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Erasmus+ ACEs Project Handbook


August 2021


Erasmus+ ACEs


Project Handbook


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The purpose of the Handbook

This Handbook is designed to guide readers to key resources relating to adverse childhood experiences and inter-professional working.

It identifies key themes which are used to help the reader access resources which are of interest to them. The Handbook was produced by a partnership of children's services organisations in Italy, Spain, Sweden and England. It therefore provides access to key reading and training from each partner country. It aims to help readers understand comparative practice in the four countries.

The term children's services is used for any professional organisation involved in the support, education, health and well-being of children and young people. This may include public bodies, charities and private institutions. The term inter-professional is used throughout the Handbook. We felt it to be synonymous with other terms such as collaboration, multi-agency and multi-disciplinary which are used in many of the published sources referred to in this Handbook. The definition of what it is to be a child or a young person differs in partner countries. These differences are noted in Section 3.



1 Description of the project and the partners

The Project

The Project was conceived in 2017 in response to growing international awareness of the long term impact of trauma in childhood. The damage caused by experience of trauma, particularly of acute trauma, had been well recognised. Newer research made a strong argument that trauma from a range of different causes had a cumulative effect, and that different traumatic experiences compounded to make the impacts greater and longer lasting. Children with more of these experiences had correspondingly less chance of leading long, healthy and happy lives. This work on adverse childhood experiences – ACEs – led many children's service organisations across the world to seek ways of becoming more trauma-informed.

Children's services organisations try to strengthen the way they work together to ensure that their efforts are co-ordinated in order to provide the best help to children and young people. Though there are good examples where inter-professional working is well-developed, there has been no international initiative similar to the ACEs movement. Often the focus for inter-professional working between children's services organisations has been on safeguarding. Several of the generally accepted categories of adverse experience (sexual abuse, neglect) are seen as safeguarding issues; other ACEs are not (incarceration or death of the parent, parental separation). Overall, there is less international focus on the need for better inter-professional working to lessen the negative impact of trauma in childhood.

Project themes

Work in the project formed around a series of themes which were of particular relevance to partners, the needs in their locality or their professional context. These themes are addressed in material produced as part of the project (see section 4 below).

Behaviour – the impacts on children’s behaviour of their experience of ACEs; the response of children’s services organisations to this; the impact of behaviour systems in schools on children experiencing trauma; exclusion – the removal of children from education services due to behavioural issues and its long term consequences, more prevalent in the education system in England than in other partner countries. See also Section 5 for further links.

Toxic stress – the physiological processes which the body experiences on exposure to trauma; the physical, emotional and behavioural impacts of this.

Common goals – the development of shared aims and processes across children’s services organisations.

Children in care of the state – the particular experience of children looked after by the state; their experiences of childhood; the impact on their life chances.

Absence from school – the characteristics of non-attendance at school; the impact of experience of trauma; school and local authority processes; effect on life chances.

Disability – the particular experience of children with disability in relation to adverse childhood experiences; their experiences of childhood; the impact on their life chances.

Special needs – **the particular experience of children** with special needs in relation to adverse

childhood experiences; their experiences of childhood; the impact on their life chances. See also Section 5 for further links.

Children criminal / sexual exploitation – the relationship between adversity in childhood and child criminal and child sexual exploitation; processes of prevention; the impact on life chances. See also Section 5 for further links.

Gender – gender-specific issues in the context of childhood adversity; responses from children’s services; impact on life chances.

Culture and ethnicity – issues particular to specific cultural or ethnic groups in the context of childhood adversity; responses from children’s services; impact on life chances.

The voice of children and young people – impacts of effective/ineffective children’s voice when experiencing adversity; purpose, policy and practice of children’s service organisations. See also Section 5 for further links.

Bullying – the nature of bullying including cyber-bullying; the impacts of bullying; the characteristics of victim and perpetrator.

Covid-19 pandemic – the additional impact of the pandemic and the strategies adopted to combat it on children experiencing other adversity; early steps to help address this.

Protective factors, optimism and resilience – the condition of children developing ways of coping and protecting themselves when faced with adversity. See also Section 5 for further links.

Occupational health – a service of occupational therapists working within schools in Sweden but not normally in other partner countries to help assess and plan for the needs of children who experience trauma.

Developments during the period of the Project

Changes to views on ACEs

Between the submission of the proposal for this project and the main period of activity, significant changes occurred in national, regional and institutional practice with the four partner countries. As awareness of the impact of complex adversity in childhood grew, most practitioners have been more exposed to training about ACEs. Some organisations have taken steps to becoming more trauma-informed, changing policies and practice to try to help relieve the impact of toxic stress. The project team responded by not trying to replicate nationally-produced guidance but by focusing on detailed case studies and examples of strategies. Some of these are set out in section 4 below. In addition, section 5 sets out current examples of other relevant guidance and training produced in partner countries.

Further academic research into ACEs has challenged some of the main points made in the original studies. The project team responded to three in particular:

- The need for a greater focus on both targeted and universal strategies to reduce stress and build resilience in children and young people; the development of how the voice of children and young people is sought, listened to and acted on by professionals.
- Caution about over-asserting the need to test for ACEs
- Greater breadth in the scope of what could be classed as ACEs – for example the inclusion of bullying.

Pandemic

The impact of the Covid-19 pandemic has been severe in all four partner countries. The strategies adopted by the different countries and regions to combat the pandemic have affected children and young people. There is international concern that children will have been affected disproportionately. The project team has tried to address early indicators of the different impacts on children facing other adversity.

The eight partners of four countries

UK - Westcountry Schools Trust

Westcountry Schools Trust is a group of 22 primary and secondary schools in Cornwall, Plymouth and Devon. The Learning Institute is the outreach part of the trust running teacher training and degree courses.

UK- Devon Virtual School

Devon Virtual School supports all children in care who are living in Devon or who are looked after by Devon Local Authority but living in another part of the country.

UK - Devon and Cornwall Police

Devon and Cornwall Police is responsible for the maintenance of Law and Order in the Local Authority areas of the Isles of Scilly, Cornwall, Devon, Torbay and Plymouth. The Community safety team within Devon and Cornwall Police has the following specific responsibilities: domestic abuse and sexual violence; drug alcohol misuse; anti-social behaviour; reducing re-offending; serious organised crime; modern slavery / human trafficking.

Italy - Montebello

Comprehensive School Via Montebello is located in one of the central residential districts of Parma. It consists of one nursery school, two primary schools and a secondary school. The Municipality also has established a strong educational alliance with a “Pact for the school”.

Spain - Centro Público Integrado O Cruce

Centro Público Integrado O Cruce is a kindergarten, Primary and Secondary school. It is part of the City Council of Cerceda, a Spanish town belonging to the Autonomous Community of Galicia in northern Spain.

Spain - IES Polígono Sur

IES Polígono Sur is a school located in an area south of Seville and far away from the city centre.

Sweden - Bromangymnasiet

Bromangymnasiet is one of the largest post-16 schools in Sweden. The college is situated in the Hudiksvall town of 17 000 residents, on the east coast of the Baltic Sea north of Stockholm.

Sweden - Lärandeförvaltningen, Hudiksvalls kommun

Lärandeförvaltningen is the local authority responsible for education in the Hudiksvall municipality.

2 The main issues in ACEs and inter-professional working

Adversity in childhood

What is toxic stress, what causes it? What are the consequences for children and young people?

Since Felitti et al. (1998) drew attention to the link between adversity in childhood and poor health outcomes, there has been a growing recognition that we need to protect and support children, young people and adults who have experience of Adverse Childhood Experiences (ACEs). Adversity leaves a mark on children and research suggests that the impact on developing mind and body can

have both physical and emotional impacts (Van der Kolk 2014). Prevalence of ACEs is known to be high and therefore putting ACEs into context and understanding that when trauma occurs, it can change the neurobiology of the brain is key to understanding that the effect of ACEs on children may have consequences for their whole life course.

What can alleviate toxic stress? What are the challenges?

There has been a move towards trauma-informed practice when working with children, young people and adults. Trauma-informed care raises awareness about complex issues, aims to reduce the stress associated with ACEs and to reduce practices that might re-traumatise a child or young person. In addition, many models of trauma-informed practice include building children's resilience by providing a secure stable relationship between children and professionals.

Although this is an obvious and humane starting point, there are limitations to this type of trauma-informed practice. There is a lack of specificity in trauma-informed care models as most have not undergone rigorous testing. Evidence-based models are almost solely led by Public Health (Children's Commissioner, 2019). In addition, these models do not take into account adversity of other types for example the communities in which children live, family culture or the nuances between professionals and their organisations working with children. It is increasingly acknowledged that adversity is not limited to the original ACE framework; many other factors affect children and cause the toxic stress response. In addition, correlations between specific intervention and positive or negative outcomes are challenging to collate because different methodologies are used and account for protective factors are difficult to define (Bellis et al, 2020).

