Preventing and Responding to Violence, Abuse, and Neglect in Early Childhood

A Technical Background Document

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Cassie Landers, Ed.D, MPH
Columbia University School of Public Health and Maestral International
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Preface

UNICEF’s Child Protection Framework

The child’s right to be protected from violence, exploitation and abuse is not simply a worthy goal but rather an obligation under international law (UNICEF, 2005). Recognizing the need to provide specific rights for the protection of children, the General Assembly adopted in 1989 the Convention on the Rights of the Child (CRC) – a comprehensive and legally-binding document which includes specific provisions on the promotion of protection, prevention and response to all forms of violence (Pinheiro, 2006). Article 19 of the CRC asserts children equal rights to full respect for their dignity and physical personal integrity (UNICEF, 2007). The Article calls for State parties to “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” The second part of the provision calls for the establishment of programmes to provide support to the child and to caregivers and for measures to prevent and to respond to cases of violence which can be found in various articles of the CRC.

UNICEF’s child protection framework is part of United Nations Children’s Fund (UNICEF) overall mandate “to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential” as is the organization’s commitment to protect children from all forms of violence, abuse and exploitation. The framework is a rights-based strategy which calls for the development of a protective environment where children are free from harm. This approach is supported by two main pillars: 1) promoting and strengthening child protection systems, and 2) supporting positive social change. The first pillar consists of supporting legal reform, policy development, and the establishment of government structures, programmes and services to reduce vulnerabilities and to prevent violence, as well as to respond to victims. The second pillar relates to addressing societal factors and social norms that on one hand perpetuate violence and on the other promote positive social change (UNICEF, 2008). The goal of this technical note is to review the current developments in preventing and responding to violence, neglect and abuse of young children and provide insights into the development of more effective strategies and programmes within both of these two pillars.

This technical note draws from and complements a suite of documents prepared for the Child Protection, UNICEF New York.¹ The following resources are available to support to support UNICEF Country Offices in developing and sustaining effective programmes and policies to protect young children from violence, abuse and neglect:

¹ The documents have been prepared for UNICEF by Roy Evans, Philip Garner, and Chris Gittins, from the Northampton Centre for Learning Behavior, The University of Northampton, U.K, April, 2012.
i. Protection against violence, abuse and neglect in early childhood: an overview of the academic literature;
ii. Analysis and commentary on a sample of national and international organizations working on violence, abuse and neglect in early childhood;
iii. A review matrix of a sample of UNICEF country programmes;
iv. Technical note of advice for UNICEF Country Offices;
v. A checklist for designing and implementing effective programmes.
I. Introduction
Experts have struggled to define early childhood violence, abuse and neglect, identify its causes, and assess its consequences and costs. In recent years, however, research has clarified the severe consequences of child violence, abuse and neglect, highlighted several risk factors, and developed new prevention interventions. Past responses focused on preventing a recurrence of violence, abuse and neglect once it has already taken place, identifying risk factors for violence, abuse and neglect and addressing the problems and deficiencies of primary caretakers. Current trends place greater focus on preventing violence, abuse and neglect by strengthening protective factors and building family and social networks to reinforce the ability of parents and families to care for their young children.

While in the past, the orientation of child protection services was legal and medical, current efforts stress a developmental and ecological orientation. It builds on children’s strengths and enhances the social context of the child. Rather than seeking to minimize harm to the child, the focus aims to maximize potential—to strengthen the capacity of parents and communities to care for their children in ways that promote well-being and enhance potential. Instead of putting families into the hands of unknown professionals who shuffle them from one programme to another, current approaches stress an investment-prevention model that focuses on integrating professionals and paraprofessionals into the everyday life of families, and connecting families into a system of community services. (Stagner & Lansing, 2009)

Building on the current body of knowledge, this review attempts to highlight current information on the situation of child violence, abuse and neglect; the impact of abuse on the developing child; and risk factors and protective factors linked with violence, abuse and neglect. Drawing upon insights from selected evidence-based programmes, the review summarizes what is known about effective prevention programmes and the underlying protective factors they seek to strengthen. Based on this knowledge, implications for strengthening the capacity of child protection systems to respond to child victims and their families are suggested. The paper concludes with recommendations for moving forward; stressing the need for careful mapping, assessment, and analysis of both prevention and response services and the systems in which they operate.

II. Context of Violence, Abuse and Neglect in Early Childhood
The definition for violence against children includes the physical, emotional mistreatment, sexual abuse, neglect and negligent treatment of children as well as exploitation (sexual exploitation and child labour). It is a complex issue that occurs in many different settings. The factors surrounding child violence, abuse and neglect as well as effective prevention and response strategies differ according to the child age, the setting and the relationships between the child victim and the perpetrator. (WHO & IPSCAN, 2006).

Both short and long-term effects of violence, abuse and neglect against children can be severe, for children as well as for society. Early life experiences are built into our bodies. Abuse, neglect and other traumatic events can take a serious toll and contribute to health problems over a lifetime. Some immediate consequences include physical injuries, delayed physical growth, neurological damage, and cognitive and language deficits. These consequences are often interrelated. Violence, abuse and neglect
affect children’s development and adjustment as well as relationships with parents, other adults, and peers. Problems include aggression, withdrawal and isolation. Violence, abuse and neglect against children is also associated with long term psychological and emotional problems such as depression, self-inflicted injuries, and an increased risk of substance abuse, aggression, and criminal activity. With significant societal cost, the effects of violence, abuse and neglect can compromise lifetime productivity.

Brain imaging techniques have enabled scientists to document the effects of abuse and neglect on the developing brain. These images show that violence, abuse and neglect early in life damages the brain’s physical structure by impairing cell growth, interfering with the formation of health circuitry, and altering the neural structure and function of the young brain. (McEwen, 2007). These neurobiological findings explain some of the emotional, psychological and behavioural difficulties as a result of violence, abuse and neglect in early childhood.

“There is extensive evidence that adversity can get under the skin and undermine health and development. Persistent stress produces excessive elevation in hear rate, blood pressure and stress hormones which can impair brain architecture, immune status, metabolic systems and cardiovascular function.” Jack Shonkoff, 2010.

The evidence clearly states that while young children recognize threats in their environment, unlike older children and adults, they do not have the cognitive or language skills to express their feelings, reduce the threat or physically remove themselves from the fear inducing situation. If young children are exposed to persistent fear and excessive threat during sensitive periods, healthy patterns of the stress response system are disrupted, and are not easily corrected by removing the child from danger. The fear remains embedded within a child’s memory and the brain retains the learned links. (National Scientific Council on the Developing Child, 2010).

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<th>The impact of violence, abuse and neglect  on early brain development</th>
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<td>Young children who experience trauma are at particular risk because their rapidly developing brains are very vulnerable. Chronic activation of the body’s stress response systems has been shown to disrupt the efficiency of brain circuitry and lead to other immediate and long term problems in learning, behaviour and both physical and mental health. This is especially true when stress-system overload occurs during sensitive periods of early brain development (Fox &amp; Shonkoff, 2011). Chronic unrelenting stress in early childhood caused by repeated abuse and anxiety can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences), is an important and necessary aspect of healthy development, toxic stress damages developing brain architecture. In the absence of buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain. Toxic stress in early childhood can lead to a lifetime of greater susceptibility to physical illness, as well as mental health problems including depression, anxiety disorder, and substance abuse.</td>
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Scale of the Problem
A child’s most essential protection is supposed to be secured by family and representatives of social institutions such as teachers, law enforcement officers, and other civil authorities. Yet, the most egregious violations against children come from the same sources: parents and other family members, employed caretakers, teachers, employers, law enforcement authorities, and other state actors. Sadly, their acts of violence, exploitation and abuse are rarely reported and investigated; few perpetrators are held accountable.

The exact prevalence of child violence, abuse and neglect is unknown. Physical abuse, neglect, domestic violence involving young children, and related early childhood trauma in the homes are to a large extent invisible to the public eye. The available data do little to help us understand the scale and scope of the problem. Complex definitional and measurement issues prevent both absolute assessment as well as comparison within and between countries (Pereda, Guiler, Forns, & Gomez-Benito, 2009). Nevertheless, existing evidence suggests that violence against children is both highly prevalent and has severe developmental and physical consequences (Mikton, 2011). The World Health Organization calculates that 20% of women and 8% of men worldwide have been sexually abused as children; well over 25% of children report being physically abused (WHO World Health Organization, 2010). Tragically, only a small proportion of maltreated children – less than 10% even in high-income countries – ever come into contact with child protection authorities (Gilbert, Kemp, Thoburn, Sidebotham, Radford, & Glaser, 2009).

