

EX POST PAPER

Embedding social and health care workers into institutional structures

Summary

The ways in which multi-agency working (MAW) structures can be put in place to better equip policy-makers and practitioners for the prevention of radicalisation are multitude. Implementation is debated widely among law enforcement, local authorities, health and education professionals. The objective is to enable professionals to work together, whether in formal or informal, and permanent or ad-hoc, structures.

Evidence from across the EU shows that MAW is more complex than it looks from the outset. This meeting presented different MAW models, and a way forward for mutual learning and further practice exchange.

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Multi-agency working (MAW)

Much has been said about MAW and how to involve different services, authorities and practitioners so as to improve overall cooperation, planning and follow-up in prevention activities. The 2017 H&SC issue paper on MAW¹ serves as an introduction to MAW and preventing violent extremism in the context of the health and social care working group.

Results from this meeting, presented below, show differences, commonalities, challenges and overall trends in collaboration between authorities and services, as well as between practitioners themselves. The upcoming RAN policy paper on practical examples in MAW will build on the findings of this meeting.

MAW: definitions and types

One can define 'MAW' as simply meaning that different authorities and services work together to improve strategic and operational coordination between themselves. The concept seems straightforward, but there are many different types of multi-agency approach, each of which has its own merits according to the specific context. The 2018 Issue Paper points out that certain teams liaise remotely rather than work as an integrated team, some are co-located, yet others come together to address a specific unfolding threat, while some have long-term strategic objectives².

Collaborating across agencies can be organised in very different ways, as explained by the various MAW models³. Atkinson and colleagues identify a number of models for multi-agency activity, each of which can serve different purposes, notably:⁴

1. **Decision-making.** This approach is useful when professionals from different agencies must be brought together in order to **make a decision on specific action(s) required**. In the context of preventing violent radicalisation, for example, this might involve scheduled meetings between health, education and policing professionals, in order to establish how best to support a community from which a number of individuals are known to have become involved in terrorism. The decision-making focus of such groups tends to be strategic (i.e. policy-based) rather than operational in nature.
2. **Service delivery.** This would occur, for example, when health, policing and education professionals are permanently seconded to a multi-agency team, where expertise is pooled and the team can coordinate their services in an integrated approach (e.g. in the case of community-based approaches to building resilience to violent radicalisation). This approach could involve either co-location of the professionals (**centre-based delivery**) or their remote linking (**coordinated delivery**), and could entail both strategic and operational activities.
3. **Operational team delivery.** The operational team delivering MAW brings agencies together for the purposes of providing services to a specific client group, and tends to be operational in nature. This

¹ See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/multi-agency-working-preventing-violent-extremism-042018_en.pdf

² See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/multi-agency-working-preventing-violent-extremism-042018_en.pdf

³ Atkinson, Doherty, & Kinder, 2005; Cameron, Lart, Harrison, MacDonald, & Smith, 2000; Watson, Townsley, Abbott, & Latham, 2000

⁴ Atkinson et al., 2005.

model is synonymous with multidisciplinary team (MDT) working, common in the health services (e.g. the co-location of psychology, psychiatry, social work, occupational therapy, and speech and language therapy in a community health service).

These differences need to be kept in mind when considering multi-agency structures.

Experiences in establishing MAW

Experiences in working in multi-agency structures show both strengths and weaknesses. Barriers and obstacles can be of a legal or procedural nature, such as in information-sharing, a lack of operational guidance, a lack of trust, cultural barriers and a history of inter-agency competition.⁵

Beyond the area of radicalisation, the concept of multi-agency working is also considered a cornerstone of efforts to address other issues affecting society, including child welfare and child protection, among others.⁶

The challenges of MAW are well-known, certainly in the area of health service delivery. The challenges have also been discussed at numerous RAN meetings. The working group has identified barriers to information-sharing, legal barriers (with GDPR a further factor to be considered) and the lack of established policies and procedures for MAW in the prevention of radicalisation.

The **lack of knowledge** about, and awareness of, (the process of) violent radicalisation among health workers and social workers must be addressed. Many do not have enough information on the process of radicalisation, nor the risk factors, the roles and responsibilities of different agencies, the operational roles of specialist units, how to identify which information should be shared, or ethical and legislative guidance on information-sharing⁷.

