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Implementing child maltreatment prevention programmes:

what the experts say

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what the experts say

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ABSTRACT

Child maltreatment can result in mental and physical harm to the child as well as long-term negative consequences for the individual across their life-course. Delivering measurable reductions in child maltreatment requires action at political, practitioner and public levels. Internationally, some groups and individuals have successfully pioneered programmes to prevent child maltreatment, or been instrumental in changing strategy or policy to protect the rights of the child. Although many of these successes are captured in academic papers, these can omit key learning points on how to establish and sustain successful interventions. Based on a series of interviews reflecting on the experiences of world-leading experts in child maltreatment prevention, this handbook aims to fill this gap by providing practical information to policy-makers, commissioners and practitioners on implementing prevention programmes. After outlining the wider political and cultural landscape needed to drive and sustain interventions, the handbook describes key principles for selecting and delivering programmes, and important practical considerations, resources and technical support. Expert contributors provide insights into important first steps, key questions to consider, and how to address some common challenges and barriers to successful implementation. This handbook is intended for use alongside other resources developed by WHO Regional Office for Europe and has been developed to assist countries to implement *Investing in children: the European child maltreatment prevention action plan*.

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EXECUTIVE SUMMARY

Child maltreatment exists in every society across the world, with Europe being no exception. As well as physical injuries, maltreatment can contribute to poor mental health and well-being, such as feelings of abandonment, fear, anxiety, depression, self-harm or even suicide. Internationally some groups and individuals have successfully pioneered programmes to prevent child maltreatment, or been instrumental in changing strategy or policy to protect the rights of the child. Many of these successes are captured in academic papers but these can omit key learning points on how to establish and sustain successful interventions. This handbook aims to address this gap and provide accessible and practical information to practitioners, policy-makers and commissioners on implementing key types of child maltreatment prevention programmes. Information presented in this handbook is drawn directly from interviews with world-leading experts in their fields. From these interviews the handbook summarizes general advice on how to initiate and roll out different prevention activities, most important first steps, key questions to consider, and how to overcome some common challenges and barriers to successful implementation.

The handbook should be used in conjunction with syntheses of academic papers and reports which provide more technical details of programme and policy development and the impacts on their implementation. Advice from expert interviews is presented in sections on influencing political and cultural landscapes, developing programmes and establishing the necessary resources, technical support and training. Key points from each of these sections are collected below.

THE POLITICAL AND CULTURAL LANDSCAPE

- To inspire commitment and ownership for an intervention, prevention must be considered a key priority. Making the financial case for investing in prevention, spending time building local partnerships, and where possible seeking wider governmental support from appropriate ministries are key activities which will also help to ensure that investments in prevention are sustained, even in times of financial hardship.

- Public support should be harnessed by raising awareness of the problem and the wide-reaching impacts of child maltreatment. Local data should be used to highlight the need for prevention.

- It is important to be aware of how the existing culture of an organization may support or hinder their involvement in child maltreatment prevention programmes. Any necessary change should be managed through consultation, clear and consistent messages, and strong, committed leadership. Policy-level commitment can help to ensure that prevention programmes have longevity.

- Understanding the whole picture of child maltreatment requires multiagency data. Data sharing can be a key component of multiagency responses, ensuring that all services are working towards shared objectives. It should be agreed in partnership what will be shared, with whom and for what purpose. Often this will form a key part of formal and binding collaboration agreements. A steering group of representatives from all agencies is also required for governance of the data and programme implementation.

THE PROGRAMME

- When selecting a programme it is important to choose well. Does the programme have strong evidence to support it? A population's aspirations, motivations and challenges should all be taken into account when deciding if a programme is likely to be a good fit. Outcomes for children should be measurable and important to that particular community.

- Key stakeholders need to be involved in the selection and implementation of a programme from the very beginning. This should include representatives from target user groups. A collective review of the essential features of a programme will determine if adaptations are needed to make it suitable to the context. The cultural factors that influence child-rearing practices, family structure or attitudes towards health care should be given particular thought. Valuable insights may be available from community or religious leaders.

- Clearly defined eligibility criteria are an important prerequisite for successful participant engagement. If there are any possible barriers to access, providing additional resources such as support for travel or childcare facilities may enable wider participation. Participant testimonies can be a useful marketing tool.

- Scaling up a programme can potentially allow it to reach more participants, as well as reduce unit costs. Replication is the first step to any wide-scale implementation. Is the intervention effective across a range of different contexts? Characteristics such as clear cost information, detailed manuals and materials, well designed training and tools to monitor fidelity can support high-quality implementation on a large scale.

- A monitoring and evaluation strategy will need to be developed to explore the effectiveness of the programme. Did the programme reach its intended participants? How well did it achieve its specified aims and objectives?

RESOURCES, TECHNICAL SUPPORT AND TRAINING

- Data are instrumental for community needs assessments and can be used to drive decision-making and resource allocation. All agencies may collect relevant data, beyond just police and child welfare (for example, schools, community and leisure organizations or local charities). It is important to take a staged approach to engaging stakeholders in data collection, by showing them how their existing data can be used; working alongside them to understand and interpret these data; and using their insights alongside the evidence base to determine other important variables to collect. Variables relating to the organizations and the services they provide, such as their catchment areas, staffing levels, etc., may also be important to consider.

- A critical approach should be taken when using evidence to identify effective interventions or determine the appropriateness of different adaptations. Does the intervention have high standards of evidence supporting its effectiveness? Have positive findings been independently replicated? How timely is the evidence? Has it been drawn from populations with a similar cultural, social and political context and infrastructure to your intended population?

- Where appropriate, competencies should be developed among staff for recognizing and responding to parental characteristics that may be risk factors for child maltreatment, as well as signs of abuse in children. Staff should understand the needs of vulnerable families and be able to offer support and early intervention. It is important to create an overall vision of accountability and for staff to understand why this is an important issue within the context of their organization and their job role. Management commitment, appropriate supervision and peer support, agreed protocols for protecting children and a shared understanding of risk management all support successful training.

- When training people to deliver a specific programme, it is important to provide an understanding of the evidence base behind that programme. It should be borne in mind that people's personal histories have a potential impact on the training process. Training may also have to address trainees' own values and ideals to bring them in line with the basis for the programme. Quality assurance processes should be identified to ensure that those who are being trained to deliver a programme have suitable opportunities to master delivery in a staged and controlled manner.

- Data should be collected to monitor programme implementation. Uptake, dosage (that is, how much of the intervention or its component parts are delivered and received) and adherence to prescribed content (for example, sessions covering intended topics and with intended materials) are all important dimensions. A challenge may exist in striking an appropriate balance between ensuring a programme is delivered as intended (fidelity) while allowing some flexibility towards its context. Expert advice should be taken as to the critical components of a programme that should remain unchanged and local knowledge used on elements that must be varied for cultural or other contextual reasons. Timely monitoring and evaluation need to be in place to measure any potential impact of adaptations made during the design stage.

This handbook is intended to further facilitate reductions in child maltreatment across Europe by filling a gap between the reporting of programmes and their outcomes, and the experiences of global experts on how best to use an increasing evidence base of effective policies and interventions. It should be used as one of a number of resources already developed or being developed by the WHO Regional Office for Europe.

1. INTRODUCTION

There is an increasingly prominent body of literature that offers insights into the evidence behind preventive interventions, and summarizes the effectiveness of different programmes or strategies for different problems or population groups. This evidence has been summarized in the *European report on preventing child maltreatment* (*1*). However, what is often not as well documented are the actions, assets and advocacy needed to design and implement these programmes appropriately and ensure their success and sustainability. This handbook aims to share such practical knowledge. Insights were gained from a range of different global experts, and this document reflects what they understand to be some of the most important learning points to share. The handbook focuses on a selection of public health programmes and interventions and those described in this document should not be considered an exhaustive list. Moreover, broader issues such as tackling social inequalities, while important to child maltreatment prevention, are not included in this handbook. How this handbook can contribute is summarized in Fig. 1.

Fig. 1. Implementing programmes to prevent child maltreatment

Child maltreatment – recognizing the problem		
Developing the political and cultural landscape	**Developing the programme**	**Developing the assets**
Securing government support (page 6)	Selecting a programme (page 11)	Collecting and interpreting data (page 17)
Engaging stakeholders (page 6)	Adapting a programme (page 12)	Using evidence (page 19)
Gaining public support (page 6)	Delivering a programme (page 13)	Training health and other professionals (page 21)
Establishing organizational readiness (page 8)	Scaling up a programme (page 15)	Training for programme delivery (page 22)
Supporting multiagency working (page 10)	Evaluating a programme (page 16)	Monitoring processes and outcomes (page 22)
Measurable reductions in child maltreatment		

Child maltreatment exists in every society across the world and is a grave public health and societal problem due to its serious and far-reaching consequences. Aside from physical injuries, violence can affect brain development and contribute to poor emotional health, such as feelings of abandonment, fear, anxiety, depression, self-harm or even suicide (*2,3*). Child maltreatment has been associated with a range of negative health and social outcomes across the life course, including: substance use; depression; anxiety; behavioural problems and aggression; chronic ill health such as heart disease, cancer, chronic obstructive pulmonary disease or stroke; poor sexual and reproductive health; reduced life expectancy; health-care costs; and lower educational achievement and employment performance (*1,2,4*). Experiencing maltreatment as a child has also been associated with being a victim and/or perpetrator of violence in later life (*1*). Through these health and social

impacts, child maltreatment widens health inequality. While severe child maltreatment may come to the attention of child protection agencies, many more hidden forms of abuse also exist, with recorded cases typically representing only the tip of the iceberg.

CHILD MALTREATMENT IS:

all forms of physical and/or emotional or sexual abuse, deprivation and neglect of children or commercial or other exploitation resulting in harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

– *World report on violence and health* (*2*)

Society has a moral and legal obligation to protect children. Along with strong legislation and enforcement relating to the abuse of children, the implementation of evidence-based programmes to prevent child maltreatment is essential to protecting children from harm, ensuring their healthy development, and breaking cycles of violence passed from one generation to the next. In spite of child maltreatment being a priority in most countries in the WHO European Region, the levels of children experiencing maltreatment are high (Box 1). Reports show that few countries have devoted adequate resources and policy attention to its prevention and that more widespread implementation of effective interventions is needed (*3*).

The WHO Regional Office for Europe has already developed several resources to help tackle child maltreatment. The *European report on preventing child maltreatment* (*1*) outlines the high burden of child maltreatment and its causes and consequences, arguing for increased investment in prevention and the mainstreaming of prevention objectives into other areas of health and social policy. Using an ecological model as a framework, the report aimed to promote understanding of the different levels at which preventive interventions may be targeted, highlighting the need for increased intersectoral working and coordination. The *European report on preventing child maltreatment* was developed to support policy-makers by also documenting evidence-informed approaches and outlining their cost-effectiveness. Following its publication, the 53 Member States of the WHO European Region gave overwhelming support for the adoption of *Investing in children: the European child maltreatment prevention action plan for Europe 2015–2020* (*5*). The plan has an aspirational target to reduce the prevalence of child maltreatment and homicide by

Box 1. A brief insight into the extent of child maltreatment in Europe

- In the European Region at least 850 children aged 0–15 years die from child maltreatment annually, with rates highest among children under 4 years.
- Surveys from community populations across Europe indicate that the prevalence of childhood maltreatment is high, with 22.9% of children experiencing physical abuse, and 29.1% experiencing emotional abuse.
- Results also suggest that 13.4% of girls and 5.7% of boys in the European Region experience sexual abuse in childhood.
- Although fewer studies have looked at childhood neglect, worldwide research estimates that 16.3% of children experience physical neglect, and 18.4% emotional neglect.

