.....
 35-44.....
 45-54.....
 54+
- 3 Sex M..... F.....
- 4 Country of Birth
USA Other
- 5 Ethnic Group
a) Hispanic origin Yes No
b) Race
 Asian.....
 Pacific Islander.....
 Black
 Native American ..
 White.....
 Other Race.....
- 6 Educational Achievement
 College education.....
 College Degree
 College Diploma
 Masters Degree.....
 PhD
 Professional qualification (please specify)
 Other (please specify).....

- 12 How would you describe your role with regard to the MDT?
 Do you enable members of the MDT to work together
 - a facilitator? Yes No
 Do you provide direction and guidance to members of the MDT
 - a team leader? Yes No
 Do you provide structure for the MDT's to problem-solve and make decisions
 - a chair person? Yes No
 Do you coordinate the activities of MDT members
 - a coordinator? Yes No
 Other, please specify

- 13 Approximately how many hours per week do you spend on the following activities?

- | | |
|--|--------------------------|
| administration | <input type="checkbox"/> |
| meetings | <input type="checkbox"/> |
| discussions with law enforcement/DYFS/prosecutors/hospital staff etc | <input type="checkbox"/> |
| discussions with support services eg mental health | <input type="checkbox"/> |
| discussions with children and families | <input type="checkbox"/> |
| discussions with management | <input type="checkbox"/> |
| discussions with advisory group | <input type="checkbox"/> |
| discussions with prosecutor | <input type="checkbox"/> |
| other , please specify | <input type="checkbox"/> |
- (Discussions include face-to-face and telephone contact)

- 14 How do you perceive your status among other MDT members?
 Please circle the appropriate number

Very high 7 6 5 4 3 2 1 very low

- 15 To which group do you feel the most allegiance?
- MDT
 - Prosecutors
 - Law enforcement
 - DYFS
 - Medical staff
 - Mental health

16 What are the three main areas of knowledge that coordinators must have?

1

2

3

17 What are the three most important skills that coordinators must to have?

1

2

3

Section B MDT Profile

1 How often does the MDT meet?

- more than once a week
- once a week
- once every two weeks
- once every three weeks
- more than once every three week

2 Where are the MDT meetings usually held?

- Child advocacy center
- Law enforcement offices
- Hospital or clinic
- Prosecutors offices
- DYFS offices
- Other - please specify

3 Is the MDT attached to a Children's Advocacy Center?

Yes No

If yes, where is the CAC based ?

- Prosecutors office
- Hospital
- Voluntary organization
- Other, please specify

- 4 Who are designated core members?
 (Please indicate how many are designated from each profession)
- | Profession | Number designated |
|------------|-------------------|
|------------|-------------------|

DYFS

Assistant Prosecutors

Law enforcement

Prosecutors law enforcement

Hospital staff

Mental health

Other - please specify

5. Which professionals are invited to attend as non-core members?

DYFS	<input type="checkbox"/>
Prosecutors law enforcement	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>
Assistant prosecutors	<input type="checkbox"/>
Medical staff	<input type="checkbox"/>
Mental health	<input type="checkbox"/>
Other - please specify	<input type="checkbox"/>

- 6 What are the reasons for asking non-core members to attend the meetings?

- 7 Are families invited to MDT meetings?
 Never Sometimes Usually Always

If never,

a) why are they not invited?

b) has the idea of including families ever been discussed?

Yes No

8 Are children invited to MDT meetings?
Never Sometimes Usually Always

If never,

a) why are they not invited?

b) has the idea of including children ever been discussed?

Yes No

9 Who has attended the last six meetings?

Profession

Number of times attended (1 to 6)

10 How many cases were on the agendas for the last six meetings?

<u>Meeting</u>	1	2	3	4	5	6
New						
Reviews						

11 How many cases were deferred in the last six meetings?

<u>Meeting</u>	1	2	3	4	5	6
Number of deferrals						

What were the main reason for cases being deferred?

Key personnel absent

Information missing

Other - please specify

12 Is there an Advisory group to the MDT?

Yes No

13 What is the role of the Advisory group?

- giving advice
- giving instructions
- providing resources
- providing support
- negotiating with their organizations for the MDT
- other, please specify

14 How supportive is the Advisory group to the MDT?

Please circle the appropriate number

Very supportive 1 2 3 4 5 6 7 very unsupportive

15 Who conducts the child abuse investigation?

- law enforcement (local police)
- law enforcement
 (specialized units for child abuse investigations)
- law enforcement (prosecutors office)
- DYFS
- joint investigation DYFS/law enforcement
- parallel investigation DYFS/law enforcement
- other, please specify

Which of the above units normally takes the lead role in the investigation?

16 Are any written reports presented to the MDT on individual cases?

Never Sometimes Usually Always

17 Who prepares the written reports?

- coordinator
- law enforcement
- DYFS
- medical staff
- mental health

19 Is there an expected format for verbal reports to the MDT?

Yes No

If yes, how is this expectation conveyed to the worker?

20 What records/reports/minutes are kept in relation to MDT meetings?
When and to whom are these circulated?

21 How is a referral made to an agency that provides support services for the child/family to receive services?

Face-to-face

Telephone

Letter

Fax

Combination of the above

Other - please specify

22 Who makes the referral for the child/family to receive support services?

Coordinator

DYFS worker responsible for the case

DYFS core team member

MDT meeting

Other - please specify

23 How is the child/family informed of the support services?

face-to-face

telephone

letter

combination of the above

other - please specify

24 Who informs the family of the support services?

Coordinator

DYFS worker

support services

other - please specify

25 How is the child/family's attendance at the support services monitored?

26 To what extent do the support service providers cooperate with the referrals and carry out the suggestions made by the MDT? Please circle the appropriate number

Very cooperative 1 2 3 4 5 Very uncooperative

Carry out suggestions Never Sometimes Usually Always

27 At what point does the MDT cease to be involved with a case?

- when support services are provided

- when the decision is made not to prosecute

- other, please specify

28 What are your criteria for assessing the successful outcome of a case (e.g. child receives appropriate services)

Section C Working in the Team

- 1 How much do you like working with the team?
Please circle the appropriate number**

a great deal 1 2 3 4 5 not at all

Briefly explain why you chose this rating.

- 2 How satisfied are you with your contribution to the team?
Please circle the appropriate number**

very satisfied 1 2 3 4 5 very dissatisfied

Briefly explain why you chose this rating

- 3 To what extent is the team negatively affected by:
Please circle the appropriate number**

dominance by certain members a great deal 1 2 3 4 5 none

too much structure a great deal 1 2 3 4 5 none

'bad manners' - interrupting etc a great deal 1 2 3 4 5 none

poor attendance a great deal 1 2 3 4 5 none

lack of direction a great deal 1 2 3 4 5 none

4 Generally what is the atmosphere of the team?
Please circle the appropriate number

relaxed 1 2 3 4 5 tense

high task focus 1 2 3 4 5 low task focus

conflictual 1 2 3 4 5 cohesive

humorous 1 2 3 4 5 serious

high socio-emotional focus 1 2 3 4 5 low socio-emotional focus

co-operative 1 2 3 4 5 competitive

effective communication 1 2 3 4 5 poor communication

5 Is influence equal in the team? Yes No

If no, who has most influence?

- law enforcement
- DYFS
- coordinator
- assistant prosecutors
- hospital staff
- mental health staff
- other - please specify

who has least influence?

- law enforcement
- DYFS
- coordinator
- assistant prosecutors
- hospital staff
- mental health staff
- other - please specify

6 Are levels of participation equal? Yes No

If no, who participates most?

law enforcement

DYFS

coordinator

assistant prosecutors

hospital staff

mental health staff

other - please specify

Who participates least?

law enforcement

DYFS

coordinator

assistant prosecutors

hospital staff

mental health staff

other - please specify

7 Which of these comments about MDT meetings best indicate your views?
Please place an X in the appropriate boxes.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Sharing info. helps to clarify my assessment				
2. Sharing info. helps to clarify others assessment				
3. Sharing info. helps me to plan my own intervention				
4. Sharing info. helps me to mesh my interventions with others				
5. It helps to clarify who has responsibility for what in cases				
6. It helps me to share anxiety and get a balanced view of the case				
7. It helps others to share anxiety and get a balanced view of the case				
8. Sharing info. is generally educative to me				
9. Sharing info. is generally educative to the other participants				
10. Other positive values (please specify)				

8 Which of these comments about MDT meetings best indicate your views?
Please place an X in the appropriate boxes.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. They waste time				
2. They fudge individual responsibility				
3. Too many people who do not know the case or do not have the right skills are influencing the outcome				
4. People work up each others anxieties unnecessarily				
5. Child and family needs change from day to day MDT cannot keep intervention plans sensitively up to date				
6. They are too long for participants to concentrate				
7. Other negative values				

9. Are there any improvements you would like to make to MDT meetings?
Yes No Don't know

If yes, what improvements? (please place a X beside up to 5 items, those you think are most important)

- scheduling of meetings
- shorter meetings
- longer meetings
- prior written information
- agendas on arrival
- better attendance by crucial people
- smaller meetings
- larger meetings
- better chairing
- better content of discussions
- minutes provided
- better monitoring of recommendations
- accommodation
- location of meetings

10 How easy/hard do you generally find it to collaborate with members of each profession?

Please place an X in the appropriate boxes.

	Very easy	Fairly easy	Rather Difficult	Very difficult	No experience	no opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosec. staff)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Other support services staff						
11. Other - please specify						

11 How clear/unclear do you think the role of each is in child abuse cases?
Please place an X in the appropriate boxes.

	Very clear	Fairly clear	Rather unclear	Very unclear	No experience
1. DYFS workers					
2. Law enforce. (local)					
3. Law enforce. (SAVA)					
4. Law enforce. (prosec. office)					
5. Physicians					
6. Paediatricians					
7. Psychologists					
8. Mental health staff					
9. Assistant prosecutors					
10. Other support services staff					
11. Coordinator					
12. Other - please specify					

12 How important do you think the role of each is in child abuse cases?
Please place an X in the appropriate boxes

	Essential	Important	Not very important	Not at all important	No experience	No opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosec. office)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Coordinators						
11. Other support services staff						
11. Other - please specify						

13 How well do you think each carries out their role in child abuse cases?
Please place an X in the appropriate boxes

	Very well	Fairly well	Rather poorly	Very poorly	No experience	No opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosc. office)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Coordinator						
11. Other support services staff						
12. Other - please specify						

14 In your county how well do you think initial case assessments are generally coordinated following an allegation of child abuse?

- very well
- rather well
- rather badly
- very badly
- no experience
- no opinion

15 Insofar as you think coordination in assessment works well, what do you think the three main reasons for this are?

- 1
- 2
- 3

16 Insofar as you think coordination does not work well, what are your opinions about the reasons?

Please place an X in the appropriate boxes

	Unimportant	Rather unimportant	Rather important	Important
1. Professionals assess cases differently				
2. Different overall workload priorities for each occupation				
3. Conflicting values about goals of intervention				
4. Incompatible methods or timescales of interventions				
5. Occupational rivalries (status, power, etc)				
6. Concerns about confidentiality				
7. Insufficient knowledge about each others roles and skills				
8. Other - please specify				

17 In your county how well do you think continuing interventions in on-going cases are generally coordinated?

- very well
- rather well
- rather badly
- very badly
- no experience
- no opinion

18 Insofar as you think coordination works well in ongoing cases what do you think the three main reasons for this are?

1

2

3

19 Insofar as you think this ongoing coordination does not work well, what are your opinions about the reasons? Please place an X in the appropriate boxes

	Unimportant	Rather unimportant	Rather important	Important
1. Professionals assess cases differently				
2. Different overall workload priorities for each occupation				
3. Conflicting values about goals of interventions				
4. Incompatible methods or timescales of interventions				
5. Occupational rivalries (status, power, etc)				
6. Concerns about confidentiality				
7. Insufficient knowledge about each others roles and skills				
8. Other - please specify				

20 Does the history of the team or of professional relationships affect the work of the team?

Please circle the appropriate number

A great deal 1 2 3 4 5 6 7 not at all

Makes it work better 1 2 3 4 5 6 7 makes it work worse

Thank you for your co-operation in completing this questionnaire

11 How long have you been in this position?

- less than 6 months
- 6 months to 1 year
- 1 year - 2 years
- 2 years - 4 years
- over 4 years

12 In your last 4 working weeks (please exclude any significant absences from work) please estimate how much of your working time was spent on child abuse matters. Please include any aspect of child abuse or child sexual abuse - investigation, treatment, administration or management:

- none
- less than 0.5 days per month
- less than 1 day per month
- 1-2 days per month
- less than 1 day per week
- 1-2 days per week
- more than 3 days per week
- don't know

13 Was this time expenditure:

- lower than normal?
- typical?
- higher than normal?
- don't know?

14 If this period was not typical, please give the main reason

15 How do you think your normal time allocation to child abuse work compares with other colleagues who have the same job as you?

Is yours:

- less
- same
- more
- don't know

16 Is your immediate work unit one that specialises in child abuse work?

- yes, exclusively
- yes, largely
- no, it is just part of our general duties

17 Please state below how many cases involving child abuse you have been involved with.

a) In the last two working months (exclude any significant absences)

- 0
- 1-4
- 5-9
- 10-19
- 20-39
- 40+
- No firm idea (please estimate)
- Don't know

b) In the last year

- 0
- 1-4
- 5-9
- 10-19
- 20-39
- no firm idea (please estimate)
- don't know

18 Have you had any formal training apart from supervised experience, specifically relating to abused children or child abuse work since your basic qualification?

Yes No

19 If yes, please estimate the total amount of any post-qualifying or in-service training, short courses and conferences you have attended dedicated to child abuse.