The first year is the single most dangerous period in a child’s life with respect to the risks to survival, not only from infectious disease, but also due to violence, abuse and neglect. It is estimated that approximately 2% of deaths annually in the United States are associated with victimization and abuse (US Department of Health and Human Services, 2002). Accidental death and injury remain high for at least the first five years of life. (U.S. Dept. Health Human Services, 2007).

In addition to violence directed toward children, witnessing violence in the home also harms young children (Brown & Bzostek, 2003). Global estimates indicate that domestic violence is more frequent in families with younger (compared to older) children (WHO, 2002). The two measures are not independent, however. A review of 35 published studies in the U.S. found a co-occurrence rate ranging from 30% to 60% of the cases. (Appel & Holden, 1998). One-half to three-quarters of children exposed to domestic violence are also victims of physical abuse (Margolin, 1998). This association has been confirmed in lower and middle income countries (LAMIC), with supporting studies from a range of countries including China, South Africa, Colombia, India, Egypt, the Philippines, and Mexico. (WHO, 2002). Thus, for many of these children, victimization is more of a condition than a single event.

**Scale and Impact of Child Violence, abuse and neglect**

- Violence, abuse and neglect causes stress that can disrupt early brain development;
- Children who have been abused are at higher risk for health problems as adults, including depression, eating disorders, alcoholism, and certain chronic diseases;
- Children of all races and ethnicities experience child abuse;
• Children of all ages experience abuse, but children under 4 are at greatest risk for severe injury and death from abuse;
• Most abuse happens within families, especially families in which there is a great deal of stress.

In understanding the prevalence of violence against children, it is important to recognize the substantial shortfall between the occurrence of violence, abuse and neglect and reports of it to child protection agencies. Official violence, abuse and neglect statistics, based on legal reports, dramatically underestimate its prevalence when compared to self-report obtained through community surveys. (Gilbert, Kemp, Thoburn, Sidebotham, Radford, & Glaser, 2009). This discrepancy results in part from several factors that are linked to the potential risks and benefits, to all parties, at every step in the recognition, reporting, and investigation process. Official findings require a high level of certainty and legal justification; they may also informally take into account, the availability of adequate child protection services.

In addition, there is variation in social and cultural norms, which can protect against violence, but can also hide it, or even at times support it as “necessary.” Although often unrecognized, social and cultural norms, or expectations of behaviour within a specific group, exert a powerful impact on both the existence and underreporting of violence against children (WHO, 2009). Often unspoken, these norms offer social standards of appropriate and inappropriate behaviours. Social tolerance of violent behaviour is learned in early childhood through the use of or witnessing violence in the family, communities and the media (UNICEF, 2010).

Violence, abuse and neglect of young children is not limited by geography, ethnicity, or status; it is a global phenomenon. For too many children, home is far from a safe haven. Every year, hundreds of millions of children are exposed to and are victims of domestic violence abuse and neglect. This has a powerful and profound impact on their lives and hopes for the future. Violence in the home is one of the most pervasive human rights challenges of our time. It remains a largely hidden problem that few countries, communities or families openly confront (UNICEF, 2006). While the evidence that violence is highly prevalent is compelling, more staggering is the degree of underreporting; as low as 1 in 10 for high-income countries and much lower in resource poor settings. (Gilbert, Kemp, Thoburn, Sidebotham, Radford, & Glaser, 2009). The invisibility of violence, abuse and neglect of children, perpetuated by deeply held social norms and the perception that reporting might do more harm than good, services, is one of the most pervasive human rights challenges of our time (Feigelson, 2011).

### III. Risk and Protective Factors

**Risks Factors**

There is not one factor that explain why individuals abuse or neglect young children. As with other forms of violent behaviour, it is a complex interaction among a number of factors operating at different levels. An understanding of the relationship between these factors is vital for dealing effectively with child violence, abuse and neglect. A substantial body of knowledge and information of what can increase
susceptibility to violence, abuse and neglect exists. Factors that increase susceptibility are known as risk factors. And those decreasing susceptibility are referred to as protective factors.

Recent research confirms that the foundations of brain architecture are laid down early through dynamic interactions of genetic, biological and psychosocial influences and child behaviour. Major advances in neuroscience show how exposure to biological and psychosocial risk factors, prenatally and during early childhood affect brain structure and subsequent developmental trajectory. The extent and nature of deficits depends on timing, co-occurring and cumulative influences, and differential reactivity. Risks often co-occur and persist which leads to exposure to multiple cumulative risks. (Walker, et al., 2011)

A social ecological model has often been used to describe the risk factors for child violence, abuse and neglect. It is a comprehensive framework that not only addresses an individual’s risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for child abuse, neglect and violence to occur. The first or individual level focuses on biological variables such as age and sex together with a personal history that can influence an individual’s susceptibility to child violence, abuse and neglect. The second level considers the individual’s close social relationships with family members or friends that influence the individual risks for inflicting and suffering from violence, abuse and neglect. The factors at the third or community level, relate to the settings in which social relationships take place. This includes communities, workplaces and schools. At a fourth level, social factors come into play and focus on the underlying conditions of society that influence violence, abuse and neglect such as social norms that encourage the harsh physical punishment of children, economic inequalities and the absence of social welfare or child safety nets.

Some of the known risks factors for child violence, abuse and neglect at each of the four levels are listed below3.

**Child Risk Factors:**
- Children younger than 4 years of age;
- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses).

**Individual Risk Factors**
- Parents' lack of understanding of children’s needs, child development and parenting skills;
- Parents' history of child violence, abuse and neglect in family of origin;
- Substance abuse and/or mental health issues including depression in the family;
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income;
- Non-biological, transient caregivers in the home (e.g., mother’s male partner);

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3 Ibid.
• Parental thoughts and emotions that tend to support or justify violence, abuse and neglect behaviours.

**Family Risk Factors**

• Social isolation;
• Family disorganization, dissolution, and violence, including intimate partner violence;
• Parenting stress, poor parent-child relationships, and negative interactions.

**Community Risk Factors**

• Community violence;
• Concentrated neighbourhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

**Social Risk Factors**

• Inadequate social economic, health and education policies that lead to poor living standards, socioeconomic inequality and instability;
• Social and cultural norms promoting violence including physical punishment;
• Rigid gender roles/female discrimination.

**Protective Factors**

*“The cumulative burden of multiple risk factors is associated with greater developmental vulnerability; the cumulative buffer of multiple protective factors is associated with greater developmental resilience”* (Shonkoff & Phillips, 2000, p. 30).

Just as there are factors that increase the susceptibility of children and families to violence, abuse and neglect, there are also factors that offer a protective effect. Protective factors reduce the interpersonal and environmental challenges families face and build a network of protective or supportive factors that can help families cope with risks. Recent research into the protective factors has provided important insights into the role of specific protective factors for families with young children. Some of the factors that appear to protect children from the risks of violence, abuse and neglect are listed below.¹

**Family Protective Factors**

• Supportive family environment and social networks
• Nurturing parenting skills
• Stable family relationships
• Household rules and child monitoring

**Community Protective Factors**

• Supportive adults outside of family who serve as role models/mentors to child
• Communities that support parents and take responsibility for preventing abuse

**Social/environmental protective factors**

¹ [https://www.childwelfare.gov/preventing/pdfs/riskprotectivefactors.pdf](https://www.childwelfare.gov/preventing/pdfs/riskprotectivefactors.pdf)
• Access to health care, education and social services;
• Consistent parental employment;
• Adequate housing;

Figure 1 summarizes how risk and protective factors encountered before age 5 compromise children’s development. Greater exposure to cumulative risk will result in poor outcomes. The adverse impact of genetic, parental and environmental risk can be overturned through investments in quality programmes that provide children and their parents the resources they need to promote strengths and decrease risk. Early interventions that prevent risks are more effective than later interventions which attempt to remedy cumulative deficits. Risk factors are likely to co-occur emphasizing the importance of integrated interventions involving the simultaneous reduction of multiple risks. Gaps in the capabilities that play important roles in determining diverse adult outcomes begin before formal schooling and persist through childhood and into adulthood. Remediating the problems created by these deficits is not as cost effective as preventing them at the outset. (Walker, et al., 2010).

