



# Combating Child Abuse and Neglect Child Protection in Germany

**National Report**

Beate Galm / Regine Derr

Wissenschaftliche Texte

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*National Report*

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Projekt: Prevent and Combat Child Abuse: What works?  
An overview of regional approaches, exchange and research  
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# 1 Definition, policy, and child welfare system

The Federal Republic of Germany is a federal state with 16 partially sovereign constituent *Länder* (Federal States). The authorities of the *Länder* extend to legislation. The distribution of legislative and other **competences** between the federal government and the *Länder* is governed by the German Constitution, which is binding for all.

The constitution stipulates the basic rights of its 82 million citizens. To promote and protect the child's rights, the constitution stipulates the distribution of responsibilities between parents and government as follows: Childcare and the education of children are the right and duty of the parents. The national community monitors their activities. Only if the parents fail to fulfill their care and educational duties sufficiently, then state is not only entitled to intervene but also mandated. This happens in child endangerment cases, which the parents themselves cannot or do not want to avert. Moreover the state has the general duty to support families in their task of care and education.

## 1.1 The term child endangerment and forms of violence against children

The term *child endangerment* is anchored in the law as a so called unspecified legal term. This does not mean that there is no legal definition. Rather, it means that there cannot be a simple rule to decide whether child endangerment is present or not. Instead always a holistic assessment of the situation of a child on a case-by-case basis is necessary. Regarding the legal definition the highest German civil court has ruled that child endangerment is present if the child is *currently* in danger; therefore, there must be first a precisely identified current danger for the child. For example, no preventive intervention into the parents' right is allowed because parents may be unable to provide sufficiently for the child at a later date due to special burdens or limitations. Second, the danger must currently or almost certainly in the future lead to *significant* harm of the child. Significant harm may refer to danger of life or health of a child or a foreseeable failure of the child to achieve key socialization goals such as independence and the ability to become a well-socialized member of society, which are also stipulated by law.

For the German child protection system, the term child endangerment is of major importance because in significant indications of a danger to the wellbeing of a child, the protection mandate starts: It must be clarified whether, in which form, and to what extent a child endangerment is present and what kind of help would be appropriate to avert the danger (Chapters 3 and 4). The core of the child protection system consists of the family courts and the child and youth welfare authorities (*Jugendämter*), in particular, concerning the responsibility and authorizations in the event of a child endangerment. Over the past years however, laws have been enacted at the feder-

al and at the *Länder* level with the goal to involve more in child protection professionals, who work in other parts of child and youth assistance, in the healthcare system, in special needs, and in the educational system.

In particular, child neglect, physical and psychological maltreatment, and sexual abuse of children is seen as forms of child endangerment. Moreover, domestic violence is increasingly discussed as form of child endangerment due to its high injury potential even for the children (e.g. Kavemann, 2008).

If the threshold to child endangerment has been crossed must be examined on a case-by-case basis. In order to assure the protection of children within the legal framework and to protect equally parents from arbitrariness at the same time, it is important to base it on empirical research about the forms, causes, and consequences of neglect, maltreatment, abuse, and domestic violence and to define these terms more precisely.

Adapted to the legal framework, **child neglect** may be understood as a “permanent or repeated neglect by parents or other guardians to provide care or the failure to contract with third parties for such care, which for any reasonable third party will lead foreseeable to a severe impact on the physical and / or psychological development of the child or it includes a foreseeable high risk of such consequences“ (Kindler 2006a, chap. 3, p.1).

In the literature and in professional practices, a partially expanded understanding of the term neglect is assumed: already below the threshold where child endangerment starts, the insufficient care of parents is termed child neglect. Accordingly, many German publications define child neglect more comprehensively as the “ongoing or repeated neglect of care giving by persons responsible for the care (parents or other caregivers authorized by them), which would be necessary to assure the physical and psychological care of the child. This neglect may be active or passive (unconsciously) due to an insufficient understanding or insufficient knowledge. This neglect causes a chronic shortfall of the care of the child by the constant inconsideration, disregard, or denial of its necessities of life hampers, hinders, or injures its physical, mental, and psychological development and can lead to severe permanent damages or even to the death of the child“ (Schone et al., 1997, 21).

So far, a binding categorization of the various sub-forms of neglect has not yet been developed. In general, a distinction is made between physical, cognitive, and educational, emotional neglect as well as insufficient supervision (Overview in Sullivan, 2000).

The case is similar in regards to the broad definition of other forms of violence for example in connection with sub-forms and the type and severity of the consequences.

In the **physical maltreatment of children**, the differences in present definitions are partially explained by various connections in terms of origin and use. While definitions from the medical field often concentrate on

physical injuries, in the psychosocial context psychological consequences are considered as well.

If it is adapted to the legislative framework, physical child maltreatment can mean “all actions by parents or other related persons, who by using physical force or violence, cause significant physical or psychological impairments of the child and its development, which is foreseeable by any reasonable third party or which foreseeable bears a high risk of such consequences” (Kindler 2006b, chap. 5, p. 2).

**Psychological maltreatment** “means a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs“ (American Professional Society on Abuse of Children, 1995, 2). German publications often cite this common definition. Garbarino et al. (1986, 8) suggested listing the various sub-forms and this was cited many times in the German literature. Based on this model, psychological child maltreatment is present, if parents or guardians constantly and repeatedly

- terrorize a child (threats, intimidations, overburden, etc.),
- reject a child (permanent criticism, belittling, humiliation, etc.),
- isolate a child (lock-up, prohibit numerous contacts, etc.),
- corrupt a child (promote anti-social behavior, etc.),
- persistently refuse the child emotional affection.

Therefore, the healthy psychological development of the child becomes severely affected.

Various professional fields and explanation attempts emphasize different aspects when defining **sexual abuse** (cf. Herzig, 2010). In light of the breadth of the definition, sexual abuse in a narrower sense is when a perpetrator touches the body (breast or genitalia) of a child directly in order to satisfy his or her sexual needs and / or when a perpetrator rapes the child vaginally, anally, or orally (Wipplinger & Amann, 2005). However, even sexual acts with indirect body contact (e.g. through clothing) and without body contact (e.g. exhibitionisms) can have a harmful effect. Therefore, many experts give a broader definition of sexual abuse, e.g. Bange and Deegener (1996, p. 105): “Sexual abuse is any sexual act, which is carried on or before the child either against the will of the child or the child cannot knowingly consent because of its physical, psychological, cognitive, or language inferiority. The perpetrator takes advantage of its position of power and authority to satisfy his needs at the expense of the child.”

More narrowly defined than the related terms of domestic violence and relationship violence, is the term **partnership violence**. It refers to all forms of physical, sexual, and psychological violence between adults, who feel or have felt committed to one another by partnership (Overview of the definitions in Kavemann, 2000).

## 1.2 Prevalence of violence against children

So far, there is no significant information available in Germany about how often cases become known in the children and youth protection system, where **violence against children** transgresses **the threshold of child endangerment**. In fact, there is a nationwide unified official child and youth welfare statistic; however, it focuses on actions and not on cases or case situations. Currently, a Federal Child Protection Act (Bundeskinderschutzgesetz) is under way which is likely to come into force in 2012. It provides for expanding the child and youth welfare statistic with the objective of collecting the number of cases of child endangerment known in the area of child and youth welfare.

In general, only limited assertions can be made concerning the extent of various types of violence against children in Germany. These are based on few studies with a representative selection of the population, on methodologically insufficient estimates (overview in Pothmann, 2006), and on smaller samples in the area of healthcare and Children and Youth Services. Moreover, various statistics (e.g. child and youth statistic, the crime statistic of the police, the statistic of the cause of death) provide information about various partial quantities, e.g. cases of abuse, which are criminally prosecuted or cases, in which children are removed from the family for a short or long-term.

In light of the widespread **child neglect** and **psychological child abuse** there is a recent representative study (Häuser et al., 2011). Lesser intensity of neglect included, almost 50% of the respondents (juveniles and adults were surveyed, n = 2504) report physical neglect and nearly 50% report emotional neglect in their childhood and adolescence. Serious physical neglect was experienced by 10.8%, serious emotional neglect by 6.6%. The proportion of psychological abuse reported is 15%, if moderate intensity is included and 1.6% for serious psychological abuse.

Non-representative data suggest that child neglect is by far the most common form of endangerment known in the area of child and youth welfare. This assertion is strengthened by the tendency that the situation is similar in all countries, which so far have examined the frequency of various forms of child endangerment (Galm et al., 2010, p. 38-40). In the case of Germany, this was confirmed by a study based on cases over which the family court had to decide about an intervention concerning the parental care (Münder et al., 2000, n = 318). In nearly two-thirds (65 percent) of the cases, the presence of child neglect was affirmed by the social workers. In every second case (50 percent), it was seen as the main cause for endangerment.

The same study described psychological child abuse as the second most frequent form of endangerment after child neglect and before physical abuse and sexual abuse of children. Moreover, there is a high rate of over-

lapping between various forms of child endangerment. These findings are reflected internationally as well (e.g. Jonson-Reid et al., 2003).

The few representative study results suggest, that the majority of parents in Germany – even with a decreasing trend – still use at least some minor forms of corporal punishment against their child such as a light slap in the face or a spanking (Bussmann, 2004, 2005, 2008, Wetzels, 1997, Pfeiffer et al., 1997, 1999, Baier et al., 2009). In this connection, Germany is in a middle position in a European comparative study about corporal punishment (Bussmann, 2008). This study also shows that most parents - in Germany about 90% - are aiming to raise their children free of violence.

In a summary of German study results, Engfer (2005) concludes that 10% to 15% of parents use more severe and more frequent corporal punishments. In the survey of Häuser et al. (2011) 12% of the respondents report physical and 2.8% serious **physical violence**.

In three representative surveys, women, men (Wetzels & Pfeiffer, 1995, Wetzels, 1997, Bienek et al., 2011, Häuser, 2011), juvenile girls, and boys (repeat survey of BZgA, 2010) are asked among others about **sexual violence** during their childhood and youth. The results show that based on a wider definition of sexual violence up to 19% of women and 8% of men were affected by sexual violence during childhood in Germany. The follow up survey (n = 11,428) by Bienek et al. (2011) is interesting: The results show a significant reduction of sexual violence in the last 20 years.

