

REPORT

Workshop on 'Strengthening Child Protection systems in their response to violence against children: turning evidence into policy and results'

(in the context of EU-UNICEF Project on 'Protecting children from violence in South East Europe')



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"This report has been drafted by UNICEF regional office for CEECIS with inputs from Ms. Angelique Jenney and Ms. Kate Schumaker (workshop resource persons), and produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Union."

Background

Violence against children is still an everyday reality in the countries of South Eastern Europe, where social service professionals are the first ones to come into contact with children who are victims of violence, but are still not necessarily properly identifying, reporting or referring cases to ensure an appropriate response to the issue. Neither are national systems within this region capable of preventing children from various forms of violence. Reflecting the commitment of UNICEF and the European Union to protecting children from all forms of violence and to increase the visibility of the issue of violence against children, UNICEF and EU launched a project in July 2011 that covers four countries in South Eastern Europe (Albania, Bosnia and Herzegovina, Serbia and Turkey). This project works at three levels:

- a) to reinforce the capacities of civil society partners in independent monitoring of child rights violations, in particular violence against children;
- b) to reinforce partnerships between civil society organizations (CSOs) and State decision-makers and
- c) with the ultimate aim of strengthening the system of public services to identify, monitor and address violence against children.

The project is embedded in reform agendas of existing child protection systems. The four participating countries are all in different stages of pre-accession to EU and the policy environment and reforms of services which are currently taking place in these countries are influenced by the larger European agendas. Therefore, as participating countries in this project, they will also be linked through regional activities with experience sharing initiatives at the wider European level.

In order to understand the current level of each of these 4 countries national systems of response to VAC cases, a regional study on VAC was carried out with the participation of almost 600 professionals from a variety of sectors involved with children. Along with a number of challenges and strengths in child protection systems, the study also formulated conclusions and recommendations for the countries to further improve the approaches to prevention and response to VAC. In order to take the study recommendations further and turn them into action plan, the workshop has been organized with the participation of 4 countries and speakers as a follow up activity.

Concept of the workshop

The workshop "Strengthening child protection systems in their response to violence against children - turning evidence into policy and results" created a forum for strategic planning on how to shape policy and systemic interventions with an aim of building coherent child protection systems able to respond adequately to cases of violence against children in the region of South East Europe (SEE). The workshop discussions were built around the results of the VAC study and combined with other evidence available at each country level on current approaches to violence against children.

The **objectives** of the workshop were to:

- Disseminate findings of the research from 4 countries with partners, allowing them to take stock of the different elements required in their child protection system to facilitate a proper response for protecting children from all forms of violence,
- Identify strengths and weaknesses in current responses to violence against children in the participating countries,
- Make recommendations for policy changes to develop adequate services in order to build coherent child protection systems;
- Review opportunities, challenges and lessons learned for such reforms to happen in the changing policy environment of 4 countries in SEE region.

It was expected that workshop overall would make the case for better evidenced based planning and policy development in the area of violence against children and share lessons learned from an international level. At the end of the workshop participants were expected to develop recommendations for countries on what changes are needed at the levels of policy, child protection system and services for coherent responses to violence against children.

The workshop gathered 40 participants comprised of representatives from the government structures, Ombuds system and civil society from Albania, Bosnia and Herzegovina, Serbia and Turkey. In addition, this workshop was attended by several international speakers to share their experiences in regards to the following: the current research evidence on the impact of the regional child protection system functionality; dominant models of successful child protection systems; elements of policy reform and social changes; and foundations of policy formation based on evidence and prevention of violence from a health care system perspective. Finally, the workshop was also attended by representatives of the EU in BiH and Brussels together with UNICEF representatives from the four involved countries, CEECIS regional office and Innocenti Research Centre.

Day 1 of the workshop was dedicated to data/evidence made available through the regional study on VAC as well as from countries' other sources. Three basic assumptions important to consider when building a sufficient response to violence against children were identified for this first day of discussions: 1) the multi-sectorality of the child protection system, and the need for process and accountability across sectors in order to intervene (identify, refer, report and respond) to cases of violence against children; 2) that a multi-layer child protection system with very clear and identifiable mandates with accountability at several different levels of governance, but operating under one holistic policy framework is necessary; 3) finally, the system effectiveness is an ongoing process of evaluation, responsiveness and improvement that is required within the larger policy cycle, and consists of several critical actors who have a role to play in influencing and building strategies for this process to evolve; a clear articulation of who is responsible for what aspects is needed for the system to operate well.

Based on this brief introduction the sessions of the workshop on Day 1 have looked into a) Evidence as a basis for an improved response, and b) Strategies to move from evidence to harmonized, cross-sectorial policy.

Session 1: Strengthening child protection systems in their response to violence against children

Study on violence against children in Albania, Bosnia & Herzegovina, Serbia and Turkey: Where do we go from here?

The purpose of this study was to develop a better understanding of where the systems and service providers experience challenges in identifying, reporting and responding to violence against children (VAC). The study aimed to obtain clear recommendations on how to improve the system and identify the opportunities for on-going efforts to reform and strengthen systems of child protection within all four countries in the region. Data for the study have been obtained through qualitative and quantitative methods with use of desk review, interviews and surveys with almost 600 professionals from various sectors involved in protection of children in 4 countries. Overall, the study identified challenges within the current system of child protection with regards to violence response, specifically an underdeveloped multi-sectoral referral system amongst support services designed to address issues of VAC, lack of awareness of the legislation pertaining to the identification, recording and reporting of VAC cases among employees of service provision institutions at the local practice level. At the same time, the study was able to also recognize the strengths within the current response system in all 4 countries, such as a general consensus among service providers that VAC should be defined broadly in a way to cover not only physical and sexual violence but

also emotional abuse and neglect; a relatively new and comprehensive legislative basis for responding to cases of VAC within each country; a group of professionals within each country and across sectors who are motivated to find creative ways to overcome the challenges of the system. Mainly, study results suggest a family support orientation of service providers towards intervening in cases of violence against children rather than a more punitive approach, evidenced by the strong importance attached to education and counselling versus punishment.

