

ACKNOW mv

Acquiring knowledge and
raising the quality of services
targeted to **minors victims** of violence



ACKNOW MV PROJECT



Regione Lombardia

JLS/2008/DAP3/AG/1262-30-CE-0312040/00-47

With financial support from the EU's DAPHNE III Program.

This publication only reflects the views of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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SECTION 1

INTRODUCTION



“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement” (Convention on the rights of the child adopted by the General Assembly of the United Nations on 20 November 1989)

The project called **“Acquiring knowledge and raising the quality of service targeted to minors victim of violence. (ACKNOW m.v.)”**, promoted by the region of Lombardy together with a partnership formed by the Local Health Agency (ASL) of Bergamo, the cooperative Galdus Società cooperativa, Synergia s.r.l., and by several Organizations across Europe such as the Conselleria di Justicia y Bienstar Social della Generalitat Valenciana, the Fundacion Comunitad Valenciana, Region Europea, Parada Foundation, ECIP Foundation, Hors la Rue, and the European Federation for Street Children, represent a summary of the statement made in art. 19 of the Convention on the rights of the child published in 1989 by the UN. The project, in fact, was conceived to deal extensively with the topic of violence against minors and the relative modalities of intervention to prevent and fight child abuse in the different countries involved in the partnership (Italy, Spain, France, Romania and Bulgaria), through the definition of a tool (the set of indicators) to monitor the quality of the interventions regarding such a complex issue. The activity was based on the exchange and the comparison between different realities, where results were summarized through the use of tools that have analyzed, among other things, the indicators of quality of the services delivered by the partner countries. For example, in order to identify, collect and compare best practices, we chose as our starting point the most authoritative model available and specified in the *First World Report on Violence and Health* (W.H.O., 2002), based on the “ecological model” by Bronfenbrenner (1979): the results deriving from this methodology enabled us to show a convergence of activities and objectives as well as the direction currently taken by the operative and economic investments allocated by the partners towards this issue. Through the ecological model we were also able to deal with the topic of “parental responsibility” in favour of a new approach based on family empowerment even when situations require urgent interventions for the protection of minors. “... Families must be actively involved in the “therapeutic project” and special attention must be given to the social and cultural contexts in which a family lives its relationships”

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Lastly, in order to monitor and implement the quality of the system of territorial services, we defined and submitted a set of indicators to a “test” with the main intent to apply the theories developed by the partners regarding the topic of violence and the services required to fight it.

All this was made possible thanks to the effective collaboration between all partners that, representing very different realities, have enabled, on the one hand, to outline a “broad and varied” interpretation of the phenomena, and on the other, to share the skills and knowledge that has led to the creation of tools that can be applied in different systems to identify both the areas of application and the areas where further investment is needed, in order to fine-tune solutions and develop specific segments of existing systems.

Last but not least, we would like to thank everybody who has helped out in the project and all supporters (experts, privileged witnesses, service managers, policy makers, etc.) for their valuable contribution in making this research possible.



SECTION 2

PRESENTATION OF THE PUBLICATION



Introduction

2.1. Who are we speaking about?

The term minor victim of violence refers to a minor who has been subjected to maltreatment and abuse and who is taken into custody by the social services system, after a suitable assessment of his/her situation by the competent services. As early as 1999, in fact, the broad definition formulated by the WHO declared that “the term *child abuse or maltreatment* refers to all forms of physical and emotional ill-treatment, sexual abuse, careless or negligent treatment, commercial or other exploitation, which are actually or potentially harmful for the child’s health, survival, development and dignity within a relationship entailing responsibility, trust and power”.

Child abuse is a *composite* and *multiform* phenomenon whose different manifestations almost never appear in separate or separable forms. It is possible to give the following main definitions of abuse:

- *negligence*, i.e. serious and/or continuous failure to provide care (= that which is not done) towards the child, or failure to provide proper education in areas that are of importance for the child, or that which is done in an unsuitable manner (carelessness);
- *maltreatment*: intentional actions on the part of persons, institutions, society itself that deprive children of their rights and well-being, threaten and/or interfere with children’s physical and mental stability and/or social development. In particular, by *physical abuse*, we mean the presence of physical damages due to aggression, maltreatment, physical punishments or serious attacks to the child’s physical integrity and life. *Psychological abuse* refers, instead, to an emotional relationship characterized by repeated and continuous psychological pressure, emotional blackmail, indifference, refusal, belittlement and disparagement, which damages or inhibits the development of the child’s fundamental cognitive-emotional capacities, such as intelligence, attention, perception and memory;
- *sexual abuse*, i.e. involving a minor in sexual acts with or without physical contact, in which the child cannot freely provide his consent due to the child’s age and the abuser’s superiority, and also the sexual exploitation of a child or adolescent, child prostitution and child pornography.

2.2. What are we speaking about?

The main subjects investigated by the ACKNOW mv project are the characteristics of the organization and of the functions of the system of services dedicated to fighting child abuse, the differentiation of the services and the levels of quality of the services offered. Before performing a comparative analysis of the different organizational models within the network of services, we have identified some general stages of a technical-professional nature considered to be essential for ensuring a complete cycle of intervention to counter and to rehabilitate these situations:

- **OBSERVATION:** This stage consists in identifying the signs of malaise in minors and the risks for their growth resulting from the harmful behaviour of adults, and in distinguishing the risk from the damage suffered. At the same time, we perform a first identification of the possible solutions immediately available within the family to provide the minor protection. During this stage it is possible to detect the existence of damage resulting from the parents' behaviour, first of all, by distinguishing the risk (of damage) from (actual) maltreatment or abuse, and to provide advice to other operators, not specifically involved with such problems who can then report situations of risk or evident damage.
- **PROTECTION** *This stage of intervention is aimed at stopping the cruel/abusive behaviour basing the action on the seriousness of the behaviour: different types of abuse require different types of protection. In the more serious cases, in which the persons who are naturally responsible for providing protection and care do not fulfil these duties, legal action may be taken in favour of minors.* During this stage, we perform all those actions that prevent acts of violence from being repeated, even through recourse to the Judicial Authorities: we perform control if the minor stays within the family, remove the harmful adult, or place the minor in an environment outside of the family, etc.
- **ASSESSMENT:** *This stage is aimed at assessing, over the medium-long term, the overall framework of the traumatic situation in terms of its individual and relational aspects;; the degree of accountability of the adults involved; and the resources available for providing protection within the sphere of the reference adults. It also envisages the possibility to begin therapy.* The context for controlling and protecting the child is defined and maintained within this scope with the legitimization of the Judicial Authority, so that we can perform our work under appropriate conditions: it is possible to assess the consequences of the trauma in more detail through a medical and psycho-social examination; to accompany the minor throughout the course of the judicial action; to understand the workings of the family dynamics implied in the abusive adult's behaviour; to assess the possibility of recovering parental capacity; to bring the results of the work performed to the knowledge of the Authority and to express one's opinions regarding the possibilities of recovery, etc.
- **TREATMENT:** *if the result of the previous phase is positive, the treatment aims to restore sufficient conditions of well-being for the child with his parents, or with at least one of them, provided that parent is capable of acting in a sufficiently responsible manner toward the child. If the result of the previous stage is negative, the treatment is aimed at replacing the parental referents and working through their loss. Therefore, the activity is aimed at enabling the child to detach himself definitively from his parents reducing the traumatic effects of this experience as far as possible.* During this last stage, we help the minor work through the trauma suffered and we try to recover sufficient parental capacity, where possible, and to restore parental authority through: social-educational support to the family, the minor's return in case of "forced" removal, restitution of full autonomy to the family. If it is impossible to restore parental capacity, we proceed to find new parental figures for the child, either through a foster home or adoption.

2.3. How have we proceeded?

- **Analysis desk:** During the first phase of the project, the partnership proceeded to perform an analysis of the legislation and practices in effect at the European level. In the same way, the partnership also performed a context analysis on each of the five (5) countries involved in the project (Italy, Spain, Rumania, Bulgaria and France), thus proceeding with a comparative analysis of the reference legal framework of the project's partner countries.
- **Qualitative analysis:** We then proceeded to carry out in-depth interviews of private witnesses (experts, important players within the system and operators in this field), in order to achieve a thorough understanding of the functioning of the system of services for minors victims of violence, pointing out the strong points and the difficulties found within each country. Given the essential heterogeneity of the functioning of the services for minors victims of violence within the different situations involved, we proceeded to map the existing services, in order to consider the different types of territorial organization of services for protecting minors victims of violence, on the one hand, and the most commonly applied methods for providing the individual services examined, on the other.

- *Selecting good practices:* On the basis of the findings from the previous project stages and on the information provided by the private witnesses interviewed, we proceeded to identify good practices for the functioning of the system of services, starting from the ecological model (see sect. 5) as reference paradigm, and identifying four levels of attention (macro-system, eso-system, micro-system and individual).
- *Building a set of indicators for monitoring quality:* The selection of good practices served as the basis for building a set of indicators useful for monitoring the quality of services for minors victims of violence. The basket was tested by giving the referents of the services subject of this study a questionnaire, whose results were analyzed and for which examples of the possible methods of use were provided.

2.4. Why was this tool used?

The usefulness of the tool proposed in this paper lies in the first summary proposal for a trans-national comparison and for specific in-depth studies at the national level on the topic of the quality of services for minors victims of violence, and in particular, in the indications regarding the strong points and good practices which can be supported to improve the system of services offered. The good practices analyzed and the basket of indicators proposed in the study also provide organizational and operational opportunities that are useful for a territorial comparison of the persons responsible for territorial planning.

2.5. Who does it address?

The paper addresses all those persons who operate in the field of educational, social and health policies dedicated to minors victims of violence, as well other players involved in the system of services that aim to solve these problems (i.e. operators within the judicial system).

The paper is intended to be a tool of stimulation and comparison both for policy makers and for operators within this system, with a view also to promoting the kind of inter-institutional collaboration and multi-professional cooperation required to implement effective intervention strategies on this topic.





SECTION 3

LOOKING AT THE LEGISLATION



Introduction

Article 19 of the United Nations Convention on the rights of the children (1989) states that “The Member States shall adopt every legislative, administrative, social and educational measure to protect minors against all forms of violence [...] These protection measures shall include, if necessary, effective methods for setting up social action programmes aimed at providing minors, and those to whom they are entrusted, the support they need, and also other forms of prevention” The project ‘Acquiring knowledge and raising the quality of services targeted to minors victims of violence – ACKNOW MV’, synthesises with what is stated in the Article and goes further not only by identifying methods for preventing the phenomenon but also by studying and comparing today’s legislation both at the national and international level. The collection and analysis of the legislation on the above mentioned levels provides an up-to-date picture of the current legal framework reality.

1 – International level

Once the most relevant protocols and international agreements in relation to children have been ratified, said legal instruments are incorporated into every country’s legal system. The endorsement by the aforementioned 5 countries of the Convention on the Rights of the Child of 20 November 1989, adopted by the General Assembly of the United Nations, is noteworthy. Also we’ve try to unify the terms used during the progress of the project to guarantee we are talking about the same items. Each country defined a list of items and we’ve unified

2 – Legislation at European Level

A second perspective take into consideration the legislation made at the European level, with the analysis of Treaty of Lisbon and Charter of Fundamental rights and the presentation of the laws regarding various thematic areas, like violence and trafficking, minimum standards for asylum, immigration, media and audiovisual, rights of the child.

3 – National contexts: a comparative perspective

Constitutions include the main principles that regulate countries’ policies, among them, social policies, which integrate all stipulations related to the protection of children. We tried to compare legislation in the states members of the project at different levels: constitutions, internal law frameworks and more specifically, different child protection systems.

1. International level

The Convention on the Rights of the Child (1989) is the first legally binding international instrument to incorporate the full range of human rights — civil, cultural, economic, political and social. Built on varied legal systems and cultural traditions, the Convention is a universally agreed set of non-negotiable standards and obligations. These basic standards — also called human rights — set minimum entitlements and freedoms that should be respected by governments.

The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have. The four core principles are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services.

Optional Protocols:

- on the involvement of children in armed conflict
- on the sale of children, child prostitution and child pornography.

Specific to street children:

- ▶ UN General Assembly resolution on ["The Plight of Street Children"](#) (23 December 1994) art. 1: *"grave concern at the growing number of incidents worldwide and reports of street children being involved in and affected by serious crime, drug abuse, violence and prostitution"*.

UN HRC Resolution: Rights of the child: [a holistic approach to the protection and promotion of the rights of children working and/or living on the street](#) (3 May 2011)

In 1989 the term **abuse** first appeared in France, but it was not until 2007 when the Record of 5 March 2007 gathered a common criterion for administrative and legal protection; consequently, the concept of children in danger or at risk can comprehend abused children. Thus, the Observatory of Decentralised Social Action-ODAS refers to **children in danger** as all children in danger or at risk of suffering abuse.

However, a distinction is made between **minor in danger**, situation in which the health, security or morality of the children are in danger, or in which their education, physical, emotional, intellectual or social conditions are being seriously jeopardised (this situation coincides with the notion of abandonment in Spain), and **child potentially at risk**, situation in which the health, security, morality, education or sustenance of the children may be at risk, but the children are never at risk of suffering abuse (this concept equates to that of *minors at risk* in Spain).

Romania does not have a definition for *risk*, but Act 272/2004, the framework law on the protection and the rights of children, includes the concept *at risk*, whereby if children are *at risk* specialised public agencies must adopt measures in order to separate them from their family environment. Should the judge observe that the child's rights are being violated, s/he may decide on fostering or adoption. The different alternatives to separate children from their family include: Foster families and foster care, emergency fostering or dedicated surveillance (for minors who have broken the law). In order to prevent situations in which minors are separated from their families, there are several options: day care, family or residential welcome or care services.

The concept **abused child** is identified in every country as a child victim of physical or sexual abuse, cruel acts, and serious neglect with physical or psychological consequences.

All countries coincide on the interpretation of the following concepts: **Family welcome, residential welcome and day care.**

It is worth pointing out that Romania has a network of centres regulating the requirements for juvenile detention centres, such as the location and services offered (e.g. food, clothing, access to education, health services, social integration services, regulation and involvement with the children and their families¹).

In Italy, for children to be considered at risk, thus requiring authorities' intervention, the following conditions must occur: detection of signs of unease/ child abuse in the context of daily life, assessment and representation of the diagnosis and predictions in order to verify the existence or evidence of abuse, distinguishing the child's social and health and educational environment, from that of the adults in his life and of the emotional relationships that are important to the child².

1 (Order 89/2004 of the Ministry of Labour and the President of the national authority for the protection of minors responsible for establishing the minimum requirements of –emergency- centres for children victims of abuse).

2 If necessary, provide therapy to children and their families as soon as possible.

2. Legislation at European Level

On the European level there are two categories; The European Union and The Council of Europe.

2.1 European Union

Provides a legal basis and sets out key policy areas.

- **The Treaty of Lisbon** (December 2009) has brought significant changes through the abolishment of the pillars and ‘communitarisation’ of the entire policy area. It has also included the protection of the rights of the child among the objectives of the European Union via **Articles 3.3** and **3.5**. Moreover **Article 79.2d** (TFEU) will cover the fight against trafficking in human beings, especially women and children and **Article 83 TFEU** will ensure minimum rules and standards concerning the definition of criminal offences and sanctions.
- **The Charter of Fundamental Rights** adopted by the European Council, European Parliament, and the European Commission in 2000 receives a single reference in the Lisbon Treaty and becomes legally binding for all Member States except for Czech Republic, Poland and the United Kingdom which have opted-out from implementation of this instrument. The Charter governs the EU institutions, which must conform to the rights and observe the principles enshrined in it. It also applies to MS, but only when they are applying EU law. The Charter includes a Statement on children’s basic rights, besides general provisions which can be applied to children. **Art 24** refers to the UNCRC and to its principles of the right to participate and of the best interests of the child; it calls for mainstreaming children’s interests across all policy areas relevant to children and thus sets the basis for child proofing of EU legislation and policy if fully implemented.

- **Violence and Trafficking**

- [Council Framework Decision 2004/68/JHA of 22 December 2003](#)

Combating the sexual exploitation of children and child pornography.

Art 5.2 (b) → *Sets out penalties and punishable offences and lists a series of aggravating circumstances where penalty must entail imprisonment.*

- [Council Framework Decision 2002/629/JHA of 19 July 2002](#)

Combating trafficking in human beings, introducing at the European level framework provisions for joint action at national and regional levels.

