Service providers as champions for non-violent childhoods

Service provision for children and parents to achieve an end to corporal punishment

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the non-violent childhoods programme

Changing the World: Making Non-Violent Childhoods a Reality

The adoption of a national law that prohibits the corporal punishment of children in all settings, including in the home, is a milestone achievement. It makes a clear statement that corporal punishment is a form of violence against children which is no longer socially acceptable nor legally condoned. Once a prohibition is in place, societies and states have a duty to invest in ensuring its effective implementation. Countries all over the world are confronting this challenge and the goal of ending the corporal punishment of children is now firmly on both national and regional agendas.

The Baltic Sea Region is almost a 'no-corporal-punishment zone' for children as 10 out of the 11 countries in the Region have prohibited corporal punishment in all settings. Sweden was the first country in the world to enact a legal ban in 1979; Finland (1983), Norway (1987), Denmark (1997), Latvia (1998), Germany (2000), Iceland (2003), Poland (2010), Estonia (2015) and Lithuania (2017). The Russian Federation has yet to introduce a legal ban.

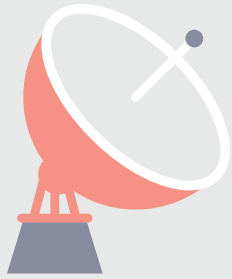
The Baltic Sea Region is diverse. While some countries in the Region have almost 40 years of experience of implementing a legal ban, others have only just embarked on the journey to ensure childhoods free from violence. The Non-Violent Childhoods Programme draws on the outstanding commitment and leadership demonstrated by changemakers in the Region. This includes politicians, public officials, service providers, practitioners, researchers, advocates, the media and citizens, including children, young people and parents.

The developments in the Baltic Sea Region show that it is possible to change attitudes and behaviours and that social norms can be transformed in favour of positive, non-violent child rearing. Since the national bans have come into force, more and more parents have rejected the use of corporal punishment in the upbringing of their children. But despite the progress achieved, too many children continue to experience physical and emotional violence or humiliating and degrading treatment.

The aim of the Non-Violent Childhoods Programme is to promote the full implementation of a ban on corporal punishment of children in the Baltic Sea Region through collaborative, multi-stakeholder planning and action. Its programme of work is managed by the Council of the Baltic Sea States Secretariat with co-funding from the European Commission. Five country partners are supporting the project drawn from ministries and national institutions in the Baltic Sea region: the Ministry of Social Affairs, Estonia; the Ministry of Social Affairs and Health, Finland; the Ministry of Welfare, Latvia; the Ombudsman for Children's Rights, Poland; and the Ministry of Health and Social Affairs, Sweden. The Global Initiative to End All Corporal Punishment of Children is an international partner to the Programme.

The Non-Violent Childhoods Programme has developed a set of guidance reports and a campaign, aimed at parents, children, practitioners, advocates and policy makers. Each report focuses on a specific theme – a step-by-step guide, implementing the ban in the domestic setting, positive parenting, awareness-raising campaigns, service provision and tracking progress. In addition, the campaign raises awareness of the harmful impact of corporal punishment and the importance for children to have trusted adults to turn to. The reports and campaign offer inspiration and provide guidance standards and practical tools aimed at transforming societies and making non-violent childhoods a reality. While the reports are based on the experience of the Baltic Sea Region, they convey key messages and highlight best practices that have relevance not only to the 11 states in the Region but also to Europe and beyond.

More information on the reports and campaign can be accessed at **www.childrenatrisk.eu/nonviolence**



01

introduction and key messages

Services for children and parents are fundamental for the effective implementation of national laws prohibiting corporal punishment. They help families to prevent corporal punishment, to change attitudes and behaviours towards non-violent child rearing, and protect child victims of corporal punishment. Service provision involves ministries and institutions at the national and regional levels which plan and budget for services, local service providers and authorities which provide supervision and monitoring. In most countries, state agencies collaborate with non-state actors for service provision, including non-governmental organisations and private service companies. Communities, faith organisations and volunteers are also often involved in providing services for parents and children.

This guidance report reviews the experience of and lessons learned from service provision in social welfare, child protection and childcare, health care, education and law enforcement. It presents methods, tools and service models that have proven effective in preventing and responding to corporal punishment. The guidance report discusses how services are evolving in light of changing childhood and parenthood. It offers valuable learning to guide the continued development of national child protection and social welfare systems as well as systems for education, health care and justice.

KEY MESSAGES

This guidance report provides the following key messages:

- Across all social fields, service providers have a responsibility to protect children from corporal punishment and to implement the legal ban in their day-to-day work. Individually and in collaboration, service providers are able to promote the best interests of the child and act in the common interests of families, the wider society and the State, which have declared corporal punishment unacceptable and illegal.
- The UN Convention on the Rights of the Child guides service providers in building working relationships with children and parents that are based on respect, dignity, empathy and trust. Key principles include respect for the child's views, promoting the best interests and development of the child and preventing discrimination. Multi-disciplinary and child-centred service models respond to the child's needs in a comprehensive way and engage children and parents as partners.
- Consulting children in the development, planning and review of services benefits children, families and professionals. A rich variety of tools and methods exist to help service providers engage children proactively. Child-sensitive communication and evidence-based interviewing protocols are useful for all situations where service providers communicate with children. Child-friendly material and inter-active learning programmes can facilitate conversations about corporal punishment and teach children self-protection skills.
- Service providers work directly with victims and perpetrators of corporal punishment and engage the whole family to reduce risks and strengthen protective capacities. While each service sector works towards this goal within its specific mandate, working together they are even stronger.
- Successful service models offer easy access to multi-disciplinary services within communities. They are integrated into local child protection and social welfare systems and ensure follow-up with children and parents or caregivers at risk. Increasingly, service providers are taking on the role of facilitators and mentors, handing over more responsibility to family members and ensuring that the child's best interests and active participation are guaranteed at all times.

02

service provision in a changing world

Across all social fields, service providers have a responsibility to protect children from corporal punishment and to implement the legal ban in their day-to-day work. Individually and in collaboration, service providers are able to promote the best interests of the child and act in the common interests of families, the wider society and the State, which have declared corporal punishment unacceptable and illegal.

2.1 ROLES AND RESPONSIBILITIES

Service provision for non-violent childhoods falls within the mandates of a broad range of services:

- Social services are mandated to support parents and caregivers in their child rearing role. Child protection services are responsible for guaranteeing the child's safety, wellbeing and development whenever there are risks of violence or neglect.
- Youth work engages adolescents in educational, social and leisure time activities in support of their personal and social development. Youth work services may be provided by professional or volunteer youth workers, youth-led organisations, informal groups or youth services from public authorities.
- Health care services are in contact with parents and children from ante-natal care onwards, including providing regular health check-ups, preventive care and treatment for injuries or illness, as well as mental health services.
- Many children come into contact with education services at a very young age when they enter early childhood education and care, from where they proceed to pre-schools, elementary and secondary schools.
- The law enforcement sector becomes involved when there are suspicions that parents or children are getting in conflict with the law and when cases of violence against children require a police investigation.

Service providers can:

- Help children, parents and caregivers to identify and reduce the risk of corporal punishment and to understand the harmful effect it has on the child and the family;
- Support families to become resilient by activating their preventive and protective capacities;
- Empower families to challenge harmful attitudes and behaviours and progress towards positive and protective relations;
- Respond when violence has occurred, support the recovery and rehabilitation of victims and address the medium and longer-term health and social consequences of corporal punishment;
- Help families prevent separation, in accordance with the best interests of the child;
- Work with perpetrators of violence to prevent reoffending.

Each service sector works individually to prevent and respond to corporal punishment. In addition, service providers often collaborate to respond to the needs of children and families in a more holistic way through referral mechanisms, local child protection networks and multi-disciplinary service models.

2.2 UNIVERSAL, SPECIALISED AND INDICATIVE SERVICES

Universal services target all families with children without discrimination or stigma. They are considered particularly useful for prevention and early identification of corporal punishment. Many universal services are health-focused, such as midwives making home visits to new parents, regular health checks for very young children, examinations to assess a child's readiness for enrolment in primary school, and health checks at school. Open service centres such as family centres or child welfare clinics provide a range of universal services under one roof, targeting all families with children. These services establish contact with children and parents at a low threshold and enable referral to specialised services wherever needed.

Specialised services include selective interventions for children and parents who are considered at risk and indicated services target particularly vulnerable persons and those who have experienced violence.

2.3 CHALLENGES AND OPPORTUNITIES FOR SERVICE PROVISION

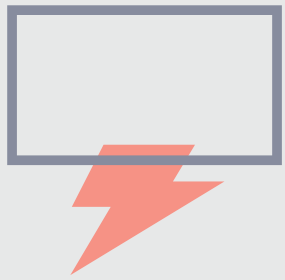
Providing services for children and families is a demanding job associated with a high level of social responsibility. It requires a combination of technical expertise, communication skills, social and emotional skills, the capacity to meet the demands of bureaucracy and manage structural and budgetary limitations. Service providers are particularly challenged to maintain their quality standards and ethics while keeping pace with changing childhood and parenthood and the diversity of families.

In cases of corporal punishment, or where there is a risk thereof, service providers are often confronted with complex and difficult situations to which there are no easy solutions. Service providers need to engage with matters that parents and children may consider private and where the involvement of officials and professionals may be perceived as intrusive. They have to be prepared to handle a range of attitudes and behaviours. Some service users defend the use of corporal punishment openly, some condone it tacitly, and others are reluctant to speak about it due to feelings of shame or fear.

It is often difficult for service providers to identify signs of violence correctly and to recognise symptoms or behaviours of a child caused by violence. Too often, injuries are considered the result of accidents or children are blamed for provoking corporal punishment by their behaviour, such as for not complying with rules, behaving in an aggressive way or for low academic performance.

Service providers who recognise and respond to signs, suspicions or risks of corporal punishment are acting in line with their professional mandates. They apply the provisions of national law and defend the child's right to be protected from any form of violence, no matter the severity. They also take a stand against the impunity of perpetrators of violence. By protecting children from the harmful consequences of corporal punishment, service providers act not only in the best interests of the child but also in the interests of families, and the wider society and State, which have declared corporal punishment to be illegal.

When there are indications that a child is at risk of or exposed to corporal punishment, service providers are duty bound to act. By ignoring signs of corporal punishment, or not taking them seriously, service providers share the responsibility of the consequences experienced by the child, including potentially severe and life-long harm. The cost of inaction is high for the child, the society and the State. Special tools and methods are available to support service providers in fulfilling their tasks and to help them feel confident about the important role they play for children, families and society.



03

key principles guiding service provision

The UN Convention on the Rights of the Child guides service providers in building working relationships with children and parents that are based on respect, dignity, empathy and trust. Key principles include respect for the child's views, promoting the best interests and development of the child and preventing discrimination. Multi-disciplinary and child-centred service models respond to the child's needs in a comprehensive way and engage children and parents as partners.

Since its adoption in 1989, the UN Convention on the Rights of the Child has changed the social status of children who are today recognised as citizens and equal members of societies. The Convention considers children not only as vulnerable and in need of protection. It also provides that all children have a right to respect for their dignity, to develop their evolving capacities, and to be actively engaged in matters concerning them.

Growing up free from violence is not only a human right of the child, it is also a precondition for children to succeed in their personal endeavours, to build relationships based on trust, respect and care and contribute to their communities, societies and States. Promoting the full implementation of the legal prohibition of corporal punishment, in accordance with the principles of the Convention, is a fundamental investment towards achieving this goal.

The Convention defines the human rights of the child and correlated obligations of parents, caretakers, service providers and state agencies. It also guides service providers towards a more holistic understanding of the child as a person and a citizen. The Convention offers a guiding framework for the assessment of rights and needs in relation to all aspects of the child's person, such as the child's social and economic situation, health and education, the development of skills and capacities, and the child's socio-political participation.

3.1 THE CHILD'S ACTIVE ENGAGEMENT[1]

Service provision relies on effective communication. Good communication is essential to hear the child's views, questions and concerns and respond to them, and to gather information from the child. Hearing the child's story and understanding the child's views and needs should be a precondition for service providers to plan and deliver services that are meaningful for children and parents.

Children tend to appreciate when service providers demonstrate a genuine interest in how they feel. Asking the child to share his or her views and listening to the child makes the child understand that his or her opinion matters. This is important not only in the assessment phase but also when service providers plan and propose specific services for children and parents.

