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Supporting multi-agency communication in working with domestic abuse in families with children:

Evidence from published research

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Introduction

This report is one of three linked evidence summaries from the NHS Education for Scotland (NES) Networked Evidence Search and Summary Service. These summaries focus around the area of *Supporting Multi-Agency Communication in Working with Domestic Abuse in Families with Children*.

This report examines the evidence of published research. The other two cover:

- Evidence from Practice : Perspectives of managers and practitioners in Dumfries & Galloway (*Sheila Inglis, SMCI Associates*)
- Evidence from improvement knowledge (*Sheila Inglis, SMCI Associates*)

Together, these reports combine evidence from research, practice and improvement to inform an action plan for further improving communication and collaboration across agencies in Dumfries and Galloway to support people affected by domestic abuse and violence against women.

For this published evidence report, a search was carried out in available databases and in the grey literature in order to find documents to answer the question '*what works in improving communication across agencies when dealing with domestic abuse in families with children?*'. Results found were screened for relevance based on the exclusion criteria outlined in the *Search process* at the end of the report. Where full-text was available, relevant results have been summarised below.

There was not a lot of strong evidence for this topic however there was agreement in what was found about what the main barriers and potential solutions to improving multi-agency communication are.

The numbers throughout this report align to the reports in the *Summary of articles* section.

Summary of evidence

There was not a lot of strong evidence evaluating multi-agency communication in this area. In what was found, there appears to be clear recognition, across all levels, that multi-agency working is essential in cases of domestic abuse where children are involved [1, 2, 4, 5, 12, 13].

However, multi-agency working in itself can create problems; as more agencies become involved, communication and information-sharing issues can be further complicated [5]. Also, the larger and more complex the partnership(s), the more difficult things are to enforce, and initiatives risk becoming weakened or generalised by the time they are spread [9]. The practical and ideological challenges of moving from a systems-led approach to a person-centred or outcomes-focussed approach can also present difficulties [9].

Horwath et al (2007) show how collaborative partnerships work along a continuum from informal and local to formal and whole agency. The process starts with informal communication between individuals from different disciplines which then becomes case-by-case co-operation, more formalised co-ordination, formal coalition, and finally full integration [9].

Alongside communication between professionals, there is still a need to support the development of communications between parents and offspring too [1].

Key challenges and barriers

Barriers to multi-agency communication and co-working exist at an individual and system level [13, 14] and derive from individual and organisational values, data systems, language used, and lack of understanding of other staff roles and responsibilities. Identified barriers are:

- That information cannot be shared if it does not exist; in domestic abuse cases there is noted under-reporting and under-recording [2]
- Data is often not comparable between agencies due to different lexicons, type of data collected, or data storage systems [2]
- There are different levels of understanding between agencies about what domestic abuse is, and the impact it has [5]
- Communication can be further impacted by the use of euphemistic language (commonly seen in child welfare workers' reports – possibly in an attempt to 'soften' the personal impact or avoid damaging relationships with the parents) or overly clinical jargon which can be misunderstood – or not understood at all – by other professionals [8, 12]
- Different agencies will focus on different things. For example, to the police a woman may be seen as a drug-using offender, but to social services she is a domestic abuse victim, and both may have disconnect from other agencies concerned with children involved or services like housing. Joining up services and sharing information helps engage in a more holistic view of the situation [5]
- Different agencies may not understand what the roles and responsibilities of others are (which is increased the more agencies become involved) [5, 9]
- Different perceptions of risk and different ways of assessing risk exist between agencies [6]
- High staff turnover was seen as a barrier to sustained communication [11, 13]

What is required?

Joint training can help improve formal and informal communication; aid understanding of other professionals' roles; builds trust; and can help to alleviate some of the tensions which come from the differing ideologies and values each agency brings [1, 6, 9, 11, 13, 14]. Haas et al (2011) showed that

attitudes and collaboration improved after a cross-disciplinary training course for domestic violence and child welfare workers. Cross-disciplinary training led to an improvement in the perception of both individual and system-level barriers (with the exception of low staff numbers/high staff turnover which remained high concerns and perceived barriers to improvement) [13]

Haas et al (2011) suggest that creating **formal, shared policies and guidelines** is an essential step in improving cross-agency communication. Cross-agency training is useful in improving employee attitudes and knowledge, but there needs to be a formal, system-level change in policy and procedure to back it up [13, 14].