- None
- less than 1 week
- 1-2 weeks
- 3-4 weeks
- 1-3 months
- more than 3 months
- don't know

20 Was any of the training undertaken in whole or in part in interdisciplinary groups?

- No
- less than 1 week
- more than 1 week

Section B MDT membership

1 How long have you been a member of the MDT?

- less than 6 months
- 6 months - 1 year
- 1 year - 2 years
- 2 years - 4 years
- over 4 years

2 What is your function as a member of the MDT?

- carry out investigation - eg interview child and/or suspect
- carry out medical / clinical evaluation
- supervisor of staff
- responsible for prosecution of suspect
- provider of therapeutic/support services
- other - please specify

3 What are the three main purposes of the MDT?

- 1
- 2
- 3

4 How many of the last 6 MDT meetings have you attended?

Please circle the appropriate number

- 0 1 2 3 4 5 6

5 What were your reasons for attending the meetings?

- you are expected to
- you believe they are important
- to share anxieties about cases
- to give and get information about cases
- to take part in decision-making about cases
- to represent your agency viewpoint
- to support other agency staff
- other - please specify

6 Why did you not attend meetings?

- absence from work (illness, vacation etc)
- pressure of work
- MDT meetings are low priority for you and/or agency
- meetings are too long
- meetings inconvenient distance from own office
- there is no purpose in you being at meetings
- the meetings do not do what they are supposed to do
- the meetings are uncomfortable, tense, conflictual etc
- other - please specify

7 How much do you like working with the MDT?

Please circle the appropriate number

a great deal 1 2 3 4 5 not at all

Briefly give reasons for your rating

8 How satisfied are you with your contribution to the MDT?
Please circle the appropriate number

very satisfied 1 2 3 4 5 very dissatisfied

Briefly give reasons for your rating

9 Generally how satisfied are you with the contributions of other members of the MDT?

Please circle the appropriate number

law enforcement	very satisfied	1	2	3	4	5	very dissatisfied
assistant prosecutors		1	2	3	4	5	
DYFS		1	2	3	4	5	
physicians		1	2	3	4	5	
paediatricians		1	2	3	4	5	
psychologists		1	2	3	4	5	
therapists		1	2	3	4	5	
support services staff		1	2	3	4	5	
coordinator		1	2	3	4	5	
other - please specify		1	2	3	4	5	

10 To what extent is the team negatively affected by:

Please circle the appropriate number

dominance by certain members	a great deal	1	2	3	4	5	none
too much structure	a great deal	1	2	3	4	5	none
'bad manners' - interrupting etc	a great deal	1	2	3	4	5	none
poor attendance	a great deal	1	2	3	4	5	none
lack of direction	a great deal	1	2	3	4	5	none

11 Generally what is the atmosphere of the team?
 Please circle the appropriate number

relaxed	1	2	3	4	5	tense
high task focus	1	2	3	4	5	low task focus
conflictual	1	2	3	4	5	cohesive
humorous	1	2	3	4	5	serious
high socio-emotional focus	1	2	3	4	5	low socio-emotional focus
co-operative	1	2	3	4	5	competitive
effective communication	1	2	3	4	5	poor communication

12 Is influence equal in the team? Yes No

If no, who has most influence?

- law enforcement
- DYFS
- coordinator
- assistant prosecutors
- hospital staff
- mental health staff
- other - please specify

who has least influence?

- law enforcement
- DYFS
- coordinator
- assistant prosecutors
- hospital staff
- mental health staff
- other - please specify

13 Are levels of participation equal? Yes No

If no, who participates most?

- law enforcement
- DYFS
- coordinator
- assistant prosecutors
- hospital staff
- mental health staff
- other - please specify

Who participates least?

- law enforcement
- DYFS
- coordinator
- assistant prosecutors
- hospital staff
- mental health staff
- other - please specify

**14 Which of these comments about MDT meetings best indicate your views?
Please place an X in the appropriate boxes.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Sharing info. helps to clarify my assessment				
2. Sharing info. helps to clarify others assessment				
3. Sharing info. helps me to plan my own intervention				
4. Sharing info. helps me to mesh my interventions with others				
5. It helps to clarify who has responsibility for what in cases				
6. It helps me to share anxiety and get a balanced view of the case				
7. It helps others to share anxiety and get a balanced view of the case				
8. Sharing info. is generally educative to me				
9. Sharing info. is generally educative to the other participants				
10. Other positive values (please specify)				

15 Which of these comments about MDT meetings best indicate your views?
Please place an X in the appropriate boxes.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. They waste time				
2. They fudge individual responsibility				
3. Too many people who do not know the case or do not have the right skills are influencing the outcome				
4. People work up each others anxieties unnecessarily				
5. Child and family needs change from day to day MDT cannot keep intervention plans sensitively up to date				
6. They are too long for participants to concentrate				
7. Other negative values				

16. Are there any improvements you would like to make to MDT meetings?
Yes No Don't know

If yes, what improvements? (please place a X beside up to 5 items, those you think are most important)

- scheduling of meetings
- shorter meetings
- longer meetings
- prior written information
- agendas on arrival
- better attendance by crucial people
- smaller meetings
- larger meetings
- better chairing
- better content of discussions
- minutes provided
- better monitoring of recommendations
- accommodation
- location of meetings

17 How easy/hard do you generally find it to collaborate with members of each profession?

Please place an X in the appropriate boxes.

	Very easy	Fairly easy	Rather Difficult	Very difficult	No experience	no opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosec. staff)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Other support services staff						
11. Other - please specify						

18 How clear/unclear do you think the role of each is in child abuse cases?
Please place an X in the appropriate boxes.

	Very clear	Fairly clear	Rather unclear	Very unclear	No experience
1. DYFS workers					
2. Law enforce. (local)					
3. Law enforce. (SAVA)					
4. Law enforce. (prosec. office)					
5. Physicians					
6. Paediatricians					
7. Psychologists					
8. Mental health staff					
9. Assistant prosecutors					
10. Other support services staff					
11. Coordinator					
12. Other - please specify					

19 How important do you think the role of each is in child abuse cases?
Please place an X in the appropriate boxes

	Essential	Important	Not very important	Not at all important	No experience	No opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosec. office)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Coordinators						
11. Other support services staff						
11. Other - please specify						

20 How well do you think each carries out their role in child abuse cases?
Please place an X in the appropriate boxes

	Very well	Fairly well	Rather poorly	Very poorly	No experience	No opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosc. office)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Coordinator						
11. Other support services staff						
12. Other - please specify						

21 In your county how well do you think initial case assessments are generally coordinated following an allegation of child abuse?

- very well
- rather well
- rather badly
- very badly
- no experience
- no opinion

22 Insofar as you think coordination in assessment works well, what do you think the three main reasons for this are?

- 1
- 2
- 3

23 Insofar as you think coordination does not work well, what are your opinions about the reasons?

Please place an X in the appropriate boxes

	Unimportant	Rather unimportant	Rather important	Important
1. Professionals assess cases differently				
2. Different overall workload priorities for each occupation				
3. Conflicting values about goals of intervention				
4. Incompatible methods or timescales of interventions				
5. Occupational rivalries (status, power, etc)				
6. Concerns about confidentiality				
7. Insufficient knowledge about each others roles and skills				
8. Other - please specify				

24 In your county how well do you think continuing interventions in on-going cases are generally coordinated?

- very well
- rather well
- rather badly
- very badly
- no experience
- no opinion

25 Insofar as you think coordination works well in ongoing cases what do you think the three main reasons for this are?

- 1
- 2
- 3

26 Insofar as you think this ongoing coordination did not work well, what are your opinions about the reasons? Please place an X in the appropriate boxes

	Unimportant	Rather unimportant	Rather important	Important
1. Professionals assess cases differently				
2. Different overall workload priorities for each occupation				
3. Conflicting values about goals of interventions				
4. Incompatible methods or timescales of interventions				
5. Occupational rivalries (status, power, etc)				
6. Concerns about confidentiality				
7. Insufficient knowledge about each others roles and skills				
8. Other - please specify				

27 Does the history of the team or of professional relationships affect the work of the team?

Please circle the appropriate number

A great deal 1 2 3 4 5 6 7 not at all

Makes it work better 1 2 3 4 5 6 7 makes it work worse

Thank you for your co-operation in completing this questionnaire

11 How long have you been in this position?

- less than 6 months
- 6 months to 1 year
- 1 year - 2 years
- 2 years - 4 years
- over 4 years

12 In your last 4 working weeks (please exclude any significant absences from work) please estimate how much of your working time was spent on child abuse matters. Please include any aspect of child abuse or child sexual abuse - investigation, treatment, administration or management:

- none
- less than 0.5 days per month
- less than 1 day per month
- 1-2 days per month
- less than 1 day per week
- 1-2 days per week
- more than 3 days per week
- don't know

13 Was this time expenditure:

- lower than normal?
- typical?
- higher than normal?
- don't know?

14 If this period was not typical, please give the main reason

15 How do you think your normal time allocation to child abuse work compares with other colleagues who have the same job as you?

Is yours:

- less
- same
- more
- don't know

- 16 Is your immediate work unit one that specialises in child abuse work?
- yes, exclusively
- yes, largely
- no, it is just part of our general duties

17 Please state below how many cases involving child abuse you have been involved with.

a) In the last two working months (exclude any significant absences)

- 0
- 1-4
- 5-9
- 10-19
- 20-39
- 40+
- No firm idea (please estimate)
- Don't know

b) In the last year

- 0
- 1-4
- 5-9
- 10-19
- 20-39
- no firm idea (please estimate)
- don't know

18 Have you had any formal training apart from supervised experience, specifically relating to abused children or child abuse work since your basic qualification?

Yes No

19 If yes, please estimate the total amount of any post-qualifying or in-service training, short courses and conferences you have attended dedicated to child abuse.

- None
- less than I week
- 1-2 weeks
- 3-4 weeks
- 1-3 months
- more than 3 months
- don't know

20 Was any of the training undertaken in whole or in part in interdisciplinary groups?

- No
- less than 1 week
- more than 1 week

Section B Experience of MDT meetings

1 How many MDT meetings have you attended in the last month?

- None
- 1 - 3
- 4 - 7
- 8 - 12
- 12 - 20
- more than 20

2 What were your reasons for attending the meetings?

- you are expected to
- you believe they are important
- to share anxieties about cases
- to give and get information about cases
- to take part in decision-making about cases
- to represent your agency viewpoint
- to support other agency staff
- other - please specify

3 Why did you not attend meetings?

- absence from work (illness, vacation etc)
- pressure of work
- MDT meetings are low priority for you and/or agency
- meetings are too long
- meetings inconvenient distance from own office
- there is no purpose in you being at meetings
- the meetings do not do what they are supposed to do
- the meetings are uncomfortable, tense, conflictual etc
- other - please specify

4 How much do you like working with the MDT?
Please circle the appropriate number

a great deal 1 2 3 4 5 not at all

Briefly give reasons for your rating

5 How satisfied are you with your contribution to the MDT?
Please circle the appropriate number

very satisfied 1 2 3 4 5 very dissatisfied

Briefly give reasons for your rating

6 Generally how satisfied are you with the contributions of other members of the MDT?
Please circle the appropriate number

	very satisfied	1	2	3	4	5	very dissatisfied
law enforcement							
assistant prosecutors		1	2	3	4	5	
DYFS		1	2	3	4	5	
physicians		1	2	3	4	5	
paediatricians		1	2	3	4	5	
psychologists		1	2	3	4	5	
therapists		1	2	3	4	5	
support services staff		1	2	3	4	5	
coordinator		1	2	3	4	5	
other - please specify		1	2	3	4	5	

7 To what extent is the team negatively affected by:

Please circle the appropriate number

dominance by certain members	a great deal	1	2	3	4	5	none
too much structure	a great deal	1	2	3	4	5	none
'bad manners' - interrupting etc	a great deal	1	2	3	4	5	none
poor attendance	a great deal	1	2	3	4	5	none
lack of direction	a great deal	1	2	3	4	5	none

8 Generally what is the atmosphere of the team?

Please circle the appropriate number

relaxed	1	2	3	4	5	tense
high task focus	1	2	3	4	5	low task focus
conflictual	1	2	3	4	5	cohesive
humorous	1	2	3	4	5	serious
high socio-emotional focus	1	2	3	4	5	low socio-emotional focus
co-operative	1	2	3	4	5	competitive
effective communication	1	2	3	4	5	poor communication

9 Is influence equal in the team? Yes No

If no, who has most influence?

law enforcement	<input type="checkbox"/>
DYFS	<input type="checkbox"/>
coordinator	<input type="checkbox"/>
assistant prosecutors	<input type="checkbox"/>
hospital staff	<input type="checkbox"/>
mental health staff	<input type="checkbox"/>
other - please specify	<input type="checkbox"/>

who has least influence?

law enforcement	<input type="checkbox"/>
DYFS	<input type="checkbox"/>
coordinator	<input type="checkbox"/>
assistant prosecutors	<input type="checkbox"/>
hospital staff	<input type="checkbox"/>
mental health staff	<input type="checkbox"/>
other - please specify	<input type="checkbox"/>

10 Are levels of participation equal? Yes No

If no, who participates most?

law enforcement

DYFS

coordinator

assistant prosecutors

hospital staff

mental health staff

other - please specify

Who participates least?

law enforcement

DYFS

coordinator

assistant prosecutors

hospital staff

mental health staff

other - please specify

11 Which of these comments about MDT meetings best indicate your views?
Please place an X in the appropriate boxes.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Sharing info. helps to clarify my assessment				
2. Sharing info. helps to clarify others assessment				
3. Sharing info. helps me to plan my own intervention				
4. Sharing info. helps me to mesh my interventions with others				
5. It helps to clarify who has responsibility for what in cases				
6. It helps me to share anxiety and get a balanced view of the case				
7. It helps others to share anxiety and get a balanced view of the case				
8. Sharing info. is generally educative to me				
9. Sharing info. is generally educative to the other participants				
10. Other positive values (please specify)				

12 Which of these comments about MDT meetings best indicate your views?
Please place an X in the appropriate boxes.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. They waste time				
2. They fudge individual responsibility				
3. Too many people who do not know the case or do not have the right skills are influencing the outcome				
4. People work up each others anxieties unnecessarily				
5. Child and family needs change from day to day MDT cannot keep intervention plans sensitively up to date				
6. They are too long for participants to concentrate				
7. Other negative values				

13. Are there any improvements you would like to make to MDT meetings?

Yes No Don't know

If yes, what improvements? (please place a X beside up to 5 items, those you think are most important)

- scheduling of meetings
- shorter meetings
- longer meetings
- prior written information
- agendas on arrival
- better attendance by crucial people
- smaller meetings
- larger meetings
- better chairing
- better content of discussions
- minutes provided
- better monitoring of recommendations
- accommodation
- location of meetings

14 How easy/hard do you generally find it to collaborate with members of each profession?

Please place an X in the appropriate boxes.

