



**fact for minors**



## **HANDBOOK FOR PRACTITIONERS**



Prima edizione.

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## **Fact for Minors**

Fostering Alternative Care for Troubled Minors

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**CNCA, National confederation of socio-educational communities**, *Italy* (applicant);  
**Psychoanalytic Institute for Social Research (IPRS)**, *Italy*;  
**Istituto Don Calabria**, *Italy*;  
**Justice Ministry, Juvenile Justice and Community Department**, *Italy*;  
**Christliches Jugenddorf Deutschland (CJD)**, *Germany*;  
**Catholic University of Porto**, *Portugal*;  
**Finnish Youth Research Network**, *Finland*;  
**Parc Sanitari Sant Joan de Deu**, *Spain*;  
**International Juvenile Justice Observatory**, *Belgium*

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**National Institute for Health and Welfare**, *Finland*;  
**Justice Department Catalunya**, *Spain*



# PREFAZIONE

According to World Health Organisation “health is a state of complete physical, social and mental wellbeing, not only absence of illness or disability” (WHO, 1948) and the “health’s promotion” is not only prevention of diseases or simple education to correct and healthy life styles but attention to fundamental requirements related to a quality life and individuals’ dignity such as education, housing, employment, peace and social equity.

Focus of the topic faced by the initiative FACT FOR MINORS, regarded first of all the integration of different involved system – treatment, education, social, health – defining conditions of intervention programmes targeted to adolescents submitted to penal provisions affected by diagnosed psychiatric pathologies independently from the imposed penal measure.

Implemented intervention and actions followed some defined steps aiming to: 1) promote the individuation of a problem; 2) promote the recognition of such problem – corresponding to the wellbeing of the final beneficiary, i.e. of the minor – that can be achieved only through the definition of a shared responsibility path; 3) support the building of a synergy despite a certain opposition among different functions and tasks, often fruitless and unproductive, that doesn’t lead to the solution of the problem; 4) to define working approaches allowing to reach the

aim, in the full respect of different responsibilities, tasks and roles.

The aim was to define a) what doesn't work in the cooperation among different systems in order to identify possible corrections and improvements of logics and models related to the taking in charge of these youths; b) to deepen minimum conditions (i.e. basic assistance and global taking in charge levels as enforceable right) to be guaranteed in order to identify which measures are sustainable and which ones could be "suggested", "recommended" and implemented to define, deepen and improve an aspect considered as priority by involved services. This will allow to create an experience = workshop able to develop a networking approach able to improve the quality of the relational and decisional process related to the global taking in charge system of these youngsters.

# FOREWORD

The protection of and support for minors with mental health problems in the justice system represents an especially relevant topic of discussion internationally and in Europe. More specifically, the absence of a multi-disciplinary approach that integrates all services involved in providing care to minors with mental health problems within the juvenile justice system represents one of the primary concerns and subjects of discussion within the European context. In fact, in many European countries, mental health and socio-educational treatment for juvenile offenders falls under the jurisdiction of different institutions and is characterized by a lack of cooperation and the absence of common procedures, instruments and shared terminology involving all relevant service providers. These shortcomings represent a significant obstacle for social workers, teachers, psychologists, psychiatrists, and other professionals in providing services and makes quality assessments, capable of guiding service provision, extremely complex. Interest in the topic is evident in the presence of numerous international agreements, studies and EU directives developed in an attempt to guide Member States in the development of policies that protect and assure observance of the rights of children in conflict with the law. Furthermore, the European Union has recently solicited actions from Member States via the “Call for proposal” JUST/2015/RCHI/AG/PROF/9578 (Action grants to promote and protect the rights of the child by supporting transnation-

al project aiming to build capacity for professionals in child protection systems and legal professionals representing children in judicial proceedings). The “FACT FOR MINORS” projects represents one response to this call.

The FACT FOR MINORS project sought to provide solutions to the complexity of the problem via the creation and testing – in the five partner countries involved in the project – of practices that increase the quality of integrated care provision involving all actors in the child protection network. This handbook represents a primary output of this effort and is intended for all actors and professional who provide care and services to children in conflict with the law who have behavioural, psychiatric or psychological problems. More specifically, Part One introduces the theoretical and operational models used in the construction of capacity building activities developed by the Psychoanalytic Institute for Social Research (IPRS), a project partner with extensive experience in the field. This model guided the partners during the experimental phase. Part Two presents recommendations that emerged from the exchange between partners and the results from experimentation carried out in the test sites. Finally, the handbook concludes with attachments (signed agreement protocols, laws and other documents for further exploring the subjects addressed by the project) and a select bibliography.