Clear and consistent referral pathways [1, 5, 6, 7, 11, 14].

Co-location allows better understanding of other professionals' roles; allows relationships to develop naturally; and provides arenas for communication and information sharing without having to go through formal routes (although they should be backed up by formal, established communication pathways) [2, 4, 9, 11, 12]. As well as physical co-location, there needs to be pooled budgets and clear accountability in order to avoid different agencies feeling loss of control, mistrust or conflicting ideologies [5, 9]. Without shared IT systems, budgets, staffing, training and other whole-system poling, there cannot be full integration and thus barriers to joint-working may persist [9].

At a local level, **groups can be established to facilitate multi-agency information sharing**. Domestic abuse forums (which can be set up as part of an agreed local domestic abuse strategy), Local Safeguarding Children Boards (LSCBs), community safety partnerships, and multi-agency risk assessment conferences (MARACs) offer platforms for different agencies to communicate [2, 3, 4, 6]. In order to be effective, such groups need to have **agreed and shared aims, objectives, and plans and establish an information sharing process** [2]. Multi-agency safeguarding hubs (MASHs) put a focus on the needs of children and offer co-location of agencies which

many cite as better for communication [2, 4]. Ensure that there are **domestic abuse specialists** available in any environment where it may be an issue [2].

Shared and clear protocols for information sharing; which are promoted and **monitored by management** and supported by **compatible IT systems** [1, 4, 6, 7, 9, 11]. Development of Information Sharing Agreements [2].

Common language between agencies and agreement on shared definitions; using the government's definition of domestic abuse may help, as will avoiding euphemistic language and jargon [2, 5, 8, 9]. Co-location was also identified as a way to help 'demystify' language used by different professions [12]. Develop **common assessment methods** – including developing a shared understanding of risk [6].

Cedar (Children experiencing domestic abuse recovery in Scotland) could be used as an example of successful multi-agency communication. Creation of a National Support Network, and all statutory services having staff representation as co-facilitators in Cedar groups, enhances the collaborative relationships [10].

Summary of articles

This section contains the links to articles where full text is available online and the key points extracted from the text. Reference numbers correspond to those in the narrative summary. For the full list of all relevant results found, please see the Reference list below.

1.The National Institute for Health and Care Excellence (2014)

Domestic violence and abuse: multi-agency working

NICE guideline

“the cost, both in human and economic terms, is so significant that even marginally effective interventions are cost effective”

“Working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level”

Recommendations include:

- Should have partnerships which represent all those involved with domestic abuse – including the third sector.
- Should be clear mapping of pathways.

The following services’ senior officers should participate in local strategic partnerships:

- Health services
- Local authority
- Safeguarding boards
- Public health
- Sexual violence services
- Housing
- Schools and colleges
- Police
- CSPs
- Probation and other criminal justice agencies

- The Children and Family Court Advisory and Support Service
- Specialist voluntary, community and private sector organisations.

Should have clear protocols for information sharing; which clearly define the limits of what information can be shared. Need to be mindful however of legislation like the Data Protection Act and losing trust of the victim. In situations where children are involved, consent does not necessarily need to be given.

There should be specialist domestic violence and abuse services for children and young people. These should be co-ordinated by all agencies.

Health and social care staff should have tailored training in how to respond to domestic abuse and know about clear referral pathways. Should also be part of their CPD.

“3.16 Domestic violence and abuse between parents is the most frequently reported form of trauma for children (Meltzer et al. 2009). In the UK, 24.8% of those aged 18 to 24 reported that they experienced domestic violence and abuse during their childhood. Around 3% of those aged under 17 reported exposure to it in the past 12 months (Radford et al. 2011). “

“3.17 The impact of living in a household where there is a regime of intimidation, control and violence differs by children's developmental age. However, whatever their age, it has an impact on their mental, emotional and psychological health and their social and educational development. It also affects their likelihood of experiencing or becoming a perpetrator of domestic violence and abuse as an adult, as well as exposing them directly to physical harm (Stanley 2011; Holt et al. 2008).”

“3.18 There is a strong association between domestic violence and abuse and other forms of child maltreatment: it was a feature of family life in 63% of the serious case reviews carried out between 2009 and 2011 (Brandon et al. 2012).”

