



Side by Side

reinforcing child
protection services

Compendium of Good Practices

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1. Background

Violence against children (VAC) remains a fundamental and cross-cutting global issue. Although the EU has prioritised combating this issue, it remains prevalent in Member States. In the WHO European Region, one in every three children experiences some form of violence in their lifetime.¹ This situation was further exacerbated by the Covid-19 pandemic, as disruptions occurred in prevention and response services due to disjointed coordination.²

In response, the Side-by-Side project³ aims to increase the knowledge of adequate responses within social services on effective integrated mechanisms to prevent VAC and reinforce child protection services. In this regard, one of the project's main activities was organising study visits to present national child violence prevention programmes and foster information exchange between professionals working on them.

The practices were selected based on three criteria. First, they had to take an integrated approach to child protection, understood as cooperation between several social services. Second, they had to focus on mitigating risk factors of violence against children. Third, they should support environments where children grow up, including families and schools.

The report presents the good practices of the four local partners and the general national context in which they take place. The national study visits involved innovative projects or practices focusing on integrated prevention models to combat violence against children.

- 1) The national 'Meitheal' programme (Ireland), Tusla – Irish Child and Family Agency addition,
- 2) The maternal and child protection service (France), Nord County Council
- 3) A municipal neighbourhood-centred approach – 'the Graz model' (Austria)
- 4) A local 'Applying Safe Behaviours' project (Italy)

2. Introduction

In the dynamic field of social services, the identification and dissemination of good practices stand as fundamental pillars for advancing the quality and impact of support provided to individuals and communities.

First and foremost, sharing good practices can improve service quality. Successful examples serve as benchmarks, guiding professionals towards more efficient and impactful approaches. Hence, policymakers and social workers can replicate successful strategies and elevate the

¹ World Health Organisation, European Region needs to scale up efforts to prevent violence against children, new report says (2021), available at: <https://www.who.int/europe/news/item/15-06-2021-european-region-needs-to-scale-up-efforts-to-prevent-violence-against-children-new-report-says>

² European Social Network, Protecting children in times of crisis (2020), available at: <https://www.esn-eu.org/news/protecting-children-times-crisis>

³ European Social Network, Side by Side - Reinforcing integrated child protection services (2023), available at: <https://www.esn-eu.org/side-side-reinforcing-integrated-child-protection-services>

service standard while avoiding mistakes that have occurred in a similar context. This process saves time and resources by sidestepping previously encountered pitfalls and accelerates the adoption of proven methods, fostering a more consistent and reliable service delivery across various settings.

Another benefit of documenting good practice is contributing to the workforce's professional development, as they can learn from other colleagues' experiences to improve their competencies. Continuous professional development is crucial in social work due to the ever-evolving nature of societal issues and crises like the pandemic and migration. Finally, this process can enhance service improvement and offer insights for better policymaking and strategic planning. By systematically sharing and implementing best practices, organisations can continuously refine their services, ensuring they meet the evolving needs of their communities. This iterative process not only leads to more effective and efficient services but also provides valuable data and experiences that inform future policies and strategic decisions, creating a cycle of ongoing advancement and adaptation in social services

3. Methodology

The study visits were designed to raise awareness of good practices in the integrated delivery of prevention of violence against children and build a network of practitioners from different EU countries.

On average, 30 European and local practitioners participated in each study visit. As the selected practices represent models implemented at various levels (national/regional/local), every visit hosted a different set of relevant professionals. Apart from the diverse participant group, each study visit had interactive sessions, such as workshops and a world cafe, allowing participants to share experiences and brainstorm on implementing the practices in their national context. Finally, this activity included site visits, offering participants direct observation of the practices and the opportunity to discuss them with frontline workers.

4. Good practices

The compendium is organised into practice sheets detailing specific programmes. They are presented chronologically based on the date each study visit took place.

Meitheal National Practice, Tusla, Ireland's Child and Family Agency

The first study visit occurred in Dublin, Ireland, hosted by Tusla, the Irish Child and Family Agency, which presented its practice model, Meitheal.

Tusla has developed Meitheal as a national early intervention practice model to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes, realise their rights, and prevent violence against

children. Meitheal consists of four principles. It is a parent-led process, meaning that this practice cannot be undertaken without parental consent and has a voluntary basis. The other two principles concern the child as a beneficiary, giving them a central role in the process and creating a team of experts around it.

Meitheal is a case coordination process facilitated by Tusla staff for families requiring multi-agency intervention but not requiring the Social Work Department's mandatory child protection response. Practitioners in different agencies can use and lead Meitheal to communicate and work together more effectively to bring together expertise, knowledge, and skills to meet the child and family's needs within their community. The main focus of the Meitheal model is on early intervention, which aims to promote and protect the health, well-being, and rights of all children, young people, and their families. In addition, particular attention is given to those vulnerable or at risk of harm to prevent Tusla's need for a child protection response. The approach promotes positive parenting with families, which is non-violent, democratic, and reciprocal, emphasises strong support, warmth and responsiveness, and involves the child in decision-making.

