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Devon Virtual School



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**Broman
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The Learning
Institute



Teaching Resources

OUTPUT 03

IC MONTEBELLO PARMA

Teaching Resources

Output 03 – Ic Montebello Parma

1. Introduction:

The Four Services - Starting From The TM Held In Italy In February 2019

2. A Dictionary

3. What Do You Do When You Detect A Student With Aces

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1 Introduction

The four services

	School	Medical services/ mental health services	Social Services	Police
Italy	X	X	X	X
Spain	X	X	X	X
Sweden				
The UK				

2

A Dictionary

English	School	Teacher	Councillor, Educator	Support Teacher	Social Worker	Police	Neuropsychiatrist	Speech Therapist
Italian	Scuola	Insegnante, Maestra, Professore, Docente	Educatore	Insegnante Di Sostegno	Assistente Sociale	Polizia Or Carabinieri	Neuropsichiatra	Logopedista
Swedish	Skola	Larare	Pedagog		Socialarbetare	Polis	Neuropsykiater	Talterapeut
Spanish	Ensenanza, Escuela	Maestro, Profesor	Educador	Maestro/A Da Apoyo Profesor/A De Apoyo (Pt) Maestro De Audición Y Lenguaje	Asistente Social	Policia	Neuropsichiatra	Logopeda



2.1. ITALY - What do you do in Italy when you detect a student with ACEs.

The teacher reports the pupil's problems to the School Director. The teacher asks the family to require a visit with the family doctor, who will then refer it to the specialist. The teacher cannot take personal initiatives at this stage.

Once the pupil has been checked by the specialist, who proceeds with the diagnosis and drafting of a documentation, everything passes to the school office so that a support teacher and a set number of hours per week will be assigned.

What does the support teacher do? Support Teachers are assigned every year by the Local School Office to the single students for a set number of lessons.

If a teacher detects problems to report to the police or social services, first he/she has to speak to the School Director/Principal.



2.2. SPAIN - What do you do in Spain when you detect a student with ACEs.

When it is a medical problem (behavioral and personality disorders, some type of disability)

In Spain we have different protocols to do when we detect that a student has problems.

The way to solve them is the same in all cases: Tutor, parents or legal tutors, psychologist of the school or EOE, the psychologist decides if it is necessary medical service to assess whether they exist. The family will contact the pediatrician who will divert the student to the specialist (mental health or psychologist) if it is necessary. The counselor should follow up collaborating with the family and the health services if it is necessary.

The detection of an important problem will be communicated by the family's medical services to the family and this will contact the guidance of the school that will assess the situation to give the appropriate educational response to the needs of the student.

Collaboration among medical services and Social services and school

The interprofessional collaboration works in Spain to integrate students with fewer opportunities facing different obstacles: social difficulties, adverse childhood experience, ACEs, bullying, educational difficulties, disabilities, ...

A very high percentage of this student body attends ordinary schools.

There is a large number of protocols which show teachers, medical services and Social services to how to proceed when they have a problem at school with their pupils. These professionals have those protocols, but they usually adapt the protocol to their problems, the interprofessional collaboration cannot contradict the protocol they must complement it, complete the rules. So, we know how to proceed in any situation that may arise we detect a student with ACEs.

Process of assessment and diagnosis of situations that require collaboration and coordinated intervention.

1. The process of assessing the situation is therefore initiated by one of the four professionals: School, Medical services, social services and Police services and has as its first stage the internal work of the equipment that will result in the formulation of the need detected and the corresponding record of the same in the format established by each system: clinical history, school dossier, social history, policy interventions
2. In the next stage the team has to discriminate if there is a defined protocol or not specific action for the attention of the detected situation (why this child is at risk of exclusion) The protocol must be used and defined by the intervention team.

3. The need to inform the family and request their collaboration, as well as informed consent to provide personalized information, will be considered. The exception to this rule is constituted by the cases of deprotection.

Generally, problems are detected in schools or through social services, and sometimes are detected by medical services or even the police. Children have a free telephone line, staffed by specialized staff and that works 24 hours a day, for children who need help. It is for them to freely express their concerns, talk about problems that affect them directly, and notify someone who can provide help in case of emergency.

A guide is included in the protocol of ill-treatment. It's available through the website of the Ministry of Labor and Welfare to solve the doubts and difficulties encountered by the professionals (social service) and indicators of abuse and know how to act. It includes notification sheets, a paper version, which enable the notification of suspected abuse, point it out different indicators for different types of child abuse.

Sometimes the problem is about social problem or we need to reeducate some aspect of the child or investigate the family situation we use the collaboration Social services. They will agree in what is better for the child and interprofessional collaboration will apply the protocol to follow in collaboration with the Family.

When a situation of risk with children is detected, we must explore the circumstances and the factors that intervene, they must be evaluated and an intervention must be made with the child and families. This is to modify the circumstances that led to the situation at risk of exclusion. The schools and Social services give support to families and children till the problem until the problem disappears.

To achieve these objectives, the General Directorate for Family and Inclusion has of the

following programs and resources.

Family Orientation Cabinets (GOF)

The family-oriented offices are multidisciplinary technical teams made up of professionals from the fields of psychology, social work and law.

They deal with problems related to family conflict processes, relationship difficulties between family members and situations that imply a risk of rupture with unfavorable consequences for its members, such as marital conflict, paternal crisis, or conflict with other members of the family. And they offer resources and guidance to establish the dynamic of the family.

Family integration program (PIF)

The educational intervention, social and medical services in families, has a double objective:

- Achieve the family integration of children separated from their families.
- Avoid family separation and the foreseeable placement of children (family preservation).

The comprehensive intervention encompasses the areas of psychosocial intervention (transmitting strategies that improve personal, family and social functioning), child care (to ensure good conditions of life and affection for minors), family education (for the acquisition of skills and habits in order to meet the needs of minors).

Family therapy (to solve psychological, relational and behavioral problems), the labor insertion (to facilitate the incorporation in the labor market of the parents that allows economic and social stability), and school reinforcement, etc.

Day care

Through the day care program, minors at risk or homeless are provided with the coverage of their basic needs in terms of food, hygiene and clothing, school support, basic skills education, free time planning animation and educational guidance. In addition, a socio-educational intervention is

carried out with the family so that to promote integration process.

Therapeutic evaluation and treatment program

The treatment program addressed to minors who present severe emotional and behavioral problems, originated from or related to the situation of helplessness they suffered, the separation from their family caused by the situation of neglect, or in the coexistence within their family, also related to the situation of lack of protection they suffered

The purpose of this program is to provide individualized and specialized assistance in the psychological and socio-educational fields of minors.

Outpatient intervention program with adolescents

This program is to provide individualized and specialized assistance in the psychological and socio-educational fields to minors, characterized by dissocial behavior, drug use, failure, expulsion of the school, membership in dissocial gangs., psychopathological disorders, etc.

Programa de inserción socio-laboral MENTOR

The Mentor Program aims at the socio-labor insertion of young people over the age of 16, and under the age of 21 (extendable up to 25 in exceptional cases), who are or have been supervised or in a custodial situation by the Xunta de Galicia, and who want to join the world of work. Its objective is to improve the quality of life of these young people through an individualized project that guarantees them a job placement and training for independent living, so that upon reaching the age of majority they can be fully autonomous.

This program is accompanied by advice and training, job search and job placement are complemented by supervised housing, assisted by educational personnel, in which the young participants in the program prepare for independent living.

Collaboration with the police

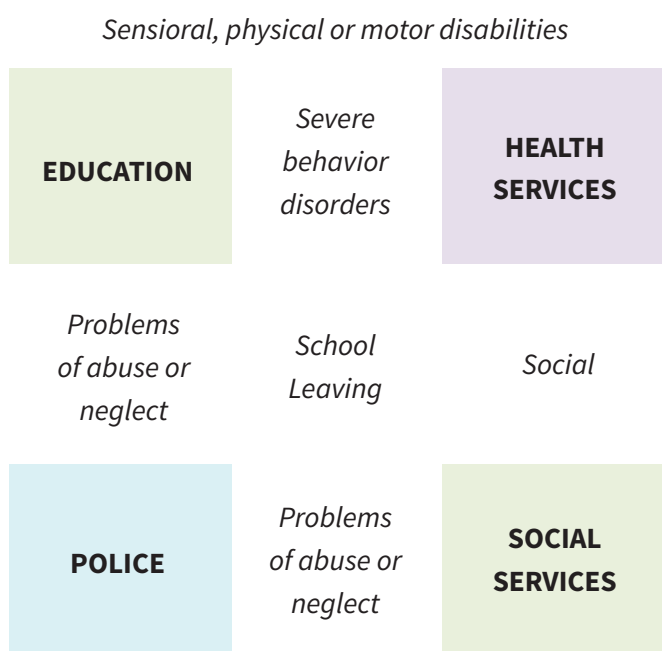
In the other hand, when the situation is very hard, we need the police collaboration. In this case all the agents intervene together: education professional- family- medical service-social service- police- juvenile prosecution. These cases are:

The protocols for action in Spain are the following: Child abuse and Gender violence, Absenteeism and dropping out of school

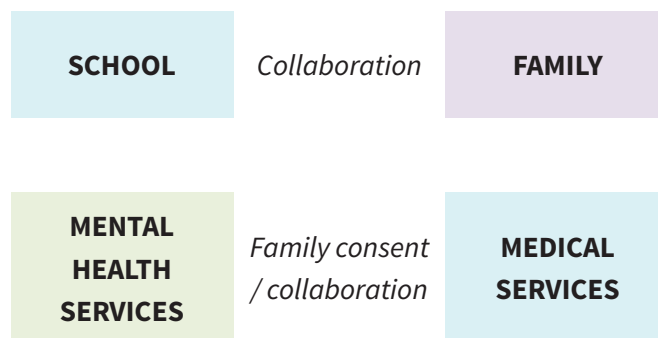
- Absenteeism and dropping out of school
- Bullying
- Gender violence
- Child abuse Gender violence
- Child abuse
- Gender identity
- Direct communication can be established between the different professionals to gain effectiveness, especially in those cases where the health or education of the child (under 18 years of age) is compromised.

Collaboration flows between the four institutions (professionals)

Collaboration flows between the four institutions. The collaboration is reflected in the following graphic.



