Case studies of selected policies from the PIECES project
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Introduction

This document stems from PIECES – Policy Investigation in Europe on Child Endangerment and Support, a two year initiative led and coordinated by the European Child Safety Alliance (ECSA) in partnership with experts in Austria, England, France, Lithuania, Romania and Spain.

The aim of the project was to conduct in-depth investigations of select policy issues in violence against children in the EU28 plus Norway, in order to provide a better understanding of how those policies are being implemented, monitored and evaluated. The intent was that the knowledge gained will assist in further defining good practice in the field of children and violence.

The target audience for the results are national and European governments and agencies who assess, set policy and invest in the prevention of violence against and by children as well as researchers in the field of child policy. The information gained will assist in further defining good practice in the field of children and violence.

The project consisted of four steps:

- Development of a key informant list of those knowledgeable on the adoption, implementation and monitoring of policies to address violence against children in the EU28 plus Norway in order to ensure collection of valid detailed data on existing policies.
- Selection of 6 policies areas for more detailed study with the input of key informants to ensure those selected would have the most benefit to the field in Europe.

1. National plans/strategies addressing violence against children
   This investigation involved an in-depth look at the content of existing national plans/strategies addressing violence against children to assess what was and was not covered. The investigation used a children’s rights framework to explore key areas of provisions for primary prevention, protection, bringing justice, overcoming harm and child participation and their implementation including the legal framework, system response, resources, capacity, coordination and cross sector working responsibilities.

2. National data sources on violence against children
   This investigation involved an in-depth exploration of existing routinely collected administrative data and periodic surveys in the area of violence against children, including suicide as a potential outcome of abuse.

3. Reporting and follow-up of violence against children
   This investigation explored in-depth the reporting mechanisms for violence against children and the processes for following-up reported cases. It also looked at specialisation of staff working in child protection services and the way training is organized in CP agencies.

4. National Home Visiting and Parenting Programmes
   This investigation involved an in-depth exploration of national home visitation programmes (both population-based and targeted programmes) and family support programmes in early childhood (parenting programmes, etc.).

5. National Multidisciplinary Child Death Review
   This investigation involved an in-depth look at national multi-disciplinary child death review committees to identify current practices and the benefits of these reviews for improving policy and practice for monitoring, preventing and responding to violence against children.

6. National awareness activities on violence against children
   This investigation involved an in-depth look at national awareness raising campaigns related to violence against children.

- Development and implementation of online surveys addressing the six policy areas selected to capture issues such as scope, target audiences, roles and responsibilities, infrastructure, barriers and enabling factors related to adoption, implementation and monitoring of policies including the level at which these activities/factors occur (national, regional, municipal, community, etc.).
- Analysis, synthesis and expert consultation on survey results and the identification of gaps, recommendations for good practice and issues to be considered when transferring policies to other Member States and priorities for further research.

The final step also included using the survey results to identify potential examples of good practice across the policy areas that would make good case studies.

We set out to provide case studies that illustrated some of the approaches being implemented and provided a more detailed analysis of facilitators and barriers to the adoption, implementation and monitoring of policies or programmes, lessons learned and advice to assist those considering implementing or enhancing a policy or programme in their own setting. We tried to identify at least one case study for each policy area and also provide examples from different countries.

For each potential case study selected, a contact person was identified and contacted to ascertain whether they were willing to assist with the case study. Once this was established, guidelines for the development of a case study, including a list of questions were shared and the contact had the choice of being interviewed or completing the questions on their own and answering any follow-up questions that arose.

The questions covered the following information:

- Implementation level (at what level was the policy focussed – national, regional or local?)
- Strategy approach (e.g., education, infrastructure development, etc.)
- Setting of intervention (where did the intervention take place?)
Once the responses were available each case study was written up and edited into a consistent format that was returned to the contact in an iterative review process to ensure accuracy before being considered final.

From a list of eight possible case studies put forward by project team members, we were able to find a contact willing to complete the five presented here.
National Strategic Plan for Childhood and Adolescence: a way to address child intentional injuries - Spain (P1)

Background

Spain ratified the United Nations Convention on the Rights of the Child (CRC) on December 6, 1990. The examination of Spain’s second report on the implementation of the Convention produced a recommendation from the Committee on the Rights of the Child on the “need to develop a comprehensive strategy for children based on the principles and provisions of the CRC”.

In 2003 the Directorate General of Social Services for the Family and Children, together with the Applied Psychology Center of the Madrid Autonomous University, was charged with developing a background document to serve as the basis for the development of a national strategy. They undertook research including reviews of institutional documentation, collection of information through surveys, personal interviews with experts and key informers and the development of population indicators and follow up indicators.

The final report identified a number of issues related to child intentional injury including: mental health care, accessibility and continuity of care in the public health system; conciliation of family and labor life; poverty and social exclusion; interventions to address risk situations and social vulnerability: improve knowledge, prevention and intervention in child intentional injury, child labor, domestic violence, problems related to ethnic minorities, migration of unaccompanied minors, prostitution, abuse and child exploitation.

The conclusions of the study set out the fundamentals for the first National Strategic Plan on Childhood and Adolescence (PENIA). It also served as the response to the commitment of the third National Action Plan for Social Inclusion 2005-2006 signed by the Council of Ministers on September 8, 2005.

The main organization involved in the development of the first plan (I PENIA) was the Childhood Observatory. This organisation was created in 1999 by the Ministry of Labor and Social Affairs as a multidisciplinary working group with the commitment of implementing an information system for sharing valid and trustful information for the design of child politics in Spain. Its creation was the real engine behind the Strategy and it is also the responsible for monitoring progress.

The Childhood Observatory has comprehensive representation of all the relevant public bodies and associations involved in childhood affairs. Its president is the Secretary of State of the Ministry of Health Social Policy and Equality (MSSSI) and the General Director of Family and Childhood Services of the MSSSI and a General Director from one of the Autonomous Regions on a rotating basis serve as the two vice-presidents. The General Sub-director of Social Services’ Programs of the General Direction of Family and Childhood Services serves as the Secretary. The remaining members consist of representatives from each of the Autonomous Regions (at minimum level of General Director and named by the council responsible for child protection), the Spanish UNICEF Committee, five childhood focused non-government organizations, the Youth Council of Spain, the General Director of Migration, the National Statistics Institute, the Sociological Research Center, and the six ministries involved with children and youth.

The first plan, ‘I PENIA’, was approved on June 16, 2006 and spanned 2006 to 2009. An evaluation of the plan in 2010 found that implementation had been uneven in the different Autonomous Regions, in accordance with priorities established regionally based on their respective political, legislative and budgetary situations. In addition, it was concluded that the organization had been negatively influenced by successive state agency institutional changes that occurred during the period of its implementation. For example, childhood policies that belonged to the Ministry of Labor and Social Affairs were transferred to the Ministry

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<th>IMPLEMENTATION LEVEL</th>
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<td>APPROACH</td>
<td>Awareness raising, education, infrastructure development and enforcement of legislation</td>
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<tr>
<td>SETTING</td>
<td>Government, the community, voluntary organisations, the justice, social services and health sectors, scientific and research communities</td>
</tr>
<tr>
<td>TARGET AUDIENCE</td>
<td>All the actors involved in the prevention and approach of child intentional injuries and at other issues related to the wellbeing of childhood: politicians, jurists, education and health professionals, parents, security forces, the children themselves through participation organizations</td>
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<tr>
<td>EVIDENCE BASE</td>
<td>The need for comprehensive overarching framework addressing prevention and protection responses through integrated and coordinated child protection systems is recognised and supported by a number of recent policy documents and reviews (Council of Europe, 2009; European Commission, 2015; FRA, 2014)</td>
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of Education and Sports, then to the Ministry of Health and Social Policy, and finally to the Ministry of Health, Social Policy and Equality. Additionally it was found that the different stakeholders who participated in the process of implementing ‘I PENIA’ have not always understood clearly their role in the decision making, have been uneven in their participation resulting in actions not being sustained over time and with different levels of responsibility.

