

PART III. Recommendations for raising the effectiveness of the work towards prevention of repeated violence

1. Background

This document was developed from an international expert team of the project "Together against violence". The expert team was composed by representatives of FICE-Bulgaria, Bulgaria, Foundation Resilis, Spain, and the Federal Union of Therapeutic Communities, Austria.

The specific goals of the project being to research and assess the factors that lead to children resorting to violence and to describe the system of services provision for children perpetrators of violence in order to determine its effectiveness, the aim of this document is to improve the effectiveness of prevention of repeated violence by developing a set of recommendations on the basis of the research results.

2. Key findings and conclusions of the research

For the purposes of the research, the team has adopted the definition of violence given by the World Report on Violence and Health (Krug et al., 2002, p.5): violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, problematic development, or deprivation". The research team agreed to include one additional element in this definition – violence against property or the

destruction thereof, which appears to be typical for the group of children targeted in the study.

2.1. Understanding the violent behaviour of adolescent perpetrators in residential care

1. The research reveals a similarity between the main factors leading to acts of violence in all three countries: personal factors, family factors, peers' influence and the significant impact of networks and society.

Personal factors: The children studied are characterized by having developed determined traits expressed through violent outbursts, such as: low frustration tolerance, low self-esteem, self-regulation problems or disproportional reactions in general. Many of them have also developed inadequate relation patterns, mainly due to the dynamics of their relational environment (i.e., systematically dysfunctional general interactions between individuals), rather than to an inherent personality predisposition. It is an obvious fact that many of the children developed inadequate relation patterns just because they had no adequate or stable referent to follow, rather than having learned to misbehave from a bad one. Their parents' failure to assume an active stance in steering and reining their children's energy, behaviors or actions, or their tendency to 'over spoil' them, is rather a sign of neglect than of loving care, which manifests itself in further consequences.

Family factors: The most critical factor leading to violence is the family environment, which creates conditions for illegal activities and acts of violence resulting from emotional distress (unstable environment, lack of care, attention, love, support, security and predictability) and from behavioral patterns stemming from this family environment (conflicting relationships, lack of tolerance for others' opinions, quarrelling or fighting over disagreements, physical abuse). On a personal and emotional plane, frequent acts of violence are the expression of children's sensitivity and susceptibility, which result from traumatic experiences within the family, from the lack of communication culture arising from internalized values and styles of

behavior; they are a complex emotional response to negative experiences of stigmatization and rejection by the community, and ensue from the condition of high irritability and reactivity of a person's specific character and learned behaviors. Thus, children perpetrators of repeated violence are highly exposed to situations where they tend to react aggressively.

The big majority of children who develop violent behaviors come from disintegrated, split, torn and/or conflictive families of varying structures (e.g., several half-siblings from different parents living together; an extended family; several step-fathers, etc.), which, however, share the pattern of members' interacting with noticeable levels of aggression and a line of violence antecedents with general conflictive dynamics. The link between family problems and committing violent actions often stretches beyond the mere 'model imitation' on behalf of the child, but is further reinforced by direct prompting or even the child's coercion into violent or illegal behavior.

Peers' influence and the significant impact of networks and society:

As a profile, adolescents in residential centers tend to be highly susceptible to influences, strong enough to get them catapulted and driven through antisocial behavior. It is not that these children have no inner locus of control, as much as they seem to accept or even rely on the 'suggestions' of their peers or adults that push them. Their need for self-affirmation and recognition by peers is also an important factor. By their search for self-expression, independence and by trying to prove their worth and show their skills, they seek to gain popularity and elicit the approval of their peers. Frequently, violent outbursts occur in violent environments and are not – or not only - an individual 'act of meaning' or an issue to analyze and focus on. In many cases, violence, as a sequence of events and relations, is just an element of the school's or other type of social service's overall climate, or had even been the case in the early-years care facility, where the child was first placed through the child protection system; violence had become the interviewees' 'normal' way of interaction, even before they had arrived or become an outstanding problem.

2. Violence had been the usual solution tool to diverse situations and conditions, of relevance to both **their inner world** and **their interaction with other people**. In the first case, **negative thoughts** are associated with **feelings** of hopelessness, indifference, huge anger or impotence; everyday boredom and malaise can trigger minor limit violations, producing diverse and numerous **outbursts** without any external stimulus, while acting out in a violent way may occur **‘just because’** “...*physical boundary transgressions only happen for the sole reason that someone wants to pester someone*”. Where the triggering event is of external origin, the children would blame these **others** for “provoking” them, seeing their outbursts as the logical, fair or commensurate defensive reaction to the stimulus sent. They would justify themselves arguing that they just responded when being victimized with physical abuse, teasing, ridicule, etc., not only against them, but also against others, in case they had acted aggressively to the defense of other people, so as to attain a sense of justice (as some parents described). In many unbearable situations they would give warnings, but would still react thereafter, as their warnings had been ignored or misunderstood.

3. The research shows that the different residential institutions covered by the study in the three countries approached their work with aggressive children from different philosophical, methodological and organizational perspectives, with varying degrees of success. Yet, from the interviews with the young people who currently use the residential services, with parents and experts, it is evident that the **KEY ELEMENTS**, which help children discontinue their violent conduct, are very similar:

- **Stabilizing and normalizing environment:** structure, firm rules, adequate measures promoting self-control.
- **Integral and individualized education:** workshops and classroom learning, valuable and diverse spare-time activities, sports, positive value transmission.

- **Attachments:** trust, personal relations with staff (finding one or more stable ‘reference’ figures feels a lot better), and making friends with other children in the center.

Examples from the interviews with the children provide an overview of the organization, structure and house rules of residential institutions. The interviewees reported that house rules provide them with a good structural basis and can be considered as an indirect and effective support for setting their life to order.

4. For triggering a behavioral change in violent youths, many of the experts and some parents included in the study emphasized the importance of having a structured and adequate everyday routine and acquiring habits and skills for an independent life. Some professionals also speak about the value of youth’s active participation in devising the rules of the institution and/or their group; in the elaboration of their program of activities, social work and school classes; in the choice of staff members to work with (as mentors) or having a youth committee within the institution. The narratives of children who took part in the research show quite a positive evaluation of learning and extracurricular activities arranged for them in residential care institutions. Many young people share they have rediscovered school, started to appreciate learning and wanted to earn an educational degree. Leisure activities have also proven quite helpful in making them feel more active and involved in their own lives, building confidence in their own abilities and allowing them to appreciate the opportunities that life presents to them, motivating them to demonstrate and improve their skills.

Children proved to be interested and motivated both for the sake of their future realization and for calming aggressive behavior, to get labor training so as to develop work habits and acquire professional skills. With regard to working with violent young people, professionals attribute great worth to the essential role of education and valuable spare-time activities. They believe that participation in diverse extracurricular activities such as sports, workshops, cultural programs, excursions, scouts’ organizations and programs aimed at integration

within the local community through community services, performances, etc., is very beneficial for the youngsters in residential care as these help them show their abilities and talents, they feel capable and take pride in themselves, they channel their energy to a positive aim but also make a personal contribution, they feel a part of something or experience the appreciation of others. Experts also acclaim the value of acquiring vocational competences and working habits, as a therapeutic routine in their work with youth, who have a history of violence.

5. In addition to the structured agenda of rules, events (e.g. excursions) or infrastructural elements (like leisure facilities), young people considered that relationships and attachments to their educators also presented a fundamental element. They all admitted how valuable it is for them to have someone to trust, to share their joys and worries with, to rely upon for understanding or standing "on their side", who would do everything possible to help them. In members of staff they find people who give them attention, respect, understanding, support and assistance. For many children in residential care this comes to be first time, when they have established a really trustful relationship with a significant adult. The very possibility of talking openly about their problems, feeling accepted and understood, having someone to seek joint solutions with, gives them a nudge to rethink many situations in their life, come to peace with themselves, build self-confidence and open up their attitude for new and different development perspectives. Appreciation for their tutors' and educators' influence, as their positive reference figures, is even more expressed when they value them and detail their behaviours.

