

Final Report

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Final report Veneto Italy

1. Preface

1.1 The “Project Context”

The Italian Juvenile Justice System is built around the concept of imputability. To criminally proceed against a minor, it is necessary that the action is chargeable, a concept that implies understanding and intention as a condition of guilt.

Briefly, the principles underlying the juvenile criminal proceedings are:

- The minimum offensiveness of the process by activating all the actions necessary to facilitate a quick exit from the criminal circuit without interrupting the educational process;
- The adequacy of the process to educational goals;
- The residuality of detention for precautionary measures and execution of sentence.

An analysis of the juvenile justice system cannot ignore the fact that the number of entries has not substantially changed in the last five years. The population is composed of up to 50% of foreigners: unaccompanied foreign minors (especially from North Africa) and new EU juvenile citizens (especially Romanians) and the remaining 50%, of Italians. It is to be noted, although limited, the presence of people coming from Latin America and the second generation foreign minors.

The number of persons confined in Minors’ Penal Institutions is very low (equivalent to an average of 500 units per day), while data related to juvenile offenders submitted to non- custodial measures are much greater.

The number of subjects for which Social Services’ intervention have been activated is around 18.000 units.

Another indicator related to juvenile deviance in Italy concerning crime is that their number has not increased, but, surely, their gravity has increased. In the qualitative assessment of users some macro-areas have been identified, presenting sometimes interrelated characteristics:

- drug addiction and alcoholism, in particular poly-drug use;
- the phenomenon of the involvement of minors in organized crime;

- foreign minors without familiar references often unaccompanied, for whom it is difficult to realize re-inclusion paths;
- people with personality disorders devoted to poly drug use;
- children with psychopathological disorders requiring specialized interventions in close cooperation with clinical experts;
- juvenile sex offenders;
- crimes committed in a group or within gangs;
- bullying to the limits of criminal law;
- Juveniles over 18 years of age, composed for the major part by young people expiating the sentence (they are often connected to organized crime).

The Italian legal system, through the prosecution system of minors and the social institutions involved, tends towards the rehabilitation of the minor who for one reason or another has fallen into trouble with the law. The entire legislative system, substantive and procedural, aims for the so-called best interest of the child and, in particular, wants to ensure that the various sanctions handed down to the minor, do not hinder or interrupt unnecessarily his/her educational path and evolution into adulthood.

Within the actual legal framework, the type of approach/intervention outlined by the Minors' Criminal Procedure Code (D.P.R. 488/88) constitutes an interesting path of treatment of juvenile deviance.

The psychological approach implemented by Juvenile Justice Services is a multi-disciplinary one (social, psychological and educational) and aims to prevent the removal of the minor from his/her environment by promoting the take of responsibility for his/her own behaviour and supporting the developmental process of the minor, irrespective of the difficulties preventing a full social inclusion path i.e. adolescents' developmental conflicts, personality disorder, anti social behaviours or, in more general terms; mental disorders.

Since adolescents implement antisocial behaviours as a way to build their own social identity, in the process of analysis and understanding of delinquent behaviour it is important to consider their wishes, values and modalities of interpreting the relationships.

The actual implementation of behaviour depends therefore on motivations and individual value systems (i.e. the ideal level) in relation to the opportunities offered by the territorial context, in terms of goals (Wikström, Sampson 2003), which are connected with the adolescents' developmental tasks.

For the definition of specific treatment objectives targeted to juveniles submitted to criminal procedures, therefore, there is the need for a specific assessment of minors' personality, behaviours, needs, and in that frame the possible psychopathologies or mental disorders can't be ignored (as stated in Art. 9 D.P.R. 488/88).

We must first make a distinction between what is welfare and what is the criminal justice system, because if the minor suffers from a disorder of personality then the health system shall deal first with his/her illness. In Italy, we are in general trying to differentiate approaches that can be summarized into three categories, according to the degree of containment: a) shelter; b) day hospital; c) Communities with the possibility of highly specialized intervention or purely pedagogical approaches.

Since the Juvenile Criminal Procedure Code (DPR 448/88) was established, inside the Services of juvenile justice a practice of intervention for children entering the criminal circuit has been consolidated, which

places the role of psychological work in the process of evaluation and treatment in a developmental perspective. Through the Presidential Decree of the Council of Ministers, issued on the 1st of April 2008, all the health functions carried out within the Juvenile Justice circuit and the Penitentiary Administration were transferred to the National Health Service.

This Decree marks the end of a long path that began with the Legislative Decree n. 230 of 1999, which makes fully applicable the principle that acknowledges detained or interned persons, on the same terms of free citizens, shall have the right to the supply of prevention, diagnosis, cure and rehabilitation services normally provided at the essential levels of assistance.

All the health functions carried out by the Department of the Penitentiary Administration and the Department of Juvenile Justice have therefore been transferred to the National Health Service. The Regions guarantee the fulfilment of the service through the Local Health Agencies in whose scopes of competence the institutions and penitentiary services and the juvenile services of reference are located.

According to the Decree, starting from the principle of full equality of treatment for free and detained individuals, including minors subjected to criminal measures, the health care is to be provided for the subjects enduring measures of the Authority Juvenile Court, also in reference to:

- Actions of protection, information and education for the development of individual and collective responsibility for health;
- Complete information on their state of health at the moment of entering the criminal institute, during the period of execution of the sentence and at the release;
- Interventions of prevention, care and support of psycho-social discomfort;
- Health assistance of the pregnancy and maternity;
- Paediatric assistance and services and childcare to children of women prisoners or interned, living with their mothers in the institute during early childhood;
- Identification and payment of fees relating to therapeutic Communities for drug addicts minors and young adults suffering from mental disorders, according to art. 46 paragraphs 6 and 6 bis of the DPR 309/90, as well as to the therapeutic Communities cited in art. 24 of Legislative Decree 28 July 1989, n. 272.

Particular attention is given to arranged interventions in the following areas:

1. General medicine and assessment of health status of new persons entering the institutes;
2. Specialized services;
3. Responses to emergencies;
4. Infectious pathologies;
5. Prevention, treatment and rehabilitation for pathological addiction;
6. Prevention, treatment and rehabilitation in mental health;
7. Guardianship of the health of women prisoners and minors subject to criminal measures and their offspring;
8. Guardianship of the health of immigrants.

The juvenile offenders suffering from mental health problems in Italy shall be prosecuted except for those who are recognized as incapable of understanding and willing, according to the Italian Criminal Procedure Code (see Articles 85, 97, 98).

The legislation in the field of juvenile criminal justice and the recent reform of penitentiary health include jointly taking over the charge of the child who suffers from mental health disorders. The several problems that the person may have (psychopathology, addiction, crime) require a multi-disciplinary and inter-institutional intervention, in order to define a coherent and shared individual project. Legal assistance is always guaranteed. If the person is not subject to criminal action, the treatment program is guaranteed under the National Health Service.

For young offenders affected by mental health problems, there are specific regulations within the health care system. The Juvenile Criminal Procedure Code provides for security measures that are implemented through legal measures of prescription or of placement in a residential facility (socio-educational communities aimed to rehabilitation or treatment). Before the passage from the penitentiary medical perspective to the National Health Service, Juvenile Justice Services predisposed clinical therapeutic rehabilitation programs inside the individualized projects for each minor, with the help of local health services. Nowadays, under the new rules, local health services are responsible for the treatment in cooperation with the Juvenile Justice Services.

