EuroHealthNet Country Exchange Visit

THE PROMOTION OF PSYCHO-SOCIAL HEALTH: multidisciplinary, integrated and institutional approaches to prevent violent behaviours and support victims of violence

Host: The Directorate for Citizenship Rights and Social Cohesion of the Region of Tuscany, Italy

Florence, 24-25 October 2019

EuroHealthNet study visits are supported by the European Commission, through the Programme for Employment and Social Innovation (EaSI 2014-2020)

Introduction

EuroHealthNet, in partnership with its member Tuscany Region, organised a Country Exchange Visit (CEV) to exchange good practices and experience supporting victims of violence and preventing violent behaviours. The visit took place within EuroHealthNet's contract agreement with the European Commission DG Employment, Social Affairs and Inclusion within the EU Programme for Employment and Social Innovation (EaSI).

The purpose of CEVs is for EuroHealthNet members to learn about specific and general developments in a host country, region or municipality, and to exchange knowledge and learning from the visitors' experiences with a view to mutual capacity building and initiation of follow up links and work. Participating members have completed a "Reflection document" to capture and share key messages.

The meeting was moderated by Caroline Costongs, Director of EuroHealthNet, who offered welcome remarks together with the hosts, Katia Belvedere, Head of Office for Legal advice and support to health research at the Directorate for Citizenship Rights and Social Cohesion of the Tuscany Region, and Laura Belloni, Director of the Centre for Regional Reference on Relationship Criticism in Tuscany. Katia Belvedere reiterated the region's commitment to engage in international collaborations and stressed the importance to provide quality response to citizens' needs. In turn, Dr. Laura Belloni called participants to rethink human relationships with the aim to create a peaceful and inclusive co-existence of different people.

Caroline Costongs further explained the situation, rationale and aims for the CEV from national and EU perspectives. The meeting was co-organised and reported by Lina Papartyte and Vania Putatti, EuroHealthNet. Representatives of EurohealthNet's members from Finland, Malta, Poland, Ireland, Slovakia, Slovenia, Scotland and Wales participated in the meeting.

Participants on Day 1 of the Country Exchange Visit at the venue of Presidency of the Tuscany Region.

Throughout the visit participants learned about good practices in health promotion and social inclusion, and discussed the best ways to identify and support victims of physical and psycho-social violence. The visit also concerned how EU policy and tools can help contribute to members' work. In addition to the final report, a background document had been developed and shared with participants to facilitate discussions and exchange within different sessions of the country visit.

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Health promotion in Tuscany Region

The Italian healthcare system is based on the following four principles: 1) it is accessible to the entire population; 2) it provides comprehensive preventive and curative services; 3) it is financed by general taxation and is mostly free of charge at the point of delivery; 4) it is regionally organised. Maria Josè Caldes Pinilla, Director of the Global Health Centre, explained that in 1993 the NHS reform attributed more power and more financial accountability to the regions. After the constitutional amendment in 2001, it was decided that the state has the exclusive power to define the basic benefit package, which must be uniformly provided across the country, regulate disease prevention programmes and authorise drugs use and research, while the 20 Italian regions have responsibility for planning, organizing and administering the healthcare system. At local level, local health units are responsible for assessing the needs and providing comprehensive care to a defined population.

Caldes Pinilla reported that in 2018, the Tuscany region had € 7.4 billion health expenditure for 3.737.000 inhabitants (6.2% of the Italian population), which corresponds to € 1,978 per capita. The region has 8,038 medical doctors, 20,643 nurses, 2,653 general practitioners and 447 paediatricians. There are 68 public and accredited private hospitals with approximately 2.85 hospital beds per 1,000 population. Demographically, Tuscany's population is of an advanced age and faces many challenges posed by chronic diseases. The region has 322 nursing homes for the elderly. On average, every day there are 75 births and 116 deaths in the region, posing a demographic challenge.

Silvia Brunori, together with Massimiliano De Luca, both from the Regional Social Observatory, presented the annual report on gender violence in Tuscany. Silvia Brunori underlined the importance of collecting data on women who experience violence to prepare an appropriate response. However, when collecting

data on gender violence, social researchers face a number of challenges, including sensitivity of the subject, victims' reluctance to report, cultural factors, etc. As a result, the occurrence of gender violence is almost certainly underestimated and related data is limited or unreliable to enable a clear understanding of its determinants. And even though determining the exact number of women subjected to violence would already be a major result, it would not be enough to know where and how to act to effectively tackle the phenomenon.

A survey conducted in Tuscany in 2015 clearly suggests that violence is perpetrated in the family, meaning that a woman is made vulnerable to violence predominantly within the context of a relationship. The Regional Social Observatory aims to develop new surveys that could deliver more comprehensive data that could inform what happens in the context where a woman lives in order to shift the culture of violence. The objective of new analysis is to understand what drives the phenomenon.

Massimiliano De Luca explained that if we start seeing the relationship, instead of a woman or even a man, as the centre of gender-based violence, we might come to consider it as one of the many possible forms of violence towards people in a position of vulnerability whether this is physical, psychological or economic. This would be a cultural operation, shifting the focus from women to the psychological, cultural and social context in which violence is carried out.