Trust is another important challenge, particularly in relation to the balance between the 'duty of care' and confidentiality and the 'duty to report'. Health workers often feel uncomfortable sharing information on their clients with external agencies, in particular law enforcement. Certain authorities might request information about specific individuals even if they have not committed any offence. Moreover, once they do share information, they no longer own the relationship with the person whose information has been shared.

With regard to **procedures**, not many countries lay down in detail 'how' professionals should work with persons who may be at risk of radicalisation leading to violent extremism. Law enforcement authorities are much more likely to have access to relevant policies and procedures.

In addition, established policies and procedures in other areas (child abuse, domestic violence and suicide risk, etc.) are typically rather different from those set up for radicalisation leading to violent extremism. The main reasons, as explained the 2018 issue paper, are that⁸:

⁵ See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/multi-agency-working-preventing-violent-extremism-042018_en.pdf

⁶ Carter, B., Cummings, J., & Cooper, L. (2007). An exploration of best practice in multi-agency working and the experiences of families of children with complex health needs. What works well and what needs to be done to improve practice for the future? *Journal of Clinical Nursing*, 16(3), 527-539. doi:10.1111/j.1365-2702.2006.01554.

⁷ See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/multi-agency-working-preventing-violent-extremism-042018_en.pdf

⁸ Ibid.

- First, the clinical and non-clinical risk indicators for child abuse, domestic violence and suicide are better established, and more sensitive and specific in identifying those at risk (and excluding those not at risk).
- Second, and particularly in the case of child abuse, victims are very vulnerable and may be unable to take steps to report or end abuse, or seek support for the consequences of abuse-related experiences.
- Third, as noted earlier, the reality is that radicalisation, even if present, may not be illegal unless it manifests as violent intent, incitement to violence, or violence itself. When professionals consider policies and procedures for intervening in the radicalisation process, they are thus potentially also considering intervening in an individual's beliefs and freedom expression, to which we all have a right.

There are numerous positive facilitators for MAW, including existing cooperation structures between authorities, and between individuals. While ad-hoc cooperation between individuals carries risks of institutional memory loss, it is a positive example of how collaboration can start without official structures. Such a relationship can also present a low threshold to build on later, extending to put in place contacts or relations between different services. Clear allocations of tasks and responsibilities, plus having the right tools (communications, IT) in place, also have positive impacts.

MAW offers several benefits when complex societal problems 'overlap agencies' spheres of work'⁹, although there is limited evidence of how MAW functions in the context of preventing violent radicalisation. In addition, few evaluations of multi-agency approaches have been carried out. The Issue paper concludes however that, *"Looking at the broader evidence base ..., MAW has been hailed as a way of overcoming the fragmentation of services within and across jurisdictions, and the tendency for services to work in silos without optimally harnessing the knowledge, expertise and practices of other agencies."*¹⁰

MAW enables professionals and organisations themselves to sit together and work on practical issues, while sharing information and resources. It can also create a shared language and common approach to assessment and formulation of risk, and result in consensus on the overarching objective or outcome¹¹, enhancing the effectiveness and efficiency of services¹².

The added value of MAW is clear from a theoretical point of view, but in practice it remains difficult to make it work. Well-resourced jurisdictions might have structures in place to enable practitioners to work together regularly, but the risk of inefficient processes, duplication of work, or individuals receiving support from dozens of different stakeholders still exists. Success requires not only that individuals are pre-disposed to working together, but also that organisations are prepared to amend their ways of working. Indeed, certain professional cultures can become defensive when change is forced upon them¹³. This makes it all the more important to examine existing MAW practices in the area of radicalisation.

⁹ Cairns, A. (2015). *Multi-agency information sharing in the public sector* (Doctoral dissertation, © Ashley Sarah Cairns). Retrieved from <https://dspace.lboro.ac.uk/2134/17159>

¹⁰ See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/multi-agency-working-preventing-violent-extremism-042018_en.pdf

¹¹ Greenhouse, P. M. (2013). Activity theory: a framework for understanding multi-agency working and engaging service users in change. *Educational Psychology in Practice*, 29(4), 404-415. doi:10.1080/02667363.2013.853650

¹² Kirkland, J., & Baron, E. (2015). Using a cognitive analytic approach to formulate a complex sexual and violent offender to inform multi-agency working: developing a shared understanding. *Journal of Sexual Aggression*, 21(3), 394-405. doi:10.1080/13552600.2014.939596

¹³ Sloper, P. (2004). Facilitators and barriers for co-ordinated multi-agency services. *Child: Care, Health and Development*, 30(6), 571-580. doi:10.1111/j.1365-2214.2004.00468.