Collaboration among education and health services



When schools detect that a student has problems should send to medical services to assess whether they exist (behavioral and personality disorders, some type of disability, ...) The counselor should contact with the family first because they are responsible in this decision. The family will contact the pediatrician who will divert the student to the specialist (mental health or psychologist) if is necessary. The counselor should follow up collaborating with the family and the health services if is necessary. The detection of an important problem will be communicated by the family's medical services to the family and this will contact the guidance of the school that will assess the situation to give the appropriate educational response to the student's needs.

Close cooperation will be established between the medical services and the school, with the prior authorization of the parents (This is reserved for more severe cases.)

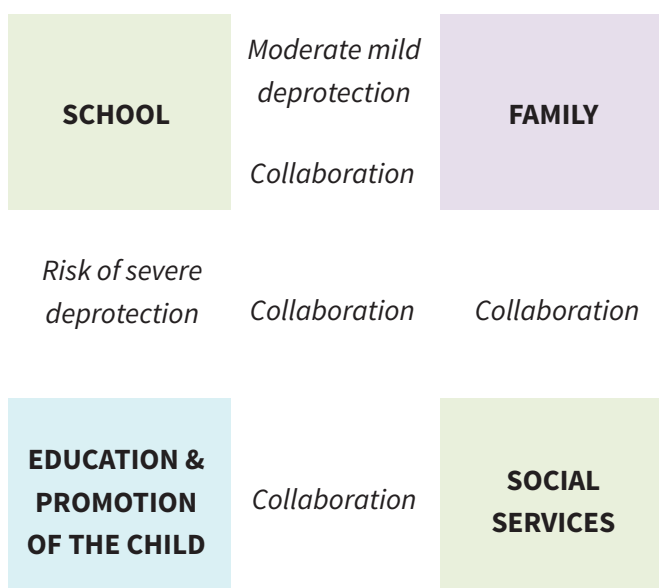
Collaboration among medical services and Social services and school

In order to implement a good collaboration, they will help student also a bilateral collaboration will be established among medical services and and child protection social services. They'll agree in what is better for the child and they will transmit to the school the protocol to follow in collaboration with the Family.

There are few cases in our area (in which the police have to intervene. In these cases, the collaboration is among the four services.

Schools know how to proceed, for example in Spain the Regional Government has implemented different protocols on how to proceed in different situations and they are available for all (Schools, Social Services, Medical services and police. If there is a protocol published by the government the involved professionals just have to apply the protocol in other case, they together have to draw up a plan to solve the situation in the best way.

Town Halls like Cerceda have designed their own protocol of collaboration to mitigate the effects of ACES.



The situations that can be presented to a teacher are very diverse way. The assessment process can be initiated at the school, medical services or social services; The first analysis will provide the detection of a need and its formulation and registration medical history, teachers report.

In the 2nd stage the three services have to identify is there is a specific protocol for the situation, if not they'll review the protocol designed among the Town city and participant institutions (school, Medical centers...)

We will inform the family, request their collaboration and ask for permission to give personalized information about the student. We exclude from this case the students who are in cases of unprotection.

The collaboration can be professional by requesting a non-personalized advice, in that case we will use the phone or email or it can be a personalized case in this case we will require following documents:

- Basic Communication Document
- Specific document to notify cases of unprotection
- Document with family authorization

Who activates the communication?

The institution that detects the problem is the school

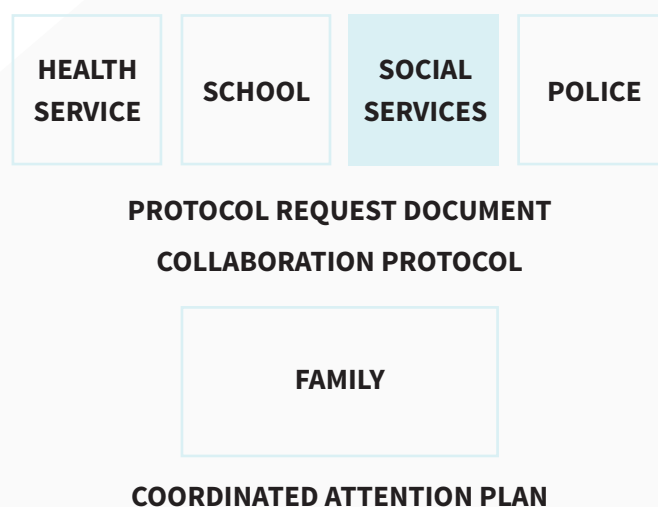
Coordination with medical and social services, will be activated through the school's counselor who is in charge of this service in SPAIN.

From social services.

The coordination of the collaboration protocol with families, school, and medical center, will be activated through the professional responsible for the area in social services.

From the medical services the activation of the action protocol is carried out through the social worker of the Health center or the pediatrician who attends to the child. In Mental Health it is done through the psychologist or psychiatrist.

Internal work route that is carried out within a coordinated action plan



Social services and children with ACES

In Galicia and Spain, we can talk when we speak of mild cases, there is a protocol to be applied between the different professions that collaborate at the municipal level (Social services, teachers, medical services, and in more extreme cases, the police) mild cases, in serious cases other actors such as General Directorate for Family and Inclusion are also involved.

When the social services detect a family at risk of exclusion. A risk situation is considered to be the one that occurs in fact when the minor, without being deprived in his family environment of the necessary assistance, is affected by any circumstance that damages his personal, family, social or educational development and that reasonably allows us to fear that in the future it may be in a situation social exclusion. Social Services, schools and health centers situations of lack of protection with children can be detected, whose bypass channel will be oriented as follow. In cases of mild or moderate lack of protection, the reference professional in the health center or school will inform the family about the detected situation, and to the Social Services of the locality. They have a protocol and they know how to proceed with the minor. in the case of the lack of protection that affects a child, there may be connection points in both directions, in this way we ensure that the Lack of protection of minors is detected. With the protocol signed by the city council with all the institutions that intervene in the protection of minors, we ensure inter-professional collaboration but also that any children are left without the necessary attention.

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2. In the next stage the team has to discriminate if there is a defined protocol or not specific action for the attention of the detected situation (why this child is at risk of exclusion) The protocol must be used and defined by the intervention team.
3. The need to inform the family and request their collaboration, as well as informed consent to provide personalized information, will be considered. The exception to this rule is constituted by the cases of deprotection
4. The same time, direct communication can be established between the different professionals to gain effectiveness, especially in those cases where the health or education of the child (under 18 years of age) is compromised.

When a case is considered serious, then more actors intervene in the process, the regional government of Galicia has the Technical Teams for Minors, located in the territorial headquarters of the four provinces and are made up of professionals from various disciplines (pedagogy, psychology, social work, social education and law). These are in charge of evaluating and intervention in helplessness and risk.

In addition, the General Directorate for Family and Inclusion carries out the technical management of programs and resources, this department being the entity responsible for the protection of children in Galicia.

When a case is considered mild it is resolved between the social services, the teaching staff and the medical services that follow the action protocol, and in other cases these professionals collaborate actively with General Directorate for Family when is necessary.

Generally, problems are detected in schools or through social services, and sometimes are detected by medical services. Children have a free telephone line, staffed by specialized staff and that works 24 hours a day, for children who need help. It is for them to freely express their concerns, talk about problems that affect them directly, and notify someone who can provide help in case of emergency.

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Support and intervention with family and minors

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This program is accompanied by advice and training, job search and job placement are complemented by supervised housing, assisted by educational personnel, in which the young participants in the program prepare for independent living.

Family foster care.

Through this type of fostering, the custody of a minor is granted to one person or family with the obligation to take care of him/her, feed him/her, educate him/her by a time in order to integrate him/her into a family life and replaces or complements temporarily to his biological family. Its general objective is to guarantee the right of the girl or boy to live in a family, for being the optimal means for its development.



A deep information can be found at

“Guía de recursos del sistema de protección de menores” (Resource Guide of the system protection of minors).

https://politicassocia.xunta.gal/sites/w_polso/files/arquivos/xeral/guia_menores_castellano.pdf

This output It is based on the information collected by this guide and in everyday practice.

A handbook for interprofessional collaboration

A handbook for those who want to improve their capacity of their organization to collaborate and work across professions, in supporting young people who are living with adverse childhood experience, ACEs. The handbook will directly impact the professions as a transferable tool for improving collaboration among teachers, police, social workers and healthcare workers.

I like to introduce here how the interprofessional collaboration works in Spain to integrate students with fewer opportunities facing different obstacles: social difficulties, adverse childhood experience, ACEs, bullying, educational difficulties, disabilities.

