

Handbook on developing national action plans to prevent child maltreatment



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By
Jenny Gray, Dimitrinka Jordanova Pesevska, Dinesh Sethi,
Maria D. Ramiro González & Yongjie Yon

ABSTRACT

Child maltreatment is a major public health problem that has a serious impact on the health and development of children. Reports estimate that at least 55 million children in Europe may experience maltreatment during childhood. It may have a significant negative effect on children's developmental progress and result in dysfunction during their life-course. Preventing child maltreatment would therefore contribute to preventing a much broader range of difficulties in adult life and enhance children's long-term social development and physical and mental well-being. The financial costs of maltreatment are high for society, warranting increased investment in preventive and therapeutic strategies from early childhood. The key message to policy-makers and members of civil society is that child maltreatment is not inevitable: it can be prevented by taking a multisectoral, multifactorial public health approach to prevention. This handbook sets out the steps that can be taken when developing an action plan to prevent child maltreatment. It is intended for use alongside other resources developed by the WHO Regional Office for Europe and has been developed to assist countries to implement the European child maltreatment prevention action plan 2015–2020.

Keywords

CHILD

CHILD MALTREATMENT – prevention

CHILD ABUSE – prevention

NATIONAL ACTION PLANS – development

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FOREWORD

The prevention of child maltreatment is a mainstay of the actions required to reduce inequity in Europe and achieve the goals of Health 2020, the European health policy framework. The abuse and neglect of children is a product of social, cultural, economic and biological factors occurring in all societies and countries. In the WHO European Region, it is a major public health problem affecting at least 55 million children during their childhood and is often associated with lifelong adverse consequences resulting in mental and physical ill health and poorer social attainment. It is the leading cause of health inequality and social injustice, with the socioeconomically disadvantaged more at risk. There is a growing and compelling evidence base that child maltreatment can be prevented through organized efforts of society. Prevention is more cost-effective than dealing with the lifelong consequences.

In response to the public health and societal burden of child maltreatment, Member States of the Region gave their unanimous endorsement to Investing in children: the European child maltreatment prevention action plan 2015–2020. The plan emphasizes a public health approach to prevention and sets a target to reduce child maltreatment by 20% by 2020. It calls on Member States to achieve this through three objectives:

- 1. make health risks such as child maltreatment more visible by setting up information systems in Member States;*
- 2. review existing, and develop more, comprehensive prevention action plans in countries; and*
- 3. implement prevention programmes more broadly in countries.*

This handbook focuses on supporting the second objective on reviewing and developing national plans on child maltreatment

prevention. Guided by current knowledge on effective policies and programmes, the handbook provides concrete steps on how to develop action plans. It is illustrated with examples from several European countries that show how child maltreatment can be prevented through innovative policy and action. The key message to policy-makers and civil society is that child maltreatment is not inevitable and that it is preventable. This requires an intersectoral response that addresses the root causes of child maltreatment, political commitment, adequate resources and the engagement of stakeholders from different sectors to implement evidence-informed preventive programmes.

The handbook provides detailed guidance on the process, from planning, to developing the plan, through to implementation and monitoring. It aims to strengthen governance in this important but under-resourced area and should be used in conjunction with accompanying publications from WHO to support the implementation of the European child maltreatment prevention action plan.

We at the WHO Regional Office for Europe hope this handbook will prove an invaluable tool for policy-makers and civil societies, providing them with the technical support needed to develop comprehensive prevention action plans for child maltreatment. It will contribute to shaping the European response to eliminating child maltreatment and making our society a safer and healthier place for our children.

Gauden Galea

Director

Division of Noncommunicable Diseases and Promoting Health through the Life-course

WHO Regional Office for Europe

ACRONYMS

CMPAP	child maltreatment prevention action plan
NGO	nongovernmental organization
SDG	Sustainable Development Goal
UNCRC	United Nations Convention on the Rights of the Child

EXECUTIVE SUMMARY

Child maltreatment is a major public health problem that has a serious impact on children's health and development. It is one of the hidden forms of violence against children. The real extent of the problem is very difficult to define, mainly due to victimization of children remaining underreported and the lack of a uniform surveillance and monitoring system. Prevalence of child maltreatment is unacceptably high in the 53 countries of the WHO European Region. WHO data indicate that in Europe, 55 million children (29.1% prevalence during childhood) are victims of emotional abuse, 44 million (22.9%) physical abuse, 31 million (16.3%) physical neglect and 18 million (9.6%) sexual abuse.

Maltreatment may have a significant negative effect on children's developmental processes, interfere with developmental tasks and/or result in dysfunction during the life-course. Preventing child maltreatment therefore contributes to preventing a much broader range of difficulties in adult life and enhances children's long-term social development and well-being. The WHO European strategy for child and adolescent health and development (1) emphasizes the importance of preventing abuse and neglect.

A life-course approach is one of the guiding principles of the developmental stages of childhood and is increasingly acknowledged as being necessary. Adverse consequences for children's well-being that continue into adulthood are well documented. Child maltreatment also has high financial costs for society, with strong evidence to suggest that investing in prevention is cost-effective. In a time of austerity, investing in violence prevention represents good economics.

Countries have clear obligations to address child abuse and neglect. The requirement to adopt and implement a national child maltreatment prevention action plan (CMPAP) is set out in international and human rights instruments. Countries have recognized that a coordinated multisectoral approach is necessary to address child maltreatment. Explicit policies and associated action plans are essential and powerful tools in preventing child maltreatment through interventions that support parents to raise their children, promote positive parenting and reduce risks of maltreatment. When properly formulated and implemented, a CMPAP can have a significant impact on the health and well-being of the country's children. The WHO Regional Office for Europe's child maltreatment prevention action plan for 2015–2020 (2) asks health ministries to coordinate the development and implementation of action plans focusing on prevention.

The key message to policy-makers and members of civil society is that child maltreatment is not inevitable. It can be prevented

by taking the multisectoral, multifactorial public health approach to prevention advocated in this handbook.

The handbook should be used when developing a CMPAP in conjunction with related publications from the Regional Office: *European report on preventing child maltreatment* (3), *Implementing child maltreatment prevention programmes: what the experts say* (4), and *Measuring and monitoring national prevalence of child maltreatment: a practical handbook* (5). The Regional Office has developed these publications to support governments and senior officials in developing and monitoring national policies and action plans on child maltreatment prevention. The intention is that national policies and action plans will be guided by, and meet the requirements of, WHO's targets and indicators set out in its global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (6), and the Sustainable Development Goals and related targets agreed by the United Nations in 2015.

The handbook draws on current knowledge on effective policies and programmes for the prevention of child maltreatment. Forms of violence against children vary according to the social, historical, economic, political and cultural context of each country, and the conceptualization of prevention policies and action plans should respond to these differences. It also contains examples of CMPAPs from European countries, as reported in *European facts and the Global status report on violence prevention 2014* (7).

The handbook is not a model action plan, but sets out the steps to be taken during each phase of the process – planning, development, implementation and evaluation – and illustrates how plans have been taken forward in some European countries. The steps in each phase do not have to be undertaken sequentially, but can (and sometimes should) be actioned simultaneously, taking account of national and subnational contexts. Monitoring and evaluating progress will help to ensure that the action plan's objectives and targets continue to be implemented.

The handbook can be used in a number of ways. Some may choose to apply it in its entirety, while others may opt for selected sections for particular purposes. It can be used as a model for technical consultancy in developing a national policy or action plan, or as a training guide for policy-planners and others to build capacity, or as an advocacy tool for professionals, governmental bodies, ministries or nongovernmental organizations to press for coordinated preventive action. By contributing to the development of prevention plans, it is hoped that the handbook

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will strengthen governance to prevent child maltreatment and thereby contribute to achieving the European goal of reducing the prevalence of child maltreatment and child homicides by 20% by 2020.

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CHAPTER 1
INTRODUCTION

SUMMARY

- Child maltreatment is a major societal problem that has serious health and social implications.
- The key message to policy-makers is that child maltreatment can be stopped from ever occurring by implementing intersectoral prevention programmes.
- National action plans provide a policy framework to achieve this comprehensively.

DEFINITION OF CHILD MALTREATMENT AND ITS PREVALENCE IN EUROPE

Child maltreatment encompasses all forms of physical, emotional and sexual abuse, deprivation and neglect, and commercial or other exploitation resulting in harm to the health, survival, development or dignity of children aged less than 18 years in the context of a relationship of responsibility, trust or power (1,2) (Annex 1).

Severe child maltreatment may come to the attention of child protection agencies, but mild forms remain largely hidden and underreported: while very prevalent, the real extent of the problem is therefore difficult to define. Estimates from the *European report on preventing child maltreatment* (3) suggest that in the 53 countries of the WHO European Region, 55 million children (29.1%) are victims of emotional abuse, 44 million (22.9%) physical abuse, 31 million (16.3%) physical neglect and 18 million (9.6%) sexual abuse by the age of 18 years.

CONSEQUENCES OF CHILD MALTREATMENT AND ITS ECONOMIC COST

Child maltreatment is a major public health and societal problem that has a serious impact on the health and development of children. The immediate effects may be physical injuries (such as cuts, bruises, fractured bones or burns) and mental health problems (including stress, anxiety and depression). At its worst, child maltreatment can result in homicide. Children may experience abuse and neglect for prolonged periods and many experience more than one type of abuse or neglect concurrently (3).

Prolonged exposure to such adversity results in toxic stress, which can affect a child's emotional, cognitive and behavioural development. This can result in health-harming behaviours, such as alcohol and drug misuse, smoking, eating disorders, physical inactivity, interpersonal violence and self-harm, and lead to noncommunicable diseases, with negative effects on mental, social and reproductive health (3–6). It can also interfere with school achievement, increasing the risk of intergenerational poverty.

Child maltreatment has large economic consequences for countries. The annual health and disability costs in the United

States of America has been estimated at US\$ 124 billion (7). A study from Germany reported the estimated annual costs (for all people who have ever experienced child maltreatment in their lifetime) as €11 billion, resulting from expenditure on health care, education and social services as well as productivity losses (8) social contacts and employment.

WHY COUNTRIES SHOULD DEVELOP A NATIONAL CHILD MALTREATMENT PREVENTION ACTION PLAN

Preventing child maltreatment would not only enhance children's development and well-being, but also contribute to preventing a broad range of difficulties in adult life. In view of the substantial burden child maltreatment imposes, strong emphasis should be made on investment in preventive and therapeutic strategies from early childhood (9,10). A key message to policy-makers and civil society is that child maltreatment can be prevented through organized efforts of society to address underlying causes.

Most countries have in place laws and regulations to protect children's rights by identifying and responding to individual cases or groups of children who may be maltreated, stop its recurrence and provide therapeutic services to deal with the consequences (11,12). While policy instruments for protecting children exist, most countries do not necessarily have a coordinated prevention approach to address the underlying causes, and risks and protective factors to stop maltreatment from occurring in the first place (13). The difference between protection and prevention of child maltreatment is explained in Annex 2. Box 1 provides examples of two countries in which the paradigm shift to prevention has been made.

The cost-effectiveness of prevention programmes is well established, so governments and practitioners are called upon to invest in them. The WHO definition of a child maltreatment prevention action plan (CMPAP) adopted by this handbook is: a document, usually either endorsed or produced by the government, that sets out the main principles and defines goals, objectives, prioritized actions and coordination mechanisms for preventing child maltreatment (16).

A CMPAP defines a way of moving beyond a reactive perspective by providing a framework for a comprehensive, systematic, multisectoral and multidisciplinary approach to prevention at all levels — local, regional, national and international.

Particular subtypes of child maltreatment may be the focus of interest in some countries, but this handbook proposes that CMPAPs should be inclusive of all types. A CMPAP is the end product of a complex development process and its rigour and inclusiveness will be key determinants of successful implementation.

Box 1. Shifting the paradigm from protection to primary prevention

Previous child and family policy in **Estonia** focused primarily on protection and alleviating the consequences of various problems of child abuse and neglect, paying much less attention to the underlying causes. The government has recognized that this approach is not sustainable in the long term, as it has led to an increase in problems (which demand additional funds) without offering sustainable solutions. An analysis by the Ministry of Social Affairs resulted in a change to primary prevention and early intervention at all levels. This has been accepted by all political parties. A common vision and a long-term and consistent policy in prevention has been agreed to guarantee a quality childhood and access to development opportunities for every child, break the vicious circle of poverty, inequality, lack of education and skills, and ensure that future generations will cope successfully (14).

Focusing on prevention by identifying and tackling problems earlier was one of the key aims of the young people and family programme for 2007–2011 of the government of **the Netherlands** (15). It recognized that the need for specialist help for children had continued to rise in recent years and children with developmental and antisocial disorders were getting younger. The government stated:

Clearly, we must identify and address the problems of children and families as early as possible, to prevent them from becoming more serious when they grow older. Essentially, this calls for a focus on prevention, early identification and, above all, early intervention.

The handbook uses a model approach to developing public policy described elsewhere (17,18). It draws on current knowledge on effective policies and programmes for the prevention of child maltreatment from related WHO publications that are supportive of *the European child maltreatment prevention action plan 2015–2020* (19) (Box 2) and which will be discussed in following chapters.

The development of a CMPAP has several advantages. It can:

- deliver a tool and a mechanism to bring all relevant stakeholders around the table to tackle complex issues related to child maltreatment;
- provide a common vision, objectives and strategies for stakeholders;
- assign responsibilities and establish accountability among stakeholders, achieving win-win outcomes by defining actions using a multisectoral approach;

- encourage better understanding of the roles of different sectors;
- allow identification of possible conflicts and divergence from other government objectives and improve the achievement of goals and objectives;
- facilitate optimum use of resources and reduce duplication of effort;
- enable coherence and visibility at political level with a transparent focus that is relatively easy to communicate and implement;
- link to other national strategies and priorities and align with countries' international commitments; and
- contribute to promoting working across sectors and reductions in health inequalities, thereby contributing to Health 2020, the European health policy framework (20).

