Side by Side
reinforcing child protection services

Training Needs Assessment Report

Contents

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.

In response, the Side-by-Side project[2] aims to increase the knowledge of adequate responses within social services on effective integrated mechanisms to prevent VAC and reinforce child protection services.

One of the project's activities focused on assessing the training needs of child protection professionals and practitioners through a questionnaire shared with professionals across Europe and in-depth interviews in the four countries where project partners were based.

The questionnaire was developed based on international standards and requirements for professionals working in VAC prevention, along with selected recent EU-funded projects. Therefore, the answers to the questionnaires helped us identify and assess their current gaps, as well as the knowledge and training professionals identified they could benefit from concerning VAC prevention.

This report uses as references the guidelines introduced by the WHO INSPIRE framework and EU Thematic Area 3 of the EU strategy for the rights of the child regarding what constitutes appropriate skills and methods in preventing violence against children.

The report outlines the results of the training needs assessment questionnaire and provides recommendations for enhancing the capacity building of professionals to address those training needs. We expect that this report will allow relevant decision-makers to identify training needs in fighting violence against children, develop an adequate training plan for child protection professionals, and enable appropriate channelling of funds at European, national, and local levels towards this purpose.

2. Methodology

The training needs assessment was designed by the European Social Network (ESN) and SOS Children's Villages International and consisted of two distinct components: **a questionnaire** and a **semi-structured interview** where qualitative and quantitative information was gathered.
The questionnaire consisted of 20 questions categorised into four sections completed by professionals involved in preventing or addressing VAC. ESN and SOS distributed the questionnaire among their networks, including frontline workers, managers, and service heads within ESN member organisations, safeguarding focal points, and professionals involved directly in child protection with SOS. Questions assessed the expertise of the respondents, for

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example, managers or heads of unit and their staff, on a scale of one to five (from least to most).

The semi-structured interview was adapted from the Side-by-Side questionnaire to expand the answers to the questionnaire with qualitative information. This time, answers were about the respondent's experience (not their staff) in a qualitative format, allowing further development of the answers. The interviews were conducted by the four national project partners, namely the city of Graz in Austria, SOS Italy, the county council of Nord in France, and TUSLA, the national child and family agency in Ireland. Each partner selected relevant profiles based on their national practice and conducted up to 10 in-depth interviews in their national language by phone, online or in person.

3. Analysis

A total of **36 complete questionnaires** from 8 countries were gathered.

In addition, national partners conducted **32 semi-structured interviews**, which partners managed, transcribed, and translated. In total, **68 questionnaires** were gathered from **12 countries**.

The questionnaire and the interviews are distributed in four parts:

1. Knowledge and understanding of international and national legal instruments
2. Identifying, responding and preventing VAC
3. Structural and caregiver issues
4. VAC policy and practice in your organisation.

3.1. Knowledge and understanding of international and national legal instruments.

- *How knowledgeable are you and your staff about the United Nations Convention on the Rights of the Child and how it can be practically used in your daily work (i.e., in day-to-day prevention of VAC)?*
- *How knowledgeable are you and your staff about national strategies, laws, and regulations in relation to VAC in your country?*
- *How aware are you and your staff of the safeguarding legislation and requirements in your country and at the EU level?*

In relation to knowledge of the UN Convention on the Rights of the Child, 39% of the questionnaire's respondents gave themselves a perfect score, and 47% gave their staff a four out of five, rating it as 'good'. Overall, the respondents showcased a high level of knowledge, which is evident not only in the ratings but also in their comments. For example, it was mentioned that the Convention has a central role in their everyday work and training. However, the answers in the interviews were more evenly distributed. Around 46% of respondents stated that they have negligible or no knowledge about the provisions of the UN Convention, pointing out that either they are not aware of the provisions or do not apply them in their work. The remaining interviewees, approximately 54%, confirmed they have substantial knowledge of the Convention and confidently implement it.

Questionnaire's findings regarding knowledge of the UN convention
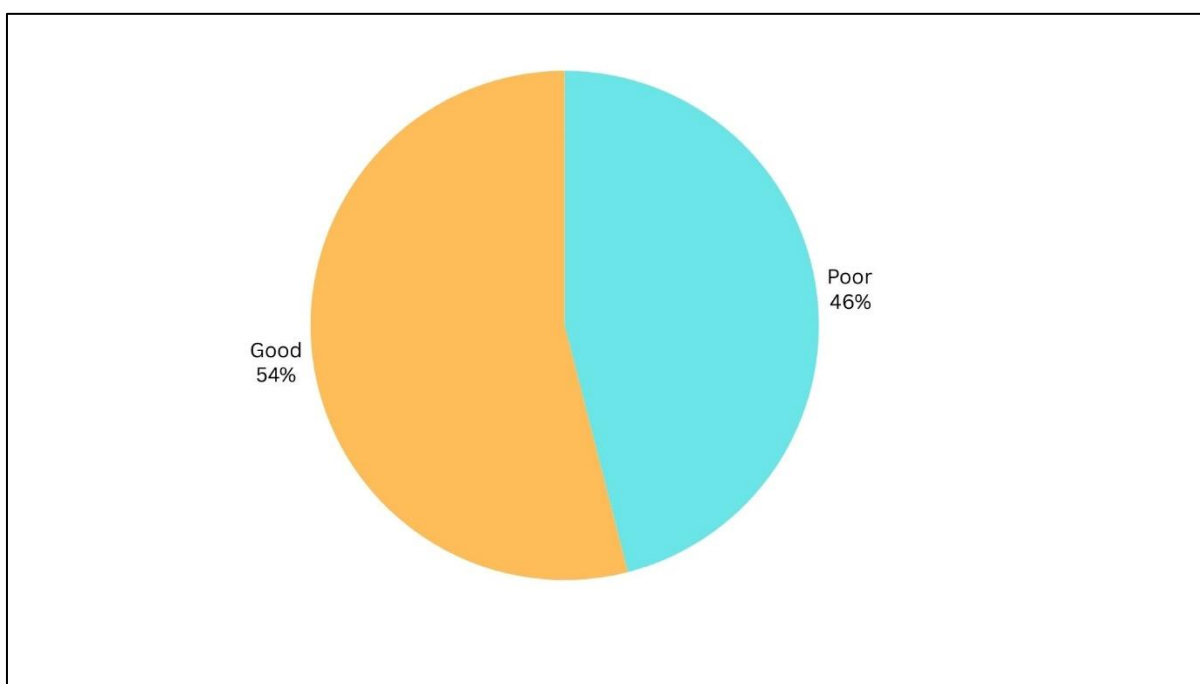
Interviews' findings on knowledge of the UN convention