Discussion points:

- A new survey by the Regional Social Observatory will aim to help understanding whether episodes of violence in the family of origin of a woman make her more inclined to maintain dangerous relationships as an adult. The results might reveal whether violence suffered influences subsequent relationships. However, some participants were concerned that this appeared to blame women for engaging in violent relationships with men.
- Mark Bellis, Director of Policy, Research and International Development at Public Health Wales, explained that even though gender violence is prevalent, most of the cases of violence are happening between men, and only addressing *all* forms of violence can lead to effective results
- In Wales, there is a law requiring teachers to undertake a training for violence prevention in schools. At the national level, there is a law dictating how the police force must suppress acts of violence by preventing violent acts to begin with.
- In Tuscany, there are six centres dedicated to men's health/social situation. Men can be referred there by the police or the social services in order to learn to control their behaviour, or they can turn to the centres themselves asking for help.

Vanessa Zurkirch presented the Centre for Regional Reference on Relationship Criticism (CRCR), located within the Careggi hospital-university in Florence. Realising the importance of relationships within any institution, the centre was established in 2007 to positively influence the organisational developments and the quality of human relationships with the objective to offer high quality health services. Its vision is to overcome a narrow perspective on health in individual terms, embracing health of organisations as a whole.

At the regional level, the CRCR works with Prison Administration Office, Health Networks, hospitals, patients who have committed crimes, the network of services for improving personal coping skills and implementation of psychological competencies. In recent years, the centre has also been involved in the closure of the Judicial Psychiatric Hospitals by supporting the structures involved in the change process

(intermediate structures, Mental Health Departments of the region) to build networks of integrated relationships both in the health field and in the judicial system (further discussed on p. 11).

Participants on Day 1 of the Country Exchange Visit at the venue of Presidency of the Tuscany Region.

Policies and instruments at European level to support work on health promotion, health equity and social inclusion

Lina Papartyte and Vania Putatti gave an overview of EuroHealthNet activities in health promotion and social inclusion. EuroHealthNet supports members in interpreting and engaging in the EU policy and legislative agendas, especially in the context of the European Semester, the EU annual cycle for social and economic governance. Engaging in the European Semester allows stakeholders to have a say on the national agenda as well as on investment prioritisation. As from 2019, the Semester has been linked to the EU budget and prioritisation of investment needs at national level. We have also published a 2019 European Semester analysis from a health equity perspective.

We address child poverty through engagement in the EU Alliance for Investing in Children. In 2019 we celebrate 30 years of the UN convention on the Rights of the Child. Together with multiple stakeholders we keep the issue of child poverty on the political agenda. Investing in people's skills, living conditions and health-promoting integrated services are of utmost importance. You can find a EuroHealthNet video about the importance of first 1000 days in eight languages (picture on the right). EuroHealthNet also responds to public consultations, like the evaluation of European

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Social Fund (ESF). The ESF is the European Union's main instrument available for promoting social inclusion, combatting poverty and any type of discrimination.

Recently, as part of our work with WHO Regional Office for Europe, we published a Guide on novel ways of financing health promoting services that investigates non-traditional models of financing activities for better health and wellbeing.

EuroHealthNet has also developed the Policy Précis 1) Gender Equality and Health; 2) Health and Youth Exclusion, as well as the factsheet on 3) Health Inequalities in Europe, that analyse current situation in Europe and indicate pathways where progress may be achieved.

At the European level, European Commission launched the Daphne Initiative in 1997, as a one-year funding of € 3 million to fund projects that combat the violence against women, children and young people. The funding was renewed regularly with increased amounts and the programme continued in the period 2014-2020, as one part of the Rights, Equality and Citizenship Programme. To capture all the learning, European Commission created a Daphne Toolkit, which is a rich repository, not only of project descriptions, but also of reports, studies, tools and awareness-raising and training materials. These are supplemented by contact details of the project partners and links to their websites.

In 2014, the WHO Regional Committee for Europe adopted a European child maltreatment prevention action plan 2015–2020. Its goal is to reduce the prevalence of child maltreatment by implementing preventive programmes that address risk and protective factors, including social determinants. At the World Health Assembly in 2016, countries endorsed a global Action Plan to strengthen the role of the health systems to address interpersonal violence, in particular against women and girls and against children.

The WHO Regional Office for Europe, in collaboration with the City of Oslo, organised a first meeting of cities and stakeholders to discuss the formation of a Taskforce for the Prevention of Adverse Childhood Experiences (ACEs) in November 2019. The aim was to identify priority needs, advantages and opportunities of collaboration through the development of a taskforce workplan. The Copenhagen Consensus of Mayors: Healthier and Happier Cities for All, adopted at the WHO European Healthy Cities Network Summit of Mayors in February 2018, places cities and local governments at the centre of improvement of health and wellbeing of people and provides a political platform for future progress in this area. The prevention of violence is a key objective of the Consensus.

Not only the governments but also schools have an important role in protecting children. In 2019, WHO published a handbook that will guide practitioners towards a whole school approach of preventing violence. It can be used as resource material among education authorities, civil society organizations and other practitioners working in child welfare to prevent violence inside and outside school.

