



# Combating child abuse and neglect in the Netherlands

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## Introduction

In the Netherlands, every year more than 100.000 children and young people between the ages of 0 and 18 are abused in one or more ways. It is estimated that between 40 and 80 children die of the consequences. The Dutch Government finds it unacceptable that so many young people experience violence in their home situation. Because of the serious effects of child abuse, the Dutch government focuses on the prevention and early recognition and halting of child abuse. This report describes the national and regional strategies in policy and practice in addressing child abuse in the Netherlands.

## Background

The Netherlands Youth Institute has been granted a two-year project (2011 – 2012) in the framework of the Daphne III programme: prevent and combat violence against children, young people and women and to protect victims and groups at risk. The aim of the project is to generate relevant knowledge on current strategies for the prevention of child abuse and neglect in Europe. It will focus on interventions and strategies that are targeted at preventing and the treatment of child abuse. It will compare the strategies of 5 European countries.

This report is part of the first workstream, in which the national approaches of combatting child abuse and neglect in the five countries are described and compared to each other. The output of the project will be a manual with data on what works in preventing and the treatment of child abuse and it also has a research strand with the experiences of parents and children regarding their experiences with programmes. The project is a collaboration with the Swedish Orebro regional council, the Hungarian Family child Youth Association, the German Youth Institute, CESIS from Portugal and Verweij-Jonker from the Netherlands.

## Set-up of the report

This report contains six chapters. The first chapter describes the definition and prevalence of child abuse and neglect, the child welfare system in the Netherlands and the main governmental policy on child abuse and neglect. Chapter two, three and four describe the continuum of care: from universal and preventive services, to the detection, reporting and stopping of child abuse and neglect and the treatment services. Each of these chapters contain seven paragraphs, they are about: governmental strategies and actions, involved people and organizations, products, results, good practices, bottlenecks and a summary and conclusion. Chapter five is about the integrating of services and chapter six describes the professionalization of professionals in the Netherlands. We conclude with an overall summary and conclusion.

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# Chapter 1: Definition, policy and child welfare system

## 1.1 Definition of child abuse and neglect

In the Netherlands, child abuse is defined as every form of threatening or violent behaviour towards minors of a physical, psychological or sexual nature. This behaviour is forced on minors actively or passively by parents or other persons towards whom minors feel dependent and lack freedom. This behaviour (threatens to) cause serious harm in the form of physical or psychological damage. This definition is entered in the Act on Youth Care, which was accepted on the 1<sup>st</sup> of January 2005. In the Netherlands the following kinds of child abuse are distinguished, which occur in different combinations:

- Physical abuse: beating, kicking, biting, pinching, scratching, dropping, inflicting burns, shaking (shaken baby syndrome) and Münchhausen Syndrome by Proxy.
- Physical and psychological neglect: withholding care and attention and therefore ignoring basic needs of love, warmth, security and support.
- Mental or emotional abuse: behaviour that reflects rejection and hostility.
- Sexual abuse: forcing sexual acts by using the dominant power position.
- Being a witness to domestic violence: growing up in a family in which parenting occurs in an unsafe situation, which may seriously affect the developmental process of children.

## 1.2 Prevalence and attitudes towards child abuse and neglect

The most recent figures on child abuse in the Netherlands are taken from two studies that are very different in their set-up. The first study (Alink et al., 2011) consisted of two different studies. The first study was a replication of the first Dutch national incidence study (van IJzendoorn et al, 2007) and used more than 1,100 carefully selected informants ('sentinels') across all major regions of the Netherlands. The informants were professionals working with children, and recruited from various health care, child day care and educational institutions in society. The informants were instructed in the use of a uniform registration system for child abuse and neglect, based on detailed definitions and descriptions of the various forms of maltreatment. The overall definition of child abuse and neglect was derived from Dutch law and being a witness to domestic violence was excluded. Specific descriptions were taken from coding forms used in the American National Incidence Studies. In addition, the formal registrations of all Advice and Reporting Centres on Child Abuse ('Advies- en Meldpunten Kindermishandeling', AMK) during 2010 were included in the final estimates of the prevalence rates. The study states that 118.836 children and young people (3,4 % of all 0- to 18-year olds) experienced child abuse in that year. In most cases there is physical or emotional neglect (23,8 and 35,9 per cent). The results are a reflection of the cases of child abuse in 2010. Children who experienced child abuse before 2010 were excluded from this study.

