

**Baltic workshop on
building capacity in
parenting
programmes to
prevent violence**



**Vilnius, Lithuania
8-9 January 2019**



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Abstract

The WHO Regional Office for Europe and the Government of Lithuania jointly organized the Baltic workshop to build capacity in parenting programmes to prevent violence against children. The aim of the meeting was to discuss the implementation of one of the *INSPIRE: seven strategies for ending violence against children* on Parent and caregiver support by building institutional capacity and promoting the exchange of expertise in parenting programmes. Specific objectives included deliberate the burden of child maltreatment, risk factors such as household dysfunction, alcohol, poverty and social exclusion, and the benefits of investing in children; receive country profiles of the European status report on preventing child maltreatment from the Baltic subregion; discuss the latest examples of good practice on the prevention of child maltreatment through positive parenting programmes; exchange evidence-based experience on the implementation and evaluation of the Incredible Years and Parenting for Lifelong Health programmes in the European context; develop an understanding of the costs, requirements, scope and contents of training for one or both of the above parenting programmes; and debate how policy and programming may be improved to achieve more widespread positive parenting in societies.

Keywords

**CHILD ABUSE – PREVENTION AND CONTROL
VIOLENCE – PREVENTION AND CONTROL
CHILD WELFARE
COOPERATIVE BEHAVIOR
PARENTING SUPPORT
CAREGIVER**

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Scope and purpose

Child maltreatment is one of the hidden forms of violence and evidence shows that the prevalence is unacceptably high in the 53 countries of the WHO European Region. The *World report on violence and health* defines child maltreatment as physical, sexual or emotional abuse, and or deprivation and neglect. Child abuse if severe can lead to homicide, and although these appear relatively low at about 850 deaths each year in children under 15 years of age, deaths are the tip of the iceberg. Reports suggest that the prevalence of child maltreatment is much higher. In the WHO European Region the prevalence ranges from 9.6% for sexual abuse, 22.9% for physical abuse to 29.1% for mental abuse, suggesting that tens of millions of children are abused before the age of 18 years. Child maltreatment is one of the more serious forms of adverse childhood experiences (ACE)¹, though other adversity may also present itself.

The lack of safe and nurturing relationships in childhood are thought to adversely affect neurodevelopmental change, and in turn, the emotional, cognitive and behavioural development of a child. Adverse childhood experiences are linked both to a propensity for increased violence later in life and health harming behaviours, such as alcohol and drug misuse, physical inactivity, depression, self-harm, leading to poor health outcomes, including those due to increased noncommunicable diseases (NCDs) and psychiatric disorders. The scale, risks, consequences, evidence-base for preventive action and policy options are summarized in the *European report on preventing child maltreatment*. In view of concern about the scale and consequences of child maltreatment, all 53 Member States of the WHO Regional Committee for Europe gave their unanimous support to resolution RC64/R6 ‘Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020’. This calls on leadership by the health sector in coordinating an intersectoral prevention response focusing on improved surveillance, developing a comprehensive national action plan for prevention, and more widespread implementation of prevention programmes. A progress report, country profiles and the *European status report on preventing child maltreatment* were presented to Member States at the WHO Regional Committee for Europe in September 2018. These show that preventive actions in areas such as parenting programmes needs to be stepped up.

The United Nations Convention on the Rights of the Child requires all Member States to offer effective child protection, giving paramount importance to the rights and best interests of children under the age of 18 years. The United Nations Sustainable Development Goal target 16.2 calls for ending abuse, exploitation, trafficking and all forms of violence against and torture of children. In response, international agencies such as WHO and UNICEF and governments have come together to form the Global Partnership to End Violence Against Children. In addition, in 2016 the WHA adopted the *Global plan of action to strengthen the role of the health sector within a multisectoral response to address interpersonal violence, in particular against women and girls, and against children*. The Minsk Declaration on the Life-course approach highlights the importance of investing in early childhood development and promoting safe, stable and nurturing relationships to prevent adverse childhood experiences and maximise developmental potential to ensure better health and social outcomes as adults.

The Nordic and Baltic countries have a long history of collaboration and sharing of experience in a number of areas. Child maltreatment prevention has been the focus two WHO workshops in collaboration with the Nordic Council of Ministers in Riga (2017) and Vilnius (2018) to stimulate the exchange and implementation of good practices in the Nordic and Baltic region. All Nordic and Baltic countries are committed to ending violence against children.

