

Situated Expertise; Knowing from Within: Multi-agency and Cross-professional Consultation as Reflecting Practice

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Abstract

It is generally accepted that extensive collaboration across services and professions is beneficial in cases of child sexual abuse (CSA) and violence. However, substantial research shows major difficulties in cross-professional and multi-agency team collaboration. Irrespective of the population being served or the focus of the collaboration, issues of power imbalances arise central to the collaborative work. Barriers are particularly salient in cases of CSA and violence because of their profound impact on children. The present study explores through participatory research the practice of a multi-agency and cross-professional consultation team for cases of CSA, violence, and maltreatment. The study elucidates the design, context, and main building blocks of the team. No predecessor is found in the field of CSA, violence, and maltreatment to such a cross-professional and multi-agency team using a one-meeting reflecting consultation approach. Rather than delivering hierarchically defined expertise from outside, it elucidates a way to generate knowledge from within by inviting divergent and equally important partakers into a joint, non-hierarchical knowledge exchange, generating situated expertise relevant for the situation at hand as well as the practice in general.

Keywords: *situated expertise, knowledge from within, multi-agency and cross-professional team, child sexual abuse, consultation team, reflecting practice*

Substantial research shows that children exposed to sexual abuse (CSA), violence, and maltreatment meet great hindrances against telling and that huge barriers often prevent children and their families from getting needed help (Anda et al., 2006; Gilbert et al., 2009a, 2009b; Mossige & Stefansen, 2016; Thoresen & Hjemdal, 2014). Professional collaboration does not sufficiently meet the requirements in these (Backe-Hansen, Smette & Vislie, 2017). Such knowledge puts major pressure on professional services to address barriers and develop needed assistance. The present study explores the work of a multi-agency and cross-professional team that provides consultation to agencies working on cases of CSA, violence, and maltreatment. The study addresses how the team works to trespass collaboration barriers, provide access to needed services, and to meet the addressivity of all involved.

Multi-agency and cross-professional teams

It is generally accepted that team collaboration across agencies and professions is beneficial to ensure that children exposed to abuse and violence do not “fall through the cracks” (Horwath & Morrison, 2011). The most outstanding example of collaboration in such cases is the recent establishment of Children’s Advocacy Centers in several Western countries, which provide cross-professional access and assessment inside *one agency* of children’s experiences (e.g., Johansson, Stefansen, Bakketeig & Kaldal, 2017). However, there is also a need for access to teams comprised of *multiple and divergent agencies*.

Yet, substantial research points towards major difficulties for cross-professional and multi-agency teams. Conflicts emerge around power questions, cultural divergences, and contradictory

philosophies of care and services (e.g., Backe-Hanse et al., 2017; Kvarnstrøm, 2008; Lalayants, 2010). Complications connect to turf issues, such as the promotion of respect for and inclusion of partaking agencies and professions (Howarth & Morrison, 2007, 2011; McLean, 2012). As summarized by McLean (2012), irrespective of the population being served or the focus of the collaboration, issues of power imbalances arise central to the collaborative work. Whilst clearly recognized as useful and motivating in principle, such collaboration is documented as complex and ambiguous in practice (Backe-Hansen et al., 2017).

Collaboration among cross-professional and multi-agency team members—or the problems thereof, as has been suggested—has been related to the influence of a traditional medical model in the health services. Although in the medical model teams can be interdisciplinary, there often remains a hierarchy of disciplines and knowledge. Collaboration can be stifled by taken-for-granted team structures and processes. Hence, the knowledge that the team produces, becomes limited by positions and knowledge of those at the top of the hierarchy. Hierarchical structures and processes inhibit the equal invitation of voices, and thus inhibit the exchange of ideas in a manner that promotes new knowledge. Professional stakeholders have been looking for examples of good collaboration (Rørtveidt & Hunskaar, 2009). For cases of CSA, violence, and maltreatment, barriers against efficient collaboration are considered particularly salient because of their profound impact on children's lives (Johansson et al., 2017; McLean, 2012).

To counteract such difficulties, a political reform, “Samhandlingsreformen” (The Cooperation Reform), was undertaken in 2012 in Norway to promote good cooperation in the health care services (Ministry of Health Care Services, 2009), and for cases of CSA, violence, and maltreatment a strengthened collaboration was required (Ministry of Children, Equality, and Social Inclusion, 2014, 2017). However, a main challenge entered, to identify means to counteract the barriers of hierarchical expert authority that dominates multi-agency and cross-professional teams and ask: What promotes “good” consultation services in multi-agency and cross-professional teams working with cases of CSA, violence, and maltreatment? What contributes to collaborative processes, helpful design and organization of such teams?

