Findings from the PIECES project

Evidence-based Prevention of Child Violence: Analysis of Home Visitation and Parenting Programmes in the EU

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Rationale for choice of programmes

Home visitation schemes:
- Meta-analysis of home visitations - improve general health outcome and especially mental health outcome of young children in vulnerable groups (Bilukha 2005)
- Evidence base still scarce for home visitation reducing domestic violence (Dodge et al. 2011).

Parenting programmes: WHO 2013, Moran et al. 2004
Objectives

• To describe existing parenting programmes and home visitation schemes at the national or regional level in the EU and Norway.

• To analyse, synthesise and provide expert consultation on the intervention/prevention strategies mentioned above with regards to harmonisation throughout the EU.
Descriptive Analysis of Results: Home Visitation

15 survey responses out of 31

• 7 reported a national home visitation schemes: Croatia, Denmark, England, Lithuania, Norway, Slovakia, Spain

• 3 reported regional/limited scope in coverage: Austria, Belgium and Bulgaria

• 5 reported no programme regionally or nationally: Cyprus, France, Greece, Luxembourg, Romania
National Home Visitation Programmes in the EU

- In existence for long periods of time in central Europe, longest in the Nordic countries (DK since 1939) and relatively new in Eastern Europe
- Majority of programmes universal, targeting all parents
- Majority provided through the national health services and health agencies
- Nurses, midwives, social workers, public health nurses and officers perform the visits
How are home visitation programmes implemented?

• Number of visits vary from one to 10
• Majority of countries offer a flexible number and duration of visits based on need
• Slovakia only country that did not have permanent funding for the program; grants
• Slovakia only country to have a targeted approach with referrals coming from state child protection units or other non-governmental organizations
• Age of child at first home visit varies
More on how programmes implemented...

- All 7 respondents stated programmes use a standardized checklist.
- Only Denmark provided staff a specific training related to risk assessment of violence against children.
- No country respondent reported having or knowing about a formal evaluation for the home visitation program.
- No country consulted with children about the program.
- Only Denmark, Norway reported consulting the parents at the developmental phase.
National Parenting Programmes in the EU

- Only 2, Denmark and Norway reported having parenting programmes at the national level
- Austria, Bulgaria, Greece have some kind of program at the regional or local level
Danish National Parenting Programme

- Started in 2010, based on the Odds model from the United States and adapted for Danish society
- Public health nurses, social workers and teachers provide the standardised program
- Implemented by the social services in the municipalities under the Ministry of Social Affairs
- Program receives permanent funding from the government and the regions and covers all parents.
- Parents NOT consulted in the development
Danish Parenting Programme…

- Parent feedback documented as part of the evaluation.
- Respondent did not know if the program has evidence of its effectiveness based on routine, systematic evaluations.
- Staff receive mandatory training from social workers, doctors and researchers specifically related to assessing risk of violence, namely identification of at-risk victims.
- Training not standardised at national level
- Staff do not receive case supervision
Norway Parenting Programme

- Started in 1995, revitalised in 2006
- Non-instructive, guide carers understanding of their children and interaction with them
- Implemented by the Directorate for Children, Youth and Family Affairs
- Permanent funding
- Targets all parents
Norway Parenting Programme…

• Comprehensive evaluation using evidence-based indicators (e.g., Parent-child Conflict Tactics Scales) shows effectiveness of programme

• A public health nurse, social worker, psychologist or teacher delivers the program

• Staff receive mandatory, standardised training over 6 days.

• Nurse Family Partnership model being piloted, first time parents at risk and their children through a programme of 64 home visits from early pregnancy until the child turns 2 years old
Main Findings: Home Visitation

Home visitation programmes:
• long history of existence in Europe
• value flexible design with regards to duration and frequency
• see a variety of professionals for delivery of the program

Lacking in the majority of the countries:
• systematic evaluation of the programs
• specific training related to child violence prevention
Main Findings: Parenting Programmes

Only 2 country responses so not able to make an EU synthesis...

Why not present SYSTEMATICALLY throughout the EU?

• Lack of lobbying and anti-lobbying
• Lack of high-quality outcome-based evaluation studies, Cochrane review
• Violence in the home complex
• Staff receive little training, supervision
• CEE resistance to community-based prevention measures, state interference
4 Recommendations

• Investment in specific training on child violence for staff
• Funders require and fund programme evaluations to strengthen evidence-base
• Programmes integrate child input within the routine program evaluation
• Harmonised set of EU good practice measures for home visitation and parenting programs as a key resource

Goal: Improve equitable access to high-quality programmes to increase child/parent resiliency
PIECES
Policy Investigation in Europe on Child Endangerment and Support

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Thank you!

Comments…

Suggestions…