Box 2. Investing in children: the European child maltreatment prevention action plan 2015–2020

This document stresses that maltreatment and other adverse childhood experiences result in health-harming behaviour, poorer mental and physical health, and worse social and educational outcomes throughout the life-course for those affected.

It promotes population-level actions and targeted, selective approaches for high-risk groups, thereby seeking to redress inequality. The actions require a health-in-all-policies approach, in which health systems have a coordinating role requiring strong governance. The plan promotes a series of evidence-based programmes to maximize the gain from investment.

The aim of the action plan is to prevent child maltreatment in whatever form, whether sexual, physical or mental abuse, or neglect. It also covers other adverse childhood experiences such as household dysfunction (including parental violence) and having a household member with a mental illness, drug or alcohol dependency or who is incarcerated: these are major risk factors for maltreatment.

Three objectives have been developed to reduce child maltreatment:

1. make health risks such as child maltreatment more visible by setting up information systems in Member States of the WHO European Region;
2. strengthen governance for the prevention of child maltreatment through partnerships and multisectoral action by developing national plans; and
3. reduce risks for child maltreatment and its consequences through prevention by strengthening health systems in Member States.

TARGET AUDIENCE AND PURPOSE

This handbook provides guidance to help policy-makers, advisers and planners in the European Region to develop CMPAPs. It is primarily aimed at representatives of government ministries and authorities concerned with children’s welfare and safety, in particular those in health, social welfare and families, education, justice and interior, and finance. It would also be valuable to nongovernmental organizations (NGOs), academics, advocates and members of civil society working in this area.

Its purpose is to assist planners and policy-makers to:

- develop national CMPAPs;
- use existing resources to achieve the greatest possible benefits;
- provide information on how to implement action plans; and
- describe how to evaluate and review action plans.

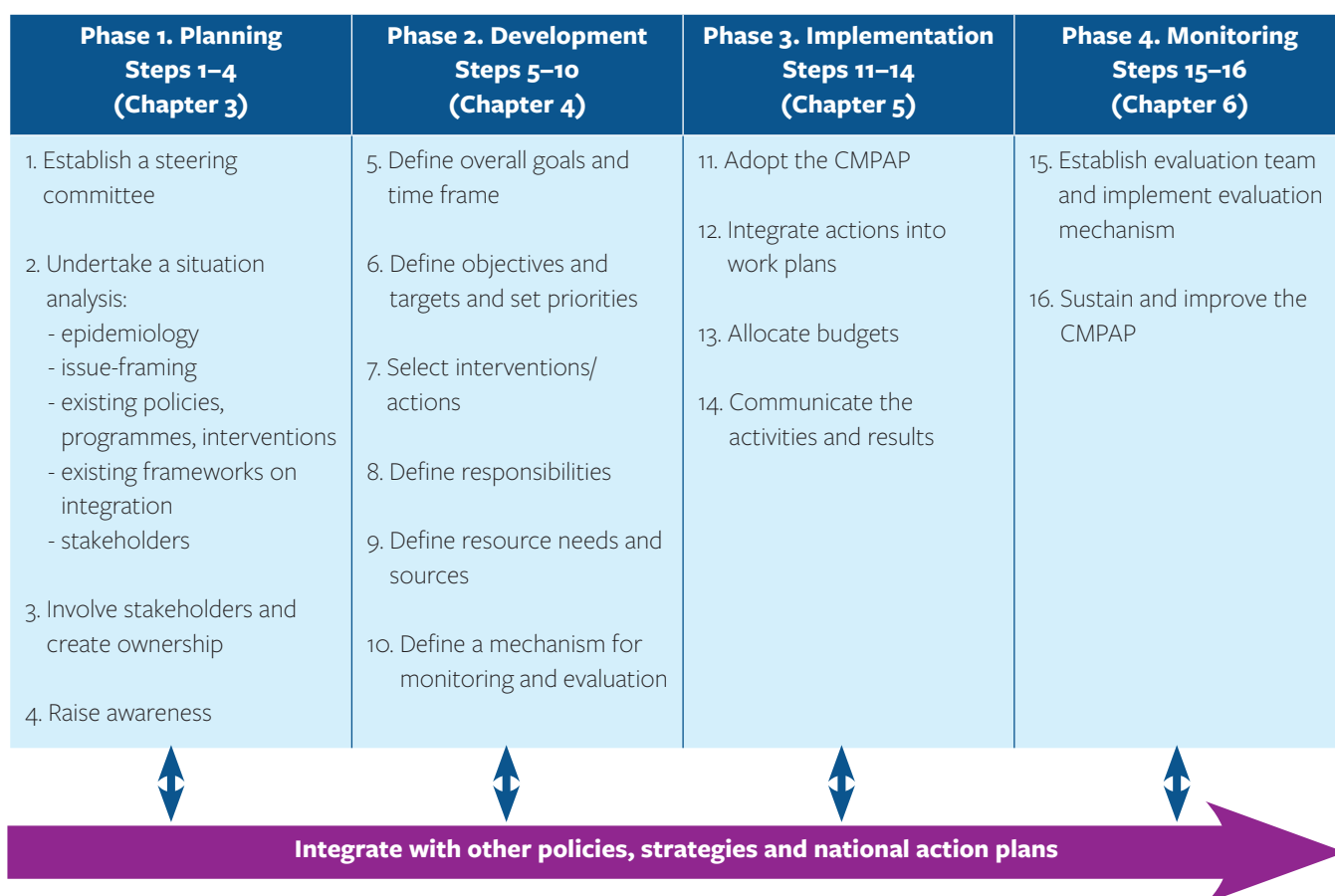
HOW TO USE THE HANDBOOK

An action plan makes an organization’s policy or vision concrete. It consists of a number of actions, steps or changes to be introduced at national or subnational level. The handbook proposes four phases in developing a CMPAP that are further subdivided into 16 main steps (Fig. 1).

Chapter 2 discusses the policy context and Chapters 3–6 cover phases 1–4 sequentially. The final chapter refers to useful tools and provides concluding comments.

The steps within each phase do not have to be undertaken sequentially, but can be actioned simultaneously, taking into account the national context. The 16 steps can be used in an iterative process of continual improvement that can be embedded in existing plans. Country case studies from the European Region are provided throughout the handbook as illustrative examples of approaches.

Fig. 1. Phases in the development and evaluation of national CMPAPs



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CHAPTER 2

SETTING THE POLICY CONTEXT

SUMMARY

- CMPAPs should draw on existing relevant legislation, policies and strategies across all sectors.
- They should consist of concrete actions at national and subnational levels.

INTERNATIONAL AND REGIONAL FRAMEWORK FOR PREVENTING CHILD MALTREATMENT

Several international and European policy frameworks support the prevention of child maltreatment Box 3 (1–9). The United

Nations Convention on the Rights of the Child (UNCRC) is the key international instrument for protecting children from all forms of violence and ensuring their voices are heard (1) (Annex 3). The WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children, endorsed by the Sixty-ninth World Health Assembly in 2016 (7), has a particular focus on prevention.

Many frameworks have been endorsed by governments, who have demonstrated their willingness to subscribe to relevant norms, standards and principles. The frameworks call for

Box 3. Key international and European instruments and documents

United Nations key initiatives include:

- the UNCRC (1);
- resolution S-27/2 adopted by the Twenty-seventh special session of the United Nations General Assembly in October 2002, on a world fit for children; and
- resolution 70/1 adopted by the Seventieth session of the United Nations General Assembly in October 2015 on transforming our world: the 2030 agenda for sustainable development.

European Union key initiatives include:

- Council framework decision of 15 March 2001 on the standing of victims in criminal proceedings (2001/220/JHA);
- the agenda for the rights of the child (2);
- directive 2011/92/EU of the European Parliament and the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography and replacing Council framework decision 2004/68/JHA;
- Commission recommendation of 20 February 2013. Investing in children: breaking the cycle of disadvantage (2013/112/EU); and
- the action plan on human rights and democracy, 2015–2019 (3).

Council of Europe key initiatives include:

- Treaty No. 201: Council of Europe convention on the protection of children against sexual exploitation and sexual abuse of 2007;
- the Charter of Fundamental Rights of the European Union, 2008 (4);
- the strategy for the rights of the child, 2016–2021 (5); and
- policy guidelines on integrated national strategies for the protection of children from violence, 2009 (6).

United Nations World Health Assembly key initiatives include:

- World Health Assembly resolution WHA56.24 on implementing the recommendations of the world report on violence and health, 2003; and
- WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children, 2016 (7).

WHO Regional Office for Europe key initiatives include:

- WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region, 2005;
- Health 2020 (8);
- WHO Regional Committee for Europe resolution EUR/RC64/12 on investing in children: the European child and adolescent health strategy 2015–2020;
- WHO Regional Committee for Europe resolution EUR/RC64/13 on investing in children: the European child maltreatment prevention action plan 2015–2020; and
- the Minsk Declaration on the life-course approach in the context of Health 2020 (9).

action across sectors, legitimizing the engagement of different ministries and players in developing a national CMPAP.

The 64th session of the WHO Regional Committee for Europe adopted a historic resolution to implement *Investing in children: the European child maltreatment prevention action plan 2015-2020 (10)* in September 2014 (see Box 2, page 3). The action plan provides a mandate and framework for developing a national CMPAP.

Other documents also align with the prevention of child maltreatment. Among these, the Health 2020 European policy framework and strategy for the 21st century (8) is important as it emphasizes the importance of strong governance to enable multisectoral preventive programming and the need for a health-in-all-policies approach. Intersectoral working is essential to CMPAP. The Minsk Declaration (9) is also important as it calls for the adoption of the life-course approach across the whole of government: if applied to preventing child maltreatment, this would improve health and well-being, promote social justice, and contribute to sustainable development and inclusive growth and wealth.

The United Nations adopted the 2030 Agenda for Sustainable Development Goals (SDGs) in 2015. The SDGs set specific targets for violence prevention and aim to address its related risk and protective factors (Box 4). Target 16.2 specifically aims to eliminate all forms of violence against children.

Box 4. United Nations SDG targets

Targets aimed directly at violence prevention are:

- Target 16.1: significantly reduce all forms of violence and related deaths everywhere;
- Target 16.2: end abuse, exploitation, trafficking and all forms of violence and torture against children;
- Target 5.2: eliminate all forms of violence against women and girls; and
- Target 5.3: eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation.

Targets aimed indirectly at violence prevention are:

- Targets 1.3 and 10.2: social protection and poverty reduction;
- Target 3.5: prevention and treatment of drug use and harmful use of alcohol;
- Target 4.3: early childhood development, care and pre-primary education;
- Target 11.1: adequate, safe and affordable housing and basic services, and slum upgrading; and
- Target 16.3: rule of law at national and international levels and equal access to justice for all.

Special attention should be paid to children at greater risk of being exposed to violence, including those with disabilities, refugees, children from migrant and minority ethnic groups, those from deprived neighbourhoods and children living in households with dysfunction in which someone has been incarcerated, has a mental illness or drug or alcohol problem, or interparental violence is evident (11–14).

Girls suffer more from sexual abuse (13–4%) than boys (5.7%). Violence rates in children are more than twice as high in low- and middle-income countries than in high-income (12). The latest United Nations Children’s Fund report on refugees, published in September 2016, estimates that 5.4 million children in Europe are refugees or migrants (15). The most vulnerable are unaccompanied and at very real danger of exploitation and abuse. National CMPAPs should include measures to prevent and protect the rights of all children from any type of maltreatment, including those in vulnerable groups.

Effective policies and programmes for preventing child maltreatment are described in WHO publications, including:

- *European report on preventing child maltreatment (12);*
- *Implementing child maltreatment prevention programmes: what the experts say (16);*
- *Measuring and monitoring national prevalence of child maltreatment: a practical handbook (17);*
- *European facts and the Global status report on violence prevention 2014 (18);*
- *INSPIRE: seven strategies for ending violence against children (19);*
- *Handbook for the readiness assessment for the prevention of child maltreatment (RAP-CM) (20);* and
- *European strategy for child and adolescent health and development (21).*

GUIDING PRINCIPLES AND ESSENTIALS OF A CMPAP

All documents mentioned in the previous section define key principles for the prevention of child maltreatment. Countries have clear obligations to protect the rights of the child and prevent violence against, and abuse and exploitation of, children. Ending child maltreatment requires change at every level – from national systems and laws through to organizations such as schools, workplaces, welfare and family support services, and local communities. A national CMPAP must therefore be a multisectoral concern, requiring the involvement of different professional disciplines and organizations.

The principles that should underpin national CMPAPs include:

- protecting the rights of the child to be free from violence through prevention;

- implementing evidence-informed preventive action to reduce risks and enhance protective factors;
- committing to social and gender equality, with a special focus on vulnerable groups;
- engaging with different sectors; and
- adopting a life-course approach.

The *European report on preventing child maltreatment* (12) provides eight key action points for the European Region to prevent child maltreatment:

- developing national policy for prevention through multisectoral action;
- taking action with evidence-based prevention;
- strengthening health systems' prevention and rehabilitation responses;
- building capacity and exchanging good practice;
- improving data collection for monitoring and evaluation;
- defining research priorities;
- raising awareness of, and targeting investment to, best buys; and
- addressing equity in child maltreatment in the Region.

If a country already has national government policies on child maltreatment across sectors (such as child protection services, health, education, justice, law enforcement, employment and labour, and services for vulnerable adults), the CMPAP should link to them. Box 5 provides examples of countries in which this was done successfully and where the synergy between policy and plan has supported implementation and monitoring.

The CMPAP could modify and improve existing strategies and policies to make them more sustainable and comprehensive, but in countries where specific policies on child maltreatment do not exist, the CMPAP will be the starting point and reference document.