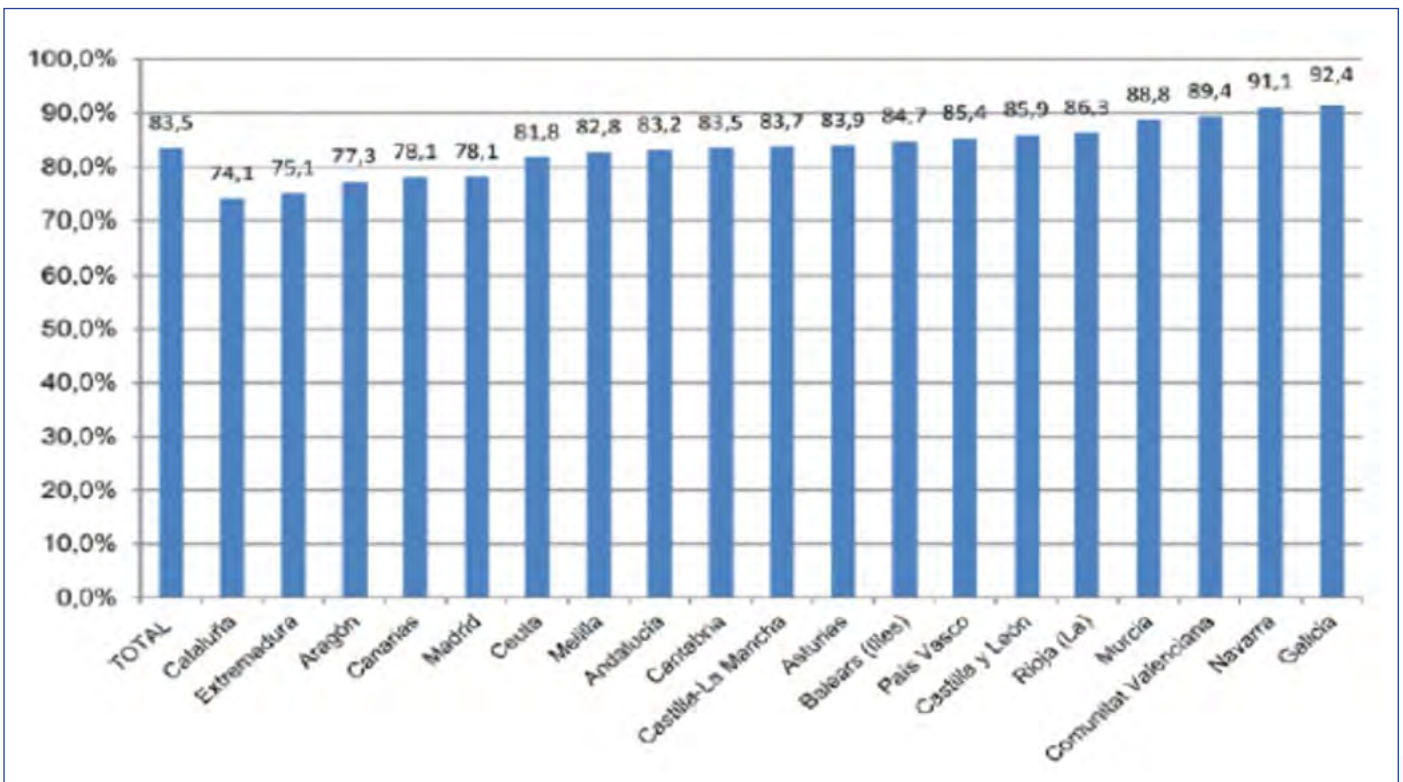
A very high percentage of this student body attends ordinary schools, see below the degree of integration in different Autonomous Communities of Spain

Attention to diversity Galicia

The 92,4 of the students are integrated in primary, secondary schools and event vocational schools. In the case of a child who has been separated from his or her parent's parents for an Aces case, he takes to live for a foster home but attends the nearby school with other children of his age.

On the opposite page you can find the degree of integration of students with specific educational needs in the different autonomous communities and Galicia is the one with the highest level of integration.

Indicators of integration of Spanish education system



Schooling of students of NEE in ordinary schools

Graphic of CCAA by MEC

What type of students are integrated? all type of students from students with down syndrome to students with cerebral palsy and students who find themselves with social problems due to problems with ACES.

In order to achieve inclusion, in order to achieve inclusion, the Galician government has equipped schools with specific professionals and adequate training.

Specific professionals that we find at schools or advise them through an external collaboration to achieve real inclusion.

- **Counselors** They assist teachers at schools with students that have learning difficulties or special needs
- **Specific Counselors Team (EOE)** They help teachers and schools to take decisions about a Child
- **PT Teacher** (Therapeutic Pedagogy)
- **AL Teacher** (Hearing and Language)
- **Sign Language Interpreters**, they intervene in schools when there is a deaf or deaf-mute child.
- **ONCE** (National Organization of the Spanish Blind), this is an organization which provides training and even work for blind people, offers lifelong support **Educational Technical Assistants** (caregivers), when a school has a child with any type of problems they help teachers to look after this child.
- **Early Care Network Articulates** to integral action of the departments (they give support to schools, teachers and families they intervene in the training of child at an early age they help the school counselors to diagnostical the problems of a student and recommend the actions that schools and teachers and parents should follow
- **Social Services** They are of the municipality to help the children of aCES and any other problem they collaborate with schools and families and also when they are in financial trouble
- **Health Education** care of children from 0-6 years with developmental disorders and, in this case, to coordinate interventions They also act cases of ill-treatment, or any difficulty
- **Medical services**

Schools have their own professionals: in addition to teachers that count with Counselors, PT Teacher (Therapeutic Pedagogy) AL Teacher (Hearing and Language and **Educational Technical Assistants** (caregivers) the others give external support to the schools and teachers.

In addition to this staff Galician government provides the schools a series of protocols which helps students and teachers how to proceed. The schools have to adapt those protocols to the reality of your school.

Training, programs that offers Galician Government Annual teacher training plan (more than 30 specific activities about inclusion)

PFPP (CPD):

Inclusive school and attention to diversity (teachers work together at schools to find the way to improve innovative methods, attention to diversity associated methodological changes.

Work Groups:

- Strategies and methodologies that favor inclusion (collaborative work, universal learning design...)
- Active and inclusive courtyards
- Teaching units on...: The people with disabilities
- The people with disabilities (intellectual, physical...)

Courses: at teachers centers **to promote Innovation:** Classroom Iwi –Inclusive/Egalitarian.

Collaboration agreements with entities: There are important institutions that collaborate in teacher training, sometimes through agreements established by the xunta de Galicia and other times through collaborations with schools They offer contests, tools, conferences. The Ministry of Education also offers training.

The **Counselors** have an association that organizes a conference every year to share innovative methods and share experiences, every year they do it in a different province

Resources

A Xunta provides the protocols to school's protocols on different topics.

We have protocols on...:

- Dyslexia
- High intellectual abilities

Suitcases for attention to diversity:

- Who is it for?**
- Early childhood education
 - Primary school
 - Secondary school

Purpose... - Offer to the schools a resource to work on inclusion and equality



- Attention to diversity**
- News
 - General information
 - Publications
 - Regulations
 - Agreements



Protocol for the educational attention of the students with hearing impairment (or disability)



Protocol for educational attention of the students with DOWN syndrome and/or intellectual disability



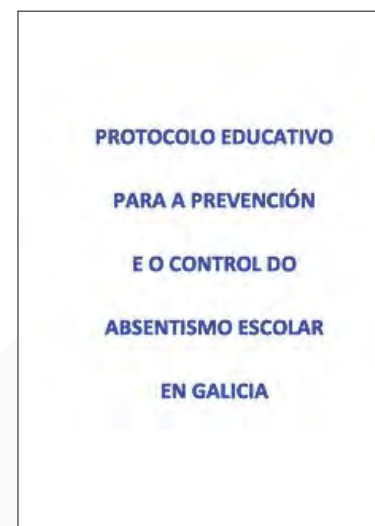
Protocol for educational treatment of the student with Autism Spectrum Disorder



Coordinating protocol, intervention and interinstitutional derivation in Early Attention



Protocol of consensus on ADHD in children and adolescents in the educational and health areas



Educational protocol for the prevention and control of school absenteeism in Galicia

There is a large number of protocols which show teachers to how to proceed when they have a problem at school with their pupils. Schools have those protocols but schools adapt the protocol to their problems, the school agreements cannot contradict the protocol they must complement, complete the rules. So, we know how to proceed in any situation

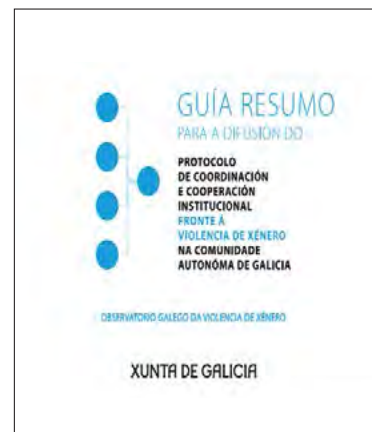
that may arise during the teaching activity. The protocols that are more important for this Project are: The protocol of coexistence at schools, the objective is to provide guidelines to teachers and staff of the schools that guarantee the respect and the best interest of the students. Educational protocol to guarantee equality, non-discrimination and freedom of gender identity:



The objective is to provide guidelines to teachers and staff of the schools that guarantee the respect and the best interest of the students



Educational protocol to guarantee equality, non-discrimination and freedom of gender identity



Protocol of coordination y cooperation Institucional versus Gender violence - Galicia

Protocol of coordination y cooperación Institucional versus Gender violence – Galicia

Protocol of institutional coordination and cooperation against gender violence in the Autonomous Community of Galicia is a good help for all professionals because it involves many actors and provides professionals the roots to follow step by step.

It's informative document whose objective is to inform the existence of protocol and offers a summary of its contents, either to citizens and also schools and other agents involved in the fight against gender violence, it includes development, interprofessional collaboration, learning and practice. we intend to impact the experience of professionals involved in supporting children with adverse childhood experiences.

A protocol establishes the collaboration among all the actors in order to equip all the professionals involved in the action how to proceed in other to protect the victims.

Within the framework of the 2015-2020 Galician school coexistence strategy, the Ministry of Culture, Education and University of Galicia provides teachers with a tool to develop the corrective procedure for behaviors contrary to the rules of coexistence, which guides teachers to follow in these cases. This tool consists of some guidelines that seek to respond to the most frequent questions that are formulated in the schools when they face a particular situation, it is one of the standardized models that they collect or the procedure that must be followed for their processing. Accompany these documents with a graphic map that illustrates the whole process.

The principles of action that were taken into account in the phase of design, validation and elaboration of the Coordination Protocol, also in their application are:

- Performance and comprehensive, specialized, personalized, agile and immediate attention to people who suffer gender violence.

- Detection and prevention as a priority of institutional action and the establishment of public resources to fight against gender violence.
- Regarding privacy and dignity of people who suffer gender violence.
- Promotion of self-esteem and autonomy of people affected by gender violence.
- Coordination between the actions of the different entities, key agents and administrations that intervene in a situation of violence of Gender.
- Awareness and sensitization of public authorities and society regarding sexist violence and gender inequalities

The protocol facilitates response and coordination to face of gender violence

FACILITATE TO INSTITUTIONAL RESPONSE AND FRONT COORDINATION TO GENDER VIOLENCE

Which are one of most affects to students

The protocol includes:

Dissemination and accessibility of this protocol among all the entities and institutions involved in the fight against gender violence.

Consultation service in different areas of gender violence through email from the General Secretariat of Equality for professional persons in the fields of action included in the ACEs protocol.

Creation of a web space in which the different people who work for the sensitization and prevention of gender violence can exchange experiences, propose joint actions, consult doubts and gather information on existing resources in an updated way, etc.

Creation of a single registry of files related to gender violence and the regulation of access to it.