The study by Alink et al (2011) also contained a self report study among secondary school students aged 12 to 17. This was a replication of an earlier study by Lamers-Winkelmann et al (2007). Almost 2000 pupils took part in the study by completing the "unpleasant and nasty incidents" questionnaire (Dutch: Vragenlijst Vervelende en Nare Gebeurtenissen; VVNG). The study was carried out across the country, at a total of 28 randomly selected secondary schools. In the study child abuse is understood to mean: behavioural acts towards children which may be regarded as serious forms of physical/psychological violence, neglect or sexual abuse. The exposure of children to serious violence between parents is also considered to be a serious threat to their safety and, as such, a form of child abuse. The study shows that 34,6 per cent of the pupils have experienced some form of child abuse, 18,7 per cent of which during the past year. Extrapolation to the population of pupils between the ages 12 and 17 results in a number of 183.623 victims of child abuse in 2010.

The second study, carried out on request of Augeo foundation by TNO Quality of Life, examined whether the Adverse Childhood Experience (ACE) questionnaire of Felitti et al. (1998) can also be used in the Netherlands (Kuiper, Dusseldorp and Vogels; 2010). The questionnaire was translated and data were collected in a representative sample of approximately 2,200 respondents from the Dutch population, partly by internet and partly by a mail survey. The results show that one out of six adults (17%) is physically abused in childhood. Almost ten per cent has had bruises or injuries due to hitting by a parent. Next to this, almost one fifth (19%) of the adults is mentally abused in their childhood by being called, belittled or humiliated. The relatively small group of people with an ACE score of four or higher contains more than 25% of all people with depressed mood, alcoholism and COPD.

Assuming some causal relationships, this could imply that, when adverse childhood experiences would be treated effectively, the number of people with depressed mood or alcoholism could drop significantly.

#### *Attitudes towards child abuse and neglect*

In 2010 a study is carried out about the attitude of citizens from the Netherlands between 16 and 70 years towards child abuse and neglect (Motivation, 2010). The purpose of the study was to gain an insight into thoughts, fears, doubts and thresholds that citizens experience in signalling and reporting suspicions of child abuse and neglect. 831 people filled in a web-based questionnaire. The study shows that the prevalence of child abuse and neglect in the Netherlands is highly underestimated. The number of children that annually become victim of child abuse and neglect, is on average underestimated by half (52.000 in stead of more than 100.000). The chance that child abuse and neglect actually occurs in ones own neighbourhood or family, is also estimated low. Nevertheless, most people agree that child abuse and neglect can occur in everyone's surrounding. Therefore, the dominant attitude seems to be: 'I can not exclude that child abuse and neglect occurs in my surrounding, but I do not expect it to occur'. There's no research showing the results of the law to prevent the use of physical or psychological violence in the upbringing of children on the attitude of citizens towards child abuse and neglect.

### **1.3 Structure and main principles of the governmental policy**

Child and youth policy and the combat against Child Abuse and Neglect was high on the political agenda in the Netherlands in the period 2007-2010. During a longer period of time there are a number of distinguishing characteristics in child and youth policy. Firstly, since the late eighties, a large number of tasks formerly managed by central government have been transferred to the local and provincial administrative level. This decentralisation is intended to facilitate local and provincial authorities to find solutions to local issues, needs and demands. Secondly, a distinction is made between general and preventive youth policy – for which the local authorities are responsible – and the child and youth social care system, the responsibility of which lies with the provinces. Local preventive youth policy includes education, leisure time and health care. It also includes specific preventive tasks, such as access to help and care coordination (with special focus on parenting support), that are offered by youth and family centres. The child and youth social care system covers all forms of care available to parents and children in order to support in the case of serious development and parenting problems ([www.youthpolicy.nl](http://www.youthpolicy.nl)). Nevertheless, there will be a lot changes, because of the new government.

#### *Action plan against child abuse*

The Dutch Government finds it unacceptable that more than 100.000 young people experience violence in their home situation. Because of the serious effects of child abuse, the Dutch government focuses on the prevention and early recognition and combatting of child abuse. An important goal of the former Ministry for Youth and Families was the realization of a fit approach of child abuse based on prevention and treatment methods that have proved to be effective. In 2007 the ministry designed an action plan for actions against child abuse (2007 - 2011) as well as appointed a national steering committee. The action plan was called: Children Safe at Home. Due to this action plan, the former Ministry for Youth and Families supported the national implementation of the RAAK approach through the Netherlands Youth Institute, initiated a public campaign, supervised the implementation of a legally obliged reporting code and promoted the use of action protocols for tracing and persecution. The ministry also informed and deliberated with other departments active in the field of domestic violence and particular forms of child abuse.

