



Interdisciplinary Approaches in Supporting Children at Risk

Mocanu Lăcrămioara¹

Abstract: Children at risk represent one of the most vulnerable social categories, requiring complex and coordinated interventions from multiple professional fields. This article explores how collaboration between social workers, psychologists, teachers, doctors, and legal specialists can contribute to the early identification of risk situations and the implementation of effective protection and recovery strategies. Through the analysis of specialized literature and international practices, the concrete benefits of the interdisciplinary approach are highlighted, such as improving communication between services, reducing overlaps of interventions, and increasing the efficiency of support programs. The study emphasizes the importance of continuous training of professionals in a collaborative spirit, the development of common work protocols, and the active involvement of families in the recovery process. The results indicate that only by integrating multiple perspectives and coordinating institutional efforts can real and sustainable protection be ensured for vulnerable children, giving them equal opportunities for harmonious development.

Keywords: children at risk; interdisciplinary approach; child protection; inter-institutional collaboration; early intervention; integrated services.

1. Introduction

In recent decades, the issue of children at risk has become a major concern for modern societies, generating intense debates among specialists in various fields.

¹ Associate Professor, PhD, Danubius International University of Galați, Romania, Address: 3 Galati Blvd., Galați 800654, Romania, E-mail: lacramioara_mocanu@yahoo.com.



Copyright: © 2026 by the authors.
Open access publication under the terms and conditions of the
Creative Commons Attribution-NonCommercial (CC BY NC) license
(<https://creativecommons.org/licenses/by-nc/4.0/>)

When we talk about vulnerable children, we refer to those minors who, for social, economic, family, or medical reasons, face serious threats to their physical, emotional, or cognitive development. This may include children living in families with insufficient income, those who suffer abuse or neglect, minors with disabilities, or those who have left the education system prematurely.

The complexity of the situations these children face makes it virtually impossible for a single type of specialist to intervene effectively. A social worker, no matter how dedicated, cannot respond alone to the medical needs of a malnourished child. A psychologist, in turn, cannot resolve the legal issues related to the custody of a minor. A teacher cannot provide therapy for the emotional trauma of an abused student. That is why, in recent years, there has been a growing awareness of the need for an interdisciplinary approach, in which professionals from different fields work together, as a team, for the good of the child.

This paradigm shift did not occur by chance. It is the result of the observation that fragmented interventions, in which each specialist works in isolation, often lead to waste of time, duplication of efforts, and, most seriously, unsatisfactory results for the children concerned. In many situations, the lack of communication between services has led to alarm signals being ignored or to contradictory measures being applied simultaneously, confusing both the child and his family. For example, a child may receive different recommendations from the psychologist and the family doctor, without the two specialists ever having discussed the case. Or a social worker may propose the placement of a child in the protection system, while a school pedagogue considers that it would be more beneficial for him to remain in the family with adequate support.

The interdisciplinary approach responds to these challenges by creating mixed teams of specialists who together assess the child's situation, establish common goals, and coordinate interventions. This methodology does not mean just that professionals work in parallel, but implies a real integration of skills, constant communication, and shared responsibility for results. In essence, the child and his family benefit from the combined expertise of several professionals, who unite their knowledge to provide the best possible solution.

Internationally, many countries have successfully implemented interdisciplinary child protection models. In the United States, for example, there are multidisciplinary centres for abused children, where the child can be assessed by a doctor, interviewed by a specialized investigator, and supported by a therapist, all in the same place and on the same day, thus minimizing further traumatization (Cross,

Jones, Walsh, Simone & Kolko, 2007). In the Nordic countries, the teamwork model is so well implemented that every child protection case automatically involves the involvement of a minimum group of specialists, including a representative from the school, one from medical services, and one from social services.

In Romania, although the current legislation provides for collaboration between institutions in the field of child protection, the practical implementation of this principle still remains a challenge. Barriers can be of an organizational, cultural, or financial nature. Many institutions still operate within the logic of their own procedures and priorities, without a common vision of the child's needs. Professionals are not always prepared for teamwork and may perceive collaboration as an additional task, rather than an opportunity to improve their results.

However, positive experiences from different counties in the country show that change is possible. Where clear collaboration protocols have been created, where specialists have been trained in the spirit of interdisciplinary work, and where the management of institutions has actively supported this approach, outcomes for children at risk have improved significantly. Children have been identified more quickly, interventions have been better coordinated, and success rates in recovery or reintegration have increased.

