



What works in tackling child abuse and neglect?

A manual for policy makers, managers & professionals

This manual is the main outcome of the Daphne project “Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research partners”. The partnership of the project included the Netherlands Youth Institute (coordination), CESIS (Portugal), the Family Child Youth Association (Hungary); The German Youth Institute (Germany), Orebro regional council (Sweden) and the Verwey-Jonker Institute (the Netherlands).

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Table of contents

1	Executive summary	6
1.1	Overall conclusions and recommendations	7
1.2	Universal and targeted prevention	10
1.3	Detecting, reporting and stopping child abuse and neglect	12
1.4	Treatment and out-of-home placement	14
1.5	Integrated working	16
2	Introduction	18
2.1	The Daphne project	19
2.2	Set-up of this manual	19
3	Universal and targeted prevention	24
3.1	Introduction	24
3.2	Quality of the system	24
3.2.1	Ideal situation	24
3.2.2	Evidence-based knowledge	25
3.2.3	Practice-based knowledge	26
3.3	Quality of the services and interventions	29
3.3.1	Ideal situation	29
3.3.2	Evidence-based knowledge	30
3.3.3	Practice-based knowledge	32
3.4	Quality of the professional	35
3.4.1	Ideal situation	35
3.4.2	Evidence-based knowledge	35
3.4.3	Practice-based knowledge	35
3.5	Conclusions and recommendations	36
4	Detecting, reporting and stopping child abuse	38
4.1	Introduction	38
4.2	Quality of the system	38
4.2.1	Ideal situation	38
4.2.2	Evidence-based knowledge	38
4.2.3	Practice-based knowledge	39
4.3	Quality of the services and interventions	41
4.3.1	Ideal situation	41
4.3.2	Evidence-based knowledge	43
4.3.3	Practice-based knowledge	43
4.4	Quality of the professional	43
4.4.1	Ideal situation	43
4.4.2	Evidence-based knowledge	44
4.4.3	Practice-based knowledge	47
4.5	Conclusions and recommendations	49

5	Treatment and out-of-home placement	52
5.1	Introduction	52
5.2	Quality of the system	52
5.2.1	Ideal situation	52
5.2.2	Evidence-based knowledge	52
5.2.3	Practice-based knowledge	52
5.3	Quality of the services and interventions	53
5.3.1	Ideal situation	53
5.3.2	Evidence-based knowledge	55
5.3.3	Practice-based knowledge	57
5.4	Quality of the professional	59
5.4.1	Ideal situation	59
5.4.2	Evidence-based knowledge	59
5.4.3	Practice-based knowledge	60
5.5	Conclusions and recommendations	61
6	Integrated working	64
6.1	Introduction	64
6.2	Quality of the system	64
6.2.1	Ideal situation	64
6.2.2	Evidence-based knowledge	64
	Practice-based knowledge	64
6.3	Quality of the services and interventions	66
6.3.1	Ideal situation	66
6.3.2	Evidence-based knowledge	66
6.3.3	Practice-based knowledge	67
6.4	Quality of the professional	69
6.4.1	Ideal situation	69
6.4.2	Evidence-based knowledge	69
6.4.3	Practice-based knowledge	71
6.5	Conclusions and recommendations	75
7	Conclusions and recommendations	78
7.1	Introduction	78
7.2	Overall conclusions and recommendations	79
8	References	82



1 Executive summary

The Daphne project *Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research* aimed to bring together knowledge and practice on what works in the full range of tackling child abuse. This project was funded by the European Commission. It was coordinated by the Netherlands Youth Institute and carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family child Youth Association, the German Youth Institute, CESIS from Portugal and the Verweij-Jonker Institute from The Netherlands.

In workstream 1 the participating countries shared their knowledge from research. This resulted in five national reports and one comprehensive report about strategies, measurements and management of tackling the whole range of child abuse and neglect, from prevention to treatment. These reports can be downloaded from the English pages of the website of the Netherlands Youth Institute (www.youthpolicy.nl)

In workstream 2 we collected practice-based knowledge on tackling abuse and neglect in all five countries. Coordinated by the Verweij-Jonker Institute from the Netherlands, a study was carried by various project partners out among parents and professionals – based on a limited sample – in Germany, Hungary, Portugal, Sweden and The Netherlands.

We have used the knowledge collected in these two workstreams, together with currently available evidence based knowledge on tackling

child abuse and neglect, to outline this manual. The foundation of the manual is article 19 of the Convention of the Rights of the Child, in particular the related *General Comment 13: the right of the child to freedom from all forms of violence*¹. Not only does this General Comment apply to all countries and parties involved, it also outlines a coherent and effective framework for research, policy and practice. But like most international recommendations and standards, it is very general and we hope that this manual *What works in tackling child abuse and neglect?* can contribute to making a next step towards its implementation.

After comparing the ideal situation represented by the General Comment with the evidence and practice-based knowledge regarding the quality of the systems, services and professionals, we have formulated specific conclusions and recommendations regarding the various steps in the care continuum around child abuse:

- Universal and targeted prevention;
- Detecting, reporting and stopping child abuse;
- Treatment and out-of-home placement.

Additional conclusions and recommendations focus on integrated working in relation to tackling child abuse and neglect.

Many of these recommendations have been made before. We are aware of this. But we also realise that some messages have to be repeated over and over again, before they become reality. Therefore, this summary begins with some general conclusions

¹ In 2011, the Committee of the Rights of the Child adopted *General Comment 13 on Article 19 of the Convention of the Right of the Child: The right of the child to freedom from all forms of violence*. This General Comment provides guidelines for the implementation of article 19 on the Convention of the Right that expresses that all children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. The General Comment also outlines the legislative, administrative, social and educational measures of state parties to protect the child from all these forms of violence.

and recommendations towards ensuring the best possible outcomes for children. Both general and specific conclusions and recommendations are based on the two-year collaboration in this project with five countries and six partners, representing different levels of research, policy and practice.

1.1 Overall conclusions and recommendations

A sustainable care continuum for preventing and treating child abuse and neglect, embedded in a national framework

By ratifying the Convention on the Rights of the Child, all European countries have committed themselves to protecting children from abuse and neglect. We have seen in our project that the countries involved have taken many of the necessary steps towards creating the conditions to ensure such protection. All countries involved in the project have introduced legal bans on corporal punishment and/or issued governmental strategies regarding universal and targeted prevention of child abuse as well as parenting support. Child abuse and neglect thus have been part of the (national) political agenda at some point.

In General Comment 13 the Committee of the Rights of the Child recommends developing a national coordinating framework:

“This coordinating framework can provide a common frame of reference and a mechanism for communication among Government ministries and also for State and civil society actors at all levels with regard to needed measures, across the range of measures and at each stage of intervention identified in article 19.”

However, realising such a framework and keeping it on the agenda is a complex process. It requires on-going awareness, a sense of urgency and a long term approach. We are concerned that the current economic crisis will not only have a negative impact on keeping preventing and combating child abuse on the agenda, but will also increase the occurrence of child abuse and neglect.

In this manual, we have introduced the notion of a care continuum of preventing and treating child

abuse and neglect. We have written our reports on strategies, measurements and management of tackling child abuse and neglect in the full range, from prevention to treatment, as a continuing process. In this manual we have described the various elements of this circle:

- Universal and targeted prevention;
- Detecting, reporting and stopping child abuse;
- Treatment and out-of-home placement.

Over the last years many reports and recommendations have dealt more specifically with some of these elements, but we have chosen to focus on the full range. General Comment 13 introduces the various elements that should be part of a coordinating framework. Many of these elements are reflected in our recommendations. But we think that such frameworks should be based on a model of care continuum. The most effective way to fight child abuse is to prevent it from happening. In the manual we give many examples of this from our countries and from what we have learned from research.

However, no matter how well our preventive programmes and services may work, it will be evident that child abuse will still happen. For these cases we need to also invest in the other end of the continuum and ensure that the most effective treatment is available for children, parents and families. Effectively dealing with child abuse thus requires a coordinated and effective approach on all parts of the continuum.

Implementation of effective policies and services founded on practice and evidence-based knowledge

General Comment 13 lists all measures that are necessary to prevent and combat child abuse and neglect within a strong national framework. These measures range from the very beginning of prevention – changing societal attitudes towards abuse and neglect of children – to evidence-based treatment and interventions. In our manual we underline that singular actions do not make a difference. Coherent and integrated policies and services should be in place and implemented throughout the care continuum.

An important measure for the protection of children that many countries, including Germany, Hungary, Portugal, Sweden and The Netherlands have realized is a legal ban on corporal punishment. However, evidence as well as practice-based knowledge – especially from Hungary and Sweden – show us that prohibiting corporal punishment by law alone is not enough.

Legislation needs to be accompanied by intensive and long-term information campaigns in order to have a considerable impact on behaviour and attitudes concerning violence. General Comment 13 on Article 19 of the Convention on the Rights of the Child, as well as the available evidence and practice-based knowledge, show that awareness campaigns are important measures to promote respectful child-rearing free from violence. However, more research is needed to identify what makes such campaigns effective.

What we did notice in our project is that all our countries have outlined policies and practices regarding prevention and treatment and have many measures in place. However, there is clearly a large variation in the quantity and quality of both policies and practices. What is lacking in all countries is a systematic approach to the implementation of policy and practice.

The simple circular approach of *Plan, Do, Check, Act* (the so-called PDCA-cycle) is hardly used in a sustainable way in policies and services. At all levels on-going threats can be distinguished that prevent the necessary continuation and systematic implementation. This ranges from other burning issues pushing violence against children from the political agenda, budget cuts for services due to financial crisis, and changes in management and professionals leading to shifts in priorities.

In the implementation of evidence and practice-based knowledge we should pay extra attention to the professionals working with children and young people. The General Comment states that “*all who come in contact with children are aware of risk factors and indicators of all forms of violence, have received guidance on how to interpret such indicators, and have the necessary knowledge,*

willingness and ability to take appropriate action.”

This requires good initial education as well as continuous training of professionals working with children, parents and families. One of the main issues affecting professionals is the balance between:

- *Underreporting* (letting the fragile relationship with the parents prevail and not always putting the risk for the child first)
- and *Overreporting* (which can be caused by their obligation to report and a fear for the consequences if they don't do so).

This will be an on-going issue for most professionals and therefore support structures and supervision for professionals should be obligatory. In the end, the professionals are the ones who have to make the difference, not the systems. We should also develop systems for accountability that stimulate reflection and improvement instead of blaming and shaming.

Ensuring and implementing integrated working

We have already underlined the need for national coordinating frameworks as mentioned in General Comment 13. Such frameworks are the first step towards incorporating provisions of comprehensive and integrated measures. They create unity in policies and legal measures. But frameworks are not enough.

Practice-based knowledge from our research shows that there are already many good examples of integrated tools and services for tackling child abuse and neglect in various countries, of which the effects and outcomes can be placed somewhere on the care continuum. These examples –for instance the *family centres* that currently exist in various countries including Germany, Sweden and The Netherlands – could play an important role in the prevention of abuse and neglect. Tools and instruments for reporting, documenting and assessing abuse and neglect help professionals to detect possible abuse situations earlier and quicker and help to develop a common language

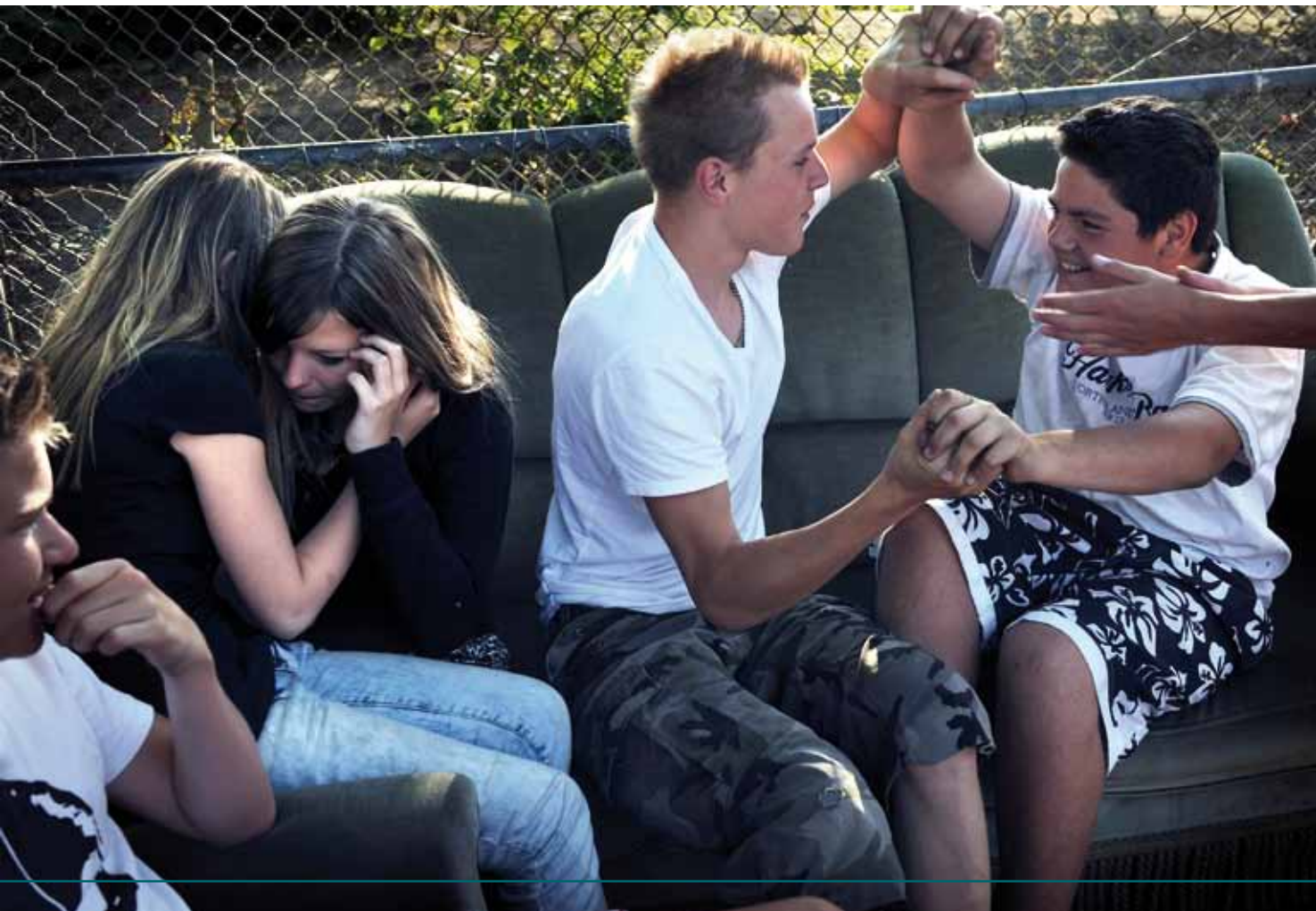
among practitioners. Also *one-stop-shop* services for reporting and treating child abuse such as the *Children's Houses* in Sweden help to make professionals work together.

Countries have varying child welfare systems and legislation, which makes it virtually impossible to directly transfer effective tools or services. But one thing we can do is to describe various good examples of integrated tools and services and try to capture what makes them work. Our practice-based evidence, based on a limited number of interviews with parents and professionals does demonstrate that integrated working and bringing services together is challenging for professionals, but more fruitful in the end. It is clearly working better for parents, as they have to tell their story only a limited number of times. However, more practice and evidence-based knowledge is required to determine whether the currently available integrated tools and services are also effective in realizing the best outcomes for children and whether they are cost-effective.

Policy and practice should be based on the empowerment and participation of children and parents

One of the most striking outcomes of our interviews with parents is the lack of trust and how disrupting this is for the care process. This comes as no surprise, since it is backed up by research and also reflected in the negative attitude that parents show towards care agencies in many countries: *"they are only coming to take my children away"*. It is also clear that many parents feel they have to tell the story over and over again to a series of care agencies, which could be overcome if services are better integrated and work together.

But this is not enough. We often read in policy papers that services should be more *client friendly* and *family-centred*. Taking into account the wider social context of parents, children and families as this will have an effect on the possibilities for intervention, we should study more carefully what this really entails. Are we talking about empowerment and participation, focusing on




strengths rather than on problems? Are we making enough use of the informal support systems of families and children, do professionals have the right tools for supporting these processes?

It is clear that the effect and outcome of our policies, preventive measures, interventions and treatment can only be improved if they meet the needs of parents and children. We clearly need to put more emphasis on the empowerment and participation of parents and children. We all agree – which is reflected in policy and action plans – that children and parents should be at the heart of our services. But looking at the feedback from parents in often very vulnerable situations it becomes apparent that we are not very successful in doing so.

Preventing and combating child abuse has clearly become part of the policy agendas and services in the countries that participated in this study, but there still is a lot of work to do to ensure that children and their parents are indeed put at the heart of this process.


1.2 Universal and targeted prevention

Looking at the Convention of the Rights of the Child, General Comment 13 as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding the prevention of child abuse and neglect, we can draw the following conclusions and recommendations:

 ***There is a strong need to keep tackling child abuse and neglect high on the political agenda***

By ratifying the Convention of the Rights of the Child, all European countries have committed themselves to the protection of children from abuse and neglect. All the countries that participate in this Daphne project have introduced a legal ban on corporal punishment and issued governmental prevention strategies. Many of them also have strategies about the universal and targeted prevention of child abuse and neglect and/or well parenting support strategies.


Governments need to be aware that implementing these strategies and consequently tackling child abuse is a complex process of serious change. It entails taking measures across all stages of intervention. Such a process requires constant awareness, a sense of urgency and a long term approach. There are concerns that the current economic crisis conflicts with such a long term approach. It is therefore paramount to keep tackling child abuse and neglect high on the political agenda.

 ***There is a need for adequate implementation of legislation prohibiting child abuse and neglect***

As mentioned earlier, prohibiting corporal punishment by law alone is not enough. Legislation needs to be accompanied by intensive and long-term information campaigns in order to have a considerable impact on behaviour and attitudes concerning violence.

The implementation of legislation must also involve the education and training of all professionals working with and for children, parents and families. These professionals must be taught a child rights' based approach addressing attitudes, traditions, customs and behavioural practices that tolerate and promote violence against children.

We need to keep in mind that implementation of legislation and other measures, including the introduction of new services and interventions and realizing change among professionals, take time. In particular, there are different phases in the implementation process at the operational level. People, even professionals, also need time to embrace new measures and will need varied implementation strategies. More research is needed to demonstrate the effects of applying such 'implementation knowledge' to tackling child abuse and neglect.




Governments should invest in progressive universalism

Foremost from an ethical stand, but also from a financial point of view, governments should invest in the prevention of child abuse and neglect. Effective prevention can only be achieved through progressive universalism. It does not just take universal services and interventions for all families. Government should also invest in targeted services and interventions for families that live under an increased risk of child abuse and neglect and who are in need of further support. Evidence shows that, in families with a high risk of child endangerment, targeted prevention is only effective when it is needs-oriented, extensive, and intensive and delivered over a longer period.

Despite the current economic crisis, it is always important for governments to tackle poverty and ensure good upbringing and future prospects for children. Poor living conditions, such as poverty, can increase the risk of child endangerment, especially in combination with several serious risk factors. In practice, the emphasis on poverty as a risk for child abuse could be critical if professionals hastily and wrongly assume that all poor families have child-rearing problems.

Avoiding this kind of stigmatization is an important argument for investing in universal services for all families. In order to reach these families, services need to be culturally sensitive as well as comprehensive. This can be realized by involving professionals from different sectors, especially health and (early childhood) education, as well as providers of various kinds of parenting support. These services should serve as a point of entry for targeted services for families in need for intensive support.

Governments should invest in these universal and targeted services with proven effectiveness. Universally accessible parenting programmes as well as mass media public education programmes are effective approaches for preventing child abuse. In addition, effective targeted preventive programmes support parents and teach them positive parenting skills, such as home visits and parenting education.



Preventive services for child abuse and neglect should be offered as early as possible

There is a wide range of universal and targeted preventive services and interventions, including effective programmes. The project results show the need to offer preventive services for child abuse and neglect as early as possible.

Programmes providing and encouraging women to seek proper prenatal and postnatal care show promise in preventing the maltreatment of infants aged 0–3 years. In addition, parenting information offered during pregnancy and immediately after the child's birth can increase parents' understanding of parenting, children's needs and rights. Furthermore, information sessions in early childhood education and care or school have a demonstrated effect on children's knowledge on sexual abuse and self-protection and on the percentage of children disclosing experiences of sexual abuse.

Governments always need to be aware of these benefits of offering preventive services at an early stage. This is particularly true now. During times of economic crisis, governments often tend to cut the funding for preventive services. This could result in a higher demand for more expensive targeted services.

1.3 Detecting, reporting and stopping child abuse and neglect

Looking at the Convention of the Rights of the Child, General Comment 13, as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding detecting, reporting and stopping child abuse and neglect, we can draw the following conclusions and recommendations:

Ensure that all professionals working with children play a role in detecting child abuse

In Germany, Hungary, Portugal, Sweden and The Netherlands there is a wide range of (universal and/or targeted) preventive services. These include health care services for expecting mothers, children and young people, various kinds of parenting support, and early childhood education and care. However, not all countries allow the professionals working in these services an explicit role or duty in detecting child abuse and neglect and/or train them to do so. This also applies to schools and the professionals working there.

There also seems to be a gap between the current and ideal situation when it comes to detecting and reporting child abuse and neglect by professionals. Ideally – according to the General Comment – professionals are able to detect all kinds of abuse. However, in practice not all kinds of child abuse are deemed equally damaging; neglect is less often considered harmful than physical abuse. In addition, it is difficult for professionals to raise the issue of child abuse with parents; they are often afraid of how parents will respond to the accusations of (suspicions of) child abuse.

There are several ways to ensure that *all professionals* working with children will play a role in detecting child abuse. This includes training to make them aware of the key signals and symptoms to look for in children, young people and in parents indicating the likelihood of different kinds of abuse. In addition, *professionals in specific sectors* need to be made aware of specific risk factors for and/or key signs and symptoms for the groups of children that they are working with. Furthermore,

professionals in all sectors also need to know which steps to take as a professional, whether alone or in conjunction with others, including where to report their suspicions.

Valid screening instruments for risks of child abuse and neglect can be used to identify parents who are in need of assistance. In practice, the use of such instruments should always be backed up by training and evidence-based guidelines.

Adequate reporting mechanisms need to be properly implemented within organisations and in the continuum of care for tackling child abuse and neglect

Evidence and practice-based knowledge demonstrate both overreporting and underreporting of child abuse and neglect. Both phenomena are equally detrimental to children, parents and families; they prevent them from receiving the help and support they need.


There are various reasons for not reporting. Practice-based knowledge shows us that the main reason for not reporting is fear among professionals. This includes their fear of perpetrators as well as the fear of becoming involved with the justice system. Professionals are primarily afraid of damaging the confidential relationship with the family, especially when the reports concern sexual abuse.

Evidence-based reasons for not reporting include the lack of awareness of the signs of child maltreatment or lack of knowledge of the reporting processes. Not reporting may also result from a perception that reporting might do more harm than good. The lack of accountability of professionals may also lead to underreporting.

Implementing legal accountability alone however is not sufficient. Rather, adequate reporting mechanisms need to be properly implemented within organisations working with children, parents and families. This requires intervision and supervision to back up the decisions of individual professionals who do decide to report. In addition,

these decision making processes should be qualified by means of guidelines, protocols and training. Training of professionals needs to address their possible *reporting fears* as well as their (legal) reporting obligations and information about where to make these reports.


Reporting should however not be a goal in itself. It is only one of the necessary measures in the continuum of care regarding the tackling of child abuse ranging from prevention to treatment.

 ***Various measures should facilitate the general public and people close to children to talk to parents about signs of child abuse and neglect and report this***

There are various bottlenecks for the general public and people close to children when it comes to reporting and talking to parents about signs of child abuse and neglect. This requires the implementation of various measures, such as awareness raising campaigns.

In many countries the reporting obligations for professionals do not apply to the general public. However, in various countries the general public is encouraged to make reports. It is also difficult for people close to children (such as neighbours or sport coaches) – and for professionals- to raise the issue of signs of child abuse with parents; they are often afraid of how parents will respond to the accusations of (suspicions of) child abuse.

Measures- such as training- are needed to teach people close to children how to talk with parents about signs of child abuse. In addition, awareness raising campaigns can facilitate the reporting of child abuse and neglect by the general public and people close to children (and to professionals). Such campaigns can make them aware of their possible reporting obligations and where to report child abuse and neglect.

 ***Investigation and assessment procedures need to be more child and family friendly***

Once reports of child abuse have been made, these reports need to be investigated and risk assessments need to be made. The available evidence and practice-based knowledge show that at the moment there are many bottlenecks when it comes to such investigations and assessments.

Investigations can disrupt family life and in case of mandatory reporting result in a low number of substantiated cases of child abuse. The latter may indicate a lack of sufficient evidence, a failure of the family to cooperate, a lack of commitment to comply with services, or an inability to investigate because of staff shortage.

Practice-based knowledge shows it can be problematic if local public organisations have to investigate child abuse and neglect and at the same time provide services, support and treatment. This dual role may cause parents to refrain from looking for help because they fear an assessment by these organisations. This dual role could result in a lack of services, support and treatment.

In our study, both professionals and parents also expressed a lack of transparency in the assessment process. The lack of information and problems in communication lead parents to fear that their children will be taken away. Professionals also consider the processes before and after assessment to be too long.

This not only refers to the process between detection and assessment, but also the process between investigation and providing services.

There is a great need for investigation and assessment procedures to be more child and family friendly. This requires speeding up the assessment processes as well as the processes before and after assessment. It also entails complete transparency about the investigation and assessment procedures. Most importantly, it requires that child safety remain the number one priority during these processes.