Some professionals assume that the aspect of attachment is much more important and helpful than measures intended to change or control behaviour. In this context, the dimension of trust plays a crucial role. In this respect, the work done by residential institutions in Spain and in the Austrian therapeutic communities is really noteworthy. They had set a clear goal for themselves: to work between staff members and care inmates to build relationships and, eventually, arrange for the young people's return to their families of origin, if possible. The dynamics of

therapeutic communities results in pressure, which brings about a behaviour change. According to the programme, this change is fostered through intensive relationship work. Group discussions with care staff show that the main focus falls on the identification of triggers for possible violent acts and reflection over them. Young people's needs and understanding of their reasoning for the time being play an important role in the process. The idea is to recognise and express their triggering motives before members of care staff, so as to prevent a violent outburst. In addition to the effort of understanding behavioural triggers and causes, another critical element of relationship work is to advise young people about their reaction in certain situations, and, in particular, to draw their attention to the response options open to them and assist them in putting to practice the ones they deem adequate.

Additionally, and quite importantly, care staffs employ a secondary prevention approach, whereby they have to "wake the youths up" to their actual situation, which helps reduce built-up anger and protect them—selves, the rest of the residents and the premises of the therapeutic community. In the context of care, the social network branching in and out of the institution is also an essential and useful element of proven value.

6. Making friends with their fellow residents is not always easy for the children. Many of them have trust issues because they felt betrayed many times – by friends, by family, by various members of the community. Many of them have had no experience of strong trust relationship, nor do they know how to build a relationship based on respect and unconditional support. However, several interviewees shared that they have managed to establish true friendships. The experience of establishing and exploring these friendships can be of great worth for the personal development of these youngsters.

In addition to the social contacts within supporting institutions, the residents also maintain relationships with their families. Many residential institutions face problems in their attempts to contact and work with the family (Bulgaria), while others have established good

practices of regular meetings, thus managing a constant attachment and stable relationship between the young people in the centre and their relatives (Austria, Spain). Some of the residents mention the supportive effect of their therapies in direct connection with a new way of dealing with situations, which had previously driven them to violence. The dampening effect of the medication was also evident in the interviews from Austria.

7. As a whole, in their interviews, young people explicitly addressed their own change processes with regard to aggressive behaviour. These process descriptions usually dealt with using different ways to handle tense situations and the corresponding explanations. In vivid terms, young people pointed out why they acted differently now. Some of them also find motivation in the hope that their lives will improve, i.e. they involve goal-setting processes. Some would rather not face judicial charges again, but need a good chance to master a profession. However, their narratives suggest that they deem it important if their change or improvement is being noticed by their social environments. In their own reports, they partly attribute their new ways of handling violence to their own maturation.

The interviewees drew quite a bulky list of positive effects resulting from their stay. Apart from the aforementioned re-education, responsibility promotion and family environment, they had achieved a deep change of vision of life and themselves (self reflexivity); they also improved their self-concept, acquiring much a better self-regulation and self-control. Another set of things “to take home” would be their ability to shed off past or new bad influences, the transfer of newly acquired values and even the “side effect” of having restored their family relations in the course of their stay.

2.2 Prevention of youth violence

The comparative analysis shows that the legislation, policy and services in the three countries demonstrate significant similarities and some differences. The systems differ in their degree of development and their

preferred methodologies. In all three countries, a range of services is offered to support children perpetrators of violence and their families. Services are provided at three levels:

- Prevention programs
- Residential facilities
- Post-residential care services

To ensure this support, all three countries rely on various systems: educational, social and legal. They have legislation, which makes it possible to work with the respective target group. There is a variation of the extent to which effective support models for prevention of repeated violence are regulated by the law. In terms of service effectiveness though, the results of the study suggest that integral solutions involving comprehensive work with all the systems in charge of raising the child, were of key significance. The research reveals as well that more flexible services, tailored by the individual needs have much more efficiency than pre-defined programs.

Prevention programs

The three countries apply prevention programs, which are effective with regard to family support, early diagnostics and measures in a family environment. Their success is due to the fact that they support all family members and work on changing the environment as a whole. However, these programs are not sufficiently developed and sometimes fail to provide adequate and specific support.

1. All three countries run prevention programs and services, which are provided by: the Youth Welfare System (Austria), the General Directorate for the Care of Children and Adolescents (Spain), the Child Protection Departments and the Local Commissions on Juvenile Delinquency (Bulgaria). Auxiliary services are delivered by NGOs in support of these institutions.

2. The research shows that in Spain, Austria and Bulgaria, most of the measures addressing adolescent offenders are applied within their own social and family environment. Community-based services are intended to support the violent youngsters' socialization process, rebuild their family ties and attachment to significant adult(s), and redirect the young person to new activities and opportunities through the community resources and programs. There is a palette of services that vary on design, philosophy and methodology applied, target group, provider, etc. The key to effectiveness lies with integral solutions involving comprehensive work with all the systems in charge of raising the child.

3. The Intervention at school appears to be crucial for the future development of a violent child. This is where the child's problems usually become evident, where the young person might feel pressure, disapproval, rejection from teachers and/or peers, where the parents have to face criticism about their offspring and/or their child rearing; schools are the first institution to report to the authorities about children's problematic behaviour. The social environment at school provides a fruitful setting for intervention activities and programs for children with violent behaviour, but, as a whole, education systems in the three countries find it difficult to meet the needs of children in conflict with the law and to interfere effectively, so as to provoke a positive change during the early manifestations of the problem.

4. School staff turns to parents for assistance, but families are often found to be out of resources to control the situation and cannot take action. Parents feel ashamed at the request to visit their child's school and talk to the teaching staff and to representatives of the social support system. Interviews with the parents show that, in this respect, there is a shortcoming in the school-family-psychosocial care interface. Parents report that institutions tend to make their decisions rapidly and prematurely, without allowing them to participate. Children usually get disappointed with their school teachers because they receive no understanding or support while going through difficult times. The supportive role of police in youth violence prevention programs (especially in cooperation with schools and the local community) seems

to be quite valuable as the young people could benefit from another perspective towards the challenges, perils and opportunities in their life.

5. Social counseling, leisure programs and workshops prove to be very useful as measures for preventing repeated violence, as most contemporary youngsters with aggressive behaviour have a lot of uncontrolled energy, feel bored, and lack the skills of self-expression. The best practices of working with children with history of violence include basic habits and skills compensation, dynamic healthy activities, education in values, social & communication skills teaching. It appears to be crucial for the child to be starring in their own process of change and growth, considering his/her best interest and participation as an exercise of the child's rights. Different community services and programs offered by NGOs make an important addition to the work in this field in all three countries. Yet, financial challenges, the lack of trained professionals or bureaucratic obstacles often impede the effective implementation of valuable prevention services.

6. Early diagnosis and treatment is another measure of prevention, which turns out very helpful in coping with violent children. Psychotherapy is one of the main ways for the child to realize its needs, to avert the sources of frustration or dissatisfaction, to be able to verbalize it and find coping strategies for moments that trigger aggression. The success of such intervention depends primarily on well-trained professionals, on flexibility and sufficiency of resources to access such services and make them available and approachable for everyone who needs them. Another approach to violent youth treatment is medical care, which covers situations of high crisis or psychiatric differential diagnosis, and is used in Austria and Spain, but less so in Bulgaria. Additional services could minimize the duration of stay in psychiatric hospitals.

7. The importance of the work with the family is stressed by all professional respondents in the research. Although all three countries make assessment and provide support and treatment to the families, there is demand for more services to ensure the effective prevention of

youth violence at family level. The study reveals a lack of services in various areas, such as training in child rearing, positive resolution of family conflicts, dealing with youth violent behaviour, etc. While Spain and Austria have identified certain best practices of support for the family and the parents' significance in the process of work with a violent child, in Bulgaria this area of prevention and intervention remains quite poor.