Individual and community resilience

Ways to provide protective factors for children living with adversity include both enhancing individual resilience and building communities that are safe. Resilience in this context has been defined as an individual's ability to draw on strengths and assets to cope or thrive in adversity. This is a key concept behind practice in the partner organisations and it is at the heart of effective and humane approaches to alleviating the impact of trauma in children and young people. Attributes which contribute towards individual resilience can be collated into three overlapping elements: individual wellbeing (feeling good; functioning well); mental capital (psychological coping strategies); and social capital [Davies et al 2019]. Early and broad-based interventions within health, education and social services are most effective when combined and applied within a community context. For this to happen, children's services organisations need to work closely and effectively with common goals and inter-linking practices.

Building community resilience cannot be undertaken in isolation to individual resilience building – the two are co-dependent. Community resilience involves the ability of a community, or a system to withstand stress and challenges with both the ability to adapt and survive adverse circumstances (such as environmental, societal, or economic shocks), or to cope and thrive given the challenges of everyday life” (Davies et al, 2019).

Community resilience relies on all agencies and members of a community having a common purpose (HM Government 2019) and a combination of targeted and universal approaches to building resilience. Characteristics of a resilient community include a cohesive and connected population and the ability to utilise available assets.

A combination of different resources is needed to support community resilience including; human capital, social capital, physical capital, natural capital, and financial capital (Learch 2017).

Common elements for community resilience have been defined again for contexts broader than addressing childhood trauma [Resilience.org]. Some have particular relevance for inter-professional working within a community:

People - the capability to envision the future of a community; acknowledge and act upon the knowledge that building community resilience resides with community members.

Systems thinking - rational, thoughtful, intelligent thinking to understand the complex issues communities, professionals and individuals face; understand interrelated crises and challenges in the past, present and future; understand what they mean for complex communities.

Courage - individuals and communities require courage to confront challenging issues and take responsibility for a collective future.

Effective inter-professional working

How can endemic issues in inter-professional working aid the avoidance of toxic stress or the reduction of its impact for children and young people? How can good inter-professional working help build individual and community resilience?

Although there has been little investigation specific to combating toxic stress, general factors for effective inter-professional working have been identified.

Common factors include:

- the need for a clearly stated, shared, and measurable purpose
- effective training in inter-professional collaboration
- removal of role and leadership ambiguity
- ensuring that teams with members from different organisations and professions include staff with appropriate training, skills and experience
- building appropriate mechanisms for timely exchange of information

A model has been developed (Edwards et al 2009) which sets out conditions which can be used to develop effective inter-professional working. These are based on explicit and easily identifiable factors (policy, practices, resource flows), ones which are semi-explicit but more difficult to observe (relationships and connections, power dynamics), and implicit ones which may be harder to change (attitudes and mental models with organisations or professions). Most professions within each partner country focus on training staff for effective inter-professional working but approaches vary within and across countries.

Characteristics of the most developed inter-professional practice include training shared across professions, common data storage and access, and statutory inter-professional meetings. These latter meetings tend to focus on safeguarding issues as well as a wider concept of well-being for children experiencing trauma. There are some examples of practice for developing well-being which have clear statutory requirements for inter-professional working.

3 Context of partners

At core in the ACEs project is the philosophy that by working together and bringing in a variation of professional skills, we can be more successful in our efforts to support a child in need. This was also the idea behind the constellation of partners in the ACEs project - we are different but we all work for the wellbeing of children from each of our horizons. With the willingness to learn from one another - and to study the strategies applied in other schools and countries - we have experienced a twofold advantage. Firstly, by observing others we have become more aware of what we do at home. Secondly, gaining an insight to the examples set by others, the readiness and willingness to bring about change in our own contexts is stronger.

The brief descriptions below indicate that there is no sole way to tackle problematic situations for children

and young people; it is a faceted endeavour, but each organisation can benefit from the learning done that has led up to the partners' current practice. Key professionals involved in the partnership have visited the other partner countries to learn from these on site, which is a different way to learn made possible through the Erasmus+ Programme. When shared in writing - as in the examples below - partners' practice is presented in brief. A fuller account of practice in each partner country can be found within section 4.

Organisations which work together to help support the well-being of children and young people can be broadly categorised as children's services. Different partner countries have national and sometimes regional structures for which services these are and how they collaborate. They will however always involve education and social services, and a brief summary of how these two professions are organised for each partner country is set out below. Other professions which operate under the term children's services include the police, health and many other local authority or charity and third sector organisations. Because a police service has been a partner in this project an account of how policing is organised and how it affects children is also set out below.

England

Responsibility for the wellbeing and safety of children and young people rests in inter-professional working between local authorities including social services and specialist teams, schools, health authorities, and the police. The local authority has final responsibility for the wellbeing of children up to the age of 18 which can include maintaining children in care and associated support such as virtual schools for these looked after children.

Previous national guidance for each profession to work collaboratively to help support the wellbeing of children and young people was suspended in 2010, but children's services professions maintain some focus on training staff in effective inter-professional working. Central government monitors the care for young people through three organisations: Ofsted

for schools and local authorities; Care Quality Commission for health services; and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services for police services. A common focus of inspections led by these three organisations is the effectiveness of inter-professional working. The Office of the Children's Commissioner is a national, independent organisation with statutory powers and regulations. The Commissioner has a legal duty to promote and protect the rights of all children in England in accordance with the United Nations Convention on the Rights of the Child (UNCRC). The Children's Commissioner has specific responsibility for the rights of children who are in or leaving care, and those receiving the support of social services. This includes looked after children, those on Child Protection and Child in Need programmes, homeless 16 and 17 year olds, and all children living away from home. Unaccompanied asylum seekers fall into this last group.

Key data for England [drawn from UK Government National Office for Statistics except where stated. Data is for year ending 2020 in most instances]

Age of childhood – anyone under the age of 18 is legally considered a child. Most children's services organisations use the term children and young people to refer to this group. The term vulnerable young people is used for particular groups up to the age of 25. These have similar legal status to under 18 year olds.

Age of criminal responsibility – any child between the ages of 10 and 17 can be arrested and taken to court if she or he is accused of committing a crime. There is a specific Youth Justice Service which covers this age group. There is a difference in the way that this group is handled, for example the names of children accused or convicted of a crime cannot be disclosed.

Age of sexual consent/marriage – the age of sexual consent is 16. Children of 16 and 17 can marry but they need consent of a parent or guardian.

Age for driving – in most circumstances children can

ride a moped at 16 and learn to drive a car at age 17.

Age for drinking alcohol – children between the ages of 5 and 16 can drink alcohol at home. Adults can buy alcohol for children of 16 or 17 to drink with a meal on licenced premises. Children cannot buy alcohol.

There are approximately 12 million children in England. 400,000 of these are in the social care system and 75,000 are in the care of the state. It is estimated that one in five adults aged 18 to 74 years experienced at least one form of child abuse, whether emotional abuse, physical abuse, sexual abuse, or witnessing domestic violence or abuse, before the age of 16 years. If these figures are accurate and can be applied today, 2,400,000 of children currently in England will experience abuse.

It is estimated that 1% of adults experienced neglect as a child. If applied today, 120,000 children currently in England will experience neglect.

Children in the Youth Justice system – most recent annual figures show 21,700 children were cautioned or sentenced with 11,900 first time entrants to the Youth Justice System. 4,500 knife and offensive weapon offences were committed by children. The average custodial sentence length has increased from 11.4 to 17.7 months. The number of Restrictive Physical Interventions (RPI) and self-harm incidents in youth custody have increased to around 6,300 incidents. The number of self-harm incidents has increased by 3 %, to around 1,800. 38.4% of children and young people reoffended.

Child criminal exploitation – figures are uncertain but current estimates range from 30,000 to 50,000 children currently being exploited for crime.

Child criminal exploitation – figures are uncertain but current estimates range from 30,000 to 50,000 children currently being exploited for crime.

Child sexual exploitation – as another hidden area, figures are uncertain but a recent estimate puts 40,000 children at risk.

Female genital mutilation - most recent figures indicate nearly women and girls 12,000 presenting themselves at health services who have experienced female genital mutilation. Data is unclear about how many of these are new cases, the balance of those born in the UK and ages [NHS (2020) Female Genital Mutilation (FGM) Enhanced Dataset].

Forced marriage – recent annual figures indicate that 383 children were subject to forced marriage.

Italy

Children and young people who experience trauma through ACEs when their condition is identified may be considered as entitled subjects along with other groups with defined needs such as visually and hearing impaired, people with autism, Down's syndrome or physical disabilities. To be recognised as an entitled subject requires a medical assessment at a special mixed commission of doctors and other professionals such as psychologist/psychiatrist, social worker in order to evaluate each case from several points of view.

The intent is to overcome the obstacles that arise between entitled subjects and their better integration by acting in the most targeted way possible, with benefits tending to encourage the most complete insertion of the person in the social context.