To help organize workload and establish a clear process, each planned action, step or change of the CMPAP should include the following information (26):

- what actions or changes will occur;
- who will carry out these changes (specifying the sectors);
- by when the actions are to take place and for how long;
- what resources (such as money and staff) are needed to carry out the changes;
- what results are expected, specifying by whom; and
- communication processes, including the sharing of information between sectors and informing the public.

This is discussed in more detail in the next chapter.

Box 5. Links between existing legislation, policies, strategies and action plans

In **the United Kingdom (England)**, the children's plan and its associated action plan were published in 2007 and 2008 respectively (22,23). Both were underpinned by legislation, national policies and a major government-led transformation programme (24). These aimed to help children and young people achieve five outcomes that were considered by children to be of most importance to them and which are enshrined in the Children Act 2004: staying safe, being healthy, enjoying and achieving, making a positive contribution, and achieving economic well-being. Plans were also supported by other relevant policy initiatives, including a national child health strategy and a government commitment to eradicate child poverty by 2020.

The Government of **Sweden** adopted a strategy to strengthen the rights of the child in 2011 (25). Interventions for the prevention of abuse and neglect of children are integrated within the strategy, which presents measures in the form of legislation, financial support and counselling. The government, county councils and municipalities aim to create a structure that offers all children and young people the kind of support and services they need from a preventive perspective. The public pre-school is a key setting for delivery of universal services, and early detection and provision of support to the child and family are important elements.

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CHAPTER 3
PHASE 1: PLANNING THE CMPAP

SUMMARY

Phase 1 is about planning (1,2). The comprehensive approach consists of four steps:

- **step 1:** establish an intersectoral steering committee and strong leadership;
- **step 2:** undertake a situation analysis and frame the issue;
- **step 3:** involve stakeholders and promote ownership of the process; and
- **step 4:** raise awareness.

STEP 1. ESTABLISH AN INTERSECTORAL STEERING COMMITTEE AND STRONG LEADERSHIP

The first step is to establish an intersectoral steering committee as the lead agency, with a strong sense of leadership and political commitment to coordinate and manage the development and implementation of the CMPAP. Governments in some countries might decide to initiate the development of a CMPAP, while in others, a strategic coordinating group of committed senior managers may drive the agenda (Box 6). On occasion, the findings from a study may stimulate action and be used to advocate for developing the CMPAP (Box 7).

Box 6. Establishing a steering committee and strong leadership

The Children and Young People's Strategic Partnership in **the United Kingdom (Northern Ireland)**, chaired by the chief executive of the Health and Social Care Board, published a children and young people's plan for 2011–2014 with the aim of improving the lives of all children and young people (3). The partnership comprises designated senior managers from the statutory sector (health, social care, education and libraries, schools, housing, police, probation, youth justice, urban regeneration and community safety) and the voluntary, community, and black and minority ethnic sectors. Membership is assigned to designated people from each agency, reflecting the importance with which the mandate is regarded by the top levels of the organizations: statutory sector agencies are represented at chief executive level, with representation of the community, voluntary and black and minority ethnic sectors determined through an open call to the sectors.

The intersectoral steering committee charged with developing the CMPAP has responsibility for agreeing the:

- vision;
- mission;
- objectives;

- strategies;
- targets;
- agents of change (such as children, parents and professionals); and
- proposed actions and changes for each sector of the community (including schools, child protection services, health organizations, and nongovernmental and state bodies).

Box 8 provides an example of the ethos decided by a steering committee that would underpin the partnership's work when developing a national CMPAP.

Box 7. Study findings stimulate the development of a national action plan to prevent child maltreatment

A survey of adverse childhood experiences was undertaken in **the former Yugoslav Republic of Macedonia** with a representative sample of 1277 students aged over 18 years attending high school and university. A high prevalence during childhood of physical (21%), emotional (10.8%) and sexual abuse (12.7%) and physical (20%) and emotional neglect (30.6%) was reported. Household dysfunction was common and a strong association between adversity in childhood and health-harming behaviours was found.

Study findings were presented at a national policy dialogue on child maltreatment in early 2011, stimulating the establishment of a national commission on the prevention of child abuse and neglect initiated by the ministries of labour and social policy and of health in collaboration with other ministries later in the year. The government developed and adopted a national action plan on the prevention and protection of child abuse and neglect in 2012. The plan aims to safeguard children by preventing their maltreatment through coordinated national and local intersectoral actions, with a leading role for health. It also emphasizes protection and has indicators for monitoring and budget lines for activities (4).

When writing and developing the CMPAP, the intersectoral steering committee should:

- identify all relevant stakeholders (in health, social, justice, police, education and school sectors as well as children, parents, families, the private sector, academia, NGOs, ombudsman for children, media, the community and other relevant sectors) who should be involved in developing and implementing the national policies and action plan;
- involve key stakeholders at appropriate points to maximize their contribution;
- convene a group that will take responsibility for undertaking or commissioning a situation analysis and gathering

information from all available sources to drive the development of the CMPAP;

- identify enabling factors for the plan and barriers to change, developing and maintaining a risk-mitigation plan;
- consult widely on the draft action plan's goals, targets and objectives and revise to reflect analysis of the feedback; and
- use an evidence-informed approach to decide which actions will be taken – what types of legislative changes, policy initiatives, prevention programmes (such as parenting, child sexual abuse awareness and home visiting), projects and training will be necessary to achieve the objectives.

Technical and administrative support, including a secretariat, will be needed to project-manage the ongoing work of the committee.

Box 8. Agreeing the ethos of the steering committee

In **the United Kingdom (Northern Ireland)**, the Children and Young People's Strategic Partnership's ethos was decided at their first meeting (3). It was agreed to:

- focus on outcomes;
- focus on action;
- use a community development approach;
- use open, honest and straight talking;
- be reality-based;
- use evidence-based/evidence-informed decision-making;
- have clarity on joint accountability, with no junior partners;
- provide leadership at senior level; and
- influence upwards.

STEP 2. UNDERTAKE A SITUATION ANALYSIS AND FRAME THE ISSUE

Formulating an effective CMPAP requires a situation analysis to develop understanding of the extent of the problem, the prevalence and incidence of child maltreatment and its impact on maltreated children's health and development. A sound knowledge of existing relevant resources will be needed to frame the issue: legislation, regulations, policies, strategies and action plans. The most up-to-date evidence-informed interventions should be taken into consideration. The information will enable a deep understanding of child maltreatment to develop and help to identify relevant stakeholders (Box 9).

Box 10 provides an example of a comprehensive situation analysis conducted in Albania, which called for the development of a national CMPAP.

Box 9. Rooting the action plan in a situation analysis

The third youth policy plan in **Belgium (Flemish)** is based on a situation analysis of data collected in the Youth Monitor survey (5). The eight themes from the European Cooperation Framework for Youth provided its framework. Figures were collected from publications, research units and studies. The situation analysis was also inspired by policy documents, memoranda and the government's programme. Many elements were taken from discussions with organizations, support structures and experts.

Box 10. Situation analysis on the prevention of child maltreatment: the way forward

The situation analysis on the prevention of child maltreatment in **Albania** was prepared with the cooperation of many government and civil society stakeholders. Studies on child maltreatment have found high prevalence of abuse and neglect in Albania, with cases often not being reported or coming to the attention of child protection agencies. The situation analysis examined existing policy and legal frameworks and assessed services and systems that address child maltreatment.

The analysis identified that health systems can play a key role not only in providing high-quality services for victims, but also in detecting and supporting families at risk. It recommended prevention programmes such as home visitation, parenting support and hospital-based interventions to support parents, and programmes against abusive head trauma. To effectively address and prevent child maltreatment, the situation analysis concluded with a call for the development of a national policy on prevention (6). This has been proposed to the Child Protection Unit of the Ministry of Labour and Youth for inclusion in the action plan for children (7).

An ideal situation analysis should cover the following areas:

- epidemiological assessment of child maltreatment and its prevention;
- issue-framing to contextualize child maltreatment;
- assessment of existing legislation, policies, action plans, interventions and tools for preventing child maltreatment;
- assessment of the existing framework for integrating prevention of child maltreatment into all relevant policies; and
- a stakeholder analysis.

Epidemiological assessment of child maltreatment and its prevention

Identifying what data and statistics have already been collected and being informed about limitations and gaps will be key steering committee tasks. This will require a combination of existing surveys and social and health service reports to provide an epidemiological assessment of the burden of child maltreatment and its effects on children's well-being (in the short, medium and long terms).

A comprehensive report can be developed, focusing on the following indicators: child homicide rates, child maltreatment rates recorded by child protection agencies, emergency department assault rates, national child health surveys, surveys of self-reported adverse childhood experiences in adolescents and adults (8), and adult health surveys reporting abusive parenting (such as the Multiple Indicator Cluster Survey (9)) and Health Behaviour in School-aged Children surveys (10).

Box 11 provides an example of use of administrative data. If possible, information on risk and protective factors, at-risk populations, consequences and costs should be obtained. A comprehensive report would provide a valuable baseline measure against which CMPAP effectiveness could be compared.

Box 11. National administrative data collection

In **the United Kingdom**, government departments in England, Northern Ireland, Scotland and Wales collect and publish annually national statistics relating to children, such as those on child deaths, child protection and hospital admissions due to injuries and non-accidental accidents (11–14). This is supplemented by information gathered from periodic surveys conducted by the National Society for the Prevention of Cruelty to Children.

Countries may not have recent and reliable epidemiological data on child maltreatment, so this could be identified as a priority action in the CMPAP. New data collections may need to be commissioned from experts to address gaps in information (Box 12). Survey results need to be shared with stakeholders and included in CMPAP updates. The WHO publication *Measuring and monitoring national prevalence of child maltreatment: a practical handbook* (15) can assist in developing systems for collecting nationally representative surveillance data.

Issue-framing to contextualize child maltreatment

Issue-framing involves a process (often using conceptual models) that supports the development of a broad consensus

on factors that bear upon an issue and how they relate to each other. To achieve greater policy relevance, it should take account of policies and actions that influence the outcomes being addressed.

Box 12. Commissioning new statistical data and research

To fill existing gaps in national statistics identified during the development of its *World fit for children* report (16), the Government of **Uzbekistan**, supported by the United Nations Children's Fund and the United Nations Population Fund, held two rounds of Multiple Indicator Cluster Surveys and demographic health surveys between 1996 and 2002 and 2000 and 2006 respectively.

When **Slovenia** adopted a programme for children and young people for 2006–2016 through the Ministry of Labour, Family and Social Affairs, it agreed that additional research would be carried out to include quality-of-life indicators for children in the national programme of statistical research (17).

Child maltreatment outcomes are inherently complex, as they are the product of a complicated interaction of societal-level factors, such as the economy, education, welfare and justice, and characteristics of the child and family. Developing conceptual models to frame issues provides simplified representations of real-world situations that act as tools to encourage reflection and communicate with and engage stakeholders, and frameworks for assembling evidence. The model should ensure that primary and secondary prevention, and not just service response and protection, are adequately covered. It should also include the concept that integrated approaches are based on evidence and are cost-effective. Box 13 provides a framework that brings together multiple players (see also Fig. 2).

Another example is the ecological model proposed in the *World report on violence and health* (19), which emphasizes that interventions need to be evidence-based, intersectoral and multidimensional, focusing on societal, community, family and individual levels. Fig. 3 has examples of prevention programmes using this model.

Assessing existing action plans, interventions and tools for preventing child maltreatment

The steering committee will need a good understanding of the range of existing interventions, tools and action plans that can be integrated with the CMPAP. It should establish:

- what is already being undertaken in the country;
- what is known about possible interventions to prevent child maltreatment by all sectors;

Box 13. Conceptual model to encapsulate what actions were to be taken to keep children safe

The *Staying safe* action plan (18) in the **United Kingdom (England)** described three levels of safeguarding in an inverted triangle (Fig. 2) to demonstrate that universal safeguarding, described in the action plan as “working to keep all children and young people safe and create safe environments for all children”, was relevant for all children. Targeted safeguarding, described as “some groups of children are more at risk than others, and it is important to target policies and services to these groups, to help keep them safe from harm”, was relevant to a smaller population and responsive safeguarding (“supporting the children and dealing with those who harm them”) was applicable to children and young people who are suffering, or were likely to suffer, harm and who required a quick response.

The action plan set out the areas in which new or additional actions would be taken at each level to plug gaps or address specific issues. The diagram symbolized the policy context in which the action plan would be taken forward. Government provided the central direction, with most actions to be delivered at local authority level in a context of centrally and locally driven campaigns to increase public awareness of child maltreatment, highlight what people could do to prevent it and explain how to report children about whom they were worried.

