

Preventing social exclusion of children from families living in poverty or affected by violence –

to promote, develop and improve European competences and solutions in this area

Handbook for professionals



**Lifelong
Learning
Programme**

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Poland Northern Ireland Italy Romania Greece 2015

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Introduction

People socially excluded are usually associated with a lack of forethought, aspirations, education, crime, degradation or social pathology. However, today's exclusion problem becomes increasingly more complex. There are completely new factors responsible for the positioning of individuals on the margins of society, like the lack of respective spheres of competence in the field of modern information technology or communication. May be excluded anyone who is denied the opportunity of full participation in social life¹.

Social exclusion is not a new phenomenon. Societies are accompanied by it since the dawn of time. However its new feature is increase in its severity and the formation of a completely new dimension, affecting many people and does from the exclusion of important social differentiation factor. Nowadays society members, with the particular focus on children and youth, can be at risk of social exclusion due to living in families affected by poverty, but also because of the experience of domestic violence.

Numerous scientific studies and reports, such as the development of the World Bank, UNICEF, the European Commission and research centers in various countries of the European Union indicate child poverty as one of the most important social issues of the modern world. On the one hand, the problem of hunger and malnutrition, but also poverty in the context of barriers and inequalities in access to education and culture, and on the other hand problem of working in spare time by the children from families with low incomes, the phenomenon has substantial consequences for the future of the young generation, but also for the whole society. Trends in the area of child and youth poverty, and consequently the risk of social exclusion due to the poor financial situation of the family, or a dysfunction in the ruling - such as the problem of violence in the family - so obviously argue for the need of design in the field of social policy remedial solutions whose main aim to provide support through the equalization of opportunities that social group and to prevent "the pushing" them out of the margin of society. Therefore, cooperation between European actors in preventing social exclusion of children and young people, and consequently improve both European solutions proposed in this area, as well as the professional competences of professionals implementing them are the most important task in the area of mentioned problem prevention.

Awareness of this need caused preparation, by Polish Local Activities Support Foundation – NOK, of partnership project titled ***“Preventing social exclusion of children from families living in poverty or affected by violence – to promote, develop and improve European competences and solutions in this area”*** which received funding from budget of Leonardo da Vinci “Longlife Learning Programme” (nr: nr: 2013-1-PL1-LEO04-38418). Foundation has invited to the project implementation entities from a few European countries. The project partners have become the following institutions and foundations: Health and Social Care Board (Co-operation and Working Together - CAWT) from

¹ Based on materials from website: <http://obserwatorium.cmsiko.pl/sites/default/files/2011-07-28-09-11-27.pdf>.

Northern Ireland, The Voluntary Organization for Children "The Smile of the Child" from Greece, ISTITUTO DEGLI INNOCENTI from Italy and Santa Macrina Foundation from Romania.

The main motivation for this project was mentioned aware that the social exclusion of children and young people is extremely negative social phenomenon that threatens the most important social values and the condition of the national societies of the European Union, and as a consequence the whole society of united Europe. Shared social values are in fact closely related to the sense of European identity and a basis from the beginning of the European integration process.

Project partners recognize the problem accentuated in European papers in the field of social policy in Europe that nearly 20 million children and young people is at risk of poverty, and 6 million is added each year leave school before completing high school. In this situation consists of such causes as such childhood in poverty, unhealthy lifestyle, poor academic performance and social exclusion of children. Meanwhile, Europeans, and therefore also the project partners, share a commitment to social solidarity, which is part of the functioning of the European population. Solidarity means to help those who are disadvantaged - those who are not able to reap the benefits of an open, fast-changing society. This means promoting social inclusion, participation and social dialogue and the fight against poverty. In the document of the Commission of the European Communities titled "Renewed Social Agenda: Opportunities, access and solidarity in the twenty-first century" both "Children and young people as the future of Europe", as well as "The fight against poverty and social exclusion" are the priority areas.

In addition, the project partners also combines awareness that domestic violence is a phenomenon which consequences are severe for all those involved in it, and its effects are long-lasting and have a significant impact on their daily functioning. Experiencing violence entails health effects related injuries, mental disorders associated with emotional as well as economic and educational. Hence, it is considered as a social phenomenon. Reducing and preventing domestic violence is a common goal for the entire European Community. In 2006, the European Economic and Social Committee adopted an opinion (2006/C 110/15), which although not binding calls for a focus on issues of domestic violence and the creation of pan-European strategy. The Council of Europe in terms of physical violence against children has developed a number of legal instruments in the form of a number of recommendations and resolutions of the Committee of Ministers of the Council of Europe and the Parliamentary Assembly of the Council of Europe. Therefore, reducing both the incidence of domestic violence, as well as the poverty of children and young people, and thus prevent the social exclusion of young people has become important also for the institutions, social organizations and professionals making up the aid system, and working with people affected and those at risk of mentioned problems.

Elimination of social phenomena particularly burdensome, such as poverty or violence, as well as improving the quality of activities performed by professionals and increase citizens' satisfaction with their work, is one of the main objectives of aid actors, institutions and organizations in all EU member states. Consequently, it is necessary to broaden the knowledge of professionals in the field of solutions to reduce and prevent social exclusion of children from families living in poverty or suffering from domestic violence, as well as the dissemination of effective solutions in this area by the EU member states. In addition, cooperation among different institutions, working in the group of experts on a common problem and the creation of a mutual project by the final products as the handbook

describes the best practices, developing common standards for working with children and youth at risk, as well as a teaching and methodological tools for professionals working in this area can help certainly to build partnerships among institutions and civil society organizations from the EU Member States in preparation for the implementation of further projects.

Project was implemented in period 01.08.2013 – 31.08.2015 and its implementation and preparation of materials for this publication was attended by following persons from various countries:

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Chapter 1. Solutions used in Poland in the scope of social exclusion prevention

1.1. The general description of the social exclusion phenomenon connected to the poverty or experiencing of domestic violence

Presently in scientific literature we can meet a lot of concepts connected to understanding and explaining causes of social exclusion phenomenon. Regardless of the differences in terminology and traditions research the concept of social exclusion has one important advantage: it helps considerably to include a discussion of the various social problems of cultural elements as factors explaining persistent unfavorable positioning of units within the social structure of modern societies².

Social exclusion is a concept that is opposite to social participation in the wider social communities. It means the voluntary or forced by external environment (poverty, unemployment, disability, unacceptable by environmental behavior or sexual preferences and other things) the isolation of individuals or groups from communities and institutions of the modern societies. The concept of social exclusion means:

1. functioning beyond the rights and privileges of society,
2. positioning at the lowest level of the social hierarchy,
3. the sum of the place in the social structure and the experiences and expectations of individuals or social groups³.

Research on social exclusion indicate the different sources of this problem. These include among others unemployment, lack of education, low status of the family inheritance, lack of adaptation to prevailing patterns of social behavior, but also mentioned in the introduction experiencing poverty and social pathologies such as domestic violence.

Poverty

Relativity of social exclusion is best seen when the analysis is subjected to poverty. They show that this problem ranks Poland at the medium level of the European average. However, while the latest data show a stabilization of this phenomenon and even decrease in objective dimension of poverty, so much in terms of subjectively dimension it increased significantly.

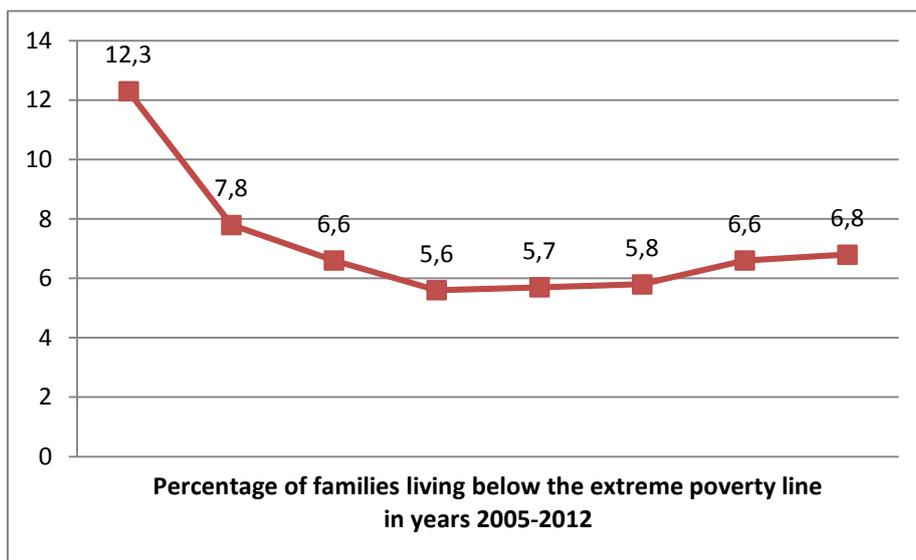
Poverty affects different groups in society but the social map of the risk of poverty in Poland is not significantly changed over the years. The high rate of extreme risk⁴ concerns the most often

² J. Grotowska-Leder, *Ekskluzja społeczna - aspekty teoretyczne i metodologiczne* [w:] J. Grotowska-Leder, K. Faliszek, *Ekskluzja i inkluzja społeczna. Diagnoza - uwarunkowania - kierunki działań*, Wydawnictwo Edukacyjne "Akapit", Toruń 2005.

³ M. Jarosz, *Wstęp. Obszary wykluczenia w Polsce* [w:] M. Jarosz (red.), *Wykluczeni. Wymiar społeczny, materialny, etniczny*, ISP PAN, Warszawa 2008.

⁴ Extreme risk means living on the level below of the breadline.

households with the unemployed and disabled persons and also large families (with many children). The high rate of extreme poverty relates primarily to people living in rural areas and small towns (up to 20.000 residents). In 2013 on the level below of the breadline lived every 10th person from households of married couples with 3 children and approx. 23% of people living in households of married couples with four and more children⁵.



UNICEF's latest report titled "Children of the recession. The impact of the economic crisis on the conditions and quality of life of children in developed countries" indicates that Poland is the first country in Europe and the second among the developed countries, where the number of poor children has decreased in the last six years. This report shows that the child poverty rate declined during period 2008-2012 by one third – from 22.4% in 2008 to 14.5% in 2012⁶. However the Polish researchers add that, in fact, the level of child poverty has decreased only to the level 21,8%. What means more than 1.6 million Polish children living in poverty⁷.

Domestic violence

Social As mentioned before social exclusion is also very often associated with social pathologies. World experience shows the universal nature of these phenomena and the accumulation of problems manifested in the presence of social exclusion concentration areas. Experiencing of domestic violence may be the cause the threat of social exclusion of its victims.

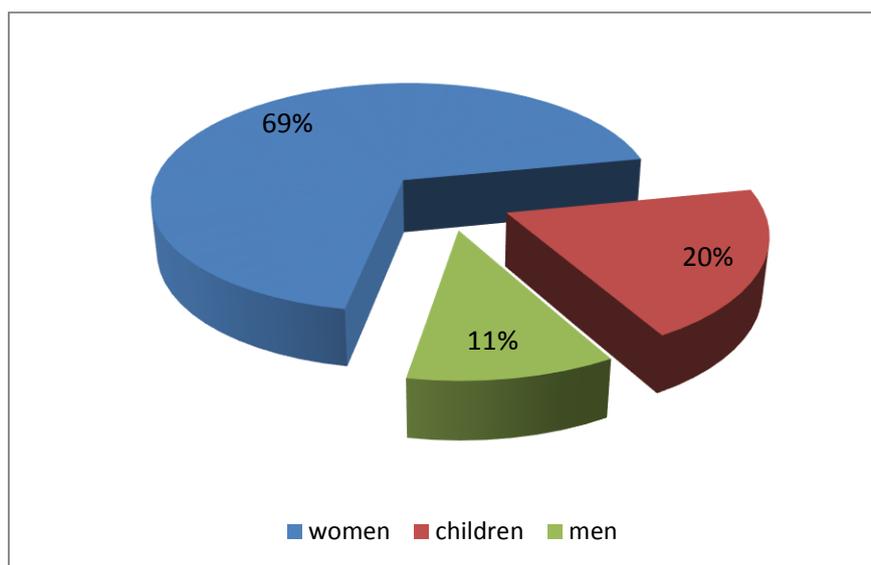
⁵ Główny Urząd Statystyczny, *Ubóstwo ekonomiczne w Polsce w 2013 roku (na podstawie badania budżetów domowych)*, Warszawa 2014.

⁶ UNICEF, *Dzieci recesji. Wpływ kryzysu gospodarczego na warunki i jakość życia dzieci w krajach wysokorozwiniętych* [online]. Access on: www.unicef.pl.

⁷ M. Wachnicki, *UNICEF: W Polsce liczba dzieci ubogich spadła o jedną trzecią. Eksperti: Bzdura, prawda jest niestety inna* [online]. Access on: www.wyborcza.pl.

In 2014 in the Polish police alone reported 77.808 cases of domestic violence which have been placed under a special procedure called "Blue Cards". As a result of such activities families affected by violence were covered by specialized monitoring from the police said, as well as social services.

As a result of that violence was affected more than 100,000 people (105.332). It means 72.786 women, 21.055 children and 11.491men.



Percentage of children in the total number of domestic violence victims

It is visible that children are the second largest group of victims of violence experienced in the families.

Experiencing of violence can cause victims with physical effects but also lead to various dysfunctions related to the functioning in society. Thus, the experience of domestic violence, as well as poverty, may result in danger of social exclusion of its victims.

1.2. Tools used to minimizing or preventing the risk of social exclusion

For the prevention of social exclusion of Polish children works, among others, **Local Activities Support Foundation – NOK** which was the coordinator of project mentioned in the introduction to this publication. This entity was set up in year 2003 with its headquarters in Cultural Centre of Natolin in Warsaw. It is cooperating on an permanent basis with many professionals who support its statutory tasks. The Foundation among many other things is realizing activities aiming at the development and promotion of all forms of artistic creativity in particular in the field of music and theatre.

It undertakes actions which aim is to popularize cultural forms of spending free time and leisure time and also actions which enable disabled persons to participate in cultural activities. It implements projects in the field of cultural education based on original programmes, for example project dedicated

to children called "Adventures of Wiolinka and Basik in the land of music", or project "Theatre against domestic violence" based on the play titled „Bang Bang You're Dead”.

Foundation also promotes volunteer work and encourages young people to undertake this form of activity. The engagement of the Foundation in social matters is reflected mainly in its role in supporting the development of amateur theatre as an example of creative and constructive way of spending free time and an alternative for children and youth to pathological behaviour. The aspect of cooperation of the Foundation with professionals from other organizations and institutions including international, for the sake of holistic and effective realization of accepted social aims, should also be underlined.

1.2.1. Project "Theatre against domestic violence" based on the play titled „Bang Bang You're Dead”

This program was presented to the participants of the project during the kick-off meeting, which took place in November 2013 in Warsaw. During the daily operations Foundation implements it in collaboration with children and young people from schools in Warsaw.

The objective of this activity is:

- prevention of domestic violence phenomenon,
- prevention of violence among children and adolescents,
- as well as support for children and young people experiencing domestic violence.

Assumptions of the programme

The first stage involves the preparation of the implementation of the performance based on the text "Bang Bang you're dead". This art was created by William Mastro Simone after a series of murders committed by students on their parents and peers in American schools. Art is part of the current therapy through theater and is highly appreciated by specialists and exhibited all over the world. Its heroes are the students, because art is well suited to play by the youth.

The project is intended to take part in a performance of children and adolescents from families and communities at risk of violence, therefore call for the project is carried out in consultation with the social workers and the local police and schools, and especially with school pedagogues.

The second phase of project implementation includes the performances addressed to students as well as teachers and parents which are performed by the participants. Shows are held on the dates selected by schools and takes place during school hours. Performances for parents are organized in the afternoons. After the show are organized discussions about violence between project participants and audience. In discussions are involved also experts who work in the area of domestic violence and psychologists. Separate meetings on violence and preventing this problem are also organized for

parents. During the discussions participants receive educational materials about domestic violence which are prepared by experts.

Participants of project titled ***“Preventing social exclusion of children from families living in poverty or affected by violence – to promote, develop and improve European competences and solutions in this area”*** also had opportunity to familiarize themselves with the objectives of the "Band Bang You're Dead" and take part in its implementation during the kick-off meeting in Warsaw.



Performance of the project "Bang Bang You're Dead"



Meeting and discussion between young actors and audience

Scenario of described play is attached in Annex 1 in the end of the publication. It is possible to use the material by various entities working with children and youth.

1.2.2. Projects of Nobody's Children Foundation

Project participants during its implementation also met with a representative of the most famous in Poland foundation which deals with the broader protection of children from abuse and social exclusion. Nobody's Children Foundation exists to provide every child a safe childhood. Protecting children from abuse and help those who have experienced violence.

The foundation's mission is to:

- teach adults how to treat children without hurting them and how to react when they suspect that a child is being harmed,
- teach children how they can avoid violence and abuse and offer to abused children and their guardians psychological and legal help,
- have influence on Polish law to protect the best interests of the child.

Foundation carries out a lot of interesting projects, including those which are designed to prevent risk of social exclusion of children and young people.

Childhood Without Abuse (Stage I)⁸

Duration: March - December 2001

Organizer: State Agency for Solving Alcohol Problems in cooperation with the Nobody's Children Foundation and the National Service for Victims of Domestic Violence "Blue Line".

Implementing Agency: McCann Erickson Poland and Universal McCann Media House.

Campaign objective: increase public engagement in preventing violence against children, promoting positive solutions to counter the violence, motivating communities to work for abused children, public education providing knowledge about the phenomenon of child abuse and how to deal with this problem.

Forms of implementation:

- local discussions with representatives of local authorities, NGOs, institutions and services to help children,
- trainings for professionals,
- the establishment of 17 therapeutic communities and 8 information and consultation points.

Media: outdoor, television, radio, newspapers, posters, stickers, stamps.

⁸ Access to materials on: www.fdn.pl.

The campaign in the world: In 2006 in 6 countries (Bulgaria, Latvia, Lithuania, Macedonia, Moldova, Ukraine) which were participating in the project "Childhood without Abuse" coordinated by the Nobody's Children Foundation was implemented a campaign called "Childhood without violence". It uses material presented in Poland in 2001. TV spot, two radio ads and posters have been translated and adapted into eight languages (6 national plus Russian and Albanian). Media reports were supplemented with leaflets, calendars, stickers and other materials.

In most countries, it was the first nationwide campaign against violence against children. The campaign received a very high visibility. Media reports on non-profit basis have been shown by a big number of television and radio stations. On average, took place over 1000 emissions of spots in the first few weeks since the start of the campaign.

Materials:



wspieraj kampanię - Dzieciństwo bez przemocy 

Poster prepared during campaign "Childhood Without Abuse"

with slogans: "Thousands of Polish children are victims of domestic violence",

"Don't be indifferent to their suffering"



Posters translation into Moldovan, Bulgarian and Ukrainian

Good Parent – Good Start⁹

Duration: March - June 2009.

Campaign objective: The media campaign was to draw attention to the fact that parenting is a task with which it is sometimes difficult to deal with. At the same time the mass media very often show the parents of small children as relaxed persons, happy adults and smiling children. Therefore parents who face the problems are too embarrassed to talk about it. They treat their situation as a failure and very often they do not know where can seek for help.

Therefore Foundation concluded that parents of small children should receive support and knowledge about healthy development of their children, about factor which can harm the children. They should to know how control bad emotions in difficult situations, that in the case of problems related to the role of a parent there is a number of institutions and organizations which can give advice and assistance.

Organizer: Nobody's Children Foundation, Ministry of Labour and Social Policy, Office of the Capital City Warsaw.

Implementing Agency: DDB Warsaw.

Media: press, radio, television, outdoor.

Actions: For parents foundation prepared educational materials: brochures and leaflets ("Please, look at me!", "10 steps for doing so - in order to become a better parent", "Instead of spanking - how to put boundaries with respect and love", "Caution child", "Stress - a guide for parents with small children", "Good Parent - Good start").

Campaign was supported by over 100 institutions and organizations from whole Poland. These organizations, as campaign Ambassadors, actively engaged in distributing materials, organizing meetings and workshops for parents, promoting the idea of good parenting in their local environment. Positive parenting parents reached throughout the country.

For the parents was also given the website: www.dobryrodzic.pl where they could find a lot of useful information about the care of small children, addresses of entities which provide assistance to parents of small children. The campaign "Good Parent - Good Start" was the first Polish campaign on good parenting for parents of small children.

⁹ Access to materials on: www.fdn.pl.



Press advertising prepared during campaign “Good Parent – Good Start”

116 111 Helpline for Children and Youth¹⁰

In Poland since November 2008 under the number 116 111 operates the first nationwide and absolutely free Helpline for Children and Youth.

Phone 116 111 serves youth and children in need of support, care and protection. Provides callers the opportunity to share concerns and talk about important issues and support them in difficult situations. Foundation believes that by talking to other people it is easier to find a solution to even the biggest problems.

Daily from 12:00 to 20:00 group of trained consultants receives hundreds of calls from children in need of support, care and protection. In situations of imminent threat to the life or health of persons in contact with the phone 116 111, consultants take interventions aimed at restoring children and young people a sense of security and to provide the necessary help. During over 6 years of operation of the phone 116 111 consultants received 750,000 calls and responded to more than 26.000 online anonymous messages sent by website: www.116111.pl.