# **PART ONE: THE THEORETICAL AND OPERATIONAL MODELS USED FOR CONSTRUCTING CAPACITY BUILDING ACTIONS**

## **Capacity Building: Theoretical Considerations**

The term capacity building (CB), often used together with capacity development and capacity strengthening, generally refers to **“the process aiming to facilitate, in conjunction with stakeholders, a consolidation of their capacities at an individual, organisational and sectoral level to allow them to evolve and adapt to the new contextual requirements and fulfill their role within a governance structure<sup>4</sup>”** (emphasis in original). Capacity building refers to a process within the organization that can be strengthened or accelerated by reinforcing the potential of existing capacity. Capacity building can operate at the individual, organizational and societal level by creating conditions that support the

acquisition and improvement of knowledge and skills where individuals are part of a bigger group (organization or community) within the transformative process<sup>5</sup>

According to the UNDP, capacity building targets practitioners, organization, communities, and networks and includes:

- ▶ Enhancing the knowledge, capabilities and skills of individuals directly responsible for the intervention;
- ▶ Improving the organizational and legal structures and processes by increasing the power of decision makers and policy-makers;
- ▶ Introducing a dynamic relationship between the intervention recipient and his/her context to provide greater mutual benefits due to the use of an inclusive approach.

As the definition implies, a clear difference exists in comparison to a process of knowledge acquisition that targets single individuals within individual professions: capacity building implies, or rather suggests, growth in the capacity of an entire system of actors designed to promote the long-term growth of the collective. This action, rather than indicating the most appropriate approach for the target group (in relation to the work by individual professions), assumes that social work and consequently the provision of care involves multiple actors that poten-

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4. EU definition as defined in 9EDF: Capacity Building available at:

[https://webgate.ec.europa.eu/fpfis/mwikis/aidco/index.php?title=Special:Pdfprint&page=9EDF:\\_Capacity\\_building](https://webgate.ec.europa.eu/fpfis/mwikis/aidco/index.php?title=Special:Pdfprint&page=9EDF:_Capacity_building)

5. Capacity building is to be distinguished from capacity development – a more long-term process – as defined by the UNDP. “Building” implies the creation of new skills whereas “development” makes use of existing skills to enhance them. See Capacity Development: A UNDP Primer. Available at:

[http://www.undp.org/content/dam/aplaws/publication/en/publications/capacity-development/capacity-development-a-undp-primer/CDG\\_PrimerReport\\_final\\_web.pdf](http://www.undp.org/content/dam/aplaws/publication/en/publications/capacity-development/capacity-development-a-undp-primer/CDG_PrimerReport_final_web.pdf) and UNDP. Capacity Development Practice Note. October 2008. Available at: <http://www.undp.org/content/undp/en/home/librarypage/capacity-building/capacity-development-practice-note.html>

tially represent significant resources capable of providing a complex and complete response to users' needs. Frequently, however, one sees a level of segmentation, and little agreement, at the organizational and operational level between different services leading to gaps on the part of practitioners in regards to a culture of sharing (intervention tools and methods). This lack of sharing culture can represent a problem with the potential to undermine the efficacy of the interventions.

The point, then, is not necessarily the need to place one's trust in the professional capacity of the individual, but rather to place one's trust in the capacity to work with others, to share objectives and to know how to insert one's work within a system. In brief, this means knowing how to integrate. The concept of integration should be understood as coordination between various bodies called upon to intervene in responding to child's "multiple needs". The objective is the avoidance of conflicting or ineffective interventions. In other words, the goal of integration is that of facilitating the capacity to provide a complex response, avoiding duplications or delays, and enabling exchange between different cultural mindsets in order to develop solutions based on *operational harmony*<sup>6</sup>. This element is not only fundamental to assuring the qualitative efficacy of service provision, but also represents a complex challenge: the need to integrate the individual professional's specialization within the specialization of group work. This is a difficult task in that it implies harmonizing different professional codes, time for service delivery and instruments. The primary reasons for this difficulty include:

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6. The idea that minors with mental health problems placed in penal facilities need services provided in accordance with an integrated multi-disciplinary approach that includes all services providing care to the minor who work together in a cooperative manner with continuous communication is now well-accepted at the European and international level. The multiple elements of suffering that weigh on the lived experience of children in conflict with the law who have mental health problems require well-defined and complex interventions that involve various professions and disciplines within juvenile justice services and socio-educational agencies. The reality, however, demonstrates how mental health and socio-educational treatment and services for young offenders is characterized by the lack of cooperation between the various actors involved and absence of common procedures, instruments and terminology that are shared amongst the actors responsible for the provision of care for young offenders. The result is a complex and often confused framework within which different professions and services intersect within a network of disorderly and incoherent plans—a labyrinth of winding roads in which the minor risks getting easily lost or becoming entrapped. Integration in the planning and implementation of interventions or "treatment" programmes is essential for the constructive of a basic "curative"

1. Capacity building must focus on two intervention points: cultural growth and the acquisition of operational methods. Individual behaviours are inscribed in symbolic cords connected to the established collective imagination, which is not necessarily lacking in prejudice, behaviours and habits that can be modified by means of interventions targeting the regulatory framework, practice, conventions, and norms underpinning the established organizational culture. Capacity building must therefore alter the organization by altering the individual within the organization by engaging in interventions that facilitate individual cultural growth and a change in organizational culture.