Art 7.2 and 7.3 → *Aims for the protection and adequate assistance of Member States to victims, particularly vulnerable children.*

- [Commission Recommendation of 15 Sept 2000 on the ratification of International Labour Organisation \(ILO\) Convention No 182 of 17 June 1999](#)

- **Child Labour**

Articles 1-9 → *These articles and the recommendations claim immediate action for the prohibition and elimination of the worst forms of child labour.*

- **Asylum – Minimum Standards**

This Directive sets out minimum standards of reception conditions for asylum applicants. The aim is to ensure that the applicants have a dignified standard of living and that comparable living conditions are afforded to them in all Member States. At the same time, the Directive also limits asylum applicants’ secondary movements.

In addition to [basic guarantees](#) stipulating that:

- an application for asylum may not be refused solely on the grounds that it was not made as soon as possible. Moreover, Member States must ensure that applications are examined individually, objectively and impartially.

Applicants shall be entitled to remain in the country while their application is pending.

Member States must ensure that:

- decisions on application for asylum are communicated in writing;
- if an application is rejected, the reasons are stated and information on how to challenge a negative decision is given in writing.
- [2003/9/EC Council Directive of 27 January 2003](#)

Reception of Asylum Seekers

Art 17.1 → *Guarantees for unaccompanied minors. MS to take into account specific situation of vulnerable persons subject to various forms of violence and implement provisions on material conditions and health care.*

Art 18 → *Rules on minors*

Best interests and access to rehabilitation

Art 19 → *Rules on unaccompanied minors*

Representation, interviews and adequate knowledge

- 2005/85/EC Council Directive 1 December 2005

Granting and withdrawing refugee status/ Procedures in MS - same Articles as above

- 2004/83/EC Council Directive Of 29 April 2004

Granting or withdrawal of Refugee Status

Art 9.2 (f) → Acts of persecution - Gender-specific or child-specific nature.

Art 20.2 and 20.5 → General rules regarding refugees and persons eligible to subsidiary protection and best interests of the child

Art 30 → Unaccompanied minors - Protection, needs and placement issues. There are additional guarantees to apply in the case of unaccompanied minors:

- a person shall represent and help the minor with his/her application;
- the representative shall have an opportunity to explain the purpose of the interview to the minor;
- the interview shall be conducted by a person with the knowledge required to cater for the specific needs of minors.

▪ **Immigration**

- 2008/115/EC Directive of the European Parliament and the Council – Return Directive

This directive establishes common standards and procedures for Member States, whereby illegally staying third-country nationals may be removed from their territories. It lays down provisions for terminating illegal stays, detaining third-country nationals with the aim of removing them and procedural safeguards.

Art 5 → Non-refoulement, best interests of the child, family life and state of health.

Art 10 → Return or removal of unaccompanied minors

Member States shall ensure the minor will be returned to a family member and that his/her best interest will be taken into consideration

Art 17 → Detention of minors and family – specific circumstances and considerations

- 2008/86/EC Council Directive of 22 September 2002

Family Reunification – The Rights

Art 4 (5) → Family Members: Better integration and prevention of forced marriages

Art 5 (5) → Submission and examination of the application: Member States shall always take into regard the children's best interest.

▪ **Media and Audiovisuals**

- 2010/13/Directive of the European Parliament and of the Council of March 2010

Provision of audiovisual media services. Co-ordination, regulation and administrative actions of the Member States

Art 12 → Provisions applicable only to on-demand audiovisual media services – Member States to apply measures which ensure that minors will not normally see or hear on-demand media content that may impair their physical, moral or mental development.

Art 27 → Protection of minors in television broadcasting

27.1 – Member States to ensure that broadcasts under their jurisdiction do not impair the physical, moral or mental development of children, particularly relating to pornography or gratuitous violence.

27.2 – Select time of broadcast or apply preventive technical measures in the area of transmission.

27.3 – When broadcasts are un-encoded Member States shall ensure that they are preceded by an acoustic warning or presence of a visual symbol throughout the duration.

- **Rights of the Child**
 - 2006 Communication “Towards an EU Strategy on the Rights of the Child”
Agenda published on 15.02.2011 → Communication from the Commission to the European Parliament, the European Economic and Social Committee and the Committee of the Regions ‘An EU Agenda for the Rights of the Child’.
 - 2008 European Parliament report “the EU should set itself the objective of ensuring that there are no homeless children or street children in the EU”.

2.2 Council of Europe

Legal Basis

- Convention for the protection of Human Rights and Fundamental Freedoms
- European Social Charter
 - Art. 17.1 incorporates UNCRC principles; Possibility of collective complaints.
 - Art. 7.10: protection of children against trafficking
- European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
 - standards for protection of juveniles deprived of their liberty
- Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse
 - Measures for staff working with kids; basis for support programmes
- CoE Convention against Trafficking in Human beings
 - Special provisions for the protection of children
- European Convention on the Exercise of Children’s rights.

Programmes

- “Building a Europe for and with children”
- Themes: corporal punishment, sexual violence, trafficking in human beings
- Settings: In schools, in the family, in media and cyberspace, in residential institutions, in prison, and in the community.
- “European good practices regarding successful initiatives carried out by municipalities in Europe and aimed at the social reintegration of street children”

Recommendation 253 (2008) CLRA on the social reintegration of children living and/working on the streets.

3. National contexts: a comparative perspective

3.1. Main Questions

- Which are the main similarities and the main differences about constitutional frameworks?
- Which are the main similarities and the main differences about internal law frameworks? What about legislative centralization or decentralization?
- Which are the main similarities and the main differences about child protection systems?

3.2. Main results

3.2.1 Constitutional framework

Constitutions include the main principles that regulate countries’ policies, among them, social policies, which integrate all stipulations related to the protection of children.

The Italian Constitution does not specifically mention the protection of children. However, acknowledging the principles based on safeguarding values, dignity and human rights from whatever might jeopardise them, the Constitution does point out that Italian legislation introduced measures to control violence against minors and protect them.

In addition to this, the Bulgarian Constitution states as a general principle the protection of families and children by the State and society. Furthermore, it is the responsibility of the Government to protect the rights of children

during every stage of their public life by adopting adequate measures (in a family environment or putting them into specialised institutions).

In Romania, the Constitution incorporates the concept respect for children. The Spanish Constitution of 1978 states, among the main governing principles of social and economic policies (article 39), the duty of national authorities to ensure families' social, economic and legal protection and, consequently, that of minors.

Constitutions are also the instrument by means of which competencies are distributed in countries with decentralised legislative and/ or administrative systems. Decentralisation is only found in Italy, where an amendment appointing exclusive competencies to the regions to draft and develop social policies was passed in the year 2000 in accordance with a framework law passed on that same year; and Spain, where the competencies on this matter are distributed between the Government and the Autonomous Regions (more specifically, article 148.1 EC 78 identifies the fields over which Autonomous Regions will have competencies, among them, as stated in section 20, welfare services. Article 149.1 lists the matters over which the Government has exclusive competence, thus preserving the competence of regulating, in the field of the protection of minors, the basic requirements to safeguard the equality of Spanish citizens when exercising their rights and complying with their constitutional duties; immigration and foreign law; criminal and procedural law, civil law, without prejudice to the preservation, amendment and execution of civil, local or special rights, wherever applicable, by Autonomous Regions).

3.2.2. Internal law framework: legislative centralization and decentralization

Legislative decentralisation is only present in Spain and Italy; that is, legislation regarding attention to children includes State and regional regulations. State regulations incorporate the basic principles and content regarding attention to children, enforceable in every part of the country, whereas regional regulations implement said principles and content, but may include idiosyncrasies from the region.

In the case of Spain, decentralisation has as its main points of reference the Constitution and its respective Statutes of Autonomy. In the particular case of the Valencian Region, the Statute was passed by Organic Law 5/1982, of 1 July, and amended by Organic Law 1/2006, of 10 April. Furthermore, both State and regional rules can be considered to be statute law, as their regulatory status.

The Constitutions of Bulgaria, Romania and France, only refer to national legislation and there is no legislative decentralisation, although there are strategies and action plans being carried out on a local scale.

3.2.3. Different child protection systems

France has a dual civil/ legal child protection system. Children are under the jurisdiction of civil administration (administrative protection) and, alternatively, of the legal system (legal protection).

Protection is undertaken by the administrative departments and the State provides legal protection through legal authorities. However, there is a difference between the administrative and the legal systems, thus:

Administrative procedure to be followed in order to protect children:

- Treatment protocols are put in place by local units, which study the case initially. In serious situations, legal authorities are notified.
- Measures: measures are proposed by the Child Welfare Department jointly with Social Services (Multipurpose Social Service Sector PSS) and implemented by the Chair of the General Council. Parents and guardians are notified and an agreement is usually required for the measures to be put in place.
- Resources: Day care centres, family or residential welcome, dedicated attention to minors with specific difficulties (family, centre, social or socio-medical services) and assistance in emergency situations (72 hours maximum and, if it is decided that the minor should not go back home, s/he is put into ESA until the required conditions to return home are fulfilled). If there is no consent by the parents or guardians, the legal authority will have to intervene and execute the appropriate measures.

Legal procedure (judicial)

- Legal authorities only stand in if the health, security or morality of a child is at risk, or if the child's education is jeopardised.
- Intervening parties: juvenile judge and prosecutor. The judge may request the implementation of educational assistance programmes and the prosecutor can conduct the procedure to be followed by social protection services.

- Measures (on an educational level): The judge may hear the family, the minor, the prosecutor, the services involved, and decide that the minor should remain at home with several family support measures. However, if the situation is very serious, the judge may decide on sending the minor to a foster family or put him/her into foster care. The judge, moreover, determines the duration of the measure in question (in the event of foster care, it cannot exceed two years. This period may be extended if the situation is serious).

In Bulgaria, the responsibility of the child protection system lies with the civil public administration. There is no legislative decentralisation but regarding intervention, powers are distributed; thus, the development and coordination of social policies is appointed to the Ministry of Labour and Social Security, but their implementation requires cooperation between *regional governments, local government bodies and non-profit organisations*. Cooperation is organised through the Social Welfare Council (advisory body of the Ministry).

Romania also has a dual civil/ legal child protection system. Children are under the jurisdiction of civil administration and legal authorities (in very serious cases). The aforementioned authorities intervene whenever specialised public agencies request the adoption of a decision based on risk of abuse, parents' inability to properly exercise their childcare duties due to their situation, or minors who break the law.

Furthermore, Romania does not have legislative decentralised powers, but it does, however, distribute competencies when it comes to intervention at local level (in counties). The General Directorate for Social Assistance and Child Protection (GDSACP) and the Public Service of Social Assistance (PSSA) are coordinated by the local council. The GDSACP's duties are stipulated by the Romanian Ministry of Labour, Family and Social Protection, and are approved by decisions or measures adopted by the Government. PSSA covers mainly social services, including minors at risk. In Italy the responsibility of the child protection system falls both on civil administration and legal authorities (dual system). Italy does have a decentralised legislative system, whereby regions legislate over children protection issues because, in accordance with their Constitution, regions have exclusive competence to draft and develop social policies. Consequently, Lombardy's regional government established in 2004 the reorganisation and orientation guidelines toward the protection of children victims of violence. By means of this decision, Lombardy passed the document *Guideline to protect children victims of violence*, which points out:

- The need for global intervention regarding the prevention and care of minors and their families.
- The acknowledgment of several institutions and organisations eligible to take on issues related to minors victims of violence.
- The need to incorporate health, socio-welfare and educational services to this field.

Said document also stipulates:

- Objectives and contexts surrounding intervention
 - General principles of methodological organisation
 - Training of public and private service operators
 - Basic legal concepts applicable to violence and abuse.
 - The creation and increased cooperation between different departments (social, health, socio-welfare and education, in cooperation with legal authorities), which are in charge of several stages of intervention.
- The document, moreover, connects the services involved in every stage³.

Furthermore, experts in this field are required to:

- Have the capacity of quick intervention with the aim of protecting minors and helping families manage crisis situations.
- Have the capacity to carry out actions in order to re-establish functional relationships within the family.
- Ensure effective intervention to enable cooperation between all professionals working in other fields.

Protection measures are adopted bearing in mind the particularities of every specific case and are intended to reduce the possibility of worsening the trauma for victims and guarantee their protection.

³ **Municipality**, social services, emergency services, children psychiatry services, mother-and-child services, addiction services, paediatricians, **structures to take in minors separated from their families**, school systems, sectors with social, health and education competences.

3.3. Examples and insights

Bulgarian partners harshly criticise their child protection system:

1st. CHILD ABANDONMENT AND ABUSE

- There are shortcomings in the prevention of child abuse due to a lack of detection mechanisms, information and register of abuse cases. Moreover, there is a lack of legal procedures to look out for/ determine the best interest of children and of a framework of support and recovery services for children who have been victims of abuse. The establishment of this sort of resources is more a desire than common practice.
- There are no clear roles established in education and health services, nor for the detection and register of child abuse cases. Moreover, no policies are being implemented to ensure children's security. Hence the great increase of violence between children in schools. Actions are more focused toward restriction and repression and not so much toward care and support.
- The procedure of hearing minors, who are victims of violence or have witnessed crimes, does not follow the same standards as in other countries. Children are repeatedly interviewed during this type of procedure (excessively) by people who are not specialised in dealing with damaged children.
- Difficulties when trying to find out or clarify the real situation of issues related to child abuse. There are no figures by items (how many, type of abuse, etc.) regarding the number of abuse cases affecting children.
- Lack of data regarding child trafficking and exploitation. The main reason behind the fact that children are subject to trafficking and exploitation is because of the poverty situation of their families and the cultural practices of few minority communities. EU services, which promote the social integration of these children, are not enough, because children are only fostered for a maximum of 6 months and, exceptionally, for one year. In the long term they return to their community and there are no further opportunities for them to integrate.

2nd. CHILDREN AND JUVENILE JUSTICE

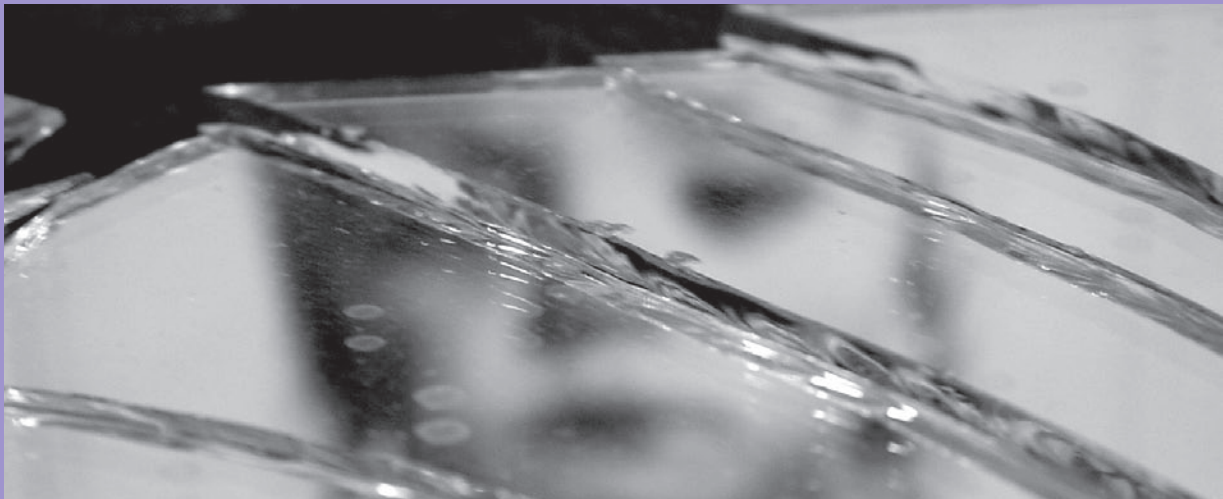
- It gathers the shortcomings in the field of juvenile justice (equivalent to re-education of minors)

3rd STREET CHILDREN

- This issue mainly affects the capital, Sofia, and 2 or 3 other big cities in Bulgaria. Most of these children do not go to school and thus continue to be at high risk of abuse, trafficking, sexual and other forms of exploitation.

SECTION 4

LOOKING AT THE PHENOMENON



Introduction

Through interviews with experts and private witnesses, we have taken an in-depth look at the main aspects of the phenomenon of violence against minors, the characteristics of the organization and the make-up of the services and the specializations. We have also examined the topic of prevention and classified the strong and weak points of the different territorial systems. The persons interviewed have also provided the partnership a number of indications regarding good practices and innovative policies.

We have also mapped the existing territorial services and thoroughly examined competencies and (legal management title).

