Reclaiming our wings together

*The competences and resources of local communities
in the PRISMA project for countering violence against children*

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Save the Children Italy

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Erickson

Save the Children Italy

Every day, since 1919, Save the Children has worked passionately, with determination, and professionalism, to give children the opportunity to grow up healthily, get an education and be protected.
Save the Children Italy was founded at the end of 1998 as a non-profit organisation and began its operations in 1999. Today it is an NGO (non-governmental organisation) recognised by Italy's Ministry of Foreign Affairs. It pursues work and projects which target children in both developing countries and in Italy. It coordinated the PRISMA project realised in partnership with the non-profit organisations EDI (Educazione, Diritti, Infanzia) and Associazione Focolare Maria Regina, and Edizioni Centro Studi Erickson.
For further information on the PRISMA project, refer to:
https://sistemiditutela.savethechildren.it/prisma/

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Preface

Someone once said that «rights speak». We can say that the rights that protect minors from any form of abuse or violence scream. They scream out terrible stories of fear, feelings of guilt and loneliness. They scream out with the voice and the vulnerability of a child, even when they come from bodies that are now adult.

The rights that protect minors from violence come under a regulatory context which is often difficult to align with the social reality, which moves at an increasingly faster speed and undergoes changes which are hard to track.

International child protection rights language has significantly changed over the past decades. The UN Convention on the Rights of the Child, approved 20 November 1989 by the General Assembly of the United Nations, changed the concept of *child* and their relationships with adults. Minors are no longer passive subjects to be safeguarded and protected, but active holders of their own rights. This was a momentous turning point in the evolution of child safeguarding rights, and marked the surpassing of the paternalistic view of minors as mere recipients of protection. However, rights' holding, in order to avoid being submerged by rhetoric, must be translatable into a tangible commitment for the international community towards the new generations.

This challenge is relevant more than ever, in a world where we have been defenceless spectators of pandemics, conflict, contradictions and denied rights or inability to claim them.

When, in this already difficult context, violence occurs, those essential rights sanctioned by the UN Convention, which should be guaranteed without compromises, are deprived of any meaning and value: the right to life, to survival and to development, the right to not be discriminated against, the right to enjoy

the best state of health possible, in addition, of course, to all the rights specifically related to protection.

Among the latter, we should highlight that UN Convention dedicates only one article to a situation where a minor is already a victim (article 39); all the others regard prevention. A priority goal, even before reflecting on individual interventions, must be to develop and promote a true «culture of prevention».

This is an ambitious goal, and it requires time, patience, and resources. As emphasised by the World Health Organisation, investment into the prevention of maltreatment against children is hindered by a high demand for return on public investments that contrast with the time frames of prevention programmes, which often take years to produce the expected results.

It is this paradigm that must be overcome: it is necessary to construct something that remains sound in the long-term and guarantees a legacy for the new generations.

The PRISMA project is an important step forward towards the construction of a sustainable culture of prevention, thanks to the promotion of a virtuous circle based on effective, lasting social policies, ongoing training and awareness raising, and quality safeguarding and protection services, centred on inter-institutional and interdisciplinary cooperation.

So we must start with that which is in the proximity to reach universality: virtuous pathways to construct together a structured procedure directed at the full expression of rights.

Carla Garlatti
The Italian Child Protection Authority

Premise

Stopping and looking a child in the eyes is the most authentic experience that we can have to relate to and know that child, their emotions, and, thus, their joy for life or their suffering. This is the first exercise for parents, in particular, mothers, and that is what those who "encounter" a child, or hold a role that entails a relationship based on helping, knowing, or even, treating, or simply training a child, for example in sports, should become used to doing. The eyes of a child cannot lie. They cannot fail to express the joy they are experiencing in that specific moment and they cannot hide their suffering or distress. Children look at us too. They look at our eyes, more than our gestures and words, and assess how reliable we are and how sincere our promises are.

Recognising a problem is the first, preliminary step of trying to discover whether there is one, and then what the causes are, to initiate an investigative procedure, and then resolve the causes, when necessary, through treatment.

Sadly repeated maltreatment and abuse is often at the origin of the distress experienced by the children we encounter. It almost always occurs at home and is not always detected and understood by attentive, open, competent interlocutors.

In Italy, sadly there are no official studies on the magnitude of child maltreatment and abuse, however, based on the data collected through the only two national surveys (2015 and 2019) performed by CISMAI, Terre des Hommes, ANCI and the Italian Child Protection Authority, around 10 Italian children out of every thousand are subject to maltreatment and violence, while the figure for foreign children is double that. We also know that this is a significant underestimate of the reality: just consider that there were around 500 infanticides (children killed

by their parents, refer to the EURES report of 2015) in the period between 2000 and 2017, and these were not included in the surveys mentioned.

These data should shock Italian institutions and, above all, they should engage and empower all professionals and operators that hold roles where they are in contact with children (physicians, paediatricians, teachers, social workers, rehabilitation support workers, trainers/coaches, etc.) to look out for the alarm signs, to not «look the other way», but to know the most suitable «procedures» for helping these little boys and girls to emerge from their suffering and rediscover their joy for living and invest positively in their future.

Over these years, we have encountered many projects promoting and experimenting the acquisition of competences and knowledge of procedures for intercepting children in distressing situations. To this regard, the PRISMA project has shown that, in order to activate a procedure for combating child maltreatment and abuse that «takes root» in participating communities, it is necessary to establish solid knowledge and capacity building in professionals and operators, based on the «ecological model» proposed by the WHO, for detecting and managing distressing situations and maltreatment immediately and activating organised, and hopefully permanent, territorial models for monitoring and responding, in the social service networks of the territories involved in the project. It also highlighted the concurrent need to promote «positive parenting» as a preferred condition for facilitating a «positive attachment relationship» between parents and children, thus strengthening the resilience of victims.

The response of those participating in the PRISMA project training — as described in the sixth chapter of this book — reinforces the hope that we have established an intervention which is useful to the ends of preventing Adverse Childhood Experiences (ACEs), a large part of which are represented by maltreatment, and which has had a beneficial effect on the children in the involved communities.

The responsibility to subsequently ensure a permanent procedure for combating child maltreatment and abuse remains with public administrations and institutions participating in the project, and update it based on the experience and results obtained.

Giovanni Visci
CISMAI Chairperson

Introduction

Violence against minors is a much more common problem that one would imagine, both globally and nationally, and it produces significant, often dramatic consequences on the personality and health of children, who will be future adults. According to the most recent data available, around 3/4 of children aged 2 - 4 (around 300 million) are victims of corporal punishment and/or physical violence (WHO, 2020). According to the estimates available in Italy, infants suffer the most. This is, above all, due to the difficulties of detecting distressing situations and the late implementation of prevention and protection interventions. The 11th report on the implementation of the Convention on the Rights of the Child (CRC Group, 2020) reminds us that «prevention remains a strategic resource which must be invested in systematically and across-the-board. Its protective and preventive value and its important potential to disseminate a culture of rights of the child must be recognised. Prevention impacts the ecological model on multiple levels, generating an essential, crucial virtuous circle». In Italy, there are several secondary and tertiary prevention interventions implemented by the public and private social sector, but there are very few primary prevention interventions or the sort of prevention that aims to prevent any sort of maltreatment and abuse from occurring.

In most cases, violence against children remains invisible. This occurs because children are afraid to speak about it, to report it, and even when they do, adults do not always intervene adequately.

This volume, that summarises the experience of the PRISMA project, is an attempt to offer insight and alternative points of view to the ends of sharing a child safeguarding culture among all the professionals that work with infants. In this sense, it was fundamental for not just the child and their wellbeing, but the whole world of the child, intended as the entire context which the child grows

up in that accompanies their evolution as infants. Thus the child was considered within their community, intended as the world of relationships that has the duty to support the growth of infants and take care of them and which holds the collective responsibility to provide for interventions which target their safeguarding and protection.

The project pursued this scope attempting to raise awareness of a safeguarding culture, intended as a duty of care and responsibility, that requires a critical and radical look at our work and the work of our organisations. Incorporating a culture of safeguarding means challenging ourselves first and foremost, as professionals, as members of organisations and institutions, to understand how the environments where infants are cared for and grow that we offer can become increasingly more safeguarding. This entails a rights-based approach, that must include proposals and actions directed at a more just reality, which offers all children protective contexts. To this end, safeguarding and protection must be increasingly more rooted in values that all our stakeholders live and breathe. Working on a safeguarding approach allows us to improve violence reporting systems, thanks to child-friendly services, and enable early identification and greater competences in everyone for detecting cases of maltreatment. The project aims to contribute to providing professional figures in contact with infants the capacity to structure a system which is able to prevent and even react promptly and adequately when cases of violence are reported.

The first chapter is an introduction to the PRISMA (*Promoting Resilience and Improving Safeguarding Mechanisms against ACEs*) project that was launched in March 2020, during the Coronavirus pandemic, and fully implemented during the same. The pandemic was a great challenge for professionals working with children but the healthcare, development, educational and social sectors built a common front to face it, and PRISMA tried to adapt as best as possible to the emergency conditions. The project, co-funded by the *REC (Rights, Equality and Citizenship) programme* was coordinated by Save the Children in partnership with the Cooperative EDI (Educazione, Diritti e Infanzia), with Centro Studi Erickson and with Associazione Focolare Maria Regina.

The second chapter is an introduction to the concept of care communities that were the cornerstones of all project interventions. PRISMA intended to focus its interventions on the world of the child and the relationships between different professionals working with infants and their safeguarding, recognising the risk of divergences between systems as a long-standing problem, which it had to attempt to resolve. One of the fundamental objectives of the project was to find a space for dialogue between development services and healthcare services and put infant safeguarding back at the heart of interventions. This safeguarding becomes proactive and propositional, and is founded on attentive, open, co-responsible watchfulness.

It is not only capable of reacting to maltreatment but is dedicated to preventing it from even happening.

The third chapter is an interesting theoretical analysis of Adverse Childhood Experiences: It offers a review of the most important existing literature on the matter, and the causes, but above all the long-term outcomes that these experiences have on children today, who will be the adults of tomorrow.

The fourth chapter presents the matter of abuse in the context of organisations, intended as all forms of maltreatment and abuse that occurs in growth contexts outside of the family and that, where infants are concerned, are contexts whose primary objectives are learning and care. Through a review of existing literature we analysed the matter in order to find a tool for preventing different forms of abuse in the situational analysis.

The fifth chapter deals with the territorial safeguarding system model and underlines the importance of expanding the context of safeguarding to construct an approach which is both pro-active (safeguarding) and reactive (protection), highlighting standards and giving indications of good practices.

Chapter six reports a summary of all the actions and interventions of the PRISMA project. We will detail several interventions realised by partner organisations on 4 different territories involved in the project: Turin, Rome, Pescara and Naples.

The book is directed at those working in contact with infants, professionals in public and private educational services, in the third sector, healthcare professionals and all those whose primary scope is the safeguarding and promotion of infant welfare.

The book also contains a handbook whose objective and intention is to guide professional figures of the care community in the early detection of all forms of vulnerability, distress and harm. The tools developed and offered by the PRISMA project will be a legacy for future projects of partner organisations and, hopefully, also for other professionals and institutions of the European Union.

Chapter 1

The PRISMA project

Anna Paola Favero and Daniela Malvestiti

The project's origin and objectives

PRISMA — *Promoting child Resilience and Improving Safeguarding Mechanisms against ACEs* — is an Italian project realised by Save the Children, the non-profit cooperative EDI, the association Focolare Maria Regina and Edizioni Centro Studi Erickson and funded by the European Commission's Directorate-General for Justice within the REC *(Rights, Equality and Citizenship)* programme.

Between March 2021 and March 2022, PRISMA pursued the objective of strengthening local synergies by creating opportunities for multidisciplinary work and training. The effect sought was to promote positive social development, thanks to reflection constructed, one activity at a time, around principles of safeguarding to combat violence, that promote dignity, solidarity and the protection of every child, in particular those aged 0-6.

The project was intended as an opportunity to spread child safeguarding principles and standards and to strengthen the multidisciplinary work of professionals involved in children's care networks in four Italian municipalities: Rome, Turin, Pescara and Naples. PRISMA also involved families and caregivers to the ends of spreading a positive discipline culture to support the capacities of those who care for and accompany child development.

Project recipients were professionals involved in care and medical treatment, hospital structures, family clinics, neuropsychiatric services, social services, support workers, civil social support and cultural mediation resources, the police

forces, infant education services, the representatives of territorial and municipal institutions, parents and caregivers.

The objective was to find shared solutions within society, moving away from abstraction, in order to devise effective safeguarding solutions suited to local challenges and opportunities. This process involved analysing together, scrutinising needs so as to meet them, and committing to both absorbing and adhering to a system of shared safeguarding standards and promoting safety in all adult-minor interactions.

Unsurprisingly, the realities of the four municipalities reflected the variety of procedures, mechanisms and approaches of Italy's safeguarding and protection system that we find in the national literature on combating violence against children.

PRISMA did not attempt to standardise challenges, but rather it aimed to promote a vision where the existence of a strong safeguarding community is capable of preventing and making adult-children interactions safe in all contexts of children's lives, protecting them promptly where violence occurs. As regards this vision, the network acts on weak elements in shared work, boosting mechanisms and procedures, so as to improve the quality of possible choices.

While violence is still an element of exclusion, loneliness, distress, negation of fundamental human rights, PRISMA intended the territorial protection network to take on the added value of transformation.

The approach of the project consisted in making available spaces for dialogue, time for undertaking a shared trajectory and activities to stimulate unity for discussing and acting on awareness raising, prevention, reporting and responding to the ends of combating all forms of violence against children.

Four cities, in addition to twenty discussion groups held between February and September 2021, three-hundred and twenty professionals involved in Adverse Childhood Experiences (ACEs) training and practical workshops between September 2021 and March 2022, numerous parents and caregivers participated in workshops on positive discipline. Multiple bodies, contexts and roles dedicated to safeguarding for thirty months.

Project structure and dynamics

The idea of PRISMA originated from study and analysis into child safeguarding in Italy, performed also in consideration of the principles contained in the 1989 «Convention on the Rights of the Child» and the action to combat all forms of violence against children, young people and women promoted by project funder, the European Commission Directorate-General for Justice's REC programme *(Rights, Equality and Citizenship)*.

After having reviewed the pertinent documentation, the project became a launchpad for the journey, which is a just part of a long, important road, where professionals from different contexts, within one territory, grow together, in terms of language and procedures, to work more effectively on combating violence against children.

The Covid-19 emergency, declared a pandemic in 2020 by the World Health Organisation, had a great impact on the project, with activities intended to be carried out live passing to an online format, in compliance with the restrictions established by Italian emergency laws. The value of participation, contributions and working together was thus priceless and despite the difficulties due to the pandemic, the complications related to technology use and the efforts to adapt to a surreal situation, the professional figures kept the project alive through their professionalism and great commitment.

The project launched with a scoping review of child safeguarding and protection legislation in Italy and regionally, focusing on the four relevant regions. The study was a chance to assess the existence of different institutional approaches to child safeguarding in each territory, the perception of the role played by the different agencies in terms of prevention and responding and the presence of forms of systematic, coordinated work between institutions and agencies, that can influence the quality of responding to cases of abuse and maltreatment against children aged 0-6.

The scoping review provided a picture of laws, guidelines and good practices in force in Italy, on a national, regional and local level, with a specific focus on the four cities involved.

At the beginning of 2021, the project started one of its key activities: the discussion groups. These meetings, five per city, were intended as a response to the fragmented work of the network and the weak synergy regarding issues of abuse and maltreatment of children aged 0-6, as highlighted during the document review. The meetings, held between February and September 2021, offered the chance to discuss the local safeguarding system, to the ends of stimulating more effective coordination, as a factor of positive change. This process was facilitated by a matrix, devised to guide reflections on change. This matrix is based on the four cornerstones of the ideal safeguarding system: *awareness raising, prevention, reporting* and *responding.* The matrix also contained fields for every cornerstone that would stimulate discussions on key principles of safeguarding and protection against child abuse. These discussions were held to understand the strengths and weaknesses of the work already in existence on the territories, so as to assess how to innovate procedures and make them even more effective and safeguarding.

The structure stimulated a rich experience of content sharing, highlighting existing needs, a renewed will to act in synergy to improve the existing safeguarding

system and the interest to examine the reality of the interventions in light of the principles of protection recognised internationally. Actually, the importance of coordinated, multidisciplinary work and on how this goal should not be taken for granted was evident from statements gathered during the meetings held in each territory. Many spoke of the isolation experienced by some workers when faced with doubts regarding cases of possible abuse. These requests for help showed the solidarity needed within the care network to be able to investigate complex cases where there is often no objective proof of an offence. In general, people were curious to know about care models used in other municipalities and lessons learned regarding the use of regional guide lines. They wanted to learn about and understand procedures and mechanisms that can make workers effective safeguarding tools. Many cases were shared during the meetings, with the emotional input of those who realise the importance of their role and that of other professionals for a child in need who requires interventions realised in different contexts, with different time scales and different safeguarding capacities.

Discussion group participants identified key actions for each cornerstone of the matrix to begin transforming weaknesses and deal with unexpected needs.

Without a doubt, PRISMA's goals of sharing, comparing, analysing together, and giving voice to needs were achieved with this group work, along with the mapping of actors of the local network. This mapping work is an another success which is related to the need to be committed to the work as a network and to create connections and habits. Where there is will, mapping will stand as an ABC of the synergy, coordination and promotion of the richness of the network's many capacities and roles.

Between September and November 2021, the project structure offered professionals of the four municipalities a cycle of training on ACEs, alongside renowned figures of various disciplines who shared the focus of working with children exposed to violence and maltreatment. The training had the objective of strengthening the shared language regarding forms of child abuse, so as to consolidate a high level of understanding of the matter.

Actually, the training was intended as a response to the need, identified during the assessment phase, to boost the abilities of each professional.

The project targeted the potential of training on ACEs, in the belief not only that the result would be the direct benefit of increasing an individual's knowledge, but that those who would use this knowledge would be able to create a virtuous circle of knowledge, or even of stimulus, giving life, with exponential effects, to increasing dissemination of knowledge on the matter within the bodies they belong to, the bodies that collaborate and other colleagues outside of the network.

This confidence in the potential to achieve positive change is clearly visible in the project dynamics, which, as it motivated one-hundred and fifty professionals

through ACE training, involved just as many in an experimentation phase and in a practical work phase. The experimentation phase involved the discussion group participants who tested the work concluded together on concrete actions identified in each territory, based on the already-cited cornerstones of awareness raising, prevention, reporting and responding. The participants in the ACE training and some participants in the discussion groups were then involved in a series of practical workshops to analyse the concepts and approaches at the foundations of the safeguarding system, identify means of practical application, improve the capacities of the professionals to assess the risks of child abuse in their daily work and, in general, reflect on the importance of everyone's commitment to guaranteeing that adult-child interactions are safe at all times. The commitment required in these two experimentation and practical work phases extended for several months between the end of 2021 and the beginning of 2022.

In 2022, the project structure changed slightly: we decided to meet with some parents in every city through workshop meetings that aimed to raise awareness among groups of parents and caregivers as to the principles of positive, non-violent parenting. PRISMA opened up dialogue with a wider public through regional congresses in Lazio, Campania, Abruzzo and Piedmont, and with a national congress in Rome.

The project did not aim to stimulate positive change within the circle of primary protection of each child, i.e. within the family. Rather, it aimed to incite the network to bring the benefits of the safeguarding community process, launched via the discussion groups, the training and in the practical workshops, to the children's daily life through their parents.

A final note on the project structure must be given on the online practice community that was created in May 2021, with the project website.[1] The platform welcomes the virtual visitor with a page featuring some products realised for project visibility (for example, brochures, posters, etc.). On registering, the platform also offers a documentation archive (of courses) on child safeguarding, on Adverse Childhood Experiences and on the mapping of territorial procedures (that is, the outcome of the *scoping review*). You can also find this publication on the platform.

Promotion of the work together

Child abuse and maltreatment sadly remain wide-spread and underestimated. The damage that it can provoke has been scientifically studied and the possible emotional, physical and economic consequences for the individual and society

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[1]   https://sistemiditutela.savethechildren.it/prisma/ (consulted 15 March 2022).

have been recognised. PRISMA intended to be a lever for cultural change, raising awareness of the value of safeguarding as everyone's responsibility.

The words of the poet Maya Angelou convey well how the project intended to instigate change: «Do the best you can until you know better. Then when you know better, do better». With these words the poet wished to incite people going through a process of growth to let go of prejudices they have been exposed to when they were little and do better. She said so in connection to the fight against racial discrimination, but her words appeal to the capacity of all to overcome any sort of prejudice or false truth. To this regard, prejudice is considered a certain level of violence which is not only acceptable, but even a form of discipline, that violence within the family is a private matter, that a parent that disciplines their child with corporal punishment is understandable, that a teacher can use harsh methods, physical and moral punishment, to discipline a class, that causing a child suffering must not always be judged to be an act of violence.

The project intended to stimulate a phase of «knowing better and doing better», that is, that this is not merely extra knowledge, but understanding what safeguarding is, working together on safeguarding, working together to learn better and do better, because as individuals/individual bodies it is difficult to intervene on social norms and on prejudices. The change, in this case, must come through everyone's language and procedures and be for everyone.

The professionals involved in the PRISMA project have said several times that effectiveness derives from being in a group, having «footholds», being able to rely on one another, knowing how to exchange experiences.

The wish is that the project's network of four target cities, at the end of thirty months, will know better and do better. And, further, that this knowing and doing better can also be used through this publication by the many that contribute to combating all forms of violence against children, following minimum standards that effectively guarantee prevention, reporting, responding and awareness raising.

The recognition the new conception of childhood is based on

The PRISMA project, as already mentioned, was directed at professionals that accompany children in their growth: in this text, we will thus describe the work carried out by and with the professionals, leaving the children in the background. It is important for us to underline the conception of childhood that is in the background and which is a premise for the project.

For a long time, children have been considered by legal systems and by the adult world as «incomplete» human beings, mere recipients of care and protection

from adults. In this adult-centric vision, children are mainly thought of and treated as objects of the law, but as holders of rights.

From the end of the eighties, thanks to studies and research performed mainly in the UK (Mayall, 1994, cited in Belotti, 2010; James and Prout, 1997; James, Jenks and Prout, 2002; Mayall, 2002; Corsaro, 2003) and the «International Convention on the Rights of the Child», approved by the UN on 20 November 1989, important insight has been gathered as to a new way of understanding childhood, and consequently children, now considered «evolving individuals», equipped with their own vision of the world, competent, autonomous, and capable of *agency*(James and Prout, 1997; Qvortrup et al., 1994).

Over the years, this new understanding of childhood (Satta, 2012) has had important influences on relationships of care and gradually, protection and safeguarding procedures have begun to dedicate greater care and care of a different sort to children, recognising them the right to be listened to and considered as they are helped and project their lives. How much said right is effectively recognised and exercised within the *welfare* service system still remains to be answered (Landi, 2019).

Working for the wellbeing and safeguarding of children is complex and is still a challenge for workers today. Accompanying and supporting infants in their growth is a stimulating job but it requires a lot of care and this care is sometime not so intuitive.

Infant suffering, that has a significant emotional effect, and the strong institutional mandate that characterises the context of child safeguarding leads workers to intervene in a resolved manner on the safeguarding of the wellbeing of children, who are considered mere recipients of assistance implemented by adults.

However, this text is based on the conviction that helping infants should be intended as support which safeguards their rights, as well as an intervention which is highly enabling.

In light of this observation, we will specify that we chose to use the word *child*, and not minor, to indicate people under 18, including teenagers, of both genders, without referring to any minorities.

PRISMA's objectives and lines of intervention aim to facilitate the structuring of an adult system that, with dialogue and sharing prospectives, manages to construct a safeguarding context, strongly in synthesis with the needs of children. This context can protect the latter from risks and dangers that threaten their harmonious growth, but also find space for in-depth expression and activation of their potential.

Chapter 2

Care communities

Francesca Romana Marta and Elisa Vellani

Care communities: halfway between magic word and lever for change

This document will not go into the concept of care community in depth partly because sociology, philosophy and, more recently, pedagogy and psychology — also in its clinical version — has been dealing with the concept of community and care community for almost two centuries. These days, the term «care community» is used widely in many contexts, not always appropriately, from advertising to the daily procedures of small local associations, via public political discourse and reaching complex considerations of contemporary social sciences.

A proposal devised by the UK reading group and *think tank* The Care Collective, is of great interest, to this regard because it is in line with the approach to care communities that PRISMA project pursues. Its *Care Manifesto* (The Care Collective, 2021), illustrates the essential foundations of care communities, that is: mutual aid, public space, resource sharing and proximity democracy.