Source: *European report on preventing child maltreatment* (*1*).

20% by 2020 and calls upon countries to achieve this by: (i) setting up information systems to make child maltreatment more visible; (ii) strengthening governance by developing multisectoral action plans for prevention health systems; and (iii) strengthening health systems to reduce risks of child maltreatment. This handbook was developed to support implementation of prevention activities both in health systems and through multisectoral activity.

1.1 WHAT THIS HANDBOOK PROVIDES

Across Europe and the rest of the world, some groups and individuals have successfully pioneered programmes to prevent child maltreatment, or been instrumental in changing strategy or policy to protect the rights of the child. Whilst their academic papers and reports provide details of the effectiveness of these approaches and their association with different (positive) outcomes, key learning points on how to establish and sustain successful interventions are often omitted or difficult to extract from such papers. This handbook therefore aims to address this gap and support the objectives of the child maltreatment prevention action plan by providing accessible and practical information to practitioners, policy-makers and commissioners on implementing key types of child maltreatment prevention programmes. The topics discussed are of interest in many different countries and are more relevant to countries that have established child protection and universal health care and social welfare systems. Within this context preventive interventions

can be both complementary (for example, targeted especially at deprived communities) or universal (such as child protection and health and social welfare systems) but may also drive innovation in such services through the development and evaluation of programmatic interventions.

The information presented here is drawn directly from the experiences of world-leading experts in the field (see Box 2). The handbook does not provide detailed information on the implementation of specific programmes. Instead it aims to offer more general advice on how to initiate and roll out different prevention activities, including experts' views on some of the most important first steps, some key questions to consider, and how to overcome some common challenges and barriers to successful implementation. Particular attention is paid to the seven different strategies or interventions for child maltreatment prevention outlined in section 1.3. However, much of the advice and guidance provided may also be relevant to other approaches and activities aimed at preventing child maltreatment and even other forms of interpersonal violence.

Box 2. Gathering input from the world's experts

A series of short (30–45-minute) telephone interviews were conducted with global child maltreatment prevention experts to inform the development of this handbook. Twenty-one experts from eight different countries were consulted. These experts drew on their own experiences of developing, implementing and advocating for different prevention strategies or programmes to offer advice to practitioners, policy-makers and commissioners. Key themes and important 'Top Tips' were identified from these interviews.

1.2 STRUCTURE OF THE HANDBOOK

Any programme, strategy or policy that aims to prevent child maltreatment must build on or link with existing services or interventions, and address the needs of the community it serves. However, the successful implementation of an intervention also requires the conditions to be right. The right infrastructure can help to ensure that what needs to be delivered can be delivered. Local providers should be committed to delivering the intervention and there should be a broader and deep-rooted commitment from community leaders and stakeholders to improve the lives of children. Meeting these conditions should be a key priority.

This handbook is therefore divided into three core sections. The first section considers the wider political or cultural landscape that may be needed to drive and sustain efforts to

"Ultimately a programme must be driven by local sensibilities about what is achievable. But building in a shared commitment to children and families at the beginning is likely to lead to more stable and enduring efforts over time."

– David Olds
Professor of Pediatrics, University of Colorado

prevent child maltreatment. Key principles for selecting and delivering established programmes are outlined in the second section, before the final section outlines important practical considerations, resources and technical support.

1.2.1 How to use this handbook

Throughout the handbook, the voices of world experts are reflected. In each section, consensus between experts is pulled together in concise instructions or bullet points. Key questions for readers to consider when thinking about their own objectives or context are also highlighted. Where appropriate, direct quotes from these experts are provided in the form of top tips, which provide succinct summaries of some of the most important considerations when implementing child maltreatment prevention interventions. Where readers may require additional information or clarification on particular ideas or suggestions, examples of experiences from individual programmes or countries are referenced. Appendix 1 provides a list of some of the evidence-based programmes proposed in the *European report on preventing child maltreatment* (*1*) with information on the population targeted, who delivers the actions, the support available, any costs, and where more information can be obtained.

1.3 PREVENTING CHILD MALTREATMENT

Experts who contributed to this handbook were chosen based on their experience in one of the seven key strategies for child maltreatment prevention set out in the *European report on preventing child maltreatment*. While some advice from experts is specific to an individual strategy, much is relevant to more than one strategic approach and consequently is presented in generic sections (see Fig. 1). Background information on the nature and content of the seven strategies, and the current evidence for their effectiveness, is briefly summarized below (sections 1.3.1 to 1.3.7).

1.3.1 Home visitation programmes

Home visitation programmes provide intensive early years support within the home for parents whose children are at risk of poor outcomes. Programmes are delivered by public health

nurses or other health professionals and typically start during pregnancy. Support may continue for many years. Programmes promote healthy child development by improving parenting skills, supporting maternal mental health, and helping parents to find jobs or pursue other opportunities to improve the family's circumstances. Home-visiting programmes have also been implemented universally in several European countries as part of routine maternal and child health services (*5–8*) (Box 3).

Box 3. An example of a home visitation programme

The Nurse Family Partnership (NFP) is one of the most widely used home visiting programmes and has been shown to be effective in reducing child maltreatment (*6,7*). Originally developed in the USA, NFP has also been implemented in England and the Netherlands. NFP provides prenatal health advice and support, child development education, and life coaching for vulnerable first-time mothers. Positive effects of NFP for children include fewer child injuries, and improved emotional and language development (*8*). The programme has also been associated with improvements in health and well-being outcomes for young first–time mothers and their children (*9*).

1.3.2 Positive parenting programmes

Parenting programmes aim to strengthen relationships between parents and children and improve parents' skills, knowledge and confidence to support their child's development and manage their behaviour. Programmes can be delivered universally (that is, to all parents) but can also be targeted at high-risk families and the parents of children at risk of conduct disorders. Programmes are typically delivered by a professional such as a nurse or social worker, and during the first two or three years of a child's life. However, some programmes may begin prenatally. Programmes can be presented on a one-to-one basis or with small groups within the community (*9–12*) (Box 4).

Box 4. An example of a parenting programme

Amongst the best known parenting programmes is Triple P – Positive Parenting Program which aims to prevent child problems by strengthening the skills, knowledge and confidence of parents (*10*). Developed in Australia, the programme offers different levels of support, ranging from media-based information to one-on-one sessions and parenting seminars, with intensive modules for at-risk families. Studies have identified positive effects of Triple P on risk factors for child maltreatment, including parenting competence (*11*) and parental stress (*12*). Some positive changes in parenting behaviour have also been reported at four-year follow up (*13*). To date, the programme has been implemented in several European countries, including Belgium, Germany, Switzerland, the Netherlands and the United Kingdom.

1.3.3 Training parents about abusive head trauma

Training programmes are available to educate new parents and carers about abusive head trauma and its effects on the brain, neck and spine of a developing child. Many such programmes also provide parents with guidance on how to deal with the frustrations they may experience when their infant is crying, and encourage them to reframe crying as a normal part of child development. Programmes are typically delivered immediately after birth in a hospital setting by health- and/or social-care professionals. Studies that have sought to identify the effectiveness of these programmes for reducing rates of hospital admissions for abusive head trauma have produced mixed findings. However, positive effects on parental awareness and seeking help have been demonstrated (*14*).

1.3.4 School-based programmes to train children to recognize signs of sexual and other abuse

School-based safety education programmes aim to teach children to recognize potentially harmful situations and to distinguish between appropriate and inappropriate forms of touching. Children are taught strategies for saying "no" to unwanted advances and avoiding or getting out of threatening situations, and are encouraged to disclose abuse to trusted adults. A 2015 Cochrane Review concluded that children exposed to school-based programmes show improvements in self-protective behaviours and participation in these programmes may also increase disclosure (*15*) (Box 5).

Box 5. An example of a school-based sexual abuse awareness programme

In Ireland, the Stay Safe education programme is provided by teachers to primary school children aged 5–12 years. The curriculum uses activities such as class discussion, role play and video and audio tapes to educate children about feelings of safety, bullying, wanted/unwanted touch, disclosure of inappropriate interactions and dealing with strangers. Programmes may also include components for parents and guardians focused on dealing with disclosure and discussing topics such as sexual abuse with children at home. Children who participated in the Stay Safe programme showed significant improvements in safety knowledge and skills at three-month follow-up (*16*).

1.3.5 Training health-care workers and other professionals to foster awareness of the needs of children in high-risk situations

Increasing the skills and confidence of health-care staff and other professionals for identifying and preventing child maltreatment may involve some or all of the following activities or approaches: raising awareness of child maltreatment and its prevalence and impacts; educating about how to recognize the signs and symptoms of abuse; developing skills in identifying parental risk factors for maltreatment and harmful parent-child interaction; providing or facilitating early intervention or support for parents and carers; and highlighting the procedure for reporting and referring cases to welfare and specialist services. Both single-agency and multiagency training can help to build a shared understanding of prevention and safeguarding, and relevant training materials should be mainstreamed into the curricula of health and other professionals (*16*) (Box 6).

Box 6. An example of a training programme for health-care workers

The Safe Environment for Every Kid (SEEK) model provides online training to health professionals in a paediatric primary care setting to address risk factors for child abuse and neglect by encouraging dialogue with parents. Modules focus on a range of topics from food insecurity[a] through to parental depression and substance use, or intimate-partner violence. Parents are asked to complete a questionnaire (SEEK PQ) that screens for possible problems in the child's family and home environment at all regular check-ups between 0 and 5 years of age. SEEK has been shown to be associated with reduced maternal psychological aggression and minor physical assaults at twelve-month follow up (*17*).

[a] Food insecurity refers to when access to adequate food is limited by a lack of money and other resources.

1.3.6 Gathering and using data and intelligence from health and other agencies

Investing in data collection and research is instrumental for increasing understanding of the prevalence of child maltreatment, its risk and protective factors, the effectiveness of interventions, and short-, medium- and longer-term outcomes for maltreated children and their families. Reliable data can drive effective advocacy and influence the delivery of services or the development of programmes if analysis and interpretation are good and results are appropriately disseminated. Data may be derived from population-based epidemiological surveys, agency surveys, or surveillance (routine data collection) of case information. National or regional data collection systems can support the identification of vulnerable children. Health settings such as emergency departments, general practice and mental health services can provide access to maltreated children, who may be treated for injuries or mental health problems relating to abuse. Health services may also identify at-risk or maltreated children through the personal characteristics of adults (parents). For example, in the Netherlands the Hague Protocol is an approach to screening adults in emergency departments presenting with intimate-partner violence, mental health problems, or serious drug or alcohol misuse to rapidly assess family problems. Parents are then offered voluntary community-based support (*18*). As well as routine data, bespoke surveys may also be of use and may be developed and implemented to help quantify aspects of child maltreatment epidemiology not easily extracted from routine data or to provide better quality data on the uptake and impact of interventions (*19,20*).

1.3.7 Ending corporal punishment

In many countries across the world the law provides defences for parents, carers and teachers who use corporal punishment – a form of physical punishment that involves the deliberate infliction of pain – to discipline children. To end corporal punishment, these provisions must be removed, or new legislation introduced explicitly to achieve prohibition.

Although progress has been made in eliminating corporal punishment in countries where it has been prohibited by law, addressing attitudes that support corporal punishment and introducing efforts to promote positive, non-violent discipline among parents, teachers and other adults who care for children and young people may also be key. In Sweden, for example, ahead of legislation prohibiting corporal punishment, the government launched an extensive social marketing campaign to provide information and support to parents.