1.4 Treatment and out-of-home placement

Looking at the Convention of the Rights of the Child, General Comment 13, as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding treatment and out-of-home placement, we can draw the following conclusions and recommendations:

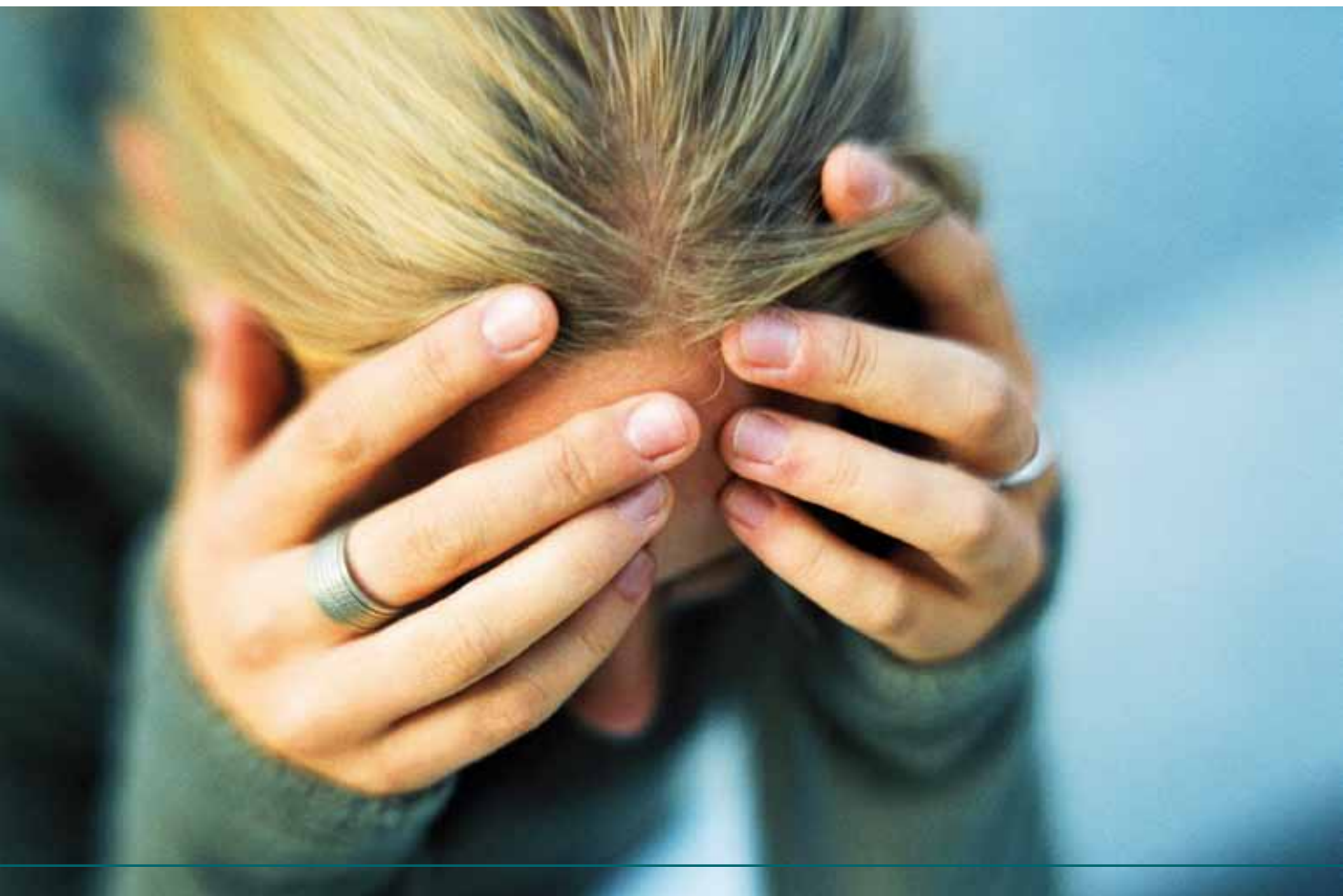
❖ ***Countries should ensure that services for victims and perpetrators of child abuse and neglect are available and accessible***

The available practice-based knowledge shows us that in Germany, Hungary, Portugal, Sweden and The Netherlands various kinds of services are available for victims of child abuse and neglect as well as for perpetrators. However, not all necessary services are always available or accessible.

In all countries but Hungary and Portugal, perpetrators have access to psychological or


psychiatrist services. Furthermore, in Germany, Hungary and the Netherlands a restraining order can be imposed on perpetrators. Within the services for victims, a distinction can be made between services for children and services for families. In all countries, some forms of psychological or psychiatrist services are available for victimized children. Families can receive training programmes for developing (parenting) competences, structured treatment programmes and/or practical support. Various kinds of out-of-home placement are available for children and/or families.

However, when providing services not all countries work on the basis of the recommend systemic approach that focuses on family members living together as a system. There are also some bottlenecks regarding the availability and accessibility of the services in Germany, Hungary, Portugal, Sweden and the Netherlands. For instance, a lack of specific treatment programmes for victims and perpetrators has been identified. There also is great variation in the quantity and



quality of services available throughout the various countries. In addition, especially the German, Swedish and Hungarian respondents spoke a lot about the importance of accessibility and availability of services; services are physically not accessible or hard to reach because of waiting lists or time-consuming procedures.


In order for countries to live up to General Comment 13 which pleads for treatment services for victims and perpetrators of child abuse and neglect, countries should ensure that all services for children, parents and families are available and accessible.

 ***Child safety should be the number one priority when offering treatment as well as out-of-home placement***

During the entire process, from the time the report is made to the time the support services are terminated child safety must be the number one priority. This means first stopping child endangerment as soon as possible.

The focus on child safety also means putting the child first. Research shows that removing the child from the home may be beneficial for children who are victim of neglect, but only if certain conditions are realized. It requires placement stability and recruitment, coaching and counselling of foster families. Putting children first may also mean removing the perpetrator out of the home instead of the child.

Removing the perpetrator or the child from the home is only one part of the solution. Treatment must be offered to victims and perpetrators as well, particularly services and interventions that are known to be effective. Depending on the type of problems the children experience, this could entail offering Trauma Focused Cognitive Behavioural Therapy, play therapy or group therapy. Before children can return home, the abusive behaviour of parents needs to have changed. Relevant effective interventions to achieve this change include Incredible Years and Parent-Child Interaction Therapy.


 ***Professionals should offer services for victims and perpetrators of child abuse and neglect in a client based, needs based and rights based manner***

Professionals should offer services for victims and perpetrators of child abuse and neglect in a client based, needs based and rights based manner.

Services and intervention should thus be chosen and designed on the basis of the needs of the children, parents and families, not according to institutional logic. In doing so, attention must be paid to the scientific knowledge about which interventions are effective and what makes them work. In the long run inadequate interventions are more expensive than more expensive but also more effective interventions.

The following characteristics needed in treatment have been identified in evidence and practice-based research:

- Interventions are based on a systemic approach involving at least parents and children;
- Families are offered practical support;
- The programme is tailored to the needs of the child and/or family;
- Parents and professionals both understand the goals;

 ***Being a good professional is not only a matter of individual competences but also a matter of structural good working conditions***

Practice and evidence-based knowledge shows that respectful attitudes and creating trust are some of the important competences of professionals working with families of abused children.

Professionals also need to be sensitive to feelings of shame.

Creating good working conditions for professionals can foster these necessary competences. Depending on the country, creating good working conditions could include improving the status of all or specific groups of professionals, creating lower case loads and/or offering education and higher salaries.

1.5 Integrated working

Looking at the Convention of the Rights of the Child, General Comment 13, as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding integrated working, we can draw the following conclusions and recommendations:

There is a need for national coordinating frameworks

There is a strong need to keep tackling child abuse and neglect high on the political agenda. This can be facilitated by a national coordinating framework.

General Comment 13 outlines that a national coordinating framework incorporates the provision of comprehensive and integrated measures. This includes legislative, administrative, social as well as educational measures. To a greater or smaller extent, these measures are already present in the frameworks, strategies, actions, policies and/or programmes of Germany, Hungary, Portugal, Sweden and the Netherlands. However, all European countries should implement all these different measures and encourage integrated working by professionals from different sectors, such as the health, social services and/or educational sectors.

According to General Comment 13, a national coordinating framework also calls for the incorporation of measures across all stages of intervention. Such a comprehensive approach addresses all elements of the full circle of tackling child abuse and neglect: prevention; detecting, reporting and stopping; treatment and out-of-home placement. Evidence-based knowledge shows us that effectively tackling child abuse and neglect indeed requires a comprehensive approach that prevents and stops child abuse and treats its consequences. Practice-based knowledge shows us that some of our Daphne project countries already have such an integrated approach. However, this needs to be realized in all participating countries as well as in all other European countries.

Our practice-based knowledge shows that a national coordinating framework could serve as

a foundation for the activities of local or regional governments as they are usually responsible for the provision of (preventive) services and interventions to children, parents and families. As such the national coordinating frameworks will answer the call from professionals in our study for a (better) national governmental vision on the local preventive interventions within families.

Countries should implement integrated tools and services for tackling child abuse and neglect

Practice-based knowledge shows that there are already many good practices using integrated tools and services for tackling child abuse and neglect in Germany, Hungary, Portugal, Sweden and the Netherlands. These good practices address one or more of the elements of the continuum of care for tackling child abuse and neglect. *Family centres* in Germany, Sweden or The Netherlands for example could play a role in prevention and/or detection. In contrast, *BBIC* is a Swedish system for handling and documenting investigations/ assessments, planning and follow-up of child protection. In addition, in a *Children's House* in Sweden various 'investigating' professionals work together.


All these integrated tools and services are often very child and family friendly as they prevent parents and children from having to tell their story over and over again. *BBIC* for example provides a structure for systematically obtaining data, documenting and following up children's and adolescents' needs for intervention.

In addition, professionals consider *family centres* and *Children's Houses* the preferred one-stop-shops. Such a one-stop-shop lowers the threshold for parents and children when asking for help as they no longer have to go from one location to the next to seek help or have to tell their story again and again.

Different countries have different child welfare systems and unique legislation. This makes it virtually impossible to directly transfer effective tools or services. One thing we can do – as we have done in this manual – is to describe various good

practices, integrated tools and services, and try to capture what makes them work. Our practice-based evidence – based on a limited number of interviews with parents and professionals – has shown that integrated working and bringing services together may be challenging to professionals, but is more fruitful in the end. It clearly works better for parents, as they have to tell their story only a limited number of times. The services are very child and family friendly.

Other European countries should also implement such child and family friendly integrated tools and services for tackling child abuse and neglect.

 ***Governments and organisations should create effective conditions for integrated working in relation to tackling child abuse***

Evidence and practice-based knowledge show us that various conditions contribute to integrated work. While more research is needed to determine the extent to which these conditions also facilitate integrated working in relation to tackling child abuse and neglect, governments and organisations should create the conditions that are within their own scope of control.

As our practice-based knowledge shows, governments can realize various conditions for integrated work. This includes making funding available for integrated working or issue relevant legislation, such as legislation requiring integrated working by professionals involved in tackling child abuse and neglect.

Other conditions for integrated working are to be realized by organisations, if necessary with the support of national government. This for example includes organizing joint education and training of (future) professionals involved in tackling child abuse and neglect. Evidenced based knowledge shows that aspects to be addressed include competences like role awareness, communication skills and respect for (the contributions of) others.

Governments and organisations working with children, parents and families need to be aware

of this evidence and practice-based knowledge about integrated working as well as the possible bottlenecks. The bottlenecks encountered in integrated working include the lack of knowledge of professionals working with children, parents and families, the lack of financial resources, and the detrimental effects of current legislation or regulations on integrated work. When aware of these bottlenecks, governments as well as organisations need to change them to create conditions that were already found to be effective.



2 Introduction

According to Article 19 of the Convention on the Rights of the Child states all children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (OHCHR, 1996-2007). Also, 45% of young EU citizens expressed that violence against children was a problem impacting children that should receive priority at a national level (The Gallup Organization, 2009).

This manual therefore provides policy makers, managers and professionals in Europe with information about what works in the full circle of tackling child abuse and neglect, ranging from prevention to treatment. It is meant to help them realize the protection of vulnerable children in

their own country. The focus of this manual is on tackling violence against children at home.

But how many children are victimized in different European countries? Cross-national research on child abuse has been hampered by inconsistencies across countries in the definitions of abuse and neglect and by a scarcity of comparable data on abuse and child welfare systems (Berger & Waldfogel, 2011). The only comparable statistics were found in the OECD Family Database. These data show the rates of detected child death due to negligence, maltreatment or physical assault in OECD countries, including those participating in this Daphne project (Germany, Hungary, Portugal, Sweden and the Netherlands). According to these data, this rate is highest in Hungary with



0,67 violence related child deaths per 100.00 children and lowest in Portugal with 0,00 per 100.000 children.

Figure 1
Child death rates due to negligence, mal-treatment or physical assault, children 0-19 years old, 2006-2008 (or most recent year).

	Rate per 100.000	Number of cases	Percentage of at home cases
Hungary (2003-2005)	0,67	15	71
the Netherlands (2006-2008)	0,53	21	65
Germany (2004-2006)	0,39	65	42
Sweden (2005-2007)	0,28	6	0
Portugal (2004-2006)	0,00	0	0

Source: OECD Family Database (2010)

The number of children that have to deal with violence in their home is much higher than these death rates, because most children don't die because of the consequences of child abuse and neglect. Nevertheless they have to cope with many other possible negative outcomes, such as injuries, traumas and developmental problems.

2.1 The Daphne project

The Daphne project *Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research* aimed to bring together knowledge and practice on what works in the full range of tackling child abuse. This project was funded by the European Commission. It was coordinated by the Netherlands Youth Institute and carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family child Youth Association, the German Youth Institute, CESIS from Portugal and the Verweij-Jonker Institute from The Netherlands. The project consisted of several workstreams:

- **Workstream 1**

In workstream 1 the participating countries shared their knowledge from research. This resulted in five national reports and one comprehensive report about strategies, measurements and management of tackling the whole range of child abuse and neglect, from prevention to treatment. These reports can be downloaded from the English pages

of the website of the Netherlands Youth Institute (www.youthpolicy.nl)

- **Workstream 2**

In workstream 2 we collected practice-based knowledge on tackling abuse and neglect in all five countries. Coordinated by the Verweij-Jonker Institute from the Netherlands, a study was carried by various project partners out among parents and professionals – based on a limited sample – in Germany, Hungary, Portugal, Sweden and The Netherlands. The aim of the study was to generate information about their experiences concerning the prevention and combating of child abuse and neglect. A combination of research methods was used in two phases. The first phase consisted of ten interviews with parents, the second phase of focus group meetings with professionals. All five countries wrote a national report of the results of both phases. The Verweij-Jonker Institute wrote an overview report on basis of these national reports and the discussions about the research results during the meetings with the project partners.

- **Workstream 3**

We have used the practice-based knowledge collected in these two workstreams, together with currently available evidence based knowledge on tackling child abuse and neglect, to outline this manual. The currently available evidence-based knowledge mainly consists of scientific meta-analyses and reviews as well as 'grey' overview articles. The foundation of the manual is article 19 of the Convention of the Rights of the Child and in particular the related General Comment 13: the right of the child to freedom from all forms of violence.

2.2 Set-up of this manual

In 2011, the Committee of the Rights of the Child adopted General Comment 13. This General Comment calls for an integrated, cohesive, interdisciplinary and coordinated system that incorporates a full range of measures across the full range of interventions.

This manual therefore outlines what works in the full circle of tackling child abuse and neglect, ranging from prevention to treatment. Chapter three, four and five of this manual describe

this continuum of care, consisting of universal and targeted prevention (chapter 3); detecting, reporting and stopping child abuse and neglect (chapter 4); treatment and out-of-home placement (chapter 5).

These three chapters as well as chapter 6 (that addresses the integration of services) have a similar set-up. Besides an introduction and conclusions and recommendations, these chapters consist of three sections:

- **Quality of the system**

The sections about the quality of the system deal with the legislation of countries about tackling child abuse and neglect as well as their relevant national strategies, actions, policies and/or programmes.

- **Quality of the services and interventions**

The sections about the quality of the services and interventions address those services and interventions for tackling child abuse and neglect that are specifically directed at children, parents and/or families. Where necessary, we will make a distinction between services and interventions for victims of child abuse and neglect and those directed at perpetrators.

- **Quality of the professional**

The sections about the quality of the professionals outline the necessary competences of professionals for tackling child abuse and neglect. Such competences include the knowledge, skills and/or attitudes the professionals need for preventing, detecting, reporting and/or stopping child abuse and neglect and for providing services or interventions to children, parents and/or children affected by this. These sections also include the tools, instruments and support for professionals as well as the necessary conditions for them to do their work well, such training or supervision.

The quality of the system, services and interventions and the professional are all addressed in this manual because several scholars have concluded that tackling child abuse requires a good system, high quality services as well as competent professionals. For instance according to Svevo-Cianci et al. (2010: p.45) *“Neither policy/*

legislation, nor social services/care alone (nor even the two of them in combination, alone), nor any of the information based interventions listed above alone, nor trained professionals alone, were found to be capable of producing successful child protection in isolation. Countries required policy/ legislation and effective social services plus information and trained professionals.” As such, these scholars expressed the need for governments to take a systems approach to child protection that includes policy/legislation, information-based programmes and social services and professional training and public awareness raising (Svevo-Cianci et al., 2010). In addition, Tyler et al. (2006: p. 17) concluded *“Due to the numerous risk factors and multiple poor developmental outcomes, intervention approaches utilizing multiple levels of action are seen as having the best chances for reducing the prevalence of child neglect in our society. By creating interventions that incorporate and coordinate the family, community, professional, and policy levels, we will provide children with the best chance for positive developmental outcomes.”*

Our intention is to inform policy makers, managers and professionals in Europe with evidence and practices based knowledge about what works in the full circle of tackling child abuse and neglect, ranging from prevention to treatment as well as about how to implement such knowledge.

Consequently, all earlier mentioned quality sections in this manual contain abstract to very concrete knowledge by outlining:

- **The ideal situation**

Article 19 of the Convention of the Rights of the Child deals with the protection from all forms of violence. This article calls on national governments to ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them (OHCHR 1996-2007). Any form of discipline involving violence is considered unacceptable (UNICEF, year unknown).

Since the extent and intensity of violence exerted on children is alarming, the Committee on the

Rights of the Child issued the earlier mentioned General Comment 13. This General Comment will be used to outline the ideal situation when it comes to tackling child abuse.

General Comment 13 is a valuable framework for policy makers, professionals and managers in all European countries who are involved in tackling child abuse and neglect in a comprehensive manner, because it applies to all these countries that have ratified the Convention of the Rights of the Child. In addition, this General Comment is more ambitious than other international instruments, since:

- Other international treaties on child abuse and neglect (such as the Council of Europe's *Convention on Cybercrime* or the *Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse*) may not have been ratified by all European countries yet;
- Relevant EU directives (*Directive 2011/36/EU* on preventing and combating trafficking in human beings and protecting its victims and *Directive 2011/92/EU* on combating the sexual abuse and sexual exploitation of children and child pornography) may still need to be implemented in some EU countries;
- Some resolutions, guidelines and recommendations about tackling child abuse and neglect (such as those from the EU or Council of Europe) are not legally binding.

General Comment 13 is thus one of the many international instruments. Several international organizations also address child abuse and neglect in their strategies, although some more directly than others. For example, one of the four strategic objectives of the *Council of Europe's Strategy for the Rights of the Child (2012-2015)* is eliminating all forms of violence against children (Council of Europe, 2011). In addition, the *EU Agenda for the Rights of the Child of 2011* includes 11 concrete actions for how the EU can contribute in an effective way to the well-being and safety of children (European Commission, 2011).

Most international organizations also carry out several activities regarding child abuse and neglect.

This includes awareness campaigns; funding relevant projects; monitoring (specific kinds of) child abuse and distributing information about how to tackle this (Berg- le Clercq, 2011). For more information on these activities and strategies of international organizations as well as various international obligations, please check the final report of workstream 1 on www.youthpolicy.nl.

- **Evidence-based knowledge**

The sections about the quality of the system, services and interventions and the professional also contain evidence-based knowledge about tackling child abuse and neglect. Most of this evidence-based knowledge was collected during a literature search that was conducted especially for this Daphne project.

- **Practice-based knowledge**

The currently available practice-based knowledge about tackling child abuse and neglect is also included in the sections about the quality of the system, services and interventions and the professional. This practice-based knowledge stems from the data collected for workstream 1 and 2 and 2 of this Daphne project and outlined in the national and overview reports of these workstreams.

From workstream 1 we will also use the available practice-based knowledge about bottlenecks in tackling child abuse and neglect. These bottlenecks can teach policy makers, managers and professionals what does not work. The data collected in workstream 2 will mainly deal with assessment and treatment. To avoid duplication, these data will be divided up between chapter 3 and 4 of this manual.

Conclusions and recommendations

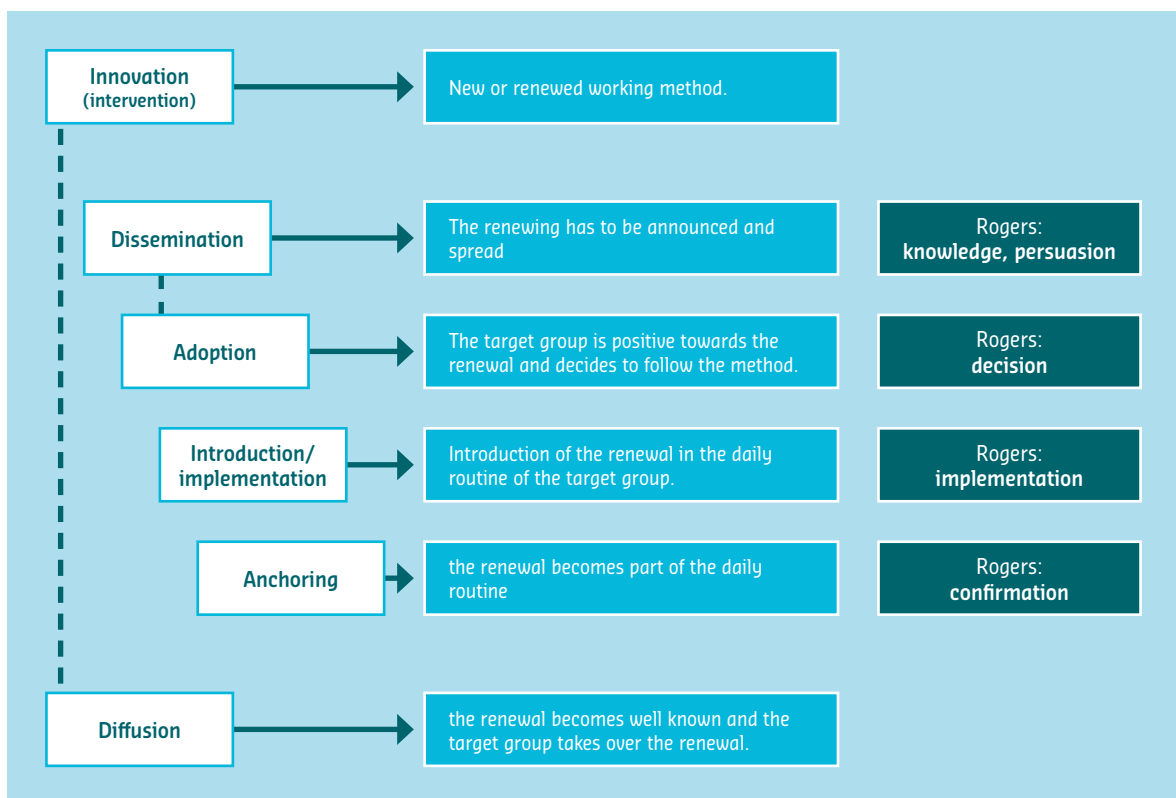
On basis of comparing and contrasting the ideal situation with the available evidence and practice-based knowledge on tackling child abuse and neglect, we have formulated conclusions and recommendations. These conclusions and recommendations are outlined in the final sections of the chapters 3, 4, 5 and 6 and in the final chapter of this manual. Many of these recommendations may not be new. However, they need to be

properly implemented in order to adequately tackle child abuse and neglect. More specifically, as mentioned in General Comment 13 “*measures of implementation and monitoring are essential to bring article 19 of the Convention of the Right of Child about combating child abuse into reality.*”.

We need to keep in mind that implementation of legislation and other measures, including the introduction of new services and interventions

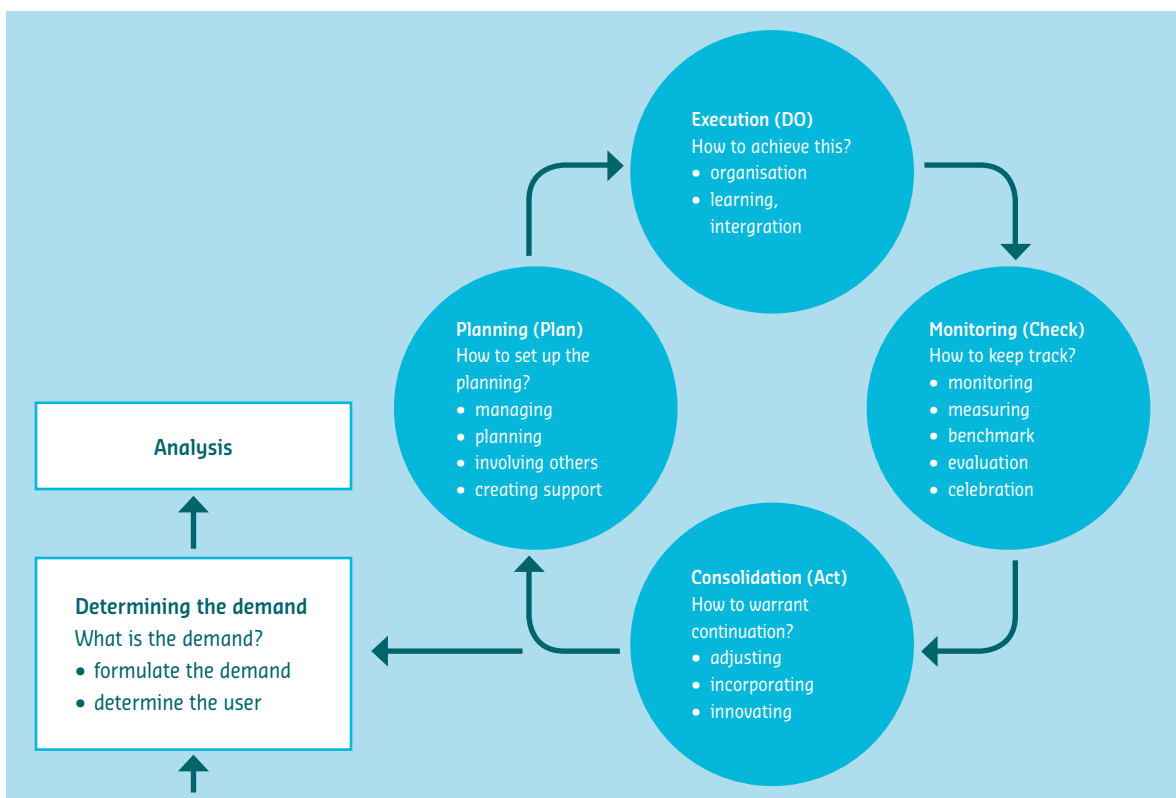
and realizing change among professionals, take time. In particular, there are different phases in the implementation process at the operational level. People, even professionals, also need time to embrace new measures and will need varied implementation strategies. In particular, there are different phases in the implementation process at the operational level. This is portrayed in the following graph of Stals (2012), that is based on Rogers (1995):

Figure 2
The different phases in implementation processes at the operational level



One important tool for implementation and monitoring is the so-called PDCA (Plan-Do-Check-Act) cycle, that is also known as Deming cycle. This cycle is an essential tool for transforming ideas into plans, operationalizing these plans, studying their effects and –if necessary- adjusting them. As outlined in the Implementation Guide of the Netherlands Youth Institute, the PDCA- cycle consists of the following phases:

Figure 3
The PDCA-cycle



This PDCA-cycle can also be used by policy makers, managers and professionals in implementing or improving their current system, services and interventions or tools, instruments or support for tackling child abuse and neglect.