Since we can count on the very rich background of work that, luckily, many others have done for us, we will limit ourselves to a convenient, yet necessary, looting of previous studies, which allows us to reach an operational definition of care communities intended as an «inter-sectoral social work tool» in the context of support and protection of «sensitive individuals», which children are in our case.

Requisites and distinctive characteristics of care communities

Care communities, as intended in the work of Save the Children, are a social device that develops starting with interactive, integrated work that favours the stabilisation of relationships between healthcare, social and education actors in the public, private and private social spheres, on a certain territory, to the ends of improving the care of children in that territory. To use a metaphor, a care community is a team with players that hold different positions and that train together to reach certain objectives, and it does this so that the team will not cease to exist if one of the players need to be subbed.

Conceived as such, the care community's requisites and features make it such and define its instrumental and operational profile, more than its narrative and theoretical profile. Listing the main requisites allows us to understand how the four territorial experimentations realised by the PRISMA project are inserted within four different courses of care community consolidation, fuelling important relationships between actors and establishing habits of consultation, dialogue and exchange.

The distinctive features of care communities are the following.

– *Territoriality.* The first requisite of a care community is its rootedness in a territory whose boundaries are well defined, but potentially flexible. This may be a neighbourhood or a district — in the case of a large city — or a city or town. This distinctive character also defines the profile of the care community, that can vary greatly from one territory to another. There may be a prevalence of healthcare, social or development actors; particular issues may be focused on, depending on the professional figures involved. Every care community fits the shape of its territory, based on the characteristics, the local history, the opportunities and even chance.

– *Responsibility.* The care community exists when there is a management that guarantees its functioning and continuity, taking responsibility for it. Since the care community operates like a normal multidisciplinary, inter-sectoral work group, the responsibility for its management is held by one or more parties that, in the context of this work group, are in charge of guaranteeing its continuity through simple, yet essential operations: sending emails, writing summaries of actions/decisions taken, informing and updating people, taking responsibility for services/projects, guaranteeing the transfer of information and the continuity of its presence, etc. The desire is that, over time, this type of responsibility is taken on increasingly more by the relevant public actors.

– *Inter-sectorality.* A recognised, essential point for the existence of a care community is the inter-sectorality of the actors represented in crucial contexts for children wellbeing: the healthcare, social, and development contexts. Specifically, these contexts are represented by the structures that impact children

most: hospitals and birthing centres; family clinics; paediatric wards and clinics and/or infant neuropsychiatry; family support services; nursery schools, infant schools and other educational services for infants, etc.

– *Institutionality.* Participation in a care community is institutional and not personal in character. It is not the individual person who makes themselves available for shared work, but the institution that the person represents who forms part of the care community. This approach favours both the continuity of the presence and sharing of personal and sensitive information on specific situations that require support and integrated handling by different actors. To this regard, formal tools which favour the stability of the relationships implemented through protocols or multilateral agreements can be useful, although they are not essential.

– *Progressivity.* Care communities must be understood as a dynamic device capable of continuously integrating new actors that are significant to the ends of favouring the wellbeing of the children in that territory. A care community is a tool that aims to extend and make relationships between the actors on the territory vital, because they can share and manage the support action directed at children and families in that territory effectively.

Local care communities

The PRISMA project intervened on four territories where there was already a process of creating and stabilising territorial communities for the promotion of actions of care and support directed at families with children.

The push to realise a procedure shared by several actors and focused on the creation of a safeguarding system directed at the prevention and management of situations which are potentially harmful to children has accelerated the procedure for creating territorial care communities in the four cities. Of course, in each context, the project interacted with a different situation in terms of environment and relationships.

Hereinafter there is a short description of the situation in the four cities of the Project.

Care community in Pescara

The sphere of influence of the care community in Pescara can potentially be extended to the whole city that could represent its territory of reference, with quite a uniform profile and a realistic possibility in terms of communication between the social, healthcare and education sectors. The care community was built with

the support of the authority of a sound network of the private social sphere that promoted a network of relations which it has created over time with professional figures, public service operators and local associations and that boasts activities and experiments that have consolidated multi-agency work and integrated territorial coordination over the years. Some of the most significant experiences in this sense include those of the cooperative Orizzonte, the local Caritas and the associations Psyplus and Focolare Maria Regina.

The expertise made available by the care community of Pescara for the PRISMA project mostly comes from the social and healthcare spheres, represented in particular by the social services of the municipality of Pescara and AUSL, Child neuropsychiatry and clinics first and foremost, as well as by the cultural association Pediatri and by the third sector, in terms of both social and economic support and the aspects of the problem which are more specifically psychosocial and neurological.

The areas less represented in the work of the care community of Pescara are education, in both nursery schools and infant schools as well as the whole school area. Recognising their fundamental role, these areas were involved at several levels during the different phases of the entire project thanks mostly to the intervention's great synergy with the social cooperative Orizzonte, that, thanks to the position of reference it has acquired acts as a cornerstone and point of contact.

Through its collaboration with the local Caritas (a Catholic charity association) competences related to emergency care needs and domestic violence protection networks were mobilised.

The participating bodies were the following:
– Social policy and citizen sector – Social policies, family and disability service;
– Nursery service – Municipality of Pescara;
– Family clinic – local healthcare unit of Pescara;
– Infant neuropsychiatry department – local healthcare unit of Pescara;
– Neonatal ward and Neonatal Intensive Care local healthcare unit of Pescara;
– non-profit organisation Caritas;
– social cooperative "Orizzonte;
– non-profit organisation Psyplus.

Care community of Naples

The care community in Naples deals with the difficulties of a very articulated, diverse territory. It would be wrong to speak of a city care community for a city like Naples since a detailed analysis of the territorial dynamics would probably be necessary to understand how to intervene for an effective, meaningful network of the territories, establishing specific localisation. The network of relations that the

local care community is based on is founded on consolidated interaction between public bodies, such as the local healthcare unit and the social services, the police forces and the courts, and very authoritative, well-known third-sector organisations in the city of Naples. At the moment, the work performed over the months of the project centres on the social cooperative L'Orsa Maggiore, that works in the Soccavo Pianura area, an industrial area in decline, characterised by a high incidence of poverty and micro-criminality and very high rates of unemployment. The role of the cooperative L'Orsa Maggiore was central to the activation of the territorial network and the technical contribution, and on the matter of safeguarding and protection.

Again, regarding the matter of tradition and authoritativeness in the social and healthcare sphere, one of the representatives of the care community of Naples is Istituto Toniolo, a historic stronghold in obstetrics and paediatrics prevention on a national level, characterised by an holistic vision of mother and child wellbeing and by a great attention to prevention and countering domestic violence, as well as child maltreatment.

The role performed by pediatricians in creating spaces which are sensitive to and receptive of the healthcare needs of children born in vulnerable and distressing contexts is noteworthy. In this sense, the Italian Federation of Paediatricians (FIMP), Naples, took measures to create a working group which can implement locally what has already been launched nationally, with the realisation of a company training courses and specific congresses on abuse and maltreatment matters.

A final relevant element which should be reported in the context of the care community in Naples regards the efforts of numerous local organisations, which in different areas of the city - from Chiaiano to Ponticelli, from Sanità to Barra - realise actions to counter learning poverty, also in partnership with Save the Children. Over time, this type of commitment has created a vast network of relations with the world of primary schools, infant schools, nurseries and other education strongholds for young children. Specifically in relation to the work of the project, the active participation of the education sector also led to important contributions in terms of operational reflections and proposals.

The participating bodies were the following:
– local police / Operational Unit for Safeguarding Social Emergencies and Children);
– Municipality of Naples - Municipal area 9 - Social Services Centre Pianura;
– FIMP (Italian Federation of Paediatricians), Naples;
– local healthcare unit Naples 1 Centre – and Centre of reference for Children and Families;
– IC Roberto Bracco;
– IC Don Giustino Russolillo;

– association L'Orsa Maggiore;
– Non-profit organisation Pianoterra;
– Dedalus social cooperative;
– Service to combat child abuse and maltreatment – Fondazione EOS Naples.

Care community in Rome

Rome is a complex, vast, articulated, very polarised city which is a victim of its own history and size. That is why it is difficult to be able to speak about a single city, but rather a huge historic city centre and a system of satellite territories which rotate around it, partly serving it and partly being served by it.

This disarticulation of the urban and social fabric of the city means that we cannot in any way consider it a city care community, but have to imagine a system of independent networks that gravitate around circumscribed territorial areas, with across-the-board services which facilitate the mobility of people from one network to another. Unfortunately, though it is a city organised into a multitude of territories, people's lives rarely take place in just one territory: they may live in one place, work in another, have a child in another again.

The care community in Rome is thus essentially located in a territory situated in the south-east of the city, which includes almost 200,000 inhabitants, with a vast presence of foreign people, mostly from south-east Asia and the Maghreb.

Multiple competencies were expressed by the care community in Rome, with a great social element. There is a very significant presence of social workers and family clinics on the territory. Save the Children projects representatives are very active – Fiocchi in Ospedale and Spazio Mamme – with its partners non-profit Asinitas, non-profit Fondazione Archè, social cooperative Santi Pietro and Paolo, Antropos. Collaborations with the emergency caregiver network, linguistic and cultural mediation services, educational services for infants with the network "Nati per leggere" (Born to read) and the recreational centres of the territory are very well-established.

The additional fundamental competences expressed by the care community in Rome in the PRISMA project was definitely the professionalism of the paediatricians that provide excellent assistance and above all social action to reduce inequalities in access to healthcare; The world of schools, which is proactive and participates fully recognising its own role in the context of primary growth and as a special childhood observatory; anti-violence centres, in their work in raising awareness, prevention and combating gender violence.

The participating bodies were the following:
– local healthcare unit Rome 2, paediatric clinic for children not covered by the national health system;

- ACP – Cultural Association of Paediatricians – Lazio;
- IC Olcese;
- cooperative Antropos (Inviolabili project, Spazio Mamme project);
- Cooperative Santi Pietro e Paolo;
- Differenza Donna – Anti-violence Centre in via Cornelio Sisenna.

Care community in Turin

Although the care community in Turin comes from within the territory of Vallette, in the north-east of the city - where the historic partner of Save the Children, the non-profit Vides Main has been active for many years, with its Spazio Mamme and Punto Luce projects, the area of influence of the community manages to reach a much vaster territory.

More than one element can explain this particularity of the Turin situation. First of all, a tradition of social subsidiarity policies, with a great involvement of private parties (such as Fondazione San Paolo, Fondazione Agnelli, as well as Tavola Valdese) that have made efforts to construct lasting ties with more dynamic contexts and are involved in social associationism and have supported policies or projects characterised by a strong inclination to create networks. A second factor – connected to first – is the tradition of the social sector that, in turn, has had a much more fruitful and lasting impact in this city than in the rest of Italy. An example of this is the multi-purpose work of the social district Opera Barolo which embraces dozens of different examples of local associationism, covering a working area which ranges from social housing to countering domestic violence, and promoting immigrant inclusion.

To these two factors, we may add the favourable circumstance emerging from the great efforts of City of Turin's healthcare system and some other local healthcare units (such as Torino Città della Salute e della Scienza) which are highly committed to the promotion of an omni-comprehensive, global idea of health, also through the promotion and support of projects such as Ambulatorio Bambi to counter child maltreatment or the project Fiocchi in Ospedale at the Maria Vittoria and Martini hospitals.

The care community of Turin also has an articulated and consolidated relationship with several areas of the university world which is extremely interested in monitoring some social projects. Again in the context of awareness raising and training, the work of Dare Voce al Silenzio stands out. This long-standing association works in the prevention of gender violence and promotion of the safeguarding of the rights of women and children who are victims of abuse within the family and outside of the family, through many, extensive information and

awareness raising activities directed at individuals involved in the safeguarding of the rights of children.

Over the last twenty months, during the health emergency caused by Covid-19, the position of partner Vides Main has greatly corroborated in the social work area across the whole city, thanks to a relationship established with the civil protection network during the first and second lockdowns. In addition, in 2021, thanks to an agreement with the Municipality of Turin, a drop-in centre was established in the area of the markets at Porta Palazzo, traditionally managed by the project Civico Zero of Save the Children. Specifically, a work space was made available on Piazza della Repubblica that was dedicated to the project Per Mano in piazza, that offers a listening service and guidance for local families and makes available a series of professional consulting services: legal, psychological and linguistic mediation.

The participating bodies were the following:
– Office for Relations with Legal authorities – Social services division, Municipality of Turin;
– family and paediatric clinics (mother-baby department of the local healthcare unit);
– youth clinic;
– Neonatal ward and Neonatal Intensive Care, Maria Vittoria Hospital, Mother and baby department;
– local healthcare unit City of Turin;
– Centre for Relationships and Families;
– legal orthodontic services, Legal medicine section, Department of Public and Paediatric Health Sciences;
– OdV SOPHI – Orthodontic Solidarity for Handicap and Infants;
– non-profit Dare Voce al Silenzio;
– cooperative Vides Main;
– Turin University – Faculty of Pedagogy;
– Office of the Piedmont Regional Child Protection Authority.

Chapter 3

Adverse Childhood Experiences (ACEs)

Giovanni Visci

Initial observations

At the end of the last century, in the debate on child maltreatment and abuse and their consequences, the expression Adverse Childhood Experiences (ACEs) was introduced to indicate the series of adverse situations experienced in childhood which can significantly affect a child's healthy personal and relational development, even a long time after the violence occurred.

These experiences include all forms of child abuse experienced directly, such as physical maltreatment, sexual abuse, emotional and psychological abuse, and serious neglect, and the conditions that make the family environment and that outside the family unsafe, even if experienced indirectly by the minor.

Adverse Childhood Experiences are thus situations where the minor is exposed to violence or is involved in violent acts performed on figures of reference and that entail the same consequences as those generated by other forms of abuse. And thus «witnessed violence», that is, the witnessing of violent behaviour, for example, against the mother perpetrated by the father, is considered just as serious as child maltreatment.

The study on Adverse Childhood Experiences and on their consequences was presented at the International Congress of Austin (Texas, 2013) during which V. Felitti described the work performed at the Californian medical centre Kaiser Permanente, a non-profit clinic, in the nineties and the evaluations emerging. «The idea originated in 1985 following results obtained by an integrated fasting programme which allowed participants affected by serious obesity to lose a sig-

nificant amount of weight. The doctors taking care of the project realised that the highest rates of abandonment were detected among people getting the most benefit» (Felitti and Anda, 2003).

Analysing these results, it was hypothesised that the patient perceived the loss of weight as a potential threat and that the behaviour adopted, such as over-eating, was actually a compensating strategy implemented by the patient as an attempt to avoid experiences occurring in childhood and not yet resolved. Felitti suspected that the patients used obesity as a form of defence against physical and sexual attacks considering that many of them had been sexually and physically abused as children (Felitti and Anda, 2003). In these cases, the increase in weight became a protective shield against undesired sexual attention and/or physical attacks. These observations suggest the hypothesis that traumatic experiences occurring in childhood could have caused harmful behaviour at later ages even after a long period of time.

The evaluation of Felitti and Anda and those that the *Center of Disease Control and Prevention* (CDC – USA) (Felitti and Anda, 2010) were performing in those same years on public health problems and on harmful behaviours (con-sumption of tobacco, alcohol, drugs, etc) stimulated the launch of a systematic epidemiological study of the influence that traumatic experiences occurring in childhood could have on the development of medical and mental pathologies and on the same harmful behaviours even years later.

The results of the study on Adverse Childhood Experiences

The considerations emerging from this relevant study performed on 17,000 individuals gave Felitti and Anda the chance to define how Adverse Childhood Experiences were all those traumatic experiences occurring in children in the en-vironments in which they develop and grow (Felitti, 2013). Adverse Childhood Experiences are:
– recurring physical abuse;
– recurring sexual abuse;
– the presence within the nuclear family of a person who is addicted to alcohol or other substances;
– the presence within the nuclear family of a person who is implicated in crime;
– the presence within the nuclear family of a person who is seriously depressed, with evident mental disorders, hospitalised or suicidal;
– the presence of a mother treated violently;
– the absence of one or both parents;
– physical neglect;

– emotional neglect.

Later investigations and correlations deriving from the development of the study led to the claim that:
– if an individual had been through an adverse childhood experience, the possibility of them going through a second and more rose from 2 to 18 times (Van den Akker et al., 1998);
– through the use of a specific questionnaire on Adverse Childhood Experiences developed by the researchers (Felitti, 2013) a significant correlation was detected among the number of Adverse Childhood Experiences experienced and the relevance of harmful behaviours «adopted» and medical and/or psychiatric pathologies which the individuals experienced (refer to, to this regard, the ACE Questionnaire reported in Annex 1).

The results of the study on Adverse Childhood Experiences showed an evident correlation between the score observed regarding Adverse Childhood Experiences and the main causes of deaths in the United States, such as, cardiac disorders, chronic lung diseases, liver diseases, infections related to HIV and other sexually transmitted diseases.

The most frequent causes of death in the USA, and the most relevant risk factors for these chronic-degenerative diseases (alcohol abuse, tobacco consumption, obesity, drug abuse, suicide attempts, etc) were all correlated with Adverse Childhood Experiences scores exceeding 0. Specifically, the individuals with Adverse Childhood Experiences scores from 4 to 10 were at a higher risk of being smokers and having attempted suicide, being alcoholics and habitual consumers of drugs (Meehan et al., 2021).

From the observations performed, it resulted that Adverse Childhood Experiences were unexpectedly common and that their effects appeared cumulative (Felitti and Anda, 2003).

The study on Adverse Childhood Experiences stimulated further observations from other researchers, such as Finkelhor and colleagues (2013) that, in a study performed on around 2,000 children aged 10 to 17, decided to include other traumatic experiences in Adverse Childhood Experiences, such as victimisation, exposure to collective acts of violence and a serious attack on one's belongings. DSM-5 (APA, 2013) picks up again and explains the definition of trauma, already defined in DSM-IV-TR as «Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the event(s) as it occurred to others».

These points represent an objective stance which must be adhered to in order to be able to formulate a diagnosis.

Most subsequent studies highlighted the consequences presented by those that have experienced sexual abuse or that proved to be susceptible to harmful sexual behaviours, unwanted pregnancies or abortions as teenagers. The same physical maltreatment was connected to the risk of being violent towards their own children, and they presented insecure attachment models.

What all Adverse Childhood Experiences have in common, as detected by the Felitti and Anda study, and that make its difficult to differentiate between the consequences in terms of symptoms and behaviour, is the fact that traumatic distortions can be produced in the defence system and, in particular, in the attachment processes, that are the most evolved aspect of the defence system, threatening the foundation of the future personality (Malacrea, 2019).

Etiopathogenetic mechanisms

So what happens in Adverse Childhood Experiences? To use a medical metaphor, while in an acute trauma the individual reacts to the traumatic experience — that we imagine as a foreign body coming in through a wound — working so that it is expelled through an intense anti-inflammatory reaction (PTSD), in chronic trauma or stress the equivalent of an abscess is produced, with more insidious symptoms, which are difficult to access with treatment and are a continuous source of threats to one's health (Malacrea, 2019).

Through which mechanism do Adverse Childhood Experiences produce these effects? We must consider that at the basis of the pathogenic mechanisms we can find different characteristics in the individuals involved, such as severity and duration of the negative experience, the pre-existing family and social context, and the resilience capacities already developed.

These conditions end up interacting and determining harmful effects on the biological matrix of the brain. We know that the human brain continues to develop for many years after birth, to the extent that some structures, such as the prefrontal cortex (cognitive functions) reach their peak development around the sixth/seventh year of life.

Early interpersonal experiences influence the biological matrix of the developing brain in both positive and negative ways (Faretta, 2014): all our emotions are «operated» in the brain by the transmission of chemical mediators, that, if produced physiologically, are able to cause «regular» attention and alert reactions, while, when the alert reaction and the experience of danger becomes intense and lasting the same hormones (cortisol and noradrenaline, amongst others) are produced in what we will call a «toxic» amount.

In relation to this interaction, on one hand, it is necessary to remember the importance that the «attachment reaction» has in the development of a child and in ensuring their survival; on the other hand, it is necessary to consider that many of the child's other psychosocial processes (from the control of emotions to their willingness to have relationships, the affirmation of a positive self-image, and identification with social norms and values) depend on a positive relationship with the figures of attachment, experienced in particular in the early years of their lives.

Vice-versa, a lack of development of the relationships of attachment generates difficulties in relationships and «dysregulation» of emotions and impulses, with harmful effects on neurological structures which still have to mature.

In conclusion — as Marinella Malacrea suggests (Malacrea, 2019) — the most recent reliable data suggest that the pathways most affected in individuals with a history of child abuse are the frontal-limbic areas, including the prefrontal, medial and orbitofrontal cortex, the anterior cingulate cortex, the hippocampus and the amygdala. These neuro pathways are involved in the processing of emotions and motivation, and the control of aggression. Alterations are coherent with symptoms detected in abused individuals. These areas are particularly vulnerable due to the quantity of receptors of the stress hormone they contain (glucocorticoids and dopamine).

The same MRI detected a reduction in volume of the hippocampus and the amygdala, neurological structures involved respectively in memory storing and recovering, emotion control and response to fear (Schmahl et al., 2003; Bremner et al., 2003; Driessen et al., 2000).

More recently, studies have been published on the gene-environment interaction that led to considering the gene-environment interaction a further result of the effects of Adverse Childhood Experiences: individuals that have experienced them are more susceptible than others. In 2013, Shalev and collaborators published a study on telomere shortening. Telomeres are the little non-genetic structures involved in the cell life span. The length of these genetic structures reflects the biological age of individuals; the same shortening of telomeres is observed in children that experience significant stress in the early years of their lives (Shalev et al., 2013).

The data which we have mentioned are evolving rapidly, also thanks to the development of new neuroimaging techniques that will provide us with further contributions to reflect on.

How much do Adverse Childhood Experiences cost us?

The suffering and pathological consequences caused by Adverse Childhood Experiences, that we have briefly outlined, have a significant effect on healthcare

and social costs that countries have to deal with in helping and treating victims and due to the greater incidence of chronic degenerative pathologies produced by harmful behaviours.

Different scholars have tried to evaluate this aspect. For example, the investigation promoted in Italy in 2013 by CISMAI and Terre des Hommes with the Bocconi University of Milan; this study calculated that, among the direct and indirect costs, we spend 130,259 Euros/year for every abused child and for all the abused children — according to the study — the State sustains expenses of over 13 billion.

These costs are no different from those referred by Fang and collaborators (2012), that — after having adjusted the Euro/dollar exchange rate — detected a cost of 182,000 Euros/year for every individual abused. The authors also compared the costs with those sustained for significant pathologies such as *strokes* (17,000 Euros/year) and type-2 diabetes (157,000-220,000 Euros/year).

Mark Bellis and collaborators, in a study published in «Lancet» in October 2019, evaluate that a reduction of 10% in cases of Adverse Childhood Experiences in Europe and in the United States could determine savings of 105 billion dollars for the healthcare and social services.

These latter observations must push professionals more directly involved to combat Adverse Childhood Experiences and prevent them.

At the same time, national and local institutions should reserve constant attention to combating child maltreatment and abuse through the constant detection of maltreatment and appropriate training of professionals and workers directly involved in reporting, diagnosing and treatment.

Conclusive reflections

What contribution did the study on Adverse Childhood Experiences bring to knowledge on the consequences of child abuse and interventions to combat and prevent child maltreatment and abuse? On one hand, this stimulated and further developed the pathogenic mechanisms that provoke psychological and relational damage already known; it then confirmed the reliability of the studies and investigations that researched factors of risk for explaining child maltreatment (Vaithianathan, Roulande Putnam-Hornstein, 2018). They underlined that the trauma of child abuse is not limited to the developmental stage, but it also provokes biological pathological consequences that favour the development of medical and psychiatric pathologies and harmful behaviours and the reduction of life expectancy.

The contributions of the study on Adverse Childhood Experiences put the matter of child maltreatment back at the centre for healthcare and public health

policies. From this point of view, one of the crucial challenges is to promote basic paediatric care to be able to intercept children that could benefit from early diagnosis and interventions to reduce the consequences of traumas experienced to a minimum (Finkelhor, 2018).

We have a lot of work to do.

According to Anda and Felitti's first definition, Adverse Childhood Experiences (ACEs) are situations and living conditions that cause intense, repeated distress and stress experienced by children and that produce negative consequences throughout their lives. In reference to the CDC-Kaiser study (1998), in particular, Adverse Childhood Experiences are child abuse (emotional, physical, sexual), family situations (domestic violence, addiction, mental illnesses, separations and divorces, imprisonment), serious neglect (emotional and physical).

