



International Workshop Agreement

**Child-friendly multidisciplinary
and interagency response services
for children who are victims of
violence — Requirements and
recommendations**

IWA 49

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

0.1 Background

It is estimated that, worldwide, up to 1 billion children aged between 2 years to 17 years have been affected by physical, sexual, or emotional violence or neglect.^[1] This includes being subjected to physical punishment by caregivers, bullying in school, and physical, emotional, and sexual violence. Every four minutes, a child dies due to violence somewhere in the world. On average, violence claims the lives of approximately 130 000 children and adolescents under the age of 20 every year, with boys facing a higher risk of dying from violence compared to girls.^[2]

The United Nations Children's Fund (UNICEF) has estimated that over 1 billion women and men alive in 2024 were subject to sexual violence when they were children. 650 million (1 in 5) girls and women alive today have been subjected to sexual violence as children. Among them, over 370 million (1 in 8) have experienced rape or sexual assault. For boys, between 410 million and 530 million (1 in 7) have been subjected to sexual violence in childhood. This includes 240 million to 310 million (1 in 11) who experienced rape or sexual assault.^[3]

Furthermore, technology has a significant impact on children's well-being, offering both opportunities and risks. While the internet facilitates learning, social interaction and creativity, it also exposes children to dangers such as cyberbullying, grooming, and sexual exploitation since perpetrators often exploit social media and online gaming platforms, live-streaming services, and encrypted messaging apps to distribute child sexual abuse material,^[4] solicitate minors, or engage in sexual extortion.

Globally, 1,6 billion children (2 in 3) experience violent punishment by caregivers at home. Among them, over two-thirds are subjected to both physical punishment and psychological aggression, such as screaming and name-calling. Nearly 550 million children (1 in 4 globally) live with mothers who are victims of intimate partner violence, exposing them to additional risks and trauma.^[2]

"The impact of violence is devastating, immediate and lifelong. Violence against children impairs their brain development, their physical and mental health and their ability to learn", according to Reference ^[5]. While the criminal justice process is a priority for most states, child victims and witnesses of violence have the right to a holistic response that supports their full recovery.

The United Nations Convention on the Rights of the Child (UNCRC)^[6] and its *Optional Protocol to the Convention on the Rights of the Child on the Sale of children, child prostitution and child pornography*^[7] and the Council of Europe *Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Convention)*^[8] underscore the obligation of state parties to create systems that safeguard children from all forms of violence and abuse and adopt measures to promote their physical and psychological recovery. The United Nations Committee on the Rights of the Child systematically recommends that state parties establish child-friendly, multidisciplinary and interagency services to address violence against children and ensure that children receive timely, effective support.^[9]

Multidisciplinary and interagency (MDIA) response services are a cornerstone of effective child protection systems. MDIA response services provide holistic, child-centred and child-friendly responses to violence and abuse. They bring together child welfare, criminal justice, and medical, therapeutic and legal professionals under one roof to deliver a coordinated and child-centred response.

In many contexts, the lack of integration between these services results in fragmented and inconsistent support for child victims. This often forces children to navigate complex systems alone, reliving their trauma by recounting their experiences multiple times to different professionals. The absence of a child-centred approach exacerbates the difficulty of disclosure, particularly in cases of sexual violence, where feelings of fear, shame, and stigma already act as significant barriers. MDIA response services help reduce re-traumatization for children subjected to sexual exploitation or abuse and child victims and survivors of violence by preventing the repetition of their experiences.^[10] These services are part of a broader continuum of child protection mechanisms that address the needs of children and their families throughout the entire process of healing and protection.

MDIA principles can be adapted to a range of resource environments and governance frameworks while maintaining a child-centred approach. The Barnahus (Children's House) model, developed in Iceland, for

instance, integrates child welfare, criminal investigation, and medical and therapeutic services under one roof, minimizing the risk of re-traumatization while ensuring a coordinated response. In 2015, the Committee of the Parties to the Convention for the Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Committee) recognized the Barnahus (Children's House) model as a promising practice.^[11]

Children's Advocacy Centers in the United States emphasize multidisciplinary collaboration, providing child-friendly environments for interviews, medical examinations, and therapy. In countries with fewer resources, community-based MDIA initiatives demonstrate the flexibility of the model, relying on community involvement to deliver services, ensuring accessibility and cultural relevance.^[9]

The promotion and implementation of MDIA response services align closely with the Sustainable Development Goals (SDGs), particularly Goal 16, which aims to promote peaceful and inclusive societies, provide access to justice for all, and build effective, accountable institutions. Specifically, MDIA response services contribute to Target 16.2, which seeks to end abuse, exploitation, trafficking, and all forms of violence against children, as well as Target 16.3, which focuses on promoting the rule of law and ensuring equal access to justice. By fostering coordinated, child-centred responses, MDIA response services also intersect with SDG 5, which aims to achieve gender equality and empower all women and girls, by addressing the gendered dimensions of violence and supporting survivors, as well as with other SDG targets related to violence against children.