Depending on the definition, in international studies the figures fluctuate between 7% and 36% in affected women and between 3% and 19% in affected men concerning the extent of sexual violence (Finkelhor, 2005).

Since the end of the last century the awareness of the negative effects of partnership violence on children has increased in Germany (Kavemann, 2006)

According to international studies, **partnership violence**, which has a special potential for injury and which is embedded in forms of control and debasement is mainly initiated by men toward their partners (research overviews e.g. in Johnson, 2001, Saunders, 2002). In Germany, these findings are confirmed by a representative study (a representative community sample of 10,000 women from all over Germany) concerning living situations, security, and health of women commissioned by the Federal Ministry for Families, Senior Citizens, Women and Youth (Müller et al., 2004).

This study concludes that at least every fourth woman (25 %) between the ages of 16 and 85 years, who has lived in a partnership, has experienced one or several times physical (23 %) or – in part additionally – sexual (7 %) violence by their partner (Müller et al., 2004, p. 8). Compared to the prevailing data from other European studies (overview in Hagemann-White 2001), these results are in the medium to upper level, whereby the methods and instruments of the survey, the topic and content of focus as well as the included age and examination samples vary greatly and make a comparison the more difficult.

In this survey 60% of the women, who had experienced a violent relationship were living with children at the time (N=485). Asked about how they thought this affected their children 57% of these women reported that the children had overheard violent situations, 50% that children had seen these situations and 25% stated that children had tried to defend them against their violent partner. 23% of the women believed that the children had not noticed the partnership violence at all. (Müller et al., 2004, pp. 276-277)

In surveys of unreported incidents with juveniles (Enzmann & Wetzels, 2001), approx. 7 % of the ones surveyed stated that they experienced frequent violence of the (social) father against the mother or of both parents against one another during the year prior to the survey.

### 1.3 Structure and main principles of the governmental policy concerning child abuse and neglect

The Federal Republic of Germany with a population of about 82 million is a federation that consists of 16 *Länder* (Federal States, cf. Chapter 1.1).

According to the German constitution the Federation has the **legislative** power in the field of public welfare if laws are necessary for the establishment of equivalent living conditions or the maintenance of legal or economic unity throughout Germany.<sup>1</sup> It has therefore enacted several laws in the field of child protection. The *Länder* have specified federal law in their child protection laws.

Recently the Federal Minister for Family Affairs, Senior Citizens, Women and Youth has proposed a *Federal Child Protection Act*, which provides for some innovations. It aims especially to strengthen prevention, to improve the cooperation between different systems, in particular the systems of health care and the child and youth welfare (cf. Chapter 2 and 5). Furthermore it intends to create more legal certainty and confidence to act and to enhance the relevant statistics. (cf. Chapter 1.2).

Within the federal system support and funding by the federal government is restricted to projects on the national level or pilot initiatives.

In its **coalition agreement** the present federal government states that it aims to support parents to fulfill their role as parents, strengthen children, recognize their resources, provide all children with equal opportunities and combat child poverty. The ruling parties point out, that, according to the constitution, it is the duty of the state to watch over parents' rights and duties. A focus is placed on early childhood prevention, promoting chil-

1 Basic Law of the Federal Republic of Germany, Art. 72 Abs. 2 + 74 Abs. 1, Nr. 7

dren's rights and on the protection of children and young people from sexual violence and exploitation. The chancellor has had two talks with the prime ministers of the *Länder* on child protection policy.

### **Federal Ministries**

On the national/federal level the (preventive) Protection of Children and Young People is one of the responsibilities of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. It is the leading ministry for laws addressing the child and youth welfare system. The ministry is advised by the National Board of Youth Affairs<sup>2</sup>, that is an advisory board of 15 experts of politics, administration, NGOs<sup>3</sup> and science.

Other relevant ministries for child protection are the Federal Ministry of Justice, the Federal Ministry for Education and Research and also the Ministry of the Interior and the Ministry of Health.

Ministries issue national action plans on important topics in consultation with experts.

### **National action plans**

The federal government has launched several national action plans and programmes. In recent years the following action plans have taken up issues of child protection:

- The federal action programme "*Early Prevention and Intervention for Parents and Children and Social Early Warning Systems*" (BMFSFJ, 2005) aims to prevent child abuse and neglect by supporting parents from pregnancy until the child is about three years old. The preventive measures are directed at parents in need who have limited coping resources for example due to young age, mental health problems or experiences of abuse and neglect in their own childhood. Access to parents shall be achieved especially through a closer cooperation of the public health service and the child and youth welfare services. The Federation funds ten pilot projects of early childhood intervention in different federal states and their evaluation. The "National Centre on Early Prevention" is in charge of these projects and was initiated newly installed within the action programme. Its task is to collect and disseminate experience and knowledge and to facilitate the further development of existing approaches and structures and their incorporation into the standard support system. (Cf. Chapter 2)
- "*Plan of Action of the federal government for the protection of children and young people from sexual violence and exploitation*" (BMFSFJ, 2003)

2 Bundesjugendkuratorium

3 Verbände

With regard to child sexual abuse within the family the federal government provides financial assistance for central federal organizations. In addition it promotes singular measures such as basic and advanced training of professionals in education and psychosocial services, awareness raising, information and counselling for parents and children through information brochures, specific helplines for children and youth as well as for parents. Another aim of the action plan is to strengthen the rights of victims in court proceedings. A new action plan for the protection of children and young people from sexual violence and exploitation will follow in 2011.

- One of the six fields for action of the National Action Plan (NAP) "*For a Germany fit for children 2005-2010*" is "*non-violent upbringing*". The action plan (BMFSFJ, 2005) is a commitment following the United Nations Special General Assembly on Children (2002 World Summit on Children).
- "Action Plan II of the federal government to combat violence against women" (BMFSFJ, 2007) stresses the need to support children affected by partner violence and to prevent future violence by teaching children and young people how to resolve conflicts without violence. Therefore a pilot project of cooperation between schools and child and youth welfare services is funded and evaluated.

The national action plans are linked to the activities in the federal states and their implementation is monitored in working groups of the Federation and the federal states. Some federal states have child protection programmes too.

Due to several incidents of sexual abuse in boarding schools that gained a lot of public attention, the federal government appointed an "Independent Commissioner to Enquire into the Sexual Abuse of Children". One of her tasks was to serve as a contact person for victims. Therefore she installed a hotline for victims, that offer information and counselling. The calls were analysed in a study. Based on the results of her enquiry the commissioner gave recommendations to the federal government on material and immaterial help that should be granted to victims and on preventive measures.

In addition the government established a "Round Table on the Sexual Abuse of Children in Relationships of Dependency and Power in private and public Institutions and within the Family". It was chaired by the Ministry for Family Affairs, Senior Citizens, Women and Youth, the Federal Ministry of Justice and the Federal Ministry for Education and Research. The Members of the Round Table were from various institutions and associations such as victims' organizations, the church, schools, private welfare organizations, sports etc. In three working groups they developed recommendations for prevention and intervention, legal policy, research as well as

further education and training. Some of these recommendations were included in the draft for a new federal child protection law.

The Federal Government sponsors the Information Centre on Child Abuse and Child Neglect (IzKK) at the German Youth Institute as a national interface for interdisciplinary networking and processing between research, practice and politics. The objective of the centre is to pool specialist information on the emergence, prevention, therapy and intervention in cases of violence against children, analyse this information and foster closer cooperation between the different lines of work.

## 1.4 Legislation on child abuse and neglect

Legislation dealing with child abuse and neglect directly or indirectly is part of the constitution, civil law, social law and criminal law.

The constitution (Basic Law) lays down/stipulates the care and upbringing of children as the natural right of the parents and first and foremost their duty. It is the state's duty to watch over parents fulfilling this task. (**German Basic Law**, Article 6, subsection 2)

### **The Civil Code**

Apart from defining the threshold for state intervention into parents' rights (section 1666, cf. Chapter 3) section 1631 of the civil code, that was introduced in the year 2000, guarantees children the right to a non-violent upbringing. Physical punishments, psychological injuries and other degrading measures are inadmissible (cf. Chapter 2).

### **The Criminal Code**

Child sexual abuse, neglect and physical maltreatment are also criminal offences. However "not every incident of child endangerment automatically constitute a criminal offence, nor does every punishable act result in child endangerment." (Hagemann-White et al. 2010, p. 43) Criminal charges do not play a very important role in child protection regarding child abuse and neglect within the family. "Child protection is based on the view that for effective protection and assistance, it is vital to win the trust and cooperation of the families whenever possible. Criminal prosecution may impair this relationship (...). Moreover, criminal prosecution or conviction do not always offer optimal protection to a child at risk. Taking evidence is particularly difficult if the children are the only witnesses and the younger the child, the more difficult the situation, since the offender and the perpetration of a criminal offence have to be established without any doubt in court." (Hagemann-White et al., 2010, pp. 43)

Criminal offences regarding child abuse and neglect are primarily:

#### Child neglect

- the violation of duties of care creating a danger that the child's physical or mental development could be seriously damaged (Section 171 *Violation of duties of care or education*)
- *Abandonment (Section 221)*

#### Physical maltreatment

- Corporal punishment only is a criminal offence if it causes bodily harm. The sections "Causing bodily harm" (Section 223) and "Causing bodily harm by dangerous means" (Section 224) are no specific offences against children but persons in general.

#### Physical maltreatment and neglect

- *Abuse of position of trust (Section 225)*  
Torturing or seriously abusing a person under eighteen years of age in one's care or custody or damaging his or her health by maliciously neglecting one's duty of care.

#### Child sexual abuse

- *Child abuse (section 176)*
  - Engaging in sexual activity with a person under fourteen years of age (child) or allowing the child to engage in sexual activity with himself
  - Inducing a child to engage in sexual activity with a third person or to allow third persons to engage in sexual activity with the child
  - Presenting a child with pornographic illustrations or images, audio recording media with pornographic content or pornographic speech
- *Abuse of position of trust (Section 174)*
- *Aggravated child abuse (Section 176a)*
  - The sexual abuse of children is considered aggravated if it includes sexual intercourse or similar sexual acts including a penetration of the body, the offence is committed jointly by more than one person, the offender places the child in danger of serious injury or substantial impairment of his physical or emotional development or in danger of death.
- *Child abuse causing death (Section 176b)*
- *Causing minors to engage in sexual activity (Section 180)*
- *Abuse of juveniles (Section 182)*
- *Distribution, acquisition and possession of child or juvenile pornography (section 84 b+c)*

## The Social Code

The structure of the child and youth welfare system as well as the assistance services on offer for children and parents - also in cases of child abuse and neglect but not specifically - are regulated in Book VIII of the Social Code.