Helplines for Children and Youth under the number 116 111 is started across Europe in accordance to Commission's decision from 15th of February 2007. On reserving the national numbering range beginning with number 116 for harmonized services of social value (2007/116/EC).

Number 116 111 from 10.11.2014 until 31.12.2016 is co-financed under the government program for the years 2014-2016 titled "Safe and friendly school". Is also temporarily subsidized by the Ministry of Interior as part of a public task "leading a helpline for children". Selected activities undertaken by a

¹⁰ Access to materials on: www.fdn.pl.

team Helpline for Children and Youth 116 111 are co-financed by the European Union (grants: Fundamental Rights and Citizenship: JUST/2011/FRAC/AG/2866; Prevention and Fight Against Crime - ISEC: HOME/2012/ISEC/AG/400004408). Phone 116 111 donors are also companies: Orange, Enea, Mercedes - Benz Poland.

Actions: Foundation wants to reach with the idea of 116 111 all potential clients. Therefore consultants prepared educational materials and invited to cooperation teachers from across the Polish. Educational packages (with leaflets, posters and scenarios of lessons), in cooperation with Ministry of Education, were passed to local centers of education and representatives of schools. Foundation encourages directors and teachers to conduct lessons about 116 111 in all classes of high schools.

Aims of education activities:

- providing of knowledge about Helplines for Children and Youth, the principles of its operation and purpose,
- familiarization with principles of telephone counseling and other forms of psychological support,
- encouraging to seeking of help in difficult situations,
- developing the ability to formulate problems and solutions.

Foundation prepared scenarios for 45 and 90-minute classes. All exercises include active forms of participation (brainstorming, fun, group work, etc.).

Materials:



Poster of number 116 111 with slogan "Words heal. Let's talk" and words behind: "I am nobody", "They laugh at me", "Nobody believes me", "I was beaten again..."

Described initiatives are just the example of the many other projects carried out each year by Nobody's Children Foundation.

1.3. Training of professionals to work with children in the risk of social exclusion

Both, the effective prevention of social exclusion of children and young people regardless of its cause, as well as working with marginalized children requires action taken by specially trained professionals. Therefore special trainings addressed to this group of people are very important matter.

Academy of Protection from Violence - How to educate children and youth¹¹

Academy of Protection from Violence is a comprehensive training offer prepared by the Nobody's Children Foundation for teachers and educators. The Academy are developed lesson plans for children and young people about topic of anti-violence and exploitation of children. The Academy offers educational tools possible for use by teachers and educators and e-learning educational platform available on the web FDN.

Introduction of this offer on educational market was accompanied by series of five conferences. Topic of these events was connected with the problem of commercial sexual exploitation and violence against children and they were addressed to professionals working with young people aged 13 - 18 years.

Conferences which were conducted outside of Warsaw were organized in collaboration with local NGOs - Association for Children and Youth "Chance" in Wroclaw, Association After MOC in Katowice, the Local Committee of Child Protection in Poznan.



**Conference addressed to professionals who works with children and youth
in the risk of social exclusion**

Academy has also developed scenarios of preventive lessons about various forms of violence and protecting methods. Scenarios are scheduled for implementation during the 45 or 90 minutes lessons in groups of pupils from secondary and high schools. The methods used during the course includes lectures, discussions and group work. The classes are accompanied by the story of a young person who

¹¹ Access to materials on: www.fdn.pl.

has come into contact with violence. The emphasis has been on the transfer of young people information about how to react in a difficult situations and who can help in these cases.

Scenarios and educational videos are grouped into five modules on the problem: child trafficking, early sexual initiation, sponsorship, Helpline for Children and Youth 116 111, domestic violence and peer violence.

SCENARIUSZ ZAJĘĆ DLA UCZNIÓW SZKÓŁ PONADPODSTAWOWYCH



Moduł V: Przemoc w rodzinie

Cel zajęć: poszerzenie wiedzy uczestników na temat różnych aspektów i przejawów przemocy w rodzinie (czyli takiej, która ma miejsce w domu ze strony rodziców/opiekunów lub rodzeństwa) oraz rozwijanie umiejętności rozpoznawania zagrażających sytuacji. W trakcie zajęć uczestnicy dowiedzą się, do jakich osób, instytucji czy organizacji, osoby doświadczające przemocy lub jej świadkowie mogą zwracać się o pomoc i wsparcie.

Czas trwania: 90 minut

Grupa: zajęcia przeznaczone są dla młodzieży od 13. do 18. roku życia. Można je przeprowadzać w szkole – wtedy wielkość grupy uzależniona jest od liczby uczniów w klasie. Zajęcia mogą być prowadzone również poza szkołą dla osób, które się nie znają. Wtedy zalecane jest, by jednolite wiekowo grupy były nie większe niż 20–25 uczestników.

Miejsce: klasa szkolna, świetlica, sala szkoleniowa.

Potrzebne materiały: płyta DVD z filmem (opcjonalnie).

Wymagany sprzęt: laptop, projektor, ekran lub telewizor (w przypadku projekcji filmu).

Prowadzący: najlepszymi realizatorami proponowanych zajęć będą osoby pracujące na co dzień z dziećmi i młodzieżą, które posiadają umiejętność prowadzenia dyskusji sterowanej oraz podstawową wiedzę na temat zjawiska przemocy w rodzinie. Zachęcamy do realizacji zajęć przez dwóch prowadzących. Ułatwi to omawianie poszczególnych ćwiczeń z uczestnikami i zapewni komfort pracy.

Forma zajęć i metody pracy: wykład, praca w grupach, dyskusja, prezentacja.

Zajęcia łączą elementy wykładu dotyczącego dynamiki zjawiska przemocy w rodzinie i dyskusji na temat konsekwencji niereagowania na przemoc. Przekazywane treści i formy pracy mogą być dla uczestników trudne i poruszające. Przygotowaliśmy dwa sposoby prezentowania historii osoby, która doświadczyła przemocy w rodzinie. Pierwszy z nich polega na czytaniu historii i odwoływaniu się do niej w omówieniu. Drugi to odtworzenie filmu edukacyjnego.

Zgłoszenie realizacji zajęć/ewaluacja: uprzejmie prosimy o wypełnienie formularza ewaluacyjnego dot. prowadzonych zajęć profilaktycznych. Państwa opinia będzie dla nas pomocna w tworzeniu kolejnych materiałów edukacyjnych. Po wypełnieniu formularza ewaluacyjnego będą mogli Państwo otrzymać zaświadczenie o przeprowadzeniu zajęć. Formularz znajduje się na stronie www.akademia.fdn.pl

Scenari. Module V: Domestic violence

Chapter 2. Solutions used in Northern Ireland in the scope of social exclusion prevention

2.1. The general description of the social exclusion phenomenon connected to the poverty or experiencing of domestic violence

2.1.1 Social Exclusion

In Northern Ireland the term 'Social Exclusion' is used to describe individuals or groups of people who are marginalised or cut off from the social and economic life of their communities due to a range of factors including unemployment, poverty, disability, poor housing or ethnicity. Poverty and disadvantage are closely linked to social exclusion and have the greatest impact on families with children and young people. Outcomes for children and young people socially excluded or living in poverty are much worse than for those young people who are living in less socially deprived circumstances.

2.1.2 Child Poverty

The province suffers from high levels of deprivation and health inequalities. Around 355,000 people live in relative income poverty and over 93,000 of these are children. According to the Institute for Fiscal Studies 'relative' poverty is predicted to rise to **26.0%** by 2020–21 and 'absolute' poverty will increase to **29.3%** by 2020–21.

Poverty poses significant challenges for agencies working to support children. The social gradient in health means that health gets progressively better as the socioeconomic position of people and communities improve. However, the most profound differences in health outcomes are experienced by the most disadvantaged. Children born into families with a low socio-economic status have outcomes as diverse as low birth weight, higher risk of dental caries, lower cognitive test scores, difficulties with behaviour and socialisation and increased risk of disengagement from school. They are also more likely to be exposed to and affected by conditions that are adverse for development, such as homelessness, poor living conditions or unsafe neighbourhoods. In addition, low levels of parental education and literacy may have a knock on effect in limiting the children's ability to succeed academically resulting in intergenerational disadvantage within families.

The impact of poverty on families in Northern Ireland has been compounded by the troubled history of the region. Although a peace process has been in place for over a decade, the impact of over 30 years of community conflict, sectarianism, intolerance and violence has left a legacy of trauma, which has impacted upon both the physical and mental/emotional health and well-being of many people including children. A number of reports point to specific factors which influence the present day lives of young people as a result of direct or indirect exposure to the political violence. These unique characteristics of the region pose further challenges for agencies working with marginalised or poor families.

Like most of Europe, Northern Ireland is enduring a prolonged recession and is facing further and unprecedented challenges due to the threat of welfare reform. Demand for social service intervention among many families living in poverty has increased. Parental stress may at times lead to poor mental

health and adoption of negative behaviours such as alcohol/drug abuse resulting in conflict within the home, domestic violence, compromised parenting and neglect or abuse of children. However evidence demonstrates that the effects of poverty and deprivation can be reduced through sustained and targeted early intervention programmes which increase parental skills and support leading to more positive family environments.

2.1.3 Domestic Violence in Northern Ireland

Domestic and sexual violence and abuse are international problems that are recognised by many leading authorities as a priority on the world stage. As such the United Nations (UN), the European Union (EU), and the World Health Organisation (WHO) all take a keen interest in the elimination of these problems. Within the United Kingdom (UK) and Ireland there has been much written and discussed on the issues and all regions have developed strategies to deal with the problem. In Northern Ireland, everyone has a right to be protected from such abuse and supported if it occurs. It is an unfortunate fact that for many it remains hidden. Reporting figures do not reflect the full picture as abuse remains unreported, happening behind closed doors.

In 2013/14 there were over 27,500 domestic abuse incidents reported and over 2,000 sexual offences recorded in Northern Ireland. In addition, seven murders were recorded with a domestic abuse motivation, accounting for over 40% of all murders recorded by the police that year. Alongside this, the number of sexual offences for 2013/14 is the highest level recorded since 1998/99 and is nearly twice the level recorded in 2000/01. These offences can affect every aspect of victims' lives and can have long-term consequences for both children and adults.

The human cost of violence and abuse to victims and families can be enormous including physical, emotional and psychological harm, breakdown in relationships and families, and a reduction in life opportunities. Violence within the home, combined with factors such as poverty, mental ill-health and marginalisation are often key factors in families with children coming into contact with social services.

These children may require a range of support or interventions in response to the assessed needs and potential risks to which they are exposed. The following information highlights the challenges to Statutory Social Service providers up to March 2014.

2.1.4 Children in Need in Northern Ireland – Key facts and statistics

At 31 March 2014, **25,998** children in Northern Ireland were known to Social Services as a Child in Need:

- The number of Children in Need referrals has steadily risen over the last number of years. Between 2012/13 and 2013/14, the number of Children in Need referrals rose by 7% to reach 40,165 referrals;
- For those that were allocated for further action, the majority related to a carer who needed support to give appropriate care to the child (78%), 20% related to child protection investigations, whereas 2% related to a child with disability.

2.1.5 Child Protection

At 31 March 2014, **1,914** children were listed on the Child Protection Register in Northern Ireland. This represented the lowest number since 2007;

- Neglect and physical abuse were the main reasons for a child being on the Child Protection Register;
- A total of 4,114 child protection referrals were received by Health and Social Care Trusts, a 3% decrease on the previous year; and
- There were 2,004 new registrations to the Child Protection Register and 2,058 de-registrations during the year.

2.1.6 Looked After Children

At 31 March 2014, **2,858** children were looked after in Northern Ireland. This was the highest number recorded since the introduction of the Children (Northern Ireland) Order 1995:

- The majority of looked after children in Northern Ireland had been looked after for less than three years, with one-tenth looked after for 10 years or longer;
- Three quarters of the looked after children were in foster care placements, 12% placed with parents, 7% in residential care and 5% in other placements. This was similar to previous years; and
- During 2013/14 there were 910 admissions to care and 798 discharges.
- At 30 June 2014 there were 50 Children's Residential Homes in Northern Ireland, 41 are statutory and nine were independent.

The challenges outlined above require actions to be adopted at strategic and operational level across a range of government departments in collaboration with statutory, community and voluntary sector providers and working in partnership with families and children.

2.2. Tools used to minimizing or preventing the risk of social exclusion

The following section describes the legislative, policy and delivery context within Northern Ireland for agencies working with children with a particular emphasis on those impacted by poverty and violence.

2.2.1 The Legislative Context

The key EU and NI legislation governing practice in provision of children's services aim to address the rights of all children whilst also promoting equal opportunities.

The **United Nations Convention on the Rights of the Child** (UNCRC) covers a wide range of matters affecting children. However, Article 6 is one of the briefest but most fundamental. It states:

“parties recognize that every child has the inherent right to life.”

“parties shall ensure to the maximum extent possible the survival and development of the child”.

The preamble to the UNCRC states that ‘the child, for the full and harmonious development of his or her potential, should grow up in a family environment, in an atmosphere of happiness, love and understanding’. However, while many children in Northern Ireland enjoy a safe and nurturing environment, we know that for too many others life at home can be a horror of neglect, abuse and violence, including domestic violence. The extent and nature of the impact of domestic violence on children and young people has not always been acknowledged or documented. Too often, their voices have not been heard and their needs have not been recognised.

The UNCRC is very clear about the obligation placed on government to take all necessary measures to protect children and young people from all forms of abuse and violence. The Convention notes that this includes taking preventative action to protect children and ensuring support is provided for those affected. Indeed, in its most recent examination of the UK, the UN Committee on the Rights of the Child highlighted that further progress was required to ensure that professionals working with children, such as teachers, social workers, medical professionals, members of the police and the judiciary, respond appropriately to domestic violence when it affects children.

Section 75 of the Northern Ireland Act (1998) places a duty on public authorities to promote effective equality of opportunity for all and good relations between those of different religious belief, political opinion or race. It is essential, therefore, that an equality perspective is incorporated into child protection policy and practice at all levels and at all stages.

The Children (NI) Order 1995 is the principal statute governing the care and upbringing and protection of children in Northern Ireland. This order changed the philosophy and the practice of the law in Northern Ireland. The Order is regarded as the single most important source of child law and it affects all those who work for and care for children whether as parents or paid carers or volunteers. The children order embodies five key principles:

- **Paramourncy of the child**
- **Parental responsibility**
- **Prevention**
- **Partnership**
- **Protection** – children should be safe from abuse and should be protected by the state when they are in danger
- **Parental responsibility**

The child protection system focuses on those children in greatest danger. An assessment system is required to distinguish these children from those whose needs could be more appropriately met by other means of help and support.

All strategies, policies, procedures and services to safeguard children should be based on the following principles:

- the child’s welfare must always be paramount and this overrides all other considerations
- a proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is a conflict, the child's interests are paramount;

- children have a right to be heard, to be listened to and to be taken seriously. Taking account of their age and understanding they should be consulted and involved in all matters and decisions which may affect their lives;
- parents/carers have a right to respect and should be consulted and involved in matters which concern their families;
- children and families have equal access to services across the region;
- actions taken to protect a child, including investigation, should not cause the child unnecessary distress or add to any damage already suffered;
- intervention should not deal with the child in isolation; the child must be considered in a family setting, with the impact of concerns also informing an assessment of the needs of other children within the family;
- where it is necessary to protect the child from abuse, alternatives should be explored which do not involve moving the child and which minimise disruption of the family

The legislation defining the circumstances in which compulsory intervention in family life is justified in the best interests of children is based on the concept of “**significant harm**”. The relevant articles in the Children Order are Articles 2(2) and 50(3). Where a Trust has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (Article 66) it is under a duty to make enquiries, or cause enquiries to be made. A court may only make a care order (committing the child to the care of the Trust) or supervision order (putting the child under the supervision of the Trust) in respect of a child if it is satisfied that:

the child is suffering, or is likely to suffer, significant harm; and
that the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Article 50). 2.4

There are no absolute criteria for judging what constitutes significant harm. However, they may include the degree, extent, duration and frequency of harm. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, sexual assault, suffocation or poisoning. More often, significant harm is a series of events, both acute and long-standing, which interrupt, change or damage the child’s physical and/or psychological development i.e. domestic violence. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical and/or sexual abuse that causes impairment, sometimes to the extent of constituting significant harm.

The Child Poverty Act (2010) have set ambitious, legally-binding targets to reduce and eradicate child poverty by 2020–21. In order to realise these targets the government must reduce the proportion of children living in households with less than 60% of median income to below 10% (a measure of relative low income) and the proportion of children living in households with less than 60% of 2010–11 median income to below 5% (a measure of absolute low income).

2.2.2 Policy Perspectives to tackle child poverty, social exclusion and violence

In recent years the NI Assembly (Government in Northern Ireland) have issued a number of strategies to support the achievement of the child poverty targets. These include the NI Child Poverty Strategy ‘Improving Children’s Life Chances’, A Ten Year Strategy for Children and Young People’, and Delivering Social Change and the Northern Ireland’s Anti-Poverty Strategy ‘Lifetime Opportunities’. All of these policy documents seek to adopt a cross governmental approach to addressing the root causes of

poverty ie unemployment and seek to put in place measures to improve the health, educational and social outcomes of children.

The targeting of these strategies to address child poverty and social exclusion simultaneously, seek to fulfil the Assembly's international commitments to the United Nations Convention on the Rights of the Child (UNCRC) and United Nations Convention on the Rights of Persons with Disabilities (UNCRDP)

<http://www.ofmdfmi.gov.uk/dsc-children-young-people>

<http://www.ofmdfmi.gov.uk/the-child-poverty-strategy-2011-14.pdf>

One of the most significant developments for children and young people in Northern Ireland over the past decade has been the production of the Northern Ireland Children's Strategy "Our Children and Young People - Our Pledge" (2006 - 2016). This government strategy presents a pledge to children over a ten year period to deliver on a shared vision: "All children and young people living in Northern Ireland will thrive and look forward with confidence to the future." A framework of 6 high level outcomes for children and young people has been set out as follows:

- being healthy;
- enjoying learning and achieving;
- Living in safety and with stability
- Experiencing economic and environmental well being
- Contributing positively to community and society
- Living in a society which respects their rights

Under the stewardship of the Minister for Children and Young People, the strategy will ensure a coordinated approach across government departments, and the wider public sector, to the development of policies which impact on the lives of children and young people. The focus will be on coherent and integrated service delivery leading to improved outcomes for all children and young people.

In addition a number of related strategic frameworks have been launched which are key drivers in integrating and consolidating actions to support those children who are deemed to be vulnerable:

- Our Children and Young People - Our Pledge, Office of the First Minister and Deputy First Minister, 2006 – 2016
- Stopping Domestic and Sexual violence and Abuse in Northern Ireland, 2014
- Tackling Violence at Home - A Strategy for Addressing Domestic Violence and Abuse in Northern Ireland, 2005.
- Fit and Well – Changing Lives 2012-2022, Department of Health, Social Services and Public Safety.
- Improving Children's Life Chances - The Child Poverty Strategy, Northern Ireland Executive 2011
- Making Life Better, A Whole System Strategic Framework for Public Health (2013-23)
- Improving and Safeguarding Social Well-being, A strategy for Social Work in Northern Ireland 2012-2022
- Families Matter-Supporting Families in Northern Ireland, Department of Health, Social Services and Public Safety, 2009
- Every School a Good School - The Way Forward for Special Educational Needs and Inclusion, Department of Education 2009.

- Early Years (0-6) strategy, Department of Education 2010.
- Children and Young People's Action Plan, 2011-2013, Department of Agriculture and Rural Development 2011
- Tackling Sexual Violence and Abuse - A Regional Strategy 2008-2013, Department of Health, Social Services and Public Safety 2008.
- Supporting People, Changing Lives - Supporting People Strategy 2005-2010, Northern Ireland Housing Executive 2005 (under review).
- Building Safer, Shared and Confident Communities, Community Safety Strategy, Department of Justice (to be published).
- Northern Ireland Children and Young People's Plan - Children and Young People's Strategic Partnership 2011- 2014

2.2.3 Early Intervention and Prevention

In Northern Ireland there is a strong recognition that the pattern for a person's future adult life is set by the experiences of very early life. It is accepted that children's early life experiences are a key determinant on their outcomes in adult life. From pregnancy through to early childhood, the environment in which children live, work and play as well as the quality of their relationships with adults, have a significant impact on their physical, cognitive, emotional and social development.

At the age of 3, those children who are deemed to be at a higher risk of poor outcomes can be identified on the basis of their chaotic home circumstances, their emotional behaviour, their negativity and poor development (Fit and Well, Changing Lives 2012-2022). Therefore at a universal level, the NI government is committed to a coordinated effort across a range of sectors to giving every child in Northern Ireland the best start in life through the 'Making Life Better – A Whole System Framework for Public Health (2014).