8. The research results for the three countries show that parents do not have enough information about the support available to them in the case of violent or antisocial behaviour on behalf of their children (or where they face a problem rearing the child) and feel uncomfortable to ask for help. From the interviews with the parents it is evident that they count on having good interpersonal connection with the social worker or the representative of the institution leading their case, and that they would like to receive information and detailed explanation about the decisions made for them and their children. Parents appreciate it when professionals show interest and commitment to their case and assist them with what they need without limiting themselves within their institutional role.

Residential care institutions

1. Residential care institutions without specialisation on violence do not have the capacity to manage children with aggressive and antisocial behaviour and, as a solution, often seek to transfer "problematic children" to another institution. Thus, the children live "institution-hopping careers" with constant moves and stays in various institutions. These constant breaks in the continuity of their life trajectories reveal the breaks in their social networks, as a result of which they can hardly develop or sustain attachments to and relationships with friends at school, other residents and care staff.

2. Sending a child with deviant behaviour to a residential care institution is the last resort, provided that all possible measures and services within the community have been exhausted. Unfortunately,

such placements often happen much earlier, due to the lack of adequate services, rush decisions, systems impotence.

3. Residential care institutions specialising in violent, antisocial and/or criminal behaviour aim at helping youngsters satisfy their needs, balance their reactions, assume responsibility for their own actions and understand how they affect other people; they get to learn coping mechanisms, social skills and competences for independent life, which fosters an attitudinal and behavioural change and makes it possible for a violent youth to reintegrate into the community.

Post-residential care services

Professionals emphasized the strong need for services upon exit from residential care. It appears that all three countries fail to offer sufficient support for the young individuals, who turn 18.

1. The young people would certainly benefit if some elements of the support provided were to be sustained beyond the point of their departure from the residential institution. It makes sense to continue providing the youths with suitable professional support, assistance for further living arrangements and job assignments, in order to enable them to live self-determined lives.

2. Young people were anxious about the future – e.g. unemployment, bad influences or fear of going down the same path again. However, they were quite confident that there would be positive developments. Developments and fears go hand in hand, since the things they were eager to construct actively might yield effects out of their control or beyond their scope of control at this particular moment in life.

3. Concerning the out-of-centre antiviolence resources that might be helpful for the future, the youngsters clearly mention: having a clear vision of (their) life, being capable of controlling themselves (self control) and being active, in a physical/sports-like manner, doing many things that were sure to help. Among the resources attributable to their interactions with others, they list: avoiding bad influences, receiving

support from their partner, friends and family, establishing a family of their own.

2.3 Main Challenges

Austria, Bulgaria and Spain share a common set of challenges in their endeavour towards more efficient services and programs:

- Working with families, especially where children need to be removed from their family environment.
- Involving all family members and identifying the significant adult where the child's removal from the family is required.
- Ensuring sufficient financial resources for the development of various preventive support programs.
- Overcoming the deficiency of professionals trained specifically to work with violent youth, e.g. social workers, educators, care takers.
- Coping with the devaluation & burnout of professionals and the vulnerability of staff.
- Ameliorating the cooperation between different institutions and making up for poor regional coordination.
- Dealing with the discontinuity of ties and cooperation between the professionals working with the youngsters.
- Introducing casework as a process of setting clear goals, objectives and indicators for measurement of the achievements and changes.
- Ensuring the participation of children and young people in the planning and decision-making processes affecting their lives.
- Developing various models of residential support to ensure a change in children's behaviour.

- Overcoming the incompleteness of processes due to age: all service provision is limited to the age of 18, with few options of supporting the child's advancement into adult life;
- Overcoming the shortage of foster parents, who are professionally trained and willing to assume charge of youngsters with violent behaviour over fixed periods of time.

3. Principles of operation for the prevention of repeated violence

Amongst the major reasons lowering the effectiveness of some of the work with problematic children is the involved professionals' inability to imagine the fulfillment and protection of the rights of the child within the framework of a specific social service. The development working standards reflects the ideal situation, which has to be achieved but there is no clear idea how this will happen. In order to clarify the practice and to ameliorate the effectiveness of the work with children and youth perpetrators of repeated acts of violence, the team of experts proposes not only its conclusions on the suitability and efficiency of the services for the target group, but also some principles of operation connected to the necessary standards as well as guidelines and recommendations for their implementation in the everyday work with children and their families. The principles are as follows:

3.1. Necessity

This principle raises the question about necessity and sufficiency of the available services for the support of the child's entire development. The principle focuses on:

- Providing services, after consultations with the family and children;
- Providing support for the family as a primary intervention;
- Strengthening the families and reintegration as a priority;

- Changing the negative factors, which lead to violent activities and provoke recidivism.

3.2. Relevance

This principle raises the questions about whether the available measures are appropriate, whether they lead to a change of behaviour, whether the planned goals and results are measurable and sufficient. The principle focuses on the individual approach, the needs assessment and planning for every child, depending on his/her needs.

3.3. The best interest of the child and his/her right to participate

This principle raises the questions whether and to what extent the available services and support correspond to the best interest of the child; whether and to what extent the child is provided with the right to participate in all the decisions affecting his/her life and future. The principle focuses on the child's right to participate actively, to be heard and to initiate specific goals and activities supporting his/her development with a view of preventing repeated acts of violence.

3.4. Right for protection and a safe environment

This principle raises the questions whether the available measures and services guarantee the child's protection from violence and encroachment against him/her; whether the available service offers opportunities to live in a safe environment. The principle focuses on the design of the services, the main rules and routine of life, communication with peers and adults in terms of protection and inviolability.

3.5 Inclusion of the significant adults

This principle raises the issue of including the adults in the process of providing support for the children and the agreement of all the topics

concerning the life of the children with the adult members of the family. The principle focuses also on the necessity and commitment of all the professionals to provide and support the connections of the children with the family and/or the significant adults. Following these principles the team of experts developed specific recommendations detailed below.

4. Structure of the recommendations

The recommendations are developed as a number of work standards and recommendations for their implementation. This structure is planned with a view to provide information and possibilities for the direct introduction of changes both in the regulation and in direct work with children in the services.

5. Standards

The standards are divided in groups differentiated according to support and service provision. A group of standards refers to the content and process of support.

5.1 Work with families and significant adults

This group of standards refers to the process of supporting children and young people. The change of their behaviour needs to occur with the family and for the family in order to stop the cycle of violence. The following reasons come in support thereof:

- Family factors and personal factors are key in the formation of violent behaviour.
- It is necessary to deal with the causes of their behaviour, not just the consequences.
- 3. Change of behaviour is related to a change in the environment and the factors causing it.

- Work actively with the families of children with violent behaviour.
- Ensure a connection with significant adults who would provide stability.
- The support fits exactly the individual situation of the child and his/her familial reference.
- The individual responsibility of each family member and significant adult in the process is encouraged.

5.2. Services and planning

This group of standards suggests a process of providing individualized support based on needs assessment and an individual plan. The reasons for this are:

- Personal factors are essential in the development of violent behaviour.
- The role of prevention programs is essential to stop this behaviour.
- Individualization of support, needs assessment and clear planning with measurable outcomes are essential for behaviour change.
- Plan help/support for every child.
- The planning is flexible and modifiable to accommodate the current problems and the development of the support process.
- Develop services for prevention of the repeated acts of violence including specific activities to increase the level of social competence and aid the child's cognitive development.
- The process of support is subject to continuous control and evaluation by all stakeholders (client, family, professionals).

5.3. Participation

This group of standards is linked to the understanding that the clients' (children and adults) participation is essential to achieve sustainable behavioural change. The reasons for this are:

- The factors that influence the development of violent behaviour are diverse and their influence varies from one specific case to another.
- The severity of the behaviour problems implies that clients have to be motivated actively to correct their behaviour.
- The effectiveness of the services and the connection to the measures is direct, whether or not the client is included in the planning process.
- Include families in the process of planning and the provision of prevention and residential-type services.
- Include children in the process of planning and implementation.
- The support is guided by the rights, needs, interests, talents, abilities and resources of the child.
- The participation of the children and the adolescents is broadened, promoted and supported.