Over the last few decades, new approaches to promote collaborative processes have been emerging (e.g., Andersen, 1991; Anderson, 1997; Anderson & Goolishian, 1988; Borg, Karlsson & Stenhammer, 2013; Holmesland, Seikkula & Hopfenbeck, 2015; Hopfenbeck, 2015; Seikkula, 2012; Wangberg, 1991). These approaches are referred to as dialogical, open dialogue, collaborative, reflecting teams, and reflecting processes. They are attempts to explore the inclusion of partaking voices into shared learning and knowledge generating processes. For the team to be described, the challenge was similar: How to constitute a practice that allowed for partaking members to be invited into a combined, non-hierarchical knowledge exchange during ongoing multi-agency and cross-professional team consultation?

This present study explores the collaborative practice of the team and describes the conceptual framework, the organizational structure and design, the collaborative nature, and the dialogical and reflecting processes that are at its heart and central to its case consultation work. A unique feature of the team's approach is a series of reflecting processes, which are shifts in which the requesters for consultation and the team members take multiple turns being in talking and listening positions. This turn-taking allows for speaking about what the speaker determines is important to say without being interrupted, and it allows for listening without the necessity of responding or responding getting in the way of thoroughly listening.

There is no forerunner to such a consultation team format in the field of CSA, violence, and maltreatment. The aim of the study is to contribute to the understanding of contingences for creating processes that are collaborative and responsive towards all partaking members during cross-professional and multi-agency team consultations.

Method

The study is based on a participatory research among all members of the team. Prior team presentations in national and international contexts added to a shared background for the present research (e.g., Evang & Sivertsen, 2009; Flåm, 2009, Luther, 2016; Luther et al., 2016). For the current purpose, the members were invited to an updated exploration of the team's consultation practice. Through a series of meetings, the experiences of all team members were shared and explored. The exploration encompassed questions such as:

1. What is the present organizational structure of the team?
2. What do the members consider to be the main building blocks of the consultation process?
3. Are there some more deliberate conversational customs throughout that process?
4. What are main ideas and implications that can be drawn from the approach?

All reflections were subjected to verbatim summaries. The author made the notifications, which were discussed among the participants throughout consecutive meetings for a participatory clarification of main and subordinated themes. Thereafter, an illustrative case example was constructed based on summarized excerpts of concrete consultations. Through this process, the account was created in alignment with the participatory research methodology (e.g., Askheim & Borg, 2010; Borg & Kristiansen, 2009; Cunliff & Scaratti, 2017; Karlsen & Borg, 2018).

In the following sections, the paper outlines the results of this research. First, it describes the team's organizational structure. Then, it presents the team's case consultation process step by step, including the more deliberate conversational customs used throughout this process, followed by a case illustration. Thereafter, some implications are drawn from the approach. Finally, the paper discusses the team's work in relation to other contributions of multi-disciplinary and cross-professional consultation teams.

The present multi-disciplinary and cross-professional team approach

The organizational structure of the team

The task. The team's current task is to offer consultation to professional agencies in cases where there is suspicion of or knowledge about children/adolescents, mentally retarded, or any other particularly vulnerable persons, witnessing or being exposed to violence, maltreatment/neglect, or sexual abuse, or are sexually abusing other children (Luther, 2016). A consultation does *not* imply a take-over of the case or the assumption of responsibility for any of the services offered by local professionals. Each case is presented confidentially with no recognizable identification requested or provided.

The design. Initially, the team started as part of a national project in 2000. The Norwegian State Directorate of Health and Social Welfare initiated the project to strengthen the response from public agencies for the prevention of sexual abuse towards children and adolescents, which later was expanded to maltreatment and neglect. Although the project was implemented in all health regions within Norway, each region developed its own design in accordance with local

possibilities. At present, the team in Northern Norway is coordinated by the Children's Advocacy Center situated in Tromsø (Luther, 2005, 2016), while a separate team is prepared in the southern county of the region.

The current team covers the entire Northern-Norwegian Region, a geographical area that covers approximately one third of Norway and comprises ten percent of the country's population, with similar ethnicity and the same relative proportion of children below 18 years as the rest of the country. The team forms a multi-agency and cross-professional group that meets regularly for consultations for half a day of each week. Each participant joins based on a formal decision inside his/her respective agency to prioritize sending one person to the team, or two on scheduled intervals. Updated information about the team's availability is forwarded to all relevant organizations in the region. The following agencies participate: child protection services at county/state and community level, community health providers, community school professionals, specialized pediatricians and nurses from the University Hospital of Northern Norway (UNN), the Support Centre for Sexually Abused (SMISO), the Regional Center against Violence and Traumatic Stress (RVTS), the police, and the Family Protection Service (FPS). The author participated in the group from its inception as a member from UNN, then FPS, and later as an invitee from the Institute of Psychology at UiT – The Arctic University of Norway.