The following two questions were related to national regulations on preventing violence against children or safeguarding legislation at national and European levels. In both questionnaires and interviews, respondents rated their knowledge as high. However, one noticeable point expressed during the interviews with practitioners in Austria and Ireland was that they were not aware of whether there was any European safeguarding legislation.

The answers to these three questions have similar ratings with small variations that can be explained by respondents' different working positions. The answers provided by managers revealed they had more knowledge about the legal and policy framework than front-line workers do, as front-line staff often have different skills focused on working directly with

children and young people.

3.2 Identifying, responding and preventing VAC

- *How confident are you and your staff in identifying the physical symptoms of VAC?*
- *How confident are you and your staff being able to identify the behavioural symptoms of VAC?*
- *Would you consider that you know and understand the factors leading to peer violence? How confident are you that your staff is equipped in identifying, responding, and preventing peer violence?*
- *Do you and your staff have the appropriate knowledge and tools to identify, respond and prevent online violence against children?*
- *Do you feel confident that your staff can identify, respond, and prevent VAC based on the following discriminatory factors?*
- *Do you and your staff have the right tools and knowledge to be able to address VAC by and against children affected by trauma?*

Concerning symptoms of violence, the participants' responses ranged on the same level. The analysis of the responses indicates that more than 65% of managers felt highly confident rating themselves with a four or five on the rating scale in their ability to identify physical and behavioural symptoms of violence in children. Similar ratings were given towards their staff, with the only difference being the ability to identify behavioural symptoms of VAC, highlighting the difficulty it entails. The same difference can be noticed in the interviews. As pointed out by some of them, symptoms of behavioural violence can mistakenly be interpreted as rebellious behaviour, hence not paying the necessary attention.
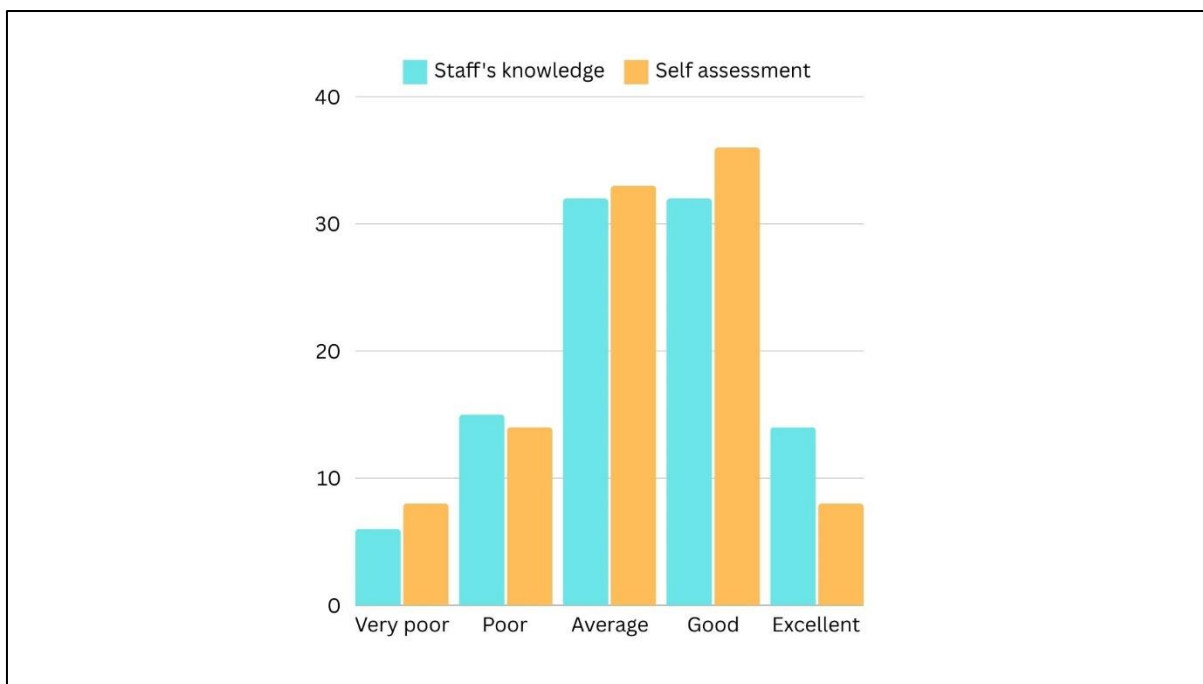

