



**National home visitation
programmes and parenting
programmes in the EU:
PIECES Policy Paper #4**

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Introduction

Violence against children occurs across all boundaries of nations, societies, geographical regions, religions and cultures with an estimated one out of every five children in the EU subject to interpersonal violence in the home (EuroSafe, 2010). As defined in Article 19 on the child's right to protection of all forms of violence and General Comment No 13(2011) of the UN Committee on the rights of the child to freedom from all forms of violence, violence is understood to mean all forms of physical or emotional violence, injury or abuse, negligent treatment, maltreatment or exploitation, including sexual abuse. It is a pervasive phenomenon that occurs within the family home, schools, child-care centres and institutions. Perpetrators and offenders can be parents, other family members, teachers, caregivers in child welfare institutions and peers like other children or adolescents. There is also a gender dimension to violence such that girls and boys may be exposed to different risks and respond differently to violence (Butchart, 2006). Adverse childhood experiences are regarded as a major threat to child development and mental health (Anda, 2006; Felitti, 1998; Thabrew, 2012).

Intentional injuries to children have a steep social class gradient and an increased risk is associated with parental poverty and low educational achievement (Butchart, 2006; Pinheiro, 2006). Given the sensitivity of the issues involved (e.g., suicide, child maltreatment) it is acknowledged that most sources likely underestimate the true prevalence of the problem due to limited reporting, misclassification and biases related to culture, religion, age and social pressures (Butchart, 2006; Pinheiro, 2006; Sethi et al., 2013). Furthermore, child violence is a particularly challenging topic to identify, legislate for or to take other action to prevent. This is in great part because of the privacy of family life and the home, which for most is a place of well being but for the injured child can be a place of hidden suffering (Pinheiro, 2006).

Children are at increased risk of being maltreated if a parent or guardian has a poor understanding of child development, unrealistic expectations about the child's behaviour, does not show the child much care or affection, is less responsive to the child, has a harsh or inconsistent parenting style, and believes that corporal punishment (for example, smacking) is an acceptable form of discipline (Sethi et al., 2013). Therefore, strengthening parenting plays an important role in increasing resilience and the prevention of child maltreatment (Mikton, 2009; WHO, 2013). Globally there are many family- or community-centred programmes designed to protect children from physical, emotional or sexual violence. Two evidence-based approaches to this are parenting programmes and home visitation schemes. Within the context of this investigation we defined parenting programmes as programmes, either individual or group-based, for young parents and caregivers where trained staff work on improving parenting skills, increasing parents' understanding of child development and encouraging the use of positive discipline strategies. Home visiting schemes were defined as programmes involving trained home visitors visiting families with young children or those perceived to be at increased risk, in their homes to provide support and education to strengthen parenting skills in order to improve child health and prevent child maltreatment. While it is known that such programmes are being implemented across the EU, less is known about the details in terms of national or regional availability, access to the programmes, target groups, training of staff, use of standardised forms, number of visits, etc.

To further explore the current state of implementation of these two evidence based strategies, an in-depth investigation of national parenting and home visitation programmes across the EU was included as part of the project 'Policy Investigation in Europe on Child Endangerment and Support (PIECES)'.

PIECES is a two year initiative led and coordinated by the European Child Safety Alliance in partnership with experts in Austria, England, France, Lithuania, Romania and Spain, whose purpose is to conduct in-depth investigations of six policy areas in violence against children (VAC) in EU Member States provide a better understanding of how those policies

are being implemented, monitored and evaluated with the intent of assisting in further defining good practice in the field (see Appendix 1 for a full description of the PIECES project).

This report presents a summary of findings from Policy area 4, which examined existing parenting programmes and home visitation schemes at the national or regional level in EU Member States.



Rationale and Objectives

The rationale for focussing on these two programmes is to support more resources on prevention in an attempt to reduce violence against children and the need for intervention to reduce or ameliorate its outcomes. In addition to other investments in early child development, a recent review of over 500 studies on home visitation found evidence that high-quality home visitation schemes have numerous favorable impacts that were sustained at least one year after program enrolment and the results were generalizable as the populations were racially, ethnically, and socioeconomically diverse (Avellar, 2014). Furthermore, few unfavourable effects were reported. This was also supported in an earlier meta-analysis of home visitation programmes (Bilukha, 2005) that found home visitations were effective (median reduction of 40%) in the prevention of child maltreatment in populations at risk. A recent study found that a home visitation program (Nurse Family Partnership), compared to maternal health care, was effective at preventing intimate partner violence during pregnancy and in the two years after birth among young high risk women (Mejdoubi, 2013). Whether these programmes are effective in violence prevention in the long-term has still to be proven in specifically designed long-term evaluations. Yet longitudinal studies have demonstrated the importance of intervening as early as possible in the cycle of child violence (Mikton, 2009).

A Cochrane review of group-based parent training programmes (Barlow 2012) supports the use of these programmes to improve the short-term psychosocial wellbeing of parents. The authors add that more evidence is needed to explicitly address the benefits for fathers and to examine the comparative effectiveness of different types of programmes.