Implementation of the practice

The Child and Family Agency Act 2013 established Tusla explicitly states that the Agency 'shall provide preventative family support services aimed at promoting the welfare of children'. This type of service is offered through the Prevention Partnership and Family Support (PPFS) Service, a comprehensive set of early intervention and preventative services, including Meitheal. The PPFS aims to prevent risks to children and young people from arising or escalating through early intervention and family support. The best way to improve outcomes for children is to intervene at an early stage to try to resolve problems and prevent harm. This can be done by working with parents and communities to support children as soon as possible.

For Meitheal to be implemented, child protection professionals should consider whether the criteria below are met. Specifically, concerns about how a child is advancing in various developmental areas must be raised by the child himself, his family, or professionals working in child protection. Also, it can be implemented when the needs are unclear or broader than the remit of a single agency provider or when several agencies are already involved, and there is a need for coordination and review of the supportive interventions.

Outcomes of the practice

In 2018, the UNESCO Child and Family Research Centre undertook a Process and Outcomes Study of Meitheal and its associated Child and Family Support Networks.

One of the key findings was that 'Meitheal improved outcomes for families over time, although the impact it had for parents was limited. Parents reported improved mental health, coping skills, parenting skills, and self-belief. These benefits also translated into improved parent-child relationships and family functioning. Meitheal improved families' help-seeking behaviours and awareness of available support services and how to access them. This created a positive attitude towards services and improved trust in the support system. The Child and

Family Support Networks (CFSN) can also indirectly influence outcomes in that they can increase professionals' awareness of other services in a locality and build capacity through organising training events and improving practitioners' relationships.

Further findings revealed several key insights. Maternal well-being was identified as the most significant predictor of family outcomes, indicating that supporting mothers is crucial for enhancing overall family support. Parents and families described Meitheal as empowering, valuing the opportunity to be heard. Additionally, Meitheal positively influenced parental attitudes towards seeking help and accessing services. Lead Practitioners noted that Meitheal's structured process effectively facilitates changes in family outcomes and improves the service provision system. Evidence also suggests that Child and Family Support Networks (CFSNs) can enhance family engagement with and access to services by providing integrated support and coordinating local services to address complex needs effectively.

Faced challenges

Challenges were identified regarding children's and young people's successful participation in the Meitheal process. The study also identified that "Meitheal, however, could not always respond to very specific issues, including disability, developmental disorders, financial issues, and school attendance."

The study highlighted some limitations related to the reach of prevention and early intervention work due to lengthy waiting lists and the lack of engagement of some statutory and government sectors in Meitheal and CFSNs at a local and national level. This has improved since the study was undertaken, but engagement remains challenging with some partners. There is also a significant gap in the availability of support services, which are provided by the health service for children with disabilities or mental health difficulties, and this remains a challenge for families engaged with Meitheal.

The study also found that the connection between Meitheal and the child protection and welfare (CPW) system was ineffective in all areas. This may hurt some families referred from Meitheal to the CPW system because there is no clarity around the provision of services, and some areas take longer than others to resolve referrals. In the meantime, families may not continue to receive the services and support they need. This has also been addressed and has improved through further development of Tusla's Review, Evaluate, and Direct process, which supports engagement between child protection and early intervention/family support staff.

Another identified issue was "differences in how the model is implemented nationwide. Some of the reasons were the lack of structure and personnel needed to establish and deliver the model as stated in the original design." Again, this has been addressed over time as the Prevention, Partnership, and Family Support (PPFS) infrastructure has been developed and embedded across the country.

Key Success Factors

The core features of Meitheal were perceived to play a vital role in the success of its

implementation and its outputs. These include the role of the Lead Practitioner, the Meitheal Review Meetings, its voluntary nature, and the promptness of its initiation when a need was identified.

Although the study identified differences in how the model was implemented, it also noted that “Fidelity to the Meitheal model increased over time, suggesting that the model is applied following the guidelines and stages intended in the model design”. Key success factors to support this included a concerted focus on fidelity to the model, with ongoing training and oversight of the process to ensure consistent implementation across the country. The existence of the national programme office at the early stages of its implementation, with a national Lead for its oversight, was a key contributory factor to its success.

Another critical element to its success was the role of PPFS managers, who were responsible for oversight and fidelity in each Tusla area. Their work, and that of their teams, was complemented by Meitheal champions emerging across the system. These Tusla staff observed the emergent issues and took action to adapt the paperwork to make it shorter for practitioners. This followed findings that one of the barriers and challenges experienced by Lead Practitioners was the amount of form-filling involved in the process. This also created a barrier concerning retention and the possibility of increasing the number of people willing to take on this role.

At a later stage, these champions developed child-friendly documentation to ensure meaningful engagement of children and young people in the process.

The training was also reviewed to keep it updated with changes concerning GDPR requirements. It was also brought online during the COVID-19 pandemic. This proved successful, and the training is now available in this format, making it more accessible to busy practitioners. Promotional materials were also developed to be child-friendly and accessible to all.

Maternal and Child Protection Service – Nord County Council, France

The second study visit, hosted by the Nord County Council, highlighted the French legislative framework for integrated child protection and how it is implemented in the region. The visit focused on two key services: the Maternal and Child Protection Service (PMI) and the Unit for the Collection of Information of Concern (CRIP).