2. Capacity building targets beneficiaries within the organization—practitioners—through training and cooperative project development designed to change aspects of the organizational culture that impact practice and results, specifically in relation to the success of interventions with the target group (e.g., service users).

3. Enabling interventions must include all services involved in the provision of care via integrated co-programming initiatives. This means: involving practitioners from different agencies – public and private – in order to increase knowledge, bringing together information and strategies, as well as developing a shared language for communication about the issues related to the subject of the intervention.

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alliance with the minors and their families, the only and primary protagonists of the suffering. Integration and the continuity of understanding and programming are even more important and vital than the availability of a full spectrum of therapeutic interventions. Observing the practitioners who know how to integrate their different perspectives while at the same time maintain their individuality offers the minors and their parents a model of how it is possible to bring coherency to the internal fragmentation that determines life with serious problems. In contrast, a significant difficulty for relationships and cooperation between juvenile justice services and the other services is an extremely critical element both for planning the interventions to implement as part of sentence and for the predisposition of relationships with the responsible juvenile justice authority.

The underlying logic behind this reflection is that the specialist perspective is in a certain sense destined to fail and at-risk of not producing effective outcomes both in relation to the means and timing associated with the objective, which in this case is an effective response to the plurality of the user's needs. In contrast, network based work constitutes the dimension in which the provision of services represents a possibility to plan an action that brings together multiple actors.

The panorama of networks, and hence of forms of multi-agency integration, is varied and assumes different forms ranging from the provision of direct guidelines intended to provide input for applications related to a given issue to training courses and seminars open to all individuals interested in the subject. Integration may be horizontal, in which the interested subjects present themselves on an equal footing in assuming reciprocal obligations in the coordination of services (cooperation agreements), or vertical, in which a single body initiates the cooperation and provides others with operational directives and indications (e.g., guidelines, directives). Analysis of individual areas of intervention demonstrates that some areas have multiple integration modalities contemporaneously with the bodies involved whereas in other areas only some forms are present. Furthermore, these initiatives are not limited to coordinating existing services, but may create new services or open new prospects for service provision.

The box below summarizes three modalities often used to develop and support integration.

1. Negotiation and planning of strategic “positioning” in the networks of each single provider in the area in order to define, in detail, the specifics of the various contributions.
2. Acquisition of a common language for use amongst the various organizations and practitioners. Each subject has a plan, a strategy, organizational assets, and a language. It is often necessary to negotiate to achieve integration by discussing and analysing the various operational procedures and organizational cultures.
3. Verification and re-planning of interventions via the involvement of subjects active in the network and assignation of a non-passive role to service users.

Critical points that need highlighting regard the tendency to idealize network based work and distrust. In regards to the first issue, one can see how “networks are assigned a magical power” in that practitioners and administrators have become attached to protocols, procedures and other guiding documents (or to their absence) to invoke the functioning of the network. In regards to the second, overcoming distrust and establishing “alliances” with other actors is a necessity that makes it possible to make the most of complementary capacities and professional skills. This multiplies the capacity for intervention, needs assessment, and going beyond self-referential behaviour.

Network construction can occur in accordance with one of two methods:

a) The *formal method*: the identification and recognition of all actors involved in the provision of care. It is possible to list the actors with which there is contact, with a certain frequency, in accordance with the target phenomena. These are the subjects that, formally, constitute the network and the network must be formally constituted<sup>7</sup>.

b) The *goal oriented method*: These networks are of a variable nature, or rather networks that do not necessarily maintain the same level of cogency in regards to a given issue. Goal oriented networks are characterized by cooperation strategies designed to implement a set of activities. For this reason, these networks are characterized by more discontinuous relationships in which the operational synergy between resources is limited to specific moments or conditions.

A series of levels of critical points that need to be taken into consideration in the construction of a network can be summarized as follows:

1. The first level can be defined as the ***difficulty in passing from the job description to the objective***: work in highly bureaucratic systems is done in order to fulfill a job description that defines what each actor (professional profile) must do in order to assure, at all times, the maximum level of assurance and protection for users.

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7. Cooperation protocols certify, for example, each actor's awareness of the need for dialogue in order to reach institution specific objectives as well as the construction of the well-being of the user, who represent the ultimate and shared objective.