	Very easy	Fairly easy	Rather Difficult	Very difficult	No experience	no opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosec. staff)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Other support services staff						
11. Other - please specify						

15 How clear/unclear do you think the role of each is in child abuse cases?

Please place an X in the appropriate boxes.

	Very clear	Fairly clear	Rather unclear	Very unclear	No experience
1. DYFS workers					
2. Law enforce. (local)					
3. Law enforce. (SAVA)					
4. Law enforce. (prosec. office)					
5. Physicians					
6. Paediatricians					
7. Psychologists					
8. Mental health staff					
9. Assistant prosecutors					
10. Other support services staff					
11. Coordinator					
12. Other - please specify					

16 How important do you think the role of each is in child abuse cases?
Please place an X in the appropriate boxes

	Essential	Important	Not very important	Not at all important	No experience	No opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosec. office)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Coordinators						
11. Other support services staff						
11. Other - please specify						

17 How well do you think each carries out their role in child abuse cases?
Please place an X in the appropriate boxes

	Very well	Fairly well	Rather poorly	Very poorly	No experience	No opinion
1. DYFS workers						
2. Law enforce. (local)						
3. Law enforce. (SAVA)						
4. Law enforce. (prosc. office)						
5. Physicians						
6. Paediatricians						
7. Psychologists						
8. Mental health staff						
9. Assistant prosecutors						
10. Coordinator						
11. Other support services staff						
12. Other - please specify						

18 In your county how well do you think initial case assessments are generally coordinated following an allegation of *child abuse*?

- very well
- rather well
- rather badly
- very badly
- no experience
- no opinion

19 Insofar as you think coordination in assessment works well, what do you think the three main reasons for this are?

- 1
- 2
- 3

20 Insofar as you think coordination does not work well, what are your opinions about the reasons?

Please place an X in the appropriate boxes

	Unimportant	Rather unimportant	Rather important	Important
1. Professionals assess cases differently				
2. Different overall workload priorities for each occupation				
3. Conflicting values about goals of intervention				
4. Incompatible methods or timescales of interventions				
5. Occupational rivalries (status, power, etc)				
6. Concerns about confidentiality				
7. Insufficient knowledge about each others roles and skills				
8. Other - please specify				

21 In your county how well do you think continuing interventions in on-going cases are generally coordinated?

- very well
- rather well
- rather badly
- very badly
- no experience
- no opinion

22 Insofar as you think coordination works well in ongoing cases what do you think the three main reasons for this are?

1

2

3

23 Insofar as you think this ongoing coordination did not work well, what are your opinions about the reasons? Please place an X in the appropriate boxes

	Unimportant	Rather unimportant	Rather important	Important
1. Professionals assess cases differently				
2. Different overall workload priorities for each occupation				
3. Conflicting values about goals of interventions				
4. Incompatible methods or timescales of interventions				
5. Occupational rivalries (status, power, etc)				
6. Concerns about confidentiality				
7. Insufficient knowledge about each others roles and skills				
8. Other - please specify				

24 Does the history of the team or of professional relationships affect the work of the team?

Please circle the appropriate number

A great deal 1 2 3 4 5 6 7 not at all

Makes it work better 1 2 3 4 5 6 7 makes it work worse

Thank you for your co-operation in completing this questionnaire

Appendix Six:

Letters to co-ordinators



February 1996

Dear Co-ordinator,

I am a lecturer at the University of Stirling in Scotland and am conducting some cross-national research with the co-operation and approval of the Department of Human Services in New Jersey. The aim of the research is to look at how multi-disciplinary teams (MDTs) work in the United States and to compare this with the way in which similar teams work in Scotland. We hope to discover what factors enhance team efficiency and effectiveness.

A most important part of the research is to obtain information about teams from co-ordinators and other team members. This will be achieved through the questionnaires, which is attached. I hope it does not seem too daunting a task as I am really keen to hear from you.

I am asking for your co-operation to accomplish a number of tasks.

1. I would be grateful if you would complete the blue colored questionnaire and return it in the enclosed envelope by 21st March 1996 to Leonard Feldman, Chief, Bureau of Research, Evaluation and Quality Assurance at DYFS. In addition, please include a list of the MDT Core Team Members and your meeting schedule for the first two weeks of April.
2. I would also ask that you distribute the green colored questionnaire to all Core Team Members at your next meeting. These are agency staff who have been

assigned by their organization to attend and regularly participate in MDT meetings. Please ask Core Team Members to complete their questionnaire and return it directly in the enclosed envelope by 4th April 1996 to Dr. Feldman.

3. Please distribute the salmon colored questionnaire to a sample of Non-Core Team Members. That is, agency staff who attend meetings as needed, to report on one of their cases or who act in a consultant capacity on a case specific basis. Please distribute ten of these questionnaires from now until the end of April - several at each meeting. Please ask the Non-Core Team Members to complete their questionnaire and return it directly in the enclosed envelope by 6th May 1996 to Dr. Feldman.

I am looking forward to your responses to the questionnaires and to seeing some of you again in early April. The results of this project will be shared with you sometime this Fall. If you have any questions, please contact Leonard Feldman at 609-292-8510. Thank you once again for all your help and co-operation.

Yours sincerely,

Lorna Bell



May 1996

Dear Co-ordinators,

It was wonderful seeing most of you on my recent trip to New Jersey. As you know, the research I am conducting with Dr. Feldman from DYFS is to understand how multi-disciplinary teams (MDTs) function in the United States and to compare them with the way in which similar teams work in Scotland. We hope to discover what factors enhance team efficiency and effectiveness.

A most important part of the research is to obtain information about the teams from the viewpoint of the co-ordinators and other team members. This will be achieved through the use of several questionnaires which were sent to you earlier in March. The questionnaires were designed to be a very important part of the study. **I urge those of you who have not yet completed the Co-ordinator's questionnaire to do so as soon as possible.** In addition, I would ask that at your next team meeting, you reserve a time for the Core and Non-Core Members attending the meeting to complete their questionnaires.

Again, I am asking for your co-operation to complete your questionnaires. Please complete the blue one yourself. Have the Core Members complete the green one and the Non-Core Members complete the salmon one. If you are in need of extra copies of questionnaires, please call Dr. Feldman at 609-292-8510.

All questionnaires should be returned to Dr. Leonard Feldman, Chief, Bureau of Research, Evaluation and Quality Assurance, New Jersey Division of Youth and Family Services, CN 717, Trenton, NJ 08625.

I truly appreciate your co-operation. The results of the project will be shared with you sometime this Fall. If you have any questions, please contact Dr. Feldman. Thank you again for all your help and co-operation.

Yours sincerely

Lorna Bell

Appendix Seven: Charts for deciding teams for in-depth interviews

Levels of Co-operation

Team	CAC (2) CAC (3) Model 1	Cohesion Conflict	Equality of Part.	Equality of Influence	How much do you like working with MDT B7	Dissat. with contributions other members MDT B9	Team negatively affected by Dominance B10	Atmos- phere of Team B11	Difficult to collaborate with: B17	Co- ordinate initial assess B21	Co- ordination in continuing investi-gation B24	Where are MDT's held	Designated core members				Who conducts investigati on
													L	M	MH	DY	
5		MID	MID	MID	MID	MD/PED	NO	MID	DIFFICULT MD/PED	HIGH	HIGH	ROTATES	2	1	2	2	PARALL EL
10	CAC(3)	COHES.	NO	YES	HIGH	DYFS/PED MD/PSYCH	NO	MID	DIFFICULT DYFS/MH	HIGH	HIGH	PROS. OFFICE					
8	M1	MID	NO	MID	MID		NO	CO-OP	DIFFICULT DYFS	MIX	MIX	ROTATES	2	1	1	3	PROS. OFFICE
13		MID	MID	MID	HIGH		MID	CO-OP		HIGH	MED						
9	CAC(2)	MID	NO	YES	MID	DYFS/MD/ MED	MID	CO-OP	DYFS/MH	MED	MED	DYFS	3	0	1	1	
4		COHES.	YES	YES	HIGH	LOCAL L.E.	NO	CO-OP		MIX	MIX	HOSPITAL					
3	M1	MID	NO	YES	MID	DYFS	MID	CO-OP	DYFS/MD LOCAL LE	MIX	MIX	PROS. OFFICE	5	1	7	0	PROS. OFFICE
12	[CAC](2)	COHES.	MID	YES	MID	DYFS LOCAL L.E.	MID	CO-OP		MED	MED	CAC	2	1	2	1	
6	M1	COHES.	YES	MID	MID		NO	CO-OP		HIGH	HIGH	LAW ENF. OFFICE	3	2	2	2	LAW ENF. SAVA
1	CAC (3)	COHES.	YES	MID	MID	MD/PED	NO	CO-OP	MD	HIGH	MIX	CAC					
7	[CAC](2)	MID	YES	NO	HIGH		MID	CO-OP	DYFS LOCAL LE	MIX	MIX	PROS. OFFICE	2	1	3	2	
14	M1	CONF.	MID	NO	MID		YES	COMP.	DYFS LOCAL LE	MIX	MIX	PROS. OFFICE	2	1	1	1	PROS. OFFICE

Team	CAC (2) CAC (3) Model 1	Cohesion Conflict	Equality of Part.	Equality of Influence	How much do you like working with MDT B7	Dissat. with contributions other members MDT B9	Team negatively affected by Dominance B10	Atmos- phere of Team B11	Difficult to collaborate with: B17	Co- ordinate initial assess B21	Co- ordination in continuing investi-gation B24	Where are MDT's held	Designated core members				Who conducts investigati on
													L	M	MH	DY	
11	CAC(3)	CONF.	NO	YES	LOW		YES	COMP.	AP	MIX	MIX	CAC	3	3	2	2	
2		COHES.	YES	NO	MID		NO	MID	AP/DYFS	HIGH	MIX	PROS. OFFICE	3	0	2	1	DYFS

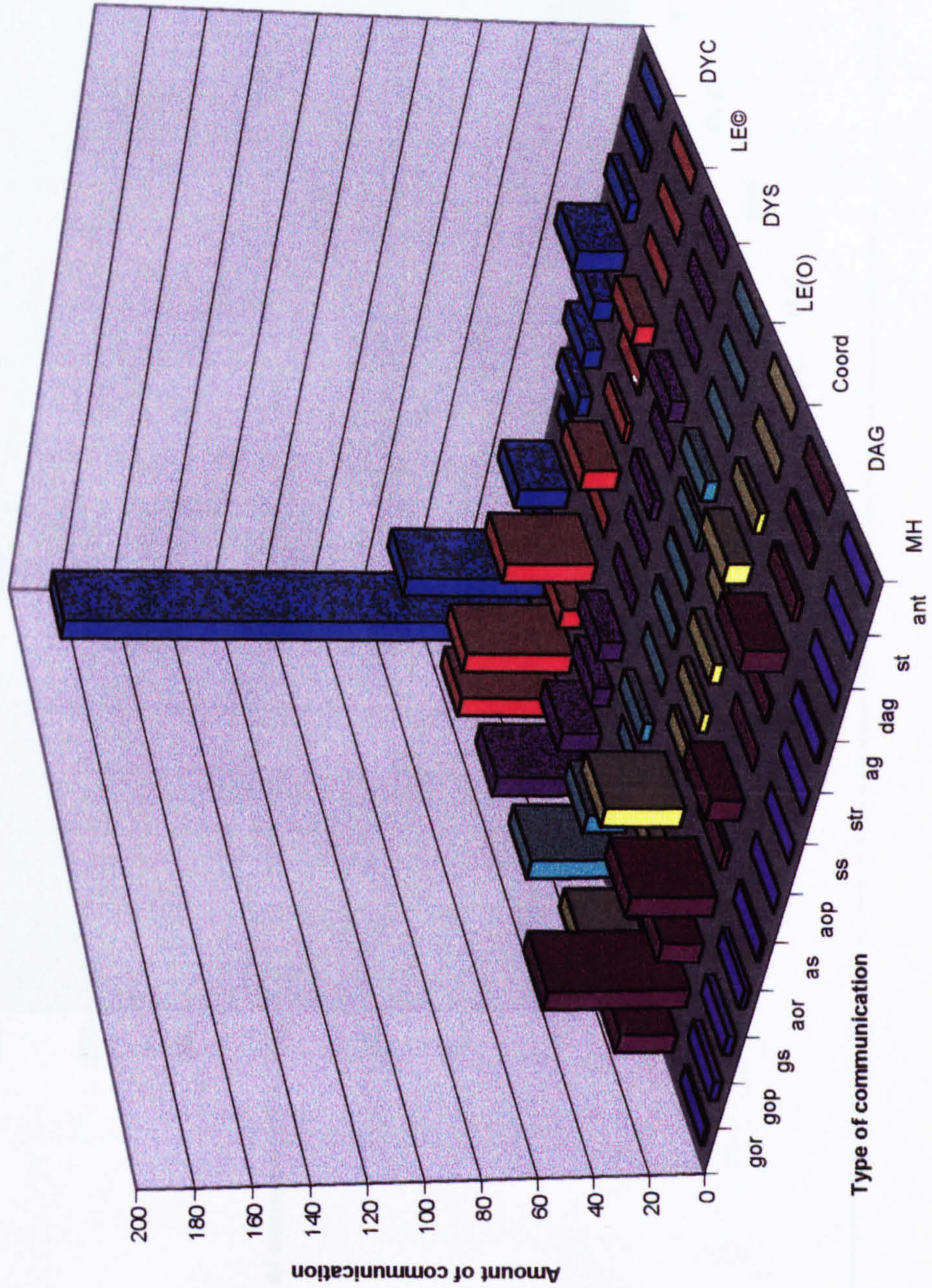
MD =MEDICAL DOCTOR L=LEGAL PED=PEDIATRITION M=MEDICAL LOCAL LE =LOCAL LAW ENFORCEMENT MIH=MENTAL HEALTH AP=ASSISTANT PROSECUTOR