Efforts to establish and expand MDIA response services have been supported by a range of international and regional organizations.

The United Nations Committee on the Rights of the Child recommends that state parties establish MDIA response services.

As part of its core commitment to strengthening comprehensive child protection systems, UNICEF has consistently promoted child-friendly, integrated, and multidisciplinary services for child victims and witnesses of violence worldwide. These efforts are designed to foster coordinated, child-centred approaches that address the complex needs of children in a holistic manner.

The European Union in its Strategy for the Rights of the Child^[12] has also emphasized the urgency to present an initiative aimed at supporting the development and strengthening of integrated child protection systems, which will encourage all relevant authorities and services to better work together, in a system that puts the child at the centre.

The Council of Europe has promoted the Barnahus (Children's House) model since 2015 and has been assisting its member states in establishing and expanding the existing services with a view to providing children with access to child-friendly justice.^[13]

The Council of the Baltic Sea States has advanced the Barnahus (Children's House) model since 2015, focusing on capacity building, standard development, and international cooperation to enhance child-friendly, multidisciplinary approaches to child abuse cases. These efforts led to the creation of the Barnahus Quality Standards^[14] and formalized the Barnahus Network,^[15] a member-led platform connecting professionals and policymakers across Europe. The network supports the establishment and operation of the Barnahus (Children's House) model, promotes best practices, facilitates training, and fosters cross-border collaboration to strengthen MDIA response services globally.

This document recognizes the contributions of all these organizations and others that have supported and promoted MDIA response services globally, while underscoring the need for continued collaboration to expand MDIA response services globally.

0.2 Use of this document

This document is intended to establish a consistent global baseline in the establishment and provision of MDIA response services, based on a consensus of key experts and organizations involved in their drafting and good practices worldwide. It can be used alongside relevant United Nations standards in addition to local, regional or global standards.

This document is designed to ensure equality and fairness in the provision of MDIA response services worldwide. While they form a universally applicable foundation, this document also recognizes the need

for adaptability, allowing governments and stakeholders to contextualize the model to suit specific legal, cultural, and social environments. Beyond this baseline, states and other actors are encouraged to innovate and expand upon these requirements and recommendations to achieve the highest levels of service quality and effectiveness.

The aim of this document is global application, ensuring that the requirements and recommendations outlined are relevant and applicable to diverse geographical contexts, from high-resource settings to those with more limited capacities.

This document serves as a resource for collaborative efforts, whether led solely by governmental organizations or in partnership with non-governmental organizations. It is also intended for use by international organizations, monitoring bodies, stakeholders and agencies or service providers for child victims of violence.

See [Annex B](#) for information regarding workshop contributors for this document.

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Child-friendly multidisciplinary and interagency response services for children who are victims of violence — Requirements and recommendations

1 Scope

This document provides requirements and recommendations for child-friendly multidisciplinary and interagency (MDIA) response services for children who are victims of violence. It provides a holistic framework for MDIA collaboration to ensure that children are provided with a child-friendly, professional and effective response in a safe environment.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1 child

person below the age of 18 years

Note 1 to entry: Adapted from Reference [16].

3.2 parent

person(s) with parental responsibility, according to national law

Note 1 to entry: In case the parent(s) is/are absent or no longer holding parental responsibility, this can be a guardian or an appointed legal representative.

Note 2 to entry: Adapted from Reference [16].

3.3 violence

all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse

Note 1 to entry: This includes all kinds of non-intentional forms of harm, including making a child witness violence.

Note 2 to entry: Adapted from Reference [17].