2. DEVELOPING THE POLITICAL AND CULTURAL LANDSCAPE

2.1 FRAMING AND DRIVING THE PREVENTION AGENDA

Achieving local or national governmental support, or even inspiring community commitment and ownership, requires that prevention is considered a priority. Often, however, prevention may be considered less urgent or effective than treating and supporting children who have experienced or are currently experiencing abuse, or developing systems for screening and/or reporting. Further, stakeholders may not share a common guiding philosophy. There may be many different perspectives on the nature of child maltreatment, its causes and consequences, whether it is framed as a public health problem or an issue for criminal justice or social care. Different legislation may also guide the practice of different stakeholders. An important factor in building support is to make the financial case for investing in prevention, including reducing expenses to society later in the child's life, such as costs to the child welfare system. Further, for prevention efforts to be truly sustainable, programmes must then be integrated into the existing service system and aligned with the core missions of health, education, and other statutory or community institutions. From the earliest stages of planning and implementation, it is important to consider how integration might be achieved.

TOP TIP 1

"A community just needs somebody with the right passion and commitment to pull everybody together. One person *can* do it. It's entirely possible for one person to drive this in a community."

– Mark S. Dias

Professor of Neurosurgery & Director Pennsylvania Shaken Baby Syndrome Prevention Program, Penn State Hershey Children's Hospital

2.1.1 Governmental support and engaging stakeholders

Building partnerships at a local level across agencies and disciplines is essential when planning for the sustainability of an intervention. It is important to create a shared vision between stakeholders and ensure that the protection of children and the prevention of child maltreatment is not seen as the exclusive responsibility of any one individual agency. A core task force or implementation team of representatives from different agencies can be mandated and trained to support stakeholder engagement. Running briefing sessions can provide an opportunity for organizations to hear about a programme model and its fundamental principles.

TOP TIP 2

"A flexible approach is needed to getting people and organizations on board. Sometimes it's best to go straight to the top of an organization, and sometimes it's best to use local contacts on the ground and build from there."

– Shaun Friel

Schools Manager Northern Ireland and Scotland, National Society for the Prevention of Cruelty to Children Schools Service

Approaches to political engagement will vary depending on the size of the country and how centralized or decentralized the government is; for example, smaller countries may allow easier access to political decision-makers. However, it may be useful to consider any existing contacts with government ministries with a lead on violence, including (where available) the (WHO) national focal person for violence and injury prevention.[1]

2.1.2 Gaining public support

In order to have the general public empathize with the problem and appreciate the impact of child maltreatment (and therefore support prevention), myths around the idea that 'this does not really happen' must be tackled and awareness raised as to *all* the potential consequences for a child who is abused.

Wherever possible, local data should be used to support the case for prevention, for example to understand the number of children who are affected by abuse or neglect. In the absence of local data, the use of regional or national data should be considered.

[1] For more information on national focal persons for violence and injury prevention in Europe, please see the WHO Regional Office for Europe website (http://www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries/country-work/european-network-of-national-focal-persons).

TOP TIP 3

"Inform the general public about how this problem affects us all. If we had better awareness of all the possible consequences for a child being sexually abused for example, including everything from academic failure, pregnancy, run-away behaviour...the general public could empathize with how harmful this really is."

– Sandy K. Wurtele

Professor of Psychology, University of Colorado

Consistent messages concerning health and well-being are crucial. It is therefore important that the core messages from any prevention strategy or programme are in line with the messages that children, parents or professionals receive from other staff within that organization or other agencies or services that support families. Any media focus on the issue of child maltreatment, particularly stories of negative cases, should be used as an opportunity to talk about prevention and intervention.

2.1.3 The changing landscape of risk

Risk factors for violence can occur at the level of the individual, their relationships, and the community or society in which they live. This highlights the importance of factors such as cultural and social norms that support violence, and indicates that landscapes of risk will vary between different places and times. It is important to be aware of these changing landscapes, in particular those that may be relevant to popular culture, such as the internet or mobile technologies (Box 7). The objectives and content of prevention programmes may need to be adapted over time to address the entire landscape of victimization.

Box 7. Online risks

Recent decades have seen a rapid growth in the development and accessibility of mobile and online technologies. Online and social networking activities that were once characteristic of adolescents are now becoming increasingly used by younger children, many of whom will have access to the internet without parental supervision. For example, a survey of internet-using 9–16 year olds in seven European countries (2013/2014) found that more than half (55%) of children accessed the internet in their bedroom on a daily basis, with 41% using a smartphone to go online (*21*). This may present considerable risks in the form of cyberbullying, contact with and grooming by strangers, sexual messaging and pornography. Although a research review in 2014 (*22*) suggested that there is little compelling evidence that online risks are increasing with the rise in use of mobile and online technologies, debate continues as to whether or not technology may be displacing older forms of risk (offline approaches), and the importance of training professionals to recognize how technology may mediate or exacerbate risks for children is emphasized. Some experts argue that to work genuinely preventatively, we need to think about working a bit differently, recognizing the role that social networking sites and internet providers have to play in protecting children.

2.2 LEGISLATION AND EDUCATION – LESSONS FROM CORPORAL PUNISHMENT

Governments may act on social issues ahead of public opinion, if based on human rights obligations, evidence review and/or consultation with experts. Legislation can be used to direct a range of actions relating to child maltreatment, including issues such as mandatory reporting and requirements for local authorities and other public sector bodies to work together to address child maltreatment. Much attention has recently been paid to legislation aimed at reducing corporal punishment and this section draws on these developments.

In the case of ending corporal punishment, lobbying of government may focus on the removal of defences (such as reasonable punishment) and on the need to have existing laws on common assault explicitly extended to include all assaults on children.[2] Prohibition is only one step, though. As with any legislation, it is critical that individuals support its implementation rather than finding ways around it. Thus, the elimination of corporal punishment requires individuals to change their behaviour to comply with the new legislation (rather than avoiding detection), and the enforcement of regulation and monitoring of change are needed. Even with prohibition, effective change requires a wider public understanding of the need for reform and the cultural context in which it must happen. This is dealt with in the next section.

2.2.1 Education and awareness-raising campaigns for ending corporal punishment

Efforts should be made to raise the public's awareness of the damaging and potentially long-lasting effects of physical punishment, as well as reinforcing relevant legislation. However, it is not enough just to tell parents what they should not do. Many parents will say that they do not know what else to do, or that physical punishment is the only thing that works in managing their child's behaviour. Social marketing campaigns and supporting programmes should therefore be developed to increase parents' knowledge and self-efficacy for positive discipline.

[2] See also The United Nations Convention on the Rights of the Child (http://www.unicef.org/crc/).

TOP TIP 4

"Education campaigns are really crucial. In order to get parents to stop using one behaviour, we have to substitute with something else. Those countries that haven't used education campaigns have not been as successful at changing behaviour, often because people simply do not know that corporal punishment is banned."

– Elizabeth Gershoff

Associate Professor, University of Texas at Austin

The following may facilitate the development and deliverance of these core messages.

- Consider public information or awareness-raising campaigns that have worked well in the past for effecting positive change. Lessons may be taken from other educational campaigns such as those for second-hand smoking or the use of seat belts.
- Use stories about people who do not spank their children to challenge myths around the necessity and normality of this behaviour. The public may identify with people who look like average normal parents, or the use of well known public figures to deliver public service announcements may be appropriate in some contexts.
- Medical professionals – particularly paediatricians, obstetricians and gynaecologists – are often one of the main sources that parents trust for advice on parenting. Therefore, doctors can be a good avenue for getting important messages across. Consider key points of contact within the health system (antenatal, point of immunization, etc.), but also the role of the education system and the school curriculum for educating future parents.
- In addition to education campaigns, other proactive initiatives can be used to challenge norms that support or justify hitting a child (see Example A).
- Drawing on evidence from research can be useful, but parents often will not equate what they believe they do with what the research is actually about: for example, they may think that what they give their child is only a small tap when compared with more severe physical punishment. Conveying research messages that suggest that physical punishment actually does not work can therefore be an important tool (*23*).
- Messages can also be targeted at children, informing them of their rights not to be hit and setting their expectations for the types of parental behaviours that they should and should not experience. For example, following the banning of corporal punishment in Sweden, information was printed on milk cartons to encourage awareness among children and promote discussion within families over the breakfast table.

TOP TIP 5

"Look at the key times when state services have contacts with future parents and parents: all are points at which it would be logical to deliver simple clear messages around the dangers and injustice of physical punishment."

– Peter Newell

Coordinator, Global Initiative to End All Corporal Punishment of Children

Example A. No hit zones (USA)

Hospital-based initiatives have been developed in the USA to train hospital staff in de-escalation techniques to address parental disruptive behaviours and the physical discipline of children. Developed using a multidisciplinary collaborative approach and supported by hospital administration, these programmes involve the clear designation and definition of hospital environments as zones in which parents are not allowed to hit their children, with clear policy responses provided to support staff in interrupting problem behaviours. Initiatives are widely publicized and supported by promotional materials, sending a clear message that the hospitals and their staff are strongly opposed to physical punishment, and any of this kind of behaviour will not be tolerated (*24*).

2.3 ESTABLISHING ORGANIZATIONAL READINESS

For some organizations, key aspects of the delivery of interventions for the prevention of child maltreatment may require a shift in organizational culture (see Box 8). For example, collecting and monitoring quantitative data and evaluating outcomes may represent a fundamental change to normal practice, as may setting and pursuing targets for engagement or participation. In some cases, the required changes may relate to the nature of relationships with clients or patients. For example, whilst the investigative role of the police and social workers may be supported by training that encourages them to develop a sense of disbelief (questioning what individuals report), health professionals are generally

Box 8. Organizational culture

Organizational culture is a term used to refer to the shared assumptions, values, norms and beliefs that govern how people behave within an organization. Culture may influence how people relate to one another, how they perform their jobs, and how that particular organization differs from other organizations.

required to foster a more trusting relationship with patients, and therefore may require support in learning to question and explore the plausibility of information they are given (*25*).

TOP TIP 6

"Having a core implementation group can provide a context for the other agencies to strengthen the way that they work and the effectiveness of the services that they run – it can be an opportunity to transform themselves."

– Matthew Sanders

Director and Professor of Clinical Psychology, Parenting and Family Support Centre, The University of Queensland, and founder of the Triple P – Positive Parenting Program

In contrast, for organizations that are involved in the investigation of child maltreatment and child protection (rather than support and intervention services for prevention), involvement in prevention programmes and interventions may challenge and confuse the professional role of staff members. Staff should be supported in identifying the challenges and barriers to conducting any new tasks or activities in addition to their current responsibilities, and in gaining a deeper understanding of the importance of prevention. A core task force or implementation group[3] can be used to guide stakeholders in developing or building an organizational culture that can better support the prevention agenda and/or a given intervention.

It is important to guide and manage any change processes (that is, the implementation of a new programme) to help mitigate against the effects of fear and resistance, which are common responses to change (Box 9). If there are a small number of individuals within an organization that deliver an intervention, they should deliver a series of taster sessions for other professionals within their teams to ensure that everyone is aware of the fundamental principles of the programme and can support and inform potential or actual participants accordingly. Training staff in the needs of children in high-risk situations can be an important prerequisite to fostering an organizational culture that recognizes the child's broader social and emotional needs and embeds early help as a priority. Guidance on providing this kind of training is provided in section 4.3.1.

Box 9. Managing organizational change

It is important to have clear key messages about the reasons for change. Provide context so that changes feel meaningful to individual staff members.