The purpose of this article is to analyse in detail the benefits and challenges of the interdisciplinary approach in supporting children at risk, to identify the factors that contribute to the success of this method, and to propose practical directions of action for professionals and decision-makers. We will first explore the theoretical foundations of this approach, and then we will focus on two essential aspects: the role of each type of specialist in the interdisciplinary team and concrete strategies for implementing effective collaboration.

2. The Role of Different Professions in the Interdisciplinary Child Protection Team

For an interdisciplinary team to function effectively, each member must understand not only their own role but also the contributions of the other professionals. This mutual understanding creates the basis for open communication and mutual respect, which are fundamental elements of successful collaboration. In the context of protecting children at risk, the ideal team includes, depending on the specifics of the

case, social workers, psychologists, teachers, doctors, lawyers, police officers, and, sometimes, other specialists.

The social worker is often the team coordinator, being the professional who knows the family situation in detail and who maintains constant contact with all parties involved. He is the one who initially assesses the risks to which the child is exposed, who establishes contact with the family, and who monitors the implementation of the intervention plan. The social worker has a holistic view of the situation, understanding that the problems a child faces cannot be separated from the wider family, economic, and social context (Hutchison, 2013). For example, if a child is neglected, the social worker will try to understand whether the parents have adequate financial resources, if they have mental health problems, if there is support from the extended family, or if there are community services available that could help the family.

In their work, the social worker relies heavily on the trusting relationship they build with the family. This relationship is not born instantly, but requires time, empathy, and a non-judgmental attitude. Many families who come to the attention of child protective services have had previous negative experiences with authorities and may be reluctant or even hostile at first. An experienced social worker knows how to overcome these barriers by actively listening to the family's concerns and involving the parents in finding solutions, rather than simply imposing top-down measures on them. This participatory approach not only increases the chances of success of the intervention but also respects the dignity and autonomy of the family (Turnell & Edwards, 1999).

The psychologist brings to the team the expertise needed to assess the child's emotional and cognitive development, to identify trauma, and to provide therapeutic support. Children who experience risk situations often develop anxiety, depression, attachment disorders, or difficulties in regulating emotions. A psychologist can assess the severity of these problems through standardized psychological testing and clinical interviews, then provide concrete recommendations for treatment. Psychologists can also work directly with children through various forms of therapy, from play therapy for young children to cognitive-behavioral therapy for adolescents.

An important aspect of the psychologist's contribution is the help he offers in understanding the child's behavior. Parents, teachers, or even other specialists may perceive certain behaviors of the child as provocative or inappropriate, without realizing that these behaviors are actually reactions to trauma or chronic stress. A

child who has been physically abused may become aggressive with peers, not because he is bad, but because he has learned that violence is the way to resolve conflicts. An emotionally neglected child may seem distant and uninterested in relationships with adults, not because he does not want to, but because he is afraid of being hurt again. The psychologist can explain to the team the mechanisms behind these behaviors and suggest effective intervention strategies that take into account the child's real needs (Van der Kolk, 2014).

Teachers play a key role in the early identification of children at risk, as they spend many hours with their students every day and can notice subtle changes in behavior, academic performance, or physical appearance. An observant teacher may notice that a child consistently comes to school hungry, dirty, or poorly dressed for the season. They may notice that a previously cheerful and communicative child has become withdrawn and sad. They may notice suspicious bruises or hear from other students about problematic situations in the child's family. All of these are signals that should lead to a discussion with the school social worker or child protection services.

But teachers' role goes beyond simply identifying problems. School can be a refuge for children living in difficult family situations, a place where they feel safe and receive positive attention. An empathetic teacher can make a huge difference in the life of a vulnerable child by encouraging, setting clear and positive expectations, and helping them develop skills that will be useful in the long term. Research shows that a relationship with at least one significant and trusted adult can protect a child from the negative effects of adversity (Masten, 2001). For many children at risk, this adult can be a dedicated teacher.

To be able to effectively fulfill this role, teachers need specific training in child protection and support from school management and other professionals. They need to know what signs to look for, how to approach sensitive conversations with children, when and how to report suspected abuse or neglect, and how to work in teams with social workers and psychologists. Unfortunately, in many schools, this training is lacking or minimal, and teachers feel insecure and overwhelmed when faced with complex child protection situations.