3 Universal and targeted prevention

3.1 Introduction

This chapter outlines the first element in the full circle of tackling child abuse and neglect: prevention.

Prevention entails the implementation of systems, services and interventions that address risk factors for child abuse and neglect as well as protective factors. Such measures to prevent child abuse and neglect are typically classified on three levels:

1. *Universal prevention*: measures aimed at the whole population;
2. *Targeted prevention*: measures for families with risk factors that are identified as being in need of further support;
3. *Indicated prevention*: specialist measures that are offered once child abuse or neglect has been detected and that are aimed at preventing re-victimization (Butchart et al., 2006).

In this chapter, the focus is on the first two levels of prevention. Chapter 5 will deal with indicated prevention. However, instead of using that phrase, we will use the terms *treatment and out-of-home placement* in this manual.

After reviewing the quality of the system, we will focus on the quality of the preventive services and interventions, followed by the quality of the professionals. The final section of this chapter contains several conclusions and recommendations.

3.2 Quality of the system

3.2.1 Ideal situation

Article 19 of the Convention of the Rights of the Child calls on governments to ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents or by anyone else who looks after them. Such protective measures should include effective procedures for establishing social programmes for providing the necessary support for the child and for those who have the care obligation for the child. It should also include other forms of prevention measures in cases of child abuse and neglect. (OHCHR 1996-2007).

Prohibiting child abuse and neglect

General Comment 13 of the Committee on the Rights of the Child that is based on this article 19 calls on states to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of violence.

Legislative measures refer to legislation -including the budget as well as the implementation and enforcement measures. Legislation should –among others- result in a total ban of all forms of violence against children in all settings (Committee on the Rights of the Child, 2011).

Preventing child abuse and neglect

General Comment 13 emphasizes in the strongest terms that child protection must begin with proactive prevention of all forms of violence. According to this General Comment, emphasis on universal and targeted prevention should remain paramount at all times in the development and implementation of child protection systems. Preventive measures offer the greatest return in the long term. However, the commitment of states prevention does not lessen their obligations to respond effectively to occurring violence (Committee on the Rights of the Child, 2011).

3.2.2 Evidence-based knowledge

There is evidence-based knowledge available about the effects of prohibiting and preventing child abuse and neglect.

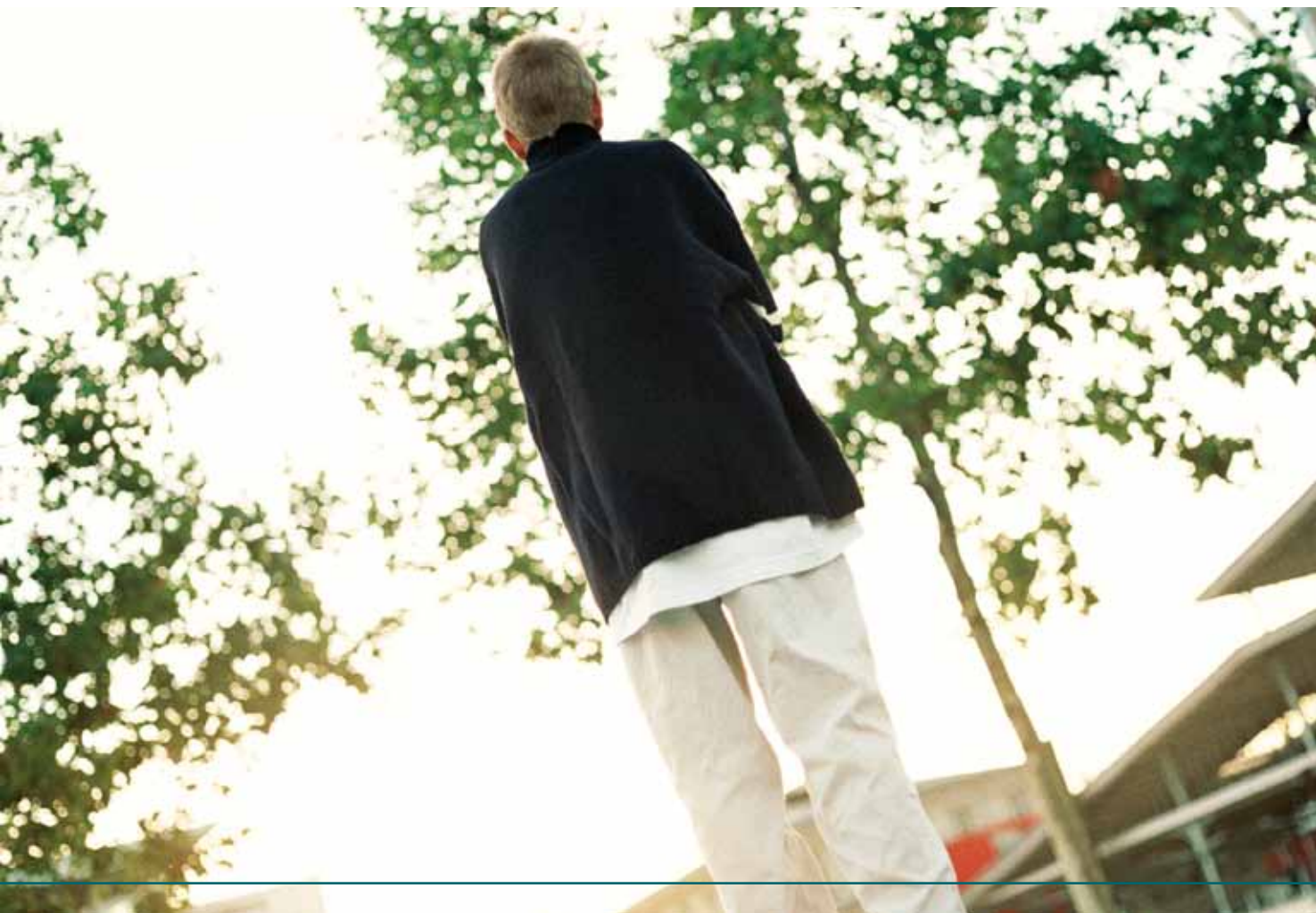
Prohibiting child abuse and neglect

The available evidence-based knowledge show us that prohibiting child abuse and neglect in itself is not enough. In their article *The Effect of Banning Corporal Punishment in Europe: A Five-Nation Comparison*, Busmann et al. (2009) concluded that legal reforms need to be accompanied by intensive and long-term information campaigns to have a strong impact.

Preventing child abuse and neglect

Svevo-Cianci and colleagues (2011) conclude that prevention is considered the most cost-effective measure that countries should invest in. Several scholars and organizations call for a comprehensive approach involving multiple actors or interventions addressing multiple risk factors of child abuse and neglect.

The way in which a society is organized, its welfare, social cohesion, the prevention of poverty, the quality of education and healthcare, social security benefits, etc. all influence the number of risk factors which families are faced with and affect the living conditions of children. Poverty can increase the risk for child abuse or neglect, especially in combination with several serious risk factors. This includes risk factors, such as mental health or addition problems of parents, their child-rearing problems as well as parents' experiences of child abuse in their own childhood and partnership violence (Black et al., 2001; Kindler, 2008; Schumacher et al., 2001; Brown et al., 1998). Improving the conditions under which parents can raise their families and providing an educational infrastructure to children and to their families is an initial form of prevention of child abuse and neglect that is not really regarded as such. Social policies, income policies and employment policies that are designed to improve the conditions of children living in poverty and disadvantaged situations can play a role in such prevention (Hermanns, 2011).



The fields of child abuse prevention, early care and education, public health, family strengthening and support and others also have all recognized the importance of a coordinated approach to reaching families and staying connected over time with the goal of preventing child abuse and avoiding the long-term costs of child abuse (Schorr & Marchand, 2007).

The World Health Organization also advocates for a comprehensive strategy to prevent child maltreatment which includes interventions at all levels. These interventions address an array of risk factors ranging from cultural norms conducive to child abuse and neglect to unwanted pregnancies (Butchart et al., 2006).

3.2.3 Practice-based knowledge

The data collected workstream 1 and 2 also provided us with practice-based knowledge on the situation of prohibiting and preventing child abuse and neglect in Germany, Hungary, Portugal, Sweden and the Netherlands.

Prohibiting child abuse and neglect

In Germany, Hungary, Portugal, Sweden and the Netherlands corporal punishment is prohibited in all settings, including the home, schools and alternative care (Global Initiative to End All Corporal Punishment of Children, 2012). In all these five countries, prohibiting some kind of child abuse or neglect is also integrated in the criminal code. However, there are differences between countries with respect to the kinds of child abuse and neglect mentioned in these criminal codes. In Germany, the Netherlands and Sweden a civic code also contains articles about child abuse and neglect. These countries as well as Hungary and Portugal also have other legislation concerning child abuse and neglect (Berg- le Clercq, 2012).

The available practice-based from Hungary and Sweden show us that prohibiting corporal punishment by law is not enough. The effective practical use of a law demands implementation of various kinds of services and interventions on different levels and for diverse target groups. Looking at Hungary, we notice a lack of implementation of legislation prohibiting violence.

The lack of implementation of legislation prohibiting violence: A Hungarian example

In Hungary, the total ban on corporal punishment was incorporated into the Law on Child Protection in 2005. However, despite of the legislation there has never been any campaign, awareness raising or training programme for professionals, parents and children to implement the legislation and to inform the public about it. (Herczog, 2011)

The situation is very different in Sweden; there various implementation strategies were used to implement legislation prohibiting violence.

The use of various implementation strategies to implement legislation prohibiting violence: A Swedish example

Ever since the 1970's, corporal punishment for educational purposes has been prohibited in Sweden. The new legislation was followed by information campaigns and other measures.

According to the booklet *Ending Corporal Punishment*, the Ministry of Justice did in fact take vigorous action to publicise the new law. It initiated and funded an information campaign on television and in other mass media. Information was printed on milk cartons and a brochure entitled *Can You Bring Up Children Successfully without Smacking and Spanking?* was distributed to all households with children. This brochure was translated into English, German, French, Spanish as well as various other languages.

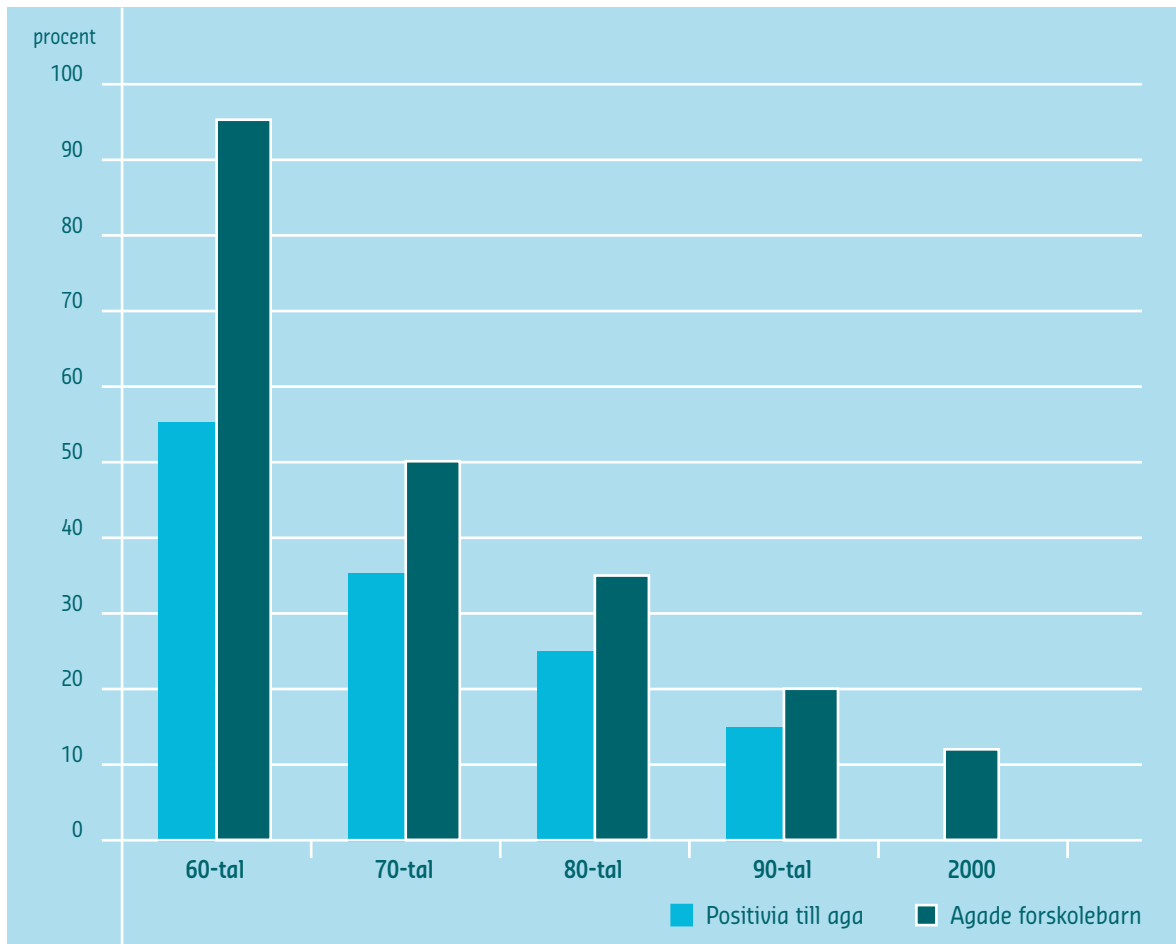
The information supplied to the general public when the law against corporal punishment was first passed has since been followed by parental support/education. Expectant couples and persons who have just become parents are offered parental education in groups at the mother and child health clinics. Topics dealt with include aspects of child education and corporal punishment (Ångman & Gustafsson, 2011).

In Sweden, legislation in combination with active lobbying has led to a situation where the number of children who are exposed to violence by their

parents has decreased considerably over time as have positive attitudes towards corporal punishment. This is obvious from the following graph:

Figure 4

The rate of ‘positive attitudes towards corporal punishment’ (white bar) and ‘the prevalence of corporal punishment’ (dark blue bar) in Sweden since the 1960s



Preventing child abuse and neglect

Germany, Hungary, Portugal, Sweden and the Netherlands all have national strategies that address child abuse and neglect. In all these countries child abuse and neglect is also part of other governmental strategies or plans that address wider subjects, such as domestic violence or children’s rights.

In all countries but Hungary, their national strategy is a framework for the activities of the lower governments that are usually responsible for the provision of (preventive) services and interventions to families

Professionals in all countries expressed the desire for a (better) national governmental vision on the local preventive interventions within families. (Mak & Steketee, 2012)

More specifically, in all countries, three types of governmental strategies were developed regarding the prevention of child abuse and neglect, including:

1. **Universal prevention strategies**

Some of the strategies of the countries participating in this Daphne project could be considered to be universal prevention strategies, such as the Portuguese programme *Rede Social* (Berg- le Clercq, 2012).

Rede Social: A Portuguese universal prevention strategy

In Portugal, the system of child protection is organized at the municipality level in connection with this programme *Rede Social* and its so-called social development plan.

Rede Social is a wider programme aimed at the whole society to hold responsibility and to mobilise for the effort of eradication of poverty and social exclusion and to promote social development. Within such objective, the issue of child abuse and neglect is also addressed. *Rede Social* aims to promote new ways of joining efforts and defining priorities, with the participation of public and private entities intervening in the same territorial context.

The core instrument of *Rede Social* is the Social Development Plan of the municipality that is developed with all local actors (Perista & Silva, 2011)

2. **Targeted prevention strategies**

Some German, Portuguese, Swedish and Dutch governmental strategies can be considered targeted prevention strategies, such as the *German federal action programme Early Prevention and Intervention for Parents and Children and Social Early Warning Systems* (2005) (Berg- le Clercq, 2012).

The federal action programme *Early Prevention and Intervention for Parents and Children and Social Early Warning Systems*: A German targeted prevention strategy

The German federal action programme *Early Prevention and Intervention for Parents and Children and Social Early Warning Systems* was initiated for preventive purposes. This programme aims to prevent child abuse and neglect by funding and facilitating demonstration programmes 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. (Galm & Derr, 2011)



3. Parenting support strategies

Some strategies in Germany, Portugal, Sweden and the Netherlands can not be considered universal or targeted prevention strategies. However, their parenting support strategies could contribute to the prevention of child abuse and neglect as they are directed at supporting (specific groups of) parents.

The Swedish National strategy for the development of parental support – An advantage for everybody is an example of such a (preventive) parenting support strategy (Berg- le Clercq, 2012)

The National strategy for the development of parental support – An advantage for everybody: The Swedish parenting support strategy

In Sweden, the *National strategy for the development of parental support – An advantage for everybody* was issued by the *Socialdepartementet* in 2009. The overarching goal of the strategy is to offer all parents parental support during the years when the child is growing up. It also has three partial goals:

1. Increased coordination in relation to parental support between actors whose activity is intended for parents;
2. Increased number of health promoting arenas and meeting places for parents;
3. Increased number of parental support actors who have received further training in health promoting methods and universal evidence-based programmes for parental support.

Regarding the first goal, cooperation between actors at the local level (municipalities ,county councils and NGO's) is deemed necessary for a more effective use of societal resources (Ångman & Gustafsson, 2011).

3.3 Quality of the services and interventions

3.3.1 Ideal situation

According to General Comment 13, prevention includes *“Public health and other measures to positively promote respectful child-rearing, free from violence, for all children, and to target the root causes of violence at the levels of the child, family, perpetrator, community, institution and society.”*

In the General Comment, the minimal preventive measures are described for all stakeholders: children; families and communities; for professionals and institutions (Government and civil society).

Preventive measures for families include –but are not limited to- pre- and post-natal services, home visitation programmes, quality early-childhood development programmes as well as income-generation programmes for disadvantaged groups (Committee on the Rights of the Child, 2011).

General Comment 13 also addresses educational measures that State Parties should take. *“Educational measures should address attitudes, traditions, customs and behavioural practices which condone and promote violence against children. They should encourage open discussion about violence, including the engagement of media and civil society. They should support children’s life skills, knowledge and participation and enhance the capacities of caregivers and professionals in contact with children. They can be initiated and implemented by both State and civil society actors under the responsibility of the State.”*

Educational measures are described for the earlier mentioned stakeholders.

Some of these measures for all *stakeholders* include awareness campaigns- via opinion leaders and the media- to promote positive child-rearing and to combat negative societal attitudes and practices that condone or encourage violence.

Educational measures *for children* include the provision of accurate, accessible and age-appropriate information and empowerment on life skills, self-protection and specific risks, including those relating to ICTs and how to develop positive peer relationships and combat bullying and empowerment [...] through the school curriculum and in other ways.

Educational measures *for families and communities* are education on positive child-rearing for parents and caregivers; provision of accurate and accessible information on specific risks and how to listen to children and take their views seriously (Committee on the Rights of the Child, 2011).

3.3.2 Evidence-based knowledge

There (thus) is a wide variety of universal and targeted approaches for preventing the occurrence of child abuse and neglect (Davies & Ward, 2012). However, there is limited evidence on which specific (types of) interventions are most effective at preventing (particular types of) child abuse (Berger & Waldfogel, 2011).

Universal services and interventions

Generally stated, population-oriented, universal intervention can, in theory improve the quality of parenting and child development. A population-based approach to prevention is non-stigmatising, and likely to reach families early and prevent escalation of abuse. Such a universal approach is also likely to reach those children whose abuse tends to pass unnoticed (Davies & Ward, 2012). However, the effects are difficult to demonstrate and are certainly likely to be limited when it comes to the prevention of serious forms of child abuse (Hermanns, 2011).

Hermanns (2011) discusses several kinds of universal preventive services:

- ***Care for and information to future and new parents***

Programmes to provide and encourage women to seek proper prenatal and postnatal care show promise in preventing the maltreatment of infants aged 0–3 years (World Health Organization

, 2007). Parenting information must also be available to all parents during pregnancy and immediately after the child's birth (Hermanns, 2011). Effects on the prevention of child abuse have not been tested, but according to evaluation studies a majority of users reports a gain in knowledge on parenting, children's needs and rights (Nüsken et al. 2008) show.

Targeted information for all new parents about the public norm of non-violent education - that is established by law- must be provided on a systematic basis. Targeted, simple information about specific risk behaviours –in particular behaviour that can result in Shaken Baby Syndrome- is likely to prevent some cases of serious abuse (Hermanns, 2011).

- ***Parenting support for all parents***

Another kind of population-oriented prevention involves providing parenting support to all parents by means of information and advice. Such information about parenting and child development must be accessible in locations where large numbers of parents and children gather on a regular basis, such as early childhood education and care settings as well as schools. Local services should offer a sufficient number of parenting consultations by trained educational experts (Hermanns, 2011). Research shows that universally accessible parenting programmes as well as mass media public education programmes are effective approaches for preventing the occurrence of child abuse (Davies & Ward, 2012).

- ***Providing information to children***

Another kind of universal prevention is providing information to children about potential physical and sexual abuse and/or neglect, for example in early childhood education settings or schools or via media campaigns.

All schools should implement programmes for children that have been shown to be effective. The emphasis must be on acquiring knowledge about violence against and abuse of children- both within and outside the family- and on teaching how children should cope with this. With regard to sexual abuse there are prevention programs

for early childhood education and care that have a demonstrated effect on children's knowledge about sexual abuse and self-protection and on the percentage of children that disclose experiences of sexual abuse (Kindler & Schmidt-Ndasi, 2011). Training meant at teaching children to defend themselves are currently not recommended. Programmes must also monitor potential negative side effects, although sexual abuse prevention programs have not been associated with heightened social anxiety in children. (Hermanns, 2011)

A temporary rise in the number of children contacting a helpline and disclosing experiences of sexual abuse has been noted after media campaigns on child sexual abuse. The same effects may take place after publicity campaigns about other kinds of child abuse. Therefore campaigns aimed at children and teenagers that encourage them to discuss child abuse should be repeated on a regular basis (Hermanns, 2011).

Targeted services and interventions

When funds are limited, the priority should be to employ strategies aimed at interventions for groups who are at a significantly increased risk of child abuse (Hermanns, 2011). Such targeted approaches can address whole localities where indicators of poverty and deprivation suggest there may be a greater likelihood of maltreatment and of families whose children are considered to be at greater risk of suffering significant harm (Davies & Ward, 2012). As mentioned earlier, poverty can increase the risk for child abuse or neglect, especially in combination with several serious risk factors. This includes risk factors, such as mental health or addition problems of parents, their child-rearing problems as well as parents' experiences of child abuse in their own childhood and partnership violence (Black et al., 2001; Kindler, 2008; Schumacher et al., 2001; Brown et al., 1998).

For families with a high risk for child endangerment, targeted prevention is only effective when it is need-oriented, extensive, and intensive and delivered over a longer period (Bilukha et al., 2005; Reynolds et al. 2009). In addition, offering interventions based on early signs of problems conveyed by parents, children or teenagers themselves appears to be an efficient way of

preventing parenting problems. In communities affected by above average rates of parenting problems, the availability of high quality early childhood education and care as well as support will need to be increased.

A key issue is meeting demand: being able to provide services if necessary and organizing services in such a way that the targeted population can take advantage of them. Once there are signs of parenting or child behaviour problems, it is important to respond appropriately to help-seeking and questions.

Therefore, a continuum of targeted parenting support interventions must be available (Hermanns, 2011):

- ***Light parenting support***

The first and most common type of intervention includes light parenting support by professionals that parents interact with on a regular basis. This includes –but is not limited to- general practitioners, health visitors or professionals in early childhood education and care or schools. Light parenting support also includes the activities that these professionals organize for parents.

- ***Parenting consultations***

A relatively small number of parents feel the need for longer and more structured support sessions; so-called parenting consultations that are offered by educational experts. For the majority of parents, one to three sessions will be sufficient to resolve the issue.

- ***Short-term evidence-based interventions for parenting support***

There are also short-term evidence-based interventions for parenting support (Hermanns, 2011). Effective preventive programmes are those that support parents and teach positive parenting skills, including among others home visits and parenting education, (WHO, 2010):

In *home visits*, nurses visit parents and children to provide them with support, education, and information (WHO, 2010) Home visiting schemes vary widely, both in terms of the nature and intensity of service. Effective targeted approaches

need to be based on tested versions with good models of practice (Davies & Ward, 2012). A good example of an effective home visiting programme is *Family Nurse Partnership*. This programme and its Dutch programme equivalent (*Voorzorg*) have been positively evaluated in the US and the Netherlands (Hermanns, 2011; van den Heijkant et al., 2011). According to the first results of VoorZorg women are less often a victim of violence; intimate partner violence - mainly psychological and physical violence- is reduced among VoorZorg participants, during pregnancy and continuing 2 years after birth. During pregnancy, sexual violence is also reduced (van den Heijkant et al., 2011).

Another effective preventive strategy is *parent education*. This is usually delivered in groups to improve child-rearing skills; to increase knowledge of child development; to encourage positive child management strategies (WHO, 2010) Successful training programmes for parents contains the following elements (Butchart et al. , 2006):

- A focus on the parents of pre-adolescent children aged 3–12 years;
- The active review by parents of teaching materials for their children and being tested on their recall and comprehension of these materials;
- Step-by-step teaching of child management skills, where each newly learnt skill forms the basis for the next skill.

Effective training programmes for parents were also found to contain the core components of good parenting and child management by the:

- Identification and recording of problematic behaviours at home;
- Use of positive reinforcement techniques, such as praise and points systems;
- Application of non-violent discipline methods;
- Supervision and monitoring of child behaviour;
- Use of negotiating and problem-solving strategies (Butchart et al., 2006).

One example of an effective evidence-based targeted approach using positive reinforcement techniques is the Triple P Positive Parenting

Programme. Triple P has been shown to be effective in the US in reducing the number of identified child maltreatment injuries; the number of substantiated reports of maltreatment; the number of children placed away from home. Other programmes eligible for this type of intervention include Incredible Years, Parent Management Training Oregon (PMTO) and several kinds of video feedback (Hermanns, 2011).

3.3.3 Practice-based knowledge

As expressed earlier, the available practice-based from Hungary and Sweden show us that prohibiting corporal punishment by law is not enough; the effective practical use of a law demands implementation of various services and interventions on different levels and for diverse target groups (Berg- le Clercq, 2012).

Prohibiting child abuse and neglect In offering preventive services, countries have identified several bottlenecks. These include the lack of coordination, the lack of resources and the lack of awareness. (Berg- le Clercq, 2012)

Preventing child abuse and neglect

Despite several bottlenecks (see inset) when it comes to offering preventive services, many of the early mentioned services and interventions aimed at preventing child abuse and neglect are also available in Germany, Hungary, Portugal, Sweden and/or the Netherlands.