Many the recommendations of the study require working at all levels to bring the issue of violence against children to the attention of decision makers.. However, in order to influence change, these decision makers at high levels within each sector need to form avenues for cross-sectoral collaboration towards improving the system of child protection within each country. Hence, the key recommendations for all four countries identified by the study are as follows:

1. **Develop pathways for accountability,**
2. **Improve referral mechanisms and inter-sectoral communication and collaboration,**
3. **Build public/community awareness of the issues of VAC,**
4. **Improve service availability and capacity for child victims and families,**
5. **Evaluation and Expansion of promising practices**

The first four recommendations have been identified as priority areas for the countries to formulate their action plans around, and to provide further follow up in order to strengthen their prevention and response to VAC.

Session 2: What do we know about violence against children, strengths and weaknesses in the responses in SEE?

To understand the situation of VAC in the countries better, each delegation presented their data on VAC based on a mix of official statistics/reports, NGO reports, child protection bodies' reports, line ministries interventions, etc.

In **Albania**, children (0-18 age-group constitutes (approx) 1/3 or 28% of the whole population) face various vulnerabilities which put them at higher risk of becoming victims of violence (poverty, children living in the streets, working children, ROMA children, birth registration, child marriage, education, sexual exploitation of children/trafficking). According to the country delegation, there seems to be a solid legislative framework to ensure protection of children from violence, especially a newly adopted Law on 'Protection of Child's Rights' (2010) followed by a National Action Plan (2012-2015). In addition, Albania's government has also ratified a number of EU conventions and other instruments towards the protection of children. The country also seems to have a structure which is authorized to ensure the realization of children's rights at both national and local levels. While all these seem to be good and timely initiatives, there are still gaps within the Albanian Child Protection system which do not allow proper support and responsiveness to violence issues in the country. To name a few key issues: lack of *financial plans and resources* in place at local level; lack of development of *progress monitoring* reports; no readiness to *address factors* that make children more vulnerable to different forms of violence (poverty, social exclusion, ethnicity etc.); poor *clarification of the competencies* of each of the actors involved in the child protection system; absence of a *national data base*, on regularly monitoring of children rights indicators (monthly data/6 months data/annual data, etc) which is also open to public.

In **Bosnia and Herzegovina (BiH)**, the issue of VAC seems to be one of the priorities of the state agenda. As per the country delegation presentation, within BiH response to the Concluding Recommendations of Child Rights Committee to the periodic report on implementation of the UN Convention on the Rights of the Child (UNCRC), there has been a first national Strategy to Fight Violence against Children developed for the period of 2007-2010. During this period, there were various monitoring processes done and studies carried out. This work allowed the state to gather some quantitative

data on incidents of VAC as well as evidence on the prevalence of forms of violence for specific age and gender of a child (based on first time developed indicators). As a result of this work, there were changes made in the criminal law of BiH with regards to perpetrators of VAC. In addition, this experience has also identified areas to focus on for better response to VAC issues in this country: harmonize legislation aimed at more efficient and more effective protection of children from all forms of violence; strengthen the process of the development of protocols on cooperation (inter-institutional–inter-sectoral) for better response and adequate support to children-victims of violence (including child-witnesses and child-offenders); initiate the establishment of analytical monitoring within health, social protection and education institutions at all levels of government to ensure the collection of the most important information required for the monitoring of prevention of violence against children in BiH; establish unified database on VAC for better monitoring and strategic planning on VAC interventions; encourage NGO monitoring aimed at drafting sustainable protocols on recording cases of violence against children through separate proceedings (shadow monitoring). All these together with key research recommendations are going to be addressed within currently being developed action plan on VAC in BiH.

In **Serbia**, there are several systems maintaining data on VAC within government structures. Some of the systems being more advanced than others. For example, while the Education System data are available only at the regional level (level of regional education offices) the Health System does not have data at the national level at all (only at the level of health institutions such as Mental Health Institution). According to data of Social Protection System, the number of registered cases on VAC has increased from 2005 to 2011, which clearly shows an improved system of identification and reporting. However, it is not possible to say this for the whole system, as data in Serbia on VAC is still being divided among various sectors. It also seems that Serbia has somewhat established legislative bases to address VAC issues followed by Strategies and Action Plans to enforce laws. This allowed for the development and implementation of various protocols of cooperation on VAC issues: General Protocol for Protection of Children from Abuse and Neglect (2005), Special protocols for:

- Health
- Education
- Residential institutions in social welfare (needs to be revised)
- Police
- Justice system

Together with this, there are still some challenges in the current system which do not allow for stronger prevention and better response on VAC incidents. There is no national coordination mechanism on child protection; protocols are not being implemented fully in all municipalities; cross sectoral cooperation is still not working. To address this, the a number of current opportunities in the country have been identified which may significantly improve/assist in on-going efforts towards strengthening the child protection system: (1) new Government in place, (2) EU integrations, (3) new and coordinated capacity building approach – parallel capacity building in health, education and social welfare; bringing systems together in four communities.