The objectives of the in-depth investigation were:

- To describe existing parenting programmes and home visitation schemes at the national or regional level in EU Member States
- To analyse, synthesise and provide expert consultation on the intervention/prevention strategies mentioned above with regards to harmonisation throughout the EU



Methods

Survey development

A survey questionnaire was developed by the lead author to capture whether countries had national or regional parenting programmes and home visiting schemes aimed at increasing positive parenting to protect children at risk. Questions included details related to scope, target audience, roles and responsibilities, infrastructure, barriers and enabling factors to providing home visits and parenting programmes. The survey mainly focused at the provision of these services at national level and if not available at this level then respondents were asked if they were available regionally (the survey questionnaire is available in Appendix 2).

In the next phase the PIECES project team reviewed the questionnaire until agreement was reached on the content, phrasing, and definitions. Special attention was devoted to eliminating duplication of issues by the members of the research consortium, while still covering the highest possible range of related aspects. The internal review process was followed by an external panel of either independent or public body experts in the area of violence against children from countries including Greece, the UK, and Canada, as well as from the European charter of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Following revisions, the survey questions were uploaded to a web-based survey platform in English only. The on-line survey and survey process were piloted in six countries (Austria, France, Lithuania, Romania, Spain and UK-England) and adjusted prior to contacting the remaining countries.

Respondents and survey process

Purposive snowball sampling was used to develop a database of potential respondents. Purposive snowball sampling was used to develop a database of potential respondents. All 28 EU member states plus Norway were included, and due to decentralisation of responsibility for aspects of policy related to VAC in the UK, attempts were made to complete a separate survey for England, Northern Ireland, Scotland and Wales. Contact was first made with experts identified during a previous project examining violence against children (MacKay & Vincenten, 2014), the WHO violence & injury prevention focal points in EU MS and appropriate respondents were sought. Additional key informants were identified through PIECES project team member's professional networks and experts contacted also recommended alternate/additional respondents.

The data collection process involved identifying and contacting an expert within each who could review the proposed list of respondents for all six policy areas including parenting programmes and home visiting schemes, recommend alternate respondents if needed, and assist in encouraging completion of the survey by those invited to participate. Following this an email inviting participation was then sent to each potential respondent along with a letter of support from the main funder - Directorate General of Justice and Consumers – and a link and passwords to allow completion of the on-line survey. No incentive was provided to complete the questionnaire, however arrangements were also made to complete the surveys over the telephone in a few cases where there were technical or language difficulties. If the invited respondent was unable/unwilling to participate they were also asked to suggest alternate respondents. Invited respondents were contacted up to 10 times (minimum 3 contacts), prior to moving onto an alternate respondent.

Data collection for the remaining countries initially took place over a 6-month period from May to October but was extended to January 2015 in an attempt to increase the response rate. Completed surveys were converted to an Excel spreadsheet and distributed to the lead author for review and analysis.

Data Analysis

Due to the small numbers of countries responding, the scope for statistical analysis was limited and the analysis is mostly descriptive and thematic. Responses were analysed question by question and responses compiled per country. Answers to open-ended survey questions provided by Bulgaria and Norway country respondents were extracted from the Excel data sheet, pasted into a Word file and analysed thematically.



Results

Response

Data collection for the full survey initially took place over a 6-month period from May to October, but was extended to January 2015 to try and increase response. Of the 31 potential respondents (experts in Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK – England, Northern Ireland, Scotland and Wales) questionnaires were completed for 15 (50%). Fifty-five percent of respondents worked for non-governmental organisations, 10% for government organisations, another 10% for private organisations and the 25% remaining were in the 'other' category (e.g., inter-governmental organisations such as United Nations and UNICEF, academic institutions).

Home visitation schemes:

Of the 15 responses, seven countries have national home visitation schemes (Croatia, Denmark, England, Lithuania, Norway, Slovakia and Spain) and an additional three respondents (Austria, Belgium and Bulgaria) reported having a programme with limited scope in coverage. For example Austria has such programmes scattered at the local level and comprehensively in one region of Austria. In Bulgaria there is a universal pilot service from the Mother and Child Health Centre and Family-Consultative Centre set up by UNICEF in two districts and these services are in the process of being launched in eight out of a total of 28 districts under a national project by the Ministry of Health in partnership with Ministry of Labour and Social Protection. There is also a service with national coverage and state funding by the Centre of Social Support that is managed either by the Municipality or an NGO. The service is for children at risk, with referral from a Child Protection Department and implemented through maternity hospitals or home visits, but according to the respondent few home visitations are performed, as these are not compulsory. There are also ad-hoc NGO projects with various degrees of sustainability. Five further respondents reported there was no home visitation programme at either the national or regional level (Cyprus, France, Greece, Luxembourg, Romania).

For the 17 countries where there was no response or the questionnaire was not completed, information on the existence of national programmes was available for 15 of them from a previous project (MacKay & Vincenten, 2014). Three of the countries (Latvia, Scotland, Sweden) have a national home visitation scheme for new parents that includes prevention of violence against children and six do not (Ireland, Italy, Malta, the Netherlands, Portugal, Slovenia). Additionally, 12 have specific targeted visiting programmes focusing on families at risk of violent behaviour in the home (Croatia, Czech Republic, Finland, Germany, Hungary, Ireland, Italy, Poland, Portugal, Scotland, Slovenia, Sweden) and 3 do not (Latvia, Malta, the Netherlands).