Main topics

1: The phenomenon and emerging aspects

It is essential to focus on the main aspects of the phenomenon of violence, on the contexts in which it develops and the characteristics of its dynamics and evolution, in order to set up suitable and effective practices for intervening and fighting violence. In this specific area, structural problems persist in the collection of updated data that is useful for understanding a phenomenon, which still remains hidden in many respects. Better information and cultural commitment on the part of the world of research and of services to collecting and exchanging information are crucial for creating timely and effective practices both in the area of treatment and prevention. Action to sensitize and increase the cultural diffusion of the phenomenon is a key operation, which is crucial for this area of policy. The following sheet provides some facts that have emerged from the comparison of the studies carried out on each country.

2: Services for minors victims of violence

The diversity of the organizational systems and of the division of powers characterizes the different European contexts, often showing degrees of heterogeneity even within the same context. In the light of this diversity, a trans-national comparison has made it possible to identify, in comparative terms, general convergence trends and the main specific differences, so as to provide a common basis for investigation. Assessment of the system's main areas of strength and weakness enables us concretely to encourage reflection on ways to improve quality within the system.

3: Proposals for policy actions

The participation of all the players of one policy area in the identification of priority dimensions of intervention and in the configuration of new practices is an indispensable element of the new season of social policies. Within

this new hypothesis, we welcome the involvement of all those subjects capable of intervening in the area of such policies, at different levels and in different capacities, in making decisions aimed at defining policies for preventing and fighting violence against minors.

The trans-national reflection on the system's main deficiencies, but also the information regarding good practices that emerges from the territorial analyses, represents an important informative contribution for a comparison of the different approaches and experiences at different levels within the contexts examined. It also provides the opportunity to isolate some dimensions that seem to be worthy of priority attention, to those who operate daily in this field. A reflection on these detectors also serves as stimulus for the observation of emerging phenomena and of the new characteristics of some situations. For this reason, the national studies have allowed us to gather precise indications regarding policy, resulting from the actual experiences of the players interviewed.

1. The phenomenon and emerging aspects

1.1. Questions

- What is the point of view of the private witnesses with regard to the legal framework on minors victims of violence and to the services for treating and protecting this target group?
- According to the operators and experts interviewed, what are the emerging aspects of the phenomenon of violence against minors?
- What aspects of the phenomenon require more urgent actions?
- According to the private witnesses interviewed, what aspects are more difficult to prevent and to fight? What tools could be utilized for this purpose?

1.2. Results

Common focus points are represented by domestic violence and, in particular, the kind of violence expressed in the conflict between parents, with its effects on minors in terms of assisted violence, negligence, and physical violence. Another aspect that worries the persons interviewed, to different extents, is the multi-form phenomenon of "violence between peers", which seems to assume acute manifestations, both within school environments and during informal socialization, marked by an increase in episodes of sexual violence.

Changes in the socio-cultural make-up of our societies due to increased immigration has also contributed to growing episodes of violence linked to manifestations of xenophobia and racism. Conventional thinking manifests this form of violence through attitudes of refusal, stigma and psychological pressure that also affect minors in their interaction with the environment. Minors belonging to ethnic and linguistic minorities (in particular, Rom and Sinti) are often victims of this kind of violence. As a result of these demographic changes, the composition of the users of services has naturally been modified and some profiles of new demand are made up of categories that present related vulnerabilities: e.g. unaccompanied minors, foreign minors who live and/or work on the street and who are highly exposed to the risk of violence, sometimes associated with forms of alcohol and drug addiction.

We are united by a common feeling when we express the need for a careful analysis of the social and economic characteristics of the context in which the violence occurs or can take place: effective taking into custody and consistent prevention policies must be based on careful examination of the material and relational resources that exist within the environments in which minors live. This must be done in order to identify the best practices that can support environments in providing a suitable response to the minor's situation.

An emerging topic is that of violence related to minors' exposure to and use of the media. Increasing attention is being dedicated to the study of the relation between media and violence, virtual messages and actual creation of behaviours which seem to regard new forms of violence, experienced or acted out.

1.3. Examples and Investigations

	IT	ES	FR	RO	BG
THE PHENOMENON OF VIOLENCE AGAINST CHILDREN	<ul style="list-style-type: none"> - increased conflict within the couple and consequently, conflict during separations, which leads to exploitation of children, assisted violence and psychological abuse of minors. - immigrant families who must deal with various difficulties (stress and problems of family reunification). - sexual abuse is socially transverse, while the other forms of abuse are more prevalent within families of low social extraction. - some territories have seen an increase in sexual abuse on the part of minors on other minors - (violence between peers). - some adoption/ foster programs. - are difficult to carry out also because of previous situations of abuse suffered by adopted minors. - increase in detection and reporting of abuse is seen as a positive indication that the phenomenon is emerging. 	<ul style="list-style-type: none"> - increase in episodes of bullying and violence between peers among minors - increase in the abuse of minors of tender age - increase in abuse within families and institutions 	<ul style="list-style-type: none"> - increased violence between peers. - domestic violence and psychological violence are the most prevalently observed forms of violence - Increase in cases of community violence - and/or institutional/social violence due to such phenomena as racism, xenophobia and also to the bad work of social services - specific problem targets: unaccompanied minors, - child labour 	<ul style="list-style-type: none"> - violence (physical, including sexual and psychological violence) on minors associated with the low social/ economic condition of parents, risk of abandonment, domestic violence, - dropping out of school, involvement of children in criminal activities, drug abuse, in particular alcohol, mental disorders in parents. - use of violence as an educational method - (widespread tolerance of violent practices). 	<ul style="list-style-type: none"> - the predominant aspect of violence is identified in negligence, but also in all the other forms of physical, mental and emotional abuse. - increase in problems of sexual violence in schools - specific issues relating to violence against minors are - sexual precociousness, dropping out of school, acts of vandalism. - absence of motivation for change in perpetrators of violence - problems with the escalation of violence against minors and the lack of divulgation of the problem derive from cultural characteristics, family management models, the institutional environment, - the worsening of the social and economic conditions of families. - difficulty in recognizing negligence with respect to forms of violence

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2. Services for minors victims of violence

2.1. Questions

- According to the private witnesses interviewed, which characteristics of the services for minors victims of violence represent strong points?
- According to the private witnesses interviewed, which characteristics of the services for minors victims of violence represent weak points?
- What are the main problems regarding access to services faced by minors victims of violence?

2.2. Results

The private witnesses interviewed during this phase of the project indicated the following items as the strong points of the services for minors victims of violence:

- Presence of a multi-professional staff within the services for minors victims of violence;
- Existence of programs adapted to the specific needs of the individual minor;
- Strong motivation and extensive experience of the operators involved;
- Presence of third-sector organizations and of associations with specialized competencies, which promote innovative practices and are capable of setting up flexible networks and specific collaboration models.
- Capacity of public services to promote the coordination of all the players in the field;

The private witnesses have also indicated the following weak points within their own systems of reference:

- Lack of specialized competencies within the staffs of the local services;
- Lack of (economic, human, and structural) resources;
- Limited capacity to coordinate with the institutions, services and players involved;
- Lack of assessment and follow-up models;
- Lack of intercultural competencies;
- Improper use of institutionalisation;
- Lack of projects to support parental capabilities;
- Lack of participation by the local community;
- Lack of knowledge regarding existing practices and the different intervention practices.

2.3. Examples and Investigations

One dimension of the system of services for minors victims of violence that was found to be of essential importance is the dimension pertaining to the collection of updated and comparable data and, in general, the need to raise awareness at the cultural and community levels on the topic of child abuse. An example of an institutional provision that oversees this specific dimension is represented in Spain by the Permanent Observatory on the Family and Children of the Comunitat Valenciana. This centre is involved in research, consultancy and support in solving problems linked to children and the family. Its main purpose is to unite all the social players working in this field (public players, non-profit organizations, private social associations, etc.), in order to promote family culture.

The centre is responsible, in particular, for:

- analyzing the needs and social demand within its own territory of reference;
- setting up measures and policies to improve the levels of prevention, attention and protection;
- proposing strategic lines and implementation protocols for policies on the family and minors;
- conducting research, studies, and producing technical material and publications on this topic;
- providing information and advice to the Region on policies in favour of the family and children.

As far as concerns the methods for providing the services for minors victims of violence, the mapping of existing services shows that considerable territorial differences exist within the Region of Lombardy with regard to legal title and management. These differences are clear, above all, from a comparison of the socio-sanitary areas, even when they belong to the same ASL and are very close geographically.

In fact, within the Region of Lombardy, it is possible to identify at least 6 main organizational methods (five (5) types and one sub-type), which are listed below:

Type 1 → **Homogeneity beyond the district:** homogeneity of general management both as regards the socio-sanitary district of reference and the level of groupings defined by the Aziende Sanitarie Locali.

Type 2 → **District homogeneity:** territorial organization whereby all the municipalities making up the area delegate the management of the services for protecting minors to the Area Plan, which, in some cases, disposes of a specialized *team* expressly created and financed by the municipalities, and directly provides the services under consideration.

Sub-type 2.1 → **District homogeneity managed as a consortium:** the Area Plan legal provider of the services for protecting minors may form a Consortium Company, Foundation, Consortium, etc., for improved management beyond the district of the territory's social assistance services, on behalf of the associated administrations.

Type 3 → **Partially dissociated organization:** Those territories in which most of the municipalities that make up the area manage the services for minors in an associated manner through the Area Plan (without necessarily setting up a consortium), while some municipalities, usually the larger ones, autonomously manage the services for the protection of minors. In this way, we have a divided territorial structure within the same area.

Type 4 → **Organization according to sub-groups:** These are territories in which several associated managements are provided for within the same area. In this case, the configuration described in Type 2 is not repeated. Instead, the municipalities are divided into two or more (areas of) separate associated managements taking a “sub-group” type of district organization, each of which is autonomously structured.

Type 5 → **Autonomous organization of the single municipalities:** the single municipalities that make up the area have the right to provide the services for the protection of minors, autonomously managing most of the services under consideration.

3. Proposals for policy actions

3.1. Questions

- According to the private witnesses interviewed, what elements contribute to defining the quality of the service?
- What are the principal dimensions in which policy makers should invest?

3.2. Results

According to the private witnesses interviewed, the defining of standards for the services and of formal criteria for providing quality services is important. They also recommend providing appropriate resources for this specific policy area. These resources should be given specialized training to create competencies in operators, and generic training and information should be given to all the institutions and players involved, including teachers and school operators, the police department, educators, sports coaches, etc. The private witnesses also stated that practices for certifying the competencies of operators and educators working in this field should be shared.

As stated previously, the private witnesses also emphasized that increasing attention is being focused on minors perpetrators of violence: the improvement and further development of specific programmes designed to support minors with these problems are considered necessary. Similarly, the practice of advocacy for minors within the judicial system is also becoming increasingly important.

Lastly, we wish to mention the topic of voluntary workers who used as support for the territorial services and for the formal and informal networks, especially for setting up and promoting prevention activities.

3.3. Examples and Investigations

Listed below are a few examples of the policy indications provided by the private witnesses interviewed:

- setting up guidelines and a list of standard criteria for ensuring the quality of services (IT);
- promoting intercultural approaches during the hours of training to support the use of a non-discriminatory language (FR);
- promoting accessibility, multi-disciplinary approaches and personalized treatment plans (ES).

4. Tools utilized

4.1. Outline of interview to private witnesses

A) CLASSIFICATION OF THE PHENOMENON AT THE TERRITORIAL LEVEL

This section of the interview aims to integrate the general reconstruction of the phenomenon of child abuse with qualitative information and from the viewpoint of the persons working within the services.

1. What are the specific emerging aspects of the phenomenon in this territory?
2. What aspects of the phenomenon require more urgent actions?
3. What aspects are more difficult to prevent and fight?
4. Do systematic activities for monitoring the phenomenon exist in this territory?

B) GENERAL CLASSIFICATION OF THE CHARACTERISTICS OF THE SERVICES OFFERED

This section of the interview aims to classify the characteristics of the range of services offered in favour of minors victims of violence and to support identification of the authorities, services and projects which can be mapped and of the general characteristics relative to coordination models, communication methods, professional figures involved and training requirements.

1. Do public and private services that provide services in favour of minors victims of violence exist in your territory? Could you list those of which you are aware?
2. What is the degree of specialization of the network of services of this territory?
3. Do you know of any experimental projects dedicated to minors victims of violence operating within this territory?
4. In your opinion, are the services offered in this territory sufficient to meet the needs of minors and the demand for intervention required by the local context? Is there adequate territorial coverage?
5. Do the services you have listed operate through the network? What are the main coordination models applied?
6. What are the main communication methods used for the services? Have sensitization campaigns been carried out recently? To whom are the campaigns addressed?
7. Can you indicate which are the main professional figures involved in the taking custody of minors victims of violence within the different territorial services? Which specific professional figures outside of the services do you make use of most frequently? Do you think other professional figures should be involved? Which?
8. In your opinion, what are the training requirements for the operators of services? Are they generally prepared to handle the cases they have to deal with? Do you think that the professional figures that are already present require further specialized training? On what topics, in particular? Do you think it opportune to provide training to other operators within the system (e.g. school operators, police force, etc.)?

C) MAIN CHARACTERISTICS OF INTERVENTION STRATEGIES

The questions in this section aim to reconstruct the strategies and formulas of intervention, the formulas for providing services and for intervention, the make up of the staffs and their training requirements, and also the strong and weak points correlated both to the obstacles and opportunities outside of the services and to the constraints and resources inside the single services.

1. Could you briefly outline the type-courses through the network of services that minors victims of violence are required to go through?
2. If we examine the functioning of the system in specific terms, we analyze some of the characteristics of the main operational stages:

A. Observation *(This phase consists in identifying the signs of malaise in minors and the risks for their growth, associated with the harmful behaviour of adults, distinguishing the risk from the damage suffered. At the same time, an initial identification is made of the capacities to provide protection immediately available within the family).*

- What services/authorities are involved in this phase?
- What are the main professional figures involved?
- Can you provide a practical example of an intervention/activity during this phase?
- What are the main critical issues and the elements of weakness during this phase?
- What are the strong points?

B. Protection *(This phase of intervention is aimed at arresting the cruel/abusive behaviour basing the action on the seriousness of the behaviour: different types of abuse require different types of protection. In the more serious cases, in which the persons naturally in charge of providing protection and care do not fulfil their functions, the intervention can even take the form of a legal action in favour of the minor).*

- What services/authorities are involved in this phase?
- What are the main professional figures involved?
- Can you provide a practical example of an intervention/activity during this phase?
- What are the main critical issues and the elements of weakness during this phase?
- What are the strong points?

C. Assessment *(This phase of the course (of treatment) aims at assessing in the medium/long term, the overall framework of the traumatic situation in terms of its individual and relational aspects, the extent to which the adults involved assume responsibility and the resources for providing protection available within the adult environment of reference. It also provides for the possibility of beginning therapy).*

- What services/authorities are involved in this phase?
- What are the main professional figures involved?
- Can you provide a practical example of an intervention/activity during this phase?
- What are the main critical issues and the elements of weakness during this phase?
- What are the strong points?

D. Treatment *(If the result of the previous phase is positive, the treatment is aimed at restoring conditions of sufficient well-being for the child with his parents or with at least one of them, provided they are capable of acting in a sufficiently responsible manner towards the minor. If the result is negative, the treatment aims to separate the minor definitively from his parents reducing the traumatic impact as far as possible).*

- What services/authorities are involved in this phase?
- What are the main professional figures involved?
- Can you provide a practical example of an intervention/activity during this phase?
- What are the main critical issues and the elements of weakness during this phase?
- What are the strong points?

D) SUGGESTIONS FOR GOOD PRACTICES AND FORECASTS

This section of the interview aims to collect information regarding the dimensions preferred by witnesses for identifying good practices and to acquire specific indications on the services identified by the witnesses as good practices. By good practices, we mean those activities that effectively meet the needs of users and that are capable of ensuring the achievement of these objectives on the whole through intervention strategies/methods, which are efficient, sustainable and/or transferable.

- If you were to give a definition of the term good practices of a service in favour of minors victims of violence, what characteristics would you choose?
- To your knowledge, what services or projects (in Italy and in Lombardy) would you define as good practices?
- Another private witness has indicated the service Xy as a good practice. If you are also familiar with Xy, do you agree with this opinion? For what reason?
- In your opinion, which innovative and effective elements of these services/projects are repeatable and transferable to other contexts?
- Also on the basis of these observations, for which aspects do you think investments should be made to improve the interventions?