The Galician Ministry provides an updated version of the general protocol for prevention, detection and treatment of bullying and cyberbullying. Both the document and the accompanying annexes, are intended to facilitate and expedite its implementation, including prevention and action strategies, as well as legislation regarding the entire procedure the main problems we face at school with students who are living with adverse childhood experience, ACEs. come from cyberbullying (not very important) and for suffer the

consequences of gender violence even in the last years we don ´ t have any case.

All these protocols may be involved in the resolution of a case of ACEs. The schools, social services, medical services, police actors know in each case what they should do, as we have already seen in the revised protocols that are very useful tools at the service of professionals. We explain an idea how the training to professionals is being carry out and how the different protocols that affect to ACEs. So, we are giving an overview how the Ministry of Education and University in Galicia works to face in detail all the problematic around any of the students’ problem the institutions like school, social services, medical services also do a protocol to establish de collaboration taking in account the specific circumstances.

Also, in Cerceda in City Hall brought together all those involved in ACEs and developed a prototype of action in which all have work and was published with the agreement of all actors.

So, the Galician schools count with specific tools for each situation. We do not have absenteeism, the problems we have but very few, at this moment only one of (380 pupils) with ill-treatment and some in the past who are children’s which mothers were affected by gender violence.

We have also a protocol for bullying but at our school we detect them in a very initial state and that we apply the protocol with very good results. Most of the problems of bullying are due to problems with social networks, the parents collaborated students learn from their errors.

The graphics are from a Xunta’s portal most one is from the MEC Ministry of education of education of Spain, they are publications of the Xunta (regional government).

This information is something every teacher should know in Galicia We work every year with this information and the schools adapt the protocols to the reality. We have to adapt the protocols and these are approved by the Council of the institute.
Milagros Trigo



2.3. Sweden - What do you do in Sweden when you detect a student with ACEs.

All Swedish schools must have their own interprofessional student health team according to the school law (Skollag 2010:800). The team includes a school nurse, school counselor and a person with special educational skills. In addition, each school must have access to a school doctor and school psychologist.

The school's student health team must conduct health promotion work and use a salutogenic perspective. The students' abilities and assets are identified so that the school can use them in the teaching to help the students to succeed. The team works preventively by reducing the influence of risk factors and strengthening protection factors. The team also initiates remedial actions to deal with problems and situations that arise in student groups or around individual students. Regular meetings are held to discuss individual students in need of support and students with ACEs. The student's needs and abilities are investigated and efforts are made to support the student.

Notification obligation

In Sweden, all staff in school who in their activities become aware of, or suspect that a child is being harmed, have an obligation to immediately report to the Social services. The Education Act contains a reference to these provisions. A concern or a suspicion that a child is at risk of harm is enough, no evidence is needed. It is the Social services committee that further investigates whether and, if so, what efforts need to be made.

What should school and the student health team react to?

The staff in school and the student health team may become aware or suspect that a student is getting harmed or at risk of getting harmed by being observant of various signs. For example, bruises or other physical

injuries can be such signs that show that a student may be exposed to violence or the guardian's neglect. Even children who have a norm-breaking behavior, injure themselves or have repeated absences from school can give clues that the child is at risk for ACE. Sometimes these signs can be more difficult to interpret for example changes in behavior or changed school results, psychosomatic symptoms or mental symptoms such as a decline in development. Sometimes students seek out student health for diffuse symptoms such as stomach pain, but in reality it is about something else and the student puts their hopes in that some adult will ask how they are doing or pay attention to their situation. A student who does not come for scheduled health visits to the school nurse is another thing to pay attention to. Although health visits are voluntary, every child has the right to the best achievable health as well as the right to health care. If a student does not attend the health visits, it may be a sign that he or she has a problem that needs to be covered. In these cases, it is important to try to get in touch with the student in different ways to clarify the cause. The student health's multi-professional team plays an important role in this matter. There is an obligation for school staff to report in the event of a suspicion that a child is being harmed, but there are still situations where there is uncertainty as to whether a report should be made or not. Therefore the school staff are able to anonymous discuss the current situation with the Social services.



2.4. The UK - What do you do in the UK when you detect a student with ACEs.

Adverse Childhood Experiences (ACEs) are traumatic events that affect children while growing up, such as suffering child maltreatment or living in a household affected by domestic violence, substance misuse or mental illness.

Adverse childhood experiences can be:

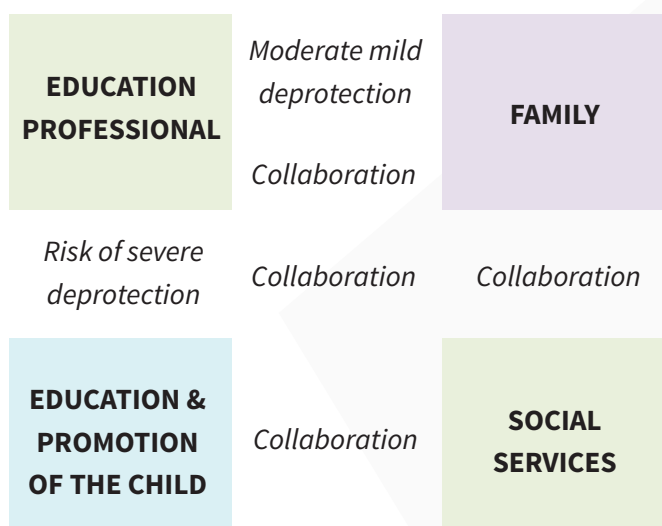
1. Disrupted neurodevelopment
2. Social, emotional and cognitive impairment
3. Adoption of health risk behavior

4. Disability and social problems

When schools detect that a student has problems should send him/her to medical services to assess whether they exist (behavioral and personality disorders, some type of disability, ...) The counselor should contact with the family first because they are responsible in this decision. The family will contact the pediatrician who will divert the student to the specialist (mental health or psychologist) if is necessary. The counselor should follow up collaborating with the family and the health services if is necessary. The detection of an important problem will be communicated by the family's medical services to the family and this will contact the guidance of the school that will assess the situation to give the appropriate educational response to the needs of the student. Close cooperation will be established between the medical services and the school, with the prior authorization of the parents (this is reserved for more severe cases.)

Collaboration among medical services and Social services and school

In order to implement a good collaboration that will help the student, it is also important to set up a bilateral collaboration among medical services and child protection social services. They will agree in what is better for the child and they will transmit to the school the protocol to follow in collaboration with the Family. There are few cases in our area in which the police have to intervene. In these cases, the collaboration is among the four services.



The situations that can be presented to a teacher are very diverse way. The assessment process can be initiated at the school, medical services or in the primary care social services; The first analysis will provide the detection of a need and its formulation and registration medical history, student report, ...

In the 2nd stage the three services have to identify is there is a specific protocol for the situation, if not they'll review the *protocol designed among the Town Hall Institutions*

We will inform the family, request their collaboration and ask for permission to give personalized information about the student. We exclude from this case the students who are in cases of unprotection.

The collaboration can be professional by requesting a non-personalized advice, in that case we will use the phone or email or it can be a personalized case in this case we will require following documents:

- Basic Communication Document
- Specific document to notify cases of unprotection
- Document with family authorization

Who activates the communication?

From education

From social services

The coordination of the collaboration protocol with families, school, and medical center, will be activated through the professional responsible for the area in social services.

From the medical services the activation of the action protocol is carried out through the social worker of the Health center or the pediatrician who attends to the child. In Mental Health it is done through the psychologist or psychiatrist.

3 Laws & Acts



3.1. THE LEGISLATION IN ITALY: Act 104/1992

Law 5 February 1992, n. 104 (abbreviated law 104/1992 also commonly known as Law 104) is a framework law for assistance, social integration and the rights of people with disabilities.

Published in the official journal of the Italian Republic no. 39 of 17 February 1992, it was amended by Law 8 March 2000, n. 53, by the legislative decree 26 March 2001, n. 151, by Law 4 November 2010, n. 183 (art. 24), by decree-law 24 June 2014, n. 90, converted into law with amendments by law 11 August 2014, n. 114 and finally by Legislative Decree 13 April 2017, n. 66.

Entitled subjects:

- visually impaired
- hearing impaired
- visual and hearing impaired
- autistic disabled people
- disabled people with Down Syndrome
- disabled people

Recognition of the state of handicap:

To be recognized as disabled, pursuant to Law 104/92, you must undergo a medical examination at a special mixed commission of the ASL (doctors and other professionals, such as for example psychologist/psychiatrist, social worker) in order to evaluate each case from several points of view. There is the possibility of home visits for those people with documented impossibility to be transported.

The law deals with assistance, social integration and the rights of the disabled.

The intent of Law 104 is to overcome the obstacles that arise between people with disabilities and their

better integration by acting in the most targeted way possible, with benefits tending to encourage the most complete insertion of the person with disabilities in the social context. It is easy to understand that part of the benefits is available to all people with disabilities while other benefits are recognized in relation to the severity of the handicap.

In reality, some benefits are provided for by other provisions which, however, depend on the recognition of a disabled person.

The benefits that can be obtained through Law 104 are:

- working facilitations
- discounts for parents
- tax breaks.

Work facilities

Workers who are recognized as handicapped pursuant to law 104/92, art. 3 paragraph 3, can take advantage of n. 3 days of monthly leave. The workers who instead assist a family member in a serious situation pursuant to art. 33 paragraph 3 of Law 104/92 (and subsequent amendments), can benefit from three monthly days of leave provided that the disabled person is a relative or related within the third degree of kinship.

Discounts for parents

Parents of disabled people, recognized as such pursuant to Law 104, have the right to work benefits: with children under 3 years extension of optional abstention, between 3- and 18-years n. 3 days of monthly leave.

Tax breaks

Disabled people, recognized as such pursuant to Law 104, are entitled to the following tax breaks:

- recognition of healthcare expenses as deductible charges and not as deductions;
- application of 4% subsidized VAT for the purchase of prostheses, aids and technological tools (mobile phone, computer);
- application of 4% subsidized VAT for the purchase and transformation of vehicles for the transport of people with disabilities;

- exemption from the government concession fee on mobile telephony;
- car stamp exemption;
- 19% deduction for the purchase of disabled people's goods.