We now have awareness and knowledge of the consequences that Adverse Childhood Experiences have for victims and how they contribute to physical, mental and social damage even at later stages of life, the incidence of chronic, invalidating increases (diabetes, heart and circulatory diseases, mental illness, tumours, etc) and we also know that they provoke a significant burden in terms of health and social care costs for society.

In adults, the health consequences of this anatomic-functional damage lead to harmful behaviour: alcoholism, smoking, addictions, obesity, inappropriate sexual behaviour, with an increase in the prevalence of disorders connected proportionally to the number of Adverse Childhood Experiences.

Chronic lung diseases or cardiovascular diseases, such as, heart attacks and strokes are associated with the presence of four or more Adverse Childhood Experiences. People exposed to more than five Adverse Childhood Experiences have a reduced life expectancy of up to twenty years, both due to bad health conditions and probably the altered length of telomeres.

We mustn't underestimate the economic costs that the state balance sheets have to sustain to diagnose, care for and treat the victims of maltreatment and abuse and the health and social care costs connected to the consequent pathologies affecting victims when they are adults and at an advanced age.

International literature on the matter has developed a lot over the past years, and a systematic review published by «Lancet» in 2019 stated that the costs sustained for ACEs in Europe and in America total 1.3 trillion dollars every year.

In Italy, in 2013, a national investigation was performed by CISMAI and Terre des Hommes with the Bocconi University of Milan: referring to 2010, child maltreatment cost 13 billion Euros every year, while new cases exclusively cost 910 million Euros a year.

Following the initial work of Felitti and Anda (2003), studies and research has been published that has explored the risk factors and the means of identifying

them and countering them, as well as prevention factors, with particular reference to the promotion of children's resilience intended as an ability to resist, adapt and recover from adversity.

While, on one hand, Adverse Childhood Experiences are broadly known, along with the family and social risk factors, the beneficial effects that positive parenting is able to determine on physical, emotional, cognitive and social development of children, allowing them to combat and overcome, with resilience, distressing situations that may present themselves in their lifetimes.

The spectrum of interventions that is necessary to implement to effectively combat all new and old maltreatment and abuse is thus evident. The qualification and the competences of professionals and of workers in the territorial social and healthcare services are crucial for perceiving and intercepting risk factors, to combat them and recognise the expressions of the maltreatment experienced, to the ends of interrupting it and treating victims adequately.

At the same time, it is necessary to act competently with families «at risk», and in particular on mothers, from pregnancy, so that they are helped in motherhood and parenthood, and so that they can develop as competent parents, so that from the first days of life a positive mother-child relationship will develop resulting in good physical and psychological health and the acquisition of social and emotional competences, including adequate resilience.

Research has underlined as factors that promote resilience the crucial roles of the parenting function and highlighted how positive parenting from the first months of life is a crucial factor for the affirmation of competent resilience.

In this process of prevention, the community and its institutional components, those of the public services and the third sector present in it hold a crucial role, since they can be responsible for systematic, programmed care to the ends of prevention and combating ACEs and identifying effective tools. Furthermore, with the intention of expanding community care for children and children's safety, the role and the competences of teachers, coaches and rehabilitation therapists must not be overlooked.

Chapter 4

Abuse within organisations

Valentina Di Grazia

Abuse in children's living contexts

Numerous cases of abuse against very young children have emerged over the past years, occurring in contexts that should have been promoting their wellbeing and growth.

Educational, healthcare, recreational, sports bodies and organisations etc. form the beating heart of every community and, in most cases, operate safely, providing a safeguarding environment. When a case of abuse or maltreatment emerges in these contexts, it should be considered an exception rather than the rule. Despite this, above all at international level, investigative journalism and the tales of those who have suffered maltreatment and violence have brought the need to enable greater clarity and implement relevant prevention initiatives to the attention of the community.

Events in the news over recent years in our country have shown increasing maltreatment and abuse in schools and sports, housing and recreational institutions that cannot be ignored.[2] The occurrence of these events, their transversality in the different levels of the system, among the different professional figures and geographic zones show the presence of a submerged phenomenon that must be analysed, defined and managed on a psycho-social, pedagogic and institutional level. This means also beginning to work towards an organisational and ethical

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[2] For example, even from initial internal monitoring of cases reported in the news recorded in the first semester of 2019, 50 of these cases involved episodes of suspected violence, maltreatment and abuse perpetrated against minors by their nursery teachers, school teachers, support workers, and sports and religious workers.

model which is able to highlight educational and care responsibilities towards children and to «activate processes of reflection which enable the raising of individual and collective awareness of the causes underlying the phenomenon» (Pati, 2012).

Worse so, it appears that this abuse is perpetrated by the adults taking care of them - support workers, teachers, coaches - in violation of a relationship based on trust which is essential to their development, with consequences that can be very serious and last for a long period of time. Yet it happens, and more must be done to promote a safeguarding culture from adults involved in taking care of children, to understand the signs of risk and intervene promptly. When these cases explode, they have become so serious that it is too late: we need to act early to prevent and stop abuse.

The risk of maltreatment of children and teenagers is still high in all contexts and places which minors spend time in, and is now even more amplified partly due to the social and economic consequences of the crisis generated by the Covid-19 pandemic (Istat, 2021). Containment measures considered necessary, in particular in the initial months of the harsh lockdown of 2020, led children and teenagers to turn to digital technologies, as the only means for socialisation, communication, education and connecting with others. This condition, on one hand, allowed for the fundamental needs for their well-being and development to be satisfied, but on the other, exposed them to a series of specific risks related to the online environment. The unprecedented condition of constant, and in the case of children, also premature exposure to digital technologies significantly affected the increase of online violence, such as online grooming, child pornography and live-streamed online abuse (Parliamentary Commission for Children, 2020).

We know that some resounding cases have been disclosed after a great number of years, by the same children who were victims of violence, who, having become adults, have decided to disclose the maltreatment they suffered and the psychological and social consequences they have experienced. Sadly, self-protection, denial, minimisation and mystification of the phenomenon contributes to discouraging institutions and organisations from being watchful and devising an organisational model directed at prevention, as well as observation and control of educational relations involving those with responsibilities towards children and teenagers. For example, over time the world of sport has had multiple internal scandals, and, at the same time, it is one of the sectors which is most involved in setting up regulations to guarantee the effective safeguarding of minors that practice sports.

At the same time, over recent years, a dramatic context has emerged regarding the extent of maltreatment, abuse and violence in education and infant care services. This is often characterised by the isolated action of a teacher or support worker (bad

apple approach) or, in other cases, the result of a dysfunctional socio-educational context and the absence of careful, responsible governance in relation to the issue.

The studies on the prevalence of abuse and maltreatment against children, although available, do not provide information useful for developing an understanding on abuse within organisations and institutions, since the data analysis is based on case handling by social services, that is almost exclusively in a family context. So it is difficult to estimate the phenomenon: a review of specific scientific literature, sadly still too scarce and limited, indicates that abuse within institutions is a small, but significant problem (Gallagher, 2000). The dynamics and types of abuse and maltreatment are very similar to those of the abuse that children experience at home: from neglect due to lack of care and supervision without serious consequences to physical and psychological maltreatment and sexual abuse.

The second national investigation (2021) on abuse and maltreatment reports a generic 8.6% for abuse perpetrated in non-family contexts, stating that «in the vast majority of cases — 91.4% — the perpetrators of maltreatment are family members, while in 8.6% of cases the perpetrators are not part of the family» (The Italian Child Protection Authority, CISMAI and Terre des Hommes foundation, 2021). This figure, while confirming that most abuse occurs within the family, does not actually reflect the reality in our society for several reasons.

The main reason is that the investigation, like all the others before it, does not separate the family sphere from the non-family with a high element of detail. All that is considered non-family is not specified further, so an in-depth analysis of the dynamics is not possible. The investigation, in addition, had the objective of estimating the number of minors whose cases were being handled by the social services and how many of these were monitored by social services in connection with maltreatment and abuse.

Furthermore, it is possible that a child who is a victim of abuse occurring within organisations cannot be handled by the social services. Specific studies in the future should consider all these and other variables so that the problem of violence/maltreatment within institutions could be fully detected by the radar of sector research.

Abuse within organisations: development of the context in the literature

The concept of *institutional abuse* against children was coined by David Gil in 1975. He was the first to expand the definition of abuse, dividing it into three levels: in the home, institutionally and at societal level. Gil defines abuse against children and as «inflicted gaps in children's circumstances that prevent actualization of inherent potential»; these included not only those that he calls

abusive interactions, but also abusive conditions and policies. Said definition of abuse was immediately considered too broad and radical and in the Eighties the definition of abuse within organisations became more limited. The few studies and research focused almost exclusively on sexual abuse in residential contexts, that is, those environments where every aspect of the child's life was totally controlled by the institution, with reference to those that Goffman called «total institutions» (Goffman, 2010). In 1988, Finkelhor and colleagues published a study entitled *Sexual abuse in day care: A national study*. It examined a relevant number of sexual abuse cases occurring in some nursery schools, thus regarding very young children. The study stated that the tremendous number of abuse cases that emerged did not indicate a greater number of abuse cases for nursery schools but rather a high risk of abuse in any context (Finkelhor et al., 1988).

Eliana Gil (1982) was the first to distinguish three different forms of abuse within organisations. The first was clear or direct abuse to the detriment of a child by a member of an organisation *(institutional abuse):* the types of abuse in this case can be compared to those in the home; it can refer to a physical, sexual, psychological abuse, or to serious forms of neglect by care-givers. The other two forms of abuse are typical of institutional contexts. Programme abuse consists in a series of operational standards and procedures of a given organisation that, while accepted by the staff, would be considered abusive by an external observer. This occurs when programmes and activities operate below the threshold of acceptable quality standards(Powers, Mooney and Nunno, 1990). System abuse is «perpetrated not by a single person or programme, but by the immense, complicated child protection system, beyond its limits and incapable of guaranteeing the safety of all the children it takes care of» (Gil, 1982). Examples of system abuse reported by Gil are placements in inappropriate contexts or prolonged and unjustified removal from the home. As known, in the Italian legal system, Law 149/2001 identifies the maximum period of fostering as 24 months, which can be extended by the Juvenile court where considered necessary. Removal from the home very often produces the launching of a care process that extends beyond the term established by the same law. 62% of children aged 0-17 in foster care and 31.7% of the same age group staying in residential services have been in a care process for more than two years. This is obviously a critical issue in the system which is present also in Italy, and is an example of what Gil defined «system abuse».

In this work, we adopt the definition of institutional abuse given by Gallagher (2000) who defines it as (italics added)

> physical, sexual or psychological abuse, perpetrated to the detriment of a child by an adult in a position of trust. This occurs within an organisation in the public or private sector, in residential contexts (for example, children's

homes) or non residential *(for example, in a school, nursery school or sport' club)*. The abuser may work directly with children *(for example, a teacher)* or have an auxiliary role *(for example, a cleaner)*. Abuse may occur physically in the organisation or the perpetrators can get access to the children through the organisation, but the abuse happens elsewhere (Gallagher, 2000).

In this definition, the notion that child abuse regards an inappropriate use of trust, power and authority and that this use is capable of damaging the development and the wellbeing of the child instead of promoting it is central.

On a European and international level, great attention has matured regarding the existence of child safeguarding systems and their desired dissemination, even if their fine-tuning is still highly diversified and heterogeneous.[1]

The state must perform every possible effort to guarantee that the places where children spend their lives - whether at home, school, or in sports', recreational or care structures - are made safer. Careful background checks of people working with children, child and parent education on the risks of sexual abuse, training of professionals on how to identify and report abuse and adapting the legal investigations and procedures to the needs of minors are some examples of how to prevent sexual abuse and protect minors who are victims of these horrible crimes.[2]

This is what the secretary-general of the European Council Marija Pejčinović Burić declared in November 2021, at the European Day on the Protection of Children against Sexual Exploitation and Sexual Abuse, inviting states to intensify efforts towards guaranteeing that children's «circle of trust» is as safe as possible, intending the circle of trust as all the people around children that enjoy a recognised position of trust, authority and influence.

Too many states still, despite the ratification of the Convention of the European Council for the protection of children against sexual exploitation and abuse, approved in Lanzarote on 25 October 2007, do not have standards which are capable of effectively implementing the obligations set by the Convention, above all regarding the sanctions for those holding a position of trust, influence or authority for the child. The recognised position of trust, authority or influence can

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[1] The European Fundamental Rights Agency (FRA), on the European Commission's request, performed research into the national protection systems in 28 member states of the European Union (2015), entitled *Mapping child protection systems in the EU,* https://fra.europa.eu/en/publication/2016/mapping-child-protection-systems-eu (last consulted: 15 March 2022).

[2] https://www.coe.int/en/web/portal/full-news/-/asset_publisher/y5xQt7QdunzT/content/to-prevent-sexual-abuse-children-s-circle-of-trust-must-be-made-safer?_101_INSTANCE_y5x-Qt7QdunzT_languageId=it_IT (consulted 15 March 2022).

refer to, for example, situations where a relationship of trust has been established with the minor, where that relationship is realised in the context of professional work, for example support workers, teachers, doctors, etc., or other relationships, such as those where there is an inequality in terms of physical, economic, religious or social power. Many children never reveal the cases of sexual abuse they have been victims of. Whether that is due to the young age of the children that are not yet able to recognise it, to their love for the sport and admiration for their coaches, the fear of reprisal or simply shame, very often the victims keep their suffering and trauma secret for the whole of their lives.

A hidden phenomenon

Child abuse in the context of organisations has generally not been studied a lot and the scarce research available has concentrated mainly on sexual abuse and on residential contexts, such as children's homes where minors removed from families that have maltreated them or abandoned children stay (Bromfield and Higgins, 2005).

The phenomenon is difficult to detect for different reasons, some of which are subjective and others objective in nature.

Among the subjective causes we should definitely highlight that some scholars define the «whistleblowing syndrome». Whistleblowing is a term which has been introduced recently in institutions, and companies, to indicate who shines light on situations that are not in line with ethical codes and codes of conduct and in general with the regulations these bodies normally adopt. Said phenomenon is the possibility/duty of an employee to report abuse, as soon as they become aware of it, without being subject to negative consequences in relation to their work, interpersonal relations or career prospects. The whistleblowing syndrome refers to the dynamics that can hinder colleagues' propensity/duty to report abuse (Powers, Mooney and Nunno, 1990). The managers, directors and in general the staff of an organisation can be reluctant to report abuse due to a fear of damaging their reputation (Durkin, 1982) and the credibility of the organisation (Nunno and Motz, 1988). Individuals may also want to avoid reprisals or may even be scared to lose their job.

Among the objective reasons, Rabb and Rindfleisch (1985) highlighted the tie between under-reporting of abuse within organisations and the absence of operational definitions and guidelines on what constitutes abuse. This lack of consensus and clarity on what is considered abuse contributes to reducing the number of reports and, inevitably, to underestimating the official statistics, with cases

managed informally and not directed at the appropriate agencies and authorities in charge of looking into the case.

There are factors that influence the level of damage and a child's capacity to respond to the abuse they are victims of within organisations (Wolfe et al., 2003), and these follow.

– *The role of the organisation in the society.* When organisations are strongly recognised and hold an important role in society, their members enjoy great respect. If a child, however, is subject to abuse within organisations recognised by the community, abuse reports can be hindered by the community's strong support for the organisation, as well as by the resources and power of the organisations themselves. In short, the stronger and more recognised an organisation is, the higher the rates of negation and minimisation.

– *The role of the abuser within the organisation.* The position of authority can influence the ability and will to reveal abuse or even to recognise a certain situation as abusive. The causes are the fear of not being believed, that the abused is to blame for the abuse, that if the abuse is detected there is the risk that they will lose the esteem of the adult, that by speaking, something bad can happen to them or to their family. In sport, for example, since the coach is a very respected by the whole team, the child may avoid reporting due to a fear of not being believed and losing the respect and friendship of their peers (Brackenridge, 2001). Parents often want their children to succeed and managers need the sport to be successful so that it survives. This puts coaches in a position of authority and power. So the athlete and not the coach can be «sacrificed». Reporting abuse can jeopardise the aspirations of children or interfere with their training, so very often the athlete does not report abuse in order to avoid the risk of losing it all (Brackenridge, 2001). The difference in power in the relationship between the child and the adult within organisations and institutes involved in children's care and development are not just a risk factor for abuse (Bohm et al., 2014; Wurtele and Kenny, 2012), but also influences on the capacity of children to reveal the abuse experienced (Wolfe et al., 2003). The awareness of these environmental factors has developed over time the idea of using a situational approach (that we will see in the next paragraph) to prevention, to improve the safeguarding policies for children (Higgins and Moore, 2019).

– *The child's level of involvement in the organisation.* One factor that increases the risk of abuse is the child's level of involvement and the quantity of time that a child spends within an organisation (Carr et al., 2010). Children that are strongly involved in an organisation can have more difficulties revealing abuse than those who are less involved. The level of involvement can be a factor that the potential abuser uses to their advantage. A child's desire to participate can

lead them to tolerate abusive situations so that they do not have to interrupt their participation in activities that motivate them (Brackenridge, 2001). If participation in the organisation's activities is mandatory (whether actually mandatory or perceived as such), the child may feel they do not have the possibility to escape or express their concern. They may also be scared that if they reveal the abuse they would still have to go back to the organisation and face the abuser or simply think that what happened was «normal» (Wolfe et al., 2003).

A situational approach to prevention

As we saw in the previous chapter, every Adverse Childhood Experience can lead to a serious reduction in wellbeing and health for all ages, with long-term consequences that can be highly invalidating. Even in cases where the damage can be reduced thanks to prompt detection of the abuse or maltreatment and to relative handling and early intervention processes, the suffering cannot be deleted for the child. That is why the prevention of any form of violence against children is a political, social and healthcare priority. Prevention interventions are typically classified, as according to the WHO indications, on three levels, which are defined based on the population involved.

1. Level of *primary prevention,* directed at the whole population. Interventions of this sort are preventive and their main scope is to minimise the occurrence of episodes of violence. The matters dealt with are those typical of education and awareness raising, including, child safeguarding, relevant to our study, which is explored in the next chapter.
2. Level of *secondary prevention,* directed at a specific slice of the population, typically families at risk.
3. Level of *tertiary prevention,* directed at the protection of children that are already victims of abuse and maltreatment and directed at preventing the recurrence of the abuse.

Primary prevention is effective as far as it increases public awareness and reflection on risk factors, that is, on the circumstances that increase the probabilities that conditions which favour behaviour and procedures which are not adequate or which are abusive to children. The objective of primary prevention policies is the formulation and the application of individual and organisational responses that can mitigate the risks and any consequences. Since these are policies directed at the whole population and contexts where there is a plurality of people found

working together, the approach most often proposed by researchers is what is called «situational prevention».

Situational prevention is a theoretical approach used by organisations to develop responses focused on the development of internal policies and regulations, practices and strategies, to the ends of reducing the vulnerability of children and above all consenting adults, depending on the position they hold within the organisation, to take an active, and proactive role in their protection. Situational prevention is based on the premise that all behaviour is the result of interactions between the person that performs the act and the one that is subject to it, their particular characteristics and individuality and the external circumstances in which the act is performed. From the point of view of behavioural, social and systemic psychology, there is a fine, intimate relationship between individuals and their environment. The behaviour of an individual may vary a great deal from one situation to another. For example, a person described by some as aggressive may have a good-natured attitude with others, or show their aggressiveness occasionally and only when there are certain «favourable» conditions. While people differ in their propensity to commit crimes, it is suggested that, in the right circumstances, most people given the right circumstances are capable of committing criminal acts (Mischel, 1968). The classic psychological experiment performed by Stanley Milgram and his team (where they asked participants to administer electric charges as part of an experiment on learning) showed that most individuals, in the appropriate circumstances, are capable of inflicting harm on others to conform to an authority (Milgram, 1974). The experiment showed how a figure of authority, that in one given movement and context is considered legitimate, can reduce different individuals to a state of obedience to such an extent that they end up ignoring their own ethical values. The context thus proves to be an important factor.

Other research (Haney, Banks and Zimbardo, 1973) showed that organisations can make staff incapable of objecting to abusive conduct. This was illustrated in many of the responses to abuse by churches where members of the clergy accused of abuse were protected by other members of the church (Morrison, 2005; Parkinson, 2003). In these situations it is possible that the abuse of power contributes to creating an organisation culture where maltreatment was not dealt with appropriately to protect the children or get justice for the victims (Higgins, 2001).

For child abuse to occur there must be: an adult or a young person who has the potential to offend, a vulnerable child, an environment that consents the abuse to occur and an opportunity for the adult or the young person to offend. Situational prevention — where the added value materialises — concentrates on the factors which consent the occurrence of child abuse in organisations, rather than, simply wanting to «eliminate» the potential perpetrators.

It is thus based on creating situations where potential perpetrators, to commit abuse, would have to perform enormous efforts and run very high risks. That way, they would refrain from their intentions. It is necessary to work on the organisation culture to the ends of increasing support workers' level of perception of the phenomenon.

Organisation risk factors

In this paragraph the most important of the numerous risk factors associated with an organisation are briefly described. The analysis of elements of risk is the first fundamental moment of the situational approach to prevention. It is followed by mitigation and protection policies and practices, directed at minimising these risk factors (Beyer, Higgins and Bromfield, 2005).

1. *The possibility to do activities alone with children.* In structures with organised activities (sports' clubs, schools, foster homes, etc) there can be moments where children and adults share a moment where the adult and the children are alone and share a space and a time outside of the organised activities. Being able to be in contact with children outside of the organised activities or seeking time alone with them are high-risk situations and behaviours. In the same way, even though they do not share the same space, it is possible that the same risk factors are present in relationships between adults and children can have online (emails, social networks): a significant example is sending/receiving pornographic materials, or even online sexual activity (Higgins and Moore, 2019). Others examples of potentially high-risk contexts are baby-sitting services, fostering, children's homes, and car journeys. The domestic environment along with vulnerability, which may be particularly serious in some cases, of children (who are very young, disabled, previously maltreated or neglected, etc) is thus a circumstance where those in charge must pay utmost attention.

2. *Very hierarchical organisations or which have a patriarchal culture.* Organisations managed in a hierarchical manner are often so strongly controlled that permeating their structures and challenging their practices can often be in vain, if not counterproductive. In this type of organisation, abusers are often figures of authority within the institution, protected by the distance that the hierarchy creates among individuals. When organisations have unbalanced power dynamics and a lack of transparency (Keenan, 2019), the risk of child abuse increases (Higgins and Moore, 2019). There are multiple cultural characteristics that can facilitate the occurrence of child abuse, hindering the identification and threatening the response of the organisations that work in direct contact with children. Cultural aspects relative to how gender differences are experienced and

perceived as well as ideas about the use of violence, the nature of childhood, which behaviour is considered acceptable and which is not can influence the probability of child abuse and prevent the identification and response when occurring in organisations (Palmer, 2016; Palmer and Feldman, 2018).

3. *Lack of accountability.* The risk of abuse is higher in organisations that are not subject to controls by external bodies or in the cases where inspections by public bodies in charge of monitoring are rare and ineffective.

4. *Inadequate resources.* Adequate financing and resources are needed to attract and keep quality staff with an appropriate level of training and experience in the work in direct contact with children. Scarce funding and the presence of voluntary staff, willing to work long hours with a minimum pay, increase the risk that an organisation is not able to attract or keep adequate staff. It is important to note that training alone is not enough: it mus be accompanied by constant supervision and updating and clarity regarding the role that each member of the staff holds in safeguarding children.

5. *Non-existent or inadequate policies and procedures.* The lack of clear policies and procedures that indicate staff what, how and who to report suspected abuse to is an important risk for organisations. Institutions and organisations are by nature self-protecting and thus tend to discourage employees from calling attention to inadequacies and abuse by staff (Sullivan and Beech, 2002). All research available has detected that both managers and employees that try to protect the reputation of the institute or cover the inadequacy of procedures in the organisation do not report abuse (Sullivan and Beech, 2002). If investigations are launched, it is proven that staff in a structure are generally reluctant to collaborate with investigators, and sometimes even actively obstruct investigations (Nunno, 1992).

6. *Isolated and inadequately controlled environments.* Doran and Brannan (1996) detected how isolation seemed to increase the probability of all types of abuse: neglect, physical, emotional, sexual and general abuse. Physical isolation refers to structures that are in isolated places which are difficult to reach and not well connected, where external professionals and family members may be present less frequently. As Doran and Brannan claim (1996) «failure to create procedures and guidelines on regular monitoring in the professional and organisational management that ensure the protection of children and to provide staff training in such isolated environments has led to chaos and a void that consents abuse to prosper».