The top five purposes for the national home visitation programme that were reported within the current study were: 1) improvements in maternal and newborn health, 2) identification of families/children at risk, 3) prevention of child abuse, neglect, or maltreatment, 4) improvements in the coordination and referrals for other community resources and supports and 5) reduction in crime and domestic violence.

Table 1 provides an overview of the responses from respondents in seven EU countries that reported a national programme on home visitation. These home visitation programmes have existed for long periods in central Europe, longest in the Nordic countries, and are relatively new in Eastern Europe. The majority of the programmes are universal, targeting all parents, and they are provided through the national health services and health agencies (e.g., the Ministry of Health implements the programme through health centres). Professional specialists performing home visitations can be nurses, midwives, social workers as well as public health nurses and public health officers. The number of standard visits varies from one to 10, but the majority of countries offer a flexible number and duration of visits based on assessed need. Slovakia was the only country that did not have permanent funding for the programme and had to combine funds from different sources to obtain enough funds to run the programme. Furthermore, only Croatia did not provide a universal programme, but rather took a targeted approach with referrals coming from state child protection units or other non-governmental organisations.

Table 2 provides further details about the national programmes. The age of a young child at which the first home visit starts also varied: in some countries programmes visits begin before the birth of the child, in others weeks or months after the birth of the child. Programmes also differ in frequency of visits, with repeat home visitation being standard more often than being based on assessed need (e.g., repeat visitations only when a family is identified as having stress or risk factors concerning the upbringing of the child and the development of the child). All countries reported using a standardised checklist for the programme, however only Denmark provided the home visiting staff specific training related to assessment of risk for violence against children.

When the issue of child participation was explored, only three of the respondents were able to respond. Of the three that did, none of them had consulted with children about the programme, although this might be expected given the age of the children involved, and two (Denmark and Norway) reported consulting with parents at the developmental phase of the programme.

Respondents were also asked whether efforts were made with regards to continuity of staff for home visits and of the five that responded, such efforts were reported in Denmark, Lithuania and Slovakia, but not Spain. The survey also explored how it was determined that a child/family/caregiver was no longer in need of home visits. All seven of those who responded stated this was done based on an individual evaluation between the family and the home visitation professional or doctor, and the respondent from Spain added, 'when there are no more risk factors.'

One concerning issue was that respondents indicated that none of the home visitation programmes in the seven countries that have them have been formally evaluated. Of the five who responded to an additional question asking whether there was an annual activity report highlighting the achievements of the programme, only two (Denmark and Norway) indicated there was such a report. The authors are aware of numerous studies performed on the Nurse Family Partnership program, a home visitation scheme that is implemented at the local level throughout England (Ball, 2012; Barnes, 2009; 2011; 2012) and one study comparing the effectiveness of three different programmes in England at local level (Lindsay, 2011). This same program is currently being piloted in Norway. This is an intervention aimed at first time at-risk parents and their children involving a programme of 64 home visits from early pregnancy until the child turns two years of age (for more information on the model, see www.nursefamilypartnership.org). Since the programmes is not yet implemented fully in Norway, the respondent indicated that limited information is available, but that it is a very relevant intervention that is currently being explored. This same model has been implemented at the local level in the Netherlands (Mejdoubi, 2013).

National or Regional Parenting Programmes

Only two of the 15 responding countries (Denmark and Norway) reported having parenting programmes at the national level, while three others (Austria, Bulgaria and Greece) reported having programmes at the regional or local level. Each of the national programmes is described below along with limited information regarding one of the three regional programmes.

Denmark

Denmark's national parenting programme started in 2010 and was based on the Olds model (Olds 2006) from the United States and adapted for Danish society. Public health nurses, social workers and teachers provide the standardised programme and Social Services Departments in the municipalities implement it under the leadership of the Ministry of Social Affairs. The programme receives permanent funding from the national government and the regions and covers all parents. The aim of the programme is to improve parenting skills, improve maternal and newborn health outcomes and reduce child maltreatment. Parents have the opportunity to sign-up for this programme after the birth of their child. Parents were not consulted in the development of the programme but they are asked for their feedback regarding implementation as part of a formal process evaluation. The professionals running the programme receive mandatory training from social workers, doctors and researchers specifically related to assessing risk of violence, namely identification of at-risk victims. This training is not standardised at the national level and the staff do not receive case supervision on a routine basis to assist in complex family cases. The respondent did not know if the programme had been formally evaluated and has evidence of its effectiveness.