In the context of a young person at school, the teacher reports the pupil's problems to the School Director. The teacher asks the family to require a visit with the family doctor, who will then refer it to the specialist. The teacher cannot take personal initiatives at this stage. Once the pupil has been checked by the specialist, who proceeds with the diagnosis and drafting of a documentation, everything passes to the school office so that a support teacher and a set number of hours per

week will be assigned. Support Teachers are assigned every year by the Local School Office to the single students for a set number of lessons. If a teacher detects problems to report to the police or social services, first he/she has to speak to the School Director/Principal.

In the 1970s Italian education set out the basic principles of what we now call inclusive school: collegiality, the role of the family, integrated management of services, teacher training. It is said that it is not enough to welcome the pupil, it is necessary to integrate it, make him/her become the protagonist. In the early 1990s the concept of an individualised training path was developed, in which several institutional subjects participate, favouring the aspect of enhancing learning and autonomy, far beyond simple "education".

One of the most important points in the regulatory field is the UN Convention for the rights of people with disabilities. It presents a conception of disability, linked to a social model, which interprets the condition of the disabled person as the product between the level of functioning of the person and the social context of life. Therefore, the Italian choice regarding the inclusion of disability in the common school has paved the way for all other forms of inclusion. This approach has been developed further in 21st century policy. Meeting the special needs of pupils is applied to all pupils in the class. In this sense, the transformation of teaching and methodology in order to ensure the educational success of particular categories of pupils can become an opportunity for generalised improvement in the quality of schooling.

The aspects of disadvantage covered include situations in which there are specific learning disorders, specific developmental disorders, attention and hyperactivity disorders, difficulties caused by different cultural and linguistic backgrounds. 2012 legislation sets out the

responsibility of the school towards the educational care towards pupils who are temporarily or permanently in this condition, indicating a series of intervention measures, in order to ensure adequate and effective educational success.

Key data for Italy

Age of childhood – anyone under the age of 18 is legally considered a child.

Age of criminal responsibility – 14 with juvenile judiciary system for offenders aged between 14 and 18

Age of sexual consent - 14

Marriage – normally 18

Age for driving – 18

Age for purchasing alcohol – 18

There are approximately 9.4 million children in Italy. Using the model for England above, 1.8 million children in Italy may experience abuse currently.

Spain

As in many other countries, Spain subscribed to the principles of inclusion early in the nineties and since then has carried out several educational reforms in order to transform an educational system until then selective into a more comprehensive one. Preliminary changes were made early in the seventies which included the recognition of special education as a part of the educational system, although students with special educational needs (SEN) were still attended in segregated settings (special schools).

Students with disabilities had to wait more than ten years to see their rights fully recognized. For

students with SEN this also meant the beginning of a process of integration into regular schools through an eight-year experimental programme. During the nineties the concept of ‘special educational needs’ was introduced, and special education became a part of the general education system with a common curriculum for all students, and curriculum adaptations and educational differentiation were on the basis of attending students’ educational needs. A more recent term ‘specific educational needs’ has been introduced to refer to foreign students, gifted students, and those students that need compensatory education.

Spanish legislation in relation to inclusive education has experienced progressive enrichment since 1985. Changes included the education of all people in a single system, the increase in psycho-pedagogical teams and the expansion of centres and resources to duly serve students with special educational needs - a definition which includes all children who require special support and curricular adaptation to overcome deficiencies or development or learning problems. This will include those with experience of ACEs.

Spain is considered to have one of the most inclusive educational systems in Europe with less than 0.4% of SEN students being educated in separate special schools.

In addition, the Spanish government provides protocols. They are informative documents whose objective is to inform inter-professional collaboration. They intend to guide the actions of professionals involved in supporting children with adverse childhood experiences, ACEs.

A protocol establishes collaboration among all the professionals in order to equip all the professionals involved in the action in how to proceed to support and protect children and young people.

Protocols

- Protocol for the educational attention of the students with hearing impairment (or disability)
- Protocol for educational attention of the students with Down's syndrome and/or intellectual disability
- Protocol for educational treatment of the student with Autism Spectrum Disorder
- Coordinating protocol, intervention and interinstitutional derivation in Early Attention
- Protocol of consensus on ADHD in children and adolescents in the educational and health areas
- Educational protocol for the prevention and control of school absenteeism
- Protocol for teachers and staff to guarantee the respect and the best interest of the students
- Educational protocol to guarantee equality, non-discrimination and freedom of gender identity
- Protocol against gender violence – Galicia
- Educational protocol to guarantee equality, non-discrimination and freedom of gender identity

All these protocols may be used in the resolution of a case of ACEs. They are there to direct schools, social services, medical services, and police in knowing what they should do in each case. These protocols put the laws close to professionals in a practical way. Action protocols: Different professionals know how to face different ACEs situations through defined protocols so that unless the situation becomes dangerous for the child, professionals can get a successful solution to the problem with the help of the protocol.

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

Collaboration is established between education, social services and police, medical services. At

schools and health centres instances of lack of protection with children can be detected and a channel of support will be oriented to meet the needs of the child in question. In cases of mild or moderate lack of protection, the responsible professional in the health centre or school informs the family about the identified issue, and notifies social services of the locality. In cases of severe lack of protection, the communication will also be with specialised social services. Cases of serious physical abuse and sexual abuse are included in this procedure. This is the protocol that the local authority agrees with schools, medical staff, police and social services.

The local authority with all the institutions that intervene in the protection of minors, ensures inter-professional collaboration and also that no child is left without the necessary attention. There is a staged process of assessment and diagnosis of situations that require collaboration and coordinated intervention.

1. The process of assessing the situation is initiated in one of four systems: school, medical centre, social services and police services; and in its first stage the internal work that will result in the identification of the need detected and the corresponding record; records are noted in the same format established - clinical history, school dossier, social history, police interventions.

2. In the next stage, the team has to decide on a specific action for identified case (including absenteeism, gender violence, Attention Deficit Hyperactivity Disorder) or if on the contrary the collaboration protocol must be used.

3. Consideration of the need to inform the family and request their collaboration, as well as informed consent to provide personalised information. The exception to this rule is constituted by the cases of serious risk to the safety of the child. At the same time, direct communication is established between

the different professionals to provide an effective service, especially in those cases where the health or education of the child (under 18 years of age) is compromised.

Collaboration flows between the four professional institutions so that everyone knows how to proceed using the appropriate protocol:

- Education/Health - Sensory, physical or motor disabilities, severe behaviour disorders
- Education/Police/Social services - problems of abuse or neglect
- Education/Health/Social Services - school leaving, and social problems

Collaboration of education and health services

When schools detect that a student has problems, this is referred to medical services to assess the nature of the problem (for example behavioural and personality disorders, some type of disability). A counsellor who is responsible for this decision contacts the family. The family will contact the paediatrician who refers the student to the specialist (mental health or psychologist) if necessary. The counsellor ensures collaboration with the family and the health services as necessary. The detection of an important problem is communicated by the family's medical services to the family and information is given to the school. This allows the school to assess the situation to give the appropriate educational response to the student's needs. Close cooperation is established between the medical services and the school, with the prior authorisation of the parents.

Collaboration of medical services, social services and school

In order to implement effective collaboration that will help the student, a bilateral collaboration is established among medical services and child protection social services. They agree what is better for the child and they inform the school of the protocol to follow in collaboration with the family. In the smaller number of cases in which the

police have to intervene the collaboration is among the four services.

The Regional government implements different protocols on how to proceed in different situations and these are available for all schools, social services, medical services and police. If there is a protocol published by a regional government, the professionals involved must apply it in all cases. They have to draw up a plan together to solve the situation in the best way. Local town halls design protocols of collaboration based on regional government models to mitigate the effects of ACEs to better solve the problems of their children and young people.

Key data for Spain

(ref: Ley 15/2015, de 2 de julio, de la Jurisdicción Voluntaria)

Age of childhood – anyone under the age of 18 is legally considered a child.

Age of criminal responsibility – up to 18 children cannot go to prison, they go to institutions

Age of sexual consent - 16

Marriage – 16

Age for driving – 18

Age for drinking alcohol – 18

There are approximately 5.1 million children in Spain. Using the model for England above, 1 million children in Spain may currently experience abuse.

Sweden

Swedish schools must have their own inter-professional student health team according to the school law (Skollag 2010:800). The team includes a school nurse, school counsellor and a person with special educational skills. In addition, each school must have access to a school doctor and school psychologist.

The schools' student health team must conduct health promotion work and use a salutogenic perspective. The students' abilities and assets are identified so that the school can use them in teaching to help students succeed. The team works preventively by reducing the influence of risk factors and by strengthening protection factors. The team also initiates remedial actions to deal with problems and situations that arise in student groups or around individual students. Regular meetings are held to discuss individual students in need of support/ students with ACEs. The student's needs and abilities are investigated and efforts are made to support the student.