Risk factors at system level

In the specialist literature very often the indicators of child risk refer to personal, family and social factors that come into play in the onset and in the endurance of the children's state of distress.

In any case, recent research that analyses the complexity of social work — but also specific studies, for example on the matter of «burn out» - recall the critical issues that we could define «of the system», connected to the response capacity of the network, intended as the series of bodies and organisations that respond to cases of abuse and harm (CROAS Lazio, 2013). These critical issues can interfere in the work process, with inevitable consequences of the efficiency of interventions implemented in the favour of children in conditions of distress or harm.

The difficulties in operating due to regulatory and organisational conditions which are inadequate in terms of the capacity of the problems dealt with often cause the worker to feel impotent, discouraged, and inadequate, while the extent of the influence that they have on the outcome of the specific intervention is not very valued or clear.

Different risk factors have been identified. Hereinafter, we indicate only those referable to network and system work (CROAS Lazio, 2013):
– lack of a shared culture and language at territorial level as regards child safeguarding;
– weakness or absence of known and shared good practices and procedures;
– weakness or absence of contact between professional communities;
– lack of multidisciplinary supervision and dialogue mechanisms.

What are the implications for procedures?

There is still a lot to discover regarding abuse in organisations and, in general, the contexts children live in outside of the family. For example, from initial internal monitoring of cases reported in the news recorded in the first semester of 2019, 50 cases involving episodes of suspected violence, maltreatment and abuse perpetrated against minors by their nursery teachers, school teachers, support workers, and sports and religious workers have been reported in our country.[3] Lack of information and research inhibits a complete picture of the phenomenon in Italy; This translates into important implications for procedures in terms of

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[3]   Data provided by «Alleanza 10 in condotta – Save the Children Italy» (Full Marks for Behaviour Alliance).

governance, and thus policies and procedures, but also in terms of requisites and required training for the structures to be able to operate.

Despite the fact that the matter of abuse too often receives answers based on negation and minimisation, the need for social change is increasingly recognised. There is still a lot to do if we want to work in preventive terms to avoid abuse occurring within the community and thus within the different realities of bodies and organisations that form it. Many efforts have to be made to improve staff selection processes and to implement not only policies for a safeguarding culture within each body, but also procedures that improve collaboration and inter-agency work on the territory, to the ends of establishing a shared language and shared, effective means of responding to abuse. Every body should guarantee ongoing training and awareness raising on matters of abuse and safeguarding and not limit itself to isolated, superficial efforts.

Chapter 5

The territorial safeguarding system

Valentina Di Grazia

Introduction

The recognition of childhood as a particular age in life which must be safeguarded is a relatively recent conquest for the international community; and the attention that is now dedicated to the phenomenon of Adverse Childhood Experiences has, in turn, somewhat close roots. The publication of the *The battered-child syndrome* (Kempe et al., 1962) marked the beginning of a series of research and studies that have given rise to political and cultural change in terms of the matter of abuse and maltreatment. Following a long historic period during which all forms of child maltreatment was tolerated and considered permissible, over the past few decades, in institutional, scientific and social contexts, children have been recognised in terms of their need for protection and their condition as holders of authentic rights. The birth of this new sensibility coincides with the long process of international recognition of natural child rights at legislative level, that marks the progressive emergence of a new culture which safeguards children.

The first UN Declaration of the Rights of the Child dates back to after the second world war, specifically to 1959. In 1989, it was updated and extended, giving rise to the «UN Convention on the Rights of the Child». From 1991, the Convention was also ratified by Italy and regards all people below 18 years of age. In it, article 19 refers to the right of safeguarding of children, and teenagers « from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse». The substantial national and international legislation on child safeguarding and the capacity to see child abuse as a source of developmental damage, in any case, are not sufficient to

the ends of protecting children from violence. Legislative instruments are sometimes revealed to be ineffective; approaches and procedures are often obscured by psychological resistance and information voids. Still today, in a society where, while it has developed a certain sensibility towards the world of children and is equipped with instruments to combat all old and new forms of child abuse, Adverse Childhood Experiences continue to mark the existence of too many children and, very often, continue over time because the necessary attention is not dedicated to primary prevention interventions since these experiences are not properly recognised and even when they are recognised, they are not adequately managed by the adults that are involved in the children's lives. Recent data from the second national investigation into child abuse and maltreatment in Italy seems to confirm the endurance over time of this condition:

> It found that mainly children aged 11-17 accessed protection services and this shows the difficulty in intercepting vulnerabilities in smaller children and the late intervention of the services. The prevalence of children whose cases are handled for different reasons increases with age, and the most penalised appear to be those aged 0-5. This information makes us question the prevention interventions implemented: it would seem to confirm a scarce development of services for early prevention of maltreatment where the detection of needs and the activation of interventions occurs mainly in the 11-17 age bracket, when distressing situations, also connected with possible maltreatment, could be structured to a greater extent (The Italian Child Protection Authority; CISMAI and Fondazione Terre des Hommes Italy, 2021).

This lack of prevention activities and early activation must incite us to question the existence of variables which condition the response of adults and hinder the activation of effective, prompt safeguarding and protection interventions. Child security and protection are not merely needs to meet, but rights to respect and guarantee. This aspect has been clarified by the CRC, which sanctions the move from the concept of need to right, which is fundamental for the renovating the vision of childhood. The child is no longer just a bearer of needs — which is a concept justified by their being not completely self-sufficient and thus dependent on the adult — but, first and foremost, rights holders.[4] Being a rights holder implies the guarantee of the respect of their rights. The role of guarantors and those responsible for the full exercising of these rights are adults who are duty bearers.

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[4] For further information, refer to the website https://gruppocrc.net/documento/la-crc/ (consulted 15 March 2022).

Every safeguarding system for children and teenagers should thus be based on the four principles which are key to and transverse all the rights expressed by the CRC:[1]
– principle of non-discrimination (art. 2);
– principle of the greater interest of the minor (art. 3);
– principle of the right to life, survival and development (art. 6);
– principle of participation and respect for the views of the minor (art. 12).

Being and feeling protected and safeguarded is thus a right, recognised at international level, that the family, community and all other institutions and organisations working in favour of children must guarantee. Child safeguarding no longer regards a few families in situations of extreme social distress, as perhaps was the case until just a few decades ago, but demands a more communitarian vision of social action, where child safeguarding is conceived as «everyone's responsibility».

The territory at the centre

Italian legislation produced over the past decades has activated a series of important innovations: the centrality of the municipality and local community and the citizen in the social service system; the increasingly more important role held by the third sector; the establishment of the principle of circular subsidiarity of the social services. More in general, the premises for a move from the *welfare state* to civil welfare have been established, according to the principle of close correlation between resources and services. The emergence of new needs and the scarcity of available resources mean that the local community is increasingly more involved in *community care,* that is getting equipped to «take care» of itself (Perino, 2001). in the transition to plural welfare, all parties that provide services to the local community must operate in coherence with the principle of close correlation between resources and services, inviting parties involved to not consider themselves self-sufficient in their understanding of the territory and in their identification of necessary interventions, but to participate and co-project with all contexts that form the care community (Perino, 2001).
These reflections give rise to work that intends to place at the centre of discussion on safeguarding the whole context in which a child lives and reach a definition of a territorial safeguarding system. How can we make the context in which children live safe and protective?

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[1] Refer to the site https://gruppocrc.net/area-tematica/principi-generali-della-crc-quali-sono/ (consulted 15 March 2022).

The PRISMA project intends to answer this and other questions. The idea on which the project is founded is to put the territory, intended not just as the context which the interventions are located on, but also as the recipient of interventions whose objective is to safeguard and protect children, at the centre of safeguarding interventions. The territory and the community is considered not only as the collection of specialist bodies and services involved in the protection and handling of vulnerable nuclear families, but also as all those various contexts which, for various reasons, are in contact with children and that should be the first to guarantee their right to be protected. The territory as a physical place and the community as a collection of resources and relationships can be an important «protective environment» for children, specifically those aged 0-6.

The aim of the project is thus to shine the light on the role that individual bodies can perform on the territory to combat Adverse Childhood Experiences, intended as the «collection of situations experienced in childhood that significantly influence relational processes and that can be defined as negative incidents along the way which are more or less chronic in comparison to the ideal developmental path on both a personal and relational level» (Malacrea, 2013). PRISMA shifts the attention to the role of the territory and the whole community, trying to target the development of a care community that offers itself as a safe place - as a collection of physical (and also virtual) places that pursue a series of policies and procedures aimed at minimising the risks of abuse that can occur outside of families —, but also of a territory that acts as a «sentinel» and that activates, sharing the responsibility, its different components when the abuse or maltreatment occurs in the home.

The theories that give rise to policies

Bronfenbrenner's ecological system model (1979; 2005) offers a unifying perspective from which to depart to try to contextualise the work that the project intends to develop. There is a great deal of evidence to indicate that the ecological theory, that highlights the connections between the «inside environment» (the family) and the «outside environment» (the community), should be central in any global strategy devised for child safeguarding (fig. 5.1).
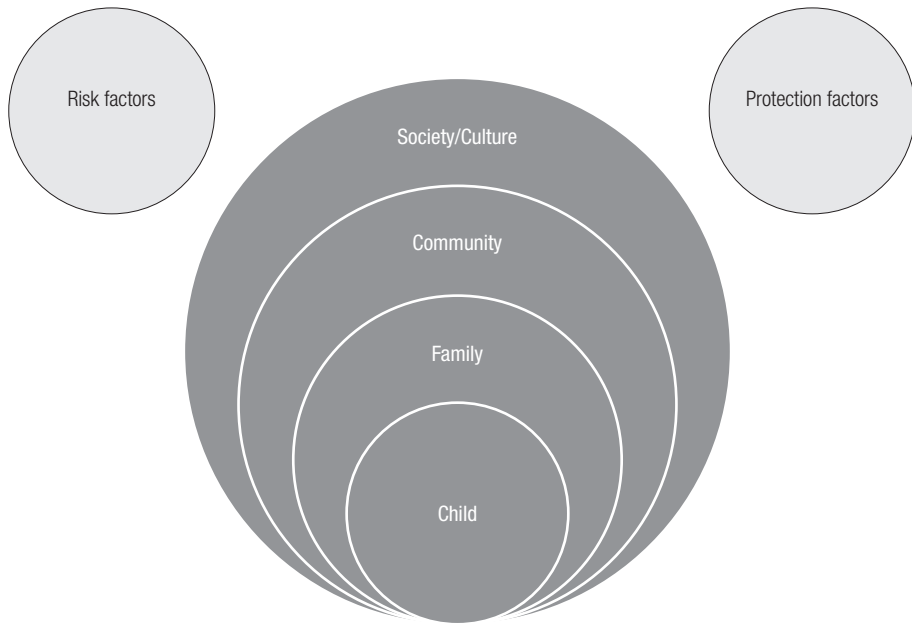
Fig. 5.1 Ecological development model (Bronfenbrenner, 1975).

Child development and wellbeing are contingent to a number of contextual factors: the family, of course, but also the community, political and social-cultural influences and the services and structures present on the territory. In this sense, we can state that child development is highly contextual, since transactions between the child and their environment have reciprocal and two-way effects that deeply modify the characteristics and the experiences of the child. In addition, the environment which is relevant to the ends of development processes is not limited to the immediate situation, but includes other environmental situations, including digital environments, that have their own forms and characteristics, which the individual may participate in to differing extents, and the interconnections between them. For example, the relationship that a community has with schools or the relationship that different agencies have between them on the territory can have an impact on child development and on the response of the system to child vulnerability, even if the individual child is not necessarily involved in the interaction.

In each of the ecosystems identified by the ecological model there can be risk factors and protection factors that have crucial influence in favouring or hindering child development, wellbeing and resilience of child on all levels.

In the previous chapter, we saw how different risk factors connected to the organisation context can increase the probability that abuse occurs. We also saw,

however, how starting with risk assessment to identify the right mitigation measures can give rise to elements that act as protective factors.

Other factors which are significant for children, such as age, health (physical, mental and emotional) and social development, can increase vulnerability to abuse and maltreatment. Given the young age, the premature development stage and the constant need for care and attention, newborns and young children aged 0-6 are more vulnerable to certain types of maltreatment, such as for example physical maltreatment (specifically, shaken baby syndrome) or care pathologies. Vulnerabilities refer to individual or relational factors that can increase the negative effects of situations of risk (Rutter, 1987; Masten, 2014).

The individual degree of resilience can be seen as an aspect that is positioned on a continuum of vulnerability and resilience. This aspect refers to the intrinsic qualities of an individual. Some children are intrinsically more resilient than others due to a whole series of factors: an easy-going temperament, for example, is considered a factor of resilience in very early infancy (Daniel and Wassell, 2002).

Protective factors and risk factors are factors which are external to the individual and refer to the systems that surround children (family, community, society/culture). Examples of protective factors are the existence of safe communities and the presence of a support network.

When considered together, like in fig. 5.2, these aspects (risk factors/protective factors and vulnerability/resilience) provide us with a framework for assessing the influence of risk factors and protection factors on all levels of the ecological model (Daniel, Wassell and Gilligan, 2011). The two aspects interact with each other: an increase of protective factors will contribute to increasing individual resilience processes.

This model helps us to understand that adaptation to adverse experiences depends on a combination of different variables. We do not want to offer a linear model, but to propose an indicative map that shows how the response to maladaptive events depends on the interaction of different elements (individual, relational and contextual).

In the PRISMA project, the context, intended as the whole care community, is the main axis on which to act and in which to root safeguarding actions and interventions, to the ends of discovering criteria for the procedures that increase resources of protection, and thus protective factors for all children aged 0-6. Basing its construction on these theoretical premises, the safeguarding system aims to strengthen the protection factors in the contexts children live in.
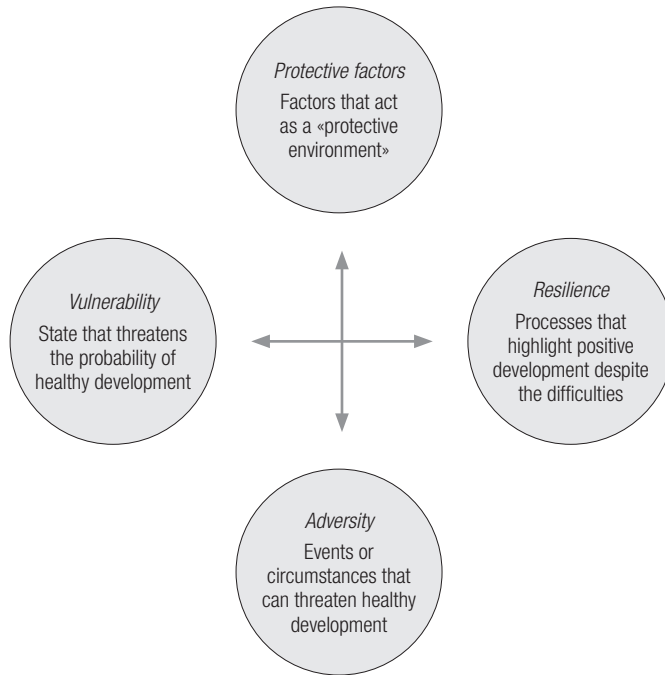
Fig. 5.2 Resilience matrix (Daniel and Wassel, 2002).

Within the framework provided by Brofenbrenner's ecological model, the first driving criteria in the definition of the safeguarding system is the focus on the *relationship between the child and the context they live in.* Safeguarding and protection interventions very often, and rightly so, focus on the child and their family, considering the importance that the family holds in the construction of the child's universe of meaning. We will add that an intervention directed at combating violence and preventing abuse cannot disregard the awareness of the role played by each single body and each single institution or organisation (whether it is educational, healthcare, sports, recreational, etc). The wellbeing and protection of the child must not be considered separate from the capacity to offer healthy and safe places and living contexts.

Another criteria that drove the definition of the safeguarding system was *co-responsibility.* The safeguarding system proposed intends to promote the responsibility and commitment of every component of the care community, defining, as we will later see, concrete standards and actions which are capable of reacting promptly if necessary. To this end, safeguarding, as we will see, becomes an essential approach because it focuses on the role and responsibility that, together and in a systematic way, all professionals that work in contact with children have in safeguarding them.

The criteria of *multiprofessionalism* is complementary to co-responsibility. The latter increases the potential of the former by creating new meso-system relationships (for example, the relationships between parents and teachers, between teachers and social workers, between paediatricians and social workers, between schools and legal authorities or police forces) that favour the sense of trust and sharing, to the ends of harmonising and boosting the interventions of each professional figure within an integrated comprehensive project; interventions whose outcomes depend on the extent of recognition, validation and reciprocal respect between the participants.

The idea of a system that safeguards

Following the above criteria, the project proposes to lay the foundations of a new way of conceiving child safeguarding. As known, the services in charge of safeguarding in Italy have a lot of different names: safeguarding, safeguarding and protection, protection and care, etc.

While the term «protection» refers to all interventions regarding the protection of children in conditions of vulnerability or harm — to interventions that are reactively directed at that group of children that are in harmful situations, the term «safeguarding» is broader and refers to the collection of services and interventions that can also be «proactively» directed at all children, in addition to our responsibility as adults and professionals to defend the wellbeing and guarantee the safety and protection of all children. A fundamental role is played by what we will indicate as child safeguarding. The term «child safeguarding» is intended to mean the collection of policies, good practices and procedures that an organisation establishes to make their body or service safe for children. The guarantee of a safe and safeguarding environment is obtained developing and/or adhering to international standards devised over the years by Keeping Children Safe, an international network involved in protecting children from all forms of maltreatment, exploitation and abuse, and now recognised by different governments, the European Union and United Nations.

So, the logic of the territorial safeguarding system that the project wants to pursue brings together «safeguarding» and protection which are in turn based on four cornerstones: awareness raising, prevention, reporting and responding (fig. 5.3).

Every cornerstone that forms the safeguarding action connects the micro level (the single organisation/body/service that equips itself with tools and policies so that it is safer for children) to the macro level (the different realities on the territory agree on clear, shared means to make detection prompt and clear means for multidisciplinary response).
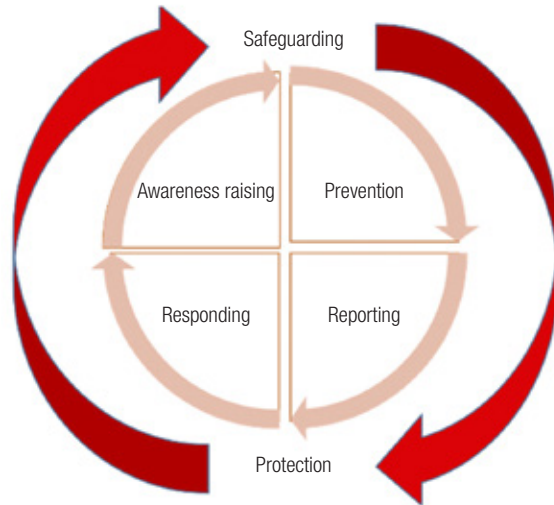
Fig. 5.3 The safeguarding system framework.

The safeguarding system's objective is to set standards for awareness raising, for the promotion of a safeguarding culture, for prevention (above all through attention to the management of human resources and training), for dissemination of correct information regarding abuse, for the involvement of children and families; it also sets standards in terms of prompt, effective responding and network work, to the ends of improving report management and case handling, that must be multidisciplinary and multiprofessional.

These standard are directed at increasing safeguarding capacity and competences for the cases that see suspected cases of maltreatment by people belonging to both organisations that form the care community, and that thus hold a position of trust for children, and people who are external to these (family members, other adults, other children).

Why a territorial safeguarding system?

One of the first activities of the PRISMA project allowed for the highlighting of the benefit of the proposed safeguarding system. Through the *scoping review,* feedback was gathered via questionnaire from thirty-six professionals of the care community, active on several levels in services for children aged 0-6 (teachers, paediatricians, social workers, neuropsychiatrists, support workers, etc.) — and their respective families. Almost all of these professional figures communicated the

presence of mechanisms of coordination with other bodies regarding case handling for children in harmful conditions, but also referred the almost complete lack of safeguarding measures within their own bodies.

All bodies and services involved (mostly schools, hospitals, specialist centres, educational services) declared they did not have clear, written, shared safeguarding measures or specific tools for risk detection and referrals to other services. Staff training varied greatly from service to service. Excluding specialist services that are involved in child protection, few services declared to have staff trained on abuse and maltreatment issues. Examples of safeguarding measures already present reported were the codes of ethics of different professional figures, codes of conduct if present in collective national contracts, in addition to Law 184/1983, according to which all public officials and workers appointed to perform public service are obliged to report to the legal authorities moral or material abandonment of children.

While the above are very important measures, alone they are not enough to minimise the risk that forms of abuse and violence can occur within bodies and services that should instead safeguard children.

These few data are sufficient to highlight some aspects which we will now list.

- *A lack of primary prevention interventions.* The matter of what to do in the event of abuse or maltreatment is only relevant when a potential situation of harm or abuse is apparent, and very often responses are based on circumstances and informal procedures, on a case to case basis which, if this needs to be considered in the definition of a response must fit the problem, also represents a factor of risk, considering the uniqueness of situations, because it leaves big information and procedure voids.

- *Scarce attention to the non-family risk.* Environments that children live in outside of the family can also represent a source of risk. Over the years, there have been many episodes of violence that have occurred within bodies and structures that should have safeguarded children (schools, children's homes, sports' structures, etc). The risk of abuse and maltreatment outside of the family is not considered a great deal by the bodies involved in child protection, with the consequence that no body, service or organisation that works in direct, continuous contact with children in Italy has the obligation to have well-defined safeguarding policies in writing. This gap in legislation and procedures entails big risks for the safeguarding of children.

- *The scarce definition of the dynamics of network cooperation.* The mechanisms of cooperation between different parties in the care communities, while existing on the territories to different extents, very often have not been codified, but, on the contrary, have been left as informal and up to individuals to know and be aware of. While this may represent in certain ways a strength of specific

territories, it becomes an important gap in territories which are still not very attentive regarding safeguarding and protection.

The objectives of the territorial safeguarding system

Beginning with the considerations of the previous paragraph, the PRISMA project thus developed a definition of territorial safeguarding system (fig. 5.4), intended as a collection of procedures and good practices based on minimum standards, shared by a network of organisations or a community of practice, that have the scope of ensuring that the same organisations are safe for children they come into contact with and that the children that belong to these bodies are always protected and safeguarded from maltreatment and abuse which they could be victims of perpetrated by adults inside and outside of the organisation.

The objective of the territorial safeguarding system is two-fold:
1. strengthen the role of the context as a protective factor, reducing the risks connected to malpractice, above all organisational, of each body/service that works in close contact with children;
2. increase the capacity of professionals and workers to identify potential situations of vulnerability, distress and harm and respond to them in a coordinated and multidisciplinary manner.

Reaching these objectives will also depend on developing *building blocks,* which are now listed, that will be the foundations of the action of the safeguarding system.
– *Developing a safeguarding culture.* Protecting children from the risks of abuse and maltreatment is of course central to safeguarding but it is not enough to guarantee *all* children the right to grow in protected and safe environments. A safeguarding culture is the collection of values and practices incorporated into organisational governance that guides the behaviour and attitudes of all professional figures that come into contact with children.
– *Increasing the attention to the potential risks represented by the living environment of the child.* In contemporary society, the safeguarding beacon must be able to illuminate, in addition to the family context, all of the child's living contexts that can represent a risk. The questions that we must answer as professionals are: what risks does the child encounter outside of the family? How do we mitigate risks in different contexts? How can we become a community that protects? Which mechanisms do we implement to the ends of greater prevention?
– *Promoting approaches based on cooperation and partnership throughout the territory.* Approaches directed at the community for child safeguarding are not

limited to working with the community to identify where the danger could be, but they entail partnerships with other agencies to the ends of creating safer communities which are more suited to children's needs. All bodies and agencies involved in the services and interventions directed at children aged 0-6 should be part of the network.
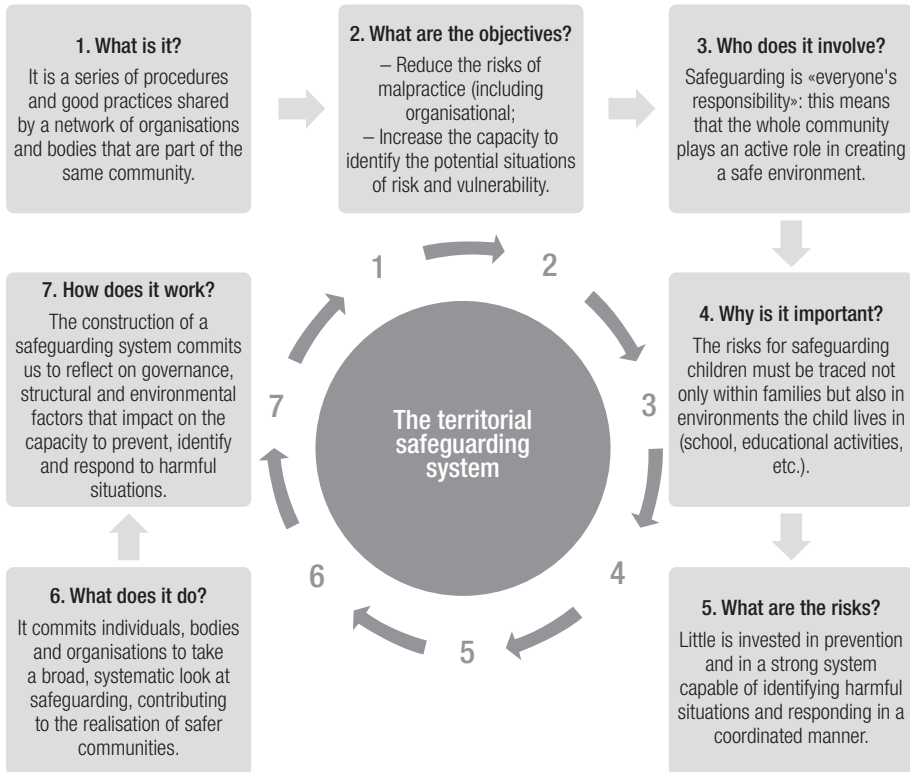
1. What is it?
It is a series of procedures and good practices shared by a network of organisations and bodies that are part of the same community.