Norway

Norway's parenting programme started 15 years earlier than Denmark's in 1995 and was revitalised in 2006. The programme is modelled on developmental and humanistic psychology with a focus on sensitive adult adjustment and empathy. The aim of the programme is to improve child-parenting skills, prevent child maltreatment and reduce domestic violence. It is non-instructive and aims to guide carers understanding of their children and their interaction with them. It is implemented by the Directorate for Children, Youth and Family Affairs and has permanent funding from the national government. The programme targets all parents and is based on self-referral (parents sign-up). It is a standardised programme that can be adjusted to groups with special needs such as caring for children with disabilities, parents in prisons and families involved with child welfare. A public health nurse, social worker, psychologist or teacher delivers the programme and receives six days of mandatory, standardised training prior to beginning delivery. The programme has undergone formal evaluation and has evidence of effectiveness in reducing child violence in the family using pre- and post-testing based on the following tools:

- Parents-child Conflict Tactics Scales
- Parents strategies
- Shona Symptom questionnaire
- Self-efficacy scale
- Questions from WHO alcohol use inventor
- Strengths and Difficulties Questionnaire SDQ
- Demographics questionnaire
- The Parent-Child Activity Scale
- Positive discipline, Conflict Tactics Scale
- Household commotion
- Child management



Table 1. Overview of national home visitation programmes in responding EU countries

| Countries | Programme start date | Target group | Authority responsible for implementation | Permanent funding | Staff providing visits | Frequency and duration home visits |
|-----------|----------------------|---|--|---|--|---|
| Croatia | No response | All families with children | Primary health care centers | Unknown | Public health nurse | 3-5 visits standard, < 1 hour duration, further visits dependent on needs |
| Denmark | 1939 | All families with children | Ministry of Health Regional Councils | Yes from the government | Public health nurse | 1-2 visits standard, duration flexible and further visits dependent on need |
| England | No response | Targeted home visitation via Family Nurse Partnership for young parents | Department of Health | Yes from the Department of Health | Health visitor | Standard number then dependent on need, flexible duration |
| Lithuania | 2010 | All families with children | Ministry of Health | Yes from the Ministry of Health | Public health nurse | One visit < 1 hour, further visits dependent on need |
| Norway | ca. 1900 | All families with children, families with children identified as at-risk, families with children with known needs | Children and youth health services | Yes from the government to the counties | Public health nurse | One standard visit then based on need; 1-2 hour duration |
| Slovakia | 2009 | Families with children identified as at-risk, children in alternative care settings | Child Line at SC Unicef | No, combined funds from municipal authorities, private sector, projects calls | Social worker, psychologist | 10 or more visits dependent on need and duration flexible |
| Spain | 1978 | All families with children, at-risk, with known needs, in alternative care settings | Government of Spain | Yes government | Public health nurse, social worker, midwife, trained volunteer | Frequency and duration flexible, dependent on need |

Table 2. Details of national home visitation programmes in the EU

| Countries | Referral to home visitation comes from... | Formal evaluation done | Standardised checklist used/ Case supervision | Training on risk assessment of violence against children | Child poverty, social and health inequalities addressed | Child or parent consultation |
|-----------|---|------------------------|--|--|---|--|
| Croatia | Hospital informs primary health care centre | Unknown | Yes/Unknown | Unknown | No response | Unknown |
| Denmark | Child welfare system: GPs in cooperation with Health care nurses in each municipality | Unknown | Yes both | Yes | Yes the programme targets primarily disadvantaged parent, however open for all new parents, so mostly socially well-off parents apply | Yes parents consulted over the years regarding improvements to the programme |
| England | Midwife Family Nurse Partnership | Yes Yes | Unknown both Yes | Unknown Yes | Unknown Yes | Unknown No |
| Lithuania | All women registered at the public health care centre | Unknown | Yes checklist No supervision | No | No | No |
| Norway | No referral, parents informed about the programmes at hospitals, baby clinics | No | Yes both | Not at national level but changing now as focus on domestic violence is increasing | No programmes is a free consultation and is provided to all | Parent only at development phase |
| Slovakia | Via state child-protection units, existing clients, other NGOs | No | Yes both | No | Yes these issues were priority | No |
| Spain | Self-referral | Unknown | No checklist Yes supervision | No | No | No |



- Engagement with the child
- Happiness with partner
- The Hospital Anxiety and Depression Scale
- The Social Support Questionnaire

Bulgaria

In Bulgaria there is a UNICEF project entitled “Let’s Grow up Together - Workshops for Parents” implemented at the regional level. The programme, which started in 2012, offers workshops for parents to provide a space where parents of the youngest children can share their experience and knowledge related to the care of children, and to expand their knowledge of child development and psychological needs during the period of babyhood. The workshop consists of 11 thematically related sessions during which, by the methods of group work, discussions, interactive exercises, parents discuss various topics on the care and upbringing of children. Another second UNICEF initiative entitled “Life as it is – Workshop for parents” was also implemented in 2013. It consisted of an 8-episode television programme aired on national television. In each episode the difficulties faced by parents today in Bulgaria were discussed, with an emphasis on the importance of communicating with your children and the provision of parenting advice (<http://www.unicef.bg/en/campaigns/Life-as-It-Is-Workshop-for-parents/22>)



Discussion

The European Commission assists Member States that are under an obligation under the Treaty on European Union (Article 3(3) TEU) to protect children from violence and have a responsibility to ensure respect for the rights of the child (Article 24 of the Charter on the rights of the child). A rights-based approach to child safety necessitates providing a system to prevent and respond to violence against children (VAC). Such a system must be equally accessible to all children living in the EU. The reflection paper 'Coordination and cooperation in integrated child protection systems (European Commission, 2015) which was presented at the 9th European Forum on the Rights of the Child in Brussels in the spring of 2015 highlights the importance of supporting families:

'The primary position of families in child caregiving and protection is recognised and supported through universal and targeted services, through every stage of intervention, particularly through prevention.'