PMI, a departmental health service, focuses on prevention and early screening for children under six and future mothers. Initially aimed at reducing maternal and child mortality, PMI provides mandatory health visits, collaborates with schools for health checks, and may refer children to specialists if needed. Additionally, it oversees pre-birth, baby, and sexual health clinics, organises parenting support activities and monitors the quality of daycare and foster care services.

Meanwhile, CRIP is a specialist unit that collects and assesses reports of children at risk.

Established in 2018 with seven territorial teams, CRIP determines the necessary programme—whether general social services or child protection actions. CRIP staff undergo training in initial assessments, child development, and handling cases of violence against children.

Implementation of the practice

During the study visit, participants were divided into groups to explore and discuss how the services are implemented. At the PMI, delegates were surprised to learn that follow-up is not mandatory, as PMI services are optional. However, attention is paid to assessing and detecting risk factors, such as a history of domestic violence or signs of neglect, at every level of service entry. Various forms of support can be organised, including home visits, counselling, and the involvement of other agencies. If necessary, the national helpline (SNATED) is contacted to assess the situation, with the PMI remaining available to monitor the health of the mother and child.

When SNATED identifies concerning information, it notifies the CRIP, which then assesses the situation by collecting medical and social data and meeting with children and their parents at home. The CRIP evaluates their living conditions, health, development, family relationships, parental skills, and the children's needs. In some cases, the CRIP may consult the Paediatric Care Unit for Children at Risk, UAPED, for additional medical expertise. After a three-month evaluation, the CRIP may close the case, recommend preventive follow-up, request administrative protection, or refer the matter to a judge.

The UAPED, based in hospital paediatric units, provides essential medical expertise to enhance understanding of the child's situation. UAPED offers a safe and reassuring environment for children, including specially designed rooms and a hearing room where police can interview children, highlighting the close collaboration between child protection's health and judicial sectors. Like PMI and CRIP, UAPED operates with a multidisciplinary team, including professionals from perinatal care, paediatrics, child psychiatry, social work, and law.

Professionals emphasised that CRIP involvement does not automatically result in the separation of children from their parents. Regardless of the assessment outcome, prevention remains an ongoing process managed by county council services, particularly the PMI. This process involves identifying the strengths and challenges of parents, reinforcing positive aspects, and proactively addressing potential issues. The collaborative efforts of PMI, CRIP, UAPED, and other services support parents in their parenting roles and ensure the child's basic needs are met.

Outcomes of the practice

The PMI service made pre-birth home visits to 5,202 pregnant women in 2022, representing 4.2 women per 100 births in the county. While the service offers universal access, particular attention is often given to first-time pregnant women as well as women in vulnerable situations such as teenage pregnancy, migrants, etc. In addition to home visits, the mandatory health interview at four months of pregnancy covered 3,105 women. This offered an

opportunity to detect potential risk situations, including any violence.

Likewise, in 2022, around 9% of the 0–6-year-old children (196,741) were seen by a doctor at the PMI's preventive childcare clinics. The multidisciplinary team includes a child nurse, a doctor, and a psychologist, and attention is paid not only to child development but also to signs of any form of VAC. Putting in place early support measures contributes to lower risk and improved outcomes for children and their carers. PMI also offered school-based health screening services to 69% of 3–4-year-olds (21,091 children) in kindergarten classes.

The county council recorded a 17% increase in reported cases related to risk situations between 2020 and 2022 (8,276). This increase was partly due to the intentional strategy of training and equipping health and social workers to detect early signs of VAC, regardless of the entry point.

Also, policy measures, including many public awareness campaigns on VAC and the existence of the SNATED helpline, have encouraged the public to feel safe in signposting worrisome situations. In particular, the post-COVID period saw a rise in the incidence of intrafamilial violence, which also contributed to the observed increase in the volume of reports.

Faced challenges

One of the significant obstacles faced by the PMI is service uptake. The general population often associates this preventative service with the potential risk of involvement with child protection authorities. This perception creates a sense of suspicion, hindering the uptake of early support services. As a result, people tend to refuse home visits, miss appointments, or avoid engaging with services altogether, even when early warning signs are present.

The service tries to gain users' confidence and proposes different forms of support, sometimes working with NGOs to encourage social and parental support. However, when the family refuses to support or fails to cooperate, the PMI may be obliged to report the situation to the child protection unit, which could end in referral to the judicial service and further reinforce the service's negative public image.

Another issue is related to the shortage of human resources, especially doctors and psychologists. While child nurses are the centrepiece of preventive child health, the uneven spread of doctors across the territory sometimes makes equitable access to services difficult, especially for rapid assessment of children in cases of child abuse.

Whilst the creation of 7 territorial CRIP services initially created a lot of optimism in terms of increase in service efficiency, the increase in information of concern (IP) has led to difficulties in keeping pace with the workload, leading to delays in situation review and assessment. The solution has been to externalise the caseload, mobilising a number of child protection partner agencies. A recent helpful development has been the emergence of more UAPED units in the territory, which has made it easier to access much-needed expertise for evaluating VAC cases.