3.4 victim

child affected by violence, including a child who has witnessed violence, irrespective of their legal status and their recognition as a victim of a crime by a legal system

3.5

survivor

person who has been affected by violence as a child, irrespective of their legal status and their recognition as a victim of a crime by a legal system

Note 1 to entry: Survivors can identify with the term “victim” or “survivor” or another term. Therefore, it is important to use the term that an individual prefers when engaging with them. See Reference [18].

3.6

child-friendly

any behaviour, conduct, practice, process, attitude, environment or treatment which is humane, considerate, adapted to the level of maturity and understanding of the child, and in the best interests of the child, for the child to feel safe, protected, understood and actively involved

3.7

multidisciplinary and interagency response service

MDIA response service

established and coordinated mechanism to deliver interventions and assist, protect and respond to the needs of children affected by violence, which is coordinated between different agencies through a formal setup, and consists of a combination of, or involvement by, several professional disciplines or specializations

Note 1 to entry: A multidisciplinary response can be regulated by, for example, joint standard operating procedures (SOP) or practical guidelines.

Note 2 to entry: The formal setup for interagency coordination and cooperation can be done by, inter alia, a law, policy, memorandum of understanding or other agreed cooperation framework.

Note 3 to entry: The agencies involved can include line ministries, public institutions and relevant private and non-governmental entities.

Note 4 to entry: The MDIA response service mechanism is active during child protection, welfare, and criminal justice investigations and proceedings.

3.8

trauma-informed manner

practice grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological, psychological and social development

4 Requirements and recommendations

4.1 General

MDIA response services shall be based on the four general principles of the UNCRC.^[6] These are:

- non-discrimination (UNCRC Article 2);
- the best interests of the child (UNCRC Article 3);
- the right to survival and development (UNCRC Article 6);
- the right to participation (UNCRC Article 12).

MDIA response services should also uphold the right to recovery and reintegration (Article 39), ensuring that children subjected to violence are supported to recover their health, self-respect, and dignity, and are reintegrated into their communities.

MDIA response services shall protect the best interests of the child during investigation and handling of cases involving violence against children.

MDIA response services shall provide comprehensive and coordinated support for children before, during and after criminal and child protection and welfare investigations. The case management and individual assessments of each child shall be coordinated by child protection professionals and involve thorough

assessments of the best interests of the child (see [4.2](#)). Children and, where appropriate, their parents and family members should receive regular information and updates about their case in a manner that they can fully understand (see [4.3](#)).

MDIA response services shall use an evidence-based, forensic investigative interview protocol. Interviews should be undertaken in MDIA response service settings. Testimonies gathered through such interviews should be of sufficient quality, taking into consideration the due process requirements in order to be admissible in court.

During legal proceedings, MDIA response services should protect children from secondary victimization and ensure the evidential validity of their testimonies. The premises of MDIA response services should constitute a child-friendly, safe, and specialized environment, offering comprehensive support to children and their (non-offending) family members, including parents and siblings.

MDIA response services shall provide crisis support and trauma-focused, evidence-based therapeutic interventions, along with a comprehensive healthcare assessment on the premises. Forensic medical examinations should be undertaken when necessary. These services should be embedded under one roof, with professionals from different disciplines working together in the areas of child protection, the justice system, and physical and mental well-being. An example of this setup is visualized in [Annex A](#). Additionally, MDIA response services should be formally embedded in a national or regional, legal or policy framework. MDIA response services should take ethical principles into account and ensure data protection and privacy in all parts of the work.

4.2 Best interests of the child

The best interests of the child should be taken into account in all actions and decisions concerning the child.

There shall be a process in place for assessing and determining what is in the best interests of the child. This process shall be tailored to the unique circumstances of each child. It shall be underpinned by an individualized assessment that incorporates appropriate procedural safeguards and should reflect the guidance of the United Nations Committee on the Rights of the Child.^[19]

Key elements of the best interests assessment shall include:

- non-discrimination and equality;
- the child's views and participation;
- the child's identity and cultural considerations;
- preservation of the family environment and maintaining family relations;
- care, protection and safety of the child;
- any situation of vulnerability;
- the child's right to health and well-being;
- the child's right to education and development.

The best interests of the child should also guide all processes within MDIA response services and throughout the coordination and planning for the child, including case management, which defines the necessary actions and interventions of all service providers in a coordinated and child-centred manner.

The best interests of the child should be the guiding principle for each professional intervention within MDIA response services, ensuring that every action prioritizes the child's well-being, rights, and needs.