Figure 1: Differing trajectories of brain and development as a function to risk and protective factors

Armed with this increasing evidence, the goal is to develop a credible framework that could lead programme developers, policy makers, and advocates toward effective prevention strategies that build on strengths rather than focusing exclusively on risks and deficits. An evidence-based model built on promoting resilience would help to provide a new framework for prevention and move toward a widespread understanding of what programmes and providers can do to promote health child development and reduce the incidence of violence, abuse and neglect of young children.

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(Walker, et al., 2011)
Protecting young children from violence, abuse and neglect is a complex task requiring changing parental behaviours and social norms, creating safer and more supportive communities, and improving the quality and reliability of formal institutions and informal networks of services. To build an effective, systematic response that will be sustainable and far-reaching, both prevention and response components must operate in unison as part of a single system. The efforts of different sectors must be woven together into a coordinated system in a way that minimizes duplication and maximizes effectiveness.

A child protection systems approach is holistic, integrates with other systems, has a focus on prevention and results in better outcomes for children and their families. It consists of the legal and policy framework, certain structures, functions and capacities, services, data and information, and resource flows. These components should not be formed in isolation. To create effective systems, an understanding of how the individual parts relate to and interact with other parts within the systems is critical. In moving towards this understanding the following two sections examine what is known about the programmes that have been effective in preventing violence, abuse, and neglect of young children. It also briefly examines effective programme components needed to respond to children as victims of violence, abuse and neglect.

IV. Preventing Child Violence, Abuse, and Neglect

“The best way to prepare for the future is to create it. Prevention is the process of proactively cultivating positive cultures, leading to a better future for children and their families. To create that future we must challenge some of the ways that we view, discuss and fund prevention. For example, while intervention policies and ways to stop incidents of child abuse and neglect are critical, such policies are by definition reactive. Prevention must move “upstream” from the problem and address norms in the culture. This is where we must combine the “spirit” of being proactive with prevention science to drive best practices.” J. Linkenbach

Prevention can be conceptualized as investing in future outcomes by influencing current behaviour or conditions. (Stagner & Lansing, 2009). The term "prevention" is typically used to represent activities that stop an action or behaviour. It can also be used to define activities that promote a positive action or behaviour. Successful child violence, abuse and neglect interventions must both reduce risk factors and promote protective factors to ensure the well-being of children and families. There is a growing recognition of the importance of community wide efforts to prevent child violence, abuse and neglect before abuse or neglect occurs by offering a continuum of services that promote the health of the population as a whole (Stagner & Lansing, 2009). A three tier prevention model helps to define and conceptualize a set of strategic options and includes: (i) Universal prevention efforts attempt to influence the attitudes and behaviours of the population at large. This tier also includes preventive laws, and services readily available to the whole population; (ii) Selective or targeted programmes aimed at defined “at-risk” populations and; (iii) specific efforts to prevent further violence, abuse and neglect when violence, abuse and neglect has already been reported. Each tier has different goals and requires different approaches. Universal and targeted prevention approaches aim to stem violence, abuse and neglect before it starts by minimizing identified risk factors for violence, abuse and neglect and
maximizing protective factors. Many prevention approaches can be applied both universally and to target groups. For example interventions implemented universally such as those that distribute education materials and/or operate family support groups can also be implemented with the general populations as well as with those communities or families at-risk. Indicated interventions at the third tier serve families where violence, abuse and neglect have already occurred.

Demographic based targeting strategies have been more successful that others in part because they serve more or less as universal interventions for specific subpopulations. They lessen the likelihood of stigmatization and more easily facilitate peer networks. Unlike targeted interventions, universal prevention approaches include laws, and policies, and educate the general public about the consequences of violence, abuse and neglect of children and provide information about and access to resources.

The following section highlights the insights generated from a review of selected evidence-based prevention strategies targeted to either specific groups or those aimed more broadly at the general population. These models have proven effective in strengthening families and building protective factors and include home visiting, parent education, early childhood centre-based services, public education media campaigns and legal and policy reform.

To make a difference in a child’s life, “we must simultaneously adopt and implement two evidence-based strategies. First, risk must be reduced…. Second, protection must be strengthened…. Interventions that strengthen protection and concomitantly reduce the effects of risk form the basis of a risk and resilience orientation. Coupled with “local” knowledge, they are core ingredients of EBP (evidence-based practice)” (Fraser & Galinsky, 2004, p. 390).

Home Visiting
Home visiting is an increasingly popular method for delivering services for families, and as a strategy for preventing child abuse and neglect. These programmes often focus on early interventions as children in the first three years are at greater risk for child abuse and neglect than older children.

Home visits provide one-to-one parent education and support and have been used as a way to serve hard-to-reach families, frequently in situations where parents are isolated and/or they are unlikely to participate in parent groups. Using home visiting programmes as one strategy for reaching young children can help prevent more long-term costs and promote healthy social and emotional development in later years. These programmes offer information, guidance, and support directly to families in their home environments, eliminating many of the scheduling, employment, and transportation barriers that might otherwise prevent families from taking advantage of necessary services. While home visiting programmes vary in their goals and content of the services, in general, they combine health care, parenting education, child abuse prevention, and early intervention services for infants and toddlers and, in some cases, older preschool-aged children. The most common model is for the home visit to focus on the child’s development and on the ways the parents can promote that development.
The Roving Caregivers Programme (RCP) is a Caribbean home-visiting programme targeted at vulnerable families with children in the age group from birth to three years old (Janssens & Rosenberg, 2011). It aims to change parenting practices in order to enhance healthy child development. With support from UNICEF, RCP has been implemented in Jamaica since 1993. Since 2002, the programme has been extended to Belize as well as four Eastern Caribbean islands including St Lucia, St Vincent and the Grenadines, Grenada and Dominica.

RCP targets children from birth to 36 months of age, and applies three main eligibility criteria: vulnerability in socio-economic terms, little access to alternative ECD services, and presence of the caregiver during the Rover visit. To reach the most vulnerable children, RCP focuses on communities with above-average poverty rates. Within selected communities, all children in the eligible age range can join. The objective of RCP is to fill in the gap caused by a lack of access to other ECD services aimed at young children; not to substitute for them.

Twice per week for a maximum period of three years, an RCP facilitator, the “Rover”, visits the home of the child for 45 minutes. In the presence of the child’s caregiver the Rover engages in age-appropriate stimulating activities with the child through play, such as singing songs or playing with blocks, shapes and colours. The caregiver is expected to join in the activities and encouraged to continue the interaction beyond the visits. In addition, the Rover discusses developmental topics with the caregiver such as issues pertaining to discipline. An additional component of RCP is the monthly parenting meetings in local community centres.

An evaluation of the RCP in St. Lucia found a significant positive impact on the cognitive development of young who were enrolled in the program between 6-18 months. In addition RCP show as significant impact in fine motor skills visual reception gross motor skills and receptive language for children who enrol at a young age. Children enrolled at a later age saw a noticeable increase in expressive language. The study also found that low income parents made changes that impact directly on the development of the child such as awareness of good nutrition, use of space, stimulating child parent interaction and storytelling. The large impact was on first time mothers, particularly in the area of discipline. Parents demonstrated new found self confidence, new knowledge and parenting skills and were better able to describe child’s development. (Caribbean Child Support Initiative, 2008)

An important dimension of programme quality is the duration and frequency of contacts—characteristics which make a difference in programme outcomes. For example, the frequency (how often home visits are offered) and duration (in terms of each contact and for how long) of home visits affect outcomes. Home visitors include both professionals and paraprofessionals with a variety of backgrounds. In considering staff qualifications, it is important to take into consideration the nature of the task, the pay and conditions of work, and the nature of the supervision that the project intends to provide. Many home visiting programmes are linked with health services and are implemented by nurses or other health professionals. Programmes operated by NGOs are more likely to rely on people from the community and are trained to work with their peers.
United States: Nurse Family Partnership

Begun as a research study in 1977, the Nurse Family Partnership has grown into a well-recognized and widely replicated direct service model that currently reach more than 20,000 families each year in the US. The NFP uses trained nurses to make home visits to young, first time, low income mothers and their babies over the first 2 years of the babies’ life. The NFP has been assessed through three randomized controlled trials conducted over the past 30 years. These studies have documented a number of long-term positive outcomes for mother and children including improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, and increased maternal employment. (NFP, 2009). In the 15 year follow up of the first trial, the NFP document a 48% reduction in child abuse and neglect among families who received the home visit intervention (Olds, Henderson, Kitzman, Powers, & Cole, 1997).