Questionnaire's findings on the ability to identify the physical symptoms of VAC?
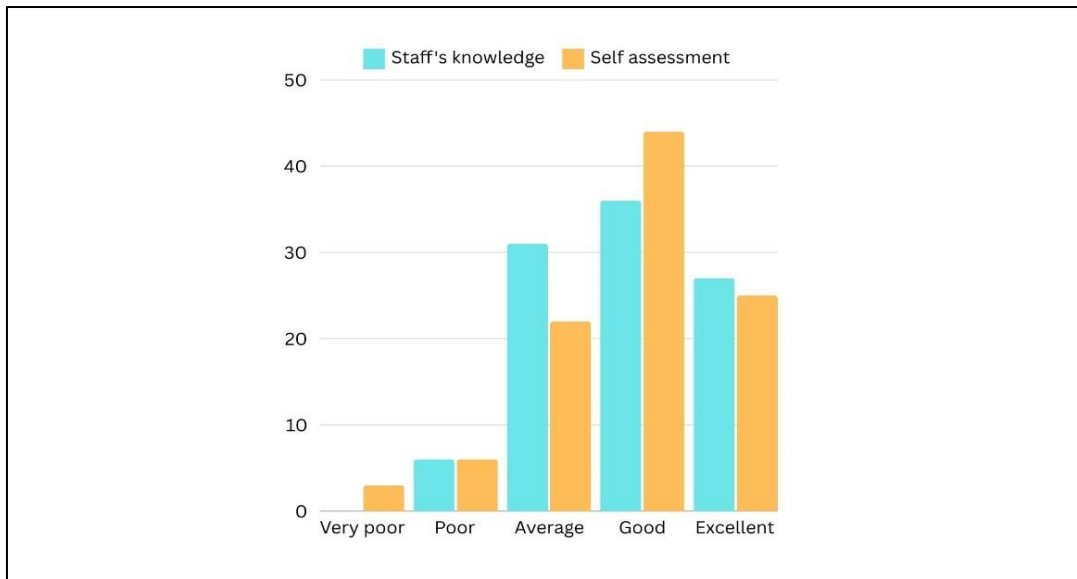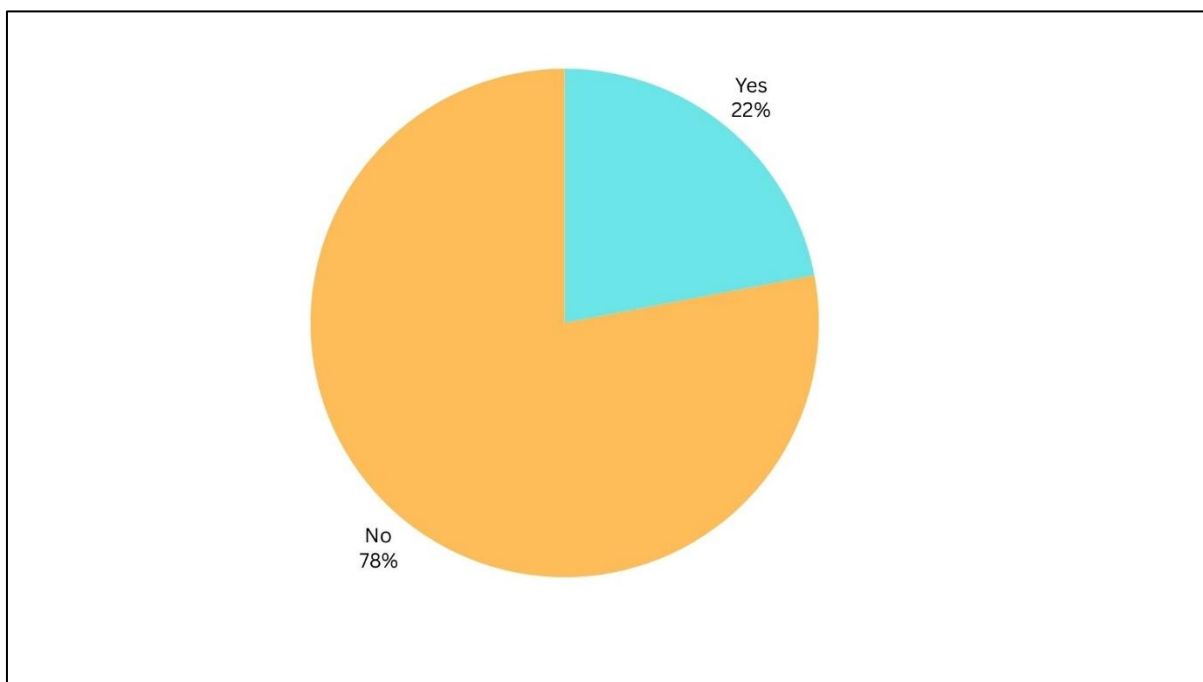
Questionnaire's findings on the ability to identify the behavioural symptoms of VAC?