“4.9 The PDG recognised the wide range of ill-effects that exposure to domestic violence and abuse can have on children and young people, including the effect on their social, emotional, psychological and educational wellbeing and development. It also recognised that providing effective

interventions and support may reduce the likelihood of them being affected by, or perpetrating, domestic violence and abuse in adulthood."

2. College of Policing (2015)

Partnership working and multi-agency responses/mechanisms

Website – training information

Partnership working enables:

- early effective risk identification
- improved information sharing
- joint decision making
- coordinated action to assess, manage and reduce risk

Domestic abuse specialists play an active role in maintaining multi-agency communication through ensuring information is shared properly including the sharing of risk assessments. It is also within the role of domestic abuse specialists to ensure that other agencies understand risk specific to the context of domestic abuse.

Authorities have a duty under the Crime and Disorder Act (1998) to have Community safety partnerships which are made up of police, local authorities, fire and rescue authorities, the probation services, and health groups.

Data should be comparable between agencies – a common language (such as using the Government's definition of domestic abuse) can help.

Regular audits can help to identify barriers to multi-agency communication.

As opposed to other types of crime, there may be less information available for domestic abuse as (compared to other crime types) it tends to be under-reported, under-recorded, it is not collected as separate data, and it is often not fully disclosed in public surveys.

Domestic abuse forums can be set up to facilitate multi-agency communication (this can be done as part of local domestic abuse strategies). These have the focus of establishing shared aims, objectives and plans in how performance in how domestic abuse is handled across agencies. A function of this forum should be to develop a multi-agency information sharing process.

Local authorities are required to establish a local safeguarding children board (LSCB) which brings together as many associated agencies as possible.

Multi-agency safeguarding hubs (MASH), normally focused on children's needs, which co-locate services to increase effectiveness of services and to better facilitate information sharing.

Multi-agency risk assessment conferences (MARACs) share information about the highest-risk domestic abuse cases between agencies including housing, police, probation services, health, child protection and the voluntary sector. The purpose is safeguarding and sharing information to allow the agencies involved to access the complete picture.

3. Pickles, J. (2007)

Risk assessment and domestic violence: the multi-agency Marac model of intervention

Magazine article

MARACs help people involved with high-risk domestic abuse, and their children, through a combination of risk assessment and multi-agency information sharing. The safety of victims and their children requires agencies to work together.

4. Home Office (2014)

Multi agency working and information sharing project: final report

Government report

Multi-Agency Safeguarding Hub (MASH) is the most common model for information sharing with the aim of improving safeguarding for vulnerable people.

When working with MARACs, MASHs identified the following as important features:

- Risk assessments help aid understanding between the two of the risks and allow for clearer communication.
- Information sharing protocols should be clear and consistent.
- Co-location allows for the sharing of knowledge and expertise.

A MASH representative in the MARAC helps strengthen links.
Links with domestic abuse agencies are important as they allow better information sharing and avoid duplication of effort.

5. Peckover, S. et al. (2013)

Multi-agency working in domestic abuse and safeguarding children: part of the problem or part of the solution?

Article - project pilot evaluation

Calderdale's WomenCentre undertook a multi-agency pilot with the aim to improve safeguarding children in families where domestic abuse was present.

In families where domestic abuse occurs, there are often other problems present such as mental illness or substance abuse which can make cases more complex – yet also shows the need for communication and information sharing between agencies.

Findings from the WomenCentre pilot show that issues which affect multi-agency working are:

Understanding about domestic abuse differs between professionals. There are different understandings and experiences of what to do and 'what works well' – information sharing could resolve this. Dealing with services in

isolation leads to a loss of joined-up thinking – a woman being dealt with by probation services for drug offences may not be viewed as having victim status due to domestic abuse issues. Different professionals will label people differently e.g. 'parent' or 'offender' which affects where the emphasis is. Different agencies will have different priorities.

Professionals also have trouble understanding the roles and responsibilities of other professionals – especially the more agencies are involved.

Needs to be more awareness about MARACs and risk assessment. This pilot found that most referrals to MARACs were from criminal justice agencies – and the emphasis was on criminal justice rather than safeguarding.

More professionals need to adopt a more child-centred approach to their work.

Multi-agency working can in itself create problems as there are different professionals involved.

In a multi-agency network, there needs to be clear accountability for the safety of women and children.

"There is also an absence of agency accountability for leading or managing domestic abuse work – it is typically everyone's responsibility so no one owns it – with the result that the issue can too often become marginalized or fragmented" [p45].