5.4. Residential settings

This group of standards relates to the purpose and results of the provision of residential services. Special attention to the inclusion of this group is related to the following:

- Residential service as a last measure for children perpetrators of violence has controversial implications to changing their behaviour.
- The quality of these services is crucial for the correction of their behaviour.

- Residential settings provide possibilities for change in the behaviour of the children.
- Residential settings provide opportunities to work with the family, guaranteeing the development of positive behaviour models both for the child and his/her family at the same time.
- Residential settings deliver psychological support and support for integration.
- The process of support is based on an intensive and trustful relationship between the client, the family and the professional.

5.5. Professionals

This group of standards is related to the key role of professionals in the process of changing the behaviour of children and young people. The reasons for this are:

- The need of using appropriate methods and approaches to work with clients.
- The need for permanent professional evaluation and support to improve the effectiveness of services provided.
- The professionals who work with children perpetrators of violence are trained in accordance with the main functions they fulfil.
- The professionals have additional training in the use of specific methods and techniques for support and behaviour change.
- The necessary support is provided through independence, supervision and assessment of professionals' interventions, in order to prevent professional burnout.

6. Recommendations

Recommendations related to achieving higher effectiveness in the prevention of repeated violence by children have been developed in the following areas:

Regulations: recommendations are addressed to legislative change the perception of children who have used violence: not as criminals but rather as needing support in order to change their behavior and develop coping skills.

Processes: recommendations are directed to the procedures in the social systems and their response to the cases violent acts involving children (the path of signals to the respective system, timeliness and quality of needs assessments, adequacy or referrals, availability of appropriate services, planning and monitoring of cases, etc.).

Content: different approaches and work methods corresponding to the needs of the target group are proposed.

The development of the Standards and the recommendations for their implementation are oriented mainly towards the content because of the bulk of practical experience of the team of experts.

6.1. Work with families and significant adults

Regulations

Make specific legislative changes to ensure the effective provision of services for adolescent youngsters, perpetrators of violence. Ensure social or socio-educational integration. Regulate the engagement of social workers to work with the family. When family problems are identified such as violence against a child or a child perpetrator of violence, support and services to prevent recidivism shall be provided. If the services are not effective, the family should be engaged in the search of options and development of their own resources, supported by professionals and institutions. The first step should be to protect the child or adolescent. In other context or settings, protocols of

intervention shall be put into action where violence appears to be at considerable levels. The role of teachers, educators and other significant educational agents of the settings must be clearly delimited. These interventions should, if convenient, include the family to face the problem. Besides, the support of the network of services shall be broadly integrated into the protocols – i. e., social services and other specialized personnel such as pediatricians. Provided that the general limitation in all three countries is the **lack of sufficient resources** to ensure support, the recommendation addresses the clear regulations of financial support.

In Austria if the welfare of a child or an adolescent is endangered and there has to be an intervention or a placement, the parents' consent in writing or that of responsible relatives has to be ensured. If no consent is granted, the local judge has to deliver a decision about the intervention with regards to the endangered child or adolescent. The decision process involves all relevant adults and the child (if over 10 years of age), who have to be given a hearing according to the law. Therefore, the clear regulation of participation set forth in the Children and Youth Welfare Act should be thoroughly implemented.

In Bulgaria, when a court has ruled for placement outside the family, the work with children - perpetrators of violence is entrusted to educational services, namely, closed-type schools. Legislative changes are recommended in order to change the status of these services and to allow for work with the family, which is of key importance. It is recommended to introduce new legislation upholding the rights of the child and corresponding to the existing social reality, fully aligned with international legal standards and with the established best practices applicable abroad.

In Spain, the Law of Rights and Opportunities of Childhood, of regional application, promotes the right to development and participation within the family with the aim to ensure prevention and allow opportunities for well-being. The child's long-term establishment in a violence-free family context is a key goal within the scope of the

law, which thus pursues the provision of support as a means of warranting the well-being of underage individuals. It is recommended to ensure sufficient financial resources to sustain the wide net of support and the diverse social services that children and adolescents attend with their families; ensure an equitable ratio of attendees and the actual attention given to them.

Processes

The need of intervention becomes obvious through monitoring the behaviour of the child or the adolescent. The change in social behaviour like retreat, physical or verbal aggressive behaviour, specific narration or the existence of physical injuries, a drop in school achievement, etc. could be some of the indicators for the necessity of external intervention. These can be recognised by teachers, medical doctors, relatives and friends of the family. There is a reporting obligation with all adults in the case of suspicion that the welfare of the child or youth is endangered. Reporting is due to the local department for child and youth welfare.

In Austria, if mobile service intervention is impossible, in view of the minors' safety and adequate child care, a transfer to residential care may be necessary. For the success of the intervention of residential care it is necessary to have a continuous cooperation with the parents. In the true sense of participation, all involved persons, such as the child, the professionals, the teachers, the medical doctors, the parents, the therapists, the psychologists have to develop, execute and evaluate the plan of support.

In Bulgaria the applicable law allows for placements with boarding schools pursuant to a court ruling, but only where the community-based measures listed in article 13 of the JDA were to no effect. What is needed is new legislation to link the 'punitive measures' to the child protection services for children in conflict with the law. The JDA attributes important and responsible functions to the local commissions on juvenile delinquency. However, it is necessary that these functions are supported by adequate resources or trainings and regulations to

ensure coordination with the child protection administration. It is also important to take into account the parents' opinion in deciding the measures for care or reprimand of the child or the adolescent perpetrator of violence. A set of alternative measures should be available for children and parents to choose between, with view of each specific case. These alternative measures have to be tailored to the child's behaviour and the resources of the family, so as to motivate them to participate actively.

First and foremost, **Spain** is faced with the need to promote stronger social inclusion policies; thereafter, more intensive work with the family and / or significant adults in the child's life is required in order to preserve and strengthen this bond. It is also crucial to ensure sufficient financial resources for programs and services working with families; this would cause a drop in the workload of professionals and allow them better availability to attend their cases with higher frequency and dedication.

Content (approaches, work methods, etc.)

Generally it is recommended to take into account that a family is a live system, subject to changes or in a position to make them, given determined life events (situations of violence; separations).

In Austria there is a need for therapeutic interventions to address cases of disorder, stress and tensions within the family system. It is necessary to empower the caregivers & relatives in their competence of education and parenting.

Bulgaria has to focus on applying the systemic approach, which regards the family as a system influenced externally by such factors, as the environment, society, culture and other systems, and internally, by the development of its own members and the relationships between them. It is recommended to develop a genogram (a family diagram) and an ecomap of the family. The personnel of all institutions and services should undergo regular training in using different techniques and methods of

interviewing, talking with parents and gathering information on the family system.

Spain is recommended to make an accurate diagnosis of the situation of the child perpetrator of violence; the solution needs to consider all the parties involved, including the family and the reference figures.

Detailed recommendations for the implementation of the Standards

1. Work actively with the families of children with violent behaviour.

1.1. The uncovering of behaviour patterns, the description of the family role and interrelations within the family stand for one part of problem recognition. Once detected, intervention planning with professionals should be undertaken, including a clear objective and follow-ups.

1.2. Incorporate methodologies to analyse parental capacities and competences and undertake punctual interventions in weak areas, such as parent role definition, habits needing development or correction, training in social competences and other measures for family education.

1.3 Give support in all areas of the daily routine and develop strategies for better, independent handling of daily challenges, as a part of the supportive process. This needs to be done by working on causes and not only with a view of the facts or consequences.

1.4. Leave when behaviour changes become consolidated. Report.

2. Ensure a connection with significant adults who would provide stability.

2.1. Analyze the environment of the child in order to detect the reference and attachment figure (extended family, school, neighbourhood, local community...), among the adults meaningful for him/her. Monitor the results of this analysis.

2.2. Once this person is detected, address him/her with a proposal to participate, explaining their role, the importance of the role to develop;

once you have arrived at agreement, work out a plan together with this person.