Current state of play and experiences with MAW

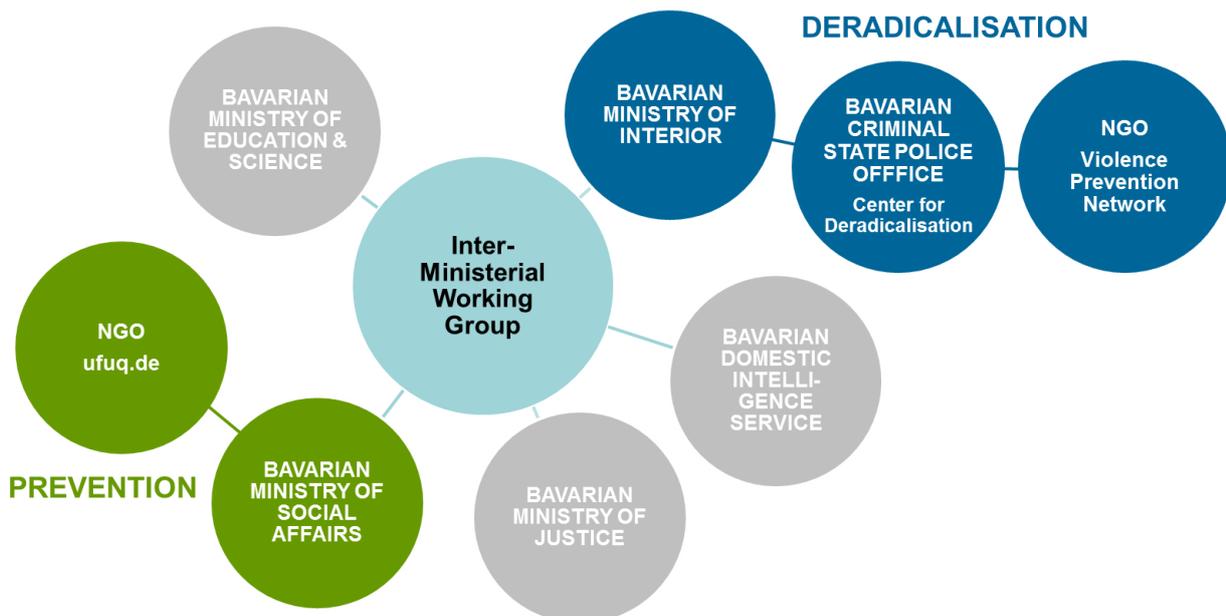
Germany

MAW is not only at different stages in different countries, but also very much at different stages within countries, regions and even cities. For example, due to the federal structure in Germany, multi-agency working is vastly different across the country. A number of German States have regional centres for the prevention of radicalisation, or for deradicalisation. In the State of **Bavaria**, centralised approaches to prevention and deradicalisation are still in their infancy. The focus lies on cooperation between police, social services and the NGO *Violence Prevention Network*¹⁴, while the Centre for Deradicalisation focuses on Islamic-inspired radicalisation rather than radicalisation as such. Indeed, one of its initiatives is a support/helpline website called ‘*Antworten auf Salafismus*’ (Responses to Salafism). Far-right extremism and other types of extremism are not dealt with by this centre, but rather by other services.

A number of police in each Bavarian police department have been trained in prevention and deradicalisation,. Coordination happens between police, domestic intelligence, judicial authorities, social and youth services, as well as with civil society. When the police identify potentially radicalised individuals, an assessment is made as to whether Salafist radicalisation is involved, whether there are any immediate threats, whether the person has really been radicalised, whether there is enough information for proper case analysis, and whether there is an opportunity for deradicalisation. What follows is an individual action plan and involvement by the *Violence Prevention Network*, local authorities and other relevant services, which could also include schools, religious or other communities, (mental) health care providers and social services.

The approach is one of personal contacts and roundtables or working groups for discussing individual cases. Single points of contact in different authorities across Bavaria are currently being established.