In addition, and in recognition that there is less finance within the health and social care system, a highly targeted approach is being adopted to prioritise investment in services which provide intensive support during pregnancy and the first 5 years of life. This is an attempt to break the cycle between early childhood disadvantage and poor outcomes throughout life. Two major initiatives are part of this intensive work i.e. the development of Family Support Hubs and a number of targeted parenting programmes. Family Support Hubs are groups of voluntary, community and statutory organisations working with parents and children to respond effectively and in a timely fashion to their identified needs.

The Department of Health, Social Care and Public Safety in Northern Ireland is also leading on an Early Intervention Transformation Programme which seeks to facilitate a systematic change in how services are provided to children and families in order to measurably improve outcomes.

Further information on the above strategies and initiatives:

http://www.dhsspsni.gov.uk/index/hss/child_care/early_intervention_transformation_programme.htm

www.northernireland.gov.uk/index/work-of...executive/bright-start.htm

www.dhsspsni.gov.uk/fitandwell

www.dhsspsni.gov.uk/making-life-better.htm

<http://www.familysupportni.gov.uk/listing/family-support-hub-armaghdungannon-southern-outcomes-area/>

2.2.4 Statutory Health and Social Care Service Provision

Health and Social Care Trusts have a legal duty to promote the welfare of children. They fulfil this role through the provision of universal health services and by raising awareness of how harm can occur to children and young people. The Health and Social Care Trusts also have a legal duty under the Children Order (NI) 1995 to assess the needs of children and provide services to meet those needs. The emphasis should be on early intervention. Where parents are unable to discharge their responsibility for their children adequately, the child's welfare becomes the corporate responsibility of the relevant Health and Social Services Trust.



The Western Trust works in partnership with other public agencies, the voluntary sector and, where it does not compromise the well-being of children, with their parents.

Sometimes, however, there may be reason to believe that a child may be suffering, or is likely to suffer significant harm. Under Article 66 of the Children Order, Trusts have a duty to make enquiries to enable them to decide whether they should take action to safeguard or promote the child's welfare. If there is suspicion that a crime against a child has been committed the police must be informed.

The Western Health and Social Care Trust (WHSC) uses many tools to ensure that a child is safe and grows up in a stable loving family environment. The Trust also works closely with a number of NGO's to ensure that there is a mixed economy of care and children and family's needs are met at all levels. Some of the services that are offered with the statutory services detailed below.

2.2.5 Western Health and Social Care Trust (WHSC) Family and Childcare Services

It is the firm belief of the health and social care services that children are best brought up within their own families and it is the duty of health and social care professionals to safeguard and promote the welfare of children who are in need. It is within this context that statutory social work is undertaken in partnership with children and their families, aiming to ensure that parents are supported in caring for their children.

Within the WHSC in Northern Ireland, the Family and Childcare sub directorate has 3 main divisions:

1. Gateway & Family Intervention Service
2. Looked After Children & Family Support Service
3. Residential and Leaving Care/Aftercare Service

Gateway & Family Intervention Service has overall responsibility for:

- Investigating if the child is in need of protection
- Undertaking intensive work with the family to help them safeguard the child
- Offering a very high level of support to the family to help them continue to safely look after the child at home
- Looking after the child in foster care or in a children's home if they are unable to live at home
- On the occasion of a Court ordering an investigation into the child's circumstances, a request may be made to assist to safeguard a child. The Trust will undertake an assessment and decide on an appropriate intervention.

Looked After Children & Residential Care has responsibility for ensuring that those children who are unable to live with their families and become "Looked After" by the Western Health & Social Care Trust have proper plans made for them and that their health, education and social care needs are met.

For some children and young people who cannot live with their own families, Western Health & Social Care Trust provides a number of purpose built residential homes within the local area. The Trust also works with a large number of foster carers. As well as working with Residential Social Workers, Looked After Teams work closely with the 16+ Pathway Service to provide advice and support for young people.

For those children who need a permanent home which is not with their birth families, the Trust offer long term foster care and adoption. **Family Support & Fostering & Adoption** assumes responsibility to provide a skilled response to families who need help. There is an emphasis on maintaining children in their families and communities, through strengthening parenting capacity, encouraging and assisting positive parenting and promoting the well-being and safety of children with assessed needs.

Some of the basic principles that underpin Family Support in Social Work include:

- Valuing and recognising diversity of individual need
- Everyone to be treated with respect
- Promotion of choice, privacy, confidentiality and protection
- Children's welfare and development are paramount
- Working in partnership to safeguard and maintain children in their families and communities

Some of the tools that are used within WHSCT practice include:

- **Residential and Leaving Care/Aftercare Service** - The 16+ Pathway Service adopt responsibility for young people when they reach the age of 16 and, at that stage, young people are provided with their own Personal Advisor to help plan their future.
- **Model of Attachment Practice (MAP)** - The Western Health and Social Care Trust has developed an overarching approach to practice in children's homes called the Model of Attachment Practice (MAP). The model responds to children who have had difficult life experiences involving trauma and attachment issues. It encourages staff and carers to understand and address the needs and emotions underlying challenging behaviour, rather than simply responding to behaviour and provides staff and carers with techniques for being aware of and regulating their responses to stressful situations.

- **Safety in Partnership** - Safety in Partnership continues to go from strength to strength within the Trust's Family and Child Care social work teams. Strong leadership is the key to the success of the approach. As leaders, managers seek to role model the Practice Principles to staff with quote from Ghandi as a central principle within practice: *'Be the change you want to see in the world'*.

Children and their safety are at the heart of the approach. The teams aim to improve outcomes for children. Building staff skills in direct work with children is one of the Trust priorities so that the child's voice is heard and that workers can gain an understanding of the child's experience of the world. Reflective/reflexive practice, good supervision and family and professional participation are key to practice. Practice principles are the foundation to the whole approach and this has not gone unnoticed by the families who use the service. There has been excellent feedback on how staff have developed good working relationships with families.

- **Emotional Well-being Strategy** - The Trust launched its Emotional Health and Well-being Strategy in the autumn of 2012. This strategy is the Trust's overarching early intervention and prevention strategy that serves to promote the emotional needs of all children and young people. It encompasses the Trust's Infant Mental Health Strategy launched in 2011.

It sets out the Trust's vision that every child and young person (0-19+ years) deserves the best chance in life from conception, to their early years as an adult so they can feel positive about themselves, have meaning in their lives and achieve their goals.

http://www.westerntrust.hscni.net/pdf/CEWS_Strategy_Sept_2012_final.pdf

- **Family Nurse Partnership** - The Family Nurse Partnership Programme (FNP) is a licenced, evidence based, preventative programme for young, first-time teenage mothers aged 19 and under. It offers intensive and structured home visiting, delivered by a team of family nurses specifically trained for the role. The programme is delivered from early pregnancy until the child is two years old. FNP has three main aims, to improve maternal health and pregnancy outcomes; child health and development and economic self-sufficiency of the parents.

Close links are developed between worker and client and the evaluation to date points to positive child development. The greatest learning in the delivery of the programme has been that it is not what is delivered but how it is delivered, reinforcing the emphasis on the therapeutic relationship the Family Nurse has with her clients. The approaches taken are new, innovative and well received by clients. Training received from the National Unit and the learning period, has enabled the family nurses to develop a deep understanding of the approaches taken.

- **The Participation and Lifeskills (PAL) Project** - The Family and Child Care Sub-Directorate has appointed a Transition Worker to focus on 'looked after children', young people and care leavers aged 13 to 21 years. The role of this project is to support and nurture young people towards adulthood to achieve their full potential. This is achieved by helping them to acquire a range of essential life skills and knowledge that prepares them better for adulthood, as well as empowering them to make informed choices on issues that affect their health and wellbeing. PAL has organised a number of programmes; Drug and Alcohol Awareness sessions including Hidden Harm (using art, photography, music and outdoor pursuits); Reproductive (sexual) Health Awareness, including 'Young Mums Group'; 'Bout Ye' programme for young men. Protection programmes include protection skills for young people, addressing nights out,

social media and relationships. The protection skills for young parents examined risks associated with the internet, social media websites and babysitting.
www.westerntrust.hscni.net

2.2.6 Western Health and Social Care Trust (WHST) working in partnership to tackle Domestic Violence

The Western Health and Social Care Trust works in partnership with a number of agencies including the Police Services of Northern Ireland, Women's Aid and the NSPCC to respond to and support victims of domestic violence and their children.

Responding to Sexual Violence – The Police Service in Northern Ireland (PSNI)

The role of the Public Protection Branch of the Police Service of Northern Ireland is very much victim focussed and works to support all victims, regardless of age, gender, ethnicity etc. In 2013-14:

- 27,628 domestic incidents were reported to PSNI
- On average there has been 76 domestic incidents per day equating to 1 every 19.5 minutes
- 7 murders had a domestic motivation
- There has been in excess of 55,000 calls to the Domestic Violence Abuse Telephone Line

The Sexual Assault Referral Centre (The Rowan) www.therowan.net



Services provided include:

- Taking referrals for sexual violence and abuse
- Accessible to all, including children, Police, third party and self-referrals
- Coordinating interagency arrangements (Health & Social Care, PSNI, Public Prosecution Service, Forensic Service, Third Sector)
- Appropriately trained Rowan Support Team provides immediate support to the victim and significant others, where applicable
- Access to an appropriately trained Forensic Medical Officer, and if required, Paediatrician, who are experienced in the field of sexual offence examinations of adults and children
- A forensic facility with decontamination protocols to ensure forensic integrity

http://www.psni.police.uk/the_rowan_-_sexual_assault_leaflet_english_version-2.pdf

Domestic Violence Education and Preventative Work within Schools

Domestic Violence education and prevention work is both designed and delivered in partnership with Women's Aid, the Department of Education and the Department of Health, Social Services and Public Safety. These agencies / organisations have been at the forefront of raising awareness on issues of safety, healthy relationships and rights within relationships, at both primary and post primary level. Education resources such as **"Helping Hands"** and **"Heading for Healthy Relationships"** have been developed by Women's Aid.

Women's Aid provides age appropriate, specialised services and support for children and young people who experience (or are at risk of experiencing) domestic violence. Needs are responded to at all points of service delivery, including refuge and in the community. Group work with children and young people is a valuable element of support and a range of programmes has been developed to meet the needs of children and young people. A full overview of service provision is reflected in the Women's Aid model for working with children and young people and is also provided in the Women's Aid Directory of Services.



“Helping Hands” is a preventative programme for primary school aged children at key stage two and three. This programme aims to:

- develop children's levels of self-esteem and confidence
- enable children to explore and express feelings
- inform children of the right to feel safe at all times
- increase children's ability in safety planning
- empower children to identify their own personal support network
- explore how choice of behaviour can affect the feelings of others, and
- identify healthy ways to manage conflict.

“Heading for Healthy Relationships” is a preventative programme for post primary schools which enables young people to explore the differences between healthy, unhealthy and abusive relationships. It encourages young people to gain a greater understanding of rights within a relationship and to fully comprehend the issues of equality and respect.



www.womensaidni.org

<http://www.womensaidni.org/themainevent/wp-content/uploads/2012/04/helping-hands-sample-worksheets.pdf>

https://www.google.co.uk/?gfe_rd=cr&ei=jK11VcGvB4fj8wfd1ICABw&gws_rd=ssl#q=women%27s+aid+ni+heading+to+healthy+relationships

2.2.7 Partnership working with the Community and Voluntary sector (NGO's)

The Northern Ireland Government acknowledges the vital contribution of the voluntary and community (NGO) sector in enabling and empowering people to improve their health and well-being. Agencies working at grassroots level are particularly skilled in identifying, engaging with and supporting people who are isolated, disengaged and vulnerable.

Alongside universal statutory provision, regional and local NGO's provide essential infrastructural support which helps to skew services where they are needed most. Northern Ireland benefits from a rich and vibrant community and voluntary sector which has significant experience in many disciplines relating to health, social care and in particular children's services.

International best practice notes that the health and social care needs of children and young people cannot be addressed by any single agency. There are numerous examples of initiatives which are being led by the community and voluntary sector in partnership with statutory agencies.

The following examples provide an overview of the diversity and intensity of work which is ongoing to improve children's outcomes. It is important to note however that there are numerous other agencies who work within the sector.

- **The Children and Young People's Strategic partnerships** - The Children and Young People's Strategic partnerships, are multiagency partnerships whose purpose is to put in place integrated planning and commissioning aimed at improving the wellbeing of children in Northern Ireland www.cypsp.org
- **Surestart** - Surestart is a partnership between the statutory agencies and local community organisations. The core purpose of Sure Start children's centres is to improve outcomes for young children and their families, with a particular focus on those in greatest need. They work to make sure all children are properly prepared for school, regardless of background or family circumstances. Sure Start also offer support to parents.



Surestart Shantallow (Derry City) Mother and Baby Class

Within the Western Trust area there are a number of Sure Start organisations. For example the Shantallow Sure Start organisation is based in an area of high deprivation and aims to enrich the health and well-being of families by *providing supportive services that build on strengths and enhance the quality of family life*. www.surestartshantallow.org.uk/

- **Extern** - Extern provides a range of programmes across the island of Ireland, working with children and young people aged between 8 and 18. Programmes range from early intervention, prevention and diversion, through to working with children who are within the care system. Extern works directly with children, adults and communities affected by social exclusion.



The Youth Support Programme works on a community-based group model and provides support to referred young people aged 10-17 years. The programme promotes the development of social activities for young people utilising community based facilities and support. Young people are encouraged to work together and develop peer support in groups of up to twelve. They also have the opportunity for one-to-one support whilst on the programme.

Extern Northern Ireland; Diversionary Work with young people



In the early days Extern worked mostly with ex-offenders, however as the organisation has evolved the focus has broadened to include working with a wider range of the most vulnerable children and young people within the community. Society and government now realises the importance of tackling exclusion and preventing young people getting on the treadmill of poverty, unemployment and crime. The aim is to realise the potential of young people by valuing and supporting those who have complex needs through the following programmes:

- Early Years/Passport 8-13 years
- Youth Support 13-17 years

- Time Out 8-17 years
- Strength to Strength 8-13 years
- Independent Visiting 8-17 years
- Summer Camp 8-13 years

www.familysupportni.gov.uk/listing/extern-derry/

Lifestart - The Lifestart organisation is a charitable body established in the Republic of Ireland in 1987 and has now moved into Northern Ireland. With over 28 years of experience in the provision of high quality evidence-based parenting support, Lifestart's mission is to produce better child development outcomes by making available to parents evidence-based knowledge and information on how young children develop and learn.

<https://vimeo.com/107075596>



Aims of Lifestart Programme:

- To make expert knowledge available & accessible to parents for their own use
- To connect parents' intimate & personal knowledge of their children with the public knowledge of experts
- To support positive parental identities & strengthen parent & child self-concepts & interaction.
- To enhance parental competency, agency & efficacy
- To reduce the risk to children by supporting parents to provide good nature and to develop better and more stable relationships with their children
- To train & support parents to use play, scaffolded learning & other techniques to promote child development & learning.
- To improve parent access to and use of other relevant family and children's support services.

<http://www.communityni.org/organisation/lifestart-foundation-limited>

Telephone helpline - Childline

Is a UK National agency which has a base in Northern Ireland and provides help and advice to children and young people about a wide range of issues via telephone on online support.



2.2.8 Co-operation and Working Together (CAWT) cross border collaboration

Health and Social Care services in Northern Ireland and the Republic of Ireland work collaboratively to protect and promote the health and well-being of children. There is a high degree of mobility of people between both jurisdictions who regularly cross the border to work, socialise and access services available on a cross border basis. Many families have relations living in both jurisdictions and the existence of the border can create challenges in relation to vulnerable families or children at risk avoiding detection due to being transient between the two jurisdictions.

Co-operation and Working Together (CAWT) the cross border partnership of the statutory health services in the border region of Ireland / Northern Ireland enables and facilitates practical health and social care co-operation between the two jurisdictions. In addition, the both Departments of Health work jointly to produce policies and protocols for the statutory services to operate effectively to minimise risks to children.



CAWT facilitate representatives from the health and social care trusts in Northern Ireland and the Child and Family Agency within the Republic (Tusla) to meet on a regular basis to share best practice and information on vulnerable families living in the region and to develop joint projects.

Currently the CAWT Children's Services Strategy Group is working on the development of a cross border Multiple Adverse Experiences Framework (MACE) which will seek to identify vulnerable families at an early stage and devise appropriate interventions to assist in stabilising the family unit. Whilst the need for early intervention is recognised and a range of interventions exist across both jurisdictions, a 'joined up system' regarding service delivery does not currently exist. Given the large scale mobility of people within the border region and as an island, there is a critical need for a consistent framework for early identification and intervention to protect children and reduce risk through providing the most appropriate interventions available. The application of a risk assessment process using Multiple Adverse Indices (MACE) will enable social workers, health visitors etc. to identify the children who are most at risk and who meet the criteria for an intervention. www.cawt.com.

2.3. Training of professionals to work with children in the risk of social exclusion

2.3.1 Training and development of the workforce

Of the 3,500 social workers employed by the Northern Ireland Health and Social Care Trusts approximately 47% work in Children's Services. Strengthening the capacity of these staff to deliver high quality services is a major theme in the Northern Ireland Social Work strategy. The strategy recognises the important role that statutory and non statutory organisations play in protecting children and a whole systems approach is adopted to provision of training and development which meets the needs of both professional and non professional social work staff.

2.3.2 Training of professional social services staff

The Northern Ireland Personal Social Services Department has overall responsibility for implementation of the Development and Training Strategy 2006 – 2016 *'which provides the basis for supporting and building a skilled, professional, motivated and confident social services workforce that is fit for purpose and fit for the future. It is designed to ensure the development and training needs of all social services employees are met from point of entry into the workforce and throughout their careers'*.

<http://www.dhsspsni.gov.uk/pss-development-training-trategy-2006-2016.pdf>

Training and Development of Social Workers is fundamental to practice from the point of entry into the workforce right throughout the career of social workers. All staff are expected to actively pursue their professional development and specialist social services training teams are in place across all of the Health and Social Care Trusts to support both student and qualified social workers through teaching, supervision and assessment of practice. Upon commencement of employment newly qualified staff are required to consolidate their academic learning and competence by undertaking an 'assessed year in employment' (AYE) as a condition of registration with the Northern Ireland Social Care Council.

The aim of the Trust Social Services Training teams is to deliver training to support professional social work knowledge and practice. A wide range of training is available, spanning topics such as Safeguarding, Child Sexual Exploitation, Legislative Frameworks, Therapeutic Crisis Intervention and Sexual Violence. Social workers are provided with ongoing training on best practice models such as Solihull, Model of Attachment(MAP), etc. Professional training is underpinned with a variety of more generic courses such as communication, recording and reporting, court skills, etc. At times training is designed and delivered in partnership with a other agencies including the police, judiciary, education, voluntary and community sector organisations.

2.3.3 Training of Non-Statutory staff

Large numbers of social work staff are employed within the voluntary and community sector and play a key role in early identification, intervention and support to vulnerable families. A number of voluntary organisations also discharge specific statutory functions in respect of children. Such services are often delivered as part of formalised contracts devolved out by the Northern Ireland Health and Social Care Board. Providers of all services relevant to children are expected to be fully qualified and meet quality standards in terms of knowledge, skills and competences.

Training and development is an integral part of the delivery of services and is often undertaken in partnership or on behalf of the statutory services. A wide range of training is delivered ranging from Child Protection, to Positive Parenting to Strengthening Families programmes to name but a few. Many of the organisations charged with Children's Services such as Barnardos, and the NSPCC (National Society for the Protection of Cruelty towards Children), Women's Aid provide training to a range of audiences.

2.3.4 Summary

In Northern Ireland a robust and integrated framework exists from legislative, policy and practice level to tackle the root cause of poverty and also protect children and promote their health and social outcomes. Partnerships comprising statutory, voluntary and community sector (NGO) organisations are working collaboratively to target interventions at those children facing poverty, social exclusion and violence in the home. These partnerships enable an increase in capacity within the system and facilitate the improvement of outcomes for children across a wider range of domains including health and education.

The ongoing economic crisis continues to present major challenges not only to families but also to service provider who struggle to meet the demands placed upon them. Agencies across the region are working creatively to respond to the needs to these families, within a context of reduced finance and staff resources.

Prioritisation and targeting of investment towards 'early intervention' seeks to identify vulnerable families at the earliest stage and work intensively to build parenting skills to improve the life chances of children. Evidence suggests that early engagement with families pays a very high rate of return in relation to building healthy, nurturing and positive family environments.

In conclusion, within Northern Ireland despite the many challenges there is a sustained and co-ordinated effort across government and many other agencies to implement evidence based practice to support families and improve the life opportunities of children.

Chapter 3. Solutions used in Greece in the scope of social exclusion prevention

3.2. The general description of the social exclusion phenomenon connected to the poverty or experiencing of domestic violence

Poverty

According to UNICEF child poverty in Greece has increased from 23% in 2008 to 40.5% in 2012, while the age group from 15 to 24 is the most affected. The percentage of youth who do not study, work or follow a program of technical training in the country has increased to 20.6% in 2012 from 11.7% in 2008.

More specifically, in its latest report UNICEF states that **one in three children in Greece was at risk of poverty or social expulsion** [686,000 children (35.4% of the children population in Greece); 292,000 children live in households with no working adults and have no access to health care system]¹².