In **Turkey**, the main focus on responding to VAC seems to be on family care, and hence the primary areas needed to address are identified as: increased access to prenatal and postnatal services, provision of home visiting programs, and strengthened family support. Recently, the Director General (DG) of Child Services of MoFSP was appointed as the coordinating agency in the area of VAC in this country which creates an opportunity for a holistic approach in addressing VAC issue. Following this, there have been other initiatives taking place in Turkey which contribute to the overall situation on better response to VAC: (1) Child Rights Monitoring and Evaluation Board initiated in April, 2012; (2) Government Action plans (2006/7-2010/11) are in the process of revision/updating;(3)Hospital based Child Monitoring Center System developed; (4) Different family counselling projects (ASDEP); (5) Social economic support has increased for foster families and biological families at risk. It seems that substantial work has been done within the education system to address violence within school settings. There is

Ministry of National Education (MoNE) Strategy & Action Plan (2006-2011+) on 'Prevention & Reduction of Violence in Educational Settings', the main strategies of which are: 1) *Data-based management*, 2) *Trans & multi-disciplinary approach*, 3) *Synchronisation & Inclusiveness*, 4) *Developmentally Appropriateness*, 5) *Prevention, protection and intervention*, 6) *Capacity building*, 7) *Sustainability*, 8) *Monitoring & Evaluation*. There are as well a number of projects and awareness raising campaigns aimed at prevention and elimination of violence in schools. Throughout these projects, new mapping technologies for accountability of violence against children have been introduced which hopefully will be helpful in collecting more reliable data on VAC incidents in Turkey.

Lessons learned for policy and planning for system change with regards child protection in Canada

The VAC study and other information from countries showed that reforms in child protection systems in Albania, BiH, Serbia and Turkey are still on-going and continue to face similar challenges. To better understand the process of child protection policy framework formulation and its practical application, the example of the Canadian child protection system was presented. This information mainly focused on several reform phases in the child welfare system which have taken place in Canada, as well as illustrated functional structure of child welfare (child protection) system, and how data on VAC have been used for policy formulation. The aim to present these experiences was to illustrate the ongoing process of systemic change in Canada, which could be extremely vital to learn from for countries which are only now building their systems of child protection. Notably, it is important to highlight that there is a special entity in Canada which is accountable for all child protection issues at both policy and implementation levels, and this brings child protection response to a completely different level of implementation. This by itself makes the system react to any case of violence in a proper way by providing all necessary support to a child and family. Even though Canada's approach to VAC is based on a 'child welfare/protection' model¹, it has proved that there could have been much more achieved (from prevention of violence point of view) if the country had chosen a 'family support' model instead. The following pros and cons should be considered when following one model over another:

Child Welfare/Protection model:

- Remedial focus—families eligible for service only after maltreatment has occurred/significant risk of maltreatment,
- Individual focus—maltreatment usually framed in terms of parental deficits,
- Investigative approach gathering evidence to substantiate maltreatment, identify perpetrator(s) and take corrective action,
- Intervention focuses on preventing recurrence of maltreatment and risk assessment/risk reduction,
- Separate system from supportive/voluntary services; stigma for service users,
- Usually embedded within a residual approach to social policy;

Family Support model:

- Preventive focus—eligibility for services based on the notion that a child might "fare badly",
- Welfare of children is the responsibility of families, community and society,
- Holistic assessment of family needs required to promote healthy development and wellbeing,
- Intervention focuses on supporting families to care for their children, and may address structural factors,
- No separation between services to support families and protect children,
- Often part of an institutional approach to social policy;

¹ Generally speaking a 'child welfare' model means the same thing as a 'family welfare or family support' model (although in common parlance, professionals in Canada use the term interchangeably to talk about the work of child welfare/child protection). However, from a policy perspective, they are very different.

It is important to note that the current VAC study in 4 countries of SEE region demonstrated the preference of professionals towards interventions that were supportive of families (e.g., education, counselling) rather than a more punitive approach (e.g., punishment of the perpetrator, removal of the child). This suggests an orientation more closely aligned with a family welfare approach which should serve as a foundation for further developments of services and interventions for these countries in their prevention and response to VAC.

While building its child welfare system, Canada has had both successes and challenges on its way, and this creates a unique opportunity for other countries to examine these experiences and benefit from *lessons learned* on their way towards advocating for change. Some of these lessons include:

- Crises can act as catalysts for change, BUT:
 - One should be cautious about basing the substance of reforms on reactions to rare / unpredictable events; this could lead to unsustainable change or unintended consequences;
 - Careful analysis of data rather than anecdote or reaction to high profile events should guide these changes wherever possible;
- Canada's system and original legislation came about through the persistent advocacy efforts of a small group of reformers,
- It has subsequently gone through multiple major reforms with more on the horizon—the system needs to continually adapt to changing population needs and fiscal realities,
- In Ontario, the most effective reforms have been a combination of “natural opportunities” (i.e., high profile inquests, financial sustainability issues that make decision-makers open to change) that also involved a planned, thoughtful review of the options and evidence, by people with the right knowledge and expertise.

In addition, given the findings of VAC study in 4 countries demonstrated overlap between domestic violence and violence against children, a practical example from Canada was provided to illustrate how policies and practice systems can interact to better address multiple sensitive issues.

How Policy Impacts Practice: Domestic Violence and Child Protection (Canadian example):

Following a series of high profile public inquests into the death of children known to children's aid societies in Ontario, there were amendments made to the child welfare legislation (*Child and Family Services Act*) in 2000, which broadened the grounds for finding a child in need of protection to include emotional abuse and “a pattern of neglect”. Further, many community based services including the police developed policies of referral to child protection agencies whenever a case of adult conflict (domestic violence) in a home in which children lived, came to their attention. This resulted in a significant increase in reporting of children who are exposed to woman abuse to child welfare authorities.

- Data from both the 1993 and 1998 Ontario incidence studies of reported child abuse and neglect found an astounding 370% increase in substantiated emotional maltreatment reports largely as a result of exposure to domestic violence (Trocmé et al., 2002),
- Exposure to domestic violence is the most frequently substantiated form of child maltreatment in Ontario and of the cases reported over two thirds (about 70%) of these cases were substantiated (Trocmé et al., 2003),
- The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003) indicates that the rate of exposure to domestic violence increased by 28% over the last five years.

It is known that legislation may have both positive and negative impacts on the lives of those it is intended to protect. Therefore, it is important to constantly evaluate/assess the impact of new policy for future improvements of a system response, as it is the case for this specific policy amendment in Canada.