The NFP and other home visiting programmes have been widely promoted as a strategy to prevent violence, abuse and neglect. Enthusiasm for home visiting is based in part on the encouraging results of the NFP and on the appeal of reaching out to new parents. Subsequent evaluations of home visiting programmes have not had similar results to the NFP first evaluation in terms of reducing abuse and neglect. In some instances there were significant challenges with research methodology, and in other instances programmes may not have been of sufficient quality to be effective. However, with growing interest the NFP and other evidenced based home visiting programmes; these programmes are poised for significant expansion.

Focusing on nine early home visiting programmes Howard and Brooks-Gunn, 2009 examined outcomes related to parenting and child well-being, including abuse and neglect. Overall, researchers have found little evidence that home-visiting programmes directly prevent child abuse and neglect. But as the authors assert, home visits can impart positive benefits to families by way of influencing maternal parenting practices, the quality of the child’s home environment, and children’s development. Since other studies have linked parenting quality with child violence, abuse and neglect, improved parenting skills would likely be associated with improved child well-being and corresponding decreases in violence, abuse and neglect, even if these effects remain difficult to document. The authors also report that the programmes have their greatest benefits for low-income, first-time adolescent mothers.

Child development experts and policy makers alike believe strongly that home visiting can be a beneficial and cost-effective strategy for providing services to families and children. However, if home-visiting programmes are to have their maximum impact, service providers must follow carefully the guidelines mandated by the respective programmes, use professional staff whose credentials are consistent with programme goals, intervene prenatally with at-risk populations, and carry out the programmes with fidelity to their theoretical models.
The Sure Start Local Programme (SSLP) initiative was launched in 1999, resulting in over 500 SSLPs by 2004, with further expansion thereafter to cover almost all deprived areas in England. Programmes were designed to provide: (a) outreach and home visiting; (b) support for families and parents; (c) support for good-quality play, learning and childcare experiences for children; (d) primary and community health care, and advice about child health and development and family health; (e) support for people with special needs, including help to access specialized services. SSLPs could add extra services to suit local needs (such as debt counselling and advice about employment and benefits) and specific efforts were made to maximise accessibility for families. SSLPs were established to serve all children under 4 years and their families in prescribed areas. This area-based strategy allowed the relatively efficient delivery of services to those living in deprived areas without stigmatising those receiving services: disadvantaged areas were targeted, but within the area the service was universal. Community control was to be exercised through a partnership of local stakeholders, bringing together everyone concerned with children in the local community, including health, social services, education, the private and voluntary sectors and parents.

Owing to the local autonomy central to community control of SSLPs, they did not have a prescribed ‘protocol’ of services to promote adherence to a prescribed model, even though they had a set of core services to deliver that were supposed to be ‘evidence based’. Thus, each programme had freedom to improve and create services as they saw fit, with general goals and some specified targets (for example, to reduce incidence of low birth weight, to improve children’s language development), but without specification of exactly how services were to be delivered. Such local freedom led to great diversity among programmes. (Department for Children, Schools and Families, 2009)

The following recommendations were generated by an advisory group of leading researchers and home visiting experts based on many years of research on home visiting programmes. These recommendations can be helpful for policy makers and programme planners in designing home visiting and education programmes for parents of young children.

- Clearly defined goals and objectives;
- Ensure that both the intensity and duration of visits needed to build relationships and produce real change by:
  - addressing families' social, personal, and health needs with a comprehensive, flexible approach,
  - starting visits before the baby's birth,
  - include parents who are in need of services.
- Careful recruitment and training of home visitors;
• Integrate home visiting with other programmes and supports. Connecting home visiting efforts with other child and family services, particularly those focused on children's well-being and healthy development;

• Ensure rigorous, ongoing evaluation and continuous improvement efforts. Programme evaluation informs whether programme is being implemented as designed and the extent to which it is meeting the objectives.

Parenting Education
One of the strategies that has received increasing attention is parent education programmes. Parent education interventions can be delivered in a wide variety of settings and are designed to develop positive discipline approaches, increase knowledge of child development and promote positive parent child interactions. These programmes have been implemented at community level where the programme is available to all as well as a more targeted population identified to be at risk. Although some argue that parent education cannot succeed unless family problems are also addressed, much evidence suggests that first helping parents to be more effective with their children can address a range of individual and family risk factors.

Care for Development: A UNICEF and WHO Initiative
The health sector in countries has the capacity to play a unique role in the field of ECD because the most important window of opportunity for ensuring optimal development and preventing risk of long-term damage is from pregnancy through the first five years of life. Therefore health care encounters for women and young children are important opportunities to help strengthen families’ efforts to promote children’s early development and may represent the only real chance for health professionals in developing countries to positively influence parents of young children.

To address this gap, WHO and UNICEF have developed an evidence-based set of materials to promote child development within relevant programme activities of the health sector. (WHO & UNICEF, 2012). The module includes recommendations to parent to support cognitive development, social—emotional and language development, and responsive feeding as well as breastfeeding and complementary feeding. These materials guide health workers and other counsellors as they help families build stronger relationships with their children and solve problems in caring for their children at home. Care for Child Development recommends play and communication activities for families to stimulate the learning of their children. Also, through play and communication, caregivers learn how to be sensitive to the needs of children and respond appropriately to meet them. These basic care giving skills contribute to the survival, as well as the healthy growth and development, of young children. The materials are widely used to optimize early psycho-social development and reduce inequities and the global burden of poor development.

Research has shown that Care for Development materials can have a significant impact on parenting behaviours and child development. Mothers could recall messages and reported higher levels of satisfaction when health worker was trained on care for development. In a randomized controlled trial in rural china, found high significant differences in young children’s cognitive development and in mothers’ understanding of the recommendations after home visits. The materials have recently been
The successes of parenting programmes have varied and are dependent on the retention of the parents and their ability to adopt and implement the positive behaviours to reduce child violence, abuse and neglect. In general, effective parent education programmes had explicitly stated measurable outcomes, were of sufficient length and intensity, had interventions tailored to a family’s developmental milestones, were based on a strength-based model, and demonstrated an ecological approach that was sensitive to the influence of neighbourhood and community contexts.

Evaluations of parent education programmes have shown promising results but few have directly examined their impact on child violence, abuse and neglect rates. Rather, outcomes have focused on and included parent competence and skills, parent-child conflict and parental mental health. Evidence-based parent training, are in a period of transformation. Evidence-based methods are rapidly emerging from a development phase that has primarily involved local and highly controlled studies into more national implementation and greater engagement with the child protection system. The next step is effectiveness trials.

**Jordan: The Better Parenting Programme**

A major vehicle through which child development and protection have been promoted is the Better Parenting Programme (BPP), which was designed after a national Knowledge, Attitudes and Practices Survey conducted in 1996 revealed parents’ knowledge gaps in effective childrearing (Brown, 2000). For example, less than half of parents responded correctly to items regarding social and language development, and parents lacked sufficient knowledge about the importance of play and setting appropriate limits (Brown J., 2000). The BPP has been implemented in more than 200 centres nationwide and was initially evaluated in 2000. An important recommendation was the need to expand the BPP scope to a more holistic early childhood approach, including protection of children from abuse and neglect (Brown, 2000). These recommendations were taken into consideration in the design of a revised BPP, which started in 2003.

UNICEF and other key government and civil partners have supported a nationwide programme aimed at empowering parents and caregivers to provide a stimulating, loving, and protective environment at home, through equipping parents and caregivers with skills and information to enable them to promote the psychosocial, cognitive, and physical development of their children aged 0–8 years. The BPP takes a holistic perspective on children’s growth and development, regarding children’s growth and development as being supported within the context of the family, the community, and the nation (Al-Hassan S., 2009).

