



Protocol of collaboration among different actors involved in ACEs - SP

Action protocols

Definition

Adverse Childhood Experiences (ACEs) are traumatic events that affect children while growing up, such as suffering child maltreatment or living in a household affected by domestic violence, substance misuse or mental illness.

We establish collaboration between education, social services and police, medical services.

At schools and health centers situations of lack of protection with children can be detected, whose bypass channel will be oriented as follows. In cases of mild or moderate lack of protection, the reference professional in the health center or school will inform the family about the detected situation, and to the Social Services of the locality. In cases of severe deprotection, the communication will be with also specialized Social services. Cases of serious physical abuse and Sexual abuse are included in this procedure. This is the protocol that the Municipality of Cerceda signed few years ago with schools, medical staff, Police and Social services that are included in the municipality activities.

Connections between professionals

In addition to the collaboration necessary to make the evaluation of the lack of protection that affects a child, there may be connection points in both directions, in this way we ensure that the Lack of protection of minors is detected.

With the protocol signed by the city council with all the institutions that intervene in the protection of minors, we ensure inter-professional collaboration but also that no student is left without the necessary attention

Process of assessment and diagnosis of situations that require collaboration and coordinated intervention. *(lack to include medical services in the project)*

1. The process of assessing the situation is therefore initiated in one of the four systems:

School, Medical center, social services and Policy services and has as its first stage the internal work of the equipment that will result in the formulation of the need

detected and the corresponding record of the same in the format established by each system: clinical history, school dossier, social history, policy interventions ...

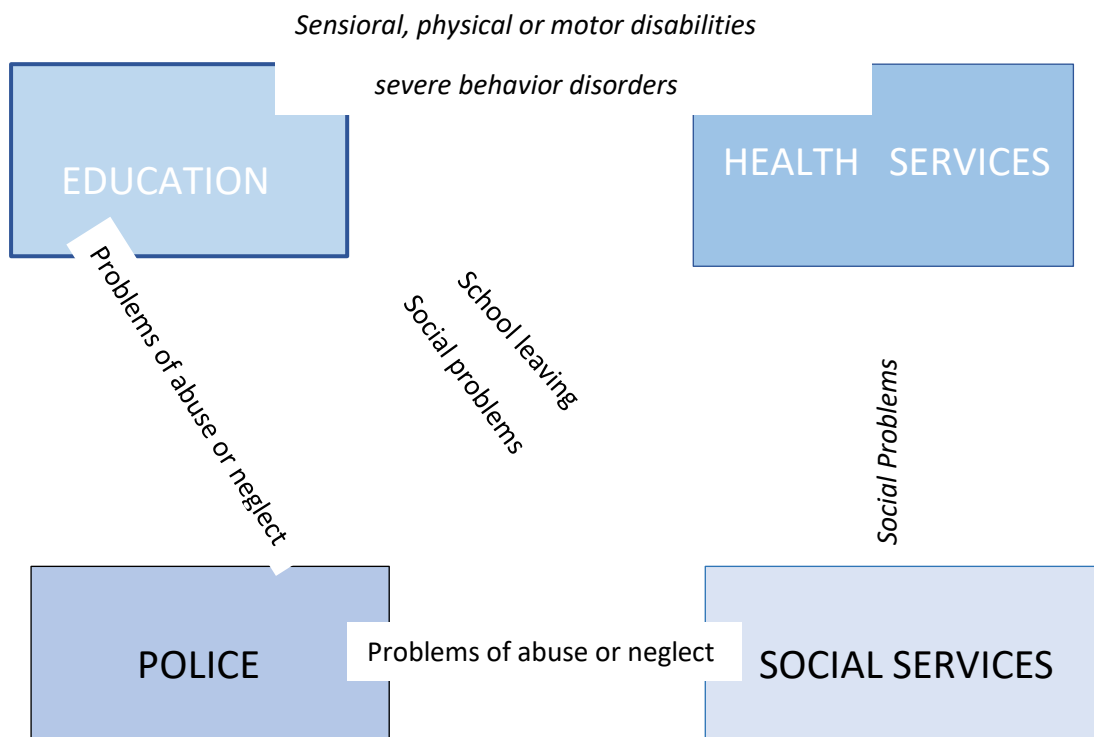
2. In the next stage the team has to discriminate if there is a defined protocol or not specific action for the attention of the detected situation (absenteeism, gender violence, Disorder Attention Deficit Hyperactivity Disorder (ADHD) or if on the contrary the protocol must be used of collaboration defined by the project.