2.3. Give support to the significant adult during all the process.

2.4. Establish follow-ups and planning of terms, ensuring possible contact after withdrawal.

3. The support fits exactly the individual situation of the child and his/her familial reference.

3.1. Incorporate the family in activities of groups of parents of the community and / or the surroundings.

3.2. Participate in the social network and use of the social resources existing locally (previous analyses, project results) that give access to different rearing models.

3.3. Develop formulas (and document them) to ameliorate the assistance of networks, settings and services avoiding, therefore, usual absences and drop-outs.

3.4. Look for, promote, develop and coordinate participation of other individuals, besides the proximity of the family, in the well-being and routines of the children.

3.5. All specific and individualized intervention plans must specify the weaknesses of the family system, in order to seek solutions for its problems.

4. The individual responsibility of each family member and significant adult in the process is encouraged.

4.1. Analyze significant adults and family members in order to reach the potentially participative ones.

4.2. Encourage them to participate and agree on the process goals. Explain and, as much as possible, assist them in understanding the actions involving maltreatment; make family members engage as the protagonists of the solution.

4.3. Provide therapeutic intervention in the form of a family therapy. Emphasis is laid on the identification of inadequate relation patterns and the rearrangement of family roles with the active involvement of all family

members. The aim is to encourage development and to strengthen communication competences and the relations in the family system.

4.4. Clear the role models in the family, explaining the relation in which the role request matches and best interacts with the role model, to ensure better understanding of the behaviour of all family members.

6.2. Services and planning

Regulations

Create new specific services to support children perpetrators of violence. The methodology of service provision should be devised with view of **the process of individual assessment and planning**. In further detail, this will result in the creation, continuation or extension and specialisation of a wide complex of services in response to the needs of children with behavioral deviations. **The services in the community** should be prioritized, as well as the possibility for suitable institutional care, including such services as to be offered during and after any intervention for behavior modification or correction, if undertaken. Provided the existence of several services and planning approaches, which are highly developed (in many cases and settings), that, which is worth a regulatory and concreting effort, is a real economic compromise to **invest in them and enable their functioning**.

Austria lacks adequate temporary placements for juvenile perpetrators of violence, as well as assisted accommodations, psychiatrists specializing in children and adolescents and preventive community services. The strengthening of capacity in all of the above sectors is recommended. Also, the education of psycho-social professionals should be focused and extended to include work with juvenile, aggressive perpetrators of violence.

In Bulgaria children's cases are not given differentiated evaluation and there is a shortage in the range of services aimed at behavioral change in the community. Children perpetrators of violence and their victims, as well as children with status offenses, are being placed together in

residential care services, such as socio-pedagogical boarding schools (SPBS) and correctional boarding schools (CBS). No special methodology or services are in place to address specific delinquent acts. Recommendations are extended: to develop community-based services for diagnosis of the child's behavioral problem and his/her needs, such as Diagnostic centers for short-term stay, where a child would be supervised; to develop a Work Plan for the child and refer him/her to a suitable service. The diagnostic units should provide a report for the needs of the Court deciding the case of the child, for the social service taking over the case thereafter, or eventually, following the child's return to the family. It is necessary to develop programs suitable for all service types: community-based and institutional, which are devised to change the specific behavior of the child in conflict with the law.

For Spain, it is first recommended that community programs should be developed, since the community can serve as a regulatory element and prevent social situations generating youth violence. It is also recommended to establish a network of interdepartmental programmes: social and family well-fare, education, health and work placement. It is necessary for residential services to be closely linked with the other support services for the young people and their families in order to ensure a smooth transition and proper monitoring, once the young person leaves the centre. Specialized centres (residential centres bridging the residential centre with autonomous life) need to handle the elements of transition in case the young people cannot return to their families. Where the aim is de-institutionalization, it is important for specialized centres to employ professionals to work through the process of transition. The professionals will monitor the transition process and will be the person of reference for at least a year.

Processes

Each service should develop and maintain its own quality standards, innovation factors, impact indicators and continuous evaluation processes of procedures in order to validate its practice. These actions should include the assessment of each and every individual's work, the procedures for applying corrective measures, and preventive actions

aimed to ensure the success of the professional's interventions. This follow-up can be made through processes of external supervision, as well as "intervision" (e.g., Erpenbeck, 2001) – a very effective and specific way of conducting "internal supervision", within and between the members of the services.

In Austria, evaluations should be made by all involved experts, such as therapists, psychiatrists, psychologists, social educators and social pedagogues.

In Bulgaria, the services should be prioritized based on the needs analysis; first use should be made of those services, which provide support in a family environment and prevention of violence. Every intervention should be planned based on the same needs analysis.

In Spain, the concept of support should be based on an extensive evaluation of the biological, psychological and social status of the case. The manual "Good Practices Guide for Centres of the Protection System for Childhood and Adolescence" should be thoroughly implemented and used.

Content (approaches, work methods, etc.)

Early intervention is critical. Therefore all professionals who have been involved in the care for the child in one way or another should be capable of perceiving the indicators of a possible behavioural problem. The aim would be to undertake prevention and treatment as soon as possible – through schools of parents, skills building workshops, participation in network and community resources, etc. It is important to be able to guide, provide educational guidelines and action alternatives to parents and alternative guardians (grandparents, uncles) when the solutions that have been tried have not been successful. Biographical work has to be done with the children perpetrators of violence, so they can understand the pattern of their own behaviour. One important tool thereby is trauma-pedagogic orientation. In very critical extreme cases it might be necessary to separate the child/adolescent perpetrator from the group. This child/adolescent needs temporary single care (case work).

Therefore, the main approach and method should be the individual work on a case – assessment of the needs, which includes analysis of the environment, the strengths and weaknesses and possibilities for development, planning, realizing the plan, monitoring the realization, assessment of the achievements and development of a new plan. The impact of the service and interventions in each phase of the process should be evaluated.

Detailed recommendations for the implementation of the Standards

5. Plan help/support for every child.

5.1. Name a leader in charge of the process, in order to centralize the help and support process. This leader will make decisions, have responsibilities, and coordinate the support and development of the care activities towards the child.

5.2. According to an initial analysis, define competences to develop, related to the following areas: social skills, education in values, conflict resolution, empathy and assertiveness and individual capacities. Clearly write the competences in the action plan according to the developmental state of the youngster. Convey short, mid- and long-term aims and procedures among all agents. The analysis should consider the strengths and not only weaknesses or problems of the child.

5.3. Disseminate the appropriate individual working plan and implicate all intervening agents. This planning must be integrated in the case management plan.

5.4. Consolidate results, establishing indicators in order to provide an effective follow-up for a period of time.

6. The planning is flexible and modifiable to accommodate the current problems and the development of the support process.

6.1. Establish and specify the continuous evaluation of the work plan and the results, in order to introduce modifications in it and/or in the non-

consolidated areas. These should be considered as necessary preliminary steps in order to achieve the objectives.

6.2. Pay attention to new elements that could conveniently be integrated to the process. Always be aware of the importance of the support process and of the correct distribution of resources made in its development.

6.3. The planning and development of the supporting process has to be communicated regularly to all involved professionals (teachers, therapists, care givers, psychiatrists), as well as to the family and the child.

6.4. Case review, evaluation of the psychological and social status quo of each child/adolescent has to be done regularly, using questionnaires.

6.5. The plan of support has to be regularly modified and communicated through all professions and with all concerned professionals.

7. Develop services for prevention of the repeated acts of violence including specific activities to increase the level of social competence and aid the child's cognitive development.

7.1. Revise existing programs and procedures in other services for prevention and restoration. Extend their use and analyze their impact.

7.2. Clearly differentiate short-term and long-term tasks, interventions, support and prevention processes. Include these time frames in every planned action.

7.3. Assess the impact in each phase of the support process, with qualitative and quantitative indicators in particular, through general reports regarding standard case documentation.

7.4. Implement a structure for daily routine.

8. The process of support is subject to continuous control and evaluation by all stakeholders (client, family, professionals)

8.1. Control and monitoring process. The protection of the rights of the child should be ensured and controlled by specialized state and public bodies.