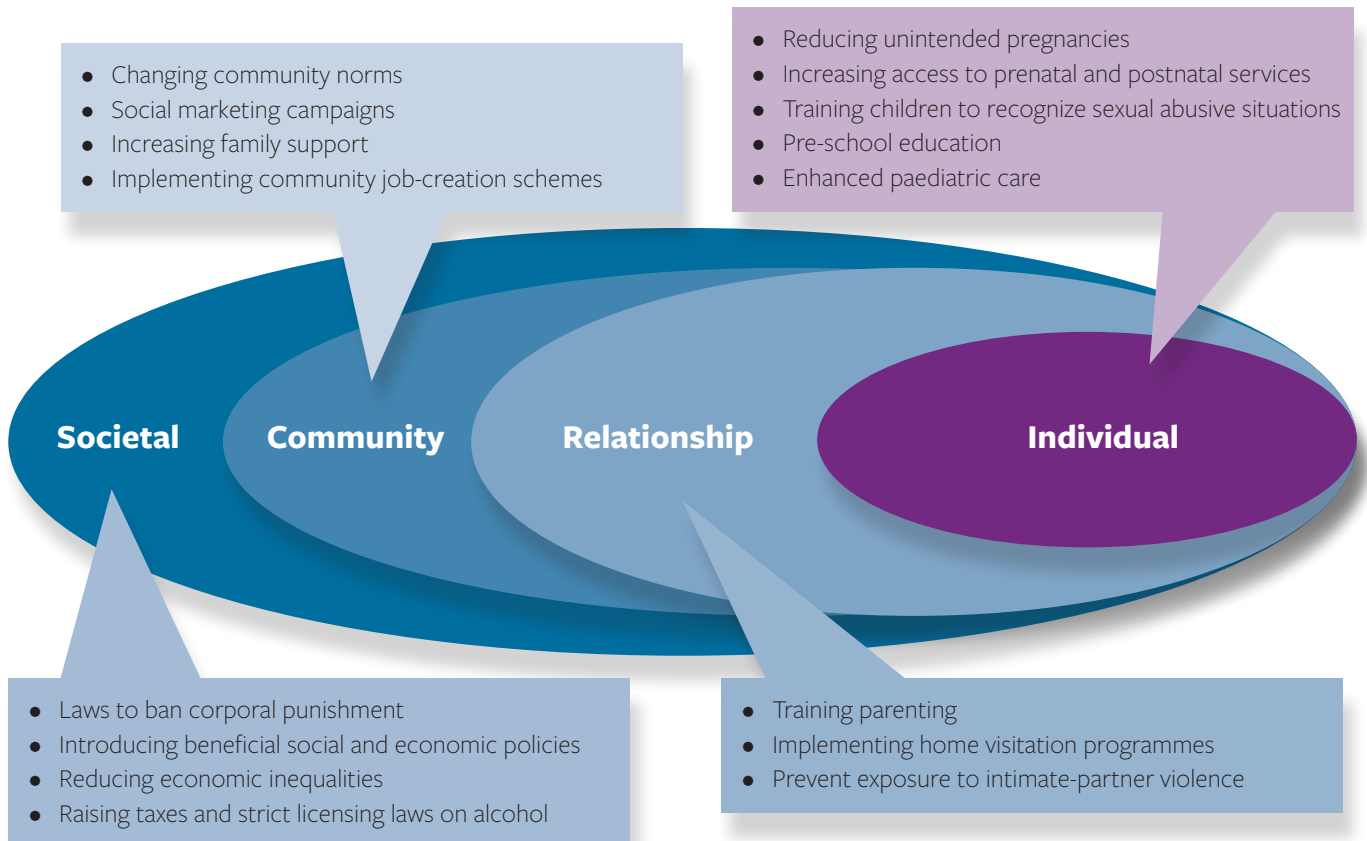
Fig. 2. Three levels of safeguarding



Source: Department for Children, Schools and Families (18).

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Fig. 3. The ecological model of child maltreatment prevention



Source: WHO (19).

- which of the above interventions have been evaluated in the country, in neighbouring countries, or elsewhere;
- what is their potential effectiveness based on the latest international and national research results;
- which interventions are relevant to the country or can be made country-specific or culturally appropriate with modifications;
- important gaps in current knowledge;
- how government is allocating resources to prevent child maltreatment;
- who else is allocating resources to prevent child maltreatment;
- which NGOs or private entities are involved in preventing child maltreatment;
- university or research institutes that have worked to raise the profile of child maltreatment prevention or evaluated potential successful interventions; and
- availability, appropriateness and competence of human and institutional resources.

Box 14 provides an example of how a country assessed its current service types and providers.

Box 14. Assessing current service types and providers

Child maltreatment prevention and protection services in **Montenegro** have been provided by several relevant sectors: social, health, education, police, justice and others. Under the Ministry of Labour and Social Welfare, the social care and child protection sector provides services for abused and neglected children and vulnerable children and families through 10 social work centres. NGOs play a major part in providing services for children and women. Existing services are mainly focused on detection and protection of victims, so further efforts are required to develop evidence-based preventive programmes tailored for, and building on, the country context. A draft national strategic framework for prevention and protection of children from abuse and neglect has been submitted to the Ministry of Health and Ministry of Labour and Social Welfare for adoption following a stakeholder consultation.

Scientific and grey literature and consultations with stakeholders should be used to identify what types of programmes for preventing child maltreatment exist in the country and whether they have been evaluated. Effective universal or selective programmes are summarized in Table 1.

Useful resources include WHO publications such as:

- the *European report on preventing child maltreatment* (20);

- *Implementing child maltreatment prevention programmes: what the experts say* (21);
- *INSPIRE: seven strategies for ending violence against children* (22); and
- country profiles from the *Global status report on violence prevention 2014* (23).

Table 1. Summary of evidence for the effectiveness of universal and selective programmes

	Impact on child maltreatment demonstrated	Impact on risk factors demonstrated
Universal programmes		
Sexual abuse prevention programmes	◆	○
Media-based public awareness	◆	●
Abusive head trauma prevention	●	●
Changing social norms	◆	◆
Reducing the availability of alcohol	◆	●
Reducing poverty	◆	◆
Community interventions	◆	●
Training primary care professionals	◆	◆
Preventing exposure to intimate-partner violence	◆	◆
Selective programmes		
Home visiting	●	○
Parenting programmes	●	○
Multicomponent pre-school programmes	●	●
Enhanced paediatric care	●	●
Support and mutual aid groups	◆	◆

○ Judged to be effective or supported by at least two well designed studies or a systematic review.

● Judged to be promising or supported by at least one well designed study.

◆ Judged to be insufficient, weak or mixed evidence supporting it.

Source: Sethi et al. (20).

Consideration should be given to whether successful pilot programmes can be scaled-up for national roll-out. The situation analysis will need to assess whether the programmes currently available are accessible across populations and geographical areas and identify gaps. It will also need to list the programmes and, as part of the analysis phase, identify which organization will provide which programmes, in which locations, and to which target group.

Assessing the existing framework for integrating child maltreatment prevention into all relevant policies

An assessment of existing relevant legislation, mandates, regulations, policies, strategies and action plans will not only identify what exists, but also whether implementation and enforcement are being achieved. The assessment should also provide an understanding of how policies are formulated, adopted, endorsed and successfully implemented. Box 15 shows an example of where linkages with other policies were identified in Poland.

All national and subnational laws, mandates, policies (which may be part of a larger policy to address, for example, domestic violence or poverty), strategies and action plans relating to child maltreatment from across all sectors should be identified. They should include all forms of child maltreatment (sexual, physical and emotional abuse and neglect). Laws and policies on the prevention of child maltreatment in a number of countries may be sound, but may not necessarily be implemented on the ground.

The situation analysis should establish whether there is a clear legal basis for sharing personal sensitive data about children and their families and publishing anonymized aggregate statistics. This will be part of the process of assessing if current legislation and policies are fit for purpose and enable professionals to work together to prevent child maltreatment, or if they need to be reviewed, revised or replaced with new laws and policies. In making these assessments, the steering committee group will need to make their judgements against international and European standards and have a sound understanding of best practice.

Performing stakeholder analysis

The primary function of stakeholder analysis is to identify all possible partners who may have an interest in preventing child maltreatment. Analysis will provide important information for the next steps in developing a CMPAP.

An important part is to identify existing partnerships and intersectoral mechanisms that can take responsibility for assisting in planning, implementing and evaluating the national CMPAP and existing structures, such as child protection agencies. It is equally important to identify those who may be barriers to change, understand their motivations and try

to develop reasoning that counteracts their resistance where possible. Understanding the reasons why a CMPAP may not yet have been developed or implemented may provide critical information for the success of the new plan.

Box 15. An example of a new national action plan supporting, and being supported by, existing action plans

In **Poland**, the objectives and tasks set out in the following government strategies and programmes are coherent with the objectives of *Poland for children*, the national action plan for children for 2004–2012 (24):

- the lifelong learning development strategy by 2010 of the Ministry of National Education and Sport, published in 2003 (25);
- a strategy for the development of sport by 2012 from the Ministry of National Education and Sport, adopted by the government in 2003 (26);
- a national strategy for young people for 2003–2012 from the Ministry of National Education and Sport, published in 2003 (27);
- the national action plan for women of the Government Plenipotentiary for the Equal Status of Women and Men, published in 2003 (28);
- the school layette, the programme for equalizing conditions at the start of school for pupils;
- the programme on equalizing education opportunities for students from rural areas;
- the programme on preventing social maladjustment and crime among children and young people; and
- Safe Poland, the programme on improving the safety of citizens.

The key objectives of stakeholder analysis are to:

- identify stakeholders;
- assess their potential influence;
- understand their relationships;
- assess their capacity in developing and implementing the CMPAP; and
- decide, based on the above, how to involve them (nature, form and mode of their participation).

Table 2 summarizes the involvement of stakeholders and actors at different levels of a situation analysis, ranging from policy-making to programmatic implementation and community uptake (29). The method chosen needs to be adjusted to each task and may comprise a combination of reviewing the literature, collating and analysing routine information, examining policy and programme documents, and conducting key informant interviews and focus groups.

STEP 3. INVOLVE STAKEHOLDERS AND PROMOTE OWNERSHIP OF THE PROCESS

Stakeholders and civil society representatives have a unique knowledge base and experience that are invaluable to the development, implementation and monitoring of national CMPAPs. The meaningful involvement of all relevant stakeholders from across the sectors is key to the success of developing and implementing a national CMPAP (Box 16).

Many of the interventions are likely to be implemented at community level, so community participation and civil society engagement is vitally important. Civil society and grassroots organizations working to prevent child maltreatment are frequently under-resourced and face issues of time pressures and worker burnout. National CMPAPs should work to address these issues by actively building the capacity of relevant civil society organizations not only through resourcing, but also by supporting structures to enable coordination of effort, information and practice-sharing. Particular approaches will be

required to engage successfully with children, young people and those who suffer discrimination or have special communication needs and ensure their views are fully represented (Box 17). Even if some stakeholders are not willing or able to join at the beginning, it is a good idea to keep them informed about the process, as they may be persuaded to join later.

Implementing effective stakeholder coordination, including at government level, is often one of the greatest challenges. A participatory approach is the best way to make negotiated outcomes workable in the long term. Establishing a clear framework for the process is important at this stage. Ideally, the framework should include the following components:

- a mechanism for coordinating the contributions of relevant stakeholders;
- a mechanism for ensuring the participation of relevant stakeholders; and
- a mandate and policy basis for developing the national CMPAP.

Table 2. Key activities to be undertaken by stakeholders and actors when conducting a situation analysis

Level	Key activities
Key stakeholders and actors responsible for developing prevention policies and coordinating their implementation	<ul style="list-style-type: none"> • Assess whether there are laws and policies in place to promote the prevention of child maltreatment • Assess whether national action plans, protocols or other guiding frameworks are in place and funded • Assess the level of implementation of policies, plans and protocols and barriers to implementation • Ascertain whether an institutional coordination mechanism exists at national and/or subnational level, assessing how it is functioning, which stakeholders are involved and which should be
Key stakeholders and actors involved in providing preventive services: government, members/leaders in the community and/or organizations responsible for delivering preventive services to children/families, and to parents with parental problems or difficulties	<ul style="list-style-type: none"> • Establish whether preventive services are being delivered, to what extent, by whom (government, children and families organizations, NGOs or others), for what type of target audience(s) and the effectiveness of these interventions • Identify which services exist for the prevention of child maltreatment and prevention of adult mental health, substance misuse, domestic violence and other parental problems • Identify where these services are concentrated and where there are gaps • Identify financing mechanisms for these services • Calculate the costs of intervention to prevent child maltreatment and, if possible, the costs of not doing so • Quality-assure existing child maltreatment preventive services
Community level	<ul style="list-style-type: none"> • Ascertain obstacles to accessing preventive services • Ascertain the vulnerabilities and needs of marginalized/special groups, such as disabled, Roma and refugee children • Conduct key informant interviews with relevant stakeholders • Conduct focus groups • Undertake site observations

Source: UN Women (29).

Box 16. Managing the engagement of stakeholders in preparing a strategy

The Ministry of Social Affairs of **Estonia** prepared a strategy for children and families for 2012–2020 (30). The ministries of education and research, economic affairs and communications, justice and finance were included in the preparation. Local authorities and organizations that represent them, representatives of the third and private sectors, research institutions and young people also contributed to the lengthy preparation process. More than 100 experts took part in workgroups and interviews to resolve specific issues. A nationwide discussion group of young people, developed in cooperation with the Estonian Union for Child Welfare, was consulted about the strategy and a steering group consisting of decision-makers was involved after completion of the first version. The revised version was then sent to a larger group of stakeholders for their comments, and people were asked to provide opinions via the participation web.

This process was based on the framework provided by the Government Office on engagement practices in policy planning, a short description of which is available in English (31).

Box 17. Specific participation of children

In **Serbia**, the national strategy for the prevention and protection of children from violence included a specific goal on encouraging and supporting children's participation in the development and implementation of the programme (32). This included involving children in organizing public campaigns, tribunals, exhibitions and other educational events to oppose violence and encouraging children to recognize and report violence against themselves and their peers.

STEP 4. RAISE AWARENESS

Awareness-raising and communication activities aim to influence public and policy-maker opinions. They are important in mobilizing political commitment and resources to take forward CMPAP development. Findings from the situation analysis can be used to raise awareness and support targeted lobbying, especially among key decision-makers (Box 18). There should also be direct and meaningful engagement with children and other members of the public to make them aware of the importance of preventing child maltreatment for their own well-being and that of future generations.

Box 18. Developing key messages for government

When the children and young people's plan for 2011–2014 was being developed in **the United Kingdom (Northern Ireland)** (3), the strategic partnership's Communicating with Government subgroup decided to communicate four messages to government level:

- children's rights, as well as their needs, must be addressed through integrated planning;
- the benefits of early intervention;
- the benefits and cost-effectiveness of integration; and
- the children and young people's plan is the key integrated planning and commissioning process in relation to children and young people.