Based on the outcomes of the evaluation of ‘I PENIA’, a second plan ‘II PENIA’ was developed and approved on April 5, 2013, spanning the period 2013 to 2016. It is a comprehensive plan on for enhancing childhood and adolescence that includes the study of and strategies to address predisposing factors for child intentional injury such as the protection of socially vulnerable families. Its eight objectives cover the knowledge of the situation with appropriate data registries, support for families, media and new technologies, social interventions, social rehabilitation, quality education, a holistic approach to healthcare and child participation.

**Aims & Objectives**

The plan ‘II PENIA’ lists eight objectives, some of which directly relate to child intentional injury.

- **Objective 1**: promote knowledge of the situation (registers) making the population aware and mobilizing social actors.
- **Objective 2**: make progress in promoting policies to support families.
- **Objective 3**: promote children’s rights and child protection in relation to the media and information technology (grooming, child pornography, minors’ corruption, cyberbullying…)
- **Objective 4**: promote social care and intervention to children and adolescents at risk of vulnerability (residential care, foster care, adoptions).
- **Objective 5**: intensify prevention and rehabilitation of children and adolescents in situations of social conflict.
- **Objective 6**: ensure a quality education for all children and adolescents.
- **Objective 7**: ensure holistic health care (including child mental health care).
- **Objective 8**: encourage child participation by promoting the right expression forums.

**Key Steps**

- There have been important legislative developments to support efforts including 15 laws, 19 more detailed plans and 10 agreements (see p. 21-14 of the ‘II PENIA’ document).
- In relation to child intentional injury the relevant more detailed plans have been:
  - II and III Action Plan against commercial sexual exploitation of childhood and adolescence (agreed by the Childhood Observatory on December 2010)
  - National Plan on sensitization and prevention of gender violence (2006-2008)
  - National Strategic Plan on abuse drugs (2008-2012)
  - National Plan on human rights (approved in 2008)
  - recommendation on “support policies for positive parenting” adopted by de Committee of European Ministers in 2006
  - adhesion to the Council of Europe Convention on children against sexual exploitation and sexual abuse, ratified by Spain in 2010
  - convention on Jurisdiction and co-operation in respect to parental responsibility and measures for the protection of children (concluded The Havre October 1996) ratified by Spain in 2010
  - European Convention of the Council of Europe on the adoption of children, ratified by Spain in 2010
  - III Optional Protocol to the Convention on the rights of the child to communicate specific violations of the rights of individual children, signed by Spain in 2012 and ratification in process.
- ‘I PENIA’ added the gender perspective and child participation. A children’s version of the plan was distributed to children’s organizations. They worked with 1,413 children and 3,852 educators. Children were very sensitive with the topic of family (unemployment, crisis and specially child abuse) and with the problems of coexistence between different cultures and poverty. This work has continued within II PENIA.
- The incorporation of private companies in the implementation of ‘I PENIA’ allowed many of them to include children as a priority in corporate social responsibility and this continues in the current plan.
- The approach taken, which encourages a high level of participation, involvement and collaboration amongst all stakeholders, has been very well received, especially by NGOs for children who have been highly involved in decision-making.

**Funding/budget**

The current strategic plan II PENIA has a total estimated cost of just over 5,000 million Euros; with 14% of the budget coming from the national government and the remainder from the Autonomous Regions. This budget is conditioned to the achievement of financial sustainability of the different regional governments.
Evaluation

‘I PENIA’ was evaluated in 2010. It was the first plan of this kind in Spain and there were challenges with the initial evaluation. The indicators set out in ‘I PENIA’ have proved to be inadequate instruments for measuring the impact of specific measures, although they do allow tracking of other important population based measures. Additional work has been undertaken to develop more precise measures for the evaluation of the second plan (‘II PENIA’) that will allow more specific impact measurements as well as exploring cost related questions.

Despite the limitations, a previously unachieved high level of participation and collaboration of all social agents has been attained, as well as an increased level of awareness in the general population and an increased sensitivity towards childhood issues in general and child abuse in particular.

One particular important change has been recognition of the need to address the impact of children exposed to domestic violence in the home. These cases are now registered and support programmes and sensitization for professionals are now in place to begin to address this gap.

The key issues identified through the evaluation are and continue to be leadership and the capacity of senior directors to manage cooperation and co-work of such an ambitious plan with so many agencies and professionals coming from so many different backgrounds.

Finally, the economic crisis in Spain has deeply impacted funding to support implementation in the Autonomous Regions. Given they are underwriting the greatest proportion of the financial investment for the national plan, the economic crisis will continue to affect available funds.

Barriers and facilitators for adoption, implementation and monitoring

- **Barriers:** The main barriers have been related to organisational problems and the administrative complexity of the nation of Spain. While all were involved in the development and adoption of both ‘I and II PENIA’, implementation has been uneven among the Autonomous Regions. In addition, the successive changes in the ministries over time have meant that competences in childhood related issues have changed from one ministry to another, impacting consistency, competency and capacity.

- **Facilitator:** The leadership of the MSSSI and the development of the Childhood Observatory have facilitated both adoption and implementation given the broad representation and high level of decision making that sit at the meetings. This structure and the determined will of all in approaching the issues in as comprehensive a way as possible have led to stronger plans. However these same characteristics have made coordination and distribution of responsibilities challenging.

- **Facilitator:** Monitoring has been facilitated by the use of indicators to provide clear and precise information on the situation of children in Spain. However the indicators adopted under ‘I PENIA’ have not been adequate to allow assessment of the impact of specific measures. To address this barrier, ‘II PENIA’ sets out more precise monitoring and evaluation mechanisms for the policies developed. Finally it was not possible to make a comprehensive assessment of the costs incurred for childhood and adolescence issues in plan ‘I PENIA’ but this aspect of monitoring has been added to ‘II PENIA’.

Lessons learned

- Given that implementation for the most part occurs at the sub-national level, improving central coordination and cooperation across the sub-national level is important.

- Collaborative efforts can produce new information not previously available such as the identification of the need to address children exposed to domestic violence as a separate at-risk group.

- A comprehensive approach also allows the identification of groups of children with special needs. For example:
  - children born abroad that have doubled, increasing from 4% of the population under 18 years in 2001 to more than 8% in 2011;
  - Roma children that continue to have school absenteeism and premature drop of school;
  - minors less than 15 years old living with a disability (estimated as 138,700 in 2008); and
  - children under guardianship or custody of the authorities (35,569 in 2010).

- Having a multi-disciplinary, multi-ministerial mechanism such as the Childhood Observatory allows exchange of experience and provides opportunities for discussion and enhanced coordination.

- The establishment of the Childhood Observatory and its comprehensive look at the situation in Spain has also highlighted other issues where further investment is required:
  - Analyses have reinforced the need to support families during the economic crisis, particularly families with 3 or more children (487,000 in 2011) and single parent families (548,600 in 2011).
  - Social spending on family protection in Spain is low; in 2009 in the EU it averaged 2.3% of GDP while in Spain it was only 1.5%.
  - The poverty risk rate in households in Spain in 2012 increased to more than 8% in 2011; to 6% in 2010.

- Children are an important population based measures. Additional work has been undertaken to develop more precise measures for the evaluation of the second plan (‘II PENIA’) that will allow more specific impact measurements as well as exploring cost related questions.
Need to increase visibility and protection for underage children of women suffering domestic violence (65% of these women have underage children and 55% of those children are victims of violence).

Crimes related to modern technologies. In 2006 there were 392 police reports on child pornography, in 2011 there were 704.

Future reform of the entire legal framework for child protection, based on empowerment of family solutions in opposition to institutional solutions, and permanent versus temporary ones.

Child participation: a growing number of municipalities already have mechanisms to encourage child participation. For example, the program “Child Friendly Cities” is an initiative of the Spanish Committee of UNICEF that is encouraging child participation. However, with only 12% of a total of 8,144 municipalities reporting existing mechanisms, further work is needed. To date schools have proved to be the best setting for engaging children’s participation and approaches to encourage and support this need to be developed.

Advice to countries / transferability

- Success in addressing child intentional injury is only possible with a comprehensive approach based on a broad definition of violence against children that includes the implementation of policies to support families, general awareness, raising activities regarding the magnitude of the problem, and the involvement of all stakeholders in all sectors: legislative, social services, police, education, health services and the children themselves.