### Child Protection Laws of the *Länder*

The federal law has been specified by the federal states in their own child protection laws. These regulate mainly obligatory preventive medical examinations for infants, local child protection networks and rights and duties of data exchange in suspected cases of child endangerment.

## 1.5 Child welfare system: model, structure and responsibilities

The German child and youth welfare system can be termed as holistic in the sense that it promotes “early intervention and preventive work and there is an assumption that there should be a continuum of care” (Katz & Hetherington, 2006, p. 432).

The guiding principles, structure and responsibilities of the German child and youth welfare system are regulated in the **“Social Code, Book VIII – Child and Youth Services<sup>4</sup>”** (SGB VIII).

Child and Youth Services shall be located close to the children, young people and their families. The responsibility for child and youth welfare therefore lies with counties and towns, who are obliged to set up a Child and Youth Welfare Authority. This authority has to ensure that the tasks outlined in the Social Code are fulfilled.

According to the Social Code the main tasks of the Child and Youth Services are (section 1 §3):

- Promote young people in their individual and social development, and contribute to avoiding or reducing disadvantages.
- Counsel and support parents and other guardians in child-rearing.
- Protect children and young people from threats to their well-being.
- Contribute to creating and maintaining positive living conditions for young people and their families and a child- and family-friendly environment.

To support parents in raising their children there is a wide range of welfare services that parents are entitled to (cf. Chapter 2 and 4). These welfare ser-

4 In this report the terms “Child and Youth Services”, “Child and Youth Welfare” and “Child and Youth Welfare Services” are used equivalent for all services and institutions laid down in the Social Code, book VIII.

vices are organized according to the principle of subsidiarity: private (independent, non-governmental) institutions and services are given preference over public services and are financed by the state.

The Child and Youth Welfare Authorities have to ensure that there is a variety of providers with regard to the content of services, applied methods and value orientations. If they are entitled to these services, minors and parents have the right to choose the provider and type of assistance as long as this does not lead to disproportional costs.

The support services start from different levels of prevention up to interventions in cases of child endangerment:

Public youth welfare offers parents various forms of voluntary support (cf. Chapter 2) in raising their children in line with section 16 to 26 Social Code, Book VIII.

If “an upbringing is not guaranteeing the welfare of a child or of a young person” (see section 27 §1 Social Code, Book VIII), the parents and carers are entitled to assistance with child upbringing in line with sections 27 to 35 Social Code, Book VIII. Such assistance (socio-educational support services, cf. Chapter 2) should put a halt to the entrenchment of upbringing practices, which do not foster child welfare.

Socio-educational support services are also often offered following an incident of child endangerment (cf. Chapter 4).

The child protection mandate of the child and youth welfare services when there are significant indications of child endangerment, is regulated in section 8a Social Code, Book VIII and is explained in Chapter 3.

## 2 Universal and preventive services

Each young person has a legal right to further his or her development and to be educated to become a responsible person and an able member of society. In addition, legislative statutes provide the right of the child to an upbringing free of violence. Corporal punishments, mental abuse, and other debasing measures are illegal (section 1631 of the civil code, cf. Chapter 1). This mandate of an upbringing free of violence calls upon the understanding and responsibility of those, who are caring for a child. However, people having custody or legal guardians only face legal consequences once they transgressed the boundaries to child endangerment or if they commit a crime. However, ignoring this mandate repeatedly or even regularly can be understood as expression of a lack of parenting skills.

## 2.1 Overview of primary and secondary preventive services

There are numerous universal and selective services in the area of Child and Youth Services, healthcare, and education as well as in services for the disabled in order to support parents in their parenting task and to promote and protect the children. For some years, services for early prevention have mainly the hope to reach families with small children and expecting parents, who are subjected to burdens, early on. However there is no individual right to these services. (Overview in connection with primary and secondary preventive services see e.g. in Sann, 2007, Galm et al., 2009)

**Pregnancy (conflict) counselling services** have the earliest possible contact to women and girls, who expect a child under difficult living conditions. They support pregnant women in their decision for or against carrying the pregnancy to term. According to the legal regulations every woman and man is entitled to sexual education and professional counselling for contraception, family planning and everything connected with the issue of pregnancy (§ 2 SchKG, regulation concerning pregnancy conflicts). If the mothers or even fathers decide to have the child, then the counselors support them to cope with the changes in their life. They provide concrete assistance such as financial help. During counselling sessions, various stress factors are often discussed, with which either the counselors deal themselves or they refer the parents to additional support services.

Professionals in the **medical field** get to know families e.g. while providing healthcare services during pregnancy or delivery as well as during the first years in a child's life.

Since 1971, Germany has a nationwide universal *Early Prevention Programme (Früherkennungsprogramm)* to detect any developmental and health disorders early. This programme consists of ten examinations of children from birth to the age of five years. Some *Länder* provide for additional examinations for school-age children. These examinations are aligned with the most important developmental stages of a child's life and they are provided by pediatricians. Programme participation is mandatory for families in nearly all *Länder* (overview in Nothhafft, 2009). To what extent, mandatory early detection examinations are suitable as child protection element is in Germany controversial and that not only based on international findings (research overview in Suchodoletz, 2005). In a *Länder* overview, Thaiss et al. (2010) conclude, there were hardly any cases of child endangerment in families, which did not keep the examination appointments. Therefore, the high expense of the services to reach all families needs to be questioned. However, early detection examinations can make a significant contribution to better healthcare services of children and they offer parents the opportunity to speak with representatives of the medical support system.

Furthermore, gynecologists, pediatricians, midwives, psychiatrists, hospital staff, and other medical professions support families universally and contribute their share that children grow up healthy. However, recent studies of the Robert-Koch-Institute (cf. Thyen, 2007) show that the healthcare opportunities among the population are still distributed unequally. In particular, children from families with a low socio-economic class and many burdens have a higher risk for diseases and they are not as well reached by preventive and prophylactic services. Therefore, it depends on the class and education of women whether they accept for example the support of a midwife following birth.

For the past years, within the framework of prevention, some *Länder* and local governments have begun again sending (*family*) *midwives* and *pediatric nurses* to visit families with health and psycho-social risks at home. Currently, a Federal Child Protection Act is under way (cf. Chapter 1.3). In particular, this federal act wants to strengthen the use of family midwives, who support families in stressful situations of life up to one year following the birth of the child.

**Early childhood education programmes** support families with disabled children or children likely to become disabled due to genetic defects, perinatal complications, infections, accidents, or psychosocial stress. Legal claims are regulated by different Social Code Books. A special subgroup is formed by children with (pending) emotional disability, whose care is stipulated by the Social Code, Book VIII – Child and Youth Services” (SGB VIII) (cf. Wiesner, 2006). In the interdisciplinary field of early childhood support, physicians, psychologists, ergo-therapists and speech therapists treat children according to their need and support their families. They report that psychosocial stress moves more and more into the foreground in families. In order to respond to this need, early childhood support looks increasingly toward other support systems including those offered by Child and Youth Services (cf. Naggl & Thurmaier, 2008).

### **Child and Youth Services**

It is the objective of Child and Youth Services to create positive living conditions for families, to support parents in parenting, to promote children and juveniles in their individual and social development, and to protect them from danger to their wellbeing.

In this context, the preventive direction of the Children and Youth Support Act represents primarily **family education and counseling**. Its goal is to promote parenting skills, to strengthen the parent-child interactions, and to promote the development of the child. Among others, these include *letters to parents* (*Elternbriefe*), *family guidebooks* (*Familienratgeber*), and *family counselling, parenting classes or training*, which provide information and deal with educational topics passively (e.g. in letters to parents) or actively (e.g. in parenting classes). While taking stock of the numerous, nearly 200,000 annually realized offers, Lösel et al. (2006) found only 27 somewhat controlled evalua-

tion studies.

Programmes that intend to promote solely the parental skills of parents often take place in family education centers and counselling offices. However, they are visited generally only by parents, who wish to further their education on their own accord. Often, they are well educated, they have learned a profession, and they are open-minded toward educational offers. However, parents, who are in particular need of support due to their stressful living circumstances, are less likely to accept these programmes (cf. results by Lösel et al., 2006, Groß et al., 2007). They are not enough oriented on the parents' living environment. Therefore, it is seen as an urgent challenge to reach this target group better by offering low-threshold, visitation services (e.g. Heitkötter & Thiessen, 2009).

Keeping this target group in mind, professionals and politics have focused primarily on families with small children and expecting mothers for some years now (cf. Chapter 2.2).

Programmes based on the results of bonding and resilience research and that strengthen the positive interaction between parents and their infant or toddler pursue a selective preventive, partially an outreach approach. Other services wish to advance small children primarily in their cognitive, motor, and socio-emotional development and they instruct supported by materials parents to communicate and get involved with their child adequately. If parents have a child with regulation disorder or an excessively screaming baby, they can take advantage of specific counselling and treatment models.

For some families, in particular for young single parents with small children, **specific residential institutions** are offered, even if it is to just prevent an endangerment situation (for endangerment see Chapter 4). It allows them to prepare for an independent care and parenting of the children within a protected framework.

Parents are entitled to receive parenting support if parenting does not guarantee the wellbeing of the child or juvenile and this support is suitable and necessary for his or her development. **Socio-educational support services** (cf. Chapter 1.5) include family counselling, social pedagogical family help, individual support and group work for children and juveniles, specialist daycare for children, residential care and foster care. They are often offered following an incident of child endangerment. Therefore, they are described more detailed in Chapter 4. Before an incident of child endangerment, making use of support services is generally voluntary.