Policies, strategies and promising interventions across Europe on prevention of violent behaviours and early interventions to support children and families at risk

Adverse Childhood Experiences: prevention, mitigation and response, *Mark Bellis*, Director of Policy, Research and International Development, Public Health Wales

To set the scene, Mark Bellis, Director of Policy and International Health at the WHO Collaborating Centre on Investment for Health and Well-being at Public Health Wales, spoke about prevention, mitigation and response to adverse childhood experiences (ACEs). These experiences include physical or sexual abuse, domestic violence, physical or emotional neglect, and whether a household member has an alcohol or drug abuse problem, has been incarcerated, and/or is depressed. The data is staggering: around 50% of children from 0-18 years old in Eastern Europe, England and Wales suffered at least one ACE, and around 10% experienced 4+ ACEs.

ACEs have a strong impact on the human body. "ACEs are a major cause of non-communicable diseases. Living in constant stress and fear give a human body higher protection from infections, but can increase susceptibility to inflammations" says Prof. Bellis. The study of the Welsh population showed that people who experienced 4+ ACEs were more prone to developing major diseases like cancer, type 2 diabetes or cardiovascular diseases 10 to 15 years earlier than people who did not experience any ACEs. The difference remains even if the figures are adjusted for deprivation (See Figure 1 below). Prof. Bellis also said that he is working on a study analysing whether there are gender differences in developing diseases as a body response to ACEs, which should be available in February 2020. He also said that a similar study is being conducted on the impact of racism and ACEs in migrant communities.

Some prevention programmes, such as nurse home visits, parenting programmes and school enrichment, have been shown to be effective to diminish child maltreatment and injury, increase high school completion and chances of finding a post-school job. Two main factors making children more resilient were: 1) always having an available adult and 2) feeling culturally connected to the community. The studies have exposed the health and economic value of good parenting. Prevention of ACEs is possible. In Wales, responsible actors no longer wait until something severe happens. The frontline people were identified/put in schools and communities to find windows of opportunity to act before issues reach a certain threshold.

Discussion points:

- ACEs are three times more prevalent in poor areas. There is a strong link with the social gradient. There should be extra parenting support made available to families living in poorer areas. We should also consider that ACEs are/can be one of the outcomes of low socio-economic conditions.
- The vast majority of violence occurs among men. Violent men hit other men, as well as women and children, and even animals. To prevent violent behaviours, all these forms of violence should be tackled through a holistic approach.
- There is an epidemiological measurement and clinical measurement of ACEs. It cannot be said whether it is better/worse to be five times abused psychologically than one time physically.

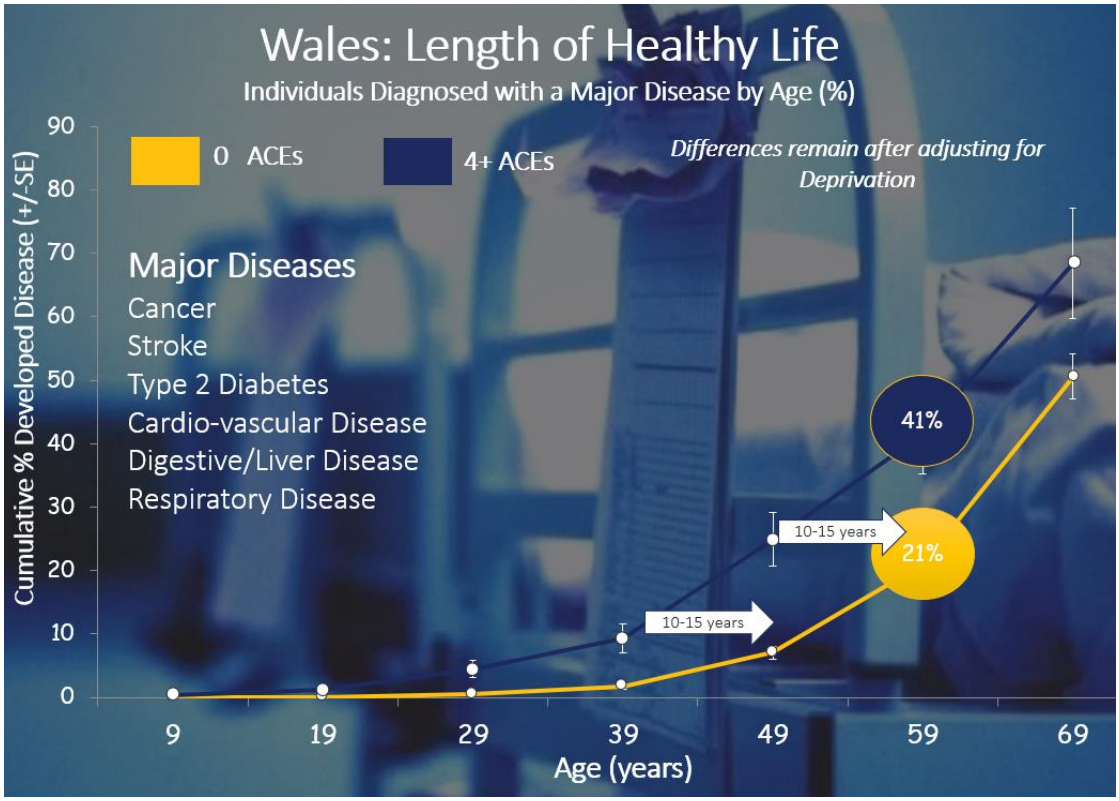

Figure 1. Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population; 2016; Bellis et al.