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CHAPTER 4
PHASE 2: DEVELOPMENT OF THE CMPAP

SUMMARY

Phase 2 involves the development of goals and interventions, and selection of mechanisms to evaluate the CMPAP. It consists of six steps:

- **step 5:** define overall goals for the prevention of child maltreatment and establish measurable timelines;
- **step 6:** define short- and long-term objectives and targets, while recognizing that priorities may change during the implementation phase;
- **step 7:** select interventions based on the situation analysis and the needs of different groups within the social and political context;
- **step 8:** define responsibilities at institutional level and establish coordination between all key players;
- **step 9:** define resource needs and assess whether available resources can be shared across government; and
- **step 10:** define a mechanism for monitoring and evaluation using clearly defined indicators.

OUTLINE OF TASKS AHEAD

The lead government ministry responsible for child maltreatment prevention or the steering committee (if different) should organize consultations with key stakeholders to define goals, budget requirements, objectives, targets, priorities and time frames. The steering committee or a delegated smaller group will take responsibility for drafting the CMPAP.

A guide to the key areas of focus when developing, finalizing and evaluating national CMPAPs (1) is presented in Table 3.

STEP 5. DEFINE OVERALL GOALS AND TIME FRAME

The CMPAP’s overall shape and direction should first be established, providing a framework and guiding principles for the document (Box 19).

Box 19. Example of principles underpinning a national CMPAP

Slovenia adopted a programme for children and young people for 2006–2016 in 2006 (2). The programme was underpinned by the UNCRC, European Convention of the Exercise of Children’s Rights, the Constitution of Slovenia and 13 key principles, the first being that in line with the UNCRC programme, children from birth until the age of 18 years are included.

The CMPAP should set out its mission and vision statements and justify why a CMPAP is necessary, based on findings from Phase 1. Goals should be clearly articulated and a time frame within which the CMPAP will be implemented clarified, enabling progress to be measured against the timelines.

STEP 6. DEFINE OBJECTIVES AND TARGETS, AND SET PRIORITIES

The steering committee should ensure that developed goals, national and subnational targets and objectives are in line with those agreed by international and European bodies (3,4) and

Table 3. Key areas of focus when developing, finalizing and assessing a CMPAP

Key areas	Explanations
Quantified objectives	Reduction in cases of child maltreatment or violence burden by a quantified amount
Time frame	Outline of a clear time frame for the implementation of the CMPAP
Target population	Individuation of population groups targeted by the CMPAP – all children and families as well as vulnerable groups
Multisectoral involvement	Involving stakeholders in the formulation and implementation stages of the CMPAP
Lead agency	Clearly specified body in charge of implementation, surveillance and evaluation of outcomes of the CMPAP
Budget	A clearly stated budget to financially support the CMPAP
Programmes	Who does what, in which settings, and with whom
Monitoring and evaluation	Selection of indicators to evaluate the achievement of quantified objectives
Communication plan	Set out how to communicate the initial planning, process, expected outcomes and final results
Government minister/ministry approval	Formal approval for the development of the CMPAP

priorities and relevant targets in other national action plans, strategies and policies.

Objectives describe outcomes that the CMPAP is expected to achieve (Box 20). They should be measurable, time-limited and easy to understand. It is recommended that for each goal set out in the CMPAP, several objectives and subobjectives are defined. Baseline data should be available to quantify and evaluate the achievement of an objective: where they are not available, the objectives might have to be formulated in a more descriptive way and activities might be planned to fill the information gaps.

Box 20. Setting objectives

The Government of **Estonia** adopted *Smart parents, great children, strong society*, the strategy for children and families for 2012–2020, with the main objective of improving the well-being and quality of life of children and families (5). This gave an opportunity for the government to focus on primary prevention and early intervention programmes. Five strategic objectives have been set for the achievement of the main objective:

1. evidence-based, evidence-informed policy and universal access;
2. support for positive parenting;
3. children's right to a functional child protection system to ensure a safe environment that supports their development and well-being;
4. a system of combined benefits and services to support families to remain economically viable and ensure their financial security; and
5. men and women have equal opportunities to reconcile work, family and private life to promote a quality everyday life.

Targets are usually categorized as short-, medium- and long-term (Box 21) and should be realistic but challenging. European and global action plans could be used to inspire the selection of targets (3,6).

The situation analysis in Step 2 should have identified the national priorities for child maltreatment: is it prevention or protection of children who have been maltreated, or both? If it is only protection, it will be important to promote prevention as a national priority for all types of child maltreatment. Box 22 shows a plan in which priorities have been protection and where there is room to prioritize preventive actions. The situation analysis may have identified areas of weakness that need to be prioritized, such as surveillance, human resource capacity, incomplete preventive programming, or difficult-to-reach populations. In addition, the existing national action

plan might not be comprehensive and may require further development. Priority-setting should be collaborative (involving all stakeholders), supported by research evidence from the situation analysis, transparent and consultative. This will make selection more acceptable to all parties.

Box 21. Setting goals and targets

In **Finland**, the goal of the national action plan to reduce corporal punishment of children for 2010–2015 (7) was to:

Strengthen the human dignity of children and to increase mutual respect between children and parents and that no child would have to encounter corporal punishment. All children could grow up in a positive, nurturing, understanding and inclusive environment. The aim is to continue and accelerate the progress made over the past two decades so as to strengthen attitudes against corporal punishment among both adults and children and so as to continue to reduce the occurrence of corporal punishment. Regional and demographic differences in the occurrence of corporal punishment should decrease. Attitudes of both adults and children to it should change.

One of the targets is that:

the percentage of respondents having experienced corporal punishment in the next child victim study in 2012 will be half that in 2008, also within various demographic groups and regions (e.g. immigrant children).

Box 22. Priorities for prevention

In **Romania**, the national strategy to protect and promote children's rights for 2014–2020 (8) makes specific reference to prioritizing the development of prevention services, including those for early intervention and assessment, and prevention of separation of the child from his or her family, school abandonment, marginalization and exclusion, and domestic violence. An action plan that strengthens the focus on preventing child maltreatment would therefore fit well with this framework.

Where the proposed objectives and activities are considered too burdensome or unachievable through the CMPAP, they could be broken down into what should be done first and what might be achieved if and when new resources become available. Securing early wins – addressing, for example, issues that affect the largest proportion of the population or for which the greatest political commitment can be secured – achieved through tangible short- and medium-term results will maintain stakeholder interest, as will communication of the achievements to the public and politicians. It may be about

scaling-up existing evidence-informed programmes identified through the situation analysis or integrating prevention of child maltreatment into programmes (such as maternity home visiting and other universal services) and selective services (those for intimate-partner violence, for instance).

Priorities may differ at national and subnational levels, but it is important to have coherence with CMPAP objectives. Box 23 provides a list of factors that should be considered when setting priorities.

Box 23. Factors to be considered when setting priorities

Consideration should be given to:

- the range of potential effects specific to each ministry/stakeholder;
- the expected scale of impact on the population (including economic aspects);
- the feasibility of potential interventions (such as technical, acceptance and affordability);
- the resource-intensity of potential interventions;
- political support;
- strengths and weaknesses of existing programmes; and
- the visibility of results over short and medium terms.

STEP 7. SELECT INTERVENTIONS/ACTIONS

The challenge in developing a national CMPAP is how to translate it into a blueprint for action over the short, medium and long terms. Consideration of interventions should follow a systematic decision-making process in which those shown to be ineffective are not implemented or are withdrawn. Intervention selection should be based on outputs from the situation analysis and national and subnational data, the assessed needs of groups of children, their families and stakeholders, the identified level of resources and an understanding of the social and political context. Many are supported by key policy documents (see Box 3, page 8): their selection may be synergistic with those prioritized in other national policies.

Primary prevention is about addressing the underlying causes of violence against children to stop it before it occurs in the first place (Annex 2). This requires a good understanding of risk and protective factors for different types of child maltreatment, and the nature and effect of interactions between them. National CMPAPs should have a focus on creating societies where child maltreatment is not tolerated and where systems are in place to prevent child maltreatment, detect it and reduce its recurrence. They should focus on strategies aimed at entire populations to transform attitudes, practices and behaviours, including those that support and tolerate violent child discipline (9). It

also means planned actions that take account of the needs of vulnerable children, such as those who:

- live in deprived neighbourhoods;
- live in households with intimate-partner violence, mental illness, alcohol and drug misuse, or incarceration;
- live in institutional settings away from their families;
- belong to refugee, migrant or Roma families; and/or
- live with disabilities.

Numerous evidence-based interventions to prevent child maltreatment are now being implemented in European settings (10,11). Table 1 (see page 18) summarizes the evidence for the effectiveness of a range of universal and selective programmes, including those in the European Region. Box 24 provides examples of areas (such as parenting programmes, media campaigns and reducing child poverty) on which national action plans are focused to reduce child maltreatment.

STEP 8. DEFINE RESPONSIBILITIES

Engagement, advocacy and cooperation among government and national bodies, NGOs, academics and communities is essential for developing a CMPAP. Defining responsibilities and providing structures for coordination, information-sharing and networking are critical.

The success of the CMPAP will in great part depend on the clarity with which institutional responsibilities and coordination mechanisms among stakeholders are determined. Overall leadership and responsibilities for various objectives and interventions must be assigned.

It is also important to involve regional and municipal authorities and NGOs as early as possible: they will be key to implementing the CMPAP. Multisectoral national workshops involving national and subnational stakeholders can sensitize them to the issues under discussion and involve them in the consultation process. Additional support for authorities and NGOs through, for example, training events may be needed to support these processes.

The steering committee/lead agency is responsible for overseeing implementation of the CMPAP. While the ultimate responsibility for prevention of child maltreatment lies at national level, most of the actions are usually undertaken at subnational or local levels. National bodies will therefore need to establish supportive frameworks and mechanisms to support subnational or local organizations and authorities (Box 25).

Governments can develop a national CMPAP and provide support in the form of:

- providing a legal framework for local action;
- setting priorities;

Box 24. Examples of different areas on which national CMPAP are focused to reduce child maltreatment

Montenegro has developed a draft national strategic framework for prevention and protection of children from abuse and neglect. It aims to: implement evidence-based prevention programmes; strengthen the system response for prevention; build capacity and exchange good practice; improve data collection for monitoring, evaluation and research; raise awareness; address equity in child maltreatment by anticipating social inequalities; and end corporal punishment in all settings.

Norway has developed *Childhood comes but once*, the national strategy to combat violence and sexual abuse against children and young people for 2014–2017 (12). It presents a selection of recommended preventive programmes, some of which had been tested in Norway while others were considered worthy of implementation. The following programmes were targeted at supporting parents in their caregiving roles:

- the International Child Development Programme
- the Nurse–Family Partnership
- Circle of Security programme
- The Incredible Years
- parent management training – the Oregon model
- Marte Meo guidance method.

Cyprus has developed an organizational action plan for 2014–2019 (13), an objective of which is to improve the handling of bullying and school violence with two specific actions:

- continuing to implement the Beat Bullying programme to set up more peer-to-peer education and support groups, and raise awareness among the education community and parents; and
- raising public awareness on safe and responsible ways to use the Internet and counter cyberbullying.

Poland developed *Poland for children*, the national action plan for children for 2004–2012. Objectives included decreasing the presence of violence and enhancing pro-social behaviour patterns and standards in the mass media. The proposed action was to “form a team to work on an agreement between broadcasters and media publishers in the field of creating programmes, selecting their contents and informing society about them” (14).

The Government of **Kyrgyzstan** and the United Nations Children’s Fund developed a national programme action plan that gave responsibility to the Ministry of Social Protection to implement “effective response policies, programmes and services that target child poverty, including an equitable social cash transfer system” by the end of 2016 (15).

- helping develop indicators for local use and information systems that can be adapted for use at local level;
- promoting integration across sectors at all levels of government;
- encouraging the academic sector in providing research evidence;
- providing funding;
- delegating authority to subnational and local levels;
- accepting ultimate responsibility for the prevention of child maltreatment;
- assisting in resolving any cross-boundary issues;
- ensuring media attention on the process and published CMPAP; and
- holding a broad consultation process during the development of the CMPAP.

STEP 9. DEFINE RESOURCE NEEDS AND SOURCES

Successful implementation of a CMPAP requires adequate financial and human resources. This is crucial, as having adequate and sustainable resources will be a critical prerequisite to planning implementation. It means:

- estimating human resource needs, including training, continuing professional development and briefing events designed to help those who will be involved in implementation to understand what the CMPAP means for them;
- breaking down the costs of implementing the CMPAP in accordance with the different stages and tasks set out; and

- identifying funding sources (from ministries, national or subnational agencies, NGOs and private entities, for example).

The steering committee has a key role in identifying the nature and extent of resources (human and financial) from across all the sectors required to implement the CMPAP. Where additional financial support is required, it will need to be identified in the action plan budget and sought from appropriate sources. The situation analysis should establish the number and levels of staff trained to work in services for children and families, including those who may need to be redeployed after receiving basic or specialist training. It should also identify the number of people in the workforce who should be trained and the type and level of training they require to undertake the roles and responsibilities necessary to implement and evaluate the CMPAP (Box 26).

Box 25. Implementing a national action plan through local structures

The *Staying safe* action plan was launched in **the United Kingdom (England)** in 2008 (16). A cross-departmental public service board was established to monitor and drive national and local delivery of the action plan's overarching goal of improving children and young people's safety. It consisted of representatives from all relevant government departments: Department for Children, Schools and Families; Home Office; Ministry of Justice; Department of Health; Department for Communities and Local Government; Department for Innovation, Universities and Skills; Department for Culture, Media and Sport; Her Majesty's Treasury; the Prime Minister's Delivery Unit; the Cabinet Office; Department for Transport; and the Border and Immigration Agency. Safeguarding children boards, set up at local authority level, had key responsibility for local delivery of work set out in the plan. Agencies represented on local boards included:

- universal services, including schools and early-years providers;
- everyone working with children and young people, whether in paid employment or as volunteers;
- National Health Service organizations and staff;
- police forces and the fire and rescue service;
- children's social care services;
- services for vulnerable adults, such as prisons, adult mental health, adult substance misuse and domestic violence; and
- third-sector organizations, such as those providing helplines, faith organizations and other NGOs.