2. A second level regards the *sharing of information between the actors in the network*: this aspect is central in that every network member needs information regarding the user in order to be able to benefit from the work done by other network members. If, however, information is viewed as a good possessed by individual members who assume a contraposition to the other members, then network based work loses its meaning.

The non-circulation of information may occur for several reasons including:

- information is not always readily written down in a useful, reliable and synthetic manner leading to the tendency for informal communication that cannot be readily shared with the entire network;
- the idea that the responsibility falls on a single service or practitioner, rather than the network, means that practitioners do not always feel that it is opportune to share information obtained in working with the care recipient; and
- open distrust between services plays a role in some cases.

3. The third level, regarding *temporal variations* in service provision processes, is not insignificant in that multi-agency work entails cultural transformations that regard and involve working habits both in relation to the individual professional's duties and in relation to the duties of other professionals. These processes are extremely long and complex as is the need to become aware of the problem. It is not by chance that the first question posed by practitioners is "but why do I need to do it?".

## Capacity Building: The Operational Approach

The operational approach utilized for capacity building must follow precise steps that:

1. Support problem identification;
2. Assist in recognizing that the problem, which coincides with a positive outcome for the final beneficiary (the minor), can only be fully addressed by shared responsibility amongst providers;
3. Support the development of harmony in the presence of an often sterile contraposition between functions that often do not resolve the problem;
4. Give life to a way of working that makes it possible to reach the identified objective with the assignation of a specific responsibility to each practitioner.

This methodology foresees the implementation of five steps: context analysis, identification of key actors, identification of critical points and development of points for improvement, development of a new operational model, and experimentation in different contexts. Taken together these steps assure the achievement of the four functions specified above and enable capacity building within the context of a network or multi-agency approach to service provision including the possibility to verify the efficacy of model.

## **Context analysis**

The context in which to build capacity and promote multi-agency work can be assessed by identifying the partners directly involved in the provision of care for minors and young adults in conflict with the law with mental health problems placed within alternative care settings. This represents all actors involved in the care provision network, or rather, all actors involved in the provision of care to the minors (including juvenile justice services as well as other involved services). The analysis should include an assessment of the roles and functions assigned to each of the involved actors and take into consideration the physical, relational and symbolic context in which the object of the analysis operates on a daily basis.

## **Identification of key actors**

Upon completion of the general assessment of the selected context, it is necessary to conduct an in-depth examination of the role of each “key” person involved in the provision of care. The examination should be inward looking and based on listening, directly involving the actors in focus groups and the exchange of information. The primary objective is to share each profession’s/service’s level of awareness in regards to roles, responsibilities and other relevant information and gain an understanding of how the different professions/services complement each other in the provision of care.

Below is a brief, but not exhaustive, list of topics to be addressed in the exchange with the actors involved. This list is intended to serve as a starting point for adaptation and integration based on the various contexts analysed.

Possible topics for the focus group discussion:

- a. The participants' functions and responsibilities
- b. The level of knowledge about other actors who provide services to the minor
- c. Level of intra and/or inter-institutional cooperation
- d. Level of inter-service cooperation
- e. Cooperation procedures (e.g., formal cooperation agreements/protocols; informal agreements)
- f. Level of information exchange (means, timing, etc.)
- g. Primary problems encountered during care provision

## **Identification of critical points and development of means for improvement**

The exchange between the actors enables the identification of elements that are especially important in regards to the role/function of individual professions, the context in which the individual works, and the role/function of the individual within the broader context defined by the multi-agency network. More specifically, the exchange enables the identification of:

- What works
- What doesn't work
- What needs strengthening
- What needs to be resolved

- Proposals
- Practical solutions and the division of tasks

Exploring these themes within the focus group makes it possible to address various questions connected to the need(s) expressed and try to share plans and solutions.

The “Operational Process Matrix” below serves as a tool to assist in the organization of the questions addressed. The objective is that of bringing out all fragilities, critical points, strengths, and weaknesses upon which to intervene.

**Figure 1: Operational Process Matrix**

	Analysis of what works	Analysis of what doesn't work	What needs strengthening	What needs to be resolved	Practical solutions	Division of tasks
Strategies						
Organization						
Theory ; methods ; experiences						
Practices						
Relationships with other professions/ services						

## Development of a new operational model

The development of the operational model is essentially an exercise in listening and accompanying the stakeholders in the development, or re-development, and verification of how much the involved services have done to improve service provision processes and the impact of those interventions. In this sense, the mapping of problems experienced during service provision (as part of the context analysis) takes on a strategic value.