- The administration complexity of Spain is a challenge for achieving homogeneity of data, of case definitions, of finances, of legislation, so it would possibly be easier to develop and implement this kind of overarching coordinating framework in smaller and less administrative disperse countries. The key is creating an organization like the Childhood Observatory that brings together and coordinates all involved parts.

References/Additional Information

References


Strategy and background documents


Website

Spanish Childhood Observatory. Weblink: http://www.observatoriodelainfancia.msssi.gob.es/presentacion/home.htm

Contact

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Background

In Denmark, current efforts to prevent violence against children are monitored through nationwide, comprehensive data collection that illuminate, among other things, the prevalence and the character of child abuse and neglect, including physical violence.

Regular nationwide youth surveys illuminate the prevalence and characteristics of sexual abuse and violence against children in Denmark. Data in various national registers include information on hospital contacts due to violence and/or abuse, police reporting and notification to municipalities by suspicion of child maltreatment and/or abuse (e.g., the National Patient Register, the Criminal Statistics and limited statistics from municipalities).

All contacts to hospitals, inpatients, emergency and ambulatory contacts are systematically registered by the individual, civic, personal number of the patient (CPR), in addition to including the reason for contact and the specific code for injury or disease. Hence, it is possible to identify all hospital contacts due to assaults/violence/sexual abuse and to follow the number of contacts among children and youth by sex.

Since 2002, the Criminal Statistics also includes data – registered by the CPR - about the victims as well as the alleged offenders in all cases of violence, sexual abuse, threats etc., which are reported to the police. It is possible to merge data in the different registers and thus to analyse the information available on the same case from different sources (i.e. hospitalisation information and police reports) together. Legislation provides strict rules by which the anonymity of the individual person is respected within the merged datasets.

However, individual municipalities did not undertake a systematic and uniform registration of all notified suspicions of child abuse and violence. Thus, it was not possible to follow all cases of verified and/or suspected child abuse, monitor the results of police investigations, social intervention and medical treatment or evaluate case handling and the outcomes of notifications.

The 2013-2016 action plan highlights the need for improved inter-municipal and inter-regional cooperation and more interdisciplinary co-work to ensure an immediate action and follow-up in any case of alleged child abuse. The action plan builds upon lessons learned from a limited number of badly handled cases of severe intra-familiar assaults and neglect of children, and a recent review of the status concerning municipalities’ casework of alleged child abuse and neglect highlighted.

Of particular concern, moving forward was the finding of a lack of cooperation between different municipalities that had caused serious delay in case handling and/or insufficient response in a number of reported cases of child abuse. Thus, an important action within the plan 2013-2016 is the introduction of an obligation for municipalities to centrally register any notification of suspected child abuse, to start an investigation of the case within 24 hours and to follow-up within a specific time frame. It is anticipated that this will allow comprehensive follow-up of the national strategy, as well as the outcome of the different interventions, counselling and treatments that also form part of the 2013-2016 action plan.

The Ministry of Children, Social affairs and Integration is the key player in implementing the different elements of the action plan, however it was also noted that effective action also depends on different bodies under the Ministries of Justice, Education and Health. Hence, another important target of the 2013-2016 action plan is to improve and support interdisciplinary and trans-sectorial case handling and co-work both at municipality, regional and national levels.

Although governed at the national level, implementation of the action plan depends largely on the efforts in the municipalities and in the regional units, ‘Bernehuse’ (Investigation and counselling centre), which since 2014 coordinate all investigations and the follow-up of cases of suspected child abuse, neglect and violence. The decision
to place the responsible protection units, ‘Børnehus’, within social welfare services at the regional level was the outcome of a national consultation with a broad group of governmental bodies and NGOs. Each of the five regional protection centres, established in 2014, work in close cooperation with the municipalities in their respective region (five regions cover the 88 municipalities in Denmark) in conducting systematic data collection on all contacts, their character, results of investigations, interventions, follow-ups, etc.

Results of this continuous monitoring are published by the Ministry of Social Affairs via the website, http://vidensportal.socialstyrelsen.dk/, which also provides information about all governmental initiatives and actions concerning prevention of child abuse and violence.

This case study highlights the actions taken in the most recent national action plan to strengthen data systems and thus ensure access to data that enables follow-up and monitoring of regional and municipal efforts to prevent child abuse and neglect.

**Aims & Objectives**

The aims of the 2013-2016 national action plan are to facilitate and improve inter-sectoral and inter-regional collaboration in order to ensure immediate, coordinated and qualified intervention in cases of suspected and/or verified child abuse.

An important instrument in the plan is the systematic collection of data on all notifications of suspected cases of child abuse in order to monitor the actions taken, the results of the interventions and to follow the trends in prevalence and character of child abuse.

**Key Steps**

The 2013-2016 action plan aims to coordinate various measures to stop violence and other abuse of children, to prevent further abuse and to ensure counselling and legal and medical assistance to the child and if appropriate to the family. It includes efforts at national, regional and local (municipal) levels to strengthen data systems, including specifically addressing the duties of the different professionals involved, and ensure a coordinated action in each municipality and at regional level that includes police, forensic and psychological investigations, legal and social support and follow-up based on systematic data collection.

The action plan includes:

- Competence-building by strengthening education among professionals, including police, teachers, health care personnel and municipal social workers.
- The establishment of special multi-sectorial units, named ‘Børnehuse’ (child investigation and counselling centres) to implement and coordinate specific measures at the regional level.
- Mandatory notification of any suspicion of child abuse or neglect by municipalities to the regional ‘Børnehuse’ and enforcement related activities.
- Communication to the public and stakeholders through mass media and regular national conferences.
- Coordination of the policy through facilitated communication and information between different municipalities, police and regional health care.

Within the Action Plan, the municipalities are responsible for social measures and they have a general obligation to monitor the living conditions of the children and young people within the municipality. The purpose of this monitoring is to enable the local authority to identify cases where a child or young person under 18 years of age may need special support, as in cases of sexual abuse or violence, as early as possible.

The purpose of assisting children and young persons who need special support is to secure the best possible conditions for their upbringing, thereby providing them with the same opportunities for personal development, health and an independent adulthood as their contemporaries, despite their individual problems.

If the municipality has reason to assume that a child needs special support, the municipality is required to start an investigation in order to clarify the needs of the child. The investigation includes all aspects of the life of the child and its family, such as the development of the child, family relations, school behaviour etc., and it should clarify the problems and resources of the child and its family. The authorities are required to always consider the views of the child and attribute proper importance to such views in accordance with the age and maturity of the child. They are also required to provide special support to a child in need at an early stage and on a continuing basis, so that any initial problems affecting the child or the young person may as far as possible be remedied in the home or in the immediate environment. When possible, the difficulties of the child or young person are to be resolved in consultation and cooperation with the family.

The municipality has the obligation to initiate the necessary measures if a child needs special support. These measures can for example consist of temporary placement in treatment institutions or at a foster family, pedagogical support given at home or allocation of a permanent contact person. About 13,000 children under the age of 15 live separate from their parents.

In the event of suspicion of child abuse, neglect or violence municipalities are required to register their suspicions with one of the regional multi-sectorial units, ‘Børnehuse’. These units, established in 2014 in each of the five regions of Denmark, are responsible for ensuring coordinated follow-up, including relevant investigations and the different interventions. The aim is to ensure an overall, coordinated and child-sensitive case handling of each suspicion of child abuse and/or violence. Target populations are the child (aged 0-17), caregivers, and caseworkers in need of consultative assistance.

Specially trained psychologists and social workers administer the actions through interdisciplinary co-work with the municipality, the police and the health care system. Interrogations, forensic medical examinations and psychological investigations are all performed in the regional investigation and counselling unit (Børnehus).
The Action Plan also aims to prevent and to stop any abuse of children, and to address children's environments through interventions integrated into child care institutions, kindergartens, schools, sport bodies, youth recreation centres, etc. and prenatal programmes aimed at improving future parents' knowledge and abilities on best childcare practices. Home visiting nurses conduct regular controls of all infants during their first year of life and of at-risk children less than four years of age through a specified number of home visits, by which the growth and well being of the infants are registered. In 'vulnerable families', the number of home visits is needs regulated. At suspicion of any neglect of abuse, the home visiting nurse must inform the municipality.