The Italian juvenile justice and health systems protect the best interest of the child by following important ethical principles that are prescribed in the current national legislation:

- The recognition of full equality of treatment for minors subjected to criminal action;
- The need for a full and fair inter-institutional cooperation among the National Health Service, Prison Administration and Juvenile Justice to ensure synergistically guardianship of the health and social rehabilitation of prisoners and minors subject to criminal action and also the security need inside the Penal Institutions for Minors, the reception Centres, Communities and Clinical Centres;
- The measures to protect health consist of closely complementary interventions aimed at the social rehabilitation of the offender, through actions and programs with the participation of all relevant institutions, social cooperatives and voluntary associations; the effectiveness of such integrated interventions is favoured by the direct participation of prisoners in the activities of prevention, care and rehabilitation and also in paths to prepare themselves for the exit;
- The prisons, the penal institutions for minors, the reception centres, the Community and Clinical Centres must ensure, compatibly with security measures, environmental and life conditions answering the criteria of respect for the dignity of the person, avoiding overcrowding, respecting the religious and cultural values, etc.;
- The therapeutic continuity is a founding principle for the effectiveness of care interventions and must be provided on the entry into prison and/or in a juvenile facility, during any movement of prisoners from different prisons and juvenile facilities, and after the release and the return to freedom.

The above-mentioned principles are based on the idea, which is part of the established tradition of our country, that health is not just the absence of disease, but it is inextricably linked to the social and cultural aspects forming the main capital of each community. According to this perspective, prevention, treatment and rehabilitation are part of the same paradigm of health promotion, which aims at encouraging individual and collective empowerment. In the case of juvenile offenders, this idea of health leads to consider antisocial deviant behaviours as possible expressions of a psycho-social distress resulting from a “lack of health”, rather than as a derivative of a specific and exclusive individual-subjective attribute.

1.2 The actors involved

When speaking of youth in conflict with the law affected by mental disease, it is clear that these children need treatment for their disorders, and juvenile facilities and programs should have adequate policies and procedures for identifying and treating them despite it is not always possible to divert them from incarceration.

The professional cooperation between the various and different practitioners who are in contact with minors in conflict with the law (judges, psychologists, psychiatrists, social workers, teachers etc.) is crucial, to this aim as well as the creation of a common language and the sharing among involved experts.

Within the Italian context, the Presidential Decree 448 of 1998 establishes by Article 6 that “*at every stage and level of the proceedings the court uses the services of the Administration of juvenile justice. It also makes use of the services set up by Local Authorities*”. The Legislative Decree of June 22nd 1999, n. 230 “*reordering of penitentiary medicine*”, in Article 1 stipulates that detainees and internees, like citizens in a state of freedom, are entitled to the supply of the benefits of prevention, diagnosis, treatment and rehabilitation provided in the basic level and uniform assistance. Concluding, Article 2 defines the framework for actions to be put in place, providing that:

1. The State, Regions, Municipalities, local health units and institutes conform their actions and contribute responsibly in the creation of conditions to protect the health of detainees and internees, through information systems and health education for the implementation of preventive measures and conduct of the performance of diagnosis, treatment and rehabilitation contained in the National Health Plan, both at the regional and local level;
2. The health assistance to prisoners is organized according to the principles of global intervention, unity and performance of services, integration of social and health care and ensuring continuity of care.

1.2.1 Roles and responsibilities of professionals

Involved agencies/institutions/organisations/systems:

1. Juvenile Justice System;
2. Health care System;
3. Therapeutic Residential care;
4. Socio-educational communities;
5. Regions and Municipalities.

Professional figures involved in the taken in care of the youth in conflict with the law with mental disease (i.e. diagnosis and treatment) were the following:

1. Psychologist of Juvenile Justice Services;
2. Socio-psycho pedagogical equip;
3. Psychiatrist of Local Health Unit;
4. Psychologist of Local Health Unit;
5. Doctor of Juvenile Justice Services;

6. Psychiatrist consultant of Juvenile Justice Services;
7. Social worker of Juvenile Social Service Office (USSM).

Tools used to make the diagnosis were indeed the following:

- Session with the psychologist;
- Psycho diagnostic tests;
- DSM V;
- Psychiatric manuals;
- DSM IV.

From realised in-depth interviews, focus group and roundtable these seem to be adequate, in this sense, an important factor is a reasonable use of DSM V allowing the use of a common language among professionals involved in the taking in charge of the youth in conflict with the law affected by mental disease with different background, skills and orientation.

The above mentioned multidisciplinary team dealing with these minors works mainly on the following fields/ aspects:

- the field of education;
- psychologist-psychotherapist aspects;
- medical issues.

2. Project objectives

Focus of faced problem during testing involved first of all the issue of integration among different services (treatment, educational, social, health) defining the parameters of intervention programmes addressed to selected target (juvenile in conflict with the law submitted to penal procedures affected by psychopathologies).

In line with the project description, capacity building action realized followed the following steps: 1. Identification of the problem; 2. Activation of an integrated approach and identification of related aims for the resolution of identified criticisms; 3. Building of a synergy among involved system; Definition of an ad hoc methodology and cooperation system able to achieve the identified aims.

Hence, the aim was to define a) what doesn't work in the integrated approach among involved systems in order to identify possible corrections enhancing this way logics and modalities of taken in charge b) deepen the issue of the minimum standards to be guaranteed identifying related sustainable intervention allowing to guarantee such standards.

Furthermore, capacity building action was oriented to define and deepen a networking approach aimed to the enhancement of relations' quality and management of taken in charge of these adolescents.

In Veneto Region, capacity building actions were developed within the permanent roundtable by the Juvenile Justice Centre in Venice with the aim to define and realise the "Guidelines for placement in community of children submitted to penal provisions". Such action, first of all, allowed to deepen the topic with Local Health Unit, Local Authorities and certified communities.

In Sicily, capacity building actions were oriented to qualify the action of social health integration of competent services with the aim to impact on public funding programmes. The two actions were hence so

structured: a) definition of elements useful to revision of intervention targeted to adolescents affected by psychiatric disorder in the next Plan for Infancy and Adolescence of the Municipality of Palermo; b) definition of a specific programme within D.P.R.S. n. 598 dated 29th September 2016 “Law 328/00 – Programme FNPS years 2014–2015. Integration of guidelines for the enforcement of Socio-health policies” of Regional Department for Family and Social Policies. The action had regional and experimental character and was targeted to adolescents submitted to penal provision with specific focus on those with psychiatric disorders in phase of execution of the sentence. The aim was to continue the capacity building action and collect useful elements for the future regional planning as for the social-health field.

Here follows a description of general elements considered as priority and adopted as guidelines in the draft and development of the testing in the 2 territories (Veneto and Sicily regions) duly shared with participants.

AIMS	CONTENTS
To enhance the level of mutual knowledge among competent actors involved in the taken in charge of the adolescent in term of function, tasks, skills and responsibilities.	<ul style="list-style-type: none"> • To identify a global intervention framework. • To pinpoint obstacles to synergies among involved operators.
To identify new form of mediation in order define possible contact points.	<ul style="list-style-type: none"> • To define common elements transversal to different professionalism, • To define common elements (integration knots) of different intervention and skills.
To develop a common and shared language among different services/actors/stakeholders.	To define common operative protocols.
To promote mutual trust, networking and synergy among involved operators.	<ul style="list-style-type: none"> • To assess the presence of common programmes or protocols; • To define communication modalities; • To define modalities of revision of programmes
To create periodical moment of exchange of knowledge, knowhow and experiences.	To assess the presence of monitoring, summary and evaluation of single programmes.

Activities were organised as follow:

- a) Meeting with competent institutions (introduction of the initiative and sharing of aims and topics);
- b) Realisation of focus group and deepening seminars;
- c) Revision actions and paths related to taken in charge practices according to an integrated and multi-agency approach.