The questionnaire approached peer violence with two questions. In the first one, respondents were asked about their understanding of the issue, with just 39% assigning a score of four out of five. In the following question, we asked managers about their staff's capability to recognise, address, and prevent peer violence. The most frequently selected option was three out of five, which 36% of respondents chose. During the interviews, the questions focused only on the participants' ability to distinguish the various factors underlying peer violence and their expertise in its prevention and response. Though most interviewees expressed confidence in their ability to identify several parameters that can lead to peer-to-peer violence, prevention is more difficult, and they expressed difficulties in prevention without a team of professionals from different sectors involved.

Regarding practitioners' knowledge of how to identify, combat and prevent online violence, it seems that professionals do not have enough tools to be able to identify and address this issue. Still, there are differences between the answers provided in the questionnaires and the interviews. In the questionnaires, managers rated their knowledge and that of their staff mostly as three or four out of five. However, during the interviews, respondents emphatically stated that they lacked the appropriate tools and knowledge to identify and prevent online violence against children. Apart from removing a device from a child or helping parents fill in a report to the responsible authorities, they said they could not identify what they should do and how. According to them, online violence is a recent phenomenon, and they lack knowledge of how to use social media to address online child violence. Consequently, they often hire experts or collaborate with other organisations when such cases arise.

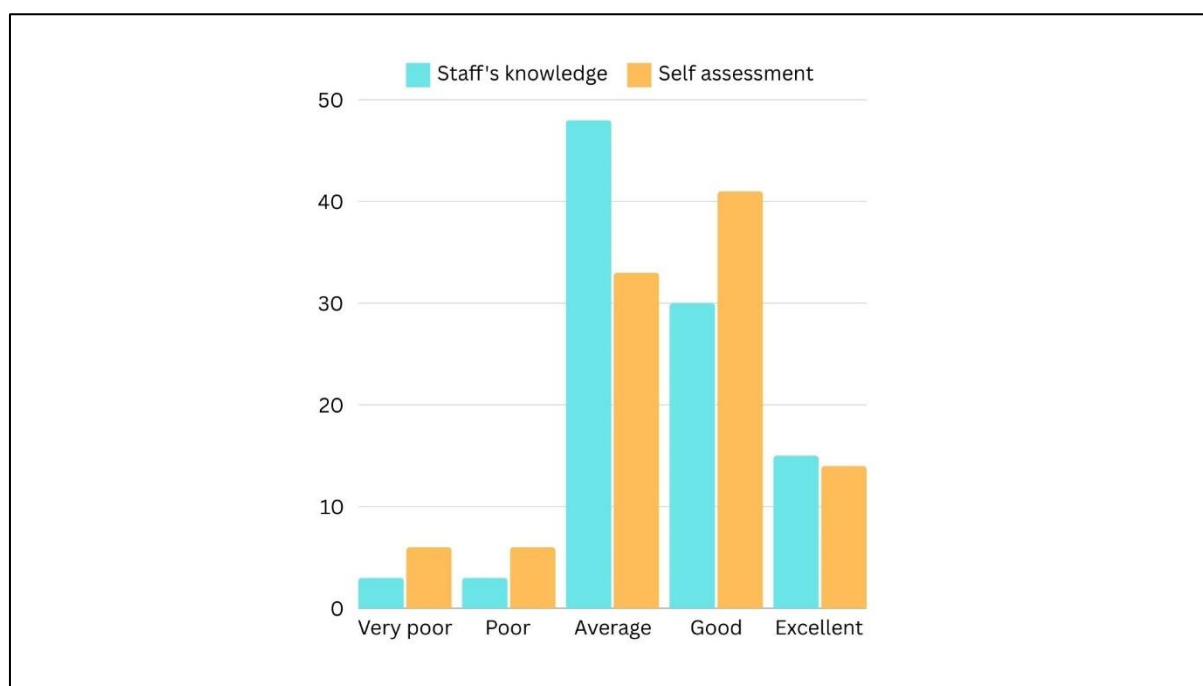*Questionnaire's findings on the knowledge and tools to identify, respond and prevent online violence*

Interviews' findings on the knowledge and tools to identify, respond and prevent online violence

The next question asked participants about their ability to identify, respond to, and prevent violence against children based on discriminatory factors such as ethnicity, skin colour, gender, or religion. In the questionnaire, the query was directed towards the managers' understanding of their staff knowledge rather than the participants themselves. Responses were promising, with high scores across all categories, as most respondents assigned either four or three out of five. However, managers acknowledged that their staff is aware of some factors more than others and training is needed in certain areas, such as LGBTQI+, which are not routinely addressed in their work. Throughout the in-depth interviews, 75% of practitioners generally expressed confidence in identifying and preventing VAC associated

with ethnicity, skin colour, gender or religion. A similar pattern was identified in the interviews, and some interviewees were more used to addressing issues of violence on the grounds of sexual orientation or gender identity, so it was easier for them to address those issues. For others, addressing VAC based on migrant background is an area where they feel they lack suitable training.

Regarding the necessary tools and knowledge to address VAC among children affected by trauma, over 40% of the respondents, both managers in relation to their staff and practitioners themselves, indicated they had a 'good or 'average' knowledge of these tools. As was pointed out by some participants, while trauma-informed care is an integral part of their work, they often rely on specialist services to address trauma as a result of violence against children. The same findings were observed in the interviews. However, the gap between 'yes' and 'no' answers is narrow. Around 20% of the interviewees mentioned that despite knowing how to approach children affected by trauma, they do not have the necessary tools to respond to VAC appropriately, and they need a multidisciplinary team to be able to do so. This does not mean that most participants do not have the capacity to respond to VAC, but they need more resources and better collaboration to be more effective.