School inclusion: regulatory path

The history of school inclusion cannot be separated from the Italian school. It was a long journey that started with the segregation of disabled pupils initially entrusted to private religious bodies (Casati Law 1859). The Constitution of the Italian Republic, in 1947 under art. 3 "All citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, political opinions, personal and social conditions" draws a formal equality, accompanied by an equality substantive, which provides for the right to a dignity of the "person", which must be enabled to fully perform one's personal attitudes. In the second paragraph, the Constituent stresses that the statement of principle is not enough, but the same opportunities must be guaranteed to all (... remove the obstacles that prevent the full development of the person).

Article. 34 (the school is open to all ...) introduced the principles of equality of educational opportunities for all, but for a long time this meant only separate school courses, special schools and differential classes (CM '53) which sanction the period of segregation.

In the 70s Italian school also took its first steps towards a progressive opening; in 1975, the commission document chaired by Senator Falcucci sets out the basic principles of what we now call inclusive school: collegiality, the role of the family, integrated management of services, teacher training. It is said that it is not enough to welcome the pupil, it is necessary to integrate it, make him/her become the protagonist.

Law 517 of 4 August 1977 represents a milestone in the history of the Italian school, special schools are abolished and integration of disabled pupils into common classes is determined.

In 1987 the attendance of disabled people in the

common school was also extended to secondary school.

But it is with the law 5 June 1992 n. 104 "Framework Law for assistance, social integration and the rights of handicapped people that the "educational care" towards the disabled pupil is expressed in an individualized training path, in which several institutional subjects participate, favoring the aspect of enhancing learning and autonomy, far beyond simple "education".

Law 104/92 represents a synthesis point of significant importance in the world of school and inclusion, a moment of consolidation and stimulation.

It is with the School Autonomy Regulation, D.P.R. 275/99 which establishes the right for everyone to educational success, the Reform Law no. 53/03 goes even further, underlining the right of all pupils to personalize learning paths.

The Guidelines for the integration of pupils with disabilities of 2009 are the document, which presents the Italian decision of school inclusion as an irreversible process, consequent to the "courageous" choice that opened the "normal" classes so that they became effectively for everyone "common".

One of the most important points, in the regulatory field, can certainly be identified in the UN Convention for the rights of people with disabilities, ratified by the Italian Parliament with Law 18/2009, which commits all the signatory states to provide forms of school integration in the common classes, a condition which is precisely the Italian specificity.

It also presents the current orientation in the conception of disability, linked to a "social model", which interprets the condition of the disabled person as the product between the level of functioning of the person and the social context of life, as defined by the ICF (International Classification of Functioning). The ICF model proposes a bio-psycho-social classification, functional rather than merely clinical.

Therefore, the Italian choice regarding the inclusion of disability in the common school has paved the way for all other forms of inclusion.

In July 2011, attached to the Ministerial Decree n. 5669, application of Law 170/2010, the Guidelines for the right to study of pupils and students with Specific Learning Disorder (DSA) are published. The document is rich in methodological and didactic indications, in order to ensure an effective intervention towards pupils with dyslexia, dysgraphia, dysorthography, dyscalculia, in the various evolutionary phases.

It is worth noting that the desired methodological renewal to meet the “special” needs of pupils with DSA is successfully applied to all pupils in the class. In this sense, the transformation of teaching and methodology in order to ensure the educational success of **particular “categories” of pupils can become an opportunity for generalized improvement in the quality of schooling.**

The Directive of 27 December 2012: “Intervention tools for pupils with Special Educational Needs (BES) and territorial organizations for school inclusion”, underlines the fact that in each class there are pupils who require special attention for a series of reasons that they do not end in the explicit presence of deficits that give rise to a certification pursuant to Law 104/92.

The disadvantage area includes situations in which there are specific learning disorders, specific developmental disorders, attention and hyperactivity disorders, difficulties caused by different cultural and linguistic backgrounds.

This complex panorama affects all schools, and identifies what could be defined in general as conditions of school disadvantage, or Special Educational Needs (according to the definition in use in an international context).

The MIUR Directive of 27 December 2012 intervenes decisively in the direction of the appeal to the strong responsibility of the school towards the “educational

care” towards pupils who are temporarily or permanently in this condition, indicating a series of stringent intervention measures, in order to ensure adequate and effective training courses to promote the educational success of each.

The Directive presents some critical issues that have been largely addressed by the circulars and application notes that followed the issue of the Directive:

- CM implemented March 6, 2013, n. 8;
- Note of 27 June 2013, no. 1,551;
- Note 22 November 2013, n. 2563;
- “Intervention tools for pupils with BES, a.s. 2013 / 2014_ clarifications “.

The legislative procedure presented shows how the Italian school aims to be an inclusive school, where the right to education is understood as a right that must be recognized by all, which is based on pedagogical and social values that also include an approach that can and must be “personalized”.



3.2. Laws and Acts in Spain

As in many other countries, Spain subscribed to the principles of inclusion early in the nineties and since then has carried out several educational reforms in order to transform an educational system until then selective into a more comprehensive one. Preliminary changes arrived early in the seventies with PL 14/1970, General Law of Education and Financing of the Educational Reform (LGE 1970), and the Spanish Constitution of 1978. PL 14/1970 meant the recognition of special education as a part of the educational system, although students with special educational needs (SEN) were still attended in segregated settings (special schools).

Students with disabilities had to wait more than ten years until the publication of PL 13/1982, Law of Social Integration of Disabled People (LISMI 1982) to see their rights fully recognized.

LISMI promoted the integration of people with disabilities in all the spheres of their lives (society, school, and work). For students with SEN also meant the beginning of a process of integration into regular schools through an eight-year experimental programme. Along with this law, the educational reform carried out in the nineties with PL 1/1990, Organic Law of General Arrangement of the Educational System (LOGSE 1990) definitely contributed to change the way students with disabilities were educated. During the nineties, significant progress was made: the new concept of 'special educational needs' was introduced, special education became a part of the general education system with a common curriculum for all students, and curriculum adaptations and educational differentiation were on the basis of attending students' educational needs.

The following reforms (PL 10/2002 and PL 2/2006) have only introduced minor changes regarding the education of SEN students and basically refer to terminology. PL 10/2002, Organic Law of Quality of Education (LOCE 2002), introduced the generic term 'specific educational needs' to refer to foreign students, gifted students, and those students that need compensatory education; and PL 2/2006, Organic Law of Education (LOE 2006), incorporated the terms of inclusion and equity advocated in international declarations such as the Salamanca Statement and Framework for Action on Special Needs Education (UNESCO 1994). The current educational system, is regulated by PL 2/2006 and comprises two free compulsory levels: Elementary Education (6-12) and Secondary Education (12-16), but children from 3 to 6 years old have the option of attending pre-school (Kindergarten) level which is non-compulsory and free for all students. Post-secondary education is composed of two-year high school (Bachillerato) or vocational studies (18-19). Kindergarten, elementary, and secondary school children with SEN are included in regular classrooms. High school and university level are working on inclusive practice but still there is much to do. Spain has a decentralized system of teacher education and certification. Each Autonomous Community and university is responsible for initial certification and credentialing of its teachers. Prospective teachers have to complete a four-year undergraduate program for

initial certification in three majors (kindergarten and elementary education at graduate level, and secondary education at master level). A typical undergraduate teacher education program (e.g., Maestro: Elementary Education) consists of 240 credits composed of general studies (60 credit core courses), studies on teaching subject area (102 credit courses), practicum (48 credits), and electives (24 credits) plus a 6 credit final project. Emphasis is made on diversity but there are only 24 credit courses (12 credit core courses and 12 electives) on students with SEN. A graduate teacher program (e.g., Profesor: Secondary Education) consists of 60 more credits (14 + 30 + 16 credits) on general studies, studies on specific teaching subject area, and practicum, respectively, with only a maximum of 6 credits dealing with the study of diversity.

Spanish legislation in relation to inclusive education has experienced a progressive enrichment since the promulgation, in 1985, of the Royal Decree on the Regulation of Special Education, at which time the integration of children with disabilities in ordinary centers begins to be considered. Based on these regulations, important achievements have been achieved in our country, such as the education of all people in a single system, the increase in psycho-pedagogical teams and the expansion of centers and resources to duly serve students with special educational needs (SEN).

Subsequently, Organic Law 1/1990 of General Organization of the Educational System (LOGSE) clearly bets on the principles of normalization and integration, introducing for the first time the concept of SEN to refer to those boys and girls who, carrying out their schooling in Ordinary classrooms require special supports and even some type of curricular adaptation to overcome deficiencies or development or learning problems.

With the Organic Law of Education (LOE, 2006), the social commitment of the centers to carry out schooling without exclusions, responding to the principles of quality and equity, is deepened. In addition, an attempt is made to provide schools with sufficient autonomy to favor the inclusion of all students.

The most current education regulations: The Organic Law for the Improvement of Educational Quality (LOMCE, 2013) has among its objectives to promote the maximum personal and professional development of people. However, various sectors related to education consider that it does not represent any significant advance in school inclusion.

Spain is considered to have one of the most inclusive educational systems in Europe with less than 0.4% of SEN students being educated in separate special schools.

Relevant words in the Spanish system

Students with special educational needs:

this is the one that requires, during part of their schooling period or during the entire period, specific educational support and attention due to the disability or serious disorder of conduct.

Equality: Supreme Value of the Legal System, set out in article 1.1 of the Spanish Constitution of 1978; and Fundamental Right of the person reflected in Article 14, means treatment by the State to all legal relationships that be equal, that is, equal treatment for identical situations.

Equity: it is fair in its entirety, it involves the search for responsible social equality, valuing the personal individuality of each one.

Integration: refers exclusively to students with special educational needs, who are considered to be outside the general educational field, and therefore, it is necessary to provide them with supports, resources and professionals, who integrate them into the

Normalized ordinary education. The educational system remains intact and it is the person, who

through curricular adaptations overcomes their differences.

Inclusion: it is a right of all, based on the fact that it is normal for all of us to be different, and that equity in access to quality education is necessary. Difference and diversity are respected and valued.

Bullying is any form of psychological, verbal, or physical mistreatment that occurs repeatedly between students over a given period of time, both in the classroom and through social media

Gender violence is any violent act or aggression, based on a situation of inequality within the framework of a system of relations of domination of men over women that has or may result in physical, sexual or psychological harm, including threats of such acts. These acts affect many of our students

.....