Notification obligation

In Sweden, all staff in school who in their activities become aware of - or suspect - that a child is being harmed, have an obligation to immediately report to the Social Services. The Education Act contains a reference to these provisions. A concern or a suspicion that a child is at risk of harm is enough, no evidence is needed. It is the Social Services committee that further investigates whether and, if so, what efforts need to be made.

What should the school and the student health team react to?

School staff and the student health team may become aware - or suspect - that a student is harmed or at risk of being harmed by being observant of various signs. For example, bruises or other physical injuries can be such signs that show that a student may be exposed to violence or the guardian's neglect. Even children who have a norm-breaking behaviour, injure themselves or have repeated absence from school can give clues that the child is at risk for ACEs. Sometimes these signs can be more difficult

to interpret, for example changes in behaviour or changed school results, psychosomatic symptoms or mental symptoms such as a decline in development. Sometimes students seek out student health for diffuse symptoms such as stomach pain, but in reality it is about something else and the student puts their hopes in that some adult will ask how they are doing or pay attention to their situation. A student who does not come for scheduled health visits to the school nurse is another thing to pay attention to. Although health visits are voluntary, every child has the right to the best achievable health as well as the right to health care. If a student does not attend the health visits, it may be a sign that he or she has a problem that needs to be covered. In these cases, it is important to try to get in touch with the student in different ways to seek out the cause. The student health's multi-professional team plays an important role in this matter. There is an obligation for school staff to report in the event of a suspicion that a child is being harmed, but there are still situations where there is uncertainty as to whether a report should be made or not. Therefore, the school staff are able to discuss the current situation with the Social Services.

Key data for Sweden

Age of childhood – anyone under the age of 18 is legally considered a child.

Age of criminal responsibility – 15

Age of sexual consent - 15

Marriage – 18 (if younger an exempt from the Government is requested)

Age for driving – 18 (slow-moving vehicle: 15)

In most circumstances children can ride a moped at 15 and learn to drive a car at age 16 for training either in driving school or in training carried out by parents who have passed the training to teach driving and hold a certificate of the same.

Age for drinking alcohol – 21, in restaurants: 18

There are approximately 10 million inhabitants in Sweden; approximately 20% of these are children (aged 0-18). In 2020, 34 600 children were in the social care system in care provided by the municipalities (Socialstyrelsen, 2020). For out-of-home care, children can be placed either in foster care (familjehem), in homes for care and accommodation (HVB, Hem för vård och boende) or in care of the state (700 children in 2020).

Child abuse - In 2020, 24,700 cases of child abuse were reported. Overall, the number of reported cases decreased by 3% between 2019 and 2020 (BRÅ, 2021). These cases of child abuse make up 30% of the total of reports on physical abuse. Compared to 2011, the number of cases of child abuse has increased by 29%.

Child abuse is most often reported by child care and the schools, which is evident when studying the statistics of when reports come in; they decrease over the summer holidays compared to the number of reports that come in during school terms. In 2020, there were 13,300 cases of child abuse reported in the group aged 7-14. The greater percentage were reports on boys being abused (60/40) in comparison with girls being abused.

Education in England

In England all children between the ages of five and 18 must attend a school or other education institution. Those between 16 and 18 may work instead but there is encouragement for them to continue to receive training. Most children attend state-maintained primary (ages 5-10) and secondary (ages 11-16 or 18) schools. Children can also be educated at privately run schools or at home. Both of these types of provision are monitored by government inspectors though there is current concern about the numbers of children being educated at home with little external supervision.

All schools are required to have safeguarding policies and to have senior staff who are trained and deployed to help ensure that children are kept safe. These statutory processes include guidance, systems

and protocols for effective inter-professional working mainly with health, social services and police. Some schools follow processes for being trauma-informed and these schools allocate staff to specialist roles in identifying and supporting children who may be experiencing trauma. It is not a requirement for schools in England to become trauma-informed and the national inspectorate does not report specifically on schools' performance in supporting children experiencing trauma.

Guidance is given to schools by government about the management of children's behaviour. Most schools follow, at least in part, a behaviourist model based on rewards and sanctions. This can lead to the exclusion of children from school for serious instances of poor or dangerous behaviour or, more controversially, for repeated low levels infringements. There is criticism of the impact of behavioural systems based on rewards and sanctions for children who are experiencing trauma. England is the only partner country in this project to use in significant numbers a formal system of exclusion in the sense of children being moved from one school to another or into other forms of care. Exclusion from school correlates closely with poor life chances. Children with ACEs are more likely to be excluded from schools in England.

Education in Italy

The State has exclusive legislative competences on the general organization of the education system (e.g. minimum standards of education, school staff, quality assurance, State financial resources). The Ministry of Education and the Ministry of University and Research are responsible for the general administration of education at national level for the relevant fields, respectively. The Ministry of education has decentralized offices (Regional School Offices - USRs) that guarantee the application of general provisions and the respect of the minimum performance requirements and of standards in each Region.

Regions have joint responsibility with the State in some sectors of the education system (e.g. organisation of ECEC (0-3), school calendar, distribution of schools in their territory, right to study at higher level). Regions have exclusive legislative competence in the organisation of the regional vocational education and training system.

Local authorities organise the offer (e.g. maintenance of premises, merging or establishment of schools, transport of pupils) from ECEC to upper secondary education at local level.

Schools have a high degree of autonomy: they define curricula, widen the educational offer, organise teaching (school time and groups of pupils). Every three years, schools draw up their own 'three-year educational offer plan' (Piano triennale dell'offerta formativa - PTOF).

At higher education level, universities and institutions of Higher education for the fine arts, music and dance (Alta formazione artistica, musicale e coreutica - Afam) have statutory, regulatory, teaching and organisational autonomy.

The Italian education system is mainly a public State system. However, private subjects and public bodies can establish education institutions. Such non-State schools can be either equal to State schools (called *scuole paritarie*) or merely private schools. These latter cannot issue qualifications.

The State directly finances State schools. *Scuole paritarie* receive State contributions according to criteria established annually by the Ministry of education.

Home education during compulsory education is a possible options only upon certain conditions. Students attending a merely private school or a parental school must sit for specific exams to prove the acquisition of the expected competences. Education at all levels must be open to everyone: Italian citizens as well as foreigner minors from both EU and non-EU countries. Compulsory education is free.

The principle of inclusion also applies to pupils with disabilities, to pupils with social and economic disadvantages and to immigrant pupils. In such circumstances, measures focus on personalization and didactic flexibility and, in the case of immigrants with low levels of Italian, on linguistic support. The State also guarantees the right to education to pupils/students who are unable to attend school because hospitalized, detained or at home for a long illness (please see the section 'Organizational variations and alternative structures in secondary education').

The Italian education and training system includes ECEC (0-3 and 3-6), primary, secondary, post-secondary and higher education.

Early childhood education and care (ECEC)

ECEC for children aged less than 3 years is offered by educational services (*servizi educativi per l'infanzia*). ECEC for children aged from 3 to 6 years is available at pre-primary schools (*scuole dell'infanzia*).

The two offers make up a single ECEC system, called 'integrated system', which is part of the education system and is not compulsory. Although being part of the same system, the ECEC 0-3 is organized by the Regions according to the single regional legislations, while the 3-6 offer is under the responsibility of the Ministry of education.

Compulsory education starts at 6 years of age and lasts for 10 years up to 16 years of age. It covers the whole first cycle of education and two years of the second cycle. The last two years of compulsory education can be attended either in an upper secondary school or within the regional vocational education and training system.

Compulsory education can be undertaken either at State school or at *scuole paritarie* or, subject to certain conditions, at merely private schools or through home education.

In addition, everyone has a right and a duty (*diritto/dovere*) to receive education and training for at least 12 years within the education system or until they

have obtained a three-year vocational qualification by the age of 18.

The first cycle of education is compulsory and is made up of primary and lower secondary education.

Primary education (scuola primaria) starts at 6 years of age and lasts 5 years.

Lower secondary education (scuola secondaria di I grado) starts at 11 years of age and lasts 3 years. Within the first cycle, students pass from one level to the next without exams. At the end of the first cycle of education, students who pass the final state examination progress directly to the second cycle of education, the first two years of which are compulsory.

The second cycle of education starts at the age of 14 and offers two different pathways:

- the upper secondary school education
- the regional vocational training system (IFP).

The first two years of the second cycle of education are compulsory.

The upper secondary school education (scuola secondaria di II grado) offers both general (liceo) and **vocational (technical and vocational) programmes**. Courses last 5 years. At the end of the upper secondary school education, students who successfully pass the final exam, receive a certificate that gives them access to higher education. The regional vocational training system (IFP) offers

three or four-year courses organised by accredited training agencies or by upper secondary schools. At the end of regional courses, learners receive a qualification that gives them access to second-level regional vocational courses or, under certain conditions, short-cycle courses at higher education level.