Physicians, especially pediatricians and family physicians, contribute to the interdisciplinary team by assessing the child's physical health and identifying signs of physical abuse, sexual abuse, or severe neglect. A child who is malnourished, has untreated tooth decay, or has recurrent infections may be suffering from medical

neglect. A child with bruises in various stages of healing, unexplained fractures, or suspicious burns may be a victim of physical abuse. A child with sexually transmitted infections or genital trauma may be a victim of sexual abuse. Physicians trained in medical documentation specific to abuse cases can provide crucial evidence for further investigation and can provide recommendations for necessary medical treatment (Jenny, 2011).

Beyond the role of identification and documentation, physicians must effectively communicate with other team members about the child's medical needs and the potential impact of the risk situation on his or her health. For example, a child exposed to chronic stress may develop a variety of health problems, from recurrent abdominal pain to impaired immune function. Understanding these connections between psychosocial factors and physical health is essential for comprehensive intervention.

Lawyers and legal professionals ensure that the rights of the child and his family are respected throughout the intervention process. In situations that end up in court, whether it is about the temporary withdrawal of parental rights, placement, or other legal measures, the presence of a lawyer specialized in family and child law is fundamental. The lawyer represents the best interests of the child, a legal concept that assumes that all decisions must be made with the long-term well-being of the minor in mind, not just the quick resolution of the immediate problem (Freeman, 2007).

In addition, lawyers can help families navigate the complex system of social and legal services, explaining procedures, rights, and obligations. For many vulnerable families, this legal support makes the difference between the permanent loss of a child and successful family reunification after resolving the issues that led to the intervention.

Police officers are particularly involved in cases of serious abuse or in situations that require immediate intervention to protect the child. They have the legal authority to remove a child from a dangerous situation and to investigate possible crimes committed against the minor. Collaboration between police officers and other members of the interdisciplinary team is essential to ensure both the child's safety and the proper conduct of investigations. In many countries, there are specialized police units dedicated to cases involving minors, where officers receive specific training in interviewing techniques adapted to the child's age and in understanding the dynamics of abuse (Pipe, Lamb, Orbach & Cederborg, 2007).

Coordination between all these professionals is not simple and requires clear structures, well-defined protocols, and constant communication. Effective interdisciplinary teams meet regularly to discuss active cases, update intervention plans, and resolve any problems or disagreements that arise. These meetings should not be formal and bureaucratic, but should allow for a real dialogue, in which each specialist freely expresses his or her opinions and concerns, and diverse perspectives are valued to reach well-founded decisions.

Another crucial aspect is mutual respect and recognition of the expertise of each team member. Sometimes, professionals from different fields may have distinct perceptions of the same situation, based on their own theoretical frameworks and practical experiences. For example, a social worker may believe that a child should remain in the family with intensive support services, while a psychologist may believe that the trauma suffered is so severe that a temporary placement is needed to allow the child to recover. These disagreements are not necessarily negative; they can lead to constructive discussions that highlight aspects that would otherwise have been ignored. The important thing is that disagreements are handled professionally, with a focus on the child's best interests and the available objective data, not on professional egos or defending one's own territory.

Family involvement in the interdisciplinary team is another element that contributes substantially to the success of interventions. The child's parents or legal guardians should be active partners in the process, not just passive recipients of services. They know their child best, have valuable information about their history and what works and what does not work for them, and should be involved in setting goals and implementing the intervention plan. Research in the field of social work demonstrates that interventions that actively involve the family have higher success rates than those that treat the family only as a source of problems (Turnell & Edwards, 1999).

Of course, not all families are able or willing to collaborate, especially in the initial stages of the intervention. Some parents may deny the problems, minimize the seriousness of the situation, or be hostile towards professionals. In these cases, the team must work patiently to gradually build a relationship of trust, demonstrating that the goal is not to punish the family but to help them provide a better environment for the child. This change in attitude may take weeks or months, but it is essential for the long-term success of the intervention.

In conclusion, the interdisciplinary team functions optimally when each professional knows and respects his or her role, when communication is open and constant, when there are clear protocols for collaboration, and when the family is treated as a partner, not an adversary. These conditions do not occur automatically, but require sustained efforts from the institutions involved, continuous training of professionals, and an organizational culture that values teamwork and puts the child at the center of all decisions.

3. Practical Strategies for Implementing Effective Interdisciplinary Collaboration

While the theoretical benefits of an interdisciplinary approach are obvious, its practical implementation poses numerous challenges. To turn beautiful principles into functional reality, institutions and professionals must systematically address several organizational, procedural, and cultural aspects. In this section, we will explore concrete strategies that have proven effective in creating and maintaining successful interdisciplinary collaboration.