**Child day care** offered by child minders who are qualified and supported by professionals, or **institutional care facilities** such as nurseries or kindergartens are child-centered services. Both, children at an age-appropriate developmental stage and children with special needs and developmental limitations are advanced. According to plans of the federal government, parents should have a legal right for a daycare placement for one to three-year olds starting in 2013. Children from psychosocially burdened families receive stimulation and can form relationships in good care centers, the

type they mostly lack at home. Under the current structural conditions, kindergartens are often overburdened to meet the needs of every individual child, in particular children with developmental deficits or behavioral problems (concerning this discussion see e.g. Diller & Rauschenbach, 2006).

The goal of **prevention programmes in daycare facilities for children and schools** is specifically the prevention of sexual abuse and these are mostly carried out by professional offices. Whether such projects can be offered, depends on the commitment of the appropriate professional and educators as well as their personnel, the time, and the financial resources of the facility. Many concepts are based on several modules such as the continuing education for teachers or social workers, the work of the parents, and the work with children. Key contents concern providing information and opportunities to act. Over the past decades, non-profit organizations have been formed in many places in Germany with the goal to fight sexual abuse.

In addition, numerous programmes with children and juveniles were established in daycare centers and schools with the aim of preventing violence and solving conflicts constructively.

## 2.2 Current scientific, practical, and political developments

Over the past years, the idea of a possibly nationwide early prevention of neglect and abuse has developed into a source of hope in the German child protection discussion. However, this discussion voices the concern that prevention could be confused with general suspicion under government control, which examines all families as a precautionary measure (concerning this discussion see e.g. Sann et al., 2007). At the same time, the opportunity is discussed that an early effective support could prevent severe interventions into the families.

Under the keyword "*Frühe Hilfen*" ("*Early Support Services*"), professionals and politics focus increasingly on support services that start as early as possible, have a preventive impact, and therefore these services prevent endangerments in families living under burdensome conditions. The term early can be understood under two different aspects: concerning the point in time, when the action starts (before the problem manifests itself) and concerning the age of the child (at an early developmental stage). It addresses parents with infants and toddlers as well as expecting mothers and fathers. The increased focus on an early access is justified by the fact that preventive services for families living under burdensome circumstances, which have a special support need, thus far have rarely taken advantage of it (cf. Chapter 2.1).

### **Action programme “Early support for parents and children and early social warning system” (“Frühe Hilfen für Eltern und Kinder und soziale Frühwarnsysteme”)**

In 2005, the nationwide action programme was started by the Federal Ministry for Family Affairs, Senior Citizens, Women, and Youth (BMFSFJ) to reach the described target group for preventive purposes better by suitable access and forms of services. In this context, the programme focuses on **linking systematically the healthcare system and Child and Youth Services**. The primary issue is the goal to link all services, which are described in Chapter 2.1.

The healthcare system is seen as the system with the opportunity to have uncomplicated and easy contact with families that have multiple issues already during the time of gestation. During this time, various healthcare professionals have the opportunity to talk to mothers and fathers within the scope of medical care: obstetrics and gynecology, pregnancy counselling services, maternity wards, pediatric hospitals, socio-pediatric centers, and pediatrician offices. Most families, even those with psychosocial burdens, seek contact to the healthcare system prior or shortly after birth on their own accord. During this stage, they are open for support.

This universal access offers the healthcare field the opportunity to become aware early on about possible burdens in the family. Over the past years, structured procedures for support have been increasingly developed and tried; even with the goal to recognize an increasing risk for neglect and abuse. Based on the international knowledge of risk factors and risk inventories, some **stress and risk screenings** were developed and tested (for additional information see Kindler, 2010a).

If a special need is determined in one family, then it should be offered a **custom-tailored help** in a second selective step. It is completely up to the family whether it wants to take this preventive offer or not.

In accordance with the action programme, *Frühe Hilfen* offers local and regional support systems with coordinated support services for expecting parents and families with infants and toddlers. The key focus is on the age group 0 to 3 years.

The **implementation of the action programme** requires a readjustment within and among the healthcare system and the Child and Youth Services system. In addition, it raises questions of responsibilities, tasks, and role distributions as well as a binding and stable form of cooperation.

Moreover, *Frühe Hilfen* is legally mostly unspecified and it must be defined by the actors coming from various professions. Furthermore, it must be designed onsite. The interpretations of this term are heterogeneous and result in various practical work approaches and cooperation networks. (In connection with the complexity of the term see Sann & Landua, 2010)

Within the framework of the action programme, the federal government provides funding for

- the establishment of a **competency center**, the National Centre on Early Prevention (Nationales Zentrum Frühe Hilfen/NZFH), which coordinates, supports, and evaluates the activities in the *Länder* and which provides programme suggestions to the *Länder*, and assures the knowledge transfer
- the initiation, the advancement, and support of **the model programmes** in the *Länder* and the funding of their scientific support and programme evaluation at the level of the federal government (Galm et al., 2010, p. 146).

The model projects funded by the BMFSFJ are scientifically supported practical projects. Most of these practical projects, which are evaluated, combine services of the healthcare system and those of the Child and Youth Services. They target families with infants and toddlers or pregnant women, who demonstrate an increased risk of neglect and even abuse.

Initial, but only exemplary sketched cross-project results of an exploratory survey of the model projects by the as NZFH seem to reflect (inter)national results at least in part, which confirms that especially families with multiple burdens are not easy to reach (e.g. Roggman et al., 2008, Snell-Johns et al., 2004, Lösel et al., 2006, Groß et al., 2007). On average, one fourth of the families in need of assistance did not accept the support offer, but the majority did. Furthermore, the implementation of procedures to identify risks and burdens is still at the stage of development and practical trial and has a great need for additional research and development initiatives. With the focus on a successful network, contractual provisions and cooperation are suitable. In connection with working with families, it is important to have tailored support services and to take a participatory approach to the matter. The families' desires have to be considered explicitly. A close-knit support and care of families is favored. (Illustration of the results in Renner & Heimeshoff, 2011)

Funding model projects can be seen as a step to cover the quality of the result in child protection work better. Moreover, various sides demand goal-oriented research planning beyond individual initiatives and model projects (cf. Chapter 4.4). To this day, it has not been possible to provide an overview of how must support services for preventive purposes contribute to prevent child neglect and child abuse.

However, the initiatives in recent years to support children in their early years and their families can be judged positively. An inventory of the development of activities in the field of early childhood prevention and intervention at a local level shows the increasing significance of these services (Sann et al., 2011). In many communities services for different needs were (further) developed and cooperation, especially between the Child and Youth Services and health care was strengthened. The draft of the new child protection law aims to expand services of early childhood prevention and to further establish networks of all important actors in child protection. (Detailed information on cooperation in Chapter 5)

### 3 Child endangerment: Detection, reporting, and stopping of child abuse and neglect

There are various rules, requirements and tasks for professionals in different fields of work in (suspected) cases of child endangerment.

#### 3.1 Rules of interventions and notification system

##### **Averting imminent danger and intervening into parental custody**

One task of the **police** is to avert danger. If there is need for an immediate action because the police presume acute danger such as a life-threatening neglect of a child, it will intervene on its own to avert the danger. However, if the police are notified of child endangerment, which does not need an immediate intervention, then the police will forward this information to the Child and Youth Welfare Authority. Now, the Child and Youth Welfare Authority assesses the danger of the situation within the framework of its legal mandate and derives from it the further need for action.

If the police – even in the course of child endangerment – become aware of a criminal act, then they are mandated to prosecute criminally. This fact must be kept in mind in any cooperation with police. Therefore, in light of the wellbeing of the child, this obligation could have a positive or a problematic effect on the aid process depending on the case (Overview in Gerber, 2006).

If employees of the **Child and Youth Welfare Authority** believe there is an imminent danger, for example, they find a toddler during a home visit in a totally trashed apartment and in a health-threatening condition, then they have far-reaching authorities: they are legally allowed to remove the children temporarily from the parents' home, if the danger cannot be averted in any other manner. If the parents object to their taking custody then the Child and Youth Welfare Authority must initiate promptly a decision by the family court. However, it still can take the child into their custody and separate it from the parents. While the child is in the custody of the Child and Youth Welfare Authority, it is obligated to take best care of the child. The custody is terminated with the return of the child, provided the danger no longer exists, with the initiation of support services or a court decision. (Section 42 SGB VIII)

Aside from emergency situations during which the Child and Youth Welfare Authority can take temporary custody of a child, only the **family court** can undertake necessary interventions into the parental custody to protect the child. Court interventions into families are only possible, if parents are not able or willing to avert the endangerment of their child. (Section 1666 BGB) Such interventions may include imposed rules (e.g. regular doctor

visits, accepting certain help) up to the complete removal of parental custody and a separation from child and parents.

### **General rules in the area of child and youth welfare, healthcare and educational system in cases of (suspected) child endangerment**

In the area of children and youth welfare, the Child and Youth Welfare Authority has the most far-reaching powers, whenever the wellbeing of a child is in danger. The protection mandate in (suspected) child endangerment is legally stipulated for **the employees of the Child and Youth Welfare Authority and other specialists of the public and private Child and Youth Services** in *federal law* (section 8a SGB VIII): in significant indications of child endangerment, the risk of endangerment must be evaluated and in case of an endangerment attempts should be made that necessary assistance is accepted. If an institution finds out about a child endangerment and there are not sufficient aids available or the parents refuse the necessary help, then the Child and Youth Welfare Authority must be called upon. The Child and Youth Welfare Authority must again evaluate the risk of endangerment and must offer the family help, if it sees it fit and necessary to avert the endangerment. If Child and Youth Welfare Authority cannot complete such an assessment due to parental non-cooperation the family court has to be informed.

In the event employees in the **healthcare or educational system** notice significant indications for child endangerment then the duties to act and notify are stipulated partially at the *state level*. There is a significant difference whether and in what form, the legislator will require this duty from these qualified employees: For example, some *Länder* require the Child and Youth Welfare Authority be notified every time physicians or midwives notice anything that points to child endangerment. In contrast, other *Länder* have a tiered duty, i. e. if there are significant indications for child endangerment then the Child and Youth Welfare Authority may or must be notified provided the own special means of the qualified employees are insufficient to avert the danger and the persons having custody of the child cannot be moved to accept help (Overview of the legal regulations at the *Länder* level in Nothhafft, 2009).

The draft of the Federal Child Protection Act entitled all people working with children and youth to take specialized advice in (suspected) cases of child endangerment.