In order for the project to contribute to the production of a new operational service provision model, it must lead to improvements in the total capacity of the actors and services involved as well as the analysis of the information. The quality of the analysis represents the foundation for:

- choices about resource allocation in light of the identified complexities (in terms of training for practitioners, enhanced capacity for multi-disciplinary teams);
- the prioritization of themes for the development of synergies within an integrated intervention system;
- the selection of operational procedures to propose; and,
- eventually, which experiments to initiate in order to develop effective practices.

The definition of the operational model must take into consideration some “points for improvement” related to:

- a. **Facilitating the exchange of information** between the involved actors.

b. **Adopting an integrated approach** capable of developing connections between the agencies in the network. The loosening of ties to individual professions institutions within which practitioners typically operate and the activation of positive investments in regards to the problems to be addressed by each actor is fundamental for the development of connections and the fostering of integration. This requires that problems be represented, or rather considered and appreciated, in a convergent manner and delineated with objectives the practitioners view as significant and achievable. In this way, the integrated work with a few cases can become a new means of working that brings advantages both to the practitioners and users.

c. **Activating a support process for reciprocal awareness raising amongst involved actors**, both in terms of function, which is not always clear for the other actors, and in terms of possible synergies. This implies decreasing mistrust between the various actors and making it possible to overcome what can be defined as “a bad common practice” in which one finds the roots of mistrust, distance, and a limited tendency for cooperation, all of which are considered unresolvable issues.

d. **Adopting an inclusive approach**: allow for the expansion of the multi-agency network involving new professional figures capable of increasing the quality of the multi-agency work.

e. **Constructing forms of mediation** to highlight the so-called possible points of contact, or common elements, in order to initiate new hypotheses for cooperative work that views the actors in positions of lesser contraposition.

The working methodology for the construction of the operational model that takes into consideration these points makes it possible to:

- Support mutual recognition by the actors involved
- Allow all actors to understand the role and mandate of each component in the network
- Define the specific competencies of each actor involved
- Delineate the contexts in which to implement the joint intervention
- Highlight the opportunities and the complexities within the integrated action
- Define shared practices
- Formalize collaboration agreements/protocols

### Experimentation in different contexts

The final phase of the capacity building process foresees a phase for testing the operational model within each of the involved contexts. In this phase it is also opportune to verify the inclusion of all professionals useful for improving the quality of the work conducted within the network. In case some actors are missing, then the absence needs to be identified and lead to the extension of the network to include the missing actors in the capacity building process.

## **PART TWO: RECOMMENDATIONS**

The multi-agency approach proposes a transition from a traditional approach (based on vertical development or a horizontal unit) to a circular approach characterized by interaction and the integration of the actors involved as an expression of complex services and not merely as individual professionals.

This approach places constant attention on the diverse roles and tasks within a framework defined by the exchange of knowledge and know-how intended to improve interventions for children in conflict with the law with mental health/behavioral problems placed in alternative care facilities. This operational framework allows for the ongoing search for solutions that better assure the best interests of the child. This implies:

4. A clear definition of the roles of each professional and the involved agencies (public and private);

5. The exchange of information and identification of a common language that supports information exchange;
6. The recognition of the formal competencies of the actors involved; and
7. Reciprocal knowledge of the subjects involved.

The typologies of approaches are defined based on the type of actor (or facility) and focus on:

- Participation and the development of a network where the specialization of each actor becomes a guarantee for the effectiveness of the solution and the identification of resources for the development of efficient and effective intervention strategies;
- Cooperation focused on giving/receiving and networking that benefits all involved stakeholders;
- The sharing of results based on the equal recognition of merits and functions; and
- Discretion in the management of sensitive data and information, guaranteeing access and use to the involved actors in order to support exchange and circularity while fully respecting the privacy and dignity of the subjects involved.

The recommendations that follow are intended for professionals and the public and private actors involved in the provision of care and address the primary challenges or needs encountered in the establishing of multi-agency cooperation when working with children in conflict with the law, placed in alternative care, who have mental health problems.

GIUSTIZIA MINORILE,  
SANITA', ENTI LOCALI  
E COMUNITA'...  
FINALMENTE TUTTI  
INSIEME IN CAMPO!

APPROCCIO  
MULTIDISCI-  
PLINARE ?!

NO,  
"PARTITA  
DEL CUORE"!



Juvenile justice, health, local bodies, and alternative care....  
finally everybody together in the field!

- Multi-disciplinary approach?
- No, "Game of the heart"!