Project P.I.P.P.I. presentation, *Alessandro Salvi,* Head of office & *Lorella Baggiani*, Office for Social Innovation, Directorate for citizenship rights and social cohesion, Tuscany Region

Alessandro Salvi, Head of Office for Social Inclusion at the Directorate for Citizenship Rights and Social Cohesion in Tuscany, presented the P.I.P.P.I. project, a multidimensional intervention programme created for vulnerable families with the aim of reducing risk of violence within the family. This project allows analysis of the quality of life of the family by looking through the lens of relations between the family members. It is an innovative project in the Tuscan system that helps to detect potential interpersonal difficulties early on. P.I.P.P.I. seeks not only to support families through multi-disciplinary teams but also to empower them to manage situations on their own. Overall, the project focuses on prevention, starting the intervention in the environments where families live.

Roundtable discussion

Participants provided input on the programmes available in their countries during the roundtable discussion. The National Institute for Health and Welfare (THL) in Finland recommends that domestic violence is assessed systematically by using the Domestic Violence Enquiry and Assessment Form as part of all social and health services. As all clients accessing health and social services are routinely given this assessment, it is less stigmatising as it does not target any segments of society in particular. Overall, there are very strong civil society organisations in Finland. As an example, there are 27 shelters for mothers and

children and 21 of them are run by NGOs. This is the case because it was observed that women are more inclined to seek help within non-state structures rather than turning to the police.

Scotland has a strategy for women which includes women's health and eradication of violence. The government aims to understand gender inequality despite having a work programme addressing equal pay and encouraging women in science. Women with learning disabilities are now more often directed to women services; previously they were approached from the disability point of view.

In Scotland, schools are an important setting to understand violence and to develop ways to address it. There is a lot of work carried out around improving the identification of victims of violence. The national training schemes on how to identify and receive victims and where to look for potential avenues of help are up and running. A risk assessment checklist called MARACS (the Multi-Agency Risk Assessment Checklist) was designed to help identify victims of serious domestic violence, and it has been validated throughout the years. It has been recognised that it is very important to inform the interviewee why certain questions are asked. Understanding that this communication could lead to providing victims with more useful information on a certain subject like support for housing or legal advice is mutually beneficial.

Scotland also makes significant efforts to strengthen violence prevention in laws, including psychological violence. This means that someone can be convicted for psychological violence if the pattern of behaviour can be proven. However, some areas of abuse are overlooked, for instance stalking or female genital mutilation (FGM).

After the adoption of the Istanbul Convention (the convention on preventing and combating violence against women and domestic violence), Malta adopted an action plan which focused on measures to prevent violence toward children and women, strengthening multi-disciplinary collaboration, and the establishment of dedicated units and services. It also included a campaign on breaking the cycle of violence and training on violence prevention for nurses, teachers and police services.

In Slovenia, many projects are dedicated to preparation for parenting. However, these projects are better attended by people with higher education and some of the projects are not accessible in all parts of Slovenia. Although the services reach the majority of the population, it is the remaining minority that would more likely benefit the most from those interventions. At the same time, pregnant women are entitled to 1 community nurse home visit before the birth of the child and up to 8 home visits in total until the child reaches the age of 1 year. In a recently upgraded programme of community nurse home visits, nurses check the safety of the environment, consider the social condition of the family, screen for the perinatal depression and facilitate access to psychological support. If the need arises, families could receive up to five additional visits. However, the upgraded programme is not yet universally implemented (approximately half of the population is covered at the moment).

During the discussion, questions were raised whether home visits require the father to be present (when applicable). Participants felt that it may help to better understand the environment if any males who live in the environment are present. It was also mentioned that cultural dynamics should also be taken into consideration. In Finland, for instance, professionals are specifically trained to speak to fathers.

In Poland, there are still difficulties to define and understand what violence is. Efforts are primarily put towards educating people to recognise violence because violence is very much rooted in the society. There are sayings like 'if you are beaten you are loved', meaning that someone cares for you. Poland is not yet

recognising psychological violence, acknowledging only signs of physical violence, like bruises and bleedings. The country has developed a strategy to prevent violence, however the implementation is lagging. As part of the plan, a new training programme for the police, prison workers, judges and teachers was launched in 2014. It included the development of two checklists to identify victims of violence, separate for children and adults. Within the same framework, 555 policemen, 250 professionals from the education sector, 54 medical doctors and 2 judges were trained in 2016. Generally, not enough is being done to tackle the problem. Most of the assistance to victims of violence is carried out by NGOs and volunteers. In addition, there is a lack of coordination between NGOs and public institutions.

The support scheme 'Blue Card procedure' is only applicable to Polish citizens. When women apply for protection, they stay in abusive homes until they receive judge's confirmation. Women without Polish citizenship have nearly no protection. Poland ratified the Istanbul Convention in 2015, however in 2016 it was partly overturned, stating that the Polish law is above the Convention.