The programme consists of a series of lessons that focus on specific areas of parenting knowledge, attitudes, and behaviours. The lessons are led by social workers, health workers, kindergarten teachers, and paraprofessionals who had been instructed in how to deliver the lessons by centralized trainers. The facilitator’s manuals include session guides, printed booklets, flip charts, audio-visual materials, posters, parent activity sheets, and recommended take-home reading materials for participants. Local facilitators have the flexibility to use all or a subset of the lessons and to follow time schedules that worked best for
the participants. The programme is flexible and can be implemented over a consecutive 3 or 4 days, training once a week for a month, or twice a week for two weeks.

An evaluation of the programme effects found interesting impacts between groups receiving the programme when compared to a control group that did not (Al-Hassan & Lansford, 2011). Before and after the BPP, all participants completed questionnaires to assess their knowledge regarding key areas of child development, activities with their children, discipline practices, and perceptions regarding behaviours that constitute child abuse and neglect. Over time, participants in the experimental group experienced moderate positive results including improved on parenting knowledge, spending time playing and reading books with their children, using more explanations during the course of disciplining their child, and accurately perceiving behaviours that constitute child neglect.

Triple P-Positive Parenting Programme

Triple P-Positive Parenting Programme is a multifaceted parenting campaign developed in Australia that has demonstrated substantial promise in several large trials. Triple P has been tested on thousands of families over the past 30 years. More than 250 published papers, international trials and studies have shown it works across cultures, socio-economic groups and in many different family structures. Triple P is now used in 25 countries including the USA, England, Ireland, Scotland, Wales, Canada, Australia, New Zealand, Belgium, Japan, Iran, Hong Kong, Singapore, the Netherlands, Germany, Curacao, Romania, Switzerland, Austria and Sweden. It has been translated into 17 languages and has helped more than six million children and their families.

The goal of the Triple P-Positive Parenting Programme is to help parents deal with the full gamut of children’s health and behavioural issues. The programme includes five levels of intervention, each featuring a different means of delivery and intensity of service. The evidence-based Triple P approach offers a general framework that could be used to guide the future evolution of parenting programmes.

- Level 1: Provision of media messages on positive parenting;
- Level 2: Information resources such as advice sheets and videos;
- Level 3: Short targeted interventions for specific behavioural problems, offered by primary care practitioners;
- Level 4: More intensive training programmes for parents;
- Level 5: Addressing broader family issues such as relationship conflict, parental depression, anger and stress.

A number of independent outcome evaluations have shown Triple P to be effective in improving family management techniques, parental confidence in effective children rearing, and behavioural outcomes, including health behaviour and aggression. The results seem to demonstrate that a population based approach may be feasible and further evaluations will contribute to the available knowledge about using this approach with different populations.

While the program has been used successfully in many high income countries, due to the high cost of the materials, its replication in low and moderate income countries has been limited.
Centre-based Early Learning Programmes

Early Childhood Development programmes, both formal and informal, for preschool children from 3-6 years provide an ideal opportunity for ensuring positive child development and in strengthening the quality of families to provide and care for their young children. While the organization and structure of early learning programmes vary widely, the goal of quality programmes address all aspects of children’s development (social-emotional, language, cognitive and physical) and provide a solid foundation for the child’s success in early primary school. They are guided and framed by an underlying core set of principles. These include:

- Establish a supportive environment for children, families and staff that provide opportunities to enhance awareness, refine skills and increase understanding;

- Understand that the empowerment of families occurs when programmes are jointly managed and reflect the perspectives of families, communities and staff;

- Promote a comprehensive vision of health for children by assuring that basic health and nutrition needs are met, encourages practices that prevent future illnesses and injuries and promotes positive and culturally relevant health behaviours;

- Provide comprehensive learning opportunities that address all aspects of development including social, emotional, cognitive and physical growth;

- Build a community where adults and children are treated as individuals while at the same time a sense of belonging to the group is reinforced.

The most widely cited benefits of early childhood development programmes are improved school performance outcomes. Research has also shown lower rates of child violence, abuse and neglect and higher rates of employment among mothers of children enrolled in early childhood centre based programmes. (Stagner & Lansing, 2009). Providing high quality child development in early childhood care centres will not of itself reduce child abuse and neglect unless specific strategies are also implemented that are focused on parents and caregivers.

One parent/family focused approach that has very broad applicability is Strengthening Families through Early Child Development and Education programmes. (Center for the Study of Social Policy, 2008) The Strengthening Families approach is an evidence informed practice based on decades of child abuse prevention studies. The approach has identified five protective factors that can be integrated into early learning programmes. The protective factors are interconnected and as an overarching approach are intended to be infused into the practices, policies, and programming in early childhood settings toward the ultimate goal of reducing child abuse and neglect. The five protective factors are supported by extensive research and include: parental resilience, social connections, knowledge of parenting and child development, and concrete support in time of need. The protective factor for children is children’s social and emotional development.
Strengthening Families: Protective Factors

**Parental Resilience:** Parents’ capacity for resilience can affect how they deal with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in a family’s life. It includes identify ways that parents’ solve problems, build and sustain trusting relationships, and how to find help when needed.

**Social Connections:** Networks of support are essential to families with young children and are an important part of self-esteem. Isolated families need support in reaching out to build positive relationships.

**Concrete Support in Times of Need:** When families are faced with crisis such as domestic violence, mental illness substance abuse, natural disasters, adequate services and support need to be in place to provide stability, treatment and help for families to get through the crisis.

**Knowledge of Parenting and Child Development:** Accurate information about child development and appropriate expectations for children’s behaviour at every age help parents to see their children in a positive light and enable healthy development. Families who experience harsh discipline or other negative childhood experiences many need extra help to change parenting practices and behaviours learned as children.

**Social and Emotional Competence of Children:** A child’s ability to interact positively with others, regulate behaviour and communicate their feelings has a positive impact on their relationships with families, other adults, and peers. Challenging behaviours or delayed development creates extra stress. Early identification and assistance for both caregivers and children can prevent negative results and maintain a positive developmental course.

Applying the Strengthening Families approach, early childhood settings provide support to parents to help them develop positive relationships, increase knowledge of parenting and child development. The staff in early childhood care settings receives instruction in interacting with all families in ways that build protective factors. Services for parents include peer support groups, lending libraries, parent-information sessions, or volunteer projects. The focus is on protective factors but early childhood staff is also trained to recognize risk and respond to early warning signs of abuse and neglect. The staff is prepared to carry out other strategies that strengthen parenting, link families to resources, respond to family crises, and value parents.

These protective factors have been used to develop seven key strategies in the daily operations partnerships, and policies of child care programmes. While the strategies themselves are consistent across different programmes, the way programmes implementation is adapted to the culture, concerns, values and traditions of the particular families served. The following model summarizes the seven promising strategies used in promoting the five protective factors. (Strengthening Families, 2008)
**Figure 2. The Strengthening Family Approach: Optimal child development and reduced child abuse and neglect.**

**Family Resource Centres:**
While the focus of the Strengthening Families through Early Care and Education movement was on child care settings, community-based Family Resource Centres provide opportunities for supporting and strengthening families. Parent-driven agendas for local programming that informs parents about child development and builds parenting skills within culturally responsive contexts have been quite successful. Evaluations of Family Resource Centres indicate that parents do gain new knowledge and improve parent-child interaction skills. Future cross-site evaluations that combine results across Family Resource Centres are needed to assess the degree to which the programmes succeed in strengthening families and engaging the community.

**Community Preschools in Bangladesh**
The SUCCEED preschool attempts to provide a high-quality programme for five-year-olds that is both affordable and sustainable. (Aboud, Hossain, & O'Gara, 2008). It operates six days a week for three hours a day, and caters to children from poor and very poor rural families. Trained community teachers, usually mothers, are selected as teachers. In each community, two home-based preschools each with up to 20 children and one school based preschool class with up to 25 children are linked to a registered non-government primary school. This combination typically serves the entire local cohort of five-year-old children who will enter primary school the following year. Home-based preschools are managed by the Preschool Operations Committee organized by the respective communities in the catchments while School Management Committees look after the school-based preschools. All children are screened for health, vision and hearing and linked to basic services including de-worming and vitamin A provision.

The curriculum includes teacher-led and child-initiated activities. Materials, including books, posters and learning toys, fit into a tin trunk and are easily stored when the preschool day is finished. Colourful mats
are used to create an environment for learning and play and no furniture is required. Teachers read to children, and teach them group games, songs and rhymes. The children play with their friends and learning toys in four corners (blocks; imagination; books, games and pictures; and sand and water). Play materials were the focus of initial improvements in an attempt to introduce more challenging and age-appropriate blocks, books, and dramatic play materials. Preschool teachers conduct 12 parent education sessions and storybook lending for home reading.