Box 26. Training measures to improve the competence of professional staff

Two measures in **Lithuania's** national programme for the prevention of violence against children and assistance for children for 2011–2015 (17) were established to improve the qualifications of specialists working with children in violence prevention and assistance over the duration of the programme:

- training for specialists in the protection of children's rights and for social workers working with social-risk families in organization and control of assistance, prevention of violence against children, disappearance of children, trafficking in adults and children and sexual violence against children (under the responsibility of the Ministry of Social Security and Labour); and
- improved professional competences of police officers through training addressing issues on prevention of violence against children (under the responsibility of the Police Department of the Ministry of the Interior and municipalities).

It is important to assess whether resources can be shared more effectively across government ministries and services to achieve the CMPAP's goals. Developing well thought-out partnerships and initiatives (such as pilot projects) from the beginning of the planning process is likely to help secure the necessary funding.

The pre-qualifying, post-qualifying and continuing professional development curricula of all professional sectors, including health, social welfare and education, should be further developed or revised to include prevention of child maltreatment. The focus should be on developing knowledge and skills in early intervention and recognition of children who are at risk of being maltreated. This could include, for example, planning school-based programmes to prevent sexual abuse that are delivered universally in classrooms. Programmes to educate and train relevant professionals and other stakeholders should be set up and/or tailored to the type and needs of the audience. WHO education materials for training in child maltreatment prevention programmes are available in English and Russian language (18).

STEP 10. DEFINE A MECHANISM FOR MONITORING AND EVALUATION

A mechanism for monitoring and evaluating implementation, and reporting findings publicly, needs to be built into the

CMPAP, making it possible to measure whether resources are being used effectively. It should include the following elements:

- indicators and targets;
- identification of an institutional mechanism/coordinating body to monitor implementation and impact;
- meaningful participation of civil society and other stakeholders;
- an evaluation of practice and systems; and
- accountable reporting procedures.

The steering committee has responsibility for:

- developing methodologies for gathering information about how well the national policies/action plan are being implemented;

- developing and setting agreed targets at national and subnational levels to evaluate the CMPAP;
- developing relevant input, process, output and outcome indicators to evaluate the CMPAP (Box 27);
- developing and agreeing outcomes and methods for measuring whether the agreed objectives have been achieved;
- identifying what resources are needed for monitoring and evaluation activities; and
- deciding which body(ies) will be responsible for monitoring and evaluation activities and ensuring they can report their findings independently (Box 28).

The direct and meaningful participation of civil society and other stakeholders should be built into the monitoring, evaluation and reporting processes. Children and young people's views are an essential part of this process.

Box 27. Setting indicators in relation to each high-level outcome

The children and young people's plan for 2011–2014 in **the United Kingdom (Northern Ireland)** provides an illustration of the kinds of information the Children and Young People's Strategic Partnership intended to use to measure how well children and young people in Northern Ireland are doing and where improvements are needed (19). Indicators prioritized by each of its planning groups were to be listed in their action plans. The planning groups used the indicators, as well as other information, to identify what changes were needed for specific groups of children and young people.

Indicators that linked to each outcome were chosen, with information from across a range of agencies. This information was drawn from that which was already available and posted on the website as it was finalized. For example, information on the outcome *Living in safety and stability* was to be collected in 12 indicator areas:

- knowledge and experience of professionals
- children affected by domestic violence
- deaths among those under 18 years and the reasons
- children reporting being bullied or being worried about is happening to them
- children feeling safe
- children being victims of crime
- impact of the conflict in the United Kingdom (Northern Ireland)
- views from local children, young people, parents and communities
- rates of children on the child protection register and percentage of reregistrations
- rates of looked-after children
- parents/carers receiving parental education, support and advice
- children accessing play, leisure, recreational, cultural and art activities.

In **Armenia**, one of the objectives of the action plan for 2012–2014 was to create mechanisms to protect children's rights and prevent violence towards children in schools by extending the mandate of the existing public monitoring group to cover not only boarding schools, but all schools in the country (20). Expected results were:

- modules for teachers on protection of children's rights and prevention of violence are developed;
- around 25 trainers are prepared for conducting sessions with teachers, university students and high-school pupils;
- 750 teachers are trained by trainers;

Box 27. Setting indicators in relation to each high-level outcome (contd)

- training materials, including modules, posters and booklets, for children about their rights and the unacceptability of any violence are developed, printed and distributed;
- 50 students are trained by trainers, about 500 high-school pupils are trained by university students, and around 5000 secondary school pupils are trained by high-school pupils (cascade model);
- training is supervised by the public monitoring group and staff from the Civil Society Initiative NGO;
- ethical and conduct norms for teachers on preventing violation of children's rights and child abuse/violence are developed and applied in schools;
- intra- and interdepartmental documents for protecting victims of violence in schools are developed;
- the public monitoring group strategy and plan of actions for a five-year period are developed and piloted in schools, and the group's role and functions are strengthened and expanded;
- a hotline is functioning and systematic responses to warning signals are in place; and
- public awareness on ways to protect children's rights and prevent violence is raised.

Box 28. Determining responsibility for monitoring implementation of an action plan

In **Czechia**, an intersectoral coordinating group was specifically developed for the purpose of coordinating and monitoring the national strategy to protect children's rights for 2012–2018 (27). The Ministry of Labour and Social Affairs, as the authority responsible for implementing the UNCRC, is in charge of the evaluation of implementation of the national strategy and for following up action plans.

Once it has been decided which body(ies) will have responsibility for evaluating the implementation and impact of the CMPAP, their functions should include:

- gathering and analysing information;
- monitoring progress in attaining the plan's objectives;
- identifying good practices and obstacles to implementation;
- deciding how best to communicate the evaluation results and taking responsibility for their publication; and
- proposing measures for future action.

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CHAPTER 5
PHASE 3: IMPLEMENTING THE CMPAP

SUMMARY

Phase 3 involves adoption and implementation of the action plan that is aligned with existing services through four steps:

- **step 11:** adopt the CMPAP with approval from stakeholders and government;
- **step 12:** integrate actions from the CMPAP into existing work plans of relevant governmental departments and stakeholder organizations;
- **step 13:** allocate the necessary budget to implement the CMPAP, including dissemination activities; and
- **step 14:** communicate activities and results through a wide range of media.

STEP 11. ADOPT THE CMPAP

The method through which approval for the CMPAP is sought will depend on the way such decisions are made in each country. Ideally, approval and endorsement should be sought first from stakeholders and second from government.

The steering committee should circulate the draft CMPAP to all key stakeholders and government departments for comment. Responses should be considered and, as far as possible, incorporated into the final CMPAP, recognizing that respondents may hold contradictory views. It is important to demonstrate to decision-makers that a thorough participatory process has been followed in developing the CMPAP, involving civil society. This will increase its ownership and acceptance and ultimately improve the effectiveness of the implementation process. Public debates should be organized with stakeholder groups where possible. Ideally, the final CMPAP should be approved by the government after securing approval from relevant ministers (Box 29). The CMPAP may have to be endorsed by government and parliament in some countries, in addition to gaining ministerial approval.

Box 29. Government approval of an action plan

In **Iceland**, a parliamentary resolution approved a four-year action plan (2007–2011) to improve the situation of children and young people and their families (1).

The **Georgian** national plan of action for children 2003–2007 was adopted by Presidential Decree #384 on 8 August 2003 and launched on 6 October 2003 (2).

The national strategy and action plan on children's rights for 2013–2017 in **Turkey** (3) was published by the Ministry of Family and Social Policies and is part of the strategic plan of the Ministry of Health for 2013–2017 (4).

Implementing the CMPAP requires the collaboration of several ministries and its impact depends on long-term commitment, so it is highly desirable for it to be ratified by a legal body (usually the parliament) and accorded legal status. This makes the CMPAP more resistant to changes in the political climate. If official approval cannot be obtained at this stage, the CMPAP may have to be further modified and resubmitted for approval, requiring the steering committee to go back to Stage 2 and following the steps set out from there.

It is crucial that objectives, targets and interventions are in accordance with national overall priorities. Highlighting links between the CMPAP and relevant existing strategies, policies and action plans, such as a child and adolescent health strategy, a national plan on prevention of domestic violence or a health-in-all-policies strategy, and setting out the ways in which it will complement and contribute to the delivery of these other initiatives is crucial. Having a national CMPAP whose objectives and interventions accord as much as possible with European Union requirements would be beneficial for European Union accession countries.

Factors influencing the effectiveness of this process may include political will, the presence and effectiveness of policy champions, the status of child maltreatment prevention as a public priority, the level of success CMPAP advocates have achieved, and communications. The adoption of the CMPAP should be accompanied by public relations activities, such as a public launch involving press conferences and other events to increase public awareness.

STEP 12. INTEGRATE ACTIONS FROM THE CMPAP INTO THE WORK PLANS OF ALL RELEVANT MINISTRIES, ORGANIZATIONS AND AUTHORITIES

Once the CMPAP has been approved and financial support secured, its implementation can begin (Box 30). Actions should be followed as closely as possible, integrating the short-, medium- and long-term targets and corresponding interventions and activities into the work plans of all stakeholders, organizations and authorities involved. The steering committee might need to set up working groups with the task of elaborating the work plans.

All relevant services working or involved with children and families – universal, targeted and selective/specialist – should consider how they can realign their services to contribute to the approved CMPAP. Examples of programmes that can be integrated include universal home visiting, community nursing programmes, home visiting and welfare services that target and support families at greater risk of maltreating their children, and selective services for intimate-partner violence. Others, such as hospital-based training programmes to

prevent abusive head trauma (often referred to as shaken-baby syndrome), can be integrated into existing classes for new parents or while they are in maternity hospitals. Manualized programmes for parents, especially those developed in other countries, may need to be adapted to suit national legislation and policies and respond to local needs and cultural norms (6,7).

Box 30. Example of government-led implementation in partnership with all relevant stakeholders

Germany planned to establish a federal-state working group on combating the sexual exploitation of children to steer and coordinate the implementation and further development of the national action plan for protecting children and teenagers from sexual violence and exploitation (5). NGOs were also to be represented on the group.

Indicators for quality-assuring programmes and projects aiming to prevent sexual violence against children and adolescents were to be developed through dialogue with stakeholders, with the aim of optimizing use of resources and their impact. The action plan is to be taken forward within the framework of existing reporting obligations, such as those based on the Commitment and Plan of Action for Protection of Children from Sexual Exploitation in Europe and Central Asia, adopted at the Conference on the Protection of Children against Sexual Exploitation held in Budapest, 20–21 November 2001. This includes the role of federal government to report on past and future measures, developments, achievements, shortcomings and other necessary information to ensure continuous development from a national perspective and guarantee effective monitoring of the action plan.

Where appropriate, local education, health and welfare organizations and teams should agree on how to coordinate their work programmes and individual work with children and families to provide a seamless service and avoid duplication.

Government departments may be required to develop and enact new laws or change existing ones to, for example, ban corporal punishment or restrict access to retail alcohol, and will also need to ensure that existing legislation underpinning and supporting the prevention of child maltreatment action is enforced through the implementation plan and monitoring and evaluation processes. If at any stage it becomes necessary to change the original proposed interventions, adjustments agreed by the steering committee should be made to the overall goal, objectives and targets.

STEP 13. ALLOCATE THE NECESSARY BUDGET

Allocating the necessary budget for implementation is a crucial and often challenging part of the implementation process. A proportion of the funding may come from the state budget with government or parliament approval, or may be allocated from the budgets of relevant ministries or external sponsors and national and subnational organizations and authorities. Some may be so-called new money, allocated specifically to implementing the CMPAP, while other funding may be reallocations of existing budgets (Box 31).

Box 31. Allocation of funding for implementing a national programme

The national programme for children and young people at risk in **Israel** is led by the Ministry of Social Affairs and Social Services and implemented jointly with the ministries of education, health, immigrant absorption and public security (8). It provided an additional annual budget for services and programmes for children, young people and families of 155 million shekels when it reached full development in 2014. The budget was provided through a single pooled budget line for all ministries: this enabled maximum flexibility to develop most-needed services regardless of the ministry responsible for quality and implementation. It was provided on a multiyear basis to enable long-term planning and adaptation of service systems. The programme represented a shift in Israel's policies towards children and young people at risk, aiming to move current expenditure to secure more resources and focus on community-based and preventive services. Additional funding was invested only in community-based services, with one third of the budget allocated to services for young children under the age of 6 by providing communities with the opportunity to invest more in services for children at the lower end of the risk continuum to prevent the development of severe risk situations.

In **Spain**, the estimated cost of implementing the second national strategic plan for childhood and adolescence for 2013–2017 was based on information provided by ministries and autonomous communities (9). The total budget of €5.1 billion for the period 2013–2017 was broken down by the eight objectives of the plan and then distributed by objectives centrally (€700 million) and to the regions (€4.4 billion).

It is crucial that the CMPAP receives adequate and continued money and support to ensure implementation, dissemination,

evaluation and quality improvement. Changes in the political agenda also need to be taken into consideration.

STEP 14. COMMUNICATE THE ACTIVITIES AND RESULTS

It is important to advocate for, and communicate about, the CMPAP to the public and key stakeholders after it has been approved. First results from the evaluation should also be communicated as they become available. Information can be used for advocacy, awareness-raising and promoting CMPAP sustainability purposes. A communication plan should therefore be developed, with the involvement of a wide range of mass and local media representatives (Box 32).