More than 70 representatives of the above mentioned Institutions took part in these meetings, showing a strong sense of involvement and desire to participate.

3. Capacity building and the two levels of intervention

3.1 National level: experimentation:

- a) **Strengths and weaknesses of the existing model at the national level;**

b) Different theories for practices capable of increasing the quality of the work carried out by network members and through multi-agency cooperation

In Italy certain good practices of intervention exist, even if they are affected by strong territorial limitations of inappropriate distribution of social welfare structures.

As with adults, a mental illness or disorder is diagnosed when a pattern of signs and symptoms is identified. Even though there are various systems of classification listing the most common and general symptoms of mental illness or disorders, the diagnosis of these kinds of problems still remains difficult, especially as far as children and adolescents are concerned.

Many behaviours that are sometimes considered as symptoms of mental disorders, such as shyness, anxiety (nervousness), strange eating habits, and outbursts of temper, can occur as a normal part of a child's development. Behaviours become symptoms when they occur very often, last a long time, occur at an unusual age, or cause significant disruption to the child's and/or the family's life. Despite these evaluations, the diagnosis of mental disorders or illnesses in young offenders remains a critical issue.

In the Italian juvenile justice system, all children admitted are seen by a medical doctor (general practitioner) who carries on an anamnesis and a general physical exam. This doctor, if necessary, can request further closer examination. Furthermore, on the request of the educators and/or the penitentiary police, a therapeutic approach in charge can be taken through intra and extra treatment programs

Given this, the assessment tools, beyond the ones traditionally used in psychological work, such as projective tests (Rorschach and TAT) or personality questionnaires (such as the MMPI), are useful instruments to collect institutional value allowing the assessment of factors including: the risk of recidivism or relapse, familiar background, personality characteristics most commonly associated with delinquent behaviours (narcissism, impulsivity, passivity and isolation, persecutory), supporting the observation of adolescents' behaviours within the institutional procedure (relationship with adults, with peers, attitude towards the offence, project and planning skills, responsibility, adaptability).

Thus, the need emerges to use standardized assessment tools, with spread diffusion and fit to provide a shared basis between operators notwithstanding the difficulty of carrying out psychiatric diagnoses in subjects living in a developmental phase.

The juvenile justice system provides a wide range of measures, from the less afflictive ones to detention (a low level sanction). The judge, imposing such measures, may request that the minor participate in a therapeutic treatment that is part of the Tailored Educational Program (PEI). This is a specific program with differentiated points ranging from work to family to psycho-therapeutic intervention, planned for and with the juvenile offender. The approach is not based on pure clinical aspects but it is multidimensional (holistic approach).

PEI is the concrete operative implementation of the judicial provision i.e. of the criminal measure, meaning that the minor is obliged to follow the therapeutic treatment; otherwise the Court can change and modify the measure, which normally becomes heavier. Rare are the cases of TSO (Compulsory Health Treatment) imposed by the Judicial Authority for juvenile offenders. Psychiatric treatments are under the responsibility of the National Health System.

The therapeutic treatment can be given at an outpatient level but also through placement in a therapeutic community. Juvenile offenders for whom a diagnosis of psychiatric disorder has been established are placed in therapeutic communities and/or socio-educative rehabilitating structures; for all the other issues with psychological disorders, the therapeutic intervention – provided by the National Health Service – provides counselling, support, psychotherapy and family counselling.

Depending on the situation, the structure is chosen. Adolescents need external activities as the recovery is more likely to be successful.

In Italy there are multipurpose structures with different responses and structures for the more problematic cases. There are in fact national and regional regulations allowing a mixed system between public and private. These rules define the structural and organizational requirements and the qualitative/quantitative standards.

Toward mentally ill juvenile offenders, the medical staff working in the local services can also guarantee the realization of family therapies, if they are necessary, consistently with what has been provided by the Penitentiary Health Service reform, having among its goals also to give continuity and complementarily to the therapeutic intervention.

In general, the results of family therapies in terms of structural change are quite few. The percentage of adhesion in programs for families of minors with mental disorders (not yet offenders) is low (around 30-40%). Under the criminal circumstances, families' adhesion increases because the family in some way feels responsible for the offence.

The focus of the therapeutic intervention in penal institutions is on the coercive nature of the juvenile's supervision. The role of operators in this case is to transform this constrictive situation into an opportunity of exchange, where the juvenile can find answers to emotional needs, understand the meaning of offense and activate the emotional potential.

Within the current legal framework, the psychological intervention within the Juvenile Justice Services is primarily targeted to prevent the removal of adolescents from the original social contexts, promoting at the same time the sense of responsibility for their own behaviour. In this perspective, within the intervention for adolescent's submitted to criminal proceedings, it is fundamental to support developmental process, understood in particular as accompaniment and support to the development of responsibility. Psychological intervention does not consist, therefore, of making a diagnosis aiming to discriminate between normality, to which penalties can be applied, and pathology to be addressed by the care system. The objective is to support the developmental process of the child, in any case, whatever is the level of difficulty hindering his/her path of social inclusion, both in case of developmental conflicts, as well as in the presence of personality disorders and antisocial behaviour or psychopathologies involving the loss of contact with reality. From this point of view, penal institutions, therapeutic communities or probation can be understood as different strategies targeted at the same general purpose.

While until April 2008, there were no particular specific units for minors/juveniles with mental health problems and offenders, the recent legislation (DPCM of April 1, 2008) previews the establishment of a specific multidisciplinary service (social worker, psychologist, educator, doctor) within each Local Health Agency. Since this law is quite recent, in the occasion of the Joint State-Region Conference, an inter-institutional technical group on penitentiary medicine has been established. This is composed of

representatives of the Ministries of Justice and of Health, representatives of regions and local authorities, providing a tool for the assessment and monitoring, related to the implementation of the transfer of skills and to organizational systems that each region has adopted. Until now, we are not yet in possession of such data. Situations of distress and mental illness may be connected in various ways. Regardless of the relationship between mental problems and illness, specific strategies of intervention meeting the needs of children and adolescents should be defined, as infancy and adolescence represent critical periods of life during which mental health problems may be more easily acquired or maintained.

Intervention programmes are particularly important because if children and adolescents with mental disorders don't receive appropriate treatment, their difficulties are likely to persist, and their social, educational and vocational prospects will be reduced. Moreover, it is also known that individuals with untreated mental disorders represent a disproportionately large part of the population in the juvenile justice system. Assuming that most mental disorders in adulthood have their origin in childhood or adolescence, it is therefore possible to reduce the extent of long-term functional impairment by early recognition and prompt intervention.

As already mentioned, prevention includes three different categories, each related to a different objective: primary, secondary and tertiary prevention. In Italy there are primary prevention programs, implemented at the local level, which fall under the responsibility of Local Authorities, the National Health Service and also of the Ministries of Health, Education and Family. The Department for Juvenile Justice has priority functions in secondary and tertiary prevention, while on primary prevention it intervenes only by offering cooperation to other institutions or agencies involved.

At the national level, the possibilities are:

- a. Welfare system with permanent programs operating in schools – they are oriented toward working in early childhood on early symptoms of discomfort and on various forms of developmental disharmony;
- b. Programs activated in primary and secondary schools;
- c. Self-help programs for parents, related to the accompaniment of children having problems;
- d. Programs for new parents to accompany the infant-weaning and first steps (programs of support);
- e. Programs with a specific attention to bodily disorders (education to food).

c) Test sites and the primary actors involved

d) Experimentation of strategies and practices within the identified settings

As for Istituto Don Calabria the testing is implemented in 2 territories i.e. Veneto and Sicily Region.