Service providers can pose simple questions, such as "what do you think about this?" or "tell me how you feel about this." After listening to the child's response, the service provider can summarise what the child said, for instance by saying, "so, you think that... did I get that right?". This creates an opportunity to correct

1 UN Convention on the Rights of the Child, Articles 5, 12, 13, 14, 15, 17. See also: Committee on the Rights of the Child, General comment No. 12 (2009) on the right of the child to be heard.

any misunderstandings that may occur when sensitive issues are at stake. A child who feels heard and taken seriously is more likely to trust that the service provider is there to help. In the absence of good communication, children and parents may perceive a service provider as someone who interferes in an uninformed way and so refuse cooperation.

To win the child's trust, service providers should take time and show they care for the child as a person. They may need to ask a question again and again over a period of time, without being too intrusive. A service provider may have to persist and maintain a neutral and empathic approach when a child behaves in a hostile or aggressive way. Engaging the child in conversations about hobbies or sports could work as an ice breaker. It is important that service providers refrain from blaming the child or giving up on the child due to his or her behaviour.

Building confidence and trust also requires the ability to convey information in language that the child understands as well as being transparent about all the steps that will be taken. Due to fears, worries, lack of information or misinformation, the child may not speak openly to service providers. To prevent this, service providers should inform the child about who they are and what their role is, what type of services they can offer to the child, the referrals they can make, the different steps in the procedure and the possible solutions available. When informing the child about all this, the service provider may ask the child to repeat the information in his or her own words to be certain that the child has understood.

3.2 SERVICES GUIDED BY THE BEST INTERESTS OF THE CHILD[2]

Services in the best interests of the child treat the child with care, sensitivity, fairness and respect; recognise the child's individual needs; protect and empower the child; and enable the child to have a structured upbringing with continuity of care. Service provision in the best interests of the child enables and supports the child to enjoy his or her rights, as afforded under the UN Convention on the Rights of the Child. Promoting the best interests of the child requires services that are non-stigmatising and help the child to gain a positive self-image and self-respect. Guided by the best interests of the child, service providers engage the child, the family and significant other persons and professionals. They build a protective and enabling support network around the child. They help the child and the family to gradually develop the skills and resources to become autonomous from service provision. From the first contact with a child, services guided by the best interests of the child support the child in his or her development into adulthood and independent life.

The principle of the best interests of the child provides orientation in situations where the interests and needs of children appear to be in conflict with the interests of parents, state agencies or service providers, or the requirements of formal proceedings. When a parent withholds consent for the child to receive services after corporal punishment, for instance, the best interests principle gives service providers a role in deciding what is best for the child. The best interests determination procedure guides service providers in their decision-making process.

3.3 ENSURING NON-DISCRIMINATION[3]

Children and their parents may be discriminated against, or discriminate against others, for different reasons, such as age, gender, language, religion, national or social origin, skin colour, a parent's job or income level, place of living, disability, or sexual orientation. Children can learn and develop prejudices or experience them from a young age, at home or at school, in day care, from the media or by observing others.

Service providers have a responsibility to identify and address prejudices and stereotypes that lead to differential treatment. It is not unusual for professionals in service provision to be biased or influenced by stereotypes and prejudices or to witness discrimination by other professionals. Critical self-reflection, sensitivity and an open dialogue about prejudices, stereotypes and discrimination are essential to achieve an inclusive and non-discriminatory service culture. Their mandates could inspire service providers to act as role models for children and parents, informing them that any form of discrimination is unacceptable and prohibited by law, while setting a good example of how to promote human rights values and respect for the diversity of people.

Ensuring non-discrimination in service provision does not mean providing the same services to all or treating all children the same. On the contrary, acting in a non-discriminating way requires from professionals the capacity to consider the diversity of families, the individual needs and risks of each family member and to take these into consideration in their decisions and actions. Service providers should talk to children about diversity, exclusion or discrimination. Asking the child if he or she sometimes feels excluded or treated in an unfair way helps to learn about the child's perspective. This question should also be asked of parents. Children and parents can however not be expected to identify all instances of exclusion or discrimination. To achieve non-discrimination in practice, service providers must understand the person's specific reasons and grounds for exclusion and discrimination and be resourceful when seeking to address them, while also putting in place proactive measures to prevent discrimination.

2 UN Convention on the Rights of the Child, Article 3. See also: Committee on the Rights of the Child, General Comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration. Council of Europe Recommendations on children's rights and social services friendly to children and families (Rec(2011)12).
3 UN Convention on the Rights of the Child, Article 2.

Service providers may have to make an extra effort to ensure equal opportunities for all children to access the services they need. This could require more time to talk to a child or to understand the situation of a child and a family. It could mean that additional personnel are needed such as interpreters, cultural mediators or a trusted support person for the child. It could also require more resources to pay for specialised or indicated services for a child or parent.

Experiences of exclusion and discrimination can be intimidating and stressful for a child or parent and may obstruct their collaboration with a service provider. People who feel discriminated against are often struggling with physical and mental health problems, including depression, low self-esteem and stress-related symptoms. As corporal punishment is often a result of high stress levels of parents who are overburdened and have little access to support, patterns of socio-economic exclusion and discrimination can co-determine situations where parents use corporal punishment. Identifying these factors is fundamental to supporting parents and children to become gradually independent of service provision and to develop positive, non-violent relationships. Preventing discrimination also requires from service providers a readiness to identify signs or risks of corporal punishment in places and contexts where they may not expect them, and to assess and treat all cases according to the same quality standards.

3.4 DEFENDING THE CHILD'S RIGHT TO LIFE, SURVIVAL AND DEVELOPMENT[4]

Professionals working with children and parents make decisions that can have a direct or indirect impact on the child's life, survival and development. In some cases, corporal punishment in the home or in an institution puts the child's survival at risk, has livelong consequences on the child's physical and mental health and may cause the death of a child. All forms of violence, no matter the severity, have negative implications for the child's development.

By national law and under the UN Convention on the Rights of the Child, service providers have a responsibility to identify risks to the child's life, survival and development and to take action when necessary. Looking away in a critical situation, not asking questions to find out more about potential signs of violence and making wrong or misinformed decisions can leave a child in a high-risk situation that is potentially life-threatening.

Best interests determination tools guide social workers in assessing risks to the child's life and development and in making informed decisions to safeguard the child. Health care professionals work with clinical checklists, such as the Trauma Checklist for (Young) Children, to identify trauma caused by violence. Regulations for mandatory reporting of risks to a child's life, health and development are important to facilitate the referral of children to the authority responsible for making a risk assessment.

3.5 PREVENTION AND REMEDIATION

Research shows that exposure to violence, including corporal punishment, is dangerous for the child in the moment it happens as well as in the medium and longer term. By identifying and assisting children affected by corporal punishment, service providers prevent or reduce the harmful impact on the child.

Evidence demonstrates the harmful impact of corporal punishment on the child's health, wellbeing and development, such as delayed cognitive development, including with regard to speech and communication. The child's neurological development is impaired by stress and violence. Violence harms the child's mental health and causes different kinds of behavioural problems, which can lead to substance abuse, anti-social behaviour and post-traumatic stress symptoms.[5] Evidence shows clearly that the use of corporal punishment has no benefits for the child and for the parent-child relationship. Even mild corporal punishment decreases the quality of the parent-child relationship.[6]

The impact of corporal punishment or other forms of violence is more severe when the child is also witnessing violence between the parents or violence against siblings. In cases of inter-parental or familial violence, service providers therefore have to engage the whole family and consider the situation of each child specifically, even when there is no evidence that a child has been a direct victim of violence.

Double exposure of children to violence both as victims and witnesses may lead to post-traumatic stress disorders with children perceiving the impact and their symptoms as more severe. Children who are double exposed also have a higher risk of experiencing violence outside the family, for instance at school. Studies have shown how violence nurtures aggressions.

Victims and witnesses of violence who do not receive help to exit from the violent environment are more likely to develop violent behaviours themselves.[7] Many parents who have problems with violent behaviours have been clients of social services in their childhood. In light of this evidence, services have to be planned and delivered with a view to intercept the

4 UN Convention on the Rights of the Child, Article 6.
5 Janson, Staffan, The Swedish Experience – Cooperation between the society and the individual, National Consultation Sweden, 8 May 2017. Almquist, Kjerstin, Swedish Research on Children Exposed to Parental Intimate Partner Violence and Interventions, National Consultation Sweden, 8 May 2017.
6 Janson, Staffan, The Swedish Experience – Cooperation between the society and the individual, National Consultation Sweden, 8 May 2017. Gershoff, Elizabeth Thompson, Corporal Punishment by Parents and Associated Child Behaviors and Experiences: A meta-analytic and theoretical review, Columbia University, Psychological Bulletin, Vol. 128, No. 4, pp. 539–579.
7 Hultmann, Ole, Children Exposed to Intimate Partner Violence and/or Abused – Findings from Swedish research projects in child psychiatry and child protection work, University of Gothenburg, National Consultation Sweden, 8 May 2017. Almquist, Kjerstin, Swedish Research on Children Exposed to Parental Intimate Partner Violence and Interventions, National Consultation Sweden, 8 May 2017.

transgenerational transmission of violence. Different types of Anti-Aggression Training as well as the Family Group Conferences engage child victims of corporal punishment who have developed violent behaviour themselves and support them to exit the circle of violence. Special prevention programmes for mothers have succeeded in intercepting the transgenerational transmission of violence from mother to child.

Even when support comes in late, when a child has been exposed to corporal punishment for a long time, it is essential that service providers engage with the child victim and the family. Being officially recognised as a victim of violence can help the child understand that what happened was wrong and in fact illegal, and that service providers are there to support the child in their recovery and rehabilitation. Secondary and tertiary prevention measures are able to change situations for the better by assisting child victims while engaging the whole family and preventing reoffending.

3.6 CREATING A SAFETY NET AROUND THE CHILD

Child-centred services operate within a framework of safeguards to ensure that services and procedures are sensitive to the child's needs, take the child's views into account and make the best interests of the child a primary consideration. Child-centred services combine the perspectives, knowledge and expertise of different professional disciplines with that of the child, aiming to understand and address the child's situation in a holistic way.

Placing the child at the centre of the services they receive requires appropriate working methods and mindsets. In child-centred approaches, service providers do not focus exclusively on their own interaction with the child. They cooperate and coordinate their actions with those of other agencies and services, while also managing the involvement of other persons of significance in the child's life, such as the child's parents, in accordance with the best interests of the child.

Child-centred services avoid repeated questioning, hearing or interviewing of the child. They provide a child-friendly environment, taking into consideration the child's needs with regard to timing and sequencing of different actions, having regard to the child's safety and wellbeing at all times. Child-centred services consider the child as a competent service user and an actor in decisions and proceedings. Family Group Conferences, Multi-agency Risk Assessments and Barnahus (Children's House) are child-centred service models that support children who are victims of corporal punishment or who are at risk.

3.7 CONFIDENTIALITY, PRIVACY AND DATA PROTECTION[8]

The personal data and privacy of children and parents who receive services is protected by national laws, as well as European and international law and standards. Service provision for children and families is bound by law and standards and staff need to be prepared to apply them in their day-to-day work. Children have informed the Non-Violent Childhoods Programme about how difficult it is for them to trust that their information will be kept confidential by the adults they talk to. Breaches of confidentiality weaken the collaboration between service providers and the child and undermine trust.

National laws regulate when reporting obligations take precedence over confidentiality rules. When talking to children and parents, service providers need to explain such rules in a clear and transparent way and be certain that the child has understood why they exist and how they are applied in the child's best interests.

Service providers often need to transfer the personal data of a child or a family member to other agencies or services. Data protection laws regulate when this is permitted. Multi-disciplinary and interagency cooperation models provide for specific agreements on data sharing, which facilitate the exchange of information on a child and the collaboration of different professionals in accordance with the best interests of the child.

In particular, the privacy of service users has to be protected to prevent unethical media reporting about child victims or perpetrators of violence. Service providers must not share images of a child or personal data with the media. Information has to be treated confidentially when it could reveal or indirectly enable the disclosure of the identity of a child or his or her family.

3.8 KEEPING PACE WITH THE DYNAMICS OF CHILDHOOD AND PARENTHOOD

Childhood and parenthood have always been changing and continue to evolve. Since the UN Convention on the Rights of the Child entered into force, the role of children in society and their upbringing has changed significantly. Today, children are no longer expected to only obey adults but rather they are taught to reflect, to participate in matters concerning them and to act as responsible members of their families and communities. Adults encourage children to have an opinion, to take responsibility for their actions and to judge what is good for them. Children demand respect from parents, teachers and service providers, and complain when they feel their views and interests are not taken into account.

8 Council of Europe Recommendations on children's rights and social services friendly to children and families (Rec(2011)12).