Data based on the regular home visits by the trained nurses are collected in a special database (Børnedatabase) that forms part of the surveillance system on the welfare and well-being of all infants. The database is maintained by the National Institute of Public Health and can be used for specified research. There would be a potential to link this database to other databases in Statistics Denmark (e.g., data on hospital contacts in the National Patient Register, the Criminal Statistics' victim register and other national databases) as all data are registered by the PRC of the infant/child.

## Funding/budget

The programme is funded by the State. A comprehensive estimate of the budget for the different elements in the national action plan that are related to data collection and surveillance is not available. Further the funding for the action plan does not include costs of other services such as police, health care and educational efforts.

In the context of the most recent national action plan 2013-2016, ("Overgrebspakken 2013-2016" = Assault Package, a coordinated action to protect children against assaults, 2013-2016), a budget of approx. One million Euro was allocated to initiatives to strengthening registration, handling and follow-up of cases of alleged child abuse and violence at the municipal level by improving information technology (IT) facilities. In addition out of the 45 million Euro allocated to the overall national plan, 3.5 million Euro (~8%) was granted to support inter-sectorial co-work, monitoring and documentation.

## Evaluation

- At this time the National Health Board has set up the frame for leadership, infrastructure and capacity of the regional centers, which are crucial for their function.
- A milestone has been the building up of functional regional units that collect data to monitor progress in prevention of child abuse. At present, five centers are initiated in accordance to the national action plan.
- Once the data collection system is in place and registration has been initiated it is anticipated that results will be published regularly.

## Barriers and facilitators for adoption, implementation and monitoring

In Denmark, there is a long tradition of systematic data collection. The comprehensive registry data form the basis for research, monitoring of health care and health policy development, including the setting up of a national strategy to prevent and combat child abuse and assaults. Thus, few barriers for adoption and implementation of comprehensive data collection exist.

### Adoption

- **Facilitator:** The identification of a number of 'missed cases' without any action or follow-up by the social authorities due to lack of exchanging of information between municipalities.
- **Facilitator:** The review of 'failed cases' by central social authorities resulting in recognition of the need for valid data to support action, systematic data collection at the municipal level and broader co-work and exchange of information between municipalities.
- **Facilitator:** National legalisation providing rules for the collection, registration and linkage of individual data already existed.
- **Facilitator:** Mechanisms to provide information on the problem of child abuse and violence against children already existed, and all data were already registered by the child's individual civic number (CPR).
- **Facilitator:** Cooperation between the health, social and judicial systems at national at regional and municipal levels in the design of the new data collection requirements.

### Implementation

- **Barrier:** Systematic data collection is time consuming and resource intensive for the social administration of the municipalities.
Barrier: Although regular data collection at the municipality level is common in the health care system, there is less experience with it in the social welfare system. As a result, there was the need to increase the awareness of the different professions in the social services about the benefits of systematic data collection concerning contacts or reports related to suspicions of child abuse and neglect.

Facilitator: Agreement on uniform data collection to monitor progress by all relevant departments and levels of government.

Facilitator: The establishment of the regional centers ‘Børnehuse’, built upon experiences from the other Nordic countries (Iceland, Sweden, Norway and Finland) and committee work in the Danish National Board of Health in 2012-2013. These centers enable more centralised registration and facilitate multi-sectorial co-work.

Facilitator: Systematic data collection concerning all contacts to the regional units, ‘Børnehuse’, was implemented as standard practice from the time the units were opened. The data collection builds upon the experiences and the tradition of data registration in Denmark of contacts to the national health care system.

Facilitator: A specific budget is allocated to those municipalities that need economic support for the implementation of the national system for data collection on notified cases of child abuse.

Lessons learned

- Making the data collection part of the national system, adopted by the Government with budget coming from both the State and the regions reduces the likelihood that the programme in the future shall be affected by change in government. However, as it is the case in all welfare budgets, it is still at risk from economic changes.
- An important lesson learned through the process has been that close multi-sectorial cooperation is crucial to strengthening efforts in prevention of child abuse and neglect.
- Systematic data collection is time consuming. Knowledge and insight among different professionals into the aims of data collection are fundamental to obtain reliable and systematic data collection. Hence, regular training of staffs is mandatory.
- The establishment of specific centers to coordinate the data collection and multi-disciplinary co-work increases the likelihood that the municipal level reporting and coordinated action will occur.

Advice to countries / transferability

In the Nordic countries, including Denmark, there is a long tradition of systematic data collection at different levels and in different sectors. Legislation provides strict guidelines for data registration and extraction that aim to secure respect to anonymity and data abuse.

The Nordic structures for databases and the rules concerning data linkage should be closely examined by nations that do not have access to similar data enabling the monitoring of prevention of child abuse and violence against children.
Background

The International Child Development Program (ICDP) was originally developed in Norway in the late 1980s and early 1990s and has since spread to become a global program whose commitment is to work for the benefit of children, youth and families worldwide towards a more peaceful and violence free society.

ICDP International aims to implement recent knowledge from scientific research in child development for the benefit of vulnerable and neglected children. Their work is based on the principles that are in line with the UN Convention on the Rights of the Child and their general strategy is to convey competence and expertise to individuals, organisations, universities, educational institutions and networks of care, in order to reach large numbers of disadvantaged children and families in a way that is sustainable long term. They cooperate with partner organizations to offer training, as well as follow up educational and moral support, thus ensuring the quality of ICDP work and its positive impact on the development of caregivers and children.

ICDP was developed in Norway by professors Karsten Hundeide and Henning Rye, drawing on inspiration from Maria Aarts of the Netherlands (the Marte Meo programme - http://www.martemeo.com/en/About-Marte-Meo/) and Pnina Klein of Israel (the More Intelligent and Sensitive Children [MISC] programme).

After a decade of implementing ICDP in Norway a number of challenges were identified as negatively impacting the program. These related to the implementation of the program at the local level, the organization/management and education of the program trainers and facilitators. An evaluation report concluded that finding an anchor to integrate the program at the local level was a challenge and that the use of the program in municipalities was, for the most part, the result of individual personal commitment and therefore not sustainable. It was concluded that moving forward it would be necessary to find a mechanism to ensure systematic integration of the program into existing services and anchor it in municipalities.

Other results from the evaluation suggested that the 2-day training for facilitators was inadequate. The Directorate had developed additional materials for the program, but the facilitators also needed to know more about how to use the materials to activate the work. Thus moving forward there was a need to extend the training for program facilitators.

In 2004 an organisational change within government made it possible for the Regional Office for Children Youth and Family Affairs (Bufetat) to take over implementation of the program and develop a new structure for program delivery. Through the major revitalisation of the program work that followed, the Norwegian program has managed to anchor the work much more thoroughly within existing delivery mechanisms and build a solid implementation system. In 2006 the responsibility for implementation and related professional development of the revitalised program was delegated to the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) with the goal of offering education to facilitators across all municipalities in Norway in order to support country-wide implementation of the program.
Aims & Objectives

The goal of the program is to assist parents and other caregivers by increasing their sensitivity to seeing and understanding their child and his/her needs, and providing guidance on how to meet these needs in a competent way. The intervention aims to support positive parenting, strengthen beneficial interaction and attachment between parents and children, and to prevent harmful or violent parenting practices. A specific part of the program focuses on violence prevention, but the total scope of it is broader than injury prevention in children.

Key Steps

- The Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) manages funds for implementation of the program, training of trainers and further developing and adapting the program.
- Local municipalities choose how they would like to apply the knowledge and what service/institution in the community that will offer the parental guidance. The program is applied in Well Child Clinics, day care centres, child welfare services, pedagogic-psychological services, family centres, etc. In addition, many municipalities have successfully integrated ICDP into their introduction program for newly arrived refugees. The program is also in use within some detention facilities (prisons) and other institutions, such as centres for unaccompanied asylum seekers below 18 years of age.
- Staff in governmental and some municipal services are trained as trainers and supervisors, who in turn train and supervise group leaders. The training has also been added to the Public Health Nursing degree at some university colleges, and some municipalities train their own staff in the program methodology.
- The actual work of delivering the program is carried out within the working hours of the staff (and hence financed by central or local governmental authorities). In addition the program is made available to not-for-profit organisations, such as the Church City Mission, Home-Start and the Norwegian Red Cross, who can also use the ICDP in their services.