In addition to the laws the Spanish government provides **protocols**. They are informative documents whose objective is to inform the existence of protocols and offers a summary of its contents, either to citizens and also schools and other agents involved in interprofessional collaboration. It includes development, interprofessional collaboration, learning and practice. They intend to impact the experience of professionals involved in supporting children with adverse childhood experiences. ACES
A protocol establishes the collaboration among all the actors (interprofessional collaboration) in order to equip all the professionals involved in the action how to proceed in order to protect the victims. Within the framework of the 2015-2020 the Ministry, provides teachers with a tool to develop the corrective procedure for behaviors contrary to the rules of coexistence, which guides teachers to follow in these cases. This tool consists of some guidelines that seek to respond to the most frequent questions that are formulated in the schools when they face

a particular situation, it is one of the standardized models that they collect or the procedure that must be followed for their processing. Accompany these documents with a graphic map that illustrates the whole process.

Protocols

- **Protocol for the educational attention** of the students with hearing impairment (or disability)
- **Protocol for educational attention of the students with DOWN syndrome** and/or intellectual disability
- **Protocol** for educational treatment of the student with Autism Spectrum Disorder
- **Coordinating protocol**, intervention and interinstitutional derivation in Early Attention
- **Protocol of consensus on ADHD** in children and adolescents in the educational and health areas
- **Educational protocol** for the prevention and control of school absenteeism
- **EDU CONVIVES. GAL** The objective is to provide guidelines to teachers and staff of the schools that guarantee the respect and the best interest of the students
- **Educational protocol to guarantee equality**, non-discrimination and freedom of gender identity
- **Protocol** of coordination y cooperación Institucional versus Gender violence – Galicia
- **Educational protocol** to guarantee equality, non-discrimination and freedom of gender identity

All these protocols may be involved in the resolution of a case of ACEs. The schools, social services, medical services, police actors know in each case what they should do, as we have already seen in the revised protocols that are very useful tools at the service of professionals. These protocols put the laws very close to professionals in a very practical way.



3.3. Laws and Acts in Sweden

Historically, Sweden had a highly centralized education system, emphasizing equity and communitarian values. Following several reforms in the 1990s, the Swedish system is now highly decentralized.

School choice in the Swedish education system

The Swedish education system encompasses preschool (ages 1–5 years) through primary school (6–16 years), to upper-secondary school (16–19 years), and adult education. Education is publicly funded and free of charge. The education reforms that introduced school choice in Sweden followed international patterns, emphasizing that market competition would lead to higher attainment, more client-focus, a plurality of actors, innovative pedagogical approaches, and efficient use of resources.

The Swedish education system is now characterized by marketisation and education politics with a distinction between independent schools, run by private actors, and schools owned and run by municipalities.

From a policy perspective, independent schools are equivalent to municipal schools; they adhere to the same legislation and curricula as municipal schools, with some exceptions, and must fulfil the same goals and maintain the same quality of education as municipal schools. The municipalities finance pupils' education from preschool through upper-secondary school, via vouchers, i.e., a set sum that covers expenses for the pupil's education at his/her school of choice. Schools are not allowed to charge any additional tuitions or fees. Thus, pupils are able to choose between several municipal and independent schools, although the supply of independent schools varies greatly regionally.

The number of independent schools has increased over the years: according to official statistics, approximately 15% of primary school pupils and 25% of upper-secondary school pupils attend independent schools albeit with large regional variations.

Special education and inclusion in Sweden

The concept of ‘pupils in need of special support’ is central as regards the provision of special education in the Swedish education system. The formulation of the concept emphasizes the preposition ‘in need’ rather than ‘with need’, shifting focus from the individual pupil’s attributes as the primary reason for the need of special support, to seeking explanations in the physical, social and organizational environment. While the legislation emphasizes attainment of knowledge-goals as the primary indicator of a need for special support, ‘other reasons’ are also mentioned, e.g., behavioral and social difficulties.

Hence, the notion of SEN-pupils encompasses a broader array of pupils in Sweden than in many other countries, encompassing pupils with disabilities and/or learning difficulties, and pupils encountering difficulties reaching the knowledge-goals of the curricula for other reasons. Head-teachers are legally accountable for ensuring that investigations take place and that documentation and planning for interventions are formed and followed and therefore to define and interpret what support is to be provided, to whom, and how. Since 2014, the legislation makes a distinction between ‘extra support’ made within the scope of regular teaching, and ‘special support’ being provided after an investigation of the pupil’s need.

In light of this broad and unspecific definition of who is eligible for special support and its organization, a large number of Swedish pupils are defined as being in need of special support. It is estimated that approximately 40% of pupils receive special support at some time during their compulsory school education and that approximately 20% of compulsory school pupils are seen as needing support at any specific time.

Swedish legislation stipulates that special educational support should primarily be provided in the ‘regular’ classroom if possible. If segregating measures are deemed necessary, they should be temporary and restricted to particular school subjects.

The Swedish education system is often recognized as being inclusive in an international comparison (e.g., EADSNE (European Agency for Development in Special Needs Education)).

Student health according to the Swedish school law

Every pupil or student has the right to have access to a student health team during their time in preschool to post 16 education. Student health work shall include medical, psychological, psychosocial and special pedagogic actions. The students shall have access to a school nurse and a school doctor for the medical actions. There shall also be access to psychologist, counselor and special pedagogue.

The purpose with a student health is, like the rest of the school organization, to create a positive environment for learning for the students. Staff with different competences shall work together to be able to reach this goal. Primarily, the student health shall work preventing and promote health. This means that the student health team shall contribute to creating environments that promote the student learning, development and health. Student participation is important when it comes to working with general issues such as the student environment and values in the school. The teaching needs to address issues concerning students’ health in a broad perspective. It can be about everything from abuse, tobacco, alcohol and drugs to equality, sexuality and relationships.



3.4. Laws and Acts in the UK

The main laws relating to disability discrimination and to special educational needs in education are:

- [Equality Act 2006](#)
- [Disability Discrimination Act 2005](#)
- [Disability Discrimination \(Public Authorities\) \(Statutory Duties\) Regulations 2005, SI No. 2966](#)
- [Special Educational Needs and Disability Act 2001](#)
- [Education Act 1996](#)
- [Disability Discrimination Act 1995](#)

Definition of discrimination against disabled pupils and prospective pupils

According to the Disability discrimination Act 1995, as amended by the Special Educational Needs and Disability Act 2001, a responsible body discriminates against a disabled person in education if (section 28B (1)):

(a) for a reason which relates to his disability, it treats him less favorably than it treats or would treat others to whom that reason does not or would not apply; and

(b) it cannot show that the treatment in question is justified.

The Act states that in failing to take a particular step, the responsible body does not discriminate against a person if this was because it did not know that the person was disabled (section 28B (3) and (4)). Less favorable treatment is justifiable if it results from a permitted form of selection or if the reason for the failure is “both material to the circumstances of the particular case and substantial” (section 28B (6) and (7)).

Obligations under the law

Disability discrimination in education is unlawful. Schools must not treat disabled pupils less favorably than others. They must make “reasonable adjustments”

to ensure that disabled pupils are not at a substantial disadvantage, and they must prepare school accessibility plans to show how they will increase access to education for disabled pupils over time. Section 28A of the Disability Discrimination Act 1995, as amended by the Special Educational Needs and Disability Act 2001 states:

(1) It is unlawful for the body responsible for a school to discriminate against a disabled person–

- (a)** in the arrangements it makes for determining admission to the school as a pupil;
- (b)** in the terms on which it offers to admit him to the school as a pupil; or
- (c)** by refusing or deliberately omitting to accept an application for his admission to the school as a pupil.

2) It is unlawful for the body responsible for a school to discriminate against a disabled pupil in the education or associated services provided for, or offered to, pupils at the school by that body....

(4) It is unlawful for the body responsible for a school to discriminate against a disabled pupil by excluding him from the school, whether permanently or temporarily....

Section 28C of the Act, as amended by the Equality Act 2006, states:

(1) The responsible body for a school must take such steps as it is reasonable for it to have to take to ensure that–

- (a)** in relation to the arrangements it makes for determining the admission of pupils to the school, disabled persons are not placed at a substantial disadvantage in comparison with persons who are not disabled; and
- (b)** in relation to education and associated services provided for, or offered to, pupils at the school by it, disabled pupils are not placed at a substantial disadvantage in comparison with pupils who are not disabled.

(2) That does not require the responsible body to–

- (a)** remove or alter a physical feature (for example, one arising from the design or construction of the school premises or the location of resources); or
- (b)** provide auxiliary aids or services....

The disability equality duty

In 2006, the “disability equality duty” came into force, as introduced by the Disability Discrimination Act 2005. This puts a general duty on public authorities – including schools and further and higher education institutions – to promote disability equality.

Regulations published under the Act put a specific duty on public authorities to prepare and publish a disability equality scheme which gives details of how disability equality is being promoted. Schools must have regard to the need to:

1. promote equality of opportunity between disabled and other people;
2. eliminate discrimination and harassment, promote positive attitudes to disabled people;
3. encourage participation by disabled people in public life; and
4. take steps to meet disabled people’s needs, even if this requires more favorable treatment.

A number of Codes of Practice provide details on how to meet these duties-

Segregation in special schools

Some pupils considered to have “special educational needs” (this does not include all disabled children)

are assessed as needing a statement of special educational needs. These pupils should be included in mainstream schools provided that this does not conflict with parental wishes or affect the efficient education of other children (section 316 of the Education Act 1996, as amended by the Special Educational Needs and Disability Act 2001). Under schedule 27 paragraph 3 of the Education Act, there are three conditions for complying with parental preference in the schooling of children with statements of special educational needs, namely that the school is suitable to the child’s “age, ability or aptitude or to his special educational needs”, that attendance is compatible with “efficient education for the children with whom he would be educated” and that attendance is compatible with the “efficient use of resources”. In fact, the law elsewhere recognizes, in relation to all children, “the general principle that pupils are to be educated in accordance with the wishes of their parents, so far as that is compatible with the provision of efficient instruction and training and the avoidance of unreasonable public expenditure” (section 9, Education Act 1996). Re-emphasizing this in the context of disabled children suggests an additional right to parents of disabled children to veto the inclusive education their child has a right to, and is in this sense discriminatory.