Bulgaria has not ratified the Istanbul Convention. The society does not understand the seriousness of the situation, not even with the increase of femicide between 2016-2018. There were also strikes against introducing social protection of children, with misleading arguments that Bulgarian kids would be taken by homosexual families in Nordic countries. Even though there are NGOs working in the field of protection against violence, they are under pressure from the government.

In relation to psychiatric patients, there is no acceptance in society of people with mentally ill health. In Bulgaria, a guardianship still exists. The court decides whether a person can decide for himself. Regarding the protection of rights of diverse groups in society, the government is not supportive of NGOs working on these matters. To improve the situation in the country, the support from the international community would be very important to drive the positive change.

Slovakia has no community care for mental health. With regard to mental health, an Act/national strategy is needed as a first step towards prevention and protection of people with mental ill health. The work is geared in this direction and the political landscape looks favourable to changes. Even though Slovakia has not ratified the Istanbul Convention, there are more and more government-supported anti-stigma campaigns addressing various issues including mental health, violence, etc.

Previously, the Slovak government tended to introduce new programmes or make changes to the existing ones without having consulted professionals in the field. Nowadays the government is willing to cooperate with people working on the ground. Yet there is a lack of cooperation between the Ministry of Health and the Ministry of Social Affairs which reduces the possibility for considerable improvements in this area.

The Institute of Public Health in Ireland is an organisation representing Ireland and the Northern Ireland public health research and policy. The participant from Ireland explained the organisation's role in promoting public health between the two countries and reducing health inequalities. The biggest challenge from a policy perspective regarding violence in Northern Ireland has been the lack of a functioning Assembly (parliament) for the past two years. This has resulted in delayed policy and legislative implementation particularly around domestic violence. Northern Ireland has experienced a rise of punishment violence/ beatings by paramilitary groups. An awareness campaign was launched to raise awareness of paramilitary activity, criminality and organised crime, called "Ending the Harm".

In Ireland, 31% of Irish women reported experiencing psychological abuse by a partner, 24% reported abusive behaviour, according to the EU Survey on Violence Against Women. Civil society organisations are contracted by the government to provide support to victims of violence. The National Strategy on Domestic, Sexual and Gender-based Violence (2016-2021) outlines actions for addressing issues of violence which is carried out by a central office for the prevention of violence.

To ratify the Istanbul Convention, Ireland passed a bill on domestic violence in 2018 that made coercive control (psychological abuse) a criminal offence. Consecutively, an awareness campaign was launched to change societal attitudes toward violence against women and empower bystanders.

Ireland is the first country in the EU to introduce a men's health strategy (National Men's Health Action Plan: Healthy Ireland 2017-2021). The policy focuses on men's health research, contribution to priority programmes under the national public health policy programme "Healthy Ireland" in areas such as mental health, positive ageing, alcohol and tobacco use. However, violence is not mentioned in the action plan and this would be an area for development. The WHO Strategy on the health and well-being of men in the WHO European Region cites as one of its objectives *Making gender equality a priority for men's health* through engaging boys and men in violence prevention.

Participants on Day 1 of the Country Exchange Visit at the venue of Presidency of the Tuscany Region.

Closure of forensic hospitals in Italy and treatment of patients with mental ill health who have committed crimes

Franco Scarpa, the Director of Functional Unit for Perpetrators at Local Health Authority Centre in Tuscany spoke about the treatment of criminal offenders who were recognised not guilty by reason. In Italy, the Judicial psychiatric hospitals (OPGs) were strongly criticised because they had prison-like environments and

were not managed like hospitals, having a higher prevalence of police personnel than medical staff and operating under prison rules.

After the closure of all OPGs in 2015, a new unique community treatment model was created: the Residence for Execution of Security Measure (REMS) for the treatment of dangerous mentally ill offenders where a security measure would last as long as the prison sentence for the same crime. The REMS are public facilities that provide psychiatric care and give semi-autonomous living conditions, although this depends on how dangerous to society the patient is. It employs only clinical personnel (psychiatrists, psychologists, nurses, nursing assistants, rehabilitation therapists, primary care physicians, and social health workers) who guarantees a 24-hour health care. The security measures only include a fenced perimeter, Closed Circuit Television (CCTV) and locked external doors. Restrictive practices are strongly discouraged and limited to very exceptional cases. The mission of the REMS is to address the patients' individual psychosocial needs in order to plan a therapeutic approach aimed at recovery. Franco Scarpa presented his (and his team's) work in the REMS in Volterra in Tuscany.

Currently there are 35 REMS in Italy hosting around 620 patients, most of whom are males in their 40s with low education level and who have experienced social disadvantage. Franco Scarpa concluded saying that the reform on the OPGs' closure had a very positive impact on the treatment of mentally ill offenders, yet further improvements are needed. These included the repositioning of clinical and forensic psychiatrists and their closer collaboration, development of new evaluation methodologies, and a law adjustment according to the cultural transition and new scientific knowledge.

Discussion points:

- For the treatment of the prisoners that become mentally ill during their imprisonment, clinical centres within all prisons in the 20 Italian regions were established.
- After the closure of forensic hospitals, which were supported by the Ministry of Health, the resources moved to the REMS.
- People were not happy to have REMS in their community. However, the opposition is not very strong, because no serious crime has happened, but the local authority is monitoring the situation closely.