¹ Adverse childhood experiences (ACE) may be one or more of emotional, physical and or sexual abuse, physical and or emotional neglect, substance misuse and or mental illness amongst family members, violent treatment of mother, separation or divorce of parents, imprisonment of family member

There is a large evidence base that prevention of child maltreatment and violence is more cost-effective than dealing with serious and far-reaching health and social consequences. This evidence has been captured in *Implementing child maltreatment prevention programmes: what the experts say* and *INSPIRE: Seven strategies to end violence against children* which has been produced by WHO and the Global Partnership to End Violence Against Children. One of the seven strategies promoted in INSPIRE is parenting programmes. Though numerous parenting programmes exist such as Nurse Family Partnership, Triple P-Positive Parenting Programme, Step Towards Effective Enjoyable Parenting™ and other, but those in more widespread use in Europe are *Incredible Years* and *Parenting for Lifelong Health*. In line with WHO European strategy Health 2020 and the 2030 Agenda for Sustainable Development, the WHO Regional Office for Europe, and the Ministry of Health of Lithuania would organize the Baltic workshop on building capacity in parenting programmes to prevent violence against children. The workshop is supported by the Federal Government of Germany. The aim of the meeting is to build institutional capacity in parenting programmes to end violence against children and to further develop collaboration across the Baltic subregion. Participants are expected to be policy makers, senior practitioners from the health, welfare and education sectors.

The specific objectives of the workshop were to:

- a) deliberate the burden of child maltreatment, risk factors such as household dysfunction, alcohol, poverty and social exclusion, and the benefits of investing in children;
- b) receive country profiles of the European status report on preventing child maltreatment from the Baltic subregion;
- c) discuss the latest examples of good practice on the prevention of child maltreatment through positive parenting programmes;
- d) exchange evidence-based experience on the implementation and evaluation of the *Incredible Years* and *Parenting for Lifelong Health* programmes in the European context;
- e) develop an understanding of the costs, requirements, scope and contents of training for one or both of the above parenting programmes;
- f) debate how policy and programming may be improved to achieve more widespread positive parenting in societies.

Day 1

Opening session

Chair: Ms Ingrida Zurlyte, Head, WHO Country Office, Lithuania. The chair introduced the speakers for the opening session and then coordinated the introductions from the participants of the workshop.

The meeting was opened by Professor Aurelijus Veryga Minister of Health of Lithuania who welcomed participants.

Child maltreatment is high on the political agenda in Lithuania. Good parenting is taken for granted and there isn't a formal training for it. However, training in parenting is needed for many families and it should be an important to include as a public health measure to ensure optimal developmental outcomes for children. In 2017 Lithuanian legislation banned corporal punishment in all settings but its acceptance in society as a whole is still under discussion. This requires a concerted effort to change cultural norms and programmes that give parents the means to discipline children without punishment. The aim of this workshop is to learn which are the best measures for positive parenting and its importance in Lithuania and in the Baltic countries. The Minister welcomed the support of WHO in this important area and the collaboration enjoyed with the Nordic Council of Ministers to co-host the Nordic Baltic workshop on child maltreatment prevention held in Vilnius in June 2018.

Mr Jonathon Passmore, Programme Manager for Violence and Injury Prevention, WHO Regional Office for Europe

Violence Against Children (VAC) is a global issue. As part of its thirteenth General Programme of Work, WHO has set a target that by 2023 children who experienced violence in the past 12 months should be decreased by 20%. Through normative guidance and technical support, it is WHO's mission to build national capacity to achieve this goal. Positive parenting programmes are a fundamental part of the strategies needed to achieve this target and it is a pleasure to work with international experts to build capacity in this area. Today's workshop will focus on two evidence-based examples, the Incredible Years and Parenting for Lifelong Health Programmes. WHO expresses its gratitude to the German government for supporting this meeting.

Ms Ingrida Zurlyte, Head, WHO Country Office, Lithuania

WHO Regional Office for Europe has had a longstanding biennial collaborative agreement with the Ministry of Health which has prioritised the prevention of violence against children. The importance of parenting programmes was highlighted at the Nordic Baltic workshop on child maltreatment prevention that WHO organized last year in Vilnius. Today's workshop is important because it aims to build capacity in positive parenting for the Baltic countries and represents an opportunity to learn from the experience of countries such as the United Kingdom, Norway, Estonia, Montenegro and Slovenia. This workshop is timely as the government has prioritised parental support as one of the areas of collaboration in its application for funds to the Norwegian Government.

European status report on preventing child maltreatment: Mr Jonathon Passmore

The WHO Regional Office for Europe released the *European Status Report for Preventing Child Maltreatment* (ESRPCM) in September 2018. The European region has the advantage of having completed population surveys in a large number of countries on adverse child experiences (ACEs). ACEs have an impact not only individually and through the life-course but also on population health.