The cases. Statistics for cases referred to the consultation team have remained relatively stable across years (Luther, 2005, 2016). As an illustration, the number of children in one year was 156. Around 85 percent of the offending persons were known to the child. In 30 percent of the cases, the offenders were adolescents, which is in accordance with international prevalence studies. The community child protection services are the most frequent user, but specialty mental health services, schools, kindergartens, community health agencies, the police, and the judicial system are also substantial users.

Most cases are in a period of suspicion or disclosure at the time of referral. Common requests include how to relate to statutory agencies (such as the child protection services and judicial system), medical support requests, and mental health treatment queries. In most cases, the team gives advice related to contacting the police, the child protection service, specialized pediatric support, and mental health services.

The access. Access to the team is provided by phone through a coordinator where the requestor gives a short presentation of the concerns. When the coordinator finds consultation to be appropriate, he or she books an appointment and recommends the requester to include the involved agencies into the appointment. Due to the potential of addressing judicial questions in such cases, private persons are *not* invited. In this phone call, the coordinator fills out a questionnaire to capture short key details such as the requestor's agency, age and sex of the child/children involved, characteristics of offending person(s) and their relationship to the child. This questionnaire is completed during the consultation to collect prevalence data for future planning.

Due to great geographical distances, consultation meetings may take place in person, by phone, or by teleconference. In general, the requestors decide the preferred format. Any format goes on in the *open* with all participants seeing and hearing all others. It means that when a consultation is arranged by telephone, microphones are provided to ensure that each participant can speak and listen to all that is said.

If a case is considered to be in a state of emergency (e.g., imminent danger of violence, urgent medical issues), then the coordinator may give immediate advice. Both the pressure of urgency and the emotional strength of such cases can create a challenge for the coordinator towards offering a mono-disciplinary pre-consultation. The coordinator's main task is, however, to provide an open door to the consulting team. After the first call, the coordinator emails a brief orientation to all team members about the request and the appointment.

The case consultation process—step by step

Since the team meets half a day a week and each case consultation usually lasts *three quarters of an hour*, the team consults two or three cases each time. Such a schedule stimulates a sharp concentration throughout the whole process. Each consultation takes place in only *one single meeting*.

A preset process facilitator. The coordinator facilitates the entire consultation process. If he/she is away, another team member steps in. Central to the team's approach is a series of *reflecting turn taking*—shifts in which the requesters for consultation and the team members are invited into alteration between talking and listening. Routinely, a consultation comprises a series of approximately *seven shifts or steps*. These steps involve the respective participants (requesters and team members) being in alternating talking or listening positions. No fixed time is designated for each separate step. At shifts, care is taken to give the requesters and the team members the needed time to talk and leaving time for each participants to join. The seven steps have appeared to be relatively stable across cases and time and will be described below.

Step one: The welcoming and beginning of a consultation meeting. First, all participants are welcomed and those present are invited to have a cup of coffee or tea. The attendants are asked to introduce themselves by name, profession, and agency. The coordinator explains that the team knows about the request through a brief e-mail and reiterates the total time at disposition. The coordinator then outlines the usual format of the consultation process and its composition of flexible shifts between listening and talking. The requesters are invited to start and to choose in which ways they want to present their concerns, whether sequentially or by talking together.

Step two: The requesters talk and the consultation team listens. The requesters introduce the concerns they want the team to address. At this point, the consultation team does not interview, interrupt, or give any advice; they simply listen. The requesters normally indicate when they themselves find their presentation to be sufficient. If continuing by repeating, the coordinator can respectfully suggest that the team perhaps have a preliminary impression of what is wanted and asks if it can be okay to listen to their reflections so far. Before shifting, the coordinator sometimes asks the requesters to reiterate their main questions to the team.

Step three: The consultation team talks and the requesters listen. After this presentation, the coordinator turns towards the consultation team and invites them to pose questions for clarification. Each member takes the responsibility to ask about whatever he/she finds important from his/her local position in order to assist towards the presented concerns.

Step four: The requesters talk and the consultation team listens. The requesters continue in relation to the questions. This interchange between steps for clarification and shared understanding may differ. Care is taken to continue until both sides are ready for a shift, as well as to keep in mind the total time at disposition.

Step five: The consultation team talks and the requesters listen. The coordinator then turns to the consultation team and invites its members to offer their reflections in relation to the presented concerns. At this point, the coordinator tells the requesters to feel free to lean back and allow themselves simply to listen to the reflections from the team. Normally, the team begins reflecting spontaneously. If the team is silent, the coordinator may invite the team member whose profession is most closely connected to the requesters' concerns, to start. For instance, if the requesters ask for advice as to whether to report to the child protection services, the police, or both, members from those services are invited to start.