The in(almost) all of these countries available universal and/or targeted preventive services include:

- **Early childhood education and care** Early childhood education and care is available in all five countries. The way these services are financed varies greatly between these countries. There are also inter-country differences in the target group of these services; these services differ in the age group they serve and whether they are meant for all children or only for children at-risk (Berg- le Clercq, 2012).

In Germany, prevention programmes are offered to children attending early childhood education and care.

Prevention programs in early childhood education and care: A German example

In Germany, prevention programmes for children in early childhood education and care (and schools) are specifically aimed the prevention of sexual abuse. Such programmes are mostly carried out by trained professionals. A recent representative survey showed that about half of all schools have implemented such a programme. Whether it can be offered locally, depends on the commitment of professionals and educators, the time they have available and the financial resources of the facility. Many concepts are based on several modules, such as workshops for teachers or social workers, parent evenings, and workshops with children. Key components of the programmes are:

- Providing information;
- Teaching children how to recognize dangerous situations or abusive acts, how to end them (if possible) ;
- Encouraging children to disclose their experiences to a person they trust (Galm & Derr, 2011).

- **Health care services for expecting mothers, children and young people**

In Germany, Hungary, Portugal, Sweden and the Netherlands, the available health services include prenatal care for all expecting mothers and health care services for children and young people. In all countries, the health care services for children and young people are free of charge until they reach adulthood. This is thus also the case for youth health care in the Netherlands.

Universal health care services for children and young people: The Dutch approach

In the Netherlands, youth health care is offered proactively, systematically and free of charge to 3,9 million Dutch children from 0 to 19 years of age. Youth health care includes the baby well clinics and toddler, primary and secondary school health. It reaches 95% of all Dutch children from 0 to 19 years of age.

Youth health care falls under the responsibility of the municipality and is carried out by the local health services (in Dutch: GGD). The local health services work closely together with or are integrated in the so-called youth and family centres. The role of the local health services is monitoring children's development, giving vaccinations, screening, information and advice, and –when necessary–referring to more specialized health services. In youth health care, a guideline for practical actions following signs and suspicions of child abuse has been developed (de Baat et al., 2011).

In Portugal and Sweden, the health care services for children and young people also target families and young people at risk. The same goes for Germany where a number of related initiatives haven been taken by most *Länder* (federal states) and local governments (Berg- le Clercq, 2012).

Targeted health care services for families: Some German examples

In Germany, for the past years, within the framework of prevention, most *Länder* have passed laws implementing systems to track the usage of well-child visits by families and to send them reminders if not showing up during a certain time frame. In addition, a majority of local governments has begun to send (family) midwives and pediatric nurses to visit families with health and psycho-social risks at home (Galm & Derr, 2011).

- **Different kinds of parenting support**

Parenting support is available in Germany, Portugal, Sweden and the Netherlands. In all these countries, parenting support can be offered in a variety of way and to various groups, including parents at risk as well to all parents. The latter is also the case in Sweden.

Parenting information for all parents:

The Swedish book *To live with children*

All parents in Sweden receive the book *To live with children* via Child Health Care. This book was written by the paediatricians Lars H Gustafsson and Marie Köhler. It was first published in 1983 and has been updated eight times. It is a book for parents and it deals with the care of the child, his/her health and illnesses as well as his/her development and the interplay within the family. The UN Child Declaration runs like a red thread through the whole book. In the chapter entitled *Never ever violence!* there is a description of Swedish legislation against corporal punishment, its historical background as well as alternative strategies for handling one's anger (Ångman & Gustafsson, 2011).

- **Other preventive services**

There are also various other preventive services and measures available in different countries, such as child welfare services and schools. Preventive programs can also be offered in other settings, such as internet (Sweden) or schools (Hungary). Teachers in Hungarian schools can make use of the sex abuse prevention programme *Chicocca 's Tree*.

A sex abuse prevention programme for schools:

The Hungarian programme *Chicocca 's Tree*

In Hungary, the sex abuse prevention programme *Chicocca 's Tree* has been used by the *Family, Child, Youth Association*. This programme is based on a Mexican puppet film about a monkey family in which the children were abused. Using this film, trained professionals (mostly teachers) can talk with older children or ask younger ones to make drawings and recognize those at risk.

In reality, the interviews with the professionals conducted in Germany, Hungary, Portugal and the Netherlands show a discrepancy between the ideal and desired situations regarding the role of the schools in tackling child abuse and neglect. On one hand the professionals in all countries emphasized the need for more attention for child abuse and neglect in schools. On the other hand, in practice the schools in these countries seemed to have a different role in tackling child abuse and neglect.

More specifically, in Hungary schools often do not like to be part of the referral process and there is no consequence if they do not report child abuse. Furthermore- contrary to schools in the Netherlands- schools in Germany and Portugal already have a very strong role in preventing combating child abuse and neglect.

The role of the schools in tackling child abuse and neglect: The Portuguese situation

Experience from Portugal shows that involvement of schools has proven to be beneficial when they are involved in specific projects. This also includes projects that are not specifically directed at targeting child abuse, but also other issues, like tackling poverty. The successful element is the closer and closer connection between the school and the wider social environment (Written information provided by Perista, 2012).

Other preventive measures found in workstream 1 include awareness campaigns. Such campaigns have for example been offered in the Netherlands.

An awareness campaign: The Dutch campaign *What can I do?*

In The Netherlands, the former Ministry for Youth and Family launched an extensive national campaign in 2009 called *What can I do? (Wat kan ik doen?)*. This campaign was continued in 2010 and 2011.

The main message of the campaign was: *Do you have suspicions of child abuse or neglect? You can always do something.* This national campaign led to some regional initiatives, such as flyers and commercials about child abuse and neglect for regional television.

3.4 Quality of the professional

3.4.1 Ideal situation

As mentioned earlier, States parties should also take educational measures. More specifically, educational measures are described for various stakeholders, including professionals and institutions (Government and civil society). Some of these measures for these stakeholders include, but are not limited to:

- *“Providing initial and in-service general and role-specific training (including inter-sectoral where necessary) on a child rights approach to article 19 and its application in practice, for all professionals and non-professionals working with, and for, children (including teachers at all levels of the educational system, social workers, medical doctors, nurses and other health professionals, psychologists, lawyers, judges, police, probation and prison officers, journalists, community workers, residential caregivers, civil servants and public officials, asylum officers and traditional and religious leaders);*
- *Developing officially recognized certification schemes in association with educational and training institutions and professional societies in order to regulate and acknowledge such training;*
- *Ensuring that the Convention is part of the educational curriculum of all professionals expected to work with and for children [...].”*

3.4.2 Evidence-based knowledge

There is also some evidence-based knowledge about the required competences of professionals involved in the prevention of child abuse and neglect. According to Hermanns (2011), since parents often wish to discuss parenting issues with professional in their community, these professionals must be skilled in providing

educational advice. Furthermore, programmes that prevent the occurrence of abuse require professionals to be proactive, rather than reactive. This means moving the focus from considering thresholds for intervention to exploring how parenting can be improved in the population as a whole, on a public health basis (Davies & Ward, 2012).

3.4.3 Practice-based knowledge

The interviews with the professionals and parents did not provide us with any other information on the competences of various professionals in preventing child abuse and neglect or tools, instruments and support. In workstream 1 we did collect some practice-based evidence on the available tools.

According to the overview report of this workstream, a possible tool is the Portuguese guide *Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention*

A tools for preventing violence by professionals: The Portuguese guide *Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention*

In Portugal, in 2011 the Director-General ship of Health produced *Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention*. This guide aims to be a useful working tool for all (teams of) professionals working for the promotion of children’s and youngster’s health. It intends to contribute to:

- Sensitise and motivate health profession regarding their role in preventing and intervening in situations of abuse;
- Clarify and standardize the most important basic concepts regarding abuse;
- Facilitate the processes of identification and intervention by indicating when, how and who to intervene in a given situation;
- Promote coordinated action between the entities responsible for intervention (Perista & Silva, 2011)

3.5 Conclusions and recommendations

Looking at the Convention of the Rights of the Child, General Comment 13 as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding the prevention of child abuse and neglect, we can draw the following conclusions and recommendations:

❖ ***There is a strong need to keep tackling child abuse and neglect high on the political agenda***

By ratifying the Convention of the Rights of the Child, all European countries have committed themselves to the protection of children from abuse and neglect. All the countries that participate in this Daphne project have introduced a legal ban on corporal punishment and issued governmental prevention strategies. Many of them also have strategies about the universal and targeted prevention of child abuse and neglect and/or well parenting support strategies.

Governments need to be aware that implementing these strategies and consequently tackling child abuse is a complex process of serious change. It entails taking measures across all stages of intervention. Such a process requires constant awareness, a sense of urgency and a long term approach. There are concerns that the current economic crisis conflicts with such a long term approach. It is therefore paramount to keep tackling child abuse and neglect high on the political agenda.

❖ ***There is a need for adequate implementation of legislation prohibiting child abuse and neglect***

As mentioned earlier, prohibiting corporal punishment by law alone is not enough. Legislation needs to be accompanied by intensive and long-term information campaigns in order to have a considerable impact on behaviour and attitudes concerning violence.

The implementation of legislation must also involve the education and training of all professionals



working with and for children, parents and families. These professionals must be taught a child rights' based approach addressing attitudes, traditions, customs and behavioural practices that tolerate and promote violence against children.

We need to keep in mind that implementation of legislation and other measures, including the introduction of new services and interventions and realizing change among professionals, take time. In particular, there are different phases in the implementation process at the operational level. People, even professionals, also need time to embrace new measures and will need varied implementation strategies. More research is needed to demonstrate the effects of applying such 'implementation knowledge' to tackling child abuse and neglect.

Governments should invest in progressive universalism

Foremost from an ethical stand, but also from a financial point of view, governments should invest in the prevention of child abuse and neglect. Effective prevention can only be achieved through progressive universalism. It does not just take universal services and interventions for all families. Government should also invest in targeted services and interventions for families that live under an increased risk of child abuse and neglect and who are in need of further support. Evidence shows that, in families with a high risk of child endangerment, targeted prevention is only effective when it is needs-oriented, extensive, and intensive and delivered over a longer period.

Despite the current economic crisis, it is always important for governments to tackle poverty and ensure good upbringing and future prospects for children. Poor living conditions, such as poverty, can increase the risk of child endangerment, especially in combination with several serious risk factors. In practice, the emphasis on poverty as a risk for child abuse could be critical if professionals hastily and wrongly assume that all poor families have child-rearing problems.

Avoiding this kind of stigmatization is an important argument for investing in universal services for all

families. In order to reach these families, services need to be culturally sensitive as well as comprehensive. This can be realized by involving professionals from different sectors, especially health and (early childhood) education, as well as providers of various kinds of parenting support. These services should serve as a point of entry for targeted services for families in need for intensive support.

Governments should invest in these universal and targeted services with proven effectiveness. Universally accessible parenting programmes as well as mass media public education programmes are effective approaches for preventing child abuse. In addition, effective targeted preventive programmes support parents and teach them positive parenting skills, such as home visits and parenting education.

Preventive services for child abuse and neglect should be offered as early as possible

There is a wide range of universal and targeted preventive services and interventions, including effective programmes. The project results show the need to offer preventive services for child abuse and neglect as early as possible.

Programmes providing and encouraging women to seek proper prenatal and postnatal care show promise in preventing the maltreatment of infants aged 0–3 years. In addition, parenting information offered during pregnancy and immediately after the child's birth can increase parents' understanding of parenting, children's needs and rights. Furthermore, information sessions in early childhood education and care or school have a demonstrated effect on children's knowledge on sexual abuse and self-protection and on the percentage of children disclosing experiences of sexual abuse.

Governments always need to be aware of these benefits of offering preventive services at an early stage. This is particularly true now. During times of economic crisis, governments often tend to cut the funding for preventive services. This could result in a higher demand for more expensive targeted services.



4 Detecting, reporting and stopping child abuse

4.1 Introduction

This chapter outlines the next elements in the full circle of tackling of tackling child abuse and neglect after universal and targeted prevention: detecting, reporting and stopping child abuse and neglect.

Detecting child abuse and neglect refers to identifying and recognizing risk factors for and signs of child abuse or neglect. Detecting thus does *not* refer to the actual investigation and assessment of child abuse and neglect.

Reporting refers to notifying the competent authorities of possible child abuse or neglect by various stakeholders, including professionals, children, parents and other adults, such as volunteers.

Stopping child abuse and neglect refers to taking actions after reports have been made. Possible actions discussed here include investigating child abuse and neglect and decision-making about the necessary services and interventions for the victims and/or perpetrators. This thus also includes the assessment process. The possible services and interventions are discussed in chapter 5.

As the previous chapter, this chapter about detecting, reporting and stopping child abuse and neglect is divided in several sections:

- The first *section (4.2)* deals with the quality of the system. As in many countries professionals are required by law to make reports about (suspicions of) child abuse and neglect, most of the available knowledge regarding reporting will be discussed in this section.
- *Section 4.3* about the quality of services and interventions will be rather short as most of the available relevant literature deals with (mandatory) reporting and the tools, instruments and support available

to professionals involved in the detecting, reporting and stopping of child abuse and neglect.

- After reviewing the necessary relevant competences of professionals, these tools and instruments as well as the necessary support are discussed in *section 4.4*.
- The final section of this chapter (*4.5*) contains several conclusions and recommendations.

4.2 Quality of the system

4.2.1 Ideal situation

Article 19 of the Convention of the Rights of the Child deals with child abuse; according to this article governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them (OHCHR 1996-2007).

According to General Comment 13, such protective measures should include, but are not limited to effective procedures for identification, reporting, referral, [...] investigation of instances of child maltreatment (Committee on the Rights of the Child, 2011).

Reporting is mandatory according to this General Comment; *“In every country, the reporting of instances, suspicion or risk of violence should, at a minimum, be required by professionals working directly with children.”* (Committee on the Rights of the Child, 2011).

4.2.2 Evidence-based knowledge

Evidence-based knowledge however shows us that making reporting mandatory by law does not guarantee that reporting actually takes place. In all sectors, children suspected of being maltreated are under-reported to child-protection agencies. Reasons for not reporting include the lack of awareness of the signs of child maltreatment and of

processes for reporting to child-protection agencies as well as the perception that reporting might do more harm than good (Gilbert, 2012).

During the entire process from the time the report is made to the time the support services are terminated child safety must be the number one priority (Hermanns, 2011). However, there are potential harms at every step of this process:

- Reporting require a high threshold of suspicion in most settings;
- When mandatory reporting does exist, the share of children who are investigated by child-protection services that have child abuse or neglect substantiated, is low. In these cases, a failure to substantiate maltreatment might indicate a lack of sufficient evidence; an inability of the agency to investigate because of personnel constraints; a failure of the family to cooperate; a lack of commitment to comply with services;
- Some children do not receive services or protective action, may be treated inappropriately, or the benefits of any interventions might be uncertain - even when child abuse is confirmed or substantiated (Gilbert, 2012).

This last point shows us that mandatory reporting thus does not always have positive outcomes. A similar point is made by several scholars on basis of analysis of American and Australian data. They argue that mandatory s results in many costly investigations of reports of child abuse, expenses that could be spent on prevention, treatment or at-risk children and families. For instance, according to Ainsworth (2002: p. 62) the analysis of Australian data according to) suggests that *“mandatory reporting systems are overburdened with notifications, many of which prove to be not substantiated, but which are time consuming and costly. As a result it is more than likely that mandatory reporting overwhelms services that are supposed to be targeted at the most at-risk children and families who then receive less attention than is required to prevent neglect or abuse.”*

Melton (2005) makes a rather similar argument on basis of reviewing data from the United States.

However, recognition and reporting of child abuse are important to promote child safety, health, and welfare through providing preventive, supportive, protective, or therapeutic interventions (Gilbert, 2012). In addition, early case recognition coupled with on going care of child victims and families can help reduce reoccurrence of maltreatment and lessen its consequences (WHO, 2010).

Research is needed for quantifying the extent to which the benefits of recognition and subsequent interventions outweigh the harms of the process for children overall (Gilbert, 2012). In addition, the public, professionals and counsellors must be systematically and continuously reminded of where they can report their suspicions of child abuse or neglect and what happens thereafter (Hermanns, 2011).

4.2.3 Practice-based knowledge

In all countries, detecting, reporting and/or stopping of child abuse and neglect part are addressed in national strategies, policies and programmes and/or laid down in legislation. The Dutch government for example included the detecting and stopping of child abuse in its most recent action plan.

The inclusion of detecting and stopping child abuse and neglect in national strategies, actions, policies or programmes: The Dutch action plan *Children Safe*

In the Netherlands, a new action plan against child abuse called *Children Safe* was launched in 2011. This action plan covers the years 2012-2016. It contains a series of 17 actions on eight domains, including detecting and stopping child abuse. (de Baat et al., 2011)

Detecting, reporting and/or stopping of child abuse and neglect can also be laid down in legislation. This is for example the case in Germany. With the new Federal Child Protection Act the protection mandate in (suspected) child endangerment in German federal law (and not only partially at the level of its *Länder*) has been extended from child and youth welfare professionals to other groups

of professionals especially in healthcare and education (Written information provided by Derr & Galm, 2012).

There is mandatory reporting in Germany, Hungary, Portugal and Sweden. In contrast, In the Netherlands, there is no reporting duty and the law *Reporting code domestic violence and child abuse* still has to be passed by parliament. According to the bill of this law, every organisation and professional working with children or parents should have a reporting code and every professional should work according to this reporting code (Berg- le Clercq, 2012)

Between countries, there are great differences for whom there is mandatory reporting and where to make these reports. Portugal is the only country where there is mandatory reporting for everyone; thus professionals as well as all other stakeholders. However, in various countries- including Sweden- they are encouraged to do so (Berg- le Clercq, 2012).

In some countries, there are repercussions for professionals for not reporting. For example, in Germany professionals can be prosecuted, if they grossly disregard their obligation to act. There are also repercussions for ‘non reporting professionals’ in Hungary:

The repercussions for not reporting for professionals: An Hungarian example

In Hungary, local authorities can oblige their employees to take vocational training and/ or to pay fines if they do not meet there professional requirements in reporting and intervening. The local authorities can also be fined in similar cases.

However, in practice these methods are hardly ever used, even in cases of severe child abuse or neglect. The fine paid by the local authority is also very minimal (Herczog, 2011).

In practice, some countries experience over reporting or underreporting. Thus, mandatory reporting does not necessarily mean that reporting

actually takes place. There are country specific reasons and more widely mentioned reasons for not reporting.

Country specific reasons include -but are not limited to-:

- The lack of receiving feedback from the organisation where the reports are made (Sweden);
- The lack of professional unawareness of the importance and obligation of reporting (Portugal);
- The fact that reporting it is time consuming (Hungary).

Our studies show that the widely mentioned reason for not reporting is fear among professionals. This includes the fear of perpetrators; the fear of getting involved with the justice system –even as a witness-and the fear of hurting the family (Berg- le Clercq, 2012). During the interviews professionals also expressed that when harming a confidential relationship with a client, they find it difficult to report, especially when the reports concern sexual abuse (Mak & Stekete, 2012).

Bottlenecks

When it comes to detecting, reporting and/or stopping of child abuse and neglect, some bottlenecks were identified in relation to the system.

In some countries, there are regulations that give the same local public organisation various tasks in relation to tackling child abuse and neglect. More specifically, in case of Germany and Sweden child and youth welfare authorities, respectively local social authorities have to investigate child abuse and neglect and (sometimes) provide services, support and treatment as well. This dual role can be problematic, because it can result in a negative attitude and fear of parents for (assessment by) these organisations, which may hinder them from looking for help. As such, this dual role could result in a lack of services, support and treatment (Berg- le Clercq, 2012).

Professionals also considered the processes before and after assessment to be too long. This

not only refers to the process between detection and assessment, but also the process between investigation and the actual intervention (Mak & Steketee, 2012).

4.3 Quality of the services and interventions

4.3.1 Ideal situation

General Comment 13 contains several paragraphs about services and interventions for children, parents and/or families regarding the detecting, reporting and stopping of child abuse.

Detecting child abuse and neglect

In General Comment 13, the term detection is not used; rather this is called Identification. *“This includes identifying risk factors for particular individuals for groups of children and caregivers (in order to trigger targeted prevention initiatives) and identifying signs of actual maltreatment (in order to trigger appropriate intervention as early as possible). [...] Children must be provided with as many opportunities as possible to signal emerging problems before they reach a state of crisis, and for adults to recognize and act on such problems even if the child does not explicitly ask for help [...].”* (Committee on the Rights of the Child, 2011).

Reporting child abuse and neglect

The term reporting is used in General Comment 13; as mentioned earlier, this General Comment requires States parties to develop safe, well-publicized, confidential and accessible support mechanisms to report violence against children for children themselves as well as their representatives and others. *“The establishment of reporting mechanisms includes [but is not limited to]:*

- *Providing appropriate information to facilitate the making of complaints;*
- *Participation in investigations and court proceedings;*
- *Developing protocols which are appropriate for different circumstances and made widely known to children and the general public;*
- *Establishing related support services for children and families; [...]*

- *Reporting mechanisms must be coupled with, and should present themselves as help-oriented services offering public health and social support, rather than as triggering responses which are primarily punitive.”* (Committee on the Rights of the Child, 2011).

Stopping child abuse and neglect

In General Comment 13, the term stopping is not used. However, the interventions mentioned in this General Comment after reporting include *referral* and *investigation*.

According to General Comment 13, the process of (intersectoral) *referral* will involve:

- *“A participatory, multi-disciplinary assessment of the short- and long-term needs of the child, caregivers and family, which invites and gives due weight to the child’s views as well as those of the caregivers and family;*
- *Sharing of the assessment results with the child, caregivers and family;*
- *Referral of the child and family to a range of services to meet those needs;*
- *And follow-up and evaluation of the adequateness of the intervention.”* (Committee on the Rights of the Child, 2011).

Investigation of instances of violence- whether reported by the child, a representative or an external party, [...] – will require *“a child rights-based and child-sensitive approach. Rigorous but child-sensitive investigation procedures will help to ensure that violence is correctly identified and help provide evidence for administrative, civil, child-protection and criminal proceedings. Extreme care must be taken to avoid subjecting the child to further harm through the process of the investigation. Towards this end, all parties are obliged to invite and give due weight to the child’s views.”* (Committee on the Rights of the Child, 2011).



4.3.2 Evidence-based knowledge

The available evidence-based knowledge about detecting, reporting and stopping child abuse and neglect will not be discussed here. This is because the available evidence-based knowledge is reviewed in other paragraphs:

- Paragraph 4.2.2 dealt with reporting child abuse and neglect;
- Paragraph 4.4.2 outlines the necessary competences of professionals as well as the available tools, instrument and support

4.3.3 Practice-based knowledge

There is not much practice-based knowledge about detecting, reporting and stopping child abuse and neglect that can be reviewed here. This is because:

- Paragraph 4.2.3 outlined our findings about reporting child abuse and neglect;
- Paragraph 4.4.3 will describe the necessary competences of professionals who are/ should be involved in detecting, reporting and stopping of child abuse and neglect, the bottlenecks they experience as well as the available tools, instrument and support.

When it comes to stopping child abuse and neglect, the available practice-based knowledge shows that in most countries, in case of child endangerment immediate action can be taken (Berg- le Clercq, 2012).

In some countries the organizations where suspicions of child abuse and neglect are reported to also play a role in investigating these. Medical examinations after reports are only common in some countries. However, in all countries, the police and/or public prosecutor seem to play a role in investigating whether crimes took place in relation to the reported child abuse and neglect. (Berg- le Clercq, 2012; Mak & Steketee, 2012)

4.4 Quality of the professional

4.4.1 Ideal situation

General Comment 13 is very explicit about the quality of the professional when it comes to detecting of child abuse and neglect as well as reporting and stopping it. It mentions the

necessary competences of professionals and/or tools, instruments and support and the necessary conditions.

Necessary competences

Looking at the necessary competences when it comes to detecting, reporting and/or stopping of child abuse and neglect, it is often expressed in General Comment 13 that these tasks need to be carried out by qualified or trained professionals . For example, the General Comment requires the following competences for professionals in relation to detecting of child abuse and neglect: *“all who come in contact with children are aware of risk factors and indicators of all forms of violence, have received guidance on how to interpret such indicators, and have the necessary knowledge, willingness and ability to take appropriate action (including the provision of emergency protection).”*(Committee on the Rights of the Child, 2011).

As mentioned 4.2.1 , it is expressed in General Comment 13 reporting is mandatory for at least professionals working directly with children. In addition, the interventions mentioned in General Comment 13 after reporting include referral and investigating. The earlier outlined process of (intersectoral) referral does not specify the necessary relevant competences of professionals. However, when it comes to investigating: *“Extreme care must be taken to avoid subjecting the child to further harm through the process of the investigation. Towards this end, all parties are obliged to invite and give due weight to the child’s views.”* (Committee on the Rights of the Child, 2011).

The available tools, instruments and support

General Comment 13 expects that professionals involved in detecting, reporting or stopping child abuse and neglect to be well qualified or trained. The main support measures for these professionals include training and support.

As mentioned earlier, General Comment 13 states that the establishment of reporting mechanisms for children, requires taking several measures,

including some directed at professionals. This includes support and training as well as processes to ensure the protection of the professional making the report when this done in good faith (Committee on the Rights of the Child, 2011).

Professionals involved in stopping child abuse and neglect need other kinds of training. For instance, regarding referral the General Comments expresses that *“The person receiving the report should have clear guidance and training on when and how to refer the issue to whichever agency is responsible for coordinating the response. [...] Professionals working within the child protection system need to be trained in inter-agency cooperation and protocols for collaboration.”* (Committee on the Rights of the Child, 2011).

Investigating professionals need to have received role-specific and comprehensive training (Committee on the Rights of the Child, 2011).

Necessary conditions

An important condition for detecting, reporting an/ or stopping of child abuse and neglect is the need of a child rights-based and child-sensitive approach. For example, in relation to reporting child abuse and neglect it is emphasized in in General Comment to respect the right of children to be heard and to have their views taken seriously (Committee on the Rights of the Child, 2011).

4.4.2 Evidence-based knowledge

Some of the available evidence-based knowledge on the quality of the professional regarding detecting, reporting and stopping of child abuse and neglect deals with the necessary competences of professionals.

Necessary competences

When it comes to detecting, reporting and/or stopping of child abuse and neglect, looking at the current evidence-based knowledge, a distinction can be made between:

- The necessary competences for *all professionals* working with children;
- The necessary competences for *specific groups* of professionals.

Keys (2009a) that had carried out an literature review with the aim of determining skills that are identified through research and other evidence as being essential for child protection practice, for example found some evidence of the use of decision-making skills and problem-solving skills. However, little research explored procedural skills, such as observation, assessment, documentation, giving evidence and chairing child protection case conferences (Keys, 2009b).