Questionnaire's findings on the knowledge and tools to address VAC by and against children affected by trauma
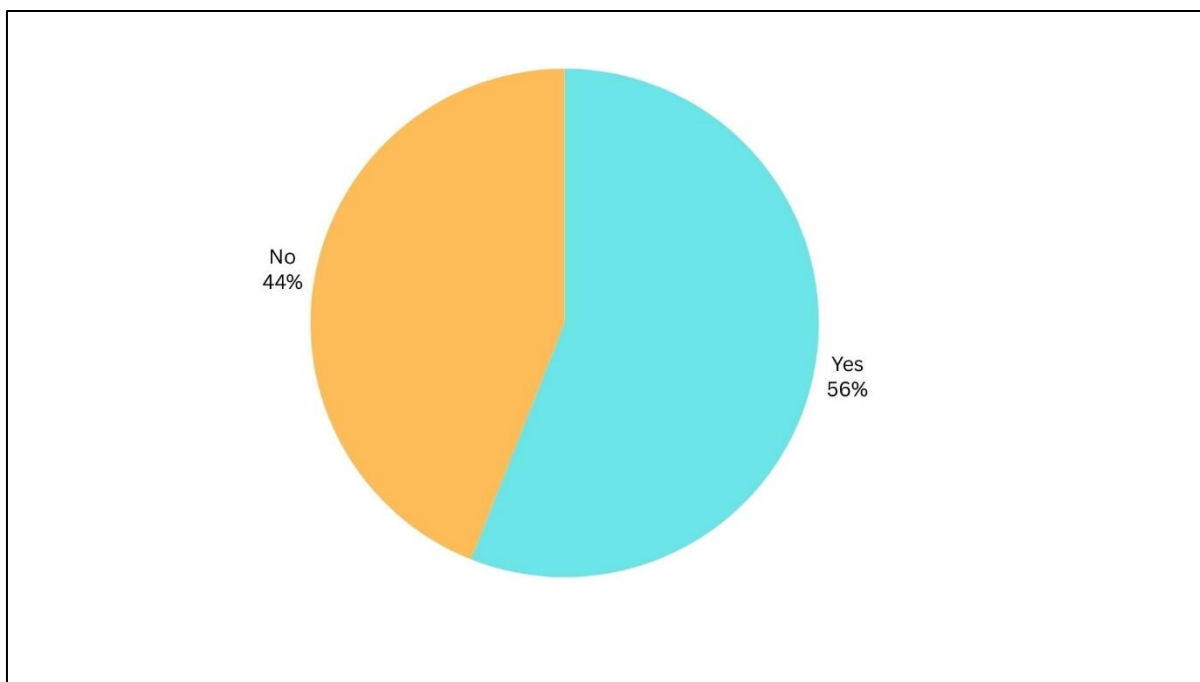
Interviews' findings on the knowledge and tools to address VAC by and against children affected by trauma

3.3 Structural and caregiver issues

- *In general, do you think the caregivers you interact with are aware of the negative impact of corporal punishment?*
- *How would you rate your and your staff's level of understanding and knowledge of the socio-economic factors likely to lead to VAC?*
- *How confident are you and your staff in identifying children who are being subjected to grooming?*
- *Do you and your staff understand the issue of institutional violence and have the tools to address it?*
- *Do you and your staff have the right tools and knowledge to be able to address VAC by and against children involved with your country's justice system?*
- *How integrated are your services? I.e., how streamlined is working in collaboration with other services (e.g. health, justice, school…)?*
- *Related to the last question, how would you evaluate your and your staff's level of understanding of how different professions can work effectively together to support children who experience VAC?*

Turning to corporal punishment, most participants (38%) provided a perfect score, while 52% gave a three or four out of five, indicating that they felt most caregivers were aware of its negative impact. Some commented that a lower rating was given because their services collaborate with caregivers who mostly have limited knowledge about corporal punishment. Therefore, they seem to be mostly providing training to them. During the interviews, participants had to select 'yes' or 'no', with the former being chosen by 66% of the respondents. The group that opted for the negative answer mentioned that they collaborated with parents who did not believe corporal punishment had a negative impact either for social or cultural reasons.

In relation to the socioeconomic factors impacting VAC, most respondents opted for a perfect score either as managers or for their staff. More precisely, 41% in the questionnaire and 37% in the interviews gave a score of five out of five, underlining their confidence in their knowledge of different socio-economic determinants likely to lead to VAC. The same pattern was observed in the case of practitioners. However, socioeconomic factors are very complex, and recent crises, such as COVID-19, have shown that it is increasingly challenging to identify

some of the emerging socioeconomic factors.

Regarding grooming, which is the process by which offenders gradually initiate and maintain secretive sexual relationships with victims, a significant number of respondents, especially within the questionnaire, acknowledged that they have limited or no knowledge to identify children who have been victims of grooming. 38% of respondents rated their knowledge as managers and that of their staff as intermediate. Additionally, it is worth noting that this is the question with the highest score of one in the questionnaire, underlining the difficulty in preventing and addressing it. The most frequent answer in the interviews was either a complete lack of knowledge or just being marginally familiar with the phenomenon.


How confident are you and your staff in identifying children who are being subjected to grooming?