Domestic violence

Epidemiological survey

According to the results of the Balkan Epidemiological Survey on Child Abuse and Neglect¹³ for Greece -which is the first epidemiological study ever conducted in a representative sample of children aged 11, 13 and 16- in regards to children's exposure to violent experiences, "more than almost 8 and more than 8 in 10 children report having experienced at least one behaviour of physical and psychological violence respectively, during their entire life. The incidence rates also showed that almost 5 and 7 children in 10 has been exposed to physical and psychological violence during the past year". In addition, "almost 2 in 10 children report having an experience of sexual violence in their life time and for 1 in 10 this experience occurred during the last year. Interesting is also the finding that almost 3 out of 10 children report having feelings of being neglected, while this number increases to 4 when it is referred to their life time".

Police data

Police data are available only since 2007, because the Law 3500/2006 on Combating Domestic Violence entered into force on 24 January 2007. Law prohibits violent acts (e.g. physical violence, threats, sexual violence and rape, insult of sexual dignity) within the family and takes a broad definition of family that covers spouses, parents, children, adopted children, and 1st and 2nd degree relatives, either by blood or by marriage; family is also considered the relatives by blood or by marriage up to the fourth degree, given that they are cohabitating and legal guardians of minors, as well as any minor cohabitating with the family; the law applies also to heterosexual intimate partners and their children if they are cohabitating, as well as to ex husbands and ex wives. Intimate partners who are not cohabitating and same sex partners are not included in this description of what constitutes a family.

¹² Available at: <http://www.unicef-irc.org/publications/pdf/rc12-eng-web.pdf>.

¹³ Petroulaki, K., Tsirigoti, A., Zarokosta, F., Nikolaidis, G. (2013). BECAN: Epidemiological Survey on Child Abuse and Neglect in Greece. Athens: Department of Mental Health and Social Welfare, Institute of Child Health.

On the table below is presented the number of Domestic Violence Victims during years 2007-2013 as well as the sex of victims (adults and minors).

Year	Victims (N)			Total
	Sex		Unknown	
	Female	Male		
2007	97	29	-	126
2008	152	31	-	183
2009	218	45	-	263
2010	1.186	260	-	1.446
2011	1.652	571	-	2.223
2012	1.630	479	611	2.720
2013	1.818	565	872	3.255
Total	6.753	1.980	1.483	10.216

As it is illustrated on the Table above, the majority of victims are female (adults and minors) compared to male adults and minors.

Administrative data

«The Smile of the Child» through the National Helpline for Children SOS 1056 and the European Hotline for Missing Children 116 000 directly contributes to preventing and tackling each and every serious child issue like abuse, neglect, missing case, child trafficking or bullying and cyberbullying. The National Helpline for Children SOS 1056 and the European Hotline for Missing Children 116 000 are officially recognized as emergency lines and are interconnected with the European Emergency Number 112. The lines are targeting children and adults, operate on a 24 hour basis, 365 days a year and are staffed with scientific staff, Social Workers and Psychologists.

According to the most recent data, in 2014 the National Helpline for Children SOS 1056 of the Smile of the Child received 283.369 calls that make 776 calls a day; 35.093 calls were related to specific issues of children and were handled by the Greek NGO. Through 1056 “The Smile of the Child” directly intervened for 107 cases related to 176 children at risk. In addition we handled 719 reports on serious cases of child abuse for 1.439 children. In 2014 the European Hotline for Missing Children 116 000 received 7.151 calls and 111 requests in support of searches for missing children and the organization finally handled 91 cases out of which 82 children (90%) were found. It should be noted that a specialized Search and Rescue Team - “Thanasis Makris” - staffed with certified volunteers and trained dogs is contributing in these efforts.



From January 2014 to April 2015 The European Hotline for Missing Children received 9.944 calls and 150 requests in total of support in searches for missing children. “The Smile of the Child” handled 118 cases of missing children out of which 104 children (90% of the cases) were found. For 5 cases the Amber Alert Hellas was activated. In the vast majority of these cases missing children were between 13 to 18 years old.

3.3. Tools used to minimizing or preventing the risk of social exclusion

At this entity will be mainly described the actions that the Smile of the Child undertakes for the protection of children. The Smile of the Child" is a non-profit voluntary Organisation. It is based on sentiment and emotions but it goes beyond that and turns everything it represents into actions. As its main objective, the Organisation deals with the daily problems children encounter.

The Organisation's main concern is defending children's rights, not just on paper but in practice as well, providing services to children on a 24-hour, 7 days a week, 365 days a year-basis, working for their physical, mental, and psychological stability.

"The Smile of the Child" cooperates closely with state authorities (Police, the General Attorney's Office, hospitals etc.) but also with all responsible individuals wishing to contribute to alleviating issues affecting children.

As a voluntary Organisation, "The Smile of the Child" supports all relevant institutions so as to promote their efficiency in handling children's issues.

Andreas Yannopoulos, a 10-year-old special boy, fell ill in 1994. During the hard course that followed, his main concern was that all children would have everything he had generously: love, affection, interest, respect! Something he expressed in his diary shortly before losing this fight. The dream of the 10-year-old Andreas came true and today the organization "The Smile of the Child" has one vision: The Smile of every child!

Our mission is to implement efficient and direct actions nationwide, 365 days a year and 24 hours a day, aimed at the protection, health, and welfare of children regardless of their ethnicity and religion.

Love, Dignity, Selflessness, Flexibility, Equality,

Innovation, Respect, Participation, Consistency, Cooperation are the values that characterize the work being done by hundreds of our volunteers and our employees!

"The Smile of the Child" has no major benefactors. Our pillars are the citizens and companies which trust our work and support in practice through donations and sponsorships.

Each offer, financial or in-kind - is a small treasure that is utilised with absolute responsibility and respect, a fact that is validated annually by the body of auditors of Ernst & Young. Indeed, according to the actual results of the previous year, only 10 % of our revenues are spent on the administrative function of the organization. For every € 1 you offer on the organization, 90 cents are directly utilized in our actions.

"We all know and talk about children in the streets that don't smile. They don't smile because they don't have money, no toys, they don't have any food and, some, don't even have parents. So, start thinking and stop talking empty words, let's all unite and give what we can to the poor ones: Albanian children, white and black, they are all just children and deserve to smile. This organisation shall be called 'The Smile of the Child'. So, let's all help, united we can make it."

November 1995. The voluntary Organisation 'The Smile of the Child' is the vision of the 10-year old Andreas Yannopoulos who, shortly before losing his own battle for life, documented this dream of his, in his journal.

Today, "The Smile of the Child" having being recognized for its work both in Greece and internationally takes initiatives, brings together sound forces and succeeds in giving immediate solutions to hundreds of problems of children.

With the vision that every child smiles, we follow what Andreas had encouraged us:
So let's all help, if we all unite we will succeed!

Throughout 19 years of actions of "The Smile of the Child"

- 2.755.193 calls have been received to the National Helpline for Children SOS 1056
- Serious issues of 535.083 children have been handled
- 1.277 direct interventions have undertaken for 1.783 children at risk
- Handling of 5.594 reports related to 13.476 children
- 34.270 calls to the European Hotline for Missing Children 116 000
- Handling of 920 serious cases of missing children



3.2.1. National SOS Helpline for Children 1056

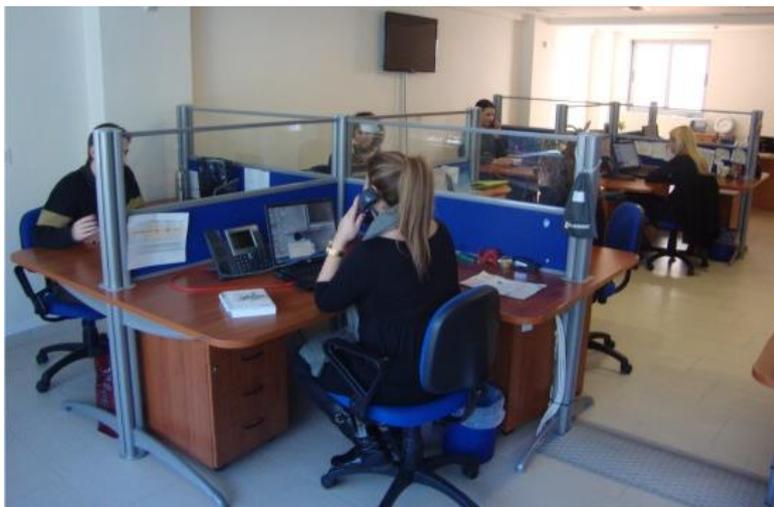
The 1056 Helpline first began operation in 1997. Its primary purpose was to protect and defend children's rights. In May 2007, it was recognised by the Ministry of Health and Social Solidarity as "the National Helpline for Children".

It is a member of Child Helpline International.

It operates THROUGHOUT Greece on a 24-hour basis, 7 days a week and calls made to it from cardphones and mobiles are free. It is staffed by social workers and psychologists and all telephone conversations are confidential and are NOT recorded.

Services/Activities

- Registering anonymous and named complaints regarding children who are victims of abuse.
- Immediate intervention for children who are in danger.
- Psychological Support for children and teenagers, as well as counselling for parents and educators.
- Processing requests for shelter for children victims of abuse or neglect, whose removal from their family environment was deemed necessary by the competent prosecuting authorities
- Raising awareness and mobilisation of blood, blood platelet, and bone marrow donors.
- Information and direction in matters concerning children's rights and protection.



Who can call the National Helpline for Children SOS 1056

- Children
- Parents/Adults
- Educators
- Services/Agencies

3.2.2. The 116000 European Hotline for Missing Children

116000 is the European Hotline for missing children. To date this hotline operates in the following member-states: Belgium, France, Greece, Denmark, Hungary, Italy, Poland, Portugal, Romania, Slovakia, Holland, Spain, England, Germany, Estonia, Malta, Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Germany, Ireland, Lithuania, Luxembourg, Slovenia, The Netherlands, United Kingdom. The Hotline is also available outside the EU in Albania, Serbia and Switzerland.

Each country's hotline operates 24 hours a day and calls made to it from mobile and payphones are free of charge, while landlines are only charged at local rates. It is staffed by properly trained Social Workers and Psychologists, so that they can offer support to parents of missing children, receive information from citizens regarding a missing child, and contact the competent Authorities regarding any case, in direct cooperation with the police.

116000 can be used by parents, children and all citizens. It is especially useful for parents and children who are travelling, as the persons answering the calls can direct them to the competent authorities of that country. 116000 provides a safety network when parents and their children travel through Europe on vacation, business or other reasons. The staff of the European Hotline 116000 is able to provide assistance in the given country's language or in English.

In Greece the common European number 116000 for missing children was allocated to the Organisation "The Smile of the Child" by the Hellenic Telecommunications & Post Commission (EETT) and operates at the National Centre for Missing and Exploited Children.



3.2.3. Amber Alert Hellas

AMBER ALERT HELLAS is the National Co-ordination Programme, which promptly and validly notifies the public on the disappearance/abduction of minors and is activated by the Organisation “The Smile of the Child” by approval of the Hellenic Police.



A Child Alert, Amber Alert or Child Rescue Alert is a tool used to alert the public in cases of worrying/life threatening disappearances of children. The alert is only disseminated following the decision of a mandated law enforcement agency or organisation with official status¹⁴ regarding missing children who is able to provide services in cases of worrying child disappearances, including abductions. These systems aim at quickly disseminating relevant information about a very worrying child disappearance to the general public at large, through a variety of channels, thus increasing the chances of finding the child. The origins of Amber Alert type systems go back to the US, where 9 year old Amber Hagerman was abducted and murdered on 13 January 1996.

The basic concept of the Amber Alert Programme, which was officially presented in our country in 25 May 2007, provides immediate, timely and detailed information to all citizens regarding a missing child, only a few minutes after being notified by the Authorities or the Organisation (116000 European Hotline for Missing Children) on this event.

SEARCH AND RESCUE TEAM “THANASSIS MAKRIS”. The Smile of the Child took the initiative to establish the “Search and Rescue Team “Thanassis Makris”” with the participation of the competent public bodies (Hellenic Police-Hellenic Coast Guard-Hellenic Fire Department) and certified voluntary organisations (HELLENIC RESCUE TEAM, Hellenic Red Cross - Volunteer Samaritans, Rescuers and lifeguards Corps).

The basic target of the Team, which was officially presented in 25 May 2012 – International Missing Children’s Day, is the operational co-ordination of the actions that need to be taken in cases of missing children in urban or natural environment. All the participants are making available all their means, human resources and their know how in the disposal of this Team, which will focus in the immediate response and activation of all competent bodies and in the optimal use of existing instruments.



3.2.4. National Centre for Missing & Exploited Children

In summary, The Greek Centre for Missing & Exploited Children provides the following services to the public:

- 24/7 European Hotline for Missing Children: 116000
- Psychological Support to Parent(s)

¹⁴ European Commission staff working Document: “Best practice for launching a cross-border child abduction alert” SEC(2008)2912 final, p. 3

- Assistance and consultation with law enforcement and other agencies in investigating missing children cases.
- Where the Greek Police has reasonable and probable grounds to believe a child is in immediate danger, we activate AMBER Alert Hellas- the public emergency broadcast system
- Communication through radio, television and print
- Publication of photograph and information on our site (www.hamogelo.gr) and on the GMCN site (www.missingkids.com).
- Printing and distribution of posters in all public areas
- Printing of leaflets distributed through the Ministry of Citizen Protection to all police patrol cars in Greece
- Coordination of public and private bodies and businesses
- Psychological support and counselling of children once they have been retrieved.
- National and international advocacy in the field of child protection and children's rights



3.2.5. Emergency and Counselling digital service

National SOS Helpline for Children 1056 also operates a free 24/7 emergency and counselling digital service for children and teens up to their 18th birthday in Greece provided by the Smile of the Child, using Social Media and conventional email available also to adults with concerns about children. Conversations between children or concerned adults and counsellors are strictly confidential and are conducted on a one-on-one basis. Children and adults requiring further counselling or to provide anonymous complaints about an endangered child will be referred to the SOS 1056 National Telephone Helpline for telephone services.

The Digital Service of the Helpline provides:

- Psychological Support for children and teenagers
- Counseling for parents and educators
- Refer to the Telephone Helpline for registering anonymous and named complaints regarding children who are victims of abuse or neglect.
- Refer to the Telephone Helpline requests from authorities, organizations, services, or general public
- Disseminate information about a missing child through Social Media and Website, monitor and evaluate information about missing children
- Raising awareness in matters concerning children's rights and protection through Social Media and the Website.



- Provides training programs using Pod Cast format (Webinars and Video Web Casts) to parents, scientists and general public, about child protection and well being - "Ask Hamogelo" (also see on "Trainings")

Children and adults can contact the Digital Helpline Service at:

- Facebook: <https://www.facebook.com/hamogelo.org>
- Twitter, Instagram: @hamogelo
- E-mail: sos1056@hamogelo.gr
- Youtube: <https://www.youtube.com/user/smileofthechild/>

3.2.6. Our Community Homes

In 1997 'The Smile of the Child' set up its first home for children in danger. From the beginning our main concern was to avoid institutionalising children, and our main goal is to re-integrate them into society as smoothly and with as much dignity as possible. With respect and discretion, but primarily with a lot of love and affection, 'The Smile of the Child' opened its arms to hundreds of children that were in danger. Our Community Homes will welcome any child who cannot and should not stay at home, following a social investigation to determine its unsuitability. Therefore our Community Homes raise children of different ages, irrespective of their nationality and origin, which the competent Public Prosecution & Judicial Authorities deemed necessary to separate them from their family environment.



The community home applications are submitted by:

- Public Prosecutors for Juveniles
- Public Prosecutors of the First Instance Court
- Court Authorities
- Social Services of Municipalities, Prefectures and Children's Hospitals
- Other juvenile shelter areas

Children that were abandoned, neglected and abused during the first months of their lives. Toddlers, school age and teenage children, children who are now adults and we enjoy seeing them studying, doing their military service or working, are active citizens and are giving back to society.

The operation and our everyday life is adapted so that it accommodates each child's needs and peculiarities, as well as its personality respecting its needs and desires.

Social workers, psychologists, tutors and kindergarten teachers are always by our side at all times. People who do not merely use their expertise and knowledge, but people who open up their souls offering their love, warmth, touch and advice 24 hours a day, every day and every hour. We fight together to give them what they deserve. A life within society, not out of it.

The children study at schools in the areas where they grow up, attending foreign language, tutoring, and IT institutes. They participate in athletic and cultural associations and after-school activities. They play, celebrate, vacation, go to theatre, cinema and recreation parks, etc.

At the same time, with the assistance of our Organisation's scientific staff, centres offer their specialised services when that is deemed necessary and appropriate for the smooth development of the child's personality and in handling his/her peculiarities.

The children attend private tutoring institutes and centres, and participate in activities mainly thanks to significant contributions by many of our fellow-citizens.

Volunteers play a significant role in children's homes, as they undertake certain obligations with consistency and responsibility.

Community homes do not receive government grants. Our resources for covering the many needs of the children come from private initiatives, events, and from many Corporate contributions.

During these difficult times there is no doubt that our concern about meeting children's needs increases by the day. Our efforts, so that these children are not forgotten for a second time by all of us, intensify and your small participation is vital and precious.

A total of 14 homes are operating across Greece. In 19 years more than 750 children have found a true family! In 2014, 392 children at different ages and regardless of their age, citizenship and origin have found a safe living environment in one of our homes upon an order of Prosecution and Judicial authorities.

3.2.7. Supporting Children with Welfare Problems

Family is the most important building block of society. Any issue may affect functionality and relations between its members. Critical or traumatic situations, such as unemployment, a divorce, etc., can lead to its break down and the manifestation of severe difficulties.

Since 1997, 'The Smile of the Child' has been using its goods were community homes that are located throughout Greece and offers support services to a large number of families affected by social and financial problems.

The Organisation's social workers and psychologists aim at:

- ◆ covering the primary needs of families facing severe welfare difficulties
- ◆ improving the quality of life of family members
- ◆ providing counselling support that aims at mobilising family members in facing their problems and improving their functionality
- ◆ raising public awareness of the public and mobilizing society in support of families in need.

3.2.8. Supporting Children with Health Problems

One of 'The Smile of the Child' Organisation's most important actions is the support of children with health problems and their families.

The main actions of our Organisation in the health segment are:

- ◆ Social and Psychological Support of Children with Health problems
- ◆ Home Care for children with serious health problems
- ◆ Creative Activities in Hospitals
- ◆ Mobile Medical Units
- ◆ Preventive Medicine

3.2.9. Creative Activities in Children's Hospitals

Creative Activities in Hospitals began in 1999. Today:

- ◆ "Agia Sofia" Children's Hospital
- ◆ "Panagiotis & Aglaia Kyriakou" Children's Hospital
- ◆ "Ippokratio" General Hospital Thessalonica
- ◆ General University Hospital Thessalonica AHEPA
- ◆ "Karamandanio" General Children's Hospital Patras
- ◆ Regional General Hospital Patras

With tools of simple material, such as laughter, play, songs, discussions, humanity, we support, strengthen and empower the children themselves, as well as their parents.

Through the above activities we try to give the children the message that the hospital could be a place of play, joy and creativity. The pleasant environment that dominates the hours of creative Activities drives out the tension and has a redemptive impact on the souls of the children, parents, nurses and doctors.

By combining creativity, learning and entertainment, alternative manners of self-expression and psychological support are provided, resulting in the strengthening of the effort the children and their parents in facing the difficulties that illness has brought to their life.

So we keep the children occupied on a daily basis with

- ◆ Individual and team games in the special playrooms and the children's inpatient wards.
- ◆ Creativity through painting, arts and crafts
- ◆ Opportunities of improvisation, expression, relief and relaxation through playing (theatrical, kinetic)
- ◆ Organisation of daily field trips
- ◆ Organisation of birthday parties with clowns
- ◆ Watching theatrical performances and motion pictures
- ◆ Organising seasonal celebrations (Ash Thursday, Christmas, Easter, etc.) with participation of favourite artists.
- ◆ Cooperation with the medical staff

3.2.10. Mobile Medical Units

The Mobile Medical Units of «The Smile of the Child» Association are mainly specialised in the transport of children and infants. They have been active in the health sector with their starting point in Athens in 2003 and in Thessalonica in 2008. Their activity is not only limited to Attica and Thessalonica but it extends to all of Greece and even abroad at times. It is staffed by appropriate and specialised personnel (Certified Rescuers with EKAV Emergency Services), who undertake the safe, dignified and pleasant transport of our little friends.

Vehicles – Equipment «The Smile of the Child» four Mobile Units at the disposal of the children, two in Athens and two in Thessalonica that are capable of transporting an incubator. Another one of our state-of-the-art Neonatal Units has been granted for use to the «Agia Sofia» Children’s Hospital and covers the needs of newborns in the Athens area.

Hours of Operation: At the disposal of the children 24 hours a day, 365 days a year.

The Way it Works: The Mobile Medical Units and their staff are at the service of the children in coordination with EKAV Emergency Services (tel. 166) while at the same time there is also the capacity to service cases through the Association’s medical service (tel. 1056).