In light of these developments, adults have to redefine their own role in relation to children. The relationship between parents and children is no longer focused only on protection but is also based on communication, mutual respect, trying to understand the perspectives and ways of thinking of the child and the parent. These changes influence also the role of professionals working with children and parents. Childcare staff, teachers, social workers, professionals in child protection and youth work, trainers in sports clubs, medical professionals and law enforcement officials feel these changes in their work. They have to adapt their skills and working methods accordingly.

Some of the methods that service providers used in the past are today no longer considered appropriate to achieve their aims and some have been outlawed by the legal prohibition of corporal punishment. Service tools and methods have evolved accordingly. They are today increasingly treating children and parents as partners and encouraging their active engagement. More and more, service providers are taking on the role of facilitator, coaching and guiding families in taking responsibility for resolving their problems.

04

supporting and engaging children as competent service users

Consulting children in the development, planning and review of services benefits children, families and professionals. A rich variety of tools and methods exist to help service providers engage children proactively. Child-sensitive communication and evidence-based interviewing protocols are useful for all situations where service providers communicate with children. Child-friendly material and interactive learning programmes can facilitate conversations about corporal punishment and teach children self-protection skills.

Children can be competent service users from a young age, as long as they receive the appropriate support to become involved in accordance with their evolving capacities. Consultations undertaken as part of the Non-Violent Childhoods Programme have gathered insights and recommendations from children on how to make services more meaningful for them and how to protect them better against corporal punishment.[9] These consultations revealed that:

- Many children worry about how service providers will respond when they disclose corporal punishment in the home. They are worried about the consequences for the family and how this may impact their relationship with their parents.
- Children are scared that they will be placed in an institution if they talk to service providers about corporal punishment in the home.
- Some children feel shame if they are victims of violence, including corporal punishment, and some feel that asking for help is a sign of weakness.
- Children also tend to feel ashamed of their parents if they use corporal punishment because it could make them appear 'in a bad light' as children and the type of adults and parents they will become themselves.
- Children feel they know too little about the roles and tasks of social workers and psychologists. They are uncertain of what to expect from them and how they can help. The role of the social worker is strongly associated with negative themes and there is little awareness of their supportive and preventive mandate.
- Many children report that they felt disappointed after talking to teachers, social workers or psychologists at school because they felt that adults gossiped and shared confidential information with others while doing very little to help the child.
- Many children felt that service providers appear to be too busy and overburdened and therefore preferred to call a helpline, where the persons they talk to take the time to listen.

9 Törneman, Janna, Listening to Children and Their Recommendations, Children's Ombudsman's Office, National Consultation Sweden, 8 May 2017. Aula, Maria Kaisa, The Child's Right to an Upbringing, Family centre as a promoter of a rearing culture which respects the child, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp. 56-61, p. 59. See also: Non-Violent Childhoods Project, National Consultation in Estonia, 15-17 November 2017. Non-Violent Childhoods Project, National Consultation in Finland, 19-20 June 2017.

The consulted children also shared important ideas to strengthen existing services:

- Children would like to have more information about their rights, what kinds of situations can be considered "normal", what services are available to them and who they could call when they need help.
- Children recommend that service providers should provide this type of information, take time to talk and listen, ask questions, be supportive and sympathetic and put themselves into the children's shoes.
- At school, children would appreciate if social workers, school nurses or psychologists were more proactive and approached students regularly to ask them how they were doing and if everything was ok.
- They also felt it was okay for service providers to ask them explicitly about experiences of violence as that could make it easier to speak about it.
- The children want to be involved in decisions concerning them.

The children's views raise questions about the existing service culture. Although several professionals may be working with the child, it is not guaranteed that they will succeed in really listening and helping the child. In Sweden, for instance, children thought that it was a matter of luck whether or not a child in difficulty met a social worker, a judge or other professionals, who were genuinely interested in their views, listened to them and understood what they were saying.[10]

4.1 CHILD-SENSITIVE COMMUNICATION AND INTERVIEWING[11]

In social and health care services, law enforcement and justice, evidence-based interviewing methods facilitate communication with children, including in formal interviews with child victims and witnesses of violence. These tools facilitate communication even on sensitive topics. Evidence-based interviewing protocols are used to obtain reliable statements from children with a high probative value for criminal investigations and proceedings.[12] The principles of evidence-based protocols offer orientation for all contexts where service providers communicate with children, including case assessments, best interests determinations and institutional inspections.

Child-sensitive interviewing is based on a clear structure and rules:

- The interviewer has a facilitating role and gives the child time, supportive conditions and a friendly environment to talk.
- Interviews with children have to take the needs of the child into account, for instance with regard to the gender of the interviewer, appropriate timing and duration of the interview and the presence of a support person for the child where appropriate.
- Interviews take place in a quiet and comfortable room with as little distractions as possible.
- Professional interviewers avoid facing the child across a table and rather choose comfortable chairs arranged around an angle.
- The interviewer should have a neutral appearance, behave in a professional way and treat the child with empathy.
- If an interpreter is involved, he or she sits next to the interviewer and maintains a neutral role.

Interviews with children are structured into three phases, introduction, free narrative and closure:

1. In the **introduction phase**, rapport building is essential to establish trusted cooperation with the child and to achieve a positive atmosphere characterised by mutual attentiveness. The rapport has been established well when the child and the interviewer have eye contact, the child is calm and considers the interviewer trustworthy.[13]
2. In the **narrative phase**, the interviewer asks questions about the main theme and lets the child engage in free narration. In this phase, the interviewer asks open and non-leading questions to direct the child's narration, while questions get increasingly specific as the child's talks. Open and non-leading questions are, for instance, "tell me what happened?", "where did it happen?", or "who did this to you?". By using open and non-leading questions, the interviewer will not influence the child's responses. Closed and leading questions have to be avoided, such as "did your father hit you?" or "did this happen in your home?". Responses to this type of questions would be considered not fully reliable and may not be admitted as evidence in legal or administrative proceedings.
3. In the **closing phase**, the interviewer ends the interview by summing up what the child has said, using the child's words. The interviewer returns then to a neutral topic, for instance talking about a hobby that the child mentioned in the introduction phase. The interviewer responds to any questions or concerns raised by the child and thanks the child for her or his participation. In all interviews on sensitive themes, such as corporal punishment or other forms of violence, the interviewer should discuss a safety plan with the child to ensure the child knows whom to turn to if anything is bothering the child and where to seek help.

10 Törneman, Janna, Listening to Children and Their Recommendations, Children's Ombudsman's Office, National Consultation Sweden, 8 May 2017.
11 Council of the Baltic Sea States, AudTrain – System Based Audit of Child Welfare, The AudTrain Programme, http://www.childrenatrisk.eu/audtrain/
12 NICHD Protocol, International Evidence-Based Investigative Interviewing of Children, http://nichdprotocol.com/
13 See for instance: Tickle-Degnan, L., Rosenthal, R., The Nature of Rapport and Its Nonverbal Correlates, Psychological Inquiry, Vol. 1(4) 1990, pp. 285-293. Collins, R., Lincoln, R.A:, Frank, The Effect of Rapport in Forensic Interviewing, Psychiatry Psychology and Law, Vol. 9(1), 2002.

4.2 UNIVERSAL SCREENING SERVICES IDENTIFY CORPORAL PUNISHMENT BY ASKING SPECIFIC QUESTIONS

In universal screening services, service providers traditionally use open-ended questions in order not to influence the responses of the person they are working with. Research has shown, however, that service providers have a better chance of identifying incidents of violence, including corporal punishment, when they ask specifically about it.

A broad-scale test with service users has demonstrated that it is appropriate for social and health care service providers to ask children, as well as mothers and fathers, specifically about experiences of violence. By asking specific questions, social and health care workers make it easier for the child or the parent to speak out about violence. It enables them to gather more detailed information about the child's or the parent's situation, including specific risks of corporal punishment, intimate partner violence or other forms of violence and support needs.[14]

Specific questions can be asked in all types of services for children and parents, including in universal screening in maternity clinics and family centres, in paediatric care, when assessing children's readiness to enter school and in the context of the regular health check-ups by school nurses[15] A key question to mothers, for instance, in maternity clinics and family centres is whether there is violence in her present or in a previous relationship and whether that continues to impact her wellbeing. In addition to mothers, fathers should also be asked these questions in universal screening services. Affirmative responses trigger follow-up questions and services.

4.3 THE CASE ASSESSMENT VERIFIES IF THE CHILD HAS A HISTORY OF VIOLENCE

During the assessment of a specific case, service providers may identify severe symptoms that cannot be explained by a relatively light form of corporal punishment as reported by the child, such as a slap by a parent. When there are doubts about the coherence of the child's report and the child's symptoms, there may be other experiences of violence in the child's present or past that the service provider is not aware of. In fact, children who are exposed to corporal punishment are often also exposed to other forms of violence, such as bullying at school or inter-parental violence in the home. The health of the child deteriorates significantly when the child experiences or witnesses different forms of violence.[16]

Case assessments of children who are exposed to corporal punishment should not therefore stop at the child's most recent exposure to violence. The interview with the child and other measures to gather information must aim to uncover any cases of multiple or repeated victimisation. Understanding whether or not the child has a history of experiencing violence is essential for service providers to plan services for the child and to address the different factors that render a child vulnerable, including those that may lie several months or years back.

4.4 CONSULTING WITH CHILDREN

Research with children is invaluable to inform the development of services and to evaluate their quality, impact and reach. Service providers are, however, rarely trained in research with children and it is therefore useful to equip them with tools and methods they can apply.

EXAMPLE

In Sweden, the Ombudsman for Children works with a method called "Young Speakers" to consult with children on corporal punishment and other themes. A detailed guide of the Young Speakers Method is available online.[17] The overall objective is to guide state agencies and services providers in carrying out consultations or interviews with children in a safe and ethical way and to take children's views into account in decision-making processes. The method has been developed for officials and service providers in municipalities where almost all local decisions and activities have an impact on the lives of children.

The method builds on the understanding that children are the experts in their own situations. It is structured in six steps:

- Preparations
- Establishing contact with the children and preparation for participation
- The consultation or interview
- Analysis of the outcomes
- Supporting children to present their views and recommendations in meetings with decision makers
- Communicating the outcomes of consultations with children to relevant audiences, including other children.

The guide introduces different methods and tools to enable children to express themselves, such as through drama, art, painting, making short films or digital story telling. Ethical standards require

14 Hultmann, Ole, Children Exposed to Intimate Partner Violence and/or Abused, Findings from Swedish research projects in child psychiatry and child protection work, University of Gothenburg, National Consultation Sweden, 8 May 2017. Anders Broberg, Ulf Axberg, Åsa Cater, Maria Eriksson, Ole Hultmann & Clara Iversen, iRiSk – Utveckling av bedömningsinstrument och stödinsatser för våldsutsatta barn [Development of assessment tools and support measures for vulnerable children].
15 Non-Violent Childhoods Project, National Consultation in Sweden, 8-10 May 2017.
16 Hultmann, Ole, Children Exposed to Intimate Partner Violence and/or Abused, Findings from Swedish research projects in child psychiatry and child protection work, University of Gothenburg, National Consultation Sweden, 8 May 2017. Svedin, Carl Göran, Evaluating Research: What do we know and what are the gaps in research on violence against children, Barnafrid, National Consultation Sweden, 8 May 2017.
17 Sweden: Ombudsman for Children, https://www.barnombudsmannen.se/unga-direkt/; https://www.barnombudsmannen.se/young-speakers/om-unga-direkt/ The method was originally developed by the Change Factory in Norway, see: Dønnestad, Eva and Marit Sanner, Håndbok for forandrere – om verdighet i møte med de som vokser opp og de som vil vokse [Guide for Change Makers – On dignity in meetings with those who are growing up and those who want to grow], Forandringsfabrikken Förlag, 2006, ISBN 82-997 405-0-9.

that children and their parents or guardians give their informed consent to participate and that they have someone to talk should they be upset by their participation during or after the consultation. The children are given tasks that are relevant and appropriate and as non-intrusive as possible. Child-led consultations involve children in formulating the guiding questions themselves. The guide advises state agencies and service providers to collaborate with organisations who already have a trusted relationship with the children.

4.5 TRAINING CHILDREN SELF-PROTECTION SKILLS

Children have great potential to learn safety skills, even at a very young age. Safety skills help them to recognise risky propositions and dangerous situations and to make safe decisions. These skills may also enable children to become more active and competent service users. Safety skills training programmes may be offered by social workers, child protection specialists or police officers. The programmes can be provided in schools, summer camps or as leisure time activities, through games or on inter-active websites.