Throughout this step, some more *deliberate conversational customs* are established. Although these considerations are taken especially into account during step five, they bear relevance for the entire collaborative process as micro-considerations throughout all shifts. The conversational customs are summarized below as *eleven fidelity areas*.

Actively inviting multiple contributions. When the team reflects, the coordinator invites participants to share their viewpoints as fully and freely as possible. All members are encouraged to join to enrich the multiplicity of contributions. If one participant is silent, this voice can be asked for. If that person feels he/she has nothing to add, this is told in the open. At this point, each team attendant can ask any other member of the team to assist for elaboration or clarification. For instance, if one finds another to be more experienced and knowledgeable in a particular area, he/she can invite this voice in. Throughout such invitations, each team member is encouraged to introduce divergent—or potentially contrasting—viewpoints. Whatever form, care is taken to invite diversity and all voices.

Letting the requester be in a listening position. When reflecting, the team speaks sequentially or together. They normally look at each other and not at the requesters. Whatever form, care is taken to let the requesters remain in a listening position.

Confirming the legitimacy and importance of the work done and the concerns presented. Team members usually start by giving short statements about the importance of the work and the legitimacy of the presented concerns. All reflections take care to neither minimize concerns nor to be naively positive. In so doing, the members emphasize the presented agenda as important and professionally challenging also for them.

Talking in the frame of the requesters' presented concerns. When reflecting, each team member tries to give his/her comments in the frame of the requesters' concerns. That is, all contributions maintain coherence with the requesters' agenda and presented requests.

Responsibility for presenting what each service considers relevant. Each service takes the responsibility to offer contributions from any resources that he/she considers important including judicial systems, literature, research, or his/her own professional experiences.

Being open to cross the frame of the requests. Reflections can be introduced that are not explicitly asked for. These can be at the border, or even outside of, the presented requests. If, for instance, a team member sees dilemmas or has suggestions that he/she believes to be important, this is introduced. Simultaneously, he/she underlines that these comments are informed by his/her own professional knowledge and local position in relation to the requests and are offered for the listener's own consideration and evaluation.

Being touched without being overwhelmed. When paying close attention to the dilemma, emotional stress, or pressure that may be presented from the requesters, team members can be deeply touched. Each member takes care both to notice and to acknowledge being touched without displaying exaggerated or overwhelming emotional reactions. This means that they do not let spontaneously felt strong emotions—such as distress, anger, or irritation—run away with them, since this may limit the freedom of choice for partaking members and reduce another’s possibility to talk and to listen as freely as possible. This concern goes two-ways: *both* inside towards other team members’ contributions *and* outside towards requesters’ presentations.

Playing each other good; exploring the yet-not-defined. While reflecting, preliminary contributions such as undefined hunches, uncertainties, vague queries, and worries are welcomed. Thus, the undefined can be spelled out, met by others, receive possible resonance, and be expanded through joint exploration into more clearly stated contributions. By so doing, it invites exploring the *yet-not-defined* to exist and be valued as important contributions towards an ongoing, mutual sense and meaning making process. The team members call this process “playing each other good,” with reference to the process of jazz-music and football.

Respecting the yet-not-decided. Throughout the consultation, a process of respect for *the yet-not-decided* is at stake. This means that no single team member claims an ultimate answer to future decisions in an ongoing consultation. The answers and continuations are left for the requesters to evaluate and determine.

A both-and approach: Including and not criticizing. Throughout the entire process, no team attendant criticizes or undermines any other. When divergent viewpoints or disagreements appear, the participant takes care to introduce his/her contribution as *an additional or a possible alternative and supplementary way* for the requester to consider.

In such *highly sensitive moments*, it is strongly valued that divergent views can exist *side by side*: on the one side, to form and inform the consultation to include viewpoints in accordance with each person’s knowledge, ethics, and existing judicial laws; on the other side, to illustrate that divergent—and potentially contrasting—viewpoints can exist side by side, even among experienced professionals. During such moments, *a both-and approach* is seriously called for, in which each team member can get room to step forward and be valued as an equally important contributor in an ongoing interchange among divergent participants.

Respecting the total time available and opportunity for everyone to talk. The team takes care to address all the concerns presented from the requesters. Respect goes two ways: on one side, that all team members can contribute; on the other side, that the team does not get in the way of leaving ample time for the requesters to reflect after listening to the team.

Step six: The requesters talk and the team listens. After the team’s reflections, the coordinator invites the requesters to reflect upon whatever they want. Usually, he/she asks if they got contributions relevant for their concerns. They may then decide to ask for further contributions, to reflect among themselves, or simply to stop.