Higher education

The following institutes offer education at higher level:

- Universities (polytechnics included);
- High level arts, music and dance education institutes (Alta formazione artistica, musicale e coreutica - Afam);
- Higher schools for language mediators (Scuole superiori per mediatori linguistici - SSML);
- Higher technical institutes (Istituti tecnici superiori - ITS).

Access to university, Afam and SSML programmes is solely for students with an upper secondary school leaving certificate. The Ministry of education and individual institutions establish the specific conditions for admission.

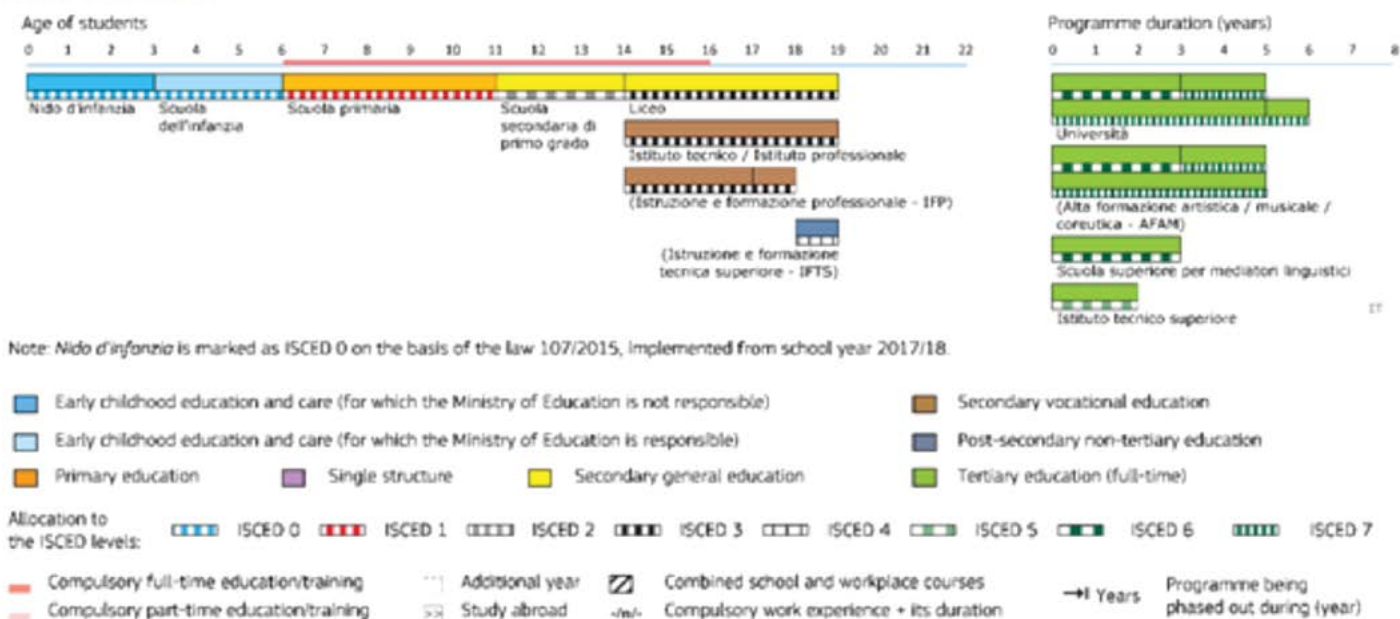
Courses at ITSs are accessible to students with an upper secondary leaving certificate and to students who have attended a four-year regional vocational course followed by an additional one-year course in the Higher technical education and training system (IFTTS). ITS offers short-cycle bachelor programmes, according to the Bologna structure.

Adult education

Adult education includes all activities aimed at the cultural enrichment, requalification and professional mobility of adults. Within the broader term ‘adult education’, the domain “school education for adults” (istruzione degli adulti) only

refers to the educational activities aimed at the acquisition of a qualification as well as to literacy and Italian language courses. Adult education is provided by centres for school education for adults (Centri provinciali per l’istruzione degli adulti - CPIA) and by upper secondary schools.

Italy – 2020/21



(Source: Eurydice)

Education in Spain

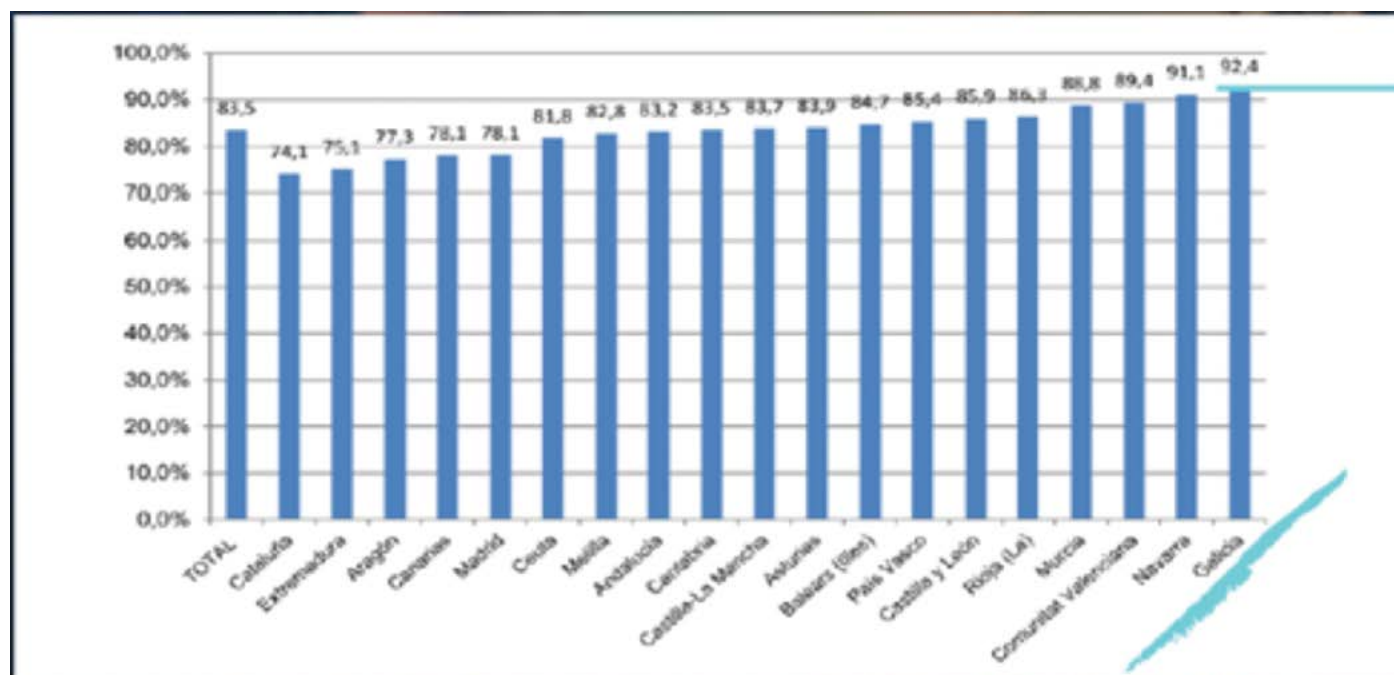
Spain is divided into 17 Autonomous Communities and each one is responsible for education. There is the state law, but some aspects are articulated by the regional government.

In Galicia, 92,4% of the students are integrated in

primary, secondary schools and vocational schools.

Below you can find the degree of integration of students with specific educational needs in the different autonomous communities. Galicia is the one with the highest level of integration.

Indicators of integration of the Spanish education system



Graphic of CCAA by MEC

Schooling of “Necesidades Educativas Especiales” (NEE)

Students with all kinds of special needs - from students with Down’s syndrome to students with cerebral palsy and students who find themselves with social problems due to problems with ACEs are integrated in the NEE (compulsory) school in Spain.

To achieve inclusion, the Galician government has equipped schools with specific professionals and adequate training. Specific professionals in schools or whose advice benefit schools and learners through external collaboration to achieve real inclusion:

Counsellors: assist teachers at schools with students that have learning difficulties or special needs

Specific Counsellors Team (EOE): help teachers and schools to take decisions about a child

PT teacher (Therapeutic Pedagogy)

AL Teacher (Hearing and Language)

Sign Language Interpreters: intervene in schools when there is a deaf or deaf-mute child.

ONCE (National Organization of the Spanish Blind): an organization which provides training and work for blind people, offers lifelong support Educational Technical Assistants (caregivers), when a school has children with any type of problems they help teachers to look after these children.

Early Care Network: articulates the integral action of the departments (they give support to schools , teachers and families. They intervene in the training of a child at an early age

Collaboration between professionals

When a student with ACEs problems arrives at the school, and a teacher realizes what the situation is, the teacher contacts Social Services. Social Services are part of the municipality and help the children of ACEs and any other problems. They collaborate with schools and families also when they are in financial trouble

Early Education: care of children from 0-6 years with developmental disorders and, in this case, to coordinate interventions. They also act upon cases of ill-treatment.