Programmes that have been evaluated positively offer learning formats that teach children in a playful and inter-active way about risks and protection strategies. Children learn about safety in relationships with peers and adults, people from their communities and strangers. Safety skills programmes teach children that they have a right to be safe, to feel self-confident and to be valued as an individual. The children learn to trust their instincts when building relations with others. They learn what matters in relationships. Children reflect on good and bad secrets and how to handle them. Such programmes are particularly effective when they also support parents, care staff and teachers to engage children in conversations about corporal punishment and other forms of violence, to teach children safety rules and to reinforce their role as caregiver.

EXAMPLES

The Džimba Safety Programme for young children in Estonia has received positive feedback because it is comprehensive and effective in empowering children, parents and teachers.[18] In one of the programme's sessions, children discuss different case scenarios. The trainer shows the children a picture where an adult is about to spank a child. The children are asked to describe the situation they see in the picture, what might be happening there and who the persons in the picture might be. The trainer asks the children if there are people who would be allowed to do this to them. Many children admit during the session that they believe their parent or teacher was allowed to spank them.

Participating in the programme enables the children to identify corporal punishment at school and in the home as unacceptable, to speak out about it and to seek help from persons they trust. They learn that corporal punishment includes physical and emotional violence as well as degrading and humiliating treatment. The evaluations of the programme affirmed the positive impact on the children's learning and increased awareness. Parents recognised that their children did not have sufficient safety knowledge and skills before participating in the programme. They appreciated that the programme encouraged children and parents to talk openly about dangers, risks of violence and safety, and parents reflected critically on their own parenting style.

The Resilience Programme developed by Save the Children teaches children life skills to prevent violence and to cope with adversities in life. The programme provides a structured learning process for boys and girls in different age groups. It empowers children to feel good about themselves and to make safe decisions and life choices.

The programme supports children to develop life skills such as social and communication skills, self-protection skills, and skills for violence prevention and non-violent conflict resolution. The participants are encouraged to become role models for other children. They learn to talk about their feelings and where to find help when they need it. The training empowers children to become more active and responsible members of their families, peer networks and communities.

In addition to strengthening individual protective capacities, the Resilience Programme also engages the social network of the children taking part. Parents and caregivers participate in workshops where they reflect on the challenges that their children are facing and how best to support them, including through positive relationships and non-violent parenting.[19]

4.6 CHILD-FRIENDLY MATERIAL

Child-friendly material eases communication with children about difficult situations, conflicts and violence in the home, even with very young children. In several countries, state agencies and NGOs have worked together to develop child-friendly material and books to inform children that corporal punishment is not permitted and how to seek help when they experience it.

EXAMPLES

Children's books in Estonia and Sweden address the issue of corporal punishment and provide information for parents, teachers and others working with children and families. The books have been

18 Centre Dardedze is a non-profit organisation based in Riga, Latvia. See: http://www.dzimba.lv/lv/; http://www.centrsdardedze.lv/en/services/children/programm-for-children.
19 Save the Children's Resource Centre, The Youth Resilience Programme: Psychosocial support in and out of school, https://resourcecentre.savethechildren.net/library/youth-resilience-programme-psychosocial-support-and-out-school; Save the Children's Resource Centre, The Children's Resilience Programme: Psychosocial support in and out of school, https://resourcecentre.savethechildren.net/library/childrens-resilience-programme-psychosocial-support-and-out-schools

translated into different languages and are distributed to kindergartens and elementary schools, day care centres and centres for families and victim support. They are available free of charge online and in an audio version. Professionals and parents appreciate when the stories are told in simple language as it helps them to talk to children about corporal punishment and other sensitive topics. Simple language also enables children and parents with limited literacy skills to use the book.[20]

The illustrations and the story in the book “Liten” (Tiny) by the Swedish Crime Victim Compensation and Support Authority are not very explicit about violence but indicate clearly that something is wrong in the home. The book discusses the strategies that “Liten” uses in difficult situations, for instance to divert attention or to escape and seek help from a trusted person outside the family. The book informs children that there are adults who can help.[21] While this approach is sensible for younger children, adolescents appreciate when movies or stories are explicit about corporal punishment, as long as they tell the story from the child’s perspective and with respect for the child’s dignity.[22]

20 Non-Violent Childhoods Project, National Consultation in Sweden, 8-10 May 2017. Non-Violent Childhoods Project, National Consultation in Estonia, 15-17 November 2017.
21 Sweden: Crime Victim Compensation and Support Authority, Liten, https://www.brottsoffermyndigheten.se/Filer/Broschyrer/Jag%20vill%20veta/Liten_0703.pdf
22 Non-Violent Childhoods Project, National Consultation in Estonia, 15-17 November 2017.

05

lessons learned from service provision

Service providers work directly with victims and perpetrators of corporal punishment and engage the whole family to reduce risks and strengthen protective capacities. While each service sector works towards this goal within its specific mandate, working together they are even stronger.

5.1 LESSONS LEARNED FROM SOCIAL SERVICES AND CHILD PROTECTION

The responsibility for the child's wellbeing lies primarily with the parents or other caregivers. Social services and child protection workers step in when parents need support in difficult situations and when they are not able to guarantee the child's safety and wellbeing. Parents may require support to care for their children, to set rules for a structured upbringing, to understand what the child needs for healthy development, and to develop skills in talking and listening to the child. They may also need support to build meaningful emotional relationships with their children and give them a sense of security irrespective of how the child behaves.

Social workers are trained and competent to support parents and children in all these dimensions. Where required, social services refer families to other specialists, such as health care and mental health services, or social welfare support where financial or housing assistance is needed.

Social services require a range of methods to support children who have experienced corporal punishment in the home or children at risk. They need methods that work for very young children, school-aged children and adolescents, for children with aggressive behaviour, children who are shy or do not want to talk and for children with communication impairments and disabilities.

5.1.1 ENABLING CHILDREN'S DIRECT CONTACT WITH SOCIAL SERVICES

Children appreciate the opportunity to contact a social worker on their own initiative although that is often difficult due to age limits or other hurdles. In most countries, social workers who are contacted by a child are held by law to inform the parents and require the parents' consent to work with the child. This can lead to conflicts of interests, especially in cases where children seek help due to corporal punishment in the home.

Children consulted for the Non-Violent Childhoods Programme said they would appreciate a low-threshold access to social workers in schools, community centres and online. They would like social workers to visit schools to introduce themselves, share their contact details, inform the students what they can do for children and parents and how they work. Access to social services is also easier if social workers are based in hospitals and police stations where they are ready to assist children and parents when the need arises.

EXAMPLE

When contacted by a child, the social services in Sweden have the possibility to investigate the child's case over a period of two weeks before contacting the parents.[23] This practice makes social services more easily accessible for children. It facilitates early intervention and support from the social services in cases of corporal punishment and other forms of violence in the home.

23 Blomgren, Karin, The Role of Social Services in Family Support and Violence Prevention, Ministry of Social Affairs, National Consultation Sweden, 10 May 2017.

5.1.2 SOCIAL WORKERS AS CHAMPIONS FOR CHILDREN AND FAMILIES

Social services work with a diversity of clients on a broad range of social issues. Due to the complexity of modern societies, many persons get to a point in their lives where they need help from a social worker. Getting help from social services is, however, often associated with stigma and shame. These negative associations may delay citizens in contacting social workers and diminish their preventive capacities. Many service providers and advocates would therefore like to see a campaign to raise the public perception of social workers. Promoting a positive understanding of social services helps to sensitise citizens to the valuable resources that social services offer for children, adults and communities.

5.1.3 CASE ASSESSMENT

After the first contact with a family in need, social workers may initiate a case assessment in order to gather detailed information about the child and the parents. The aim is to understand the situation and needs of the family members, to hear their views and decide how best to support them. To this end, social workers have to make an assessment of the situation and needs of each child in the family.

The Framework Assessment of Children in Need (see Figure 1) has been tested and evaluated positively in a number of countries, including Estonia, Sweden and the UK. It supports social workers in strengthening the child's safety, wellbeing and development. The assessment looks at physical, psychological, emotional, cognitive and educational aspects as well as the child's health and socio-economic situation, social relations and skills. The tool guides social workers in assessing how the family and the social environment influence the child's situation. It explores the parents' skills and their capability to understand and respond to the child's needs and to build positive, non-violent relationships.[24]

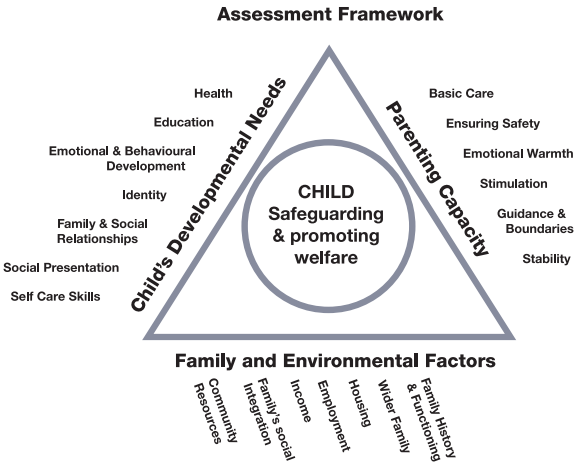


Figure 1: Framework assessment of children in need [25]

This case assessment tool guides social workers in applying general principles in practice, such as respect for the views of the child and making the child's best interests a primary consideration. It offers step-by-step guidance throughout the assessment process, including how to gather and analyse information and how to make decisions. The tool clarifies the roles and responsibilities of the different services and agencies involved.

5.1.4 BEST INTERESTS DETERMINATIONS

When making decisions concerning a child, social services use various methods to determine the child's best interests. The best interests determination is a formal procedure, which consists of two steps:

1. The best **interests assessment** aims to gather all relevant information and facts to inform the decision.
2. The best **interests determination** is the formal decision-making procedure, based on the previous assessment, to decide what is best for the child with regard to a specific question.

In cases of corporal punishment in the family, for instance, best interests determinations help social workers to decide if it is safe for the child to remain within the family or if the child has to be placed in alternative care because at home, the child's life, health or development is at risk.

The best interests assessment is a social inquiry into the child's situation, background and needs, which takes into consideration the family situation and the social environment of the child. It includes a risk and security assessment and maps sources of support, skills and resources for the child and the family. The assessment is informed by an interview with the child.

Social workers who are conducting best interests determinations often have to balance the different

24 Department of Health, Department for Education and Employment, Home Office, Framework for the Assessment of Children in Need and their Families, 2000, http://webarchive.nationalarchives.gov.uk/20130404002518/https:/www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf. HM Government, Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children, 2015, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf Socialstyrelsen, Child Welfare in a State of Change, Final report from the BBIC project, 2012, https://www.socialstyrelsen.se/publikationer2012/child-welfare-in-a-state-of-change-final-report-from-the-bbic-project/Documents/BBIC%20project_summary.pdf

25 HM Government, Working Together to Safeguard Children, A guide to inter-agency working to safeguard and promote the welfare of children, 2015, p. 22.

rights and interests of the child and consider the rights and views of the parents. It is not uncommon for there to be conflicting interests, which make the best interests determination particularly challenging. The following principles guide social workers in making the right decisions:

- The possibility that the child may suffer harm is of particular importance;
- The child has a right to be brought up by her/his parents and to maintain family contact;
- The child's needs with regard to health, education and vulnerability have to be taken into consideration;
- The continuity and stability of the child's situation is important.[26]

As a formal procedure, the best interests determination is protected by procedural safeguards. Procedural safeguards are basic requirements that have to be respected, otherwise the decision on the child's best interests can be challenged and the procedure may not be considered legal. Social workers usually have tools to determine the best interests of the child but little guidance on how to respect procedural safeguards.

An important procedural safeguard relates to transparency and documenting. All steps of the best interests determination procedure must be explained in writing. There must be clear reasoning as to how the best interests of the child have been assessed, how the views of the child have been taken into account and how they were weighed against other views and interests involved. The child has a right to access this documentation. When a child does not agree with the outcome of the procedure, the child has a right to ask for the decision to be reviewed and to complain or appeal against the decision.

Procedural safeguards require also that the procedure does not take too much time, and that the child is informed about the procedure in a language that he or she understands. The child has to be heard and the views of the child have to be taken into account in the decision-making process. When there are potential conflicts between the interests of the child and the parents, the child has a right to be supported by a guardian.

5.1.5 REACHING MARGINALISED FAMILIES

Parents who are living in a particularly marginalised situation typically face multiple challenges, such as a precarious financial situation, poor education, little access to social support networks and may have a limited understanding of the child's development and needs. Some parents are in addition struggling with mental health issues or substance abuse, and their communication with the child may be limited. Family life and their housing situation may not enable a structured upbringing. In these situations, children often miss a sense of security, stable relations and boundaries. Parents with very limited parenting skills tend to misinterpret the child's behaviour. In combination, these challenges may lead to aggressions and conflicts, which can easily escalate into physical and emotional violence, rejection of the child and threats for the purpose of punishment.