An evaluation of the program compared the first-grade competencies of cohorts of Bangladesh children who attended 'Succeed' preschools, with a control group who did not attend preschool. Testing of these groups occurred in 2006, 2007, and 2005, respectively. (Aboud, Hossain, & O’Gara, 2008) Researchers assessed the quality of school- and home-based preschool environments using the Early Childhood Environment Rating Scale (ECERS) plus two curricular subscales that tap program quality. An independently developed test based on government-defined competencies assessed school achievement of Grade 1 children. Results showed that children who attended Succeed preschools performed better in four of the five competencies relating to reading, writing, and oral math, compared with children without any preschool experience. Better quality preschool environments were positively associated with children's competencies in Grade 1. There were no statistically significant differences in first-grade performance between children from home-based preschools compared with school-based preschools, both using the same Succeed program.

**Communications: Changing Social and Cultural Norms:**

Social and cultural norms contribute in powerful ways to the presence of child violence, abuse and neglect. Legal reform is unlikely by itself to exert a major impact unless it is accompanied by a change in norms regarding the value and status of children, the effectiveness of punishment, gender roles and family privacy. Public awareness and media campaigns can play an important role in highlighting the extent and nature of child violence, abuse and neglect.

Evidence to change norms is difficult to ascertain. A few studies of large-scale interventions have found shifts in attitudes and norms regarding the use of violence against young children. Public campaigns can encourage adults to understand and identify the warning signs of abuse and act on them before an act is committed. Advocacy campaigns can also identify help and support for those at risk of abuse. Social norms are critical variables in the development and implementation of prevention programmes. These efforts should be designed with an awareness of cultural values, childrearing traditions, social networks, and informal sources of information and support.

Communication experts are promoting strategies that move away from a focus on child victims and the damage resulting from abuse violence and neglect. They suggest individuals tend to default to familiar widely held assumptions when a familiar topic is raised. For violence, abuse and neglect, the familiar frames include horrendous cases of abuse and the failure of appropriate system response. This leaves little space for a hopeful prevention messages. Recent research recommends that communication about prevention be linked to information about child development, including brain development and the impact of toxic stress. In addition other aspects such as the importance of reciprocal exchange between young children and adults as well as the resources available to support families should be
included. A more powerful approach is to create messages and materials that highlight solutions and illustrate the positive impact of effective policies and programmes for young children, families and communities.

**Legal Reforms and the Promotion of Child Rights**
The Convention on the Rights of the Child committed countries to take all appropriate legislative, administrative, social and educational measures to prevent violence against children. Translating the Convention into national laws and giving judicial systems the power and responsibility to enforce these laws are fundamental prevention strategies. Legal frameworks can play a role in shaping social norms against violence, abuse and neglect of young children. Prohibiting harsh physical punishment and establishing legal requirements to report have been instrumental in countering the idea that child violence, abuse and neglect is a private matter only to be left to the family.

**UNICEF Programme Review**
UNICEF recently conducted a review of a sample of UNICEF country-programmes as part of larger initiative designed to support UNICEF Country Offices in developing and sustaining effective programmes to protect children in the early years. (Evans, Gittins, & and Garner, 2012). Data were analyzed according to a predetermined matrix template which was informed by themes emerging from in literature review and a review of documentation on ECD programmes. The report examines the trends, patterns and features highlighted in 13 UNICEF Country Office reports, documents and materials.

A total of 53 documents were reviewed and categorized as indicated in the following Table.

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Note: * equates to one document

The review highlighted the extent to which early childhood violence, abuse and neglect issues assume a high degree of similarity from one country to another, irrespective of location or context. The review also highlighted three principal challenges in providing definitive, quantifiable data on violence, abuse...
and neglect in early childhood. These relate to: (i) differences in terminology, (ii) variations in cultural/social interpretations and (iii) the validity, representativeness and coverage of data, including baseline data which is often absent.

Summarizing the findings emerging from the review, the authors highlighted the following challenges and opportunities that should be addressed in designing and implementing efforts to prevent early childhood violence, abuse, and neglect.

- **Identifying needs and services**: Have appropriate needs analyses been conducted? Has the (cultural and social) context been understood? Is existing work recognised and developed
- **Infrastructure**: Does the proposed programme require expansion in infrastructure? What are the implications for communities?
- **Capacity**: Does the proposed programme require capacity-building in respect of human resources? Are there enough trained personnel at appropriate levels/experience? How will existing personnel be integrated within new programmes?
- **Policies**: How does the intended action connect with existing policies or regulations? What challenges might legislative change present (know-how; capacity to be a change agent; time-scale)?
- **Community participation**: How does the community participate? What opportunities are there for decision-making regarding content? Is participation equitable and inclusive of all community stakeholders? Is the programme content consistent with the expectations of the community?
- **Communication**: What is the quality of communication at the different levels of programme application? How inclusive are the communication styles? What is the mechanism for liaison with other agencies and ECVAN groups?
- **Decision-makers**: Who makes decisions in respect of project direction and content? How are such decisions arrived at? What management style is used?

**Best Practices: A Summary**
A comprehensive strategy for the prevention of child violence, abuse and neglect includes intervention at all four levels of the ecological model—individual, family, community and society. To date, support for families through home visits and education programmes are the strategies with the most amount of evidence. They are a good starting point for prevention efforts. Making these programmes readily accessible to subgroups of the population at risk of violence, abuse and neglect will ensure that scarce resources are sufficiently concentrated and used most effectively. Given the complexity of assessing the effectiveness of child violence, abuse and neglect prevention programmes, researchers and policy makers are concentrating their efforts on the identification of best practices in design and implementation rather than on impact evaluation of programme models themselves however, the sector is acutely aware of the need to establish a robust base of evidence. The following briefly highlights some of the documented best practices in the design of child abuse prevention programmes.
Programme Development Lessons

It is clear that no one approach guarantees success for all families under all conditions. Strategies that focus on reducing risk and strengthening protective factors will vary across ethnic group, communities and cultures. Finding the correct pathway for change requires careful assessment of children, families and communities. However over the past few years, researchers, policy makers and programmers have identified a set of best practices and quality standards that will lead to successful child and family outcomes and prevent child abuse, neglect and violence. Some of these best practices are summarized below:

Importance of a clearly defined theory of change as the basis for the intervention. Successful programmes follow a clear logic model including definition of the problem, examination of aetiology and context, identification of measurable goals, and a cohesive intervention structure. Programmes should specify an intervention timeline and determine how to ensure sustainability over time.

Successful prevention programmes rely on both individual and family level theories to inform their programme. The focus is on relationships and includes skills and methods to enhance interaction between individuals and their families. Children, parents and families are all included as important beneficiaries of the interventions. (Portwood, 2006).

Provide a range of complementary and supplemental services. Many of the most effective programmes offer a variety of service components including child development (home visits, child care), family development, health and mental health services, and parenting education. These services increase programme impacts especially for families facing multiple stressors and risk factors. (MacMillan, Wathen, Barlow, Fergusson, Leventhal, & Taussig, 2009)

Effectiveness of multi-tier level structures and service delivery. Effective prevention programmes provide differing levels of intensity depending on need. Families in greatest need receive a high level of services while those with less need receive a less intensive level. This degree of flexibility requires the design and development of reliable need assessment standards and protocols. A staggered programme design can contribute to greater programme efficacy, efficiency and cost-effectiveness.

There is little clarity regarding the preferred staffing arrangements across a range of different programmes. An overarching consensus has yet to be reached regarding the comparative advantages of professionals or paraprofessionals as services providers. Programme evaluations underscore the importance of using a wide variety of staffing arrangements that capitalize on the unique strengths and benefits of both groups of providers. Regardless of educational backgrounds and levels, the performance and quality of care is enhanced when staff at every level receives both initial and ongoing training and supervision.

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Implementation and Replication Lessons:

Effective participatory engagement requires cultural awareness, respect and understanding towards the participants. Other factors which influence participant retention and participation include home visitor characteristics, staff turnover, programme structure, programme stability, length of intervention location and a match between programme components and participant needs. In order to maximize engagement, a programme must take all of these factors into their programme design.