4.3 Child participation

Children's rights to express their views, to be heard and to receive information should be respected and fulfilled.

Children should receive adequate information regarding available and necessary procedures, services and treatment:

- in a manner adapted to their age and maturity;
- in a language which they can understand;
- in a manner which is gender and culture sensitive.

All children, including those with a disability, should be supported to understand and engage with the information provided. Translation and use of alternative communication (such as sign language or assistive technology) should be provided where needed.

Children should be central in influencing the timing, location and set up of interventions.

Children and families should have the opportunity to co-design and shape MDIA response services through participation, by providing feedback and via complaints procedures.

NOTE Further information on child participation can be found in Reference [20].

4.4 Survivor engagement

Engagement of survivors should be built into the establishment, development and functioning of MDIA response services. The involvement of survivors seeks to enhance victim confidence in the MDIA response services by providing a source of accountability and integrity. Survivor involvement can also help to reduce feelings of, for example, stigma and fear that can inhibit engagement.

NOTE Information on how to increase survivor engagement in MDIA response services can be found in Reference [21].

4.5 Child protection

MDIA response services should be embedded in broader child protection systems and justice systems and have a formal role in the assessment and safeguarding of children. Interventions should be part of a single continuous planning process which begins, in principle, before referral to the MDIA response services and ends when necessary.

MDIA response services should continually inform and update the ongoing assessment and support for the safety and well-being of children, their siblings, and non-offending parents.

Children's opinions and views should be considered when planning protective measures. This requires consistent interagency collaboration and planning to ensure a coordinated response that takes into account the child's voice and addresses their unique needs.

4.6 Preventing undue delay

The MDIA response service should take measures to avoid undue delay. They should ensure that forensic investigative interviews, child protection assessments, judicial, law enforcement and legal procedures, mental health and medical examinations and therapeutic interventions take place within a reasonable stipulated time period.

The MDIA response service should ensure that children receive timely information.

4.7 Coordinating, operating and sustaining services

4.7.1 Integration into the legal and policy framework

MDIA response services should be embedded within the national, regional or local legal or policy frameworks to ensure their formal recognition.

This should include explicit provisions covering their scope, responsible agencies, governance, organization, and operation.

4.7.2 Interagency coordination and collaboration

All relevant agencies at the national level should coordinate together in order to ensure effective MDIA response services. Whenever MDIA response services are established at regional or local level, coordination mechanisms shall be adopted accordingly. This coordination should be formalized through agreements between relevant agencies, which can be established in laws, bylaws, or other formal legal, regulatory or policy acts.

These agreements should outline the roles and responsibilities of each agency and subordinated entities, and define the mechanisms for their coordination and collaboration, ensuring alignment with national child protection frameworks.

4.7.3 Multidisciplinary coordination and collaboration

There shall be clear and formalized standard operating procedures (SOPs), or equivalent, to guide the collaboration of professionals from different disciplines.

These SOPs should establish structured workflows, define professional roles, and ensure seamless coordination among social workers, law enforcement and justice professionals, health professionals, and other involved professionals.

Regular case management meetings and joint decision-making processes, guided by the best interests of the child, should be a core feature of multidisciplinary service-level coordination.

4.7.4 Budgeting and sustainability

MDIA response services should have a clearly defined budget, to cover all operational costs, including staffing, facilities, training, and equipment.

NOTE A designated leading agency can take responsibility for the overall operation of the MDIA response services. This agency can serve as the main coordinating body, ensuring the integration of services. An MDIA response mechanism can, if it is an independent agency, act as the leading agency.

4.8 Non-discrimination

MDIA response services should ensure all children are treated without discrimination of any kind, irrespective of the child's or their parent's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

MDIA response services should also be respectful of and responsive to each child's unique circumstances, including their gender identity, sexual orientation, cultural identity, and socioeconomic condition and immigration or refugee status. [22]

This includes making necessary adjustments to accommodate children's individual needs, including when related to their gender identity or sexual orientation, any mental or physical disabilities, or other situations which can give rise to specific needs.

Such accommodations can include facilitating physical access, assistance with communication and the reading of documents, procedural adjustments for testimony; as well as interpretation or translation for children and parents who do not speak the local language.

4.9 Child-friendly environment

4.9.1 Place and accessibility

The location of MDIA response services should be actively planned to consider safety and accessibility and to ensure space and privacy.

The premises should be accessible by public transport and by children with disabilities, specific needs or vulnerabilities.