Service providers often struggle to reach these high risk families as mainstream services are not always suitable, practicable or appealing to them. Special programmes show, however, that it is possible to strengthen families and prevent their separation even in particularly marginalised situations.

Social workers succeed in including marginalised parents by engaging them together with their children in a longer-term structured collaboration. Programmes that offer a friendly, family-like environment with close and respectful contact between social workers and parents have achieved positive results. Interactive learning and social interaction with other parents in group activities makes the participation attractive. During the group activities, social workers act as role models, intervene in critical situations and give advice. Parents feel more engaged when they take part in designing the rules and selecting topics for their activities. A fundamental rule is that hitting or shouting at children is prohibited. By establishing routines, the parents are encouraged to adopt some of the learning, rules and rituals from the group into their family life.

EXAMPLES

In Sweden, social workers have succeeded in reaching particularly marginalised families, by accompanying midwives on home visits to new parents. The joint home visits are an opportunity for social workers to introduce themselves and to invite the parents to contact them if they have any problems or needs.[27]

In Latvia, the Guardian Angel Programme by Centre Dardedze targets families with very young children who face a high level of social risks. Parents are referred by social services and their participation is mandatory when there are concerns about the child's safety and wellbeing in the family. The families participate in evening meetings twice a month, which are led by two trainers. The programme raises the self-esteem of parents and helps them feel they are good parents who are committed to learning and to becoming even better.[28]

Each meeting follows the same structure. In the first part, parents learn about parenting skills. Each parent shares with the group the latest developments of their child. This exercise sensitises the parents to their child's development, they learn to understand what the

26 UNHCR and UNICEF, Safe and Sound, 2014.
27 Munkelt, Jenny, Strategic Work With Parenting Support, Ministry of Health and Social Affairs, National Consultation Sweden, 10 May 2017.
28 Centre Dardedze, National Consultation Latvia, 11 October 2017.

child likes and dislikes and how the child learns playing skills, social and emotional skills and communication. After this session, the group sings a song together and the parents put baby cream on their children while singing. This ritual helps to strengthen the bonding between parents and children. In the second part, the parents and children eat a healthy meal together, which facilitates a discussion of nutritional habits and health. When the child turns two years old, the group hosts a graduation party for the family.

5.1.6 RAISING THE AWARENESS OF MIGRANT AND ASYLUM SEEKING FAMILIES

Societies where a legal ban on corporal punishment is in place have typically been through a process of change towards non-violent child rearing. While this process takes years or decades, migrants and asylum seekers from countries where corporal punishment is still legal and socially condoned have to make this change immediately. To do so, they need to receive information about the legal ban in the country of arrival and what it means for day-to-day family life. Providing migrants and asylum seekers with information about the ban alone, however, is not effective. To achieve a change in attitudes and behaviours, information on the legal ban has to be combined with counselling on positive, non-violent parenting methods, hands-on practical advice and information on the type of services and supports that families can receive and how to access them.

Inter-cultural competence enables social workers to meet people from different backgrounds at 'eye-level', listen to their perspectives and encourage them to activate their protective capacities and resilience. Cultural mediators are specifically trained to support service providers in casework with persons from different backgrounds, and may combine cultural competence with language interpretation. Cultural mediators are often able to identify traditional values and norms in support of non-violence in the respective culture of the family. Social workers who maintain a professional, neutral and empathic approach, and refrain from moralistic or judgemental comments, will find it easier to build a trusted working relationship with service users irrespective of their backgrounds.

EXAMPLE

In Sweden, the "bridge-builders" initiative has helped to strengthen cultural and linguistic expertise in family centres, which provide universal services to all families. Bridge-builders are staff from municipal authorities and county councils who have expertise from other cultures and whose mother tongue is not Swedish. Many bridge-builders are teachers or pedagogues. They act as a cultural and linguistic link between parents of non-Swedish origin and professional service providers. They motivate non-Swedish parents to visit the local family centre and to participate in its activities. The initiative was launched in response to a demand from service providers at family centres. They felt they were not able to communicate with all visitors to the centres due to language and cultural differences. They noted that limited means of communication prevented some of the families from receiving the same level and quality of services as Swedish speaking families.[29]

When interacting with persons from different countries and cultures, service providers need to be aware that children or parents could be exposed to forms of violence that are largely unknown among families from the mainstream population. Honour-based violence, genital mutilation, child and forced marriage are some examples of practices that can have a punitive intent. To encourage children or parents to disclose such acts of violence or the risks thereof, it is important to create spaces where they can speak in confidence about fears and threats, for instance in family centres, hospitals or schools. Social services need to be prepared to take the fears and concerns of persons from different backgrounds seriously and to explore with their clients, as well as with specialists, what type of services are appropriate to help them. As these cases are often highly sensitive, service providers have to be resourceful, inventive and empathic in order to identify solutions that are guided by the best interests of the child.

5.1.7 SUPPORT FROM A TRUSTED PERSON OR GUARDIAN

Children and parents who are service users benefit from the support of trusted persons who are not part of formal child protection and social welfare services. A support person has to be qualified and trained to represent the interests of the service user, to help with communication and coordinate different services. A person of trust for a child promotes the best interests of the child and defends them against all other interests which may be at stake. This is particularly important when the child is caught between the interests of the parents, for instance in cases of inter-parental conflicts, separation or divorce.

EXAMPLES

In Sweden, the help of a support person is envisaged for families with children who have physical or multiple disabilities. In a pilot project, Personal Coordinators were employed to support these families by bringing together the services for the child and the parents. The results have shown that this service reduces the burden on the parents and frees up time for childcare.[30]

The parishes of the Swedish Church offer a neutral,

29 Ahnquist, Johanna, The Swedish Strategy for Developed Parental Support and the Family Centre as an Arena for the Provision of Municipal Parental Support Services, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp. 41-47, pp. 45-46.
30 Sweden, Bräcke Diakonia Gothenburg, see: http://www.brackediakoni.se/personlig-koordinator

third space where children and parents can seek advice and support from a dean. Many deans support children and families who are in contact with social services, for instance by accompanying them to meetings with the social worker, offering mediation and facilitating referrals to the formal child protection system. Deans are trained, competent and knowledgeable in social work and child protection without being part of the formal structures and bureaucracy. This leaves them more time for engaging with children and families. Deans are obliged, as are all other professionals, to report instances of violence against a child to social workers.

5.2 LESSONS LEARNED FROM HEALTH CARE SERVICES

Medical and health care professionals tend to have good access to families and provide them with information and advice on a range of health-related issues. Parents tend to trust health care services and accept their advice, including on questions concerning childcare and positive, non-violent parenting. Disseminating advice for positive parenting through health care services, such as home visits to all new parents by midwives or nurses, has delivered positive results. It helps to sensitise parents to the harmful impact of violence and the risks to the child's survival and development as well as teaching them alternatives to corporal punishment.

Medical professionals are well placed to identify symptoms of violence. There are, however, few criteria to guide them in identifying whether a child's symptoms are caused by an illness, an accident or by violence. Forensic doctors are trained to make this distinction, but are rarely available to participate in the first diagnosis. In many countries, forensic doctors are only called in when a criminal investigation is launched. Multi-disciplinary collaboration in the diagnosis is therefore useful. A joint assessment by medical staff and social services can significantly enhance the identification of cases of violence and risks. Although these forms of collaboration remain rare, some hospitals and maternity clinics have established a good practice by employing social workers or child protection specialists to support the medical staff in violence prevention and identification, and in making appropriate referrals.

Doctors and other health care staff generally seek to gain their patients' trust in order to facilitate open conversation, diagnosis and treatment. This basis of trust can confront medical professionals with a dilemma when they suspect that a parent represents a risk for the child. At times, the desire to uphold a trusted relationship with the parent as the primary patient may come into conflict with the professional obligation to safeguard the health and safety of the child. This is particularly the case, when medical professionals suspect that a parent is using violence against a child or that a parent's mental health issues, substance abuse or other health impairments could affect his or her capacity as a caregiver. In such cases, general practitioners and paediatricians benefit from close cooperation with social workers who are often better prepared to explain their concerns to the parents and to offer support services.

Monitoring the physical development and growth of young children can help medical staff to identify children who are victims of violence. Children who are exposed to violence in their home or to other sources of high stress tend to grow more slowly and may be underweight. The Failure to Thrive monitoring tool enables medical professionals to identify irregularities in the child's physical development.[31] Where this is the case, they are required to initiate further assessments of the child's and the parents' situation, ideally in collaboration with social workers and the competent authorities.

5.2.1 CLINICAL CHECKLISTS HELP IDENTIFY SYMPTOMS OF VIOLENCE AGAINST CHILDREN[32]

Children who have experienced trauma caused by violence demonstrate a range of symptoms, which differ from child to child. Service providers who are trained to identify these symptoms can refer the child more easily to appropriate help. Early identification and timely referral are essential to alleviate the medium and long-term impact of trauma and assist the child's recovery and rehabilitation. The identification of trauma symptoms is particularly challenging in respect of young children. While adults and adolescents are often able to self-report and describe psychiatric symptoms, younger children have not yet developed their capacity to do so. Medical professionals assessing and treating a young child rely therefore on information from the parent or caregiver and require tools to facilitate assessment and diagnosis.

The Trauma Symptom Checklist for Children is an assessment tool for children in contact with child psychiatry or social services who have been through traumatic or violent experiences. Research has evidenced that it is a reliable and valid tool. A parent or caretaker report helps professionals in clinical practice to identify symptoms of trauma such as post-traumatic stress, anxiety, depression, anger, dissociation and sexual concerns. The assessment results guide professionals to determine the type and focus of treatment.

31 See for instance: MSD Manuals, Professional Edition, Failure to Thrive, https://www.msdmanuals.com/professional/pediatrics/miscellaneous-disorders-in-infants-and-children/failure-to-thrive-ftt

32 Doris Nilsson, Per E. Gustafsson and Carl Göran Svedin, The Psychometric Properties of the Trauma Symptom Checklist for Young Children in a Sample of Swedish Children, European Journal of Psychotraumatology, 2012, (3). The Trauma Symptom Checklist for Young Children was developed on the basis of the Trauma Symptom Checklist for Children, both have been developed by John Briere since 1996. See: Briere, J., Trauma Symptom Checklist for Children (TSCC), Professional Manual, Odessa, FL: Psychological Assessment Resources, 1996. Briere, J., Trauma Symptom Checklist for Young Children, Professional Manual, Odessa, FL: Psychological Assessment Resources, 2005.

The tool is used in some Barnahus (Children's House) and other clinical settings targeted at young children aged between three and 12 years. It consists of a questionnaire with 90 questions that parents or other primary caregivers are asked to fill in. The questionnaire has been designed for three different age groups, three and four years, five to nine years and 10 to 12 years old. The method has been developed on the basis of the Trauma Symptom Checklist for Children, a self-report questionnaire for 10 to 17 year old children.

While the Trauma Symptom Checklist aims specifically to identify trauma symptoms, other evidence-based methods, such as the Child Behaviour Checklist[33], are more widely used and help professionals to assess the symptoms and wellbeing of a child. The Child Behaviour Checklist is also based on a parent report and is reliable as a generic instrument but does not identify symptoms indicating trauma. A combination of tools is therefore helpful to ensure a comprehensive assessment and appropriate referral.

5.2.2 PREVENTION, DIAGNOSE AND TREATMENT OF FOETAL ALCOHOL SYNDROME[34]

Alcohol consumption during pregnancy, even in low quantities, has a harmful effect on the development of the foetus. It damages its central nervous system, physical development and growth. Although research has evidenced these risks, services for diagnosis, treatment and support remain limited in practice and the correlated social costs are high.

Children affected by foetal alcohol syndrome demonstrate an impaired mental, intellectual and physical development, as well as reduced social competence, self-efficiency and problem solving skills. Affected children struggle with behavioural challenges and have limited cognitive capacities with impaired memory, concentration and ability to learn. They are easily distracted, highly active and may not be able to obey rules at home, in institutions or at school. Parents, caregivers, teachers and other service providers who are not familiar with the diagnosis and the effects of the syndrome may misinterpret the child's behaviour as provocative and blame the child. This may lead to conflicts, aggressions and the use of corporal punishment in the home, in institutions or at school.