The Sustainable Development Goals (SDG's) have target 16.2 to end all forms of violence against children, but also has goals and targets that address risk factors for child maltreatment (for example poverty, education, safe environments etc) and as a consequence many of SDG's will have a significant impact on preventing VAC. European Member States adopted in 2014 *Investing in children: the European child maltreatment prevention action plan 2014-2020*. This Action Plan aims to reduce child maltreatment (CM) by 20% by 2020. In reporting on the objectives of the Action Plan, the European status report found:

1. Make violence against children (VAC) more visible: looking at mortality, a sustained reduction in child homicides is seen, but it also shows a quite significant variation and inequalities between countries across our region.
2. Develop more action plans: many of the countries of the region have completed national surveys. We can really find a difference comparing 2013 and 2017 (>80% of the countries developed a national survey in 2017 regarding child maltreatment prevention compared to <60% in 2013).
3. Implement more prevention and response. More than 80% of the countries have referred to have parenting programmes on preventing child maltreatment. However, but only 30% of the countries reported having implemented them on large scale.

WHO and other partner agencies have developed *INSPIRE: Seven strategies for ending violence against children* in order to end violence against children. Parenting programmes are one of the essential strategies.

The survey concluded at the mid-point of the Action Plan that more implementation of prevention and response programmes are needed. Working together across different sectors and the whole of society is necessary to stop the consequences of VAC, such as the intergenerational transmission of violence, mental ill health and noncommunicable diseases. Stopping VAC would reduce inequalities in health and society.

The burden of adverse childhood experiences (ACEs) and the cost of doing nothing: Dr Dinesh Sethi, WHO Consultant in Violence and Injury Prevention

Childhood and adolescence are periods of vulnerability when family and social environments are fundamental for children's physical, emotional and cognitive development. Over one billion children under 18 have suffered from violence in the past 12 months. ACEs are very common and a major cause of the intergenerational transmission of violence, mental ill health and non-communicable diseases. Studies have shown that, without ACE's, suicide attempts would be reduced by up to 83% and drinking problems by 51% in people aged 18-25 years old. In addition, the chances of being a victim of violence as an adult and to become a perpetrator of violence is higher.

Studies suggest that the costs of ACEs to society are enormous and range from 1%- 3% of Gross Domestic Product (GDP). Evidence suggests that there are numerous cost-effective prevention programmes. For example, for every dollar spent on implementation in Nurse family Partnerships programmes there is a saving of 3 dollars. Parenting programmes have shown to decrease child maltreatment, parental stress and child behaviour problems and to improve child-parent relationships. It is more cost-effective to invest in building stronger children than mending broken adults.

Country Presentations

Current situation of violence against children in Lithuania: Ms Skaistė Vasiliauskė, Chief Specialist, the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour

There has been increased attention to ending violence against children with the passage of laws to ban corporal punishment in all settings. With this there has been a major review of the child protection system in Lithuania. The number of child abuse cases detected, when comparing 2015 and 2017, has increased, but can be explained by a larger notification of cases due to a deeper social awareness to this issue.

Violence prevention has been indicated as one of the priorities for collaboration between the WHO Regional Office for Europe and the Ministry of Health of Lithuania. As part of this in 2014 a survey of adverse childhood experiences among university students was undertaken with a policy dialogue to debate results. Commitment has been expressed by the Ministers of Health, Labour and Social Security, Justice and Education on ending child violence.

Current situation of violence against children in Latvia: Dr Inga Liepina, Senior expert in the field of epidemiological safety issues, Public Health Department, Ministry of Health

The Public Health Strategy for 2014-2020's goals include: early violence detection, provision of timely and high-quality health care services and support and analysis of violence data to identify the health consequences of violence.

Current situation of violence against children in Estonia: Ms Hanna Vsevirov, Head of Department of Children and Families, Ministry of Social Affairs

Estonia has a Strategy of Children and Families 2012-2020. A survey was conducted in order to understand parent's needs, showing that over half of parents feel they need help but don't know how to access the resources available. Estonia looked at Nordic countries models and piloted the implementation of the Incredible Years programme between 2014-2017 using Norwegian funds. A big challenge was to ensure the sustainability of the programme once the funding ceased and this was resolved by placing Incredible Years at the heart of the children's strategy to secure state funding. Plans are underway to ensure that parenting programmes are available for parents with 0-2 years and 10+ years children in the new Strategy of Children and Families for 2021-2030 which is currently being developed. Estonia is building an IT tool to facilitate child maltreatment detection which will improve intersectoral working for different specialists from health sector, child protection and education.