- The delivery mechanism is group based with groups made up of the target audience (parents and other caregivers). The approach is to build on what carers are already performing well by raising participant awareness. Topics for discussions in the groups are:
  - What constitutes good care?
  - How do we perceive our child? (starting from the entry point that the caregivers’ perceptions of the child will direct the care it is offered)
  - Eight topics for positive interaction:
    - Express positive feelings – show the child love
    - Follow the child’s lead
    - Talk to the child about things that interest her and try to establish “emotional communication”
    - Give praise when the child does something well, and show her recognition
    - Help the child to focus her attention, so that you can enjoy the experience of your surroundings together
    - Give meaning to the child’s experience – describe what you experience together with enthusiasm
    - Go into detail and give explanations when you experience something with the child
    - Help the child to learn self-control by planning together, by showing leadership and by setting limits in a positive way
- The program topics are introduced and reviewed using several approaches including: discussion, use of imagery and movies, role play and assignments for use in the home between group sessions.

Funding/budget

The program is publically funded via government transfers. An estimate of the annual operating budget is not available.

Evaluation

The program was evaluated from 2007-2010 with financing from the Ministry of Children, Equality and Social Inclusion. The results indicated that 83% of participating parents experienced changes within themselves, including being more aware of their parenting behaviour, taking more time to explain things to their child, increased patience and increased confidence in the caretaker role.

Changes in the family were also reported by 56% of participating parents. These included a friendlier atmosphere among family members and an increased awareness around family interactions.

The program also resulted in positive changes for the child in 40% of participating families, including child generally in a better mood and calmer, better atmosphere, fewer conflicts and improved collaboration.

Leadership, infrastructure and capacity building have been key to the success of the re-vamped program, however recently internal changes regarding tasks and responsibilities in the Office for Children, Youth and Family Affairs have led to a decrease in capacity for training municipality staff. With these decreases, the addition of other training mechanisms becomes more important; however this may impact quality and equity of access.

Recent economic challenges also mean that some municipalities have cut their budget for parental services and this has directly impacted the program. Uptake by other NGOs and finding new services to take up delivery (e.g., refugee services) can assist in continuing the program, particularly for at risk populations.

The Norwegian program also has plentiful experience with implementing the program among parents of ethnic minority/immigrant background, and they are currently working on an adaptation for use amongst other vulnerable groups, such as parents living in shelters, to decrease the risk of violence in the short and longer term.
A Nordic Network for ICDP was initiated by ICDP Sweden about 10 years ago, building on the idea that the Nordic nations have a lot in common and should be able to draw synergies and inspiration from exchanges across borders. Alternating countries host a biannual Nordic Network Gathering that is open to participation from anyone in the region. Program development and research are also conducted jointly.

Recent development areas include parental guidance in reception centres for asylum seekers and parental guidance in prevention of radicalization and violent extremism.

### Barriers and facilitators for adoption, implementation and monitoring

#### Adoption
- **Facilitator:** The revitalised program built on over a decade of previous work, and in a number of municipalities had the support of dedicated individuals.
- **Facilitator:** The program can be applied with both parents and other caregivers. It is a universal intervention that can be used with all parents, not just those identified as at risk. However it has been specifically adapted for use with at-risk groups, such as families where an increased risk of violence has been assessed.
- **Facilitator:** The program is a central component in several government strategies and action plans (on violence in intimate relationship, radicalization and violent extremism, violence and sexual abuse against children and youth).
- **Facilitator:** The development of a new government supported structure for management and implementation that looked to anchor the program within municipal structures increased likelihood of update.

#### Implementation
- **Barrier:** The demand for training of ICDP supervisors and facilitators from municipalities at times outweighs the available resources.
- **Barrier:** Internal changes regarding tasks and responsibilities in the Office for Children, Youth and Family Affairs over time has led to a decrease in capacity for training municipal staff.
- **Barrier:** Training is often done centrally, thus work is on going to create an effective implementation structure to secure equal access to training sessions for all municipalities, regardless of location.
- **Barrier:** Lack of local anchoring of efforts in the municipality structure had previously made the program dependent on individual advocates in many localities. Cuts to budgets for parental services in some municipalities struggling with financial issues.
- **Facilitator:** Coordination of the program in one government Directorate but local decision making regarding how program integrated into existing services.
- **Facilitator:** Adoption of the program by municipal government increases its anchoring as time.
- **Facilitator:** The intervention itself works for staff well as a delivery mechanism within various public services; feedback suggests increased job satisfaction through use of ICDP and a decline in staff burn out.
- **Facilitator:** The sharing of good practices between municipalities also encourages decision makers to anchor the program into existing programming.
- **Facilitator:** The results of an evaluation conducted from 2007-2010 provided evidence indicating the program does result in positive changes in parenting, family interactions and children.

#### Monitoring
- **Barrier:** Workload for trainers makes it challenging to meet the needs for on-going training and capacity building for local facilitators necessary to ensure quality delivery is maintained.
- **Barrier:** Recent organisational changes to the Bufdir have resulted in the need to change implementation structures, making monitoring more difficult.
- **Facilitator:** With the organisational changes made in 2006, the Bufdir’s role as coordinator of the overall program included monitoring and quality management, which means they are responsible for the quality of the program from both a theoretical and implementation perspective. This together with the structure developed for implementation has facilitated monitoring related activities.
• **Facilitator:** To maintain certification, trainers need to participate in obligatory network meetings to refresh their expertise and to share experiences. The trainers also need to train group facilitators regularly. This helps ensure a level of quality.

• **Facilitator:** Trainers arrange network meetings for the facilitators in their area focusing on their practice and work needs. However the Bufdir also arranges meetings for specific purposes or on special themes when needed.

**Lessons learned**

• Central coordination of training and supervision is key to ensuring quality of the program.

• Working to have the program anchored within existing services increases the likelihood that it will be delivered and sustained over time.

• Allowing local flexibility with respect to which services offer the program increases likelihood of local adoption and implementation, and has also resulted in expansion to additional services such as refugee services.

• As the program has become one of the accepted practices across the country additional opportunities for training have emerged (e.g., inclusion in nursing curricula).

• A good implementation structure is needed to ensure equal access to training opportunities across all municipalities.

• A clear multi-year roll-out plan is important to ensure that the demand from municipalities for training ICDP supervisors does not outstrip available resources; exploration of additional mechanisms for training is also useful.

• There is a level of rigour needed in reviewing the individual cases and identifying factors, for example in the family and environment, parenting capacity or service provision that could be modified to reduce the risk of future child deaths; and in considering what action could be taken locally, regionally or nationally to reduce the risk of future child deaths.

• It is a continuing challenge to sustain the reviewing of all child deaths in line with the legislative and policy requirements; analyzing and publishing child death data annually; and to implement the actions identified to reduce the risk of future child deaths.

**Advice to countries / transferability**

• The Norwegian model, where investment is shared by government and local authorities (programme deliverers) allows for some degree of quality control and oversight in addition to flexibility to best meet the needs of local communities.

• Integration of the programme into national action plans provides support for adoption, implementation and monitoring.

• Anchoring the programme into existing service mechanisms is key to success, however it is important to ensure that the strong focus on guidance to parents does not get watered down when the programme is adopted into existing services.

• Given the flexibility of the programme, consider delivery mechanisms for possible at-risk target groups (e.g., parents with disabilities, foster parents, incarcerated parents, to prevent violence in child rearing, prevention of radicalization and violent extremism) and engage the stakeholders involved in those services.

• For countries with a large number of immigrant families, the programme offers an opportunity to strengthen integration.