3. The need to inform the family and request their collaboration, as well as informed consent to provide personalized information, will be considered. The exception to this rule is constituted by the cases of deprotection

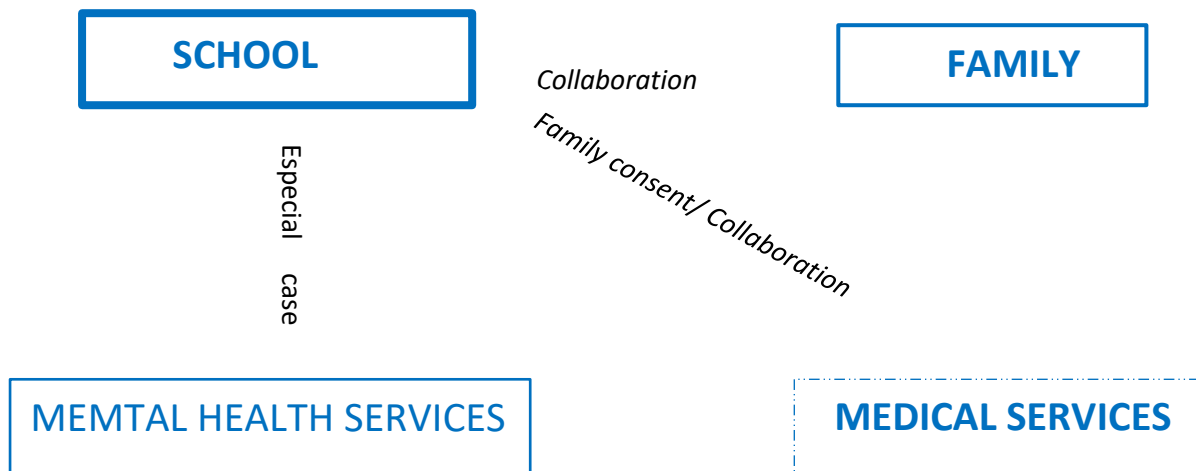
At the same time, direct communication can be established between the different professionals to gain effectiveness, especially in those cases where the health or education of the child (under 18 years of age) is compromised.

Collaboration flows between the four institutions (professionals)

Collaboration flows between the four institutions. The collaboration is reflected in the following graphic.



Collaboration among education and health services



When schools detect that a student has problems should send to medical services to assess whether they exist (behavioral and personality disorders, some type of disability, ...) The counselor should contact with the family first because they are responsible in this decision. The family will contact the pediatrician who will divert the student to the specialist (mental health or psychologist) if is necessary. The counselor should follow up collaborating with the family and the health services if is necessary. The detection of an important problem will be communicated by the family's medical services to the family and this will contact the guidance of the school that will assess the situation to give the appropriate educational response to the student's needs.

Close cooperation will be established between the medical services and the school, with the prior authorization of the parents (This is reserved for more severe cases.)