Through the last decade home visitation schemes and parenting programmes have gained visibility as a means of prevention. The Council of Europe Policy guidelines on integrated national strategies for the protection of children specifically recommend that:

'Parents' and carers' knowledge of the rights of the child and of positive parenting practices should be strengthened by all means, including encouraging their enrolment in positive parenting programmes. ' (page 14, Council of Europe Integrated strategy against violence, Recommendation CM/Rec(2009)10 of the Committee of Ministers).

The scope has also widened and expanded from mainly addressing the physical development of the child to focusing on the psychosocial development and mental health issues. In doing so these programmes have been widely used to address physical health needs, developmental and educational achievements and more often to prevent violence against children (Olds, 2007). The Family Nurse Partnership was specifically mentioned in England and Norway. One of the proven results from implementation of the Family Nurse Partnership is that it reduces injuries to children and incidents of domestic violence in the home (Dodge et al., 2011). Overall the respondents reported a focus on strength-based interventions. 'Family resiliency does not develop through evasion of risk, but through successful application of protective factors to engage in adverse situations and emerge from them stronger' (Benzies, 2008). The majority of the interventions were universally available, meaning they are made available to all families with newborns and young children, regardless of estimated risks, socioeconomic status or social problems (Moran, 2004; MacMillan, 2009; Council of Europe, 2011). Analysis of the home visitation schemes shows that these programmes have a long history of existence in Europe, value flexible design with regards to duration and frequency and use a variety of professionals for delivery of the programme. What is lacking in the majority of the countries is systematic evaluation of the programmes and specific training related to child violence. Only the respondent from Denmark (out of seven that responded to the question) reported a specialized training for home visitation staff in risk assessment for child violence and four (out of seven respondents) reported that home visitation staff received case supervision. This finding is also reflected in the EU FRA mapping of national child protection systems (FRA, 2014).

Only two out of the 15 respondents reported having a national parenting programme, namely Norway and Denmark. Norway's parenting programme has existed since 1995 and Denmark's started in 2010. Both are based on an existing evidence-based model and have an universal approach targeting all families. Only Norway reported having a comprehensive evaluation using evidence-based indicators. This could serve as a model for other countries that may wish to initiate such a programme. Due to the low response rate it is unknown what is the actual frequency throughout the EU. Furthermore, we do not have information regarding local parenting programmes.



Potential barriers to implementing home visitation interventions include difficulties in the retention of participants and programme staff:

“ Home interventions have generally been targeted to families of low SES, who are in challenging life circumstances with few resources. It is understandable, therefore, that such families might be overwhelmed with other problems and might lack sustained interest in or ability to commit to regular home visitation...Home visiting personnel (especially when paraprofessional lay visitors are used) may be hard to recruit, train, and retain due to low pay and difficult work conditions” (Bilukha 2005). A UK study found that home visiting staff reported a high degree of work pressure and dissatisfaction with their work-life balance (Robinson 2013).

Another reason why these prevention programmes may not be provided nationally throughout the EU is the lack of documented effectiveness, as this project found that only Denmark and Norway have annual documentation of the programmes' effectiveness. This was also cited as a reason for the failure of large-scale policy initiatives for at-risk parents by the Olds review of parenting preventions (Olds, 2007).

Limitations

The incomplete response rate to this survey is one limitation. Despite repeated efforts to try to improve the response rates, the findings reflect only half of the EU member states and thus may not have relevance to all. Secondly, while we worked hard to identify appropriate experts, the information reported represents one respondent per country and is based on self-reporting from one expert respondent per country; so there will inevitably be subjective interpretations. Due to these limitations it is not possible to provide an EU-wide assessment of home visitation schemes and parenting programmes; nonetheless the results may provide information that can assist other EU countries in implementation of such programmes.



Conclusions and recommendations

Despite the evidence-base for home visitation and parenting programmes, this project found that only seven EU countries had national home visitation programmes and two national parenting programmes, with little parent or child participation regarding programme design, implementation or evaluation. Without further information from other Member States it is challenging to make conclusions and recommendations. However, as there is evidence to support these types of prevention programmes we recommend these programmes be available to all children at the national level with and adequate resources provided to ensure training and monitoring/evaluation of the impact on violence prevention. Evaluation data performed at the national level in each Member State would provide the necessary data to allow a stronger recommendation regarding these programmes.