## Overcoming differences and establishing the need for co-operation

Managing overlap in the various levels of responsibility for agencies involved in the integrated care provision

This means:

- Defining the contribution of the various professions involved in the provision of care in a clear and precise manner.
- Defining the diverse responsibilities of the involved actors, sharing the responsibility for the provision of care in relation to the desired outcome of the minor's treatment and rehabilitation plan.
- Sustaining an operational network and multi-agency work by: identifying the actors as points in the network; promoting cooperation between the various actors and their organizations; assuring the circulation of information; enabling exchange of acquired knowledge within the various fields; training actors in accordance with a precise work plan and recognizing their various responsibilities; and identifying/developing instruments for managing the network.

In concrete terms, this means creating a network comprised of existing system(s) and integrating the system components by clearly defining tasks and procedures that avoid overlap and confusion about roles and responsibilities. The objectives of the various services have to focus on the child in conflict with the law with mental health problems and not on system functioning. It is necessary to contribute to the construction of a project shared by all services and actors that work towards the attainment of the rehabilitation goals established for the minor within the justice system and assuring the right to care.

Mutual understanding of the subjects involved and willingness to recognize the professional skills of the other subjects (overcoming professional prejudice)

This means:

Actors working within multi-agency a multi-agency approach are connected by an established goal, a task to complete in the best interests of the child. In this sense, the provision of services and results obtained by each provider have an impact on the results obtained by the other providers. This interdependence can be defined “positive” when it creates a process of cooperation and cohesion between the various components, supporting an improvement in the overall quality of service provision by the group. In contrast, it is “negative” when competition between the different professionals, systems and disciplines involved prevails. Given this premise, mutual understanding and recognition of the each actor’s professional competencies contributes to the promotion of the sharing of knowledge, languages, methods, and objectives. The different competencies and responsibilities belonging to the various actors must be taken advantage of in order to achieve the common objective, working for the best interests of the child while avoiding prejudice between the various professional fields and roles involved.



- ....they say it's important for all of us to use the same language!....

- And couldn't they use a language other than Ancient Greek to say it?!

## Communication and the exchange of information

Space and times dedicated to exchange and discussion involving the various actors

This means:

The actors involved need dedicated times for discussion and exchange. The availability of times and spaces for activating multi-agency work represents the primary underlying principle needed for successful cooperation. The activation of spaces and times dedicated to exchange and discussion with the various professionals must pay attention to the phenomena typically associated with relationships between complex systems and services (e.g., juvenile justice, health, social services, and protection).

Exchange of information and professional languages

This means:

Ensuring the efficacy of the exchange of information requires involved actors to take into consideration differences in culture and terminology associated with each profession, making an effort to verify mutual understanding of the terminology used. The development of a common language that takes into consideration the various professional cultures involved is useful in the evolution of the multi-agency process. The exchange of information, then, develops on the plane of interaction between the actors belonging to different systems working together on a common project.

## Guaranteeing the circulation of information and consent

This means:

The need to guarantee the child's right to privacy should not represent a limit to the sharing of necessary information regarding the minor between practitioners, whether from public or private entities, involved in the provision of care and striving to cooperate in order to assure the best interests of the child and protection of the child's right to care and rehabilitation.

The exchange of information is often problematic while requests for data and information are viewed as interference. In contrast, the multi-agency approach guarantees an effective system for cooperating and exchanging information between the actors involved in the provision of care.

Beyond essential information sharing, involved actors must treat sensitive data in accordance with applicable laws in order to guarantee the best interests of the child and establish secure information sharing mechanisms that assure data protection, limiting access and exchange to designated actors.



It is very important to have moments for exchange between the practitioners.

Quickly done. We're better than you!!!

## **Creating the conditions for cooperation, treatment and re-habilitation**

Diversity in the declination of multi-agency work on the basis of facility typology

This means:

The declination of the process of multi-agency care provision takes on different forms depending on the setting in which the minor is placed. The capacity for multi-agency work has to be guaranteed in all settings. The placement of child in conflict with the law in a formal alternative care setting implies the activation of an exchange process involving the justice, health and social services systems operating in the area with the alternative care staff. The alternative care setting, more than others, illustrates the necessity for this exchange.

Multi-agency cooperation is also necessary for minors placed in higher security settings in order to not only support the implementation of mental health treatment and rehabilitation plans, but also guide the minor in the transition to less controlling measures and hence the natural transition to “lighter” facilities or return to his/her family or home. In this last scenario, only the utilization of a multi-agency approach can assure the continuity of treatment and rehabilitation measures for the minor as well as continued respect for his/her best interests.