### 3.2 Important indicators of a child endangerment, assessment of the danger risk, and assistance planning procedure

The law does not explain what it considers precisely significant **indications of child endangerment**. Indications that necessitate intervention may vary depending on the professional role and they depend on how they are assessed in a particular individual case. In order to support the practical work, there is support available for many different professional groups and work areas *especially in the social and health sector* e.g. in form of handouts that describe significant indicators.

In a potential child endangerment case, there may be various other diagnostic tasks necessary during the course of the case. In this regard, there is no generally accepted category; however often a distinction is made among the following evaluation tasks, the relevance of which depends on a particular case and on the work area of the involved professionals:

- evaluation to determine whether a direct effective action (e.g. custody) is necessary to assure the safety of a child (safety assessment),
- clarification whether the alleged endangerment incident actually took place (clarification of the suspicion),
- description of the parental skills or rather deficits of the parents in various development-relevant areas (e.g. caring, bonding, educating, promoting) as basis for a strategic plan for assistance,
- assessment of the medium-term danger of future child endangerment (risk assessment) and
- (in existing deficits or risks) estimate, how strong is the guardian's desire to change and the ability to change.

(Overview in Kindler, 2009)

If the *Child and Youth Welfare Authority* or an institution of *Child and Youth Services* get involved in a potential child endangerment situation, then at first the type, extent, and causes of the child endangerment must be clarified to develop a custom-tailored assistance and protection concept.

Within the scope of **risk assessment**, it may be necessary that persons of various professions (e.g. social workers, physicians, and therapists) become involved and in this case, it is stipulated by law (cf. Chapter 5). Furthermore, the law stipulates that caregivers of persons and the affected child must be involved in the clarification process, provided it does not call the protection of the child in question.

National and international studies (e.g. Kindler et al., 2008, Reder & Duncan, 1999, Sinclair & Bullock, 2002) demonstrate that by diagnostically examining a case, the chances for a positive course of the assistance provided increases. With the goal of a predictive assessment of the endangerment, increasingly structured procedures have been developed for professionals in Germany over the past years in order to support this process. Occasionally, procedures were examined for their validity, dependability while being ap-

plied by various professionals as well as for their practicability and benefit (e.g. Kindler et al. 2008, Macsenaere et al., 2008).

However, so far it is not unusual that the necessity to test sufficiently newly developed procedures for their quality is not seen by all professionals. Experts discuss the danger of procedures that do not yield information and because they seemingly lack objectivity they can do enormous harm (concerning the debate see e.g. Kindler, 2007, 2009).

Even if the state of research must be called marginal in terms of the quality of procedures used and the diagnostic approach of professionals, the increasing attempts to qualify the process of endangerment assessment must be valued positively.

If employees of the *Child and Youth Welfare Authority* arrive at the assessment that there is a child endangerment, and socio-educational support services (cf. Chapter 4.2 and 4.3) are applied for, then they discuss together with the family and the participating professionals, which assistance is suitable and necessary to avert the endangerment. As a basis for the individual support arrangement they set up an **assistance plan** together (section 36 SGB VIII). This procedure serves the purposes of planning and coordination, the documentation and evaluation of the assistance: In the following support processes, it can be observed whether the aids are suitable, whether they can avert the child endangerment, and whether they continue to be suitable and necessary.

Assistance plan procedures are also applied below the threshold of child endangerment (cf. Chapter 2, socio-educational support services) and they do not allow making any assertions about how many cases of child endangerment are known to the Child and Youth Welfare Authority. It was already mentioned in Chapter 1.2 that so far, Germany has not kept any appropriate statistics and it forgoes any well-founded survey concerning the extent of child endangerment.

## 4 Help in child endangerment situations

The legislature provides for numerous support services. In principal, these have to be available whenever there is a situation of child endangerment. It is telling just how often this help is relatively unrelated to the problem; it is not only used for a specific form of endangerment such as physical violence only but also for other or further endangerment situations. In addition, many forms of help are available for child endangerment and for less severe or other problem situations. They can and must be flexibly adjusted based on a particular need.

In Germany, family interventions after child endangerment are generally the responsibility of social work even if other disciplines are possibly involved (e.g. adult psychiatry to treat a mentally ill and therefore limited in his or her ability to raise a child).

## 4.1 Intervention objective in existing child endangerment situations

If experts determine that the safety of the child is not guaranteed (see Chapter 3) then the focus is on averting the directly threatening harm of the child. A crisis intervention such as placement of the child could become necessary or medical care in a healthcare facility. Subsequent help over a longer term or possible interventions by the family court have primarily four goals as a result of the legal mandate for Child and Youth Services:

- The children should not be exposed to child endangerment acts any further.
- A positive upbringing and care of the children primarily by the parents should be promoted.
- If the children have already suffered developmental deficits then these should be tried to rectify.
- According to their abilities, parents and children should be involved as much as possible in the selection and in the implementation of any necessary support services or in any other decision made by Child and Youth Services or rendered by the family court.

(On this subject matter and in connection with the following overview see e.g. Galm et al., 2010)

## 4.2 When minors remain in the family

Oftentimes, it is not necessary and it makes no sense to remove children temporarily or even for a longer time from the family in order to achieve these goals. Then, the experts consider and decide together with the family, which **outpatient or part inpatient services** are suitable.

Socio-educational support services (cf. Chapter 2.1, Child and Youth Services) are often offered to families even if child endangerment has already taken place. External support services include *Education and Family Service Offices (Erziehungs- und Familienberatungsstellen)* that help children, juveniles, parents, and other guardians in overcoming the problems. Another legally mandated standard programme is the *socio-educational family assistance*: the social worker visits the family regularly at home and supports the parents or single parent in raising and taking care of the children as well as in day-to-day practical matters e.g. taking care of the household (Helming et al., 2005). *Types of individual support and group work* are available for children and particularly juveniles to promote a positive development. Depending on the type and need of support services, these are provided once or several times per week. *Partial inpatient support measures*, such as daycare centers that take care of children primarily in groups during the day of most weekdays offer comprehensive care, support, and assistance. In particular, vigorously structured facilities such as orthopaedagogic daycare centers provide care for children in small groups and individual attention. In addition, the special

needs educators work closely with the parents.

In addition to cause unspecific therapies, the *psychotherapeutic field* (healthcare) covers with various offers specific needs, which arise in the context of child endangerment. For example, they provide treatment for some child and youth psychotherapy needs as the symptoms and disorders of the child such as signs of post-traumatic stress, which have formed due to the child endangerment. With the view on specific therapy approaches for parents e.g. after sexual abuse of the child within the family, the treatment forms include the parent, who was not the perpetrator and the perpetrator as well.

Medical and pastoral care services offer *emergency psychological interventions* after catastrophic events to ease the victim's burden and to prevent the development of post-traumatic stress disorders. However, these are rather rarely used after child endangerment incidents, when a child must be placed for example following stressful experiences.

In Germany, there is no meaningful data concerning the effectiveness of outpatient and partial inpatient support services after child endangerment. For this reason, **recommendations concerning the type of assistance** are based in particular on international findings (e.g. systematic review by Kindler & Spangler, 2005):

- If the children remain in the family after the endangerment incident, intervention must focus on the parents. Primarily, the care and educational ability of the parents and the positive relationship with the children must be strengthened to avoid continuous or repeated endangerments.
- In particular in cases of neglect, types of detailed instructional support services designed for the long-term and closely resembling day-to-day living, oriented on the living environment with at least partial visitation work (in the apartment or another familiar place of the family).
- These services should be supplemented by additional custom-tailored (e.g. crisis intervention, substance abuse counselling) if necessary.

### 4.3 When minors are removed from the family

If outpatient and part inpatient services are insufficient to avert the child endangerment, then the affected children are temporarily or for longer periods placed outside their families (**fulltime placement**). Depending on how the overall situation evolves, there are various possibilities.

For example, the Child and Youth Welfare Authority assesses whether an *adoption* of the child makes sense if it is anticipated that the child cannot be returned to its family situation (Salgo, 2006). Nearly all these cases require the consent of the parents and alone for this reason, adoption is a rather rare occasion. Then the decision has to be made whether **placement in a family or an institution** is appropriate. There are various possibilities from which to choose:

### *Fulltime foster care*

The type and term of fulltime foster care depends in every case on the age and the developmental stage of the child or juvenile, on his or her social connections, and on the possibilities, which contribute the educational conditions in his or her original family.

If parents' inability to take care of a child sufficiently is only temporarily, for example during rehabilitation stays, childbirth, or hospital stays, then a *temporary placement* is suitable.

However, if the experts believe that a child must be placed in the *medium or long-term* outside its original family, then the decision in favor of *fulltime foster care* is often made. As may be appropriate in a case-by-case basis, all participants work together to reintegrate the child into its original family – in the sense of a time-restricted fulltime placement; or the goal of the joint efforts may be to place the minor permanently in a foster family and to structure the contact with the original family in a manner that it is preserved (Blüml, 2006). The quality of the work of fostering children essentially depends on the foster persons' suitability and qualifications for their work. The Child and Youth Services have a great responsibility in selecting, supporting, and controlling foster care relationships.

Care persons accepting children and juveniles, who are particularly developmentally disadvantaged, are required to have a professional background such as a psychological, pedagogic, therapeutic, or nursing care education as well as relevant practical experience. These *special needs care places* occupy a unique position.

### *Institutional placement*

In particular, older children and juveniles may benefit from being brought up in an inpatient institution. In addition, the cooperation with the family places a significant role during the institutional placement. Just like in fulltime care, in the institutional placement raises the question about reintegration into the family or the permanent placement in an inpatient facility until the adolescents can take their life into their own hands.

### *Other forms of residential group homes*

Residential group homes and communities are for some juveniles suitable to prepare them for an independent life.

Families can move to *joint forms of living for mothers or fathers and children* to avoid third party placement of the child. For example, if a young mother is overwhelmed with the care for her baby and if the outpatient support services are not sufficient then a mother-child home may be the solution. Here, the mother can be supported within a protected framework to take properly care for her child. The next step involves preparing her for her own domestic environment.