Collaboration among medical services and Social services and school

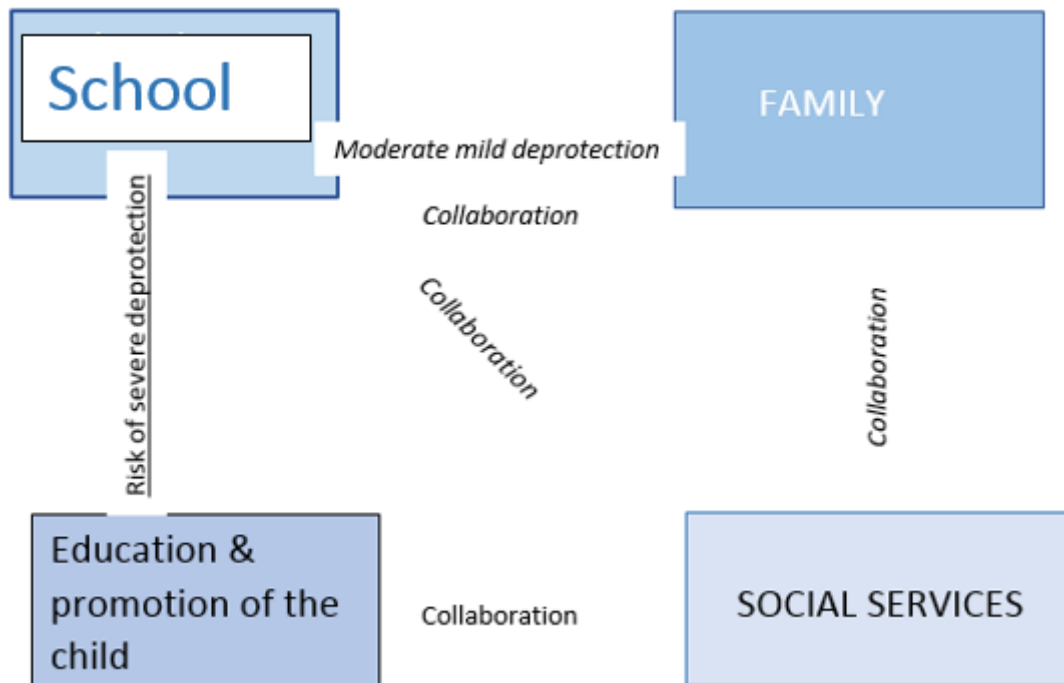
In order to implement a good collaboration the will help student also a bilateral collaboration will be stablish among medical services and and child protection social services. They 'll agree in what is better for the child and they will transmit to the school the protocol to follow in collaboration with the Family.

There are few cases in our area (in which the police have to intervene. In these cases the collaboration is among the four services

Schools know how to procede, for example in Spain the Regional Government has implemented different protocolos on how to procede in different situations and they are available for all (Schools, Social Services, Medical services and police. If there is a protocol published by a "XUNTA" Galician gavenment the involved professionals just

have to apply the protocols in other cases they together have to draw up a plan to solve the situation in the best way.

Town Halls like Cerceda have designed its own protocols of collaboration to mitigate the effects of ACES.



The situations that can be presented to a teacher are very diverse ways. The assessment process can be initiated at the school, medical services or social services; The first analysis will provide the detection of a need and its formulation and registration medical history, teachers report,...

In the 2nd stage the three services have to identify if there is a specific protocol for the situation, if not they'll review the *protocols designed among the Town city and participant institutions (school, Medical centres...)*

We will inform the family, request their collaboration and ask for permission to give personalized information about the student. We exclude from this case the students who are in cases of unprotection.

The collaboration can be professional by requesting a *non-personalized* advice, in that case we will use the phone or email or it can be a *personalized case* in this case we will require following documents:

- Basic Communication Document
- Specific document to notify cases of unprotection
- Document with family authorization

Who activates the communication?

The institution that detects the problem is the school

Coordination with medical and social services, will be activated through the school's counselor who is in charge of this service in SPAIN

From social services

The coordination of the collaboration protocol with families, school, and medical center, will be activated through the professional responsible for the area in social services.

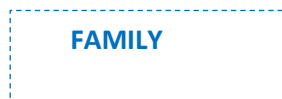
From the medical services the activation of the action protocol is carried out through the social worker of the Health center or the pediatrician who attends to the child. In Mental Health it is done through the psychologist or psychiatrist.

Internal work route that is carried out within a coordinated action plan



PROTOCOL REQUEST DOCUMENT

COLABORATION PROTOCOL



COORDINATED ATTENTION PLAN

C. Teachers Activities

1. Design a case study and indicate the actions you will carry out from a school to if you detect that a student in your class has a problem that must be solved using a coordinated action plan. Don't forget to work the resilience in the class, design your own activities to improve resilience at school.