The 4-Digit Code is an evidence-based method for diagnosing prenatal alcohol exposure. The method is simple, accurate and comprehensive as it enables professionals to identify the four key diagnostic features: growth deficiency, characteristic facial features, abnormalities in the central nervous system and prenatal alcohol exposure. Awareness-raising combined with tools for diagnosis and for the identification of pregnant women at risk in universal screening services is essential to enable an appropriate response and support. The children affected suffer life-long consequences and many are dependent on services and support for their lifetime.[35]

5.3 LESSONS LEARNED FROM THE EDUCATION SECTOR

As children spend a lot of time in early childhood education and schools, care staff and teachers have a strong influence on the child's learning and development. Imparting knowledge is not the only important element of education. Day-care, kindergarten and pre-school staff and teachers also have an opportunity to teach children social, emotional and communication skills and to train children in self-protection, violence prevention and conflict resolution. By working with children to foster their skills, talents and evolving capacities, professionals in the education sector contribute to creating a feeling of safety in the child and helping the child to understand that he or she is important and valuable as a person. These skills and capacities become even more meaningful when children also develop democratic skills and learn to respect and defend the rights of others.

The education sector holds many opportunities for identifying corporal punishment and risks thereof within families and in educational institutions. Professionals in education require training and support to identify signs of corporal punishment and other forms of violence. They have to be able to handle children who act aggressively, disobey school regulations or have other problems with integrating into the class. The underlying causes of this behaviour could be related to corporal punishment and other forms of violence at home or in the community.

Professionals in education require training on how to engage in positive relationships with children and how to maintain a respectful learning environment in day-care facilities and schools, while refraining from punitive action towards children. Research has evidenced that the social and emotional competences of teachers, including how they cope with stress, their confidence and self-efficiency, have an important influence on problem solving in their daily interaction with children.[36] Access to continued learning is therefore essential to support teachers in developing these competences further.

EXAMPLE

The education sector in Latvia has recommended the establishment of consultancy centres for

33 Achenbach, T. M. and Dumenci, L., Advances in Empirically Based Assessment: Revised cross-informant syndromes and new DSM-oriented scales for the CBCL, YSR, and TRF: Comment on Lengua, Sadowksi, Friedrich, and Fischer, Journal of Consulting and Clinical Psychology, 2001, 69(4), pp. 699-702.
34 ter Horst, Klaus, Das Fetale Alkoholsyndrom (FAS), Prävention, Diagnostik, Behandlung und Betreuung [Foetal Alcohol Syndrom (FAS)], Prevention, diagnosis, treatment and support], Unsere Jugend, 62nd year, pp. 279–284, 2010. National Organization on Fetal Alcohol Syndrome, Educating the public, professionals, and policymakers about alcohol use during pregnancy, FASD Identification, undated, https://www.nofas.org/wp-content/uploads/2014/05/FASD-identification.pdf
35 FAS Diagnostic and Prevention Network, Diagnostic Guide for Fetal Alcohol Spectrum Disorders, Third Edition, University of Washington, Seattle, 2010. FAS Diagnostic and Prevention Network, FASD 4-Digit Diagnostic Code, 2004, https://depts.washington.edu/fasdpn/htmls/4-digit-code.htm
36 Jozauska, Kristīne, State Education Quality Service, National Consultation in Latvia, 9 October 2017.

professionals to offer technical advice and assistance for professionals as well as training, including multi-disciplinary and interagency training. The investment in teacher training and life-long learning is considered to result in high social returns, especially with regard to violence prevention.

5.3.1 STATUTES FOR EDUCATIONAL INSTITUTIONS

When the legal prohibition of corporal punishment is enacted, educational institutions are tasked with contributing to the implementation of the law. One of the basic implementation measures for the education sector is to revise the statutes of schools and other educational institutions in accordance with the new laws.

Statutes could be strengthened by referring to concepts such as dignity and respect among students, teachers and parents, and explaining what these concepts mean for daily routines and school administration. Statutes have to include provisions on how to respond to corporal punishment and other forms of violence in the home, day-care facilities or schools, and how to prevent it. In the absence of clear regulations, headmasters, teachers, administrative staff, care staff, children and parents are often uncertain about how to react when confronted with acts of violence, suspicions or threats. Reviewing school statutes and other administrative documents in collaboration with children, parents and professionals offers an important opportunity for sensitising each group to non-violence.

5.3.2 AWARENESS-RAISING AND SENSITISATION WITHIN EDUCATIONAL INSTITUTIONS

Teachers and day care staff have to start talking to children about corporal punishment from a very young age in nurseries, kindergartens and elementary schools. Children benefit from discussing different forms of physical and emotional violence and where they can get support if they experience these at home, in day care or at school.

Students have informed the Non-Violent Childhoods Programme that they would like school psychologists, social workers or mentors to meet with the students regularly and talk to them about any problems they may have. This could help build trust and identify children who experience corporal punishment at home.[37] Students would also like to see youth workers at school and schools providing information on municipal services and the kind of support children can expect from parents and from service providers.[38]

Mindfulness training sessions integrated into the class learning routines can help to sensitise children to sources of stress and conflict in their homes and at school. Such training activates their coping skills and their ability to resolve conflicts and prevent violence in dialogue with their peers and teacher.

Organising class councils where students plan activities, discuss problems and aim to resolve them in a democratic interaction is a good way to foster the conflict resolution and violence prevention skills of students. These skills are essential to identify and respond to cases of corporal punishment, to prevent violence against children, peer violence, bullying and violence against teachers.

Experience shows that the opportunities for violence prevention in education increase when children and parents are actively engaged in daycare facilities and schools, including in planning activities. To enable their participation, daycare facilities and schools have to be prepared to show interest in the views and suggestions, motivations and difficulties of children and parents, and take them into account.

EXAMPLE

In Estonia, the Office of the Chancellor of Justice collaborates with the Union of School Psychologists on an awareness-raising and sensitisation programme targeted at schools. In the context of this programme, schools invite the Chancellor's staff to organise an event with teachers and parents who watch a film together to broach the issue of corporal punishment. The school psychologists moderate the discussion after the screening of the film. The results of this initiative have been very positive as the screening of a film creates an atmosphere that helps people to open up and discuss topics of violence and corporal punishment. The parents discuss the characters in the film and how they behave and can relate to them without having to share their personal stories. There are usually around 15-30 participants at these events. Participants actively engage in a discussion on corporal punishment and other forms of violence and continue talking about it to others after the event.[39]

5.3.3 YOUTH AND FAMILY MEDIATION AT SCHOOL

Children informing the Non-Violent Childhoods Programme recommended that adolescents and young people should be more proactively involved in promoting non-violence. Programmes for peer mediation at schools, for instance, have demonstrated that adolescents who are trained as mediators and intervene in peer conflicts can make a positive difference for non-violence. Youth workers also have a strong influence on the boys and girls they work with. The children noted that youth workers are, however, not always prepared to identify or respond to cases of corporal punishment in the home. If youth workers are trained and supported, they can not only change their

37 Non-Violent Childhoods Project, National Consultation in Estonia, 15-17 November 2017.
38 Aula, Maria Kaisa, The Child's Right to an Upbringing, Family centre as a promoter of a rearing culture which respects the child, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp. 56-61, p. 59.
39 Non-Violent Childhoods Project, National Consultation in Estonia, 15-17 November 2017.

own attitudes but also sensitise the children they are working with to identify violence and intervene early to prevent it within and outside the family or school. Youth workers are well placed to also invite families to participate in mediation for non-violence.[40]

EXAMPLE

In one of Poland's regions, family mediation centres have been set up in schools, which are open to families with problems of domestic violence. Staff from local social assistance centres have been trained in family mediation and are prepared to provide family mediation services at schools. The first point of contact is usually made through the parents who are struggling with inter-parental violence or other forms of violence in the family, including corporal punishment of children. The mediation process engages the parents and children. The model has been evaluated positively in its pilot phase. More and more families are using the mediation centres at schools, show increasing capacity to solve family conflicts in a non-violent way and to use positive parenting methods. Families are starting to talk more openly about their problems, including violence, and collaborate with the mediator to find solutions.[41]

5.3.4 INVOLVING EDUCATIONAL INSTITUTIONS IN LOCAL REFERRAL MECHANISMS

Early childhood care and education institutions and schools have a clear place in local referral mechanisms and child protection systems. To activate their child protection role, the education sector cooperates with other agencies and services, including social and child protection services, health care institutions and professionals, the police, the family court and municipalities.

EXAMPLE

In Finland, pupil welfare services are based in schools and connect multi-disciplinary services for children within the school with services outside the school. This service model has helped to identify cases of corporal punishment and other forms of violence and to promptly provide support services. In addition, psychologists and social workers who are based in schools have the possibility to call upon professionals from child psychiatry if needed. Child psychiatrists offer counselling for the professionals working in schools and pay visits to schools to see a child when needed.[42]

5.3.5 INSPECTIONS AND AUDITING OF EDUCATIONAL INSTITUTIONS

Inspections of educational institutions monitor the implementation of national laws, including the legal prohibition of corporal punishment. Inspections can have a preventive purpose or follow-up to reports or complaints about cases of violence in schools and other educational institutions. Inspections help to investigate allegations, establish the facts, identify risks and weaknesses in management and practice and ensure they are addressed in a timely manner through appropriate follow-up measures. When staff members are found to use corporal punishment, such cases have to be investigated.

EXAMPLE

The AudTrain programme applies a system-based auditing method in institutions for children.[43] Originally designed for child welfare institutions, it is suitable for all children's institutions including schools, boarding schools and daycare facilities. The system-based audit focuses on the management of the institution and aims to check whether it is planning, organising and performing all activities in accordance with the requirements of national laws and regulations. In addition, the AudTrain method includes an inspection of the institution, where children and staff members are interviewed. The purpose of the inspection is to assess the situation from the perspectives of the children and staff and to take their views into account. Through this combined approach, it is possible to identify gaps and shortcomings in the management of the institution. For the institution and for the supervising state authority this monitoring method offers great potential for learning. The results can help to identify and redress weaknesses in educational institutions and to identify the training needs of staff and management. Auditing is only meaningful, however, when there are mechanisms in place to ensure follow-up on the identified shortcomings and infringements of the rights of the child.

5.4 LESSONS LEARNED FROM LAW ENFORCEMENT

The police are primarily responsible for enforcing child protection laws in cases of violence against children. They also use their experience proactively to prevent violence.

5.4.1 COLLABORATION BETWEEN POLICE AND SERVICE PROVIDERS

In many countries, the police train professionals working with children to identify signs of domestic violence and corporal punishment. Such training is particularly useful for professionals in education, social and health care.

Sings of violence can include sudden changes in a child's behaviour without apparent reason. Some children may carry physical signs of violence on the face or body, they may talk about violence or include violent acts or expressions in their playing and drawing. Professionals who are trained to identify and

40 Non-Violent Childhoods Project, National Consultation in Poland, 29 November – 1 December 2017.
41 Paulina Forma, The Powers of State Services that Protect Children Against Violence, The example of local activity in Świętokrzyskie and good practices of interdisciplinary teams, National Consultation in Poland, 29 November 2017.
42 Kalmari, Hanne, Promoting Children's Rights in the National Reform Programme in Child and Family Services, Ministry of Social Affairs and Health, 19 June 2017.
43 See: Council of the Baltic Sea States, AudTrain – System Based Audit of Child Welfare, The AudTrain Programme, http://www.childrenatrisk.eu/audtrain/

interpret these signs correctly are better prepared to refer the child to the competent authorities, initiate a case assessment or ensure that the child receives services for protection and support.

In some countries, adolescents who have been sentenced for violent crimes, are required to complete an anti-aggression training as an alternative measure to imprisonment. In anti-aggression training, children learn to develop empathy and understand the perspectives of persons who experience violence as victims. They are trained in de-escalation strategies, conflict resolution, and communication and negotiation for violence prevention. Many children who demonstrate aggressive and violent behaviour have experienced corporal punishment in the home and benefit from a critical reflection about positive and non-violent relationships.

EXAMPLES

The Estonian police offer children's camps where children are trained in violence prevention and self-protection skills. The police also conduct prevention activities for school teachers where a police officer talks about violence in school and how to react if it happens.

While law enforcement officers are responsible for the criminal investigation of cases, they often seek collaboration with social workers to facilitate communication with children and ensure that interventions are carried out in accordance with the best interests of the child. For instance, when the police are called to intervene in a case of domestic violence where a child is involved, collaboration with child protection services is essential to protect child victims and witnesses.

A good practice in Finland is the so-called "anchor team" of social workers in police stations. If a case is reported to the police that involves a child, a social worker is present at the police station to look after the interests of the child. Following the introduction of the anchor teams, cooperation between the police and the social workers has generally improved.

In Estonia, the police notifies the local child protection services when they are called to intervene in a case of domestic violence. After a violent incident, the police follows up on the family and make home visits together with social workers, to see how the family is doing and, specifically, to monitor the situation of the children.