Recommendations

Based on the data compiled within this project we have five recommendations to improve equity for all children in Europe with regards to quality of home visitation and parenting schemes:

1. Member States without national home visiting and parenting programmes should consider developing and implementing these evidence based programmes, and/or developing national guidelines for regional and local level programmes.
2. Member States should undertake a mapping exercise at the national, regional and local level to assess proportion of parents with access to home visiting and parenting programmes and subsequently explore opportunities to ensure equitable access and standardise professional training, curriculum, etc. National governments should invest in specific training on child violence for professionals that provide home visitations.
3. Member states should require and fund programme evaluations in operation in order to collect, analyse, interpret and share information about the workings (e.g., training levels of staff, frequency and duration of visits, and content of the session) and the effectiveness of programmes to prevent the occurrence or recurrence (MacMillan, 2009) of physical, emotional and sexual violence against children and neglect).
4. National, regional and local home visiting and parenting programmes should integrate how older children themselves perceive the effectiveness of parenting support/home visitation within the routine programme evaluation.



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Appendix 1 – PIECES project description

PIECES – Policy Investigation in Europe on Child Endangerment and Support was 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 maltreatment, with the aim of ultimately preventing violence against all children in the EU with a focus on the most vulnerable children.

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.
- 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.

Policy Areas explored

The six policy areas selected were:

1. Content analysis of existing national strategies addressing violence against children
This investigation involved an in-depth look at 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 the content of national strategies on VAC (covering key areas of provisions for primary prevention, protection, bringing justice, overcoming harm and child participation) and their implementation (the legal framework, system response, resources, capacity, coordination, cross sector working responsibilities). Informants were asked about the specific content of national strategies covering child maltreatment, violence against children in schools and communities, preventing child suicide.
2. 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.

4. Evidence-based violence against children prevention efforts related to building resilience in children and positive parenting

This investigation involved an in-depth exploration of national home visitation programmes (both population-based and targeted programmes) and family support programmes (parenting programmes, etc.).

5. National Child Death Review Committees to inform policy and practice related to violence against children

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 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 activities related to violence against children.

Each of the six policy areas explored also looked at whether children were consulted on policy/programme development and implementation (child participation) and whether the issue of child poverty/inequalities was considered during policy/programme development, implementation or monitoring (child inequalities).

A summary report regarding the programme, working papers for the other individual policy areas and case studies of good examples of practice are available online at www.childsafetyeurope.org/PIECES.



Appendix 2 – Paper version of survey questionnaire

PIECES: Policy investigation in Europe on Child Endangerment & Support

In depth investigations - policy #4: Evidence-based prevention efforts related to building resilience in children and parents.

PIECES partner taking lead: Katharina Purtscher-Penz, Mental Health Hospital Sigmund Freud, AT.

This survey aims to collect information on national prevention efforts in European Union Member States related to strengthening the resilience of parents and children as a means of addressing violence against children. The purpose of the survey is to identify knowledge about good practice that can be shared with policy makers across Europe to support future planning and implementation. The survey has questions about home visitation and parental support programmes designed to enhance positive parenting skills.

As an expert working in the field of child health and well being who has agreed to take part, we ask that you please answer as many questions as possible. Where relevant, please provide hyperlinks (e.g., to strategies, guidelines, etc.).

Name of respondent: (Fill in the blank)

Profession / specialty: (Fill in the blank)

Organization: (Fill in the blank)

Position in organisation: (Fill in the blank)

Address: (Fill in the blank)

City: (Fill in the blank)

Country: (Fill in the blank)

Telephone: (Fill in the blank)

E-mail address: (Fill in the blank)

I. Home visitation

- 1. Does your country have one or more national home visitation programmes for families with children?** By home visitation programme we are referring to programmes involving a visit from a professional or trained volunteer in order to offer a variety of family-focused services to expectant and new parents and families with young children, such as maternal and child health, positive parenting practices, safe home environments, and access to services.

(Yes – go to #2/No – skip to #26/Don't know – skip to #26)



If No...

1.a. Does your country have one or more regionally coordinated programmes of home visitation?

(Yes/No/Don't know (if No or Don't know skip to #27))

If Yes...

1b Do the different programmes make any effort to coordinate their activities (e.g., share process, use standardised forms, share results, etc.)?

1c Do the regional programmes together represent national coverage, e.g. a program in each region?

2. How many national programmes for home visitation for families with children are there? (One/Two/Three or more)

If there is more than one programme in place, please select the programme with the most relevance to CHILD MALTREATMENT PREVENTION and answer questions 3-25 with that specific programme in mind.

3. What is the name of the programme? (Fill in the blank)

4. When did the programme of home visits begin? (Fill in year)

5. Which authority/organisation is responsible for implementing the programme? (Fill in the blank)

6. Which authority/organisation funds the programme? (Fill in the blank)

7. Does the programme have permanent funding?

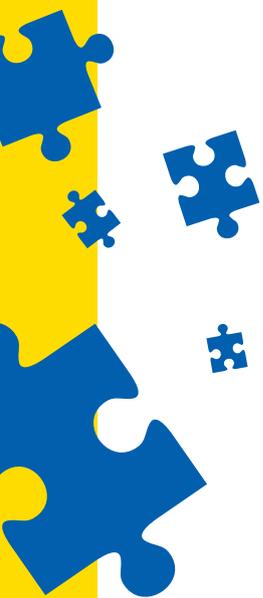
(Yes/No/Don't know)

If yes

6a. Who funds the programme? (Fill in the blank)

If no...