In order to recognize and respond adequately to abuse and neglect, Davies and Ward (2012) conclude that *all professionals* working with children will need to be aware of:

- The growing body of research on child development which demonstrates the consequences of maltreatment for children’s mental and physical health, learning and education, socialization and life chances;
- Key signs and symptoms to look for in children, young people and in parents that indicate the likelihood of maltreatment;
- The damage that can derive through not taking action, or through delaying decisions about intervention;
- What steps to take as a professional, whether alone or in conjunction with others.

To be able to respond to the situation, professionals also need to be able to establish that child abuse has indeed occurred and to report this abuse to an organization that can do something about it (Hermanns, 2011). When it comes to the disclosure of sexual abuse of children, various studies show a positive correlation between the quality of interviewing children and such disclosure (London et al., 2005; Pipe et al., 2007; Lamb et al., 2008).

Having accurate information about child abuse and neglect can help adults to support a child who has disclosed as well to feel less overwhelmed. An adult’s response to a disclosure of abuse can be central to the on-going safety of the child and its recovery from the trauma of abuse. If an adult does not take action when there are suspicions of child abuse, it may place the child at serious risk of on-going abuse. Furthermore, it can prevent the

child's family from receiving the necessary help (Hunter, 2011). "When a child is disclosing abuse, it is important for professionals as well as family, friends and other adults to:

- "Listen to and support the child or young person;
- Reassure the child or young person he or she did the right thing [by telling];
- Don't make promises you can't keep and
- Contact the appropriate authorities." (Hunter, 2011).

Professionals in various sectors all contribute to the recognition of and response to child maltreatment and evidence suggests that (Davies & Ward, 2012):

- In *early childhood* education and care professionals should be alert to possible child abuse when children -including infants- show a steep decline in their performance or when they become more socially withdrawn and unpopular with peers or more aggressive and less attentive. Neglect may be one of the many possible causes of delays in language and communication, socio-emotional adjustment and behavioural problems. (Davies & Ward, 2012)
- The continuity of contact provided by *schools* important opportunities to improve the recognition of, the response to, and the support of children who have been abused or neglect (Gilbert, 2012).
- Signs to alert *health professionals* to risk factors for neglect and abuse include frequent consultations with the school nurse; parents who put off seeking help or provide inadequate wound care for children who suffer burns or scalds ; persistent failure to attend appointments for routine services; disorganised/ disoriented attachment patterns in young children, revealed through odd behaviours; passivity and sudden weight loss in very young children. (Davies & Ward, 2012)
- *Professionals working in adult services* need to be alert to the impact of parental problems (such as alcohol and substance misuse, poor mental health, or domestic violence on) the well being of children. (Davies & Ward, 2012)

- Specialist expertise is a prerequisite for problem analysis, diagnostics and in conducting the needs assessment. This expertise must therefore be available both in *youth care and in mental health care* (Hermanns, 2011).
- *Police* need to be aware that domestic violence is harmful to children and it is also often associated with physical child abuse. Moreover parents of neglected children may also be involved in community and domestic violence. Whereas such parents may not always be known to children's social care services, they may be known to the police and probation. (Davies & Ward, 2012)

The available tools, instruments and support

This paragraph outlines the available evidence-based knowledge on the available tools and instruments for detecting child abuse and neglect as well for assessment.

Detecting child abuse and neglect

In order to identify the most extreme risk situations as quickly as possible it is recommended that all women are screened during pregnancy or at the perinatal stage by completing a brief checklist (the Dunedin Family Services Indicator). When the child grows older, identifying signs of parenting problems requires investment in interviews with professionals working with parents and children. There are tools available (such as interview procedures and screening lists) that allow professionals to actively look for signs. The preference is for interview procedures that allow professionals and parents to identify the situation together (Hermanns, 2011).

In emergency departments (as well as in other settings), attempts have been made to improve identification of injuries due to child maltreatment by implementation of screening strategies. Some emergency departments use screening methods, such as checklists or protocols, to identify children who need experienced paediatric assessment. These methods are based on markers, such as age and type of injury, repeated attendance, or a history inconsistent with the injury (Gilbert, 2012).

The research evidence about the effect of screening strategies is contradictory. According to Gilbert (2012), none of these methods substantially improve the detection rate, and they risk overwhelming paediatricians with false-positive referrals. The authors of a systematic review concluded that experienced clinical assessment is likely to be more accurate than screening tests. (Gilbert, 2012). However, Carter (2006) states that simple procedural interventions (such as the use of checklists and flow diagrams) are generally associated with meaningful improvements in the recording of child protection issues and raising awareness among health professionals.

There are various strategies to improve the detection of child abuse and neglect, mainly used in paediatric practice. Such support measures include:

- Training; the need for training of professionals to recognize and respond to child maltreatment is widely acknowledged (Gilbert, 2012). Studies in paediatric clinics for example show a positive correlation between the detection of child endangerment and the corresponding training (Frank & Räder 1994);
- Evidence-based guidelines for the detection of child abuse and neglect and the necessary response (Gilbert, 2012).

To observers it is thus not always clear whether the alarming signs they observe can be classified as child abuse. This requires professional development and rules of conduct or guidelines ('reporting codes') for their actions. Reporting codes set out the responsibilities of specific professional groups and/or institutions, as well as what procedures they must follow and how to make the report with care. A reporting code or reporting procedures protect the child, as they specify what is expected from professionals. This is because failure to report a case of abuse can then be regarded as careless conduct, while at the same time the professional is protected because following the code results in professionally scrupulous conduct that indemnifies him or her against claims (Hermanns, 2011).

- **Assessment of child abuse and neglect**

After a report has been made by an observer, a thorough analysis of the situation by the organisation who received the report is necessary to answer the following questions:

1. Is the child safe in the current parenting situation?
2. Is it possible to change the parents' or guardians' behaviour such that the child can grow up safely and with sufficient opportunities for development?
3. Has the child been so seriously damaged by the abuse that he/she cannot grow up in a balanced manner without assistance? (Hermanns, 2011).

Treatment decisions or civil-law decisions should be based on the outcomes of the assessment. There are significant benefits to standardizing these decisions and the reasons for the decisions (Hermanns, 2011).

A weakness of all paediatric assessments for suspected child maltreatment is the variability between individuals. Opinions vary on a suitable threshold for assessment of suspected physical abuse. However, they have not been assessed for other forms of maltreatment. Variation in diagnostic opinion is common, although the consequences of possible incorrect diagnosis can be substantial for child protection. There are further implications for misinterpretation of medical opinion by social-work teams and lawyers that work on a case. Therefore, clinical assessment should be regarded as just one part of an investigation to be interpreted in the full context of the case (Gilbert, 2012).

There is also no "magic bullet" when it comes to risk assessment in child protection. The two main types of assessment instrument (Consensus-based and actuarial risk assessment instruments) each have advantages and disadvantages, and may be more or less useful in different contexts or in different stages of the intervention process. Moreover, assessment instruments often need to be augmented by other practices and approaches; for example, when working with diverse cultural groups, explicitly anti-racist and anti-

discriminatory procedures, practices, and attitudes may enhance the efficacy of an intervention.

White and Walsh (2006) noted that the so-called “risk assessment wars” may be over; what emerged in the literature is the more sophisticated view that there is no one “ultimate tool” that will solve the difficulties of assessment in child protection. Instead, it is acknowledged that while some tools may indeed be more effective than others at classifying risk, this does not rule out the need for alternative approaches and for the continued utilisation of clinical judgement and practice knowledge (Price-Robertson & Bromfield, 2011).

When it comes to support measures for professionals involved in the assessment of child abuse and neglect, research shows that adding psychiatric experts to team discussions helps social work professionals to reflect on their risk assessments and lowers the number of out-of-home placements (Goldbeck et al., 2007; Oswald et al., 2010).

4.4.3 Practice-based knowledge

The available practice-based knowledge on detecting, reporting and stopping of child abuse and neglect mainly deals with various actors – including but not limited to professionals – who are and should be involved in this and the bottlenecks they experience. Our research also provided us with information about the necessary tools, instrument and support for professionals.

The involved actors

- ***The preventive services***

As expressed in the previous chapter, in many countries, including Germany, Hungary, Portugal, Sweden and the Netherlands, there is a wide range of (universal and/or targeted) preventive services. This includes health care services for expecting mothers, children and young people various kinds of parenting support, and early childhood education and care. However, not in all countries do the professionals working in these services have an explicit role or duty in detecting child abuse and neglect and/or are they trained in this. This also applies to schools and the professionals working there (Berg- le Clercq, 2012).

In Germany the extent to which mandatory early detection examinations by paediatricians in the health care services for children and young people are suitable as child protection element is controversial.

The role of the paediatricians in detecting child abuse and neglect: A matter of controversy in Germany

In Germany, there a nationwide universal *Early Prevention Programme (Früherkennungsprogramm)* in the medical field which is meant 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 paediatricians. Programme participation is mandatory for families in nearly all *Länder* (Nothhafft, 2009).

To what extent, mandatory early detection examinations are suitable as child protection element is in Germany controversial. In a *Länder* overview, Thaiss et al. (2010) concluded 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. They also offer parents the opportunity to speak with representatives of the medical support system (Galm & Derr, 2011).

- **Schools**

As expressed in the previous chapter, there is a difference between the actual and desired situation regarding the role of schools in tackling child abuse and neglect. The professionals in all countries emphasized the need for more attention for child abuse and neglect for example at schools. In practice, the schools in most countries had a very a different role in tackling child abuse and neglect (Mak & Steketee, 2012).

Bottlenecks

In practice, professionals and parents experience in Germany, Hungary, Portugal, Sweden and the Netherlands various bottlenecks when it comes to the actual detecting, reporting and/or stopping of child abuse and neglect (Mak & Steketee, 2012):

- Not all kinds of abuse are deemed equally damaging y professionals; neglect is less often seen as harmful as physical abuse;
- It is difficult for professionals as well as people close to children (such as neighbours or sport coaches) to raise the issue of signs of child abuse with parents; they are often afraid of how parents will respond to the accusations of (suspicions of) child abuse.
- Reporting child abuse and neglect by professionals does not always take place;
- Parents experience fear and shame in the assessment process which them hinders in looking for help;
- Professionals experience various communication problems during the assessment of child abuse and neglect which lead to the fear of parents of having their children moved out of the home. This includes:
 - Difficulties of assimilating the information to the level of the client;
 - Parents and professionals experience a lack of transparency; an absence of information.
- Unfavourable working conditions for professionals:
 - A very low status for – depending on the country – all or specific groups of professionals;
 - A lack of approval and acknowledgement.

The available and necessary tools, instruments and support

In Germany, Hungary, Portugal, Sweden and/or the Netherlands there are different kinds of tools, instruments and support for professionals involved in detecting, reporting and/or stopping child abuse and neglect. Some kinds of support are also deemed necessary.

Different kinds of products-such as manuals and guidelines- have been developed tin various countries to improve the *detection* of child abuse and neglect by professionals working with children (Berg- le Clercq, 2012).

This is also the case for Germany.

**Detection tools for professionals:
Some German examples**

In Germany, there are work aids and guidelines for many different professional groups and work areas,-especially for those in the social and health sector- in order to support the practical work. This for example includes hand-outs that describe significant indicators of child endangerment (Galm & Derr, 2011).

Various *reporting* tools and instruments as well support measures have also been developed for professionals, such a report form (Portugal) and trainings (the Netherlands). In Sweden, a handbook has been developed for professionals.

**A reporting tool for professionals:
The Swedish handbook 'Reporting duty in case of bad living conditions for a child'**

In Sweden, the *National Board of Health and Welfare* published the *handbook Reporting duty in case of bad living conditions for a child* in 2004. This handbook was intended for the social services and at all the authorities covered by the reporting duty. (Berg- le Clercq, 2012)

When it comes to *assessment*, tools and instruments have also been developed, for example in Germany:

**Assessment tools for professionals:
Some German examples**

In the past years, increasingly structured procedures have been developed in Germany for various professionals- such as those working in child and youth welfare services- with the goal of a predictive assessment of endangerment (Galm & Derr, 2011). Occasionally, structured procedures were examined for their validity, dependability as well as for their practicability and benefit (Kindler et al. 2008, Macsenaere et al., 2008).

Support is deemed necessary to address some of the earlier mentioned bottlenecks in detecting, reporting and stopping of child abuse and neglect. This includes more training for professionals (in for example schools) and for volunteers. (Mak & Steketee, 2012)

4.5 Conclusions and recommendations

Looking at the Convention of the Rights of the Child, General Comment 13, as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding detecting, reporting and stopping child abuse and neglect, we can draw the following conclusions and recommendations:

Ensure that all professionals working with children play a role in detecting child abuse

In Germany, Hungary, Portugal, Sweden and The Netherlands there is a wide range of (universal and/or targeted) preventive services. These include health care services for expecting mothers, children and young people, various kinds of parenting support, and early childhood education and care. However, not all countries allow the professionals working in these services an explicit role or duty in detecting child abuse and neglect and/or train them to do so. This also applies to schools and the professionals working there.



There also seems to be a gap between the current and ideal situation when it comes to detecting and reporting child abuse and neglect by professionals. Ideally – according to the General Comment – professionals are able to detect all kinds of abuse. However, in practice not all kinds of child abuse are deemed equally damaging; neglect is less often considered harmful than physical abuse. In addition, it is difficult for professionals to raise the issue of child abuse with parents; they are often afraid of how parents will respond to the accusations of (suspicions of) child abuse.

There are several ways to ensure that *all professionals* working with children will play a role in detecting child abuse. This includes training to make them aware of the key signals and symptoms to look for in children, young people and in parents indicating the likelihood of different kinds of abuse.

In addition, *professionals in specific sectors* need to be made aware of specific risk factors for and/or key signs and symptoms for the groups of children that they are working with. Furthermore, professionals in all sectors also need to know which steps to take as a professional, whether alone or in conjunction with others, including where to report their suspicions.

Valid screening instruments for risks of child abuse and neglect can be used to identify parents who are in need of assistance. In practice, the use of such instruments should always be backed up by training and evidence-based guidelines.

 ***Adequate reporting mechanisms need to be properly implemented within organisations and in the continuum of care for tackling child abuse and neglect***


Evidence and practice-based knowledge demonstrate both overreporting and underreporting of child abuse and neglect. Both phenomena are equally detrimental to children, parents and families; they prevent them from receiving the help and support they need. There are various reasons for not reporting. Practice-based knowledge shows us that the

main reason for not reporting is fear among professionals. This includes their fear of perpetrators as well as the fear of becoming involved with the justice system. Professionals are primarily afraid of damaging the confidential relationship with the family, especially when the reports concern sexual abuse.

Evidence-based reasons for not reporting include the lack of awareness of the signs of child maltreatment or lack of knowledge of the reporting processes. Not reporting may also result from a perception that reporting might do more harm than good. The lack of accountability of professionals may also lead to underreporting.

Implementing legal accountability alone however is not sufficient. Rather, adequate reporting mechanisms need to be properly implemented within organisations working with children, parents and families. This requires intervision and supervision to back up the decisions of individual professionals who do decide to report. In addition, these decision making processes should be qualified by means of guidelines, protocols and training. Training of professionals needs to address their possible *reporting fears* as well as their (legal) reporting obligations and information about where to make these reports.

Reporting should however not be a goal in itself. It is only one of the necessary measures in the continuum of care regarding the tackling of child abuse ranging from prevention to treatment.

 ***Various measures should facilitate the general public and people close to children to talk to parents about signs of child abuse and neglect and report this***

There are various bottlenecks for the general public and people close to children when it comes to reporting and talking to parents about signs of child abuse and neglect. This requires the implementation of various measures, such as awareness raising campaigns.

In many countries the reporting obligations for professionals do not apply to the general public. However, in various countries the general public is encouraged to make reports. It is also difficult for people close to children (such as neighbours or sport coaches) – and for professionals- to raise the issue of signs of child abuse with parents; they are often afraid of how parents will respond to the accusations of (suspicions of) child abuse.

Measures- such as training- are needed to teach people close to children how to talk with parents about signs of child abuse. In addition, awareness raising campaigns can facilitate the reporting of child abuse and neglect by the general public and people close to children (and to professionals). Such campaigns can make them aware of their possible reporting obligations and where to report child abuse and neglect.

Investigation and assessment procedures need to be more child and family friendly

Once reports of child abuse have been made, these reports need to be investigated and risk assessments need to be made. The available evidence and practice-based knowledge show that at the moment there are many bottlenecks when it comes to such investigations and assessments.

Investigations can disrupt family life and in case of mandatory reporting result in a low number of substantiated cases of child abuse. The latter may indicate a lack of sufficient evidence, a failure of the family to cooperate, a lack of commitment to comply with services, or an inability to investigate because of staff shortage.

Practice-based knowledge shows it can be problematic if local public organisations have to investigate child abuse and neglect and at the same time provide services, support and treatment. This dual role may cause parents to refrain from looking for help because they fear an assessment by these organisations. This dual role could result in a lack of services, support and treatment.

In our study, both professionals and parents also expressed a lack of transparency in the assessment process. The lack of information and problems in communication lead parents to fear that their children will be taken away. Professionals also consider the processes before and after assessment to be too long.

This not only refers to the process between detection and assessment, but also the process between investigation and providing services.

There is a great need for investigation and assessment procedures to be more child and family friendly. This requires speeding up the assessment processes as well as the processes before and after assessment. It also entails complete transparency about the investigation and assessment procedures. Most importantly, it requires that child safety remain the number one priority during these processes.



5 Treatment and out-of-home placement

5.1 Introduction

This chapter outlines the next element in the full circle of tackling child abuse and neglect: treatment and out-of-home placement. Section 5.2 deals with the quality of the system, section 5.3 with the quality of the services and intervention and section 5.4 with the quality of the professional.

5.2 Quality of the system

5.2.1 Ideal situation

Treatment

Article 19 of the Convention of the Rights of the Child deals with child abuse; according to this article governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. Such protective measures should include “*effective procedures for [...] treatment and follow-up of instances of child maltreatment [...]*” (OHCHR 1996-2007).

General Comment 13 calls for a wide range of measures to be taken by countries, including treatment. Treatment is one of the many necessary services for promoting physical and psychological recovery and social reintegration or children who have experienced violence. It also includes services and treatment for perpetrators of violence as well.

Out-of-home placement

Article 20 of the Convention of the Rights of the Child deals with out-of-home placement. According to this article states shall ensure alternative care to a child temporarily or permanently deprived of his or her family environment. There are different ways to guarantee the rights of these children, preferably in family-like care arrangements, which must be carefully examined regarding the risk of these children being exposed to violence (OHCHR 1996-2007).

Treatment and out-of-home placement can be the consequence of judicial involvement. According to General Comment 13, judicial involvement can include juvenile or family court intervention leading to a specific measure of child protection. It may also consist of other measures, such as criminal law procedures (Convention on the Rights of the Child, 2011)

5.2.2 Evidence-based knowledge

When looking at European child welfare systems (and their integration of children and family services), Katz & Hetherington (2006) make a distinction between dualistic and holistic systems:

- A *dualistic system* is child (protection) and risk focused. The system is dominated by the need to prevent abuse and rescue children from abusive situations. Family support is dealt with separately. Either there are grounds for intervention to save the child from abuse or there are not (in which case intervention has a lower priority);
- A *holistic system* is focused on child and family welfare. It promotes early intervention and preventive work and there is an assumption that there should be a continuum of care. The protection of children from abuse is considered one aspect of child welfare. However, it is expected that intervention should have taken place to prevent this and that it is legitimate to intervene early. There is a strong focus on family support (Katz & Hetherington, 2006).

International comparisons emphasise the need for an approach that combines a focus on child safety with the broader benefits of a focus on child and family welfare (Gilbert, 2012).

5.2.3 Practice-based knowledge

Nature of the child welfare systems

There are great differences in the extent to which

the child welfare system of the countries in our project can be classified as a holistic or dualistic:

- The *Dutch* child welfare system can be considered a dualistic system;
- The systems in *Sweden* and *Germany* can be viewed as holistic;
- The *Portuguese* system contains elements of both systems;
- In Hungary there seems to be a difference between holistic policies and dualistic practice. On principle, it is aimed to be a holistic system and legislation has been designed accordingly. However, implementation shows the signs of a system where rescue operations are dominant, if anything. In addition, prevention, early intervention and holistic family support are provided on a very limited basis, if provided at all. Furthermore, neither therapy nor proper rehabilitation are offered, not even in cases of proven damage.

The voluntary and legal route to and through the child welfare system

Whatever the nature of their child welfare system, all countries in our study distinguish both a so-called voluntary route and a forced (or legal) route to/through the system. The legal route is the child protection policy; a clear similarity between all countries. However, within these countries there are differences regarding the organisation that is responsible for both the voluntary and the forced route to/by the youth care system. In some countries like Germany and Sweden, they are legally separate procedures that are executed by the same local public organisation. As mentioned earlier, this dual role have various consequences. It can result in a negative attitude and fear of families for local social services and a resulting lack of treatment and supportive services (Berg- le Clercq, 2012)

Legislation and governmental strategies regarding treatment and out-of-home placement

When looking at the services mentioned in the national strategies, actions, policies and programmes of the various countries, treatment and/or out-of-home placement for victims and perpetrators are part of the governmental policies concerning child abuse and neglect in Germany,

Portugal, Sweden and the Netherlands. More specifically, in these four different countries, different kinds of victims are addressed in these policies:

- Victims of domestic violence in *Portugal*;
- Children who are exposed to violence (including neglect) in different contexts in *Germany* and *Sweden*;
- Victims of child abuse and neglect in *the Netherlands*.

In these four countries, perpetrators are also addressed in governmental strategies and actions (Berg- le Clercq, 2012).

5.3 Quality of the services and interventions

5.3.1 Ideal situation

Treatment

As mentioned earlier, General Comment 13 calls for a wide range of measures to be taken by countries, including treatment. It mentions several conditions for treatment:

- Treatment must be offered in an environment that fosters the health, self-respect and dignity of the child (art. 39);
- Attention must (also) be given to the child's views; its safety, the possible need for her or his immediate safe placement as well as predictable influences of potential interventions on the child's long-term well-being, health and development;
- Medical, mental health, social and legal services and support or longer-term follow-up services may be necessary;
- A full range of services- including family group conferencing and other similar practices- should be made available;
- Services and treatment for perpetrators of violence, especially child perpetrators, are also needed;
- The life conditions of the children must be examined in order to promote their care and support and that of other children in the family and neighbourhood.



Out-of-home placement

Sometimes out-of-home placement is necessary for crisis relief, temporarily guaranteeing the safety of the child, a time-out, or creating a new, long-term parenting situation. In relation to this, the Guidelines for the *Alternative Care of Children* from the United Nation (2010) states: “*Should family reintegration prove impossible within an appropriate period or be deemed contrary to the best interests of the child, stable and definitive solutions, such as adoption should be envisaged; failing this, other long-term options should be considered, such as foster care or appropriate residential care, including group homes and other supervised living arrangements.*”

5.3.2 Evidence-based knowledge

As is obvious from the previous paragraphs, treatment can be provided as part of a child protection order or otherwise. In some cases, a child protection order must be considered right away. This is when it is clear from the beginning that the abuse is so serious and the willingness of the parents to cooperate in ending the abuse is so limited. In other cases, it becomes clear only during the support process that parents are not sufficiently cooperative and then it is necessary to apply for a child protection measure. It is recommended to use the following principles as a basis for child protection activities (Hermanns, 2011):

- The child protection order must be geared to working closely with the family in order to change the parenting situation and allow the family to continue without the supervision order, supported by volunteer care if appropriate (Van Montfoort & Slot, 2007);
- A child protection order must be effective within one year; if this target is not achieved, an alternative family arrangement (usually a foster family) must be found for the child;
- A child protection order that relieves the parents of their authority is often necessary in order to ensure a stable family situation.

Treatment

Treatment (either provided as part of a child protection order or not) is designed to stop the child abuse and neglect and to change the home

situation such that the child can grow up safely and with future prospects.

Treatment must normally have the following characteristics:

- An appropriate combination of effective interventions must be designed for each family and based on proper assessment;
- Interventions must be family-oriented and must at least partly take place in the child’s own community (‘home and community based’);
- 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;
- Interventions must focus on multiple systems (i.e., parents, children, immediate and extended families, social networks and family organizations);
- The action plan designed for the family applies to a substantial period (generally between 10 months and two years) and must be extensive in nature;
- Treatment focuses on different aspects: stopping child abuse and neglect; limiting its negative consequences for the child; tackling possible growth and development disorders;
- Treatment is abuse specific: it is based on the type of child abuse that took place and its consequences;
- The approach within a family is ‘strengths based’, which means that family members are actively involved in setting and achieving realistic and positive goals. (Berry et al. 2003, DePanfilis 1999, Kindler & Spangler 2005, Spangler 2003; ten Berge et al., 2012).

In addition, services provided to abused children must be based on the ‘wraparound care’ model. This ‘service delivery model’ provides an intensive form of personal, goal-oriented coaching for the family, geared to intensive family support and provisions for material and financial conditions for acceptable child rearing, while the professional, at the same time, has the option to order a number of specific interventions (Hermanns, 2011)

Many of the support services are provided to neglected and physically abused children in

conjunction with the treatment of the parents and other adults in the family. The children are either actively involved in changing family interactions or they benefit from the treatment of their parents if the parents acquire safer and better parenting behaviour. (Hermanns, 2011) When looking at the services and interventions available to parents, a number of specific interventions that shown to be effective in changing their' abusive behavior (Hermanns, 2011):

- Group training in parenting skills, including Incredible Years;
- Cognitive behavioural therapy training for anger management and/or stress management for parents;
- Individual parent-child treatment in the form of Parent-Child Interaction Therapy.

In individual cases specific treatment is also required for parents or their primary carers that are affected by psychological problems, addiction, relationship problems, post-traumatic stress disorders, etc. (Hermanns, 2011).

It is however is important to focus on the individual child as an independent person. (Hermanns, 2011) Often the effects of the suffering to which the child has been subjected require care. There are roughly three types of problems children can have:

1. Post-traumatic stress disorder

Post-traumatic stress disorder may arise as a result of serious forms of child abuse. There are effective psychotherapeutic interventions for such post-traumatic stress disorders. For example, for children affected by physical or sexual violence, trauma-Focused Cognitive Behavioural Therapy has been proven to be an effective method. (Feeny et al., 2004; Cohen et al., 2003; Landolt, 2004).

2. A broad variety of psychological and behavioural disorders

A broad variety of psychological and behavioural disorders may be the result of long-term and serious abuse. This variety of problems can be treated with an equally broad range of psychotherapies. The reviews cite the following kinds of therapy:

- Cognitive behavioural therapy;
- Game therapy;
- Group therapy.

Please note that psychotherapy may only be used if there are problems that necessitate treatment. The fact that a child is abused is not a reason for treatment in itself.

3. The variety of development delays that can be caused by serious neglect

Growth and development disorders that result from neglect cannot be treated by professionals. However, these problems can (to an extent) disappear by radically changing the environment in which the child is raised. In this respect, the age of the child is an important factor; the earlier the adjustment is made, the greater the impact. (Hermanns, 2011).