Use a consultation process to identify and address any concerns staff may have. Recognize that it can be very difficult for people to take on new roles or responsibilities – they may experience a wide range of emotions from excitement to anxiety or fear.

Do not underestimate that resistance can actually be helpful. Staff can be very creative and may identify issues that had not previously been considered or be able to suggest alternative solutions.

Strong leadership is very important. Managers must show their own personal commitment to new policies, processes and projects.

For a programme or service to be preventive, relationships between the implementing organization and its service users should be characterized by trust; therefore, the organization's values and ideology must prioritize support and emphasize respect for the family and the child. In the case of programmes that work with parents, for example, the focus should be on providing them with the skills, tools and confidence to build strong and nurturing relationships with their children, rather than criticizing their current approaches or creating a situation in which they become reliant on the support of professionals. Formalizing commitment to child maltreatment prevention and/or the deployment of an intervention in organizational policy (having it written into routine practice) can also be instrumental in ensuring that efforts have longevity. The nature of many of the organizations that may be involved in supporting or delivering interventions to prevent child maltreatment means that they can experience frequent changes in personnel at all levels of the system. Changes in job roles or wider restructuring may also occur, particularly in a difficult economic climate. It is important to ensure that engagement with an intervention is not solely down to single leaders, but rapidly broadens to include other staff. Assurance should be sought that there is a broad and deep

[3] Members of this group will include individuals with existing experience of developing or implementing the current programme or a similar intervention, who are able to champion the programme at a local level and can be trained and mandated to engage and support stakeholders.

commitment to the work. This should also include practical and logistical considerations, such as ensuring that any manuals or supporting documents are held in a central and accessible location. Policies can make individuals accountable and should outline any negative actions or consequences that could result from a violation of that policy. For more information on policy development, see *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners* (*26*).

2.4 MULTIAGENCY WORKING

Preventing child maltreatment requires the support and contribution of many partners from different sectors and agencies. This may include: health; police and criminal justice; local government; those working with children and young people (for example, education); and organizations in the voluntary, community and faith sectors. Multiagency working can help to ensure that processes are more efficient (by avoiding duplication across agencies) and resources more appropriately allocated. Good working partnerships should therefore be fostered and maintained, based on understanding and mutual respect among different agencies. Multiagency partnerships may also benefit from regular scrutiny or review. Although there may be many different models for multiagency working, these commonly involve information and data sharing, collective decision-making, shared objectives and coordinated intervention. For example, typically no single organization can identify and quantify the full extent and impact of child maltreatment, despite this being an important part of fully describing the problem, advocacy for additional resources, collaborative working and effective evaluation. Data sharing alone is just the beginning of multiagency working and it is unlikely that by itself it will effect change. However, it can be seen as a key component to underpin multiagency responses and ensure that all services are working towards shared objectives. Data sharing is reliant on trust between agencies, and clarity about what will be shared, with whom and why or for what purpose. Expert advice on issues such as how to engage stakeholders in data collection or how to collect data from frontline professionals is provided in section 4.1.

Faith-based organizations or religious groups can be an important partner in multiagency working. As this may be considered a sensitive area, more information specifically on working with faith perspectives in the context of interventions for children and families is provided in section 2.4.1.

2.4.1 Faith perspectives and religious leaders

Faith-based organizations or religious groups can be important partners or stakeholders in interventions with children and families. Having their endorsement of an intervention can help to ensure that efforts have a deep community ownership. Furthermore, religious groups may actually provide a vehicle to delivering programmes if they are an existing point of engagement for individuals in the community that is destigmatized.

However, concerns around working in partnership, particulary across a multifaith perspective, may exist from both sides. A guidance document produced by the United Nations Children's Fund (UNICEF) (*27*) highlights some of these possible concerns and outlines different strategies for effectively engaging with religious communities (see Box 10). Efforts to bring different groups of any kind together and bridge any differences by identifying commonalities in values and beliefs should take place from the very beginning of the lifecycle of an intervention.

Faith-based support may be crucial for certain child maltreatment prevention strategies, such as the elimination of corporal punishment (see 2.2), as in some communities addressing the physical punishment of children may require challenging those who use religious texts or teachings as justification.

Box 10. UNICEF guidance – partnering with religious communities for children *(27)*

- Understand the values, structures and leadership of different religious communities – think about predominant faith traditions and organizational structures such as houses of worship.
- Focus on shared values and a rights-based framework – agree on common ground and identify the root causes of any differences.
- Ensure impartiality by emphasizing political neutrality.
- Identify strategic entry points such as youth groups or faith-based organizations – consider the leadership level at which engagement will be necessary.
- Integrate partnerships into programming – build engagement into the design and management of a programme.
- Build on convening and technical strengths – this may include approaching global organizations that are able to call together decision-makers from religious communities.
- Ensure adequate competencies in attitudes, knowledge and skills of staff in all areas of programming to allow effective engagement with religious communities.

3. DEVELOPING THE PROGRAMME

There are many key stages to the successful implementation of a child maltreatment prevention programme. These stages are described in the subsections below. Although this guidance refers to decisions or actions taken when thinking about a particular programme, it is important to remember that a variety of different programmes that complement each other may be needed to meet all the needs of a community.

3.1 SELECTING A PROGRAMME

When selecting any programme to implement, it is important to choose well. Look for a programme that has:

- strong evidence to support it; replicated findings from multiple, randomized, controlled trials may be ideal but some programme areas will have to draw pragmatically from lesser forms of evidence (see section 4.2 on using evidence);
- outcomes for children that are measurable and important to the community in which the programme will be applied (for example, child injuries);
- very strong, clear features that allow the essential elements of the programme to be successfully reproduced in new settings.

It is important to think about whether or not a particular programme makes sense in your community (Box 11). What is the context of care that is already there? What is currently missing? What level of intensity would be needed from the type of programme you are interested in?

A population's aspirations, motivations and challenges should all be taken into account when deciding if a programme is likely to be a good fit. Undertaking a needs assessment to identify the gaps between current conditions and what is ideally required to help and support a community can help determine what programmes should be implemented. It is important to have a broad focus and engage a range of different stakeholders in this process. This may include: service providers; representatives from the population(s) to be served; and professionals from health and social care services. Think about what role national or local government have in developing, implementing or supporting the programme. Buy-in from stakeholders is required at all levels: national-level support may be crucial for success, but local champions and experts who understand and drive the programme are also crucial.

Box 11. Universal, selective (targeted) or indicated interventions

Clarity is needed as to the core goals or objectives of any programme or intervention. A universal intervention will seek to change the prevalence rates of child maltreatment at a population level (i.e. the proportion of children in the whole community, city, or country that experience violence or abuse) by engaging with a broad target group, such as all parents of young children. A targeted or selective intervention, on the other hand, will look to support those children, parents or families most at risk. Indicated programmes will intervene when there are already issues related to violence and abuse, such as substantiated cases of child maltreatment or hospitalization due to injury. Different interventions would be needed to support these different goals. However, some interventions may combine a universal and targeted approach by aiming to reduce overall prevalence of child maltreatment, but providing a differentiated response based on level of need.

TOP TIP 7

"Representatives from different stakeholder groups need to be at the table at the very beginning, endorsing the programme. You need to have some idea that the intervention is going to have legs and be sustained in this new context over time. This sustained effort must be thought through right at the very beginning."

– David Olds

Professor of Pediatrics, University of Colorado

These key stakeholders should also be involved in reviewing the essential features of a potential programme. This will allow for the identification of any necessary adaptations. A programme may need to be suitable across a diverse range of individuals, including those with different ethnic, religious or cultural

backgrounds, and different developmental capabilities, literacy skills and learning styles.

If other programmes are being implemented at the same time, it is important to ensure that these programmes do not have conflicting messages. Programmes should also be supported by *high-quality, ideally accredited, training* (section 4.3).

3.2 ADAPTING A PROGRAMME

Even if a well developed programme model is available from another country, it may need to be adapted to make it suitable for use in a new context. Although it is important to make appropriate adaptations to the programme to ensure it can be a good fit with the needs of the target population, this must be balanced against ensuring that the essential elements or core components of the programme are retained and delivered as intended.

TOP TIP 8

"Adapting a programme requires a careful and deliberate approach. Testing should be used to refine the content of the programme. This can also provide useful insight into how to deliver the programme."

– Sam Mason

Research and Analysis Director, Family Nurse Partnership National Unit

Some kind of formative evaluation, feasibility or usability testing should be undertaken before implementation to consider issues relevant to adaptation, such as the following.

- Are there relevant systems and structures in place to support the intervention? How does this context differ from the infrastructure that was available to support the original intervention?
- Are there any key differences in the way that providers in this new context might work with individuals? (See Example B.)
- Are there any potential barriers or challenges to successful delivery in this new context?
- Is the programme considered acceptable to those who will be required to deliver it, as well as potential participants?

This should also be supported by a process of ongoing feedback from practitioners and clients who use the programme. Therefore, changes may be incremental, refining and evaluating content in an iterative process.

Example B. Home video training in the Netherlands

Before a nursing-based home visitation programme was introduced in the Netherlands, nurses used a system of video home training, in which they would take a video camera into the home and record interactions between a mother and her child. Selected interactions would then be reviewed with the mother as a tool to help her to identify different parenting approaches and understand her child's reactions to her. As this method is a common learning tool and is viewed very positively by both mothers and nurses, those delivering the new home visitation programme in the Netherlands sought agreement from its developers in the USA that they could incorporate a video training element in their new programme.

Typical adaptations include: translation of speech or text into a different language; using different teaching methods or technologies for communicating the material; or altering the timing or location of delivery. However, these surface-level adaptations are not enough on their own and cultural factors that influence child-rearing practices or relationships with health and other professionals should also be taken into account. For example, key cultural differences such as classroom sizes may affect the size and nature of group activities. Any scenarios presented should relate to typical day-to-day experiences and societal norms appropriate for the target audience. It is also important to be mindful of what is depicted in the background of programme materials such as photos or videos, as this should be universally acceptable (avoiding things like religious symbols or national flags).

TOP TIP 9

"Getting religious and community leaders' feedback on what needs to be changed in order to resonate with a particular population is a key strategy to having the programme more readily adopted in different areas."

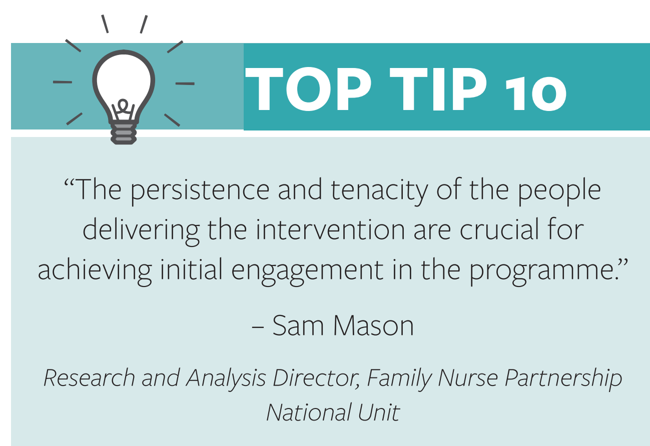
– Chelsea Naughton

Program Coordinator, National Center on Shaken Baby Syndrome

It is important for programme deliverers to understand the traditional beliefs of a community. Those that relate to family structure, health care or spirituality may be particularly pertinent. Decisions related to these factors should be appropriately informed by subject matter experts, such as community leaders.

3.3 DELIVERING A PROGRAMME

3.3.1 Engaging programme participants



For selective or indicated programmes, it is important to have clearly defined eligibility criteria for participants. These criteria must be transparent, and explained well in practice to support engagement. In the case of universal programmes, criteria will need to be sufficiently broad to engage all individuals without stigmatization.