Description of testing in Veneto Region

In Veneto ad hoc capacity building actions have been developed as forecast in WS2. Such actions have been carried on within the permanent roundtable held by the Juvenile Justice Centre in Venice with the main aim to define and realise the “Linee guida per i collocamenti in comunità dei minori sottoposti a misura penale” (Guidelines for placement in community of children submitted to penal provisions).

Such action allowed hence to deepen the specific topic with Local Health Agency, Local Authorities and certified communities through n.3 different steps:

- a) Organisation of ad hoc meetings with competent institutions aiming at presenting FACT 4 MINORS initiative and share aims objectives and faced topics.
- b) Organisation of Focus Groups and seminars deepening the key topics faced by the project.
- c) Implementation of actions and ad hoc paths aiming to revise and enhance the already existing practices related to the taking in charge of children which show evidence of psychological, psychiatric or personality disorders who are serving penal sentences in alternative care. Such revision and improvement has origin from proposals and suggestions emerged and shared during the previous phases with and by key involved stakeholders (see ANNEX 2 for further details related to implemented activities).



Description of testing in Sicily Region

In Sicily capacity building actions are oriented to qualify the social-health integration among competent services with the aim to impact on public funding programmes.

Two are hence the ad hoc implemented actions in the territory:

- a) Definition of elements useful for the revision of the specific intervention addressed to adolescents affected by mental disorder within the next Plan for infancy and adolescence of the Municipality of Palermo;
- b) Definition of a specific programme within the D.P.R.S. n. 598 of 29th September 2016 “Law 328/00 – FNPS plan years 2014-2015. Integration of guidelines for implementation of social health policies” (Regional Department for family and social policies).

Implemented activities:

- a) Organisation of ad hoc meetings with competent institutions aiming at presenting FACT 4 MINORS initiative and share aims objectives and faced topics.
- b) Organisation of Focus Groups and seminars deepening the key topics faced by the project.
- c) Implementation of actions and ad hoc paths aiming to revise and enhance the already existing practices related to the taking in charge of children which show evidence of psychological, psychiatric or personality disorders who are serving penal sentences in alternative care. Such revision and improvement has origin from proposals and suggestions emerged and shared during the previous phases with and by key involved stakeholders.

The implemented focus groups and seminars in Palermo were based on the indications resulting from different key documents taken into consideration such as the “Action plan related to social health services of the unique system of accreditation of subjects providing social health services” of Sicily region (July 2017) integrating the operative guidelines in the field of mental health with inputs emerged by the implementation of specific actions addressed to adolescents with mental disease (previous plans related to former law 285, Municipality of Palermo).

The focus was mainly on the develop of an ad hoc planning of rehabilitation services addressed to adolescents in phase of penal execution involving directly and synergic ally schools and training agencies and social-health services duly supported by adequate early diagnosis strategies in continuity with the taken in charge of the child within the competent services operating on the territory.

At regional level, capacity building action is closely linked to

D.P.R.S. n. 598 of 29th September 2016 “Law 328/00 – FNPS plan years 2014-2015. Integration of guidelines for implementation of social health policies” (Regional Department for family and social policies).

In specific, the work developed regarded the definition of an ad hoc pilot programme addressed to adolescents submitted to penal provision with specific focus on adolescents with psychiatric disorders in phase of penal execution. The idea is to give continuity to capacity building action and provide useful inputs for the future regional programme in the social health area (given as well the last resolution integrating the regional mental health plan).

In fact, within services addressed to subjects submitted to penal provisions, the planning of Sicily Region promotes and develops ad hoc actions addressed to penal execution within penal institution as prescribed by the law in force.

Ad hoc programmes addressed to children and adolescents affected by mental disorder in phase of penal execution aren't forecast and funded.

For such reason, it is fundamental to develop a specific capacity building action aiming to fill such gaps making use of the existing normative in force. The focus is hence on the need to plan a programme oriented to sustainability of the implemented social health integration path.

ANNEX 1 - INVOLVED ACTORS IN VENETO AND SICILY REGIONS

List of persons and Institution involved in Veneto Region:

Local Health Unit 9, District 3: Social Director; District Director; Director of the area “protection and counselling”; Referent of minors’ protection services; Referent of Area Planning Offices (Majors’ conference); Referent of Juvenile Social Service Office, Ministry of Justice, Department for Juvenile Justice and communities (Venice); Director of psychiatric service; Referent of Child Neuropsychiatric service.

Istituto Don Calabria: Director; Coordinator.

CNCA: Coordinator.

Composition of the workgroup at regional level

N. 12 coordinators of adolescent residential and/or diurnal services;

n. 11 educators (Istituto Don Calabria, Cooperativa Iride; Opera Casa Famiglia; Associazione Pavoniani; Cooperativa Radicà; Cooperativa Margherita; Cooperativa Adelante; Cooperativa Alibandus; Coop Titoli Minori; Coop Kirikù).

List of persons and Institution involved in Sicily Region:

Director of Juvenile Justice Centre, Ministry of Justice, Department for Juvenile Justice and communities;

Manager of Social integration service, social welfare services, Palermo Municipality;

Referent of Organisational Unit, Social services coordination, Palermo Municipality;

Director of Mental Health Department, pathological addiction, territorial infancy and adolescence neuropsychiatric service, Personal Public Services (ASP), Palermo;

Child Psychiatrist, adolescents’ mental disorders outpatient, Personal Public Services (ASP), Palermo;

Manager of Neuropsychiatric service, Personal Public Services (ASP) , Palermo;

Director of Istituto Don Calabria;

Coordinator of Istituto Don Calabria, Palermo;

Referent of Istituto Don Calabria, Palermo;

Referent of Cooperativa Il Canto di Lot, Palermo;

Referent of Cooperativa Sviluppo Solidale, Palermo.

ANNEX 2 DESCRIPTION OF ACTIVITIES IN VENETO AND SICILY REGIONS

Description of activities in Veneto Region

1) Activities carried on in the Province of Verona:

a) Meeting aiming to introduce the initiative and define a common and shared work plan:

18/4/2017 Referents of Local Health Services (ASL 9); 18/4/2017 Referents “Ufficio Piano di zona” (Majors’ conference ASL 9).

b) Focus group with the institutional network

1) Focus group Legnago (Verona) ASL 9: 27/4/2017; 16/5/2017 – Synthetic Table

<p>Work Group</p>	<ul style="list-style-type: none"> - Raffaele Grottola, Social Director ASL 9, Verona. - Dario Zanoni, Director District n.3 ASL 9, Verona. - Paola Zanini, Director area counseling and protection, District n.3 ASL 9, Verona. - Chiara Gobetti, Referent for minors’ protection, District n.3 ASL 9, Verona. - Giulia Mantovani, Referent “Ufficio Piano di zona”– Majors’ conference. - Cristina Ferraccioli, U.S.S.M. (Juvenile Social Service Office), Venice. - Vincenzo Cesareo, Director psychiatric service, District n.3 ASL 9, Verona. - Rita Giardina, Infancy Neuropsychiatry Service, District n.3 ASL 9, Verona. - Alessandro Padovani, Director Istituto Don Calabria, Verona. - Silvio Masin, Coordinator Istituto Don Calabria, Verona. - Riccardo Pavan, Coordinator CNCA.
<p>Materials</p>	<ul style="list-style-type: none"> - Summary of the initiative. - Document “LINEE DI INDIRIZZO E PRINCIPI FONDAMENTALI PER LA COSTRUZIONE DI MODELLI DI PRESA IN CARICO INTEGRATA DEI MINORI AUTORI DI REATO CON SOFFERENZA PSICOLOGICA” (Guidelines and fundamental principles for building an integrated model for the taking in charge of children in conflict with the law affected by mental disorders). - Draft of “ linee guida per i collocamenti in comunità dei minori sottoposti a misura penale” (Guidelines for placament in community of children submitted to penal provisions).
<p>Aims</p>	<ul style="list-style-type: none"> - Draft of guidelines aiming to define and share some common approaches related to the integrated taking in charge of children