6b. How is funding obtained? (Fill in the blank)





8. **What is the target group for the programme?** (Tick all that apply)

- All families with children
- All first-time parents
- Families identified as at risk
- Families with children identified as at-risk
- Families with children with known needs
- Children in alternative care settings
- Other (please specify) _____

9. **Who runs the programme? (e.g., Ministry, Child Welfare System)**

(Fill in the blank)

10. **What is the main purpose(s) of the programme?** (Tick all that apply)

- Identification of families/children at risk
- Improvements in maternal and newborn health
- Prevention of child abuse, neglect, or maltreatment
- Reduction of emergency department visits
- Improvement in school readiness and achievement
- Reduction in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports
- Other (please specify) _____

11. **Has the programme undergone formal evaluation?**

(Yes-go to #11a./No- go to #12/Don't know-go to #12)

If yes...

11.a. **Please list the evaluation indicators used?** (Fill in the blank)

11.b. **Is there evidence that the home visitation programme is effective?** (Yes – (please specify) _____/No/Don't know)

11.c. **Have any changes been made to this programme as a result of the evaluation?**

(Yes – please specify nature of changes made/No/Don't know)



12. Have children been consulted as part of the programme development or implementation?

(Yes/No/Don't know)

If yes...

12.a. **Indicate at what stage they were involved and how** (Fill in the blank)

13. Have parents been consulted as part of the programme development or implementation?

(Yes/No/Don't know)

If yes...

13.a. **Indicate at what stage they were involved and how** (Fill in the blank)

14. Were the issues of child poverty and child social and health inequalities addressed as part of programme development or implementation?

(Yes/No/Don't know)

If yes...

14.a. **Indicate at what stage and how the issues were addressed?** (Fill in the blank)

15. Which of the following professionals conduct the home visits? (Tick that apply)

- Public Health Nurse
- Doctor
- Midwife
- Social-worker
- Trained volunteer
- Other (please specify) _____

16. Do home visitors receive specific training related to assessing risks of violence against children?

(Yes/No/Don't know)

If yes...

16.a. **What type of training (e.g., information/orientation only, skills training, etc.)?** (Fill in the blank)

16.b. **Who provides the training?** (Fill in the blank)

16.c. **How many hours of training are received on average?** (Fill in average # hours)

16.d. **Is the training standardised (i.e., is there a national curriculum)?** (Yes/No/Don't know)





PIECES

16.e. **Is the training mandatory?** (Yes/No/Don't know)

16.f. **Is it mandatory for home visitors to report child maltreatment if suspected in the home?** (Yes/No/Don't know)

17. **How is a family/child referred to the programme?** (Fill in the blank)

18. **Is there a standard number of home visits conducted per family referred?**

- No – need determined by home visitor
- One visit
- Two visits
- 3-5 visits
- 10 or more visits
- Other (please specify) _____

19. **What is the average duration of a home visit?**

- Less than an hour
- More than 1 hour but less than 2 hours
- Flexible - depends on the needs of the family
- Other (please specify) _____

20. **What is the average frequency of home visits?**

- Once a week
- Once a month
- Flexible - depends on the needs of the family
- Other (please specify) _____

21. **Is a standardised checklist or form used when performing the home visit?**
(Yes/No/Don't know)



- 
22. **Are efforts made to ensure continuity of the home visitor(s) working with a family over time (e.g., to build up rapport between parents and home visitor)?**
(Yes/No/Don't know)
23. **How is it determined that a child/family/caregiver is no longer in need of the programme?** (Fill in the blank)
24. **Do the home visitors receive case supervision?**
(Yes/No/Don't know)
25. **Is an annual activity report or other documentation that highlights the achievements of the programme published?**
(Yes/No/Don't know)
- 25.a. If yes please provide link or reference for the report (Fill in the blank)
26. **In your country is there one or more programmes of home visitation for families with children at the sub-national (regional or local) level?**
(Yes/No/Don't know)
If yes
- 26.a. If yes please provide link or reference about the programme(s) (Fill in the blank)

II. Parental Support

27. **Does your country have one or more national parental support programmes with the aim of promoting safe, stable, and nurturing relationships between children and parents? By a parental support programme we mean a positive parenting programme such as Assistance and Support for Parents (REAAP) in France and Incredible Years, Komet, Triple P, ABC in Sweden.**
(Yes-go to #28/No-skip to 50/Don't know-skip to 50)
28. **How many national parental support programmes are there?**
(One/Two/Three or more)

If there is more than one programme in place, please select the programme with the most relevance to **CHILD MALTREATMENT PREVENTION** and answer questions 29-49 with that specific programme in mind.

29. **What is the name of the programme?** (Fill in the blank)

30. **Is it modelled on which specific evidence-based approach?** (Yes-please specify _____/No/Don't know)

31. **When did the programme begin?** (Fill in year of programme implementation)

32. **Which authority/organization is responsible for implementing the programme?** (Fill in the blank)

33. **Does the programme have permanent funding?**
(Yes/No/Don't know)

If yes...