**References, Additional Information**

**Websites**

Norwegian program website (Norwegian) Weblink: [http://www.bufdir.no/Familie/hjelp_til_foreldre/](http://www.bufdir.no/Familie/hjelp_til_foreldre/)

ICDP Norway website Weblink: [http://www.icdp.no/](http://www.icdp.no/)


**Evaluation report**

Evaluation of the International Child Development Programme (ICDP) as a community-wide parenting programme [http://www.bufdir.no/bibliotek/Dokumentside/docId=BUF00002662](http://www.bufdir.no/bibliotek/Dokumentside/docId=BUF00002662)

**Program Resources**

Eight themes on positive interaction: The Program for Parental Guidance (Norwegian) [http://www.bufdir.no/bibliotek/Dokumentside/docId=BUF00002968](http://www.bufdir.no/bibliotek/Dokumentside/docId=BUF00002968)


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## Development & implementation of national child death reviews - England, UK (P5)

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<td>SETTING</td>
<td>National government (coordination) and Local Safeguarding Children Boards (implementation)</td>
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<td>TARGET AUDIENCE</td>
<td>The legislation was aimed at Local Safeguarding Children Boards (LSCBs) and all the main statutory bodies and organisations that have a function in relation to child deaths. The policy was also aimed at all professionals who have a function in relation to child deaths and children's wellbeing, as well parents/caregivers themselves.</td>
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<td>EVIDENCE BASE</td>
<td>Evidence suggests that formal child death review processes may lead to the development of evidence-based interventions to prevent child deaths in the future (Durfee et al., 2002; Bunting and Reid, 2005; Rimsza et al., 2002; Onwuachi-Saunders et al., 1999; Gellert et al., 1995).</td>
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### Background

During the period in which the child death reviewing processes were being set up there were about 5000 child deaths in England each year (Source: Office for National Statistics), 90 – 100 of which resulted from abuse or neglect. In the UK, the latter group of deaths have been the subject of a serious case review since 1988 and before that of statutory inquiries from the 1940s.

A number of events and government reports coalesced between 2000 and 2003, suggesting the need for increased attention to proactive action to address child well-being. These included:

- A statutory Inquiry into the death of a young girl that garnered much public and professional concern (see Cm 5730 Inquiry into the death of Victoria Climbié, 2003).
- Concerns about the quality of health responses to the deaths of children (see Interim Report on the Removal and Retention of Human Material, 2000).
- Three high profile criminal cases involving the prosecution of mothers for causing the deaths of their babies raised concerns about the management of Sudden Unexpected Deaths in Infancy (SUDI). (see RCPPath and RCPCH, 2004).

The Government announced it would set up a new formal system of child death reviews in response to the events. This was part of a major national initiative in children’s services, “Every Child Matters”, focused on prevention and early intervention, that was led by the then Labour Government.

### Aims & Objectives

The primary aims of child death reviews are:

- to support a reduction in the incidence of preventable child deaths; and
- to improve inter-agency working and to safeguard and promote the welfare of children.

### Key Steps

#### Legislation, regulations and statutory guidance

Following the government’s announcement of a new system, legislation was drafted by Government officials in the then Department of Children, Schools and Families and passed by Parliament providing a statutory basis for reviewing child deaths. This work took place in close collaboration with other relevant government departments and a large number of key stakeholders in the field including from health (public, paediatrics and child health, emergency departments, pathologists, nurses, midwives), social services, police, coroners, education and schools, registrars of deaths, youth justice, prisons and probation, Crown Prosecution Service, professional organisations, relevant NGOs (including those representing bereaved parents) and Local Safeguarding Children Boards (LSCBs).
to respond rapidly to individual unexpected childhood deaths (‘The Rapid Response’), and to review all childhood deaths in a systematic way (‘The Child Death Overview Panel’).

- The Children and Young Persons Act 2008 requires the Registrars of Births and Deaths to supply LSCBs with information about child deaths and enables the Registrar General to provide information to the Secretary of State.

The initial statutory guidance in Working Together to Safeguard Children (2006) was based on the guidelines set out in the Kennedy Report into the management of SUDI (RCPPath and RCPCH, 2004). It set out in detail the functions of LSCBs and the roles and responsibilities of a large number of different organisations and professionals. The draft guidance was revised in response to a public consultation prior to its publication and LSCBs were encouraged begin the process of setting up child death reviews on a voluntary basis before they became compulsory in 2008.

The government commissioned a research study of LSCBs that chose to implement the guidance from 2006 to identify learning from early implementing LSCBs that could be used by others and to inform policy development at local and national levels.

Following publication, the findings were disseminated widely including through a series of regional conferences that the Government held regularly during the implementation phase and the statutory guidance was revised again in 2010. The guidance, which describes in more detail the LSCBs and Child Death Overview Panel (CDOP) functions relating to child deaths (Working Together to Safeguard Children, 2015, paras 1 – 3, and para. 8 respectively), has subsequently been revised in 2013 and 2015 in line with the current government’s policy of publishing more streamlined guidance documents.

The new national data collection system commenced on 1 April 2008 and the government publishes these child death statistics annually. Since 1 April 2010, LSCBs have been required to determine whether there were modifiable factors in the death of a child when reviewing the death.

Each LSCB is required to publish an annual report that includes lessons from child death reviews and the costs of these reviews (HM Government, 2015, paragraphs 16, 17 and 19). It was intended that this annual report “should serve as a powerful resource for driving public health measures to prevent child deaths and promote child health, safety and wellbeing” (HM Government, 2010, paragraph 7.95).

Funding/budget
The Government provided a grant to Local Authorities of £22.3 million over the first 3 years and half of that amount over the next three years to support the setting up and implementation of the new child death reviewing processes.

It also funded the development of templates to collect the data on each child death, the development and publication of training materials, an information booklet for parents and carers, and an evaluation of some of the early implementers of the child death reviews. The government continues to fund the annual collection of child death review data and publish these data annually.

Information on the ongoing costs to all agencies and organisations involved and Local Safeguarding Children Boards is not available.

Evaluation/monitoring
- Some level of monitoring of the system exists in that the national requirement for Local Safeguarding Children Boards to collect child death data introduced in April 2008 requires collection of information on the number of child deaths that have been reviewed by CDOPs on behalf of their LSCBs, and the number of these cases that were assessed as having modifiable factors.

- Statistical reports have been available from the government since 2009 and the most recently available is based on reviews completed between April 2014 and March 2015. The statistical reports include data collected from LSCBs about the characteristics of the child deaths, for example, age and gender of the child and cause of death (see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444788/SFR23-2015.pdf).

- CDOPs may be part of the inspections of LSCBs by Ofsted

- England was included as part of an international review of existing child death review systems in 2014. Fraser et al (2014) state that, “In England, lessons from standardised processes for child death review are still to be translated into large-scale policy initiatives. Outcomes from the child death review process can be quantified at a local, regional, and national level. Locally, a formal approach to individual child deaths has resulted in better diagnostic ability and identification of modifiable factors.”

- Further work is required to maximise the utility of the system, including:
  - continuing to refine data items to ensure relevance of data collected;
  - development of a national electronic data collection system for collecting, analysing, interpreting and reporting information from LSCBs in line with recommendations from the government commissioned research report by Kurinczuk and Knight (2013); and
  - exploring options for improving learning from child death reviews at a national level to enable the Government to distil and disseminate key lessons and inform national policy developments.
Barriers and facilitators for adoption, implementation and monitoring

Adoption

- **Barrier:** Concern expressed by Coroner about whether they could legitimately share information with LSCBs. This barrier was addressed by new legislation in 2008 and associated guidance published in 2010.

- **Barrier:** In order to trigger a rapid multi-agency, multi-disciplinary response to an unexpected child death, a working definition had to be agreed. This barrier was addressed by the development of a common definition that is set in Working Together to Safeguard Children (2015, paragraph 12).

- **Barrier:** There was no agreed upon definition of a preventable child death. This barrier was addressed through the development of a common definition that was set out in Working Together (2006) and was later revised in 2010 and is set out in Working Together to Safeguard Children (2015, para. 11).

- **Barrier:** There was also concern about parents/families being blamed by the child death review process and an emphasis on keeping an open mind and gathering good quality data to evidence decisions. This barrier was addressed by coming to agreement on overarching principles of involving families for inclusion in the statutory guidance Working Together to Safeguard Children (2015, para. 1). Parents and family members were to be assured that the review process is not about culpability or blame, and that the objectives of the review process are to learn lessons to improve the health, safety and wellbeing of children; and to prevent further such child deaths.