Keynotes

The INSPIRE package: Mr Jonathon Passmore

One in two children in the world experience some kind of violence every year. Countries are convinced that VAC must be eliminated. Now the challenge is "how do we do that?".

The INSPIRE package is a programme developed by 10 different agencies committed to VAC, developed and launched in 2016 and covers all types of VAC and presents 7 evidence-based strategies with the greatest potential to reduce VAC.

1. Implementation and enforcement of Laws
2. Norms and values
3. Safe environments
4. Parent and caregiver support
5. Income and economic strengthening
6. Response and support services
7. Education and life skills

In addition to the manual, the full technical package also includes an implementation handbook and a monitoring and evaluation framework.

The INSPIRE strategies are based on an ecological model for understanding and preventing VAC which involves four levels: societal, community, relationship and how these impact on the individual. INSPIRE is a tool that can further contribute to specific actions within countries and there are two accompanying documents: an implementation guide and one on indicators to measure progress. The continuing country implementation of these strategies would lead to a measurable reduction in VAC by 2030.

A challenge remained on how best to communicate these strategies to politicians, practitioners and civil society and the extent to which this should be done by government in partnership with civil society without government giving up its statutory responsibility to protect children from violence.

Evidence base for Parenting programmes including Parenting for Lifelong Health: Professor Frances Gardner, Department of Social Policy & Intervention, University of Oxford

Healthy parenting is vital to early development of children. Parenting programmes are meant to help parents learn skills that are useful for raising their children. There are several parenting programmes but these share some fundamental principles: the need to be collaborative with parents, starting with parents own cultural values, and understanding the needs of children and parents and having realistic and achievable goals. They are often delivered to groups of parents in communities. Programmes may be universal or targeted to needy families, and this depends on many factors, such as policies, context, capacity, resources etc. Evaluation is fundamental. These programmes are costly but very cost-effective. Strong evidence exists based on randomized control trial, systematic reviews and meta-analyses. The largest evidence is for Incredible Years, the evidence for Parenting for Lifelong Health is growing, and that for Triple-P has been reported by programme developers.

These trials have shown that parenting programmes improve parent-child relationships, reduce harsh parenting, improve parent's confidence, stress, mental health, reduce child problem behaviour, preventing teen delinquency and drug use. This evidence is particularly strong in the 3-9 years old age range.

Importantly studies show that parenting interventions have equally strong effects when transported across countries, disadvantaged families (children in very low-income countries, single mother families and migrant and ethnic minority families) are just as likely to benefit as more average

families, families with high level of distress (parent depressed, severe levels of behaviour problems) benefit more than average families and no age effect was seen, children were equally likely to benefit at different ages between 2 and 10. A challenge for all programmes is to maintain fidelity when adapting to different countries and contexts.

The recent global and European policy developments focusing on VAC has resulted in huge interest in evidence-based parenting programs.

Incredible Years: Global and European networks: Ms Siri Gammelsæter Incredible Years, Central Norway

Incredible Years (IY) is a licensed programme with a fee for training, manuals and translation. This evidence-based effective programme has been applied in more than 20 countries and there are certified mentors and trainers around the world. The IY office is based in Seattle and they provide trainings (development of coaches and mentors).

There is an annual international mentor meeting where new results and materials/programmes are shared. There's also a European IY (EIY) Network, independent and comprised of IY implementers and researchers across Europe that aims to improve implementation and assure programme fidelity.

The parent groups are delivered in 12-20 weekly group sessions of 2-2.5 hours. It is manual based and collaborative approach. Parents have home assignments, discussions, roleplays and problem solving. The length of delivery is dependent upon which population it is delivered for (clinical or prevention). Parents perception of the programme is very positive once the programme has started. The programme works to build parents skills and strategies such as empathy, attention and involvement, play, problem solving, listening and talking to bring benefits to the child such as problem solving, cooperation, self-esteem and attachment.

Parenting for Lifelong Health (PLH): Professor Frances Gardner, Department of Social Policy and Intervention, University of Oxford

There is a global demand for programmes that reduce violence against children. PLH has been developed primarily for low- and middle-income countries. There are four core criteria for parenting programme: 1. Evidence of effective 2. Efficiency: is it the best use of limited resources? 3. Contextually and culturally relevant: it is important to engage local stakeholders in development, implementation and evaluation 4. Scalable: it needs to be replicable and sustainable to integrate into existing services.