## 4.4 Quality of the intervention

In Germany, it is currently almost impossible to make any assertions in terms of effectiveness of support services after neglect and abuse or after child endangerment. So far, the support services provided by the child and youth service system have not been systematically evaluated in terms of their effectiveness. A review of the results of the few, partially methodologically insufficient studies do not allow an overall picture of the success of support services. They allow only partial insights. For example, in connection with behavioral problems there are “positive effects of child and youth welfare interventions” (e.g. Schmidt et al., 2002). Based on his own studies, Kindler (2011) describes that in the majority of the neglect and abuse cases a new endangerment incident occurred despite outpatient services or a fulltime placement within three years. Of the children who grow up in a foster home after an endangerment incident in their birth family, more than a third of the children showed signs of psychopathology and more than half of the children showed educational problems. More than half of the children with mental health problems turned out to be untreated.

Due to the current research situation, various sides request a research culture and goal-oriented research planning that goes beyond individual initiatives and model project in German child protection (e.g. the “Ulm Appeal to Child Protection” or “Ulmer Aufruf zum Kinderschutz, 2006”). So far, it is almost impossible for the day-to-day practice to support their judgment when arguing for a type of support and intensity on sound information concerning the effectiveness of interventions after a child endangerment. This applies in similar form to the prevention of child endangerment and diagnostic. (cf. e.g. Kindler, 2007, Galm et al., 2007)

In connection with the lack of research concerning the effectiveness, it must be generally stated that particularly the field of social work is often rather sceptical about this kind of research. In this context, Kindler (2008) notes a deep-rooted tradition of idealistic philosophical thought in Germany. At the center of the work, one finds empowerment of professionals by helping them to understand and reflect upon important ideas, experiences, societal developments and their client position within these processes. The discussion about an effect-oriented control of social work criticizes the fact that instead of a professional authority, the professional standardized indication, diagnosis, and assessment procedures take its place, which suggest a seemingly objectivity but do not in the least meet the complex individual case and different on-site structures and conditions. These vary greatly. Germany is characterized by a wide range of support services that can be tailored to the individual needs of the family. The concern is expressed that orientation on effectiveness is just a pretense to undertake massive financial savings and the grown variety of support services will be restricted. But for professionals the lack of evidence based research results also means that they cannot back up their argument that a specific, probably costly, assis-

tance is needed in a particular case. So there is a risk that out of lack of scientific knowledge or cost reasons inadequate and ineffective support services are applied. And especially in view of families who need effective help after child endangerment most, there is hardly any research on effectiveness.

The positive aspect is that an intensive general discussion in the field of child and youth welfare has developed in the last years. (On this discussion see e.g. Kindler, 2007, Otto & Schneider, 2009, Ziegler & Schrödter, 2008) For example, a Federal model programme on behalf of the German Federal Ministry for Family Affairs, Seniors Citizens, Women, and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend / BMFSFJ) deals with the problems, benefits, and requirements to impact orientation in Child and Youth Services, but not focused on child protection. (In this context see e.g. Albus et al., 2010, Otto & Schneider, 2009)

Furthermore, there are numerous initiatives in various areas (research, children and youth policies and practice, legislation). These in turn do not focus specifically on the success of the support services after child endangerment but set other or more comprehensive goals in developing quality in reference to child protection. Some examples are the following: currently, numerous local governments participate in the countrywide research and practice development project “Learn from mistakes – quality management in child protection” (“Aus Fehlern lernen - Qualitätsmanagement im Kinderschutz”) (in detail in Backes & Gerber, 2010). Concerning political programmes and legislative initiatives, over the past years, several national action plans and programmes have been ratified and currently a Federal Child Protection Act (Bundeskinderschutzgesetz) is underway (cf. Chapter 1.3).

## 5 Integrating services

In child protection in Germany there is no general duty to cooperate.

### 5.1 Cooperation and networking

#### **Cooperation of public and private child and youth welfare services**

The Child and Youth Welfare Authority is obliged to cooperate with the private child and youth welfare services in a spirit of partnership. It shall not offer support services itself if they can be provided by private child and youth welfare organizations. It is the obligation of the Child and Youth Welfare Authority to promote and fund these services (section 4, SGB VIII).

With regard to the child protection mandate (section 8a SGB VIII, see Chapters 3.2 and 6) the Child and Youth Welfare Authority has to make arrangements with organizations providing services under Social Code, Book VIII to ensure that their staff exercise the child protection mandate and consult a specifically experienced expert in the **assessment process of child endangerment**. This expert can be a person within the organization, an expert from another private child and youth welfare organization or someone working for the Child and Youth Welfare Authority. If the activities of other actors such as the health service or the police are necessary to avert the danger, the Child and Youth Welfare Authority has to convince the caretakers to accept their services. If immediate action is necessary and the parents do not cooperate, the authority can call in these institutions itself. Whenever caretakers are not willing or able to cooperate - even in the assessment process of child endangerment - the Child and Youth Welfare Authority appeals to the family court if necessary (see Chapter 3).

### **Cooperation of the public child and youth welfare services with other actors**

According to section 81 SGB VIII the Child and Youth Welfare Authorities within their tasks are obliged to cooperate with other institutions whose activities affect the living situation of young people and their parents. These are e.g. schools, institutions for education and training, the public health service, the unemployment office, other social services and the police.

The impact of this regulation however is restricted due to the fact that it is only a single-sided duty of the Child and Youth Welfare Authority in relation to most of the named institutions. (Wiesner, 2006) So the willingness of the other actors to cooperate often fails due to lack of resources.

With regard to the cooperation between child and youth welfare services and **health care services** (for detailed information, see Chapter 2.2) or **schools**, the legislative competence lies with the 16 *Länder* (see Chapter 3.1). Many have issued laws on mandatory cooperation with the child and youth welfare services. “By now, more than half of the 16 school acts contain provisions on the cooperation of schools and youth welfare offices in case of a supposed or ascertained danger to a child’s best interests. However, these are often limited to a mere duty of notification.” (Hagemann-White et al., 2010, p. 52)

Child day care services are part of the child and youth welfare services and therefore also have the child protection mandate as described in Chapter 3.1. The child and youth welfare offices are obliged to reach a contractual agreement with child day care providers on how to fulfill this child protection mandate. This legal obligation was introduced in 2005. Two years later only 40% of the child daycare institutions had reached such an agreement. (Gragert et al., 2008)

“According to a binding guideline for the **police** (police service regulation 382) the youth welfare office is to be notified without delay if it already becomes evident during police investigations that the services of child and

youth welfare institutions might be required. The youth welfare offices and the police closely cooperate in cases of domestic violence, e.g. if, during an intervention due to partnership violence, the police encounter children in the household, they shall immediately notify the youth welfare office thereof. In some places, the youth welfare office is already present during the police operation, if it is known beforehand that children are living in the household.” (Hagemann-White et al., 2010, p. 53)

Also the regulation concerning the cooperation between the child and youth welfare services and the police lies with the legislative power of the *Länder*. Some have introduced provisions to specify this duty of cooperation. “All in all, it may be observed that structured forms of cooperation exist nationwide, but they vary greatly among regions.” (Hagemann-White et al., 2010, p. 53)

### **Networks in child protection**

The draft of the Federal Child Protection Act obliges the Child and Youth Welfare Authority to initiate networks in child protection to ensure a close and constructive cooperation. In some *Länder* such networks already exist. One of the network members is required to take a planning and steering role. Moreover all institutions involved have to agree on binding agreements on the cooperation.

## **5.2 Confidentiality and data protection**

Data protection is regulated in SGB VIII for both public and private child and youth welfare providers.

It is only permitted to enquire the affected families themselves about their personal data. Only those data are allowed to be collected that are necessary to fulfill the present task. Without consent of the persons affected personal data can only be legally collected, if the parents have difficulties to remember, have no knowledge of relevant facts or if knowledge and assessments of other persons are relevant. There are only legal exceptions of the principle of asking the data of the persons concerned themselves, if there are indications of child endangerment and this information is vital for the assessment process. Another reason can be that asking the family for the information could hinder the child’s access to support services, which especially concerns cases of child sexual abuse within the family.

Passing on information is permitted, if the persons concerned have given their informed consent. That means, the persons have to know, which information is handed over to whom and for what purpose.

If necessary the Child and Youth Authority can pass on data without consent but not without knowledge under the following conditions:

- If there are significant indications of child endangerment and for the assessment it is necessary to consult with colleagues and experts;
- If there are significant indications of child endangerment and there is a change in the professional responsibility for the case;
- If the professional considers it necessary to involve the family court to give the child access to support services or to further assess the danger;
- If the protection of the child requires immediate action by other institutions such as a hospital or the police.
- If it seems likely that passing on data without the consent of the persons affected will seriously question the success of the intervention it is not allowed.

(Deutsches Institut für Jugendhilfe und Familienrecht [DIJuF], Nationales Zentrum Frühe Hilfen [NZFH], & Informationszentrum Kindesmisshandlung / Kindesvernachlässigung [IzKK], 2010)

Concerning data protection in the area of early preventive services that are provided by the child and youth welfare services as well as the health system with different data regulations the National Centre for Early Prevention has issued a guideline for professionals in cooperation with the Information Centre on Child Abuse and Neglect and the German Institute for Youth Welfare and Family Law.

The draft for the new Federal Child Protection Act facilitates the passing on of information to the Child and Youth Welfare Authority for specific professions in cases of (suspected) child endangerment. It applies to doctors, midwives or other healthcare professions, psychologists, counselors, social workers and teachers. The regulation stipulates that persons with a duty of professional secrecy working closely with children and adolescents have to motivate the parents to accept support services. However it also defines the conditions under which the professionals are authorized to pass on information to the Child and Youth Welfare Authority. (Cf. Chapter 3.1)

This clarification is considered necessary as compared to other countries, there are rather few notifications of the public child protection services by health care professionals in Germany. (Deutsches Jugendinstitut, 2011)

### 5.3 Initiatives developed for integrating services

Examples for initiatives of integrated services are described in the following section.

#### **Early Prevention**

An important initiative on the federal level to improve the cooperation between different agencies and professions are the activities promoted by the National Centre on Early Prevention (see Chapters 1.3 + 2.2).