Step seven: Ending and future invitations. If there still are questions, the reflecting interchange continues as long as available time allows. Closing words are usually the coordinator stating: “This is how far we came during the time available. Now you have heard the team’s reflections. You are welcome to use whatever you want. And you are welcome back another time—with this case or another.” When ending, the coordinator may sketch out a short summary of some of the team’s contributions. Most usually, however, the consultation just stops at this point, leaving to the requesters to take home what suits them, making their own conclusions and continuations.

Each case consultation may have more or fewer steps. At turn taking, both sides are invited to let one side talk freely without being interrupted while the other listens. The interchange usually moves fluently following an introductory invitation. Occasionally, conversational customs may be repeated. For instance, if the requester is challenged to provide answers while the consultation team talks, a possibility to wait may be reiterated. If the requesters want to continue talking, they are free to do so. Thereafter, the team continues, integrating the new concerns. In such ways, there is a *fluent and flexibility-oriented interchange* between talking and listening. At the same time, efforts are made to support turn-taking processes between being in a listening and talking position.

A case example

A representative from a local child protection service (LCPS) and a local community health provider (LCHP) ask for consultation. The quotes that follow are excerpts from the consultation, anonymized and disguised as an illustration.

Step one: The requesters present their concerns. Four children alternate between living half time with their father and with their mother. One child, a 10-year-old boy, contacted the health provider during her so-called “open hour,” which she holds twice a week to allow students to enter her office without prescheduled appointments. The boy had contacted her a couple of times previously to ask for plasters for small wounds. This time, he entered by saying he needed to tell her something serious. He said that his fourteen-year-old brother had sexually abused him. He had told his mother, who said they would find ways to stop it and promised to tell his father. The boy told his mother some days ago but did not hear anything since then. In the meantime, his brother stayed at the father’s house. The boy explained that his father often scolded family members and sometimes hit his mother. The health provider promised to offer help as soon as possible and immediately reported to the child protection service. They conjointly determined to ask the team for consultation about what to do for the two boys and the family in general, especially in relation to child protection and the police.

Step two: The coordinator asks if the team has questions for clarification. The community health provider wonders if the police have been contacted. The requesters explain that this has not been done, because they want the team to reflect upon that question.

Step three: The coordinator turns to the team and tells the requesters that they now have the opportunity simply to listen while the team talks. The team is silent for a while. The coordinator then asks if the team’s community health provider (CHP) or the team member from the child protection service (CPS) might start.

CHP: *First, what strikes me the most is how the health provider manages to build trust by arranging an open hour for children to dare entering with serious affairs. It sounds like this boy tested her by knocking on her door several times for minor issues, and through*

these meetings found reasons to trust her in serious matters. It made up a possible start for a little boy. I also find the immediate report she made to the child protection service important for immediate coordinated work. Their concerns seem important and challenging.

CPS: *Yes, I agree. As I see it, it seems natural to go into this family from a child protection perspective, to do a so-called child protection research or investigation, to ask what is needed and what can be done for these children and this family. It can make up a starting point for an open research process, since the child protection service is the only agency, outside of the police, with a legal mandate to do that kind of exploration into a child's family when someone sends a concern to this agency.*

CHP: *We heard about a mother trying to do what is needed, although some days have passed without anything being told to the boy. It seems important to include the mother and the family into further research and collaboration. We do not know about the father. We heard about him hitting the mother. However, what seems needed and wanted according to him?*

Police: *We also learnt about a little boy who told a trusted person about sexual abuse. As a child, he has his own judicial rights to be taken seriously, no matter what is the case in this family or any other. There is another child too, an adolescent, where sexual harmful behavior is reported. Can we reflect a little around that issue? Does SMISO have any reflections?*

SMISO: *Yes. My concern goes to what recent research tells about the importance of a fast entry and a good relation to young persons when sexual harmful behavior is reported, and to ask if something else is needed in their lives. That means keeping in mind that serious escalation may happen, especially if combined with difficulties in other aspects of their lives. Although the research tells such issues are difficult to predict, it seems important to consider these warnings. Thus, at least there are two children to focus here.*

Police: *Yes, it sounds important to take that little boy seriously, as the one who reported, as well as meeting the needs of the older boy. To do this as two coexisting concerns. However, it seems natural to talk a bit more with the boy who reported, in order to know more about what has happened.*

CHP: *Listening to you, I again hear the words about the mother in this family, who wants help for her child. We do not know what makes her delay and what makes the boy see an urgency for finding new assistance. Nevertheless, we hear about a willingness from the mother. As I see it, it is important to talk with her and the father, without losing sight of the report from the boy about domestic violence.*

RVTS: *I keep in mind that nowadays, the professional field has moved into seeing children witnessing violence in the family as violence against the children as well.*

FPS: *Well, at the same time it impresses me how fast these agencies have acted on the background of the signs from the boy. Often, it is a challenge not letting children's signs fade away. I would like to add how touching it is to hear about the importance of*

arranging passages for children outside of the family to tell about misfortune, and to take such signs seriously.