Session 3: Strategies for building harmonized cross sectorial policy to address violence against children in the context of changing policy environment in SEE

As the VAC study concluded, although several structures and sectoral policies have been put in place regionally as part of the response to violence against children in all 4 countries, a harmonized comprehensive cross-sectoral policy to effectively address challenges currently being experienced by professionals from all of the sectors involved, is not yet in place. What continues to be required are organizations that are equipped with complete legislation, structural mechanisms, and sufficient human and financial resources to enable them to both monitor and improve the situation of violence against children; so when professionals such as nurses, doctors, social workers, and teachers identify a suspected case of violence against children, they should be expected (irrespective of legal obligations) to report their suspicions to the authorities and to know how to respond appropriately (either to refer or provide direct services). To be effective, reporting structures must always be matched with equally well-developed structures for protection, support and treatment for children and families. To build and/or update such a comprehensive policy together with a system to implement such a policy requires systemic feedback, on-going independent monitoring, generation of evidence and research. In order to advocate for such policy change and/or actually initiate the process of policy formulation, one should understand how this process works and how it is constituted. For example, how does one effectively transfer research evidence into efficient policy? The following points represent some of key elements which different actors in child protection system could use when engaging with policy-makers to maximize opportunities:

- Understand and scrutinize context
- Have ability to generate quality evidence which is robust and credible
- Have ability to communicate results effectively
- Have ability to network and establish inter-sectoral links

Together with these elements, the process of accession to the EU in the region of South East Europe should be given proper consideration. It is significantly important to understand an impact (enabling opportunities and difficulties) of this process for on-going reforms in these countries; to perhaps use this opportunity to effectively target policy implementation.

In **Turkey**, for example, improved stability of the country in general provides more resources to target different interventions for vulnerable children and families. This country is in the process of introducing e-monitoring system which should allow for better VAC response. In **Serbia**, there is a need to use the momentum of the appointment of a new government to improve the use of data correctly for better planning. For **BiH**, the country should use the opportunity of having a new strategy on VAC which is currently in discussion to ensure it is tailored to a clear action plan with budgetary allocation. It is well understood that to improve reporting of VAC cases, there is a need to strengthen collaboration between government and civil society. Other key areas such as capacity building of professionals, improvement of inter-sectorial collaboration and enforcement of protocols of cooperation, should also be clearly articulated in the new VAC strategy. There are on-going reforms in the sector of social protection in **Albania**, which could bring another perspective for child protection system reforms. Recent adoption of new laws (children's rights and statistics) is considered as a possibility to influence practices through efficient policies. Another favorable environment for possible policy formulation is being created through the establishment of new administrative structures at the local level: Child Rights Units, agency for civil society development, etc. In addition, EU accession provides Albania with the potential to make revisions to many policies, standards, and guidelines which will bring positive changes with regards to child protection. Last but not least, a recent report of Albania to the CRC

Committee and its concluding observations indicated that they have significantly increased the chances for the system reforms to be advanced including the ones on violence against children, to be addressed in a form of action plan.

On their way forward when advocating for policy change in general and with regards to violence against children specifically, different actors may find it important to answer the following questions to help them better map out and build their advocacy strategy:

- What is a feasible policy objective for policy change?
- The way into the process: what is the best approach to get your ideas into the target policy debate and who will be your target audience?
 - ✓ Who are the specific audiences if you want to move towards a more holistic policy emphasizing preventative aspects of child protection?
 - ✓ How far do the chosen audiences have to move to get on board with your ideas and proposals? Is there a shared value base?
 - ✓ What interests are they protecting in their current position? E.g., funding
- What are the key messages and activities: set of advocacy activities and communication tools - towards achievement of an objective?
 - ✓ What messages would different stakeholders need to hear to question their own position and engage with your proposal?
 - ✓ Does this message propose practical solutions?
 - ✓ Is the message simple and easy for your target audience to convey to others?
- Current obstacles to change: what is currently blocking the policymaking process from moving in the direction you wish?
- What is the leverage you can bring and use to move the process in the direction you wish?
- What should be advocacy activities and communication tools:
 - ✓ What combination of activities can help move your audience? E.g., parliamentary hearing, media engagement, etc.
 - ✓ What tools do you need to get messages out?

By concluding this session of the workshop, the following observations have been made for future consideration.

When defining all the above discussed and developing a road map on VAC prevention and response, it is crucial to be clear and decide what the objectives are and what the goals are: if they are too many of them, the action plan will not be productive and end results will not be achieved. There is always a dilemma when deciding on objectives and goals but prioritization is unavoidable and instrumental for the positive outcome. Therefore, finding a balance and identifying important actors are of utmost significance. For the successful outcome with the help of above mentioned instruments, all four countries of SEE region seem to agree on a need to focus on work with various levels of the society, starting from families/communities to policy makers and service providers. The area of service provision seems to remain one of the weakest points, and hence once targeted, the system can be built at a practical level which will also inform the development of policy. Working with parents/families is very important however, a wider response approach should be kept in mind. What changes are necessary to bring support to families through social transfers, access to early childhood programs, child benefits, etc? In this way, the interventions and policies will be targeted and have a bigger and sustainable impact on the lives of children.

Day2 of the workshop aimed at development of a road map for implementing the recommendations from the VAC study, keeping in mind necessary policy-advocacy strategies and instruments. While the implementation period for these action plans focussed on objectives that could reasonably be achieved by June 2013 (end of EU project), participants were encouraged to consider actions that would contribute to longer term reform processes of their respective child protection systems in general. Therefore, the overall action plans needed to be organized around changes required at the levels of policy as well as the child protection system and services for coherent responses to violence against children. In addition, the workshop's second day also discussed the important role of health professionals in preventing and identifying violence. As the VAC study demonstrated, prevention programmes have started in some schools and communities in the four countries. Among others, health checkups in schools can be an excellent opportunity to identify violence cases. The number of committed and trained professionals in the region is growing, and hence it opens up more opportunities for an efficient and effective means to address issues of violence against children and improve multi-sectoral response.