## Characteristics of the shared intervention context and professional and institutional competencies

This means:

The following factors characterize the “particular” nature of service provision for adolescents with mental health problems within alternative care for juvenile offenders:

- 1) the target group is comprised of individuals at a critical developmental age who often have a low educational level, social marginalization and a troubled family environment;
- 2) elements from the legal context that require control and security often create dysfunction and obstacles to the provision of care and rehabilitation;
- 3) the need for protocols and specific treatment models capable of not only addressing delinquency, but also, and above all, the psychological pathologies that often manifest themselves as violent and aggressive acts;

Within this framework, the “continuity of care provision” is essential for the development of a coherent treatment framework given that the vast majority of adolescents within the justice system are approaching the age of legal adulthood. Furthermore, the development of a “library” of treatment opportunities dedicated to these adolescents that includes plans and services of varying intensity – to be applied on the basis of the need for treatment, security/control and rehabilitation as determined by the sentence – can facilitate understanding of what to implement when and with whom.

The principle elements and recommendations necessary for the constitution of an adequate intervention context comprise:



- In theory everything is clear and should work ... And in practice?
- What do I know?...I'm not a practice expert!....

- 1) strengthening day services, formal residential services and home-based services in a homogeneous manner;
- 2) ensuring the quality of the intervention by defining and producing individual plans for monitoring and verification;
- 3) identifying a case manager responsible for:
  - coordinating and sharing responsibility for care provision with the reference points within health services and the justice system;
  - coordinating rehabilitation, education and protection measures;
  - periodically uniting the working group with all involved practitioners for a given case;
  - informing the multi-disciplinary teams working with the minor about judicial decisions; and
  - coordinating the development, evaluation and monitoring of the individualized treatment plan;
- 4) reaching an agreement on the plans and means for quick access to suitable health services and hospitals in case of acute crises or especially serious situations;
- 5) reaching an agreement with education and training institutions on the implementation of an education/training plan taking into consideration the various possibilities for completing mandatory educational and/or training; and
- 6) facilitating the continuity of the treatment plan until the minor has reached the age of legal adulthood and/or exits the justice system.

The need to consider differences between the time required by the justice system and time needed for treatment

This means:

The needs of the justice system, primarily tied to control and the application of prescribed measures, intersects and at times comes into conflict with needs deriving from neurobiological and mental development during adolescence. The potential for conflict is especially pronounced in cases involving minors with mental health/behavioural problems. This age group presents specific developmental needs that cannot be separated from the minor's family or social context as it is during childhood and adolescent that the role of the environment plays such a critical role as evidenced by recent epigenetic studies and research on the malleability of the nervous system for this age group. Services must thus be organized so as to include stable and transversal intervention planning targeting the family and the minor's living context. This should be done work closely with juvenile justice services, protection services and health services involved in the provision of care so that needs, including those related to time, can be transformed into resources. In this sense health and social services in the area in which the minor is placed have to make an agreement with the other actors and services involved, defining operational procedures that enable timely interventions while taking into consideration the conditions established by the justice system to which the minor must adhere. Agreements must also reflect awareness of the need to ensure the completion of educational and treatment plans.



- More than “network based work” I would say “instalment work”!

## Importance and limits of early diagnosis for the various actors and services (stigmatization and fundamental preventive interventions)

A mental health diagnosis for a juvenile offender with mental/psychiatric/behavioural problems should not be viewed as a stigma for the minor or as an obstacle to full re-integration, but rather as a necessary part of the construction of a positive rehabilitation plan. Actors within the juvenile justice system are called upon to be fully aware of the importance the diagnosis plays in the definition and drafting of the individualized plan. Similarly, the centrality of the diagnosis for decisions regarding service provision and the need to guarantee quick interventions in moments of crisis requires health system professionals to recognize the priority with which minors in the juvenile justice system who have mental health problems, compared to other minors, need to receive treatment in order to ensure the success of rehabilitation efforts. Diagnostic updates must take place every time the need emerges in order to ensure the understanding of all involved services in regards to the minor's extreme capacity to evolve and change.

## Continuity of care and assuring re-inclusion

### Young adults: Autonomy and responsibility

This means:

The release of a minor from the justice system and the protections put in place, with the intent to support the path towards autonomy represents an essential topic for minors with mental health issues about to become legal adults who find themselves inside the justice system. For these individuals the question arises as to how transition from staying “in a facility” (penal institute for minors or formal alternative care setting) to aftercare. This transition must include a consideration of how to avoid conflict between the request for autonomy and the request for containment upon release.

The delicacy and the complexity of this transition are especially evident in the growing number of minors, approaching legal adulthood, within the justice system with various forms of psychological fragility or issues (e.g., with diagnoses such as conduct disorder and oppositional defiant disorder).

The activation of community services throughout the entire period of service provision within the justice system facilitates the development of a plan for legal adulthood, supporting the new adult's capacity to choose within a framework of local possibilities and a known support network to rely on.

I TEMPI DELLA GIUSTIZIA  
E QUELLI DELLA CURA  
NON SEMPRE COINCIDONO

CHE POSSIAMO FARE  
SE NON TEMPOREGGIARE?