4 Social Services in Europe



4.1. Sweden

In Sweden 90% of its estimated 30,000 social workers (3 per 100,000 of the population) are employed in state organizations, namely social service centers, which aim to offer a generic range of services (including basic financial support) on a relatively universal basis. These

are for the most part quite well regarded by the public at large and recognized as offering a distinctive service.

- In Sweden: 1 SW in 300 inhabitants
- United Kingdom: 1 SW in 600 inhabitants
- Italy: 1 SW 1600 inhabitants

In Sweden, each of the country's 290 municipalities has a social services organization managed by a local 'Social Welfare Board' of politically-appointed laypersons who are mandated to ensure that children in need or at risk of harm receive the support and protection they need. Specifically, this board determines whether or not children can be placed in out-of-home care. Social workers offer both children and parents various kinds of support depending on whether a case has come to the attention of the social services through mandatory reporting (schools, health services, police) or whether parents have voluntarily applied for services. Sweden does not have specific child welfare legislation. It is instead integrated into the Social Services Act which is a framing law that covers support for children and families but also for persons in need of financial assistance or who have substance abuse problems. In this way, the child welfare system can thus be described as a combination of controlling and supportive.

Child welfare assessment is a complex process whereby social workers try to determine the needs of a child in relation to the parents' capacity to meet these needs and environmental factors that may help or hinder a child's needs being met. At the same time, investigation takes place in a context of risk – social workers are expected to be thorough in their assessments in order to substantiate or invalidate concerns about risk of abuse or neglect.



4.2. The United Kingdom

In England, the social care workforce comprises over one and half million people. An estimated two thirds of the workforce work for some 25,000 employers in the private and voluntary sectors. The remaining third work in the statutory sector, largely for 150 local councils with personal social services responsibilities. The range of work settings includes the community,

hospitals, health centers, education and advice centers and people's homes. Social care practitioners frequently work in partnership with staff from other professions, including health, housing,

The Care Standards Act 2000, as well as establishing regulations covering service provision, brought greater recognition for the profession of social work with the introduction of a social work degree and social workers' register. To become a social worker in the UK and use the title, students need to complete an Honors degree or postgraduate MA in Social Work. There are access courses for mature students, trainee schemes and employment-based routes to gaining the qualification. Qualified social workers are currently required to register with the Health and Care Professions Council (HCPC) before commencing practice. Social workers are also required to ensure that they keep their training and knowledge up-to-date with current developments in the field.

Occupational Therapy is another important profession working in health and social care settings, contributing to the promotion of people's independence through advice and provision of equipment, and enhancing the suitability of housing through Adaptations.

Although there is no formal or national hierarchy (rank) of social workers, many local authorities in England and Wales adopt a similar pattern of seniority of social workers.

The UK (where there was similarly strong support for the welfare state until relatively recently) also has a high a proportion of workers employed in public authorities (about 43,000 social workers) and previous studies suggested that about 80% of new entrants went into the statutory services. However, there has been a recent 'splitting up' of previously distinct social service departments into services for children and families (under the auspices of education departments) and those for adults (under the broad remit of health care).



4.3. Spain

Since 1978 social work has become a well-established profession, with up to 80% of personnel employed in municipal services. In 2004 one professional organization suggested that there are around 42,000 social workers (about 4.4 per 100,000) and relatively large numbers are also employed in third sector organizations.

Structure and development of the welfare state Spain is usually included, together with Italy, Portugal and Greece, in a group of “Southern European” welfare states, sometimes labelled as Mediterranean or Catholic. Southern European welfare states are supposed to share some distinctive traits, such as smaller and less developed welfare state programmes if compared to those of Northern European countries.

Education is decentralized in 17 regional governments (Comunidades Autónomas), and present educational regulation allows regions the possibility to regulate and develop a diversity of child care services outside educational regulation, besides the first early education cycle (0-3). This has led to very decentralized and diversified child care provision, partly within the education system, partly outside it.

Benefits and services offered

- Information
- Orientation
- Assessment
- Advice Service

Responds to the right of citizens to be informed about resources available in society to meet their needs. Provides information and the technical advice necessary to enable access to them and is specified in the following activities:

a) Provide information, guidance and advice to citizens, groups and institutions on existing social rights and resources in the community.

It consists of technical and professional information on the possibility of access to any resource of the SS. SS and other protection systems, indicating the ways of using them, as well as facilitating access to services.

b) Study, assess, and where appropriate, manage the demands received, processing the benefits that are required and facilitating follow-up and support necessary in each case.

c) study and analyze social demands and the problems posed with a view to a subsequent programming of activities and adaptation of resources to those needs. An essential activity of these services is the collection and analysis of information that enables a knowledge of social reality where they act.

These services provided by the SS.SS. Community will be carried out mainly by SS centers. H.H. Community, also in collaboration with the Information Centers of Women, youth information offices, ...

- Home help service.
- Coexistence and Social reintegration Service.
- Support and psychologically treat those people and relatives who present personal, family or social imbalances.
- Collaborate with other organizations to launch occupational activities that facilitate integration into the world of work.

“Areas of Action of Social Services”

- Adult day centers - Hostels
- Day centers for minors - Residences
- Social relationship centers - Occupational centers
- Sheltered housing - Protected homes
- Reception centers - Social insertion centers
- Regarding the organizational structure of the secondary level, we find greater



4.4. Italy

In 1978 in Italy a health reform introduced the National Health Service (Servizio Sanitario Nazionale – SSN), a term inspired by the National Health Services in the United Kingdom. The SSN is a public and universalistic system aimed at guaranteed healthcare for all citizens. Later, the financial situation urged to introduce user charges in order to avoid wastages, even if this might lead to inequalities, and means-testing for common tests and medicine. In 1992 a major reform allowed citizens to pay higher fees in order to receive private services within the SSN; by this way, public spending decreased. Today the SSN is financed both by direct taxes and by the revenues of the local health.

Education is free and compulsory for children between 6 and 18 years of age. It includes five years of universal primary school, three years of secondary school and finally five years of high school leading to the Maturità exam and the award of a “diploma”, which, in turn gives access to professions and university courses. Primary school includes free books but not uniform or transport, and from the age of 12 the cost of books and transport, and all other fees for secondary school, are the responsibility of the family. Sometimes some families on low incomes who are eligible for means tested benefits can apply for a voucher to contribute to payment for the stipulated textbooks which are very numerous and expensive in Italy. Universities are both public and private; public universities are mainly financed by the state and have low, income-related fees and means-tested support for low-income students, while private universities have much higher fees. Students in primary and secondary education still have to pay minimal enrolment fees and the cost of books is not covered by state vouchers.

Maternity leave consists of two months before and three months after birth. Mothers are granted 80 percent of their previous wages and an additional six months of

optional leave. They have the right to retain their job for one year. Family benefits are related to family size and income, with increased payments for disabled family members. Social assistance is entitlement-based and means tested, and applies to needy families. Social services to the elderly, the disabled, and needy families are dealt with by local authorities, sometimes with the assistance of volunteer associations and no-profit social service cooperatives.

The fundamental definition of “services to the person and to the community” is contained in the legislative decree 31 March 1998, n. 112 which identifies its internal structure: health protection, social services, school education, vocational training, cultural goods and activities, show and sport. The framework law on social services is as follows: Law 8 November 2000, n. 328, which provides that programming and organization is carried out by Italian local authorities and Italian regions, as well as provides for the types of services that can be provided, also with the involvement of individuals and individuals operating in the non-profit sector.

A definition of the “social service” activity was given in 1987:

“The social service is a meta-institution of the organized system of social resources and a synthesis discipline which, through the professional work of the social worker aimed at individuals, families and groups in problematic situations of need, contributes to:

in fact, the removal of the causes of need seeks the solution through an inter relational relationship and the use of personal and social resources aimed at promoting the full and autonomous realization of people;

to facilitate the citizen - institution relationship;
to connect the need of individuals to the system of services and vice versa and contributes to the processes of modification of institutions mainly considered in the context of social services.

Assistance in Italy is based on the reform of assistance implemented with Framework Law 328/00 and is diversified at regional level. Each municipality adopts its own regulation; Italian law therefore deferred to the local reality the possibility of planning diversified interventions, through the planning tool of the Zone Plan. Each Municipality has a range of offers and a regulation for access to services and facilities different from the other.

Services offered across all resident citizens registered in the registry:

1. Professional social secretariat - often constitutes the first real contact that the person has with the service, it can be defined as the competent listening activity of the requests brought by the citizen, aimed at taking charge of the person to guarantee and facilitate unitary access to the network of social offer units. In one or more interviews, information is obtained on their rights, on what the Municipality or the competent social and health services offer. Following this, specific actions can be activated, sending to other services or a simple brief social advice on how to deal with the situation.
2. Economic contributions - You can get economic help when you are in a state of need or live in a particular condition of fragility (such as the loss of a job or layoffs, single income families, serious illness or disability, the elderly alone, large families ...)
3. Popular housing - through the Municipality it is possible to have access, after having made a specific request, to the ranking and then to the assignment of popular housing.
4. Minor and youth area - Among the services of this area you can find:
 - territorial education center or CAG, recreational, educational and cultural daytime spaces, besides school time, diversified for children and adults with the aim of preventing primary or secondary discomfort; usually these are free services, such as after school or homework support;
 - home educational assistance for minors, activities in favor of the individual child and his/her family, with functions of didactic, social, pedagogical and educational support to prevent discomfort or support in difficult situations;
 - summer camps;
 - street education;
 - youth discomfort prevention service;
 - Youth Information services, for orientation, job search or educational, cultural and recreational opportunities;
 - inclusion in a community for minors, in a mother / child community and foster care family in specific situations and on a mandate from the judicial authority. For these last interventions, which are carried out on a specific project and obviously in particular cases, the Municipality, internally or in an associated form with other bodies, makes use of specialized teams for the treatment of more complex situations, known to the Juvenile Court: in particular, Minor Protection Services, Custody and Adoption services are structured (the latter in concert with the ASL for the presence of health services).
 - Finally, there is the Elderly Area with home care service and personalized programs to

- support the elderly, day centers and RSA.
- As far as the Disabled Area is concerned, the services are configured as home assistance service, in Day Centers for the Disabled and in Residences for the Disabled or housing communities. The job placement services for disadvantaged people represent a mediation for job placement, through traineeships, job grants or hiring in companies that by law reserve quotas for the disabled.
 - Finally, there are the services for the protection of disabled or incapacitated people or with support administrators, the foreign area with advice and support counters for the practices necessary for the residence permit and orientation in the services, the intercultural or cultural mediation services. and the Management of Nomadic Fields.
 - As regards the Marginality Area, there are direct management or sending services to first reception centers for homeless people, dormitories, low-threshold services such as canteens or public showers, Voluntary services and voluntary civil service, activities promotion, advice and support to local voluntary associations, according to the principle of subsidiarity, and voluntary civil service projects.
 - For problems such as mental illness, addictions, psychological distress at any age, couple or family crises, they are the primary competence of the social and health services of the ASL or Hospital Companies. Since there are often also socio-welfare implications, networking between the Municipality and specialist service is set up.