Generally speaking, any kind of treatment can only end after it has been established by professionals on basis of evidence:

- That the child can grow up safely;
- That his/her parents or guardians are prepared for their responsibility;
- And that the child is currently functioning successfully (Hermanns, 2011).

Out-of-home placement

As mentioned earlier, growth and development disorders resulting from neglect can (to an extent) disappear by radically changing the environment in which the child is raised and develops. More specifically, when children are exposed to various lacks of care, e.g. in cases of physical, cognitive, and educational, emotional neglect as well as insufficient supervision, semi-residential services -such as ortho-pedagogic day care centres- can be suitable. They semi-residential services offer comprehensive care, support, and assistance most days of the week and can compensate deficits. (Spangler, 2003)

If outpatient and part time inpatient services are insufficient to avert child abuse and neglect, then the affected children can be temporarily or for longer periods placed outside their families.

Placement in a children's home or foster family can have a different purpose, such as crisis relief, temporarily guaranteeing the safety of the child, a time-out, creating a new, long-term parenting situation (in foster families) or preparing juveniles for independent living situations (e.g. in residential groups).

Research conducted in England shows that the majority of maltreated children who are looked after by local authorities do better in terms of their wellbeing and stability than those who remain living at home (Davies & Ward, 2011). In summary, research results suggest that the majority of children develop positively in foster care, residential care or after adoption (Bettmann & Jaspersen, 2009; Herrmanns, 2011; Kindler 2010). For example, older children and juveniles may benefit from being brought up in a residential institution. A good cooperation with the family of origin can have positive effects on the process of help, when minors are placed in foster or residential care (Helming et al. 2011, Peters 2006). There are several necessary conditions for successful out- home care- in particular foster care:

- The quality of the work of fostering children essentially depends on the foster persons' suitability and qualifications for their work. Therefore, the recruitment of suitable foster families is internationally regarded as an important task (Colton et al., 2008);
- Coaching and counselling of foster families play a decisive role ;
- When children are placed in a foster family, they need placement stability as multiple placement changes can have negative effects for children's development (Kurtz et al., 1993; Leathers, 2002; Pecora et al., 2005; Ryan & Testa, 2005). This also applies to institutional placement (e.g. children's home);
- The use of residential care should be limited to those cases where such a setting is specifically appropriate, necessary and constructive for the involved and in his best interests (Juffer, 2010).

At some point the question about reintegration into the family or the permanent placement outside the family arises. If it is anticipated early that the

child cannot be returned to its family situation, an adoption of the child can be useful (Salgo, 2006). Adoption research has shown how significant opportunities for recovery are, even for seriously neglected children (Herrmanns, 2011)

5.3.3 Practice-based knowledge

The evidence-based knowledge shows us that in Germany, Hungary, Portugal, Sweden and the Netherlands several of the earlier mentioned different kinds of services are also available for victims of child abuse and neglect as well as their perpetrators.

Treatment

Our practice-based knowledge shows that treatment can be offered to *perpetrators* as well as to *victims* of child abuse and neglect. In all countries but Hungary and Portugal, these perpetrators seem to have access to psychological or psychiatrist services. Furthermore, in Germany, Hungary and the Netherlands a restraining order can be imposed on perpetrators.

Treatment for perpetrators of child abuse and neglect: restraining orders for perpetrators of domestic violence in the Netherlands

In 2006, the Dutch Cabinet agreed to a legislative proposal that will give mayors the power to impose temporary restraining orders for perpetrators of domestic violence. The restraining orders may also be imposed in cases of (serious suspicions of) child abuse. Because of these restraining orders, perpetrators will not be allowed to enter their house and try to contact their partners or children for ten days and they can receive professional help

Within the services for victims, a distinction can be made between services for *children* and services for *families*. In all countries, some forms of psychological or psychiatrist services are available to children who have been a victim of child abuse and neglect. In addition, families can receive:

- Programmes for developing (parenting) competences;
- Structured treatment programmes;
- Practical support (Berg- le Clercq, 2011).

In all countries, except for Hungary, the interviewed parents mentioned that practical help in the treatment is a success factor in preventing and combating child abuse and neglect; families express that they feel more helped by someone if they offer practical help or support. Several advantages were identified for offering practical support:

- It might help in developing skills of the clients;
- When there is enough time, it will give the professional the opportunity to first solve practical problems. When those are solved, it is possible to pay attention towards the underlying problems. (Mak & Steketee, 2012).

When looking at how to support parents, it is recommended in our research to make use of the earlier mentioned systematic approach. In practice, there are differences between countries in the extent to which professionals in various countries use a systemic approach and thus focus on the family members living together as a system that are all involved in the treatment process. In *Germany* parental participation in the help process is mandatory by law. In addition, in *Sweden* and in *the Netherlands* a systemic approach is often used. In contrast, in *Portugal* professionals wish for more family involvement, but clients think this is a bridge too far. In the opinion of many of the Portuguese clients, the professionals themselves, of all people, must know what they are doing and what the best way is to proceed. At last, in *Hungary* people in the environment of the client do not seem to be involved in its treatment. (Mak & Steketee, 2012)

In the report about the interviews with professionals and parents, several recommendations were made about what services to offer to families and how to do so. It is for example recommended to:

- Offer practical support;
- Ensure that help is client based, needs based, right based. This means that as child abuse occurs in gradations, not every family situation is equally problematic and needs thus equally intensive treatment;
- Offer parents tailored programmes; sometimes a mild form of treatment - for example, a parent training – is enough. sometimes intensive family-centred programme is necessary. Parents thus need light solutions for light problems and specific trauma treatment when necessary. As such, the right intervention needs to be offered the right time;
- Avoid that family is treated at the same time by various organisations that are each specialized in one of their often complex and diverse problems;
- Not only target the treatment or support at the risk factors within the family itself, but also target at the underlying causes of inequality, marginalization and intergenerational problems. Effective assistance to these families will thus benefit from attention to their broader social environment;
- Professionals to be transparent about the goals and structure of the intervention. The best way to achieve this is by working on specific goals that family and the practitioner both agree on;
- Monitor and evaluate the outcomes of the treatment process (Mak & Steketee, 2012).

Out-of-home placement

In *Germany*, *Hungary*, *Portugal*, *Sweden* and *the Netherlands* one or more of the following types of out-of-home placement are available to children that experienced child abuse and neglect and/or their families:

- Residential facilities where parents can live together with their children;
- Semi-residential services for children;
- Out-of-home placement for children, including: residential facilities; facilities that support

adolescents support them to live independently; foster homes; placement with family members; adoption (Berg- le Clercq, 2012).

Bottlenecks

Different bottlenecks concerning the services for victims and perpetrators of child abuse and neglect have been identified in our studies, include the lack of resources as well as bottlenecks regarding the availability and accessibility of the services.

Looking at the availability, there is lack of specific treatment programmes for victims and perpetrators and a great variation in the quantity and quality of services throughout the various countries. In addition, in the interviews especially the German, Swedish and Hungarian respondents talked very much about the importance of accessibility and availability of services. According to the interviews, the accessibility of services can be hampered by:

- The distance to these services as well as the lack of transportation or money for getting there (Hungary);
- Long waiting lists (Germany and Hungary);
- Limited opening hours of services (Germany);
- Long processing times (Sweden). (Berg- le Clercq, 2012; Mak & Steketee, 2012).

5.4 Quality of the professional

5.4.1 Ideal situation

General Comment 13 is not specific to the competences of professionals that provide out-of-home placement and treatment.

5.4.2 Evidence-based knowledge

The specific interventions may be less important than the context in which they are offered (Pecora et al., 2012). There is quite some evidence-based knowledge about the necessary competences of the professionals providing treatment and/or put-of home care:

Interpersonal skills are the key to effective interventions (Darimont, 2010). All professionals and professionals who work with children and families require these skills (Davies & Ward, 2011) Of central importance in working with complex cases is to

provide a dependable, professional relationship for children and families that is educative, supportive and provides timely practical help (Thoburn, 2009).

Services are unlikely to be effective if parents and children do not consider that they are treated with honesty and respect as a minimum, and cared about as individuals with needs of their own (Thoburn, 2009).

Key features of social work in families experiencing child abuse and neglect include:

- The development of motivation for change by enabling parents to engage with the child's perspective;
- Acknowledgement of the roles of secrecy and shame;
- The importance of listening to and validating different family members' accounts (Stanley et al., 2012).

Thus, a range of communication skills is important in child protection practice, including child-focused skills (such as encouragement of participation, facilitation of play). More specifically, there is a growing emphasis from policy documents and governments on the need to hear the voice of the child (Keys, 2009b). However, the tensions between the needs of the child and the needs of the parent is a possible problem and dilemma of professionals that work with parents in case of (possible) child abuse or other types of harm. Thus, professionals must grapple with the need to keep the child at the heart of practice, while due attention to the concerns of the parents – who themselves may be very vulnerable- at the same time giving. (Platt & Turney, 2012)

Carer-focused skills (such as listening, counselling, and empathy, raising difficult topics, building trusting relationships) are an important kind of communication skills (Keys, 2009b). In addition, parents welcome clear guidance on what they need to do, by when. Parents respond well to a sensitive, active and firm approach from professionals who are straight-talking as well as sensitive (Maskell-Graham & Davies, 2011). Parents need to find respect in the way the child welfare workers,

lawyers, judges, foster parents, treatment providers interact with them. They need to be seen as the experts on their children (Pecora et al., 2012).

Also, services that seemed to be more likely to be successful at addressing families' problems are those deliberately set out to engage with the trust of parents and children (Katz & Hetherington, 2006). There also is a body of literature that suggests that partnering with youth and families in mental health treatment for child abuse improves treatment outcomes for these children (Chadwick center, 2009).

The fundamental value of positive relationships is for example shown in the context of the Minnesota Longitudinal Study of Risk and Adaptation. According to this study, abused mothers who were able to break the cycle of abuse were significantly more likely to have had an emotionally supportive relationship in their childhood or adulthood, including therapeutic relationships. (Egeland et al., 1988)

5.4.3 Practice-based knowledge

Necessary competences

Our project shows us how parents experience the assessment and treatment process demands certain professional competences, in particular a respectful attitude, and creating trust. Creating good working conditions for professionals can foster such competences.

The interviewed clients in all countries experience fear and shame of the assessment and treatment process which hinders them in looking for help. Except for fear in looking for help - and in the assessment and treatment process and in making to accept the intervention - the interviewed clients in all countries talk about shame of having committed or being suspected of child abuse. It is therefore recommended that professional have a respectful attitude (sensitive to shame and fear) to the family (Mak & Steketee, 2012).

Parents also find it very important that the professional takes the parents seriously and is not only focused on the problems within the family, but also pays attention to what is going well. Therefore an empowerment approach is recommended.

Such an approach is based on what families can do and what they do well, and ensures that this is be strengthened (Mak & Steketee, 2012)

In all countries, the interviewed clients and professionals participating in the focus group meeting(s) underline the importance of a certain attitude for professionals in the assessment and treatment process. They say for example that one aspect of this attitude is trust of the professional in the client and trust of the client in the professional, because this leads to the biggest success of the treatment: a relation of trust is a condition for the acceptance and success of the assistance service. A client from Germany: *"but only it was this woman. (...) yes, with her it was just perfectly right. And I believe it is really important whether you have one with whom you are at the same page or not."* As expressed in the recommendations of the overview report, the families are likely to distrust the professionals and treatment they receive, because they are afraid of the consequences and actions the (judicial) institution will take because of the child abuse. It is therefore considered important that the relationship between the client and the practitioner is of a good quality. To build such a relationship and to gain the trust of the family, professionals need enough time for families and thus a lower case load (Mak & Steketee, 2012).

Thus, creating good working conditions for professionals can foster the necessary competences of professionals. Depending on the country, creating good working conditions could not only include creating lower case loads, improving the status of all or specific groups of professionals and/or offering education and higher salaries (Mak & Steketee, 2012).

Tools have also been developed for professionals providing treatment. This includes the materials developed for them in the Daphne project *Backup the children*.

Tools for professionals providing treatment to children: The Daphne project *Backup the Children*

With the financial support of the Daphne III program of the European Commission the project *Back up the Children* was launched in order:

- To improve the quality of support offered to traumatized children;
- To raise awareness ;
- To further develop helpers' skills and knowledge

Within the framework of this project involving six European countries (Germany, Estonia, France, Hungary, Portugal, Slovakia), a 30-minute training film and accompanying in-depth practical training materials were produced for professionals who have contact with traumatized children in their daily work.


The training materials offer information on the following topics:

- A short history of posttraumatic stress disorder (PTSD);
- What PTSD is and how to recognize it in children;
- The impacts of traumatic experiences on the development of children;
- How to help traumatized children;
- How to support yourself and your colleagues and avoid professional burnout while working as helper.

Additional materials for trainers contain possible training concepts as well as evaluation tools (Therapeutische Frauenberatung e.V., year unknown).

5.5 Conclusions and recommendations

Looking at the Convention of the Rights of the Child, General Comment 13, as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding treatment and out-of-home placement, we can draw the following conclusions and recommendations:

 ***Countries should ensure that services for victims and perpetrators of child abuse and neglect are available and accessible***

The available practice-based knowledge shows us that in Germany, Hungary, Portugal, Sweden and The Netherlands various kinds of services are available for victims of child abuse and neglect as well as for perpetrators. However, not all necessary services are always available or accessible.


In all countries but Hungary and Portugal, perpetrators have access to psychological or psychiatrist services. Furthermore, in Germany, Hungary and the Netherlands a restraining order can be imposed on perpetrators. Within the services for victims, a distinction can be made between services for children and services for families.

In all countries, some forms of psychological or psychiatrist services are available for victimized children. Families can receive training programmes for developing (parenting) competences, structured treatment programmes and/or practical support. Various kinds of out-of-home placement are available for children and/or families.

However, when providing services not all countries work on the basis of the recommend systemic approach that focuses on family members living together as a system. There are also some bottlenecks regarding the availability and accessibility of the services in Germany, Hungary, Portugal, Sweden and the Netherlands. For instance, a lack of specific treat-

ment programmes for victims and perpetrators has been identified. There also is great variation in the quantity and quality of services available throughout the various countries. In addition, especially the German, Swedish and Hungarian respondents spoke a lot about the importance of accessibility and availability of services; services are physically not accessible or hard to reach because of waiting lists or time-consuming procedures.

In order for countries to live up to General Comment 13 which pleads for treatment services for victims and perpetrators of child abuse and neglect, countries should ensure that all services for children, parents and families are available and accessible.


 ***Child safety should be the number one priority when offering treatment as well as out-of-home placement***

During the entire process, from the time the report is made to the time the support services are terminated child safety must be the number one priority. This means first stopping child endangerment as soon as possible.

The focus on child safety also means putting the child first. Research shows that removing the child from the home may be beneficial for children who are victim of neglect, but only if certain conditions are realized. It requires placement stability and recruitment, coaching and counselling of foster families. Putting children first may also mean removing the perpetrator out of the home instead of the child.

Removing the perpetrator or the child from the home is only one part of the solution. Treatment must be offered to victims and perpetrators as well, particularly services and interventions that are known to be effective.

Depending on the type of problems the children experience, this could entail offering Trauma Focused Cognitive Behavioural Therapy, play therapy or group therapy. Before children can return home, the abusive behaviour of parents needs to have changed. Relevant effective interventions to achieve this change include Incredible Years and Parent-Child Interaction Therapy.


 ***Professionals should offer services for victims and perpetrators of child abuse and neglect in a client based, needs based and rights based manner***

Professionals should offer services for victims and perpetrators of child abuse and neglect in a client based, needs based and rights based manner.

Services and intervention should thus be chosen and designed on the basis of the needs of the children, parents and families, not according to institutional logic. In doing so, attention must be paid to the scientific knowledge about which interventions are effective and what makes them work. In the long run inadequate interventions are more expensive than more expensive but also more effective interventions.

The following characteristics needed in treatment have been identified in evidence and practice-based research:

- Interventions are based on a systemic approach involving at least parents and children;
- Families are offered practical support;
- The programme is tailored to the needs of the child and/or family;
- Parents and professionals both understand the goals;

 ***Being a good professional is not only a matter of individual competences but also a matter of structural good working conditions***

Practice and evidence-based knowledge shows that respectful attitudes and creating trust are some of the important competences of professionals working with families of abused children. Professionals also need to be sensitive to feelings of shame.

Creating good working conditions for professionals can foster these necessary competences. Depending on the country, creating good working conditions could include improving the status of all or specific groups of professionals, creating lower case loads and/or offering education and higher salaries.





6 Integrated working

6.1 Introduction

This chapter deals with integrated working.

Section 6.2 deals with the quality of the system. This section reviews the extent to which national strategies, actions, policies and programmes of the government that address child abuse and neglect incorporate various kinds of measures and/or across various stages of intervention. This system paragraph also reviews the role of the national government in facilitating integrated working by services or professionals.

Section 6.3 addresses the quality of these services and interventions by reviewing how and the extent to which different services collaborate.

In section 6.4 -that deals with about the quality of the professionals- the focus is on the competences professionals need to work together with other professionals, children, parents and/or families. This paragraph also deals with the different tools that enable professionals to collaborate as well as the necessary conditions and possible bottlenecks.

6.2 Quality of the system

6.2.1 Ideal situation

According to the General Comment, isolated programmes and activities which are not integrated into sustainable and coordinated government policy and infrastructures will have limited effects. Rather, it seeks to promote a holistic approach to implement article 19 of the Convention of the Rights of the Child.

In addition, according to the General Comment *“an integrated, cohesive, interdisciplinary and coordinated system is required, which incorporates the full range of [legislative, administrative, social and educational] measures across the full range of interventions [from prevention through to*

recovery and reintegration]. Isolated programmes and activities which are not integrated into sustainable and coordinated government policy and infrastructures will have limited effects.”(Committee on the Rights of the Child, 2011).

6.2.2 Evidence-based knowledge

The World Health Organization(WHO) is an opponent of isolated initiatives as well. It argues that the different services for combating child abuse (child maltreatment surveillance, prevention programmes and care services for children and families) should be integrated into existing services and systems. The WHO also pleads for an integrated approach across all stages of intervention; a multi-disciplinary approach should ensure an integrated strategy to effectively respond to violence as well as a consistent and evidence-based strategy to prevent this (Butchart et al., 2006).

Research from Svevo-Cianci et al. (2010: p.45) underlines the need for governments to take various kinds of measures. These scholars concluded that governments need *“to take a systems approach to child protection, including policy/legislation, information-based programmes and social services, as well as professional training and public awareness raising.”*

Practice-based knowledge

As discussed earlier in chapter 3, the Swedish government seems to have taken quite an integrated approach as it took various measures when implementing the ban on corporal punishment. When looking at the countries' strategies, actions, policies and programmes, it seems that Germany, Hungary, Portugal and the Netherlands also all have national strategies addressing child abuse and neglect. This is also the case for Sweden.

A national strategy for tackling child abuse and neglect: The Swedish *national strategy for coordination in connection with children and young people at risk for child abuse and neglect*

In Sweden, *the national strategy for coordination in connection with children and young people at risk for child abuse and neglect has been drawn up by the Swedish National Board of Health and Welfare, the Authority for School Development and the National Police Board.*

The strategy emphasizes that coordination must come about not only in relation to the situation of individual children and young people but also at an overall level (Ångman & Gustafsson, 2011).

In the Netherlands, Sweden and Germany, specific national strategies, actions, policies and/or programmes that address only child abuse and neglect seem rather integrated in the sense that they incorporate various kinds of measures and/or across various stages of intervention. A Plan of Action of the German federal government incorporates some of the four kinds of measures that the Committee of the Rights of the Child pleads for in General Comment 13.

The incorporation of various kinds of measures in a national strategy: The German *Plan of Action of the federal government for the protection of children and young people from sexual violence and exploitation*

The German *Plan of Action of the federal government for the protection of children and young people from sexual violence and exploitation* dates from 2011. An aim of the action plan is to strengthen the rights of victims in court proceedings.

With regard to child sexual abuse within the family the federal government provides financial assistance for central federal organizations. It also promotes singular measures, such as basic and advanced training

of professionals in education, psychosocial services and healthcare; awareness raising; information and counselling for parents and children through information brochures, specific helplines for children and youth as well as for parents. (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2011)

An Action Plan of the Dutch federal government incorporates some measures in the full range of intervention that the Committee of the Rights of the Child pleads for in General Comment 13.

The incorporation of measures across several stages of intervention in a national strategy: The Dutch Action Plan *Children in Safe*

In November 2011 the Dutch government launched a new action plan against child abuse called *Children Safe*. This plan covers the years 2012-2016.

It contains a series of 17 actions in eight domains: prevention; detection; stopping child abuse; minimizing damage of child abuse; promoting multi-agency co-operation; special attention for guarding physical safety of children; monitoring and inspection by the government; research (de Baat et al., 2011).

The role of the national governments in facilitating integrated working

National governments can also facilitate integrated working by services, or professionals by using specific policy instruments:

- In Germany the national government made funding available for integrated working;

Making national funding available for integrated working: Federal funding for the German National Centre for Early Prevention
In Germany, the *National Centre for Early Prevention (Nationale Zentrum Frühe Hilfen/ NZFH)* was established with federal funding. This centre coordinates, supports, and evaluates the activities in the German *Länder*, provides programme suggestions to them and assures the transfer of knowledge.

- Governments can also issue relevant legislation, such as legislation requiring integrated working of professionals involved in tackling child abuse and neglect.

Legislation or regulations can also be detrimental to integrated working regarding child abuse and neglect. For example, (the complexity of) regulations about confidentiality and data protection can prevent integrated working. The same goes for (misunderstanding about) specific codes, duties or oaths of confidentiality for professionals working with children. However, the available evidence-based knowledge shows that in most countries, there are some exceptions to these regulations, codes, duties or oaths in the sense that in case of (suspicions of) child abuse and neglect, professionals are allowed to share information (Berg- le Clercq, 2012).

6.3 Quality of the services and interventions

6.3.1 Ideal situation

General Comment 13 gives preference to integrated provision of services and interventions. For example, it pleads for so-called national

coordinating framework on violence against children is required, which incorporates the provision of comprehensive and integrated legislative, administrative, social and educational measures across all stages of intervention (from prevention through to recovery and reintegration)

The General Comment does not specify which specific organisations need to be integrated. However, it does express that State parties need to establish and implement social programmes to promote optimal positive child-rearing by providing, *through integrated services*, necessary support for the child and for those who have the care of the child. (Committee on the Rights of the Child, 2011).

6.3.2 Evidence-based knowledge

The available evidence-based knowledge also shows us that an effective approach indeed consists of measures across various stages of intervention. An effective approach of child abuse demands an integral approach; a comprehensive approach that prevents and stops child abuse and treats its consequences. Such as integrated approach combats child abuse in five ways:

- Prevention aimed at the entire population of parents, other educators, and children;
- Prevention aimed at demographically or geographically defined populations, where there is a higher prevalence of child abuse;
- Prevention aimed at individuals who, based on individual characteristics, are selected through a screening process;
- Offering interventions based on early signs of problems conveyed by parents, children or teenagers themselves;
- Treatment and/or support upon suspecting or detecting child abuse (van Rooijen et al., 2011)

Research based evidence also shows us that an integrated approach to (specific types of) child abuse is also necessary to address all possible risk factors of child abuse and neglect and to meet all needs of children, parents and families. For instance, in their literature review about what works to prevent child emotional maltreatment, Barlow & Schrader- Mac Millan (2009) conclude

“The evidence also points to the need for multi-level interventions or methods of working that target not only parenting practices but aetiological factors that may be operating within the parent including mental health problems, intimate partner violence, and substance misuse.”

They also stress that *a one-approach-fits-all* to the complex issues underlying emotional abuse is unlikely to lead to sustained change. This is because emotional abuse partly results from psychopathology, learned behaviours, and/or unmet emotional needs in the parents. It is often also compounded by factors in the families’ immediate and wider social environment (Barlow & Schrader- Mac Millan, 2009).

In addition, Schor & Marchand (2007) identified several categories of underlying elements that make certain services and supports effective in contributing to the prevention of child abuse and neglect. This includes high quality services and supports; *“Services and supports are as comprehensive as necessary to be responsive to the needs of families and children: [...]. The focus, duration, frequency, and intensity of interventions, services, and supports are carefully calibrated to the needs, resources, and risk factors of specific children and families. [...].”*

Having an integrated approach does not automatically entail integrated working. Research of Horwath & Morrison (2007) shows us the establishment of collaborative systems and structure are too often mistaken for the realization of collaborative activity. Rather, according to these scholars, collaborative partnerships exist along a continuum that ranges from informal and local collaboration to formal and whole agency collaboration. More specifically, they distinguish different levels of multiagency collaboration: communication; co-operation; co-ordination; coalition; and integration (Horwath & Morrison, 2007).

Each of these levels has its own characteristic features. For instance, whereas communication on the one end of the collaboration spectrum entails agencies to remain autonomous, integration entails agencies to sacrifice autonomy, working for shared

goals and targets as well as joint decision-making and joint responsibility for resources and funding (Horwath & Morrison, 2007).

6.3.3 Practice-based knowledge

Integrated services

Our practice-based knowledge outlined in the previous chapters shows us that many of the necessary elements of integrated approach are already offered by Germany, Hungary, Portugal, Sweden and/or the Netherlands. Furthermore, many of these countries have relevant integrated strategies.

Practice-based knowledge shows us that there are already many good practices of services for tackling child abuse and neglect in various countries. These good practices address one or more of the elements in the full circle of tackling child abuse and neglect.

In some countries participating in this Daphne project there is a lack of continuation from universal services to (targeted) care services (Berg- le Clercq, 2011).

- ***An integrated service for prevention and/or detection of child abuse and neglect***

Family centres are an example of an integrated service that can play a role in prevention and/or detection of child abuse and neglect. Such centres have been developed in Germany, Sweden and the Netherlands (youth and) family centres. Within these centres, some preventive services are offered, such as health care services for expecting mothers, children and young people, early childhood education and care and various kinds of parenting support.

This is also the case for Youth and Family Centres in the Netherlands.

An integrated service directed the prevention of child abuse and neglect: The Dutch Youth and Family Centres

In the Netherlands, the core business of a youth and family centre -that had to be set up in each municipality by 2011- is connecting, upgrading and strengthening the already available support on growing up and parenting. These centres play a role in preventing problems.

A Youth and Family Centre combines the local functions and tasks regarding health, growing up and parenting support. More specifically, these centres should offer the following basic functions:

- Youth health care (baby well clinics and youth health care services);
- The five areas of support for parenting and growing up that are mentioned in the Social Support Act:
 1. Information and advice;
 2. Detecting potential problems;
 3. Guidance and counselling;
 4. Minor pedagogical support;
 5. Care coordination at local level (Berg- le Clercq, 2011).

Looking at these functions, it seems that these centres can play a role in the prevention and/or detection of child abuse and neglect. Besides these basic functions there are a number of locally specific functions that municipalities could link to the youth and family centres.