CPS: *Could you explain a little more?*

FPS: *Yes, I will do. It may be easy to get a bit lost in circumstances told about family difficulties. The small voices from children can disappear, even though they might have been the first opening window into serious family affairs concerning violence. Therefore, I wholeheartedly support all the reminders given here to look more thoroughly into the experiences of the children, and to let such experiences inform and form needed collaboration. Unfortunately, children's voices can be too easily forgotten when grown-ups start to explain or excuse.*

CPS: *Fortunately, in the present case, both the community health provider and the child protection service have the means to start from the child's report, which was the starting point for this consultation. From both requesters, we have heard about agencies taking children's report seriously, combined with an opening for collaborating with the family. Therefore, as I see it, both agencies have a good starting point to continue.*

Step four: The team stops, and the coordinator addresses the requesters: "It sounds like the team has finished. Did they address your concerns?"

LCHP: *If possible, I want some concrete suggestions from the police about how to talk with the child if he returns one of these days, in ways that are not detrimental towards a child's testimony.*

LCPS: *And we would like some more reflections around where to start our work.*

The coordinator asks if the team will reflect on these concerns.

Step five: The child protection service starts the reflecting conversation.

CPS: *As I see it, since the local child protection service is already alarmed, this agency already has the needed opening for a broad exploration, like getting reports from the school, kindergarten, and medical agencies. They also have the option to find out if there are previous reports at the police that may affect current concerns. Moreover, it seems natural to talk with the mother, who by now knows, and the father, and the whole family about the situation at home, and explore the possibility of inviting them into collaboration about what is needed.*

Police: *The question to the police is a challenging and important question for all of us: How should we talk with children about experiences of violence? What I find important is receiving the child if he returns, not rejecting him, and continuing where the two of you left last time. Pick up the line, ask open questions, and repeat the words he used; simply ask him to "tell" or "tell more about that." If then finding reasons, the case can be referred to the police, who is mandated to investigate cases of CSA when an offender is above 12 years of age. Even if below 12 years, the police may find reasons to do preventive work. As we have heard, there might be reasons to find out what is the situation for the older brother. Can his behavior be an expression of something? As a police officer, I like to remind people that the police have a mandate to do preventive*

work. Perhaps then, if finding reasons to refer to the police in the future, the police will turn to the Children's Advocacy Center for a more detailed follow-up. These are my considerations so far. Will anyone add anything?

The other team members answer no. The reflections end.

Step six: The coordinator addresses the requesters: “Now, you have heard what the team had to say. Did you get contributions relevant for your concerns?” The requesters answer: “Yes, now we have heard many contributions. As soon as possible, we will come together, consolidate, and decide our next steps.”

Step seven: The coordinator concludes: “Then, we will thank you all for today. You are free to use whatever you find suited and you are welcome back any time with this case or another. Good luck.”

Some ideas and implications drawn from the approach

Divergent ideas can be drawn from this multi-agency and cross-professional consultation team approach. Theoretical assumptions to inform the approach were not shared premises for the work. No founding ideas have been presented as theoretical premises for the make-up of the practice, nor has any set body of knowledge been introduced to be replicated from any preexisting consultation team approach.

During ongoing consultation, each voice has its influence in ways that cannot be predicted when it comes to how it will be received or combined with preexisting knowledge and voices. Such a starting point for a multi-agency and cross-professional team approach presents major challenges for each to give his or her share, let the others share, and towards the team to resist any temptations to claim an ultimate say—to which the others must subordinate. The challenge is to give space and legitimacy for each person to generate his/her understanding and knowledge conclusions.

The following ideas are implications as *seen from the team members from a participatory researching position at a certain point of time*. It does not give a map for practice. Rather, the goal is to share assumptions that inform the approach, which can be elaborated in many ways depending on contextual circumstances.

Dialogical shifts between listening and talking. The approach gives tribute to an idea that a person is interwoven into and lives through an ongoing dialogue and interchange of voices. Dialogical shifts that allow voices to speak and be heard give the person freedom to reach out for and connect to new voices according to what he/she finds possible and suitable (Bakhtin, 1986, Shotter, 2016). Through fluently arranged shifts, the turn taking allows for speaking about what the speaker determines is important to say without being interrupted, and it allows for listening without the necessity of responding. The format permits the person to connect, in ways that suit him/herself, to available knowledge and voices from others who try to speak in the frame of his/her presented concerns. Thus, it nourishes a freedom of choice of connections, as well as a freedom from unwanted intrusion.