Session 4: Developing elements of action plans for addressing violence against children

In keeping with the findings from the VAC study on 'System responsiveness to violence against children' in Albania, BiH, Serbia and Turkey, this session was devoted to considering the **4 key** recommendations identified for further application by the countries, which were:

1. Develop pathways for accountability:

- ✓ Administration and enforcement of policy continue to be the main issue – the central governmental body in charge of implementation of all policy directions dealing with VAC should be clearly identified, and made independent, influential and with clear roles and responsibilities as well as funding available to administer measures and changes foreseen for all national and local stakeholders.
- ✓ Budget planning at the organizational/institutional level should take into consideration legal provisions related to the implementation of measures for identification, reporting and response to violence.
- ✓ There is a need to establish a consistent mechanism for data recording and collection along with an information sharing system.

2. Improve referral mechanisms and inter-sectoral communication/collaboration

- ✓ Referral mechanisms require clear instructions on the roles and responsibilities and capacities needed within and between institutions.
- ✓ Collaboration between sectors remains a challenge - regulation of the exchange of data on individual cases and obligatory cross-sectoral cooperation and provision of feedback between police, social protection, health care and other stakeholders are necessary for continuous improvements in service delivery and resource optimization.

3. Build public/community awareness of the issues of VAC

- ✓ Education and training to change public (especially media) and professional perceptions of violence against children and responses to it

are missing to support systemic change and promote early intervention and prevention efforts.

- ✓ Campaigns aimed at changing societal attitudes towards the use of physical punishment in the home and school settings may be required.

4. **Improve service availability and capacity for child victims and families**

- ✓ Available services are a major concern, with specialized programs and sustainable funding at the heart of the issue. Therefore, specialized (sometimes sector specific, such as for judges) training programmes for professionals are needed.
- ✓ The current capacity within institutions responsible for social and child protection (such as Centres for Social Work, where they exist within countries) is not sufficient to deliver all the services that are under the Centres' responsibilities. The Centres lack personnel, particularly psychologists and social workers, and in many cases the status of is considered socially low and limits their effective impact. Further work needs to be done in informing professionals about all legal documents and instruments for the protection of children from violence.

Where do we go from here: from Recommendations to Reality

When transforming these recommendations into a realistic action plan, it is necessary to know the 'meaning' of each recommendation, and its specificity for actual application for policy and system change.

1. Under the 'development of pathways for accountability', it is important to determine the single entity which is **Accountable** for child protection/violence against children issues,
2. To improve referral mechanisms and inter-sectoral communication/collaboration, it is necessary, for example, to develop **protocols for professional bodies which should be regulated by law**,
3. Building and strengthening Public Community Awareness on Violence Against Children is a long term process of **attitudinal change** which requires both **social advocacy and legislative progress**,
4. To improve service quality, availability and capacity for child victims and their families it is vital to **secure adequate funding**, make **use of available data and evaluation**, as well as to improve **education and training systems** (e.g. implementing Schools of Social Work);

Below are the elements identified by each country for their action plans/road maps to address VAC issues until June 2013 and beyond.

Albania: There are several results that this country is expecting to achieve to improve their response on VAC, which are:

- VAC becomes a priority
- Legal framework on VAC is improved;
- Unified Referral System is established;
- VAC indicators are listed;
- Stakeholders – awareness raising;
- Child participation is advanced;
- Evaluation and monitoring system on VAC is improved;

Among all structures responsible for child protection at both national and local levels:

A) Central Level

- Albanian Parliament;

- Line Ministries
- State Agency
- National Council for Child Protection
- State Social Services
- State Police

B) Local Level

- Social Administrator
- School Psychologist & teachers
- Health Institutions, family doctor
- CPU, CRU, Child Observatories, National Referral Mechanism

C) Community at large & children

Currently there is no clear identification of a single entity to be held accountable for VAC issues, and hence this needs to be defined further. With regards to *improvement of the referral mechanism and inter sectoral communication*, Albania will focus on:

- Elaboration of a protocol/procedures for defining responsibilities and collaboration among institutions in the central and local level (due to lack of referral procedures);
- Prioritization of child protection issue in the local level with respective budget;
- Use of VAC study findings to influence policy changes and service provision (e.g., Parliament);

Social awareness to target VAC issues will be achieved through various amendments to the laws, development of a strategy on behavioral change, capacity building for various professionals and service providers, public awareness campaigns, conferences, etc. To *improve service availability*, Albania is planning to implement the following (as part of overall social services reforms):

- Improvement of the Social Service Standards at National Level;
- Establishment of emergency facilities for VAC victims;
- Improvement of capacities at the local/regional level;
- Increase quality services and monitoring on child protection and family;
- Standardization of the indicators on VAC;

As immediate actions to implement the above mentioned, Albania will be focusing on:

- Roundtable meetings with stakeholders;
- Hearing Sessions in the Parliament;
- Work with Observatories for monitoring of children's rights;
- VAC indicators (standardization and dissemination/implementation);
- Establishment of Caucus group on children's rights (with MPs);
- Development of Guidelines for MPs on how to protect children from violence;
- Increase awareness of school children on reporting mechanisms;

Bosnia and Herzegovina (BiH):

Given the complexity of government structure for BiH it has been rather difficult to formulate elements necessary for transforming the study's recommendations into policy action. Therefore, the country delegates deemed it necessary to take a step back and carefully map out the existing services and legal framework to support or not support them. As a result, it was only possible to define priority areas in the system of BiH to focus on improving the response to VAC. Based on this, the country will continue working on developing a clear road map with involvement of all related stakeholders. The areas to be addressed are: identification of an accountability mechanism (together with amendments/changes in the legislation), improvement of services (especially for victims of violence), improvement of reporting mechanisms (with special focus on

education and health), overall improvement of referral mechanisms (including a focus on capacity building of professionals), awareness raising and adoption of protocols of collaboration. Most importantly, there is a state strategy on VAC that is soon to be adopted, which will provide a base for further work on VAC. When finalizing their action plan on implementation of the VAC study recommendations, it is advisable for BiH to clearly define: next directions (connecting them both to VAC and gate-keeping), results to achieve an accountability entity, and other key elements needed for policy changes.