Professionals in the Netherlands however expressed that more investments in these centres are needed to get a better climate of reporting, preventing and combating the abuse and neglect (Mak & Steketee, 2012).

- **An integrated service for investigation of child abuse and neglect**

The children's houses in Sweden are an example of an integrated service for the investigation of child abuse.

An integrated service for the investigation of child abuse and neglect: The Swedish Children's Houses

In 2006 the Government commissioned the National Swedish Police Board, the National Board of Forensic Medicine, the National Swedish Board of Health and Welfare and Office of the Public Prosecutor, together with the Council for Crime Prevention, the Crime Victim Compensation and Support Authority, Save the Children and the municipalities and county councils of Sweden to participate in the establishing of experimental work with coordination under one single roof. (Socialstyrelsen 2008), The task also comprised the follow-up and assessment of this work. Inspiration has been received from the Children's House in Reykjavik, Iceland, where coordinated medical, psychological and legal help is provided to children who are supposed to have been subjected to sexual abuse. Within the framework of the governmental assignment, experimental work with so called Children's Houses has been carried out at six places in 2006 and 2007. There is one such Children's House in the Örebro region (Ångman & Gustafsson, 2011).

A Children's House is a joint work including the prosecutor, the police, the social services, a medico-legal expert/ paediatrician and the child psychiatric care. The idea is that children and young people who are supposed to have been subjected to sexual abuse and/or other violence or privacy violation should only have to go to one single place, which should be experienced to the greatest possible extent as welcoming and secure. When a report of violence and/or sexual abuse has been registered by the police or the social services, the case is brought up at the Children's House. Children's Houses are an attempt to facilitate for parents and children in cases where the child has been exposed to crime. The idea is also to improve the quality of the investigations and to shorten the time required by the investigations. (Ångman & Gustafsson, 2011)

One of the recommendations of the workstream 2 report calls for the implementation of a *one-stop-shop system*. In such a service all institutions involved in tackling domestic violence (judicial assistance and social services) are actually situated in one building. Such a combined approach prevents clients going from one location to another. It is very customer friendly, because it is much easier for clients to seek help. Furthermore, one front office will lower the threshold for seeking help (Mak & Steketee, 2012).

6.4 Quality of the professional

6.4.1 Ideal situation

General Comment 13 does not mention the necessary competences of professionals when it comes to integrated working in relation to tackling child abuse and neglect. However, it does refer to the available tools, instruments and support as well as the necessary conditions.

Tools, instruments and support

As mentioned in previous chapters, training is the type of support for professionals regarding integrated working mentioned in the General Comment for various levels of intervention. For example, preference is given to training of professionals from various sectors and disciplines in relation to the prevention of child abuse (see paragraph 3.4.1), respectively judicial involvement (see paragraph 5.4.1). Furthermore, as mentioned in paragraph 4.4.1 when it comes to detection “*professionals working within the child protection system need to be trained in inter-agency cooperation and protocols for collaboration.*” (Committee on the Rights of the Child, 2011).

Figure 5

The necessary competences for the training of psychologists in the field of child abuse and neglect in multidisciplinary collaboration

Competency area	Knowledge	Skills	Attitudes
Multidisciplinary collaboration	Understand the role and appropriate boundaries of psychologists and other professionals who work on CAN cases.	Acquire skills needed to work on a multidisciplinary team, such as clearly communicating recommendations to other professionals.	Possess an attitude of respect for the role of professionals in other disciplines who are involved in CAN cases, as well as a willingness to collaborate with such professionals.

Necessary conditions

In the General Comment reference also is made to several conditions of integrated working. For instance, several effective procedures are required to ensure the enforcement, quality, relevance, accessibility, impact and efficiency of the measures protecting children from child abuse and neglect. This includes inter-sectoral coordination mandated by protocols and memorandums of understanding (Committee on the Rights of the Child, 2011).

6.4.2 Evidence-based knowledge

The available evidence-based knowledge deals with the necessary competences of professionals for integrated working in relation to child abuse and neglect and outlines training and the support available to professionals. Some evidence was also found about the necessary conditions for integrated working.

Necessary competences

Often mentioned competences for integrated working -that can be addressed in (interagency) training in relation to child abuse and neglect- have to do with role clarity, communication skills and respect for (the contributions of) others. Keys (2009b) for example found evidence for the importance of a range of communication skills, including interprofessional skills (e.g. negotiation, assertiveness, team working). In addition, skills in managing conflict also important as are skills of role clarification and acknowledging others’ perspectives, but challenging their opinions if necessary (Keys, 2009b). Some of Keys’ competences overlap with the necessary competences that Damashek et al. (2011) identified for the training of psychologists in the field of child abuse and neglect in multidisciplinary collaboration:

In contrast, Katz & Hetherington (2007) concluded that trust, authority and negotiation are the three underlying principles that foster improved interagency collaboration. These scholars write (2007: p. 438): “Services that deliberately set out to engage with the trust of parents and children seemed to [...] work better with other agencies. Trust was engendered by professionals who had the authority to make decisions and who felt empowered to help the family. The mode of interaction between these workers [...] inter-professionally was to engage in negotiations—implying that each party had something to contribute.”

Available tools, instruments and support

The evidence for interdisciplinary training is mixed. On one hand, Schor and Marchand (2007) concluded that one of the key elements that

make certain services and supports effective in contributing to the prevention of child abuse and neglect is the capacity of systems for on going, cross-programme training and support to front line providers. On the other hand, Charles and Horwath (2009) concluded that in England in the area of child protection a belief in the value of training different disciplines together persists, despite that little is known about how interagency training improves practice.

Despite this conclusion, Charles & Horwath (2009) outlined the core dimensions of interagency relationships, highlighting knowledge, skills and attitudes that could inform the content of such interagency training (Charles & Horwath, 2009). Many dimensions concern the earlier mentioned role clarity, communication skills and respect for (the contributions of) others.

Figure 6
The core dimensions of interagency relationships

Core dimensions of interagency relationships	Knowledge	Skills	Attitudes
	Clarity regarding own role	Emotional intelligence	Respect & appreciation for others contributions
	Clarity regarding joint professional purpose	Assertiveness	Empathy
	Recognition of range of professional & organisational perspectives	Initiative	
	Formal & informal inter-agency communication channels	Collaborative capacity (open to ideas, capable of joint thinking & planning)	
		Clear, focused, jargon-free recording	

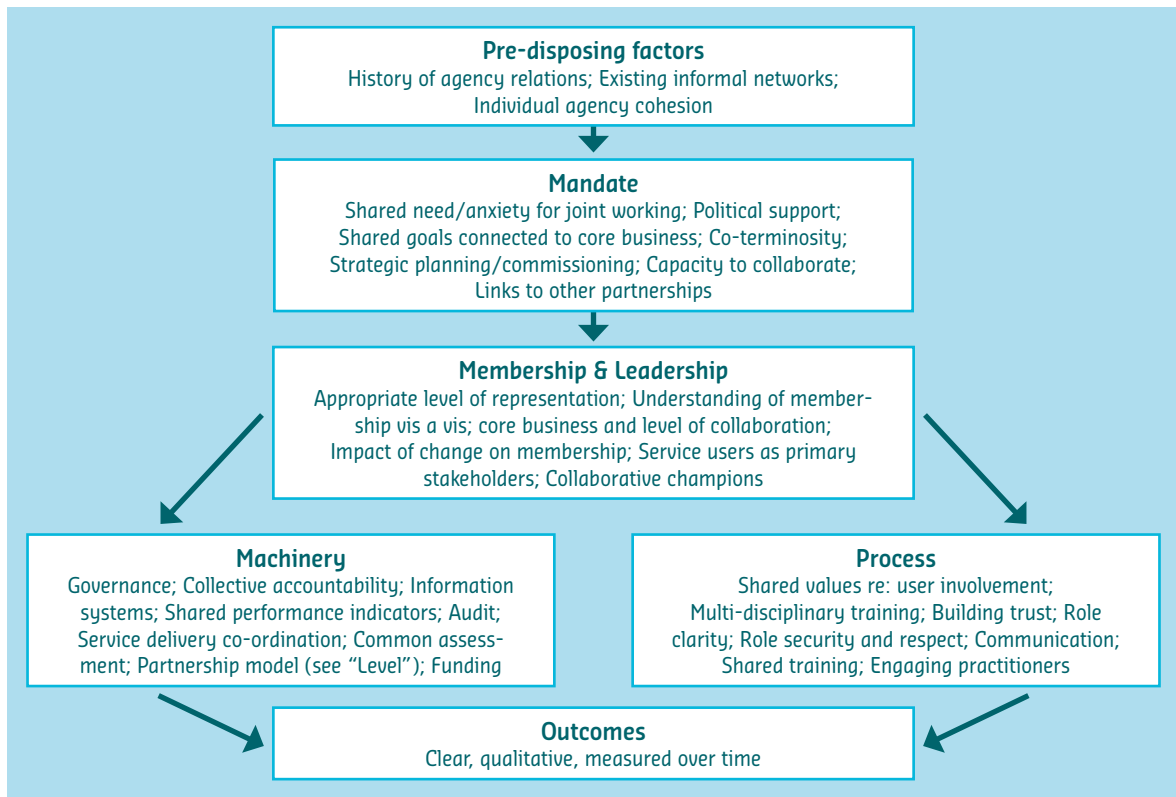
Necessary conditions

There is little (robust) evidence for the outcomes of strategic partnerships for children and young people or for multidisciplinary teams in child welfare or for factors facilitate that contribute to integrated facilitate integrated working in relation to tackling child abuse and neglect (Lalayants & Epstein, 2005; Lalayants, 2010; Horwath &

Morrison, 2011; Percy-Smith, 2006). However, several scholars (Lalayants & Epstein, 2005; Lalayants, 2010; Horwath & Morrison, 2007 & 2011; Percy-Smith, 2006; Horwath & Morrison, 2007 & 2011; Katz & Hetherington, 2006) have identified several general factors that can contribute to integrated working.

Many of these factors are outlined in Horwath & Morrison's table of ingredients of collaboration:

Figure 7
Ingredients for collaboration



Bottlenecks

There are also bottlenecks when it comes to integrated working in relation to child abuse and neglect. Many of these factors are the exact opposite of the necessary conditions for integrated working. More specifically, the most common barriers to the effectiveness of multidisciplinary Child Abuse and Neglect Teams include:

- Turf disputes; agency territorialism, and power struggles;
 - Defining shared goals and objectives;
 - Conflicting theories and ideologies about child abuse and neglect, lack of consensus;
 - Confusion about leadership roles and the ownership of the case;
 - The fact interdisciplinary decision-making is more time consuming than traditional approaches;
 - Feelings of excessive case scrutiny.
- (Lalayants, 2010)

6.4.3 Practice-based knowledge

There is no practice-based knowledge about necessary competences of professionals when it comes to integrated working in relation to child abuse and neglect. However, different kinds of tools have been developed that could enhance this. Our study also provides practice-based knowledge about the necessary conditions and possible bottlenecks.

Available tools, instruments and support

Whereas the evidence-based knowledge mainly dealt with training as a way of supporting professionals, the practice-based knowledge outlines the various tools available that facilitate integrated working. Many of these tools address one or more of the elements of the full circle of tackling child abuse and neglect.

- ***Integrated tools for preventing child abuse and neglect***

In Germany, some guidelines can be considered an integrated tool for preventing child abuse and neglect.

Integrated tools for preventing child abuse and neglect: German guidelines

In Germany, in cooperation with the *Information Centre on Child Abuse and Neglect* and the *German Institute for Youth Welfare and Family Law*, the *National Centre for Early Prevention* has issued guidelines for professionals. These guidelines deal with the different regulations regarding data protection that exist in the area of early preventive services that are provided by the child and youth welfare services and the health sector (Berg- le Clercq, 2012).

- ***A tool for integrated working in investigating child abuse and neglect***

The Swedish and Hungarian adaptations of the English *Looking After Children Assessment and Documentations System* can be considered examples of a tool for integrated working in investigating child abuse and neglect.

A tool for integrated working in investigating child abuse and neglect: The Swedish BBIC system

In Sweden in the middle of the 1990's the *National Board of Health and Welfare* was commissioned by the Government to strengthen and develop the Swedish family home care. A national survey carried out by the county administrative boards revealed serious shortcomings especially in relation to the fact that the children in alternative care seldom got the chance to speak with their social workers and that plans were often lacking for children in alternative care. In order to find better working methods the Board decided to try part of the material having been used in *Looking After Children System (LACS)*, a system developed in England in order to follow up children and young people in family homes or at institutions. In 1998/1999 an adaptation of the whole *LACS* to Swedish conditions was initiated; this was the beginning of the *BBIC system*. *BBIC* is a short for *Barns Behov I Centrum*; in English *Children's Needs in Focus*.

BBIC is a system for handling and documentation of investigations/ assessments, planning and follow-up of child protection within the social services. It provides structures for a systematic obtaining of data, of documenting and of follow-up of children's and adolescents' needs of interventions. Apart from a set of structured questionnaires covering the whole chain of the case, *BBIC* offers a theoretic base of knowledge for the child protection within the social services. The questionnaires are based upon fundamental principles which sometimes imply the development of good cooperation with children, parents, and different groups of professionals having the child in the centre.

BBIC is built on a vision of children which is founded on the UN Child Convention and the work with investigations/ assessments, interventions, and follow-up of children within the *BBIC* system is guided by nine fundamental principles, namely:

1. Children and young people in the centre;
2. Theoretic starting points; ecological development theory and other theories about children's and young people's development;

3. Knowledge and tested experience;
4. Identifying resources and difficulties;
5. Equal possibilities for all children;
6. Cooperation with children and their families;
7. Coordination between authorities at investigations and assessments of interventions;
8. Interventions during the course of the investigation/ assessment;
9. The investigation as a starting point for planning and follow up of interventions;

Thus working with the *BBIC system* does not solely imply following a system for documentation, investigation/ assessment and follow up, but it also implies acquiring and applying theoretic knowledge, having a well thought-out attitude towards children and families and towards cooperation partners.

An extensive training programme has been going on since 2006 where the *Swedish National Board of Health and Welfare* has trained persons to use the *BBIC -system*, who in their turn have organized networks all over the country and continued the training there.

Nearly all Swedish municipalities have now adhered to *BBIC* and thereby trained all social workers within the social services working with children and young people (Ångman & Gustafsson, 2011).



- ***A tool for integrated working in providing care***

In Netherlands, a tool for integrated working in providing care to abused children and their parents was developed.

A tool for integrated working in providing care: Dutch checklist

Based on the available evidence-based knowledge, the Netherlands Youth Institute developed a tool for integrated working in providing care to abused children and their parents. This tool –in the form of a checklist– has been adopted by the leading Dutch *Multidisciplinary Centres on Child Abuse and Neglect* as a tool for both governance and management as well as professionals to discuss, judge and improve the cooperation in providing care to abused children and their parents.

This checklist focuses on seven domains:

1. A shared perspective;
2. Right partners and rules for cooperation;
3. Culture of respect in working together;
4. Clear steering;
5. Supportive working agreements;
6. Effective provisions;
7. Systematic evaluation and quality improvement.

As such it is a good example of implementing knowledge of what works (ten Berge et al., 2012).

Necessary conditions

Practice-based knowledge from Germany show us that various conditions contribute to integrated working:

- Political commitment to reaching a common goal;
- Sufficient financial and human resources;
- Time reserved for cooperation activities;
- Cooperation being binding;
- Coordination of the network by a specific person or institution;
- Intercultural competences (Galm & Derr, 2011).

Complementary conditions were outlined in the Dutch handbook *Stopping and caring: An adequate answer to child abuse and neglect*:

- Effective care provisions after child abuse aim on all factors that contribute to or are the result of the abuse and exists of different levels: child, parents family and context. Care is because of that mostly offered by different institutions and working fields. Cooperation between institutions is necessary to realize that the different forms of care combine well in content and in organization;
- Goal of cooperation is not cooperation by itself, goal is realizing coherent and effective care for abused children and their families;
- Multi-disciplinary cooperation and intersectional cooperation is an interactive and developing process;
- In order to prevent stagnation in the development of cooperation between organizations it is necessary to cooperate on governance level and on the professional level;
- In developing cooperation for shared care provisions for abused children and their families the following domains are important:
 - A shared perspective;
 - Right partners and rules for cooperation;
 - Culture of respect in working together;
 - Clear steering;
 - Supportive working agreements;
 - Effective provisions;
 - Systematic evaluation and quality improvement (ten Berge et al., 2012).

At a Dutch conference on tackling child abuse and neglect, the Dutch professor Kenis discussed the necessity of integrated working in the area of child abuse and neglect. He also mentioned several necessary conditions.

According to Prof. P. Kenis collaboration or working together is often viewed as a *deus ex machine*; a solution for all problems in child welfare. In his opinion, collaboration is best used as a deliberate choice to reach something specific and concrete. Choosing to collaborate works best when all involved participants see a 'common good'. This means that it is something that is not only deemed important by an individual organisation, but as a goal that all organisations want to work on together. This is the case with tackling child abuse; organizations are well aware of the necessity to work on a solution together.

Collaboration in networks is often very complex. However, also very necessary in case of child abuse and neglect as child abuse is a so-called wicked problem in which every situation demands a unique solution. For the child - as a client - it is important that all involved organisations involved stand around him and by doing so design a network-product. This is an integrated, complete and well-fit offer for help.

There are several ways to organize and govern collaboration. For example, one organization has the lead over the other organizations or a specially established organization manages and co-ordinates the network. In tackling child abuse, it is important that there are agreements at the policy-level as well as at the executive level. Thus, both levels must see clear benefits in working together. In addition, there is a need to cover the whole continuum of care together. In short, the basic notion is *you can not tackle child abuse by yourself, organizations need each other*. (Written information provided by Klaas Kooijman about the presentation of Professor Kenis given during the conference *Verder met de regionale aanpak kindermishandeling* (continuing the regional approach for tackling child abuse and neglect) in February 2011).

Bottlenecks

Practice-based knowledge also shows that there are also bottlenecks when it comes to integrated working in relation to child abuse and neglect. These bottlenecks are quite similar to the earlier discussed evidence-based bottlenecks.

- Political reasons;
- The lack resources;
- The lack of continuation from universal services to (targeted) care services;
- The lack of knowledge about other services;
- The lack of willingness (Berg- le Clercq, 2011).

In the interviews with the professionals, professionals also mentioned the lack of integration of projects within the current system and the lack of capacity (Mak & Steketee, 2012).

6.5 Conclusions and recommendations

Looking at the Convention of the Rights of the Child, General Comment 13, as well as the available evidence and practice knowledge about the quality of systems, services, interventions and professionals regarding integrated working, we can draw the following conclusions and recommendations:

There is a need for national coordinating frameworks

There is a strong need to keep tackling child abuse and neglect high on the political agenda. This can be facilitated by a national coordinating framework.

General Comment 13 outlines that a national coordinating framework incorporates the provision of comprehensive and integrated measures. This includes legislative, administrative, social as well as educational measures. To a greater or smaller extent, these measures are already present in the frameworks, strategies, actions, policies and/or programmes of Germany, Hungary, Portugal, Sweden and the Netherlands. However, all European countries should implement all these different measures and encourage integrated working by professionals from different sectors,

such as the health, social services and/or educational sectors.

According to General Comment 13, a national coordinating framework also calls for the incorporation of measures across all stages of intervention. Such a comprehensive approach addresses all elements of the full circle of tackling child abuse and neglect: prevention; detecting, reporting and stopping; treatment and out-of-home placement. Evidence-based knowledge shows us that effectively tackling child abuse and neglect indeed requires a comprehensive approach that prevents and stops child abuse and treats its consequences. Practice-based knowledge shows us that some of our Daphne project countries already have such an integrated approach. However, this needs to be realized in all participating countries as well as in all other European countries.

Our practice-based knowledge shows that a national coordinating framework could serve as a foundation for the activities of local or regional governments as they are usually responsible for the provision of (preventive) services and interventions to children, parents and families. As such the national coordinating frameworks will answer the call from professionals in our study for a (better) national governmental vision on the local preventive interventions within families.

Countries should implement integrated tools and services for tackling child abuse and neglect

Practice-based knowledge shows that there are already many good practices using integrated tools and services for tackling child abuse and neglect in Germany, Hungary, Portugal, Sweden and the Netherlands. These good practices address one or more of the elements of the continuum of care for tackling child abuse and neglect. *Family centres* in Germany, Sweden or The Netherlands for example could play a role in prevention and/or detection. In contrast, *BBIC* is a Swedish system for handling and documenting investigations/ assessments, planning and follow-up of child protection. In addition, in a *Children's House* in Sweden various 'investigating' professionals work together.

All these integrated tools and services are often very child and family friendly as they prevent parents and children from having to tell their story over and over again. *BBIC* for example provides a structure for systematically obtaining data, documenting and following up children's and adolescents' needs for intervention.

In addition, professionals consider *family centres and Children's Houses* the preferred one-stop-shops. Such a one-stop-shop lowers the threshold for parents and children when asking for help as they no longer have to go from one location to the next to seek help or have to tell their story again and again.

Different countries have different child welfare systems and unique legislation. This makes it virtually impossible to directly transfer effective tools or services. One thing we can do – as we have done in this manual – is to describe various good practices, integrated tools and services, and try to capture what makes them work. Our practice-based evidence – based on a limited number of interviews with parents and professionals – has shown that integrated working and bringing services together may be challenging to professionals, but is more fruitful in the end. It clearly works better for parents, as they have to tell their story only a limited number of times. The services are very child and family friendly.

Other European countries should also implement such child and family friendly integrated tools and services for tackling child abuse and neglect.

Governments and organisations should create effective conditions for integrated working in relation to tackling child abuse

Evidence and practice-based knowledge show us that various conditions contribute to integrated work. While more research is needed to determine the extent to which these conditions also facilitate integrated working in relation to tackling child abuse and neglect, governments and organisations should create the conditions that are within their own scope of control.

As our practice-based knowledge shows, governments can realize various conditions for integrated work. This includes making funding available for integrated working or issue relevant legislation, such as legislation requiring integrated working by professionals involved in tackling child abuse and neglect.

Other conditions for integrated working are to be realized by organisations, if necessary with the support of national government. This for example includes organizing joint education and training of (future) professionals involved in tackling child abuse and neglect. Evidenced based knowledge shows that aspects to be addressed include competences like role awareness, communication skills and respect for (the contributions of) others.

Governments and organisations working with children, parents and families need to be aware of this evidence and practice-based knowledge about integrated working as well as the possible bottlenecks. The bottlenecks encountered in integrated working include the lack of knowledge of professionals working with children, parents and families, the lack of financial resources, and the detrimental effects of current legislation or regulations on integrated work. When aware of these bottlenecks, governments as well as organisations need to change them to create conditions that were already found to be effective.



7 Conclusions and recommendations

7.1 Introduction

The Daphne project *Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research* aimed to bring together knowledge and practice on what works in the full range of tackling child abuse. This project was funded by the European Commission. It was coordinated by the Netherlands Youth Institute and carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family child Youth Association, the German Youth Institute, CESIS from Portugal and the Verweij-Jonker Institute from The Netherlands.

In workstream 1 the participating countries shared their knowledge from research. This resulted in five national reports and one comprehensive report about strategies, measurements and management of tackling the whole range of child abuse and neglect, from prevention to treatment. These reports can be downloaded from the English pages of the website of the Netherlands Youth Institute (www.youthpolicy.nl)

In workstream 2 we collected practice-based knowledge on tackling abuse and neglect in all five countries. Coordinated by the Verweij-Jonker Institute from the Netherlands, a study was carried by various project partners out among parents and professionals – based on a limited sample – in Germany, Hungary, Portugal, Sweden and The Netherlands.

We have used the practice-based knowledge collected in these two workstreams, together with currently available evidence based knowledge on tackling child abuse and neglect, to outline this manual. The foundation of the manual is article 19 of the Convention of the Rights of the Child, in particular the related *General Comment 13: the right of the child to freedom from all forms of violence*. Not only does this General Comment

apply to all countries and parties involved, it also outlines a coherent and effective framework for research, policy and practice. But like most international recommendations and standards, it is very general and we hope that this manual *What works in tackling child abuse and neglect?* can contribute to making a next step towards its implementation.

After comparing the ideal situation represented by the General Comment with the evidence and practice-based knowledge regarding the quality of the systems, services and professionals, we have formulated specific conclusions and recommendations regarding the various steps in the care continuum around child abuse:

- Universal and targeted prevention;
- Detecting, reporting and stopping child abuse;
- Treatment and out-of-home placement.

Additional conclusions and recommendations focus on integrated working in relation to tackling child abuse and neglect.

Many of these recommendations have been made before. We are aware of this. But we also realise that some messages have to be repeated over and over again, before they become reality. Therefore, this summary contains some general conclusions and recommendations towards ensuring the best possible outcomes for children. These conclusions and recommendations are based on the two-year collaboration in this project with five countries and six partners, representing different levels of research, policy and practice.

7.2 Overall conclusions and recommendations

A sustainable care continuum for preventing and treating child abuse and neglect, embedded in a national framework

By ratifying the Convention on the Rights of the Child, all European countries have committed themselves to protecting children from abuse and neglect. We have seen in our project that the countries involved have taken many of the necessary steps towards creating the conditions to ensure such protection. All countries involved in the project have introduced legal bans on corporal punishment and/or issued governmental strategies regarding universal and targeted prevention of child abuse as well as parenting support. Child abuse and neglect thus have been part of the (national) political agenda at some point.

In General Comment 13 the Committee of the Rights of the Child recommends developing a national coordinating framework:

“This coordinating framework can provide a common frame of reference and a mechanism for communication among Government ministries and also for State and civil society actors at all levels with regard to needed measures, across the range of measures and at each stage of intervention identified in article 19.”

However, realising such a framework and keeping it on the agenda is a complex process. It requires on-going awareness, a sense of urgency and a long term approach. We are concerned that the current economic crisis will not only have a negative impact on keeping preventing and combating child abuse on the agenda, but will also increase the occurrence of child abuse and neglect.

In this manual, we have introduced the notion of a care continuum of preventing and treating child abuse and neglect. We have written our reports on strategies, measurements and management of tackling child abuse and neglect in the full range, from prevention to treatment, as a continuing process. In this manual we have described the various elements of this circle:

- Universal and targeted prevention;
- Detecting, reporting and stopping child abuse;
- Treatment and out-of-home placement.

Over the last years many reports and recommendations have dealt more specifically with some of these elements, but we have chosen to focus on the full range. General Comment 13 introduces the various elements that should be part of a coordinating framework. Many of these elements are reflected in our recommendations. But we think that such frameworks should be based on a model of care continuum. The most effective way to fight child abuse is to prevent it from happening. In the manual we give many examples of this from our countries and from what we have learned from research. However, no matter how well our preventive programmes and services may work, it will be evident that child abuse will still happen. For these cases we need to also invest in the other end of the continuum and ensure that the most effective treatment is available for children, parents and families. Effectively dealing with child abuse thus requires a coordinated and effective approach on all parts of the continuum.