The first essential step is to establish clear protocols for collaboration between institutions involved in child protection. These protocols should define very concretely who does what, when, and how. For example, the protocol could specify that when a teacher notices a possible case of abuse, he must immediately inform the school principal and the school social worker, who in turn will contact child protection services within a maximum of 24 hours. The protocol could establish that the initial assessment should be carried out by a social worker and a psychologist as a team, not separately, and that the assessment report should be communicated to all relevant parties within a well-established deadline.

These protocols eliminate the confusion and delays that occur when professionals do not know exactly what is expected of them. They also reduce the risk that important information will be lost in the communication process between institutions. In the absence of protocols, it often happens that each institution operates according to its own internal procedures, which leads to a lack of coordination and sometimes contradictory actions. A well-designed protocol creates a common language and a unified framework for action for all professionals involved (Horwath & Morrison, 2007).

Developing these protocols should not be a bureaucratic exercise carried out solely by the top management of the institutions. The best practice is to involve

representatives on the ground, the professionals who will actually use these protocols in their daily work. A social worker, a teacher, a psychologist, and a police officer who work directly with children can provide valuable insights into what works and what does not in practice, and their participation in developing the protocol increases the chances that it will then be respected and effectively applied, rather than ignored as unrealistic or too complicated.

A second crucial element is the creation of common information platforms or systems, which allow for the rapid and secure exchange of case information. In many situations, a child is known to several services simultaneously - they attend school, are registered with social services, see a psychologist, and have a medical file - but these services do not communicate with each other, and each has only part of the picture. An integrated IT system, which respects the rules of confidentiality and personal data protection, can allow all authorized professionals to access relevant information about the child and see what interventions are already underway, thus avoiding duplication and ensuring continuity of care.

Implementing such a system requires financial investment and a coordinated public policy effort, but the long-term benefits justify these initial costs. In countries that have developed such platforms, studies show that the average response time in child protection cases has been significantly reduced and coordination between services has improved substantially (Gillingham, 2011). Furthermore, these systems can generate reports and statistics that help monitor the effectiveness of services and identify areas for improvement.

Continuing professional development in interdisciplinary work is another pillar of effective implementation. Professionals need to learn not only about their own area of expertise, but also about the roles and perspectives of other team members. A social worker who understands the basics of developmental psychology will communicate more effectively with the psychologist on the team and will better appreciate their recommendations. A teacher who has a basic knowledge of child protection legal procedures will better know what to report and when, and will better understand the limits of confidentiality in cases of abuse.

Effective interdisciplinary training programs are not limited to theoretical lectures, but include practical exercises, shared case studies, and opportunities for professionals from different fields to work together in safe learning contexts. For example, a two-day seminar in which social workers, psychologists, and teachers jointly analyse complex child protection cases, discussing how each would approach

the situation from the perspective of their own profession, can be extremely valuable in developing mutual understanding and collaborative skills (Barr, 2002).

Case management is another practical strategy that facilitates interdisciplinary collaboration. It involves the appointment of a case coordinator—usually a social worker—who has overall responsibility for ensuring that all necessary services are provided to the child and his or her family in a coherent and coordinated manner. The case coordinator convenes and facilitates team meetings, maintains contact with all parties involved, monitors progress toward established goals, and adjusts the intervention plan when necessary.

For case management to be effective, the coordinator must be allocated the time and resources necessary to carry out this responsibility. In an overburdened system, where each social worker manages 40-50 cases simultaneously, it is virtually impossible to ensure quality coordination. International standards recommend that a social worker should manage no more than 15-20 active cases in order to be able to provide the individualized attention needed for each (Child Welfare Information Gateway, 2016). Reducing the number of cases per worker may require hiring additional staff, which implies budgetary costs, but the alternative - low-quality services that do not effectively protect children - is much more costly in the long run, both in human and financial terms.

Regular interdisciplinary team meetings are essential for maintaining effective collaboration. These meetings should have a clear structure, with a pre-established agenda, time allocated for discussing each active case, and concrete conclusions at the end, including specific tasks for each team member and deadlines. Without this structure, meetings risk becoming unproductive, consuming professionals' time without bringing real benefits.

An effective format could include a first part dedicated to a quick update on the status of each case, a second part for more in-depth discussions on complex or problematic cases, and a final part for planning next actions. These meetings must be perceived by participants as valuable and relevant to their work, not as an additional bureaucratic obligation. When professionals see that the meetings lead to better decisions and more effective coordination, they will be much more motivated to actively participate.