E) USERS

This section of the interview aims to examine the main characteristics of the users of the services for minors victims of violence and to gather the opinions of users with regard to the course followed for the taking into custody. In this section of the interview, it is possible to assess with the person interviewed the opportunity of interviewing a user of the service.

- What are the main characteristics of the users of the services (age, origin, economic extraction, etc.)?
- According to your point of view, what are the main difficulties that minors victims of violence have in accessing the services? What are those encountered during the taking into custody? And those at the end of the taking into custody?
- Do you know their opinions with regard to the services received? Do you have tools you can use to gather the *opinions of users periodically*?

4.2. Outline of interview to users of the services: adolescents/families

a) Briefly collect personal data (name, address, age, working condition)

b) Reconstruction of the phase of making contact with the services

- How did you initially enter into contact with the services? Were you aware of the existence of the service before that moment? Did you contact services on your own initiative or did others decide you should pursue this course? Who, in this specific instance?
- During the initial phase of contact, were you alone or did someone accompany you? Who, in this specific case?
- How would you define the attitude of the persons whom you met the first time?
- What meaning did your first encounter with the services have for you?

c) Reconstruction of the phase of taking into custody

- Can you briefly tell me about the stages of your relations with the services after your first contact? Did someone accompany you through these stages?
- Could you describe, if you wish, some of the activities performed during the stages of your taking into custody? In what locations did these take place? By which professional figures were you primarily taken care of?
- How long has/how long did your taking into custody last? Did your referents within the services change over time? For what reason?

d) Main difficulties encountered

- Looking back at your experience, could you make a list of the main difficulties you encountered in the course of your relations with the services?

e) Main benefits received

- Looking back at your experience, what are the main benefits you received in the course of your relations with the services?
- Are you satisfied with these? For what reason?

f) Indications for improving the services

- From your experience, what do you consider to be indispensable elements for providing a good service?
- Considering the difficulties we discussed earlier, what improvements do you think should be made in the methods for offering services?

4.3. Services mapping sheet for minors victims of violence

Indicate the information requested with regard to the legal title and management of the services specified for each municipality within the territory.

WHERE: AREA OF REFERENCE			AREA / FIELD / MUNICIPALITY / CONSORTIUM COMPANY			
WHAT: SERVICES						
1. Individual assessment of the child	1.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc.	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
	1.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ The same subjects cited above and any third-sector players	Name of Subject	Contact Person	Address	Tel/Fax/Mail
	Any additional notes:					
2. Individual assessment of adults	2.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc.	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
	2.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ The same subjects cited above and any third-sector players	Name of Subject	Contact Person	Address	Tel/Fax/Mail
	Any additional notes:					
3. Assessment of parental capabilities and of family relations	3.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ Field, Area Plan, Municipality, Asl,	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
	3.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ The same subjects cited above and any third-sector players	Name of Subject	Contact Person	Address	Tel/Fax/Mail
	Any additional notes:					

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4. Social actions	4.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
		Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc				
	4.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
		The same subjects cited above and any third-sector players				
Any additional notes:						
5. Individual psychological treatment	5.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject (unit, department)	Contact Person	Address	Tel/Fax/Mail
		Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc				
	5.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
		The same subjects cited above and any third-sector players				
Any additional notes:						

6 Family and/or group therapy	6.1.- LEGAL PROVIDER OF THE SERVICES	_____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail

	6.2. MANAGER AND PROVIDER OF THE SERVICES	_____	Name of Subject	Contact Person	Address	Tel/Fax/Mail

		The same subjects cited above and any third-sector players				
		Any additional notes:				
7. Neutral space	7.1 LEGAL PROVIDER OF THE SERVICES	_____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail

	7.2. MANAGER AND PROVIDER OF THE SERVICES	_____	Name of Subject	Contact Person	Address	Tel/Fax/Mail

		The same subjects cited above and any third-sector players				
		Any additional notes:				
8. Home visits	8.1 LEGAL PROVIDER OF THE SERVICES	_____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail

	8.2. MANAGER AND PROVIDER OF THE SERVICES	_____	Name of Subject	Contact Person	Address	Tel/Fax/Mail

		The same subjects cited above and any third-sector players				
		Any additional notes:				

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9. Child homecare	9.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
		Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc.				
	9.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of the Subject	Contact Person	Address	Tel/Fax/Mail
		The same subjects cited above and any third-sector players				
Any additional notes:						
10. Residential community	10.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
		Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc.				
	10.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
		The same subjects cited above and any third-sector players				
Any additional notes:						
11. Day centre	11.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
		Field, Area Plan, Municipality, Asl, Corporate Company, Consortium Company, etc.				
	11.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
		The same subjects cited above and any third-sector players				
Any additional notes:						

12. Fostering and adoption services	12.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
	12.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
	Any additional notes:					
13. Training for operators and for players within the territory	13.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
	13.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
	Any additional notes:					
14. Prevention activities for children and parents	14.1 LEGAL PROVIDER OF THE SERVICES	_____ _____ _____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail
	14.2. MANAGER AND PROVIDER OF THE SERVICES	_____ _____ _____	Name of Subject	Contact Person	Address	Tel/Fax/Mail
	Any additional notes:					

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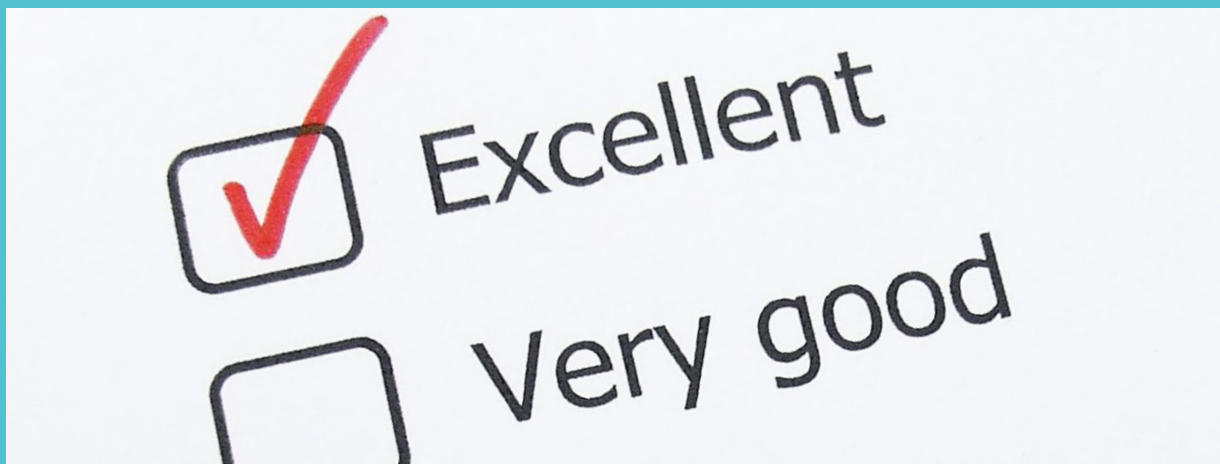
15. Prevention activities for other players within the territory (police, teachers...)	15.1 LEGAL PROVIDER OF THE SERVICES	_____	Name of Office (unit, department)	Contact Person	Address	Tel/Fax/Mail

	15.2. MANAGER AND PROVIDER OF THE SERVICES	_____	Name of Subject	Contact Person	Address	Tel/Fax/Mail

		Any additional notes:				

SECTION 5

LOOKING AT THE QUALITY



Introduction

The interviews conducted during phase WP.4.1 showed the existence of a complex and varied situation which required rationalization within standard requirements in order to constitute a base for the construction and the comparison of the *good practices* adopted among partners.

The dimensions of the activities examined – i.e. resources, services supplied and network of services – can be considered as “valid” if, inserted within specific contexts, they allow us to identify *transversal traits* that are key to the definition of *good practices*:

Effective: to achieve positive results for one or more specified objectives.

Innovative: to offer new or different solutions to the ones developed for a given area. Innovation may concern:

- processes (performance, content, methods, approaches, tools);
- the object of interest (new areas of interest, new social groups, etc.);
- the content (improvement of ordinary conditions, creation of networks and coordination efforts, etc).

Transferable: to share the characteristics of visibility, communicability, diffusion (horizontal dimensions) and integrability and applicability at the system level (vertical dimension).

Sustainable: to be adopted as an ordinary solution, to improve society.

Phase 6 (WP 6) of the “ACKNOW MV” project was based on these assumptions to define the selection criteria for good practices and identify them in the areas involved in the partnership, so that they can be shared, compared and used to build a set of indicators that can be validly applied across Europe.

The main topics

1 – A model for rethinking quality

In a society which is still striving to adopt systematic and uniform measures to fight child abuse and violence, it is necessary to ask oneself if there exist established models of reference when searching for good practices.

2 – Suggestions from good practices:

Once a model of intervention has been defined, it is necessary to ask if the European reality represented by the partners involved in the project contain significant convergences and, where existing activities appear to cover only some actions and objectives, if the partners share the need or recognize the opportunity to develop the activities specified in the model of intervention that are currently lacking in the reference territory, even with the support of other agencies.

3 – The relationship resource:

To change the reference paradigm and to search for new methodological approaches using guiding principle that enable, on the one hand, to overcome a linear determinist approach, which is strongly influenced by an ethical and paternalist vision of society, and on the other, to work jointly with families, even when the situation requires urgent interventions to protect minors, and lastly, to review the interpretation of the role of therapists and the concept of therapy-cure.



1. A MODEL FOR RETHINKING QUALITY

1.1. The questions

Following the publication (in the 1960s) of the so-called '*child battered syndrome*' by Kempe the recognition of civil societies towards the dramatic reality of abuse and violence perpetuated against children has been constant but not linear. The phenomenon of child abuse provokes horror and shock, and even denial from those who refuse to 'see' it. Care-giving professionals (social assistants, doctors, psychologists, etc), together with the facilities intended to assist children at the educational, social and medical level, the institutions and policy-makers have been using overlapping initiatives and interventions, and have been starting to search for methods to fight the gradual rise of a worrisome 'underworld' environment. Although statistical research (especially retrospective surveys) have been trying to quantify the phenomena from the 1970s onward, also considering the planning for the necessary resources for prevention and treatment, in practice, results responded only to the moment at hand, and in most cases were insufficient. In more recent years, caregivers highlighted the need for consistent guidelines to define the phenomenon, interventions and integration within existing contexts in order to develop more useful and qualitatively appropriate activities.

Even the project under examination finds the need for reference concepts of intervention in order to identify the good practices in the field of child violence and abuse.

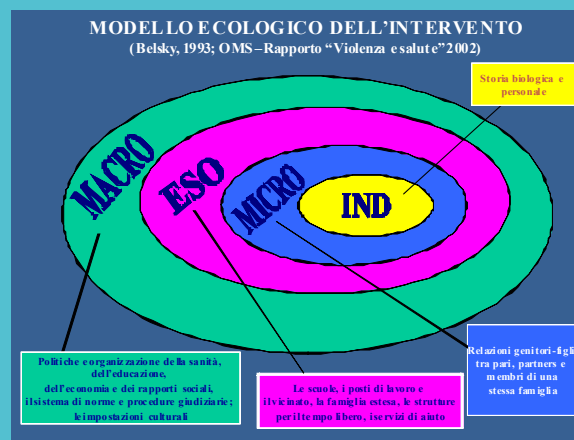
1.2. The results

1.2.1 – The ecologic model

In order to identify, collect and classify good practices, we decided to use as our starting point the most authoritative model available, pursuant to the specifications of the *First World Report on Violence and Health* (W.H.O., 2002). The theoretical framework used by the W.H.O. draws its inspiration from the "ecological model" developed by Bronfenbrenner (1979), who in studying child violence, identified four concentric areas that contribute in the defining the aetiology and eventually repairing the damage caused by child abuse. These areas consists of the following:

- ontogenetic level or individual factors;
- micro-system level or family factors;
- eso-system level or social, economic or community factors;
- macro-system level or institutional and cultural factors.

Fig. – Graphical representation of the ecologic model



Below are the details for each level:

a) Individual:

The first level of the ecological model attempts to identify the factors of the biological and personal history of an individual that influence his/her own behaviour. In addition to biological and demographic factors, other factors include impulsivity, poor cultural level, the drug or alcohol abuse, and a history of violence and abuse. In other words, this level of the ecological model focuses on the individual’s characteristics that increase the possibility of being a victim or the perpetrator of violence.

b) Personal relationships:

The second level investigates into the way social relationships – e.g. with peers, intimate partners and family – may increase the risk of suffering or perpetuating violence: friends, intimate partners and family members can influence a person’s behaviour and his/her experience.

c) Community:

The third level examines community contexts in which social relationships occur – such as schools, workplaces and neighbourhoods – and tries to identify the characteristics of the settings associated with the likelihood of becoming victims of perpetrators of violence.

d) Society:

The fourth and last level takes into account broader societal factors that influence whether violence is encouraged or inhibited. This level includes those factors that create favourable conditions that endorse violence, that reduce the inhibitions towards violence, and those that create or maintain a distance between different segments of society – or a tension between different groups or regions.

The ecological model, owing to its classifications into level, is also used to identify the key points of the intervention, whether they are used for primary prevention (to avoid the occurrence of violent behaviour), or secondary prevention (to give immediate responses) or tertiary prevention (treatment, rehabilitation, reintegration, reduction of the damages resulting from victimization).

1.2.2 – The intervention philosophy

Based on what has been explained so far, we can say that this system can ultimately use a ‘cascade-like’ view point: as social service systems, we cannot treat individuals and identify signs on abuse or provide treatment, nor face the dimensions involved at the micro-system level, i.e. the development and the constant maintenance of a network of personal relationships (family, extended family) necessary to promote a child’s ‘basic confidence’ and encourage a healthy development of his/her personality, without dealing with the factors involved in the **macro-system** level (cultural, organizational, institutional) and **eso-system** level (regarding ‘community based’ contexts, including the services provided to the population), at least for those factors which are directly connected to child violence.

The image below depicts the ‘philosophy’ of the intervention and the guidelines that may help identify ‘good practices’.

Fig. Image of the intervention philosophy



As better explained in the example given in the next section (1.3.2) it is possible to identify, at the different level of the ecological model, crucial areas that can be effectively handled by the Services to fight child violence, by adopting a ‘funnel-shaped approach’ starting from the broadest levels (macro-system and eso-system) narrowing down to the most specific and punctual ones (micro-system and individual levels), taking into account that in the concentric circles representing the ecological framework, the most external circles include the most internal ones.

1.3. Examples and insights

Let’s take a look at two examples: the first example concerns the Guidelines of the Lombardy Region and the other is taken from a real-life experience.

1.3.1. Guidelines for providing care-giving services to minors who are victims of violence

The Region of Lombardy – through a Resolution of the Regional Administration Council 23.12.1004 – N.7/2010) – released the “Guidelines for providing care-giving services to minors who are victims of violence”, that reference directly the principles of the W.H.O. In fact they classify the actions for the proposed services:

[...] For the purposes of the organizational methodology of the system of interventions and services dedicated to the prevention of violence against minors and the cure of minors who are victim of violence and their families the following functions have been identified:

- *Transversal: functions shared by all services, health, socio-health, socio-educational that involve actions of primary prevention (reduction of risks) and of secondary prevention (detection and protection including violence reporting and/or legal actions).*
- *Specialized: actions of tertiary prevention (assessment and treatment).*

[...] An appropriate summary of the intervention is included in the ecological model, referenced in the Report on Violence and Health of the World Health Organisation (2002).

[...] It is reminded therefore of the opportunity for systematic and stable connections between the services within the health and social area (for adults and minors), of the social and educational area in direct and constant connection with Judiciary authorities [...].

The Region of Lombardy, therefore, recommends close cooperation among services in order to build coordinated and efficient campaigns regarding the four different levels of the ecological model.

1.3.2. A case history: Davide

Davide lives in a small mountain town. He is an only child, his mother suffers from Crohn’s disease (a self-immune

disease which gradually affects the intestines) and his father is often away from home and ‘commutes’ to work every day. He is a good child, well integrated into his small community, and not particularly brilliant at school. When his mother has violent outbreaks caused by the disease, Davide is often left to himself, because his relatives live in another region.

Davide was only 9 years old when he met two young adults who with cameras in hand and promises of auditions to a TV show, lured him to pose for some pictures and eventually have sexual intercourse with them. After some of these encounters the two adults disappear taking the photos with them.