The aim of PLH programme is to develop and test a suite of parenting programmes across the development spectrum. Going to focus in young children (2-9 years old). An advantage of the programme is that minimum materials are needed (with manuals downloadable for free). The programme requires pre-programme home visits, 12-14 group sessions for parents with home visits to support implementation and is delivered in community group settings. The model has been likened to "building a house of support" for children and their family. To achieve nonviolent discipline requires building positive parenting techniques through one-on-one time with the child, naming feelings, using praise and rewards and having household rules with clear instructions. Evaluations have shown reductions in overall CM and child behaviour problems. One of the challenges faced by the programme is the limited capacity to disseminate and build capacity by the developers with an inadequate number of trainers for the global demand. It is being implemented in several low- and middle-income countries

such as South Africa, Philippines and in Europe in Montenegro, the Republic of Moldova, Romania and The former Yugoslav Republic of Macedonia.

One of the points of discussion was that whereas IY has a longer history, stronger evidence-base, and is reasonably well resourced, it costs more money to pay for the package of training and manuals. PLH is a lower cost programme but is less well-resourced and is facing the challenge of meeting rising global demand.

Parenting for Lifelong Health: examples of implementation in Montenegro: Ms Ida Ferdinandi, Child Protection Officer, UNICEF Country Office in Montenegro

VAC is high on the political agenda in Montenegro which became a Pathfinding country in the Global Alliance to End Violence Against Children. Corporal punishment was prohibited by legislation in 2016. Montenegro adopted the first ever National Strategy for the Prevention and Protection of Children from Violence 2017-2021. Parenting for Lifelong health was chosen as the parenting programme basing on the evidence and the low-cost implications.

First training of facilitators and group leaders in Montenegro took place in 2017. Group leaders worked with group sizes ranging 4-15 parent child pairs in different community settings such as primary health care, kindergarten etc. About a dozen supervision sessions were conducted on site and via Skype to monitor, maintain fidelity, solve problems, and support group leader's confidence. The supervision was crucial. To date about 120 parent-child pairs have received support using the 2-9 year PLH programme. Many families had needs such as children with a disability, unemployment etc. 73% of parents attended 9 or more sessions. A before and after evaluation showed reduced physical punishment and improvements in support of positive behaviour and setting limits and reductions in dysfunctional parenting behaviour. Parents were very satisfied by the programme. The training programme was accredited by the national institute for Social and Child Protection. There are plans to reach a further 500 families and to achieve this another group of facilitators will be trained in 2019. UNICEF has covered the start-up costs of training, supervision, translation and facilitators, collection of post-programme measures, and coordination. A challenge will be to ensure sustainability by mainstreaming this.

Day 2

Keynotes

The day commenced with a recap of the previous day by Ms Barbara Butkute from the Ministry of Health, Lithuania.

Current situation in Lithuania: Ms Kristina Stepanova, Chief Advisor, Targeted Support and Child Rights Protection Division, Ministry of Social Security and Labour

Corporal punishment was banned in all settings in Lithuania in 2017. To support its implementation the following support measures are provided to parents. A Parents help-line was started in 2017, with more than 1000 consultations in 2018. Parents wanted help on “how to discipline their child without using corporal punishment”. NGOs are working with families to help with positive parenting-skills and non-violent child upbringing methods. More than 340 Children Day Care centres have been financed in 2018. Complex services for families are being provided. Whereas a big effort has been made to fight VAC, there’s still a big need to change social norms and public attitude to corporal punishment.

In the ensuing discussion there was support for changing social norms as a future topic for Nordic Baltic workshop. This is particularly important as there has been a backlash to the corporal punishment law and opposition groups have called for an amendment to the law to allow physical discipline at home. Lithuania is planning implementation of the IY and Nurse Family Partnership programmes using Norwegian grants.

Incredible years: overview of the programme: Mr Bjorn Brunborg, Head of implementation, Regional Centre for Child and Youth Mental Health and Child Welfare-West Norway

Great progress has been made in IY in Norway since the first training for group leaders in 1999. In the period 2004-2017: 1908 trained group-leaders from 140 municipalities (out of a total of 422 municipalities). There are 4 centres covering the whole country and the University of Tromsø offers a study for parent group leaders.