On the issue of institutional violence, which can be defined as when social structures or institutions may harm people by preventing them from meeting their basic needs or rights, the most selected score was three out of five for 35% of managers and 33% for staff.[3] It is worth highlighting, too, that several respondents provided comments to qualify their answers and claimed that although they have the knowledge and a good understanding of institutional violence, they do not have the appropriate tools to address it. Moving on to the interviews, more than half of the interviewees answered positively that they understood and could address institutional violence. Interviewees were also confident in the suitability of their tools to be able to do so. Nonetheless, there were remarks from Italian frontline workers that systemic flaws can lead to institutional violence, which might not always be due to individual negligence but rather the structure of the system itself. Although they have the tools to detect and intercept such issues, they are uncertain about their ability to fully resolve them, highlighting a gap between detection and effective resolution.

Finally, regarding addressing VAC against children involved with the country's justice system,

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[3] Johan Galtung, Violence, Peace, and Peace Research, available here: Galtung Violence, Peace, and Peace Research.pdf (kobe-u.ac.jp)

35% of the respondents of managers and their staff self-assessed themselves with a score of three or four out of five. However, in the qualitative interviews, 70% of interviewees said that they did not have the right tools to address VAC by and against children involved in the justice system since just 30% stated that they had the necessary knowledge.
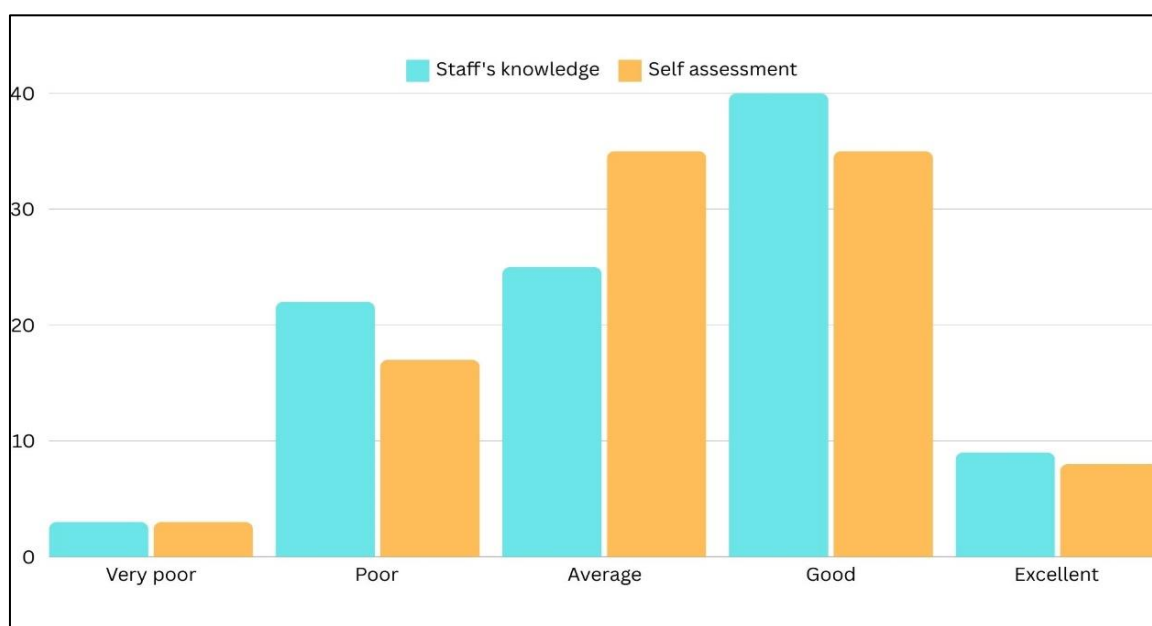
Questionnaire's findings on the available tools and knowledge to address VAC against children involved with the country's justice system.
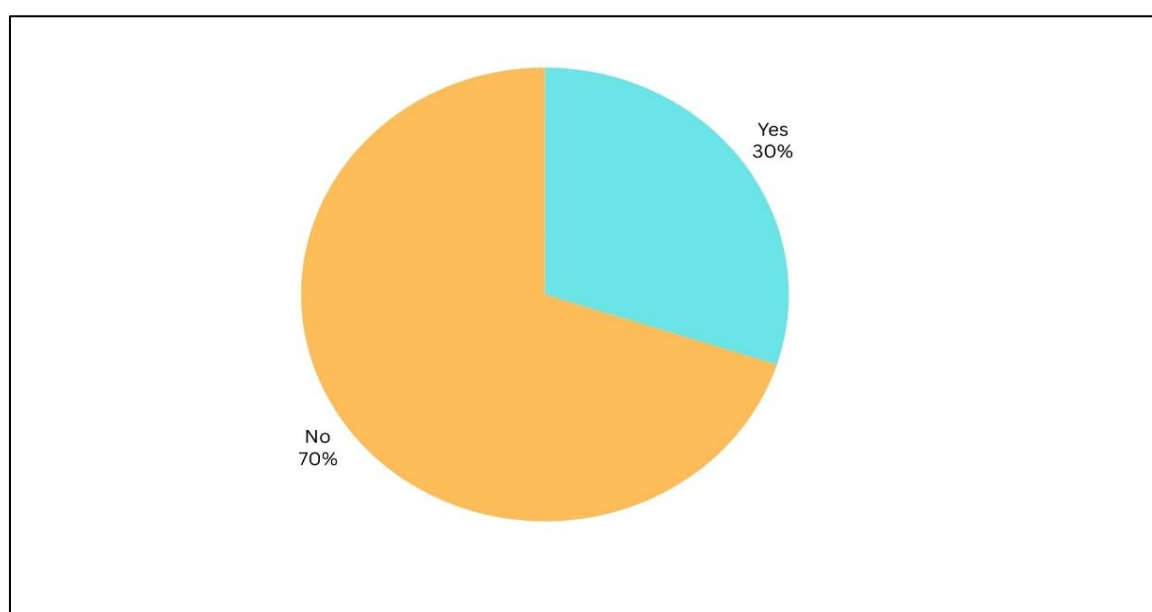
Interviews' findings on the available tools and knowledge to address VAC against children involved with the country's justice system.