Ideology

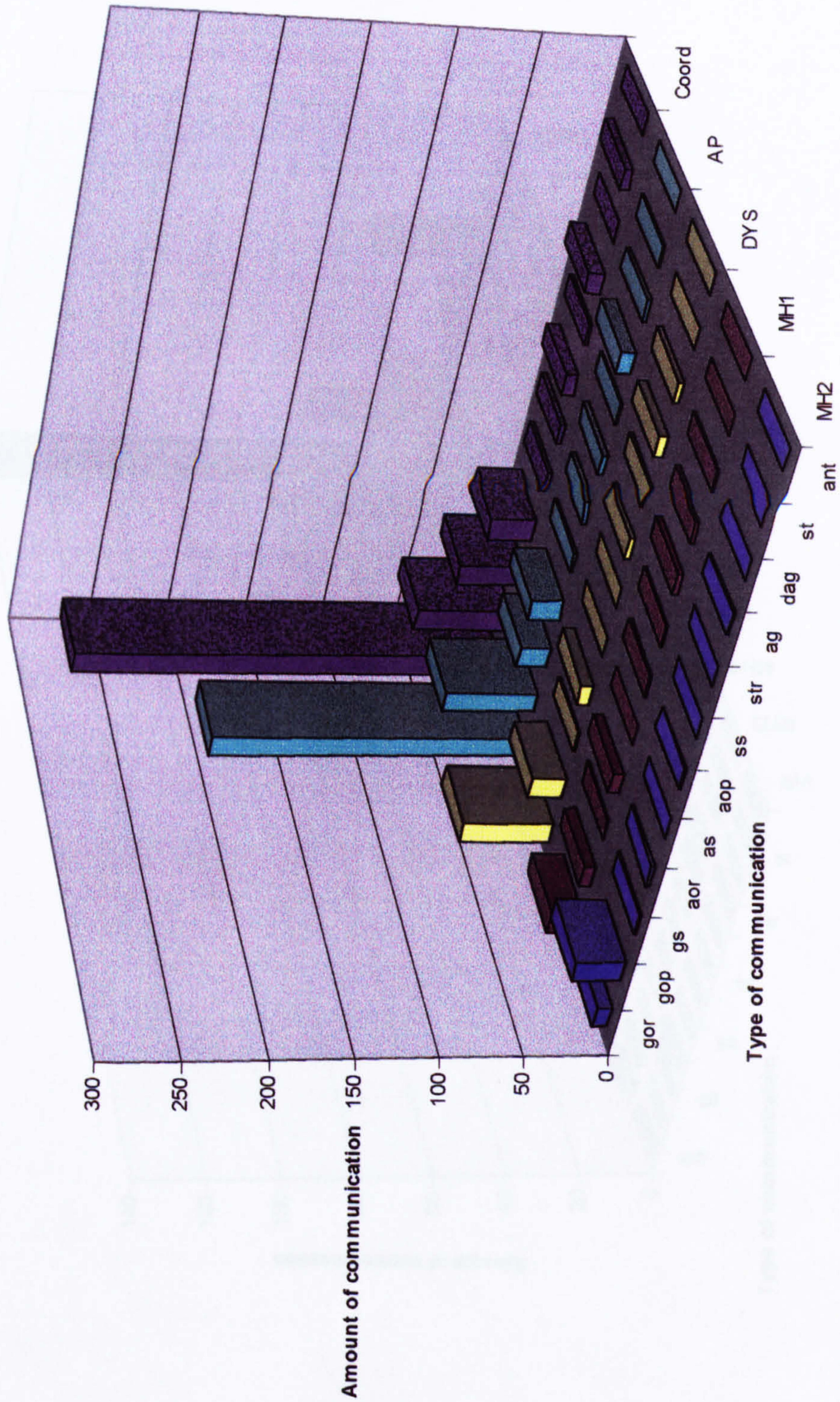
Team	Location of Meeting	Most Influence	Least Influence	Most Participation	Least Participation	List of Membership						List of Membership Structured Observations				Ideology noted in structured observations	
						L	M	MH	SW	L	M	MH	SW	L	M		MH
5	ROTATES	HIGH AP	HOSPITAL	LAW ENF.	HOSPITAL	2	1	2	2	6	0	0	1				LEGAL
10	PROS. OFFICE	AP	MH	LAW ENF.	HOSPITAL/MH					5	0	2	2				LEGAL (HIGH)
8	ROTATES	AP	DYFS	LAW ENF.	DYFS	2	1	1	3	5	2	0	7				MEDICAL
13	?	AP															
9	DYFS OFFICE	AP	MH		LAW ENF.	3	0	1	1	5	0	1	3				LEGAL
4	HOSPITAL	DYFS HOSPITAL	LAW ENF.	DYFS LEGAL	LAW ENF./MH					1	3	0	8				SOCIAL WELFARE
3	PROS. OFFICE	LAW ENF. AP	MH	LAW ENF.	DYFS/AP	5	1	7	0	4	0	7	2				EQUAL
12	CAC	AP	DYFS	HOSPITAL	LAW ENF.	2	1	2	1	7	0	2	2				LEGAL
6	LAW ENF. OFFICE	HIGH AP	HOSPITAL/MH		HOSPITAL	3	2	2	2	5	0	4	2				LEGAL (HIGH)
1	CAC	AP/LAW ENF. HIGH	HOSPITAL/MH	LAW ENF.	AP/HOSPITAL												
7	PROS. OFFICE	HIGH LAW ENF.	DYFS/HOSPITAL/MH	LAW ENF./DYFS/MH	LAW ENF.	2	1	3	2	4	0	4	2				EQUAL
14	PROS. OFFICE	LAW ENF.	AP/HOSPITAL/MH	DYFS	AP/HOSPITAL	2	1	1	1								
11	CAC	HOSPITAL	AP/MH	HOSPITAL	LAW ENF./AP	3	3	2	2	4	1	0	1				LEGAL (HIGH)
2	PROS. OFFICE	HIGH AP	LAW ENF./MH	LAW ENF.	DYFS/MH	3	0	2	1	1	0	2	1				LEGAL (HIGH)