	<p>submitted to penal provisions with specific focus on psychopathological or psychiatric disorders.</p> <ul style="list-style-type: none"> - Introduction and deepening of draft of Guidelines related to placement in community of children submitted to penal provisions.
Topics	<ul style="list-style-type: none"> - Analysis of the context and description of adopted practices. - Introduction of specific activities addressed to adolescents affected by psychopathological or psychiatric disorder. - Definition of processes – procedures – tasks related to the taken in charge and linked operative protocols. - Definition of weaknesses of the system. - Introduction of intervention/treatment programs within residential communities. - Support to placement in residential communities. - Enhancement of adopted practices.
Implemented path	<ul style="list-style-type: none"> - Revision of the taking in charge model/approach. - Revision of internal protocols related to each involved service and among services.
Testing	<ul style="list-style-type: none"> - Enhancement of operators skills through ad hoc capacity building paths (multi-service and multi-disciplinary approach). - Creation of a permanent roundtable related to the application of the guidelines related to placement in community.
Final deliverables	Guidelines related to the taking in charge of children submitted to penal provision with specific focus on subject affected by psychiatric disorders.
Materials	Protocol “Trattamento degli adolescenti affetti da gravi disturbi psichici” (Treatment of adolescents affected by serious mental disorders) Local Health Unit (ASL) 9, District 3, 2012.

2) Focus group districts of Verona and Bussolengo ASL 9: 23/6/2017 – Synthetic Table

Work Group	<ul style="list-style-type: none"> - Raffaele Grottola, Social Director, ASL 9, Verona. - Antonella Zanfei, Juvenile Justice Center, Venice. - Damiano Mattiolo, Coordinator of Protection Services, Municipality of Verona. - Paolo Giavoni, Coordinator of Juvenile Protection Services, District n.4, ASL 9, Bussolengo (Verona). - Beatrice Brugnoli, Child Neuropsychiatric. - Alessandro Padovani, Director Istituto Don Calabria, Verona. - Silvio Masin, Coordinator Istituto Don Calabria, Verona.
Materials	<ul style="list-style-type: none"> - Summary of the initiative. - Document “LINEE DI INDIRIZZO E PRINCIPI FONDAMENTALI PER LA COSTRUZIONE DI MODELLI DI PRESA IN CARICO INTEGRATA DEI MINORI AUTORI DI REATO CON SOFFERENZA PSICOLOGICA” (Guidelines and fundamental principles for building an integrated model for the taking in charge of children in conflict with the law affected by mental disorders).

	<ul style="list-style-type: none"> - Draft of “ linee guida per i collocamenti in comunità dei minori sottoposti a misura penale” (Guidelines for placement in community of children submitted to penal provisions).
Aims	<ul style="list-style-type: none"> - Draft of guidelines aiming to define and share some common approaches related to the integrated taking in charge of children submitted to penal provisions with specific focus on psychopathological or psychiatric disorders. - Introduction and deepening of draft of Guidelines related to placement in community of children submitted to penal provisions.
Topics	<ul style="list-style-type: none"> - Analysis of the context and description of adopted practices. - Introduction of specific activities addressed to adolescents affected by psychopathological or psychiatric disorder. - Definition of processes – procedures – tasks related to the taken in charge and linked operative protocols. - Definition of weaknesses of the system. - Introduction of intervention/treatment programs within residential communities. - Support to placement in residential communities. - Enhancement of adopted practices.
Implemented path	<ul style="list-style-type: none"> - Revision of the taking in charge model/approach. - Revision of internal protocols related to each involved service and among services.
Testing	<ul style="list-style-type: none"> - Enhancement of operators skills through ad hoc capacity building paths (multi-service and multi-disciplinary approach). - Creation of a permanent roundtable related to the application of the guidelines related to placement in community.
Final deliverables	Guidelines related to the taking in charge of children submitted to penal provision with specific focus on subject affected by psychiatric disorders.
Materials	Protocol “Trattamento degli adolescenti affetti da gravi disturbi psichici” (Treatment of adolescents affected by serious mental disorders) Local Health Unit (ASL) 9, District 3, 2012.

2) Activities carried on within Local Health Unit (ASL) 7, Pedemontana di Bassano del Grappa, (Vicenza)

1) Introduction of the initiative and Focus Group, Local Health Unit (ASL) 7: 22/8/2017 – Synthetic Table

Work Group	<ul style="list-style-type: none"> - Piergiorgio Zancato, Manager of Infancy Neuropsychiatric Service, ULSS7, Pedemontana. - Ruggero Brazzale, Psychologist and Manager of Adolescents’ Centre, ULSS 7, Pedemontana. - Salvatore Me, Referent of Juvenile Protection Service, ULSS 7, Pedemontana. - Sandra Stocco, Social worker, area infancy, Bassano d/Grappa. - Silvia Dalla Rosa, Referent CNCA Veneto.
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	<ul style="list-style-type: none"> - Sara Sandri, Coordinator, Cooperativa Adelante. - Tiziano Faggion, Referent, Fondazione Pirani. - Elisabetta Chiarello, Coordinator, Fondazione Pirani. - Marco Lunardon, Director CTRP, Cooperativa La Goccia. - Diego Arsie, Psychiatrist, Cooperativa La Goccia. - Alessandro Padovani, Director Istituto Don Calabria, Verona.
Materials	<ul style="list-style-type: none"> - Draft of guidelines aiming to define and share some common approaches related to the integrated taking in charge of children submitted to penal provisions with specific focus on psychopathological or psychiatric disorders. - Introduction and deepening of draft of Guidelines related to placement in community of children submitted to penal provisions.
Aims	<ul style="list-style-type: none"> - Analysis of the context and description of adopted practices. - Introduction of specific activities addressed to adolescents affected by psychopathological or psychiatric disorder. - Definition of processes – procedures – tasks related to the taken in charge and linked operative protocols. - Definition of weaknesses of the system. - Introduction of intervention/treatment programs within residential communities. - Support to placement in residential communities. - Enhancement of adopted practices.
Topics	<ul style="list-style-type: none"> - Analysis of the context and description of adopted practices. - Introduction of specific activities addressed to adolescents affected by psychopathological or psychiatric disorder. - Definition of processes – procedures – tasks related to the taken in charge and linked operative protocols. - Definition of weaknesses of the system. - Introduction of intervention/treatment programs within residential communities. - Support to placement in residential communities. - Enhancement of adopted practices.
Work Group	<ul style="list-style-type: none"> - Revision of the taking in charge model/approach. - Revision of internal protocols related to each involved service and among services.
Materials	<ul style="list-style-type: none"> - Enhancement of operators skills through ad hoc capacity building paths (multi-service and multi-disciplinary approach). - Creation of a permanent roundtable related to the application of the guidelines related to placement in community.
Aims	Guidelines related to the taking in charge of children submitted to penal provision with specific focus on subject affected by psychiatric disorders.

3) Activities carried on with coordinators/operators of diurnal and residential facilities addressed to adolescents.