The survey then turned to the question of cooperation among different professionals in preventing and addressing violence. Based on the responses received, there appears to be a sufficient level of collaboration, with different services working closely to address VAC. However, it was noted that this collaboration sometimes encounters challenges due to structural barriers, indicating opportunities for improvement. The questionnaire's most prevalent responses were ratings of four or five out of five, accounting for 38% and 32% of the

total, respectively. The interviews mirrored a similar trend, with the majority of respondents (37%) selecting a score of four out of five while also indicating lower scores. The second most selected answer was three out of five by 28%, underlining that collaboration sometimes faces challenges due to lack of resources or capacity.

Moreover, the respondents were asked to evaluate their and their staff's understanding of how different professions can effectively work together to support children experiencing VAC. The most common response was a score of four out of five, underlining a significant understanding of the importance of collaboration and a holistic approach among different professionals. On the other hand, 31% of the interviewees mentioned little to no knowledge of other available services to support the children with whom they worked. According to their comments, this results from communication problems or a lack of consistency and possibilities to collaborate across all children's services.

3.4 VAC policy and practice in your organisation

- *Would you and your staff be able to identify and explain why a child might not reach out for help when experiencing VAC?*
- *Are there systems in place within your own organisation to regularly update yourself and your staff on training and knowledge on VAC?*
- *Do you and your staff understand the concept of child participation and why it is important?*
- *Within your services, to which extent do you believe children are allowed to learn more about violence and why it happens, ways they can appropriately look after themselves and support their peers so they can become active agents of change in their environment?*

Regarding the factors influencing a child's reluctance to seek help when facing VAC, 39% of the respondents rated their own knowledge as four out of five, while 40% gave the same score in relation to their staff's knowledge. Notably, some respondents emphasised the need for prior interaction with the child to effectively understand this phenomenon, particularly highlighting the challenges inherent in addressing the needs of a child with whom child protection services just started to work. During the interviews, responses underscored a robust proficiency in distinguishing the underlying reasons behind a child's hesitance to seek assistance when experiencing VAC. Fear, not knowing who to talk to, and peer influence are some of the reasons children are hesitant. We also asked the participants if there are systems within their organisations to update them on training and knowledge regarding VAC. The responses are evenly distributed, and there are diverse perspectives among the participants. In some organisations, employees must follow a specific number of training and workshops each year, even if their everyday tasks are not directly related to the prevention of violence. In others, there is permanent training on VAC. On the contrary, a significant proportion of participants expressed a lack of regular updates, particularly within their respective organisations. Furthermore, some individuals believe that the current systems fail to update them adequately, especially when it comes to online violence or grooming, considering the multifaceted nature of VAC indicators.

The questionnaire then addressed the importance of child participation, which refers to children engaging in opportunities to express their views and influence matters that concern them directly and indirectly. The participants were asked if they, as managers and their staff, understood the importance of this concept. 50% of the respondents gave a perfect score regarding their and their team's understanding. The percentage was even higher in the interviews, with 97% of the respondents recognising the importance of children's participation.

The training needs assessment concluded by asking respondents if children are allowed to learn more about violence, its causes, and ways to care for themselves and support their peers appropriately within their services. Nearly 40% of the respondents scored their level of information dissemination at three out of five, indicating a recognition of the need for improvement of existing efforts to inform children. In the interviews, an even lower score of two out of five was mostly selected, suggesting limited opportunities for children to acquire knowledge on these subjects and, therefore, the need for improvement.
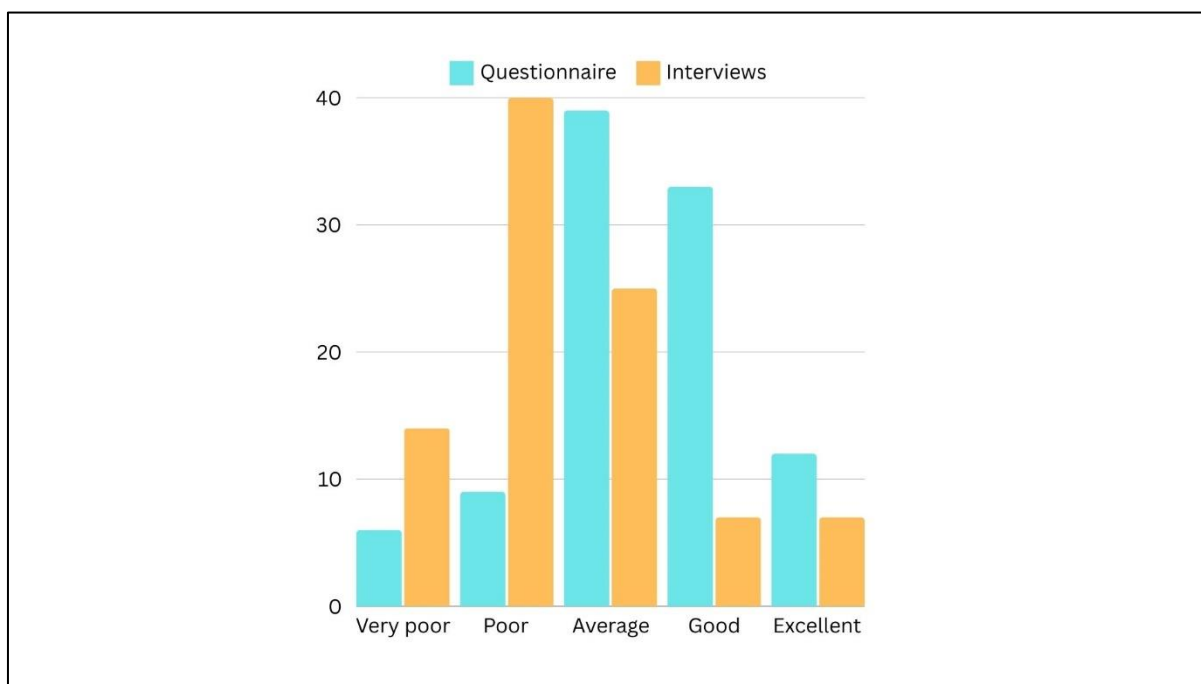
Within your services, to which extent do you believe children are allowed to learn more about violence and why it happens, ways they can appropriately look after themselves and support their peers so they can become active agents of change in their environment?