Appendix Eight: Team Profiles

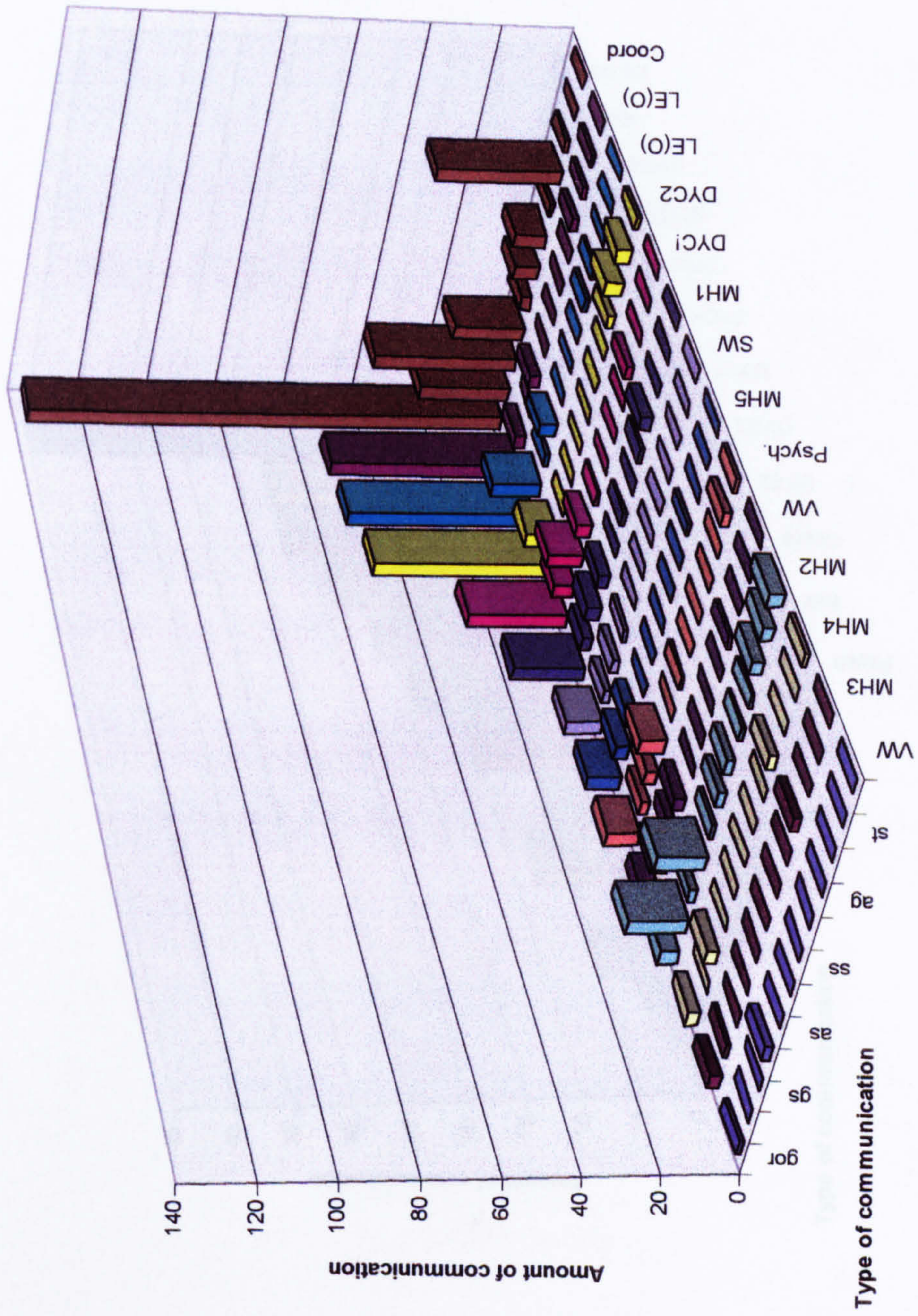
Team 1: Members' communication



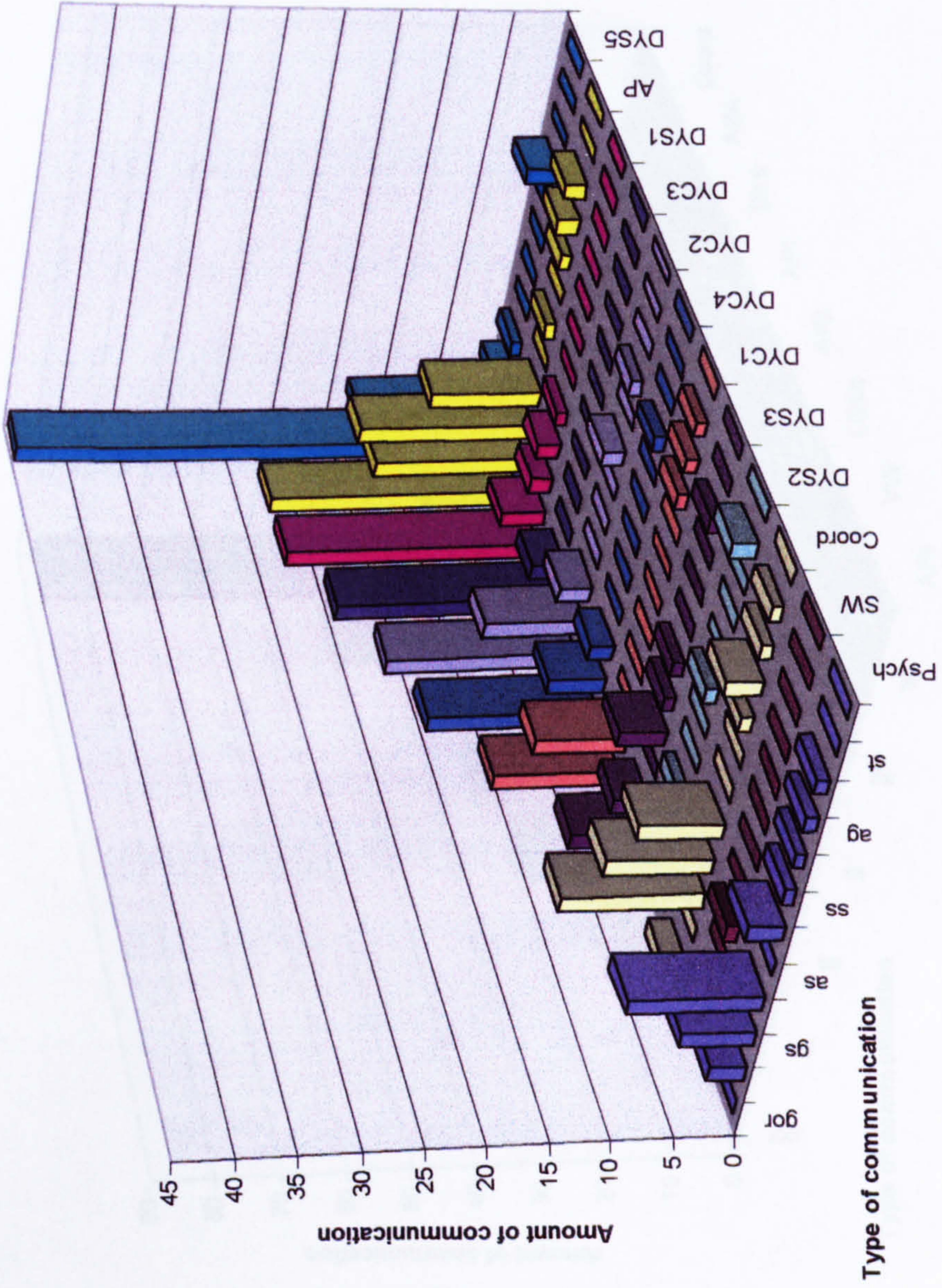
Team 2: Members' communication



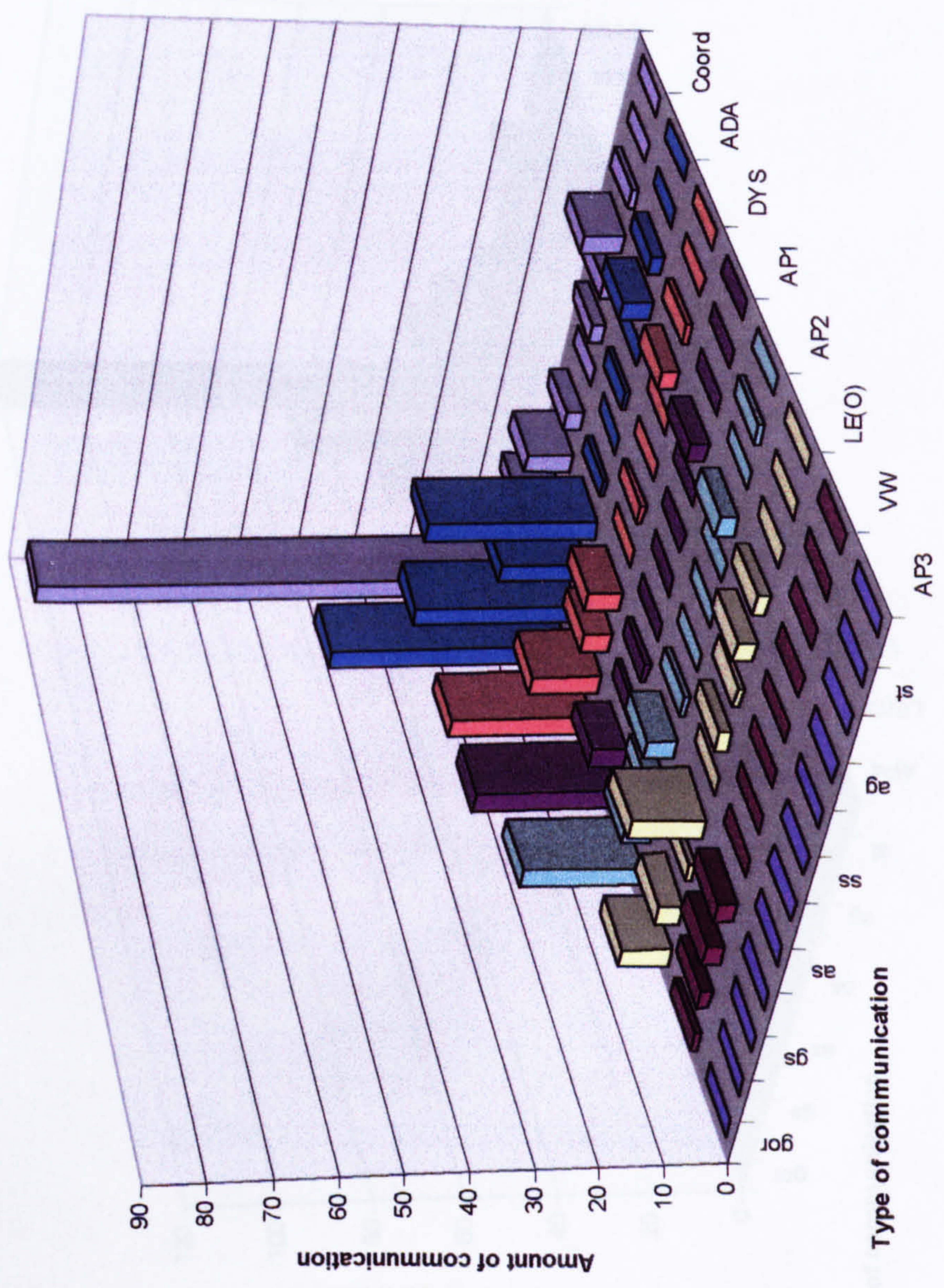
Team 3: Members' communication



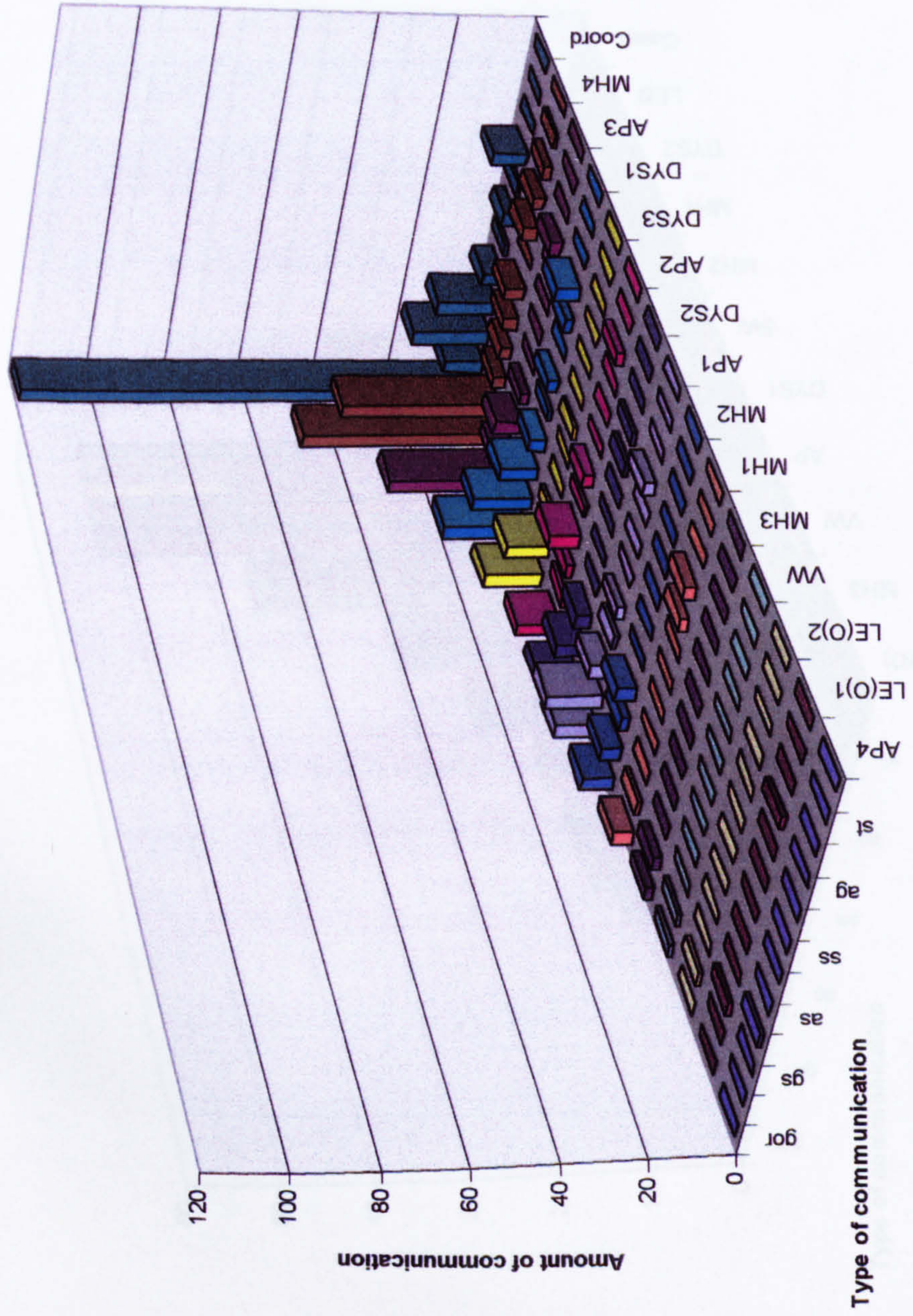
Team 4: Members' communication



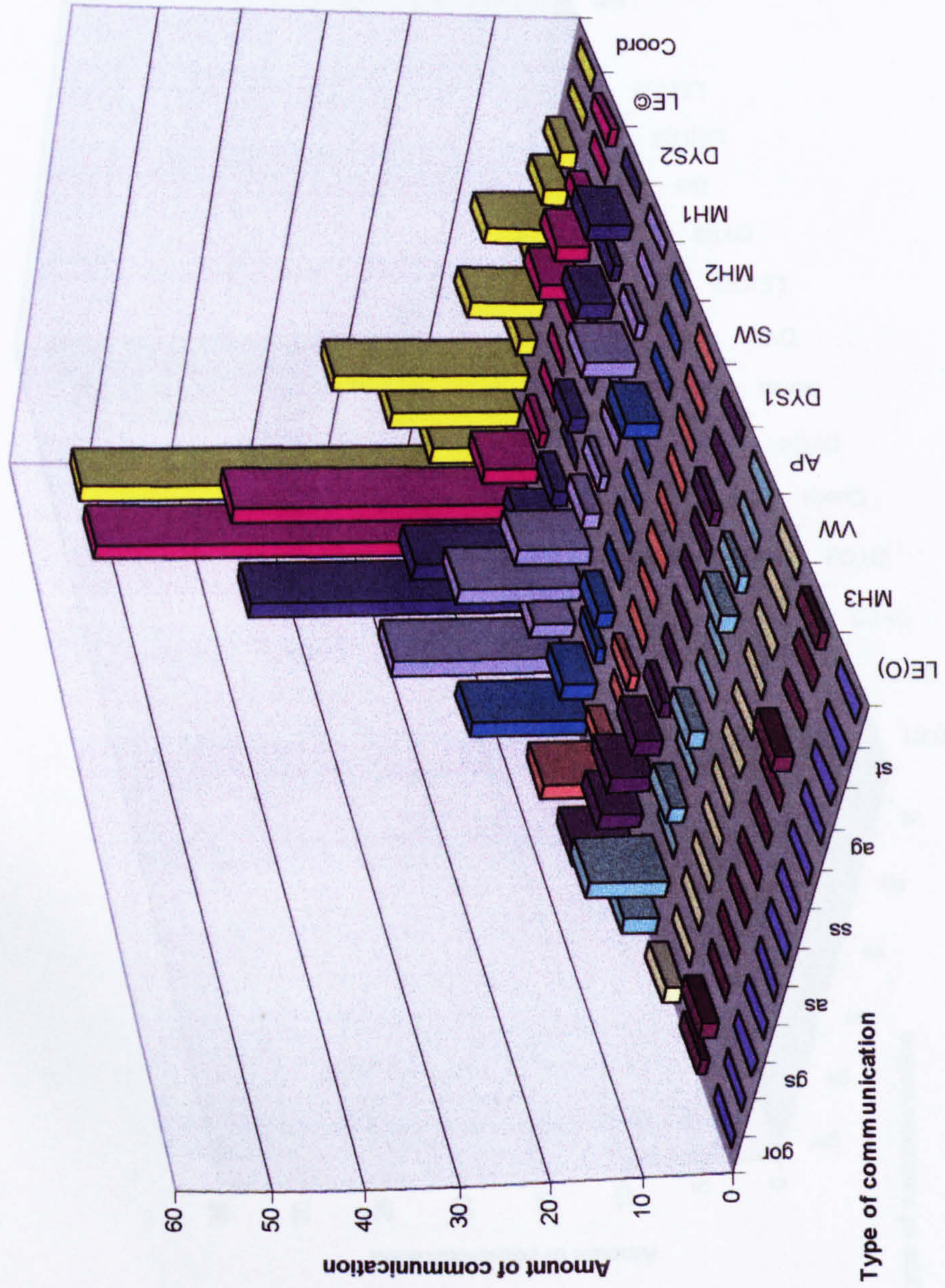
Team 5: Members' communication



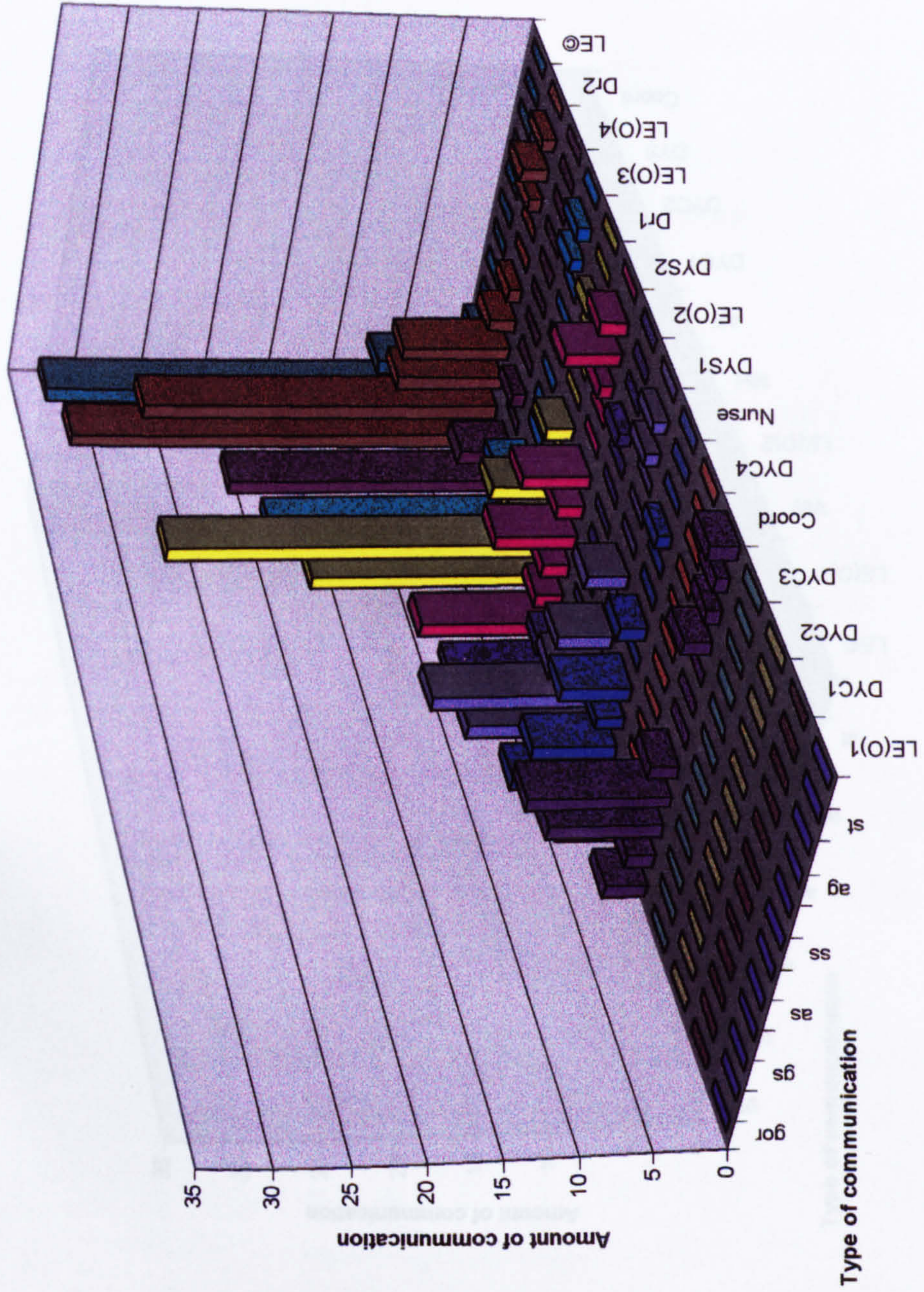
Team 6: Members' communication



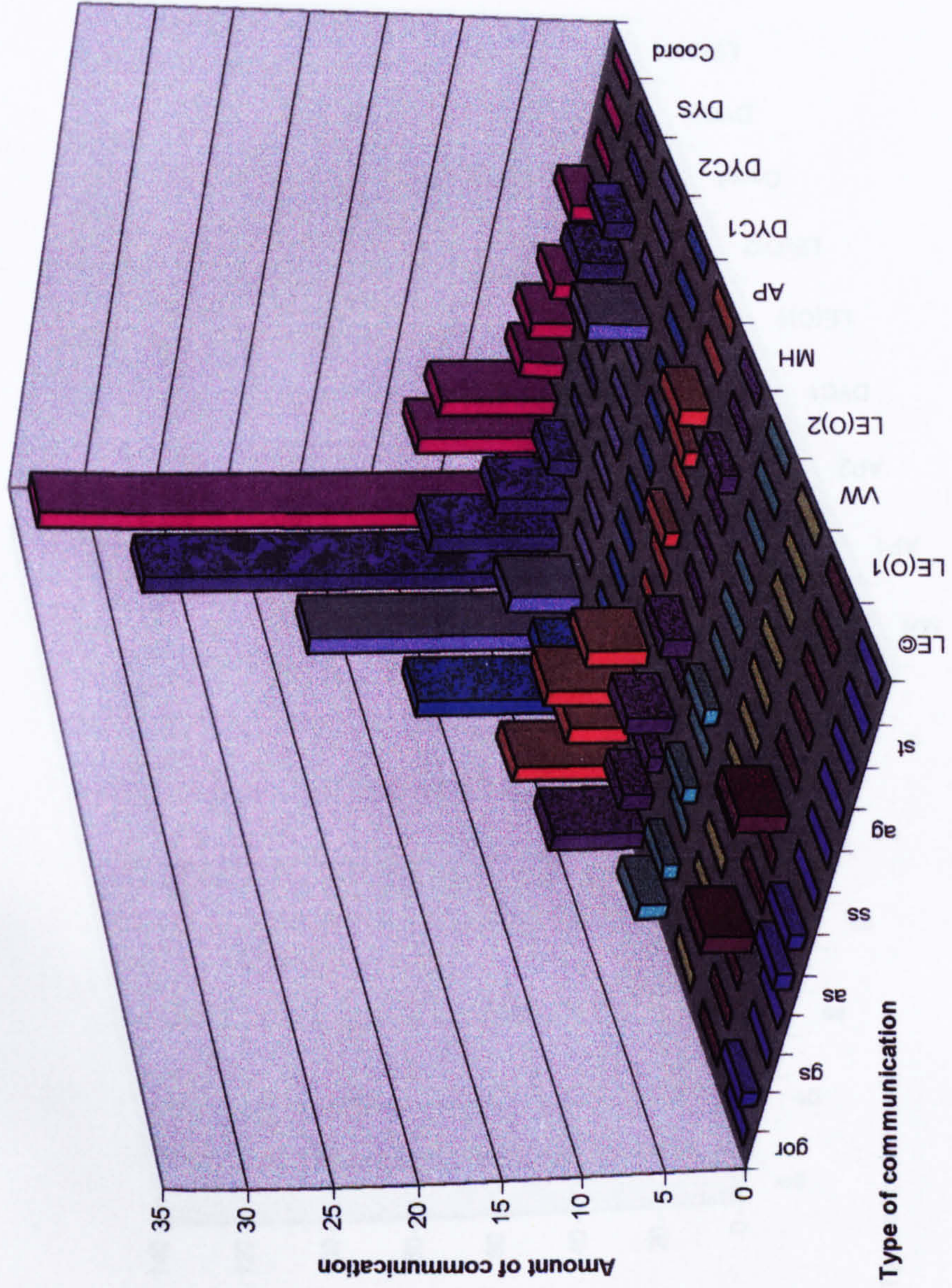
Team 7: Members' communication



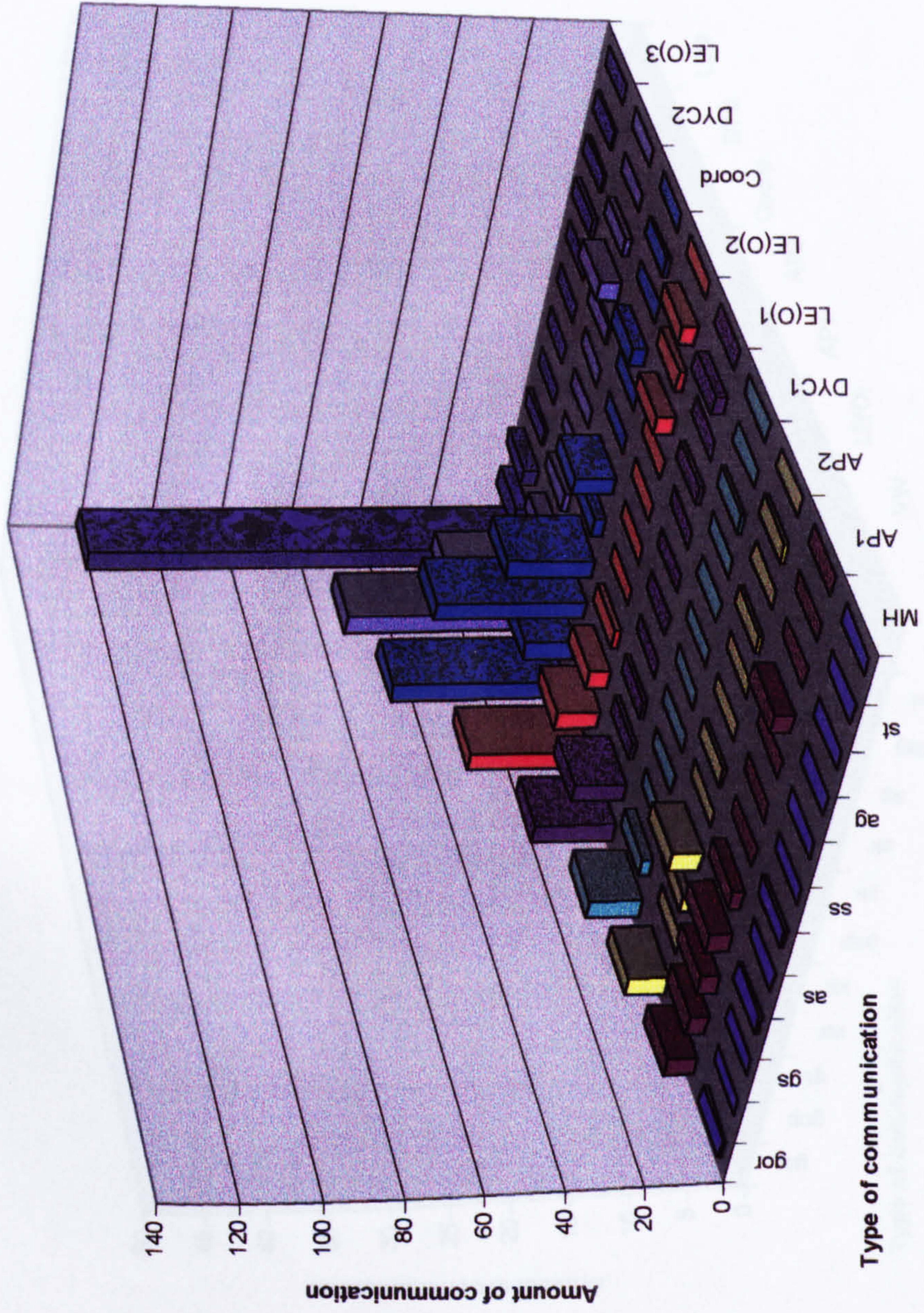
Team 8: members' communication



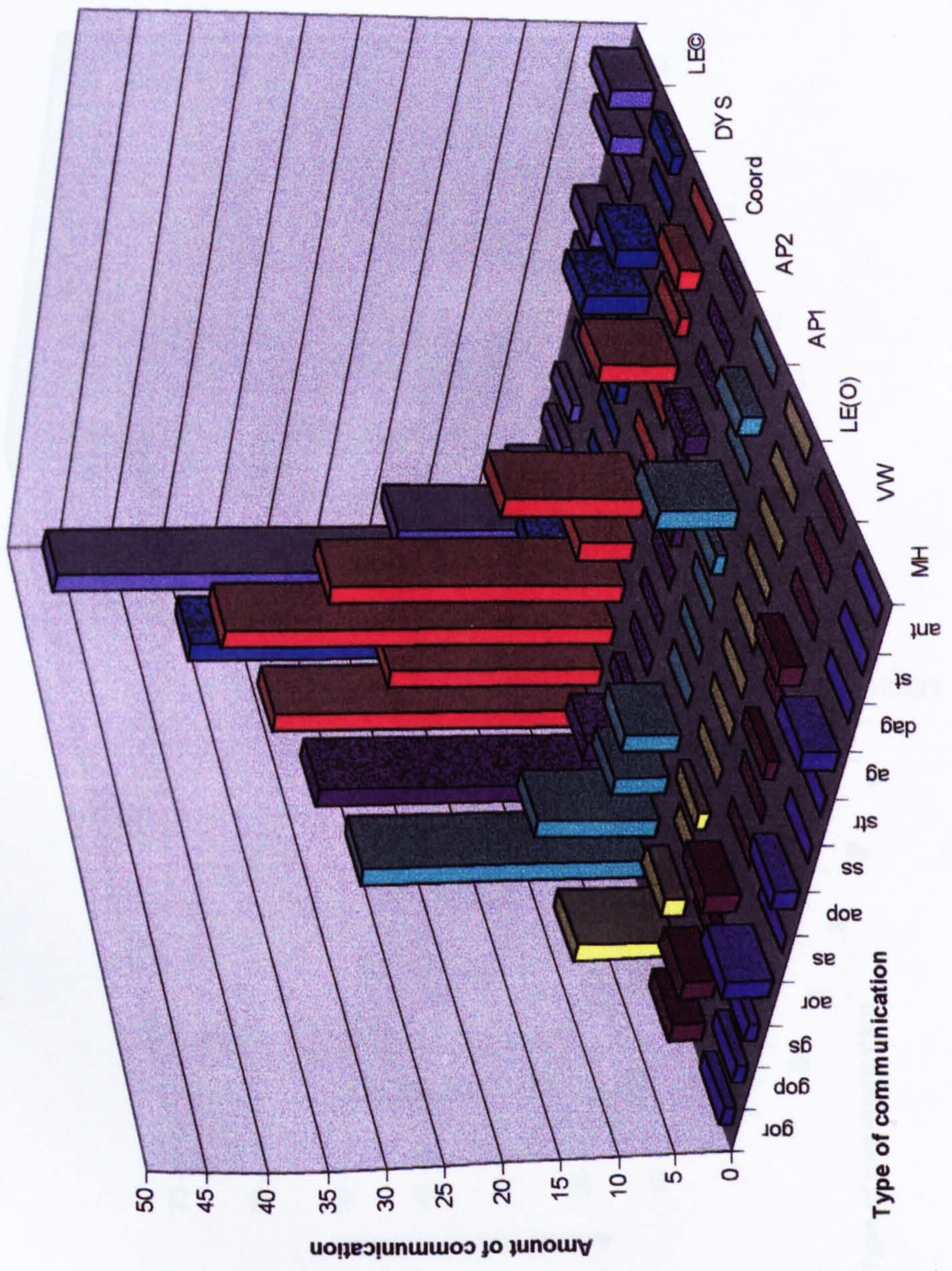
Team 9: members' communication



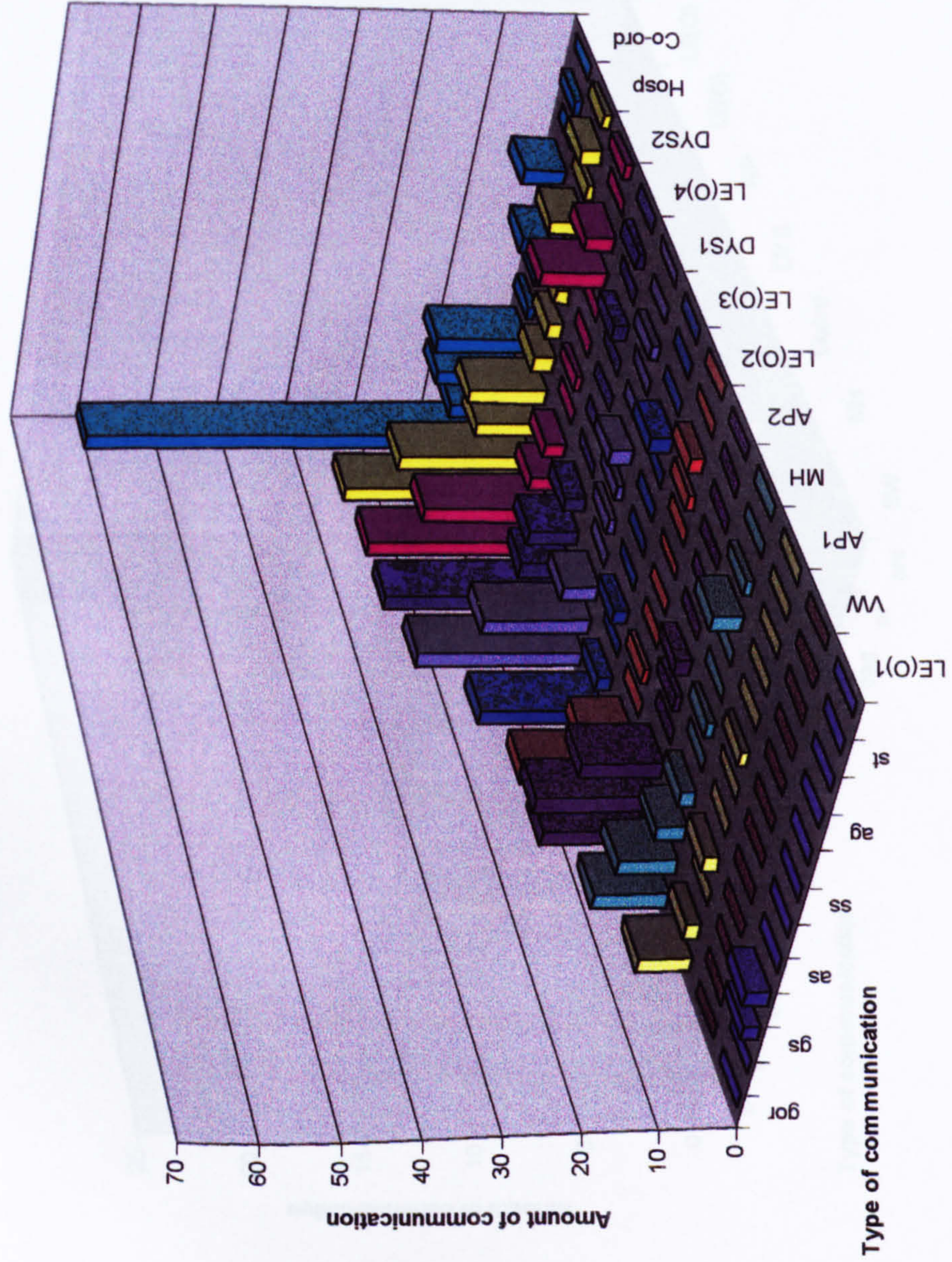
Team 10: Members' communication



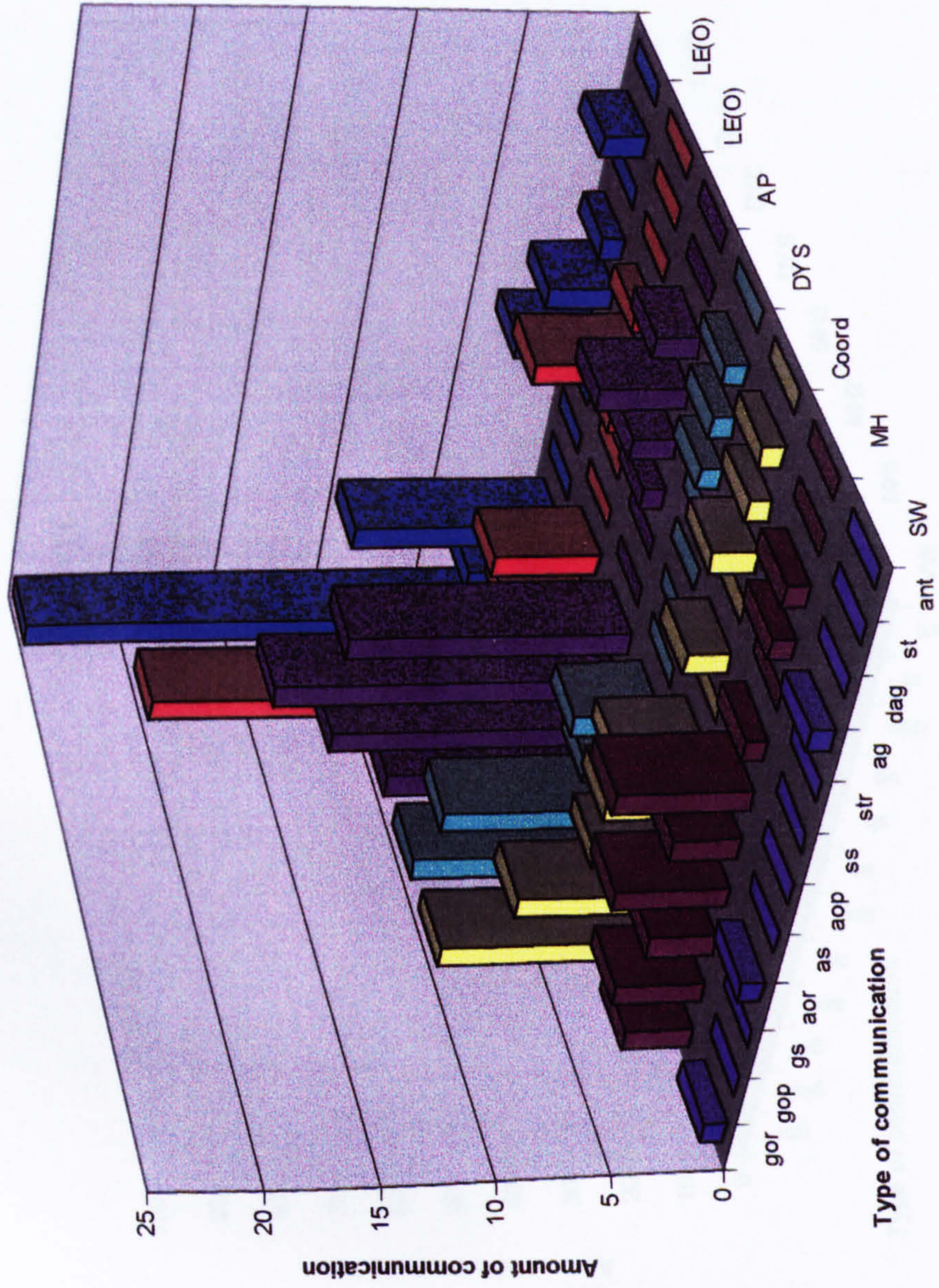
Team 11: Members' communication



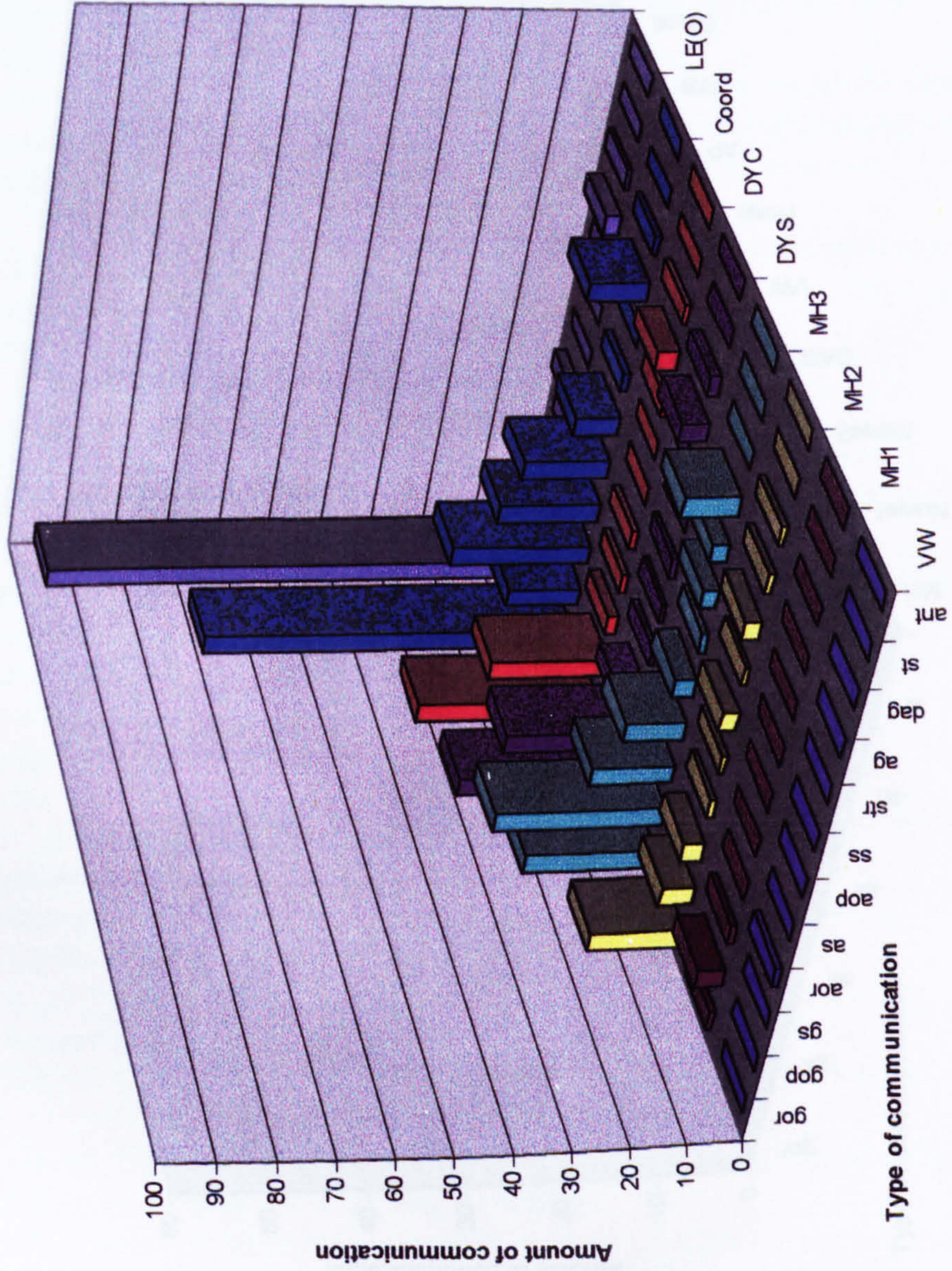
Team 12: Members' communication



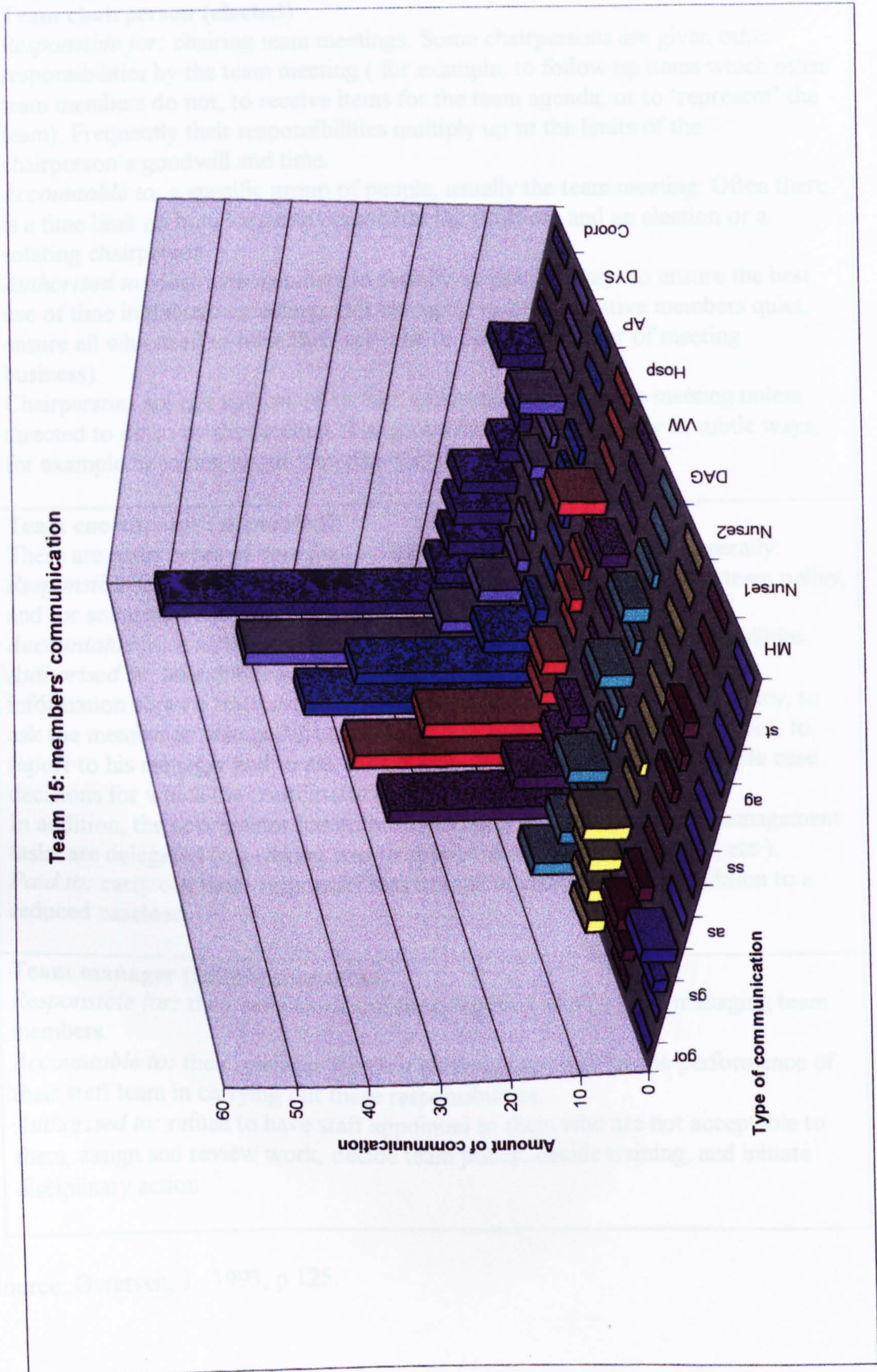
Team 13: Members' communication



Team 14: Members' communication



Daivert's three types of team leader role



Source: Daivert, J. 1993, p 125.

Appendix Nine:

Øvretveit's three types of team leader role

Team chairperson (elected)

Responsible for: chairing team meetings. Some chairpersons are given other responsibilities by the team meeting (for example, to follow up items which other team members do not, to receive items for the team agenda, or to 'represent' the team). Frequently their responsibilities multiply up to the limits of the chairperson's goodwill and time.

Accountable to: a specific group of people, usually the team meeting. Often there is a time limit on how long one person has the position, and an election or a rotating chairperson.

Authorised to: deal with members in socially acceptable ways to ensure the best use of time in the team meetings (for example, to keep talkative members quiet, ensure all who need to have their say, and to decide the order of meeting business).

Chairpersons are not authorised to take action outside the team meeting unless directed to do so by the meeting. The group limits their authority in subtle ways, for example by joking about 'our dictator'. Usually unpaid

Team coordinator (appointed)

There are many types of coordinator role within this category, but generally:

Responsible for: chairing team meetings, upholding and reviewing the team policy, and for some staff management tasks.

Accountable to: a manager or group for carrying out the above responsibilities.

Authorised to: take defined actions to uphold the policy, including to seek information about a team member's actions to check if he is following policy, to ask the member to change his behaviour if it is against policy, if he does not, to report to his manager and to ask for her help, but not authority to overrule case decisions for which the coordinator is not responsible.