Site Visits

Daniela Volpi, Head of the Office for Consumers and User's Protection, Gender Policies, and Promotion of Peace Culture in Tuscany Region, presented the regional strategy and activities of the anti-violence centres. In Tuscany, there are 23 anti-violence drop-in centres and 19 family refuge spaces. They are specialised services run by non-profit associations, with the aim to protect all women from male violence, through their empowerment and by offering them a shelter, if needed. The Regional Network of Anti-violence Centres offers to all women and their children: hospitality, legal advice, psychological counselling, support in job and housing searches, and, in case of emergency, a refuge.

In 2007, Tuscany Region passed a law on gender violence showing region's commitment to address the problem. It declared gender violence a violation of human rights, recognised the significance of anti-violence centres focusing on the importance of cooperation with hospitals, social services and the police. After signing the Istanbul convention in 2011, the Italian government started tightening the penalties for

femicides and stalking and allocating resources to local anti-violence networks that meet operational requirements.

As a matter of prevention, Tuscany Region has organised a number of large-scale awareness campaigns. These include trainings for regional mass media operators, working in schools to eliminate gender stereotypes, stimulating research on gender differences, and promoting non-sexist language starting with the administrative acts.

Language is a code that is shared across society and which implicitly imparts significance and value. In this way, language can be 'weaponized' and used in a way to belittle or denigrate others. An example was given in the Italian language, showing different nouns in masculine form and then changing them into female form to see their meaning change to acquire sexual and human degrading meaning.

Even though we take different paths to tackle violence, we are all going in the same direction (K. Cosgrove, NHS Scotland).

The Artemisia Association

This Florentine association works at local and national levels to provide resources and refuge to women (and their children) who have experienced domestic violence. Since the creation of the Artemisia Association in 1991, the network has been committed to offering protection to women, children and adolescents and promoting their rights to security, integrity, freedom, dignity and equality. Over the years, the network has seen a continuous increase in requests for help from just over a hundred to over 1,400 in recent years.

The association operates thanks to many women volunteering and providing both practical and professional assistance. They are criminal and civil lawyers, social workers, educators, teachers, psychotherapists, psychiatrists and nurses. The reception and support available to victims, including non-judgmental listening and work towards their empowerment, allow women to face and overcome serious situations of victimization that sometimes have lasted for years.

To encourage early interventions, local branches of the association were set up in the most disadvantaged and isolated areas in the Province of Florence. Particular attention is given to the cultural matrix of violence and to the work of education and prevention aimed at children, teenagers, teachers and parents.

The Rose Code

The Rose Code project started in 2010 with the aim of ensuring a more effective coordination between the different institutions and their competences to provide more effective support to victims of violence. It was initiated three years before Italy ratified the Istanbul convention. The Rose Code is not only about responding to violence against women, but it is also an interdisciplinary collaboration against hate crimes. The Rose code brings together different services like the police, nurses and social workers.

Vittoria Doretti, the Director of the Rose Code in Tuscany explained the importance of establishing separate rooms in emergency departments for the victims of violence and to create different pathways of help

depending on their situation. Country Exchange Visit participants visited the Careggi hospital in Florence, one of the biggest facilities in Italy where the Rose Code is implemented. All the staff of the hospital are trained to receive and attend to victims of violence. Once a year, compulsory training covers how to conduct a health assessment, as well as how to collect evidence and other samples of legal importance. The Rose Code is used in all hospitals across Tuscany.

The Rose Code works in practice because everyone involved knows who to contact at any given time and what are the pathways available. The hospital staff is also very proud that pathways are based on person's stated gender identity and not their biological sex.

Villa Lorenzi

The association designs and proposes responses to prevent unsafe behaviours for children, young people in difficulty and their families, as well as recovery and strengthening the individual's capacity to find meaning in life. The Villa Lorenzi Project was established more than 30 years ago and is managed by a group of professionals, collaborators, volunteers and the Florentine Church. Since its establishment, the project has cared for 1300 children. Today Villa Lorenzi has 90 children coming from the Province of Florence for day-care. If children do not have anyone to accompany them to come to Villa Lorenzi, a social worker picks them up at school.

The programmes for children are defined by the social workers and their length can vary from 1 to 7 years depending on individual needs. The process from the identification of a child who needs help and the initiation of their program at Villa Lorenzi takes about 10 days. Not only the social workers but also legal authorities can send adolescents to attend the centre's activities. Activities offered are very diverse, including gardening, carpentry, sports, cooking and other activities. The staff also provides tutoring on school homework. By building new skills, Villa Lorenzi helps adolescents to find jobs.

Participants on Day 2 of the Country Exchange Visit at Villa Lorenzi

Participants' main conclusions and takeaways

Roundtable discussion: What are the needs?