Figure 1: multi-agency working structure in Bavaria



Source: Centre for Deradicalization

¹⁴ <http://violence-prevention-network.de/de/>

Examples of MAW in the city of **Augsburg** were presented in Munich. Bavaria's third city had seen a few young people join jihadi training camps and a few foreign fighters and women leave to join for Daesh. The mayoral office has eight different departments, of which one is the Office for Local Prevention which coordinates work on the prevention of Islamist radicalisation. Within this office there are 10 working groups, including a network for the prevention of religiously inspired radicalisation. The network includes the police; the office for children, youth and families; the office for migration, the equal opportunities commissioner; youth workers; the office for health; other offices and numerous civil society organisations (CSOs). The city is also part of the Bounce project ¹⁵.

At the level of neighbourhoods, Augsburg also has awareness training for local stakeholders that involves workshops, educational events, creating space for youth, and initiatives with religious communities and migration associations.

In the city of Nuremberg in Bavaria, a threat management tool has been developed by a university to reduce the risks of acts of violence, and to help in the identification, assessment, and mitigation of potentially dangerous situations. To this end the middle Franconian crisis service works with schools, social services, the city hall, the job centre, and other services (and if needed the police) to share information as part of the 'threat management programme'. High-risk cases are discussed and evaluated by core team members for each of the institutions. Other experts can be consulted within 48 hours, and after the assessment, a decision is made to either give an all-clear, or to recommend follow-up.

Belgium

Belgium also has a federal structure, and prevention policies are vastly different across the country and its regions. The country also has Local Integral Security Cells (LISC). These are linked to the radicalisation action plan, called 'Plan R' ¹⁶, which lays the ground for a national task force, local task forces and the LISC.

The LISC was established in August 2015 and encouraged cities to set up their own LISC as a locally organised consultative body. It brings together local partners and enables follow-up of persons and groups. It typically includes a representative from the city hall, local police, the municipality's prevention service, social, youth and health workers and schools. It is built on professional secrecy, although a change was made in 2017, allowing enhanced sharing. A law on LISC was approved by the Ministerial Council, but is currently pending final approval in parliament. It will set out which organisations and social actors will be part of LISC. Until then, local networks continue to be organised differently. There are currently 328 municipalities with a LISC, equal to nearly 56% of all municipalities (out of a total of 589).

The Belgian Ministry of Interior has set up a Mobile Team to assist cities and municipalities in setting up LISC through local advisory services, the sharing of practices, encouraging networking with in LISC and sharing relevant documentation and examples of existing LISC. The municipality must submit a request; this is followed by a formal agreement, after which such support is provided free of charge.

At local level, the city of **Mechelen** is particularly well-known for its inclusive and effective multi-agency approach. It has a strong focus on social cohesion and inclusion of civil society, as well as long-term policies,

¹⁵ <https://www.bounce-resilience-tools.eu/>

¹⁶ http://besafe.jdbi.eu/sites/besafe.localhost/files/u3051/planr_en.pdf

a LISC based on trust, and an integral approach to case work. The approach in Mechelen is to enhance existing protective factors through coaching, training, outreach and intervention. Different services work closely together.

France

France has set up both national and local strategies. The February 2018 strategy of 'preventing to protect'¹⁷ promotes a pluralistic approach and finds a balance between the duty to protect and the duties of a professional (confidentiality). It also includes increased knowledge exchange, follow-up and assessment. Since 2014, a network of 101 local units has been established and embodies a multi-agency approach. Since March 2018, regional health agencies have been prompted to sign a framework agreement that includes mental health workers.

The focus in France is particularly on returnees and the treatment of mental health issues within this group. A national programme coordinator should support local teams across the country. The government supports the selection of trainers, financing of training courses, and the setting up of support teams. A large-scale meeting bringing together researchers addressing the psychological and psychiatric aspects of radicalisation will take place in Paris in September 2018. The goals are to map out practices, build assessment tools, and develop a platform for the exchange of good practices.

At local level, France has *district security groups* (DSG), composed of the prefect, prosecutor, security and intelligence services and prevention officer, and prevention groups (PG), which are also composed of judicial child protection, education, adolescent centres, municipalities, regional health services and a clinical psychologist. In operational terms these territorial operational units are a network of multidisciplinary professionals of social workers and medical staff that support individuals and relatives. The DSG and PG are supported by a resource centre called Concordance. The figure below shows how these different groups are involved in prevention.

¹⁷ See: <https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2018/02/2018-02-23-cipdr-radicalisation.pdf>

Figure 2: multi-agency working structure in France



Source: French government, district of Côte-d'Or

During follow up, an individual undergoes a number of different assessments by professionals, including a behavioural assessment, psychosocial assessment, transgenerational assessment (the individual, children, parents, grandparents, relatives), a psycho-pathological assessment, a psychiatric assessment, and an assessment of security risk.