N. 5 seminars: 28/4/2017; 26/5/2017; 16/6/2017; 30/6/2017; 14/11/2017

Composition of the work group at regional level	<ul style="list-style-type: none"> - N. 12 coordinators of diurnal and residential centres addressed to adolescents. - N. 11 educators. <p>Associazions/cooperatives:</p> <ul style="list-style-type: none"> n. 2 from Verona (Istituto Don Calabria; Cooperativa Iride). n. 2 from Padua (Opera casa famiglia; Associazione Pavoniani). n. 4 from Vicenza (Coop. Radicà; Coop. Margherita; Coop. Adelante; Coop. Alibandus). n. 1 from Venezia (Coop. Titoli Minori). n. 2 from Belluno (Ass. Portaperta; Ass. Famiglie aperte sul mondo). n. 1 from Treviso (Coop. Kirikù). <p>Participants:</p> <ul style="list-style-type: none"> - Alessandro Padovani, Director, Istituto Don Calabria. - Silvio Masin, Coordinator Istituto Don Calabria. - Riccardo Pavan, Coordinator CNCA. - Mirco Raimondi, Catia Zerbato, Alberto Tosetti, Zeno Merlin, Gianpaolo Passarelli, Benedetta Tesoro, Elisa Zoni – Istituto Don Calabria. - Elisa Guizzo - Coop. Kirikù. - Federica Beppiani - Coop. Portaperta. - Elena Totti, Anna Zanini, Francesca Pezzin, Chiara Rigon – Coop. Margherita. - Giovanna Frison – Coop. Adelante. - Micaela Galiano – Opera Casa Famiglia. - Simone Cogo, Giorgia Grigoletto – Ass. Famiglia aperta sul mondo. - Pietro Paolo Perin – Coop. Radicà. - Mattia De Bei – Coop. Titoli Minori. - Tommaso Zilio, Alberto Fioravanzo – Coop. Alibandus. - Michela Malandrin, Michela Artosin – Ass. Pavoniana.
Aims	<p>Operative perspectives related to an integrated approach in diurnal and residential centres addressed to children submitted to penal provision and affected by psychopathological or psychiatric disorder.</p>
Topics	<ul style="list-style-type: none"> - Deviance and psycopathologic condition. - Psychopathologies in adolescence and new addiction. - Integrated approaches. - Operative recommendations. - Specific areas related to integrated approaches: <ul style="list-style-type: none"> a) Ad hoc intervention targeted on age and type of disorder. b) Synergy among therapeutic and pedagogical aims. c) Coordination of intervention with families/tutors/foster families. d) Management of general rules and violent actions. e) Management of activities based on control and develop activities. f) Realisation of shared training programs.
Methodology	<ul style="list-style-type: none"> - Draft of Problem Tree analysis. - Analysis of criticisms. - Draft of tree of contemplative practices.
Implemented path	<ul style="list-style-type: none"> a) Definition of weaknesses related to the taking in charge. b) Introduction of enhancement of existing practice (actually ongoing)

	c) Draft of operative guidelines related to the taking in charge addressed to diurnal and residential services.
Testing	Training path on social-health integration approach/model addressed to services targeted to adolescent submitted to penal provision and affected by mental disorders.
Materials	File: “Alcune indicazioni in letteratura” (Literature - some suggestions). File: “Ripensare al lavoro di comunità con adolescenti autori di reato con disagio psichico”(Reconsider the intervention addressed to adolescents, placed in community, submitted to penal provision and affected by mental disorder).

Description of activities in Sicily Region

1) Activities in Palermo

a) Meeting aiming to introduce the initiative and define a common and shared work plan: 23/1/2017; 6/3/2017 with referents of provincial health services – ASP (Palermo); 13/3/2017 and 18/7/2017 with Social Services Department, Municipality of Palermo.

23/3/2017 with Juvenile Justice Centre of Palermo (Director).

b) Focus group with the institutional network: 27/3/2017; 5/5/2017; 3/8/2017 – Synthetic Table

Work Group	<ul style="list-style-type: none"> - Rosalba Salierno, Director USSM (Juvenil Social Service Office). - Agnese Ciulla, Aldemar, Social Services, Municipality of Palermo. - Giuseppe Mattina, (New) Aldemar, Social Services, Municipality of Palermo. - Maurizio Pedicone, Manager, Service for social integration, welfare services, Municipality of Palermo. - Mariangela Paglino, Referent, Coordination Unit of Social Service, Municipality of Palermo. - Giorgio Serio, Director, Mental Health Department, pathological addictions and neuropsychiatry for infancy and adolescence, Provincial Health Unit - ASP Palermo. - Pino Porrello, Director, neuropsychiatry for infancy and adolescent territorial department, ASP Palermo. - Giulia Motisi, Infancy neuropsychiatrist, clinic for psychological disorder of adolescents, ASP Palermo. - Maria Giovanna Gambino, Infancy neuropsychiatrist, clinic for psychological disorder of adolescents, ASP Palermo. - Francesco Vitrano, Manager, Neuropsychiatry Service, ASP Palermo. - Alessandro Padovani, Director, Istituto Don Calabria, Verona. - Gabriella Russo, Istituto Don Calabria, Palermo. - Rossella Bonomo, Coop. Il Canto di Lot, Palermo. - Francesco Passantino, Coop. Sviluppo Solidale, Palermo.
Materials	<ul style="list-style-type: none"> - Summary of the initiative. - Document “LINEE DI INDIRIZZO E PRINCIPI FONDAMENTALI PER LA COSTRUZIONE DI MODELLI DI PRESA IN CARICO INTEGRATA DEI MINORI AUTORI DI REATO CON SOFFERENZA PSICOLOGICA”

	<p>(Guidelines and fundamental principles for building an integrated model for the taking in charge of children in conflict with the law affected by mental disorders).</p> <ul style="list-style-type: none"> - Plan for infancy and adolescence, Municipality of Palermo. - Plan of actions, social health services and unique system for the accreditation of social-health service providers, Sicily Region.
Aims	<ul style="list-style-type: none"> - Draft of guidelines aiming to define and share some common approaches related to the integrated taking in charge of children submitted to penal provisions with specific focus on psychopathological or psychiatric disorders. - Revision of ad hoc programmes addressed to adolescents affected by psychic or psychiatric disorders within the Plan for infancy and adolescence of the Municipality of Palermo (ex L. 285).
Topics	<ul style="list-style-type: none"> - Analysis of the context and description of adopted practices. - Introduction of specific activities addressed to adolescents affected by psychopathological or psychiatric disorder. - Introduction of the Plan for infancy and adolescence - area psychic and psychiatric disorders. - Definition of processes – procedures – tasks related to the taken in charge. - Definition of weaknesses of the system.
Implemented path	<ul style="list-style-type: none"> - Revision of the model related to taken in charge adopted within the Plan. - Revision of the Plan for Infancy and Adolescence related to the objective “Children with personality and psychiatric disorders”. - Revision of internal protocols related to each service and inter-service.
Testing	Definition and revision of taken in charge practices adopted within the community for adolescents affected by psychiatric disorders funded by the Plan for infancy and adolescent of the municipality of Palermo.
Final deliverables	Definition of elements for revision and updating of the next Plan for infancy and adolescence of the municipality of Palermo (chap. 4, intervention 17) with specific focus on intervention dedicated to adolescents submitted to penal provisions affected by psychopathological or psychiatric disorder s.