Practices throughout the system need to be consistent and coherent.

Representation on the MARAC should include those with an understanding of the complexity of domestic abuse cases.

6. The National Institute for Health and Care Excellence (2014)

[Adult safeguarding – sharing information]

Website

In the context of safeguarding adults, SCIE identify the barriers and solutions to communication and information sharing in joint working.

At a strategic level, there should be improved links between public protection forums (MARACs, MAPPAs, community safety partnerships, safeguarding boards. Partner agencies should be involved as far as is appropriate in meetings and investigations, and referring agencies kept informed on progress and outcomes. There needs to be a joint approach to information sharing which is regularly monitored.

There needs to be joined-up training and understanding. Risk is identified as an issue and agencies should work together on risk assessment and management.

In relation to information sharing, staff need to be clear on the implications of, and their role in, data protection, human rights, and confidentiality principles.

Managers have a role to play in providing guidance and advice within their organisations.

There is an issue with staff being reluctant to share information based on their misunderstanding of confidentiality and consent, therefore, the following needs to be made clear: the responsibilities they have to share information – and the negative consequences of not doing so; there should be a contact number or person where staff can go to raise concerns; procedures for raising concerns should be clear and well communicated; making staff aware that evidence is not necessary if they wish to raise a concern; staff should be briefed on the principles of data protection, confidentiality and the Mental Capacity Act.

Different IT systems and geographical boundaries can raise a problem in sharing information between agencies. Communication channels should be agreed and made clear. There needs to be agreements with neighbouring local authorities. Shared databases need to be developed.

Consent can be overridden in a number of circumstances, including where there is concern for the safety of a child or where a court order or other legal authority has requested the information.

7. The National Institute for Health and Care Excellence (2008)

Learning together to safeguard children: developing a multi-agency systems approach for case reviews

Website

SCIE have developed a 6-part typology of systemic patterns in child welfare.

1. Human-tool operation. Need to examine how assessment tools are used and how databases are used to store information. And how these interact with each other.
2. Human management system operation. Management styles and operational decisions affect practice. Senior management need to look at how they impact on practice.
3. Communication and collaboration in multi-agency working in response to incidents/crises. Where there are well established guidelines for multi-agency working and clear referral procedures and cultures of feedback, agencies work well together.
4. Communication and collaboration in multi-agency working in assessment and longer term work. There needs to be distinction between – and understanding of this distinction – between one-off events and ongoing processes.
5. Family-professional interactions. Cannot underestimate the importance of the relationships child welfare workers have with service users – they are often in a position to get the most information from the person. It is also important to note though, that in some cases, there relationships and staff interpretation of the information they are given can have a negative impact on cases.
6. Human judgement/reasoning. Systems depend on people and psychological limitations and human errors of reasoning need to be accounted for. Judgement and plans need to be continually reviewed.

8. The National Institute for Health and Care Excellence (2016)

Euphemistic language in reports and written records

Website

Child welfare workers write euphemistically because they see it as the child-centred approach to record things exactly as they are told by the child without interpretation. There is a worry that reports will be read by parents – in situations where there is to be ongoing contact with families, they do not want to jeopardise their relations with them. The style of writing is taught and perceived as being 'professional'; there is a professional norm of using broad terms rather than descriptive specifics. May be used as a way to 'sanitise' the situations for themselves which can downplay the seriousness of events. Where language is confusing, there is a reluctance from other professionals to question or challenge it.

9. Horwarth, J. et al. (2007)

Collaboration, integration and change in children's services: Critical issues and key ingredients

Journal article

2 challenges identified:

1) "move towards strategic and higher level forms of interagency collaboration in child welfare services…involves the development of integrated service delivery systems based on the merging of previously separate organisational and professional systems"

2) "challenge to move from service-led delivery to outcome-focused services"

The authors identify 5 levels of interagency working which show how collaborative partnerships work along a continuum "from informal and local collaboration to formal and whole agency collaboration"

1) Communication. Individuals from different disciplines talking

2) Co-operation. Low key joint working on a case-by-case basis

3) Co-ordination. More formalized joint working but no sanctions for non-compliance

4) Coalition. Joint structures sacrificing some autonomy

5) Integration. Organizations merge to create new joint identity

Distinction between formalization, reciprocity and standardization can determine how well communication and collaboration happen.