In addition, the coordinator has authority to carry out whatever staff management tasks are delegated (e.g. taking part in appointments, reviewing work, etc.).

Paid to: carry out these responsibilities instead of casework, or in addition to a reduced caseload.

Team manager (fully accountable)

Responsible for: their own work and for delegating work to and managing team members.

Accountable to: their manager for their performance, and for the performance of their staff team in carrying out these responsibilities.

Authorised to: refuse to have staff appointed to them who are not acceptable to them, assign and review work, decide team policy, decide training, and initiate disciplinary action.

Source: Øvretveit, J. 1993, p 125.

Appendix Ten:

Transcripts of teams being influenced by information

Team 7, Case 9

- C Three year old. Said the maternal uncle was touching her cookie and shaking his finger in her and made her touch his pee-pee. Mom contacted the DYFS worker.
- PO The interview didn't confirm the report. Child said she didn't say anything to mother. No suspect, we've closed.
- C Is this the one.....
- PO Yes there's two others. This is the third but we've nothing to go on. I haven't got a victim.
- MH1 How old is he?
- PO I don't know. He's no punk kid, he's a grown man. When he came in this time I pulled out the other two to try to make this work but it won't go.
- MH1 Is he still living with the child?
- C No
- MH1 We could assess the child. See if she says anything
- PO You could see the other children as well
- MH1 Okay
- C Is this open to DYFS?
- DS1 Yes, has been open for a while
- MH1 Shall we get the child in to see if she will talk?
- PO Yes, that's good for me. But they'll need to be good. Powerful - it's one shot and you're out.

Team 12, Case 4

- DS1 But it's F who's dealing with the case and she's coming later. The doctor was concerned that she didn't follow up and her life's a mess. And she's difficult to communicate with
- PO3 So we shouldn't prosecute?
- DS1 No, she's cooperating. The children are in day-care. She's very caring. She's pregnant and she's clinically depressed
- PO3 If she falls off the program would you let us know because then we'd have to charge her?

Appendix Eleven:

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Table 1: Number of responses to questionnaires from each team

Team	Number of responses
1	13
2	10
3	6
4	15
5	5
6	6
7	9
8	7
9	6
10	8
11	6
12	7
13	3
14	4
15	5
Total	117

Table 2: Percentage of meeting devoted to legal, social, therapeutic and medical issues.

Team	Penal %	Social %	Medical %	Therapeutic %
1	53	29	9	9
2	57	20	2	21
3	25	36	23	15
4	33	27	27	12
5	38	48	1	13
6	54	24	7	14
7	24	38	33	15
8	14	25	59	2
9	35	46	7	11
10	49	26	17	8
11	58	19	10	12
12	34	34	16	16
13	65	32	0	3
14	40	22	26	12
15	42	31	12	15

Table 3: Number of each profession and agency at each meeting