Key Success Factors

In recent years, national and county council policymakers have focused on improving the

quantity and quality of child prevention and protection. An example of a national policy implemented in the county council has been the development of the 'First 1,000 days of the child's life' programme, promoting early detection mechanisms and easily accessible tools such as photo-language cards used by PMI midwives for risk assessment in pregnant women during their pre-birth interview.

The promotion of an integrated approach between national (SNATED - 119) and departmental services (PMI, CRIP), as well as social, educational, health, and legal services, facilitates communication and exchanges on defining the appropriate response to a particular situation.

There's also the role of the Departmental Observatory for Child Protection (ODPE) as a focal point for child protection data collection, knowledge transfer and training coordination, emphasising crucial issues such as psycho-trauma, sexual exploitation of minors and domestic violence as forms of VAC. This encourages sharing tools, solutions, and initiatives that are in the interest of families and children.

Neighbourhood-Centred Approach – 'The Graz model – City of Graz, Austria

The City of Graz combines several innovative approaches to child, youth and family services. The study visit in Austria provided a comprehensive overview of a resource-based and community-oriented approach to child protection.

For more than 15 years, the City of Graz has used an approach called 'Social Space Orientation (Sozialraumorientierung)'. The Youth and Family Office in Graz aims to ensure that families and children are supported in making decisions and families take responsibility for their own lives. Following the approach of the 'Social Space Orientation', the goal of the Office is to address the needs of children, young people, and families before they scale into situations that require a much more robust and expensive intervention. Professionals from relevant disciplines and organisational backgrounds must work together in an integrated and coordinated way to improve families' quality of life.

The introduction of the 'Social Space Orientation' aimed to shift from an administrative-centred approach to one that prioritises the actual needs of individuals. This approach moves away from focusing on individual deficits and cases and instead addresses a cluster of specific needs within a defined 'field.' Rather than being compensatory, service providers' actions are now goal-oriented, with goals defined in collaboration with families and focused on empowering them to achieve these outcomes. Assessments are made based on the families' own resources and those available within the given neighbourhood, and these resources are then incorporated into problem-solving strategies. Those strategies sometimes also focus on various population groups at the same time.

Implementation of the practice

The city of Graz is divided into four districts, each with a social space centre responsible for implementing the 'Social Space Orientation'. The core team comprises multiple professionals

from the Youth and Family Office and private service providers. This approach aims to offer tailored support to families and children, meaning that instead of choosing from a range of services, services are specifically designed to meet each family's unique needs.

A vital methodology of the 'Social Space Orientation' is the 'Social Space Walks'. During this practice, participants explore the living environment of a community, as well as its characteristics and inhabitants. The walks aim to provide a comprehensive perception of a social space. Social space walks can be conducted in small groups using various tools such as maps, cameras, recorders, or paper and pens. The participants observe and document certain aspects, such as where different groups of people stay, where children play, where groups meet, and what their activities are. The observations can be complemented by interviews with children and adolescents who know certain parts of the area and their social conditions. The results of the social space walks can be used for further analysis, planning, and programmes within the social space.

Within each district, the Youth and Family Office and contracted private non-profit organisations provide services for families in various locations. There are also 15 parent counselling centres (Elternberatungsstellen), which are vital contact points within the districts. These centres serve as easy-to-access contact points for many of the family-related services provided by the city. They offer children-related counselling and preventive services to all parents, starting with pregnancy up to the child's age of 3, while also hosting a full range of social, socio-psychological and essential health services for children. More specialist services are also offered in individual neighbourhoods.

Outcomes of the practice

This resource-oriented and empowerment-based approach was evident during the site visits through the social workers' attitudes toward families, examples of how they helped change family situations, and how families became more open with them. The approach was seen as very positive and trusting, for instance, working with migrant families in their own language.

One important learning was that the number of reports or cases of risk seems to be very low compared to other countries. As there is no empirical study, the assumption is that a strong focus on prevention contributes to this.

In 2023, there were 12% more risk assessments related to child neglect and abuse (total number of 639) compared to 2019, but there were 10% fewer children in alternative care.

Project participants highlighted several key factors that became evident during the study visit. These included the strong trust and cooperation between the private and public sectors in Graz, unified by a common interest in protecting the well-being of children. They also noted systematic cooperation across different sectors—health, social services, child and youth welfare, education, and research—and the value placed on this collaboration. Additionally, participants noted a high degree of flexibility in creating support plans for families, with public and private professionals working together on an equal footing within the multi-professional team of the social space centre.

Faced challenges

The implementation of such a practice needed a change management process at all levels. It is vital to have policy-makers on board to support such change and to involve practitioners in the implementation process through ongoing training, discussions and exchange. Learning from practitioners' experiences in the social space orientation helped this process. Graz worked with external advisers who had previously implemented the practice in other cities and regions. Now, Graz provides expert advice and supports platforms for sharing knowledge on this topic. It needs to be clear that such processes take time.

When services are often busy with emergencies, little resources remain for prevention. In Graz, part of the global budget is tied to preventative work to avoid this tendency. Yet, it is necessary to regularly lobby for prevention among political decision-makers to keep this clear focus. Evidence-based studies that confirm the positive outcomes of preventative work contribute to the work of convincing policy-makers.