Schools have their own professionals in addition to teachers: Counselors, PT Teacher (therapeutic Pedagogy) AL Teacher (Hearing and Language and Educational Technical Assistants (caregivers) who all give external support to the schools and teachers.

Education in Sweden

All children and young people in Sweden attend compulsory school for nine years. Most children start school at the age of seven. From 2018 it is also mandatory for children - most often six years of age - to attend a year of preparation “förskoleklass” to learn to attend and take part in groups of children their own age. Many children attend daycare “Förskola” where children 1-6 attend. The Swedish “Förskola” has its own curriculum (Lpfö 18) set by the government through the national agency of education, Skolverket.

The National Agency for Education - Skolverket - underline that “schools have an important duty to make pupils aware of the fundamental values on which Swedish society is built: the sanctity of human life, the freedom and integrity of the individual, the equal value of all – irrespective of gender, race, religion or social background – equality between women and men and solidarity with the weak and vulnerable” (Skolverket). The state “governs education through a series of statutes, government orders, curricula and syllabuses”. These contain aims and guidelines for all aspects of education. In Sweden, the 290 municipalities are responsible for compulsory basic school, upper secondary school and municipal adult education. The National Agency for Education is the national body responsible for follow-up activity, evaluation, development and supervision of the school system. The curriculum for the preschool year and compulsory school is Skolverket, Lgr 11 and for Upper Secondary School it is Skolverket, Gy11. Everyone working in the school system is obliged to work towards common goals and objectives, thereby guaranteeing education of uniform value. Education in Sweden is generally publicly financed (tax) and exempt from fees. There are independent schools as well: 3.5% of pupils attend independent schools which are also financed from public funds (Skolverket).

Everyone in Sweden is obliged to attend basic school for nine years. All children and young people aged between seven and sixteen are obliged to attend school. Activities initiated by individual schools must be free to attend - no fees are allowed and activities must be free of charge.

Pupils in Sweden are awarded grades in school from year eight onwards. Grades are awarded in accordance with an achievement-related model. After compulsory basic school virtually all pupils go on to study at Upper Secondary School (gymnasieskola i.e. post-16 education).

Upper secondary school provides educational programmes/pathways which prepare students for working life (vocational) and others which prepare them for further studies (academic). All programmes run for three years and offer students the necessary qualifications to study further at higher education establishments. Sweden has a strong tradition of adult education provision. Each municipality provides compulsory basic school and upper secondary school education for adults. Pupil literacy levels are among the highest in the world. Attainments in mathematics and natural science are at an average international level.

Statistics show that approximately 75% of the students in Upper Secondary School end their studies with a diploma, which also means that approximately as many as 25% of those who enroll do not reach their qualifications necessary to obtain a diploma. There is concern raised in schools to the impact of absence has on results i.e. marks. Entering Upper Secondary School is voluntary and so is attendance. Once a student has enrolled, however, absence will in general impact negatively on results. Student Health teams seek answers to why students do not attend. There is also a growing number of students who will not attend classes at all, “hemmasittare”. Young people become stay-at-home students and do not take part in social life in school.

Social Services in Europe

The structure for social services differ in the partner countries and within regions. Similarly, the term social worker can involve different responsibilities across the partnership. Current available data shows marked difference in the deployment of social workers across the partnership - though this will not indicate the full number of those working in parallel roles but under a different title:

Sweden: 1 SW in 250 inhabitants

United Kingdom: 1 SW in 600 inhabitants

Spain: 1 SW in 1,175 inhabitants

Italy: 1 SW 1,600 inhabitants

Sweden

In Sweden, the great majority of its estimated 40,000 social workers (Saco, 2020) hold a Degree of Bachelor of Science in Social Work, and are employed in municipality organisations, namely social service centres, which aim to offer a generic range of services (including basic financial support) on a relatively universal basis. These are for the most part quite well regarded by the public at large and recognised as offering a distinctive service.

Each of the country's 290 municipalities has a social services organisation managed by a local 'Social Welfare Board' of politically-appointed laypersons who are mandated to ensure that children in need or at risk of harm receive the support and protection they need. Specifically, this board determines whether or not children can be placed in out-of-home care. Social workers offer both children and parents various kinds of support depending on whether a case has come to the attention of the social services through mandatory reporting (schools, health services, police) or whether parents have voluntarily applied for services. Sweden does not have specific

child welfare legislation. It is instead integrated into the Social Services Act which is a framing law that covers support for children and families but also for persons in need of financial assistance or who have substance abuse problems. In this way, the child welfare system can thus be described as a combination of controlling and supportive. It should also be noted that on January 1, 2020, the UN Convention on the Rights of the Child was made Swedish law.

Child welfare assessment is a complex process whereby social workers try to determine the needs of a child in relation to the parents' capacity to meet these needs and environmental factors that may help or hinder a child's needs being met. At the same time, investigation takes place in a context of risk – social workers are expected to be thorough in their assessments in order to substantiate or invalidate concerns about risk of abuse or neglect.

The United Kingdom

In England, the social care workforce comprises over one and half million people. An estimated two thirds of the workforce work for some 25,000 employers in the private and voluntary sectors. The remaining third work in the statutory sector, largely for 150 local councils with personal social services responsibilities. The range of work settings includes the community, hospitals, health centres, education and advice centres and people's homes. Social care practitioners frequently work in partnership with staff from other professions, including health, housing,

The Care Standards Act 2000, as well as establishing regulations covering service provision, brought greater recognition for the profession of social work with the introduction of a social work degree and social workers' register. To become a social worker in the UK and use the title, students need to complete an Honours degree or postgraduate MA in Social Work. There are access courses for mature students, trainee schemes and employment-based routes to gaining the qualification. Qualified social workers are currently required to register with the Health and

Care Professions Council (HCPC) before commencing practice. Social workers are also required to ensure that they keep their training and knowledge up-to-date with current developments in the field.

Occupational Therapy is another important profession working in health and social care settings, contributing to the promotion of people's independence through advice and provision of equipment, and enhancing the suitability of housing through Adaptations.

Although there is no formal or national hierarchy (rank) of social workers, many local authorities in England and Wales adopt a similar pattern of seniority of social workers. The UK (where there was similarly strong support for the welfare state until relatively recently) also has a high proportion of workers employed in public authorities (about 43,000 social workers) and previous studies suggested that about 80% of new entrants went into the statutory services. However, there has been a recent 'splitting up' of previously distinct social service departments into services for children and families (under the auspices of education departments) and those for adults (under the broad remit of health care).

Spain

Since 1978 social work has become a well-established profession, with up to 80% of personnel employed in municipal services. In 2004 one professional organisation suggested that there are around 42,000 social workers and relatively large numbers are also employed in third sector organisations.

Structure and development of the welfare state Spain is usually included, together with Italy, Portugal and Greece, in a group of Southern European welfare states, sometimes labelled as Mediterranean or Catholic. Southern European welfare states are supposed to share some distinctive traits,

such as smaller and less developed welfare state programmes if compared to those of Northern European countries.

Education is decentralised in 17 regional governments, and present educational regulation allows regions the possibility to regulate and develop a diversity of child care services outside educational regulation, besides the first early education cycle (0-3). This has led to very decentralized and diversified child care provision, partly within the education system, partly outside it.

In Galicia (and the whole of Spain) when speaking of mild cases, there is a protocol to be applied between the different professions that collaborate at the municipal level i.e social services, teachers, medical services - and in more extreme cases also by the police). In serious cases, other actors such as the General Directorate for Family and Inclusion are involved as well.

When the social services detect a family at risk of exclusion.

A risk situation is considered to be the one that occurs when the minor, without being deprived in his family environment of the necessary assistance, is affected by any circumstance that damages his personal, family, social or educational development and that reasonably allows us to fear that in the future it may be in a situation social exclusion. By the work of Social Services, schools and health centres, situations of lack of protection of children can be detected. In cases of mild or moderate lack of protection, the reference professional at the health centre - or school - will inform the family about the detected situation as well as inform the Social Services of the locality. They have a protocol and they know how to proceed with the minor. With the protocol signed by the city council with all the institutions that intervene in the protection of minors, we ensure inter-professional collaboration and make sure a child is not left without the necessary attention.

Process of assessment and diagnosis of situations that require collaboration and coordinated intervention

1. The process of assessing the situation is initiated in one of the four systems:
School, Medical centre, Social Services and Policy Services that look into: clinical history, school dossier, social history, policy interventions.
2. In the next stage the team has to discern if there is a defined protocol to follow or not.
The protocol must be used and defined by the intervention team who take specific action for the attention of the detected situation (why this child is at risk of exclusion)
3. The need to inform the family and request their collaboration, as well as informed consent to provide personalised information, will be considered. (The exception to this rule is constituted by the cases of lack of protection.)
4. At the same time, direct communication can be established between the different professionals to gain effectiveness, especially in those cases where the health or education of the child (under 18 years of age) is compromised.