Availability of Mobile Medical Units: The Mobile Medical Units are at the disposal of our organisation to cover athletic events that concern children, events with children with special «abilities», coverage of the medical needs of the children hosted in our homes, and they contribute significantly in the immediate transport of children to the Hospital at onsite interventions that take place following a call to the National Helpline for Children SOS 1056.

3.2.11. Social and Psychological Support for Children

Since 1997, The Smile of the Child has implemented a vast number of actions for children and their families that aim at protecting and safeguarding children’s rights in all areas, such as health, safety, education, survival etc.

The social and counselling support is provided by social workers and psychologists and aims at:

- ◆ providing substantial support and encouragement to the child and its family, so that they can resolve any problems they might be facing.
- ◆ the maximum utilisation of an individual’s potential.
- ◆ the mobilisation and raising the awareness of the public and organisations in order to reduce the problems of children.

Social and counselling support is provided centrally in Athens, and peripherally in Thessalonica, Patras, Pyrgos, Tripolis, Corinth, Corfu and Halkida.

3.2.12. Preventive Medicine

«The Smile of the Child» has been performing Preventive Medicine to children all over Greece since 2002. From 2002 until 2010, thousands of children of various ages were examined.

Today we have three Preventive Medicine for Children Units.

- ◆ Preventive Paediatric and Dental Mobile Unit

- ◆ «IPPOKRATIS» Mobile Multi-clinic for Children, which has the following independent sections: audiology, cardiology, ophthalmology, dentistry and will soon have an independent power source. At the same time, it is important to mention that through telemedicine there will be connection with doctors provided.
- ◆ Diagnostic Ophthalmological and Audiological Preventive Medicine Unit for Children.



This action is implemented under the Auspices of the competent Ministries: Education, Life Long Learning & Religion, and Health & Social Solidarity.

Our goal is to provide preventative medicine services, and treatment in certain cases, to children of all ages both in urban centres as well as remote villages in our country.

The mobile Preventative Medicine Units are staffed with volunteer doctors, as well as a social worker and a nurse from the Organisation.

Preventative medical check-ups are a very important part in guaranteeing the good health of children, and protecting them from more serious problems. Basic requirement for the participation of each child is the signed consent of its parents. All the findings are notified to the parents –when necessary– so that treatment can be applied.

Are many years of experience has shown us the great importance of preventative medicine for children throughout Greece, children living in remote regions without access to medical centres, children with financial problems and children experiencing social exclusion.

In 2014 we performed preventive medicine actions to a total number of 15.698 children in 11 regions across Greece (33 Municipalities).

Our ambulances performed 2.830 hospital admissions across Greece for 1.114 children.

3.2.13. Informing Children, Parents and Teachers

In 2009, we established and organised the Children, Parent and Teacher Information Department, which aims at informing the public on serious matters concerning children, and on which the Organisation 'The Smile of the Child' has significant experience.



Psychologists, Social Workers, as well as Teachers from our Association, visit schools throughout Greece and perform lectures to the following audiences:

- ◆ Students from all educational levels
- ◆ Teachers
- ◆ Parents and Legal Guardians

The lectures are performed in cooperation with the Ministry of Education, Lifelong Learning and Religion, and the Ministry of Health and Social Solidarity, following an invitation either by the School Advisor, the Health Education Teacher, the Headmaster, the Teacher Association, or the Parents and Legal Guardian Association.

The subjects of the lectures are:

- ◆ The Smile of the Child and its actions
- ◆ Domestic Violence / Abuse
- ◆ School Violence / Bullying
- ◆ Abuse over the Internet
- ◆ Good and bad use of Technology

The purpose of the lectures, which are based on the interactive communication model and use words that children find easy and understandable, are on:

- ◆ Identifying basic signs of abuse
- ◆ Understanding this phenomena in depth
- ◆ The management of the emotions that are created
- ◆ The development of basic behaviours / defences against these dangers

- ◆ The provision of information on where and how to ask for help

3.2.14. Creative activities in the airports

Athens International Airport “Eleftherios Venizelos”

Since February 2002, “The Smile of the Child” in collaboration with Athens International Airport has created a free of charge Children’s Play Area that operates daily from 9:00 until 20:30 hours where children can play in a cozy and safe environment created just for them.

It has been a real pleasure for us to entertain more than 48.000 young visitors since our opening either while waiting for their flight or just visiting the airport. This innovative service, supervised by our specially trained staff, enables children to participate in a great variety of activities according to their age and interests such as:



- ◆ Drawing
- ◆ Crafts
- ◆ Puzzles
- ◆ Board games
- ◆ Lego construction
- ◆ Solving brain teasers
- ◆ Reading books in different languages
- ◆ Listening to kids’ music in ten different languages

Since October 2011, our creative play area has been moved to a bigger room on the 2nd floor of the departures level.

Our young visitors are always accompanied by their parents and we are always happy to welcome children who come and visit us repeatedly over the years.

In 2014, 5.370 children of different ages and nationalities were provided with recreational activities in a special area at Athens International Airport

3.2.15. Southeastern European Centre for Missing and Exploited Children

Responding to the need for a common regional approach in addressing the problem of missing and exploited children in Southeastern Europe, as well as following the joint initiative of International Centre for Missing & Exploited Children (ICMEC) and the Greek NGO “The Smile of the Child”, the SOUTHEASTERN EUROPEAN CENTRE FOR MISSING AND EXPLOITED CHILDREN (SEEC) was founded and officially inaugurated on October 11th 2010 in Athens, Greece.

SEEC’s mission is to initiate co-operative actions, improving, sharing and expanding best practices between all relevant stakeholders from Southeastern Europe in order to efficiently combat the growing problem of missing and exploited children.

Having a leading role in the region, SEEC will foster partnerships at all levels, tracing and recovering missing children, taking actions aiming to reduce any form of child exploitation, as well as taking actions towards the continuous protection of children's rights.

SEEC's vision is to create a safe environment within the region of Southeastern Europe where children will be free of all dangers, will not disappear, will not be abducted or exploited in any way, regardless of their country of origin, the country of transit or the country of their final destination.

3.2.16. Children's Oncology Center

In 2009 the Smile of the Child, came across a case which required a life-time decision. A young little boy was abandoned at Aghia Sophia Children's Hospital. The little boy was deserted by his parents battling alone and claiming it's live. The staff and the social services of the Hospital informed us that the child could continue treatments in the Hospital but would have to return home at the end of the sessions.

Appalled and shocked by the boy's story the Smile of the Child decided that we had to provide it with its own home and family.

Once again, the Organization overcame the difficulties and obstacles. In no time at all, the Smile of the Child provided the boy with the proper living facilities and obtained its own family and friends. The boy still struggles to overcome its health problems, continues the regularly treatment visits to the hospital, yet now it has a home to return to.

3.2.17. YouSmile

In October 2012 an interactive web platform YOUSMILE was launched, with the main goal to encourage children and particularly teenagers to express themselves, find support, as well as to enhance their learning skills, through using different tools that the platform offers, such as web TV, web radio, blogging, e-sharing and e-learning.



YOUSMILE interactive web platform

YOUSMILE is a safe online interactive environment that enhances skills and learning development with the use of new technologies. It also promotes the National Helpline for Children 1056 and the European Hotline Number for Missing Children 116000, and encourages young people to call or e-mail the lines in different situations when they encounter problems, want to learn more about their rights or just need to talk to someone who will listen to them.



YOUSMILE tools



- **YOUSMILE website** - is an interactive website designed primarily for teenagers, www.yousmile.gr
- **Web Radio and Web TV** – where teenagers are creating their own shows, make interviews, discuss topics they find interesting and of their concern etc.
- **E-learning** – is a part of YOUSMILE website and serves as a platform of an online live communication that gives the children an opportunity to enhance their learning skills. It includes chat, power point presentations, videos and similar tools for active participation in the learning process. E-learning is also available for use free of charge to all the schools across Greece.
- **E-sharing** – is a part of YOUSMILE website and the space where children can share their ideas or things they have created (articles, videos, music)



YOUSMILE objectives

- Strengthening further teenagers competencies for using digital media in a way that will provide them with most of its benefits, whilst at the same time ensuring their full protection from any possible harmful consequences of using digital media
- Encouraging collaborative learning skills and empowering children's' right to education through using the E-learning platform
- Fostering interactive communication between children and particularly teenagers for exchanging their ideas and creative work, through using the E-sharing platform
- Providing a safe interactive environment where children are given opportunity to reach professionals when they need support or advice, or just want to learn more about their rights
- Providing opportunities for teenagers to learn about the benefits that volunteering for YouSmile could bring them, particularly with regards to encouraging their peers to call the National Child Helpline SOS 1056

3.2.18. Odysseas

“The Smile of the Child” by taking into consideration:

- ◆ the needs of children in Greece
- ◆ the need of the organization to ensure a physical presence in every corner across the country
- ◆ the new trend that constitutes technology a basic tool of education
- ◆ the potential technology offers



created ODYSSEAS, the 1st Mobile Lab of Information, Education and Technology in Greece.

ODYSSEAS is a unique "tool" in Greece fully safe for every visitor, old and young, with full autonomy and equipped with:

- a call center
- an alternative energy photovoltaic system
- a satellite antenna
- 10 internal and external cameras (one robotic)
- 35 workstations with access to internet
- smart TVs
- Internal speakers
- Laptops
- Tablets
- Smart phones

ODYSSEAS among other service provides:

- ◆ Interconnection of the call center with the National Helpline for children SOS 1056 and the European Hotline for Missing Children 116000
- ◆ The possibility of web reproduction of any source of image or sound from the vehicle

The action of ODYSSEAS is under the auspices of the Hellenic Ministry of Education.

One of the key actions to be implemented in ODYSSEAS is to:

- ◆ inform students, parents and teachers on issues related to children
- ◆ provide social and psychological support for children and families with welfare problems
- ◆ promote children's participation in the web and radio activities of YouSmile
- ◆ function as a blood donation unit in cooperation with local hospitals and health centers and as a Crisis Management Center

The project of ODYSSEAS became a reality thanks to the precious support of some of the biggest companies mainly from the telecommunications industry.

3.2.19. The House of the Child

The Day Centre "THE HOUSE OF THE CHILD" is a community unit providing customized clinical mental health services for therapeutic treatment and psychosocial rehabilitation of children and adolescents victims of abuse, neglect or domestic violence, as well as children or adolescents involved in cases of bullying. The Day Centre was founded by the non-profit voluntary Organisation "THE SMILE OF THE CHILD". The Centre operates within the framework of the Operational Programme "Human Resources Development" of the NSRF 2007-2013, co-financed by the Ministry of Health and the European Social Fund.



“THE SMILE OF THE CHILD” was established in 1995 implementing many different constantly expanding activities in the general field of child protection. In the recent decades interest has been focused particularly on the phenomenon of child abuse and neglect given also the reorientation of the attitude of the international community towards this phenomenon. It has been shown that in abused children who feel isolated, alone or stigmatized or children who have not sufficiently developed social skills because of early abandonment or isolation, providing care from mental health specialists can deliver maximum benefits. Evidence based contemporary research has also documented that provision of appropriate and specialized mental health and psychosocial care in children victims of abuse or neglect with acute or late-onset psychopathological manifestations or behavioural disorders is extremely important for their development and their wider psychosocial wellbeing. “THE SMILE OF THE CHILD” undertaking the initiative to create the particular Day Centre expands its activities by providing comprehensive support services for children in need.

The Day Centre’s services are addressed to children and adolescents up to age of 18 who live either in residential care or in the community having a documented history of exposure to violence of any kind. Services are free of charge and are expanded to the following areas:

- ◆ Early intervention-evaluation-counselling.
- ◆ Diagnosis and treatment of the full range of child psychiatry disorders and issues of clinical attention.
- ◆ Diagnosis and treatment of specific learning deficits and provision of speech therapy, occupational therapy and special education support when needed.
- ◆ Counselling for parents and carers of victimized children and adolescents.
- ◆ Registering and statistical analysis of psychosocial rehabilitation needs arising from the child abuse incidents.
- ◆ More general activities for raising awareness and sensitization of the wider community in order to prevent all forms of child abuse and victimization.

The Day Centre’s personnel comprises from a psychiatrist–scientific coordinator, three child psychiatrists, three clinical psychologists, a special educator, a speech therapist, a social worker, an occupational therapist and two administrators. This interdisciplinary therapeutic team undertakes a comprehensive diagnostic evaluation and therapeutic intervention scheme to address the complex disorders and wider psychosocial needs of children - victims.

3.4. Training of professionals to work with children in the risk of social exclusion

The training activities that the “Smile of the Child” conducts are:

“Ask Hamogelo” Web Trainings (“Ask The Smile of the Child Webcasts and Webinars)

- Webinars (Web Based Seminars)

The Smile of the Child organize in regular base (twice a month, rotating with Webcasts) presentations, lectures, workshops and seminars that are transmitted over the Web using video conferencing software, for



educators, teachers, care providers, social workers, psychologists, as well as students on subjects concerning children's rights, health and well-being. Key feature of the Webinars is their interactive elements -- the ability to give, receive and discuss information.

- Web Casts (Live Streaming Video Casts)

Additional to Webinars, in the same context Webcasts are organised to give the opportunity to bigger audiences to be trained in the same subjects. Through the live Webcasts we use streaming media technology (YouTube) to take the knowledge and experience of The Smile of the Child specialists and distribute it to many simultaneous listeners/viewers.

Some examples of Video Casts (Greek):

<https://www.youtube.com/watch?v=s32yzqd6egg>

https://www.youtube.com/watch?v=B_7RXq2JHGc

Moreover, training of teachers mainly is also being conducted by the Children, Parent and Teacher Information Department (see chapter 3.2.13).

In addition, the Smile of the Child runs European funded projects, some of which include training of professionals who work with children in risk of social exclusion or that have experiences of abuse and some of these projects are the following:

EAN (European Antibullying Network)

The main objective of EAN is the establishment of a European Anti-bullying Network that will contribute to the coordination of anti-bullying actions and developing a common strategy against the problem at European level.

OBJECTIVES

The project achieved the following objectives:

1. The establishment of the European Anti-bullying Network
2. The development of a common European strategy to tackle bullying
3. The implementation of European awareness campaigns on the need of establishment of a European Anti-bullying Day
4. The mapping and promotion of best practices for addressing the phenomenon with the aim of informing children, school communities and public authorities.

BENEFICIARY GROUPS

Teachers, parents and public services and entities were the main groups who benefited from the project, as they obtained useful tools and resources to support them in their fight against bullying. Children who have been victimized in the school or the wider social environment, as well as children and young people who are in some way involved in the phenomenon of bullying (either as victims, victimizers or observers) were indirectly benefited from the implementation of EAN project.

More information about the project is available on: www.antibullying.eu



The project was funded from the DAPHNE III Programme of the European Union.

NET FOR U (Needs Tackling and Networks Tracing for Unaccompanied Minors Integration)

This project concerned unaccompanied minors from third countries, agencies, organizations and professionals. It aimed at developing a multidimensional intervention program for the inclusion of unaccompanied children by ensuring their needs and interests, to strengthen their individual and social networks and to enhance the cooperation between agencies and services.

In particular, the project seeks the development of cross-country cooperation with professionals and agencies involved with the support of unaccompanied children, the exchange of good practices and the provision of opportunities for training, social and psychological activities, the interaction with peers from the host country and the participation to events of the country of origin.

The implementation of the project (September 2012 – March 2014) included:

- The development of a tool for a common approach in the assessment of the needs of unaccompanied children and the tracing of their families.
- The creation of a Manual for the intervention and the development of an individualized plan for each child.
- The creation of a Guide for the development of a network of cooperation between organizations and agencies at a local, national and international level, aiming at designating the common challenges.

VICTOR – Victims of Child Trafficking- Our Responsibility

The objectives of the project were:

- Promote and develop coordination, cooperation and mutual understanding among law enforcement agencies, other national authorities and civil society in combating trafficking in children.
- Improve the situation in the field of the identification of children victims/potential victims of trafficking by providing training to professionals likely to come into contact with these groups.
- Step-up prevention of trafficking in children through awareness raising activities focusing on vulnerable groups of children at risk and potential “clients” of goods and/or services provided by victims of trafficking.
- Enhance the capacity of the Southeastern European Center for Missing and Exploited Children (SEEC) coordinated by "The Smile of the Child".



The activities of the project were:

- Country based training seminars for those actors working in the field most likely to come into contact with children victims/potential victims of THB (law enforcement professionals, health care workers, judiciary, labour inspectors and NGOs).
- Operation of Information desks on child trafficking, a pilot NGO in-house model, for a period of 6 months, in Bulgaria, Greece, Romania and Slovenia.

- Workshops aimed at organizing and evaluating the pilot work of information desks, as well as developing recommendations for the EU Guidelines on the identification of victims of child trafficking.
- Awareness-raising campaigns both in countries of origin and countries of destination, addressing (potential) children victims of trafficking, potential “recipients” of goods and services provided by victims of trafficking, and the general public.

More information about the project is available on: www.victorproject.eu

The project was funded under the ISEC programme of DG Home Affairs

Chapter 4. Solutions used in Romania in the scope of social exclusion prevention

4.1. General description of the social exclusion phenomenon relating to poverty or domestic violence

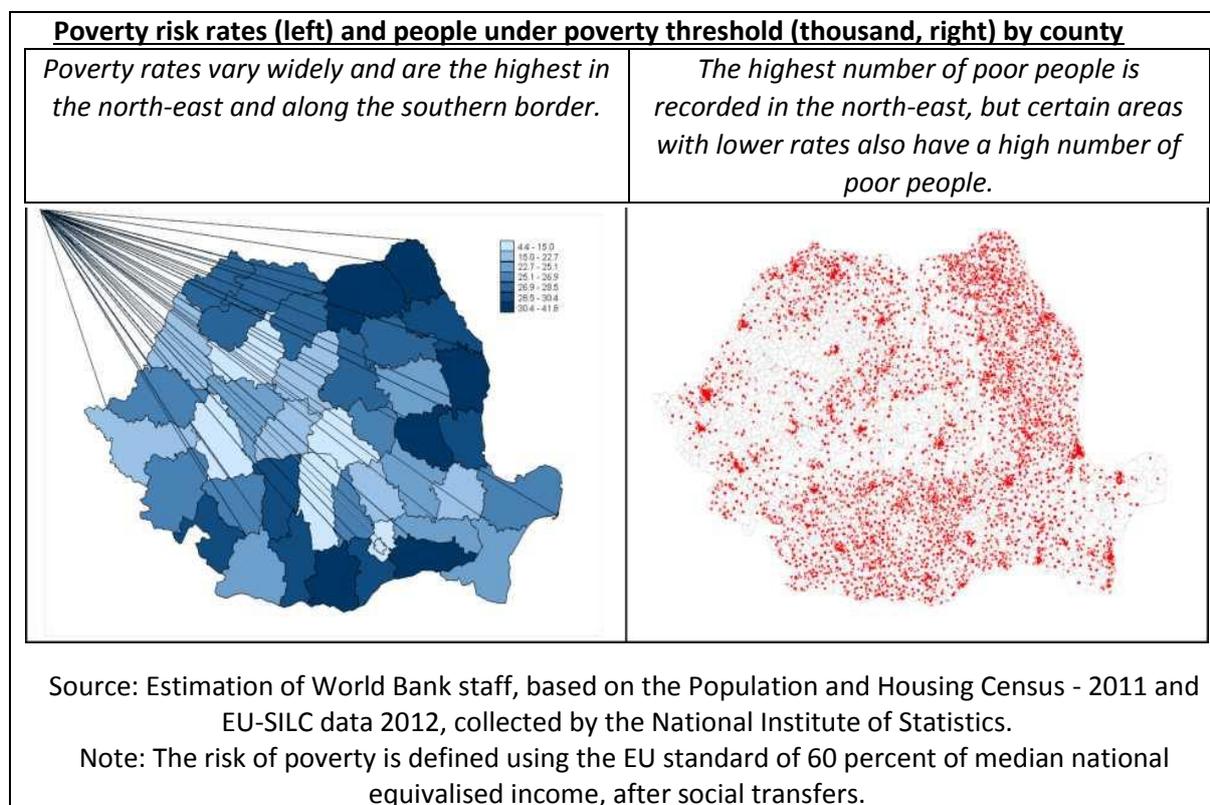
According to the latest Eurostat figures, over 124 million people within the European Union - almost 25% of the EU citizens - face the risk of poverty or social exclusion.

Romania ranks second in the EU in terms of poverty or social exclusion risk, with 41.7% of its population being affected. One of the five headline targets of the Europe 2020 Strategy is to ensure that 20 million fewer people are at risk of poverty or social exclusion by 2020. In order to help achieving this target at EU level, the Romanian Government set up a national target to reduce the number of people affected by poverty and social exclusion by 580,000. Since the adoption of the Europe 2020 Strategy, in June 2010, the total number of people facing the risk of poverty and social exclusion in the EU has grown higher. In Romania, the number of the poor or socially excluded dropped sharply before the outbreak of the economic crisis in 2008, and remained rather stable at 8.9 million people thereafter, up to the present time.