Think about your intended audience. What are the common access or contact points for this cohort within the community? Often this will be through health services or public spaces such as community centres or libraries. However, the opportunity to engage with people at their place of work should not be overlooked. For some strategies or programme types, the question of precisely when to deliver the intervention is a crucial one. Programmes such as those that train parents about abusive head trauma, for example, may require core messages to be incorporated at multiple time points: antenatally; at birth (before being discharged from hospital); and during postnatal follow-ups.

For programmes that are delivered in community settings and require participants to attend multiple sessions, it is important to think carefully about how to facilitate engagement in the local context. This can include the provision of:

- support with travel arrangements;
- childcare support (such as running a crèche alongside the programme sessions);
- food and refreshments.

Special consideration should be given to the timing of sessions, venue choice (access, proximity), and transport needs if running a programme in neighbourhoods that have high levels of community violence. It is also necessary to make additional arrangements for participants who may work full time or do shift work, and those who may attend other services, such as drug and alcohol services (see Example C). Individuals with disabilities or learning difficulties may require additional support, particularly if the programme incorporates home-based activities/practice. This may also include being accompanied to programme sessions by a carer or support worker.

Example C. Engaging parents in a parent training programme

When a parent, teacher and child training initiative was delivered in Wales, service access issues were addressed by providing additional resources to enable parents to attend the programme. As well as arranging transportation and crèche facilities and providing meals to participants, leaders followed up parents that missed sessions with home visits and ensured they had weekly telephone contact with all participants. These efforts resulted in an overall mean attendance of 9.2 sessions out of 12 (28).

It is important to ensure that the content and delivery of a programme is suitable for the developmental stage or ability of those taking part. For parents involved with parenting programmes, for example, it may be particularly important to use both verbal and written language that is appropriate to a diverse range of different levels of adult literacy.

3.3.2 Avoiding stigma

One of the biggest risks to a programme that focuses on child maltreatment is that participation in the programme may become stigmatized: this is the programme that people participate in to avoid having child welfare or child protection intervene with their children. In fact, what is actually wanted is for participants to see the programme as something that is interesting, desirable and fundamentally beneficial to the well-being of children. Effective communication and engagement strategies are therefore needed to market the programme socially and reach the widest possible range of eligible participants. Participant and professional testimonials can be useful tools to market a programme. Giving potential participants the opportunity to talk directly with former participants may help to address any of their initial reservations.

It can also be useful, once participants have made a provisional commitment to a programme, for them to meet one-on-one with the programme's leader. This can help those delivering the programme to learn more about the specific needs of that family, as well as work to alleviate any concerns participants may have.

TOP TIP 11

"You want the spread of the intervention to be carried through social conversation and discourse within neighbourhoods. Therefore, you need to take a longer-term view that through a process of peer-to-peer advocacy, parents will start to talk to one another and the programme will be seen as a normal, positive thing to do. Then more and more parents with severe and complex problems will come forward."

– Matthew Sanders

Director and Professor of Clinical Psychology, Parenting and Family Support Centre, The University of Queensland, and founder of the Triple P – Positive Parenting Program

3.3.3 Responding to personal histories

Many issues pertinent to the prevention of child maltreatment, such as parenting practices and discipline, can be tied up with family history, religion and culture. In addressing these issues, it may be necessary to deal with people's own histories of having been parented or disciplined in a certain way, and the sense that they turned out all right. This may be relevant not only to parents engaged with parent training or education programmes, but also staff required to deliver an intervention. Addressing people's own histories can be a very emotive issue and a careful balance is required in challenging social norms without causing people to become defensive. Focus on the fact that much more is now known about the impacts on the developing child of things like corporal punishment or poor attachment. It is not about condemning parents, but about sharing expertise about healthy emotional and social development. Be aware that in every audience there may be some people for whom this topic is particularly upsetting due to current or historical personal experiences. This may even be the first time they will have recognized their experiences as abuse. Measures and protocols should be put in place to recognize these issues, deal with disclosures and provide appropriate support. Training for those delivering programmes should include specific guidance on how to deal with any disclosures or situations that may be similar to their own past experiences.

3.3.4 Who should deliver the programme?

Think about the range of different activities that are required in the programme. In many cases, specialist skills or qualifications may be needed to deliver a programme, particularly if there are elements such as home visits involved. Would representation from both sexes ideally be needed? Will it be necessary to have dual-professional teams[4] to deliver the programme? What about the cultural diversity of programme staff?

It is important to be aware of the preferences of participants. In some cases, this may involve balancing professional status (for example as a doctor) and perceived credibility or legitimacy (for example as a parent). What can be key is to have local deliverers trained and accredited. Training and accreditation may be through local, regional or national experts, programme developers and professional bodies. As a programme is being delivered over a larger scale, maintaining a central database of trained staff is valuable, particularly for obtaining practice-based feedback on the programme.

Additional personnel may be needed to support project management roles. This may include tasks such as providing human resources support; management and supervision for frontline staff; and linking in with regional or national networks. Depending on the complexity of the community-facing aspect(s) of the intervention, it may also be necessary to have administrative support and practical assistance for programme delivery. This may include tasks such as booking rooms, ordering refreshments, and sourcing and setting up any necessary equipment (televisions and DVD players; flipcharts).

3.3.4.1 School-based programmes

Programmes that are aimed at children or young people are often delivered in a school setting. Delivery by classroom teachers can be used to ensure that programmes are embedded within the school curriculum, becoming a normal part of what children learn in the classroom. However, the need for school teachers to receive good quality specialist training to deliver these programmes should not be underestimated. There may also be some significant barriers to implementing programmes in schools, such as competing priorities in the form of a required curriculum and emphasis on academic achievement, rather than overall personal and social development. Ideally, school-based learning should also be further supported at home, with schools providing resources and tools at home to support parents or caregivers to have developmentally appropriate conversations with their children and ensuring that they receive consistent messages about violence and abuse.

3.3.4.2 Hospital-based programmes

Programmes that aim to raise parents' awareness of the effects of abusive head trauma are often delivered in hospital settings by perinatal or paediatric nurses. Hospital-based delivery brings its own challenges, as health professionals who are already stretched in resources and capacity may

[4] For example, if the content of the programme requires someone with clinical expertise, but also requires an experienced trainer or teacher who understands the pedagogy of the programme.

experience difficulties maintaining the momentum needed to support a universal programme. Some strategies that may aid successful implementation in this setting are outlined in Example D (*28*).

Example D. Working with nurse managers in an abusive head trauma education programme

Nurse coordinators Kim Smith and Kathleen de Guehery highlight the importance of the following for achieving buy-in and support from nurse managers (*29*):

- initial face-to-face contact followed by regular telephone calls;
- surveying nurse managers to determine their specific needs to better implement the programme;
- frequent programme updates and quarterly newsletters to demonstrate the success of the programme;
- awards or events to recognize and celebrate success;
- opportunities for nurse managers to network with others who are implementing the programme in other areas.

3.3.5 Volunteers

Some programmes for the prevention of child maltreatment are delivered by volunteers. In the United Kingdom, for example, the National Society for the Prevention of Cruelty to Children (NSPCC)[5] Schools Service uses specially trained volunteers working alongside school staff to deliver assemblies and workshops to help primary school children (aged 5–11 years) understand and recognize abuse. It has been suggested that the use of volunteers allows the service to have a much wider reach.

TOP TIP 12

"Wider community impact is key. Through our volunteers, we have a whole group of people who are able to reinforce our core messages in the community and mobilize support from schools and parents."

– Shaun Friel

Schools Manager Northern Ireland and Scotland, NSPCC Schools Service

[5]The NSPCC is a United Kingdom children's charity that helps children who have been abused, protects children who are at risk, and works to prevent all forms of child abuse. More information about the charity can be found at its website (www.nspcc.org.uk).

For programmes that are delivered by volunteers, strategies should be developed to outline and ensure required levels of professionalism and commitment. For example, consider what requirements there will be for attendance and how absences or misconduct will be dealt with. It is critical to ensure the safety of both volunteers and the people they are interacting with or supporting. However, there will be substantial differences in the potential risks to both groups, depending whom the volunteers are working with, and where. Detailed risk assessments should be conducted and actions put in place to ensure that any potential for harm is minimized. Extensive training and supervision should also be provided (see section 4.3). When recruiting volunteers, it is important to remain conscious of people's motivations for volunteering. Questions should be asked during selection that explore the individual's personal experiences. Where available, appropriate vetting or clearance should also take place (such as checking for previous criminal convictions). Different agencies may be approached for support in recruiting volunteers, including: volunteer bureaus; retired associations or community groups for older persons; and student bodies or organizations for students or young people.

3.4 SCALING UP A PROGRAMME

Many programmes may begin delivery on a relatively small scale – one or two people are trained to deliver the programme, often only reaching a small group of participants. Generally, scaling up a programme refers to expanding its implementation so that it reaches more and more people. Achieving a programme at scale should also reduce unit costs, resulting in savings per person targeted.

TOP TIP 13

"Very often, taking [a programme] to scale in commissioners' minds means rolling it out to every parent. But actually, many programmes aren't suitable for this kind of access, and many parents don't need a parenting programme. So what you actually have to think through is how to identify those parents who are most at risk, and then how to deliver the programme more widely to those parents."

– Catherine L. Ward

Associate Professor, University of Cape Town

The first step to any wide-scale implementation of a programme should be replication – taking the core idea of the programme

and replicating this in real-world settings. Is the intervention effective across a range of different contexts? This is critical for expansion.

Although scaling up a programme may require greater input in terms of finances or human resources, this alone will not ensure success. Important strategic decisions must be made on both the speed and sequencing of expansion and the roles of different partnering organizations. It is important to retain knowledge of how the programme was developed. Manuals, reports, individuals previously involved in programmes and programme developers can all contribute such knowledge.

The Society for Prevention Research provides practical guidance on scaling up programmes based on the features of both interventions and environments that have been shown to relate to the successful implementation and sustainability of an intervention (*30*). Box 12 provides a summary of some of the important characteristics that are likely to relate to higher-quality implementation on a large scale.

Box 12. Standards for scale-up *(30)*

- Only interventions that have been shown to be effective are suitable for scale-up.
- Research or assessment should be used to describe local conditions that may influence the adoption, implementation and sustainability of the intervention. This includes features such as leadership potential.
- Clear cost information should be provided to potential implementers to estimate the cost of the intervention as delivered at scale.
- Manuals and materials should be available to detail the activities and methods of delivery for the intervention. Materials should include reference to the conditions necessary to implement the intervention, including characteristics of the setting and qualifications of the intervention providers.
- High-quality training should be made available to support deliverance of the intervention at scale. This should include a clear statement identifying which aspects of the intervention are core components (and should remain unchanged), and which can be locally adapted.
- Tools should also be available to help monitor fidelity (compliance, adherence) against desired levels of implementation. Systems should also be in place to document adaptations and to provide regular monitoring and feedback.
- Participant recruitment should be planned (including an assessment of local barriers) and monitored to ensure high participation rates.

3.5 EVALUATING A PROGRAMME

Providing evidence of the effectiveness of a programme can support the economic case for future funding and therefore the sustainability of that intervention, as well as inform other ongoing efforts to prevent child maltreatment and its risk factors. Evaluation can help to answer questions such as the following.

- Did the programme reach its intended participants?
- How well did the programme achieve its specified aims and objectives?
- Were positive outcomes achieved in all participant groups (for example, by age or gender)?
- Are positive effects sustained over time (for example, 12 months later)?