4. Findings and recommendations

The training needs assessment conducted through online and face-to-face interviews in the 12 countries highlighted several vital needs and gaps listed below:

1. **Reinforcing recognition of behavioural symptoms of child violence.**
   - Enhance the ability of professionals to recognise and interpret behavioural symptoms of VAC more effectively through advanced training and practical workshops.

2. **Familiarisation and equipping professionals with tools to identify and address online VAC.**
   - Equip professionals with comprehensive knowledge and practical skills to use online tools designed for identifying and preventing cases of violence against children.

3. **Addressing discriminatory factors in VAC**
   - Strengthen the capacity of professionals to identify, respond to, and prevent VAC related to discriminatory factors that are often overlooked, specifically on sexual orientation and gender, through specialist training and awareness programmes.

4. **Assessing and supporting children affected by trauma**
   - Improve the knowledge and application of assessment tools for children affected by trauma, enabling professionals to address VAC through trauma care and a sensitive approach. [4]

5. **Enhancing knowledge of identification of grooming**
   - Develop professionals' ability to identify and respond to grooming as a form of violence through targeted educational programmes, workshops or training.

6. **Adopting tools to address institutional violence and VAC in the justice system**
   - Ensure that professionals receive adequate training and continued education on national laws, policies and programmes, as well as on international standards necessary to respond to the specific needs of children within the justice system. [5]

7. **Integrating different services to ensure children's protection**
   - Improve collaboration and communication between professionals to support children who have experienced violence.

8. **Including children as active agents**
   - Promote the inclusion of children as active participants in learning about violence and its causes, empowering them to understand, identify, and advocate against violence.

By implementing these enhanced training initiatives, professionals will be better equipped to recognise, respond to, and prevent various forms of violence against children, ultimately

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[4] https://www.sos-childrensvillages.org/getmedia/be6ae273-3aeb-4024-9db9-a51001266768/TIP-Final-publication.pdf

[5] https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/8._prevention_of_and_responses_to_violence_against_children_within_the_juvenile_justice_system.pdf

leading to a safer and more supportive environment for all children.

1. Develop and implement integrated training programmes in public child protection services that address the abovementioned needs.

2. Design a Train of Trainers programme for the sustainability of the capacity-building modules in child protection public services.

3. Universities and educational institutions offering Social Work, Social Pedagogy, Social Education, Psychology, Integration, and Mediators programs should update their curricula to respond to current challenges and make connections with real-life implementation.

5. References

Institutional agreements and studies

- Council of Europe Strategy for the Rights of the Child: https://rm.coe.int/council-of-europe-strategy-for-the-rights-of-the-child-2022-2027-child/1680a5ef27
- EU strategy on the rights of the child: https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A52021DC0142
- European Commission, DG Justice – Child Safeguarding and Child Protection Policy – tips and examples: https://ec.europa.eu/newsroom/just/items/668275
- European Union Agency for Fundamental Rights – Mapping child protection systems in the EU: https://fra.europa.eu/en/publication/2016/mapping-child-protection-systems-eu
- Johan Galtung, Violence, Peace, and Peace Research: https://www2.kobe-u.ac.jp/~alexroni/IPD%202015%20readings/IPD%202015_7/Galtung_Violence,%20Peace,%20and%20Peace%20Research.pdf
- SOS Children's Villages, Safe Places, Thriving Children, Embedding Trauma-Informed Practices into Alternative Care Setting: https://www.sos-childrensvillages.org/getmedia/be6ae273-3aeb-4024-9db9-a51001266768/TIP-Final-publication.pdf
- United Nations Convention on the Rights of the Child: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
- United Nations, Office of the Special Representative of the Secretary General on Violence Against Children, Prevention of and responses to violence against children within the juvenile justice system: https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/8._prevention_of_and_responses_to_violence_against_children_within_the_juvenile_justice_system.pdf
- World Health Organization Inspire Strategies: https://www.who.int/publications/i/item/9789241565356