The time needed for justice and the time needed for treatment don't always coincide.

-What can we do if not take our time?

## Therapeutic continuity, before and after becoming a legal adult

This means:

Continuity has been considered not only in relation to treatment, but also, and fundamentally, in relation to the system of services that make up the reference framework for care provision: continuity in plan implementation, interventions and the services providing mental health treatment for these adolescents. Continuity is also a factor in relation to inter-institutional and inter-professional integration and permanent training and exchange.

The continuity of plans and intervention must therefore be transversal (and relate to the coordinated management of diverse and contemporaneously present elements) and longitudinal (in accompanying the minor between facilities and services) within a stepped care perspective—that is between services of lesser and greater intensity of treatment and level of control or in the transition to adult psychiatric services. This condition requires working groups for exchange and joint training (involving practitioners from different services) of a permanent nature that is not simply tied to an individual treatment plan, but rather to entire service provision context.

Community-based interventions/placement of reception and treatment services and the activation of psychiatric interventions in the community and/or in the facilities

This means:

Exit from the system of services for a child in conflict with the law with mental health problems must take place in the minor's regular place of residence. This means that treatment and rehabilitation cannot exclude re-inclusion within the family, social and cultural context of origin and has to address the development of a coherent plan involving the minor's characteristics, expectations and resources and the testing of paths that lead to autonomy.

In this sense, it is necessary that:

- a) The measures that foresee the transfer of the minor to geographically distant facilities be limited to cases of absolute necessity. Even in such cases, the planned stay should be strictly limited to the time necessary to evaluate the need for assistance and to develop a treatment or psychosocial rehabilitation plan.
- b) The hosting facility (e.g., socio-educational residential facility) should be supported in a process of empowerment that optimizes the provision of care for the minor beginning with a multi-disciplinary evaluation (to be completed by a team of practitioners made up of physicians, psychologists, educators, and social workers) that makes it possible to highlight the minor's characteristics and needs for "assistance" (e.g., health, education, social) in a manner coherent with the logic of multi-actor work.



- We have finally found the care facility that meets the minor's needs!!

- He became an "adult" three years ago!....

## Inclusive approach

This means:

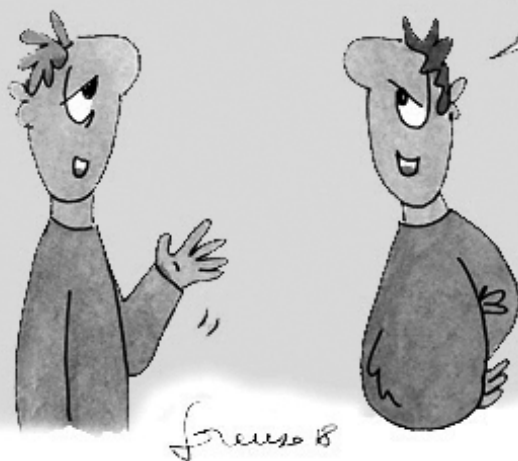
The inclusive approach should be understood as a process designed to guarantee full and total re-inclusion of the young offender with mental health problems within the social fabric as an active component in accordance with his/her individual expectations, individual resources and the resources made available by the environment. The approach to inclusion at the base of this concept comprises both a social and community dimension as part of the integral development of the person and the community of belonging in its entirety. From here derives the importance of developing interventions focused on the life project for the individual who, as already mentioned, must develop in the social context to which s/he belongs.

There are a few peculiar aspects tied to the specificity of neuropsychiatric problems in adolescence that naturally need to be considered in preparing an individualized educational plan:

- 1) Multi-disciplinary interventions must not be limited to the most serious cases, but rather represent the norm. Most users receive services that can be characterized by various levels of assistance in accordance with the problems present, the contexts and the phase of development and not only on the basis of the complexity and seriousness of the disorder.
- 2) Monitoring, in light of point 1, represents a fundamental phase of plan implementation in that the disorders and symptoms change with time in complex and specific ways.
- 3) Rehabilitation is an essential component within the treatment process.
- 4) The active involvement of the family and network based work are essential elements of the treatment process (with variable intensity).

LE INFORMAZIONI PIU'  
IMPORTANTI NON VE LE  
POSSIAMO DIRE...  
MI SPIACE...

TRANQUILLO...  
IO NEANCHE MI OCCU-  
PO DEL CASO... SONO  
QUI PER FARE UN FA-  
VORE ALLA COLLEGA  
CHE E' ANDATA A  
SCIARE!...



- We can't provide you with the most important information...I'm sorry...

- Relax...I don't even work on the case...I'm here to do a favour for my colleague who went skiing!...

# ATTACHMENTS

there will be 3 pages of attachments

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European Union



fact for minors



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