8.2. All regulations, requirements and approaches of the different state institutions should be synchronized and recommendations of the body specialized in child protection should be compulsory for all of them.

8.3. Terms and regulations used by different institutions should be synchronized in order to avoid the philosophy of punishment and amendments should be guided by the best interest of the child. In this regard, different definitions and diversity of interpretation lead to mixing corrective and supportive views and measures.

8.4 Define clearly educative measures towards children in conflict with the law, specifically for those who are perpetrators of repeated violence.

8.5. Develop and adapt suitable approaches to measure the progress in case work, which should be adequate to the possible progress, to the efforts and the financial resources, necessary for every specific case.

6.3. Participation

Regulations

The involvement of children and young people has to be regulated by law. In accordance with Article 12 of the Convention on the Rights of the Child, the inclusion, involvement and participation of the child and adolescent shall be regulated by law and regulations (rules, methodologies), when solving all the problems regarding their future, providing health, educational and social services, and other. The child should be included in the process of decision- making, and not merely informed about them. Even though all three countries have ratified the Convention on the Rights of the Child, the actual development of its principles regarding participation is pending to varying degrees and aspects for each country. Irrespective of legal recognition and the existence on paper of statutory provisions about children's manner of participation, the appropriate **spaces and viable channels** for thorough implementation **are missing**; actions, if taken at all, are of rather improvised form, without a strong structure for action development.

In Austria the participation of parents, relevant adults and children aged above 10 is clearly regulated by the provisions of the Children and Youth Welfare Act. Where a child or an adolescent has their welfare at risk, calling for an intervention or placement, the written consent of the parents or responsible relatives is invariably required. If no written consent is provided, the local judge is competent to rule on the

intervention for the endangered child or adolescent, in lieu of such consent. All relevant adults and the child (if aged above 10) are entitled to be given a hearing in the course of the proceedings. The regulation for this group of standards is satisfactory.

In Bulgaria, children in conflict with the law are usually treated as offenders and are imposed with punishments. This is why they are not considered entitled to participate in the planning and decision-making process concerning their future. Regardless of the official recognition for the right of the child to participation, these children have no possibility or channels of expressing and conveying their views. The lack of mentors in residential services, to act as a link between the child and the multidisciplinary team dealing with the case, as well as the absence of a requirement for the SPBS and CBS to draft individual plans and implement them jointly with the children, the non-existence of children's councils or other bodies to voice the opinion of children in residential care result in the impairment of the right of the child to be heard. The introduction of a mentorship system is recommended, whereby the State should provide a lawyer for the lawsuits involving children in conflict with the law. The involvement of judges and prosecutors should be made conditional on their special training in child hearings. The participation of the children in the drafting of their individual plans should be made compulsory. The setting-up of children's councils and other bodies allowing child participation should be encouraged.

In Spain, this issue falls within the scope of a set of articles and provisions in the 2010 Catalan Law of Rights and Opportunities of Childhood and Adolescence. Elaboration and specific rendering is given to issues like: the right to be heard (Article 7), to exercise rights on their own (Art. 17), the national and territorial participation councils of children (Art. 27), the general right to participate (Art. 34) irrespective of certain limitations or barriers (Art. 42 & 50), or to decide in pregnancy conditions (Art. 47). A chapter refers specifically to their role as full-fledged citizens (Art. 53). Other provisions further specify the conditions to be ensured or limited for the appropriate exercise of their

right to participate (Chapters VII-X). Finally, Article 134 deals with the exercise of this right while in custody and in residential centres. Notwithstanding the considerable legal development on the participation of the underage persons, children's **real and effective** participation has yet to be consolidated and carried further forward.

Processes

Considering the developmental status of youngsters, characterized by palpable immaturity (childhood) or changes in mood and judgment (adolescence), democratic participation and functioning are to be foreseen and implemented in residential care and educational settings, regarding all decisions affecting their lives. Intensive and considerable work has to be done, in the field of the ways in which participation is displayed and consolidated, in general and within residential centres. One possibility of participation for the children and adolescents is to bring them into the process of development of goals together with the tutors, mentors and / or reference figures. The child's opinions, points of view and broad preferences and previewed decisions regarding their life might and shall be strongly taken into account in all steps of establishing and implementing the working goals. These steps are:

- Exploration and definition of the individual target for the children and adolescents
- Achievement of goals, for instance, in individualized educational projects, periodical tutorship, therapy, etc.
- The child must participate as well during the implementation and assessment of the changes and results.
- Basically, the process has to be flexible in dimensions of time and content. Unexpected and urgent situations always have to be minded carefully and thoroughly.

Also, children must participate in a structured way and by previewed means in the **functioning of the settings**. It is fundamental to consider the mentor(s)/tutor(s) and all the educational staff as the child's companions and accompanying people in the process. Specific direct

work has to be done to maintain this role. The child participates **as the central figure and the protagonist** of his or her own process.

Content (approaches, work methods, etc.)

The main methodological approach should follow the levels of **inclusion** of the young person: informing, consulting, cooperating, and initiation in the decision making process.

In order to do all this, the professionals, who work on a case, should be prepared for specific methods and techniques to **promote** this participation – e.g. visualization, support for opinion making, building skills for decision making, projective techniques and team work: identifying a topic, actions, assessment of developed actions. Focused family work requires participation of the youngsters in order to optimize the understanding of the process; strengthen self-confidence and self-responsibility, and discover and learn to use the resources.

Detailed recommendations for the implementation of the Standards

9. Include families in the process of planning and the provision of prevention and residential-type services.

9.1. Make a case Plan with the family. Their participation should start at an early phase of the planning, by asking them about the processes including their child (future decisions, therapeutic measures, schooling), and their opinions regarding the overall process. Having their feedback enriches further work, as well as giving them positive feedback. It is important to include all members, especially both parents, as much as possible.

9.2. The case Plan for the family shall be developed both at the level of prevention and in residential care. The process comprises three key moments: firstly, an initial interview, in order to detect strengths and weaknesses; secondly, a therapeutic intervention including all family members; and finally, evaluation. The role of the professionals is to support the family throughout the process. In the case of residential care, special attention has to be driven to retaining the family's involvement throughout the whole process.

10. Include children in the process of planning and implementation.

10.1. Pay attention to the child's opinion on every planned action and intervention.

10.2. Convey planned objectives and aims to the child, as well as their relevant timeframes; in diverse areas such as individual education, periodical tutorship or continued mentoring, daily activities and other standard dynamics related to the settings.

10.3. Include the child in the periodical revision of the case plan. This raises the effectiveness of the case work.

11. The support is guided by the rights, needs, interests, talents, abilities and resources of the child.

11.1. Gather and make explicit the rights, needs, interests, talents, abilities and resources of the child in a case plan, taking into account the evaluation synthesis of the case.

11.2. All the actions should be agreed with the family and the professional teams attending the case.

11.3. Empower the child by managing a broad, holistic concept of education, including attitudes, skills, alternative strategies, etc. The participation of the child is crucial for his/her development.

11.4. Clarify the real-life situation of the child and the family and prioritize the urgent interventions. Gradually offer the possible resolutions for all the problems thus decreasing the tension both for the child and for his/her family.

11.5. Education should be used as a high factor of resilience and also as a mighty tool for creating different and new future perspectives including education in music, dance, theatre, sports.

12. The participation of the children and the adolescents is broadened, promoted and supported.

12.1. Develop policies in the field of child and youth participation at different levels: local, regional, national, as well as the level of organization.

12.2. Establish and encourage different public forms of participation: youth councils, assemblies and other ways in which planning and decisions reflect children's right to participate. Children propose what they would like to do; give ideas for activities and define the goals to reach.

12.3. Propose and develop new forms and ways of participation. A proper evaluation of different forms of participation has to be carried out.

6.4. Residential settings

Regulations

In general, residential care should be the last option for service provision.

In Austria, it is necessary to develop specialized programs for violence perpetrators aged 10-18, within youth welfare and residential services.