Davide realizes that he was tricked and is deeply ashamed for what the two men gradually obtained from him. He becomes restless and aggressive; at school, his grades drop even lower. His mother notices the change and after insistent questions, Davide confesses what happened. She immediately presses penal charges and local social services take charge of the case, also supported by a health care centre specialized in the treatment of abused children which is located only a few kilometres away. However Davide’s conditions do not improve. In fact, the potential effectiveness of the intervention is annulled by a series of adverse contextual events.

At the judiciary level (macro-system), after the initial ‘burst’ of police interviews, everything seemed to return to silence and oblivion. Davide starts asking himself whether the police believed him or not, if he was able to explain himself well enough, if he did the right thing: he doesn’t receive an answer for several months.

The situation worsens: the legal proceedings receive enormous media hype on local press (eso-system), including headlines on a provincial media outlet exposed at the local newsstand (of course, articles only mention of “a child”, but the small community soon finds out the real identify of the victim); Davide feels as if he under the spotlight and his shame increases. His classmates (eso-system) who saw him with the adults now make fun of him and call him a ‘faggot’. Of course this does not occur inside the classroom but outside the school: the teachers (eso-system) are fully aware of what’s happening but don’t know what to do, because it is the first time they are confronted with a situation of this kind. His friends do not like to stay around him anymore. The overall mentality of the town (macro-system) is that it cannot happen to them, and refuse to realize that instead it happens very often: they tend to stigmatize Davide, because he hasn’t been ‘smart’ enough or because he is ‘neglected’ (owing to his mother’s poor health).

Then his mother (micro-system) has a relapse of the disease, which also has strong psychosomatic effects: she is hospitalized for a few days. Davide feels that his only ‘safe harbour’ is beginning to collapse: now he feels lonely (turning to the neighbour is no longer a good idea after what happened), and also guilty for making his mother worsen. His father (micro-system) must continue to work: moreover, he is unable to cope with the situation and also feels shame for how his son and family are being stigmatized. He decides not to talk about it with his son during the few moments they spend together in the evenings. Davide does not know how to interpret this silence: is his father angry with him? Does he believe him? Moreover, his father asks him to keep the secret with his family (micro-system), who lives in another region and who occasionally hear from them on the phone, hoping that what happen will not reach them.

Davide convinces himself that he should be ashamed of what happened to him: he feels increasingly more isolated, stupid, and guilty. Could Davide benefit from an individual treatment in such circumstances? The answer is obviously no.

2. SUGGESTIONS FROM GOOD PRACTICES

2.1. The questions

Starting from the ecological model explained earlier, the work team has identified the two levels of macro-system and eso-system, as they are crucial areas where the network of services for minors who are victims of violence activities can offer effective assistance. Therefore the guide-scheme containing the objectives and actions recognized by the scientific community as components for good action was declined. The guide-scheme provided a unifying base for the organization of the specific activities performed by partners, hence making operative choices comparable.

The following guide-scheme of objectives and correlated activities, that the partners are invited to complete with the description of the activities performed have the necessary characteristics of efficacy, efficiency, transferability, sustainability to make them become *good practices*.

OBJECTIVES	ACTIVITIES
MACROSYSTEM	
<ul style="list-style-type: none"> Promote the perception that child abuse is a quantitatively relevant phenomenon Fight against the perception of solitude and shame felt by victims Help caregivers to recognize the indicators of abuse as soon as possible 	Build culture providing continuous and detailed information keeping a high focus on this problem
<ul style="list-style-type: none"> Promote the detection of the dimensions of the problem and its consequences Promote scientific and organizational confrontation between institutions and different stakeholders Organize qualitative information of the problem Check the effectiveness of the interventions Guide policies and the destination of resources 	Collection of updated and comparable data (from different players)
<ul style="list-style-type: none"> Bear in mind that the minor is the focal point of the intervention even as regards the judicial sector Make minors active protagonists of the legal proceeding Build good synergy between the psycho-social-educational interventions and judiciary actions Exercise control over the times, over the judicial proceedings, and over the demands made upon the minor as regards the judicial sector 	Adequate judicial routes, inside which the minor is protected against risks of secondary victimization
<ul style="list-style-type: none"> Set up a community for the exchange of knowledge Promote the sharing of initiatives on this topic Fight against the risk of social worker burn-out 	Active introduction into coordinated efforts and/or national/international networks on the topic
ESOSYSTEM	
<ul style="list-style-type: none"> Enable confidential access (even anonymous) Inform on health, rights, resources Implement the 'network' of Services Provide answers in crisis situation 	First aid and remote care giving
<ul style="list-style-type: none"> Protect minors against the exposure to risks Guide the minor to the construction of his own life project (school, work, socialization) Help minors experiment a healthy relational and social dimension Encourage the implementation of 'community based' resources Support activities aimed at reducing the factors of risk and those that cause difficulties to become chronic, and at promoting the empowerment of parenting functions in weak segments of the population Promotion of a 'good treatment' of minors 	Educational and socialization places for minors at risk
<ul style="list-style-type: none"> Face the specific needs of the child victims suffering intra-family traumatic experiences Perform an intense and competent psycho-educational activity Cooperate activity with the psychological treatment of minors and his family Handle crisis situations at the individual and group level Shorten the custody time necessary to define the minor's future 	Adequate structure to host minors who are the victims of maltreatment and abuse
<ul style="list-style-type: none"> Make sustainable the choice on behalf of foster families o the 'difficult' adoptions (children who are victims of traumatic experiences, over 6 years old, with psychological damages) Identify the success factors and risk factors for fosterage / adoption processes Reduce the percentage of failures Support daily living (help for all those tasks associated with the child's introduction into the family) 	Support to foster/adoptive families
<ul style="list-style-type: none"> Sharing of basic knowledge and of specific languages Facilitate the recognition of situations of child abuse Encourage the timely start-up of the "network" of Services for minors who are victims of violence Promote targeted interventions of primary prevention 	Basic social, health and educational services 'Education' of individuals at risk
<ul style="list-style-type: none"> Avoid wasting interventions because of incorrect diagnoses Define the diagnostic/ prognostic outlook in a timely manner Propose a programme of intervention in a short time Promote and start therapeutic actions Promote and support daily healing experience Avoid and/or manage occasions for re-awakening traumatic experiences Perform highly integrated complex, coherent interventions at the social, health and educational levels 	Adequate dedicated services
<ul style="list-style-type: none"> Keep motivation for providing superior quality services high Check the start of post-traumatic reactions (arousal, intrusion, avoidance) which are frequent when coping with complex emergency situations Help in making difficult decisions by providing cognitive/emotional support Prevent burn-out 	Support for social workers

INTRODUCTION

PRESENTATION OF THE PUBLICATION

LOOKING AT THE LEGISLATION

LOOKING AT THE PHENOMENON

LOOKING AT THE QUALITY

QUALITY MONITORING

LOOKING AT THE FUTURE

2.2. The results

Considering the “good practices” collected by partners, several criteria were identified and used, that proved to be helpful in comparing the material received, and could therefore be used beyond the borders of the organization and the country of reference. Namely:

- the description of each intervention, as operatively implemented, showed the existence of several objectives and activities in all of part of them;
- despite taking into account the variables regarding each socio-cultural and organizational context, we aimed at defining transversal themes and issues regarding child maltreatment/abuse, and therefore of interest for all partner Countries;
- sometimes the ‘good practice’ indicated and described by partners was a complex activity, that aimed at responding to more needs and/or at accompanying the different emergence of these needs over time. In this case the activity proposed was divided into sub-activities and sub-objectives and inserted into several boxes of the scheme;
- when the activity appeared to be typical of a given area and therefore could not be transferred to other contexts, this was included in the scheme and specified and provided as a suggestion for other contexts;
- at the same time we chose to keep all the boxes of the scheme open, even when it was not possible to complete them with the indications provided by partners. In fact, considering these “boxes” as stimuli, as well as starting points for future investment, we believe that they can be integrated with the indications of the area of intervention recognized as necessary by the scientific community, even if currently no partner has developed any activity towards this direction;
- most of the complexity of the task was constituted by the different configurations within the partners’ organizations, some of which were exclusively operative, while others, were of institutional nature with the task to identify ‘policies’ on the topic.

The summary document of all good practices was successively analyzed in relation to the different types of resources implemented in the activities collected from partners. In particular, the resources considered were:

- basic resources: prevention, education, detection, protection;
- system resources: data collection, partnership to organizations, research activities, basic training for the population, especially social workers;
- specialist resources: diagnosis and cure, specialist training for care givers, supervision for the continuative training of professionals.

The collection, analysis, and differentiation process of the good practices by all partners enabled us to:

1. monitor the functioning of the ‘ecological model’ suggested by the WHO that, as suggested, resulted in a rational and exhaustive container for operatively very diversified interventions;
2. show the convergence on activities and objectives and the current direction of operative and economic investments. This also corresponds to the perception of the importance and/or urgency regarding some needs over others, and that become a great starting point for common reflection in view of the organic rationalization of operative action;
3. highlight an uneven quantitative distribution of good practices; in fact the scheme on “good practices” shows an unbalance between three types of resources and an unbalance towards the creations of basic activities (totally 12 activities mapped) and system activities (totally 8 activities mapped) while specialist activities were still poorly present (totally 3 activities mapped); build a “basket of indicators” that can help to define the guidelines in violence and maltreatment.

KEYS
 normal = basic resources (prevention, education, detection, protection)
italic = resources of the system (data, organizations, research, training) –
bold = specialist resources (diagnosis and therapy, specialist training, supervision)

ESO-SYSTEM			
GOOD PRACTICE SELECTION CRITERIA	BASIC RESOURCES	SYSTEM RESOURCES	SPECIALIST RESOURCES
BUILD CULTURE PROVIDING CONTINUOUS AND DETAILED INFORMATION KEEPING A HIGH FOCUS ON THE PROBLEM	BULGARIA - NADJA CENTER Foundation – campaign against violence addressed to students using flyers/procure/posters and press conferences		BUILD CULTURE PROVIDING CONTINUOUS AND DETAILED INFORMATION KEEPING A HIGH FOCUS ON THE PROBLEM
COLLECTION OF UPDATABLE AND COMPARABLE DATA (BETWEEN DIFFERENT SUBJECTS)	No mapping present	No mapping present	COLLECTION OF UPDATABLE AND COMPARABLE DATA (BETWEEN DIFFERENT SUBJECTS)
ADEQUATE JUDICIAL PATHS WHERE MINORS ARE PROTECTED FROM SECONDARY VICTIMIZATION	ITALY - TI AMA – model for judicial accompaniment for minors, multi-disciplinary team with the objective to inform minors and caregivers about 2 types of allowances based on age group (4-11 years and 12-18 years).	BULGARIA, Animus – an innovative model creating a network to work with judges, jury and public prosecutors in the regional court of Sofia, dealing with cases involving minors who are victims of violence. The objective is to raise awareness towards the problems and psychological traits of children and minors who are victims of violence or of witnessing violence.	ADEQUATE JUDICIAL PATHS WHERE MINORS ARE PROTECTED FROM SECONDARY VICTIMIZATION
ACTIVE INTRODUCTION INTO COORDINATED EFFORTS AND/OR INTERNATIONAL/ NATIONAL NETWORKS ON THE TOPIC		ROMANIA - PARADA member of the Federation of the NGOs for the Protection of childhood since 2000, in Romania, Dynamo International and the Romanian network of Harm Reduction. BULGARIA NADJA CENTER – projects for the introduction of common standards and criteria to help women who are the victims of domestic violence in Bulgaria and the growth of the network of organizations that work to fight violence against women and children. BULGARIA Association Social activities and practices institute – project: FIRST PHASE prevention, diagnosis and intervention, legal protection, interdisciplinary work and, finally, institutional abuse. Develop regional standards and solutions in the field of child abuse and abandon; SECOND PHASE – train professionals dealing with child abuse and help them through networking activities, good practices, contacts with international experts; develop a more efficient assistance service for abused children in the region by raising awareness towards the problem. ITALY, CISMAI – it promotes the coordination and exchange between centres and services, both public and private, that operate in the prevention and treatment of abused minors; it identifies guidelines for care giving, it promotes contacts and exchange with political and institutional authorities; it promotes conferences, seminars, debates, research, publications and training programmes; it maintains contacts and works with other national and international Associations. SPAIN, GENERALITAT VALENCIANA – Publication (2006) of guidelines – instructions for tools, methodologies and procedures – for health professionals, educational institutions, police and social workers. The objective is to improve the situation of child vulnerability (target – minors and their families).	ACTIVE INTRODUCTION INTO COORDINATED EFFORTS AND/OR INTERNATIONAL/ NATIONAL NETWORKS ON THE TOPIC

ESO-SYSTEM			
Assessment criteria	BASIC RESOURCES	SYSTEM RESOURCES	SPECIALIST RESOURCES
"FIRST AID" AND REMOTE CARE GIVING	ROMANIA , Child Helpline (Telefonul Copilului) BULGARIA, ANIMUS - 24-hour hotline – support for victims of violence and abuse – emergency programme BULGARIA NADJA CENTER Foundation 24 hours National Hotline for children		
EDUCATIONAL AND SOCIALIZATION PLACES FOR MINORS AT RISK	ITALY Galdus - Il Centro 2YOU – information, training, updating and consulting for teachers, parents, and students of secondary schools ROMANIA, PARADA – Assistance to street children, homeless young people and families FRANCE, HORS DE LA RUE – activities for unaccompanied minors SPAIN, GENERALITAT VALENCIANA Development of actions (European projects) addressed to minors and young women with administrative measures for the protection of women and minors and/or at risk		
ADEQUATE FACILITATES TO ACCOMMODATE MINORS WHO ARE VICTIMS OF MALTREATMENT AND ABUSE	BULGARIA, DEMETRA ASSOCIATION Crisis centre for children (women and their children)		
SUPPORT TO FOSTER/ADOPTIVE FAMILIES	No mapping present	No mapping present	No mapping present
BASIC SOCIAL, HEALTH, EDUCATIONAL SERVICES 'EDUCATION' FOR RISK GROUPS	ITALY, ASL BG – programme for the prevention of victims of paedophilia involving children directly.	ITALY, TIAMA-GALDUS – POLLICINO project - Awareness, information and specialization of the different actors involved in the fight against abuse and maltreatment - Experimentation of innovative methodological and training tools to develop and support the territorial network (Remote training)	
ADEQUATE DEDICATED SERVICES			ITALIA ASL BG - Multiple Family Therapy for Multi-problematic families with minors. Activities follow the Marlborough protocol ITALIA TIAMA – The adoption of a 'multimodal approach' in the psychotherapy of abused children and their families is an approach supported by the entire scientific community. SPAIN GENERALITAT VALENCIANA - specialized service of attention to family and childhood (SEAFI)
SUPPORT TO SOCIAL WORKERS		ITALIA TIAMA – support for social workers Clinical cases and documental availability	

3. Relationship resources

3.1. The questions

During the last few years, the number of minors and families requesting the intervention of Social Services has grown steadily. The many factors that can explain this trend are well known (change of the family structure, economic issues that aggravate difficult situations, difficulties of integration, increase in the number of conflictual separations, etc). At the same time, social awareness towards the rights of minors, maltreatment, violence and child sexual abuse is higher.

The services appointed have been overloaded with tasks and not always are they prepared to respond to the complexity of the issues being faced. The prevailing professional practice tends to “label” parents who have problems as individuals who are unable to take care of their child and so they are imposed solutions which result to be often ineffective because based on epistemological assumptions that deprive them of their responsibility.

Such operative disservice involves emotional and social costs that are no longer tolerable.

As a consequence, we can radically rethink the strategy by asking ourselves:

- How can we avoid the risk of producing negative effects (iatrogenic) on families?

Which interventions are to be promoted in order to support parental responsibility within families (empowerment)?

3.2. The results

“It is within the therapeutic alliance interpreted by a professional who shows himself welcoming, trust-worthy and non-judgmental that lies the possible success of the intervention in child abuse and maltreatment” (Andersonm H. and Gollishian, 1992).

Numerous studies have shown that for a person to ask for help, it is necessary that that person feels accepted and listened to. Social service workers are, most of the times, so concentrated on the assessment and/or management of the practices and procedures to follow, that they forget the central importance of the relational aspect of the process they are involved in.

It is necessary to combine the need to collect data and information with the ability to build a dimension that is based on recognizing the victim as an “expert” of his/her difficulties, helping people to implement their inner resources and potential. Individuals possess the ability to think of their actions, they can question them, they can make changes in their lives as social beings; they are the main protagonists of their problems and they are also the experts.