An evaluation strategy should be considered from the outset of programme design/development to ensure that appropriate data are collected during the intervention. It may also be appropriate to collect data prior to the intervention to provide a baseline to look at changes over time. If resources are available for evaluation but additional expertise is required, consider the feasibility of employing a consultant or working with an academic partner such as a local university. The involvement of an independent body will strengthen the evaluation. Although costs can be reduced by having those who are delivering the intervention collect and record data for the evaluation, any academic partner should ideally be engaged from the beginning in the process of designing the evaluation and determining what data are collected and when.

An important consideration is which outcome(s) to measure. This may include measures of proximal outcomes (mediators such as attitudes, norms or behavioural intentions) or risk factors, when it is difficult to demonstrate a quantifiable impact on child maltreatment due to the relatively low rates of substantiated cases and widespread underreporting. More information on partnering with research and evaluation specialists and how to choose and measure outcomes can be found in the WHO report, *Improving efforts to prevent children's exposure to violence: a handbook to support the evaluation of child maltreatment prevention programmes* (*31*).

4.DEVELOPING THE ASSETS

4.1 COLLECTING AND INTERPRETING (LOCAL) DATA

Data on child maltreatment and its impacts are instrumental for understanding the needs of a particular community and can be used to drive decision-making and resource allocation. Epidemiological data through surveys can help to understand the nature and extent of child maltreatment in the general population, and can therefore inform the development of policies and strategies for prevention. However, it is resource-intensive to conduct surveys, and these data may be difficult to obtain on a regular basis. Surveillance can also be conducted using routine information systems, although reliable and valid data may be difficult to obtain due to the nature of maltreatment, the rarity of incidents, classification and measurement issues (*32*).

The Public Health Agency of Canada provides a conceptual framework for child maltreatment surveillance that is intended to provide guidance to those developing policies and programmes on identifying existing and potential sources of information (*33*). The guide describes surveillance methods for monitoring key factors that may contribute to the causes and consequences of child maltreatment, as well as actual known incidents of maltreatment. It is suggested that a successful system is one based on usefulness, simplicity, flexibility, acceptability, sensitivity, specificity, representativeness, timeliness and resources.

While child welfare agencies and the police are often thought of as the main contributors to data and intelligence on child maltreatment, many other agencies may collect relevant data. For example, health service utilization data can provide an understanding of the response to maltreatment – what types of services are provided, and how these services are used. It is important to think beyond just those agencies that have a statutory duty for children. Community and leisure services, religious organizations and local charities may collect useful data that have important insights into children at risk.

TOP TIP 14

"Make sure you build into a system a commitment to improving the quality, depth and precision of the data in the longer term."

– NicoTrocmé

Director of the School of Social Work, McGill University

Multiagency data are important for understanding the whole picture of child maltreatment. Data sharing can begin with a very small dataset. However, it is important to be realistic about data quality, as some partners may resist sharing data because their data are of relatively poor quality. Basic data sharing helps to build necessary trust between partners and with a shared understanding that data quality will improve, more sophisticated sharing can evolve out of this preliminary process. The utility of all data sharing will improve with the quality of the data being shared. It is important that those individuals who are responsible for collecting the data in each organization understand their importance to the outcomes of the organization (see 4.1.1). The more individuals who understand this, the more effort they will put into collecting better-quality data.

Establishing a steering group representing all parties is useful in the governance of data. The group can be tasked with monitoring quality, discussing developments in the memorandum of understanding and ensuring that existing agreements are being followed. It is critical that these governance arrangements are in place and abided by for both trust between parties and external public and professional scrutiny. The steering/governance group should be aware of any and all relevant data protection and data sharing legislation. Specific permissions may need to be sought. The steering group also needs to be reassured about security of data storage and if necessary the appropriate mechanisms for the deletion of data that are no longer required.

It can be important to distinguish between different types of data requirements. Often, for monitoring and evaluation purposes, individual-level data are not required, therefore anonymized and tabulated data may be sufficient in the first instance to allow different partners an understanding of the types of individuals each is seeing. In contrast, individual data may need sharing when interventions require multiple agencies (health, social services, police, etc.) to coordinate their response to, for instance, a particular case. Where it is important to identify whether the same individual is being seen by multiple organizations, anonymized but individual-level data can still be shared with an agreed coding system allowing anonymous linkage between datasets. Sometimes a trusted third party can be used for such data linkage. In all circumstances agreed protocols for data sharing are required to be in place which stipulate what can be shared and when.

4.1.1 Engaging stakeholders in data collection

Begin by reviewing what data agencies currently have, and acknowledging the efforts they have already made to collect and perhaps use those data. It is important not to ask for new data to be collected until you have been able to demonstrate an ability to make use of the existing data. Work with existing data to create the best possible picture of the state of the problem and current delivery of services. Feeding this back to agencies and allowing them to see themselves in these data can be a really powerful engagement tool. Working alongside service providers to understand and interpret this information can then support their investment in the future quality of the data. It can also be useful to provide them with insight into how often they are missing key information, for example no data are currently available for up to 25% of children who access the services.

TOP TIP 15

"Participation is much more important than having many variables. So spend a lot of time deciding or choosing what the most important variables to collect are. Implement that as a minimum dataset."

– Andreas Jud

School of Social Work, Lucerne University of Applied Sciences & Arts

Data are unlikely to be consistently collected (uniformly) across different agencies. It is therefore important to make the case for the benefits of developing elements of uniformity in data collection and recording, and how these will improve data utility. An iterative process should take place, in which expert input from the evidence base is used to outline important variables that should be collected, and questions are asked of agencies, such as what type of data could improve work at the frontline? The goal is to achieve uniform data without changing too much of what agencies already have or do.

This process of mutual exchange could take many different forms. For example, roadshows could be used to visit each relevant agency. It may be beneficial to engage a facilitator, such as a child protection champion, to support a productive exchange and bridge the gap between those working within services who will be required to collect data, and those who will be collating and interpreting these data.

4.1.2 Agency surveys

TOP TIP 16

"Keep it really simple when collecting sociodemographic data, using just four or five categories. People say we should make a distinction between this group and that group, and all of that makes sense, but you need to make it really simple if you want to get reasonable quality information."

– NicoTrocmé

Director of the School of Social Work, McGill University

When producing a questionnaire to be used by frontline professionals to collect data, it is important that this is kept really simple, it is not resource-intensive and staff receive sufficient training on how to reliably collect data. The training and experience of some professionals may not have introduced them to core concepts such as research methods and data analysis, and therefore they may require more extensive support in understanding these principles and processes. It is worth while building the capacity of managers to understand the data.

TOP TIP 17

"Data collection shouldn't take away any time with the client. Financial incentives do not work. They are nice, but they don't give frontline workers any more time."

– Andreas Jud

School of Social Work, Lucerne University of Applied Sciences & Arts

Some key decisions will depend on the existing practices (norms) and resources of the organization that you are working with, such as whether to use online submission or a pencil and paper approach. Be sure to develop an approach in consultation with intended users that is suited to that particular context. For example, in countries with dual-language populations, consider having bespoke support in the different parts of the country.

4.1.3 Public reporting

Once you start collecting data, it is worth considering which data are publicly available. Contextualizing the data for broader consumption should be considered as part of this process. The decision on when to move to public reporting should be based on a judgement of the consistency and reliability of the data as well as the impacts on organizational partnership and public participation. Under the pressure of public reporting, agencies can be motivated to gather better data, or to start effecting significant change. However, sharing and comparing data can also isolate organizations. Organizations that are of different sizes may be able to move at different paces and for motivational purposes comparing like with like (similar in size and structure) can help to put discrepancies into context and support the development of better responses.

4.2 USING EVIDENCE

Research evidence can be used to identify which interventions or programmes have been shown to be most effective, with which population(s) and in which political, cultural or social contexts – a crucial step in programme selection. Evidence may also provide valuable insight into the need for and appropriateness of different adaptations to programme content or delivery. However, a gap between research and practice will often persist and policy-makers and practitioners frequently indicate that they do not have the time or the opportunity to use research evidence (*34*). Direct collaboration with academic partners or research staff can help to address this barrier. However, there are also toolkits and resources available to support policy-makers and practitioners in identifying and interpreting evidence. Some suggested resources are outlined in Box 13. Another important consideration is the cost of the programme.

Experts suggest that the following should be considered when reviewing a programme or intervention.

- Does the intervention have high standards of evidence supporting its effectiveness?

Box 13. Where to look for evidence

Resource	URL	Content
Violence Prevention Evidence Base	www.preventviolence.info	A searchable online database that brings together abstracts and information from published studies that have measured the effectiveness of interventions to prevent violence. Provided by the Centre for Public Health at Liverpool John Moores University in collaboration with WHO. Identifies studies of high methodological quality.
Blueprints for Healthy Youth Development	www.blueprintsprograms.com	A registry of evidence-based positive youth development programmes hosted by the Center for the Study and Prevention of Violence at the Institute of Behavioral Science, University of Colorado Boulder. Identifies model programmes and promising programmes for a range of health and well-being outcomes, including child maltreatment.
California Evidence-Based Clearinghouse for Child Welfare (CEBC)	www.cebc4cw.org	A searchable database of programmes for use with children and families in the child welfare system. Programmes are given a scientific rating based on available research evidence, from well supported through to concerning.
Public Health Agency of Canada: Canadian Best Practices Portal	www.cbpp-pcpe.phac-aspc.gc.ca/	A portal designed for health and public health professionals that provides access to a searchable list of evaluated interventions for the prevention of violence.
Washington State Institute for Public Policy: Benefit–Cost Result	www.wsipp.wa.gov	Identifies evidence-based strategies to inform state policy. Systematically assesses high-quality studies and provides benefit–cost analyses for a range of different programmes. Although findings relate specifically to Washington State, site does provide a useful resource for identifying effective and cost-effective programmes.

- Have the intervention and its positive findings been independently replicated?
- Is there any evidence for the effectiveness of the intervention taken from a long-term follow up (are outcomes sustained over time)?
- How timely is the evidence supporting the programme's effectiveness?
- Has the intervention been associated with positive outcomes in populations with a similar cultural, social and political context and infrastructure to the new target population?
- Is the intervention supported by tools that enable effective dissemination?
- Is cost information available for the intervention, and does this match currently available resources?
- Is there evidence of the cost–effectiveness of the intervention?

4.2.1 Critical appraisal and standards of evidence

Having skills in critical appraisal allows someone to consider how well a piece of research has been conducted (that is, with appropriate methodological rigour), and whether its findings are reliable and trustworthy. Views on what constitutes quality in research can vary substantially between individuals and fields, and debates around the most important criteria to consider are ongoing in the scientific literature. However, a variety of different tools and checklists are available to help individuals assess the quality of research. Some of these tools have been designed specifically for professionals who would like to use research evidence in their professional practice, decision-making and policy development (such as the Critical Appraisal Skills Programme (www.casp-uk.net)). When reviewing the evidence in support of a particular programme or intervention, it is also important to consider issues such as the independence of those conducting the research and the potential for conflict of interest.

TOP TIP 18

"You need to have a system for evaluating what is the quality of evidence that exists for a particular programme. Use sources like the Society for Prevention Research for looking at the quality of evidence for child maltreatment outcomes, and consider questions such as what was the target population for whom this programme has been shown to be effective."