2. What are the objectives?
– Reduce the risks of malpractice (including organisational;
– Increase the capacity to identify the potential situations of risk and vulnerability.

3. Who does it involve?
Safeguarding is «everyone's responsibility»: this means that the whole community plays an active role in creating a safe environment.

7. How does it work?
The construction of a safeguarding system commits us to reflect on governance, structural and environmental factors that impact on the capacity to prevent, identify and respond to harmful situations.

The territorial safeguarding system

4. Why is it important?
The risks for safeguarding children must be traced not only within families but also in environments the child lives in (school, educational activities, etc.).

6. What does it do?
It commits individuals, bodies and organisations to take a broad, systematic look at safeguarding, contributing to the realisation of safer communities.

5. What are the risks?
Little is invested in prevention and in a strong system capable of identifying harmful situations and responding in a coordinated manner.

Fig. 5.4 The logic which the territorial safeguarding system is based on.

In conclusion, a safeguarding system defines as safe a care community that systematically:
– creates the conditions for reducing the probability that children are harmed in contexts which are outside of the family;
– creates the conditions that increase the probability of identifying and reporting harm;
– responds adequately and in an integrated manner to reports.

The safeguarding system framework

The framework in fig. 5.5 — from the poster on the safeguarding system available in the Annexes — is intended as a tangible guide, with the objective of creating a culture of safeguarding both within every individual body (or individual organisation or agency) to the ends of not harming (the do-no-harm principle) children they work with and to guide the work between different organisations and institutions within the same care community.

Fig. 5.5 The territorial safeguarding system framework.

The framework is designed and proposed as a support for:
– driving cultural change in the way of thinking about child safeguarding;
– be based on principles and focus on results;
– become sufficiently flexible, so that every organisation and care community can adapt the principles to the context;
– help the communities, and individual organisations that form them to deal with and manage the multiple risks;
– be a benchmark on which organisations and communities can measure their capacity for creating safe environments for children;

– provide operational tools for facilitating the delicate phases of detecting and reporting;
– help professionals in the care community to structure multiprofessional integration mechanisms.

The cornerstones

The framework establishes a clear pathway, to effectively guarantee the four cornerstones on which the territorial safeguarding systems are founded:
1. awareness raising
2. prevention
3. reporting
4. responding.

Awareness raising and prevention

To the ends of shared responsibility, making a care community safer means ensuring first and foremost that all people that operate, for any reason, in direct contact with children are appropriate for the role they hold and supported in the development and maintaining of adequate attitudes, knowledge and competences to protect children from any form of violence or inappropriate conduct and to know how to intercept and address promptly and adequately potential signs of distress.

While it is fundamental that all professional figures that work in contact with children are aware of the phenomenon of violence against children, the behaviour we expect from them and the means of reporting and managing concerns or harmful situations, it is just as important that these professionals can support families in acquiring greater awareness of these matters.

Every operator, each according to the specific features of their role, has the possibility to inform, in a manner which is adequate to the context and interlocutors, regarding the commitment of the care community to safeguard children, for example, informing families of all their rights, including the right to protection, information and participation, providing clear, understandable indications on how and who to contact in the care community when necessary, supporting families to express their opinions and concerns.

Reporting and responding

While the objective of the first two cornerstones is to reduce the risks for children, strengthening the resources and capacities of the individual context, the cornerstones of «reporting» and «responding» focus on the most reactive and

protective aspects: from identification and detection of a problem, a concern, a suspected violation of policy and ethical codes or a harmful situation, and arriving at their internal management and then forwarding to the services on the territory or reporting to the competent authorities and bodies. The standards regard in particular the improvement of the capacities of professionals and workers as regards identifying potential situations of vulnerability, distress or harm and responding adequately and promptly, activating where necessary the multidisciplinary network on the territory.

For the public bodies and the private social sphere to become promoters of policies for children that are actually effective, it is essential to activate synergies between all parties involved in the promotion of children's wellbeing and safeguarding for whatever reason.

The standards

The standards define in a simple and practical manner what is necessary for every body or organisation to set up within care communities too ensure that they were safe for children they come into contact with. The standards, furthermore, guarantee that the children that belong to these care communities are always protected and safeguarded from maltreatment and abuse they could become victims of.

For each standard, proposed we will summarise the logic and the importance and clarify the objective, and then provide useful indications on what the organisation can do to put it into practise. This information acts as indicators that provide a measure, a direction, of how the standard is applied. For every standard, there are questions proposed which encourage reflection. By answering honestly, professionals will be able to assess which changes are necessary to make the organisation a increasingly safer system for children.

The standards are not intended to be a collection of rules or boxes to be ticked without operating a real change in work practises. They are intended as compasses which direct the work of professionals and encourage organisations to think about their current procedures and to find areas where they can improve to minimise the risks and boost protective factors.

Standard 1 – Commitment and governance

To create and maintain an organisation that is safe for children clear leadership is needed. This processes involves all the staff of a given organisation, that have the opportunity to learn, and review processes and monitor changes. An organisation which is safe for children is an organisation that expresses commitment

and a definite position regarding child safeguarding and safety. This is shown by the fact that the organisation has a managerial group that puts child safeguarding at the centre of all work it does and expresses directly the way in which any problems and risks are identified and managed. The person leading the organisation holds a fundamental role when it comes to creating and maintaining a culture where child rights and safeguarding are priorities: ensures that all staff understands that keeping children safe is everyone's responsibility; and ensures that these messages are shared openly inside and outside of the organisation. Inattentive management increases the possibility of problems. In these cases, the systems intended to protect children can fail. Where child safety is not a priority, the probability of abuse or malpractice increases.

OBJECTIVE: every organisation places safeguarding at the centre of every action or intervention. Child safeguarding is incorporated in the culture and governance of the organisation.

WHY IT IS IMPORTANT: a management group committed to providing safe environments means reducing the probability that children are exposed to malpractice and abuse. A culture of child safeguarding is a collection of values and practices that guide attitudes and behaviour of all staff.

Questions that guide reflection	Indicators
How does the organisation express its commitment to child safeguarding? How does the organisation ensure that it has effective strategies for managing risks to child safeguarding?	Every organisation has a declaration of commitment in favour of child safeguarding. Child safety is a responsibility which is shared by all levels of every single body or organisation.
How does the organisation clearly establish expectations regarding the behaviour that the staff must have towards children? How does staff share the responsibility to protect children? What activities are there to strengthen a child safeguarding culture?	The staff of every organisation understands and respects codes of conduct that establish clear behavioural standards when interacting with children. The staff understand its reporting obligations. The organisation adopts clear strategies and tools for analysing and managing risk.

Standard 2 – Policies and procedures

An organisation which is safe for children is an organisation which has a safeguarding policy and procedures which clearly describe what the organisation does and how it does it in order to create and maintain a safe environment for children. These documents are effective only if they are implemented and incorporated in all organisational processes. Organisations are not able to protect children when policies and procedures are absent, not applied or not pertinent for the organisation and its environment. The policies and procedures must be

disseminated during initial induction, in training and in supervision. Those in senior positions should ensure that all staff, volunteers and partners understand and agree on that explained in safeguarding documents.

OBJECTIVE: organisations have safeguarding documents (policies) and procedures that are supported by management, understood by all staff and communicated clearly.
WHY IT IS IMPORTANT: clear policies and procedures for safeguarding children if implemented effectively provide a clear guide to all staff in every single organisation. Without this clarity, all staff members are left to judge for themselves when there are complex problems or scenarios, sometimes with scarce consequences.

Questions that guide reflection	Indicators
Does the organisation have clear policies and procedures, in writing which are disseminated at all levels? Has the organisation made safeguarding policies and procedures available to the public and are they easy to understand? How does the organisation ensure that all staff implement policies and procedures regarding child safety? How are codes of conduct, policies and procedures integrated into all operational aspects of the organisation? What happens if the policies and procedures are not followed?	Policies and procedures are based on best international standards and reflect the *mission* and *vision* of the organisation. Policies and procedures are accessible to everyone and easy to understand. Policies and procedures are based on consultative processes with main stakeholders. Senior figures of every body raise awareness and become aware of safeguarding issues. The staff of every organisation understands and implements the policies and procedures. Policies and procedures are monitored and updated cyclically.

Standard 3 – Involvement of children and families

Organisations that are safe for children actively involve families to help them understand in the best way what makes their children feel safe, healthy and happy. They ensure that everyone, including parents and caregivers, regardless of their background and capacities, knows where to find organisational policies and procedures, and they facilitate open, two-way communication with families and communities. If necessary, they also translate the documents into other languages to guarantee greater dissemination and understanding. A safe organisation ensures that families know how to, when and who doubts and concerns can be reported to. If there is an incident, they provide families with pertinent and appropriate information. Children should also be involved, in a manner that is coherent with their developmental stage, to understand what makes them feel safe and explain how and who they can speak to if something is worrying them. To this regard, organisations could work on creating materials for awareness raising that can be easily understood by children.

OBJECTIVE: involve families and caregivers in child safeguarding and get children to participate in the processes that regard them.

WHY IT IS IMPORTANT: it allows for guaranteeing that the children that come into contact with the organisation are informed of their rights, including the right to protection and participation, and are supported in expressing their opinions and raising concerns.

Questions that guide reflection	Indicators
How does the organisation actively involve families and the community? Are the codes of conduct, policies and procedures for child safeguarding accessible to families and members of the community? How can a child, a member of the family or the community raise a concern?	Families are involved in the definition of safeguarding documents. Make relevant information accessible with all means available. Families and children know how to raise a concern. The staff is aware of a child-friendly approach. Dissemination of the principles of positive parenting to raise awareness in the family of their safeguarding role.

Standard 4 – Ongoing training

Staff awareness raising and training are key elements of safeguarding, and are essential for protecting children. Guaranteeing that all employees, from the custodian to members of the Board of Directors, are aware of the commitment of the organisation and the relative responsibilities is a fundamental step towards creating a culture with awareness of rights.

This aims to guarantee that the safeguarding of children is integrated in every area of the organisation and that everyone understands how to identify and respond to a suspicion or concern.

Adequate levels of awareness raising and training help promote a culture where all concerns regarding child safeguarding are dealt with and reported. There is a continuum from malpractice to abuse, and, when occasional incidents are not dealt with, for example an employee that is in an isolated place with a child or behaves inappropriately, there is a greater risk that these malpractices are repeated, becoming a normal aspect of the organisational culture.

A organisation that is safe for children promotes ongoing learning and provides regular, constant training. Understanding when children are at risk and what signs to consider is essential for ensuring that they are safe. Staff can prevent abuse and maltreatment when they know how to identify it.

OBJECTIVE: the organisation invests in its staff offering them the opportunity to improve their knowledge, competences and capacities for safeguarding children.

WHY IT IS IMPORTANT: training helps staff to understand what abuse is, how the environment can facilitate or discourage the occurrence of risks for children and

how to be able to respond when risks are detected. It strengthens the importance that the safeguarding of children is everyone's responsibility.

Questions that guide reflection	Indicators
How are staff trained on indicators of abuse and mal-treatment? How are staff trained on internal policies and procedures for child safeguarding? How are staff that work in very high-risk roles and situations, for example work with children with specific vulnerabilities, trained? How do we ensure that staff knows how to report suspected abuse and inappropriate behaviour?	Staff gets training on how to recognise indicators of harm or distress in children, including damage caused by other adults of reference, as well as family members. Staff gets training on the internal procedures and on how to respond effectively to concerns or suspicions relating to child safeguarding Staff is supported in developing practical abilities on how to manage any disclosure.

Standard 5 – Safe staff management

Good resource management holds a fundamental role in terms of safeguarding and protection. Child safety is a priority when selection processes are executed and in the management of all staff. Children are at risk when organisations have weak, inadequate hiring procedures and staff management. Safe organisations on the other hand have policies and procedures that describe how staff is recruited and what is expected of every staff member based on their role and their responsibilities.

Having clear recruitment policies allows for:
– discouraging or excluding people that are not suited to working with children;
– highlighting the culture of the organisation and what is expected from those working in direct contact with children;
– ensuring that only the most suitable candidates are employed who understand safeguarding matters.

OBJECTIVE: organisations are capable of attracting and selecting staff that allow for the children and their safety to be focused on.
WHY IT IS IMPORTANT: safe selection processes help to prevent the recruitment of people who are not suitable for working with children.

Questions that guide reflection	Indicators
How do selection processes focus on child protection? Does the organisation have trial periods for new staff? How is the commitment of the organisation to child safety explained during the induction of a new staff member? How does the induction process of a new member help staff to understand their obligations in child protection? How does the organisation control and support staff in the application of safe practices for children? Are past references checked for all staff?	The organisation requires the criminal records certificate from the criminal records office as according to Legislative Decree 39/2014. Every organisation/body has a clear behavioural code. The whole selection process highlights the organisation's safeguarding policies. All organisation's staff is aware of their responsibilities regarding child safeguarding, including reporting obligations. Staff supervision and management focus on child safeguarding.

Standard 6 – Safe environments

An organisation which is safe and safeguarding adapts its physical environments to reduce the chance of abuse or maltreatment to a minimum. Safe organisations deal with risks present online, educating children and adults on how to avoid such risks and how to detect the signs of online grooming.

Child abuse occurs when the physical environment offers adults the opportunity to commit abuse. Opportunities can arise in isolated areas or places that are not monitored; when children are far from their parents, for example, during a trip or excursion, or when children travel with a person by bus or car. The adult abuser does everything possible to exploit these occasions, and that is why it is important to assess well the potential risks of all the organisation's activities and processes that could expose children to risks.

Children, even very young ones, use the internet and social media increasingly as integral parts of their lives, but they can have different perceptions compared to adults of what represents a risk online.

A safe organisation includes in its policies and procedures elements that clearly describe what behaviour is appropriate and what is not both in physical environments and online.

OBJECTIVE: the risks represented by physical and digital environments are identified and mitigated.
WHY IT IS IMPORTANT: safe environments offer safe environments. Safe physical and digital environments hold a significant role in reducing chances of abuse and malpractice.

Questions that guide reflection	Indicators
How are risks assessed in physical environments and online?	Risk assessment is performed for both physical environments and online.
Does the organisation reflect on possible risk mitigation measures?	For each risk identified, mitigation measures are also identified.
How does the organisation consult with children and families regarding their opinions on safety in physical environments and online?	Safeguarding policies describe how the organisation will keep children safe in physical environments and online, with specific reference to activities which present the highest risk.
Are children educated on how to stay safe online?	
How is privacy balanced with the need to provide a safe environment for children?	

Standard 7 – Effective reporting mechanisms

Effective reporting mechanisms are the mechanisms that put the greater interest of the child at the centre, that support children who are victims of abuse and encourage them to speak. Safe organisations offer clear indications and procedures to children, families and all organisation staff, whether employed or voluntary. It is essential that the organisation highlights the most important message: any concerns must be reported, without the employee being in the position of deciding if abuse has occurred or not. The important thing is that the concern is transmitted to the appropriate person so that action can be taken to protect the child from any damage.

An organisation is safe when everyone knows who to report a concern or suspicion to and following what means. Every report is dealt with promptly, effectively and confidentially. All adults that work there understand their reporting obligations, also to external authorities.

Safe organisations favour a culture where reporting is encouraged and which are capable of guaranteeing the appropriate, effective management of all reports and the relative internal investigations (in cases of malpractice) or external ones (when harm or a possible crime has been committed).

Objective: equip organisations with reporting procedures that put the greater interest of the child at the centre.
Why it is important: clear procedures help us to understand who to turn to and what to do in the event of suspected abuse and maltreatment both within every body and externally when the report must be made to other actors of the network on the territory (legal authorities, police forces, social services). Furthermore, it allows for effective, efficient, and prompt management of suspected abuse and malpractice.

Questions that guide reflection	Indicators
How is the greater interest of the minor prioritised when a report is received? How does the organisation make its staff aware of internal and external reporting obligations, including reporting malpractice? How are reports kept track of? What mechanisms guarantee the confidentiality of the reporting and of the internal investigation process?	The procedures clearly declare which sorts of phenomenon are referred to. The procedures indicate with who, how and when to report a suspected abuse or malpractice within the organisation and outside of it. The procedures indicate the means for reporting to the external network of bodies and agencies on the territory. Procedures ensure confidentiality through the whole processes. Every incident, complaint of abuse and report is recorded and monitored.

Standard 8 – Roles and responsibilities

Safeguarding and promoting child wellbeing is everyone's responsibility. Safe organisations consider that all those who come into contact with children, their families and their caregivers have a role in child safeguarding. In order to meet this responsibility effectively, all professionals should ensure that their approach is centred on the child. This means that they should think, at all times, about what is in the child's greater interest. For children and families to get the right help at the right time, all those who come into contact with them have a role in identifying concerns, sharing information and acting promptly.

Organisations that focus on child safeguarding identify a safeguarding focal point. In any case, this does not mean that the focal point is the only figure responsible for child safeguarding in an organisation. The role of the focal point is to represent a point of contact and to advise, support and assist the organisation in implementing child safeguarding policy and associated procedures, including responding to cases. In order to do so, they need support from management and the collaboration of all those who work with and for the organisation.

OBJECTIVE: every organisation defines internally who holds the responsibility of managing the reporting of suspected abuse and malpractice and internal investigation processes.
WHY IT IS IMPORTANT: clearly defined roles ensure that events are managed correctly and promptly. Furthermore, it facilitates the creation on the territory of virtuous cooperation mechanisms.

Questions that guide reflection	Indicators
How does the organisation clarify shared safeguarding responsibilities? How are roles and responsibilities clarified in reporting procedures? Is there a contact person for safeguarding within the organisation? If so, how were they trained and supported to be able to do their duty as best as possible? Who communicates with other organisations or bodies outside of the organisation?	The procedures identify those responsible for child safeguarding within each organisation/body. The procedures identify a contact person for safeguarding (focal point) and their responsibilities. The organisation has a mapping of the bodies in charge of different safeguarding actions on the territory. There are inter-agency coordination procedures.

Standards of response

For the public bodies and the private social sphere to become promoters of policies for children that are actually effective, it is essential to activate synergies between all parties involved in the promotion of children's wellbeing and safe-

guarding for whatever reason. Child safeguarding must be considered an ongoing priority, through ongoing, collective, multiprofessional team work.

The standards suggested by the safeguarding system in terms of response are multidisciplinary work and shared information.

Standard 9 – Multidisciplinary work

OBJECTIVE: cases of distress or suspected abuse and maltreatment are detected early and managed in an integrated manner by different professionals on the territory.
– There is a shared language and detection and responding means to the different shades of grey, from vulnerability to harm.
– Procedures and ways for forms of collaboration between the school and/or healthcare system and the social services in the context of child safeguarding for reporting situations of risk (who does what, how, when) are defined.
– The competences and responsibilities of individual bodies on the territory (schools, counselling services, hospitals) and the forms of access and possibly of reciprocal consulting between the services are outlined.
– Work means that allow for child and family participation in the case handling are defined.
– Team work is motivated, promoting a project that requires the support of different network professionals.

Standard 10 – Shared information

OBJECTIVE: in compliance with privacy and professional confidentiality, information, when possible, is shared with the family and with the network of professionals that work on the case.
– Clear mechanisms are created for the network of professionals to share information.
– Information to be shared with the family is shared in a manner which is clear and child friendly.
– There are shared reporting tools and models.

Chapter 6

Good practices for implementing safeguarding standards in care communities

Sabrina De Flaviis, Daniela Malvestiti, Ilaria Scimone and Elisa Vellani

The preliminary work

The project began with a scoping review intended to increase knowledge on the functioning of different protection systems in the territories involved, to the ends of gathering a detailed picture that could act as a starting point for devising reflections and recommendations. The purpose of the latter was to promote that already in existence and strengthen a multidisciplinary approach and greater co-ordination between different child protection agencies.

The work was performed through:
– research and collection of standards, procedures, practices already existing, in relation to forms of guarantee and criteria for child safeguarding at national and regional level;
– interviews with groups of professionals from the social, healthcare and education areas involved on the territory.

This preliminary analysis allowed for:
– investigating the presence of guidelines, protocols and good practices in force at territorial level which are relevant in context of safeguarding children from any form of abuse and maltreatment;
– collecting information on the existence of safeguarding mechanisms within every body/organisation (for example, staff training on matters connected with abuse and maltreatment, the presence of risk evaluation tools, existence of clear reporting procedures, presence and relevance of inter-agency work).

This scoping review allowed for the highlighting in the various territories of a heterogeneous picture of actions and practices implemented.

Starting with regional guidelines for combating child abuse and maltreatment, each territory has available codified guidelines and procedures that describe the general procedure and the actors that must be involved if a situation which is damaging for a minor is suspected. System deficits do not regard the presence of procedures or protocols, but rather the existence of an actual consolidated network practice which is effective involving the services, reciprocal knowledge and clear information on the competent contact persons and the correct procedure to be followed to report a concern or a suspicion regarding situations of vulnerability or distress which may not be so obvious. This difficulty ensures that the territorial services that are responsible for child safeguarding receive mostly reports of distressing situations which are by then evident and which are difficult to act on to prevent.

Still in the context of prevention, basic training on abuse, maltreatment and the signs that should cause concern is guaranteed for almost all functions and almost all actors directly involved in safeguarding, but it is almost absent in places that take care of children on a day-to-day basis, such as, schools, nurseries, sports' associations, recreational centres. This absence is even worse if we consider that these places hold an essential role in protecting children from abuse, since they are privileged observatories where it is possible to intercept distressing situations and intervene at an early stage.

The aspect of information towards families on actions and instruments implemented by the various actors of the care communities for their safeguarding is scarcely structured. Adequate knowledge of the safeguarding system is a fundamental step, because it contributes to the development of greater awareness, within nuclear families, of rights and duties of the adult work as to child protection. It facilitates the construction and maintenance of an environment based on trust, open to dialogue between families and the territory, which is indispensable in order to better intercept situations of difficulty and structure adequate, sustainable interventions of support.

The last area of the scoping review regarded child safeguarding, that is, the specific responsibilities of the organisations and bodies that work in contact with children in identifying and actively preventing the risks of inappropriate or harmful conduct, first and foremost, by their own staff, and guaranteeing environments and actions which are always safe for their own child beneficiaries.

With the exception of the specific cases of third-sector organisations that have devised or are devising their own safeguarding system in line with the international standards, most stakeholders involved reported a multitude of practices already existing, (for example, worker training, team supervision, ethical codes, informal procedures for reporting concerns) often not formalised into clear procedures or

tools or not organised into an organic, codified framework, or system, and that therefore there is a risk that they are implemented intermittently, at the worker's discretion and not in a way which can be monitored.

From this point of view, in Italy, dissemination of what should instead be an essential requisite for all educational and recreational services directed at children, that is, the adoption of organisational models intended to guarantee environments that are safer and more safeguarding, is still scarce.

A final consideration regards the preparation and putting into practice of the subsequent project action: the realisation of inter-agency territorial discussion groups.