These premises have supported the need to change the reference paradigm and search for new methodological approaches where the guiding principle are:

- overcome a linear determinist approach, strongly influenced by an ethical and paternalistic vision of society, in favour of a new approach based on family empowerment, on resilience, in order to take care of children who are at risk of maltreatment and abuse;
- work WITH the families, even when the situations require urgent interventions for the protection of minors. Families should be given full responsibility also considering the important and primary role that a family is given in the community as a “social operator”. The involvement of families into groups and/or self help organizations, within the interventions for minors, must be regarded as one of the objectives to achieve. Families must be actively involved in the “therapeutic project” and special attention must be given to the social and cultural contexts in which a family lives its relationships.

- review the way we interpret the role of therapists and the concept of therapy-cure. The prevailing therapeutic culture moves inside a deterministic logic that opposes the patient to the care giver (expert). This logic must be changed by looking at the person experiencing problems in a different way, i.e. considering him/her as a person with the ability to take part in a conversation according to him/her own codes, and who can work in collaboration with the therapist and eventually find solutions.

Changing the methodological approach is not without problems when one must face child abuse and maltreatment that require the application of the typical operative skills of the social and health system with respect to the judicial system. The problem with ensuring the protection of minors while meeting the requirements from other systems (legal, social, medical), is undoubtedly a critical issue.

3.3. Examples and insights

The theoretical principles described earlier find their gradual translation into different activities, through interventions in which families are not just the “users” of practices which they sometimes struggle to understand (often because they are forced to adopt a different culture than their own), but the active protagonist of interventions that thereby shift from being “compulsory” to voluntary.

MULTI-FAMILY THERAPY

This therapy draws inspiration from the therapeutic model experimented at the Malborough Family Service in London.

The interest in different forms of interventions was brought by the unsatisfactory results of the conventional single-family therapy, which often resulted as unsatisfactory for multi-problematic families who do not formulate explicit requests for help, and often feel powerless, without the ability to negotiate and therefore oppose or become hostile to the legal system.

The key points of a multi-family therapy are:

- construction of a working environment where families are, from the very early stages, called to build a “diagnosis” regarding their family situation, even opposed to the one proposed by the social services that have required the intervention. During the initial network meeting, families are actively called to define the problems they perceive within them, overcoming the condition of passively accepting the external vision. Already in this early stage, families cease to be the mere passive users of the therapeutic intervention that the “qualified operator” thinks is most suitable for them, and become the active agents of change;
- presence of several families at the same meeting (sometimes having similar situations, such as teenage children, or even different situations): sharing problems reduces tensions, allows participants to perceive the context as less persecutory, enables the confrontation with other realities, each family perceives it has specific problems and resources, hence increasing their self-confidence
- involvement inside the family: the presence of children and their active participation offers a precious opportunity to give voice to the way they perceive themselves and the others within family relationships;
- the permanence in a place where they can share “normal” moments of family life (lunchtime, child care, infant care, bedtime) offers the opportunity to overcome issues of everyday life and find strategies also by learning from each other
- meeting other families with problems helps to develop comprehension, solidarity, but also the feeling of being part not only in their treatment but that in that of others as well

In such a context, the role of the social worker (typically two or three conductors plus a training operator when the activities involve working in sub-groups) is marginal in the direct relationship with patients, but central in favouring the relationship with others. Social workers propose the topics or the activities for the day, but then basically play the role of facilitators, encouraging the exchange amongst families so that they can express their opinions and offer solutions to their observations.

FAMILY GROUP CONFERENCE (FGC)

This method is applied successfully mostly in English-speaking countries particularly within the Restorative Justice (“RJ means a new and different way of applying justice that has as its primary objective the establishment of justice through the social appeasement between the offender and the victim”). It is a method that tries to solve family problems which threaten the wellbeing of children, by putting the child, parents and the network at the centre of the decision-making process (family, friends, neighbourhoods, teachers, etc.).

In FGC the role of the social service lies basically in supporting the family during the decision-making process, through the preparation work before the meeting in which the subjects involved and the relational network accepted by the family make decisions.

The function of the social service in this case is to monitor, assess and support the family during the decision-making process. The model is based on the following assumptions:

- the child’s wellbeing is the priority and the starting point for identifying a problem (mostly identified by the caregivers) that is threatening this wellbeing; the identified problem is defined as the “point of non-return”, i.e. the starting line that needs a solution that will hopefully improve the child’s wellbeing, but also the one chosen and shared by the subjects directly involved.
- families have the right to take part in the decision-making process that concerns their future: this changes the role taken by the caregiver who is no longer called to identify the options that the families often do not agree with
- families have the skills to make decisions if helped and supported in doing so: families are their own experts, external professionals may take inappropriate solutions and that will only increase the feeling of impotence inside the family
- the decisions made inside the family have higher chances of being efficient, of being maintained over time compared to the ones made by caregivers without their involvement.

Literature from the countries where the method is being used for years show that nearly 90% of plans formulated by families is approved by the service and have a good maintenance over time.

For instance, in Italy, the objective pursued by the method is to reduce the number of inappropriate interventions of reports submitted to the judicial authorities and child removal policies.

The model develops a “rational” service because it enhances existing “relationships, while producing new ones and involving the subjects directly involved, hence favouring the processes of *empowerment*.

MEDIATION IN PARENTAL BONDING (*intervention under experimentation*)

The problem regarding the conflicts between spouses can be regarded as one of the main sources of maltreatment (mostly psychological) perpetrated on children. The treatment suggested in these situations is that of Family Mediation: the intervention proposes the presence of the spouses alone with the mediator who has the function to facilitate the recovery of the communication, often drastically interrupted by the conflictual partners. The objective is to give back to parents their full responsibility in the decision making-process that concerns their children and the choices that affect them.

This type of treatment, however, seems to be inappropriate in those cases where conflict is profoundly rooted, often accompanied by long and exhausting legal procedures, and where a new phase is experienced in which the main point of conflict appears to be the child himself who refuses to meet the other parent (most of the times, the father).

This problem was theorized and defined as the “Parental alienation syndrome” (PAS- Gardner). This new reality is interpreted by judges with procedures aimed at recovering contacts that have sometimes been interrupted for years, between the parent and the child in a “neutral place”, with the presence of a caregiver and prior a

psychological preparation of the minor. This intervention generated a growing need of services for “protected meetings”.

A new approach to the problem is the one directly influenced by the experiences in other countries where the intervention has the aim to help rather than to supervise, and where the “neutrality” of both the place and the caregiver is ensured (e.g., in Great Britain, there are “Child and Family Contact Centres”, in France the “Points recontre”).

In Italy, the decision was to involve both parents even when severe conflicts exists, without excluding no one from the responsibility to search for feasible solutions. The multi-family approach was used to offer an opportunity for confrontation and support among peers. A facilitating environment is proposed for the recovery of cooperative relationships between parents and children. The meetings are organized at adequately chosen spaces outside the family (for example families are invited to meet at a nature park where they can involve animals in the treatment - Pet Therapy) to favour the reconstruction of a positive relational climate. The model proposed is the one which has been used for decades in the zoo in Buenos Aires by Dr. Hugo Massei, an Argentine neuropsychiatrist.

When parents show themselves to be active, they will have the possibility to be seen by the children with different eyes and not only within the conflictual alienation context.

Similarly to what occurs in the multi-family therapy, participants who are able to see the similarities and differences in the stories of other families, will take part in the “treatment” of others, often acting as social workers themselves.

INTRODUCTION

PRESENTATION OF
THE PUBLICATION

LOOKING AT THE
LEGISLATION

LOOKING AT THE
PHENOMENON

LOOKING AT THE
QUALITY

QUALITY
MONITORING

LOOKING AT THE
FUTURE



SECTION 6

QUALITY MONITORING



Introduction

Based on the methodological indications contained in the products developed in the previous phases of the project, a basket of indicators was developed and sub-divided into two categories: macro-system (institutional and cultural factors) and eso-system (socio-economic factors regarding the individual's community). The construction of this set of indicators was based on the concepts connected to the idea of evaluating the quality of area services for minors who are victims of violence and on the "dimensions" that constitute the idea of quality itself. Each dimension was translated into measurable and empirical definitions called "indicators".

Since the scope of application of the set of indicators is for evaluating the local services provided to minors who are victim of violence in the project's reference areas (the region of Lombardy for Italy, the region of Valencia for Spain, the district of Paris for France, the area of Sofia for Bulgaria and the area of Bucharest for Romania), an on-field test project was also conducted to monitor these indicators by administering a questionnaire and analysing the collected data. For each territory involved in the testing, data was gathered on the 11 analytical dimensions constituting the basket and the dichotomous nature of the indicators made it possible for each of the sub-dimensions considered (45 in all), to collect information regarding the presence/absence of specific characteristics in the network of territorial services for minors who are victims of violence and to draw an accurate picture of the areas covered or possible areas of investment within the contexts involved in the testing.

The main topics:

1 - The set of indicators: a methodological proposal

The basket of indicators developed here has the main characteristic of complying with the theories adopted by the partners to analyze the topic of violence and the services intended to fight it. The decision to implement a monitoring tool will add value to the approaches and references concerning the supply and management of child care services and is also an open tool that can be regularly updated and fine-tuned to respond to new contributions and feedback on the subject matter.

2 - The dimensions of quality: the ACKNOW mv basket

In order to ensure consistency throughout the project's life cycle, while using the knowledge brought by the research activities and by the encounters with partners, we have decided to organize the results that can effectively define the indicators according to the ecological model proposed in WP 5 (see section 5); this was done by using the main dimensions singled out for identifying and selecting the good practices as a common organizational basis. The

quality of a network for territorial services for minors who are victims of violence is therefore defined on the basis of the presence of specific characteristics that can be ascribable to the macro-system (such as culture, awareness and information sharing) and to the eso-system (for example, service accessibility and prevention activities). The basket considers the eso- and macro-systems outlining their specific dimensions, activities, indicators and working definitions.

3 - Monitoring quality: a pilot project experimentation

A monitoring tool enables the collection of information regarding the presence/absence of a set of characteristics that contribute to the quality of a system. The information collected can therefore be used to carry out a comparative analysis between different territorial contexts, identifying similarities and differences, covered areas and areas that require more investment and effort, in order to fine-tune and improve specific system segments.

1. The set of indicators: a methodological proposal

1.1. The questions

- Why do we need a basket of indicators?
- Who is the target user for the basket?
- What are the purposes of the basket of indicators?
- What are the main characteristics of the ACKNOW set?

1.2. The results

An “indicator” may be defined as a specific concept, which, when converted into a logical or nominal numerical value based on a corresponding practical definition, allows us to analyze the evolution of a multi-dimensional phenomenon in time and space.

A concept is generally composed of many elements that make it complicated to analyze and to measure and examines a type of behaviour, a perception, or an event, which is relevant to the topic being studied.

The process for constructing a set of indicators begins by describing a problem based on the concepts connected to the problem and continues with an analysis of each element of the concept itself, which is called “dimension”.

The next step consists in translating each dimension into empirically measurable definitions (where the term “measure” includes numerical, logical and nominal values): these are “indicators”.

Since the relationship between concept and indicators is merely probabilistic, it is necessary to elaborate a large number of indicators.

Therefore, a set of indicators is regarded as a monitoring tool, which must be: valid (it must allow us to gain knowledge of the phenomenon), reliable (it must produce only marginal errors in measurement).

The reference framework for applying the current set of indicators is represented by the network of territorial services provided to minors who are victims of violence in the project’s reference areas (the region of Lombardy for Italy, the region of Valencia for Spain, the district of Paris for France, the area of Sofia for Bulgaria and the area of Bucharest for Romania). The set of indicators was defined according to:

- the definitions and qualitative and quantitative information regarding the contexts involved;

- the documentation on the legislative framework and on the organization of services in the partner countries;
- information gathered from the interviews with privileged witnesses;
- information collected from mapping the territorial services;
- the results of the research conducted on good practices.

Before reading the final basket, it is important to remember what was stated earlier: the full understanding of a concept requires the analysis of a great number of indicators, therefore no indicator should be considered separately. The empirical value of an indicator considered individually has little validity and could lead to misinterpretation of results.

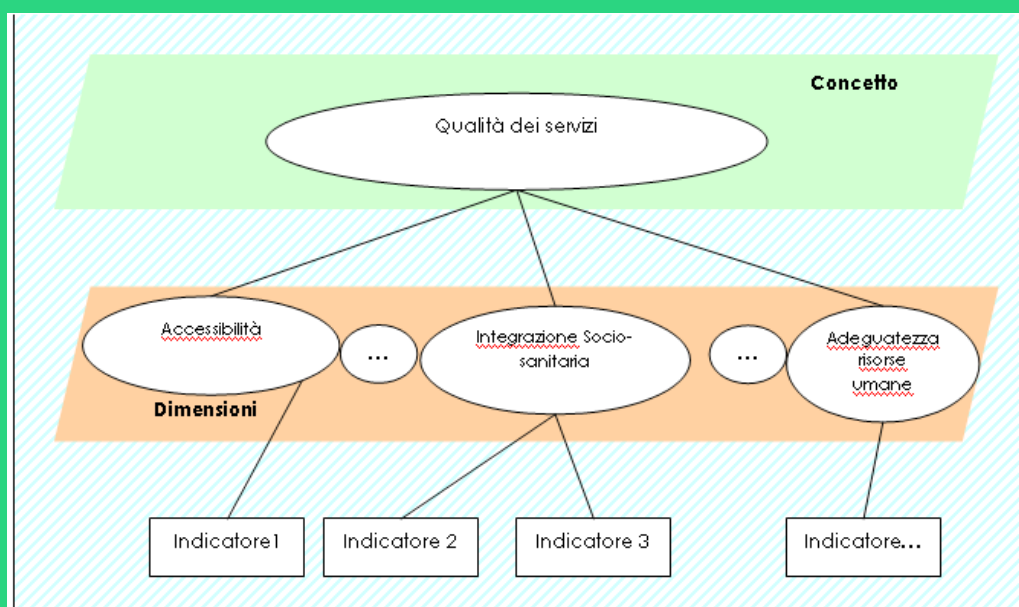
Therefore, the indicators of this set:

- shall be considered and used in a systematic and integrated manner (and not separately);
- shall be strongly correlated and adapted to the context of reference;
- shall refer to a given time;
- shall not be considered for benchmark analyses between non-homogenous territories, i.e. used for the comparison between contexts that are too different (owing to different regulatory frameworks, organizational systems, demographics, socio-economic contexts).

In other words, it is always necessary to maintain an overall view of the quality of the services by using the set of indicators listed below, which are divided according to the single dimension identified. It is also necessary to remember that some indicators correspond to a level of analysis that can be defined as “basic assessment” while others can be defined as “in-depth measurement”.

1.3. Examples and insights:

The logical framework of reference for the set of indicators: concept, dimensions and indicators



2. The quality dimension

2.1. The questions

- Why do we need to monitor quality?
- Which are the fundamental concepts and dimensions used in constructing the basket of indicators?

2.2. The results

The theoretical *framework* used as reference model for constructing the set of indicators is the “ecological model of intervention” that defines violence as the result of complex interrelations between individual, relational, social cultural and environmental factors. This model includes four areas of intervention:

- Individual level → this level concerns a person’s biological and personal history;
- Micro-system → this is the level that concerns a parent-child relationships, and interactions with peers, intimate partners and other members of the same family;
- Eso-system → this level includes the relationships with schools, workplaces, neighbourhoods, extended families, sports and recreational facilities and help organizations;
- Macro-system → this level concerns the policies and the organization of healthcare sector, education, economy, society, legal norms and procedures and cultural impositions.