High rates of staff turnover present serious challenges for child abuse prevention programmes. One way to address this challenge is to prioritize workforce development and the development of a learning organization where staff feels supported, valued and trusted. The organizational culture must allow open reflection and collaboration where staff feels their input and ideas are valued. This collaboration creates a shared vision and new ways of problem solving. Key characteristics of successful organization include an open and inclusive management culture, strong leadership, resources stability and transparent access to data (Daro, 2007)

When moving to scale, it is important to clarify what is being brought to scale to test and to refine the model according to different population needs. For effective replication, a clear plan and adequate preparation time is essential. Taking a programme to scale raises questions about sustainability. Challenges include securing adequate funding, maintaining quality, demonstrating efficacy and ensuring replication with quality. Programme models need to be adapted to a specific population. It is also important to build community ownership and secure long term sustainable funding opportunities.

“Imagine a community where all of the adults who interact with children—parents, family members, child care providers, teachers, health care providers, and neighbours—actively engage in preventing child maltreatment before an incident of abuse or neglect occurs. Imagine a community where there is a wide continuum of prevention activities that extends well beyond providing direct services to individual families; a continuum that includes public education efforts to change social norms and behaviour, neighbourhood activities that engage families, and public policies and institutions that support families. This type of broad-based community wide approach is often the purview of a systems approach.” (Zimmerman & Mercy, 2010)

V. Responding to Child Victims of Violence, Abuse and Neglect

Child Protection systems are faced with a daunting task. They are responsible for ensuring the safety and wellbeing of all children who come to their attention. While the primary effort is strengthening systems to prevent violence against children, a coordinated set of services are needed to; (i) Detect cases and intervene early; (ii) Provide ongoing care to children and families where violence, abuse and neglect occurs; (iii) Prevent the reoccurrence of violence. Response to child violence, abuse and neglect involves the following sequence of services.  

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7 Ibid. Daro, D. et al, 2009
8 https://www.childwelfare.gov/responding/
1. **Reporting Child Abuse and neglect.** Systems receive and respond to reports of possible child violence, abuse and neglect. These can include professional, citizens, local child protection services, health centres or law enforcement agencies.

2. **Intake, Assessment and Investigation.** Agencies respond to concerns about child violence, abuse and neglect. Intake involves receiving and screening reports of possible harm to determine if intervention is necessary. Investigations are conducted to determine if children have been harmed or are at risk of being harmed. Assessments determine the level of risk and safety for children and evaluate families’ strengths and needs regarding the care of their children. Often, these services are provided by multidisciplinary teams or through a collaborative approach by public and private service providers.

3. **Case Management.** Interventions may provide case management services during or following investigations or initial assessments. Case management involves working with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress toward achievement of the goals, and closing cases when goals have been achieved.

4. **Treatment and Trauma-Informed Care.** To provide trauma-informed care to children and families involved with child protection systems, professionals must understand the impact of trauma on assessing and treating trauma, addressing secondary trauma in caseworkers, and trauma training.

The following goals underlie a web of services and support designed to better serve young children in the child protection systems and their families (Stepelton, McIntosh, & Corrington, 2010).

*Build a focus on optimal development and family strengthening into child protection practice with young children.* Children coming into contact with child protective systems with substantiated cases of violence, abuse and neglect have already experienced significant stress, and their involvement in the system may in fact cause further trauma, especially if they are removed from their homes. The services needed to prevent further risk and ensure the optimal development of young children must be the primary concern. Caseworkers, supervisors, administrators, and child protection agencies have a responsibility to embed a dual focus on optimal development and family-strengthening into practice involving young children. All agencies, administrators, supervisors, and caseworkers must understand early child development, including normal developmental milestones, indicators of developmental delays, and conditions for optimal child development.

*Ensure that families reported to the child protection system are appropriately assessed and receive services tailored to their needs.* When an allegation of child abuse is reported, there are several points at which decisions are made by child protection authorities regarding whether or not to bring a family into the child protection system for services. A fraction of reports are investigated, and an even smaller number of investigations result in open child protection cases. Only a small percentage of children with active child protection cases are removed from their homes. Yet it is extremely likely that a large proportion of reported families are confronting challenging and stressful conditions, and that some level of support may be appropriate. Reports and investigations are opportunities to reach struggling families.
and connect them with systems and services that might address their needs, inside or outside of the child protection system.

*Link the various systems who serve young children and their families, including child protection, in order to enhance supportive services to families within any of these systems.* Families come into contact with an array of systems charged with increasing child and family well-being. With common language, clear communication, and shared accountability for overlapping goals, systems that collaborate can reduce redundancies, maximize resources, and increase efficiency as they work simultaneously to support families. The Protective Factors framework provides a common framework for collaboration that is intentional, purposeful, and focused on promoting optimal development of young children and strengthening their families.

*Ensure young children in child protection have access to quality ECD programmes and other early childhood services.* Young children in the child protection system, having experienced some trauma, require targeted support of their early development. High quality early care and education programmes regularly build protective factors by employing a variety of strategies that nurture children, support parents, and strengthen families. With appropriate training, child care providers in high-quality early care and education settings are equipped to provide this specialized support for children involved with the child protection system and their families.

*Include specific strategies and benchmarks aimed at improving developmental outcomes for children in all monitoring and evaluation reports.* Programmes have greater leverage when they are explicitly included in system improvement monitoring and evaluation efforts. Directly connecting programme objectives to outcomes - safety, permanency, and wellbeing will motivate child protection systems to attend to the principles with greater intentionality.

Child protection systems are responsible for ensuring the safety, permanency, and well-being of all children, including the most vulnerable young children. It is a daunting task given the myriad of developmental needs that must be addressed when young children have experienced some form of toxic stress resulting from violence, abuse or neglect. However, child protection systems are not alone in espousing these goals; early care and education systems, health care systems, family support systems, and informal community entities all play a critical role. What is required is commitment to promoting protection factors and reducing risk building relationships with families, communities and providers; ensuring productive cross system collaboration and shared accountability.

**VI. An Agenda for Action: Prevention and Response**

*Mapping and Assessment: A coordinated multi sector systems approach*

Protecting young children from violence, abuse and neglect is a complex task requiring changing parental behaviours and social norms, creating safer and more supportive communities, and improving the quality and reliability of formal institutions and informal networks of services. To build an effective, systematic response that will be sustainable and far-reaching, both prevention and response components must operate in unison as part of a single system. The efforts of different sectors, groups
and individuals involved must be woven together in a way that minimizes duplication and maximizes effectiveness.

A systems approach is holistic, integrates with other systems, has a focus on prevention and results in better outcomes for children and their families. Broadly speaking, a system consists of the legal and policy framework, certain structures, functions and capacities, services, data and information, and resource flows. These components are not formed in isolation. Rather the design, maintenance and adaptation of each element affects and is affected by other parts throughout the system. To understand the system, one has to understand how the individual parts relate to and interact with other parts within the systems.

As a starting point, a mapping and assessment of the capacity of the child protection system to prevent and respond to early childhood violence, abuse and neglect is suggested. This would help UNICEF and its partners to obtain a common understanding of the current system, its strengths and weaknesses, define ministerial and agency responsibilities and develop a strategy for redefining and strengthening a coordinated systemic response. More specifically, a mapping and assessment process will help achieve the following objectives (Maestral International, 2009):

- Provide a clear picture of the existing structure and functions of both prevention and response services;
- Describe the current legal and normative framework, noting gaps and opportunities;
- Outline a policy agenda for the prevention against child violence, abuse and neglect;
- Highlight the key risks/protection factors facing children, and prioritize data requirements for monitoring and evaluating these factors;
- Drawing on global best practices, assess the capacity of both formal and informal structures to develop, administer, implement and monitor and evaluate their responsibilities;
- Identify and prioritize opportunities to improve service delivery and expand access to high quality services;
- Assess system organization and coordination, and management with clearly defined roles, responsibilities and accountabilities;
- Identify the financial and human resources required to implement system response to child violence, abuse and neglect.