Eight different programmes have been implemented in Norway. (Baby Parent, Toddler Basic, Attentive Parenting, Preschool Basic, School Age Parent, Child Dinosaur Treatment, Child Dinosaur Classroom, Teacher Classroom Management). Teacher Classroom Management programme includes all staff in kindergarten or school, which involves 6 workshop days of training. There will be a trial school age programme (parent training) for multi-ethnic parent groups with funded research to evaluate its effectiveness. When the trial programme commence it will focused on children with conduct disorder but now the reach is also universal. Research evidence from treatment groups shows increases in positive parenting, including child-directed play, coaching and praise and reduced use of criticism and negative commands, parent use of effective limit-setting by replacing spanking/hitting and harsh discipline, reductions in parental depression and increases in parenteral self-confidence and

increases in positive family communication and problem-solving. From universal population use, evidence shows positive parenting interactions, reductions in harsh discipline with children, reductions in aggressive behaviour problems and increases in child social competence.

Training requires several levels of competence with trainers, mentors, peer coaches (who deal with training, supervision and quality issues) and group leaders (who train parents, children and teachers). Costs vary and include those for translation, materials for group leaders (including video camera), training costs, registration and certification fee IY and materials for participants. Formal requests have to be made to IY to join.

Challenges in implementation include ensuring group leaders have sufficient time to deliver the program with fidelity and attend supervision (this may occupy a third of their time) and staff turnover. Predictable financing is critical and having mainstream government funding for running costs such as training, materials, supervision etc. has been a critical factor for success in Norway.

In the discussion the importance of group interaction as opposed to web-based interaction and multi-ethnic groups was emphasised.

Incredible Years country examples:

Dr Marija Anderluh, University Children's Hospital, Ljubljana, Slovenia

A pilot IY was implemented in Slovenia with the help of Norwegian funds in 2015-2016. The delivery of the parenting programmes have been supported by the Ministry of Health. There was interest from parents, teachers and mental health institutions around the country to deliver the programme to at risk groups. More than 800 parents participated in the programme. The Surveys showed 24% of the parents had depressive symptoms and 8% of children had autism spectrum disorders and 22% were exposed to domestic violence. Post intervention evaluation showed a significant improvement in children's behavioural problems and significant positive effects on parenting skills (reduced laxness, over-reactivity and verbosity), irrespective of social class.

The strengths of the introduction included inclusion of motivated institutions that see the parenting work as part of their everyday work, having a team of 3-5 people trained in each agency to sustain delivery, good team working between child protection services, mental health services and the local community and promoting a positive public image of the programme. A parliamentary debate has been had to promote prevention of VAC, with a plan to build a regional network of 30 local teams, available to 1000 parents annually. A challenge is to find more sustainable funding for the programme as well as to add complementary programmes. Programme acceptance has been supported by numerous positive media reports including from parents, and dissemination through social media.

Ms Maarja Kärson, Adviser, Ministry of Social Affairs, Estonia

Incredible Years programme was chosen for its wide evidence-base, long term implementation, the possibility to expand the programme to children and teachers in the future and the availability of Russian language materials. Parenting programmes were piloted in 2014-2017 with Norwegian seed funds. A total of 32 group leaders were trained and 5 waves of parent trainings took place in 21 municipalities. One central agency, the National Institute for Health Development, collaborates with local municipalities where group leaders took the lead. Currently, the programme is co-funded by the state and local municipalities. Moreover, municipalities tend to prefer targeted population than universal because of a lack of measures to support families at risk, though this carries a risk of stigmatizing. There has been growing interest and capability to implement this parenting programme, over 1200 parents have been trained including 76 group leaders in Estonia. From 2019 state funding

has increased which resulted in an increase in the implementation of IY programme by more than twice.

A cost effectiveness study conducted in 2016 gave a preliminary estimate that every Euro invested saves 14.4 Euros in long perspective but further in-depth analysis is required. One of the challenges is to involve both mothers and fathers equally as participants of the programme. In the discussion the cost effectiveness of universal versus targeted parenting was debated.

Mr Miloš Bulatović (Project Coordinator and Trainer, Pedagogical Centre of Montenegro) and Ms Danijela Femić (Psychologist, The Health Center of Bijelo Polje, Montenegro)

A role play on positive parenting practices which engaged volunteers from the audience was conducted to demonstrate the benefits of such approaches and how parents are coached and supported through group sessions by the Parenting for Lifelong Health team in Montenegro.

Plenary feedback

This was followed by a breakout sessions for 3 country groups who were tasked to debate the challenges, opportunities and next steps in implementing parenting programmes. There was a feedback to the plenary.

Latvia (Ms Viktorija Bolsakova, Ministry of Welfare): Some Canadian based parenting programmes have been implemented for the past 15 years, though not properly evaluated. Since the Nordic Baltic Child Maltreatment meeting in Latvia in June 2017, there has been discussion about implementing more evidence-based parenting programmes. There may be an opportunity to incorporate these in the new child and adolescent mental health strategy with the development of regional mental health centres being developed. It may be a politically opportune moment to embed this when the new strategy is developed in 2020.