- **Facilitator:** By 2003, there was consensus in government and among key stakeholders that a national child death review process should be set up. The new initiative was able to build on related work that had been in place for a considerable period of time, in particular perinatal mortality reviews that began in 1992 (Fleming et al., 2000; CESDI, 2001).

Implementation

Issues raised with government officials during the implementation phase were addressed in order to facilitate the new reviewing processes.

- **Barrier:** Legitimacy of information sharing and data collection. This barrier was addressed by new legislation passed in 2008 to ensure that information about child deaths could be legitimately shared with LSCBs.

- **Barrier:** Knowing who to contact about a child’s death when the child was from another local authority area. This barrier was addressed through the publication of a list of child death overview panel contacts for all child death notifications (updated March 2015).

- **Barrier:** LSCBs/Professionals/organisations about increased workload and not understanding how the new review process was to work and what their role would be. This barrier was addressed by developing the child death reviewing processes so that professionals were following them when undertaking their normal duties in response to the death of a child. This meant that some local practices needed to be changed and professionals had to be trained in new or slightly different ways of working together and to address this need the government commissioned training resources:
  - Why Jason Died (DCSF, 2007): A familiarisation DVD to illustrate the roles and responsibilities of those responding to unexpected deaths within the context of the LSCBs responsibilities.
  - Responding when a child dies (DCSF, 2008): A multi-agency training resource to support LSCBs in implementing the child death review processes.
  - Reviewing child deaths: Advanced training for rapid response teams (DCSF, 2009): Resources to assist in the conduct of a rapid response to an unexpected child death.

- **Barrier:** Costs of setting up a new system. This barrier was addressed through the provision of government funding to local authorities to support the setting up and implementation of the child death reviewing system.

- **Barrier:** Lack of a common data collection system. This barrier was addressed through the development of templates for recording information about an individual child’s death and the development of a national data collection system.

- **Barrier:** Concerns about human tissue from deceased children being investigated on non Human Tissue Act-licensed premises. This followed a major public inquiry into the removal, storage and use of human tissue that predated the child death review system. This barrier was addressed through the publication on the Government website of a Removal of Human Tissue from Deceased Children - Briefing Note that was in accordance with The Human Tissue Act 2004.

- **Barrier:** Concern that parents/carers might not understand the review process. This barrier was addressed by a government commissioned information booklet for this audience.

Monitoring

- **Barrier:** No system existed for collecting child death data at a LSCB or national level prior to this initiative. This barrier was addressed by the set up of systems at both levels, the ongoing data collection from LSCBs and the establishment of annual statistical reports by the Department for Education, the responsible government department.

- **Facilitator:** During the period 2007 – 2010, Government monitoring also took place through one of the Public Service Agreements with Local Authorities, ‘Preventable child deaths as recorded through child death review panel processes’. A Self-assessment toolkit for LSCBs: Monitoring the effectiveness of the child death review arrangements (DCSF, 2009) was developed for use by LSCBs to internally monitor their implementation and decide what else needs to be done to ensure the child death processes were working effectively, and the nature of any additional support that may be required.
Lessons learned

- Reviewing all child deaths nationally provides a very valuable tool for learning lessons about what actions are required to prevent such deaths in the future.
- Implementing a new child death review process should be underpinned by primary legislation requiring these reviews to take place and enabling the collection of relevant information from a number of sources including coroners and registrars of deaths.
- Piloting and evaluating the findings from the pilot, then reviewing and changing the law where necessary, refining the statutory guidance and the implementation plan were key to a successful implementation in England.
- The implementation should be supported by:
  - multi-agency/multi-disciplinary guidelines which set out the child death review process and the roles and responsibilities of each professional/organization at different points in time;
  - training resources which support the implementation of the guidelines and ongoing training opportunities to ensure that guidelines are followed consistently;
  - resources to explain the process to parents and carers; and
  - having a common data collection tool (preferably electronic) which is used by all professionals/organisations to collect information on each child’s death and which facilitates aggregation of data at local, regional and national levels; having the aggregated data published regularly at local, regional and national levels.
- Involvement of bereaved parents/carers is essential, not only in providing information during the review of their child’s death but also in informing the development of the process so that it supports rather than blames parents/carers.
- Funding to support the development and implementation as well as the ongoing operational costs is critical.
- There is a level of rigour needed in reviewing the individual cases and identifying factors, for example in the family and environment, parenting capacity or service provision that could be modified to reduce the risk of future child deaths; and in considering what action could be taken locally, regionally or nationally to reduce the risk of future child deaths.
- It is a continuing challenge to sustain the reviewing of all child deaths in line with the legislative and policy requirements; analyzing and publishing child death data annually; and to implement the actions identified to reduce the risk of future child deaths.

Advice to countries / transferability

- **KEY MESSAGE:** It is possible to set up an effective national child death review system which generates lessons and prevents child deaths.
- Both government and key stakeholders however, have need to be committed to setting up a child death review system for it to happen
- Recognise up front that it takes time (5 – 10 years) and ensure sustained funding to develop and fully implement a national system.
- Ideally the process should be supported by primary legislation.
- The developmental processes followed in England and elsewhere provide a road map for considering what will work would be required in another country in order to set up a national child death review mechanism. The resources produced to support implementation can be reviewed and either adapted for use in a different context or act as checklist when developing a project plan.
- Consulting all key stakeholders, including parents/carers and their advocates is essential at each stage of the developmental process to ensure that the products are fit for purpose and will support the learning process. The child death reviewing process involves many different actors, some of whom do not normally work together, and all have to be engaged during the development phase and content with the reviewing processes and their roles and responsibilities within it.
References, Additional Information

**Research**


**Statutory Inquiries**


**Government Green Paper**


**Legislation**


**Regulations/Secondary legislation**

Statutory Guidance


Data Collection


Professional protocol


Training Resources


Information for parents/carers


Contact

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Background

The campaign “Corta com a violência: quem não te respeita, não te merece” (Cut with violence: who doesn’t respect you doesn’t deserve you) was developed and launched under a wider national project, Project Children and Young People - Understanding, Intervening and Preventing Violence. The campaign was developed and promoted by the Portuguese Association for Victim Support (APAV), a private charitable organisation, recognised by law with statutory objective to inform, protect and support citizens who have been victims of crime, their families and friends. The wider project, which received the financial support of the Portuguese Directorate-General of Health, was implemented between October 2010 and December 2011 and the campaign, one of its outputs, was launched in January 2012.

The project addressed two different problems:

1. the high proportion of cases of violence against children that are reported every year to APAV and
2. the lack of awareness and knowledge in the field of prevention of violence among and against children.

The development and launching of the campaign was part of a broader programme of activities that also included the development and production of a handbook for professionals on understanding, preventing and intervening in cases of violence among and against children (see link at the end of this case study), training courses for professionals and facilitated school-based awareness raising sessions for students about bullying, dating violence, sexual violence, and child abuse and neglect.

All parts of the project were designed, developed and implemented according to two principles:

- **Universal intervention**, which implies the development and implementation of strategies for preventing or intervening on violence, regardless of whether or not any risk factors are present in the target audience(s);
- **Comprehensive approach**, that entails the completion of intervention/ prevention strategies tackling different contexts where children move and the different levels of the **ecological model**, which explores the relationships between individual factors and the different contexts of the individual (inter personal, the community settings and society) and considers violence as a product of multiple levels of influence on behaviour. The model postulates that prevention will be more effective if carried out involving the individual, family, school, peer group and social structures and supports surrounding the community.

The main driving force that enabled the development and implementation of the campaign and of the project was the opportunity for funding through a call for grants made available by the Portuguese Directorate-General of Health. Development of the campaign and the broader project were only possible with the help of previous partnerships, networking and experience. Important key players included:

- The sponsorship of marketing, design and communication agencies who donated their services and were pivotal in creating the campaign.
- Experts in the field of victimology and public health who were consulted to validate the approaches used and the content of the campaign materials.
- A pre-existing network of professionals in contact with children that were interested in the project.
- The multidisciplinary team of APAV, who are well qualified for and experienced in implementing the activities of the project and managing and monitoring it, technically and financially.