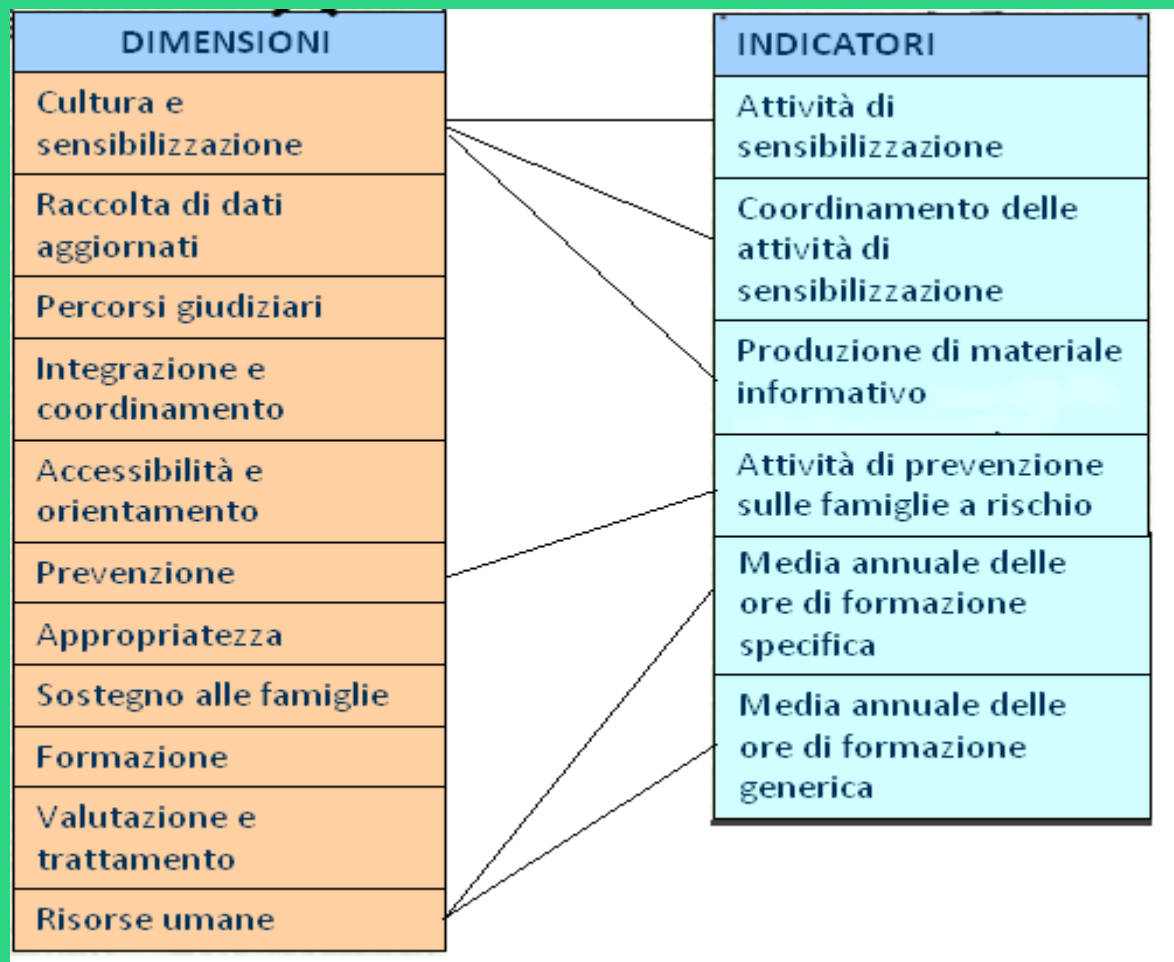
Based on the objectives and activities identified as a priority for evaluating the quality of a care system, the only levels of the model examined were the ones that could be effectively monitored, i.e. the dimensions of the eso-system and of the macro-system, which are the levels that are mostly connected to social and institutional contexts as a whole. The micro-system and individual levels in fact require forms of monitoring and assessment that cannot be achieved through a set of indicators.

Starting from the objectives and activities identified in this document, we identified the main reference principles and then developed the indicators of quality. As for the macro-system, the dimensions that were identified are represented in the following figure:

MODEL LEVEL	DIMENSIONS
MACRO-SYSTEM	Culture and awareness
	Data monitoring and collection
	Legal system
	Networks and coordination

The image presented in the next following page, instead, concerns the dimensions that have been identified for the eso-system.

MODEL LEVEL	DIMENSIONS
ESO-SYSTEM	Accessibility and guidance
	Prevention
	Parental competences
	Training
	Assessment and treatment
	Human resources



2.3. Examples and insights

Below is a list of the different dimensions that have been identified together with some examples of the indicators for each.

The basket of indicators is presented in the following table.

Indicator	Operational definition
1.1 Awareness activities	Awareness activities on the topic implemented on annual basis and targeted to the general public (Yes / No)
1.2 Coordination of awareness activities	Presence of official coordination efforts between social services, healthcare institutions and educational structures for the promotion of information campaigns on the topic (Yes / No)
1.3 Creation of information material for awareness activities	Informative material to support the awareness activities (Yes / No)
2.1 Uniform and consistent definitions of the types of child abuse	Existence of common guidelines which provide definitions of the types of child abuse (Yes / No)
2.2 Systematic collection and analysis of user data	Existence of a database containing the cases handled by the services (Yes / No)
2.3 Collection and analysis of data regarding the activities performed	Quantitative information regarding the activities performed are systematically collected and analyzed (Yes / No)
2.4 Customer activities	Gathering of information regarding users' satisfaction (Yes / No)
3.1 Waiting times for judicial proceedings	Surveillance activities regarding the appropriateness of the waiting times for court decisions (Yes / No)
3.2 Judicial accompaniment provided by adequately trained personnel	Implementation of judicial accompaniment services by adequately trained personnel (Yes / No)

3.3 Giving the minor information regarding own rights/duties during legal proceedings	Implementation of activities for giving minors information regarding own rights/duties during the legal proceedings (Yes / No)
4.1 Inter-institutional coordination on the topic of violence against minors	Existence of inter-institutional coordination organizations on the topic of violence against minors (Yes / No)
4.2 Local integration between social, health and educational services	...through formal protocols? (Yes / No)
4.3 Networking with dedicated national - international organizations	Are one or more organizations that operate within the network of services for minors who are victims of violence networking with national (Yes/No) – international organizations (Yes / No) which deal with this topic
5.1 Existence of a systematic strategy for providing information on services provided to minors who are victims of violence	Existence of annual campaigns to promote services for minors who are victims of violence (Yes / No)
5.2 Existence of dedicated information desks that can assist victims in pressing charges and offer care giving services	Existence of dedicated information desks that can assist victims in pressing charges and offer care giving services (Yes / No)
5.3 Existence of a <i>hotline</i>	Availability of a <i>hotline</i> service (Yes / No)
6.1 Prevention activities for families at risk	Prevention activities for families at risk (Yes / No)
6.2 Providing advice to parents and schools on critical matters regarding children / adolescents	Existence of services-interventions for providing advice on critical matters regarding children / adolescents (Yes / No)
6.3 Training activities for minors at risk of dropping out of school	Implementation of training activities to prevent school dropout of high-risk minors (Yes / No)
6.4 “Low threshold” centres for high-risk minors (<i>street children</i> , unaccompanied foreign minors, etc.)	Existence of “low threshold” centres for high-risk minors (Yes / No)
7.1 Residential ‘crisis’ centres	Existence of centres with resources suitable for treating complex psychological difficulties (Yes / No)
7.2 Services that promote protected spaces in which minors and their families can meet	Is this service supplied on the territory of reference? (Yes / No)
8.1 Specific training for families regarding the problems of minors who are victims of violence	Existence of training activities for families regarding the minors who are victims of violence (Yes / No)
8.2 Support to minors and families after an adoption	Existence of assistance and support activities for minors and families following adoption or fosterage (Yes / No)
8.3 Networks of collaboration between family associations and services	Existence of collaboration networks between family associations and services (Yes / No)
9.1 Specialized training for social workers	Availability of specialized training modules for social workers (Yes / No)
9.2 Remote training	Availability of remote training programmes for social workers (Yes / No)
10.1 Assessment of the minor’s family and social condition	Assessment of the minor’s family and social condition (Yes / No)
10.2 Individual therapeutic treatment	Individual therapeutic service for minors who are victims of violence (Yes / No)
10.3 Family/group therapy	Existence of family/group therapy (Yes / No)
10.4 Customized intervention	Is the use of personalized plans documented (Yes / No)
10.5 Use of standard intervention tools	Standard tools that have been validated at the transnational level are used during some stages (Yes / No)
11.1 Professional competence of staff	Existence of guidelines that define staff professional competences (Yes / No)
11.2 Presence of a case manager	The case manager is identified and documented for each user (Yes / No)
11.3 Involvement of a multi-professional team in the treatment planning phase	The involvement of a multi-professional team in the treatment planning phase is regularly documented (Yes)
11.4 Involvement of external experts in the work team	External experts are involved in the work team (Yes / No)
11.5 Staff supervision	Supervision of the staff by the coordinator is regularly documented (Yes / No)
11.6 Involvement of voluntary workers	Voluntary personnel is involved in supplying services
11.7 Percentage of voluntary workers	The total number of voluntary workers divided by the total number of workers involved

3. Performance testing project

3.1. The questions

- How does the monitoring activity work?
- How are the results useful?
- What are the main indications that emerge?

3.2. The results

To test the basket of indicators all the territories participating in the project also involved in the mapping conducted in the previous stage were involved.

Below are shown, by way of example, the results obtained in the testing phase conducted in the region of Lombardy. This presentation intends to represent the possible application of the basket with specific recommendations for improvements.

The dichotomous nature (yes- no, presence-absence of a given characteristic or sub-dimension) of the indicators has made it possible, for each of the sub-dimensions considered (45 in all), to gather information regarding the presence/absence of specific characteristics in the network of territorial services provided to minors who are victims of violence and to draw an accurate picture of the areas covered (i.e. the group of dimensions that are covered in a satisfactory way by the services offered in the area of interest) or possible areas of investment (i.e. the dimensions that are not covered and that require revision and improvement) considering the testing contexts. The limited number of territories involved in the testing phase, however, does not allow using the collected information as an extensive representation of the entire context though it enables to represent the extensive information that it can collect and describe the opportunity to use the basket for constant monitoring activities.

Below are some of the possible analytic activities that the basket can enable:

- Activity 1 → analysis of a single district: the analysis of the monitoring data have shown, on the one hand, the existence of areas characterized by greater coverage and higher levels of quality, and on the other, more critical areas where new forms of investment will be necessary;
- Activity 2 → the comparison between two districts: the results achieved for one or more dimensions in two or more territories were compared. If we consider the territory of the region of Lombardy to be homogenous from the institutional point of view (in terms of the normative system, approach methods, guidelines, methods for allocating investments, etc.), we can use this analysis approach to identify the similarities and differences between several territories in a concise manner;
- Activity 3 → the regional territory: with an indirect line of reasoning based on territorial dimensions, it was possible to provide an overall assessment of the entire regional territory, identifying the most consolidated areas and those with the least coverage (it is reaffirmed that, given the limited number of territories that have responded to the questionnaire, the arguments at this level, should merely be considered by way of example);
- Activity 4 → synthetic rates: the proposal consisted in the construction of composite rates for an assessment of specific aspects of the system that include many sub-dimensions and that therefore are the sum of indicators that are located in different thematic areas of the basket such as for example, the integration of social and healthcare system or prevention activities.

3.3. Examples and insights

For each activity presented above we are illustrating an example of the result obtained as an example of the possible line of reasoning.

Activity 1 → analysis of a single district. Below are the results of two dimensions regarding one territory in the region of Lombardy. In the case of dimension 2 (data collection), not all indicators were rated (one of them was not covered), while the score of dimension 6 (prevention and parent support) was 100%, so it is possible to claim that the quality of the territory under examination is the highest with respect to that dimension.

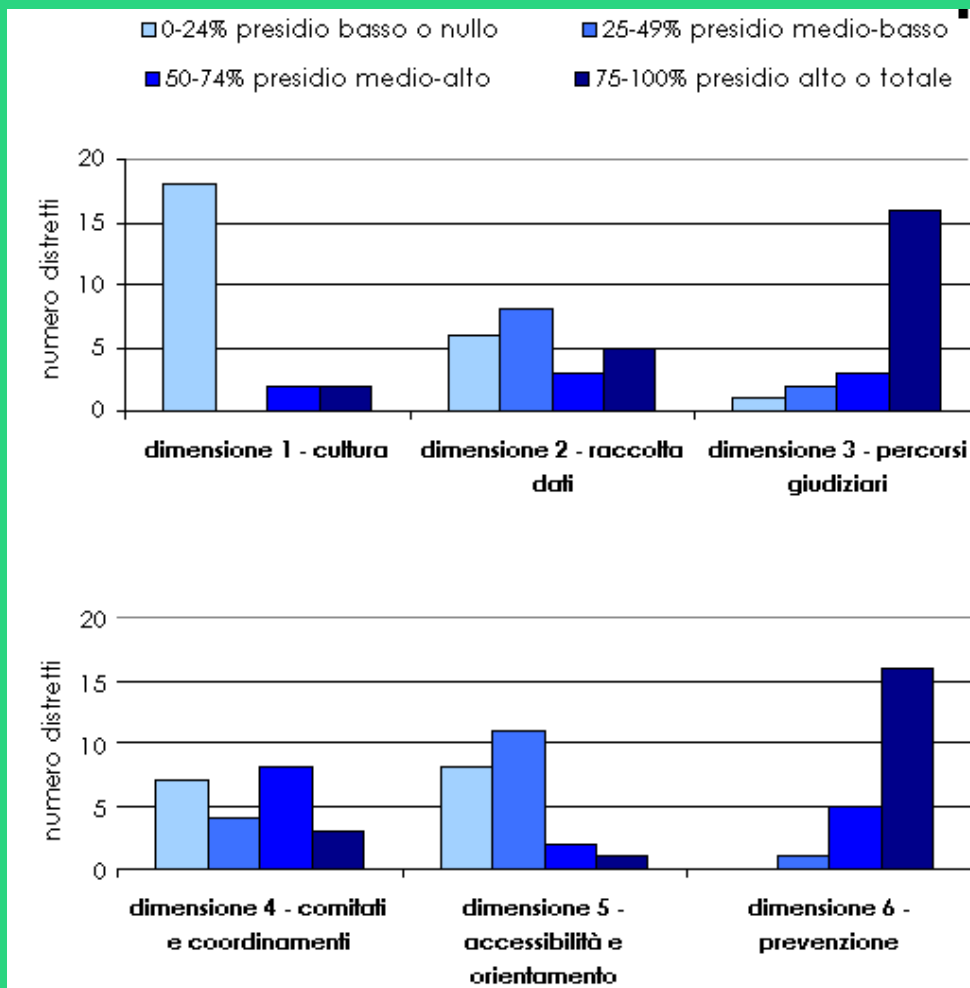
<i>Dimension 2: collection of updatable and comparable data</i>	80%
2.1 Are there common guidelines containing the definitions of the types of violence against minors?	1
2.2 Is there a database for the collection of information on the users of the system?	1
2.3 Is quantitative information collected on the activities implemented within the territory?	1
2.3a Is the quantitative information collected regularly analyzed?	1
2.4 Is user satisfaction information available?	0
<i>Dimension 6: prevention activities, support for parents and low threshold services</i>	100%
6.1 Are prevention activities carried out for parents considered to be at risk?	1
6.2 Are there services that provide advice on critical topics regarding children and adolescents?	1
6.3 Are educational interventions implemented to prevent school dropouts?	1
6.4 Are there “low threshold services” for high-risk minors?	1

Activity 2 → analysis of similarities and differences between different territories. This example concerns the comparisons between different districts of the region of Lombardy and regard two dimensions. In both cases, the three areas under examination show completely different *performance* rates: in the case of dimension 1 (culture), one of the areas performs well across all the indicators, while the other two score very low rates (20% coverage) or null. No area, instead, show full coverage rates on the indicators of dimension 4 (coordination actions), in fact coverage rates range between 0 and 50%.

	Area A	Area B	Area C
<i>Dimension 1: build culture through continuous and detailed information keeping a high focus on the problem</i>	100%	20%	0%
1.1 Are the activities implemented in this area to raise people’s awareness towards the topic of violence against minors aimed at a generic population target?	1	0	0
1.1a Do these activities take place annually?	1	0	0
1.2 Is there coordination between the social, health and educational services for promoting awareness campaigns towards violence against minors?	1	0	0
1.2a Is such coordination carried out formally to some extent?	1	0	0
1.3 Is informative material available within this territory for raising people’s awareness towards violence against minors?	1	1	0
<i>Dimension 4: participation in international committees and coordination focusing on the topic of violence against minors</i>	50%	25%	0%
4.1 Does local coordination exist on the topic of violence against minors?	1	1	0
4.2 Is integration between the social, health and educational services based on formal agreements?	1	0	0

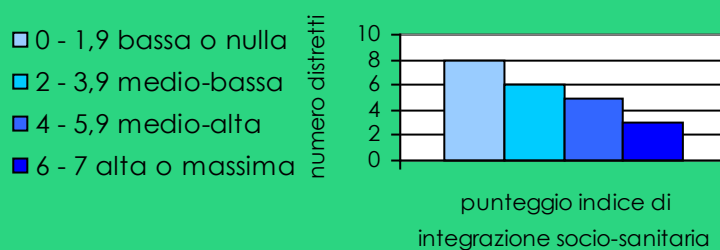
4.3 Do one or more services/organizations working in this sector operate through a network with national organizations that deal with such topics?	0	0	0
4.4 Do one or more services/organizations working in this sector operate through a network with international organizations that deal with this topic?	0	0	0

Activity 3 → creation of coverage rates for each dimension considered. Below are the charts regarding the first 6 dimensions, which indicated the number of areas that fall within the different “classes” of quality, based on the coverage measured.