Issues affecting interagency collaboration have been identified as “ issues regarding lack of ownership amongst senior managers; inflexible organizational structures; conflicting professional ideologies; lack of budget control; communication problems; poor understanding of roles and responsibilities and mistrust amongst professionals”

In order to be truly integrated, services need unified management, pooled resources (including budgets) and whole-system approaches to training, data storage, assessments and targets, planning and the need for at least some agencies to give up their individual identities.

Need to consider the intra-agency environment and its effect on the success of inter-agency working. Also need to consider previous experiences of inter-agency communication, culture, gender, class, and race.

In high-risk circumstances (such as child welfare) managers may be more reluctant to collaborate as they ‘lose control’ of their staff and service decisions.

“mandates in complex, large partnerships can be difficult to enforce and therefore may become weak and generalized” which can result in differences between the agreed mandate and practice.

The level of representation and influence each agency has can be a source of tension so membership and participation needs to be carefully considered and managed. Things need to be as clear and fair as possible.

Leadership behavior impacts on practice.

Partners must agree on shared goals.

There can be governance issues – who is responsible for what? There needs to be clear lines of communication and accountability.

Practical issues are very important and also impact on communication and collaboration. Things like shared physical locations, shared access to equipment and shared resources. Boundary issues (which affect information sharing too) need to be resolved before partnership commences.

Training needs to be delivered in a joined-up way. Multi-disciplinary training can help relieve some of the tensions which come from the differing values and philosophies each agency brings.

Trust is key.

10. Sharp, C. et al. (2011)

We thought they didn't see: Cedar in Scotland – Children and mothers experiencing domestic abuse recovery

Executive summary report

"Cedar (Children experiencing domestic abuse recovery) in Scotland is a psycho-educational, multi-agency initiative for children and young people who have behavioural, emotional and social difficulties as a consequence of their experience of domestic abuse" [p3]

CEDAR can help improve the understanding of the issues associated in different agencies and aid multi-agency working. Statutory services should provide staff to sit as co-facilitators in Cedar groups – this will also add value to their wider practice in working with other children and families.

Cedar should be adopted by agencies as a continued way of working. Having a multi-agency pool to draw on (through the establishment of a Cedar National Support Network) will allow continued inter-professional knowledge-sharing and training.

11. Scottish Government (2012)

Getting our priorities right (GOPR): updated good practice for use by all practitioners working with children, young people, and families affected by substance abuse

Case study

In a substance-misuse partnership in Midlothian, the following features were identified as key to successful multi-agency working:

- Co-location
- Shared knowledge base
- Consideration of how the service is delivered in the context of all the agencies
- Robust monitoring
- Understanding of and respect for the roles and responsibilities of others
- Common priorities
- Joint training
- Clear protocols and referral pathways
- Regular meetings
- Low staff turnover

Communication is seen as lacking between children's and adult services which makes children and families vulnerable to 'falling through the gaps'.

Services need to communicate any changes in the service-user's situation to other agencies as soon as feasible as it may affect their treatment.

12. O'Dwyer, P. et al. (2016)

Evaluation of a co-location initiative: a public health nurse working in a social work department to improve child protection practice

Journal article

Aligning services improves service delivery, and strengthens services and systems universally.

Co-location was viewed as a key factor in enabling information sharing.

Co-location broke down language barriers which can hinder inter-agency communication; for example, working alongside clinical staff led to medical terms being 'demystified'.

Co-location can help professionals see what those in other agencies do.

13. Haas, S. M. et al. (2011)

Evaluation of cross-disciplinary training on the co-occurrence of domestic violence and child victimization: overcoming barriers to collaboration

Journal article

One way in which communication barriers between agencies may be overcome is through cross-disciplinary training; it promotes closer relationships, builds trust between agencies, and encourages greater understanding of other roles.

Barriers to collaboration exist at a system and individual level.

Creating formal, shared policies and guidelines is an essential step in improving cross-agency communication. Cross-agency training is useful in improving employee attitudes and knowledge, but there needs to be a formal, system-level change in policy and procedure to back it up.

High staff turnover is a barrier to cross-agency collaboration.

Differing individual ideologies can be barriers to cross-agency working.