This strong focus on prevention takes us to the question of how the threshold between prevention and protection is defined and how the child's best interest is ensured. In the Graz model, every professional involved knows that there is a clear child protection procedure, including reporting and referral. In child protection, if there are different views between child and youth welfare practitioners and other agencies, the final decision lies within the competence of the public child and youth welfare social worker.

Though there is a strong movement towards more participatory and preventive approaches, staff shortages in these services often hinder implementation. However, practice in Austria showed that agencies that work with innovative approaches, such as the social space orientation, attract a higher number of practitioners than agencies that work with traditional ones.

Key Success Factors

The 'Social Space Orientation' practice in Graz demonstrated that joint financial management and shared responsibility lead to innovative responses. Since funding is not tied to individual cases, this approach fosters creativity, flexibility, and collective decision-making. It enables us to implement unconventional programmes and maintain simple, family-focused team dynamics. Practitioners simplify interventions, focusing on the most relevant for the family, and work collaboratively towards family goals. There is always room for failure and learning, which helps to improve the practice.

This joint management process also addresses the power imbalance between statutory and non-statutory services. The social space centre offers unique services and steps back if others provide similar support to avoid duplication. Projects continue as long as needed, focusing on creating safe spaces for creative collaboration with families and children rather than strictly following procedures.

In this model, social workers manage legal duties while social educators work directly with

families. Both groups work closely as a team, sharing responsibilities. Social educators receive significant recognition, which is crucial given their direct involvement with families and the value of their expertise.

The financing model supports intersectional work, enabling strong cooperation between different sectors, such as schools and child protection services. This collaboration has led to joint initiatives like the Mighty Kid project, which supports teachers in reporting cases of concern.

Overall, the 'Social Space Orientation' is a flexible model that can and should be adapted to local circumstances. While system change requires time at the organisational level and strong political commitment, it is possible to make it happen.

'Applying Safe Behaviours' project – SOS Children's Villages Italy

The study visit in Milan, Italy, was hosted by SOS Children's Villages Italy and focused on preventing and responding to peer-to-peer violence. Participants learnt about the 'Applying Safe Behaviours' project, and through a participatory and interactive workshop, the importance of embedding peer-to-peer violence in child safeguarding systems was assessed.

The 'Applying Safe Behaviours' project aimed to make children and young people active agents in creating a safe environment for themselves and their peers and to enable child and youth care professionals to respond appropriately to peer violence amongst children. Through the project, particular attention was paid to children and young people from vulnerable backgrounds who often have a history of adverse childhood experiences and, as a result, are more vulnerable to being the target or carrying out violence towards their peers.

Implementation of the practice

Actions included training with children and professionals working with them so they all have the knowledge and tools to understand and act against this issue.

To this end, face-to-face workshops with children and young people were held to build their capacity to apply a 'Safe Behaviours' approach and empower them to recognise and speak about peer violence. In addition to children, social workers, teachers, and youth workers participated in training to learn how to identify and respond to peer violence among children while ensuring the best interest of every child. Besides the onsite training, peer violence awareness-raising products were published online, including an e-learning module for adults and two videos for young people. Finally, the implementation of the project encompassed a child-friendly booklet to promote positive friendship and policy recommendations to advocate for systemic change to improve outcomes for children affected by peer violence.

The participation of children and young people with alternative care experience within the project activities has been vital in ensuring that their voices shaped the content of all resources developed and implemented during the project. Young people also had a crucial role as trainers within the project, delivering training to care professionals and teachers (along with

two Master Trainers) and an awareness-raising workshop for 12 to 15-year-old students. More generally, young people with care experience participated as representatives in each project team responsible for steering the project at international and national levels, contributing to the design of awareness-raising videos and a child-friendly booklet for children aged 8-11.

Outcomes of the practice

A total of 71 adults were trained to better prevent and respond to peer violence. The analysis of information provided in the training evaluation illustrates the training programme's success, showing that trainees increased their knowledge and understanding of how to respond to children impacted by peer-on-peer violence and how they could help prevent it. Social workers and educators working daily with children and young people reported being very satisfied with the training, realising how small things could make a difference in their work (e.g. improving reporting about specific incidents).

The training participants answered a pre- and post-training questionnaire, and after the training, there were improvements in understanding why some children may show violent behaviours towards peers, the type of support to be provided, and their understanding of restorative practice and prevention. Participants were asked how many children they would support the year after the training, and based on their answers, the estimated number was just above 17,000.

Awareness was also raised among 102 young people aged 12-15 through peer-to-peer workshops to build positive relationships and a safe environment for themselves and their peers. Analysis of feedback from children who attended the peer-to-peer workshops suggests they learnt more about peer-on-peer violence and gained a better understanding of why it happens, how it might be prevented, and what they can do to help protect themselves and others.

When asked about the most important things they learned during the workshops, participants highlighted several key insights. They reported learning how to improve their relationships with peers, understanding how to work effectively in a group, and recognising how adults can assist in addressing peer violence. They also noted that they learned to appreciate others better, even those they might have previously disliked, by understanding their feelings. Additionally, they gained an awareness of different sensitivities, emphasising the importance of respecting vulnerable individuals and discussing issues with adults when problems arise.