One option for implementing a mapping and assessment activity is to create an inter-agency committee or task force. Chaired by an appropriate high level government agency, and with members from government, NGOs and civil society the task force would be responsible for creating a set of tools and a process for completing a mapping and assessment of the capacity to prevent and respond to child abuse and neglect within the wider child protection system. The system mapping exercise should also result in a set of priorities for moving forward. Some possible priority areas for further development are suggested in the following system building recommendations.
**Improve Data and Information for Decision-making**

A system requires an accountability mechanism which includes data collection; research management, analysis and communication with stakeholders within and outside the formal system. Without accountability measures, the system has no way of knowing how well it is doing, no way of knowing how the context has changed, and no way to adjust its structures, functions and capacities. National as well as international efforts must continue to enlighten our understanding of the scale and scope of abuse, violence, abuse, and neglect as well as its causes and consequences.

Broad data gaps and a glaring lack of evidence are severe obstacle to progress. The invisibility of violence, abuse and neglect against children is perpetuated by deeply held social norms and the perception that reporting might do more harm than good. The ability to accurately identify those who will benefit from preventive services is limited and fraught with the dual problem of over-identification and under-identification. Enhance the ability to identify relative risk for violence, abuse and neglect.

Moreover, innovation needs to be guided by strong theoretical models that link programme strategies to specific outcomes. Equally important is enhancing our understanding of how services are delivered. Better more robust studies are needed to document the most efficient way to replicate successful programmes and take them to scale. We must focus efforts to gain greater understanding of the components of successful interventions at multiple levels -- home, family and community. National tracking monitoring and evaluation systems are needed in order to generate baseline data, and establish systems for monitoring and evaluation programme quality and outcomes. A research and policy agenda that recognizes the importance of strengthening the link between learning and practice is sorely needed.

**Expand Access to Quality Services**

*Protective and Preventive Actions/Services*

The protection of young children from violence, abuse and neglect should be mainstreamed in all ECD interventions and national strategies. Child protection strategies and initiatives should take into account the specific vulnerabilities of young children and the importance of early childhood development activities as a means to prevent violence and strengthen families. Child protection interventions can be integrated into health and education services to ensure that young children grow and develop in safe, healthy and enabling environment. Parent education and positive discipline is critical to ensuring that children are raised in an environment free of violence, abuse and neglect. Child development information and positive discipline programmes/messages can be delivered through home visiting programmes, preschools and community based early child development centres, family resource centres, or in health facilities through nurses and doctors. Access to services alone is not enough; the services must be responsive to local norms and build support from within the community in order to reach those at risk.

Equally important is to ensure that both early child development and child protection communication strategies include a component on the prevention of abuse and neglect in early childhood. Specific messages should be delivered to communities, families and children as well as to decision-makers.
Framing communication and dissemination strategies will help community and their leaders understand the magnitude of the problem and the long term benefits of prevention investments.

The proposed mapping and assessment exercise should help to describe the existing services to protect vulnerable children and prevent violence, abuse and neglect. The task would involve identifying programmes or services, briefly describe the services provided, as well as who is involved, the geographical coverage and scale, quality and impact. The exercise can also provide a map of the connections or interfaces between the informal sector and the formal sector.

*Response and Intervention Services*

While successful child protection programmes begin with prevention, responding to violence, abuse and violence, abuse and neglect and providing assistance to victims is also critical. Programmes for young children and families should ensure that services are in place to respond to cases of abuse and neglect and to provide child victims with specialized services. This includes having social welfare, health and education professionals with the capacity to identify signs of abuse and neglect and health, social welfare and legal services available to the child and family.

The mapping and assessment exercise can be designed to capture the existing interventions available for children at imminent risk of violence, abuse, and neglect. It should include responses and interventions from identification of a child at risk through the assessment of the risk, to the provision of services for the child and family including the provision of alternative care, and eventual reintegration of the child into his/her family. For these existing services, the following aspects can be assessed: the role and responsibilities of those involved in providing these responses and interventions, assessing whether the interventions and responses are informal or formal in terms of the entities involved, noting their geographical coverage and assessing their quality and impact.

*Improve Programme Quality and Professional Capacity*

Programme effectiveness could be significantly enhanced by interventions to explicitly address the developmental needs of young children beginning in the prenatal period, and targeting parents, caregivers and professionals in direct contact with children. Greater attention should be directed towards maternal factors that place the health and development of children at high risk including substance abuse, domestic violence, isolation and maternal depression. The prevention of developmental impairments due to these complex factors requires proper identification, diagnosis, and treatment of both caregivers and children.

Training of physicians and health care personnel to manage these cases as well the development of a cadre of skilled social services providers is critical. Also government structures need to be in place with trained staff to implement programmes and deliver specialized services for those in need. Social workers should have the capacity to identify families and children at risk, and to conduct home visits to provide direct support or refer them to services to meet their needs. Health and education professionals/paraprofessionals should be equipped to provide young mothers and pregnant women with information about care and parenting. This is particularly relevant in the case of child abandonment where maternity ward staff play a key role in prevention.
In general policies that focus on the delivery of evidence based services for the most vulnerable young children will achieve greater financial return than services for children at lesser degree of risk. In this perspective, issues of quality and cost must be viewed in light of a programme’s expectations. Programmes for families coping with severe depression, substance abuse or violence must be staffed by skilled providers. When programme resources match the needs of the children and families they are designed to serve they can be effective. When services are expected to address complex needs that are beyond their capacity, they are likely to have limited impact.

**Develop Supportive Legal and Policy Frameworks**

ECD child protection programmes are most effective when developed and implemented through a systems approach that links the prevention work with programme interventions when children are at risk or victims of child abuse. This includes ensuring that ECD laws and policies are comprehensive so that child protection issues are adequately integrated, particularly regarding the protection against abuse and neglect. Policies can promote caregivers to earn an income while children attend ECD centres particularly in the case of single parents. Centres are also particularly important to families with children with disabilities since the latter are able to receive specialised care and families are better equipped to care for their children. It reduces the risk placing children in residential care, which has been proven to be significantly harmful to the child’s development in the early years. Social protection and cash transfers can also alleviate the economic burden of vulnerable families with young children.

Policy should be supported by legislation which sets a moral imperative to protect children. Legislative efforts which prohibit corporal punishment of children will also contribute to greater protection of children from violence and abuse. Efforts to revise laws and seek formal sanctions against parents and caregivers are essential and provide a legal framework. However, as in the case of many commonly held beliefs and practices, the passage of laws alone is not sufficient. Legislation or attempts to shift legal norms require similar and parallel efforts in the realm of social norms. Policies with a broad mandate to reduce poverty and community violence would likely have greater long term impacts if they also included explicit and focused attention on the prevention of fear, anxiety, and the impact of toxic stress in young children. If we are to allocate appropriate investments in child abuse prevention programmes, a research and policy agenda that recognizes the importance of strengthening the link between learning and practice must be a high priority.

**Conclusion**

For too many children, home is far from a safe haven. Flagrant violation of young children often comes from the very social structures and institutions designed to care and protect them. Sadly, acts of violence, exploitation and abuse are rarely reported and investigated; few perpetrators are held accountable. Violence towards children is not limited by geography, ethnicity, or status; it is a global phenomenon and one of the most pervasive human rights challenges of our time.

The lack of systematic programme attention is a disheartening, yet valid, indicator of staggeringly limited national and global attention. Successful approaches have only marginally been integrated into health or education systems nor widely translated, disseminated and implemented by communities.
Research is needed to build knowledge that can be used with existing systems structures and processes. We need to bridge the gap between prevention research and action by examining how prevention strategies are best disseminated, implemented and sustained for use by communities and policy makers.

Yet, there is room for hope. Trade-offs of various types of targeting are better understood. Researchers and programme developers are well-positioned to learn more about the promising strategies for preventing child abuse. These approaches increasingly reflect the investment-prevention paradigm. They are focused on recognizing and strengthening protective factors, building social networks, maintaining awareness of family and community contexts, and integrating professionals and paraprofessionals into the everyday lives of children and their families.

Policy makers, programmers and child development specialists are eager to intensify system approaches by stepping outside of traditional service silos and partnerships, and exploring ways of integrating services into a well-coordinated child protection system. In systematically testing such approaches, the field of child violence, abuse and neglect prevention will have a greater impact on families by reducing the severe consequences of child violence, abuse and neglect. Armed with increasing scientific and programmatic evidence, and building on its country presence and programme experience, UNICEF and its partners must now forge forward with greater systematic attention and commitment to this silent cry for help.
Bibliography