4.9.2 Interior environment

Furnishing and materials should be safe and appropriate to the age and developmental stage of the child. Separate, soundproof and private areas should be available.

The premises should be divided into different zones according to the type of services.

The interview rooms should be in a quiet location within the building to avoid loud noises that can disturb the child during the interview.

4.9.3 Preventing contact with the alleged offender

The premises should be set up so that contact between victim and alleged offenders is avoided.

NOTE This includes the physical as well as the digital environment.

4.10 Interagency planning and case management

4.10.1 Procedures and routines

Interagency planning and case management should be formalized by mutually agreed procedures and routines. These should be evaluated on a regular basis. These procedures can also be embedded in specific laws or regulations under national legal frameworks.

MDIA response services should ensure that there is continuous case management documentation. All MDIA team members should have access to relevant information about the child and their family when required.

4.10.2 Coordinator

A designated, trained member of the MDIA team should coordinate and monitor the MDIA response services. The MDIA response service coordinator should coordinate the activities and interventions of relevant professionals and agencies within the MDIA response services and outside it.

4.10.3 Support person

A designated, trained member of the MDIA team should be responsible for ensuring the child and their family are fully informed and supported throughout the process. The support person should act as a single point of contact for the child and their family throughout their journey within the MDIA response services.

The designated person should ensure that the child's voice is heard in all actions and decisions made about them.

The coordinator (see [4.10.2](#)) and support person may be the same person fulfilling different roles.

4.11 Forensic investigative interviews

4.11.1 General

The quality of children's disclosure and statements regarding the violence are essential to the investigation. Using evidence-based forensic investigative interviewing protocols for children and engaging trained, specialized interviewers enhances children's ability to provide accurate information about their past experiences, which, in turn, strengthens the evidential validity of the testimony and prevents the need for the child to have to repeat their statement during court proceedings.

4.11.2 Location and recording

Forensic investigative interviews should be conducted in a child-friendly safe place. The place shall be chosen on the basis that it is in the best interests of the child to be interviewed there.

Live observation of interviews should be possible from a separate room.

Interviews shall be audio-visually recorded to avoid repeated interviewing and to avoid children having to repeat their story.

The recording should be securely safeguarded to prevent unauthorized access by third parties and ensure it remains unaltered, preserving its integrity.

The forensic investigative interview and recording should take into consideration technical, procedural, and ethical standards, to ensure sufficient quality for admissibility in court.

NOTE Technical standards refers to the quality and functionality of the recording equipment and environment. It means that the recording is clear, accurate, and free from issues that can compromise its use as evidence. Procedural standards involve following established legal and forensic guidelines to ensure the interview is conducted in a manner that complies with the law and respects the integrity of the evidence. Ethical standards refers to ethical considerations that focus on the treatment of the interviewee, particularly if they are a vulnerable individual, such as a child or a person affected by trauma.

4.11.3 Role of response service staff

Specialist staff within the MDIA response service should ensure that interviews are planned and co-ordinated to meet the rights and needs of the child. Planning should be informed by those who know the child well, sharing relevant information about the child as well as the professional knowledge of those with expertise in relation to child development and needs. The child should be informed in a child-friendly manner about the forensic investigative interview. They should be supported to understand the interview process and informed about their right to stop the interview at any time.

Non-offending parents should be provided with information on the interview process.

All relevant members of the MDIA team should be able to observe the forensic investigative interview; either live in an adjacent room or a recording. There should be a system in place allowing interaction between the interviewer and the observers, including the defendant's legal representatives where required.

4.11.4 Adaptation to the child

The forensic investigative interview shall be adapted to the child's age, development, cultural background and emotional state. The forensic investigative interview shall take the child's specific needs into consideration.

The number of interviews should be limited to the minimum necessary to avoid re-traumatizing the child by making them repeat what has happened to them and to capture a narrative of the child which is free from bias and as detailed as possible, while also taking criminal investigation or judicial procedures into consideration.

When possible, the same professional(s) should conduct the interview if the interview must be conducted over an extended period of time, unless the child's best interests require a change of interviewer.

4.11.5 Interview protocols

Forensic investigative interviews should be carried out based on current best evidence for interviewing protocols.

The interviews should be conducted by specialized, authorized professionals, with knowledge about child development and specific interviewing techniques.