One of the pilot projects evaluated within the framework of the National Centre on Early Prevention published a handbook on cooperation between the child and youth welfare services and the health services with the aim to improve the support of parents in need with small children or from pregnancy onwards. The handbook offers information and recommendations on how to establish such networks successfully. It also includes a short and easy to handle risk inventory specifically developed for birth clinics to identify parents that should be interviewed more comprehensively to assess whether they should be offered intensive support services to prevent abuse and neglect. (Ziegenhain et al., 2010)

As part of its task to observe evolving practices, the National Centre on Early Prevention has made an inventory about the development of the cooperation between the Child and Youth Welfare Authorities and the public health care system in setting up early prevention services at municipal level. It showed that by 2009 almost all Child and Youth Welfare Authorities and the majority of the public health authorities were active in that area, even though there is no legal obligation for the latter. (Sann, 2010) Notably the Child and Youth Welfare Authority was considered the most important partner by the health authorities concerning early prevention services whereas the health authority was rarely seen as a relevant partner by the Child and Youth Welfare Authorities. These findings were confirmed by a network analysis of the cooperation of the actors of the child and youth welfare services and authorities and the health care services and authorities within early prevention (Lohman et al., 2010). Actors of the health care services reported that 49% of their contacts were with persons of the child and youth welfare services, whereas child and youth welfare professionals reported that 32% of their contacts were with health care professionals. 49% of the contacts of the child and youth welfare professionals were with other professionals within that field. These results are hardly surprising given the statutory mandate of the Child and Youth Services in child protection but show that health care professionals successfully initiate cooperation with the child and youth welfare services.

Binding or contractual cooperations between the Child and Youth Welfare Authorities and other partners were rather rare. (Sann, 2010) Important aspects from the perspective of the authorities were:

Networking enhanced the mutual understanding of the different actors and had positive effects on cooperation both on institutional and on case level. Binding networks were considered more effective. The respondents from the child and youth welfare authorities and the health care authorities stressed also the necessity of sufficient financial and human resources and extra time for networking. They reported further need for constant funding, data protection, advanced training of their staff and instruments for the assessment of burdens and risks of families.

### **Child and adolescent psychiatry and child and youth welfare services**

Concerning the cooperation of child and adolescent psychiatry and child and youth welfare services a pilot outpatient treatment programme was developed for adolescents in residential care and was evaluated in a controlled trial. The programme included diagnosis at the residential home, psychiatric treatment and further training for the pedagogic staff. An important element was common case conferences of psychiatrists and the pedagogues who defined the individual aims of the therapy together. The intervention aimed to stabilize the adolescents and to prevent the need for inpatient psychiatric treatment (Goldbeck et al., 2009).

### **Domestic Violence**

In the field of domestic violence there are many so-called Round Tables at municipal level to improve cooperation. The composition of these networks varies. Typically involved are the police, women's shelters and counselling services, the Child and Youth Welfare Authorities, family judges, men's counselling and child protection institutions. For cooperation on individual case level intervention projects have been installed in some municipalities that have also been evaluated. (Hagemann-White & Kavemann, 2004)

### **Sexual Abuse**

One example on this topic is a study on the cooperation of the Child and Youth Welfare Authorities with the authorities of law enforcement. It also developed a model concept for cooperation. (Dawid et al., 2010)

## **5.4 Good practices and problems**

A sketchy conclusion hints the following factors as preconditions for successful cooperation:

- Political commitment to reaching a common goal
- Sufficient financial and human resources as well as time reserved for cooperation activities
- Bindingness of cooperation
- Coordination of the network by a specific person or institution
- "Intercultural competence" for interdisciplinary cooperation

There are many initiatives for a closer cooperation of actors of different sectors to improve prevention and intervention in child protection. Obstacles for cooperation are e.g. differing structures of the involved sectors as well as different professional languages and understandings. There also is a lack of adequate resources for cooperation especially on the level of inter-

institutional cooperation beyond cooperation at case level.

In the field of early childhood prevention and intervention the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has assigned a lot of political weight and funding. This has helped to promote initiatives for closer cooperation of the child and youth welfare services and health care services at the local level.

## 6 Education and training of professionals

The **Child and Youth Welfare Authorities** play a crucial role in child protection. With regard to the qualification of the staff the Child and Youth Services Act (social code, book VIII / SGB VIII) demands rather unspecific, that only persons should be employed whose personality fits the tasks they have to fulfil<sup>5</sup>. Additionally the law requires that these professionals have the appropriate vocational training (as a general rule) or previous working experience in social work to be able to fulfil for their tasks (exceptions with the obligation to present relevant proof, see Mündler et al., 2009). A special qualification is necessary if the task necessitates it. (Section 72 SGB VIII)

In practice it shows that the Child and Youth Welfare Authorities demand a high formal qualification, normally a university (for applied sciences) degree. They mainly employ social workers (or similar qualifications) and - to a lesser extent - psychologists. However, in the child and youth welfare authorities but also in many other areas of Child and Youth Services the problem is described, that it is difficult, to recruit and retain staff with appropriate professional experience. Reasons are poor wages and working conditions and a lack of social recognition. (Vorstand der AGJ, 2011, Fuchs-Rechlin et al., 2011) Meister (2011) states an increasing need for initial on-the-job training and further training.

The Child and Youth Welfare Authorities are obliged to ensure further training and counselling of their staff in fulfilling their tasks.

Moreover the qualification of people working with children depends on the field they work in and on their function within the system. Within the provision of **support services** (see Chapter 2 and 4) they work for example as educators, social workers, therapists in an orthopaedagogic day care centre or as a family midwife in the field of early prevention. The variety of support services is reflected by the variety of the form or level of qualifications. As a general rule it can be assumed that people working with children within child protection (fulfilling preventive or interventionist tasks) have a vocational training that is adequate to their task or that they are coached by

5 Regarding personal aptitude the legislator formulates criteria for the child and youth welfare services that exclude persons who have committed certain crimes (e.g. sexual abuse, abuse of a position of trust) from being employed in these institutions.

experts. The government draft of the new Federal Child Protection Act provides a right to expert consultation on matters of child protection for persons working with children.

Within recent years the **need for advanced training** has risen due to the further legal specification of the protection mandate, that obliges the public and private service providers to an **assessment of child endangerment** if there are significant indicators (see Chapter 3). Private service providers now are also legally obliged to have specially qualified professionals that have to be consulted in the assessment process. However the nature of this special qualification is not defined by law. Several institutions offer this kind of special qualification but there are no binding contents of these trainings.

Since the German child protection system has developed significantly within the past years due to interacting developments in science, practice, politics and legislation, the need for corresponding further training as well as the awareness for the need for training *concepts on a national level* has risen. Some political programmes (e.g. national action plans, see Chapter 1, also recommendations of the conference of the Youth and Family Ministers of the *Länder*) stress further education and training as an important element of effective child protection. Moreover several initiatives of further education and training that include child protection topics at least to some extent, develop standards for occupational groups. One example is the initiative “Advancing Further Education of Early Childhood Professionals” (Deutsches Jugendinstitut, 2011).

There also is a national campaign to enhance the staff’s competency in child and youth institutions and services to handle child abuse cases (DGfPI, 2011).

The variety of the further education and training courses *on the local level* has risen considerably within the past years. There are trainings for diverse topics in child protection focused on the different areas of work and professions. Overall it is a highly heterogenic field without binding standards.

To get an overview of further education in the health sector on early prevention and child protection topics the National Centre on Early Prevention (see Chapter 2) has commissioned an analysis of the available trainings for medical staff and of additional needs for training. The results of the survey are expected in 2012.

Kindler (2010b) considers more and better further education and training but also the increased integration of child protection topics into **university studies and vocational training** as a vital strategy to improve child protection. Also in this area it is unclear to what extent child protection topics are included mainly due to the fact that the responsibility for education lies with the *Länder* and the universities enjoy much independence with regard to the concrete specifications of the courses of studies. But the field of

child protection is gaining in importance. Currently especially in early childhood education new university studies are created that explicitly address the topic of early prevention.

## 7 Summary

Germany is a federal republic with 16 partially sovereign constituent “Länder” (Federal States). The authorities of the “Länder” extend to legislation. The distribution of legislative powers and other competences between the federal government and the Länder is governed by the German Constitution.

The constitution guarantees basic rights to 82 million citizens. To promote and protect children’s rights, the constitution regulates the distribution of responsibilities between parents and the state as follows: In the first place care and the education of children are the right and duty of parents. The state however monitors their activities. Only if parents fail to fulfill their care and educational duties sufficiently, the state is mandated and obligated to intervene. As regulated in the civil code this is the case if the threshold of child endangerment is met and if parents are unable or unwilling to avert present dangers. Moreover the state has the general duty to support families in their task of care and education.

### Definition, policy and child welfare system

For the German child protection system, the legal term *child endangerment* is of major importance because for state interference with parental rights the child endangerment threshold has to be met. Moreover if there are significant indications that child endangerment is present in a case, professionals in child welfare and in some other sectors of society have a child protection mandate: They have a legal obligation to clarify whether, in which form, and to what extent child endangerment is present and what kind of support or intervention would be appropriate to avert the danger.

The term child endangerment is anchored in the law as a so called unspecified legal term. This does not mean that there is no legal definition. Rather, it means that there cannot be a simple rule to decide whether child endangerment is present or not. Instead always a holistic assessment of the situation of a child on a case-by-case basis is necessary. Regarding the legal definition the highest German civil court has ruled that child endangerment is present if the child is *currently* in danger; therefore, first, there must be a precisely identified current danger for the child. Second, the danger must almost certainly lead to *significant* harm to the child.

In particular, child neglect, physical and psychological maltreatment, and sexual abuse of children are seen as forms of child endangerment. Moreover, domestic violence is increasingly discussed as an additional form of

child endangerment due to its high potential to cause significant psychological problems in children.

Based on the constitution *legislation* dealing with child abuse and neglect is part of the civil law, social law and criminal law.

Children's right to a non-violent upbringing was introduced into the civil code in the year 2000 banning physical punishment, psychological injuries and other degrading measures. However not every case of child spanking is seen as a case of (possible) child endangerment (significant harm can be foreseen with a high degree of certainty).

The German child and youth welfare system can be seen as holistic in the sense that it also promotes early voluntary intervention and preventive work.