Actively involving the child and family in the planning and decision-making process is a strategy that significantly improves the effectiveness of interventions. Too often, decisions are made about the child and his or her family without the child and family. This paternalistic approach, in which professionals know best what to do, ignores

the living expertise of those directly involved and reduces the chances that the intervention plan will be effectively followed. When a family feels that they have not been listened to or that solutions have been imposed on them from above, their resistance to the intervention increases, and the results are generally unsatisfactory.

A more effective approach is to organize meetings that include the child (if age permits meaningful participation), parents or guardians, extended family members, or other significant others for the child, along with professionals from the interdisciplinary team. During these meetings, the family is encouraged to identify their own resources and solutions, express their concerns and preferences, and participate in the development of the action plan. The role of professionals is to facilitate this discussion, provide information and expertise when necessary, and ensure that the final plan adequately protects the child's interests (Burford & Hudson, 2000).

This methodology, known as family group conferencing or family-centred planning, is effective in diverse cultural contexts and has led to higher rates of successful reintegration and increased satisfaction for both families and professionals. It recognizes that in most cases, families love their children and want what is best for them, even if they sometimes lack the knowledge or resources to provide them with appropriate care (Burford & Hudson, 2000).

Continuously evaluating and monitoring the effectiveness of interdisciplinary collaboration is an often-neglected but essential strategy for continuous service improvement. Each closed case should be reviewed by the team to identify what worked well and what could be improved in the future. These reflection sessions should not be opportunities to find fault with failures, but rather moments of collective learning that contribute to the professional development of all team members.

Also, at the system level, child protection agencies need to collect and analyse data on the outcomes of their interventions. How many children have been successfully reintegrated into their families? How many have required long-term placement? What are the recidivism rates? How long does it take on average from case identification to implementation of an intervention plan? This data provides valuable information about the strengths and weaknesses of the system and can guide decisions on resource allocation and necessary reforms.

A common obstacle to effective collaboration is the organizational culture of the institutions involved. Many organizations have a long history of working

independently and may perceive collaboration as a threat to their autonomy or as a source of additional complications. Overcoming this resistance requires strong leadership at the management level that actively promotes the values of collaboration and rewards cooperative behaviours. When school principals, social service leaders, and health managers demonstrate the importance of teamwork by example and create structures that facilitate collaboration, the attitudes of subordinate professionals gradually change (Atkinson, Jones, & Lamont, 2007).

Confidentiality and data protection are legitimate concerns in the context of interdisciplinary collaboration. Professionals must adhere to ethical and legal norms regarding the confidentiality of client information, but at the same time, they must be able to exchange information essential to the protection of the child. Finding the right balance between these two requirements requires clear protocols about what information can be shared, under what circumstances, and with whom. For example, a protocol might specify that sensitive medical information about a parent should not be shared with the entire team unless it is directly relevant to the child's situation, but information about the parent's mental health that affects their ability to provide appropriate care should be shared.

Training in professional ethics and confidentiality, tailored to the specifics of interdisciplinary work, helps professionals navigate these complex situations with more confidence. Discussing difficult ethical cases within the team can clarify common values and create a shared understanding of the acceptable boundaries of information sharing.

In conclusion, the successful implementation of interdisciplinary collaboration requires much more than simple declarations of intent or the signing of memoranda of understanding. It involves the development of appropriate organizational structures, clear protocols, functional information systems, investment in continuous professional development, the allocation of sufficient time and resources for coordination, and a profound cultural shift in the way institutions and professionals perceive and practice teamwork. These transformations do not occur overnight but require sustained efforts over many years, and the benefits for children at risk fully justify these investments.

4. Conclusion

Children at risk need much more than fragmented interventions from isolated professionals. They require a coordinated network of support, in which specialists

from various fields work together to respond to their complex and interconnected needs. An interdisciplinary approach is not only a preferable option but a practical and ethical necessity in the field of child protection, with the potential to fundamentally transform the way society responds to children's vulnerability.

The analysis in this article has highlighted that the success of an interdisciplinary approach depends on several critical factors. First, each member of the team - be it a social worker, psychologist, teacher, physician, or legal professional - must clearly understand his or her own role, but also respect and value the contributions of other professionals. This mutual understanding creates the foundation for open communication and well-informed decisions that integrate multiple perspectives.