- From the Finnish perspective, the only way to create political change is to have improved data and statistics.
- The Joint Action on Health Equity in Europe (JAHEE) has a Work Package on Monitoring, which aims to support Member States to develop a monitoring system on health inequalities adapted to the national contexts, well suited to policy requirements and sustainable over time. The work is led by Folkhälsomyndigheten – The Public Health Agency of Sweden. Do they include violence into consideration?
- In Poland and in Bulgaria it would be useful to have national awareness campaigns on violence, educating people on what that is and stigmatising its occurrence. It is important to support the carer along with the child.
- In Slovenia, the suicide rates for all age groups decreased significantly except for the elderly. Elderly in Slovenia are often in a very vulnerable situation, living in poverty and social exclusion. Lacking a functional and comprehensive long-term care system, Slovenia is heading into a troublesome time regarding health and wellbeing of its elderly population.
- It was pointed out that in Slovenia there should be more attention placed on addressing psychological violence. It would be necessary to include psycho-social violence in awareness campaigns.
- In Malta, for instance, there is a mental health strategy, but violence is not mentioned in it. The strategy mostly focuses on the community care approach.
- Effective activities at the regional level are possible. In Slovakia, the cooperation with municipalities would need to improve/be established.
- There are many courses for health professionals to upgrade skills, but they are expensive, hence advocates against violence have to think of different ways to approach the training issue.

Throughout the Country Exchange Visit, the participants were asked to note down in their "Reflection document" what have they found interesting, as well as the information that could be useful for their respective organisations. The section below includes some concluding messages from the visit.

What can be recommended to organisations:

- Public health professionals are essential in addressing the causes of and responses to violence. P All professionals (front-line, management, and administration) should be included in training programmes to guarantee success.

- Victims must be prioritised throughout the system and be able to receive continued support to ensure the best recovery as possible – as practiced in Artemisia and Villa Lorenzi associations.
- More emphasis should be placed on designing policies around prevention and empowerment. Targeted prevention programmes for vulnerable groups and the elderly must be a priority.

- Integrated and holistic approaches for (gender-based) violence prevention should be integrated in local health strategies such as for mental and sexual health.

- Cross-sectoral collaboration among authorities from different sectors (eg.: education, judiciary, law enforcement or health) must be mandatory to achieve more effective prevention programmes. For example, a universal protocol for professionals working with women victims of (sexual) violence helps to gather comprehensive information that results in meaningful action. In the Rose Code, effective communication between the healthcare staff, social services, and the police translates into a timely and effective response.

- Improved data collection for gender-based violence, ensuring that these are systematic, population based, and accessible using multiple sources

- More research must be conducted to understand the complexity of the effects of violence. This must include examining both micro (ethnicity, gender sexual orientation) and macro levels (country, region etc.). This research will help to improve our understanding of the impacts of Adverse Childhood Experiences.

How can EuroHealthNet support:

- Provide advice to national public health institutes on how they could contribute to greater collective impact on violence prevention at the EU level.

- Offer strategic support to the dissemination and implementation of successful initiatives, such as the Rose Code. Ensuring sustainability, not only innovations, is very important.

- Share evidence and promote good practices focused on public health approaches to violence. Provide clear and easily accessible information about programmes on violence prevention from across the EU.

- Assist the organisation of a workshop in Slovakia with local and national stakeholders to develop activities to improve violence prevention and support to victims of violence.

- Identify more targeted actions to improve the wellbeing of the elderly, mental health of migrants (discrimination, violence, wellbeing), and reducing alcohol related harm.

Annex I. Agenda

Programme day 1

8:30 Registration

9:00 Welcome and Introductions

- *Katia Belvedere*, Head of office for legal advice and support to health research, Directorate for citizenship rights and social cohesion, Tuscany Region
- *Laura Belloni*, Director of the Centre for Regional Reference on Relationship Criticism
- *Caroline Costongs*, Director, EuroHealthNet
- ***Personal introductions from participants***

Moderation: *Caroline Costongs*, Director, EuroHealthNet

9:30 The regional structure of the health and social care system in Tuscany
Maria Josè Caldes Pinilla, Director of the Global Health Center of Tuscany Region

9.50 Activities of the Regional Social Observatory: presentation of the annual report on gender violence in Tuscany
Silvia Brunori, Office for Welfare and Sport, Directorate for citizenship rights and social cohesion, Tuscany Region
Massimiliano De Luca, Regional Social Observatory

10.10 Activities of the Centre for Regional Reference on Relationship Criticism (CRCR): Health promotion and Violence prevention in the workplace
Vanessa Zurkirch, Centre for Regional Reference on Relationship Criticism (CRCR)

10:30 Overview of European policy and practice *(EuroHealthNet)*
Presentation of tools and (non)legislative processes from EU Institutions and discussion of how they resonate at national, regional, and/or local levels – and how they can be used to advance health promotion and support violence prevention

11:00 Coffee break

11:30 Knowledge Exchange: policies, strategies and available services/promising interventions across Europe on prevention of violent behaviours and early interventions to support children and families at risk

- Adverse Childhood Experiences: prevention, mitigation and response, *Mark Bellis*, Director of Policy, Research and International Development, Public Health Wales

- Project P.I.P.P.I. presentation*, Alessandro Salvi,* Head of office & *Lorella Baggiani*, Office for Social Innovation, Directorate for citizenship rights and social cohesion, Tuscany Region

All participants are invited to shortly present experiences in their countries as part of the roundtable discussion

13.00 Social lunch

14:00 Knowledge Exchange: How best to support victims of violence and engage with violent perpetrators?

