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REPORT OF BEST PRACTICES EXCHANGE

**INTIT - Transnational Exchange
THE CHALLENGES OF INTERPROFESSIONAL
COLLABORATION IN MULTIAGENCY WORK**
22nd February and on 3rd March 2022



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INTIT transnational Exchange

The challenges of interprofessional collaboration in multiagency work

22nd February and on 3rd March 2022

On 22nd February and on 3rd March 2022 the 2° Transnational Exchange meeting was organized online. Compared with the first exchange meeting, the attention shifted from the responses put in place by specialized and targeted services for child victims of specific forms of violence to the challenges ahead for a comprehensive response to child abuse and maltreatment by social, health and justice services, from prevention and treatment.

Co-operation between different professionals may encounter several obstacles: this happens when competences are not well defined, collaboration is not formalised, professional languages as well as practises are different and there is no “place”/organized setting where cooperation can actually happen. These obstacles are even greater when professionals work in different services and organisations.

The exchange has helped highlight the main challenges and opportunities, models and strategies of multi-agency and multi-professional trauma informed cooperation in child protection for minors who are actual or potential victims of abuse and maltreatment each partners’ Country (Italy, Estonia, Germany, Cyprus, Spain). This was done by addressing problems or failures in the existing systems and identifying possible solutions and steps ahead intervention maltreatment. Experts from all countries involved in the project (Italy, Germany, Spain, Estonia, and Cyprus) participated in the event who are professionals in different fields (Justice, Law enforcement, Protections and Welfare, care and treatment). Each expert shared their views and experiences on how different agencies and professionals can cooperate in order to respond to the multidimensional needs of traumatized children and to prevent re-traumatization.

The objective of the Exchange was to learn from what has already been done, in different contexts, to improve collaboration between professionals (social workers, psychologists, *pediatricians*, doctors) and promote integrated intervention and trauma informed standards in the work with young victims of abuse and maltreatment. In particular, we aimed at understanding what difficulties have been encountered and what activities have been undertaken to make collaboration among different professionals truly fruitful, and what obstacles still prevent local interventions from drawing on all the available resources by giving full dignity to the role of each professional and stressing their essential contribution in observing, evaluating, intervening, supporting and monitoring interventions with minors at risk and families going through difficult times.

The first session, held on 22nd February, focused on the best practices/promising experiences of intervention with children and their families from the filing of the complaint, the investigation and through the legal proceedings, while the second session, on 3rd March, focused on best practises that have adopted a multiagency trauma informed approach in one or more areas, from prevention to treatment.

Numerous experts representing the following organizations and Universities participated in the two-days seminar to share their experience:

Italy

- the Psychoanalytic Institute for Social Research,
- the Salerno's Juvenile Court,
- the Italian Coordination of Services against Maltreatment and Child Abuse (CISMAI),
- the National Council of Social Workers (CNOAS).

Estonia

- the Lõuna Prefektuur (South Prefecture, Tartu) and
- the Tallinn University (Psychology of Law);

Cyprus

- the Crime Combating Department of the Cyprus Police Headquarters and
- the Pancyprian Association of Psychologists, (Section of Counselling Psychology).

Spain

- the Department of Social Services Government of Galicia and
- the Forensic Assessment Unit for Violence Against Children and Adolescents (Las Palmas de Gran Canaria)

Germany

- former Senior Prosecutor and Victim Protection Advisor for the State of Schleswig-Holstein
- the University Hospital of Hamburg - Center for Psychosocial Medicine (Institute for Medical Psychology).

The sharing of good practices in multi-agency work did not allow the identification of emblematic projects or practices. Rather, it has made it possible to highlight the standards and principles by which practices that are both trauma informed and multi-agency must be inspired.

What does it mean that a multi-agency, multi-professional intervention system is *trauma informed*?

When we speak of *trauma informed care* we do not refer to a specific service or treatment but to the overall approach that guides service provision. The approach is rooted in the awareness that childhood interpersonal trauma is a complex, has cumulative effects and is at the origin of forms of psychopathology in adulthood. Trauma is a hidden epidemic, poorly diagnosed, poorly recognised, poorly treated.

The concept of Trauma Informed Care (TIC) was developed in the United States, supported by research funded by the US Substance Abuse and Mental Health Services Administration (SAMHSA). In part borrowing from the definition proposed by SAMHSA, it is *trauma informed*, 'a programme, organisation or system that is "aware" of the centrality of trauma issues in guiding interventions, that considers the impact that traumatic experiences have on people's lives, and is aware of possible pathways to recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved in the system; shares responsibility for intervention; responds by fully integrating trauma knowledge into policies, procedures and practices; and seeks to actively resist re-traumatisation"¹.

The encounter of the trauma-exposed person with the institutions and service systems themselves risks being a source of re-traumatisation when intervening services do not adequately take into account either the potentially traumatising impact of the procedures adopted by professionals and services or the complexity of the effects of the trauma on the observed behaviour, with the result that the procedures of reporting, assessment, diagnosis and intervention are only partially effective.

TIC systems with child victims of abuse and maltreatment aim to detect the signs and effects of trauma before they impact on the development of the child and to formulate early interdisciplinary and integrated diagnosis and care plans in cooperation with other health, social and judicial institutions and bodies.