Implementation of effective policies and services founded on practice and evidence-based knowledge

General Comment 13 lists all measures that are necessary to prevent and combat child abuse and neglect within a strong national framework. These measures range from the very beginning of prevention – changing societal attitudes towards abuse and neglect of children – to evidence-based treatment and interventions. In our manual we underline that singular actions do not make a difference. Coherent and integrated policies and services should be in place and implemented throughout the care continuum.

An important measure for the protection of children that many countries, including Germany, Hungary, Portugal, Sweden and The Netherlands have realized is a legal ban on corporal punishment. However, evidence as well as practice-based knowledge – especially from Hungary and Sweden – show us that prohibiting corporal punishment by law alone is not enough.

Legislation needs to be accompanied by intensive and long-term information campaigns in order to have a considerable impact on behaviour and attitudes concerning violence. General Comment 13 on Article 19 of the Convention on the Rights of the Child, as well as the available evidence and practice-based knowledge, show that awareness campaigns are important measures to promote respectful child-rearing free from violence. However, more research is needed to identify what makes such campaigns effective.

What we did notice in our project is that all our countries have outlined policies and practices regarding prevention and treatment and have many measures in place. However, there is clearly a large variation in the quantity and quality of both policies and practices. What is lacking in all countries is a systematic approach to the implementation of policy and practice.

The simple circular approach of *Plan, Do, Check, Act* (the so-called PDCA-cycle) is hardly used in a sustainable way in policies and services. At all levels on-going threats can be distinguished that prevent the necessary continuation and systematic implementation. This ranges from other burning issues pushing violence against children from the political agenda, budget cuts for services due to financial crisis, and changes in management and professionals leading to shifts in priorities.

In the implementation of evidence and practice-based knowledge we should pay extra attention to the professionals working with children and young people. The General Comment states that *“all who come in contact with children are aware of risk factors and indicators of all forms of violence, have received guidance on how to interpret such indicators, and have the necessary knowledge, willingness and ability to take appropriate action.”*

This requires good initial education as well as continuous training of professionals working with children, parents and families. One of the main issues affecting professionals is the balance between:

- *Underreporting* (letting the fragile relationship with the parents prevail and not always putting the risk for the child first)

- and *Overreporting* (which can be caused by their obligation to report and a fear for the consequences if they don't do so).

This will be an on-going issue for most professionals and therefore support structures and supervision for professionals should be obligatory. In the end, the professionals are the ones who have to make the difference, not the systems. We should also develop systems for accountability that stimulate reflection and improvement instead of blaming and shaming.

Ensuring and implementing integrated working

We have already underlined the need for national coordinating frameworks as mentioned in General Comment 13. Such frameworks are the first step towards incorporating provisions of comprehensive and integrated measures. They create unity in policies and legal measures. But frameworks are not enough.

Practice-based knowledge from our research shows that there are already many good examples of integrated tools and services for tackling child abuse and neglect in various countries, of which the effects and outcomes can be placed somewhere on the care continuum. These examples – for instance the *family centres* that currently exist in various countries including Germany, Sweden and The Netherlands – could play an important role in the prevention of abuse and neglect. Tools and instruments for reporting, documenting and assessing abuse and neglect help professionals to detect possible abuse situations earlier and quicker and help to develop a common language among practitioners. Also *one-stop-shop* services for reporting and treating child abuse such as the *Children's Houses* in Sweden help to make professionals work together.

Countries have varying child welfare systems and legislation, which makes it virtually impossible to directly transfer effective tools or services. But one thing we can do is to describe various good examples of integrated tools and services and try to capture what makes them work. Our practice-based evidence, based on a limited number of

interviews with parents and professionals does demonstrate that integrated working and bringing services together is challenging for professionals, but more fruitful in the end. It is clearly working better for parents, as they have to tell their story only a limited number of times. However, more practice and evidence-based knowledge is required to determine whether the currently available integrated tools and services are also effective in realizing the best outcomes for children and whether they are cost-effective.

Policy and practice should be based on the empowerment and participation of children and parents

One of the most striking outcomes of our interviews with parents, is the lack of trust and how disrupting this is for the care process. This comes as no surprise, since it is backed up by research and also reflected in the negative attitude that parents show towards care agencies in many countries: “*they are only coming to take my children away*”. It is also clear that many parents feel they have to tell the story over and over again to a series of care agencies, which could be overcome if services are better integrated and work together.

But this is not enough. We often read in policy papers that services should be more *client friendly* and *family-centred*. Taking into account the wider social context of parents, children and families as this will have an effect on the possibilities for intervention, we should study more carefully what this really entails. Are we talking about empowerment and participation, focusing on strengths rather than on problems? Are we making enough use of the informal support systems of families and children, do professionals have the right tools for supporting these processes?

It is clear that the effect and outcome of our policies, preventive measures, interventions and treatment can only be improved if they meet the needs of parents and children. We clearly need to put more emphasis on the empowerment and participation of parents and children. We all agree – which is reflected in policy and action plans – that children and parents should be at the heart of our services. But looking at the feedback

from parents in often very vulnerable situations it becomes apparent that we are not very successful in doing so.

Preventing and combating child abuse has clearly become part of the policy agendas and services in the countries that participated in this study, but there still is a lot of work to do to ensure that children and their parents are indeed put at the heart of this process.



8 References

- Addink, A.M. et al.(2012) *Checklist SamenWerken aan hulp voor mishandelde kinderen en hun ouders*. Utrecht: Netherlands Youth Institute.
- Ångman, I. & Gustafsson, M. (2011). *Combating child abuse and neglect in Sweden*. Örebro: regional council.
- Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect. Does it really make a difference? *Child and Family Social Work*, 7, 57-63.
- Baat, M. de, Linden, P. van der, Kooijman, K. & Vink, D. (2011). *Combatting child abuse and neglect in the Netherlands*. Utrecht: Netherlands Youth Institute.
- Barlow, J. & Schrader-McMillan, A. (2009). *Safeguarding Children from Emotional Maltreatment: What Works?* London: Department for children, schools and families.
- Berg- le Clercq, T. (2012). *Combating child abuse and neglect in Germany, Hungary, Portugal, Sweden and the Netherlands. Final Report of Workstream 1: Collecting and Comparing Strategies, Actions and Practice*. Utrecht: Netherlands Youth Institute.
- Berge,I. ten et al. (2012) *Stoppen en helpen, een adequaat antwoord op kindermishandeling*. Utrecht: Netherlands Youth Institute.
- Berger, L. M. & Waldfogel, J. (2011). *Economic Determinants and Consequences of Child Maltreatment*. OECD Social, Employment and Migration Working Papers, No. 111. OECD Publishing.
- Berry, M., Charlson, R. & Dawson, K. (2003). Promising Practices in Understanding and Treating Child Neglect. *Child and Family Social Work*, 8, 13-24.
- Bettmann, J. E. & Jaspersen, R. A. (2009). Adolescents in Residential and Inpatient Treatment: A Review of the Outcome. *Child and Youth Care Forum*, 38, 161 – 183.
- Bilukha, O., Hahn, R. A., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., Snyder, S., Tuma, F., Corso, P., Schofield, A., Briss, P. A. & Task Force on Community Preventive Services (2005). The effectiveness of early childhood home visitation in preventing violence. *American Journal of Preventive Medicine*, 28, 11-39.
- Black, D.A., Heyman, R.E. & Smith Slep, A.M. (2001). Risk factors for child physical abuse. *Aggression and Violent Behavior*, 6, 121-188.
- Brown, J., Cohen, P., Johnson, J.G. & Salzinger, S. (1998). A Longitudinal Analysis of Risk Factors for Child Maltreatment: Findings of a 17-Year Prospective Study of Officially Recorded and Self-Reported Child Abuse and Neglect. *Child Abuse & Neglect*, 22, 1065-1078.
- Bussmann, K.-D., Erthal, C., & Schroth, A. (2009). *The Effect of Banning Corporal Punishment in Europe: A Five-Nation Comparison*. Manuscript, Halle-Wittenberg.
- Butchart, A., Phinney Harvey, A., Mian, M. & Fürniss, T. (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. World Health Organization and International Society for Prevention of Child Abuse and Neglect.
- Carter, Y.H., Bannon, M.J., Limbert, C., Docherty, A. & Barlow, J. (2006). Improving child protection: a systematic review of training and procedural interventions. *Archives of Disease in Childhood*, 91, 740–743.
- Chadwick Center for Children and Families. (2009). *Closing the quality chasm in child abuse treatment, volume II: Partnering with youth and families in mental health treatment for child abuse*. San Diego, CA: Chadwick Center for Children and Families.
- Charles, M. & Howard, J. (2011). Investing in Interagency Training to Safeguard Children: An Act of Faith or an Act of Reason? *Children & Society*, 23, 364–376.

- Cohen, J.A., Berliner, L. & Mannarino, A.P. (2003). Psychosocial and Pharmacological Interventions for Child Crime Victims. *Journal of Traumatic Stress, 16*, 175–186.
- Colton, M., Roberts, S. & Williams, M. (2008). The recruitment and Retention of Family Foster-Carers: An International and Cross-Cultural Analysis. *British Journal of Social Work, 38*, 865-884.
- Committee on the Rights of the Child (2011). *General Comment No. 13: The right of the child to freedom from all forms of violence*.
- Council of Europe. Building a Europe for and with children. http://www.coe.int/t/dg3/children/Default_en.asp Retrieved February 7, 2012
- Damashek, A., Balachova, T. & Bonner, B. (2011). Training Competent Psychologists in the Field of Child Maltreatment. *Journal of Clinical Psychology, 67*, 752-757.
- Darimont, F. (2010). *Nachhaltige Erreichbarkeit von psychosozial hochbelasteten Familien. Eine Literaturexpertise*. München: Deutsches Jugendinstitut.
- Davies, J. & Ward, H. (2011). *Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment. Executive Summary*. London: Department of Education.
- Davies, J. & Ward, H. (2012). *Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment*. London & Philadelphia: Jessica Kingsley Publishers.
- DePanfilis, D. (1999). Intervening with Families when Children Are Neglected. In Dubowitz H. (Ed.). *Neglected Children. Research, Practice, and Policy* (pp. 211-236). Thousand Oaks: Sage.
- Egeland, B., Jacobvitz, D. & Sroufe, L.A. (1988). Breaking the Cycle of Abuse. *Child Development, 59*, 1080-1088.
- European Commission. Justice. An EU agenda for the rights of the child. http://ec.europa.eu/justice/fundamental-rights/rights-child/eu-agenda/index_en.htm Retrieved February 7, 2012
- Federal Ministry for Family Affairs, Senior Citizens, Women and Youth - BMFSFJ (Ed.) (2011). *Plan of Action of the Federal Government for the Protection of Children and Young People from Sexual Violence and Exploitation*. Berlin: BMFSFJ.
- Feeny, N.C., Foa, E.B. & March J. (2004). Posttraumatic Stress Disorder in Youth: A Critical Review of the Cognitive and Behavioural Treatment Outcome Literature. *Professional Psychology: Research & Practice, 35*, 466–476.
- Frank, R. & Räder, K. (1994). *Früherkennung und Intervention bei Kindesmißhandlung. Forschungsbericht*. München: Bayerisches Staatsministerium für Arbeit und Sozialordnung, Familie, Frauen und Gesundheit.
- Galm, B. & Derr, R. (2011). *Combating Child Abuse and Neglect Child Protection in Germany. National Report*. München: German Youth Institute.
- Gilbert, N., Parton, N. & Skivenes, M. (2012). *Child Protection Systems : international trends and orientations*. Oxford: Oxford University Press.
- Global Initiative to End All Corporal Punishment of Children (2012). Global table – last updated January 2012. http://www.endcorporalpunishment.org/pages/frame.html?http%3A//www.endcorporalpunishment.org/pages/progress/table_a-d.html Retrieved February 7, 2012
- Goldbeck, L., Laib-Koenemund, A. & Fegert, J.M. (2007). A randomized controlled trial of consensus-based management. *Child Abuse & Neglect, 31*, 919-933.
- Heijkant, S. van den, Struijf, E. & Kooijman, K. (2012). *Factsheet VoorZorg, March 2012. Nursing support during pregnancy, parenting and development*. Utrecht: Netherlands Youth Institute.
- Helming, E. (2010). Die Wirkungen von Umgangskontakten und ihre mögliche Bedeutung für die Kinder. In Kindler H., Helming E., Meysen T. & Jurczyk K. (Hg.). *Handbuch Pflegekinderhilfe* (pp. 571-580). München: German Youth Institute.
- Hermanns, J. (2011). *Fighting Child Abuse An Effective Approach*. Utrecht: Netherlands Youth Institute.
- Herczog, M. (2011). *Country Report on child abuse and neglect in Hungary. The Family Child Youth Association*.

- Horwath, J. & Morrison, J. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect* 31, 55–69.
- Horwath, J. & Morrison, J. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development. *Children and Youth Services Review* 33, 368–375.
- Hunter, C. (2011). *Responding to children and young people's disclosures of abuse. NCPC Practice Brief*. Melbourne: Australian Institute of Family Studies.
- Juffer (2010). *Beslissen over kinderen in problematische opvoedingssituaties: inzichten uit gehechtheidsonderzoek*. Den Haag: Raad voor de Rechtspraak.
- Kanis, P. (2011). *Het waarom en hoe van samenwerken tussen organisaties ten dienste van het kind*. Presentation at the Verder met de regionale aanpak kindermishandeling Conference, Nieuwegein, 14 February 2011. Accessible at: <http://www.nji.nl/nji/download/congressen/110214PresentatieKenis.pdf>.
- Keys, M. (2009a). Determining the Skills for Child Protection Practice: From Quandary to Quagmire? *Child Abuse Review*, 18, 297–315.
- Keys, M. (2009b). Determining the Skills for Child Protection Practice: Emerging from the Quagmire! *Child Abuse Review*, 18, 316–332.
- Kindler, H. (2010). Die Entscheidung für die Unterbringung eines Kindes in einer Pflegefamilie. In Kindler, H., Helming, E., Meysen, T. & Jurczyk, K. (Hg.). *Handbuch Pflegekinderhilfe* (pp. 282-343). München: German Youth Institute.
- Kindler, H., Pluto, L. & Strobel, B. (2008). *Kinderschutz im Jugendamt der Hansestadt Lüneburg. Abläufe, Kommunikationswege und Handlungskriterien*. München: German Youth Institute.
- Kindler, H. (2008). *Wie könnte ein Risikoinventar aussehen? Kurzfassung einer Expertise für das Projekt „Guter Start ins Kinderleben“*. München: German Youth Institute.
- Kindler, H. & Spangler, G. (2005). Wirksamkeit ambulanter Jugendhilfemaßnahmen bei Misshandlung bzw. Vernachlässigung. *Kindesmisshandlung und -vernachlässigung*, 8, 101-116.
- Kindler, H. & Schmidt-Ndasi, D. (2011). *Wirksamkeit von Maßnahmen zur Prävention und Intervention im Fall sexueller Gewalt gegen Kinder*. Herausgegeben von Amaryn e.V. München: German Youth Institute.
- Kurtz, P., Gaudin, J., Howing, P. & Wodarski, J. (1993). The consequences of physical abuse and neglect on the school age child: Mediating factors. *Children and Youth Services Review*, 15, 85 – 104.
- Lalayants, M. & Epstein, I. (2005). Evaluating Multidisciplinary Child Abuse and Neglect Teams: A Research Agenda. *Child Welfare*, 84, 433-458.
- Lalayants, M. (2010). *Multidisciplinary clinical consultation in child protection: Contextual influences and stakeholder perceptions of best practices*. Dissertation.
- Lamb, M. E., Hershkowitz, I., Orbach, Y., & Esplin, P. W. (2008). *Tell me what happened: Structured investigative interviews of child victims and witnesses*. Chichester, UK and Hoboken, NJ: Wiley.
- Landolt M.A. (2004). *Psychotraumatologie des Kindesalters*. Göttingen: Hogrefe.
- Layzer, J. I., Goodson, B. D., Bernstein, L. & Price, C. (2001). *National evaluation of family support programmes. Volume A: The meta-analysis*. Cambridge, MA.: Abt Associates Inc.
- Leathers, S. J. (2002). Foster Children's Behavioural Disturbance and Detachment from Caregivers and Community Institutions. *Children and Youth Services Review*, 24, 239 – 268.
- Lengning, A. & Zimmermann, P. (2009). *Evaluation von Interventions- und Präventionsmaßnahmen im Bereich Früher Hilfen: Internationaler Forschungsstand, Evaluationsstandards und Empfehlungen für die Umsetzung in Deutschland*. Expertise im Auftrag des Deutschen Jugendinstituts München. Köln: NZFH.
- London K., Bruck M., Ceci S.J., & Shuman D.W. (2005). Disclosure of child sexual abuse. What does research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11, 194-226.
- Macsenaere, M., Paries, G. & Arnold, J. (2008). *Evaluation der Sozialpädagogischen Diagnose-Tabellen (EST!) - Abschlussbericht*. Mainz: IKJ.

- Mak, J. & Steketee, M. (2012, to be published). *Prevent and combat Child Abuse and Neglect. International Report of Workstream 2. Experiences of Parents and Professionals: What Works?*. Utrecht: Verwey-Jonker Institute.
- Maskell- Graham, D. & Davies, C. (2011). *Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment. Messages for professionals working in children's social care. Research brief*. London: Department of Education.
- Melton, G. B. (2005). Mandated reporting: a policy without reason. *Child Abuse and Neglect*, 29, 9-18.
- Montfoort, A. van & Slot, N. (2007). *Handboek Delthamethode Gezinsvoogdij*. Amsterdam/Woerden: PI Research/Adviesbureau Van Montfoort.
- Nothhafft, S. (2009). *Landesgesetzliche Regelungen im Bereich des Kinderschutzes bzw. der Gesundheitsfürsorge*. München: German Youth Institute.
- Nüsken, D., Lindner, E., Bastian, P. & Sievers, B. (2008). *Wissenschaftliche Analyse der Elternbriefe für Nordrhein-Westfalen*. Düsseldorf: MGFFI.
- OHCHR 1996-2007. *Convention on the Rights of the Child*. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989. Entry into force 2 September 1990, in accordance with article 49
- OECD Family Database (2010). SF 3.4: *Family Violence*. Paris: OEDC.
- Ooms, H. & Wildchut, M. (2011). Implementation guide.
- Oswald, S. H., Fegert, J. M. & Goldbeck, L. (2010). Traumafolgestörungen bei Pflegekindern nach Misshandlung und Vernachlässigung. *Verhaltenstherapie*, 20, 37-44.
- Pecora, P. (2007). *Why Should the Child Welfare Field Focus on Minimizing Placement Change as Part of Permanency Planning for Children?* Presentation at the California Permanency Conference, Davis, 20 – 21 March 2007. Accessible at: www.casey.org/Resources/Publications/pdf/MinimizingPlacements.pdf. (2012-09-15)
- Pecora, P.J., Sanders, D., Wilson, D., English, E., Puckett, A. & Rudlang-Perman, K. (2012). *Addressing Common Forms of Child Maltreatment: Evidence-Informed Interventions and Gaps in Current Knowledge. Research Brief*. Seattle Casey Family Programmes.
- Percy-Smith, J. (2006). What Works in Strategic Partnerships for Children: a Research Review. *Children & Society*, 20, 313–323.
- Perista, P. & Silva, M.J. (2011). *Combating child abuse and neglect in Portugal*. CESIS.
- Peters, F. (2006). Zum Stichwort: Wirkungsorientierung / wirkungsorientierte Steuerung. *Forum Erziehungshilfen*, 12, 260–261.
- Pipe M.E., Lamb M.E., Orbach Y., & Cederborg A.C. (2007). *Child Sexual Abuse. Disclosure, Delay, and Denial*. Mahwah: Erlbaum.
- Platt, D. & Turney, D. (2012). Child & Family Social Work Special Issue: Parental Engagement with Services when Children may be at Risk. *Child & Family Social Work*, 17, 115-117.
- Price-Robertson, R. & Bromfield, L. (2011). *Risk assessment in child protection. NCPC Practice Brief*. Melbourne: Australian Institute of Family Studies.
- Reynolds, A.J., Mathieson, L.C. & Topitzes, J.W. (2009). Do Early Childhood Interventions Prevent Child Maltreatment? A Review of Research. *Child Maltreatment*, 14, 182-206.
- Rooijen, K. van, Berg, T., Bartelink, C.(2011). *Wat werkt bij de aanpak van kindermishandeling?* Utrecht: Netherlands Youth Institute.
- Ryan, J. & Testa, M. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, 27, 227 – 249.
- Salgo, L. (2006). Weshalb und wie ist die Geeignetheit eines Kindes oder eines/einer Jugendlichen für die Adoption gemäß § 36 Abs. 1 Satz 2 SGB VIII zu überprüfen? In Kindler, H., Lillig, S., Blüml, H., Meysen, T. & Werner, A. (Hrsg.), *Handbuch Kindeswohlgefährdung nach § 1666 BGB und Allgemeiner Sozialer Dienst* (Kap. 77). München: German Youth Institute.

- Schorr, L.B. & Marchand, V. (2007). *Pathway to the Prevention of Child Abuse and Neglect*. Project on Effective Interventions. Pathways Mapping Initiative.
- Schumacher, J.A., Smith Slep, A.M. & Heyman, R.E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior*, 6, 231-254.
- Spangler, G. (2003). *Wirksamkeit ambulanter Jugendhilfemaßnahmen bei Misshandlung bzw. Vernachlässigung. Eine internationale Literaturübersicht*. München: German Youth Institute.
- Stals, K. (2012) De cirkel is rond. *Onderzoek naar succesvolle implementatie van interventies in de jeugdzorg. Proefschrift*. Utrecht: Utrecht University.
- Stanley, N., Miller, P. & Richardson Foster, H. (2012). Engaging with children's and parents' perspectives on domestic violence. *Child & Family Social Work*, 17, 192–201.
- Svevo-Cianci, K.A, Herczog, M., Krappman, L. & Cook, P. (2011). The new UN CRC General Comment 13: 'The right of the child to freedom from all forms of violence'—Changing how the world conceptualizes child protection. *Child Abuse & Neglect*, 35, 979– 989.
- Thaiss, H., Klein, R., Schumann, E. C., Ellsäßer, G. Breitkopf, H. et al. (2010). *Früherkennungsuntersuchungen als Instrument im Kinderschutz. Erste Erfahrungen der Länder bei der Implementation appellativer Verfahren*. Bundesgesundheitsblatt, 10, 1029-1047.
- The Gallup Organization (2009). *Flash EB Series #273. The Rights of the Child*.
- Therapeutische Frauenberatung e.V. (year unknown). Back Up the Children. http://www.therapeutische-frauenberatung.de/summary_back-up.htm Retrieved October 30, 2012.
- Thoburn, J. & members of the Making Research Count Consortium (2009). *Safeguarding Briefing 1: Effective interventions where there are concerns about, or evidence of, a child suffering significant harm – considers the questions we should ask about and for the families we work with*. London: C4EO.
- Unicef (year unknown). *The Convention on the Rights of the Child. Protection rights: keeping safe from harm*.
- United Nations (2010). *Resolution adopted by the General Assembly . 64/142. Guidelines for the Alternative Care of Children*.
- White, A. & Walsh, P. (2006). *Risk assessment in child welfare. An issues paper*. Sydney: NSW Department of Community Services.
- World Health Organization (2007). *Preventing child maltreatment in Europe: a public health approach. Policy briefing. Rome Violence and Injury Prevention Programme*. Copenhagen: WHO Regional Office for Europe.
- World Health Organization (2010). Child maltreatment. Fact sheet N°150 August 2010. <http://www.who.int/mediacentre/factsheets/fs150/en/index.html>

The Netherlands Youth Institute - The Netherlands

The Netherlands Youth Institute is the Dutch national institute for child and youth matters. Its main aim is an optimal development of children and young people by improving the quality and effectiveness of youth and parent services. As an expert centre, the Netherlands Youth Institute links scientific research to the practitioners' need for knowledge. It supports professionals in the field of children and youth through advice on policy, programmes and implementation, and by training professionals in evidence based methods.

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Verwey-Jonker Institute - The Netherlands

The Verwey-Jonker Institute is a national, independent institute for applied research into social issues. The Institute has a longstanding reputation on policy-strategic and evaluative research on issues in the public and social/societal spheres. The outcomes are being used to improve governance and effectiveness of policies, organisations and governments. Research projects are financed by government bodies at different levels, including the European Commission. Some topics of research are: youth participation, citizenship, volunteering, socialisation, social integration, inclusion of ethnic minority youth and disadvantaged youth, and governance strategies for youth policy.

www.verwey-jonker.nl / info@verwey-jonker.nl

Orebro Regional Development Council - Sweden

The overall task of the Regional Development Council is to gather the county's resources in regional politics into an effective, democratically controlled organisation. The purpose and task of the organisation is to improve conditions for sustainable growth and to contribute to the best possible quality of life throughout the whole of Orebro County. The Regional Council's operations comprise mainly duties within industrial development, tourism, communications, infrastructure, the labour market, life-long learning, social welfare, environment and community development, international co-operation, culture and leisure/recreation.

www.regionorebro.se / regionorebro@regionorebro.se

The Family Child Youth Association - Hungary

The Family Child Youth Association (FCYA) since 1993 has been providing training and support to professionals in the area of child welfare and protection in Hungary, families and children in difficult situations and all those working with or are interested in children's rights, protection. The activities of FCYA include research, conduction of surveys, participating in EU co-funded projects and working together with universities conducting research. The Association organises training on different forms of mediation, child abuse, children's rights and it also provides training and professional supervision of future foster parents.

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CESIS, centre for studies on social interventions - Portugal

CESIS, centre for studies for social intervention - Portugal CESIS is a non profit independent organisation of researchers from a range of disciplinary backgrounds concerned to promote evidence-based, policy-relevant research at both national and European level. CESIS promotes and carries out research and action-research projects, evaluation, training, consultancy and expert advice. Among the areas of research and action-research that have secured a continuity of programmes and projects, giving rise to research reports, seminar papers, articles and books as well as pedagogical tools, the following are worth mentioning: children and young people, poverty and social exclusion, ageing and older people, migrants and ethnic minorities, work and labour, housing, homelessness, gender equality, human rights, and social policies.

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The German Youth Institute - Germany

The German Youth Institute (Deutsches Jugendinstitut e.V.) is Germany's largest non-university research institute devoted to the study of children, youth, and families. The Institute is mainly funded by the Federal Government and Germany's Laender. Additional funds come from the European Commission and national and international foundations. The German Youth Institute employs a wide range of quantitative and qualitative research strategies and methods such as continuous social monitoring of changing living conditions and studies on specific socio-political questions. Based on its research results, the Institute provides expertise and data bases for policy makers and practitioners at the European, federal, regional, and local level.

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Netherlands Youth Institute (Nederlands Jeugdinstituut, NJi)

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