a) N. 2 technical seminars: 11/9/2017; 3/10/2017

Work Group	<ul style="list-style-type: none"> - Rosalba Salierno, Director USSM (Juvenil Social Service Office). - Giuseppe Mattina, (New) Aldemar, Social Services, Municipality of Palermo. - Giulia Motisi, Infancy neuropsychiatrist, clinic for psychological disorder of adolescents, ASP Palermo. - Alessandro Padovani, Director, Istituto Don Calabria, Verona. - Gabriella Russo, Istituto Don Calabria, Palermo. - Rossella Bonomo, Coop. Il Canto di Lot, Palermo. - Francesco Passantino, Coop. Sviluppo Solidale, Palermo.
Materials	<ul style="list-style-type: none"> - Plan for infancy and adolescence, Municipality of Palermo. - Plan of actions, social health services and unique system for the accreditation of social-health service providers, Sicily Region.
Aims	Proposal for technical and operative elements aiming to revision of specific

	programmes addressed to adolescents affected by psychic or psychiatric disorder within the Plan for infancy and adolescence of the municipality of Palermo (ex L. 285).
Topics	Analysis of the model related to the functioning of the service addressed to adolescents affected by psychiatric disorders.
Implemented path	<ul style="list-style-type: none"> - Revision of the model related to taken in charge adopted within the Plan. - Definition of elements for the revision of the Plan for Infancy and Adolescence related to the objective “Children with personality and psychiatric disorders”.
Testing	Definition and revision of taken in charge practices adopted within the community for adolescents affected by psychiatric disorders funded by the Plan for infancy and adolescent of the municipality of Palermo.
Final deliverables	Definition of elements for revision and updating of the next Plan for infancy and adolescence of the municipality of Palermo (chap. 4, intervention 17) with specific focus on intervention dedicated to adolescents submitted to penal provisions affected by psychopathological or psychiatric disorder s.

2) Activities at regional level

a) **Focus group: 11/9/2017; 3/10/2017; 30/10/2017 – Synthetic Table**

Work Group (Palermo)	<ul style="list-style-type: none"> - Rosalba Salierno, Director USSM (Juvenil Social Service Office). - Giuseppe Mattina, (New) Aldemar, Social Services, Municipality of Palermo. - Maria Grazia Carneglia, Juvenile penal institution (IPM and diurnal centre), Caltanissetta - Alessandro Padovani, Director, Istituto Don Calabria - Gabriella Russo, Istituto Don Calabria, Palermo
Materials	D.P.R.S. n. 598 of 29th September 2016 “Law 328/00 – FNPS Programme, years 2014-2015. Integration to guidelines for the implementation of social health policies”.
Aims	Definition of a pilot project addressed to adolescents in phase of penal execution through ad hoc actions addressed to mental health.
Topics	<ul style="list-style-type: none"> - Analysis of main criticism within the regional territory; - Implementation of ad hoc paths according to a social-health integration approach; - Implementation of Institutional building paths.
Implemented path	Draft of a pilot project within the regional normative.
Final deliverables	Proposal presented within D.P.R.S. n. 598 of 29th September 2016 “Law 328/00 – FNPS Programme, years 2014-2015. Integration to guidelines for the implementation of social health policies”.

e) **The national advisory board and actor network: To what end?**

The national advisory board and the key actors involved ongoing facilitated and gave an added value to different implemented actions. To be highlighted, that as regard impact at policy level, we can't talk of

REGIONAL impact and not of a NATIONAL one due to the fragmentation of the Italian context and the different legislation in force at regional level. In both cases, all involved institution and key stakeholders expressed the interest in signing an interagency agreement at REGIONAL level basing on project's results and in the continuity with the actions already implemented on the territories.

Veneto Region

we can say that in Veneto there won't be a direct impact on policies but on the reception system and the services involved in the reception of children which show evidence of psychological, psychiatric or personality disorders who are serving penal sentences in alternative care communities according to a networking, multidisciplinary and multiagency approach.

Hence, more than identifying a new multidisciplinary intervention method the testing phase (actually ongoing) is related to:

- Revision of the taking in charge model/approach.
- Revision of internal protocols related to each involved service and among services.

No formal agreements have been signed yet on the new/revised method, however the creation of a District Multidimensional Evaluation Unit (UVMD) by competent Juvenile Social Service Office (USSM) constitute a initial step in this sense and formalize a taking in charge approach basing on social health regional directives in force. The aim is to identify and formalize the best possible solution able to satisfy youths' needs in terms of care and related services.

Sicily Region

in Sicily the national/regional advisory board aimed and is actually aiming to orient the regional policies, in specific:

- a) the next Plan for infancy and adolescence of the Municipality of Palermo;
- b) D.P.R.S. n. 598 of 29th September 2016 "Law 328/00 – FNPS plan years 2014-2015.

Priorities of the national/regional advisory Board

Some priorities guided the deepening of key topics and promoted the synergy among involved perspective and institutional skills.

1. Specificity of the taken in charge of adolescents affected by mental disorders and submitted to penal provisions (subjects in phase of evolutionary develop with poor social and family background; the judicial status – educational/rehabilitative and judicial needs sometimes are not aligned; the need for specific protocols and treatment models).
2. Continuity of the take in charge especially during the transition from adolescence to adulthood in terms of intervention, services competent for the mental health of these youths and, last but not the least, in term of inter-institutional/inter-professional inclusion and lifelong shared learning/training.

Continuity of treatment must hence be transversal and closely linked to the management of different aspects related to:

1. the support and accompaniment in the transition among different services and facilities in an optical of stepped care (longitudinal);
2. the support and accompaniment during transition among services at minor or major intensity in terms of care and control (or the transition to psychiatric adult services).

Such context request for permanent roundtable promoting the sharing of knowledge and know how among different involved actors in term of individual treatments and the global take in charge of the child/adolescent.

The presence of a wide range of care opportunities addressed to these adolescents. Paths and services with different level of intensity (in term of care and rehabilitation and in term of control and penal execution).

As for the criteria defined as priorities within Focus Groups in terms of integration of the different competent services (according to a global taken in charge) i.e. : 1. Different level of intervention; 2. Specificity and continuity of intervention; 3. Intensity in term of care and control, we defined some elements useful for the future planning of the specific action addressed to adolescents affected by mental disorder to be promoted in the next Plan of the Municipality of Palermo.

To be highlighted how the actual Plan doesn't include adolescents submitted to penal provisions.

Always at regional level, with the Regional department for family and social policies, a specific action has been defined for adolescents submitted to penal provisions referring to "Law 328/00 – Framework law for the realization of the social services and intervention system" (art. 18 – regional plans).

In specific, Sicily region approved 2 presidential decrees defining priorities and modalities of execution of regional plans.

3.2 Transnational level:

- a) International meetings: A comparison of procedures, practices and experiences: how it have helped to implement the new models of intervention;
- b) The transnational advisory board e and actor network: To what end?

The transnational advisory board has the main task to support and sustain national actions. Ongoing, 3 Transnational meeting (Rome – IT; Barcelona – ES; Oporto – PT) were held allowing to project partners to meet and exchange vis a vis on the topic and , in specific, on knowledge and know how acquired during the implementation of research on different involved territories. In specific, transnational actions saw the participation of some experts in the field (2 for each partner country). A key role was implemented by the project partner IJJO (International Juvenile Justice Observatory), giving an European vision to the faced topic and referent for communication and dissemination activities.

From the exchange among project partners and involved European experts, some common elements emerged in relation to treatment programmes addressed to youths in conflict with the law affected by psychopathological or psychiatric disorders. In specific, these programs should be:

- Multisistemic (take into consideration minor's individual, family and social background);

- Integrated (psychological, social, educational approach);
- Tailored (connecting behaviours, needs and individual purposes in terms of values and cognitive/emotional meanings);
- Well timed (i.e. early diagnosis giving particular attention to developmental timing);
- Planned (in order to respond to the minors' evolutionary needs);
- Symbolic (taking into consideration the individual meanings - also the unaware ones);
- Enhance the sense of responsibility (the adolescent must feel he/she is an active actor of the treatment path, the key actor, developing this way an active self image reducing the risk of antisocial behaviours);
- Territorial (in order to avoid to distance the minor from his/her context of origin).