The clinical psychologist has a particularly important role. He or she will establish a close working relationship with the family of the individual, and liaises with different services.

Finland

The University of Eastern Finland, the Finnish Ministry of Interior and Finnish Police have joined forces to develop a handbook for Anchor teams¹⁸. These teams were developed between 2004 and 2006 and established as a permanent working model with the aim of increasing wellbeing among young people by preventing criminal behaviour, radicalisation and violent extremism at an early stage. Key team members include social workers, youth workers, nurses and police. The anchor teams offer individual and comprehensive support for adolescents and their families, and work in shared offices to maximise exchange and collaboration. Other partners can be selected on an ad-hoc basis, and include schools and CSOs. The need for further support material arose from the wider need for professionals to better understand their roles and responsibilities, methods and approaches, and arrive at a better evidence base. The basis for the handbook was a 2016-2018 benchmarking exercise of MAW in the Nordic countries, followed by a review of scientific literature, of existing legislation and documentation, and a survey among practitioners. On that basis, measures and content were developed, a webinar organised and survey results presented and

¹⁸ See: <https://intermin.fi/en/police/counter-terrorism/counter-terrorism-measures-in-finland>

disseminated. What followed was the first handbook, and further iterations through a steering group, a seminar tour for practitioners, and regular updates (every other year).

Figure 3: Anchor teams' handbook – contents

Content of the Anchor handbook

Introduction

1. Aims, tasks and guiding principles of Anchor-work

- 1.1. Definition of Anchor-work
- 1.2. Aims and tasks
- 1.3. Guiding principles and legislation

2. Anchor customer

- 2.1. Adolescents' wellbeing promotion in multi-agency collaboration
- 2.2. Adolescents' criminal behaviour and associated factors

3. Implementation of Anchor-work

- 3.1. Defining of target group
- 3.2. Planning the meetings with adolescents
- 3.3. Evaluation of adolescents' situation
- 3.4. Meeting with the adolescents and families

4. Multi-agency collaboration in Anchor

- 4.1. Anchor-tema
- 4.2. Collaboration with other agencies
- 4.3. Strengthening collaboration

5. Documentation, evaluation and management

- 5.1. Information sharing, documentation and statistics
- 5.2. Knowhow and supervision of work
- 5.3. Management of Anchor-work
- 5.4. Evaluation

6. Prevention of violent radicalization/ekstremism

- 6.1. Identification
- 6.2. Associated factors
- 6.3. Multiprofessional support

7. Extra materials for the support of work

- 7.1. Launching and organization of Anchor-teams
- 7.2. Additional information

Source: University of Eastern Finland.

Luxembourg

In Luxembourg, the Centre against radicalisation, called Respect.lu¹⁹, was opened in May 2017 following a government decision. It comprises four psychologists, one communications manager and an administrator. It follows the Aarhus model²⁰ and deals with any form of radicalisation that may lead to violence. Furthermore, it offers prevention and awareness-raising services, therapeutic support for individuals, their families and friends, as well as therapy and resocialisation. It offers training and workshops on respect, citizenship, diversity, dealing with violence, and self-reflection. The multi-agency network brings together representatives from different institutions and associations and with the aim of creating partnerships in social work, health, education, the judiciary and the media.

Lithuania

Lithuania has little experience with radicalisation, but that does not exclude multi-agency working from being established. Indeed, Lithuania shows us that multi-agency working in itself does not have to be invented for the purposes of radicalisation, and can build on existing structures and practices. In the case of Lithuania, it builds on approaches for domestic violence intervention, the prevention of violent behaviour and suicide prevention. For the prevention of domestic violence, police work closely with specialised help centres for

¹⁹ See: <https://respect.lu/>

²⁰ See: https://ec.europa.eu/home-affairs/node/7423_en

victims of domestic abuse, and with children's rights protection departments. For violent behaviour prevention, the police work with the VIP protection department, which in turn works with community, social and (mental) health workers.