In terms of personal growth, participants mentioned that they learned to value themselves more and to listen to their own needs. They also recognised the importance of understanding their own conditions for forming close relationships, identifying their limits, and establishing their safe zones. Finally, they learned to reflect before taking action, ensuring they understand their decisions and their implications.

Young people were empowered by being involved not only in consultative bodies and activities but also as trainers for their peers and adults. They also actively contributed to organising and conducting the final national and European project events.

Two child-friendly videos were launched for awareness-raising with 4,272 views in Italy and 64,000 views all over Europe, an e-learning course completed by 1,705 adults in Europe and its three explainer videos had 83,700 views, of which 28,405 were in Italy.

Faced challenges

The project was initially designed to investigate the phenomenon of peer violence in alternative care settings, but once it started, the project leads realised they had to widen the focus to all children because children in alternative care and vulnerable families do not live in isolation and interact, learn with, and socialise with peers in different settings, and this puts them at risk wherever they are. Young people with alternative care experience themselves reported that it is necessary to involve all children and young people to prevent peer-to-peer violence.

The original training modules were adapted to the specific needs of the participants (e.g. one training day per week / only mornings / etc....). Reaching a group of trainees as diverse as possible was a challenge, and it was only possible through the support of local partners and long and intensive promotion work.

Project leads had to address young experts' limited availability (as some were working or studying) and the compatibility of the schedule of young experts and the project activities. A child participation expert managed the meeting's organisational aspects to ensure young people were regularly involved. All in all, project leads SOS relied on competent local and national partners on the subject of peer-to-peer violence to contribute to all the activities.

Key Success Factors

A key added value was the participation of young people, especially with alternative care experience: the project and training materials were based on the input of young people themselves, who also trained their peers and adults and selected key messages for adults. Young care leavers brought the experience of children in alternative care, a privileged viewpoint on childhood trauma and the impact of adverse childhood experiences.

Double intervention, with both young people and their responsible adults, was key to creating a cultural change.

Multi-sectoral approach: preventing and supporting children and young people involved in peer violence means understanding and putting into practice programmes that take into account factors in the broader social, cultural and economic context where they live and may make them more vulnerable. This implies high levels of commitment and cross-sectoral coordination to facilitate the adoption of the most appropriate measures. A great effort was made to reach out to a group of trainees as diverse as possible so that a network could be created between them, which was possible thanks to reliable local partners on the ground.

Trauma-informed approach: a trauma-informed approach recognises the way in which negative experiences, such as being a victim or witness to violence, can cause trauma, with long-lasting negative effects on the individual's physical, social and emotional well-being.

Adopting a trauma-informed approach involved recognising the impact of trauma and working resolutely to create safe contexts and reduce exposure to further trauma or re-traumatisation.

5. Cross-Practice Analysis

EU and International Context

A thorough analysis of the documented practices reveals several common themes and patterns that encompass and support their implementation. Before we proceed with the primary analysis, we examine the legal framework that provides the basis for these practices.

Children's rights form part of human rights law, and EU Member States are bound to respect them under international and European treaties, such as the United Nations Convention on the Rights of the Child and its Optional Protocols. The EU explicitly recognises children's rights in Article 24 of the EU Charter of Fundamental Rights and Article 3(3) of the Treaty on the European Union, which establishes the objective of the EU to promote the protection of the child's rights. Addressing Violence Against Children (VAC) was made a priority under the Thematic Area Three, 'Combating violence against children and ensuring child protection' of the EU Strategy on the Rights of the Child.

The EU wants to see integrated child protection systems implemented in each Member State. According to the new Recommendation on 'Developing and strengthening integrated child protection systems in the best interest of the child', the relevant systems should:

- Put children at the centre of integrated child protection systems.
- Establish a general framework of integrated child protection systems.
- Improve coordination and cooperation across sectors and competent authorities through the training of professionals, starting at the local level.

The Recommendation echoes the views of more than 1,000 children collected through the new EU Children's Participation Platform. The broad consultation in preparation for the initiative also includes an open public consultation, to which ESN contributed, and a mapping by the Fundamental Rights Agency on child protection systems across the Member States. In our contribution, we highlighted the importance of adequate social services responses for the protection of children. In order to help Member States develop and implement good practices on integrated child protection models, it is crucial to provide them with the possibility to exchange experience and information on the application of existing practices and concrete ways to adapt them in their national contexts.

Three years after the adoption of the first comprehensive EU Strategy on the Rights of the Child, the Commission has delivered on several commitments it made. These include bringing children to the centre of political and democratic life, promoting their socio-economic inclusion and creating integrated child protection systems. Additionally, the Commission announced the entry into force of acts and regulations aiming at safeguarding children's rights

online as well as promoting child protection globally.

National legislation

Apart from the international and European legal provisions, each of the four countries has a legal framework fostering children's welfare and protecting them from violence.