33.a. **Who funds the programme?** (Fill in the blank)

If no....

33.b. **How is funding obtained?** (Fill in the blank)

34. **What is the target group for the programme?** (Tick all that apply)

- All parents
- Parents of newborns
- Parents identified as being at-risk
- Parents identified as having known needs
- Other (please specify) _____

35. **Is the programme part of a national system or authority (e.g., Ministry, Child Welfare System)?** (Fill in the blank)



36. **What is the main purpose(s) of the programme?** (Tick all that apply)

- Improvements in child parenting skills
- Improvements in maternal and newborn health
- Prevention of child maltreatment (abuse or neglect)
- Reduction of emergency department visits
- Improvement in school readiness and achievement
- Reduction in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports
- Other (please specify) _____

37. **Has the programme undergone formal evaluation?**

(Yes/No- go to #38/Don't know – go to #38)

If yes...

37.a. **Please list the evaluation indicators used?** (Fill in the blank)

37.b. **Is there evidence that the home visitation programme is effective?**

(Yes – (please specify) _____/No/Don't know)

37.c. **Have any changes been made to this programme as a result of the evaluation?**

(Yes – please specify nature of changes made _____/No/Don't know)

38. **Have parents been consulted as part of the programme development or implementation?**

(Yes/No/Don't know)

If yes...

38.a. **Indicate at what stage they were involved and how** (Fill in the blank)

39. **Were the issues of child poverty and child social and health inequalities addressed as part of programme development or implementation?**

(Yes/No/Don't know)

If yes...

39.a. **Indicate at what stage and how the issues were addressed?** (Fill in the blank)



40. Which of the following professionals are involved in implementing the programme? (Tick that apply)

- Public Health Nurse
- Doctor
- Midwife
- Social-worker
- Parent volunteer
- Other (please specify) _____

41. Do those working with parents receive specific training related to assessing risk of violence against children?

(Yes/No/Don't know)

If yes...

41.a. What type of training is received (e.g., information/orientation only, skills training, etc.)? (Fill in the blank)

41.b. Who provides the training? (Fill in the blank)

41.c. How many hours of training are received? (Fill in # hours)

41.d. Is the training standardised (i.e. is there a national curriculum)? (Yes/No/Don't know)

41.e. Is the training mandatory? (Yes/No/Don't know)

42. How do parents come to participate in the programme?

- Referral
- Sign up
- Other (please specify) _____

43. Is a standardised programme used?

(Yes/No/Don't know)

If yes...

43.a. What measures are taken to ensure that the integrity of the programme is maintained (i.e. the programme is delivered consistently across the country)? (Fill in the blank)



44. Are efforts made to ensure continuity of the professional(s) delivering the programme (e.g., to build up rapport between parents and professional)?

(Yes/No/Don't know)

45. Do those working with parents receive case supervision?

(Yes/No/Don't know)

46. Are parents asked to complete an evaluation regarding the parent support programme experience?

(Yes/No/Don't know)

47. Is an annual report of programme activity or other documentation highlighting the achievements of the programme published?

(Yes/No/Don't know)

48. How is it determined that a parent is no longer in need of the programme? (Fill in the blank)

49. Which of the following are components of the parenting programme? (Tick all that apply)

- Teaches parenting principles of positive parenting such as positive reinforcement and encouragement, including realistic expectations
- Provides opportunities for parents to exchange their lessons learned/experiences with other parents
- Provides opportunities for parents to practice new skills using role-playing, video feedback
- Promotes age-appropriate positive child discipline to handle poor behaviour in a positive and age-appropriate way
- Promotes strategies that aim to strengthen positive parent-child relationships through play and praise for lasting, positive changes in children's behaviour
- Considers difficulties in the relationships between adults in the family and refers parents to additional support programmes for dealing with relationship issues
- Considers issues related to drug or alcohol in the family and refers parents to additional support programmes for dealing with these issues
- Involves parents in the goal setting process to identify goals that make a difference

for themselves and their children in their daily lives

- Adapts the contents of the programme for cultural and individual needs of the participants
- Promotes an empowerment/strengths-based approach
- Promotes the creation of safe and engaging environments for children
- Promotes parental self care and problem solving
- Asks children of parents how they perceive the impact of the parenting programme is on their parents



50. Is there one or more existing parental support programme with the aim of promoting safe, stable, and nurturing relationships between children and parents at the sub-national (regional or local) level?

(Yes/No/Don't know)

50.a. Do the different programmes make any effort to coordinate their activities (e.g., share process, use standardised forms, share results, etc.)?

50.b. Do the regional programmes together represent national coverage, e.g. a program in each region?

51. Is there any other information you would like to share regarding prevention programmes for children and parents in your country (e.g., gaps in current programming that need to be addressed or specific challenges for existing programmes)?

(Fill in the blank)

Thank you for assisting us to better understand current efforts to strengthen children's and parents' resilience as a means of addressing violence against children across the European Union.





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