One of the guiding principles of the child and youth welfare system as laid down in the social code is, that services shall be located close to the children, young people and their families. The responsibility for child and youth welfare therefore lies with counties and towns, who are obliged to set up a child and youth welfare authority.

*Welfare services* are organized according to the principle of subsidiarity: private (independent, non-governmental) institutions and services are given preference over public services and are financed by the state.

The Child and Youth Welfare Authorities have to ensure that there is a variety of providers with regard to the content of services, applied methods and value orientations.

*Policy:* In recent years the federal government has launched several national action plans and programs regarding early childhood prevention, intervention in cases of child abuse and neglect, the protection of children and young people from sexual violence and exploitation, an upbringing free of violence and the harmful consequences of partner violence for children.

### **Universal and preventive services**

There are numerous universal, selective and indicated services in the area of child and youth services, healthcare, and education as well as in services for the disabled in order to support parents in their parenting task and to promote and protect children.

*Pregnancy (conflict) counseling services* have the earliest possible contact to women and girls, who expect a child under difficult living conditions. They support pregnant women in their decision for or against carrying the pregnancy to term and provide concrete assistance.

Professionals in the *medical field* get to know families e.g. while providing healthcare services during pregnancy or delivery as well as during the first years in a child's life.

To detect any developmental delays and health impairments as early as possible there is a nationwide universal Early Prevention Program. It consists of ten to eleven examinations of children aligned with the most important developmental stages of a child's life. Examinations are provided by pediatricians. Program participation is mandatory for families in nearly all Länder. To what extent, these examinations are suitable as a measure to prevent or to detect child maltreatment is controversial in Germany. For the past years, within the framework of early prevention, some Länder and local governments have begun to send (family) midwives and pediatric nurses to visit families with health and psycho-social risks at home. The new Federal Child Protection Act introduced at the beginning of the year 2012 aims to expand the use of family midwives to support families in stressful situations during the first year of children's life.

*Early childhood education programs* support families with disabled children or children likely to become disabled due to genetic defects, perinatal complications, infections, accidents, or psychosocial stress. Legal claims are regulated by different Social Code Books.

#### *Child and Youth Welfare Services*

*Child day care* offered by child minders who are qualified and supported by professionals, or in *institutional care facilities* such as nurseries or kindergartens are child-centered services. According to plans of the federal government, parents of one to three-year olds will have a legal right for daycare services starting in 2013. Under the current structural conditions, kindergartens however are often overburdened to meet the needs of every child, in particular children with developmental deficits or behavioural problems.

It is the objective of Child and Youth Services to create positive living conditions for families, to support parents, to promote the personal growth and social development of children and juveniles, and to protect them from dangers to their wellbeing.

In this regard, the preventive orientation of the Children and Youth Support Act represents primarily *family education and counseling*. Its goal is to promote parenting skills, to strengthen the parent-child interactions, and to promote the development of the child. Among others, these include letters to parents, family guidebooks, parenting classes or training, which provide information and deal with topics relevant for child care, socialisation and education.

Programs with a main focus on parenting skills often take place in family education centres and counseling offices. However, parents, who are in particular need of support due to their stressful living circumstances, are less likely to attend these programs. Therefore, it is seen as an urgent challenge to reach this target group by offering low-threshold, visitation services.

For some families, in particular adolescent single parents with small children, *specific residential institutions* are offered, even if it is to just prevent a situation of child endangerment. Such a service may allow them to prepare

for independent living and responsible parenting of the child within a protected framework.

Parents are legally entitled to receive parenting support if their parenting does not guarantee the wellbeing of the child or juvenile and this support is suitable and necessary for his or her development. *Socio-educational support services* include family counselling, social pedagogical family help, individual support and group work for children and juveniles, specialist daycare for children, residential care and foster care. They are also often offered following an incident of child endangerment.

Over the past years, the idea of early prevention of neglect and abuse has become an integral part of a positive vision of a more advanced German child protection system. Under the keyword “*Frühe Hilfen*” (“Early Support Services”), professionals and politicians have argued that support services starting as early as possible, may have a preventive impact, reducing rates of child maltreatment in families living under burdensome conditions. The term “early” can be understood under two different aspects: concerning the point in time, when the action starts (before the problem manifests itself) and concerning the age of the child (at an early developmental stage). Therefore “*Frühe Hilfen*” address parents with infants and toddlers as well as expecting mothers and fathers. As the healthcare system is seen as having uncomplicated and easy access to families with young children and expecting mothers a major goal is to strengthen collaboration between the health care system and the child and youth welfare system.

### **Detection, reporting and stopping of child abuse and neglect**

In the area of *child and youth welfare*, the child and youth welfare authority has the most far-reaching powers, whenever the wellbeing of a child is in danger. Employees of the child and youth welfare authority but also other specialists of the public and private child and youth services have a child protection mandate (federal law): in significant indications of child endangerment, the risk of endangerment must be evaluated and in case of an endangerment attempts should be made that necessary assistance is accepted. If an institution finds out about a child endangerment and there are not sufficient aids available or the parents refuse the necessary help, then the child and youth welfare authority must be called upon. The child and youth welfare authority must again evaluate the risk of endangerment and must offer the family help, if it sees it fit and necessary to avert the endangerment. If child and youth welfare authority cannot complete such an assessment due to parental non-cooperation the family court has to be informed.

Aside from emergency situations during which the child and youth welfare authority can take temporary custody of a child, only the family court can undertake necessary interventions into the parental custody to protect the child. Court interventions into families are only possible, if parents are not able or willing to avert the endangerment of their child.

In the event employees in the *healthcare or educational system* notice significant indications for child endangerment then the duties to act and notify are stipulated partially at the level of the “Länder”.

### **Treatment services**

The legislature provides for numerous support services. It is telling just how often this help is relatively unrelated to the problem; it is not only used for a specific form of endangerment such as physical violence only but also for other or further endangerment situations. In addition, many forms of help are available for child endangerment and for less severe or other problem situations. They can and must be flexibly adjusted based on a particular need.

Family interventions after child endangerment are normally the responsibility of social work even if other disciplines are possibly involved (e.g. adult psychiatry to treat a mentally ill and therefore limited in his or her ability to raise a child).

Employees of the *Child and Youth Welfare* Authority often choose Socio-educational Support Services in consultation with the family. They include family counseling, social pedagogical family help, individual support and group work for children and juveniles, specialist daycare for children, residential care and foster care. They are often offered following an incident of child endangerment.

In this context, external support services include Education and Family Advice Centres that help children, juveniles, parents, and other guardians in overcoming the problems. Another legally mandated standard program is the socio-educational family assistance: the social worker visits the family regularly at home and supports the parents or single parent in raising and taking care of the children as well as in day-to-day practical matters e.g. taking care of the household. Types of individual support and group work are available for children and particularly juveniles to promote a positive development. Depending on the type and need of support services, these are provided once or several times per week. Partial inpatient support measures, such as daycare centers that take care of children primarily in groups during the day of most weekdays offer comprehensive care, support, and assistance. In particular, vigorously structured facilities such as orthopaedagogic daycare centers provide care for children in small groups and individual attention. Special needs educators work closely also with the parents.

*Healthcare* offers psychotherapy for various specific needs, which arise in the context of child endangerment.

In Germany, there is no conclusive data concerning the effectiveness of outpatient and partial inpatient support services after child endangerment.

If outpatient and part inpatient services are insufficient to avert the child endangerment, then the affected children are temporarily or for longer periods placed outside their families in foster care, adoption (in exceptional cases), institutional placement or other forms of residential group homes.

### **Integrating services**

The Child and Youth Welfare Authority is obliged to cooperate with the private child and youth welfare services in a spirit of partnership. It shall not offer support services itself if they can be provided by private child and youth welfare organizations. It is the obligation of the Child and Youth Welfare Authority to promote and fund these services.

With regard to the child protection mandate the Child and Youth Welfare Authority has to make arrangements with organizations providing services under Social Code, Book VIII (Child and Youth Welfare) to ensure that their staff exercise the child protection mandate and consult a specifically experienced expert in the assessment process of *child endangerment*. This expert can be a person within the organization, an expert from another private child and youth welfare organization or someone working for the Child and Youth Welfare Authority.

Regulations for mandatory cooperation in cases of (suspected) child endangerment between the child and youth welfare authority and schools or health care exist in many “Länder”.

If employees of the child and youth welfare authority arrive at the assessment that there is a child endangerment, and socio-educational support services are applied for, then they discuss together with the family and the participating professionals, which assistance is suitable and necessary to avert the endangerment. As a basis for the individual support arrangement they set up an *assistance plan* together. This procedure serves the purposes of planning and coordination, the documentation and evaluation of the assistance.

The new Federal Child Protection Act obliges the Child and Youth Welfare Authority to initiate *networks* in child protection to ensure a close and constructive cooperation. In some Länder such networks already exist.

In child protection cases *data* can be passed on under certain circumstances even without the consent of the caregivers but never without their knowledge. The new Federal Child Protection Act facilitates the passing on of information to the Child and Youth Welfare Authority for specific professions in cases of (suspected) child endangerment. It applies to doctors, midwives or other healthcare professions, psychologists, counselors, social workers and teachers.

In the field of early childhood prevention and intervention the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has assigned a lot of political weight and funding. This has helped to promote initiatives

for *closer cooperation of the child and youth welfare services and health care services* at the local level.

### **Education and training of professionals**

As a general rule it can be assumed that people working with children within child protection (fulfilling preventive or interventionist tasks) have a *vocational training* that is adequate to their task or that they are coached by experts.

Professionals of the child and youth welfare authorities normally have a university (of applied sciences) degree.

Within recent years the need for *advanced training* has risen due to the further legal specification of the protection mandate that obliges the public and private service providers to an assessment of child endangerment if there are significant indicators. The variety of the further education and training courses has risen considerably within the past years. There are trainings for diverse topics in child protection focused on the different areas of work and professions. Overall it is a highly heterogenic field without binding standards.

*University studies and vocational training:* It is unclear to what extent child protection topics are included mainly due to the fact that the responsibility for education lies with the Länder and the universities enjoy much independence with regard to the concrete specifications of the courses of studies. But the field of child protection is gaining in importance. Currently, especially in early childhood education new university studies are created that explicitly address the topic of early prevention.

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