In Ireland, the primary legislation regulating childcare policy is the [Child Care Act](#), which promotes the welfare of children, ensures their safety, and admits them into state care. Regarding prevention of abuse and neglect, the Children First Act 2015 sets out what individuals and organisations need to do to keep children safe and how to deal with concerns about a child's safety or welfare. There is an obligation on organisations to promote the well-being of children to provide them with the highest possible standard of care and safeguard them from abuse.

The main legislation concerning child protection in France is the [Law of 5 March 2007](#), which helped to progress significantly in prevention. The emphasis is placed on early prevention, which is carried out by the Maternal and Child Protection Service (PMI) through mandatory health visits to future mothers and young children. Another main contribution of this law is to secure and improve the transfer of 'information giving rise to concerns (IP) through the creation of multidisciplinary information processing units (CRIP) that were created to collect and assess this type of information in every county council.

In Austria, the [Federal Child and Youth Welfare Act](#), established in 2013, set guidelines for child protection and welfare. The constitutional amendment of 2018 transferred exclusive competence over child and youth welfare to the nine states of Austria. Reporting obligations are regulated in the Federal Child and Youth Welfare Act. Professionals from certain institutions - such as health services, courts, and public bodies, are obliged to report to the competent public child and youth welfare office in the district or city if they have suspicions of child neglect or abuse or they feel the child's well-being is at risk. Since 2020, the [Styrian Child and Youth Welfare Act](#) has been the main legal provision for child and youth welfare. Its goal is to protect children from all forms of violence and to support parents in their parenting responsibilities. It regulates, among other things, local competencies, confidentiality and information rights.

In the Italian legislating context, the key law for the protection of the rights of children and adolescents is L. [No. 328/2000](#), 'Framework law for the creation of the integrated system of social interventions and services'. It draws up a system of social policies and services based on subsidiarity between the public and private sectors, regions and municipalities. This institutional construction attributes all competencies in the field of social policies to the regions and preserves State competence only in determining the essential requirements of social services. Besides that, the Authority Guarantor of Childhood and Adolescence has a crucial role in the national context regarding childhood policies and the adoption of legal instruments.

Collaboration and Partnership

This section examines the level of collaboration involved in implementing these practices, the number of stakeholders involved and the length of their involvement. Children and families facing complex problems require an integrated package of support instead of separated responses. Strong collaboration can assist both at the individual level, as services can better support children experiencing violence, and also at the organisational level, increasing coordination and reducing fragmentation between services.⁴

Across the four practices, a partnership and multidisciplinary approach is key to the success of these programmes. For instance, Meitheal functions as a case coordination process, bringing together multiple professionals to support the family's needs. The work carried out by Nord County Council is also underpinned by a multidisciplinary partnership approach. Within each organisation, PMI, CRIP and UAEP, there is an interdisciplinary team with professionals from different sectors like perinatal care, paediatrics, child psychiatry, social workers, and lawyers. There is a strong level of collaboration between the PMI and CRIP at the local level, SNATED at the national level and UAPED services within the health sector.

The 'Social Space Orientation' programme in Graz fosters partnerships between professionals from different disciplines and backgrounds within the public and non-public sectors who are jointly responsible for providing families with support in an integrated and coordinated way.

Finally, Italy's 'Safe Behaviours' project is underpinned by seven principles. One of them is the 'inter-sectoral approach', which recognises that preventing peer-to-peer violence requires a high level of inter-sectoral engagement and coordination across services, professionals, and children themselves.

Innovation and Adaptability

Innovation can positively impact social services and improve access to services for people who need them. Examples include adapted transport services for people with disabilities, apps that facilitate communication with care and services providers and staff, and data management. That is why innovation and adaptability are closely related in the context of the practices covered within this document. Adaptability is about how social services survive the various changes that are taking place and take advantage of them.⁵ All changes are opportunities to grow, adapt better, and tailor services to the population's growing needs.

In Meitheal, innovation is linked to the support offered to families and children despite not reaching the threshold for child protection interventions. Services are aware that families

⁴ European Social Network, Integrated Care and Support Promoting Partnerships across Services, Improving Lives, (2021), page 10, available at: [Integrated Care and Support - Promoting Partnerships across Services Improving Lives Final.pdf \(esn-eu.org\)](https://www.esn-eu.org/news/integrated-care-and-support-promoting-partnerships-across-services-improving-lives-final.pdf)

⁵ European Social Network, How innovation and technology are shaping the social services of the future, (2017), available at: <https://www.esn-eu.org/news/how-innovation-and-technology-are-shaping-social-services-future>

would benefit from additional support. Hence, Meitheal adapts to the needs of the family and innovates in the way the service is offered to ensure there is a continuum of support available for families.

Along a similar line, in France's Nord County Council, delegates at the PMI service visit were surprised that it led to pregnancy monitoring and early screening during the child's first years through a multi-professional team.

In the 'Social Space Orientation' programme in Graz, an innovative approach is the 'Social Space Walk', which uses maps, cameras, and interviews with children and young people to plan interventions in the local area.

Finally, in the 'Applying Safe Behaviours' project, young people became trainers and delivered training to teachers and social services professionals, which was something that had not been implemented in the past.