5.4.2 DIGITAL ACCESS TO POLICE OFFICERS AND INSTANT ADVICE

Web-Constables operate successfully in Estonia on social media and official websites. They enable citizens, including children, to access information and advice from a police officer at a low threshold. The experience in Estonia shows that children use this contact actively on a range of issues, including with regard to corporal punishment and violence. The Web-Constables offer information and advice and, where relevant, can refer children to service providers for a personal follow-up.

5.4.3 TRAINING FOR LAW ENFORCEMENT SERVICES

Police investigations reveal that children often experience different forms of violence at the same time. Child-sensitive communication and the use of qualified interviewers and investigators is particularly important to ensure that the police investigation focuses not only on the reported violent incident but is open to identifying signs of other forms of violence and risks and to explore the child's background and family situation.

In many countries, training on the protection of children from violence and how to communicate with children is not yet part of the standard curriculum for police officers. By integrating these themes into police academy training and continued education, it would be possible to better prepare police officers to handle cases involving children in their day-to-day work. Many countries have had positive results when using specially trained police and prosecutor units to address cases of sexual violence against children. The expertise of these units, as well as judges trained specifically to handle cases involving children, could be expanded to include all cases of violence against children, including cases of corporal punishment.

06

service models for achieving an end to corporal punishment

Successful service models offer easy access to multi-disciplinary services within communities. They are integrated into local child protection and social welfare systems and ensure follow-up with children and parents or caregivers at risk. Increasingly, service providers are taking on the role of facilitators and mentors, handing over more responsibility to the family members and ensuring that the child's best interests and active participation are guaranteed at all times.

6.1 SERVICE MODELS FOR PREVENTION AND EARLY IDENTIFICATION OF FAMILIES AT RISK

6.1.1 FAMILY CENTRES

The family centre is a community-based service model that has been proven to strengthen the health and well-being of children and parents, including by promoting positive parenting and preventing corporal punishment. Family centres offer a local meeting point with access to a range of services for parenting support, child protection, social welfare and health care. As family centres are open to all families with children, they enable access to universal services at a low threshold and in a way that does not stigmatise. Family centres typically target families with children up to five years old, although increasingly, the service model is also seeking to include families with teenagers. The overall aim is to enhance the social inclusion and participation of families, to create a sense of community and to strengthen solidarity within society.[44]

Family centres promote children's well-being by supporting parents, strengthening them as caregivers and promoting positive, non-violent parenting. The family centre model enables the early identification of physical, mental and social risk factors for children and parents, including risks of corporal punishment and other forms of violence. The staff at the centre provide services directly to parents and children, inform families about the services that are available to them, refer families to specialised services from a network of partners and coordinate services.[45] Some family centres make written agreements with providers of specialised services outside the centre, such as psychiatric care, psychotherapy or treatment of substance abuse. The agreements facilitate access to specialised services, free of charge and with little waiting time.[46]

EXAMPLES

Evaluations of the family centres in Sweden revealed a high rate of satisfaction among service users.

44 Family centre models differ from country to country. The Swedish family centres, which were created in the 1970s, provide maternal healthcare, child healthcare, open early childhood education and care and preventive social services. In Norway, family centres are primarily health care centres that provide antenatal care, preventive child welfare services, educational psychological services, as well as open day care for children. The family centres in Finland include maternity clinics and child welfare clinics. See: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012. Nordic Centre for Welfare and Social Issues, Nordic Children, Development of Nordic family centres, Results of the 'Early Intervention for Families' project, 2012.
45 Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp. 10-11.
46 Heino, Tarja, Family Group Conference from a Child Perspective, Nordic Research Report, National Institute for Health and Welfare, 2009, pp. 26-28.

Parents who participated in an evaluation appreciated the professional advice they received and felt they received the right type of help at the right moment. They stated that the possibility to get to know the staff in an informal setting helped them develop trust. They appreciated that the staff combined different roles: as hosts at the family centre who engage in informal contact with families; as formal service providers for parents and children; and as facilitators of meetings and activities. Family centre staff reported that cooperation with other agencies and services within the centre helped them understand different professional roles and working methods. It enlarged the body of knowledge and expertise available to support individual children and parents. Due to the presence of the children at the family centres, the service providers gave more consideration to the child's situation and perspectives, even when they worked primarily with parents.[47]

Family centres in Norway operate open kindergartens, which are accessible free of charge and without prior appointment, registration or referral. This makes them attractive to parents who have a lower level of education and socio-economic background and who are often reluctant to use services that require prior registration. The open kindergartens provide a pedagogical meeting space where parents receive support to stimulate the development and health of their children through positive parent-child interaction. The users are referred mainly through universal health care services, such as antenatal care or nurses conducting home visits.[48] Concerns about poor parenting skills and risks of corporal punishment motivate health care staff to refer parents to family centres with open kindergartens.

In Finland, family centres were introduced in the early 2000s when service providers were facing new challenges. Society was emerging from a recession and parents were struggling with high levels of stress, balancing the demands of family and work life. The family centre model was considered sensible due to its community-based approach that promotes social integration and empowers families and communities. The structured cooperation of different service providers in the family centre enables them to join up their resources, areas of expertise and competences in support of families.[49] In Finland, the family centre services reach almost 99% of families, who visit the centres before and after childbirth. The centres have proven effective to reduce corporal punishment and other forms of violence against children and strengthened preventive work with children and families.[50]

6.1.2 HELPLINES

Helplines and digital services offer access to information, advice and informal complaint mechanism for children, parents and professionals. Citizens tend to trust helpline services and use them actively when they are easily accessible, when qualified staff respond to the calls and take as much time as the caller requests, when the contact remains anonymous and staff are prepared to refer the caller to relevant services in his or her municipality.

Helplines offer the possibility to call, write an e-mail or letter, or to use services of websites and chat services where the individual can ask questions online. Many helplines operate under the common European Union number 116111. Their reach can be enhanced by offering services in different languages.

Some helpline services are provided by trained professionals, such as social workers, psychologists or health care professionals. Others are staffed by volunteers who operate in groups led by a professional. Several countries have established helpline call centres in different parts of the country, so that they can engage a higher number of volunteers, even if they receive calls and letters from all over the country.

Children and adults often find it easier to speak about experiences of violence on the phone or in an online chat rather than in a face-to-face meeting. Many of them have previously told someone about their experience of violence without having received help and have therefore lost their trust in services. Helpline staff have observed that professional service providers are often unaware of the violence that a child is experiencing or are unable to stop it, even when a child is in contact with many professionals or multi-disciplinary groups. When calling a helpline, children appreciate that they get as much time as they need and that the conversation focuses on their needs. The competent advice offered by helpline staff and the possibility of referral reconnects them to the services that are available to them.

Helplines receive calls from parents who are looking for advice on how to communicate with their children and how to handle every-day situations as well as specific situations of conflicts. They seek help, for instance, when children behave in an aggressive way, when there are problems with peer violence, or when they are struggling with their own aggressions in the context of separation and divorce. In some cases, parents ask helpline staff to mediate in family conflicts. Parents also seek advice about protecting

47 Bing, Vibeke, Knowledge Advancement Concerning Family Centres, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp: 99-101, p. 100. See: Abrahamsson A., V. Bing and M. Löfström, Familjecentraler i Västra Götaland, En utvärdering [Family Centers in Västra Götaland, An evaluation], Västra Götaland Public Health Committee, 2009.
48 Thyrhaug, Anette M., Gørill W. Vedeler, Monica Martinussen and Frode Adolfsen, The Family's House in Norway, An interdisciplinary, municipal/community healthcare service for children, adolescents and their families, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp: 29-33, pp. 31-32.
49 Viitala, Riitta, Marjatta Kekkonen and Nina Halme, Family Centres in Finland, A new approach within services for children and families, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp. 21-28, p. 21-22.
50 Lillsunde, Pirjo, National Actions to address Violence Against Children, Ministry of Social Affairs and Health, National Consultation in Finland, 19 June 2017. Kalmari, Hanne, Promoting Children's Rights in the National Reform Programme in Child and Family Services, Ministry of Social Affairs and Health, National Consultation in Finland, 19 June 2017.

and supporting their children when there are conflicts, risks or incidents of violence in kindergartens, schools or sports clubs.

Helplines can therefore function as active components of national child protection and social welfare systems. To achieve this, staff have to be trained to identify signs and symptoms of violence that children describe, such as cutting and other forms of self-injury, or depression. Training prepares staff to follow-up with the child or adult who calls the helpline in a sensitive way, to offer meaningful referrals and to report cases in accordance with their reporting obligations under national law.

EXAMPLE

In Finland, the organisation Maria Akatemia operates a helpline and assistance programme for women who have used or are afraid that they will use violence against a family member. After contact has been established through the helpline, the programme invites the women to come to the office where they meet with a therapist. The programme offers three individual sessions and participation in a peer group, which meets twice a month for a total of 15 sessions. The facilitators use the "little girls' stories" as a working method, which encourages every woman to connect to the girl inside herself who has not been seen, heard or considered sufficiently in her childhood. All services are anonymous and free of charge.

Helplines can facilitate systematic data collection and provide statistics and qualitative reports. Experience shows that helplines receive more contacts from children, parents and professionals when there is an intense public debate, for instance due to a public campaign against corporal punishment and other forms of violence, or when the media reports on a particularly severe case. Collaboration between state agencies, service providers, helplines and campaigners is therefore useful to enable preparedness and sufficient staff in helplines and referral mechanisms in times of high demand.

6.2 SERVICE MODELS FOR CHILDREN WHO HAVE EXPERIENCED CORPORAL PUNISHMENT

6.2.1 FAMILY GROUP CONFERENCES

Family group conferences can succeed in resolving serious family conflicts and risks in childcare and help the family stay together after a violent incident. The method provides a structured framework for the assessment and resolution of conflicts and engages all family members actively with support from public services. The method trains family members to identify solutions to their problems and take responsibility to resolve them. Evidence shows that the method is efficient and cost-effective.[51]

The method is used to protect children from all forms of violence, including corporal punishment, and to improve the wellbeing of children and other family members. The method is also used to solve conflicts in neighbourhoods and schools, to support children in becoming better learners and to restore relations between perpetrators and victims of crime in the juvenile justice context.

In family group conferences, families are seen as resourceful, competent and capable of solving their problems with the help of formal state services as well as informal social support networks in the extended family, neighbourhood and community. This approach requires professionals to abandon their traditional role as case managers and to become resource persons who facilitate, mentor and monitor the conflict resolution process within a family. The method builds trust and linkages between families, their social networks and service providers.

A family group conference is usually convened at the initiative of a caseworker in response to specific problems in the family. The family members participate on a voluntary basis. When a family consents to participate in a group conference, the caseworker draws up an agreement with the family and an independent coordinator. The coordinator is assigned by the child protection services but has to be impartial and not previously involved in the provision of services to the family. The coordinator is responsible for preparing the group conference. Each participant proposes persons to be invited and the coordinator contacts them, explains the purpose and ensures that their participation is appropriate before seeking their consent. The coordinator appoints a support person for the child who is responsible for maintaining a consistent focus on the best interests of the child.[52]

The coordinator facilitates the group conference, which starts with an information session where the child protection worker and other professionals who have been working with the child and the family present the information they have and respond to questions. Then, the coordinator and professionals leave the meeting room but remain close by should there be further questions. At this point, the family begins to address the tasks that the caseworker has previously prepared for them.

The main task is for the family to develop an action plan, which includes activities for family members, the social support network, the caseworker or other service providers. When this task has been completed,

51 Originally developed in New Zealand in the 1980s and based on Maori traditions, the method has been adapted to the Norwegian context since the end of the 1990s and continues to expand throughout Europe and globally. Skaale Havnen, Karen J. and Øivin Christiansen, Knowledge Review on Family Group Conferencing, Experiences and Outcomes, Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU West), Uni Research Health, 2014, p. 9. Linnosmaa, Ismo, Antti Väisänen, Eero Siljander and Jukka Mäkelä, Effectiveness and costs of preventive services for children and families, In: Nordic Council of Ministers, Family Centre in the Nordic Countries, A meeting point for children and families, 2012, pp. 87-97. p. 95.
52 Skaale Havnen, Karen J. and Øivin Christiansen, Knowledge Review on Family Group Conferencing, Experiences and Outcomes, Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU West), Uni Research Health, 2014, http://www.fgcnetwork.eu/user/file/20140000_knowledge_review_on_family_group_conferencing_uni_research.pdf, pp. 13-14. See also: European Network of Family Group Conference, Democratizing Help and Welfare in Europe, undated, http://www.fgcnetwork.eu/en/fgc/

the family present the results to the coordinator and the caseworker before the caseworker decides whether or not to approve the action plan. If the action plan or its subsequent implementation does not live up to expectations, the caseworker proceeds according to general child protection practice, which could mean that the child is placed in alternative care as a measure of last resort, whenever this is in the child's best interests.