NOTE The specialized authorized professionals can include mental health professionals, law enforcement professionals, social workers or other relevant professionals.

Specialized, authorized professionals should be trained according to evidence-based forensic investigative interviewing protocols to ensure the quality and admissibility of the evidence.

4.12 Healthcare assessment, treatment and forensic examination

4.12.1 Assessment and treatment

Children should routinely be offered a comprehensive assessment of their healthcare needs as part of the integrated MDIA planning process. This should include an assessment of their physical health and over-all well-being.

4.12.2 Forensic medical examinations

Forensic medical examinations should be undertaken, in a child-friendly manner, for the purposes of evidence collection.

Forensic medical examinations should be carried out in a timely manner to ensure the collection of evidence, while respecting the child's individual needs and situation.

In order to avoid repeated physical examinations, which can feel unsafe or uncomfortable to the child, assessment and treatment (see [4.12.1](#)) and forensic medical examinations may be part of the same examination.

4.12.3 Place and organization

Unless there is an acute medical need that requires a hospital setting, healthcare assessments should take place in the premises of the MDIA response services.

Healthcare staff should participate in MDIA case management and planning meetings as appropriate.

4.12.4 Competence and responsibilities

Healthcare assessments should be carried out by specialized staff including paediatricians and paediatric nurses specialized in child protection.

Forensic medical examinations should be carried out by specialized staff including paediatricians and paediatric nurses trained in forensic medical examination. Staff should be trained to conduct examinations in a trauma-informed and child-friendly manner. All steps should be taken to prevent re-traumatization while gathering evidence.

Healthcare staff within the MDIA response service should be responsible for:

- comprehensive assessments of the child's health and well-being needs;
- forensic medical examinations for the purposes of gathering evidence;
- provision of treatment for immediate healthcare needs where possible;
- referral through established pathways to appropriate healthcare services;
- actively engaging in interagency collaboration, planning and case management.

4.13 Mental health and recovery

4.13.1 Assessment, therapy and interventions

Evidence-based and trauma-focused therapeutic assessment and interventions should be provided for children who have been referred to MDIA response services. They should be provided by professionals with specialized training and expertise.

Therapeutic support should be culturally sensitive. It should consider the contextual needs of the child and parents and family members, including supporting the child and their family to overcome barriers in all aspects of their life and future. This includes emotional well-being, trauma processing, family life, friendships, education and development.

Short-term therapeutic services should be available for children and non-offending parents and family members. Long-term therapeutic support may be available.

4.13.2 Competence and responsibilities

Professionals with specialist knowledge and expertise in responding to trauma should be responsible for:

- implementing evidence-based, trauma-focused, therapeutic assessment and interventions and contextual support;
- actively engaging in MDIA collaboration, planning and case management.

4.14 Training, supervision and guidance

4.14.1 Training of professionals

The members of the MDIA team and involved agencies should receive training and regular updates in their specific areas of expertise and should be offered joint training in cross-cutting issues.

4.14.2 Guidance, supervision and counselling

The members of the MDIA team should have access to regular guidance, supervision, counselling and peer supervision. There should be special consideration that there can be staff that are survivors.

4.14.3 Recruitment and safeguarding

All staff and team members working within MDIA response services or in any contact with children shall be screened and background checked before appointment. International or national laws for the protection of children against sexual exploitation and sexual abuse and other forms of violence can apply for recruitment processes.

If staff and MDIA team members are already appointed, they should undergo screenings and background checks on a regular basis, e.g. annually.

4.14.4 Selection, assessment to work with children

When working with children, especially in contexts involving sensitive issues such as violence or sexual abuse, the MDIA response service shall set strict requirements for the selection, assessment and ongoing supervision of all personnel, including staff, consultants, volunteers, trainees or other contractors, to ensure the highest standards of child protection and safeguarding.

These requirements, in addition to [4.14.1](#) to [4.14.3](#), should cover education, qualifications, experience, competencies, psychological assessment, work-related interview process, organizations' policies and declarations, probation period and continuous monitoring of the professional performance.

4.15 Data sharing and external competence building

4.15.1 Data collection and awareness raising

MDIA response services should collect relevant data and statistics to be shared with stakeholders to create awareness, facilitate research and support evidence-based legislation, policy and procedures.

4.15.2 Knowledge sharing

MDIA response services should share knowledge with external professionals working for and with children to increase awareness and competence. This can be done through seminars, academic engagement, study visits, publications etc.