Figures for assistant prosecutors, police officers and victim witness are aggregated to give a total for the agency "Prosecutor's office" and DYFS supervisors and DYFS caseworkers have been aggregated to give a total for "DYFS".

Team	AP	LE	VW	Total	%	DS	DC	Total	%	M H	%	H	%	C
1	0	2	0	2		1	3	4		1		0		1
2	1	0	0	1		1	0	1		2		0		1
3	0	2	2	4		0	2	2		5		2		1
4	1	0	0	1		3	5	8		0		3		1
5	4	1	1	6		1	0	1		0		0		1
6	4	2	1	7		3	0	3		4		0		1
7	1	2	1	4		2	0	2		3		1		1
8	0	5	0	5		2	4	6		0		3		1
9	1	3	1	5		1	2	3		1		0		1
10	2	3	0	5		2	0	2		2		0		1
11	2	2	1	4		1	0	1		1		0		1
12	2	4	1	7		2	0	2		1		1		1
13	1	2	0	3		1	0	1		1		1		1
14	1	0	1	2		1	0	2		3		0		1
15	1	0	1	2		1	2	3		1		2		1

Table 4: Number of members at each meeting

Team	Number of members
1	7
2	5
3	14
4	13
5	8
6	15
7	11
8	15
9	10
10	10
11	8
12	12
13	7
14	8
15	9
Total	152

Table 5: Number and type of cases discussed by each team in observed meeting and in previous six meetings

Team	Number of cases discussed in observed meeting			Average number of cases discussed in last six meetings		
	New Cases	Review Cases	Total	New Cases	Review Cases	Total
1	2	3	5			
2	2	8	10	4	6	10
3	10	2	12	7	6	13
4	5	2	7			
5	6	3	9	1	9	10
6	7	10	17	6	20	26
7	9	2	11	7	2	9
8	4	2	6			
9	2	5	7			
10	5	10	15			
11	4	19	23	6	21	27
12	9	9	18	5	12	17
13	3	3	6			
14	3	6	9			
15	0	6	6			

Table 6 Observations - Total and Mean Communications by Professionals

Assistant Prosecutors - Total and mean communications

AP = 19

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	17.4	149.4	25.2	174.8	191.4
Mean	0.9	7.9	1.3	9.2	10.1

DYFS Attorneys - Total and mean communications

DAG = 2

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	4.6	12.1	7	19	25.3
Mean	2.3	6.1	3.5	9.5	12.7

Co-ordinators - Total and mean communications

Co-ordinator = 15

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	36.9	268	75.8	343.9	382
Mean	2.5	17.9	5.1	22.9	25.5

Doctors - Total and mean communications

Dr = 2

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	1.4	30.7	4.8	35.5	36.8
Mean	0.7	15.4	2.4	17.8	18.4

DYFS Caseworkers - Total and mean communications

DY case = 17

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	13.9	134.7	4.8	139.3	153.4
Mean	0.8	7.9	0.3	8.2	9

DYFS Supervisors - Total and mean communication

DY sup = 20

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	44.1	163.6	20.4	183.8	209.5
Mean	2.2	8.2	1	9.2	10.5

Mental Health - Total and mean communication

MH = 24

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	23.3	91.2	25.2	110.2	127.6
Mean	1	3.8	1.1	4.6	5.3

Nurse - Total and mean communication

N = 3

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	1.2	8	4.1	12.1	13.2
Mean	0.4	2.7	1.4	4	4.4

Law enforcement officer - Total and mean communication

LE (O) = 24

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	30.8	149.5	12.8	155.1	180.7
Mean	1.3	6.2	0.5	6.5	7.5

Law enforcement captain - Total and mean communication

LE (C) = 5

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	7	58.8	7.2	65.9	73