Many of the territories examined have very low coverage rates in dimension 1 (culture), whereas, dimension 3 (legal procedures) and dimension 6 (prevention) often show very high quality rates. The other dimensions, instead, fall within an intermediate group.

Activity 4 → creation of rates depending transversally on dimensions, meaning those rates constituted by indicators belonging to different dimensions. The chart below represents the spreading of the integration rate of social and health services measured using the weighed sum of the indicators of the basket that measure some of the characteristics that concern integrated social and health services:



3.4. The working tools

QUESTIONNAIRE REGARDING THE SERVICES SUPPLIED TO MINORS WHO ARE VICTIMS OF VIOLENCE: TEST OF THE INDICATORS

Country: _____

Questionnaire No. _____

Area: _____

Respondent _____

1) Build culture through continuous and detailed information keeping a high focus on the problem

1.1	Aware the activities implemented in this area to raise people's awareness towards the topic of violence against minors aimed at a generic population target?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
1.1a	Do these activities take place annually?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
1.2	Is there coordination between the social, health and educational services for promoting awareness campaigns towards violence against minors?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
1.2a	Is such coordination carried out formally to some extent?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
1.3	Is informative material available within this territory for raising people's awareness towards violence against minors?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

2) Collection of updatable and comparable data

2.1	Do mutual guidelines exist containing the definitions of the types of violence against minors?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
2.2	Does a database exist for the collection of information on the users of the system?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
2.3	Is quantitative information collected on the activities implemented within the territory?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
2.3a	Is the quantitative information collected systematically analyzed?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
2.4	Is user satisfaction information available?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

3) Suitable legal paths, accompaniment and prevention against the risk of secondary victimization

3.1	Are control activities carried out on the waiting times for Court decisions?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
3.1	Are judicial accompaniment activities carried out?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
3.1.a	Are these activities carried out by adequately qualified staff?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
3.3	Are activities carried out to inform minors of their rights and duties in legal proceedings?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

4) Participation in international committees and coordination groups focusing on the topic of violence against minors

4.1	Does local coordination exist on the topic of violence against minors?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
4.2	Is integration between the social, health and educational services based on formal agreements?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
4.3	Do one or more services/organizations working in this sector operate through a network with national organizations that deal with such topics?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
4.4	Do one or more services/organizations working in this sector operate through a network with international organizations that deal with this topic?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

5) Accessibility and guidance

5.1	Are campaigns held yearly to promote the services provided to minors who are victims of violence?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
5.2	Does a telephone hotline service exist?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
5.3	Are there held desks within the territory that assist victims who report cases of violence and/or take charge of the cases?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

6) Prevention activities, support for parents and low threshold services

6.1	Are prevention activities carried out for parents considered to be at risk?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
6.2	Do services exist to provide advice on critical topics regarding children and adolescents?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
6.3	Are educational interventions implemented to prevent school dropouts?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
6.4	Do "low threshold services" exist for minors who are particularly at risk?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

7) Suitability of care-giving facilities

7.1	Do centres exist with suitable resources for treating complex psychological difficulties?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
7.2	Do protected meeting places exist for minors and parents?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

8) Support for adoptive and foster families

8.1	Do family training activities exist on problems linked to violence against minors?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
8.2	Are assistance and support interventions provided for minors and families during the period right after adoption or fosterage?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
8.3	Do formal networks exist for collaboration between family associations and services?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

9) Training activities for social workers

9.1	Is specific training provided annually for social workers?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
9.2	Is remote training available to social workers?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

10) Assessment and treatment

10.1	At taking charge, are the minor's social and family conditions assessed by a multi-professional staff?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
10.2	Is individual therapeutic treatment available for minors who are victims of violence?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
10.3	Is family/group therapy performed?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
10.4	Is the personalized plan documented?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
10.5	Are standard, globally approved tools used in at least one of the stages of intervention?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know

11) Human resources

11.1	Do guidelines exist to define the type of professional competence required?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
11.2	Is the presence of a case manager normally identified and documented for each user?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
11.3	Is the involvement of a multi-professional staff regularly documented in the planning and care-giving phases?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
11.4	Are external professionals and consultants also involved in the multi-professional team?	1 <input type="checkbox"/> Si	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
11.5	Is staff supervision performed regularly?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
	Is staff supervision documented?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
11.6	Are voluntary workers involved in providing the interventions?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Do not know
11.7	What is the percentage of voluntary workers involved (total number of voluntary workers divided by total number of workers involved)	_ _	2 <input type="checkbox"/> Do not know	3 <input type="checkbox"/> Not applicable



SECTION 7

LOOKING AT THE FUTURE



Introduction

The project involved the implementation of monitoring and assessment activities conducted by an independent organization working outside the partnership, i.e. the Istituto Italiano di Valutazione (the Italian Institute of Evaluation), which was appointed to collect and monitor data, and also carry out an assessment based on two different methodologies. The first methodology produced an “external” assessment with respect to the work conducted by the partners, while the second methodology was conducted mostly according to an “internal process” to enable all participants to share their opinions on the project’s dynamics:

- the “peer review” had the aim to facilitate open and interactive dialogue with several experts (in the region of Lombardy) and to promote an in-depth analysis of the subjective interpretations of each single participant regarding specific dimensions of the basket of indicators;
- the “speed-dating evaluation” carried out amongst partners was based on a conversational and participative approach, where participants were required to join small discussion sessions, lasting some ten minutes each, to talk about specific questions-stimuli aimed at tracking down their observations on the process and the results achieved, highlighting the main topics and the most common observations.

The main topics

1 – Applicability, impacts and improvements: the feedback from experts

The proposal to fine-tune the evaluative investigation using a qualitative and interpretative approach involving external experts (peer review), was motivated by the fact that the purpose to be pursued by the evaluation focused on the need to identify and analyze a series of dimensions connected to the effectiveness and functionality of the products developed within the project, with particular reference to the following aspects: the impacts deriving from the application of the basket, the level of applicability of the basket within a given territory, and possible measures for improvement.

2 – Transferability and future developments:

the feedback from partners The ACKNOW MV partnership agreed, after completing the project, on some results, and outlined possible measures for further insight and development that could be summarized into the following topics: the level of applicability and transferability of the products, and future developments.

1. Applicability, impacts and improvements: the feedback from experts

1.1. The impacts deriving from the application of the basket of indicators.

As for the first topic, local policy makers and regional decision makers alike decided to evaluate, on the one hand, the ability of the tool to highlight the strengths and weak points of the local service system and, on the other hand, the ability of the basket of indicators to become a useful tool to help make strategic decisions at the regional level. Experts pointed out the *self-evaluative function* of the set of indicators, especially for those in charge of planning and implementing social services at the local level (e.g. the collection of information regarding the presence/absence of specific characteristics within a given network of services).

Within this framework, the application of the proposed set of indicators for the local network of services could take on a *self-evaluative function* for those applying it, whether they are local decision makers or individual service providers (local authorities, social organizations, etc.) and help *promote continuous improvement*.

Another key factor highlighted by the experts was the tool's potential to support territorial workers towards working around common elements in order to *share a common language*. It could therefore represent a useful tool to *favour sharing* (terminology, type of services, policies and intervention strategies) and *organizations* amongst actors who, at the territorial level, provide assistance to minors in vulnerable situations.

It could also be a valid stimulus for the creation of *local boards and permanent networks* around a subject matter. Finally, the basket could become a device capable of *improving the knowledge on the services available in the area of reference*, because it enables operators to monitor *resources* (financial, organizational and professional) present at the local level, the *activities* completed and existing services, in addition to verifying the *existence of networks* between service providers (signed and formalized agreement protocols, presence of case managers, programme agreements to manage relationships, etc).

1.2. The applicability and operability of the basket at the territorial level.

This second dimension was aimed at evaluating, from a technical viewpoint, the actual application potential of the basket itself (difficulty in completing the questionnaire, benchmarking possibility, completeness of indicators, etc.). Results showed the existence of relevant signs for a gradually more effective applicability of the tool towards an increasingly more independent use on behalf of social workers and local decision makers, such as for example, the sharing of common definitions of key concepts and more information regarding the explanation of each single indicator. The monitoring activity can also be extended and improved through the involvement of new subjects operating within the territory who deliver services and assistance to minors who are victims of violence (in the social, educational and health sectors).

The peer review showed the appreciation of experts regarding the possibility to *build a transversal analysis* (benchmarking) based on the comparison of the results collected in different areas. Another desirable application concerns the *accounting of some indicators into composite rates* to assess the dimensions as well as their transversal characteristics (e.g. prevention levels, the degree of social and health integration, etc.).

1.3. The possible measures for improvement.

Taking into account a more tangible application of the monitoring activity, the last dimension tackled in the assessment phase was aimed at probing experts' opinion regarding the possible measures necessary to improve the device, based on a future application:

- *assignment of different weights to different indicators based on importance*: during the testing phase, project managers decided to assign the same value to each indicator within a same dimension, therefore the rate regarding the individual dimension simply referred to the coverage of that indicator in a given area. If a different value is assigned to each indicator (based on importance) the score for each dimension would perhaps be more consistent with the actual situation. For example, if we consider the dimension regarding the "training of social workers", the indicator regarding the existence of "specific training programmes for social workers" may be more important than the indicators regarding the existence of "a remote training

programme". Therefore, assigning different weights to different indicators could help make the evaluation system more consistent with the actual situation and the different contexts in which the system is applied;

- *the minimum reference standards aimed at monitoring the quality of services and performance*: if the objective of the basket is to collect information regarding the presence/absence of specific characteristics of the network of services and to draw a picture of the areas for possible improvement, this tool could enable operators to define the minimum characteristics that this network should meet in order to comply with quality standards.

2. Transferability and future development: the feedback from partners

2.1. Applicability and transferability of the products developed within the project

Partners agree in considering the *analysis of good practices and the creation of a basket of indicators for the assessment activity* as the main products developed within the project. In this sense, the first of the two products (*the mapping of services and the relative analysis of good practices*) gives a better overview of the services, projects and initiatives developed at the local level in all the countries involved, and also defines a clearer vision of their distribution across the territory of reference.

In this sense, the analysis of good practices can enable the transfer of the operative practices and management modalities developed successfully in other contexts and promote the sharing of those experiences that are regarded as examples of excellence, hence favouring the implementation of innovative practices (this aspect will be described later on in the section dedicated to future developments).

The set of indicators for the monitoring activity represents a useful tool for both the regional management of the service system, and its organization at the territorial level. The discussion, in fact, showed that the basket:

- takes on a clear self-evaluative function at the local level because it enables to collect information regarding the presence/absence of specific characteristics of the territorial network and to draw a picture of the areas covered and the ones where future investment is needed;
- favours continuous improvement because it enables social workers to fill in the knowledge gaps regarding existing services and decisional processes (both local and regional) and have a clear picture of the available resources;
- favours the possibility to point out strengths and weak points of the network and the application of corrective actions;
- contributes to the activation of standardized methods, approaches and procedures in nearby areas even if characterized by strong differences;
- even at the trans-national level, it contributes towards providing a common vision of the services delivered and their distribution within the territory.

Another important outcome of the project was the possibility *to be able to dedicate some time to reflect* upon the work completed, on the concept of quality services, on the comparison between the situation in one's own country and the one of similar contexts, hence increasing the understanding of each other's situations within a truly reciprocal and mutual exchange of knowledge. The possibility to start a reflection on one's own operational modalities is not easy, especially in the everyday reality of service providers.

2.2. Possible future developments

- *the possibility to meet legislators at the national and European level*

In other words, the possibility to illustrate the observations made on the quality of the services for minors who are victims of violence and submit the basket of indicators for the monitoring activity to the attention of competent policy makers, both at the national and European level, with the intent to promote future experimentation, to be sponsored and promoted by public entities, and diffused to other contexts or used as a tool to monitor services;

- *the possibility to prepare new projects starting from the products developed*

In other words, to promote the continuation of the project and optimize some of the products developed within the project, especially the basket of indicators. In this sense, the set of indicators could be tested again in new territorial contexts alongside the Daphne project in order to verify the operation, the administration procedures

and the collection of data, and to integrate, where possible, the basket areas and to implement ad hoc training sessions for social workers and policy makers who are required to use the basket. The new experimentation (especially if conducted over a longer period of time) could therefore improve the monitoring tool and ensure future application;

- *improvement of service supply at the territorial level*

In other words, improving the effectiveness of the territorial services for minors who are victims of violence, also through the monitoring tool and the analysis of results. If the basket of indicators is applied systematically within a set of homogenous territories, this would create a punctual knowledge of existing services, of activities completed and of the gaps deriving from the failure to meet specific needs. This would call for the implementation of corrective measures aimed at analyzing those aspects that have been neglected and consequently launch specific projects, even shared by (or in collaboration with) other territories and define an adequate financial plan with evident benefits for the territorial services themselves;

- *the possibility to prepare innovative projects starting from the results achieved from the identification of good practices*

Since territorial services, either public or private, often experiment innovative projects and models (for the tools used, the organizational modalities, the professional skills involved or the ability to build a network) that rarely achieve a widespread distribution, the mapping of services for minors who are victims of violence and the sharing of good practices done within the project, enabled us to identify and share those experiences regarded as examples of excellence and therefore enhance and promote them in other contexts and develop new projects.



Partners

Regione Lombardia

www.regione.lombardia.it

Applicant and co-financing partner

Regione Lombardia has a long experience in the area of social policies in favor of the underages, with specific attention to the abused children.



Regione Lombardia

Asl Bergamo



www.asl.bergamo.it/

The ASL di Bergamo contributes to the identification of criteria for selection of best practices for abuse against children and creating an album of good practice using the suggestions from the interviews with expert witnesses.

Galdus Società Cooperativa



www.galdus.it

Center constituted by a group of experts that produce projects on occupational insertion, and on vocational training and guidance. A professional staff is available for the project development and for the support of the coordination of the different workpackages.

Synergia Srl

www.synergia-net.it/en/

Synergia has a wide network of partners and collaborators (consultants, professionals, university professors) and it is in touch with a lot of national and European public bodies and administrations who can support, if useful, data collection and programmes selection.



Parada Foundation



www.paradaromania.ro

Parada has an original method of social integration for marginalized children through the circus arts. Parada approaches children through interventions in the places they live and builds on a life-skills approach based on playing methods. The children the Foundation works with are generally victims of domestic and sexual violence.

ECIP Foundation

www.ecip-bg.org

Is active member of the Bulgarian networks of NGOs for child protection and international development policy. The organisation provides for an unique combination of working directly with clients of social servicing, partnering with state and non-state actors defending the rights of the children.



The European Federation for Street Children

www.enscw.org

Is a association committed on a non-profit basis to the improvement of the rights and situations of children at risk and particularly street children. As a European network, it acts as a platform for lobbying and advocacy towards the European Union, it provides non-governmental organisations committed to this cause with information and advice concerning all children and youth-related policies and assistance programmes of the EU and facilitates the exchange of best practice between them.



Fundación Comunidad Valenciana — Región Europea



FUNDACIÓN
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VALENCIANA
REGIÓN EUROPEA

www.uegva.info

The role of the FCVRE as a dissemination partner includes activities such as: presentation of the project in relevant events across Europe and in meetings with interested stakeholders; project diffusion via articles in specialized magazines, information leaflets, newsletters, brochures and other type of publication, dissemination through Internet, so as through seminars, conferences, etc.

Hors la Rue

www.horslarue.org

Hors la Rue is an organization working with street children, minors living in precarious conditions, victims of violence in France. It works with organizations, NGOs, and services for children victims of violence, sexual abuse and neglect in France and at the European level.



Conselleria de Bienestar Social — Generalitat Valenciana



www.bsocial.gva.es/portal/portal

The Social Welfare Department, as the main authority on social affairs in Valencia, has acquired over the years the necessary experience in developing, promoting and implementing the necessary legal measures and regulations to ensure child protection.