4.16 Performance evaluation and improvement

The MDIA response service should determine performance evaluation criteria by deciding;

- what needs to be measured;
- methods for measurement and data collection;
- when the results from measurements should be analysed and evaluated;
- how results should be used for improvements and increased efficiency.

NOTE Further information regarding performance monitoring, measurement, analysis and evaluation can be found in ISO 9001:2015, Clause 9.^[23]

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Annex A (informative)

Example of multidisciplinary and interagency (MDIA) response service

Figure A.1 shows the main functions, roles and responsibilities of participants in the MDIA response service.

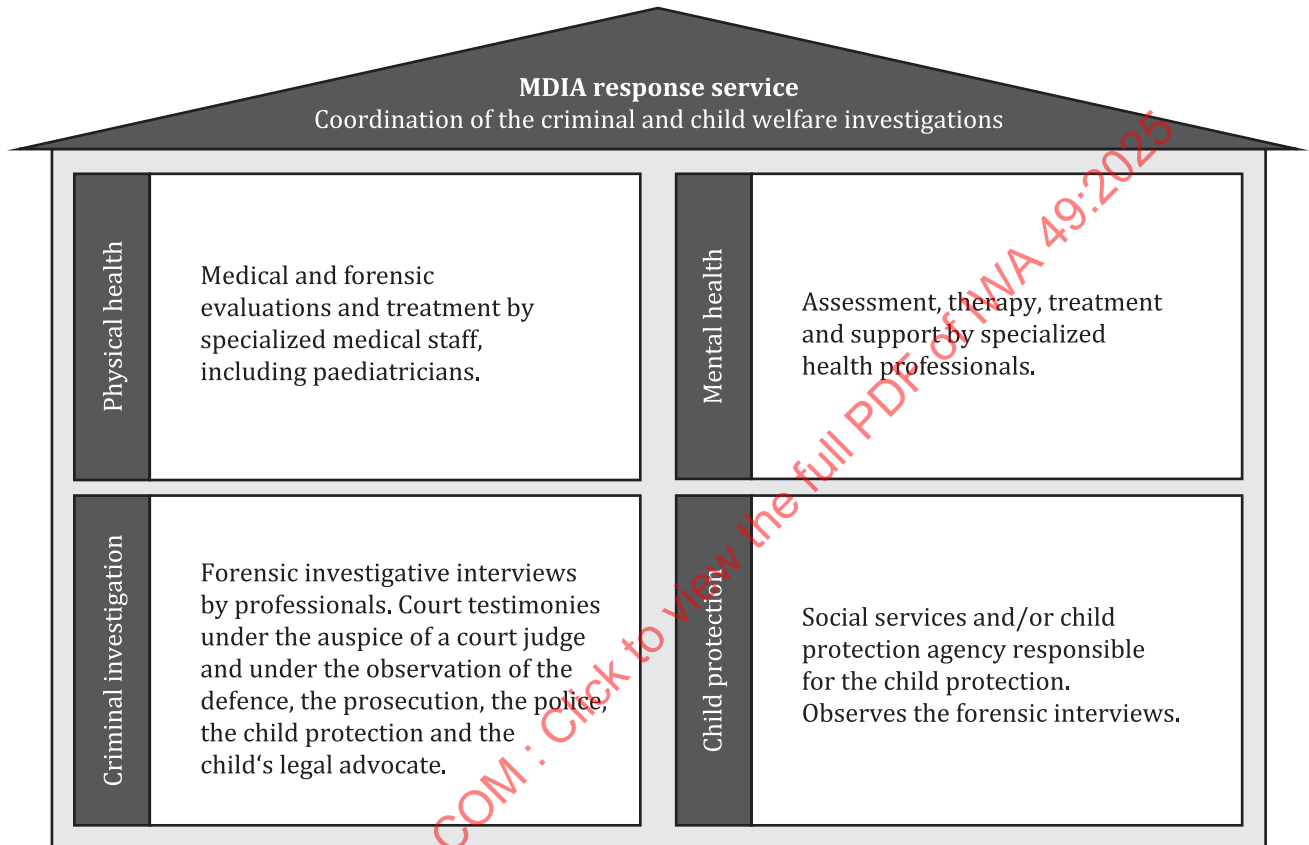


Figure A.1 — Example of multidisciplinary and interagency (MDIA) response services