Serbia:

The Serbia delegation seemed to be clear on the next directions for better prevention and response to VAC (such as *establishment of a national mechanism, full application of protocols, strengthening capacity building, improving data collection from all sectors at all levels, and strengthening the partnership between state and civil society*, etc). In details this includes:

1. **Establishment of a mechanism** for full application (to coordinate, oversee and provide technical support) of protocols on VAC:
 - There should be full-time staff and staff who have role defined in their job descriptions (with special focus on Health and Social Welfare)
2. Total **implementation of all protocols** on VAC:
 - Sector - specific capacity building: (each system has its own accreditation system for capacity building and has its own responsibility regarding violence protection and prevention – this is why training is sector specific),
 - Strengthening local teams in 4 cities with representatives FROM ALL SECTORS,
 - Establishment of mechanisms at local level: E.G. Local protocol or local plan with budget to be paid for by municipal government
3. **Data collection:**
 - Piloting Model Instrument for collating data at national level (Health system) – having data from 4 cities,
 - Existing of a decision (or other appropriate document) confirming plan,
 - National data system collecting data from schools on children-victims of violence (third level, i.e. where case has been referred from outside of education system) in place,
 - Record-keeping by social providers in social welfare sector is regulated by law,
 - Such concepts as child exposed to domestic violence, trafficking and street children – are recognized in data management system of social welfare system,
 - Capacity building for service providers on data reporting in four towns,
4. **Engagement with civil society** to make NGO networks legitimate actors of policy discussion process.

It is no doubt that this list of directions requires in-depth work to turn it into an effective strategic action plan. It is crucial for the country to define the responsible entity and other actors to ensure implementation of the defined set of actions.

Turkey:

Throughout the discussions, the delegation from Turkey focused on linkages between accountability, referral, coordination, services, capacity and good practices within the

current child protection and justice systems, as well as public and community awareness of VAC. The delegates felt that some issues should be merged, and that the three priority areas of work should be developed simultaneously. As a starting point, key strengths and weaknesses were analysed to better understand which side of the system should be targeted as a priority.

1. Service availability / Capacity for victims & families / Expansion of good practices

Strengths:

- Strong and qualified national experts / professionals active in VAC
- Universal health coverage for children and a family doctor system established, which ensures the continuity of contacts, support and monitoring of family well-being
- High-level social work education and diplomas established at university level
- Widespread mental health services as an effective means of prevention (hospital mental health units, infant mental health association, community-based mental health support)
- State hospital-based (CIMs) and university hospital-based (CPUs) child observation/protection centres avoiding secondary victimisation and ensuring multi-disciplinary evaluation and referral of VAC victims to court / care / community-based support, especially in abuse and neglect cases.
- Pilot national family-support schemes (ASDEP) and increase family allowances

Weaknesses

- Uneven geographic coverage of services / capacities / good practices
- Gradual / Slow operationalization of new services and capacities
- Lack of financial sustainability of valuable and/or pioneer non-state initiatives
- Limited number and capacities of social workers currently in the system (new cohorts yet to impact the system)
- Termination of the home-visiting nurses' system and overload of family doctors jeopardising their key role in prevention and early intervention
- Time spans / delays esp. in health and judiciary systems, with a serious impact on individual prevention and rehabilitation processes for both victims and perpetrators of VAC
- Lack of free recreational activities for children and youth (sports, safe spaces for play, informal community-based ECD and youth services, etc.) limiting avenues for broad-based prevention.

2. Pathways for accountability / Referrals / Inter-sectoral collaboration

Strengths:

- Social policies supporting families and intending to address child poverty
- New Ministry of Family and Social Policies with a child rights monitoring and coordination mandate
- Child Protection Law of 2005
- Existing research and strategy to address coordination challenges at national and provincial levels operationalized through several circulars and by-laws (CPL implementation and measures by-laws of 2006, child services circular 2012/15, etc.)
- Pilot coordination models and tools (eg. Bursa)

Weaknesses

- No specific VAC focus or obligations in job descriptions (in health, education, social work, etc.)
- Lack of zero tolerance policy on extreme threats (e.g. weapons) and lack of enforcement of existing VAC related legislation.

- Superficiality of administrative sanctions in systemic VAC cases
- Double-victimization and repetitive reporting requirements for victims and families
- Lack of follow-up / case-management of referred VAC cases

3. Public / Community awareness

Strengths

- National parenting education scheme
- School-based VAC Strategy and up-coming EU supported project
- Some thematic campaigns (e.g. early marriage)

Weaknesses

- Limited scope of positive discipline practices in school and at home
- Limited understanding of pregnancy and early infancy as crucial periods in VAC prevention and lack of related/targeted support

Based on this analysis, immediate action points will be defined next with clear objectives, results and responsible actors for further implementation of this plan.