The Covid-19 pandemic affected the calendars and meeting means of the PRISMA project discussions that were held online instead of in-person, in an attempt to meet the needs and the commitments of the different sectors involved. The pandemic had a huge impact on the workload of all the services, in particular those involved in the healthcare sector. Despite this, the presence at the discussions of various actors was always guaranteed and the importance of the matter dealt with always recognised, even more so at such a critical moment. As already known, the pandemic and the strategies to manage it, such as quarantine, social isolation, lockdown and the closing of the schools, produced a significant, general increase in psychological issues, alcohol and substance abuse, self- and hetero-aggressive behaviour, domestic violence, child abuse and crime. These phenomenon regarded all levels of society, but had devastating effects above all in families experiencing socio-economic disadvantage, whose means of subsistence were threatened by the economic crisis and that could not access technological tools or adequate spaces for managing the measures implemented to contain the pandemic. The social, health and economic crisis produced by the pandemic made us reflect on the need to strengthen all the services in contact with child in their roles guaranteeing rights, including protection.

Beginning with this first revelation of that which already existed, during the territorial group discussion, we went on to identify, for each territorial network, key actions for realising the standards provided for each cornerstone of the safeguarding system: awareness raising, prevention, reporting and responding, each of which is essential for guaranteeing efficiency in reciprocal synergy.

The territorial discussion groups

The discussion groups' primary objective was to stimulate collaboration between professionals and child support workers and the devising of good practices

intended to facilitate the multidisciplinary work for combating and preventing Adverse Childhood Experiences.

Organisations or bodies representing actors in the territorial care communities in the social, educational and healthcare areas participated in the discussion, along with the police forces and the judiciary, providing technical contributions on the matters, feedback and specific indications.

Bodies and organisations of the care community were involved in the capacity of discussion "affiliates" that did not participate directly in the discussion, but were constantly informed of the work performed and made themselves available to be contacted on individual matters (as consultants), in particular in the development of practices or procedures that could involve them directly.

All the discussion groups worked with the same methodology within the same framework and through an identical instrument. This methodology was devised to maintain a shared direction and to allow for exchanging experiences in the four cities, while leaving margin to devise key actions that could consider the particular features of the actors, procedures and practices already implemented in that territory, of the specific resources and the capacity to experiment new measures which were relevant for each one.

The composition of the discussion groups in the individual territories reflected partly the heterogeneity of the same in relation to the practice and the history of the inter-agency work which has been consolidated over the years.

There were five meetings per territory. After a first introductory meeting, the following four events were each dedicated to a single cornerstone of the safeguarding system: awareness raising, prevention, reporting and responding. For each of these, the group explored the key elements for realising the standards, identifying the procedures and good practices already existing and establishing brand-new key actions to propose to be experimented in the course of the project.

The group worked on each of these actions assessing their feasibility and sustainability, identifying protagonists and recipients, and were committed to implementing and promoting them externally.

Outcomes of the territorial discussion groups

Discussion groups are a chance to listen to and integrate voices from different intervention levels in the care communities, in a process of exchange between different professionals and realities, based on equality and concrete action. This consented better specification of roles and reciprocal expectations and the combination of points of view in a process of increased knowledge and learning.

The needs that emerged from the discussions all relate to establishing a more effective, sustainable network, facilitating inter-agency dialogue and work. The proposals made refer to, in particular, the need to make more aware all actors

involved with children 0-6, including the same families, strengthening the tools at their disposal and the possibility to establish connections between different bodies. The proposals made aim to facilitate shared languages, methodologies and tools and recover or reinvigorate good communication practices between different services to guarantee more prompt interventions.

In each series of group discussions, the following strengths emerged:
– the recognition of the importance of the matter, which is even more urgent in this historic moment;
– the recognition of the need for greater coordination between territorial bodies and greater proactivity in sharing past ideas, proposals and good practices to improve;
– the starring role of the formal and non-formal world of education, schools and services directed at families, recognised not only as privileged places for intercepting situations of vulnerability and early intervention, but also as potential engines for preventing and promoting a culture of safeguarding that can also involve families;
– good participation of the basic socio-healthcare area, with proactive, involved paediatricians and clinics.

The most relevant of the critical features emerging regarded:
– difficulty in connecting, with a multitude of fragmented, often uncoordinated, actions involving the same actors of the territory, that risk wasting efforts and results;
– the lack of institutions that are proactive in directing more structured actions of the network;
– the future sustainability of actions proposed by the discussion groups.

The management and monitoring of these critical issues allowed for directing the group work and selecting from the various proposals actions that:
– facilitate practical dialogue between the actors of the network;
– facilitate the work of professionals and the agencies involved;
– could actually be realised and experimented in the course of the project.

Proposals of actions supporting the territorial safeguarding system

In this section, we report the actions that the care communities involved in the project identified as useful for favouring a more effective implementation of safeguarding standards and that they are committed to experimenting on their territories. Some of the proposals emerging in various territories were similar in their objectives and realisation means and can be implemented in all four territories.

For this reason, they can be scaled out to other territories and are here proposed and explained as experiences to be replicated.

Some actions proposed, on the other hand, express complex needs, that require a more elaborate management that the experimentation times cannot guarantee. These actions will be translated into advocacy messages to be brought to the attention of territorial bodies as recommendations expressed by the discussion groups.

Awareness raising actions

The broader objective of awareness raising actions is to make the whole care community more aware of the fundamental rights of children and the responsibilities of adults in guaranteeing these rights, above all, those of safeguarding and protection.

The actions proposed by the territorial discussion groups regarding awareness raising are very practical interventions for spreading the message of co-responsibility and basic information on the safeguarding of children's rights.

The actions that can be implemented are illustrated here.

1. Realisation of awareness raising materials.
   – Objective: spread the message of awareness raising that strengthens the sense of co-responsibility of all adults involved in the care community. Child safeguarding is everyone's responsibility and everyone plays a role in guaranteeing it and promoting it making environments of children's growth safer and more safeguarding. With the contribution of all the participants at the territorial discussions, an informative awareness raising poster was developed — available in the Annexes — with a simple, friendly interface, which was translated into several languages and that clearly and briefly describes the care community and its commitment to safeguarding. The contents of the message were identified during the discussions supporting the experimentation and redrafted with the support of a graphic designer. The poster represented the first shared product, realised with the contribution and ideas of all the people participating in the discussions. The poster conveys a message which is common to all territories and all bodies, but also has a part that can be personalised, an editable section that can be completed with subject-specific messages, on how the individual body/service is committed to acting or on made-to-measure key messages. The poster, furthermore, contains a QR-code that refers to a list of bodies participating in the project.

2. Sharing key information with the families.
   – Objective: guaranteeing that families are adequately informed of all their rights, including the right to protection, information and participation, that are supported in the expression of their opinions and that know who to speak to and how to raise concerns within the care communities. There are multiple proposals relative to the realisation of this objective, and they are very concrete and easy to realise, since they provide for the use of different occasions and events which are possible for conveying basic information and messages. Each actor, in the context of the specific characteristics of their role, can get informed, in a manner which is suited to the context and interlocutors, about the care community's commitment to safeguarding children.
   – Examples of activities directed at informing families. The first occasion for spreading the message of awareness raising that involved the various bodies participating in the project was offered by the celebration of the World Children's Day, 20 November every year. The bodies and organisations participating had the possibility to share the poster realised as part of the day's celebrations in their own social channels. Each body and service dedicated itself to disseminating the awareness raising materials in contexts and events associated with similar or complementary matters. A second, simple, but relevant awareness raising and prevention action, in the services dedicated to formal and non-formal education (schools, recreational centres, sports' activities, etc.) definitely regards the guaranteeing of clear, comprehensible information on child safeguarding measures adopted by the services: what can be expected from staff in terms of behaviour adopted and what are the means for asking for support in the event of difficulty. A third example of informative activities regards realising awareness raising events directed at families and caregivers on positive parenting and safeguarding networks. For every territory, the project provided for a meeting directed at parents and caregivers. A final point concerns the presence of info-points and the distribution of materials and brochures during events and awareness raising campaigns regarding similar or complementary matters, in places where families with children often go, such as schools, recreational centres, waiting rooms in paediatric clinics, etc.

3. Training/informative events directed at professionals involved in the care community.
   – Objective: increase the level of basic knowledge in workers and volunteers of bodies and organisations involved in the care community on matters relative to Adverse Childhood Experiences and on their own responsibilities

towards children; creation of a mailing list for sharing initiatives, events, discussion groups; commitment to share and promote, within the network, specific training and awareness raising events organised by individual bodies or relevant tools and materials, such as training materials, etc.

Prevention actions

The general objective of this macro action is to make the whole care community safer for the children that are involved in it. To the ends of shared responsibility, making a care community safer means ensuring first and foremost that all people that operate, for any reason, *in* direct contact with children are appropriate for the role they hold and supported in the development and maintaining of adequate attitudes, knowledge and competences to protect children from any form of violence or inappropriate conduct.

The prevention actions directed at families should aim to support caregivers in their educational and care role through specific programmes and action directed at the promotion of child safety and wellbeing.

Here we illustrate the actions that can be implemented to make the contexts of growth more safeguarding.

1. Adoption of safeguarding systems by organisations that work in contact with children.
   – Objective: strengthen the responsibility of organisations in guaranteeing environments which are always safeguarding, through the adoption of practices and procedures for minimising the risks of harm and to respond adequately and promptly to any concerns. The project provided for, to this end, a cycle of workshops directed at bodies and organisations that work in contact with children on the basic elements of *child* safeguarding and positive parenting.
2. Proposals of ongoing, repeated, multidisciplinary training and that regard the public and private social sphere.
   – Objective: strengthen the capacity of professionals of all these services and strongholds that encounter children on a day-to-day basis in the places dedicated to their growth (nurseries, schools, recreational centres, sports' associations) to identify situations of potential vulnerability and risk, so as to activate adequate, prompt support actions. In the context of the project, highly-specialised training directed at care community professionals was provided for.
3. Re-activation and/or re-establishment of periodic/permanent inter-agency discussion for the prevention and combating of child maltreatment.

– Objective: facilitate inter-agency dialogue and coordinated work.

The actions that it is possible to implement to prevent the risk of abuse and maltreatment in the home are the following.

1. Meetings with families (for example, info day at school with paediatricians or other professionals of the healthcare and social areas on specific matters of interest for the families).
   – Objective: promote healthy styles of bringing up children which respect their rights, let the families know about the network of services available to them. For every territory, the project provided for a meeting with families on positive parenting as an approach to bringing up children directed at preventing acts against children which are punitive, violent or humiliating.
2. Explicitly recommend the specific observation of the child's psychological, physical, and affective wellbeing in the context of the health checks performed by paediatricians, and on possible situations of vulnerability and risk.
   – Objective: raise awareness in paediatricians and ensure that periodic health checks are a chance to direct families in difficulty to services that are capable of supporting them.
3. Appointment of paediatrician at birth.
   – Objective: simplify the choice of paediatrician and guarantee also for foreign children. The safeguarding of children's right to healthy and positive psychological and physical development, from pregnancy and then birth, represents a crucial element for their wellbeing. Paediatricians are one of the key elements for safeguarding the child's health. Their allocation should thus be guaranteed to every newborn as soon as possible. Specifically, experiences where this allocation is guaranteed before the mother and baby are discharged from the hospital where the birth took place seem positive, because that way a figure of reference is immediately present for specialist medical care for the newborn, guaranteeing their psychological and physical wellbeing, in particular in situations of vulnerability or where there is a particular socio-economic disadvantage. The report, devised by the Turin work group, was drafted by the Child Protection Authority for the Region of Piedmont, that participated in the works, and was proposed to the Health and Social Policy councillors of the same Region. If it is agreed on, we can launch the bureaucratic adjustment phase to propose an initial experimentation period.

Actions in the context of reporting and responding

The general objective of this macro action is for the care community to be able to detect increasingly early and address appropriately situations of neglect and harm to children, so as to be able to respond appropriately, guaranteeing a multidisciplinary approach to situations of risk, prejudice or abuse.

The discussion groups identified a series of basic actions useful for improving team work and that regard the need to guarantee:

– adequate knowledge of the phenomenon in its different forms and the formal procedures to be activated in the event of suspected difficulties, distress or prejudice by all professionals in contact with children;
– better communications between the competent services and bodies, with clear representatives to contact and using shared languages and instruments;
– a more conscious involvement of families in the decisions that regard them.

The actions that can be implemented are the following.

1. Mapping and database of the actors of the network. The purpose of this instrument is to provide care community professionals with a framework, which is as complete and transparent as possible, of the active territorial realities and the strategic intersections operating in the context of child safeguarding. During the territorial discussions, a detailed mapping of the bodies participating in the project was created, with the contribution of all participants, along with a broader one of the institutional and non-institutional services/bodies which provide emergency response, social services, the judiciary, the territorial services, anti-violence centres and the private social services. In the Annexes there is a basic template for creating a functional mapping of the services and agencies present in one's territory.
   – Objective: facilitate dialogue in the network, providing clear information on services, means of access and representatives to contact.
2. A handbook for doing support work in the event of concerns for a child's safety. The proposal to devise a handbook emerges from the detection of worker difficulty in recognising the signs of situations of risk and handling them adequately. The handbook included in this publication was devised by scientific consultants of project partners. The work made use of contributions and indications from professionals participating in the territorial discussions.
   – Objective: provide recommendations and guidelines both for preventive work and to construct safe environments, and to identify the different levels of need expressed by the child and respond promptly and appropriately, involving the different agencies on the territory.

3. Sharing the database of cultural mediators on the territory. Cultural mediation is recognised by all actors as a fundamental resource for guaranteeing that the families involved in case handling processes can contribute adequately and pertinently to the decisions that regard them.
    – Objective: formalise and optimise this fundamental resource of various specialist services that take care of safeguarding. For the creation of the database, the professional mediators have to agree to this sharing.

The crucial role of training

In the prevention and combating of Adverse Childhood Experiences, a crucial role is performed by the ongoing «training» and updating of professionals and community workers, that synergically are able to:
– become aware of the risk factors, be able to recognise and counter them;
– know and identify Adverse Childhood Experiences and prevent their reiteration;
– promote «positive parenting» to favour the safe development of children and help and treat victims in synergy with institutions, the judiciary and organisations that home and help children and with the whole range of school, social, healthcare and third-sector services;
– set up laws and regulations that are capable of ensuring the activation and endurance of shared procedures for policy and safeguarding, to know and monitor the extent of Adverse Childhood Experiences and their effectiveness in countering them.

Training holds a crucial role in combating maltreatment and is highly recommended by the European Council that, in a document of November 2009, appeals to the responsibility of the member states so that they adopt training and refresher programmes for all professionals that have the possibility of «intercepting» children in the course of their work.

A significant testament is that following a training programme directed at paediatricians, a 87% increase in reporting was observed compared to the same space of time before the training programme.

The training adopted

In reference to what has already been referred and again in consideration of the four PRISMA project cornerstones (awareness raising, prevention, reporting, responding with services and/or direct actions), the training programme for pro-

fessionals and workers of the municipality involved in the project was devised as eight modules and a total of thirty hours and is founded on the following aspects:
– epidemiology and clinical expression and symptomatology of the Adverse Childhood Experiences, with particular reference to child abuse and to maltreatment;
– legal and medical-legal references;
– interventions for prevention and recognition of risk factors;
– network of services, intervention protocols and territorial safeguarding.

We also tried to verify the efficacy of the training programme administering at the beginning and at the end an anonymous questionnaire (available in Annex 2) for self-assessment, based not on the learning of notions and specific contents, but on the «maturation of awareness» in recognising and operating to combat Adverse Childhood Experiences.

Actions for awareness raising directed at families and caregivers

Active involvement of families in activities of awareness raising and knowledge of the territorial safeguarding system is fundamental to contributing to the development of a greater awareness of their rights and duties in the context of child protection. This facilitates the construction and maintenance of an environment based on trust, open to dialogue between families and the territory, which is essential in order better intercept situations of difficulty and structure adequate, sustainable interventions of support.

To this regard, the PRISMA project provided for the realisation of meetings directed at families realised with the support of key actors of the care community involved in the project.

The meetings will focus on awareness raising of Adverse Childhood Experiences and the promotion of discipline styles able to facilitate the construction of a positive relational environment and to respond to the matters connected to the management of the dynamics of living together constructively, without using humiliating, degrading or harmful actions. During the meetings, key information will be provided regarding the roles of different actors of the care community in child safeguarding.

To support this action, the project provided for workshops directed at workers. Specifically, two workshops were provided for:
1. positive discipline and positive parenting;
2. basic elements of safeguarding (how to make increasingly safe the activities directed at children and promote a child safeguarding culture).

The positive discipline and positive parenting model (Durrant, 2016) is a theoretical model that is founded on two fundamental axes: the rights of the child as sanctioned by the CRC and the founding pedagogic principles of growth that targets the construction of the identity of the child as a unique, unrepeatable person and their psychological and physical development.

The model was developed by Joan Durrant of the University of Manitoba, in collaboration with Save the Children Sweden, in response to *the World report on violence against children* (Pinherio, 2006), that documented the concerning use of violent, degrading and humiliating disciplining practices and strongly advised on the need to promote disciplining approaches which are able to fully respect the right to protection of all children, their dignity, their personality and their individual competences.

This approach is promoted because it provides a lot of practical insights, recognises the complexities of the role of discipline and offers the possibility to transform critical situations into precious opportunities for growth in a simple manner. It is an approach that focuses on the child, their greater interest and their rights and strengthens the responsibility of guaranteeing growth environments which are sheltered from violence.

The positive discipline model proposed was experimented for over a decade in a wide variety of contexts: big urban centres, rural villages, conflict zones, refugee camps, detention centres with adults from very heterogeneous backgrounds in terms of socio-economic conditions, level of education, religious beliefs, language, and in different countries across the world (for example, Albania, Canada, Bangladesh, Mongolia, Tanzania, South Korea, Canada, Guatemala, Japan). Through simple and intuitive interactive activities, the course allows for translating the results of research into child neuro-biological, cognitive and affective development, attachment and affective regulation into an operational form that allows for personal reflection and application.

Dissemination actions

Dissemination is always an important part of a project, even more so when we are dealing with crucial matters such as child safeguarding and the role of communities in prevention and safeguarding.

Dissemination is the destination for a course and the conclusion of a project as well as the starting point for a new course, that, beginning with the foundations built, continues involving professionals and communities increasingly more in the sharing of more effective practices directed at recognising and combating violence against children.

The purpose of dissemination actions that will be implemented is to disseminate and share the results of the project with the community, highlighting the value added and innovation. These actions intend to favour the maximum diffusion possible of the safeguarding systems devised and strengthen and extend the involvement and participation of the relevant targets, promoting their use by a public which is broader than that involved directly in the individual project actions and thus increasing the impact of the project itself.

These actions are thus intended to disseminate the model developed by PRISMA, promoting its replicability in multiple territories, not so much in terms of a loyal reiteration of the actions performed, but in the logic of promoting team work processes that are inspired by the approach developed by PRISMA in the territories involved.

A significant value that emerged thanks to the project and that will have an important role in the dissemination actions, is interinstitutional team work. One of the challenges that the workers end up dealing with in accompanying child development and growth is the integration between the different organisations and institutions that for various reasons are involved in child safeguarding. Different competences and areas intersect and have to be recomposed and connected to the ends of global, comprehensive child safeguarding. Specifically, the support projects for families with children aged below 18 should as far as possible be the result of this integration.

Collaboration between services and professional figures thus becomes an essential intersection: it is often very complex, entails difficulties (associated with reciprocal expectations, but not always connected to adequate knowledge between the different parties involved, different professional languages and approaches, different methodological premises and ends), but is the only road possible for providing good accompaniment, that can actually aim to be of help.

Since the accompaniment of children and their safeguarding from Adverse Childhood Experiences are very sensitive duties (sometimes legal authorities also get involved), collaboration is not always easy or linear: to this view, good experiences of team work must be promoted as much as possible. The PRISMA project was a chance for the territories of Naples, Pescara, Turin and Rome to have this sort of experience.

A further end of this dissemination phase is to raise awareness among stakeholders and police makers on matters of child safeguarding and protection: these areas of work are often observed very carefully by the magistracy, broader society and the mass media; workers and their interventions often get a lot of interest and are sometimes attacked, and they definitely attract public concern (Ayre, 2001; Ayre and Calder, 2010; Rogowski, 2011; 2015; Leigh, 2013; Graham and

Shier, 2014; Van Bijleveld, Dedding and Bunders-Aelen, 2015; Whittaker, 2011; Gibson, 2014).

Society's expectations of these services can have a big influence on how they act: pressure connected to external opinions can make organisations (and their members) worry more about avoiding negative opinions or any risks than improving the quality of their own work.

The concern to limit risks deeply rooted to being involved with society can realistically entail institutional risks, changing services' way of working and encouraging them to move away from their specific objective (Munro, 2009; Searle and Patent, 2013).

Professionals that for various reasons are involved in child safeguarding must take on and maintain responsibility for interventions, necessary mediations and negotiations, difficult decisions to make, social representations that are disseminated (both to people that accompany and that are recipients of their service as well as to parties they collaborate with in the management of projects) regarding what they do on a day-to-day basis. The enormous effort and investment that these parties guarantee in their work does not yet correspond to a sufficient recognition and appreciations, rather: sometimes they risk being exposed to strong criticism.

In this sense dissemination also has the function of disclosing the good work that the territorial parties that accompany children every day perform, the potential of their combined work in terms of prevention, as well as the hope of being able to create communities that are more attentive to children's needs.

The actions to disseminate the contents of the project can have a function connected to territorial advocacy, since they can favour the emergence of specific territorial features and as regards that already existing, contributing to facilitating the adoption of guidelines and interventions which are in line with specific territorial features (needs and resources present).

Specifically, project result dissemination actions are directed at professionals and stakeholders that, with different roles and competences, take care of child safeguarding in different services and contexts, or that, can intercept them due to the position they hold.

The purpose of these actions is both the results achieved through the project and the knowledge and competences learned in the course of the same, emerging from the work of partners and all participants on the territories involved.

Four events will be organised in the four territorial communities involved: Naples, Pescara, Rome, Turin. These events will form both training for the professionals participating and occasions that will allow for the pursuit of dialogue with the professional and territorial community which began in the course of the implementation of the project. This will allow each territory to adapt the model to its own context, according to its specific characteristics and needs.

A concluding event will be realised in the city of Rome, involving institutional figures and representatives and politicians that hold positions of responsibility regarding the matters of child safeguarding and protection.

Conclusions

All adults have the individual and collective responsibility to ensure the full respect of children's and teenagers' rights and to guarantee that the places and services they use are safe and protected. Child safeguarding and protection is a both an ethical and legal duty, sanctioned by internal and international standards. In the course of the PRISMA project, we wanted to underline the responsibility of individuals in child safeguarding; this responsibility must be exercised by institutions and organisations that work in direct contact with children.

We are promoting a radical change in the approach to safeguarding, beginning with organisational responsibility, to the ends of focusing on child wellbeing. This responsibility is also expressed with the commitment to seeking and supporting multidisciplinary work not only within one's body, but also in one's community, bringing together different knowledge and professions.

Through the lens of the PRISMA project, we had the chance to confirm some elements of vulnerability in the network organisational systems:
–   the lack of policies that express the organisational commitment and responsibility of the bodies of the public and private sector that work in direct contact with children, in terms of prevention and protection;
–   the weakness of procedures and practices for early recognition of concerns and suspicions and their prompt handling;
–   the distance between the different systems (educational, social and healthcare) which are responsible, on various levels, for child safeguarding and protection.

In order to respond to these vulnerabilities, the project proposed a model — the territorial safeguarding system — and a series of interventions — specialist

training, coordination discussion groups, positive parenting workshops — that accompany all professionals and organisations that work in direct contact with children to reinforce a system that recognises prevention as a primary objective for safeguarding.

Raising awareness in professionals involved with children about the territorial safeguarding system model proposed has allowed for:
– clarifying what the roles and responsibilities are, both on a personal and organisational level, in relation to child safeguarding;
– having a proactive, systematic approach, that begins with assessing potential risks and identifying the right mitigation measures, to the ends of promptly identifying signs of distress and responding adequately;
– recognising the roles played by ongoing training and supervision as key factors for safeguarding;
– considering the sharing of information with the other territorial agencies essential, with a view to multidisciplinary work and cooperation;
– recognising the importance of having clear, shared procedures within the individual organisations, that guide all staff and the whole body on how to take action, what to do and what not to do, so that the organisation ensures that no professional is left alone in the management of concerning or suspected events or situations.

In order to guarantee the full right of children to protection from any form of violence it is necessary to create the conditions that make it implementable in practice.