When a case is considered serious, more actors intervene in the process:
the regional government of Galicia has the Technical Teams for Minors, located in the territorial headquarters of the four provinces and are made up of professionals from various disciplines (pedagogy, psychology, social work, social education and law). These are in charge of evaluating and intervention in helplessness and risk.

In addition, the General Directorate for Family and Inclusion carries out the technical management of programmes and resources, this department being the entity responsible for the protection of children in Galicia.

When a case is considered mild, it is resolved between the Social Services, the teaching staff and the medical services that follow the action protocol. In other cases,

these professionals collaborate actively with the General Directorate for Family when necessary.

Generally, problems are detected in schools or through Social Services, and sometimes problems are detected by medical services. Children have a free telephone line, staffed by specialized staff that works 24 hours a day. Children can freely express their concerns, talk about problems that affect them directly, and notify someone who can provide help in case of emergency.

A guide is included in the protocol of ill-treatment. It is available through the website of the Ministry of Labour and Welfare (<http://benestar.xunta.es>) to solve the doubts and difficulties encountered by the professionals (social service) and indicators of abuse and how to act. It includes notification sheets, a paper version, which enable the notification of suspected abuse, pointing out different indicators for different types of child abuse.

Support and intervention with family and minors

When a situation of risk with children is detected, circumstances are explored to see the factors that intervene. Circumstances must be evaluated and an intervention must be made with the child and families. This is to modify the circumstances that led to the situation that created a risk of exclusion. Schools and Social Services give support to families and children to the point when the problem disappears.

To achieve these objectives, the General Directorate for Family and Inclusion has of the following programmes and resources:

Family Orientation Cabinets (GOF)

The family-oriented offices are multidisciplinary technical teams made up of professionals from the fields of psychology, social work and law. They deal with problems related to family conflict

processes, relationship difficulties between family members and situations that imply a risk of rupture with unfavourable consequences for its members, such as marital conflict, paternal crisis, or conflict with other members of the family. They offer resources and guidance to establish the dynamics of the family.

Family integration programme (PIF)

The educational intervention, social and medical services in families, have a double objective:

- Achieve the family integration of children separated from their families.
- Avoid family separation and the foreseeable placement of children (family preservation).

This is expressed in:

- the comprehensive intervention encompasses the areas of psychosocial intervention (transmitting strategies that improve personal, family and social functioning), child care (to ensure good conditions of life and affection for minors), family education (for the acquisition of skills and habits in order to meet the needs of minors).
- family therapy (to solve psychological, relational and behavioural problems), the labour insertion (to facilitate the incorporation in the labour market of the parents that allows economic and social stability), and school reinforcement, etc.

Day care

Through the day care programme, minors at risk - or homeless - are provided with the coverage of their basic needs in terms of food, hygiene and clothing, school support, basic skills education, free time planning animation and educational guidance. In addition, a socio-educational intervention is carried out with the family to promote the integration process.

Therapeutic evaluation and treatment programme

The treatment programme addressed to minors who present severe emotional and behavioural problems, originated from or related to the situation of helplessness they suffered, the separation from their family caused by the situation of neglect also related to the situation of lack of protection they suffered. The purpose of this programme is to provide individualized and specialized assistance in the psychological and socio-educational fields of minors.

Outpatient intervention programme with adolescents

This programme is to provide individualized and specialized assistance in the psychological and socio-educational fields to minors, characterised by anti-social behaviour, drug use, failure, expulsion from school, membership in anti-social gangs, psychopathological disorders, etc.

Socio-labour insertion programme MENTOR

The Mentor Programme aims at the socio-labour insertion of young people over the age of 16, and under the age of 21 (extendable up to 25 in exceptional cases), who are or have been supervised or in a custodial situation by the Xunta de Galicia, and who want to join the world of work. Its objective is to improve the quality of life of these young people through an individualized project that guarantees them a job placement and training for independent living, so that upon reaching the age of majority they can be fully autonomous.

This programme is accompanied by advice and training, job search and job placement are complemented by supervised housing, assisted by educational personnel, in which the young participants in the program prepare for independent living

Family foster care

Through this type of fostering, the custody of a minor is granted to one person or family with the obligation to take care of the child, feed the child, educate the child by a time in order to integrate him/her into a family life that replaces or complements temporarily to his biological family. Its general objective is to guarantee the right of the child to live in a family, for being the optimal means for its development.

Benefits and services offered

Information, Orientation, Assessment and Advice Service respond to the right of citizens to be informed about resources available in society to meet their needs. It provides information and the technical advice necessary to enable access to them and is specified in the following activities:

- a) Provide information, guidance and advice to citizens, groups and institutions on existing social rights and resources in the community. It consists of technical and professional information on the possibility of access to any resource of the social services. Social services and other protection systems, indicating the ways of using them, as well as facilitating access to services.
- b) Study, assess, and where appropriate, manage the demands received, processing the benefits that are required and facilitating follow-up and support necessary in each case.
- c) study and analyse social demands and the problems posed with a view to a subsequent programming of activities and adaptation of resources to those needs. An essential activity of these services is the collection and analysis of information that enables a knowledge of social reality where they act.

Police Services across Europe

The United Kingdom

Widely regarded as the home of the first modern police force, law enforcement in the United Kingdom is based on the long-standing philosophy of policing by consent. Policing and law enforcement are organized separately in each of the legal systems of the United Kingdom as a result of devolution of powers to Scotland, Northern Ireland and, to a lesser extent, London.

England and Wales have 43 local police forces (formerly known as constabularies), each of which covers a 'police area' (a particular county, grouping of counties or metropolitan area). Since 2012, 41 of these forces have their own directly elected Police and Crime Commissioner, under the Police Reform and Social Responsibility Act 2011. The two exceptions are in London, where the Metropolitan Police is accountable to the directly elected mayor via the Office for Policing and Crime, and the much smaller City of London Police that retains the Common Council of the City as its police authority.

From October 2013 the National Crime Agency (NCA) operated as the United Kingdom's first national law enforcement agency. Replacing the existing Serious Organized Crime Agency and Child Exploitation and Online Protection Centre, as well as assuming some of the responsibilities of the UK Border Agency, but not counter-terrorism, for the first time it will have authority for "tasking and coordination" investigative work to local forces under the Crime and Courts Act 2013.

There are also three special police forces that have a specific, non-regional jurisdiction – the British Transport Police, Civil Nuclear Constabulary, Ministry of Defence Police. Over the centuries there has been a wide variation in the number of police forces operating within the UK, most of which now

no longer exist, see list of former police forces in the United Kingdom. A few miscellaneous constabularies with responsibility mostly founded on old legislation to police specific local areas, such as ports and parks, have escaped police reform. Lastly, a number of government bodies that are not police forces have detective powers and enforce laws, such as the Marine and Fisheries Agency and UK Border Agency, who employ officers with limited powers of detention and search but generally cannot make full arrests.

The majority of British police are never routinely armed with firearms, relying on an extendable baton and in some cases Tasers, with specialist armed units always on patrol and called in only when necessary. The exceptions are the Ministry of Defence Police, the Civil Nuclear Constabulary and the Police Service of Northern Ireland which are routinely armed.

Uniquely in Britain, there are police forces of Crown Dependencies such as the Isle of Man and States of Jersey and Guernsey, who have police forces that share resources with the UK police, whilst having a separate administration within their own governments. The British Overseas Territories have their own police forces which are generally based on the British model of policing.

Specifically, in Cornwall, there are 4 'youth and missing' police officers (YMOs) who deal with children with ACEs specifically. The statistics correlating ACEs with criminal behaviour are outlined in research (see further reading) and the YMOs work to prevent the criminalization of these children by using interventions.

The YMOs link with the youth offending services (YOS) with youth justice outcomes specifically in out of court disposals (such as youth cautions) in a restorative approach. They help guide interventions

and problem-solving approaches with children who are repeatedly missing (classified as high-risk cases), in which inter-professional working with education, social services and YOS are crucial. They link with partner agencies to ensure the highest quality information exchange and provision of a consistent approach is given to both the police, social services and the child or young person.

The direct work with young people is split into different types of trauma-informed interventions including individual interventions, specified group interventions and complex interventions:

- This can be meetings at school, home or in the school environment. Police cadets are used to contributing to family and community relationships.
- Specified Group Interventions - this may be a group of children who may be causing anti-social behaviour, or educational inputs such as internet safety to a group of students.
- Complex Interventions - the YMOs will work in partnership with other agencies with the child. This may mean joint home visits with social care or education.

Italy

Law enforcement in Italy is mainly carried out by different agencies, depending on felony and jurisdiction. On a national level, five police forces operate. The Arma dei Carabinieri (gendarmerie), the Polizia di Stato (national police) and the Guardia di Finanza (customs police, border police and financial police); are the main forces, the only ones with full powers. There are also the Polizia Penitenziaria (prison service), in charge of running order in the prison system.