Lithuania (Ms Barbora Butkute, Ministry of Health): There is a lack of intersectoral collaboration. There are some parenting programmes that have not been evaluated. One of the challenges is that there is no single institution with responsibility for all the parenting programmes, but there are plans for a lead authority to coordinate actions. The legal reforms require municipalities to provide services, but these are not adequate in all areas. There is an opportunity to capitalise on political will to train and finance effective programmes such as IY and NFP and the Norwegian grant would be good starting point. Work needs to be done to change social norms to positive parenting, so that it is seen as supportive for families in need.

Estonia (Ms Hanna Vseviiov, Ministry of Social Affairs): Estonia has implemented other parenting programmes in addition to IY, these programmes are not evidence based and require evaluation. Implementation of IY is proceeding well. It is important to engage the health sector in this matter, as the health sector is the first point of contact that the family meets when a child is born.

Closing

A PANEL DISCUSSION followed comprising: Ms Siri Gammelsæter, Mr Bjorn Brunborg, Ms Ida Ferdinandi, Professor Frances Gardner, Dr Inga Liepina (Latvia), Ms Hanna Vseviiov (Estonia), Ms Gyte Sirgediene, (Head of International Projects Division, Ministry of Health Lithuania).

Participants were asked to list the challenges, opportunities and next steps in implementing parenting programmes.

There were challenges to implement IY: it is time consuming, translation from the English language is expensive, and requires a large human resource including training investment and social marketing to increase acceptability. However, there is a large and growing evidence base and IY provides a structure for training, programme accreditation and support to ensure fidelity. PLH has cheaper start-up costs and a growing evidence base. Though there is some support provided for training and fidelity, this is not as formalised as IY.

A national coordinating body is needed as in the example from Estonia and Norway. Such a body should have overarching competencies to oversee resource distribution, training, quality and evaluation. Policy makers need to be brought on board to ensure continued support after pilot phases and the programme should be embedded in national strategy for children's health to ensure continued funding and support after pilot phases. This was already the case in Estonia, but there were opportunities for this in Latvia and Lithuania. In all countries there is a need to train more people from different organizations. To ensure the success of parenting programmes, it should be embedded in existing services. Both IY and PLH offer several programmes and it was proposed that a good starting point would be those for children aged 2-9 years. An important success factor is to get politicians on board for the implementation of parenting programmes and to provide support in changing social norms making positive parenting more acceptable and desirable. It was suggested that WHO should work with governments to provide such support and that social norms and working with the media would be an important topic for the Nordic Baltic Workshop on ending violence against children.

Close: The meeting was closed by WHO and the Ministry of Health Lithuania who thanked experts for their contribution. WHO would be very happy to work with countries to fulfil their needs by providing technical and policy support.

Annex 1

PROGRAMME

DAY ONE: TUESDAY, 8 JANUARY 2019		
08:15 - 09:00	Registration	
09:00 - 10:00 Chair: Ingrida Zurlyte, Head of WHO Country Office	Official welcome and introduction of participants	Aurelijus Veryga, Minister of Health (Lithuania) Jonathon Passmore, WHO Regional Office for Europe Ingrida Zurlyte, Head of WHO Country Office
10:00 - 10:15	Introduction: Policy, burden and risk and progress in implementing European child maltreatment prevention action plan	Jonathon Passmore, WHO Regional Office for Europe <ul style="list-style-type: none"> • 10 mins presentation 5 mins questions
10:15 - 10:30	The burden of adverse childhood experiences and the costs of doing nothing	Dinesh Sethi, WHO consultant <ul style="list-style-type: none"> • 10 mins presentation 5 mins questions
10:30 - 11:00	Current situation in Lithuania, Latvia, and Estonia on preventing violence against children	Skaistė Vasiliauskė, State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour; Kristina Stepanova, Ministry of Social Security and Labour (Lithuania) – (10 mins) Inga Liepina, Ministry of Health (Latvia)– (10 mins)