For this reason, we recommend that *organisations that work in favour of children:*
– maintain child safeguarding as a priority matter across the board for its governance bodies;
– optimise prevention measures, such as attention in staff selection and training, constant assessment and revision of potential risks and identifying the correct mitigation measures;
– adopt specific actions that guarantee the participation of children in the construction of a safeguarding system;
– establish alliances and identify possible coordination mechanisms with other bodies and agencies on the territory.

We also recommend that the *Government*, *Parliament* and *territorial public bodies*:
– adopt standards, regulations and indications of practices targeted at preventing and combating abuse, starting from the assumption that a functioning safeguarding system must be able to prevent and intercept in time the signs

that could preclude abuse, preventing them from taking place (to this regard, repressive measures alone are not sufficient because, by their nature, they arrive when the abuse has already occurred);

– accompany, with a view to efficacy, the adoption of any dissuasive measures by structures and services dedicated to minors, with the obligation to get equipped with all the essential elements of a safeguarding system: pay attention to the selection, training and psycho-physical conditions of staff, as well as the monitoring and management of work-related stress; adopt a clear internal procedure for reporting suspicions and signs of abuse possibly before they become prosecutable; adopt an educational pact based on positive education, trust and listening;

– create coordination mechanisms on the territory between welfare, education and care systems.

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Glossary

Hereinafter are the definitions of the key terms used in this text.

Abuse: any act which physically or psychologically harms a child or teenager, that directly or indirectly damages or impedes the perspectives of healthy, safe development towards adulthood. According to the World Health Organisation, the main categories of abuse are: physical violence, emotional violence, neglect and neglectful behaviour, sexual abuse and exploitation.

Abuse within organisations: physical, sexual or psychological abuse, perpetrated to the detriment of a child by an adult in a position of trust. This occurs within an organisation in the public or private sector, in residential contexts (for example, children's homes) or non residential (for example, in a school, nursery school or sports' club). The abuser may work directly with children (for example, a teacher) or have an auxiliary role (for example, a cleaner). Abuse may occur physically in the organisation or the perpetrators can get access to the children through the organisation, but the abuse happens elsewhere.

Caregiver: a person who takes care of a child. A responsible individual who, within a domestic environment, takes care of a minor dependent.

Child safeguarding: this is the responsibility of an organisation to guarantee that its staff, workers, partners, volunteers, consultants and work and programmes do not cause harm to the minors it comes into contact with, or expose the children to a risk of maltreatment and abuse.

Child safeguarding: this is the series of actions taken to promote the well-being of all children and protect them from abuse. The protection of children is

part of wider safeguarding activities and refers to the activities undertaken to protect specific children that suffer or risk being subject to significant harm.

Children and teenagers: these terms refer to all those who are below the age of 18.

Code of conduct: a series of behavioural standards which the staff of an organisation is obliged to respect.

CRC: The acronym of the Convention on the Rights of the Child. For further information, see www.gruppocrc.net/La-CRC.[2]

Duty bearer: these are people with a duty or a particular responsibility as regarding the respect, promotion and realisation of human rights and abstaining from human rights' violations.

Focal point: a person appointed to receive reports of alleged violations of privacy and/or the code of conduct and concerns regarding suspected cases of abuse and maltreatment against children.

Internal investigation: an analytical, confidential, transparent process for collecting information to the ends of determining if inappropriate conduct has occurred.

Neglect and neglectful behaviour: inadequate or insufficient care of physical, psychological, medical and educational needs of the developmental phase of the child or teenager, from those that are legally responsible.

Online grooming: online grooming is a process which involves the use of various techniques of psychological manipulation by potential adult online abusers, to induce children or teenagers to overcome emotional resistance and establish an intimate and/or sexualised relationship. Adults with these intentions towards children and teenagers use communication channels provided by digital technologies to come into contact with them and gradually win their trust, in some cases leading up to actual physical meetings.

Organisational contexts: the term is used broadly to include institutions and organisations of the public, voluntary or private sector that work in residential or non-residential contexts and where adults can work directly or indirectly with children.

Physical abuse: actual or potential physical harm and injury perpetrated by another person (whether an adult or minor), that puts the child or teenager in conditions of risking physical injury (non-accidental or caused by organic conditions). Physical abuse includes hitting, punching, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating.

Physical or affective neglect: this is intended as the serious and/or persistent omission of care for the child or failures in certain important areas of child-rearing, which consequently significantly harm the health or development and/or delay development in the absence of organic causes.

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[2] Last consultation: 15 March 2022.

Protective factors: the term is used to describe the factors that are external to the individual that protect from negative situations or events, reducing the impact of a known risk factor (for example, a positive attachment relationship reduces the impact of one's parents' divorce). These are the factors that give people a psychological cover and contribute to reducing the probability that negative psychological effects occur in the face of difficulties or suffering; they are associated with long-term social and emotional wellbeing.

Psychological abuse: a form of abuse that materialises through speech and behaviour that is implemented in a continued way by someone taking care of a minor that has a high probability of causing harm to the health and physical, mental, spiritual, moral and social development of the same. This includes: forced isolation, enduring criticism and reprimanding, attribution of blame, verbal threats, intimidation, discriminatory behaviour, rejection, exposure to violence (witnessed violence) or to criminal or immoral influences.

Resilience: resilience depends on a series of socio-emotional competences that are formed beginning in early childhood in the interactive context created by the family, school and by the network of relations with peers. These relations provide a deep sense of emotional security and support from others and through these resilience can be cultivated and fuelled by everyday experiences. Resilience is a shared phenomenon, deriving from healthy development, from a biological, social and emotional point of view in families, schools and communities that function well. It is not the domain of a few privileged children, but potentially of all, and it depends on the environment a child grows up in.

Rights holder: rights holders are individuals or social groups that have particular rights in relation to specific duty bearers. In general terms, all human beings are rights holders as according to the "Universal Declaration of Human Rights".

Risk factors: Events, situations or circumstances that can threaten healthy child development.

Safe environment: an environment which is safe for children, both physically and online, guarantees strategies which intend to protect children from any type of abuse or maltreatment. A safe organisation is capable of identifying and assessing the risk factors present in the physical, digital and interpersonal environment and adopting measures to mitigate these risks. An environment which is safe for children will guarantee a careful, complete selection process, child-friendly safeguarding processes, clear guidelines and systems and procedures for guaranteeing early identification, internal investigation of suspected violations/concerns and prompt reporting processes.

Sexual abuse: any sexual act that involves a child or teenager who, due to psychological and/or affective immaturity, or due to conditions of dependence on adults (or since influenced), is not considered able to make conscious choices

or to have adequate awareness of the meaning and value of the sexual act they are involved in. The term «sexual act» refers to both actual sexual relations and to sexual contact, and acts which do not entail direct contact, such as exposing a minor to viewing a sexual act.

Sexual exploitation: a form of sexual abuse that involves children or teenagers in any type of sexual act in exchange for money, gifts, food, hospitality or other commodities for the minor or their family. This form of sexual abuse can be mistakenly interpreted as consensual both by children and teenagers and by adults.

The territorial safeguarding system: this is a set of policies, procedures and standards for awareness raising, for the promotion of a safeguarding culture, and prevention, above all through attention to the management of human resources and training, systematic dissemination of correct information regarding abuse to all those that work with children and teenagers, and the involvement of children and families. The territorial safeguarding system sets standards in terms of prompt, effective responding and network work, the ends of improving report management and case handling, that must be multidisciplinary and multiprofessional.

Witnessed violence: a situation in which the minor witnesses, directly or indirectly, or perceives the effects of acts of violence performed on figures of reference who are significant to them in affective terms.

Annex 1

ACE Questionnaire[1]

	Question	Yes	No
1	During your growth, in the first 18 years of your life, did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? or act in a way that made you afraid that you might be physically hurt?		
2	Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? or ever hit you so hard that you had marks or were injured?		
3	Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or attempt or actually have oral, anal, or vaginal intercourse with you?		
4	Did you often or very often feel that no one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other?		
5	Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
6	Were your parents ever separated or divorced?		

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[1]   The questionnaire is taken from V.J. Felitti (2013), *Adverse Childhood Experiences (ACE) study*, «Rivista di Psicoterapia EMDR».

7	Was your mother (or stepmother) often or very often pushed, grabbed, slapped, or had something thrown at her? or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or ever repeatedly hit at least a few minutes or threatened with a gun or knife?		
8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
9	Was a household member depressed or mentally ill, or did a household member attempt suicide?		
10	Did a household member go to prison?		

Mark 1 point for every «yes» answer and add up the answers. This is your ACE score: _____

Questionnaire for self-assessment of competences for the participants at the PRISMA training course

1. Are you aware of «adverse childhood experiences» and of their consequences also in the long-term?

2. Witnessed violence and special orphans. Do you know the meaning of these terms and the context they are used in?

3. Do you know the relationship between the neuro-motor competences of a child and the assessment of maltreatment experienced?

4. Are you aware of the different clinical expressions of sexual abuse against a minor?

5. A referral, report and complaint of child maltreatment. Are you aware of the differences between these terms and modalities of application?

6. Resilience. Do you know the meaning and value when dealing with the matter of prevention of maltreatment?

7. Are you aware of the «models» of *home visiting* and their opportunities?

8. For effective prevention of maltreatment, are you aware of the value of re-searching risk and protection factors?

9. As regards child protection, are you aware of the WHO «ecological model» and the importance of the «community»?

10. Ordinary courts and juvenile courts: have you been able to investigate the different competences?

11. Do you know the objectives and contents of the child protection and care services' policy?

12. Have you been able to look for and investigate the existence of regulations and intervention practices existing in your region to combat child maltreatment?

Handbook

Guidelines for a territorial safeguarding system

Contents

1.

The PRISMA project

This document is a product of the PRISMA project, *Promoting Child Resilience and Improving Safeguarding Mechanisms against ACEs.* The main objective of the project is to promote safeguarding actions on the territories of Naples, Pescara, Rome and Turin that support the wellbeing of children from the early years of their lives and that are directed at guaranteeing the right of protection of young children, as sanctioned by the UN Convention on the Rights of the Child.

What is it?

The handbook is the result of a long process of listening, exchange and consultation pursued at the multidisciplinary discussion groups within the PRISMA project, that are fuelled by the precious collaboration of different professionals brought together by their commitment and attention to young children and their safeguarding.

It is a document that does not claim to deal exhaustively with the complexity of the phenomenon of abuse, but that intends rather to provide indications of good practices and instruments for working preventively to construct safe, safeguarding environments, which are capable of identifying at an early stage situations of difficulty and/or distress and responding to them appropriately with a multidisciplinary approach, involving different agencies on the territory.

The objectives

The project objectives are the following:
– promote a child safeguarding culture among all the realities that work in direct contact with children;
– support and promote effective, early identification which is coherent with needs to support the potential of children and families;
– help professionals in deciding in the best way which actions are necessary for safeguarding and protecting children and families;
– guarantee a prompt response in proportion to the needs of children and families.

Who is it directed at?

The defence and promotion of children's rights start with supporting those around them, who take care of them, discipline and educate them at all levels. In order to favour the prevention of and response to all forms of abuse, the territorial safeguarding system stimulates the exercising of the duty of adults to safeguard children, providing them with useful indications for boosting protective resources in the contexts children live in, for recognising and correctly managing any form of child distress.

This document is directed at all professionals and support workers that work directly or indirectly with children aged 0-6, within public or private bodies, services and organisations, and at families.

The framework

To fully achieve this aim, the PRISMA project wanted to mobilise all resources present in care communities and that take care of young children and did so dedicating particular attention to the creation of communities and environments which are safer for children through the creation of a safeguarding system model founded on two cornerstones: safeguarding and protection (fig. 1).

The first cornerstone of safeguarding regards the responsibilities of individual bodies and organisations in creating safer environments, where the possibilities of causing damage are reduced to a minimum.

The cornerstone of protection, on the other hand, refers to the capacity of care communities to detect not only situations of abuse and maltreatment, but also those of vulnerability and distress, to respond, in a preventive, coordinated and multidisciplinary manner where damage emerges.

Every cornerstone that forms the safeguarding action connects the micro level (the single organisation/body/service that equips itself with tools and policies so that it is safer for children) to the macro level (the different realities on the territory agree on clear, shared means to make detection prompt and clear means for multidisciplinary response. Within this framework, each cornerstone is formed of essential pieces: awareness raising, prevention, reporting and responding, that are then tackled in specific standards that help to direct practice.

Fig. 1 The safeguarding system framework.

2.

Individual organisations' duty of care

Protecting children from violence, abuse and maltreatment is everyone's responsibility. Families, communities, public bodies and third-sector organisations together hold a fundamental role in guaranteeing children's right to protection, as sanctioned by article 19 of the Convention on the Rights of the Child.
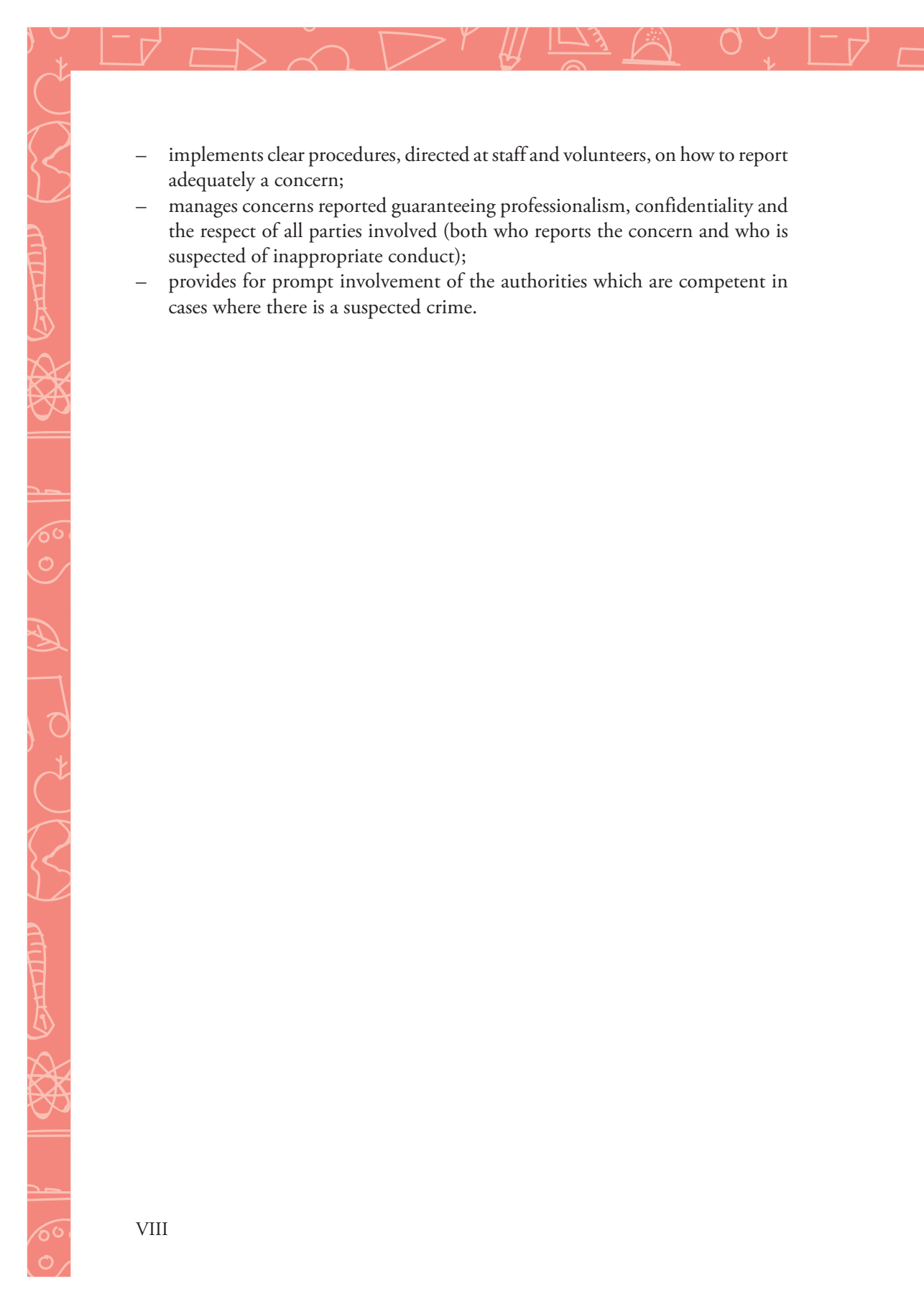
By safeguarding we mean the duty of care and the responsibility of private and public organisations to adopt preventive and reactive policies and practices to safeguard children from all forms of maltreatment, abuse and malpractice. Implementing child safeguarding systems means making an organisation safer, ensuring that its activities and processes are not the source of damage, including involuntary.

The staff of all services and bodies involved with children should be able to report concerns or suspicions regarding inadequate or potentially harmful behaviour, in particular if it refers to a colleague or other professional, without censoring them due to fear of criticism or repercussions, so that risks of abuse are not ignored and inadvertently allowed to continue. Reporting a concern, in these cases, is always important to stop a minor from experiencing maltreatment or abusive behaviour and to guarantee that the matter is dealt with adequately and efficiently.

The adoption, application and respect of good policies and procedures of safeguarding ensure that the children are safe from all adults in positions of trust that could represent a risk. This includes volunteer and third-sector organisations, religious groups, private sector providers, as well as schools, healthcare structures, and sports' clubs.

An organisation that is committed to safeguarding children:

– prioritises child safety and wellbeing (no child should be put at risk by actions that are undertaken);
– adopts clear policies, that express the commitment to the safeguarding of children and teenagers;
– is open to external parties, involves and gets children and families to participate in the definition of safeguarding policies;
– defines clear policies for the selection, training and supervision of staff;
– clarifies with all staff what behaviour is not tolerated by the organisation by adopting codes of conduct;

- implements clear procedures, directed at staff and volunteers, on how to report adequately a concern;
- manages concerns reported guaranteeing professionalism, confidentiality and the respect of all parties involved (both who reports the concern and who is suspected of inappropriate conduct);
- provides for prompt involvement of the authorities which are competent in cases where there is a suspected crime.

3.

The community's duty of care

For the public bodies and the private social sphere to become promoters of policies for children that are actually effective, it is essential to activate synergies between all parties involved in the promotion of children's wellbeing and safeguarding for whatever reason. Child safeguarding must be considered an ongoing priority, through ongoing, collective, multiprofessional team work.

A good safeguarding system is based on multidisciplinary, multiagency work and is fuelled by collaboration between non-specialist services, with a view to prevention that allows for detecting situations of vulnerability and distress which are not evident and responding with interventions and actions directed at the promotion of the wellbeing of the child.

Working in a multidisciplinary manner means sharing a common language, having shared means of detection and response, knowing what information can be shared and with what party, and having clear mechanisms for sharing the information among a network of professionals.

The first step towards safeguarding: early detection

Since the consequences of Adverse Childhood Experiences are more serious the later the violence is interrupted and the safeguarding interventions are activated, the centrality of the potentially protective role of significant adults in the life of the minor appears evident. Among the adults that are involved in the child's life, teachers, support workers and paediatricians, in particular, are daily observers of their development. This is why they can recognise situations of vulnerability, distress or prejudice at an early stage and act as protective figures, activating support and protection interventions for the minor by forwarding to other agencies, or, when necessary, by reporting suspected prejudice to the competent bodies.

This guide recognises that there are growing levels of needs and risks that can require growing levels of support and intervention, that can be provided by a varied collection of bodies, services and organisations on a given territory. Early detection aims not only to prevent abuse or maltreatment, but also to improve the possibilities of child development. Early help allows, on one hand, to intervene in

the early years of a child's life, and, on the other, to do so at the beginning of the emergence of a problem at any phase of their life, thus providing the right help at the right moment.

The guide intends to suggest an approach that avoids a «one-size-fits-all method», recognising rather that the existence of a continuum, where the resources and vulnerabilities of children and families are recognised and managed promptly. The following *continuum* of needs illustrated intends to help the professionals of different agencies to identify where to work individually with the families, where it could be better to coordinate efforts with other organisations and other bodies on the territory, and where to report to safeguarding and protection professionals or the authorities in order to help children to reach their full potential.

Guide to detection: the *continuum* of needs

Level 1: adequate development
Children have access to a safe, safeguarding context which guarantees the rights of protection and care. The care community responds to specific growth needs with a variety of services offered by the territory.
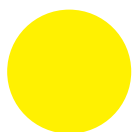
Level 2: vulnerable situations
Children and families need additional help to resolve difficulties and vulnerabilities and prevent future problems. The help could come from schools, healthcare services, social service or from third-sector organisations. Children have needs, but the adult system takes charge spontaneously and with all the resources possible.

Level 3: distressing situations
Children have difficulty reaching adequate stages of development without the support of the services on the territory. The adult system is temporarily or structurally fragile and requires support in solving the child's problems. Possibility of collaboration with the safeguarding and protection services on the territory.

Level 4: harmful situation
Children are at risk of harm (or experience a harmful situation). The adult system, whether aware of it or not, does not protect and can thus damage the child with actions, omissions or inappropriate behaviour. Possibility of intervention of the judicial authorities and activation of network of specialist services of protection and care.

The *continuum* proposed, in defining the switch from one coloured threshold to the other, considers the three following elements in combination.
1. The level of risk, and consequently also of damage, for the minor.
2. The level of parenting awareness and responsibility of the adults of reference (parents or other significant adults in the same household).

3. The level of active involvement of the system, so that the situation is more contextualisable to the ends of defining if, how and what to report, but, above all, who should/must be involved. Clearly identify the correct level of a child's needs and risks is a complex task. The professionals that work in organisations and bodies that adopt a child safeguarding system can count on the advice and guidance of the person in charge of safeguarding appointed by the organisation/body and discuss it before referring to another agency. Organisations and bodies that are not yet equipped with their own safeguarding system will have to discuss this directly with the social service in charge of child safeguarding.

The *continuum* is simply a tool, and thus does not exempt professionals from acting according to their professional judgement when they are examining the needs of children and families; it is used as a guide to support dialogue and the decision-making process regarding what is the greater interest of the child.

The levels of the continuum: what actions

Level 1: adequate development

At this level, the context of the care community, composed by individual organisations and bodies that responds to the educational, healthcare and growth needs of all children, becoming the protective factor strengthens and supports the resilience processes of children and families. Most families use only universal services, such as infant centres, educational, sports' and recreational centres, healthcare centres, GPs and hospitals. At this level it is possible to implement primary prevention programmes directed at preventing the occurrence of Adverse Childhood Experiences. A community where bodies and organisations adopt child safeguarding systems is a community that sees safeguarding as a universal right of all children, and recognises their responsibilities in supporting and actively promoting prevention policies, managing to construct a protect environment around children.
Among the services involved at this level:
– early childhood educational services;
– paediatricians;
– third-sector organisations;
– centres for families;
– clinics;
– hospitals.

● *Level 2: vulnerable situations*

Professionals and operators are only called to deal with any vulnerabilities in the child or family, seeking an alliance and a synergy in the objectives for boosting competences between family, schools and the network of public and private services and the private social sphere of the territory.

No specific tools are necessary, except good knowledge of the organisational structure, both of the healthcare services and social and educational ones, and a suitable time for the different services active to connect.

Parenting and parenting relations require guidance and a direction.

In general, it is appropriate that bodies and organisations verify if the nuclear family (or part of its components) is already handled by the social/healthcare services, so that a shared intervention strategy can be agreed on coordinating energies and resources and consequently activating other professionals of the network that could respond to the needs of the child and family.

Among the services involved at this level are:
– early childhood educational services;
– paediatricians;
– specialist doctors;
– neuropsychiatric and mental health services;
– social services;
– third-sector organisations;
– centres for families;
– clinics;
– hospitals.

● *Level 3: distressing situations*

All the situations where a child's fragilities are summed with the parents' or family and social network's vulnerabilities as a whole at this level of the *continuum*. There are underlying risk factors that are not satisfied and make the child potentially vulnerable, since they need prompt help from several agencies to guarantee the presence of protective factors to maintain adequate development.

In these cases, the professional must seek the involvement, which is respectful yet firm, of the parent or adults with parenting responsibility in the examination of difficult or vulnerable situations that can affect the wellbeing of their child. The objective is to arrive at «naming» the problem — or the child's distress — and to share the recognition, without the adult feeling immediately guilty or lacking, fragile or incapable, thus promoting alliance and synergy to the ends of activating every possible strategy for dealing with the difficulty. At this level, parenting and parenting relations require specific support.

Important actions in this direction can be:

– providing practical indications and assurances on the opportunities of using the social, healthcare, socio-healthcare services and other services that can support the situation detected and seek access and request the case handling;

– offering to facilitate the meeting with the services (for example, directly telephoning the person in charge/technical coordinator of the territorial social services in the area and make an appointment with the parent, obviously if they consent or report the need for a translator or cultural mediator, etc).