– Judy Hutchings

Professor of Clinical Psychology & Director of Centre for Evidence Based Early Intervention, Bangor University

4.3 PROVIDING TRAINING

Training in the context of child maltreatment prevention can take many forms, but the two common ones are: training to provide more general skills for those working with children or families, such as recognizing and responding to signs of child maltreatment (section 4.3.1), and training programme staff how to deliver a particular intervention (section 4.3.2). Although the needs and challenges of training will differ between these two contexts, some important considerations are relevant to both.

Certain conditions or infrastructures are needed to ensure that training is likely to be successful. These include:

- clear commitment from management and proper supervision;
- peer support;
- an agreed protocol for safeguarding;
- a common intraorganization understanding of risk management; and
- an appropriate place to record information in records.

In the absence of any of these elements, additional pretraining may be required. For example, if staff are not confident in providing information to individuals on where and how they can access further information or support, it may be worthwhile to produce a directory of local services, although it is crucial that this information is maintained and is up-to-date. There should always be clear pathways for staff to seek help and advice if they are unsure how to respond to a possible indicator of abuse. For example, multiagency procedures can be very lengthy – they need to be accessible if they are to be properly used by staff.

Within an increasingly complex and detailed curriculum for many health and other professionals whose roles bring them into contact with children, the need for a supportive learning environment should not be underestimated. It is important that training provides the structure and opportunities for trainees to practice the skills that they have acquired.

As some professionals may have their own experiences of some of the issues identified in training, it is important that this can

TOP TIP 19

"Learning should take place using a methodology that encourages reflection and debate and includes the sharing of case material in a supportive environment."

– Catherine Powell

Safeguarding Children Consultant & Visiting Academic, University of Southampton

be addressed in preparation for practice, and that trainees are continually supported by good systems for pastoral care, in addition to systems for clinical and case supervision. Further, it can be really useful to provide accreditation for training. It is important for professionals to celebrate the meaning of having this knowledge and skill, so that it is valued by individuals, their colleagues and other organizations in the local context

4.3.1 Training health and other professionals to recognize the signs of abuse and foster awareness of the needs of children in high-risk situations

Training for health and other professionals that supports the protection of children from harm and promotes their welfare will typically need to focus on one or more of three different core elements, depending on current levels of competency for staff.

- As to awareness-raising, why is this an important issue? Why is there a need for change? What evidence is there for positive factors that enable professionals to change their practice?
- How can one ask appropriate questions with confidence? For example, are there specific questions that are better able to elicit a disclosure?
- How can one respond appropriately? When and where can one identify people, including those with multiple complex needs?

This should be supported by content that aims to improve understanding of the needs of children more broadly, for example, to improve professionals' knowledge of the different stages of child development.

The term safeguarding can be used to refer to any actions taken to promote the welfare of children and protect them from harm. Having safeguards in place ensures that organizations which work with vulnerable groups always act in these groups'

TOP TIP 20

"The why is more important than the how. If people don't understand *why* they are being asked to do something and why their organization wants to make a certain change, they can have the best training in the world but they are just not going to see it as valuable."

– Warren Larkin

Consultant Clinical Psychologist & Clinical Director, Children & Families Network, Lancashire Care National Health Service Foundation Trust

best interests and take all reasonable steps to prevent harm. Different countries across Europe may have different terms for this process and will deliver safeguarding within different frameworks (policies or structures). Here the term safeguarding is used to refer to all these processes.

It is important that this training is available at different levels, with the most basic level of competence requiring that professionals recognize signs that may indicate possible harm, and know whom to contact and seek advice from if they are concerned about a child or family. Such training can be a catalyst for a greater degree of empathy, which not only helps to start the healing process for the individual concerned, but also allows the professional to be more responsive to the needs of the individual and to manage resources much more effectively. The objective is to create an overall vision of accountability, promoting the idea that it is the responsibility of everyone who comes into contact with children, young people and families to think about safeguarding and prevention, embed early help as a priority, and offer holistic care that recognizes broader social and emotional needs.

Whether planning and/or implementing training within an organization, or independently developing and delivering a programme that can be used at a wider scale across organizations, the following are key questions to ask. Who is your target cohort (of children)? Who works with the individual people within that cohort? This will allow you to identify the relevant professionals to be trained from different sectors such as health, education, social care and the voluntary sector. Staff who work primarily with adults may not make the link between the problems presented by their clients (to a health-care worker or other professional), and the fact that the client may have children.

Ideally, content about safeguarding should be included as a part of the core curricula for all trainee health and social

care professionals, with people alerted at the very start of their careers about their personal responsibilities to protect the rights of the child. Competence should then be reviewed annually as a core part of routine staff appraisal. Think about how this training could be integrated into other existing training courses.

4.3.2 Training to support programme delivery

Established child maltreatment prevention programmes can take very different forms. Some are made freely available with or without prescribed training. Others must be purchased but typically then also offer support of expert centres. Such centres may provide a range of processes, from training and sourcing funding through to monitoring and evaluation. If training is not readily available and needs to be developed, regular communication between those developing training manuals and activities and those who will actually be delivering the programme is essential. This could be achieved through direct input from local providers in the form of focus groups or steering committees. Alternatively (if applicable), representatives from national or professional associations (such as the European Midwives Association) or other expert groups may be consulted.

Critically, training should provide understanding of the evidence base behind the programme. This allows the importance of delivering the programme with fidelity to be traced straight back to the research evidence.

- Why is the programme designed and implemented the way that it is?
- What positive outcomes have been identified, and can therefore be expected from the programme if delivered in the same way?
- What are the (possible) mechanisms behind these changes?

Organizations must be properly informed about what it actually means to have a staff member trained to deliver or support the programme. Think about defining what their commitment will be, and how much time will be required from them, both for initial and ongoing training and supervision. Delivering training in different waves can help to limit the effects of staff turnover. Ensuring that managers are also provided with information about the programme and that the training of staff is supported at an organizational level will help to ensure that any future changes in personnel do not threaten the crucial background understanding on which the programme has been built.

In some cases, training for those who will be delivering the programme may also have to address their own values and ideals to bring them into line with the basis for the

TOP TIP 21

"It's insufficient to hand someone a manual and say 'go learn it and then go out and do it'. There needs to be a combination of reading, online education, face-to-face tuition, coaching and monitoring of implementation within the community setting, so that providers are gradually supported in becoming expert clinicians in delivering that programme."

– David Olds

Professor of Pediatrics, University of Colorado

programme. For example, to successfully deliver a hospital-based programme to train parents about abusive head trauma, it may be necessary first for nurses to change the way they themselves think about crying, particularly if they have been trained with a certain philosophy or understanding of infant behaviour in the early developmental phase. It is important to be aware of the potential impact of the personal histories of training participants on their understanding and experiences of the training (see also section 3.3.2). Providing accreditation for the training is important for professional development and quality control.

Quality assurance processes should be identified to ensure that those who are being trained to deliver a programme have suitable opportunities to master delivery, ideally in a staged and controlled manner. For example, it may be useful for more experienced deliverers to act in a mentoring role, or in the earlier stages delivery could occur in pairs. Routine feedback from the programme participants (such as parents, health practitioners, schools) can also help to ensure the transference of training to practice.

4.4 MONITORING PROCESSES AND OUTCOMES

Monitoring processes and outcomes for a programme can be particularly challenging. For those who are developing, managing or funding a programme, it is important that data are collected to provide a picture of what is actually going on in the programme and whether it is being delivered as intended. However, such data collection can be an additional burden for those delivering the programme, who may already be stretched in time and resources. To reduce such pressures, frontline staff (who are delivering the programme) may collate certain information for monitoring purposes, with more detailed data collected during specific research

periods to investigate certain aspects of the population or the programme to inform future developments. The same process can also help identify which additional data might be useful to add to the core dataset.

Quantitative data on programme implementation should focus on two or three key aspects of implementation:

- uptake: to what extent does the target population actually engage with the service;
- dosage: are the different elements of the programme delivered with their intended frequency? For example, do participants attend the right number of sessions, or have the specified number of home visits;
- content: to what extent are programme providers covering the content of the programme in ways that have been shown to produce changes in behaviour?

TOP TIP 22

"Professionals such as nurses see the importance of monitoring, but there is a real challenge in not over-asking them to record every type of activity or everything about the target group."

– Klaas Kooijman

Senior Advisor, Netherlands Youth Institute

For interventions that involve many different activities, particularly those that are self-directed by participants, it will be important to assess fidelity for each of these different components (for example, saw the DVD; read the information leaflet; completed the workbook). These data should be summarized in a technical report. Someone with the relevant analytical skills will be needed to reflect on these data with programme providers and administrators. This information should inform important discussions as to what challenges are experienced in reaching and engaging the target population, and whether the programme is achieving its desired outcomes.

Those organizations or individuals who initially developed a programme have a responsibility to be accountable to the individuals they want to serve, to local community leaders who invest in the programme, and to those people who are delivering the programme. Providing this type of technical data back to developers can help them to accomplish this.

In the case of some established programmes, a national unit may exist to support the high-quality replication and implementation of a programme (see Appendix for directory of some programmes). Such a unit may provide a quality improvement framework, support service providers in reviewing monitoring data, and provide regular feedback across different implementation areas. National coordination (through a dedicated national unit or other broader national body) may help to limit the impact of changes or pressures within the wider system, such as changes in personnel or the restructure of provider organizations.

4.4.1 Fidelity vs. flexibility

A challenge may exist in striking an appropriate balance between ensuring a programme is delivered as intended (fidelity), and allowing some flexibility towards its context. Delivering organizations may often be looking for flexibility, and those working on the ground may have useful insights as to possible improvements to the programme. Scheduling several meetings per year to discuss challenges around fidelity can be useful and also provide a forum for sharing learning from practice. This discussion can also be more widely extended through international networks or conferences that enable the sharing of innovation and ideas. For instance, advice from experts on what are the critical components of programmes and interventions may inform adaptation, while utilizing local knowledge can build consensus on what elements must be varied for cultural or other contextual reasons. Timely monitoring and evaluation must occur so that any potential impact of introducing flexibility is measured, understood and responded to when required.

TOP TIP 23

"Fidelity and flexibility are not opposites – they are completely complementary. The process of evidence-based practice can be complemented by practice-based evidence. If you have practitioners who are very reflective and are attuned to assessing their outcomes, they will be discovering new and better ways of doing things all the time. Good programmes will incorporate that."

– Matthew Sanders

Director and Professor of Clinical Psychology, Parenting and Family Support Centre, The University of Queensland, and founder of the Triple P – Positive Parenting Program

5. CONCLUSION

Child maltreatment is a hidden form of violence and evidence shows that its prevalence is unacceptably high. It can result in severe and often far-reaching adverse mental, physical and social consequences through the life-course. Tragedies involving the maltreatment of children often have repercussions well beyond the individuals – affecting the family and wider communities. In response, policy-makers in the European Region have recently acknowledged the need for concerted preventive action to reduce this public health and societal burden by adopting *Investing in children: the European child maltreatment prevention action plan* (*5*). This handbook has been developed to address one of the objectives of the action plan and provides practical support to stakeholders in implementing preventive programmes.

Delivering measurable reductions in child maltreatment requires action at political, practitioner and public levels. The academic literature provides part of the road map for such activity. This document is intended to further facilitate reductions in child maltreatment across Europe by filling a gap between the reporting of programmes and their outcomes, and the experiences of the experts on how best to use an increasing evidence base of effective policies and interventions.