		Hanna Vseviiov, Ministry of Social Affairs (Estonia) (10 mins)
11:00 - 11:30	Coffee break	
11:30 - 11:50 Chair: Vida Gintautaitė, Nordic Council of Ministers (Lithuania)	The INSPIRE package	Jonathon Passmore, WHO Regional Office for Europe <ul style="list-style-type: none"> • 15 mins presentation 5 mins questions
11:50 - 12:30	Evidence base for Parenting programmes including Parenting for Lifelong Health	Frances Gardner, Professor of Child and Family Psychology, University of Oxford (United Kingdom) <ul style="list-style-type: none"> • 30 mins presentation 10 mins questions
12:30 - 13:30	Lunch break	
13:30 - 13:55 Chair: Maarja Kärson, Ministry of Social Affairs (Estonia)	Incredible Years: Global and European networks & Brief overview of the programme	Siri Gammelstaer, Incredible Years (Norway) <ul style="list-style-type: none"> • 20 mins presentation 5 mins questions
13:55 – 14:20	Parenting for life-long health what it involves: costs, skills, existing frameworks, programme structure, networks, evaluation	Frances Gardner, Professor of Child and Family Psychology, University of Oxford (United Kingdom) <ul style="list-style-type: none"> • 20 mins presentation 5 mins questions
14:20 – 15:50	Coffee break	
15:50 – 16:30	Parenting for life-long health – examples of implementation in Montenegro - what it involves costs, skills, existing	Ida Ferdinandi, Child Protection Officer UNICEF (Montenegro) Frances Gardner, Professor of Child and

	frameworks, programme structure, networks, evaluation	Family Psychology, University of Oxford (United Kingdom)
19:00 Social Event at Trinity Restaurant		
DAY TWO: WEDNESDAY, 9 JANUARY 2019		
09:00 – 09:10 Chair: Audronė Astrauskienė, Ministry of Health Lithuania	Recap/debrief	Rapporteur (TBC)
09:10 - 09:40	Incredible Years: Overview of the programme - what it involves costs, skills, existing frameworks, programme structure, networks, evaluation	Bjorn Brunborg, Incredible Years (Norway) <ul style="list-style-type: none"> • 20 mins presentation 10 mins questions
09:40 - 10:30	Incredible Years - country examples of universal and targeted implementation (Norway, Slovenia, Estonia)	<p>Bjorn Brunborg, Incredible Years (Norway) (10 mins)</p> <p>Marija Anderluh, Child & Adolescent Psychiatrist, University Children's Hospital (Slovenia) (10 mins)</p> <p>Maarja Kärson, Ministry of Social Affairs (Estonia) (10 mins)</p> <p>Moderated discussion (15 mins)</p>
10:30 - 11:00	<i>Coffee break</i>	

<p>11:00 - 12:45 Chair: Yongjie Yon, WHO Regional Office for Europe</p>	<p>Breakout Sessions for 3 country groups to discuss how to increase uptake of parenting programmes: Parenting for life-long health, Incredible Years. What is needed at political level, redeploying existing human resources, and costs</p>	<p>Ida Ferdinandi, Child Protection Officer UNICEF (Montenegro) and Bjorn Brunborg, Incredible Years (Norway)</p> <ul style="list-style-type: none"> • 15 mins introduction followed by group work
<p>12:45 - 13:45</p>	<p><i>Lunch break</i></p>	
<p>13:45 - 15:00</p>	<p>Continued Breakout Sessions for 3 country groups to discuss how to increase uptake of parenting programmes: Parenting for life-long health, Incredible Years. What is needed at political level, redeploying existing human resources, and costs Implications for Scaling up</p>	<p>Group work continues</p>
<p>15:00 - 15:30</p>	<p><i>Coffee break</i></p>	

<p>15:30 - 16:15 Chair: Dinesh Sethi, WHO consultant</p>	<p>Plenary: feedback from the breakout session groups 1</p>	<p>All</p>
<p>16:15 - 17:00</p>	<p>Panel discussion: Next steps, how can UNICEF and WHO, Parenting for life-long health, Incredible Years help to scale up and closing remarks</p>	<p>Panelists:</p> <ul style="list-style-type: none"> - Yongjie Yon, WHO Regional Office for Europe - Ida Ferdinandi, Child Protection Officer UNICEF (Montenegro) - Frances Gardner, Professor of Child and Family Psychology, University of Oxford (United Kingdom) - Bjorn Brunborg, Incredible Years (Norway) - Siri Gammelstaer Incredible Years (Norway) - Audrone Astrauskiene and Gyte Sirgediene Ministry of Health (Lithuania) - Kristina Stepanova, Ministry of Social Security and Labour (Lithuania) - Inga Liepina, Ministry of Health (Latvia) - Hanna Vseviov, Ministry of Social Affairs (Estonia)
<p>17:00</p>	<p>CLOSE Ingrida Zurlyte, Head of WHO Country Office</p>	

Annex 2

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