Evaluations have shown that participants in family group conferences, including children, considered them useful, even though it was often difficult for them to complete the assignments they were given for the meeting. While some caseworkers were concerned about risks of violence and harm during the family meeting, they learned to trust and hand responsibility over to the family members. Even if solutions were not always found at the first meeting, participation in the family group conference was seen as an important first step in a process of reconciliation.

Children gave positive feedback about the meetings and enjoyed the engagement of extended family members. They felt that they had better opportunities to participate in family group conferences than in traditional child protection work and this led to a better understanding of their perspectives and needs. The involvement of a support person to watch over the best interests of the child enhanced the quality of the child's participation and children found it helpful to have this support. A research-based checklist has been developed to guide caseworkers and coordinators in ensuring that the child's views and needs are at the centre of the method.[53]

6.2.2 MULTI-DIMENSIONAL FAMILY THERAPY[54]

Multi-dimensional Family Therapy is an evidence-based service model that succeeds to reduce and resolve family conflicts and improve the quality of the relationships within the family. It is also used for situations where children are struggling with mental health issues, difficulties at school, aggression, substance abuse or getting into conflict with the law. In many of these situations, the children involved have experienced corporal punishment or other forms of violence in the home. The method has been evaluated positively as it achieves positive outcomes across all these different areas and effectively combines an ecological social work approach with solutions-oriented family therapy. As Multi-dimensional Family Therapy helps to reduce the harm done by family conflicts and prevents the placement of children in alternative care it is also considered a cost-effective service model.[55]

Multi-dimensional Family Therapy offers a package of methods that focus on the specific needs of the child and engage the parents. The therapy aims to understand the origin of the difficulties that the child is struggling with. To this end, the therapist assesses parenting practices and supports the family to develop problem-solving skills. Parents learn to cooperate better with each other and to address their own problems, such as mental health issues or substance abuse. All family members are supported to acquire new skills, including communication skills, social and emotional skills, conflict resolution skills and the ability to influence the interaction between family members.

The therapist acts as a coordinator who manages the different levels of the therapy, which engages the child and the parents both separately and together. The therapist also involves other service providers who are important for the family, for instance psychiatric care professionals, teachers and child protection or social workers.

The programme has received positive feedback from children, parents, therapists and professionals working with families. It succeeds in engaging children and parents actively in therapy and motivates them to complete their treatment – this is a distinct advantage as compared to other forms of therapy for the same target groups, which often see higher dropout rates.

Multi-dimensional Family Therapy takes three to seven months to complete and involves two to three meetings per week, each of 60-90 minutes in length. It is primarily used with children and youths aged between nine and 26 years old. The programme is considered adaptable to different cultures, family situations and backgrounds.

6.2.3 BARNAHUS[56]

Barnahus, or Children's House, is an institution where multi-disciplinary and interagency services for child victims of violence are provided and coordinated under the same roof. The services include child protection, health care and medical services, social welfare services, law enforcement and the judiciary. In the Nordic tradition, Barnahus is an integral part of the public child welfare and judicial systems. In other countries, similar models exist that are organised with different levels of public and private support.

The working methods at Barnahus help to elicit the child's disclosure of violence and to gather evidence from child victims in a child-friendly environment. Child victims are interviewed by specially trained staff in order to delineate the need for social and child protection services, treatment and legal action. If

53 Heino, Tarja, Family Group Conference from a Child Perspective, Nordic Research Report, National Institute for Health and Welfare, 2009, http://www.julkari.fi/bitstream/handle/10024/79916/da905b95-70f6-4db8-9d82-91b74fe55ed0.pdf?sequence=1, p. 121.
54 Finnish Association for Mental Health, Monimuotoinen Perheterapeuttinen Työskentely [Multi-Dimensional Family Therapy Work], undated, https://www.mielenterveysseura.fi/fi/kehitt%C3%A4mistoiminta/lapset-ja-nuoret/kasvun-tuki/mdft-%E2%80%93-monimuotoinen-perheterapeuttinen-ty%C3%B6skentely Multi-Dimensional Family Therapy, MDFT Program, 2018, http://www.mdft.org/MDFT-Program/What-is-MDFT The Multi-dimensional Family Therapy is used increasingly in Finland, where the Association for Mental Health is coordinating the programme. In Estonia, the Child Protection Department under the Ministry of Social Affairs and Labour has started to promote the programme.
55 Non-Violent Childhoods Project, Expert Meeting, Riga, Latvia, 27-28 February 2018.
56 For more information on Barnahus, see PROMISE, http://www.childrenatrisk.eu/promise/

legal action is pursued, the evidence gathered and documented at Barnahus is admissible in court as the procedures in Barnahus respect the principles of due process and fair trial. Barnahus provides services for child victims of sexual violence and the target group is increasingly being expanded to include children who have experienced violence, neglect and exploitation in any form, including corporal punishment.

When a case is referred to Barnahus, the multidisciplinary group meets for a joint case assessment of the child and the family. The assessment informs the casework and, in some countries, the decision about whether or not the case has to be reported to the police for criminal investigation. When violence has occurred over a long period of time or is very severe, a report to the police is usually considered to be in the best interests of the child, a police investigation is launched, and a forensic interview with the child takes place at a Barnahus. When the parents are the suspected perpetrators of violence against the child, the prosecutor requests the court to appoint a guardian ad litem for the child who supports the child and watches over the child's best interests at all stages of the proceedings at Barnahus. The forensic interview is conducted by trained specialists using an evidence-based interviewing protocol.

During the forensic interview with the child at a Barnahus, the professionals present listen to the interview from a separate observation room. Listening in helps the social services to prepare a safety plan for the child. The child may also be referred to a forensic medical examination at Barnahus after the interview. The police are responsible for interviewing the parents and any adults involved in the case.

After the interview, it is possible for the child and the family to receive therapeutic support. In some Barnahus and in other contexts, social workers and health care providers work with the Cognitive Integrated Behavioural Therapy for Child Abuse (CPC-CBT).[57] This treatment programme has shown encouraging results in cases of mild to moderate physical violence against children in the family. It continues to be reviewed and evaluated. The programme is also effective when parents feel helpless, become more aggressive or punitive because their child has developed aggressions or other difficult behaviours. The programme is targeted at parents who recognise that using corporal punishment was wrong and are willing to change their behaviour as a parent.

6.2.4 MULTI-AGENCY RISK ASSESSMENTS

Multi-agency risk assessments offer good interim solutions where a Barnahus or comparable model is not yet in place. It is used in Finland in the cases of children who have experienced violence and need coordinated assistance from different service providers.

A multi-agency risk assessment starts when child welfare services or the police receive a notification about a child who has experienced violence, including corporal punishment, or is at risk. The method aims to coordinate service provision and to build a safety network around the child and the family.

A structured risk assessment form guides social services in case assessment and decision-making as well as facilitating information sharing about the child. Filling in the form helps caseworkers to assess the type and level of risks to the child, as well as protection factors. Working with the form accelerates the assessment, which is especially important in cases of young children and in acute cases. If the risks are high, the caseworker calls for a multi-agency risk assessment meeting. All relevant service providers involved in the case participate in the meeting, in particular child welfare and social services, the police and health care professionals. For the police, for instance, it can be important to collaborate with professionals from the medical field in order to interpret health related information about a child for the purpose of a criminal investigation.

The multi-agency meeting enables a more comprehensive understanding of the child's situation and facilitates the decision-making process with regard to further steps and the best interests of the child. It guides service providers, for instance, in deciding if it is in the best interests of the child to be placed in out-of-home care, if a criminal investigation has to be initiated and if a child has to be referred to a forensic interview.

57 Linköping University, National Competence Centre in Child Abuse, Ref. No. 3.1-39020/2014, accessed from http://www.barnafrid.se/custom/uploads/2016/03/Linko%CC%88ping-University-Svedin.pdf, p. 5. See also: Kjellgren, C., Nilsson, D., Svedin, C.G., Child Physical Abuse, Experiences of combined treatment for children and their parents: A pilot study, Child Care in Practice, Vol. 19, No. 3, 2013, pp. 275290.

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guidance for service providers from international organisations

Service providers have access to a wealth of guidance material from European and international bodies, including the United Nations and the Council of Europe.

In addition, the General Comments issued by the Committee on the Rights of the Child provide inspiration for service provision in support of non-violent childhoods including: protection from all forms of violence and the prevention of corporal punishment; the promotion of the best interests of the child and the active participation of children; the aims of education; and the rights of adolescents.[58]

GUIDANCE FOR SERVICE PROVIDERS: EXAMPLES FROM EUROPE AND THE UNITED NATIONS

SOCIAL WELFARE AND CHILD PROTECTION SERVICES

- European Union Principles for integrated child protection systems (2015)
- Council of Europe Recommendations on children's participation in family and social life (R(98)8)
- Council of Europe Recommendations on children's rights and social services friendly to children and families (Rec(2011)12)
- United Nations Guidelines for the Alternative Care of Children (2010)
- Council of Europe Recommendations on participation of children and young people under the age of 18 (Rec(2012)2)

HEALTH CARE SERVICES

- Council of Europe Guidelines on child-friendly health care (2011)

EDUCATION, INCLUDING EARLY CHILDHOOD EDUCATION AND CARE

- General Comment on the aims of education by the Committee on the Rights of the Child (2001)

CHILD-SENSITIVE JUSTICE

- Council of Europe Guidelines on child-friendly justice (2010)
- United Nations Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime (2005)

58 The General Comments issued by the Committee on the Rights of the Child are available from: https://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

Non-Violent Childhoods

The Non-Violent Childhoods programme aims to promote the full implementation of the legal ban on corporal punishment in the Baltic Sea Region through collaborative, multi-stakeholder planning and action. The programme is managed by the Council of the Baltic Sea States and jointly funded by the European Commission. www.childrenatrisk.eu/nonviolence

Council of the Baltic Sea States

Established in 1992, the Council of the Baltic Sea States (CBSS) is a political forum for regional inter-governmental cooperation and dialogue. The member states of the CBSS are Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Russia, Sweden, as well as the European Commission. The CBSS operates through its networks and expert groups. In 1998, the CBSS initiated its work to implement the UN Convention on the Rights of the Child. The CBSS Expert Group on Children at Risk engages with national, regional and international stakeholders to end abuse, exploitation, trafficking and all forms of violence against children. www.cbss.org

A Regional Initiative and Partnership

The Non-Violent Childhoods programme operates in partnership with ministries from Estonia, Finland, Latvia and Sweden and with the Ombudsman for Children's Rights in Poland. Representatives from government ministries, national parliaments, ombuds-offices for children, academia and organisations as well as children from most of the countries in the Baltic Sea Region have in addition participated in expert meetings and contributed to the programme and the guidance reports. Experts from other countries and institutions in Europe have also taken part.

Global Initiative to End All Corporal Punishment of Children

The Global Initiative to End All Corporal Punishment of Children works with governments and non-governmental actors towards universal prohibition and elimination of corporal punishment of children. It is an international partner to the Non-Violent Childhoods programme. www.endcorporalpunishment.org

Guidance Reports

A Step-by-Step Guide on implementing the Convention on the Rights of the Child to achieve an end to corporal punishment

Ensuring Non-Violent Childhoods –
Guidance on implementing the prohibition of corporal punishment in domestic settings

Parenting for Non-Violent Childhoods –
Positive parenting to achieve an end to corporal punishment

Building Supportive Societies for Non-Violent Childhoods – Awareness-raising campaigns to achieve an end to corporal punishment

Service Providers as Champions for Non-Violent Childhoods – Service provision for children and parents to achieve an end to corporal punishment

Tracking Progress towards Non-Violent Childhoods – Measuring changes in attitudes and behaviour to achieve an end to corporal punishment

The Non-Violent Childhoods Programme is led by the
Council of the Baltic Sea States in partnership with:

Ministry of Social Affairs, Estonia
Ministry of Social Affairs and Health, Finland
Ministry of Welfare, Latvia
Ombudsman for Children's Rights, Poland
Ministry of Health and Social Affairs, Sweden
The Global Initiative to End All Corporal Punishment of Children

More information on the Non-Violent Childhoods programme, including its guidance reports and the campaign, can be found at **www.childrenatrisk.eu/nonviolence**

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NON-VIOLENT childhoods

COUNCIL OF THE BALTIC SEA STATES

GLOBAL INITIATIVE TO End All Corporal Punishment of Children