Italy

Law enforcement in Italy is mainly carried out by different agencies, depending on felony and jurisdiction. On a national level, five police forces operate. The Arma dei Carabinieri (gendarmerie), the Polizia di Stato (national police) and the Guardia di Finanza (customs police, border police and financial police); are the main forces, the only ones with full powers. There are also the Polizia Penitenziaria (prison service), in charge of running order in the prison system.

Locally, with jurisdiction only in little felonies, There are also Polizia Provinciale in some of the 109 provinces of Italy, and Polizia Municipale in every commune. Even though they support other forces in drug dealing and thefts, their primary function is to patrol streets and prevent felonies. No investigation allowed.

The Carabinieri and Guardia di Finanza are organized as a military force. In recent years, Carabinieri units have been dispatched all over the world in peacekeeping missions, including Kosovo, Afghanistan and Iraq.

On a daily basis, calling the 112-emergency number only Polizia or carabinieri will answer as they are the only forces in charge of “Pronto Intervento” (non-sanitarian Emergency) and public safety.



Spain

Law enforcement in Spain is carried out by numerous organizations, not all of which operate in the same areas.

- The Guardia Civil (Civil Guard) is a gendarmerie force and therefore, has a military status and patrols rural areas (including highways and ports) and investigate crimes there (78.000). They operate from garrison posts that are called casas cuartel (“home-garrisons”) which are both minor residential garrisons and fully equipped Police stations. Answers to both the Ministry of Interior and the Ministry of Defense.
- The Policía Nacional or Cuerpo Nacional de Policía (literally, the National Police Corps, or CNP) has a civilian status and deals with criminal offences and public order in big towns and cities (65.000). It includes special anti-riot units. In some Autonomous Communities, autonomous police forces have taken over many of the CNP duties. Answers to the Ministry of Interior.
- The Policía Local or Policía Municipal (known as Urban Guard in the city of Barcelona) operate in most cities and important towns, concentrating on preventing crime, settling minor incidents, traffic control, and, crucially, intelligence gathering. Answer to the local governments (81.000).
- In some Autonomous Communities there is an autonomous police force, under the rule of the regional government, which carries out the



Sweden

duties of the Civil Guard and the National Police there. This police forces are the Troopers (Mossos d'Esquadra) in Catalonia (17.000), the Ertzaintza in the Basque Country (8.000), and the Chartered Police (Policía Foral or Foruzaingoa in Basque) in Navarre (1100). They answer to their respective autonomous governments. The Basque province of Alava retains Spain's oldest police force, the Miñones [] ("Minions") founded in 1793. Although now an integral division of the Basque Ertzaintza, it answers to the provincial government of Alava.

- Additionally, there is "special administrative police" which is not under the Ministry of the Interior nor the Ministry of Defence, but the Ministry of the Treasury. The Customs Surveillance Service is responsible for the investigation and prosecution of cases involving contraband, illegal drugs, financial evasion and violations, money laundering, surveillance for financial police purposes and the provision of judicial police services. Despite their civilian status, the officers are trained by both the National Police and the Navy Marines.

Locally, all enforcement agencies work together closely, and in serious matters, usually under the guidance of an Examining magistrate. Operational policy and major interventions are nationally coordinated under the direction of the Ministry of the Interior.

The Swedish Police Authority (in Swedish: Polismyndigheten, but is usually referred to as Polisen) is the central administrative authority responsible for the Swedish police that operates under the Ministry of Justice. The Swedish Police Authority replaced the National Police Board in 2015. Due to the 2015 reform of the police, the Swedish Security Service became a separate entity under the Ministry of Justice, instead of previously being part of the National Police Board. The reform also resulted in Rikskriminalpolisen (National Criminal Investigations Department) being dissolved and its duties transferred to the National Operations Department. The 21 police regions that were established according to the Counties of Sweden prior to the reform were replaced by six police regions, which were instead divided into 27 local police districts.

Swedish police officers are always armed with a 9 mm Sig Sauer handgun, a telescopic baton and a can of pepper spray.

The Swedish Police Authority maintains three well-trained SWAT elements, the first being the elite counter-terrorism National Task Force which is the equivalent of Germany's GSG 9 and the French GIGN. The second unit being the Reinforced Regional Task Force (previously known as Picketen), which is trained to handle riot control, hostage situations and high-risk arrests in three of Sweden's major cities; Stockholm, Gothenburg and Malmö. The third element is composed of small, less well-equipped special response units under the jurisdictions of their respective local police districts, they are simply called Regional Task Forces, and they serve officially under the Reinforced Regional Task Force.



United Kingdom

Devon and Cornwall police have been working as a partner in the Erasmus+ project. Specifically, in Cornwall, there are 4 'youth and missing' police officers (YMOs) who deal with children with ACEs specifically. The statistics correlating ACEs with criminal behaviour are outlined in research (see further reading) and the YMOs will try and prevent the criminalization of these children by using interventions.

The YMOs link with the youth offending services (YOS) with youth justice outcomes specifically in out of court disposals (such as youth cautions) in a restorative approach.

They will help guide interventions and problem-solving approaches with children who are repeatedly missing (classified as high-risk cases), in which inter-professional working with education, social services and YOS are crucial. They link with partner agencies to ensure the highest quality information exchange and provision of a consistent approach is given to both the police, social services and the child or young person.

The direct work with young people is split into different types of trauma informed interventions: Individual interventions, specified group interventions and complex interventions.

Individuals:

This can be meetings at school, home or in the school environment. Police cadets is used as a form of relational intervention.

Specified Group Interventions:

This may be a group of children who may be causing anti-social behavior, or educational inputs such as internet safety to a group of students.

Complex Interventions:

The YMOs will work in partnership with other agencies with the child. This may mean joint home visits with social care or education.

Widely regarded as the home of the first modern police force, law enforcement in the United Kingdom is based on the long-standing philosophy of policing by consent. Policing and law enforcement are organized separately in each of the legal systems of the United Kingdom as a result of devolution of powers to Scotland, Northern Ireland and, to a lesser extent, London.

England and Wales have 43 local police forces (formerly known as constabularies), each of which covers a 'police area' (a particular county, grouping of counties or metropolitan area). Since 2012, 41 of these forces have their own directly elected Police and Crime Commissioner, under the Police Reform and Social Responsibility Act 2011. The two exceptions are in London, where the Metropolitan Police is accountable to the directly elected mayor via the Office for Policing and Crime, and the much smaller City of London Police that retains the Common Council of the City as its police authority.

Scotland now has a single national force – the

Police Service of Scotland (Scottish Gaelic: Seirbheis Phoilis na h-Alba), commonly known as Police Scotland. It replaced eight former territorial police forces and the Scottish Crime and Drug Enforcement Agency in April 2013 and is overseen by the Scottish Police Authority, under the terms of the Police and Fire Reform (Scotland) Act 2012.

The Police Service of Northern Ireland (Irish: Seirbhís Póilíneachta Thuaisceart Éireann, Ulster Scots: Polis Servis o Norlin Airlan) serves Northern Ireland, succeeding the Royal Ulster Constabulary (RUC) in 2001. Following the Police (Northern Ireland) Act 2000, the PSNI is supervised by the Northern Ireland Policing Board (Irish: Bord Póilíneachta Thuaisceart Éireann, Ulster-Scots: Norlin Airlan Polisin Boord), who are themselves appointed since 2007 by the Minister of Justice (Northern Ireland) using the Nolan principles for public appointments.

From October 2013 the National Crime Agency (NCA) operates as the United Kingdom's first national law enforcement agency. Replacing the existing Serious Organized Crime Agency and Child Exploitation and Online Protection Centre, as well as assuming some of the responsibilities of the UK Border Agency, but not counter-terrorism, for the first time it will have authority for "tasking and coordination" investigative work to local forces under the Crime and Courts Act 2013.

There are also three special police forces that have a specific, non-regional jurisdiction – the British

Transport Police, Civil Nuclear Constabulary, Ministry of Defense Police. Over the centuries there has been a wide variation in the number of police forces operating within the UK, most of which now no longer exist, see list of former police forces in the United Kingdom. A few miscellaneous constabularies with responsibility mostly founded on old legislation to police specific local areas, such as ports and parks, have escaped police reform. Lastly, a number of government bodies that are not police forces have detective powers and enforce laws, such as the Marine and Fisheries Agency and UK Border Agency, who employ officers with limited powers of detention and search but generally cannot make full arrests.

The majority of British police are never routinely armed with firearms, relying on an extendable baton and in some cases Tasers, with specialist armed units always on patrol and called in only when necessary. The exceptions are the Ministry of Defense Police, the Civil Nuclear Constabulary and the Police Service of Northern Ireland which are routinely armed.

Uniquely in Britain, there are police forces of Crown Dependencies such as the Isle of Man and States of Jersey and Guernsey, who have police forces that share resources with the UK police, whilst having a separate administration within their own governments. The British Overseas Territories, have their own police forces which are generally based on the British model of policing.

6

A Collection Of Materials and Resources From Our Partners

Spain

Two on line questionnaires:



Output 3

<https://forms.gle/UzYfhrxky8eGmhLB7>

<https://forms.gle/hqFD7UNoigtAhV3u5>

and 3 more are together in this email



We could do and activity with VR like this

<https://edu.cospaces.io/CCU-DTP>

and

<https://edu.cospaces.io/Universe/Stem/Space/ZLK-SAJ>

This was made by my students and the 2nd I did it to support the video tutorial I´ll do it only if you like it and you like to include it, is to be seen with VR glasses and it´s quite a lot of work, so I don´t like waste time. Feel free to say “no “if you think it wouldn´t add any added value.

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