Organizations using this guidance may be at very different starting points, such as different political contexts, or more or less well established infrastructure and resources. As a result, some sections of this handbook may be more relevant, some may describe processes already well established, some may provide further insight or direction to developments that are already underway, and some may provide only a fraction of the information required to deliver successful interventions. Consequently, this handbook should be used as one of a number of resources already developed or being developed by WHO Regional Office for Europe. These include *Investing in children: the European child maltreatment prevention action plan* (*5*), the *European report on preventing child maltreatment* (*1*). *Preventing child maltreatment: a guide to taking action and generating evidence* (*35*) also provides useful information. Work is also underway to develop guides to improving the collection of information on child maltreatment and developing prevention action plans to support policy-makers and practitioners. Together these resources are intended to maximize the impact of often limited resources, advocate for greater investment in the prevention of child maltreatment, and help ensure that the commitment of those delivering services is rewarded by more children experiencing a safe and secure childhood.

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APPENDIX 1. PROGRAMME DIRECTORY

The following table summarizes some basic information on a range of different programmes that have been discussed within this handbook and suggests where to go for more information. This list is not based on a systematic or objective review of the evidence; instead it is intended to provide examples of the types of programmes that have been discussed, with particular emphasis on those that have been developed or are supported by the experts consulted for this handbook.

When considering different programmes that may be of interest, readers may wish to refer to section 4.2 and consider the following.

- What does the current evidence say about the effectiveness of this programme?
- How transferable is this evidence to the current context in which you may wish to apply the programme?
- Is the programme affordable for delivery at the appropriate scale?

The published evidence reviews in Box 14 may provide a useful overview of programmes that have and have not been evaluated and shown to be effective.

Box 14. Child maltreatment prevention evidence reviews

Mikton C, Butchart A. Child maltreatment prevention: a systematic review of reviews. Bulletin of the World Health Organization 2009;87(5):353–61.

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Walsh K, et al. School-based education programmes for the prevention of child sexual abuse (review). Cochrane Database of Systematic Reviews 2015;Issue 4.

HOME VISITATION PROGRAMMES

Programme name	**Nurse-Family Partnership Helping First-Time Parents Succeed®**	**Step Towards Effective Enjoyable ParentingTM (STEEP)**
Programme type	Targeted	Targeted
Country of development	United States of America	United States of America
Target population	First-time, low-income mothers	First-time, low-income mothers
Delivered by	Public health nurses; maternal and child health nurses	Professionals from social work, health care and mental health
Website address	www.nursefamilypartnership.org	www.cehd.umn.edu/ceed/publications/manuals/steepmanual.html
Contact information	Email (general enquiries): info@nursefamilypartnership.org Email (implementing NFP): businessdevelopment@nursefamilypartnership.org Telephone: +1 303 327 4240 International enquiries should be directed to Cheryl Loston (Executive Assistant to David Olds, Ph.D) Prevention Research Center for Family and Child Health, Department of Pediatrics, University of Colorado Denver; Tel: +1 3037242893	Email (general enquiries): ceed@umn.edu Contact Christopher Watson for information on training services or packages Email: watso012@umn.edu
Support available	The NFP National Service Office team provides consultation and support throughout the life of the programme in the following areas: Business development – assessment and planning; building community support; preparing for implementation Nursing practice – training and supervision to deliver the programme Program quality support – data collection and evaluation; monitoring and reporting; process for quality improvement Marketing and communications – materials for public and stakeholder awareness raising and media coverage Public policy and government affairs The NFP website also provides advocacy resources and information on evidence-based policy Materials also available in: Spanish	A STEEP manual and group training can be requested and purchased online Materials also available in: German
Copyright/Licensing	Copyright 2011 Nurse Family Partnership. All rights reserved	Copyright 2015 Regents of the University of Minnesota. All rights reserved
Costs	By enquiry only	STEEP manual costs US$75 and the group training can range from US$2000 to US$5000 (depending on location, travel time required and seniority of trainer)
Implementation in other countries	Canada; the Netherlands; England; Scotland; Northern Ireland; Australia	Germany

PARENTING PROGRAMMES

Programme name	**Triple P - Positive Parenting Program®**	**The Incredible Years®**
Programme type	Universal/targeted	Universal
Country of development	Australia	United States of America
Target population	For parents and caregivers of children aged 0–12 years	Parents, teachers and children aged 4–8 years
Delivered by	Practitioners from a wide range of disciplines, including: family support workers, doctors, nurses, psychologists, counsellors, teachers, police officers, social workers, child safety officers, clergy	Therapists; counsellors; social workers; nurses; teachers; physicians
Website address	www.triplep.net/glo-en/home/	www.incredibleyears.com
Contact information	To discuss implementing Triple P in your region: Belgium – Hilde Weekers: hilde.weekers@skynet.be / +32 (0)3 265 29 98 Germany – Thomas Dirscherl: info@triplep.de / +49 251 518941 United Kingdom/Europe – Jo Andreini: jo@triplep.net / +44 (0)207 987 2944 the Netherlands – Carine Kielstra: c.kielstra@nji.nl / +31 (0) 30 230 63 08 All other countries: contact@triplep.net / +61 (7) 3236 1212	Email (general enquiries): incredibleyears@incredibleyears.com Telephone: +1 (888) 506 3562
Support available	Comprehensive resources for both practitioners and parents Network of global dissemination experts provide assistance and advice on all stages of roll-out from planning and training, to delivery and evaluation Implementation framework (see http://www.triplep.net/glo-en/getting-started-with-triple-p/implementing-triple-p/) Peer-assisted support and supervision (PASS) Communications strategy (Stay Positive) Evaluation tools	Consultation with an accredited trainer Standardized training and certification (including session protocols, leaders' manuals, self-study videos and books) Agency readiness questionnaire (for needs assessment; determining the target population; programme selection and implementation planning) Dissemination model Resources for promoting fidelity The Incredible Years website also provides a range of useful articles on barriers and successes to implementation, and integrating services between school and home Materials also available in: Chinese; Danish; Dutch; Finnish; French; Norwegian; Portuguese; Russian; Spanish; Swedish All training materials for parents, child and teacher programmes can be purchased online
Copyright/Licensing	Copyright Triple P International.	Copyright 2013 The Incredible Years. All rights reserved
Costs	By enquiry	Individual training programmes (including manuals and DVDs) start at around $700, with a variety of packages available. A price list is available on the website
Implementation in other countries	Implemented in 25 countries around the world, including: Belgium; Germany; the Netherlands; Switzerland; United Kingdom	Implementation worldwide, including: Denmark; England; Finland; Ireland; the Netherlands; Northern Ireland; Portugal; the Russian Federation; Scotland; Spain; Sweden; Wales

PARENTING PROGRAMMES CONT.

Programme name	**ACT (Adults and Children Together Against Violence) Raising Safe Kids Program Building Safe & Strong Families**
Programme type	Universal
Country of development	United States of America
Target population	Parents/caregivers of children from birth up to age 8 years
Delivered by	Professionals from fields such as psychology, social work, nursing, early childhood education
Website address	actagainstviolence.apa.org/
Contact information	Email: jsilva@apa.org (Julia Silva – Program National Director) Telephone: +1 (202) 336 5817
Support available	ACT professional training workshops A range of ACT handouts (e.g. 'What to do when you are angry') Marketing posters (English and Spanish) Materials also available in: Greek; Japanese; Mandarin; Portuguese; Spanish
Copyright/Licensing	Copyright 2015 American Psychological Association
Costs	By enquiry
Implementation in other countries	Brazil; Columbia; Greece; Japan; Peru

TRAINING PARENTS ABOUT ABUSIVE HEAD TRAUMA

Programme name	**The Period of Purple Crying®**	**Shaken Baby Prevention Project**
Programme type	Universal	Universal
Country of development	United States of America	Australia
Target population	Parents/caregivers of newborn babies	Parents/caregivers of newborn babies
Delivered by	Public health nurses; home visitors; paediatricians; family doctors	(Self-directed)
Website address	www.dontshake.org	kidswest.org.au/shaken-baby-prevention-project/
Email and telephone	Email: purple@dontshake.org Telephone: +1 8014479360	Email: kidsh@chw.edu.au Telephone: +61 (02) 9845 3585
Support available	Implementation protocol and memorandum of understanding Free PURPLE programme online training (registration required) Purchasable programme materials, including a DVD and booklet, can be ordered from the online catalogue Materials also available in: Spanish; French; Vietnamese; Somali; Cantonese; Punjabi; Korean; Japanese; Portuguese	The shaken baby prevention programme has produced a number of resources (including a DVD, posters, brochures and postcards) that can be purchased online Multilingual DVD available with audio and subtitles in the following languages: Vietnamese; Cantonese; Mandarin; Dinka; Arabic; Farsi; Hindi; Sudanese; Turkish; Spanish; Dari
Copyright/Licensing	Copyright National Center on Shaken Baby Syndrome. All rights reserved	Copyright 2015 Kids West
Costs	Between US$2.00 and US$3.50 per package (see website for more information)	Materials start at US$20.00 each, depending on number of copies required (see website for more information)
Implementation in other countries	Australia; Japan; Republic of Korea	Brazil; Greece; Hungary; Japan; Turkey; United Kingdom; United States

SCHOOL-BASED PROGRAMMES FOR THE PREVENTION OF CHILD ABUSE

Programme name	**Stay Safe**	**Kidpower®**
Programme type	Universal	Universal
Country of development	Ireland	California
Target population	Primary school junior infants through to the 6th class	Parents/caregivers and children aged 2–12 years
Delivered by	Teachers	Certified instructors from a wide range of different backgrounds
Website address	www.staysafe.ie	www.kidpower.org
Email and telephone	Email: staysafe@indigo.ie Telephone: +353 (0)1 6206347	To contact Kidpower centres across Europe: Germany – Andrea Meier: germany@kidpower.org / +494214844540 the Netherlands – LexBijlsma: info@kidpower.nl / +31 (0)6 198 152 45 Romania – OlgutaIordache: kidpower.romania@gmail.com Sweden – Amanda Golert: info@kidpower.se / +46 (0)8508 666 04 United Kingdom – Colin Stewart: colin@kidpoweruk.org / +44 (0)759 157 2928
Support available	Teacher's handbook, lessons and worksheets (includes specific material for children with special educational needs) Guidance for schools on developing a child protection policy Booklet for parents Lesson materials available in Irish and English Parent's guide available in: English; Irish; Chinese; French; Latvian; Lithuanian; Polish; Spanish	Guidance and direction on becoming a Kidpower Centre and establishing an Authorized Provider Agreement Provides one-to-one or group training sessions for schools or community groups Other materials, resources and books can be purchased online
Copyright/Licensing	Copyright. All rights reserved	Copyright. All rights reserved
Costs	Selected resources freely available via the website. Other materials by enquiry	By enquiry
Implementation in other countries	No information provided	Implemented in more than 30 countries including: Argentina; Germany; India; the Netherlands; Romania; Sweden; United Kingdom

TRAINING PROFESSIONALS TO FOSTER AWARENESS OF THE NEEDS OF CHILDREN IN HIGH-RISK SITUATIONS

Programme name	**The Safe Environment for Every Kid (SEEK) ™**
Programme type	Universal
Country of development	United States of America
Target population	Primary care health professionals
Delivered by	Online training/self-directed
Website address	theinstitute.umaryland.edu/seek/
Email and telephone	Email (research and project inquiries): Howard Dubowitz – hdubowitz@peds.umaryland.edu Telephone: +1 410 706 6144
Support available	Technical assistance SEEK materials, including parent questionnaire, customisable parent handouts, online training and tools for measuring quality improvement Website provides steps to SEEK implementation Materials also available in: Chinese; Spanish; Vietnamese
Copyright/Licensing	Copyright 2015
Costs	SEEK implementation costs from US$250, depending on the number and occupation of professionals to be trained
Implementation in other countries	Sweden

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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