Planning a formal launch by the government, lead ministry or steering committee will be one of the first activities in generating press, public and professional awareness and interest in the CMPAP and will signal the beginning of CMPAP implementation. It will include the preparation of a press release for the launch, a simplified version of key messages from the CMPAP tailored for the media, general public and children and young people, and the preparation of key text and documents for posting on the website.

The communication plan should encompass a range of media to provide stakeholders with information relevant to their specific areas of interest, or general information about the CMPAP, or a combination. Communicating results from monitoring and evaluation to the general public and other stakeholders is important in sustaining implementation. This can be done through:

- multisectoral meetings to report on progress and discuss what needs to happen next;
- regular information and communication campaigns targeting all stakeholders, including the general public;
- government and agency websites displaying prevention of child maltreatment indicators; and
- child-friendly language being used to feed back to children in a meaningful format.

Social marketing campaigns are best used in conjunction with legislative or programme changes. They can support the implementation of new legislation on, for example, banning corporal punishment, raising awareness about child maltreatment, improving parenting competencies and changing societal norms (Box 33).

Box 32. Plan for disseminating information on abuse, violence and sexual abuse against children and young people

The national strategy to combat violence and sexual abuse against children and young people for 2014–2017 in **Norway** includes an intention to draw up a plan for disseminating information to adults and children on various abusive acts, such as bullying, violence and sexual abuse (10). Information has a focus on issues such as: what promotes a child's development from before birth to adulthood; what harms a child's development in the short and long terms; and where help can be obtained. It was to be adapted to the child's age and disseminated by digital means.

Other methods of dissemination were to be considered to ensure that it reached target groups. The government was to consider creating a single web portal to coordinate information from central government authorities and other bodies on abusive acts, violence and sexual abuse against and between children. This measure can be viewed in conjunction with the websites for the 116 111 emergency telephone line, www.ung.no public information channel for young people and the Helsenorg.no health portal. The Ministry of Children, Equality and Social Inclusion, in collaboration with the ministries of education and research, health and care services, and justice and public security, was responsible for developing the information plan.

One of the four areas in the national action plan for children 2004–2012 in **Poland** is protection of children from molestation, abuse, violence and exploitation, within which increasing social and legal awareness is identified as a priority area (11). The proposed actions to achieve the objective on supporting society to be generally persuaded of the need to protect children from violence, to react to the violence and understand the inevitable punishment of the perpetrator were:

- activating local and neighbourhood communities, involving churches and religious groups (local coalition);
- launching (social) media campaigns;
- introducing prevention and education programmes to kindergartens, schools and medical services;
- propagating knowledge about the protection of people reporting violence; and
- introducing content on violence to the general education core curriculum.

Box 33. Using a public education campaign to support legislative change

In 1979, **Sweden** became the first nation to introduce legislation that banned mild forms of physical chastisement, including smacking. The ban's aims were threefold: to alter public attitudes; increase early identification of children likely to suffer significant harm; and promote earlier and more supportive interventions with families. It was accompanied by a national public education campaign designed to change parenting behaviour. This involved the distribution of a public education brochure and a two-month publicity campaign that included printing information about the change in law on milk cartons.

More than 15 years after the ban was introduced, its impact was evaluated. The findings showed that public support for such punishment had declined. For a period of 11 years after the introduction of the ban, no child in Sweden died as a result of physical abuse (12).

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CHAPTER 6
PHASE 4: MONITORING, EVALUATION
AND IMPROVEMENT

SUMMARY

Monitoring and evaluation of the CMPAP is critical to assessing whether implementation of the plan is being achieved and is essential to accountability and good governance. This final phase is achieved through two steps:

- **step 15:** establish an evaluation team whose members or organization do not have any conflicts of interest, and implement the defined evaluation mechanism at the earliest opportunity; and
- **step 16:** develop a mechanism to ensure regular review and update of the CMPAP.

STEP 15. ESTABLISH AN EVALUATION TEAM AND IMPLEMENT THE DEFINED EVALUATION MECHANISM

An evaluation plan needs to be built into the CMPAP, as discussed in Step 10. The steering committee/lead agency should ensure that monitoring and evaluation is conducted and commences at the earliest opportunity (Box 34). The evaluation approach typically includes:

- analysis of indicators to measure child maltreatment as defined in the CMPAP, such as prevalence of child maltreatment, homicides and number of children at risk of being maltreated;
- analysis of indicators (input, process, output and outcome) that would evaluate the results of intended actions if and when they were implemented;
- analysis of corrective actions taken after the CMPAP has been revised in the light of findings from a mid-term evaluation;
- interviews with people who represent the major stakeholders in developing and implementing the national CMPAP and who have been involved in the process;
- meetings with focus groups to discuss the strengths, weaknesses, opportunities and constraints of the national CMPAP, with a special focus on lessons learned from implementation; and
- review of documents related to the CMPAP.

At every stage of planning, development and implementation, documents should be produced for monitoring, learning about compliance and sharing information (Box 35). These documents should be archived so that they can be re-used at relevant points in time during the implementation stage. This would also facilitate the exchange of expertise between countries when looking for lessons that are transferrable to other settings.

Examples of different types of arrangements being put in place to monitor national CMPAPs are given in Box 36.

Box 34. Implementing, monitoring and evaluating the action plan

Implementation of the draft national plan of action for children for 2013–2017 in **Montenegro** is to be monitored and evaluated as follows:

- monitoring will be conducted as a continuous process of collecting and analysing data on the achievement of specific and strategic objectives in certain areas of the action plan for each year of its implementation;
- annual reports on action plan implementation will be prepared; and
- the reports will be reviewed.

The process of monitoring enforcement will be based on indicators of achievements that are defined in the action plan matrix and annual updates of impact indicators.

Box 35. Reporting publicly on the implementation of an action plan

In **the United Kingdom (Northern Ireland)**, the Children and Young People's Strategic Partnership produced an outcome monitoring report on its children and young people's plan 2011–2014 annually (1). Data were reported in relation to the overall demography in Northern Ireland and each of the six outcomes set out in the plan. The data were reported graphically showing trends over time and were accompanied by a textual explanation of why the specific indicator is important, along with an explanation labelled "the story behind the trends".

Box 36. Examples of different arrangements for monitoring the action plan

Monitoring objectives of the programme for children and young people for 2006–2016 in **Slovenia** is to be carried out by the Social Protection Institute Child Observatory Unit (2).

The Children and Young People's Strategic Partnership was the multisectoral group responsible for monitoring the children and young people's plan 2011–2014 in **the United Kingdom (Northern Ireland)** (1).

Implementation of the national action plan for children for 2013–2017 in **Slovakia** is monitored by the Committee for Children and Young People within the Government Council for Human Rights, National Minorities and Gender Equality (3).

STEP 16. SUSTAIN AND IMPROVE THE CMPAP

The steering committee and implementing agencies need to keep the CMPAP at the forefront of stakeholder and funders' minds to ensure it is sustained. Ongoing attempts should be made to secure additional funding and political support for the action plan from all stakeholders, including the government, and engage relevant private enterprises and international bodies.

Box 37 provides examples of monitoring and evaluation mechanisms that led to action plan updates.

In practice, findings from the evaluation may indicate a need to update the CMPAP and repeat or modify some steps in phases 1 and 2. Political, social and economic changes may also drive the updating process. Evaluation and monitoring are critical to ensuring that plans are being implemented. Most of the plans in the examples above have defined monitoring and evaluation as aims, although not all of the results are easily accessible. Clearly, good implementation and accessibility to evaluation information is critical to accountability and good governance (7).

Box 37. Reviewing and updating the strategy or action plan

The results of national and local monitoring of the national child strategy for 2008–2018 in **Bulgaria** are to be subject to an overview by the chairperson of the State Agency for Child Protection, who will present an annual report to the National Council for Child Protection (4) before it is submitted for adoption to the Council of Ministers. The chairperson may initiate if necessary a revision of the strategy based on the analysis.

In **Spain**, the Childhood Observatory was given responsibility for monitoring and evaluating the first national strategic plan for children and adolescents for 2006–2009 (5). A monitoring report completed for the period 2006–2008 and a final evaluation reported on the degree of compliance with the plan, achievements made and challenges that remained. The assessment consisted of evaluation sheets completed by autonomous communities, administrations and bodies, Internet-based information, telephone interviews, budgets, an analysis of the situation of children, and evaluation by experts. Children were also involved. The evaluation informed the objectives for the second national strategic plan for 2013–2017 and the measures necessary for its implementation (6). Continuous monitoring of the second plan is being undertaken, with a mid-term and final evaluation. Conferences and workshops are planned for the final evaluation to provide feedback to stakeholders, including children.

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CHAPTER 7
THE STRUCTURE OF A NATIONAL CMPAP
AND USEFUL TOOLS

SUMMARY

This final chapter provides additional resources for developing the national CMPAP. It provides the general outline of the action plan structure, additional materials to support the development of each phase of the plan and some concluding comments.

STRUCTURE OF A CMPAP

Surveys for the *European report on preventing children maltreatment (1)* and the *Global status report on violence prevention 2014 (2)* showed that 35¹ out of 41 countries have a CMPAP. The illustrative case examples included in this handbook are drawn from these action plans. Many national action plans share similar structures. Based on these and findings from the literature (1–5), the following components are proposed for a CMPAP:

- foreword;
- introduction;
- policy context/background;
- situation analysis;
- guiding principles;
- timeframe;
- relevant legislation/policies (international/European/national);
- engagement of stakeholders;
- governance structures;
- existing evidence-based prevention programmes and gaps;
- key actions with defined roles and responsibilities, timelines and resources;
- outcomes and indicators;
- evaluation plan; and
- budget.

ADDITIONAL SOURCES OF INFORMATION AND FURTHER READING

Tools and sources of information at international, national, subnational and local levels are available for each phase in developing a national CMPAP. Box 38 lists additional WHO tools, sources of information and further reading opportunities for each phase (1–20). Key international and European policy instruments and documents that should be consulted were listed in Box 3 (see page 8).

CONCLUDING COMMENTS

Child maltreatment is a hidden form of violence against children, but is very prevalent, resulting in serious consequences for the health and development of children (7,21–23). The costs to

¹ These countries are: Albania, Armenia, Belarus, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, Georgia, Germany, Iceland, Israel, Italy, Kazakhstan, Kyrgyzstan, Lithuania, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, Turkey, the United Kingdom and Uzbekistan.

society are substantial, requiring investment in prevention to enable children to maximize their developmental and health potentials (22,24).

There is more than adequate evidence that child maltreatment is preventable through organized efforts of society (7,10,11,13). Countries have a clear obligation to address child maltreatment, which is a common but serious violation of children's rights and which results in unquestionable harm to their mental, physical and social health (24–26).

Despite compelling arguments on high burden and cost-effective prevention, not all countries have mounted an adequate response. Instead, much more effort has been devoted to child protection by detecting and registering cases of child maltreatment and trying to ensure that further harm does not occur.

It is hoped that the overwhelming support shown by Member States for *Investing in children: the European child maltreatment prevention action plan 2015–2020 (6)* will serve to counteract this inaction and galvanize support for prevention. The European action plan asks health ministries to coordinate the development and implementation of multisectoral action plans that focus on preventing child maltreatment.

This handbook has been developed to support policy-makers and members of civil society to develop a national CMPAP, which is essential to the coordination of comprehensive, multisectoral and whole-of-society approaches to national and local implementation of evidence-informed, population-level preventive programmes. It is intended that these national action plans will help fulfil government obligations set out in the WHO global plan of action on violence prevention (27) and the SDGs (28).

The handbook uses a model public planning and policy approach that is described elsewhere (5,27). It proposes that the successful development and implementation of CMPAPs requires four phases: planning, development, implementation and evaluation, with feedback to improve the process. Sixteen essential steps are proposed. While the handbook does not offer a blueprint for implementation, it suggests that the steps be adapted to national contexts.

It is hoped that the handbook will be a useful instrument in supporting a comprehensive approach to the development of national action plans. Links with international, European and national policies are encouraged. Successful plan development and implementation will lead to more widespread programming to prevent child maltreatment, such as legislation to ban corporal punishment and promote positive parenting, home visitation, changing social norms, pre-school programmes, and programmes to prevent abusive head trauma and sexual abuse. Case studies of good practice from European countries have

Box 38. Additional WHO resources to help with planning, developing, implementing and monitoring CMPAPs

Resources for Phase 1: planning

- *European facts and the Global status report on violence prevention 2014* (1).
- *European country profiles on violence prevention – European facts and “Global status report on violence prevention 2014”* (2).
- *European inventory of national policies for the prevention of violence and injuries* (3).
- *Preventing injuries and violence: a guide for ministries of health* (4).
- *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners* (5).

Resources for Phase 2: development

- *Investing in children: the European child maltreatment prevention action plan 2015–2020* (6).
- *European report on preventing child maltreatment* (7).
- *Toolkit on mapping legal, health and social services responses to child maltreatment* (8).
- *Improving efforts to prevent children’s exposure to violence. A handbook to support the evaluation of child maltreatment prevention programmes* (9).
- *Violence prevention: the evidence* (10).

Resources for Phase 3: implementation

- *Implementing child maltreatment prevention programmes: what the experts say* (11).
- *Handbook for the Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM)* (12).
- *INSPIRE: seven strategies for ending violence against children* (13).
- *Preventing violence: a guide to implementing the recommendations of the World report on violence and health* (14).

Resources for Phase 4: monitoring

- *Measuring and monitoring national prevalence of child maltreatment: a practical handbook* (15).
- *Handbook for the documentation of interpersonal violence prevention programmes* (16).
- *Preventing child maltreatment: a guide to taking action and generating evidence* (17).
- *Guidelines for conducting community surveys on injuries and violence* (18).