If the knowledge of trauma can be considered as a "compass" of the actors that contribute to the intervention system, the multi-agency and multi-professional networks of socio-medical, psychological, pedagogical and Justice interventions are the context within which targeted intervention practices and a shared culture on the phenomenon must develop and consolidate. From the coming together of these two concepts, guidelines for intervention with child victims of abuse and maltreatment can emerge, the principles of which we have tried to outline below:

An intervention system with trauma-exposed minors is *trauma informed* if

- All actors involved in the care of traumatized children have a **basic knowledge of trauma**, its consequences and how it affects families, groups, organisations,

¹ SAMHSA p. 9

communities and individuals and **share the goal of addressing trauma and its effects in a systematic way** through prevention, treatment and recovery interventions.

- **All those who come into contact with minors exposed to trauma are trained to recognise the signs of trauma, especially when they are more hidden.** The training provides a theoretical framework and a common language among all operators (public and private) who, in various capacities, work to combat violence against children, so as to limit the risk for services to make inaccurate diagnoses or those that do not take into account the complexity of the phenomenon.
- **Whoever intervenes with trauma-exposed minors is aware of the potentially re-traumatising impact on the child of the encounter with justice procedures.** The child victim must be received in places that make him/her feel safe and be provided with clear, adequate, comprehensible information about the procedures that affect him/her and prepared to deal with them, so that he/she can make decisions. Those who listen to the child must be aware of how trauma narratives are carried by child victims. Proceedings must be shortened to avoid excessive lengths of time that can cause re-victimisation for minors.
- **Anyone intervening with minors exposed to trauma is aware of the potentially re-traumatising impact on the child of inappropriate professional practices.** Therefore, intervention practices and systems must be structured in such a way as to prevent any form of re-traumatisation, whether produced by codified procedures or unintentional.
- Intervention systems **apply the principles of a *trauma informed* approach to all areas of operation** including personnel, leadership, policies, manuals and organisational culture.
- Intervention systems have **confidence in the resilience of trauma-exposed minors and their families**, see families as a resource and not just a problem, and value meaningful relationships as an important asset.
- The capacity to intervene with minors exposed to trauma and the outcomes of such interventions should be subject to a constant verification, through data collection, monitoring and follow-up actions; practices are constantly subject to feedback and review.

A multi-agency and multi-professional system with minors who are victims of violence adopts the following essential criteria:

- It envisages that all minors who experience violence and maltreatment go through an multidisciplinary **assessment** to define an integrated and multidisciplinary intervention plan. The multidisciplinary assessment allows

different points of view and competences to be activated on the case in order to have a global and holistic view of the specific needs of the child and of the rights that may be violated due to the conduct to which he/she is exposed.

- It stipulates that **appropriate and timely care strategies** based on a wide and functional synergy between the actors involved in the interventions with minors who have suffered trauma should be ensured so that:
 - **All segments of the taking in charge** should be involved so that all network nodes or *gatekeepers* can report, assess and intervene and that the **intervention involves all relevant actors on the case from the moment of the first risk assessment.**
 - **cooperation is directed and organised in such a way as to avoid causing secondary and repeated victimisation** due to the need to listen to minors recurrently and ask them to repeat the same traumatising memories.
 - **Avoid that trauma-exposed minors and their families have to move alone between one actor/service and another** (social services, justice health services, police, care and counselling services): it is the system that has to organise a comprehensive response to the needs of children and families, related to the trauma they have suffered, its consequences on their health and the procedures for asserting their rights.
- **The responsibility for intervening is shared and cannot be delegated:** procedures are put in place to ensure the adherence of all actors to the jointly assumed mandate on the case, since the non-adherence of one of them may lead to the failure of the intervention.
- **It is important that the intervention involves paediatricians, educational agencies and the life contexts of minors,** who must be trained and supported to recognise the complexity of traumatic functioning and paediatricians' role in the detection and early intervention in cases of violence. It is important that procedures are established so that whoever detects a potential harm to a minor can count on a multidisciplinary setting to assess the most appropriate intervention.
- **Shared guidelines, methodologies, tools and languages** represent an important tool for communication and integrated work with families. In a multi-agency intervention system, the professionals and services should be involved on an equal footing, overcoming the tendency to act according to different logics. Shared and monitorable practices and procedures should be established.

The Barnahus represent a multidisciplinary and inter-agency response to the need to care for child victims of violence that has found a physical location and operates according to transversal standards and principles (the best interests of the child, the

right to be heard and to receive information, and the effort to avoid unjustified delays), creating a child-friendly environment in which the child can be examined for medical aspects, heard according to judicial procedures and have access to therapeutic services. In the Barnahus, the case is handled in an integrated manner by different professionals and services that specialise in working with trauma-exposed minors through shared training, awareness-raising and *capacity-building* activities. Nevertheless, as shown in the case of Barnahus in Cyprus and Estonia, burn-out, staff turnover, staff shortage in child protection and in the Barnahus service itself are often issues. Besides that, Barnahus suffer limitations in target group (minors who are victims of sexual or physical abuse), regional scope and awareness about trauma.

When, given the way most child protection system is organized, this multidisciplinary and multi-agency network cannot count on a common physical space, integration must be reached on a symbolic level by operating according to shared intervention practices.



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