In the area of suicide prevention, municipalities play a central role and work with health services, social services and schools. Following high suicide rates in the Kupiškis district, a project was launched in 2014 to set up a working group to provide suicide risk awareness training to gatekeepers (police, paramedics, other medical staff, social workers, teachers). Between December 2014 and December 2017, these key stakeholders were trained in suicide risk awareness and evaluation, and regional algorithms on suicide risk intervention and suicide postvention were established and approved by municipal authorities. A working network comprising social workers, police, school principals, youth centres, and medical services was set up, and specific projects followed (helplines, domestic violence prevention centre). Funding was provided by local society initiatives and business, and results show a drop in the number of suicides. While just one example, this shows what is possible when setting up or adapting cooperation structures. Key challenges remain in ensuring sufficient government funding and replicating the approach in other geographical areas, and in other contexts.

Croatia

Multi-agency structures are also rather ad-hoc in Croatia. There is no approach outlining precisely how certain agencies or authorities should cooperate, but this is defined by protocols that make explicit how certain experts or services in the system need to act in times of specific threats. There are existing protocols for cases of family violence, violence involving children and cases of abuse or negligence of children. Key challenges remain in terms of strengthening the vertical flow of information between services and horizontal synergies (for example between social workers, doctors and police officers, but also between the ministers of those ministries). This type of ad-hoc MAW also leads to certain difficulties, such as optimising the use of knowledge among information holders (experts) in frequently changing contexts or environments, and implementing procedures in different places and services (police, health and social services). These challenges can make MAW exhausting and burdensome for service users, but also for experts.

Concluding notes and recommendations

Multi-agency working is on the rise, but is certainly not new. In many contexts, several different structures already exist(ed) or have been further developed. Individuals work together as professionals across different authorities and services, even in the absence of institutionalised structures. Differences in approaches are significant and MAW needs to be adapted to the specific context. It cannot simply be transferred. However, the RAN H&SC meeting in Munich showed that several countries have taken inspiration directly from existing models (such as the Aarhus model, for example). Thus, we can conclude that mutual learning and exchange across the EU is taking place.

Key conclusions

Types of MAW

MAW approaches are vastly different across the EU, with certain rather formalised models aligning with the legislative action of national strategies, while others are ad-hoc and informal, following bottom-up initiatives. Certain models are more policy-oriented, while others are rather operational. Most MAW models include services such as local authorities, police and security services and often health, social care, youth and community workers, CSOs, schools and others.

Nature of threat/risk

Quite a few models particularly limit themselves to one specific type of radicalisation (religious-inspired) while several others focus on extremism in itself and others still were put in place for different topics altogether and are more generic, but can be adapted to specific contexts (such as violent extremism). The focus can be on prevention and social support, while others are security-oriented and focuses on deradicalisation or disengagement.

Experiences of establishing MAW

Key barriers include limitations in trust, and awareness and knowledge among practitioners of roles and responsibilities. Facilitators include existing structures, relationships between individual professionals, high levels of willingness, trust and clear roles and responsibilities.

Experiences of MAW

In most contexts there is significant awareness of the difficulties in setting up MAW, and of the time, effort and willingness that this takes. The iterative development of MAW approaches, 'trial and error', and taking the time needed for services and individuals to build understanding and trust are key to overcoming existing barriers.

Roles and responsibilities

Social and health workers have key responsibilities in supporting local authorities, police and education in safeguarding and providing care and support to individuals, families, relatives and communities. Their roles lie in support and safeguarding, sharing relevant information (keeping in mind professional secrecy and confidentiality) and building awareness of the need to involve first- and second-line health workers and social workers.

A number of recommendations can be drawn up based on this meeting:

- **National frameworks**, such as **protocols** or procedures, can be helpful to establish **definitions** of MAW (glossary of terms), **roles and responsibilities** among practitioners, and **clarity on information-sharing**.
- **Training professionals** is crucial not only for explaining MAW, but for building trust and personal relations.

- **Communication tools** (and workable IT solutions or exchange tools) can help prevent institutional memory loss in organisations when individuals leave.
- **Handbooks** complement the toolbox for professionals (in addition to training).
- **Mobile teams** organised by the national or regional governments and/or key experts are helpful in supporting local-level stakeholders.
- A clear **distinction** should be drawn between **sharing information (data/documentation)** and sharing **knowledge (expertise)**.
- **Monitoring and evaluating** are essential for establishing what is effective (and why and how).
- **Practitioners are looking for bespoke solutions for establishing MAW rather than a generic model.** Existing models serve as inspiration for adapting or setting up MAW rather than as a blueprint to be followed.