Involvement of families using services

Engaging people using services in service design ensures every person's voice is heard, especially those from vulnerable populations. When people are involved in the co-production of social services, outcomes are better as services can be planned to respond to the needs identified by people themselves.⁶

Meitheal recognises parents and children as experts in their own lives, ensuring that their voices are continuously heard during the Meitheal framework. The approach encourages parents to share their knowledge and concerns about their children while also considering input from the practitioners involved. Parents contribute to shaping the Meitheal process by identifying the agencies or individuals they would like to participate in developing a support plan that addresses their family's needs. Through ongoing discussions, parents and practitioners work together to develop actions that aim to improve the well-being of the child. This co-production of the Meitheal support plan highlights the central involvement of families, empowering them to take part in decisions and shaping the interventions aimed at improving their own lives.

In Graz, a vital focus of the 'Social Space Orientation' programme involves the community's participation in identifying needs based on their neighbourhood's resources. An example of how the local community is involved is the 'Social Space Walks', where practitioners interview and consider the residents' requests before implementing any intervention.

The 'Applying Safe Behaviours' project focused on ensuring children's participation in the development of training materials, and some were even trained to lead the training sessions.

On the contrary, PMI in France's Nord County Council did not involve people in the service design, a well-established programme implemented over the past decades. However, the

⁶ European Social Network, Placing co-creation at the heart of EU social policy (2024), available at: <https://www.esn-eu.org/news/placing-co-creation-heart-eu-social-policy>

community's involvement is key in reporting the situation of risks through the CRIP service.

Capacity Building

The demand for social care, support, and protection is rapidly increasing across Europe, driven by various factors, such as demographic changes and growing inequalities. This surge in demand places significant pressure on public social services and renders the training and development of staff crucial.⁷ It is critical that professionals are well-equipped to respond to increasing demands.

All assessed programmes include various elements of capacity building. For instance, Ireland's child and family agency lead practitioners who work on the 'Meitheal' programme undergo standardised Meitheal training to help them recognise concerns about children and report them.

Nord County Council adopted a guideline and action plan roadmap in December 2020 to better address violence against children. One of the main pillars is supporting capacity building for child protection professionals, from initial training to continuing education. To this end, courses in social work schools, university courses on child protection, and inter-institutional training were developed.

The Graz Model's multi-functional approach includes a wide variety of professionals. As a result, the focus is on building families' capacity and transforming them from passive to empowered actors. Family members are included in the efforts to find solutions, and new processes are being developed to work successfully with the professionals.

The 'Applying Safe Behaviours' project involved training professionals and children to respond to peer-to-peer violence. The project's outcomes show that participants increased their skills and capacity to respond to or prevent peer-to-peer violence.

6. Recommendations

Based on the cross-practice analysis, the following recommendations are proposed to facilitate replicating good practices in other contexts.

Foster Collaboration

Building strong, multi-sectoral partnerships is vital to the success of social service programs, as demonstrated by all four practices analysed. For instance, Meitheal involves case coordination between multiple professionals to support family needs, while France's Nord County Council uses a multidisciplinary approach within PMI, CRIP, and UAPED services. To replicate these models in other contexts, partnerships across sectors like healthcare, social services, education, and justice systems should be encouraged to ensure an integrated package of support. Collaboration at both individual and organisational levels enhances

⁷ European Social Network, Building Resilience in Social Services by Managing Demand (2023), page 25, available at: <https://www.esn-eu.org/publications/building-resilience-social-services-managing-demand>

service delivery, reduces fragmentation, and leads to more effective responses to complex social issues.

Promote Innovation

Innovation in service delivery can significantly improve access and responsiveness to those in need. The practices show how innovation has been successfully applied, such as Social Space Walks using maps and cameras to engage communities or the training of young people as peer leaders in the Safe Behaviours project. Hence, there should be support for innovative approaches like digital tools, community-driven initiatives, or creative engagement strategies. Adapt services to changing contexts and ensure that staff are empowered to implement innovative solutions, like adapting services to families' needs, as in Meitheal.

Engage Communities

Community involvement is crucial for tailoring services to local needs. Programmes like Meitheal emphasise parental involvement, and Social Space Orientation engages residents through the social space walk. The Safe Behaviours project also highlights how young people can play a role in service delivery. Communities should be actively involved in designing and implementing services to ensure people have a say in shaping interventions.

Invest in Capacity Building

Training and professional development are essential for ensuring service providers can handle the increasing complexity of social issues. This was a core element across all the programmes analysed. For example, Meitheal practitioners receive specific training, and Nord County Council supports capacity building and continuing education for child protection professionals. The 'Applying Safe Behaviours' project was all about training professionals and children. The training programs can have different forms, such as cross-sectoral workshops and specific skill-building sessions, such as child protection or peer violence prevention.

7. Conclusion

This report aims to present the four national practices of the Side-by-Side project and compare and contrast them by highlighting their common patterns despite the different contexts in which they are implemented. Strong collaboration, innovation, community involvement, and capacity building are key elements that enhance the success of these initiatives. The lessons learned from these national practices provide a framework for replicating and scaling similar initiatives in other contexts, ultimately strengthening support for children and families in need of care and support.

8. References

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