There was no resistance to the campaign and the acceptance of its messages and materials by children, professionals, media and general population was significant and quite positive.

Given the development of the campaign was part of a larger project, efforts began in June 2009 although actual development began in October 2010.
Aims & Objectives
The aim of the campaign “Corta com a Violência” was in line with the overall goals of the project:

1. to contribute to a greater awareness among the population about the problem of violence among and against children and
2. to contribute to the development of prevention strategies.

The specific objective of the campaign was to raise the awareness of children, in particular, but also of the general population and of professionals working with children, about some forms of violence among and against children, namely bullying, dating violence, sexual violence, and child abuse and neglect.

Key Steps
The main steps of the campaign were as follows:

- Campaign development was preceded by research into the four main forms of violence among and against children (child abuse and neglect, sexual violence, bullying and dating violence) in order to understand the phenomena and inform the campaign content. The research also sought to identify evidence-based interventions to prevent these forms of violence among and against children and support children victims of such violence.
- Next campaign themes and content were defined and developed and this led to the development of an underlying theoretical framework for the campaign and the related materials and activities.
- Regular meetings were held with the marketing, design and communication agency to define the campaign image and develop the campaign strategy, respecting the contents and themes previously defined.
- Partners agreed it would be a multimedia campaign consisting of printed materials (leaflets and posters) containing information for children and for professionals regarding the four themes and video and radio spots targeting children and the general population to be disseminated among TV and radio stations, the press, the web and the social networks.
- The next step was to obtain sponsorship from other agencies for services/resources such as photography, actors, sound, etc. Contacts were also made to obtain the participation of a school to host the filming of the campaign.
- Filming of video and still photograph took place at a school and the editing process began.
- The contents for the printed materials of the campaign (leaflets and posters) were developed and the final desk topped versions of these products were finished, reviewed by experts, revised and printed. The edited radio and video spots were also reviewed by experts. Although it was recognised that focus testing should be done with children this was not possible due to the limited budget available and the revisions were based on the opinions of experts in victimology and public health.
- A day was scheduled for the public launch of the campaign and an invitation was sent out to relevant stakeholders and the press.
- The public launch of the campaign marked the beginning of the dissemination process, with inclusion of the campaign in the newspapers and magazines and on radio and TV through the participation of some radio stations and TV channels. Information was also disseminated on the web (in particular www.apav.pt and www.apavparajovens.pt) and on social networks (e.g., Facebook, YouTube, Soundcloud). The public launch also marked the beginning of the distribution of the printed materials to more than 650 Portuguese schools and to APAV’s national network of 15 victim support offices.

Evaluation
The campaign development, implementation and dissemination were monitored through regular meetings between APAV, the multidisciplinary team responsible for the management of the project and the marketing and design agencies. Additionally, the campaign and project were also monitored externally by the funding organisation, through mandatory reports. This monitoring was pivotal for guaranteeing the completion of the activities according to the timetable.

The reach of the campaign was also assessed by tracking the number of shares and viewers on the web/social networks, by the number of printed materials that were disseminated and by the number of insertions of the campaign on TV, radio and press. For example, the campaign was featured in more than 60 news items on TV, radio and press during January, 2012 - the month the campaign was launched and more than 32,000 leaflets and 10,000 posters were distributed amongst 650 schools.

The impact of the campaign on the target audience’s awareness was not systematically measured, but there was general acceptance of campaign messages and interest in the campaign by the different target audiences weeks, months and years following the launch. For example, four years after the launch, APAV continues to receive invitations

Funding/budget
The campaign had a very limited budget. Development was based almost entirely through sponsorship and the pro bono engagement of different marketing, design and communication agencies that had partnered with the lead agency on previous awareness raising initiatives. Approximately 20,000 Euro was spent on printing and distribution of campaign materials. Spots on television, radio and in newspapers, magazines and the web publicizing the campaign were donated. The campaign continues to be regularly disseminated through awareness raising sessions about bullying and dating violence in Portuguese schools with no additional funding.
to present the campaign to students in schools and at other training events for professionals. As a result of the coverage obtained and its lasting visibility Corta com a Violência is considered a landmark of APAV on the field of prevention and awareness raising of violence among and against children and to date remains as one of APAV’s most visible campaigns.

Although the project ended, the campaign continues to be regularly disseminated, to a lesser extent, through APAV social networks accounts and has been available on the APAV website at www.apav.pt and at www.apavparajovens.pt/pt since the launch.

In addition, due to the work of more than 200 volunteers that work with APAV who have taken on regularly facilitating school-based awareness raising sessions regarding bullying and dating violence in addition to their other activities, the campaign continues to be regularly presented in Portuguese schools. Since the public launch in 2012, APAV has conducted more than 800 raising awareness sessions about bullying and dating violence.

Barriers and facilitators for adoption, implementation and monitoring

- **Barriers:** The most challenging barrier for the adoption, implementation and monitoring was the limited budget available for the campaign. To help overcome that barrier APAV worked to engage partners (agencies and professionals) who could provide services in return for acknowledgement as campaign sponsors. This was made easier by approaching partners that had previously participated with APAV, underlining the importance on building personal relationships with potential partners. Another strategy given the limited resources was to invest efforts in communication strategies that would help keep the campaign alive beyond the initial dissemination – namely social networks and the web. For example, the video spot was put up on You Tube and in the weeks following the campaign launch it was viewed by over 100,000 times.

- **Facilitator:** APAV’s previous experience with project management and social marketing.

- **Facilitator:** The existence of strong previous working relationships between APAV and other partners in this field were obviously the facilitators and ensured the acceptance of the proposal of many professionals and the engagement of agencies for pro bono work.

- **Facilitator:** The motivation and interest of different professionals working with children (in the area of education and health) also helped guarantee implementation and dissemination of the campaign, particularly inside schools.

Lessons learned

- Making use of previous partnerships is fundamental for the development and implementation of an awareness raising campaign when the available budget is limited.

- The success of the campaign is associated with its reach - the degree to which the target audience is exposed to the campaign. It is of utmost importance to try to ensure the target audience is exposed to the campaign messages in different places and using multiple platforms (e.g., mass media such as national TV, cable TV, radio, newspapers, interpersonal channels such as social networks, social media and events such as classroom presentations) that are relevant to that target audience. When considering potential exposures it is important to not only think about communication mechanisms, but also in the field, meaning the physical spaces where the target audience moves, in the case of children this meant the schools.

- An awareness campaign is not by itself a prevention programme/project. Campaigns should be considered as one part of a comprehensive prevention programme/strategy targeting other levels of risk and functioning, such as the individual, its relations, the community and the society and including other types of interventions, such as healthy public policy, creating supportive environments strengthening community action, skill building and professional education and training.
Advice to countries / transferability

In addition to the lessons learned mentioned above other advice include:

- **Make sure to have a clear theoretical framework underpinning the awareness raising campaign.**
- **Ensure adequate financial and technical resources to develop and implement the campaign and/or adjust your activities and expectations accordingly. When possible build in resources to allow impact evaluation (e.g., pre- and post- measures of knowledge changes, attitudinal changes, etc.)**
- **When financial resources are available ensure that the target audience for the awareness campaign is consulted (e.g., through focus groups) to ensure the messages and delivery mechanisms are acceptable prior to finalising them. Particularly when targeting children, ensuring their participation and that their opinions and visions are considered is extremely important.**
- **Ask for the advice of structures/entities with experience in the development and dissemination of awareness raising campaigns, and make use of exchange and sharing of knowledge and good practices in the field. For example, when looking to develop a campaign do a search to see what else already exists.**

References, Additional Information

**Campaign materials**

- **Campaign video spot. Weblink:** [https://www.youtube.com/watch?v=b8vXtb8DgF4](https://www.youtube.com/watch?v=b8vXtb8DgF4)
- **Campaign radio spot. Weblink:** [https://soundcloud.com/apav_pt/spot-corta-com-a-viol-ncia#t=0:00](https://soundcloud.com/apav_pt/spot-corta-com-a-viol-ncia#t=0:00)
- **Blueprints for Healthy Youth Development - a registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens. Weblink:** [http://www.blueprintsprograms.com/](http://www.blueprintsprograms.com/)

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