General and capacity-building resources

- TEACH-VIP core module on violence and injury prevention (19).
- TEACH-VIP advanced module 7 on child maltreatment prevention (19).
- Child maltreatment prevention course (20).

been used throughout the guide, as well as examples which reflect the principles that should underpin national CMPAPs.

It is suggested that an intersectoral committee be responsible for developing and implementing the CMPAP. Depending on different contexts, it may be more practical for a well resourced lead government agency or secretariat to be given responsibility for implementation and monitoring. Evaluation could be conducted by the lead body or an independent academic institute. Plans will only be implemented if there is political will and sufficient resources are provided.

Monitoring and providing information on indicators of progress to stakeholders is critical to ensure that agencies deliver on their prevention actions. Evaluation and dissemination is an essential part of ensuring good governance in the delivery of the CMPAP.

Most of the action plans identified in the handbook report on their intention to evaluate, but in reality, not all have conducted thorough evaluations. Evaluation and monitoring reports are essential to sharing good practice examples across the Region and more need to be conducted. Independent assessments by academics also make valuable contributions. An assessment of routine information from Sweden and the United Kingdom, for example, reported that child maltreatment was improving (29).

The handbook should be used in conjunction with resources developed by the Regional Office for Europe and elsewhere. These include *Investing in children: the European child maltreatment prevention action plan 2015–2020* (6), the *European report on preventing child maltreatment* (7), *Implementing child maltreatment prevention programmes: what the experts say* (11) and *Measuring and monitoring national*

prevalence of child maltreatment: a practical handbook (15). Together, these resources can support government ministries and authorities concerned with children's welfare and safety to reduce child maltreatment prevalence and enhance the quality of children's lives into adulthood. While it primarily targets policy-makers, advisers and planners, it is hoped that it may have broader appeal to those wishing to advocate for policy change.

The analysis of existing European child maltreatment prevention action plans shows that too few exist: of those that do, more are concerned with protection than prevention (1,2,6,7). As prevention is more cost-effective than dealing with the consequences of child maltreatment, there is an obvious need for more countries to develop CMPAPs to coordinate preventive actions, as emphasized in the European child maltreatment prevention action plan. It is hope that this handbook will facilitate the formulation of such plans and strengthen governance for the prevention of child maltreatment.

A checklist to guide development of a CMPAP is shown at Annex 4.

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ANNEX 1. DEFINITIONS OF CHILD ABUSE AND NEGLECT

The 2002 *World report on violence and health* (1), defines child abuse and neglect as:

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

The report and the WHO consultation on child abuse prevention of 1999 (2) distinguish four types of child maltreatment:

- physical abuse
- sexual abuse
- emotional and psychological abuse
- neglect.

PHYSICAL ABUSE

Physical abuse is defined as the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. There is evidence that a great proportion of physical violence against children in the home is inflicted with the object of punishing. The most common reason for physical abuse is corporal punishment as a disciplinary measure in the so-called education of the child.

Physical abuse also includes the act of deliberately causing symptoms of disease with the child by his or her parents, guardians or other adults responsible for the child (the so-called Munchausen syndrome by proxy) (1,2).

SEXUAL ABUSE

Sexual abuse is defined as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else violates the laws or norms of society. Children can be sexually abused by adults and other children who are – by virtue of their age (five or more years older) or stage of development – in a position of responsibility, trust or power over the victim. This may include, but is not limited to: pimping or forcing the child to indulge in an unlawful sexual activity; using the child for exploitation in prostitution or other unlawful sexual practices; and exploiting the child for pornographic performances and materials.

Sexual abuse includes: exposing private parts to a child (so-called flashing) and showing the child pornographic pictures; taking pictures of the body of the child; touching the body in a sexual way; inciting the child to touch the body of an adult in a sexual way; and attempting to have or performing sexual intercourse (anal, vaginal). Accordingly, sexual abuse can happen with or without body contact (non-penetrating and penetrating) (1,2).

EMOTIONAL (PSYCHOLOGICAL) ABUSE

Emotional or psychological abuse involves isolated incidents and a pattern of failure over time on the part of a parent or guardian to provide a developmentally appropriate and supportive environment. Acts in this category may have a high probability of damaging the child's physical or mental health, or his or her physical, mental, spiritual, moral or social development. Abuse of this type includes rejecting, degrading, blaming, threatening, frightening, terrorizing, isolating, corrupting, discriminating against or ridiculing; exploiting and other non-physical forms of rejection or hostile treatment; and denying emotional responsiveness (1,2).

NEGLECT

Neglect includes isolated incidents and a pattern of failure over time on the part of a parent or caregiver to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health; education; emotional development; nutrition; and shelter and safe living conditions.

Neglect is not necessarily connected with poverty. In the case of poor parents or guardians, it may be that despite their best wishes, they are not in a position to provide the child with what his or her development requires (1,2).

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ANNEX 2. PREVENTION OF CHILD MALTREATMENT VERSUS PROTECTION

It is important to understand the difference between prevention of, and protection from, child maltreatment. WHO describes this basic difference as follows (1,2):

- **child protection** services investigate and try to substantiate reports of suspected child abuse and either directly provide or refer victims and their families to appropriate support, care, and treatment; child protection intervenes after the child maltreatment has taken place; and
- **child maltreatment prevention** refers to measures taken to prevent child maltreatment before it occurs by addressing the underlying causes and risk and protective factors – such as teaching positive parenting skills to pregnant first-time mothers.

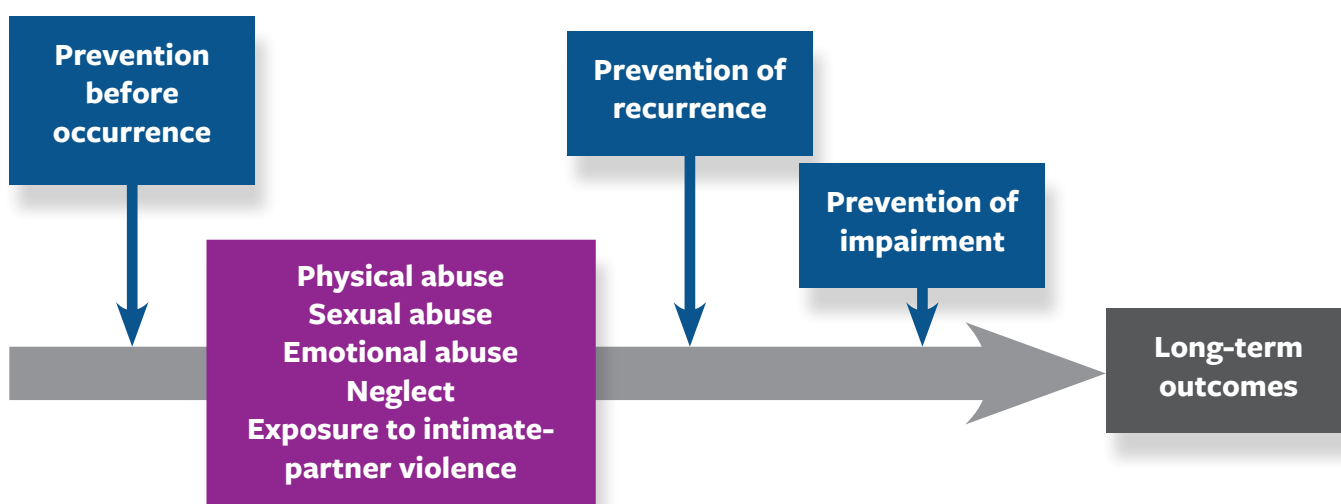
The framework suggested by MacMillan et al. (3) addresses interventions (universal and targeted) aimed at the prevention of maltreatment before it occurs, and the prevention of recurrence and adverse outcomes associated with childhood experiences of maltreatment through specialist interventions (Fig. A2.1). Prevention can work at any of these stages, but the primary aim is always to prevent child maltreatment from occurring.

Protection from child maltreatment focuses on the identification and response to individual children or groups of children who are, or may be, being maltreated, ensuring they do not suffer further maltreatment and providing therapeutic services to address the consequences. The protection of children also requires a multisectoral, multifactorial approach but it is characterized as being reactive rather than proactive in preventing maltreatment.

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Fig. A2.1. Where prevention can work



Source: MacMillan et al. (3).

ANNEX 3. KEY PRINCIPLES IN THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

DEFINITION OF THE CHILD (ARTICLE 1)

The United Nations Convention on the Rights of the Child (UNCRC) defines a child as a person below the age of 18, unless the laws of a particular country set a younger legal age for adulthood. The Committee on the Rights of the Child, the monitoring body for the UNCRC, has encouraged countries to review the age of majority if it is set below 18 and increase the level of protection for all children under 18 (1).

NON-DISCRIMINATION (ARTICLE 2)

All rights apply to all children without exception. Countries have an obligation to protect children from any form of discrimination and take positive action to promote their rights. This means non-discrimination of all children, regardless of their race, sex, religion, political orientation, national, ethnic or social background, economic situation, disability or any other status of the child or of his or her parents or guardians. These rights are based on:

- social equality
- gender equality
- non-discrimination of vulnerable groups
- no child should be treated unfairly on any basis.

BEST INTERESTS OF THE CHILD (ARTICLE 3)

The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how they will affect children. This particularly applies to budget-, policy- and law-makers.

RIGHT TO LIFE, SURVIVAL AND DEVELOPMENT (ARTICLE 6)

Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their potential.

RESPECT FOR THE VIEWS OF THE CHILD (ARTICLE 12)

When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can tell their parents what to do. The UNCRC encourages adults to listen to the opinions of children and involve them in decision-making but it does not give children authority over adults. Moreover, the UNCRC recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of a teenager greater weight than those of a pre-schooler, whether in family, legal or administrative decisions.

PROTECTION FROM ALL FORMS OF VIOLENCE (ARTICLE 19)

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them. This means physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation of children, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child, including State actors.

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ANNEX 4. CHECKLIST OF STEPS TO DEVELOP A CHILD MALTREATMENT PREVENTION ACTION PLAN

This checklist is a tool to guide development of a child maltreatment prevention action plan (CMPAP). For the checklist to be effective, a multisectoral team must be involved as full

partners. The team should play a role in suggesting changes and in implementing and monitoring improvements.

Phases	Steps	Items	Yes	No
1. Planning	1. Steering committee	Has the lead person or organization been identified?		
		Have the members been identified?		
	2. Undertake a situation analysis	Have epidemiological assessments been identified?		
		Have existing collected data and statistics been identified?		
		Have gaps in data and statistics been identified?		
		Is there a clear legal basis for sharing personal data of children and families?		
		Is there a clear legal basis for publishing anonymized and aggregated statistics?		
		Are there data on the costs of child maltreatment?		
		3. Involve stakeholders and create ownership	Have the existing legislation/policies/services for child maltreatment prevention been assessed?	
	Has there been an assessment of the existing framework to integrate the CMPAP into relevant policies?			
	Have the key stakeholders been identified?			
	Has a political champion been identified?			
	Have vulnerable populations and their needs been identified?			
	Have the barriers or obstacles to developing a CMPAP been identified?			
	4. Raise awareness	Have interviews with stakeholders been conducted?		
		Has the potential support of stakeholders been analysed?		
		Are the stakeholders capable of completing the agreed actions?		
		Has a plan to coordinate the actions of stakeholders been designed?		
	4. Raise awareness	Has awareness of the CMPAP been planned?		
		Has the method for launching the CMPAP been developed?		
Has the method for promoting the results of the CMPAP been planned?				
Have the key decision-makers been targeted?				
4. Raise awareness	Have children and families been consulted?			

Phases	Steps	Items	Yes	No
2. Development	5. Define overall goals and timeframe	Have the guiding principles for the CMPAP been described?		
		Have quantified goals been defined?		
		Have measurable timelines for the goals been established?		
	6. Define objectives and targets and set priorities	Have short-, medium-, and long-term objectives been defined?		
		Have national priorities been taken into account?		
	7. Select interventions/ actions	Are the selected interventions based on evidence?		
		Are the selected interventions based on the national and subnational social and political context?		
		Have the selected actions been costed?		
		Which universal interventions have been selected?		
	8. Define responsibilities	Are the responsibilities of the institutions/stakeholders clearly defined?		
		Has coordination between all key players been established?		
	9. Define resource needs and sources	Have human resources been identified?		
		Have financial resources been identified?		
		Can resources be shared effectively across government ministries and services?		
10. Define mechanisms for monitoring and evaluation	Has a mechanism for monitoring the CMPAP been designed?			
	Have the indicators been designed and clearly described?			
	Have the human/organizational resources for monitoring been identified?			
	Has the periodicity for reporting the indicators and a date for the final evaluation been set?			
3. Implementation	11. Adoption of the CMPAP	Has the draft CMPAP been circulated to all relevant government departments and stakeholders for comments?		
		Has the final CMPAP been approved or endorsed by government and by parliament?		
	12. Integrate actions into work plans	Have the actions of the CMPAP been integrated into the work plans of relevant ministries and stakeholders?		
		Have the relevant services working or involved with children and families been engaged with the CMPAP?		
	13. Allocate budgets	Has the budget for the CMPAP been allocated?		
		Have all the actions of CMPAP been financially covered?		
	14. Communicate the activities and results	Has the adoption of the CMPAP been launched to stakeholders?		
		Has the adoption of the CMPAP been launched to the public?		
Have the results been communicated to stakeholders and the public?				
4. Monitoring	15. Evaluation team and implement evaluation mechanism	Have the selected indicators been obtained?		
		Have the strengths, weaknesses, opportunities and constrains of the CMPAP been analysed with main stakeholders?		
	16. Sustain and improve the CMPAP	Has the steering committee met with stakeholders to report on progress of the CMPAP?		
		Has the plan-do-check-act cycle been used for improvement?		

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