According to a UNICEF report, 25.5% of Romania's children live in poverty. By contrast, at the other end of the spectrum, in Iceland only 4.7% of children in poverty. According to a UNICEF study, Romania is the country with the highest share of children in poverty. Among the countries included in the study, Romania ranks first, with the highest percentage of poor children, followed by USA (23.1%), Latvia (18.7%), Bulgaria (17.8%), and Spain (17.1%). In Romania, 25.5% of children live in poverty, according to the study "Measuring Child Poverty in the World's Rich Countries", which included 35 EU and OECD (Organisation for Economic Co-operation and Development) countries.

Romania's Poverty Map confirms what was already known about poverty, and also reveals new findings. For instance, previous studies showed that the north-eastern region recorded the highest poverty rate, and the poverty rate by county (Figure 1) shows that all the six counties of that region have a high poverty risk rate. By contrast, the southern region is heterogeneous comprising counties with very high rates of poverty, such as Călărași and Teleorman, as well as counties with rather low rates, such as Prahova. Also, the county of Cluj ranks second after Bucharest in terms of poverty rate within Romania, and the counties neighbouring Cluj in the north-western region (Bistrița-Năsăud, Maramureș, Sălaj, and Satu Mare) have a higher poverty level than Romania's average. Knowing which counties have higher poverty rates can contribute to a more efficient channelling of resources for development and reduction of poverty.

Figure 1:



Violence against women is one of the most frequent breaches of human rights all over the world. Most of the bodily injuries caused to women and children occur domestically, with those against women being mainly of conjugal nature. Surveys performed in the past years in order to determine the dimension of the phenomenon have revealed levels of the prevalence of violence against women ranging between a quarter and a third.

According to Eurobarometer 72.3 of 2010 "Domestic violence against women", coordinated by the European Commission, in Europe, one out of four women is a victim of domestic violence during her lifetime. Between 6% and 10% of the female population of Europe is affected by domestic violence annually.

Statistics produced by the National Agency for the Protection of Family up to 2009, and by the Ministry of Labour, Family and Social Protection afterwards, based on the domestic violence cases registered between 2004-2011, show a number of approximately 82,000 cases, with 800 deaths recorded during the same period.

Gender and age breakdown of domestic violence victims between 2006–2008 shows a share of adult women victimised by domestic violence ranging between 34.01% and 40.76% of the total number of victims with known gender and age – i.e. between 3,135 and 3,816 cases of women assaulted annually which have been reported to the National Agency for the Protection of Family, which was responsible for the centralisation of domestic violence data.

The share of male adults victimised by domestic violence within the same 3 years ranges between 7.01% and 7.73%.

The breakdown by the type of relationship with the attacker for the same 3 years shows that between 49.46 % (2007) and 58.7% (2008) of the cases occurred within a partnership (marriage, engagement, consensual relationships); as regards parental relationships, the incidence ranged between 34% and 44%. In 2008, 56 shelters, 40 counselling centres, and 6 centres for attackers operated at country level.

4.2. Tools used to minimizing or preventing the risk of social exclusion

The national legislative framework regarding the provision of primary and special social services for preventing and fighting domestic violence consists of several documents, including:

- Law no. 217/2003 on preventing and fighting domestic violence, republished;
- Order no. 384/2004 for the approval of the Cooperative Procedure for preventing and monitoring domestic violence cases;
- Government Decision no. 49/2011 regarding the approval of the Framework Methodology on prevention and intervention in multidisciplinary teams and the network in cases of violence against children and domestic violence;
- Law 25/2012 on the amendment and supplementing of Law no. 217/2003 on preventing and fighting of domestic violence provides that:

Victims of domestic violence are entitled to:

- a. respect for their personality, dignity and private life;
- b. information regarding the exercise of their rights;
- c. special protection, which is adequate to their situation and needs;
- d. counselling, rehabilitation, and social reintegration services, as well as free health care under the provisions hereof;
- e. free legal advice and assistance, under the law.

Moreover, the law provides for the types of service centres for victims and attackers:

- a. emergency reception centres;
- b. recovery centres for victims of domestic violence;
- c. help centres for attackers;
- d. centres for preventing and fighting domestic violence;
- e. public information and awareness raising centres.

Government bodies involved in the intervention for preventing marginalisation caused by poverty and/or domestic violence:

1. Several agencies/authorities operating under the Ministry of Labour, Family and Social Protection, are implementing the social policies, targeting the people who meet the criteria for receiving certain social services.
2. The National Agency for Payments and Social Inspection (ANPIS) operates at central level under the Ministry of Labour, Family and Social Protection (MMFPS). County and Bucharest Municipality agencies for Payments and Social Inspection operate under ANPIS, as public decentralised departments with legal personality, their role being to manage the social benefit system at local level. A uniform system for the payment and management of all the social assistance benefits helps the identification of possible frauds regarding the requests for and granting of social benefits. The

"Family Dossier" was set up, which offers a full picture of the rights to social assistance benefits for the families and their members, enabling a more efficient management of the funds being allocated for such payments.

3. The National Authority for the Protection of Child Rights and Adoption is set up and operates as a specialised body of the central government, with legal personality, reporting institutionally to the Ministry of Labour, Family, Social Protection, and the Elderly. Its responsibilities include:

a) in the field of protection and promotion of child rights:

- preparing draft legislation in the field of protection and promotion of child rights;
- identifying the needs of training for the staff involved in the protection and promotion of child rights and cooperating with public and private institutions, and other organizations for supporting and preparing programmes to address such needs;
- keeping a national record of all the associations, foundations and federations operating in its field of activity, as well as the services provided by them; proposing their recognition by the Government as public interest organisations, under the law.
- taking the necessary actions or, as applicable, proposing the necessary actions to be taken by the competent authorities or institutions for the prevention or, as applicable, the removal of the effects of any acts or facts breaching the principles and rules provided by the international treaties in the field of child rights, to which Romania is a party.

b) regarding the prevention of separation between parents and child and the special protection of children who have been temporarily or permanently separated from their parents - preparing and proposing the approval by Ministry of Labour, Family, Social Protection, and the Elderly of the criteria, minimum standards, and indicators for the accreditation of providers and services for preventing the separation between child and parents, and for the special protection of children who have been temporarily or permanently separated from their parents;

c) in the field of adoption:

- prepares rules and methodologies in the field of adoption;
- coordinates and supervises the adoptions and is responsible for the international cooperation in the field of adoption;

General Directorate of Social Assistance and Child Protection (D.G.A.S.P.C.) District 2, Bucharest implements social assistance measures in the field of protection of child, family, people living alone, elderly, people with disabilities, as well as other people in need, at the local level of Bucharest Municipality, District 2.

General Directorate of Social Assistance and Child Protection District 2 was set up based on Decision no. 43 / 17.12.2004 as a public institution with legal personality, reporting institutionally to the Local Council of District 2, Bucharest Municipality.

In order to perform its duties under the law, the General Directorate of Social Assistance and Child Protection has the following main functions: coordination of social assistance and child protection activities at the level of District 2 of Bucharest Municipality;

The General Directorate of Social Assistance and Child Protection is in charge of foster homes, accommodation centres for children, family-type apartments, rehabilitation centre for children with multiple disabilities and their families, care and assistance centre for adults, neuropsychiatric

rehabilitation and recovery centre, emergency social shelter for adults, day and night shelter for homeless children, emergency reception centre for children, and pre-school facilities.

Another type of public service offered by DGASPC, District 2 is the Childminder Service, employing persons with specific skills for working with the children who are receiving the protection measure. Thus, children can develop harmoniously, in a family environment.

The Adoption Service provides both information and counselling for people who would like to adopt a child, and support for the family during the whole adoption process.

Each unit/service operates under the applicable law and has internal rules of procedure. One of the applicable laws is Law no. 272/2004 on the protection and promotion of the rights of the child, republished in 2014.

Sta. Macrina ARMS Foundation is located in District 2 of Bucharest and cooperates with DGASPC, District 2.

STA. MACRINA Foundation was created in 1996 as a non-governmental, organization aiming: to complete the social reintegration of street children and youth; to prevent and to diminish the causes which generate the street children phenomenon by providing appropriate social services for a full and long-term social integration of all beneficiaries.

The services provided by STA. MACRINA Foundation are designed as a continuum cycle starting with the day care which ensures the fulfilment of the basic needs and continuing with the residential care in various alternatives such as Foster Home, social flats, foster care and support for independent life. The core of our intervention is the education for completing the compulsory school, the professional training and the life skills learning, considered as necessary means for a stable social integration.

Also part of our beliefs, the quality of the family environment is one of our most important objectives and for improving the parental skills we developed various forms of support for enhancing parent's abilities to assume the parental role and responsibility.

Considering the partnership and the networking as key for a successful work, since 1999, STA. MACRINA Foundation became member of the Federation of NGOs Active in Child Protection (FONPC).

At the same time, during its 17 years of activity, STA. MACRINA Foundation has developed a network of partners from the business sectors who contributed to and supported all its activities.

Since December 2005 STA. MACRINA Foundation **was accredited** for running the following social services: Day Centre for children at risk, Residential Centre for children and Social flats for youth.

I. Day Centre for children at risk

The first step of the intervention in order to prevent the street children phenomenon and the child abandonment is the day care in an appropriate environment, which provides security and primary care for children aged between 7-18 years old.

Objectives:

- to provide primary social services in order to prevent and to decrease the street children phenomenon and child abandonment.
- to increase access to education for children coming from families in distress and to prevent school drop-out.

- to provide medical care for disadvantaged children who can not benefit from the public health system because of lack of domicile or parental care.

Target group

- children who use to spend their time in the street because of parents abuse and neglecting;
- children at risk to become street children coming from families experiencing socio-economic difficulties;
- children at risk to abandon school because of family poverty.

General description

The Day Centre is running in a dedicated venue where it can be assisted about 60 children divided in groups, using the age criterion and the school education level. The Centre runs between 8H00 – 18H00 from Monday to Friday.

The Day Centre is the place where one can start the social reintegration process, according to the personalized characteristics of each beneficiary. Under the surveillance of a referent, the means can include restarting the relationships with the natural family, solving the problems related to identity papers, looking for an alternative to the street life, recommendations to tuition programs, school reintegration or recommendation for the professional integration, recommendation to various activities within the centre or to counselling and behavioural therapy.

The day care centre targets mainly children within District 2, and to that end, cooperation agreements were concluded between the foundation, DGASPC - District 2 and the middle schools within District 2. Children are directed to the centre by school staff (teachers, form masters, primary school teachers or school counsellors), or by DGASPC professionals.

Some of the characteristics defining the children who receive the services of the day care centre:

- The economic situation of the family is poor, most of the families requesting the services of the day care centre have an insufficient income for a decent standard of living, regardless of the source of their income - salaries, occasional jobs, pensions, benefits, or other allowances.
- The housing conditions of the families are mostly poor, with the overwhelming majority living in buildings which have been nationalised and then taken over by the State and hired out to beneficiaries (but without ensuring a satisfactory level of comfort). These buildings are in a very poor condition, and in many cases, the beneficiaries will be evicted in time, as court decisions are enforced following legal actions filed by the successors of the former legal owners. Another negative fact, as an effect for our beneficiaries, is that a significant number of families have accumulated utility debts and currently, the provision of utilities is suspended. This causes their level of comfort, which was already low, to decrease dramatically, depriving our beneficiaries of the basic conditions for a decent living standard.
- Alcohol, drugs, criminality and abuse. While in the Communist period, a job and housing were considered a state responsibility, today, many of those who were protected in the past, have lost both their home (which was returned to its former legal owner) and their jobs (due to the poor management of the economy). As a result, to a greater extent, the beneficiaries have resorted to alternative income sources, and morality and legality no longer constitute an obstacle for them. Alcohol and, to a lesser extent (because of being too expensive as compared to the possibilities of the potential consumers) drugs, represent for many parents the ideal antidepressant and a "reliable friend" in difficult moments. Consuming alcohol in such an environment is not reprehensible and is often considered a moment of initiation into

manhood. What seems to be a friend at the beginning, later becomes an inclement oppressor, opening the door widely to violence, physical abuse, alcoholism, drug use and trafficking, criminality and imprisonment, further aggravating the existing difficult situations of the families. The personal and family histories of our beneficiaries prove that, most of the times, the same behavioural typology and personal history is passed from parents to children. Parents who dropped out of school early, teenage girls who became mothers without having lived their own childhood, the contact with criminal environments, criminality and imprisonment, all these are present and passed from a generation to another, almost as a family tradition, making the professional intervention ever more difficult. Criminality in such an environment is perceived as a way of getting on in life. Cheaters are successful, fools have to work. (This is a quote coming from the environment where we work). This concept makes theft, robbery, drug trafficking, prostitution and pimping tolerable and excusable in the hierarchy of values of our beneficiaries, as long as they are not discovered and punished by law.

General and defining features of the beneficiaries who are attending our day-care centre activities:

1. They originate from families with insufficient income and poor social status.
2. Their parents have not attended any form of education or have dropped out of school early. Most of them managed to complete 4 primary years of school - there are few cases of graduates of vocational school or high school.
3. In terms of jobs, there are many cases where only one member of the family works. Their family members are mostly unqualified workers, employees of sanitation companies, cleaning women, unskilled construction workers or security guards.
4. Frequently, their parents became parents before they became adults or shortly afterwards.
5. The access of the beneficiaries' families to healthcare services is limited, their medical knowledge is poor and they have poor health, sexual and contraceptive education.
6. Parents have a very low motivation for change and are very reluctant to acquiring literacy, completing studies and retraining.
7. Most adults (parents) undervalue their role as active factors in changing their own lives and the power of their own example for their own children.
8. The level of expectations of the adults is, in most of the cases negative, confused, and unrealistic.
9. Their attitude towards and the type of relationship with the authorities swing gradually between passive docility and aggressive demands and they are mostly suffering from a lack of information.

The main services provided in the Day Centre are:

- primary care as personal hygiene (shower), meals and clothing;
- medical care (vaccination, health evaluation, medical registration and primary medical care);
- counselling and behavioural therapy;
- education and school assistance;
- family counselling and support for acquiring parental skills.

Primary care – (medical care, personal hygiene, nutrition)

Before being included in the Day Centre activities, all the children *undergo a medical check-up* (medical record and check-up) and personal hygiene maintenance. If needed, children are provided with clean clothing and can wash their clothes. Every child receives breakfast, lunch and a snack.

The lack of education and parenting skills of assisted families had an important negative impact on the early child development. Many of them were not vaccinated and have never received medical care.

Besides primary medical care, children receive education for a healthy life and specific therapies covering the basic deficiencies inherited from their natural families. They receive vitamins, minerals and other nutrition supplements.

Education and school assistance of the beneficiaries in the Day Centre is provided for groups of children, depending on their school year.

Each beneficiary is included into a specific group after being psychologically evaluated and after his/her school records have been tracked down. For children who have dropped out of school and who want to fulfil their compulsory education, preparatory classes are organized in order for them to succeed in completing alternative school courses. For those who have not dropped out of school but are at risk, because of parental neglecting, special assistance is provided for homework preparation. As a long-term objective, the professional integration of children is prepared by counselling and **occupational guidance**.

Almost all of the children assisted in the Day Centre lack the means attend school regularly. Often they lack clothing, specific school equipment, books and other school supplies and they have to abandon the school. All the children involved in the educational activities are provided with books, school supplies, specific school equipment, clothes and shoes.

Counselling and therapy

The counselling objectives are set depending on children needs. This set of activities takes into account the personality of each individual and targets their welfare and personal development for a complete and a stable social integration. The counselling targets:

to diminish the individual aggressiveness, to improve self-esteem and confidence, to empower children personality and to identify cases of child abuse and to integrate them in specialized therapy.

The behavioural therapy aims to dismantle the street behaviour for those who have experienced for a long time all the mechanisms of living in the street. Children are encouraged day by day to replace violence with friendly behaviour, fear with confidence, and lie with truth. The counselling is provided individually or in group depending on the beneficiaries' needs.

The nature of the intervention

1. The day-care team makes a primary selection of the beneficiaries, by performing a social enquiry and an initial assessment of the beneficiaries and their families.
2. Suggests a trial period, which is necessary for the assessment of the level of adjustment to the new environment and the level of motivation for the inclusion into the project.
3. Initiates and maintains the relationship with school, family and authorities, which is necessary for the implementation of the specific intervention plan for each beneficiary.

4. Implements the intervention plan in detail, and all the members of the support network contribute to this task.
5. Monitors the cases and adapts the intervention plans to the specific needs of the beneficiary, in order to achieve the objectives negotiated with the latter and his/her family.
6. Facilitates the exit from the intervention system when the objectives of the intervention have been achieved or when there is a need to redirect the beneficiary towards a different type a service.

Principles applied in the relationship between the service provider and the beneficiary

The experience accumulated in providing this type of service lead us to the adoption of the following principles in order to regulate the framework of this relationship. These principles are:

- a. The principle of partnership. The parents or legal carers of the child and the professionals involved share their responsibilities judiciously in order to achieve the objectives of the intervention.
- b. The principle of the contractual relationship. There is both a formal and an informal contract between the family and the professionals, such contracts aiming at promoting an attitude of permanent responsibility of the family in the relationship with their own children, which is a precondition for change.
- c. The principle of child priority as compared to the rest of the family. The core beneficiary of the intervention is the child and the other family members are secondary beneficiaries, only if that brings long-term benefits for the child.
- d. The principle of instrumentality - adapting the means to the purpose is, in this case, not just a slogan but also a necessity due to the big practical difficulties and the specificity of the social environment where we work.
- e. Principle of sustainability of the intervention results. Our target is that the changes that we negotiate with the family bring a long-term positive evolution in the life of the child and the family.
- f. The principle of providing autonomy. The most important aim of the intervention is to provide the beneficiary with the preconditions for an independent living or at least to be able to decrease the social costs of the case.

The specificity of the psychologist work in the day-care centre team

Most of the time, the psychologist work in the day-care centre team is performed outside of the psychology office. The psychologist of the day-care centre performs a primary evaluation of the child who is going to receive the services of the day-care centre, as well as his/her family. The psychologist work continues by mediating the conflicts existing in the family and between the family and the school. The psychologist is responsible for raising the level of motivation of the child and his/her family so that they adopt the decisions which have the greatest impact on their own life. The psychologist "removes the obstacles" existing in the relationship between parents and child, helping them to understand their reciprocal needs and to try to meet them in a constructive manner. The work of the day-care centre psychologist is a field, ambulatory work, a crisis intervention, based on permanent building of relationships, and most of the times insufficiently understood by the outsiders, but never lacking sense and importance for the intervention team, family, and child.

Key staff: 2 social workers full time, 1 psychologist, 1 nurse 1/3 time.

II. Residential Centre

One of the main components of the social work in STA. MACRINA Foundation is the residential care for abandoned children or children living in very difficult circumstances. The Residential care is a temporary way of solving families' issues which are usually related to poverty, domestic violence, or very reduced parental skills.

Started in 2001, the Residential Centre of STA. MACRINA Foundation was a temporary place of living for a number of 60 children experiencing abandonment, poverty, abuse and neglecting. The Centre could shelter a maximal number of 25 children aged between 7-18 years of age, boys and girls, which were found in distress, coming from disadvantaged families from Bucharest and elsewhere. Soon, we hope to be able to open a second facility for hosting another 24 children on a permanent basis.

Objectives:

- to provide a temporary safe environment for living and personal development for children affected by poverty, abuse and neglect;
- to support reintegration of children into their natural families;
- to support the social integration of children, by providing them with education, professional training and skills for an independent life.

Target group

- children coming from families experiencing socio-economic difficulties;
- children who are victims of abuse and neglect;

General description

The Residential Centre is, first and foremost, a service focused on the child, where all the activities evolve around the special needs of every child, who is seen as a unique subject, with a unique history and identity.

The Residential Centre aims to: stimulate the children's motivation to integrate into society; to frame a system of values for children to follow and observe; to improve social relationships; to stimulate self-confidence; to stimulate the need to join a school or professional group; to teach the children the principles that lead to living an independent life, autonomy, self-reliability, self-control and, last but not least, to create the premises for reintegration into their families.

All the activities of the Residential Centre are based on a very participatory approach, involving children in decision making, as main actors of their life.

The main services provided by the Residential Centre are:

Sheltering

Children are divided into groups based on their age and each one shares a room with 3 or 5 others. In the near future STA. MACRINA Foundation will improve the living conditions for the assisted children by providing them with a new building where only 3 children will live in each room in more appropriate conditions.

Medical care

While living in the Residential Centre, children health status is checked and monitored in the medical centre of the Foundation. Specialized care is provided depending on the needs, in public or private medical centres. Children are given vitamins and minerals regularly for maintaining a good health development and for recovering their deficiencies inherited from the early childhood. Besides the monitoring of the health status, children are involved in information-education sessions on healthy behaviour, sexual education and contagious diseases.

Emotional support and psychological counselling

Displacement from the natural family due to various reasons is a very uncomfortable event in a child's life (even in cases where the family environment is an abusing one). In all cases, children need psychological support for overcoming the moment of separation from their families and old traumas due to abuse and neglect. Frustrations accumulated from early childhood have developed into aggressiveness; recurrent humiliation has evolved into low self-esteem and lack of perspective in the personal life.