Who to report to?

It is necessary to report to the social services - child safeguarding area - that are competent in the territory.

How to report correctly?

In these cases the report to the social services can be forwarded in writing by the school, hospital, individuals such as doctors, the parish priest, a teacher, but also by any private citizen, like a relative, friend or neighbour.

The family always receives information and consents to spontaneous and consensual access to the service. Forwarding to the services is the presentation of a proposal of support and collaboration to deal with and resolve critical and difficult moments and must not put parenting capacities in discussion. In these cases, the service must implement all the activities and initiatives that it considers useful, and, thus, in practical terms: the formulation of a social evaluation, the setting up of a project of intervention and the handling of the case in favour of the minor and their nuclear family, also in coordination with other services on the territory.

Level 4: harmful situation

At this level of the *continuum* we find situations which, based on the information possessed, lead to the hypothesis that a child lives in a harmful situation connected to the family context they live in or the non-family context which they are involved in and that can negatively affect their potential in terms of growth and development. The situations at this level highlight significant, long-lasting damage for the child and the presence of a parenting system that does not collaborate

with the help project devised and proposed by the various services, implementing active or passive objection and making the safeguarding work that would have been possible at the previous level impracticable.

Reporting is necessary in all these cases that can determine a risk for children whether real or potential, where the intervention of the social services is not sufficient, but where it appears necessary to act on parenting responsibility (evidently the parents have not adhered to the proposals of the service). In these cases, the family is always involved and informed of the report to the competent judicial authorities and its contents.

EXAMPLE

The teachers of the first year in primary school notice that since the beginning of the year, Marta has been arriving at school looking neglected, she always seems very tired and is having difficulty following lessons; very often she doesn't have the correct materials, she isn't very clean and her clothes are not appropriate for the season. the teachers ask to speak to her parents, who first of all don't turn up and later when called back play down the situation, then shut down relations with the school, rejecting any offer of support.

The teachers communicate to the head teacher what has been observed in class and proceed with reporting the situation to the public prosecutor at the juvenile court.

Who to report to?

The judicial authorities must be reported to. The latter, if necessary, will give the social services the mandate for setting up a social investigation.

Reporting is mandatory for offences that are automatically prosecutable. It is important to remember that the worker does not have to be certain that a crime has been committed, reasonable doubt is sufficient. The duty to report regards those who hold the role of public official or workers appointed to public service,[1] who, in the execution of their functions, become aware of an offence that is automatically prosecutable. In these situations, the parent or any other interested adult figures are *not* informed since, in the event of a report of an offence that is automatically prosecutable for the judicial authorities, informing the potential offender and/or

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[1]   Public officials (article 331 criminal code) or workers appointed to public service include, without a doubt, all healthcare workers in public structures regardless of the type of service relationship established, as well as teacher in public and subsidised private schools. Failure to report is an offence as according to articles 361 or 362 of the criminal code, if the person considered is a public official or is appointed to public service.

family members would violate the confidentiality of the investigations and could alter the course of the investigations, prejudicing the outcome.

EXAMPLE

Ilaria is a 5-year-old girl and goes to an afternoon reading workshop held by the cooperative Arcobaleno. One day they read the book *Tea: How much does a lie weigh* and the support worker stops for the children to comment. Little Ilaria bursts out crying and says that she has a big lie that is weighing on her tummy too. The support worker takes her to drink some water and calms her down. Ilaria starts to say that her mother's new partner touches her private parts when her mother is not there.

The person in charge of the cooperative, helped by the safeguarding representative, drafts a report that is sent to the public prosecutor of the Ordinary Court and the public prosecutor at the Juvenile Court[2] The family is not informed.

What *not* to do in these cases:
– do not directly inform the family of the child when there are serious signs of harm (physical signs or revelations of abuse and maltreatment), since the time-scales and information modalities are defined later, considering the indications of the judicial authorities;
– do not inform the person indicated by the minor as the alleged perpetrator of the maltreatment or abuse and do not ask for clarifications;
– do not investigate on the truthfulness of the facts and do not ask the minor or the person indicated by the minor or other minors or classmates questions about the matter (in the event of a crime, only the confidentiality of prosecutable crimes can allow for the investigating authorities to gather evidence).

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[2] This is the procedure for reporting harmful situations that involve a child at the time of the drafting of these guidelines. We would like to recall that the Italian Official Journal n. 292 of 9 December 2021 published Law 26 November 2021, n. 206, «Authorisation to the Government for the efficiency of civil proceedings and for the revision of the regulation on alternative settling of proceedings regarding the rights of people and families s well as enforcement of the judgement».
The law came into force 24 December 2021. We must nonetheless highlight that, as far as the authorisations are concerned, the Government has one year from the date of the entering into force of the law to adopt legislative decrees for their implementation. The law provides for a transformation of the Juvenile Courts and the introduction of a new single court for people including children and families, divided into districts.

How to report correctly?

The report must be forwarded in writing and cannot be anonymous. This is because the formalisation in writing is the privileged and most adequate instrument for correct inter-institutional relations. It guarantees the respect of the principle of transparency, since the parents who are asked to collaborate with the social services for the safeguarding of their children have the right to know why these institutions are handling their cases.

The report must contain the following information:

1. full personal details of the minor and their family (also people living in the same household, if known);
2. indication of the school they go to;
3. indication of how and when there was contact with the minor;
4. clear, objective description of the fact revealed, of the behaviour and attitude exhibited by the minor;
5. indication of the family situation (if known), or of the family composition, the living, social and work situation of the minor and their family members, as well as any details for contacting the minor and the family;
6. transcription, if possible word-for-word, of the minor's statement, with date and place;
7. any documentation existing (for example, drawings, texts written by the minor, etc.);
8. people that can confirm part or all of the above reported observations.

What questions should be asked before reporting?

Some questions that should you should ask yourself are the following.
– Did I discuss (if relevant) what concerns me about the child with the parent/caregiver?
– Do I have the parent/caregiver's consent to this report?
– Do I know the procedures applied by my body for reporting?
– What are my concerns and what does the child risk?
– How old is the child? What are the other elements of vulnerability to consider?
– When did I become aware of the information that causes concern?
– How long has the problem been apparent?
– Do I know whether someone is actually working with the child or family?
– What was the first, worst and last incident that caused me concern?
– What works well, what are the strengths of the child and their family?
– What have I tried to do personally (or have others tried to do) to help?
– Should immediate actions be implemented for the child's safety?

– What do I want to happen for the child and their family?

4.
Information exchange

The relationship between institutional and non-institutional parties (schools, reception structures, private social-sphere associations) must be based on constant collaboration, trust and reciprocal information. Professionals have the duty to exchange information, in compliance with the regulations in force, above all when it is necessary to reach the objective of the greater interest of the child.

Here are some simple rules for sharing information.

1. The law on data protection is not an obstacle to sharing information, but it provides a framework for guaranteeing that personal information is shared appropriately. In relations between public operators and those involved through institutions, the sharing of information is not a violation of privacy (EU regulations 2016/679 - GDPR), but it is extremely useful and pertinent for understanding the situation and enabling an adequate child protection intervention).

2. Every operator has the duty of professional confidentiality, and thus, all information relative to situations learned in work or professional contexts can be treated exclusively in the places appointed to each individual organisation or within the network of the institutional services involved in the situation itself.

3. If in doubt, it is necessary to ask advice from the social services, without revealing the identity of the person, where possible, since in some cases it can be difficult to establish the boundary between distress, harm or prosecutable crime, since there are «nuanced» situations which are not simple to interpret. The social service should be available for informal consultations on the need to proceed with reporting, providing that this does not substitute the report itself and does not exempt the public official or those appointed to public service from legal obligations.

4. Where possible, it is necessary to share information with the consent of the parties involved and respect the desires of those that do not consent to the sharing of confidential information. It could still be appropriate to share information without consent (refer to reporting in the event of harmful situations).

5. It is a good rule to ensure that the information is necessary for the purposes for which they are being shared, are shared only with the interested bodies and persons, are accurate, up-to-date and shared promptly and safely.

6. It is good practice to keep a register of shared information, so as to be able to monitor the proceedings of the situation over time.

5.

Good practices

As was explained in the previous chapters, managing a situation which is concerning and a potential risk to the detriment of a child requires the adults involved to have the knowledge of the procedures to apply, but it is just as important to have an attitude which is centred and effective that allows for looking after and supporting a child in a very complex situation.

Here are some suggestions on how to respond in a supportive manner to children, to their parents and to the workers involved in the different phases of the handling of a situation of suspected abuse or maltreatment of a concern.

The call for help

Listening to a child that expresses distress or speaks about a violent situation which they are experiencing can be very demanding and emotionally complex. There are multiple factors that can hinder or make asking for support difficult for a child, even in the event of very serious violence. The age and the level of cognitive and psycho-emotional development which is not yet complete, for example, makes children not always able to distinguish what is right from what isn't or to speak about what they experience and feel.

More than 80% of cases of physical and emotional abuse or negligence is committed by natural parents and most sexual abuse is committed by non-correlated caregivers, such as babysitters, adoptive parents, their parents' partners.

That is why children, above all when the abuser, as in these cases, is a person they are fond of and trust, can experience contrasting feelings towards the abuser and the abuse itself and can be reluctant to reveal what is happening. It is also possible that the abuser has told the child to keep the secret, threatening them in different ways and/or blaming them.

That is why it is highly important to know how to intercept and gather any signs of distress that come from a child, to the ends of being able to respond with the appropriate attention and promptly, since the way we respond is fundamental.

Other times the call for help can come from other adults, that for different reasons are in contact with the child, the family, or that are part of the same family.

Again in this case, it is important that the worker knows how to understand the story in the most adequate and effective way possible.

When a child speaks

Those hearing the story of abuse or maltreatment can experience different emotions and feelings, since many thoughts, including negative ones, can cross the mind of those listening. We may feel:
– concern for the child and for oneself;
– uncertainty of how to respond or what to say;
– uncertainty on comments and information provided by the child;
– doubts as to the truthfulness of the abuse;
– rage towards the parent or alleged abuser.

How to take a child's story

If a child begins to speak about possible abuse experienced, the first fundamental objective is that they can experience attention and trust. To this regard, it is advisable:
– to find a place for speaking where there are no physical barriers between you and the child;
– to put yourself at the same level as the child's eyes;
– to be kind, choosing your words carefully, without judging the child or the alleged aggressor;
– to listen to the child (and not project your own thoughts on them or hypothesise anything);
– to let the child tell their story;
– to not interrogate or interview the child, and use any questions which are useful for clarifying, which are open and non-specific, such as «Can you explain me what you mean by this?»;
– to discover what the child wants from us (a child could ask to promise not to tell anyone, but that could be a promise which you cannot keep);
– to be honest about what you are able to do for the child;
– to remain calm (reactions of fear, rage, and disgust, etc. can confuse or scare the child);
– to assess the urgency of the situation (is the child in immediate danger?), since safety needs can make the difference in the response);
– to confirm the feelings of the child, telling them that it is ok to be scared, confused, sad, etc;

- to tell the child that it is not their fault (many children will think that the abuse occurred due to something they did or didn't do);
- to let the child know what you will do, to help them to construct a sense of trust and not be surprised when they discover that you spoke to someone about what is happening;
- to tell the child that to help them you will speak to a person whose job it is to deal with this sort of problem.

How to take the story from an adult

If, on the other hand, it is an adult who speaks about the abuse or mal-treatment, we advise:
- to react calmly and listen carefully to what is said, trying not to be scared or show any type of extreme reaction (for example, shock, disgust, disbelief) regarding what you heard;
- to reassure the concerned person, telling them that they did the right thing raising the matter, avoiding giving suppositions or hypotheses;
- to take seriously what has been said (even what you consider «unimaginable» is possible);
- to instil trust in the person giving the information;
- to remain objective;
- to collect information on the concern or the incident, avoiding negative comments or critical statements about the accused person;
- ask only what is necessary to understand clearly what happened, so that the situation can be dealt with through the appropriate reporting means (the most appropriate in that sense are: «What happened?»; «Where did it happen?»; «When did it happen?»; «Who did it/who was there?»).

False myths and beliefs

As we said, understanding the revelations of abuse from a child, but also from an adult, can be extremely complex, because the adult that is listening is dealing with something unexpected, unpleasant and disturbing. Professionals involved in the revelation must accept a vision of the world that is highly unexpected and painful. Throughout the whole process, it appears fundamental to construct a mood of openness and acceptance, that facilitates the child in opening up and trusting you. At the same time, it is important that every professional that works in contact with the world of children has realistic, measured information and representations of abuse and those committing it.

We know that there are myths and beliefs, very often far from what really occurs, that could influence the capacity to recognise a situation of prejudice. Let us try to examine one of these false myths.

FALSE • *Most children confide in someone that they have experienced sexual abuse.* In cases of sexual abuse, the abuser in general makes the child believe that it was their behaviour that caused the abuser to act inappropriately. They subtly manipulate the child, pushing them to feel responsible for what happened, so they stay silent. Furthermore, the relationship between the child and the abuser makes child sexual abuse particularly complex and difficult to recognise: children themselves can experience contrasting feelings towards the abuser, that, as is evident in the case of family members, can be a person who they are fond of and trust.

FALSE • *Most child abuse is perpetrated by strangers.* Abusers are generally people that the child trusts.

FALSE • *Children with disabilities are less at risk of experiencing abuse.* Children with disabilities are more at risk.

FALSE • *Little girls are more at risk of abuse.* Little boys and little girls are equally at risk.

FALSE • *Abusers are exclusively adults.* Abuse can be perpetrated also between peers.

FALSE • *The natural resilience of children allows them to recover quickly from the abuse.* Children can recover, but they need help to get through a rehabilitative psychological course.

FALSE • *Those who choose to dedicate their lives to children will bring benefits to their lives and will never cause harm.* People and professionals that work with the world of children can cause harm voluntarily or involuntarily to children with whom they are in contact.

FALSE • *Those who sexually abuse children are easily recognisable because they do not have sexual relations with adults.* Although they exhibit a sexual preference for children, many of these people have relations with adults (for example, for reasons connected to social convenience).

Team work

To guarantee effective management of a case of concern for a minor, it is essential that all the figures of reference know how to work synergically in a network. Every professional knows their duties and specific lines of intervention, but it is of utmost importance that no-one feels isolated and alone in a serious situation and that they know how to be able to count on the support of the team they are part of. The literature and the news remind us how very stressful conditions, demotivation and work burn out can become elements that characterise harmful situations which are critical for children, where professionals, in the worst case scenario, can become

the cause of abuse, or are not able to perform their function of protection. Thus every work environment should pay attention to the wellbeing of every professional and intervention and reporting guidelines for concerning situations must be clear and shared. Only if metabolised and practised every day, the child safeguarding and protection culture can really be effective. We can imagine safeguarding as a collective mechanism that needs everyone's conscious contribution to work.

All situations at risk and violent situations which damage children and teenagers are complex phenomenon that require different competences and profiles which are synergically combined.[3] The functions, roles and objectives of all the figures must be defined and respected; at the same time, it is of great importance that there is never an overlapping of roles, but rather we work with a view to exchange and collaborate among different services.

We should remember that there are prejudices also towards the social services and different figures that get activated in the event of concern for a child. The false beliefs that the social services «ruin» families with their interventions and «take children away» from their parents. The fragmented nature of the Italian child protection system, characterised by multiform procedures and practices often ensured that the responsibilities of professionals, and in particular social workers, involved in this field appeared confused and contradictory.[4] So it is fundamental to guarantee and promote periodic meetings for exchange and reciprocal knowledge between the different actors of the large service network, to allow for the clarification of roles and expectations and to improve communication and interagency work.

To conclude, we will underline that:
– it is of primary importance, for all professionals that are involved with children and teenagers, to achieve a shared, thorough culture on the matter of children's rights and their protection;
– workers are not required to assess the validity of a suspicion or accusation, since this duty is the responsibility of the bodies appointed to establish what scenarios to pursue;
– it is better to make a report that will be revealed as invalid that find out too late that a suspicion was valid (a teacher will never be accused of libel if they stick to what was observed or what the child said);
– workers and professionals that work in the world of education have a crucial role and can do a lot, but must not be left alone;

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3   D. Paci and C. Panciroli, *Collaboration between schools and services: good practices and shared horizons,* International congress on child safeguarding, 12-13 March 2021, Erickson (online).
4   T. Bertotti, S. Fargion, P. Guidi and C. Tilli (edited by) (2021), *Role and quality of the social services in child safeguarding activities. Conclusive report* «Notes from the National foundation of social workers», n. 1, p. 55.

– guaranteeing comprehensive training and effective team work with the territorial services is of great importance.

Annexes

- Awareness raising poster
- Safeguarding system poster (two pages)
- Template for mapping of territorial services

PRISMA

Promoting child Resilience and
Improving Safeguarding Mechanism
against ACEs-Adverse Child Experiences

This project was funded by
the European Union's Rights,
Equality and Citizenship Programme - (2014-2020)

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Protecting Children from Violence is Everyone's Responsibility!

Together, we can:

✔ Take action when a child is or may be at risk of any type of abuse. Asking for help is fundamental.

✔ Make children feel safe in their lives, in care, in play and in learning.

✔ Be committed to knowing, recognising and combating different forms of violence against children: let's make interactions with them safe.
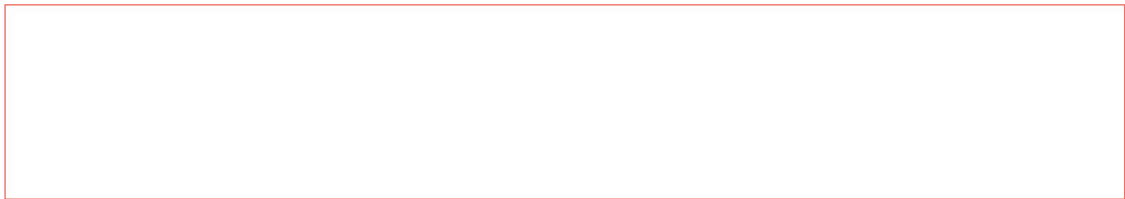
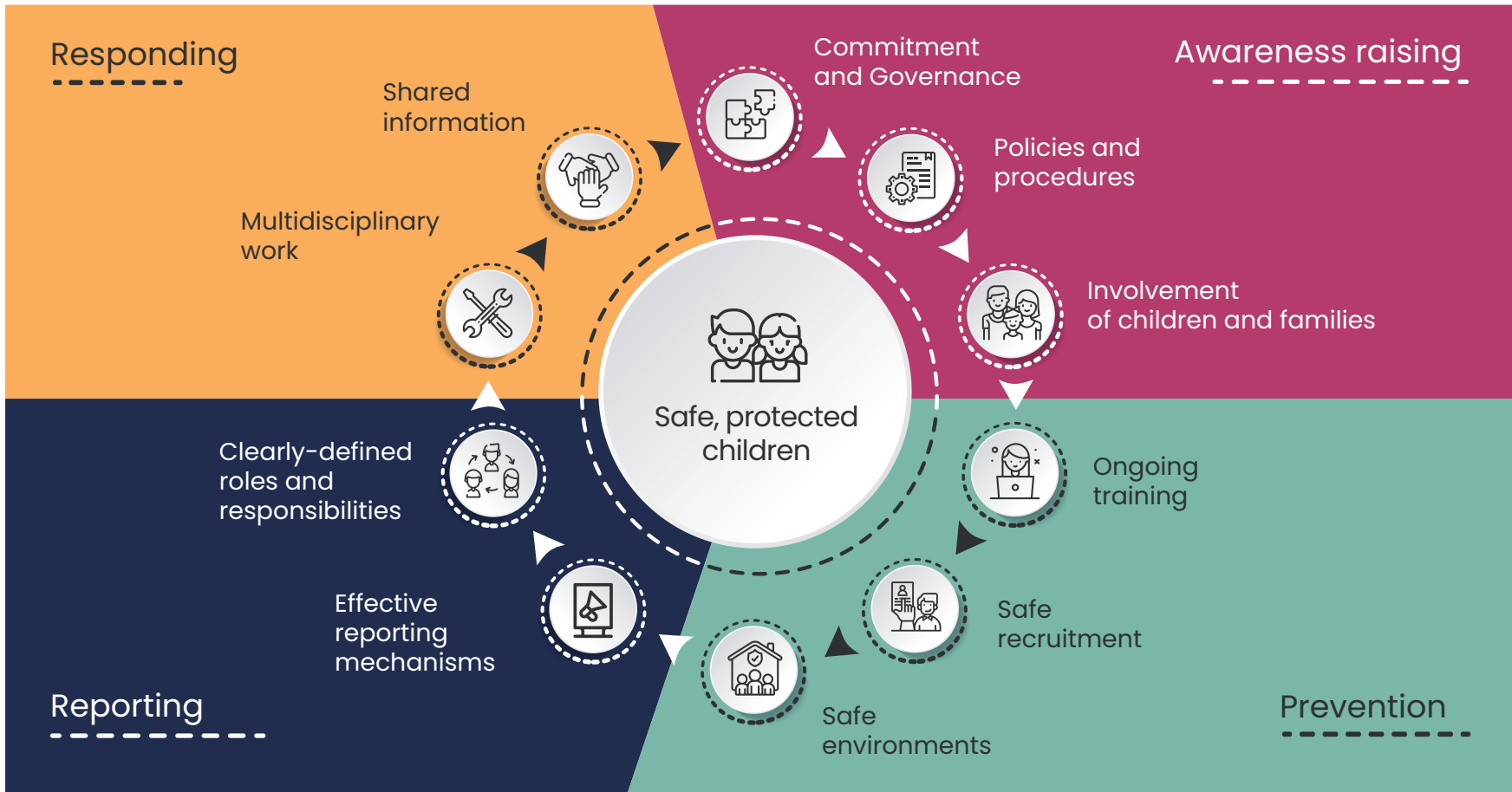Every day professionals and families combat violence on your territory.

To find out more:
https://sistemiditutela.savethechildren.it/prisma/

Scan to find out who to ask for support in your territory

Save the Children

E.D.I.

Erickson

PRISMA

Promoting child Resilience and Improving Safeguarding Mechanism against ACEs–Adverse Child Experiences

Why it is important

Commitment and governance

Having a management that is committed to guaranteeing safe environments in every body and organisation that works with children means that children are less likely to get exposed to malpractice and abuse.

Policies and procedures

If implemented effectively, clear policies and procedures for safeguarding children provide clear guidance to all staff in every single organisation.

Involvement of children and families

Every organisation should guarantee that the children and the families which it comes into contact with are informed of all their rights, including the right to protection, information and participation, and are supported in expressing their opinions and raising concerns.

Ongoing training

Training helps staff to understand what abuse is, how the environment can facilitate or discourage the occurrence of risks to children and how to respond when risks are detected. It strengthens the importance of the fact that safeguarding children is everyone's responsibility.

Safe recruitment

Safe selection processes help to prevent the recruitment of people who are not suitable for working with children.

Safe environments

Safe physical and digital environments hold a significant role in reducing the chances of abuse.

Effective reporting mechanisms

Clear procedures help us to understand who to turn to and what to do in the event of suspected abuse and maltreatment both within every body and externally if and when the report must be forwarded to other actors of the network. Furthermore, having clear procedures allows for effective, efficient, prompt management of suspected abuse and malpractice.

Clearly-defined roles and responsibilities

Clearly defined roles ensure that incidents are managed correctly and promptly. Furthermore, they facilitate the creation of virtuous cooperation mechanisms on the territory.

Multidisciplinary work

When responding to complex issues like child abuse and maltreatment, different factors, resources and professional figures must be considered.

Shared information

In compliance with the respect of privacy, the sharing of information is often necessary and important so that the most suited and effective intervention can be planned.

Mapping of TERRITORIAL SOCIAL SERVICES for SAFEGUARDING and CASE HANDLING

Territory of reference:

Type	Area	Body Name	Website address	Contact details (telephone number, e-mail address)	Modality of accessing service
Institutional	Prefecture				
	Emergency response				
	Police forces				
	Magistrates / judicial authorities				
	Public social services				
	Territorial social services				
	Social services provided by local healthcare unit				
	Anti-violence centres				
	Public clinics				
	Infant centres				
	Learning / Training: Nursery schools, Infant schools, Institutes				
Non-institutional	Private social services				

«The trajectory of human life is affected by genetic, epigenetic and intrauterine legacies, by environmental exposures, by nurturing family and social relationships, by behavioural choices, by social norms and opportunities which are carried into future generations, and by historical, cultural and structural contexts».

Minsk Declaration, 2015

E.D.I. *Accendiamo i diritti!*

Save the Children

FOCOLARE "MARIA REGINA" *Ente Morale*