Second, effective collaboration requires appropriate organizational structures: clear working protocols, shared information systems, well-defined coordination mechanisms, and secure communication channels. Without these structural elements, even the most dedicated and competent professionals will struggle to collaborate effectively, and their efforts will be suboptimal.

Third, continuing professional development in the spirit of interdisciplinary work is essential. Professionals need to overcome disciplinary barriers and learn to truly work together, not just side by side. This training needs to be practical and interactive, offering real opportunities for collaboration in learning contexts and for reflection on one's own practice.

Fourth, actively involving the child and family in the planning and decision-making process dramatically improves the effectiveness of interventions. When families are treated as partners, not as problems to be solved, they become active participants in their own recovery, and outcomes are significantly better in the long term.

It is worth emphasizing that the interdisciplinary approach is not a magic formula that automatically solves all problems. It comes with its own challenges: it requires additional time for coordination, can generate tensions when professionals have different perspectives, involves overcoming resistance to change from some institutions or individuals, and involves initial costs for developing the necessary infrastructure. However, research and practical experience from various countries consistently demonstrate that the benefits of this approach far outweigh the associated challenges and costs.

For Romania, the widespread adoption of the interdisciplinary approach to child protection represents both an opportunity and a challenge. The opportunity lies in

the possibility of significantly improving outcomes for vulnerable children and creating a more efficient and humane protection system. The challenge lies in the need to reform rigid institutional structures, change entrenched professional mindsets, and allocate resources in a context of budgetary constraints.

Next steps should include: developing national standards for interdisciplinary collaboration in child protection, creating specialized training programs for professionals from all fields involved, implementing integrated information systems that facilitate information exchange, reducing the overburden of professionals by hiring additional staff, and promoting an organizational culture that values and rewards collaboration.

It is also important to develop robust mechanisms for evaluating and monitoring the quality of services provided to children at risk. Only by systematically measuring outcomes and continuously learning from practical experience can we constantly improve our approaches and ensure that every child receives the support they need.

Finally, we must recognize that the protection of children at risk is not the sole responsibility of professionals in the special protection system. It is a broader social responsibility, involving schools, local communities, health services, police, courts, and civil society. A truly interdisciplinary approach recognizes this complexity and works to create functional links between all these components of the social system.

Children are the future of any society. When a child is left behind, when their vulnerabilities are ignored or addressed piecemeal, we lose not only the potential of that individual child, but also part of our collective future. The interdisciplinary approach, with all its complexities and challenges, offers the best chance to effectively protect children at risk and to allow them to develop harmoniously, becoming balanced and productive adults. Investing in interdisciplinary child protection systems is not just a matter of professional ethics or legal obligation - it is an investment in our common future.

References

- Atkinson, M., Jones, M., Lamont, E. (2007). *Multi-agency working and its implications for practice: A review of the literature*. Reading: CfBT Education Trust.
- Barr, H. (2002). Interprofessional education: Today, yesterday, and tomorrow. *Learning and Teaching Support Network for Health Sciences and Practice*, 1-48.
- Burford, G., Hudson, J. (2000). *Family group conferencing: New directions in community-centered child and family practice*. New York: Aldine de Gruyter.
- Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect*, 31(10), 1031-1052.
- Freeman, M. (2007). Article 3: The best interests of the child. In S. Alen, J. Vande Lanotte, E. Verhellen, F. Ang, E. Berghmans, & M. Verheyde (Eds.), *A commentary on the United Nations Convention on the Rights of the Child* (pp. 1-73). Leiden: Martinus Nijhoff Publishers.
- Gillingham, P. (2011). Decision-making tools and the development of expertise in child protection practitioners: Are we 'just breeding workers who are good at ticking boxes'? *Child & Family Social Work*, 16(4), 412-421.
- Horwath, J., Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect*, 31(1), 55-69.
- Hutchison, E. D. (2013). *Essentials of human behavior: Integrating person, environment, and the life course*. Thousand Oaks, CA: SAGE Publications.
- Jenny, C. (2011). *Child abuse and neglect: Diagnosis, treatment, and evidence*. Philadelphia: Saunders Elsevier.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.
- Pipe, M. E., Lamb, M. E., Orbach, Y., Cederborg, A. C. (2007). *Child sexual abuse: Disclosure, delay, and denial*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Turnell, A., Edwards, S. (1999). *Signs of safety: A solution and safety-oriented approach to child protection casework*. New York: W. W. Norton & Company.
- Van Der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.