4. Results

- d) National capacity building results: What did we learn from the experimentation?
- e) Multi-actor and multi-agency work: Limits and capacity
- f) What is the appropriate intervention model? The role of institutional actors and other involved actors

Veneto Region

In Veneto, the organised and held institutional meetings, focus groups and the seminars highlighted as follow:

- A greater use of placement in community by competent Judicial Authority in particular as regard the application of the art.22 or P.D. 448/88.
- Some difficulties in identifying in the short period the manifestation of psychopathologies or other lighter forms of mental disorder with consequent lack of involvement of the National Health Service as forecast by the PDMC of 2008 on the topic of penitentiary health service.
- As for children affected by psychopathological disorders, the intervention developed within the penal execution is not sufficient and the taking in charge from a psycho-pedagogical point of view is not adequate and unable to hold psychiatric symptoms. In fact, it is more oriented to support the evolutionary path of the youth.
- Limited time for observation and collection of psychosocial information by Justice Services (First Reception Centers – CPA – receive the youths in state of arrest till the validation hearing that must be held within 96 hours);
- Further weaknesses are related to the possible presence of psychopathologies affecting children and youths placed in community (art. 22 P.D. 448/88) after being arrested.

Besides the above mentioned evidences, it is confirmed the framework provided by the document “Linee di indirizzo e principi fondamentali per la costruzione di modelli di presa in carico integrate di minori autori di reato con disagio e/o disturbo psicopatologico/psichiatrico” (Guidelines and fundamental principles for the draft of integrated approaches related to the taking in charge of children in conflict with the law affected by

mental or psychopathological disorders) requests specific ad hoc intervention with different degrees of intensity (according to the case) at therapeutic, rehabilitative and care level.

Actually the taken in charge of such vulnerable target has to face with the following lacks/weaknesses:

- a) difficulties in identifying adequate facilities as in Veneto Region there are only 2 certified CTRP that, however, don't receive youths submitted to penal provisions.
- b) Local Health Agencies services guarantees pharmacological treatment and diagnosis but haven't the sources to sustain and support the implementation of the intervention.
- c) Not defined and clear procedures among the unified model among neuropsychiatry and psychiatry and consequent interruption of the taken in charge during the transfer of competences.

Last but not the least, the major part of sources of the services is dedicated to urgencies' management at the expense of continuity and support of treatments. Furthermore, there is the need to identify ad hoc treatments for specific cases related to antisocial behaviours linked to psychopathologies.

Given this, we focused capacity building actions on educational, social, health taken in charge system trying to identify some key strategies able to enhance connections among different involved actors and key stakeholders. The aim was to enhance the intervention skills of educational communities and make them able to receive youths in conflict with the law affected by mental disorder through the use of specific tools, methodologies and practices in close cooperation with other key competent services such as: SER.D; neuropsychiatry services; developmental psychology services and so on. A system hence able to take in charge the child thanks to a coherent, efficacy and integrated operative network.

According to a systemic vision, the actual model implemented by educational communities could work better if ad hoc intervention strategies are implemented integrating the different functions and skills basing on a coherent methodology. In specific, there is the need to:

- Promote knowledge paths among different involved stakeholders;
- Identify and develop a common language and procedure related to reception and treatment;
- Identify ad hoc protocols shared with competent Juvenile Justice Centre, Local Health Unit and Local Authorities;
- Identify common assessment tools.

The national advisory board, involved experts and the local team agreed to include the capacity building phase within the round table born in 2016 by the Juvenile Justice Centre in Venice meeting monthly with the aim to realise the "Linee guida per i collocamenti in comunità dei minori sottoposti a misura penale" (guidelines for placement in community of youths submitted to penal measures).

Expected results:

- To include within guidelines ad hoc strategies able to enhance the taken in charge of youths submitted to penal procedures affected by psychological/psychiatric disorders.
- To enhance intervention skills of educational communities making them able to receive the identified vulnerable target.

Methodological procedure tested related to enhancement of already existing practices as regards the taking in charge of a child/youth submitted to penal provision and affected by psychic/psychopathological disorder.

Juvenile Social Service Office

In case of manifestation of psychic disorder or drug addiction communicated by the community hosting the child/youth the service (USSM) must activate the competent health service and request to identify a UVMD (District Multidimension Evaluation Unit)

Community

To carry on a first monitoring making use of an ad hoc form

To signal to Juvenile Social Service Office (USSM) and Juvenile Justice Centre (CGM) eventual manifestation of psychic disorder or drug abuse assessed during the first days of permanence of the child/youth in the facility or through ad hoc test.

The evaluation is carried on by professionals of the Local Health Unit where the child/youth resides. The aim is to identify and formalise the best solution in order to give a concrete answer to care needs and guarantee the access to competent services. The identification of a UVMD (District Multidimension Evaluation Unit) by the Juvenile Social Service Office (USSM) allows to formalise the taken in charge of the child/youth according to regional social-health regulation in force.

Sicily Region

In Sicily capacity building actions were oriented to promote the synergy among involved perspective and institutional skills considering the following factors:

- specificity of the taken in charge of adolescents affected by mental disorders and submitted to penal provisions (subjects in phase of evolutionary develop with poor social and family background; the judicial status – educational/rehabilitative and judicial needs sometimes are not aligned; the need for specific protocols and treatment models).
- continuity of the taken in charge especially during the transition from adolescence to adulthood in terms of intervention, services competent for the mental health of these youths and, last but not the least, in term of inter-institutional/inter-professional inclusion and lifelong shared learning/training.

Other elements emerged:

- The presence of a wide range of care opportunities addressed to these adolescents. Paths and services with different level of intensity (in term of care and rehabilitation and in term of control and penal execution).
- In terms of integration of the different competent services (according to a global taken in charge) :
1. Different level of intervention; 2. Specificity and continuity of intervention; 3. Level of intensity in term of care and control.

Continuity of treatment must hence be transversal and closely linked to the management of different aspects related to:

- a) the support and accompaniment in the transition among different services and facilities in an optical of stepped care (longitudinal).

b) the support and accompaniment during transition among services at minor or major intensity in terms of care and control (or the transition to psychiatric adult services).

Such context request for permanent roundtable promoting the sharing of knowledge and know how among different involved actors in term of individual treatments and the global take in charge of the child/adolescent. Basing on such elements/criteria, we defined some elements useful for the future planning of the specific action addressed to adolescents affected by mental disorder to be promoted in the next Plan of the Municipality of Palermo. To be highlighted how the actual Plan doesn't include adolescents submitted to penal provisions.

5. Prospects for the future

Appendix :

Limits and generative aspects of the project.

Considering the actions carried out, what would you have improved in the structure and in the objectives of the project ?

In general, we can say that the project structure and the objectives of the project allowed to deepen the faced topic thanks to the experience of the coordinator and the project partners in the field and in the European project coordination and management. Of course, some problems had to be faced ongoing both at European and national level due principally to different cultural, economic and theoretical/operative backgrounds and local gaps (as we saw for Italy for example).

Let's say that we can't think to change the system with this single initiative but Fact for minors could be the basis to continue the research in the field and propose new initiatives aiming to impact on the whole system creating an approach involving all public and private actors competent for the taken in charge of minors and youths submitted to penal provisions affected by psychiatric or psychological disorder in all its forms from the lighter to serious ones.