In Bulgaria, it is necessary to develop a completely new model of residential service for children and youth perpetrators of violence. Currently, the services provided for this group are mainly educational and there is no work done on changing their behavior. The country is in a process of introducing a social-service model for children having family problems. The development of specific services for children in conflict with the law is forthcoming. It is recommended that models of residential care services of the open, semi-open and closed type are developed, whereupon children should be referred to different services according to their needs. However, residential educational service should be used as the last resort. Residential educational services of closed type should be reserved only for children presenting danger to themselves or to others and placements should be the shortest suitable for the specific case. Review must be made of the opportunity for children's movement from closed to semi-open and open residential educational services or to other non-residential services in the community, when there is a clear progressive change in their behavior. Such services could be foster care, assisted independent living, daycare centres, etc. Suitable educative services for children in conflict with the

law or perpetrators of repeated violence must be ensured, such as professional training, anticipated by literacy courses and job counseling.

Spain is recommended to set placement time-limits and follow them carefully, with the aim to reduce them as much as possible. Also, provision should be made of the specific demands to be addressed by an integral centre, with view to all the areas of the person (bio-psycho-social). With regard to ensuring the child's right to maintain contact with his/her family, adequate community-based resources and services near their family environment have to be provided. For the cases when this is not possible, enough resources should be available to allow for the family's and/or professionals' mobility. It is important that the government regularly updates the map of resources and services.

Processes

For all three countries, before addressing the cases establish clear parameters (i.e., training, behaviours, and limitations) and guidelines for work (e.g., list of previous aims). The residential services should have clear goals: achieve a change in behavior and return to the community; attain a degree of highly developed and operational residential facilities, a team of professionals, a clear deadline of use, detailed work methods, expected results and periodical evaluation processes. Establish and clearly set the transitional process of exit and reintegration to normal environment and networks, with precise and correct information for the child and the family, taking their opinions into account. All the familial system is implied in the resolution of the child's problem; therefore, educational measures to be taken should **address all the family** in a **multidisciplinary way**.

Content (approaches, work methods, etc.)

The main methods of work in residential settings shall be targeting a change in behavior, including individual and group work, daily routine, rules, activities of interest, education and occupational counseling. Essentially, and in relation to the results of the research, residential services should be able to offer security, including the environment,

rules, professionals and relationships. Residential services have to provide and facilitate children's and adolescents' participation.

Detailed recommendations for the implementation of the Standards

13. Residential settings provide possibilities for change in the behaviour of the children.

13.1. The Social competence model should be used in the residential settings. It gives the opportunities to develop social skills and positive change of behaviour. It has to be used after assessing the level of competence of the child. In addition, it is necessary to have a special system for inclusion of the family in the process.

13.2. The residential services should offer a good structure – daily rhythm and rules, in order to ensure stability and predictability.

13.3. The residential services shall offer an opportunity for developing connections and relationships with significant adults – mentors, educators, teachers, who give them attention, respect, understanding, support and assistance.

13.4. The residential services shall provide opportunities for development of personal interests – out-of-school activities, leisure activities, development of the professional skills and career development.

13.5. The methods used in residential settings must be appropriate to the specific case of the child, including trauma pedagogy, art therapy, etc.

13.6. The achievement of behavioural changes shall be a result of the work of multidisciplinary teams (psychiatrists, psychologists, pedagogues, educators), who can offer different points of view regarding the management of violence.

13.7. Training and education must be integral, aiming at value development, emotional intelligence and self-knowledge; that is, with a holistic view and person-centered. Methodology must as well be flexible and constantly evolving, regulating itself in line with effective new findings.

13.8. The process of behavioural change must be assumed by the protagonist, and he/she should feel responsible for it. Therefore, the staff shall at all times listen, motivate and be aware of his/her interests. Rules and consequences must be clear to the child.

13.9. In order to provoke or induce behavioural changes, different programs and methodologies can be used. The overall perspective shall be to offer a different view and new possibilities

13.10. Establish a clear regulatory frame, with short-term consequences. This must be transmitted to the child and detailed in form and application.

14. Residential settings provide opportunities to work with the family, guaranteeing the development of positive behaviour models both for the child and his/her family at the same time.

14.1. In the cases where the child is separated from the nuclear family and is housed in a residential centre, the family intervention shall consider, at all times and from the beginning, both possibility of reunion or of withdrawal from the family unit and therefore work for the child's autonomy in any case.

14.2. Biographical work with the child and youngster in residential care is a main issue. This work is clearly regulated and the targets, as well as the results, are communicated to all involved persons.

14.3. The continuous communication and information of the whole development process with the parents, nuclear family and significant others are fundamental.

14.4. At the moment of entering the service it is necessary to discuss with the family the rules for the child's stay and other issues, such as the daily rhythm.

14.5. In the period of residential stay parents remain responsible for the educational, health and social needs of the child, while being supported to develop their parenting skills in order to successfully respond to these needs.

14.6. Children pay visits to their families according to the arrangements made and taking into consideration the work plan settled with them. These visits are prearranged in terms of duration and they also follow a model of communication and established rules. The families are supported to develop skills, to plan and develop a daily rhythm, to establish rules and

communicate with the children, which would provide a security environment similar to the one provided in the residential service.

14.7. All the elements of the plan for work and its realization are communicated to the family and the child. This is particularly important with regard to community integration – continuing education, professional development, a place to live, communicating with institutions and authorities;

14.8. A multidisciplinary therapeutic team shall be constituted (psychologists, educators, mentors), to work with the family in order to do intervention work directly and conjointly with the child and his/her family, within the residential centre.

14.9. Specific spaces must be given for therapeutic and training work with the family. All dimensions of the family system must be considered (capacities, competences and shortcomings).

15. Residential settings deliver psychological support and support for integration.

15.1. To achieve the target of reintegration of the child into the nuclear family, the active participation of the youngsters and the children and relevant adults in all steps of the supporting processes is essential.

15.2. Psychological support in the form of all kinds of psychotherapy, diagnostics in psychiatric cases, early diagnoses and psychological and psychiatric treatment has to be standardized.

15.3. Offer specialized service of individual and family therapy, with diverse and integral orientations, as well as constant and programmed follow-up. Specialization shall contemplate all the dimensions of the person that lead to a better self-knowledge and to overcoming violent and aggressive impulses. In order to empower the child, the professionals shall have training and knowledge in social skills, negotiation, relaxation, etc.

15.4. The multidisciplinary team shall support the integration process by embedding the child in different local services and meaningful educational sources.

15.5. The multidisciplinary team shall plan, preview, accompany and follow-up intensively the reintegration and transition process of the child; whether to family or to a different accommodation, or upon reaching of

age. Psychological support must be given throughout the process, and even be warranted in the post-residential phase.

16. The process of support is based on an intensive and trustful relationship between the child and the professional.

The basic tool for a successful decrease of violent behaviour in residential care is the development of a relationship between the child/youngster and the professional.

16.1. Clearly design and follow up the relation between the child and the principal reference figure (“tutor”, “mentor”) within the residential centre, in terms of functions, roles, limits and scope.

16.2. Outline in detail the functions of this professional: mentoring, case follow-up, design of objectives, etc.; always assigning the tutor the central role in the process for the child – though there must be supportive figures in the moments of absence.

16.3. The attachment between professional and child shall continue even after the child’s departure from the centre (at least one year); this will indicate success or failure in the child’s process.

6.5. Professionals

Regulations

It is necessary to train **multidisciplinary staff and establish teams** to work with different kinds of subjects and in different areas. This can only be enough and adequately managed with the proper **specialization and continuous training**. Taking this into consideration, it is necessary to update the regulations. Apart from social workers, social educators and/or pedagogues as basic personnel, psychologists, teachers for adapted educational units and specialized office professionals for specific workshops are **clearly required**. It is possible to integrate these professionals as regular contracted staff, or as external but with a daily or continuous function. Part of the decisions depend on whether the educational units and workshops are structurally integrated within the centers or in rooms specifically designed for this purpose, if the kids receive regular and complementary education and training. Regarding

the issue of specialization and continuous training, legislation should regulate them in its own body, giving clear guidelines, contents, limitations and budget considerations in order to make them possible in the diverse settings.