Despite all this psychological discomfort, children are still dreaming but the Residential Centre's staff has to fulfil the black holes from their background with expectations, and self-reliance. The emotional support and psychological counselling aims: to diminish the individual aggressiveness, to understand the value of respect to one another, to improve communication with others, conflict management, etc. The counselling is provided weekly, in individual and groups sessions, depending on the children's specific needs.

The most used tool for improving the personal development of children is the art-therapy. Various artistic workshops are organized weekly with the technical support of professional artists under the supervision of the Centre psychologist.

The art-therapy sessions represent an important tool for the children development which stimulates all their potential toward a fully reintegration as social human being.

The art therapy comprises various sessions of theatre, ceramic and painting. *Painting workshops* are developed by a painting teacher. Once a week children learn techniques of decoration or religious painting on glass and wood.

Education, school assistance and professional training

All the children assisted in the Residential Centre are enrolled in the school aiming the professional integration. Some of them are involved in vocational training; some are at the high school aiming a university graduation.

All the children are provided with school consumables, special wear requested by schools, and financial contribution for all the school activities.

A permanent contact with schools where children are learning is kept regularly and their school evolution is monitored. Daily, children are accompanied in doing their homework and depending on needs specialized assistance is provided for better understanding of different subjects.

Not only tuition is targeted by this intervention but also the education for remodel and growth of children's personalities.

Independent life skills learning

Being a substitute of the family environment the Residential Centre is aiming a fully and a stable social integration of children. This objective is not achievable without the independent life skills learning.

This intervention lies on making the beneficiaries aware that they are the main actors in handling their own destiny, and getting those abilities to be capable to lead an independent life.

Children are involved in domestic activities, as cleaning house, washing their underwear, helping the staff for preparing the meals, shopping of different ingredients for meals preparation.

Socialization and leisure

Socialization is very important for the child development. The various activities developed outside of centre as: camps, visits at museums, cinema and theatre maintain children in contact with the local community and are important opportunities for the social learning.

Pedagogy, as a socio-educative work has its roots in the work with children and young adults. Today, the subject of Pedagogy is represented by children, teenagers, adults with disabilities or who are in various difficult situations, those with mental disorders, as well as drug or alcohol addicts, etc. The socio-educative work must be in a continuous evolution, comprising various measures, methods, etc.

Social education helps community integration a great deal It works with socially excluded and marginalised people in a special manner. The individuals go through a process of interaction in order to receive help in difficult situations and to develop their own resources.

The objective of the professionals is to help the self-development of the client. It is an intended process, which is then planned in order to achieve its targets.

The socio-educative work is a social intervention on certain individuals or groups, with the purpose of integration. It is performed by working directly with the individuals, and the contact is unlimited, therefore the educator must be able to get to know all the subjects deeply. Consequently, the educator, may have a close, continuous and stable relationship with the student.

The work is performed based on several theories and several methods. The educators must be capable to do such work when they get involved in it. If they are not confident in their abilities for such work, they will not be able to establish those trust relationships.

The training of the social educators should take place in universities, so as their knowledge follows the evolution of the social education trends and reflects the results of the latest national and international researches.

There should be cooperation between the training institutions and the practical environment, and practice should be integrated in the training programme. Both training and practice should be comprehensive in order that the students try to constantly improve their practical work.

The individuals who require the help of social educators experience critical situations, and the educator must intervene when the person is limited in his/her chances of personal development. The individuals experiencing difficult situations must learn to cope with day-to-day issues.

Day by day, the educator needs to help the client achieve his/her objectives. A service plan is prepared by the social worker or the case manager for each client receiving social assistance services. If the client receives social assistance services in the form of residential care, the social educator must prepare a customized intervention plan. The customized intervention plan includes long-term objectives, therefore the educators must develop their working methods, specifically designed to help them achieve their long-term objectives.

The steps of the socio-educative intervention:

1. Analysis of the baseline situation

- description of the situation
- explanation of the situation

2. Planning

- setting the objectives
- choosing the best methods
- feasibility assessment
- action plan

3. Action

- preliminary preparation
- performing the actual action

4. Description of the performed action

5. Evaluation

- objective
- subjective

Concrete intervention methods

The situations that require the intervention of the social educators are standard life situations, often usual situations, but the educators must use scientifically-based intervention methods in order to succeed in their actions.

Most of the times, the educator encounters similar situations, but the content is not always similar, therefore the educator must adapt the work to each specific moment.

Shaping a type of behaviour cannot be a success at the first attempt; some types of behaviour are easier to change, while other require a longer period of time.

In order to shape a type of behaviour, we need to consider more steps rather than to focus on the objectives only, because the factors that seem to be secondary, such as motivation, have a great importance in shaping the behaviour.

"In order to change a type of behaviour, it is important to take into account the fact that the process must be prepared, maintained and strengthened, subsequently, so as to achieve a true change of behaviour"

In order to change or shape a behaviour, a range of intervention methods is needed, some of them preceding the change, and others designed to strengthen the newly obtained behaviour.

I. Methods that precede the process of behavioural change

1. Change of environment, in order to change the behaviour. For instance one cannot quit smoking while living among smokers.
2. Learning a new behavioural pattern by using a new pattern or a set of instructions.
3. Conditioned response
4. Prevention of relapses
5. Training the motivation in order to increase it.
6. Meeting the basic needs so that they do not constitute an obstacle
7. Avoid "feeling lonely"

II. Methods to practice as part of the behaviour

1. Recording the development of the behaviour and reviewing the progress
2. Recording "the history" and "the consequences", by analysing the behaviour
3. Putting an end to the undesirable behaviour. Putting an end to negative thoughts.
4. Practising the new behaviour in order to replace the undesirable one.
5. Saturation as regards the old habit.
6. Change of the defeatist attitude. Thwarting inner criticism.
7. Developing positive expectations. Building self-efficacy.
8. Increasing the intrinsic motivation.

III. Methods subsequent to the establishment of the desirable behaviour

1. Rewarding the desirable behaviour when it occurs
2. Negative strengthening
3. Extinction
4. Self-punishment.

Most of the times the educators find themselves in a situation where they need to offer solutions for their clients' problems, but in order to identify the best solutions we need to limit the liberty of clients in order for them to resolve their own problem.

That is precisely the purpose for which we need creative methods for problem solving, and the educator becomes a facilitator and a mediator while the clients are encouraged to find solutions to their problems.

Client participation increases motivation, so that the client does not oppose the chosen method and applies it in practice. Thus, the educator must comply with certain conditions:

- to respect the client's feelings and needs
- to summarise their view for clarification
- to express their feelings and needs
- to invite the client to make a complete analysis of the situation together, in order to find a solution
- to note down all their ideas, without assessing them
- to decide together what are the ideas that they would like to translate into practice

"Do it" method, "Lotus flower" method, the "six hats" method, and the "circulating sheet" are some of the problem solving methods.

„Do It“ method is a creative problem solving method. This model highlights the need to define the problem first, to be open to more possible solutions, to identify the optimal solution, and translate it into practice.

"Do it" involves 4 phases:

- define (defining the problem). The problem must be defined as exactly as possible in order to help both the conscious and subconscious mind to engage actively in the solving of the problem.
- Open (be open to new prospects). In this phase we do not assess the solutions, but focus on writing them on a sheet of paper;
- identify. This phase refers to the identification of the optimal solution and changing it until it can be translated into action;
- transform (translate into reality). Now the solution is applied in practice.

The "Lotus flower" method is based on the myth that the lotus flower, which has 15 petals, propagates through its petals. Each petal can give birth to a new plant, which, in its turn can generate 15 other. The myth has it that Ra, the solar deity, himself was born out of a lotus petal.

In practice, a central circle is drawn, which contains the core theme, and 15 beams project from it, with 15 circles that must be completed with ideas relating to the theme. Then each idea is singled out and developed by the same method. Last step means that we choose the best ideas and apply them in practice.

The six hats method employs both lateral thinking, and rational thinking, with the six hats representing 6 ways of thinking.

This method encourages parallel thinking, and the hat does not categorize the individual, but the way of thinking.

The circulating sheet is a method by which each client is offered the possibility to give his/her own opinion.

The educators often have the impression that, due to their experience, they have the right and the obligation to offer solutions to others. However, resorting to the group's potential in order to offer help to others would be more helpful.

A sheet of paper is distributed to each participant, so they can write down their problem and their concerns to which they would like to find a solution. When they are over, the sheets are collected and pooled together and then they are redistributed among the participants. Each participant needs to read the problem and find a solution to it. The participants must offer help, rather than criticize or say unkind things. When they are over, the sheets will be changed again among participants. After the sheets have passed through the hands of several participants, each participant gets back his/her own sheet and reads the answers offered by the others.

Even if we have not reached the expected result, the evaluation must not be omitted, because this is how we can learn valuable information. Evaluation consists in the feelings experienced by the educator during the intervention, which enables the educator to choose the method that proves to be efficient.

Key staff: 1 psychologist, 3 social worker, 1/3 nurse.

III. Learning Life Skills – Social Flats for Youth at risk of social exclusion

The social flats represent the service by which the STA. MACRINA Foundation can accomplish the fulfilment of the socio-professional process of youth. This is the last step of the social intervention for a fully and stable integration in the society. The social flat is place for temporary living where youth have the opportunity to practice all their skills for independent living as well as their autonomy.

Objectives:

- to sustain the long-term social and professional integration of disadvantaged youth;
- to develop their abilities and train them for an independent life;
- to provide youth with a suitable environment for personal development.

Target group:

- Youth (boys and girls) at social risk who are continuing their school or a professional training who are employed full time or part time;
- Youth (boys and girls) coming from the state/private residential care institutions over 18 years;
- Youth (boys and girls) who lived in the streets for short periods of time without any familial support.

General description

The social apartments for young people target the socio-professional reintegration of young people, being, at the same time, a transitional period towards getting full autonomy and stepping away from any form of dependence to the social operators/assistants. In this stage, young people already have a

high degree of independence; they partly support the costs of the apartment and have domestic responsibility.

Within the two apartments where young people live, their social and educational integration is constantly provided by an apartment responsible. The beneficiaries of these flats are: 16 girls who have been involved either in the Day Centre, or have been living previously in the residential care system belonging to public or private services providers.

The main services provided in the Social flats are:

Sheltering is provided freely for a period of 6-12 months with the aim to sustain the financial resources of youth in order to save some money for renting a room later. The assisted youth have the obligation to contribute financially to the flat maintenance (heating, gas, electricity).

Education for acquiring life skills and social norms is provided in groups and individually on: personal hygiene maintenance; house hygiene, budget management; combating stress and violence; conflicts management; sexual education; family planning. Counselling targets:

- to diminish the individual aggressiveness;
- to improve self-esteem and confidence;
- to empower youth personality;

The main topics of counselling are based on: improving personal communication, conflicts negotiation, social norms and behaviour, domestic violence, social counselling, drugs use, trafficking and economical exploitation.

Finding an individual alternative of attending professional training for those who haven't finished the 8 mandatory standard classes, and financially support to those who graduated the mandatory standard 8 to attend vocational schools;

Mediation between the employers and youth employees, during the professional insertion, monitoring the initial period of professional integration, in order to help the beneficiary adapt to his new job, as well as give him all the support he can get;

Financial support for attending vocational training, according to the beneficiary's options, schooling level and the market's demands.

IV. "A European Chance for Romanian Children" (ECRC)

Another program was added between 2010 - 2013, addressing children both from residential and from day care program.

This project was financed by the European Social Fund and was run in partnership with another 5 NGOs with professional expertise in the field. (see www.macrina-europa.ro). The general objective of the project is school drop-out prevention and combating as well as social reintegration of children in difficulty, within age range 8 – 16 (children originating from low income and/or mono parental families or whose parents are deceased, unknown, deprived of their parental rights, working abroad, children who were abused or neglected, children with pre delinquent behaviour, with handicaps or with social integration problems). This program is highly focused on education and on specific counselling in order to prevent school drop-out. Classes of literature and grammar, mathematics, IT, English are held every

day for increasing the academic level of our beneficiaries and, by that, increasing their self-esteem and their will to keep on going to school.

4.3. Training of professionals to work with children in the risk of social exclusion

“Learning to live Together” (LTLT)

- LTLT is an intercultural and interfaith program for ethic education, designed to contribute to the realization of the right of the child to full and healthy physical, mental, spiritual, moral and social development, and to education as set out in the United Nations Convention on the Rights of the Child and in article 26.1 of the universal Declaration of Human Rights.
- Learning to Live Together was initiated by Arigatou International, an international NGO working for the rights and wellbeing of children and youth. The resource has been developed in close cooperation with UNESCO and UNICEF.
-
- LTLT provides specialists who are working with children world-wide with tools for an intercultural and interfaith program, by which children and young people are able to develop a stronger sense of ethics. It is designed to help the young understand and respect people from other cultures and religions and to nurture their sense of a global community. In this way, the method is implemented with success in contexts with cultural, religious or ethnic diversity and discrimination or social exclusion issues.
-
- The methodological approaches:
 - Provide space for exchange, interaction, encounter, discovery, critical thinking, reflection and action.
 - Place the individual in a self-driven learning process, conducted in relation to others.
 - Help develop skills, enhance participants’ knowledge, and nurture attitudes to learn to live and act in a plural society.
 -
- LTLT promotes four main ethical values: respect, empathy, responsibility, reconciliation. The values are integrated into two learning modules: Understanding self and others and transforming the world together. Modules help bringing the participants into their social reality and encourage them to learn how to respect and understand themselves and others, how to act with an attitude of reconciliation towards themselves and others and how to respond to the needs of the world and safeguard human rights.

Chapter 5. Solutions used in Italy in the scope of social exclusion prevention

5.1. The general description of the social exclusion phenomenon connected to the poverty or experiencing of domestic violence

Child poverty is an important element of child protection in Italy and has been one of the main priorities that the Government has attempted to address in the last years.

In 2013 , in Italy 1 million 434 thousand children are in absolute poverty, whereas in 2012 they were 1 million 58 thousand with an increase of 35 %. More generally, absolute poverty concerns in Italy 2 million and 28 thousand families - 7.9% of households - and involves a total 6 million and 20 thousand people - 9.9 % of the resident population. The 2012 data indicate that the absolute poverty affects 8.8% of families with children of 0-5 years, 10.5% of families with pre-adolescents children of 6-14 years and 9.5% of families with teenage children of 15 -17 years.

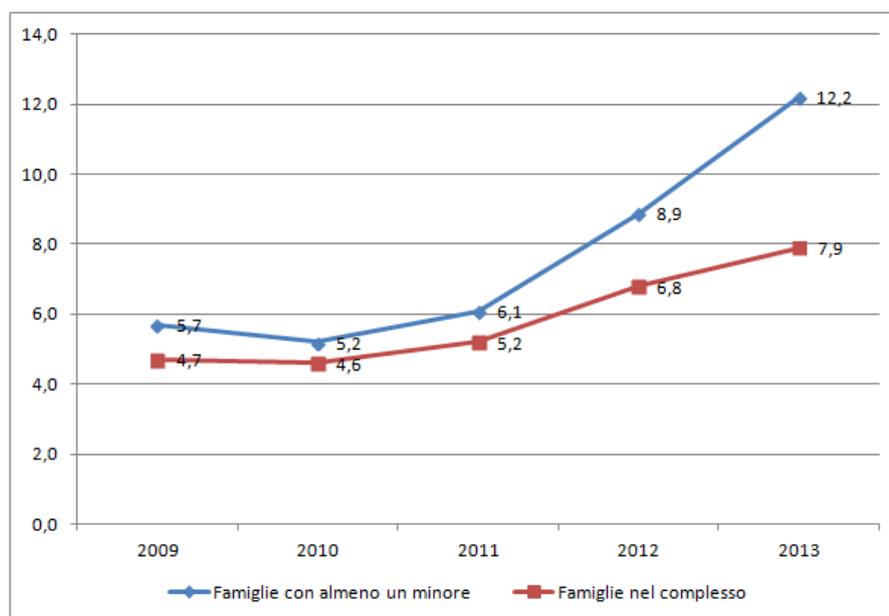


Figure 1 - ABSOLUTE poverty in families in general and in those with at least one minor child – Years 2009-2013 (Istat)

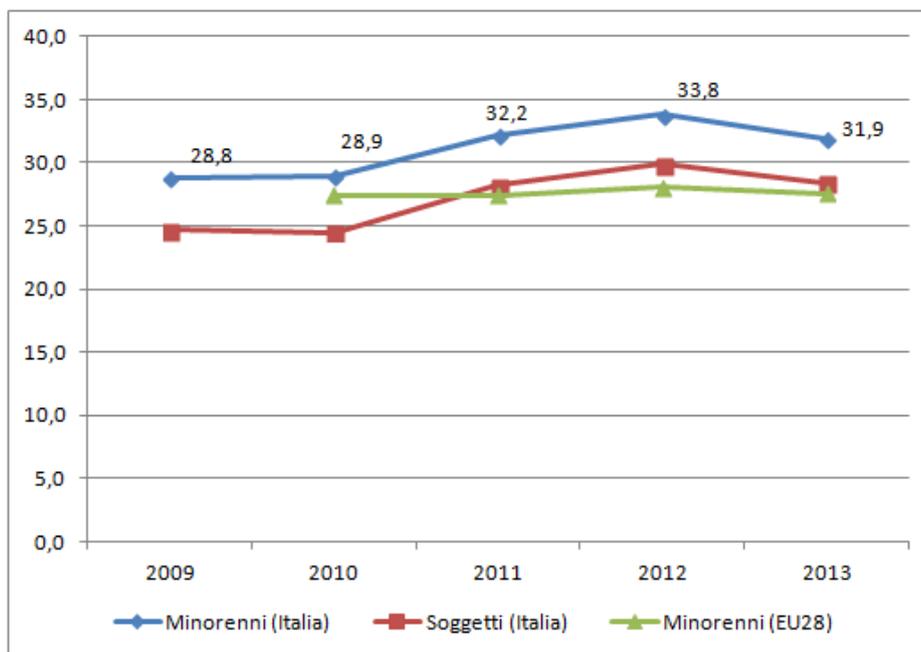


Figure 2 - Risk of poverty or social exclusion of persons and minors in Italy and in Europe- Years 2009 to 2013 (Eurostat)

According to the Unicef Report “Children of the Recession. The impact of the economic crisis on child well-being in rich countries” child poverty in Italy is at 30% in 2012. The report also indicates that among the southern European countries, including Italy, have been among those that have assisted to the largest increase in child poverty in period from 2008 to 2012. Still according to Report Almost half of the severely materially deprived children (44 per cent) in 2012 lived in three countries of which Italy accounts for 16 per cent. Also the NEET (not in education, employment or training) rate of young people aged 15-24 has risen of around 30% in the period considered.

The current Government is drafting a National Plan of Action against Poverty in which there will be a specific component about child poverty in order to contrast the level of absolute poverty. Moreover in the draft National Plan of Action on children that is going to be approved during the Autumn 2015 some actions to fight children poverty are foreseen. First of all a universal measure to combat absolute poverty in families with children. This measure is called Support for the Active Inclusion (SIA) and has been already implemented on an experimental basis for one year in 12 municipalities and in 2015 the experimentation will be gradually expanded to the South and Centre – North. Secondly, a measure including cash transfer for unemployed people that meet specific requirements and on the basis of a personalized project.

5.2. Tools used to minimizing or preventing the risk of social exclusion

Children placed out of their families – residential facilities

In the prevention of social exclusion the topic of children placed out of their families is of central importance. The Italian law gives the family the role of primary resource and fundamental unit of society and establishes the right for children to be raised and educated within their own family.

In the event that the family is not able to guarantee this right, the legislation provides some measure including foster care with "a couple with children, a childless couple, a single person, a family-type community."

The Law 149/2001 aimed at permanently overcoming the institutional model of intervention and at determining the closure of the Institutes at 31/12/2006. It refers to residential communities of "family" type. This condition had already emerged with a previous law 328 of 2000, which stated that "the residential services and facilities for the reception of minors must be organized exclusively in the form of community structures of family type".

As of today there are many types of communities for children (educational communities, homes, families groups, family-type communities). This classification is present in the Guidelines of the Ministry of Social Solidarity of 2000 that provide some guidance to better define residential communities for children aged 4 to 18 years. These can be divided into four types:

- Community of ready acceptance. Educational community that is characterized by the ability to accommodate the child in conditions of extreme hardship and without a preliminary plan of action; the stay is short, for the time necessary to identify a more suitable location.
- Community of family type. Structure in which educational activities are carried out by two or more adults living together with the children, with their children, taking on parenting duties. The adults are usually a man and a woman and can be supported by paid staff in daily activities.
- The educational community. Service in which the educational activity is carried out by a team of professionals who exercise it as work.
- Apartments for groups of young people. This is a service that welcomes young people who cannot return to their family, are close to or already in the age of majority who still have to complete the educational path to achieve autonomy and a permanent place in society. The daily activities are largely run by young people themselves and the educational activity does not require the continuous presence of operators inside the structure.

The community, therefore, can be defined as a place -a house or an apartment - in which a number of children live permanently with adults as a reference in a family. The actual presence of significant relationships between adults and minors and the use of properly trained personnel may represent

a context through which the child or adolescent is able to rework his/her personal history and redefine its future.