Polyphonic and non-monopolizing dialogues. The approach emphasizes an idea that actively inviting partaking persons to contribute with their local, different, and equally important competencies and voices, develops habits of talking that invite these contributions to be valued as local expertise. It reduces the risk that one single view becomes monopolized as a single,

hierarchically privileged voice. The approach amplifies that each voice and position is an equally valid contribution, and that the requester her/himself determines—from among the multiple contributions and voices—which voices resonate with her/his addressed requests about how to continue from his/her local position.

Availability of a foreign voice. Through the team’s design, contextual make-up, and collaborative processes, it is arranged for the team’s diversity and richness of knowledge multiplicity to be exposed and become legitimate contribution towards requesting agencies. A possible *foreign-ness* is welcomed from all partaking members and a knowledge not known of on beforehand is actively invited. Thus, each voice can change and expand by encountering an *answering consciousness from a new and foreign voice*.

Room for minority voices and potentially contrasting voices. The approach takes into account that in a landscape of abuse and violence, divergent experiences and contrasting voices often surface. The format seeks to invite divergent voices without a premise of developing consensus at the expense of suppressing minority voices. In so doing, the team seeks to reduce the danger of cultivating an interior climate of *either* a cozy, difference-suppressing togetherness among professionals, *or* of hierarchically determined dominance.

Thus, the approach exemplifies that in serious circumstances such as child abuse and violence, it is crucial to seek formats that allow minority and potentially contrasting voices to find room, be heard, get answers, and have influence. Such a challenge counts for requesters as well as for team members.

Authority in local and situated expertise. For an approach informed by an idea that each person is interwoven into and lives through her or his own connection to surrounding voices, where he/she is informed and formed by ongoing connections in dialogues with others, in the present approach, *the position of authority* is left for the person’s own dialogical melting of viewpoints. No person can substitute for another person’s ongoing dialogue or can decide a “gold standard” for valid voices in another person’s situation.

As an example, when there are cases where judicial regulations seem to make specific precautions compulsory, this is introduced during the consultation by relevant and competent team members who identify and explain statutory obligations, rules, and judicial regulations. At the same time, the continuation is left for the requesters to safeguard. It is left for them to decide how to use the information, how to collaborate inside their local agencies, and how to integrate what is heard—or whether to ask for another consultation.

Thus, from an arena of presenting an alterity of new and foreign voices, *the competency of defining how to proceed* is left to the requesting agencies. By this, the approach—even though the team is made up of experts in the sense of professionally educated and experienced voices in this field—the definitions of valid expertise about the continuation is left to those situated in the local context.

What becomes valid lives in the continuation, that is, in the melting of viewpoints from an invited—and potentially contrasting—diversity of available voices. Thus, the approach highlights the idea of knowledge gaining validity through its *local situatedness*. Expertise becomes situated, as defined by the ones included. The requesters’ unique dialogical involvements, the melting of viewpoints, and the formation of new ones becomes and remains as the requester’s own *locally situated expertise*.

An arena for ongoing generation of knowledge. Such an approach has implications for the understanding of knowledge. The consultation team does not have a set body of knowledge that they replicate from consultation to consultation. Each consultation is viewed as unique, and the relevant knowledge that is developed changes according to the tasks and contributions at hand. Thus, what each person offers or highlights will, each time, be new and specifically related to each request. There may be similarities, but it will never be identical. Proposals of viewpoints and knowledge are attuned to each new case, each time creating new experiences and producing *new mergers of knowledge*, specific to the situation at hand.

Ongoing learning as motivation. Such an approach can be understood as constituting an arena where continuing development of knowledge takes place—both outwards towards requesting guests and inwards among the team members. What is exposed from each person as suggested relevant knowledge, and how this knowledge is combined with the knowledge and voices of the requesters and other team members, will remain unpredictable. In this process, all participants learn and create new knowledge case by case. The voices you hear from the others and the voices they connect to will remain unpredictable, changing, and open. *The meaning making is always in the making.* Knowledge is continually *becoming within the meeting*, divergent from being statically defined from outside. For the partaking team members, this continually evolving knowledge-generating process is outlined as *a unique motivator* for attending the team week after week.

Ethics and transparency. Included in all team contributions dwells an ongoing adjustment towards what seems to be important or needed answers to the requesters' concerns. Each answer turns towards the addressed voices and reflects according to his/her sensitivity towards the polyphony of these voices. Thus, the team cultivates a climate of *transparent ethics as an answering responsibility* towards the addressivity of all persons involved.

Respect that fosters respect. Elaborating the competency possibilities of the requesters may in turn elaborate a creative curiosity about the competency possibilities of their clients. Giving voice to the agency workers may help them give voice to others. In these cases, it will be to children, their families, and their network.