Good practices addressing consequences of violent behaviours (domestic violence, sexual abuse and other criminal behaviour)

- **How to identify and support victims of violence**, *Helena Ewalds*, Head of Unit for Specialised Services, National Institute for Health and Welfare, Finland

All participants are invited to shortly present experiences in their countries as part of the roundtable discussion

- **Introduction to the Site Visit 1, presentation of Regional Network of Anti-violence centres in Tuscany Region,** *Daniela Volpi*, Head of Office for Consumers and users protection, gender policies, promotion of peace culture

15:30 Coffee break

15:45 Family picture

16:00 Site Visit 1

Visiting the headquarters of Artemisia, an association of the Regional Network of Anti-violence Centres: observing work in practice

The Artemisia Association is committed to combating violence against women, children and adolescents and promoting their rights to security, integrity, dignity and equality.

17:30 End of visit and transfer to the city centre

20:00 Social dinner

Programme day 2

9.00 **The reform of treatment for psychiatric patients found not guilty by reason of insanity**
Franco Scarpa, Responsible of Functional Unit for Perpetrators, Tuscany Center Local Health Authority
Alfredo Sbrana, Psychiatrist, Institution for the execution of safety measures (REMS) of Tuscany North West Local Health Authority

9.30 **Presentation of the Site Visit 2: The Rose Code**
Vittoria Doretti, Responsible for Rose Code at Regional level

10.00 **Site Visit 2**

The Rose Code: from project to regional network activating timely and effective pathways to provide immediate responses to the victims of violence

11.30 **Site Visit 3**

The Villa Lorenzi Project: educational services for prevention and rehabilitation of child and youth problems and addictions

12.30 Lunch

13.30 **Roundtable discussion: Impressions from the three site visits**

- What were the main learning points?
- Are similar approaches taken in participating countries?

14:00 **Knowledge exchange: Recommendations for the future**
What can health professionals do to prevent violent behaviour and to support and empower victims of violence? What can be done to address the underlying socio-economic determinants of health?

- Recommendations for programmes and activities for the next 5-20 years from the host and participants. What are your plans for the future to address violent behaviour in society and to protect victims of violence?
- Did you like any of the initiatives/policies/strategies discussed and would you suggest them to your colleagues back home?
- Are you engaged in any European initiative addressing issues discussed during this Country Exchange Visit?
- Do you have any suggestions for action at the European level?

14.45 **Conclusions and Closing Remarks**

15.00 **End of visit and coffee**

Annex II. List of participants

Last Name, First Name	Organisation
Amoroso, Luca	Centre for Regional Reference on Relationship Criticism (CRCR)
Baggiani, Lorella	Office for Social Innovation, Directorate for citizenship rights and social cohesion, Tuscany Region
Bellis, Mark	Public Health Wales
Belloni, Laura	Centre for Regional Reference on Relationship Criticism (CRCR)
Belvedere, Katia	Directorate for citizenship rights and social cohesion, Tuscany Region
Breznoscakova, Dagmar	Ministry of Health - Slovakia
Bruno, Teresa	Artemisia Association
Brunori, Silvia	Office for Welfare and Sport, Directorate for citizenship rights and social cohesion, Tuscany Region
Caiulo, Beatrice	Centre for Regional Reference on Relationship Criticism (CRCR)
Caldes Pinilla, Maria Josè	Global Health Center of Tuscany Region
Conti, Zaira	Villa Lorenzi project
Cosgrove, Katie	NHS Health Scotland
Costongs, Caroline	EuroHealthNet
De Luca, Massimiliano	Regional Social Observatory
d'Onofrio, Paola	University Hospital of Careggi, Rose Code
Doretti, Vittoria	Rose Code

Last Name, First Name	Organisation
Ewalds, Helena	National Institute for Health and Welfare (THL) - Finland
Giuli, Monica	Centre for Regional Reference on Relationship Criticism (CRCR)
Grech, Jessica	Social Determinants of Health Unit - Ministry for Health
Marttinen, Kirsi	Finnish Federation for Social Affairs and Health (SOSTE) - Finland
Nakov, Vladimir	National Center of Public Health and Analyses (NCPHA) - Bulgaria
Papartyte, Lina	EuroHealthNet
Putatti, Vania	EuroHealthNet
Rodriguez, Lauren	Institute of Public Health (IPH) - Ireland
Salvi, Alessandro	Office for Social Innovation, Directorate for citizenship rights and social cohesion, Tuscany Region
Sbrana, Alfredo	Institution for the execution of safety measures (REMS) of Tuscany North West Local Health Authority
Scarpa, Franco	Functional Unit for Perpetrators, Tuscany Center Local Health Authority
Sugay, Larysa	National Institute of Public Health - National Institute of Hygiene, Poland
Superbi, Stefano	Villa Lorenzi project
Vieri, Teresa	Directorate for citizenship rights and social cohesion, Tuscany Region
Vinko, Matej	National Institute of Public Health (NIJZ) - Slovenia
Volpi, Daniela	Office for Consumers and users protection, gender policies, promotion of peace culture, Tuscany Region
Zurkirch, Vanessa	Centre for Regional Reference on Relationship Criticism (CRCR)