Residential care services at the Istituto degli Innocenti

Residential services at the Istituto degli Innocenti include the following houses: Children's House, Mothers House and "Swallows" House - thanks to which it is possible to provide targeted responses to particular situations of hardship, in close collaboration with the social services, the juvenile courts, the judicial police, the local health authorities.

In addition to offering new growth opportunities for children temporarily removed from their familiar environment, communities offer emotionally stable relationships and are able to facilitate the construction of meaningful connections alternative to the family and to support individualized interventions in response to specific individual needs. The service has among its aims also to provide assistance to support pregnant women and mothers in difficulty also to protect the anonymity of birth as part of the regional project "Secret Mom".

The primary objective is the promotion of a new culture for the reception by focusing the attention of the concrete and direct contact with the reality of children's lives, not only in trouble, which still represents an orientation to the Institute for its action. The methodological tools used are: joint examination of the cases, individual education plans, documentation system, periodic checks. Moreover a good family diagnosis, psychological and social assistance are the first step to identify interventions in response to specific needs.

The residential services also collaborate with the City of Florence to the realization of activities, projects and initiatives on the issue of foster care, adoption and family care.

Children's house

It is a socio-educational residential service aimed at children from 0 to 6 years living in family situations that may jeopardize their physical and psychological wellbeing and for whom it is necessary to seek alternative solutions for the time it takes to Social Services and/or the Judiciary to plan the best time to return to the family and / or evaluate the most suitable alternative placement.

The House is open 365 days for 24/hours and can accommodate up to 7 children at the request of the local social services, health care facilities, juvenile judicial authorities and law enforcement agencies. There are no places for the emergency reception. However, on the intervention of the police with decision of the juvenile court (pursuant to art . 403 Civil Code), children who must be guaranteed in the presence of a risk situation, are provided with an immediate protected accommodation.

The benchmarks related to the working hours of the staff and auxiliary are those provided by regional legislation. The permanent staff of the House is composed of:

- Educators, who have the primary task for the care and support for the education of children. They also cooperate in the preparation and audit of the general structure of the project and individual educational projects of the younger guests;

- Qualified professionals that perform the tasks of cooking , laundry, ironing , cleaning and supporting the educational staff.

The first objective in the design of the educational structure is the limitation of time spent by children in the house. Secondly, the house aims at maintaining a skilled level of intervention through a continuous observation of children by educators and the systematic recording of the data together with the periodic discussion of the individual case and the verification carried out in teams at the presence of service involved.

The internal organization is aimed at the stability of the staff and the limitation of the presence of other figures inside the house that support the activities inside the house, such as volunteers in order to offer to children a stability in the relationship with adults from the moment of their entrance to their exit from the house.

The children are divided into small groups according to their age and have the opportunity to enjoy their own space both for rest and for fun activities. Such activities are organized according to a careful design which takes into consideration the mental and physical development of each individual child and aims to meet the objectives of the individual educational project agreed with the social service. The insertion takes into account not only the age but also the state of physical and mental health of the child and all the information that the services can offer about the experience and habits of the child.

Depending on the age, the child can be included in activities outside the home and is gradually brought into contact with different people and in a variety of relationships and experiences. In relation to the specific educational project , the registration to the nursery is encouraged as well as relationships with classmates.

The house offers opportunities to children outside the facility in order to avoid the risks that arise from daily monotony and regular rhythms of life in the community, such as:

- "Short exits" project for recreational activities, agreed with the Social Services of reference and with the presence of a voluntary person for the exploration of the environment outside the facility
- trips and summer holidays in the countryside
- organizations of parties for special events
- enrollment in nursery and kindergarten
- facilitation of relationships with classmates in order to experiment with the children experiences and relationships outside the facility

House for pregnant women and mothers

The house is a socio-educational residential service that can accommodate up to 7 groups of mothers with children or pregnant women at any time of pregnancy, who are without any kind of family support or must be protected with a move away from their family.

The primary purpose is to ensure the protection of children who are to be born and children living with their mothers , investing , for this purpose , in particular on supporting parenting skills , facilitation to acquire the ability to project themselves into the social reality and autonomy in the research of a job.

The House of pregnant women and mothers is open 365 days for 24 / h . The staff is present with a work schedule that follows the benchmarks set by the regional regulations for shelters and apartment groups with average intensity and average organizational complexity.

Mothers and their children are normally reported by the local social services that submit a proposal in a direct way or together with a measure of the juvenile court. The request is evaluated by the Head of the team jointly and with the educational staff.

The local services also define the objectives and timing of acceptance, taking account of the difficulties and problems of every woman. The educational project and the time of stay in the facility is defined in conjunction with the educational team of the house and is reviewed and redefined in the monthly meetings The permanent staff of the House is composed of:

- Educators, who have the primary task of supporting mothers in their family situation and the development of their life project. They also support mothers in building their individual autonomy, providing, in collaboration with the social services, specific support responses to support them in search of work and of an independent living situation.
- Qualified professionals that support the educational staff in the management of everyday life and support mothers in the tasks of cooking, laundry, ironing, cleaning and stimulating their autonomy.

Inside the house every mother is encouraged to consider, self-care and well-being of their children a priority.

The rhythm of life is punctuated by the house rules and routines of life in the group (taking into account various cultural differences) that must be met in priority to the needs of children: mealtimes, the respect of rest and sleep, the need for games and experience outdoors needed to advance the harmonious growth of the child.

In the house's organization particular attention is paid to:

- the establishment of a living environment that facilitates communication and exchanges and mobilizes the individual participation of women in the experience of common life;
- support to the mother-child relationship through the organization of a network of relations and a set of interventions to facilitate communication with the mother's child ;
- knowledge and mutual acceptance among the guests present in the facility;
- formulation of proposals to support the family such as: the activation of specific areas dedicated to accommodate visits with the father or any other family members, the provision of courses for social integration and activation of workshops to facilitate the search for a job.

The staff of the house offers guests a guide and a general approach to the various activities. Mothers are oriented to various community services : clinics , hospitals , doctors, psychological counseling and

specialist services. The objective is to support individual growth and to acquiring some useful skills to support them after exiting the community.

“Swallows’ house”

It is a socio-educational residential service that includes both mothers who have already received support interventions in the House of pregnant women and mothers, and mothers who come on the recommendation of the local social services. These are women who have reached a psychological stability and an adequate affective balance with the child , they often have already activated a relational network and / or have ongoing paid employment.

The Swallows House is open 365 days for 24/h. It can accommodate up to four mothers with children. The staff is present to a lesser extent because of the educational project based on "assisted autonomy" of the facility, in accordance with the applicable regional standards.

The Swallows House is a transitional space where mothers acquire more autonomy and responsibility, preparing to be independent. Mothers and their children are normally reported by the local social services submitting a proposal for inclusion in a direct way or together with a measure of the juvenile court. The request is evaluated by the team and the Head of the educational setting.

The mothers are helped to organize their own time and space inside and outside the facilities and if there is no stable network of friends and / or family, a part-time support for mothers and children can be activated through the volunteers network .

The diary: the information system

Each Community keeps accurate records about the service and its development, operational processes and on the guests. This documentation serves both to support the educational path, and to document all the phases of the intervention to report to the competent bodies. The documentation system includes:

- The design of the service and its periodic updates ;
- The flow of income and expenditure, the daily attendance of guests and staff;
- The information about each guest ;
- The daily diary of the educator ;
- The minutes of the meetings;
- Records relating to the observation of the guest and the relationship with the family, including visitation.

The personal information of the guest, in turn, contains :

- The entry documentation
- The individual educational plan and its updates ;
- A summary of meetings with local services.

The information system is therefore a guarantee on the quality of the educational project of the residential structures.

The Swallows' Project

The Swallows Project was born within the Residential Care Service of the Istituto degli Innocenti with the intention of ensuring a good balance between the family hospitality, educational functions and support of social inclusion programs dedicated to single-parent families .

The project is targeted at mothers housed in the "Mother's House" but it is also open to women and mothers followed by the social services of the Florentine territory through projects and initiatives to support families.

The project's key objective is to identify and integrate public and private resources available in the area and use them to experiment with new and flexible responses to welfare services problems.

Thanks to the support of various partners (organizations and associations) it was possible to create an innovative space that can accommodate real "Autonomy Laboratories" within which women, mothers guided by expert craftsmen, can unleash their creativity, their talent and passion that are the foundation of any enterprise. Those laboratories include:

- workshops of perfumery
- sewing workshops
- jewelry workshops
- re-orientation and support in the search for the first job
- Italian language courses
- legal advice
- workshops on parenting support for biological families, foster families and adoptive families
- music workshops, aimed at children aged 4 to 10 years, to encourage socialization

The project also joins the organization of the Neutral Space Service which has the function of enabling and supporting the maintenance of the relationship between the child and his/her parents as a result of measures such as : custody, separation, conflict and other events of deep family crisis, for which the removal of the child from their family of origin has been arranged.

Volunteering

Inside the Istituto degli Innocenti there is a strong presence of volunteers. The Association "Volunteers of the Istituto degli Innocenti" and the Association Auser carry out their activities in support of the three residential facilities and of numerous projects dedicated to the search for new responses to problems of welfare services.

The volunteer, through his/her presence, constantly supervised by the Manager and the Coordinator of the Welcome Service, may:

- offer children the opportunity to experience and perform different activities from those experienced in facility in agreement with the educator;
- offer to mothers and /or the families support activities at specific times of the day and support in accessing the services in the area;

- Collaborate with the educational staff for the implementation of particular activities such as accompanying minors to visit with the parent who is not living together with them, as well as support visits to the health services, support for the child and / or mother in times of hospitalization;
- Take part and support career guidance;
- Organize markets, exhibitions, charity events for the benefit of children and mothers in difficulty;
- Organize meetings, seminars open to the citizens.

The volunteer is required to comply with the rules on the protection of privacy and the confidentiality of the information about the facilities' guests.

The experience and project of the anti-violence centre Artemisia:

Artemisia is a voluntary association that was founded and registered in the Region of Tuscany and the Province of Florence in 1991.

Artemisia's mission is to intervene on the behalf of women and children who have experienced physical, sexual, psychological and economic violence in the home. Artemisia also intervenes to support adults who have suffered sexual and/or physical abuse in their childhood to help them resolve and heal the long term effects of this abuse. In addition, Artemisia also works with children who have witnessed every kind of abuse in their lives and home.

In February 1995, the new Center for Women Against Violence was opened due to the great desire and political support of Catia Franci. In 1999, for the first time in Florence, Artemisia made available two new safe and secure homes for women and their children as an escape from their life of domestic violence.

In the Center for Women Against Violence, professional psychologists, psychotherapists, social workers, lawyers and educators work together as a team to provide the support, resources and needs for the women and children who have experienced abuse.

Artemisia – activities

To offer a better service the organization is divided in three distinct groups working side by side.

1. The first group: offers assistance to women with problems of physical, psychological, sexual and economic violence.
2. The second one: helps children victim of sexual violence and/or child abuse and neglect and their protective parents/adults. It also offers counseling for adults that have been victim of violence in childhood and are still suffering from the long term effect of these violence. This kind of organization has brought the Center to deal with topics such as the intergenerational transmission of violence in childhood.
3. The third group: runs to secret residential shelters for battered women, with or without children, who are in situations of danger.

Artemisia offers a variety of services, which can be accessed by individuals, families, protective parents and mothers with children.

The provided services relating to sexual, psychological, physical, economic violence and stalking includes:

- Psycho-social counselling;
- Psycho-diagnosis;
- Psychiatric consultation;
- Counselling and psychological support to family member;
- Support for parenting;
- Therapies;
- Family Therapies;
- Legal Information;
- Individual and Group treatment programs;
- Group or individual therapy for children victims of violence;
- Networking with local institutions and services;
- Advice to operators of various sectors of intervention.

As well as these services directly related to women and child, the organisation provides training and courses for community health workers, educators, teachers and law enforcement officials.

Artemisia also run prevention activities in schools, awareness raising, research and study and production of documents.

The objectives of the association are following:

- Contribute to the emersion and recognition of all forms of violence against women, children and adolescents;
- Interrupt any situation of violence against women and children;
- Adopt urgent measures of protection in appropriate facilities;
- Help women and their children getting away from dangerous situations and help them plan new alternatives and solutions;
- Empowerment and right's education;
- Early elaboration and stabilization of the woman as for the psychological effects of the violence suffered thank to the promotion of well-being through personalized interventions;
- Support the activation of positive parenting;
- Contribution to the strengthening of the network of public and private social services for the prevention and contrast of violence.

Artemisia Association's usual source of finance are local authorities (The Municipality of Florence, Province of Florence, Local Health Company) and the Ministry for Equal Opportunities that had financed different projects against violence. Other resources comes from our found raising department and from private donations.

The structure is run by a steering committee which charged three managers for the running of each of the following divisions: women, children and shelter.

The Association has about 60 members.

ARTEMISIA'S PROJECTS

Artemisia Association has participated as a partner to many Daphne Project including:

- DAPHNE(2000): action Teenagers Against Violence-Awareness campaign aimed at adolescent and adults-victims and perpetrators- The ATAV project.
- DAPHNE (2001): Violence against the children and methods of intervention-Freom Silence to Woes.
- DAPHNE (2002): Dissemination action teenagers against violence in 7 countries-communication tools in schools- ATAV video booklet.
- DAPHNE (2003): Help The Helper II-European Trainings on health symptoms caused by sexual violence against women and girls (PTSD).

The main aim of the project: developing and sharing tools and training materials to help social workers, medical staff, advisory and public authorities to identify symptoms of post-traumatic stress disorder (PTSD) and provide appropriate advice. Join The Net aimed to share the results of a previous Daphne project Help the Helper and evaluate the effectiveness of the instruments through specialized training. The training material was translated into Finish, Greek, French, Italian. It also was adapted to specific situations of all partners. In addition to running a Train-The-Trainer workshop, 12 international professionals became acquainted with the concept and the material.

- DAPHNE (2004): Witnessing violence- The professionals and the children's perspectives.

The project aim to supply the tools needed to face and address the problem of "witnessing violence". The scope is to offer a model which allows the enforcement of intervention methodologies; to raise awareness of the issue, to promote the need for protection and help in recovering from the damage; to evaluate how operators view the problem of the children who witness episodes of violence. This will happen through a multi dimensional approach which will allow shared analysis to be standardized and used on an international scale. We envisage to undertake a thorough investigation about the perception of witnessing violence by professionals in the sector and by children aged 5-11, followed by workshop which will share the results and a seminar dedicated to specialized professionals.

- DAPHNE (2005): Awareness campaign on domestic violence- I am. On air against domestic violence.

The project aims to empower women victims of domestic violence to get help for themselves and their children. Expected results are the development of communication strategies for the prevention of the fight against domestic violence; increased information to potential victims for facilitating their access to help services; increased awareness and social recognition of the problem.

The results will be achieved by running a public awareness campaign in four countries through the involvement of direct beneficiaries; production of radio of spots and informative tools addressed to women potential victims of domestic violence. Main beneficiaries will be women victims of violence and their children; main target groups will be the general public. The campaign will have a precise identity to assure its recognisability and an easy memorization by the public. Media for the campaign is the radio.

- DAPHNE (2007-2009): The power to change: how to set up and run supporting groups for victims and survivors of domestic violence. Object: study a model of intervention in complex situations with particular reference to the victims of violence. Development of a format among the various European countries for the management of self-help groups and the production of a manual in languages of partner entities : the “ Power to change” is the first book produced in Europe for the design and creation of groups of support and self-help for women victims of domestic violence.

- DAPHNE (2011-2013): Counseling survivors of domestic violence.

The aim of the project was: to identify and share good practice amongst European NGO’s providing psychological and counseling services to women and their children affected by domestic abuse. Improve knowledge and understanding of the process and impact off different approaches to counseling (person-centered and cognitive behavioral) on women and children affected by domestic abuse, and its importance for longer term recovery and wellbeing.

Artemisia Association as provider partner did pilot interview and data collection. The Association has then integrated its results with those of other European partners, allowing useful exchanges of know-how and expertise between the different experiences in different EU countries.

- September 2012-October 2014: Project financed by the Ministry of Equal Opportunities “ALICE. A practical reality for Reception, Protection, Empowerment in the fight against violence towards women and children”.

Thank to this project there has been an increase in the types of services offered by the Artemisia Association to the victims of violence (ex. : activation of new services for women victim of violence: therapeutic groups; individual therapy; guidance services to work; support for parenting. Activation of new psycho-socio-educational services for children on the elaboration of the consequences of exposure to violence) and improvement of safety of victims of violence and their minor children.

- Another experience of similar action has also been made thanks to the project of the Tuscany region “SAIDA” with which Artemisia Association has ensured taking charge of women who have experiences mistreatment or abuse in childhood and who are currently victims of violence by intimate partners. The paths, individual or in group, are based on the exit from the current situation of violence, and on the short, medium and long-term damage caused by the violence itself.

Together with the Municipality of Florence, Artemisia Association is also implementing two projects of the are Ministry of Equal Opportunities:

1. “Project AGAVE: ACTIONS AGAINST VIOLENCE” (2011-2014) expectations:

Work on the evaluation, acceptance, support and taking care for victims of violence.

Organisation and planning of new listening points in the Florence area.

Testing of an emergency system active 24hours a day.

2. “ Project ALISEI”(2011-2014) expectations:

Testing of a system of integrated accompanying paths as far as concerns health, social and psychological support for children victims of violence.

Educational, psychodiagnostic, psychotherapeutic work to help children victim of sexual abuse and their protective parents.

Legal consultancies for children and their protective parents.

The Municipality of Florence has also financed two other projects of Artemisia Association.

1. One project’s purpose is to educate and raise awareness of student of schools of Florence about issues of violence.
2. The other project’s (“Abitare Solidale”) purpose is to put together owners of oversize house (hosts) and women victim of domestic violence alone or with children (hosted).

Summary

Polish point of view:

Implementation of partnership project titled “Preventing social exclusion of children from families living in poverty or affected by violence – to promote, develop and improve European competences and solutions in this area” allowed participants to familiarize with forms and methods of work with children affected by or being at risk of social exclusion. Particular interest was related to the problem of experiencing by children of poverty or domestic violence. Partner countries during project meetings presented proven and reliable solutions but also stimulated to explore and design new creative solutions to mentioned problems.

Irish point of view:

Participation in the project offered a rich learning environment, enabling health and social care staff from Northern Ireland to gain valuable insights into new approaches and perspectives in prevention of risk to children. Colleagues from across Europe shared models of intervention and exchanged information on professional practice aimed at addressing the challenges associated with protecting the most vulnerable children. The added benefit of the project was the opportunity to understand the social and cultural contexts which formed the backdrop to working with children within each country. The network of European professionals worked very effectively and the group developed sustainable relationship, which will exist beyond the lifetime of the project. The project served as an excellent vehicle for promoting greater European understanding of international best practice at a time when citizens across Europe are faced with great austerity and economic and political uncertainty.

Greek point of view:

It was a great opportunity for us to exchange experiences and “know how” among us in a very friendly atmosphere!!! We had the opportunity to discuss about collaboration on similar activities. We exchanged good practices and working methods of each different organization. Moreover, we had the chance to learn about the legal framework of different countries and to learn more about social policy in each country concerning child welfare protection. We witnessed the effect of social economic and historical changes on the evolution of social welfare policy and practice.

Romanian point of view:

The great use of this project was the fact that we could get together and share the experience in the field of child protection, when violence, indifference, poverty and selfishness grow bigger and bigger all over the world. Romanian problems are the same with the Europe’s and a bit more. In this project we made a common front; we started it and we want it even stronger with our ideas and with the strength we initiated it being aware that people feeling the danger future generation have to face can

fight for a better future. We are not politicians, we are not billionaires, and we're simple people willing to use the information, wisdom, heart, for finding reliable solutions for hard things to address.

Attachments to the publication

Annex 1

Italian PANDA Project

Progetto PAnDA

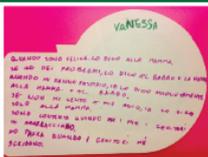
ARTEMISI  onlus 

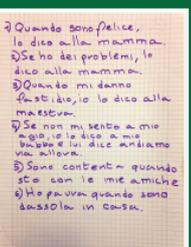
Percorsi di promozione della cultura delle pari opportunità e delle differenze di genere per le scuole primarie e secondarie"




Collage a gruppo - il volto delle emozioni


Collage a gruppo - il volto delle emozioni


Con chi parlo quando....


Con chi parlo quando....


Il disegno del mio spazio speciale


Il disegno del mio spazio speciale


Il disegno del mio spazio speciale

Il progetto si è proposto di realizzare con i bambini e le bambine della scuola primaria 3 incontri con laboratori formativi di tipo esperienziale allo scopo di stimolarli alla creazione di rapporti paritetici tra pari e tra i sessi ed allo sviluppo di relazioni affettive positive tra i generi. Gli incontri hanno permesso ai/alle bambini/e di lavorare sull'espressione delle emozioni, sui significati attribuiti all'essere maschio e femmina, sugli stereotipi e pregiudizi di genere e sulla capacità dei bambini e delle bambine di riconoscere modalità di interazione negative e di chiedere aiuto se all'interno di una relazione, anche con un adulto, vivono sensazioni di disagio e si trovano in difficoltà.