Session 5: Putting things in perspective

As the VAC study demonstrated, there are already promising practices on VAC response in all four countries which should be further evaluated and considered for larger replication. The role of the healthcare system in prevention and better response has been noted as one of the most significant and promising. Therefore, this workshop also addressed the important role of health professionals in preventing and identifying violence. This discussion primarily focused on the facts that:

- Less than 10% of abused children come in contact with child protection services,
- Domestic violence occurs more frequently in families of younger children (WHO, 2002),
- Most abuse cases and related deaths occur in the earliest years,
- Caregivers are the ones most often involved,
- Impact is severe, lifelong, and very costly,
- **The health system is in frequent contact with almost all caregivers during the early years;**

It also talked about basic building blocks for **“Normal” Development during the Early Years** such as *healthy start (from conception and before), health and good nutrition, contingent responding by caregiver, warm and nurturing caregiver, secure attachment, stimulating environment and safe environment*. These key *protective* factors have a direct impact on a child’s brain development. In cases when there is high number of biological and psycho-social risks around a child, it drastically slows down the development and increases equity gaps, negatively impacting overall a child’s potential in the future. With this, it was also necessary to understand why the health sector could play an important role with VAC prevention and response. Firstly, the health sector often has the most **frequent contact** with families (health care professionals **interact and accompany** families during periods of vulnerability (pregnancy, birth, newborn period, etc.)). This sector could also prevent many risk factors therefore addressing **primary prevention by:** drawing on extensive **evidence** of what promotes lifelong wellbeing; taking advantage of the general **societal trust** in the advice of health workers’ and likelihood that health workers **build relationships** with families consistently over time; and the ability of the Health sector to **reach excluded groups**, and may be in a position to **link** with other community services and plays an active role in case management.

Obviously, for the health care system to become completely 'child-friendly', among others, the key concepts of the development and child protection should be integrated into the main system. However, currently, there are **Common Barriers and Bottlenecks** within sectors (health care and child protection, for instance), which do not allow for proper integration and quality response/support on VAC in specific. Such barriers include:

- Weak policy environment,
- Lack of clear system responsibilities and accountabilities,
- Provider accountability systems,
- Provider training in young child development and needs,
- Provider support systems,
- Information systems, M&E;

Together with this, there are also gaps within the health care system as well (at a provider level) which include:

- Focus on acute medical needs
- Lack of correct information (perceptions about childhood/childrearing)
 - Harsh discipline builds character
 - Infants and young children will forget pain
 - Newborns with problems are better cared for by professionals in a sterile or special environment
- Fears and concerns about
 - Interfering in the private sphere of the family
 - If a referral is made, what will happen in the other sector?

Alongside those barriers and bottlenecks, there are also strong sides within the systems, which should be considered as opportunities for better integration of cross-sectoral issues:

(In- patient)

FACILITY BASED

- ***Child birth, illness***
- **Almost universal hospital deliveries, pediatric care**

Opportunities:

- **Significant contact, support mother-child dyad, link with other sectors (social workers)**
- **Promote good parenting**

(Out- patient)

FACILITY BASED

- ***Ante- & postnatal visits, well and sick-child services***

Opportunities:

- **Relatively regular, brief contact**
- **Can be used for information, guidance, screening, testing, and linking with other sectors and services**

HOME BASED

- ***Prenatal, post-partum, child/mother/father/family,***
- **By community/patronage nurses, Roma Health Mediators,**

Opportunities:

- **On family territory (all stressors visible)**
- **Non-stigmatizing, when universal**
- **See caregiver-infant relationship unfold**
- **Continuum of care within and across sectors**

To add to this list, there is another practice already proven to be successful in preventing risks for children at younger age. **Home Visiting** is now considered to be a **Global Evidence** (Practice?) in prevention work. This can contribute to improved:

- **Parental wellbeing** (spaced pregnancies, maternal depression, substance abuse),
- **Parenting skills and behaviours** (breastfeeding/ responsive feeding, nurturing responsiveness to infant, less harsh discipline, stimulating and safer home environments),
- **Child outcomes** (health, nutrition, and vaccination; infant sociability, exploration, and cognitive growth);

Given that the Health care sector has a critical role to play in overall prevention and response to VAC, and since all 4 countries in SEE region have mentioned health system as one of the major elements for their future intervention, the above presented information should help and guide countries in the development of their respective action plans.

Conclusions:

During the last session, the experts' panel shared their reflections on drafted action plans and made final recommendations for countries to consider for further advancement of their plans.

It is understandable that drafted elements require further revision and additional work to make them strategic documents. Currently, almost all countries have action plans that seem to lack clarity on accountability issues: who are the main actors and what is the responsible entity behind these plans? It also seems that action plans are somewhat vague in strategizing the priorities and defining clear results.

To ensure that action plans are successfully implemented and more likely to achieve their results, it is fundamental to bear in mind the basics when strategizing these plans further. Firstly, these plans need to be **clear**: *priorities* should be strategic, results should be *achievable*, and actions to implement should be at the same time "simple". Secondly, **data and information** issues should be given proper attention: *current data* should be *effectively used*; *investing in data* at the same time should not be less important; and *evaluation* of existing practices should never be forgotten. Thirdly, action plans should adequately look at the issue of **coordination**: how to ensure that the *various (many) levels* of child protection system are linked to each other; how to *'make it happen' at different levels*; and *political leadership and demand* are essential to establish sustainable technical coordination. Finally, action plans must be integrated in child protection **system reforms**: *prevention* should be considered as a *priority* (currently it is less visible in action plans); response strategies should be strengthened; and public awareness should be improved to ensure behavioural change.

List of participants

Workshop in the context of EU-UNICEF Project on Violence Against Children
in Albania, Bosnia and Herzegovina, Serbia and Turkey

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ALBANIA

1. Ms. Matilda, Tyli – Specialist, Directory of Social Policy and Services, Ministry of Labor, Social Affairs and Equal Opportunities (MoLSAEO) - mnonaj@hotmail.com
2. Mrs Melisa, Cahani – Specialist, Child Protection Sector, Ministry of Labor, Social Affairs and Equal Opportunities (MoLSAEO) - cahanimelisa@yahoo.com
3. Ms. Elma, Tershana – Project Director ‘‘Observatory for Children Rights’’, Albanian Children Alliance/Observatory for Children Rights - observatori_stat@yahoo.com
4. Ms. Anilda, Shestani - Local expert ‘‘Observatory for Children Rights’’, Shkoder, Albanian Children Alliance (ACA)/ Observatory for Children Rights - observatori_shk@yahoo.com
5. Ms. Majlinda, Hoxha - Regional expert ‘‘Observatory for Children Rights’’, Peshkopi, Albanian Children Alliance (ACA)/ Observatory for Children Rights - observatori_di@yahoo.com
6. Mrs. Belioza, Coku – Project Manager, Children’s Human Rights Center (CRCA) - bela.coku@gmail.com
7. Mrs. Danjela, Celaj – Project Manager, BKTf Coalition - danjelashkalla@bktf-coalition.org
8. Mrs. Eralda, Cani – Project Manager, Qendra ‘Femijet sot’ - emethasani@femijetsot.org, era.cani@gmail.com
9. Ms. Mina, Mata – National Data Administrator ‘‘Observatory for Children’s Rights’’, Albanian Children Alliance/Observatory for children’s rights - mina_mata@hotmail.com, observatori_tir@yahoo.com
10. Mrs. Floriana, Hima – Child Protection Officer, UNICEF Albania – fhima@unicef.org