In Austria children and adolescents have a broad “portfolio” of services for their welfare. The budget for child and youth welfare includes all costs arising during placement. The portfolio of services includes psychotherapy, physical therapy, speech therapy, hippo therapy, house schooling, music education, sports, trainings, holidays, school costs, and costs for school activities, camps and shiatsu. The recommendation insists on maintaining the high profile of the services provided.

Bulgaria experiences a need for developing specific competence profiles of the professionals working with this group of children. Besides, it is good to standardize the process, to have professional standards for working with children, victims and perpetrators of violence. This can be done through a legislative act.

Spain finds it necessary to allocate budget funding for professionals within a range of special profiles and competencies, in order to develop service- specific programs according to the collective target of attention. The Law 17/2007 of 11 October contains provisions on the social services in Catalonia. This is specified in a catalogue containing 138 features of services –economic and technological.

Processes

The preparation of professionals, spanning not merely their educational background, but also **ongoing education and training** with specific approaches and methods, supervision and intervision, is considered to be a process of critical importance. To accomplish such preparation, a research of sources shall be included in the planning. The sources comprise specialization courses in structured settings (e.g., universities, professional colleges associations) as well as a “professional bag” or table which must be detailed and continuously updated.

In Austria, there is a predetermined amount of **advanced training** per year to be undergone by all professionals working in residential care. Permission to work with children and young people is extended only to professionals having specific education together with the required regular course of annual advanced training. Annual control over the process is assigned to the local authority. Advanced trainings need to address the work specific to the residential care settings. This constitutes an element of declared quality management. There is also a regulation on employees ensuring that advanced training can be delivered to them on the job in the working time. Regular **supervision and intervision** procedures are set forth in the Child and Youth Welfare Act, with the requirement of maintaining written record. Annual control over these records is assigned to the local authority. **All professionals working with the children and adolescents should have knowledge about the main therapeutic process, which ensures that the process is supported by all involved professionals.** This allows for smooth, continuous and successful work towards the main goal set for every specific child and adolescent. To fulfill this aim, specific time shall be reserved for these training assignments. Apart from this, the center should also ensure the accomplishment of additional tasks, such as reporting, consultancy, supervision, evaluation, etc. The allocated time has to be subtracted from the time of direct attention work, resulting in demand for additional staff. Planning this task as a standardized process will improve its management and fulfillment potential.

In Bulgaria, there are no education programs tailored to prepare professionals for their work with children perpetrators of violence. The topic is only generally covered by psychology curricula, but the curriculum for social workers and educationalists makes no mention of it. Professionals working with children perpetrators of violence rely on trainings offered mainly by NGOs. No distinction is made between violence and repeated violence and the terms have no practical meaning in educational terminology. The main recommendations in this field are addressed to the system of higher education: to increase the number of hours for lectures and exercises on the recognition and prevention of

violence in the academic curricula for educational specialists, social workers and psychologists. It is important to develop specific modules for working with perpetrators of repeated violence. It is recommended that the personnel of every social (or other) service provided to children perpetrators of violence should undergo basic and advanced training courses specialized on violence prevention. Such special qualifications should be a requirement for appointments to social service units where the specialists get in contact with children victims or perpetrators of violence.

In Spain, the residential centres from Catalonia have widely integrated personnel to do different tasks. But this is not enough and each centre commits part of its budget to fulfil these necessities. It is necessary, therefore, to regulate by law the involvement of these basic professionals: psychologists to do therapy, pedagogues to take care of special needs regarding education, staff in charge of developing sports and health education. It is important to take into consideration the different professional profiles in order to ensure the most efficient planning of work.

Content (approaches, work methods, etc.)

Learn and know **how to listen**. Professionals should be capable of detecting explicitly or implicitly the demand that parents or teachers can have in order to address the situation, avoiding interventions when the facts or situations are already too severe and often more complex. Skills and knowledge of the different professional groups should be developed for: working on cases and with the family; assessment and planning together with the child; changing models; individual approaches for behavioral change; and for the work in multidisciplinary teams itself. The main approaches and methods of training have to be therefore training in **the process of working, supervision and other dynamic inter-professional processes**. The key asset of professionals is **relationship**. The importance of relationship in work with children and adolescents has to be transmitted. The basic of social, therapeutic and pedagogic work is to get into a stable and trustful relation with the client. It is necessary to allow more time to develop, design and think

about the activities to do, and to make evaluation. The exact times of these tasks should be specified in the working hours. By schedule, half of the time should be devoted to planning and evaluation of the activities.

Detailed recommendations for the implementation of the Standards

17. The professionals who work with children perpetrators of violence are trained in accordance with the main functions they fulfill.

17.1. Universities and main training programs shall broadly include in their curricula subjects which specifically address violence treatment, teaching techniques and specific methodologies for behavioural change.

17.2. The authorities responsible for the management and the monitoring of social services' provision (such as the municipal councils, the education inspectorates etc.) should be familiar with the educational needs of professionals working with children and adolescents and offer them the appropriate training programs and resources.

17.3. The fulfilment of this requirement should be assessed and updated periodically in order to give and receive feedback to and with institutions.

18. The professionals are trained additionally in using specific methods and techniques for support and behaviour change.

18.1. Continuous training and “recycling” of professionals shall be systematized through specialization courses which allow addressing the specific cases of young perpetrators of violence.

18.2. To facilitate training and recycling, some methods to reach it must be developed by the managers – for example, through an annual training plan; database of specialized experts in the field that may be reachable periodically; etc.

18.3. The fulfillment of this requirement should be assessed and updated periodically in order to exchange feedback with service providers and inform planning.

18.4. Professionals shall participate in the organization and structure of the projects, so as to allow them to put into practice and experience what they learn. In turn, they will contribute by training other professionals initiating their practice.

19. The necessary support is provided through independence, supervision and assessment of professionals' interventions, in order to prevent professional burnout.

19.2. Centres should be flexible, in order to let professionals adjust some of their functions where interventions turn out insufficiently effective. Such adjustments will be shared with the work teams and conveyed to the directions. The aim is to involve everybody in the development of criteria and empower the professionals.

19.3. Give (more) curricular recognition to training and codify it for promotion considerations. Establish internal quantitative means of considering them.

19.4. Perform internal and external assessment: intervision and supervision. Intervision shall employ techniques based on theoretical references, based on the study of principles and applications of peer assistance and inter-colleague regulations (e.g., Erpenbeck, 2001). The model and frequency of supervision is decided by service management, whereby its conclusions should be duly reported. Annual information meetings or activity reporting sessions need to account for the benefits and results of supervision as well.

19.5. Create nice and constructive team atmosphere, applying the principles and knowledge acquired through relevant training. In general and in working environment sessions, claim the right of everyone to be listened to.

Conclusion

The team of the project “Together against violence” believes that the knowledge and the understanding of the legislation, the contributing factors and the practices involving children perpetrators of violence are essential for the improvement of effectiveness and efficiency of the professionals’ work with them.

The formulated standards and recommendations for their implementation in the social and other relevant services ensure consistency and holistic approach to the work with children. Underlying and stressing the important role of the family at any time of handling a specific case ensure long-term sustainable positive development of the child. This is a prerequisite for the general enhancement of the child’s life and perspectives for future development.

This document is addressed at professors of social work and pedagogy; practitioners working in childcare services; decision makers and politicians responsible for the drafting, amendment and harmonization of the legislation dealing with children perpetrators of violence and, in particular, perpetrators of repeated violence.

The conclusions and recommendations are based on the experience of Austria, Bulgaria and Spain, but undoubtedly there is a bulk of experience in this field in all European countries. The exchange of knowledge and practices in solving the problems of child’s violence is important for the development and amelioration of the working practices towards clients in this specific professional field. The wish and recommendation of the team of experts within the project “Together against violence” is to continue its work in the future and develop a special Handbook for the implementation of the recommendations and the standards for services addressing children perpetrators of violence.

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