Attitudes and collaboration improved after a cross-disciplinary training course for domestic violence and child welfare workers. Cross-disciplinary training led to an improvement in the perception of both individual and system-level barriers – with the exception of low staff numbers/high staff

turnover which remained high concerns and perceived barriers to improvement.

14. Stanley, N. et al. (2011)

Children's experiences of domestic violence: developing an integrated response from police and child protection services

Journal article

Barriers to communication between social workers and police in domestic violence cases where children were involved included difficulties in contacting necessary frontline staff. Both agencies stated they were only likely to feed each other information if there was a statutory child protection intervention

Police and social workers stated that joint training would help with understanding the others' roles and improve information sharing. Shadowing was another suggestion – it would develop knowledge of the others' roles and build relationships.

Needs to be a system-level approach as well – structures for ongoing communication should be established between agencies.

References

[1] NICE (2014) Domestic violence and abuse: multi-agency working.

[2] College of Policing APP (2015). Partnership working and multi-agency responses/mechanisms.

[3] Pickles, J. (2007). Risk assessment and domestic violence: the multi-agency Marac model of intervention. [Community Care article]

[4] Home Office, 2014. Multi agency working and information sharing project: final report.

[5] Peckover, S. et al. (2013). Multi-agency working in domestic abuse and safeguarding children: part of the problem or part of the solution?

[6] SCIE (2014) Adult safeguarding – sharing information

[7] SCIE (2008) Learning together to safeguard children: developing a multi-agency systems approach for case reviews

[8] SCIE (2016). Euphemistic language in reports and written records.

[9] Horwath, J. et al (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. Child abuse and neglect, 31(1) pp55-69.

[10] Sharp, C. et al. (2011). We thought they didn't see: Cedar in Scotland – Children and mothers experiencing domestic abuse recovery

[11] Scottish Government (2012). Getting our priorities right (GOPR): updated good practice for use by all practitioners working with children, young people, and families affected by substance abuse.

[12] O'Dwyer, P. et al. (2016). Evaluation of a co-location initiative: a public health nurse working in a social work department to improve child protection practice. The Irish Social Worker, Spring 2016,

[13] Haas, S.M., et al. (2011), Evaluation of cross-disciplinary training on the co-occurrence of domestic violence and child victimization: overcoming barriers to collaboration. Journal of Health & Human Services Administration, 34,3, pp. 352-386.

[15] Stanley, N., et al. (2011), Children's experiences of domestic violence: developing an integrated response from police and child protection services. Journal of Interpersonal Violence, 26,12, pp. 2372-2391

Search process

The following resources were searched: *Medline, ASSIA, Google, SCIE and Social Care Online, IRISS, Epistimonikos, Scottish Government website*

Key terms: domestic abuse; domestic violence; child*; communication; collaboration; multi-disciplin*; multi-agenc*; inter-disciplin*; inter-agenc*; co-work*; joint working; integrated services

Exclusion criteria:

- Items which looked at domestic abuse without mention of children or young people
- Items which were not in English
- Items which did not mention communication
- Protocols or proposals for research as these did not provide any answers to the questions
- Items which were about interventions and initiatives within agencies/organisations (ie did not look at how to work across agencies)

Search strategies

Database: Ovid MEDLINE(R) 1946 to Present (Dec 2016) with Daily Update

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1 Spouse Abuse/ or Domestic Violence/ (13291)

2 child*.mp. (2228560)

3 Parents/ or Family/ (126792)

4 famil*.mp. (1109848)

5 2 or 3 or 4 (3128587)

6 1 and 5 (5904)

7 communic*.mp. (386234)

8 Communication/ (77186)

9 interdisciplinary.mp. (38646)

10 multidisciplinary.mp. (54157)

11 "cross disciplin*".mp. (1063)

12 inter agenc*.mp. (315)

13 collaboration.mp. (48930)

14 7 or 8 or 13 (428400)

15 9 or 10 or 11 or 12 or 13 (134058)

16 14 and 15 (67262)

17 "Delivery of Health Care, Integrated"/ or integrated.mp. (167714)

18 Cooperative Behavior/ (41045)

19 Interinstitutional Relations/ (11008)

20 joint working.mp. (417)

21 Interprofessional Relations/ (49975)

22 integrat*.mp. (372581)

23 16 or 17 or 18 or 19 or 20 or 21 or 22 (507301)

24 6 and 23 (300)

25 limit 24 to (english language and humans and yr="2001 - 2016") (211)