BOSNIA AND HERZEGOVINA

11. Saliha Djuderija -Assistant Minister for Human Rights and Refugees, BiH - saliha.djuderija@mhrr.gov.ba
12. Msr Radmila Mitrovic - Deputy Minister for Human Rights and Refugees, BiH
13. Dragica Radović - Advisor to Ombudsperson for Children Rights, Republic Srpska - dragica.r@djeca.rs.ba
14. Ms. Lamija Sivić - Associate Officer at Institution of Human Rights Ombudsmen of BiH- lsivic@ombudsmen.gov.ba
15. Mrs. Irena Penc Puzic – Senior Associate for Cooperation with NGOs and Religious Communities, Ministry of Human Rights and Refugees, BiH - irena.penc@mhrr.gov.ba
16. Mrs. Emira Dizdareviæ-Slomoviæ - Associate Officer for Prevention of Juvenile Delinquency, Federal Ministry of Labor and Social Affairs, FBiH - emira.krim@gmail.com, info@fmrsp.gov.ba
17. Mrs. Anka Šeraniæ - Senior Associate for Family and Child Protection, Ministry of Health and Social Protection, Republika Srpska - a.seranic@mzs.vladars.net
18. Mr Omir Tufo – Project Manager Center for Promotion of Civil Society - omir.tufo@cpcd.ba

19. Mr. Žarko Papić - Director of Initiative for Better and Humane Inclusion, Initiative for Better and Human Inclusion (IBHI) office in Banjaluka - zpapic@ibhi.ba
20. Mr Paolo Marchi – Child Protection Specialist, UNICEF – pmarchi@unicef.org

SERBIA

21. Mrs. Jasmina, Ivanovic - Senior Adviser, Head of the Department of Social Policy Development, Ministry of Labor, Employment and Social Policy - jasmina.ivanovic@minrzs.gov.rs
22. Ms. Biljana, Lajovic - Coordinator of Violence Prevention Unit, Ministry of Education, Science and Technology Development - biljana.lajovic@mpn.gov.rs
23. Ms. Mirjana, Markovic- Chief Inspector, Ministry of Interior Affairs - mirjana.markovic@mup.gov.rs
24. Mrs. Jelena, Radosavljev Kircanski – Psychologist/member of the Special Working Group for child protection from abuse and neglect, Institute of Mental Health - jradosavljev@yahoo.com
25. Mrs. Mirjana, Zivkovic Sulovic - Head of Unit for Planning, Analysis and Organization of Health Care in Center for Planning, Analysis and Organization of Health Care, Institute for Public Health/Special Working Group - mirjana_sulovic@batut.org.rs
26. Mr. Sinisa, Djuric – Partnership Specialist, UNICEF - sdjuric@unicef.org
27. Ms. Katlin, Brasic – Child Protection Specialist, UNICEF - kbrasic@unicef.org

TURKEY

28. Ms. Nazife, Yüceldi Aktaş - MoFSP Child Services, Deputy DG - nazyuce@yahoo.com
29. Ms. Dilek, Kumcu – Advocate, International Children’s Center - dilekkumcu@gmail.com
30. Mr. Mehmet Ata, Ozturk – Group Head, Ministry of National Education, Special Education General Directorate - maozturk@gmail.com
31. Ms. Nese, Erol – Clinical Psychologist, Turkish Psychological Association, Infant Mental Health Association - Nese.Erol@medicine.ankara.edu.tr
32. Mrs. Severine, Jacomy Vite – Chief, Child Protection, UNICEF - svjvite@unicef.org
33. Ms. Eylen, Savur – Child Protection Officer, UNICEF – esavur@unicef.org

UNICEF REGIONAL OFFICE FOR CEE/CIS

34. Mr. Jean-Claude, Legrand - Senior Regional Advisor Child Protection, UNICEF Regional Office CEE-CIS
35. Mrs. Anna, Nordenmark Severinsson – Child Protection Specialist, UNICEF Regional Office CEE-CIS
36. Ms. Guzal, Kamalova – Consultant on Violence Against Children Project, UNICEF Regional Office CEE-CIS
37. Mr. Andrew, Mawson – Chief, Child Protection, UNICEF Innocenti Research Centre

EUROPEAN COMMISSION

38. Mr. Colm, Dunne – Team Leader, EU ROM Mission

EXPERTS/SPEAKERS

39. Mrs. Angelique, Jenney - Director, Family Violence Services, Child Development Institute, Toronto, Canada; Lead Researcher of the regional violence against children study - AJenney@childdevelop.ca

40. Mrs. Kate, Schumaker - Senior Analyst, Ministry of Children and Youth Services, Toronto, Canada - kateinfrance@hotmail.com
41. Ms. Maja Gavrilovic - Independent expert on social policy research and analysis for European Fund for the Balkans, and Overseas Development Institute
42. Mr. David Walker - Research Officer, Social Development Programme, Overseas Development Institute
43. Ms. Bettina Schwethelm - Phd, MPH Expert on Health and Early Childhood Development, UNICEF Regional Office for CEE/CIS - bschwethelm@unicef.org