Mean	1.4	11.8	1.4	13.2	14.6

Psychologist - Total and mean communication

Psych = 2

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	1.5	4.4	5	9.4	11
Mean	0.8	2.2	2.5	4.7	5.5

Social Worker - Total and mean communication

SW = 4

Communication Type	Socio-emotional	Gives task	Asks task	Task	Total communication
Total	0.4	4.5	1	5.5	5.9
Mean	0.1	1.1	0.3	1.4	1.5

Victim Witness - Total and mean communication

VW = 10

Communication Type	Socio-emotional	Gives task	Asks task	Task	Ttal communication
Total	0.9	14.3	3	17.4	19
Mean	0	1.4	0.3	1.7	1.9

Table 7 Percentage of communication from all members of agency

Team	Prosecutors Office	DYFS	Mental Health	Hospital	Co-ordinator
1	25%	63%	1%	0%	11%
2	34%	11%	8%	0%	47%
3	20%	17%	17%	6%	40%
4	19%	63%	0%	8%	10%
5	56%	12%	0%	0%	32%
6	21%	20%	26%	0%	33%
7	29%	21%	20%	2%	28%
8	29%	20%	0%	43%	8%
9	7%	49%	7%	0%	37%
10	52%	20%	0.50%	0%	23%
11	48%	16%	3%	0%	33%
12	32%	23%	6%	17%	22%
13	60%	12%	11%	1%	15%
14	20%	24%	26%	0%	30%
15	28%	30%	2%	18%	22%

Table 8 Relationship between agency attendance and level of agency communication

Team	Prosecutors Office		DYFS		Hospital		Mental Health	
	% commun.	% attend	% commun.	% attend	% commun.	% attend	% commun.	% attend
1		22%		44%		0%		11%
2		20%		20%		0%		40%
3		29%		14%		14%		36%
4		7%		57%		21%		0%
5		75%		12%		0%		0%
6		38%		15%		0%		31%
7		36%		18%		9%		27%
8		33%		40%		13%		0%
9		50%		30%		0%		10%
10		50%		20%		0%		20%
11		57%		14%		0%		14%
12		58%		17%		8%		8%
13		42%		14%		14%		14%
14		25%		25%		0%		37%
15		22%		33%		22%		11%

Table 9 Comparison of level of attendance by agency and focus of team

Team	Prosecutor's office		DYFS		Hospital		Mental Health	
	% Focus	% Attend	% Focus	% Attend	% Focus	% Attend	% Focus	% Attend
1		22		44		0		11
2		20		20		0		40
3		29		14		14		36
4		7		57		21		0
5		75		12		0		0
6		38		15		0		31
7		36		18		9		27
8		33		40		13		0
9		50		30		0		10
10		50		20		0		20
11		57		14		0		14
12		58		17		8		8
13		42		14		14		14
14		25		25		0		37
15		22		33		22		11

Table 10 Level of task and socio-emotional communication by co-ordinators

Team	% Task Communication	% Socioemotional Communication
1	80	20
2	94	6
3	84	16
4	86	14
5	91	9
6	94	6
7	94	6
8	81	19
9	94	6
10	97	3
11	93	7
12	90	10
13	83	17
14	92	8
15	91	9

Table 11 Proportion of “giving” communication and “asking” communication by co-ordinators

Team	% Giving Communication	% Asking Communication
1	43	37
2	86	8
3	73	11
4	40	46
5	82	8
6	82	12
7	65	29
8	42	38
9	72	23
10	71	26
11	61	32
12	75	14
13	60	22
14	66	26
15	70	21

Table 12 Percentage of meeting devoted to information-gathering, discussion and other

Team	Number of cases	% Meeting on information-gathering	% Meeting on discussion	% Meeting on other
1	5	54	40	6
2	10	66	31	3
3	12	62	33	5
4	7	58	39	3
5	9	65	32	3
6	17	56	40	4
7	11	53	42	5
8	6	54	42	4
9	12	63	33	4
10	15	64	34	2
11	23	53	39	8
12	11	54	43	3
13	6	45	44	11
14	9	54	44	2
15	6	53	42	5