Locally, with jurisdiction only in lower level felonies, there are also Polizia Provinciale in some of the 109 provinces of Italy, and Polizia Municipale in every commune. Even though they support other forces in drug dealing and thefts, their primary function is to patrol streets and prevent felonies. They do not undertake investigation.

The Carabinieri and Guardia di Finanza are organised as a military force. In recent years, Carabinieri units have been dispatched all over the world in peacekeeping missions, including Kosovo, Afghanistan and Iraq.

On a daily basis, calling the 112 emergency number only Polizia or carabinieri will answer as they are the only forces in charge of “Pronto Intervento” (non-sanitarian Emergency) and public safety.

Spain

Law enforcement in Spain is carried out by numerous organisations, not all of which operate in the same areas.

The Guardia Civil (Civil Guard) is a gendarmerie force and therefore, has a military status and patrols rural areas (including highways and ports) and investigate crimes there (78,000). They operate from garrison posts that are called casas cuartel (“home-garrisons”) which are both minor residential garrisons and fully equipped Police stations. Answers to both the Ministry of Interior and the Ministry of Defence.

The Policía Nacional or Cuerpo Nacional de Policía (literally, the National Police Corps, or CNP) has a civilian status and deals with criminal offences and public order in big towns and cities (65,000). It includes special anti-riot units. In some Autonomous Communities, autonomous police forces have taken over many of the CNP duties. Answers to the Ministry of Interior.

The Policía Local or Policía Municipal (known as Urban Guard in the city of Barcelona) operate in most cities and important towns, concentrating on preventing crime, settling minor incidents, traffic control, and, crucially, intelligence gathering. Answer to the local governments (81,000).

In some Autonomous Communities there is an autonomous police force, under the rule of the

Sweden

regional government, which carries out the duties of the Civil Guard and the National Police there. This police forces are the Troopers (Mossos d'Esquadra) in Catalonia (17.000), the Ertzaintza in the Basque Country (8.000), and the Chartered Police (Policía Foral or Foruzaingoa in Basque) in Navarre (1100).

They answer to their respective autonomous governments. The Basque province of Alava retains Spain's oldest police force, the Miñones ("Minions") founded in 1793. Although now an integral division of the Basque Ertzaintza, it answers to the provincial government of Alava.

Additionally, there is "special administrative police" which is not under the Ministry of the Interior nor the Ministry of Defence, but the Ministry of the Treasury. The Customs Surveillance Service is responsible for the investigation and prosecution of cases involving contraband, illegal drugs, financial evasion and violations, money laundering, surveillance for financial police purposes and the provision of judicial police services. Despite their civilian status, the officers are trained by both the National Police and the Navy Marines.

Locally, all enforcement agencies work together closely, and in serious matters, usually under the guidance of an Examining magistrate. Operational policy and major interventions are nationally coordinated under the direction of the Ministry of the Interior.

The Swedish Police Authority (in Swedish: Polismyndigheten, but is usually referred to as Polisen) is the central administrative authority responsible for the Swedish police that operates under the Ministry of Justice. The Swedish Police Authority replaced the National Police Board in 2015. Due to the 2015 reform of the police, the Swedish Security Service became a separate entity under the Ministry of Justice, instead of previously being part of the National Police Board. The reform also resulted in Rikskriminalpolisen (National Criminal Investigations Department) being dissolved and its duties transferred to the National Operations Department. The 21 police regions that were established according to the Counties of Sweden prior to the reform were replaced by six police regions, which were instead divided into 27 local police districts. Swedish police officers are always armed with a handgun, a telescopic baton and a can of pepper spray. The Swedish Police Authority maintains three well-trained SWAT elements, the first being the elite counter-terrorism National Task Force which is the equivalent of Germany's GSG 9 and the French GIGN. The second unit being the Reinforced Regional Task Force (previously known as Piketen), which is trained to handle riot control, hostage situations and high-risk arrests in three of Sweden's major cities; Stockholm, Gothenburg and Malmö. The third element is composed of small, less well-equipped special response units under the jurisdictions of their respective local police districts, they are simply called Regional Task Forces, and they serve officially under the Reinforced Regional Task Force.

4 Catalogue of activities/training undertaken on the project

Bromangymnasiet and Lärandeförvaltningen

programme: Inter-professional Learning and Collaboration. A multi-agency training programme developed for use within a school and local authority.



https://docs.google.com/presentation/d/1WJhYbLuKvr5xtJjFRHduaqs4CedLDI1ZQX7SiL7X4/edit#slide=id.g768a994b7d_0_158 and https://docs.google.com/document/d/1S-xil-NMlmc_8lt93SI7PtF05CMnNGeVI34KtOWJqPw/edit#

Cerceda Inclusion briefing.

A briefing developed within a local authority.
Inclusion - Attention to diversity



https://www.learninginstitute.co.uk/_site/data/files/users/5/files/0DB59085BCF17FA0014984E155785B07.pdf

Cerceda Resilience training presentation.

How to teach resilience



https://www.learninginstitute.co.uk/_site/data/files/users/5/files/018AD020EB69FB36EDE6BECEB5DA8BC2.pdf

Cerceda Resilience worksheets (1)



<https://docs.google.com/forms/d/e/1FAIpQLSfB8Yl50gP3p1ZO78PorBeM1IQUiKzCnDdDmWV0Ygtrqu-ZdQ/viewform>

Cerceda Resilience worksheets (2)



https://docs.google.com/forms/d/e/1FAIpQLSc61q4pirANqxNsTodNrn3UTRI5vr6Fe6BbjjWq3Fd7G_qxNw/viewform

Devon and Cornwall Police ACEs Gatekeeper Training.

A leadership briefing developed for use within the police service.



Gatekeeper Training: Adverse Childhood Experiences (ACE) and Trauma Informed Policing (vimeo.com)

Devon Virtual School – exclusion summary.

A briefing paper developed with a local authority service. Exclusion in English schools - A report for Erasmus ACEs project 2020



https://www.learninginstitute.co.uk/_site/data/files/users/5/files/01DE04DB128F349E8493754445ADC2EE.pdf

Devon Virtual School

Presentation on multi-agency working. Multi-agency working - collaboration for positive outcomes



https://www.learninginstitute.co.uk/_site/data/files/users/5/files/834AEC34B1A6F5C02753150CD09CF5F6.pdf

Instituto Comprehensivo Di Via Montebello.

Account of partner country services produced for the project team aspects of which are used in Handbook section 3 above. Output 03 IC MONTEBELLO Teaching Resources



[View Here](#)

https://www.learninginstitute.co.uk/_site/data/files/users/5/files/BEBFB695DB467AC7188787DDDD8491E2.pdf

Seville problem-solving activity.

Worksheet to support activity. Activity - problem solving



[View Here](#)

https://www.learninginstitute.co.uk/_site/data/files/users/5/files/4A531D9DFCA80DEA776AB73AAB4706E4.pdf

Seville worksheets

(using library photographs).



[View Here](#)

https://www.learninginstitute.co.uk/_site/data/files/users/5/files/9529C9387FDC4E175DA1B3B7889C4AC1.pdf

The Learning Institute

ACEs and toxic stress programmes. Open access training programmes for multi-agency use.



[View Here](#)

<https://www.learninginstitute.co.uk/erasmusace>

<https://www.learninginstitute.co.uk/toxic-stress-and-aces>

The Learning Institute (2020)

Why work together? The benefits and challenges of multi-agency/multi-disciplinary working. An open access training programme for multi-agency use.



[View Here](#)

<https://www.learninginstitute.co.uk/educationcpd>

The Learning Institute - The Optimistic Child.



[View Here](#)

[Webinar. The Optimistic Child | Workshop | Changing Our Response to Childhood Adversity Event - YouTube](#)

The Learning Institute

Understanding our own and others' values.



[View Here](#)

[Webinar. Understanding Our Own and Others Personal Values and Principles in a Professional Context | Workshop - YouTube](#)

The Learning Institute

Responding differently in inter-professional working.



[View Here](#)

[Webinar. Responding Differently in Inter-Professional Working | Workshop - YouTube](#)

The Learning Institute

The unintended consequences of behaviour management systems.



[View Here](#)

[Webinar. Understanding the Unintended Consequences of Behaviour Management Systems - YouTube](#)



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The Handbook was produced by a partnership of children's services organisations in Italy, Spain, Sweden and England.

As such, it provides access to key reading and training from each partner country at the time of cooperation, referring to statistics of the most recent surveys available to the partnership. Figures aim to help readers understand comparative practice in the four countries.

Our sincere wish is that readers find the Handbook useful, especially when studied using the links presented in section 4. It is also our wish that readers would investigate possibilities for inter-professional collaboration through e.g. the Erasmus+ Programme. If you as a reader find specifics of interest in the Handbook, or, would like to inquire about any part of the work done, feel very welcome to contact us through the partnership's coordinating organisation: The Learning Institute, part of Westcountry Schools Trust in the UK.