Organizational backing. Joining a multi-agency, cross-professional consultation team half a day each week takes time. It challenges the packed schedules of daily service delivery inside all involved agencies. For each team member, being able to rely on organizational backing based on each agency's institutional decision to prioritize sending one representative, is valued *as a needed premise* for partaking in the team.

Discussion

No predecessor has been found in the field to such a multi-agency and cross-professional team approach for the prevention of child sexual abuse and violence serving on a regular basis in a geographical health service area, using a reflecting one-meeting consultation format.

The team has developed its own way of working in an interchange between the team members and its visiting requesters. The (approximately) seven steps found their own *raison d'être* through the team's ongoing consultation work. Whereas the team's development and adjustment over time may deserve its own evaluation, the purpose of the present study was to explore the team's approach as it is established as a relatively stable and current practice.

The ideas drawn from the work were not part of the team's knowledge base at start. The attendants came from different practical and theoretical homes. For some participants, reflecting processes and teams, collaborative practices, and open dialogues were part of everyday professional work (e.g., Andersen, 1991, 2003; Anderson, 1997; Anderson & Goolishian, 1988; Flåm, 2018; Seikkula, 2012; Shotter, 2016; Wangberg, 1991). For others, this was not so. What the participants have in common is a challenge to share experienced or specialized knowledge in a way that does not replicate abuse, neither inside the team nor outside towards visitors.

They also share the challenge of meeting the sufferings of people involved in cases of child abuse and violence. Moreover, they share the knowledge that “there are always dilemmas no matter how such cases are approached” (E. Haugstvedt, personal correspondence, 2014). Such a background can make each member humble about one's own knowledge contribution and respectful towards contributions from others. At the same time, the consultation format constitutes a potential for *creative curiosity* towards others when each person is invited to share and listen to experienced professionals from different and at the same time, equally important agencies.

Arranging for the cooperating services and requester agencies to come together for case consultation in a reflecting practice format can be one way to support the *legitimacy of each agency*. First, it gives each agency an opportunity to both present and to listen freely to each collaborative partner's contributions. Second, it gives each agency space to listen to many-folded and potentially contrasting voices. Third, it leaves room for each participant to reflect upon and decide what each finds to be the best fit for their own local position and agency.

Such a combination can create openings for *more broadly considered and, by that, more qualified actions*. Thus, the consultation format gives an example of modeling non-intrusive and non-hierarchical collaboration; it can exemplify a use of expertise without having to surrender to expert voices or to any other voices other than those that are experienced as *valid according to oneself*. Possible “turf issues” (Wasserman, 2005) may become irrelevant and dissolve without any participant having to conceal or suppress his/her knowledge.

As the research literature illustrates, many multi-agency and cross-professional teams are working with role ambiguity, power struggles, cultural differences, and different philosophies of care (e.g., Howarth & Morrison, 2007, 2011; Mc Lean, 2012). What is generally required are approaches that show respect for the value each professional and agency brings. The approach outlined in this paper is designed to promote multiplicity and to foster non-hierarchical collaborative processes.

The team's approach constitutes an arena for the inclusion and construction of knowledge diversity and for the acknowledgement of each participant's contributions. Thus, it produces a community of knowledge diversity, generating expertise as defined from *within situated contexts* rather than performing a unified and hierarchical expertise as defined from outside. For future research, studying the benefit of the team's contributions in actual consultation cases will be of great importance. The growth of cross-professional and multi-agency consultation teams, and the existing risk that children exposed to abuse and violence do “fall through the cracks”, underscores the importance of further studies of collaborative team practices.

Concluding Comments

Although the theoretical assumptions of the team can be described in various ways, the way its partaking members describe the work and its collaborative processes illustrates an alternative to

the language of suppression and abuse. It exemplifies a possibility for multi-agency and cross-professional consultation teams to find alternatives to hierarchical team structures common in the field. Thus, its arrangements for shared knowledge-generating processes and the growth of situated expertise connect to the contributions from the Russian scholar Bakhtin (1986) and the Norwegian psychologist Rommetveit (2008), who both radically explored and exemplified how language gets its meaning from within locally situated and dialogically embedded human encounters. Understanding evolves as an active process of answering—which is an act of taking responsibility.

The team's consultation process elucidates a way to generate knowledge from *within*, inviting divergent and equally important partakers into a combined, non-hierarchical knowledge exchange that generates *situated expertise* relevant for the situation at hand as well as the practice in general. It welcomes the yet-not-defined as well as the yet-not-decided, including worries and hunches, for mutual exploration and understanding (Hopstadius, 2015; Shotter, 2016). The metaphor "*playing each other good*", as suggested by the team members themselves, points to a similar understanding of knowledge and competency being formed and transformed within encounters. It might, as well, be called arranging for democratizing processes and for equal validity of shares.

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