The Ministry for Safety and Justice is responsible for the policy on domestic violence. In 2002 they launched the action plan 'Private violence – Public affairs'. Right now there's a discussion in politics to integrate the policies regarding child abuse and domestic violence with each other.

#### *National implementation of the RAAK approach*

The RAAK approach aims to develop a fit and joint approach of collaborating professionals in the same region in order to generate a more alert and more effective reaction to suspicions of child abuse and to work on different forms of prevention more specifically. Between 2003 and 2006 the approach was tested in four regions. The results were such that the government ordered to apply the approach nationally.

The 37 centre municipalities who are working on the realization of regional centres for Youth and Families formally agreed on regional collaborations around child abuse and the appointment of regional coordinators. We call them the RAAK regions. The Netherlands Youth Institute supported the regions throughout the implementation of the RAAK approach. This was executed in the period 2008 – 2010. The core of the RAAK approach is that caregivers, neighbours, friends and acquaintances, professionals in education, shelters, health care, welfare and the police recognize the signs of child abuse at an earlier stage and work together more effectively to prevent or end child abuse. Consequently the RAAK approach promotes agreements between local and regional partners as well as training and education of professionals. The added value of the regional approach according to RAAK is that the need and urgency of actions against child abuse and parenting support will appear on the agenda of governments, politics and organizations. The focus on child abuse will also reveal the limitations of the existing institutes and add to their readiness to collaborate more effectively.

To support the RAAK approach a framework for a fit approach of child abuse is determined beforehand (Hermanns, 2008). The framework has to contain a ‘care continuum’ with activities on the following levels:

- Universal prevention: in the shape of awareness campaigns, information on parenting and child abuse and media attention: aimed at all parents, professional carers and children.
- Selective prevention: in the shape of individual or group meetings and training programmes: aimed at defined risk groups with a higher occurrence of child abuse, for example teen mothers.
- Indicated intervention in the shape of individual coaching: aimed at individuals with personal characteristics which are known to add to the risk of child abuse.
- Early intervention: in the shape of individual support and coaching; aimed at individuals who are displaying early signs of child abuse.
- Diagnostics and intervention in the shape of reporting, formal care and criminal or civil legal measures; aimed at ending the abuse as soon as ultimately possible.

The implementation of the RAAK approach (2008-2010) consisted of several activities. The 37 RAAK regions received money from the former ministry for Youth and Family to appoint a regional coordinator. The regional coordinator appointed a regional steering group. Every region started with an inventory of the existing activities regarding child abuse and neglect: the starting picture. Hereby, they used a checklist of the Netherlands Youth Institute, based on the framework for a fit approach of child abuse (Hermanns, 2008). Every region determined his own priorities of the regional working plan, based on the outcomes of this inventory. The working plans should at least meet the two main goals:

- Every professional working with children has enough knowledge and skills to recognize child abuse and neglect, and depending on their function, also to stop child abuse and neglect and/or treat the consequences.
- Every professional works in accordance with the regional action protocol. Who does what and when after a sign of child abuse and neglect is described in this protocol.

To meet these goals, every region developed a ‘Starting picture’, a working plan, an education and training plan and a regional action protocol. The Netherlands Youth Institute supported the regions with the following activities:

- The Netherlands Youth Institute appointed seven implementation advisors who support the regional coordinators.
- The Netherlands Youth Institute developed a checklist for the first inventory: the ‘Starting picture’. The checklist is based on the theoretical framework for a fit approach of child abuse (Hermanns, 2008).
- The Netherlands Youth Institute developed and disseminated descriptions of competences of professionals and quality criteria of education and training. The competences are about what knowledge, skills and attitude professionals and volunteers need to have. The quality criteria name important aspects of good training. A national overview of training programmes on child abuse and neglect is published on the website of the Netherlands Youth Institute to increase the reach of training programs.

- The Netherlands Youth Institute developed a sample protocol for the regional action protocols (which describes the different roles of the partners once a case of child abuse is reported). The sample protocol contains three levels: working together in policy, working together in practice and implementation. The sample protocol can be used to evaluate the existing agreements about working together.

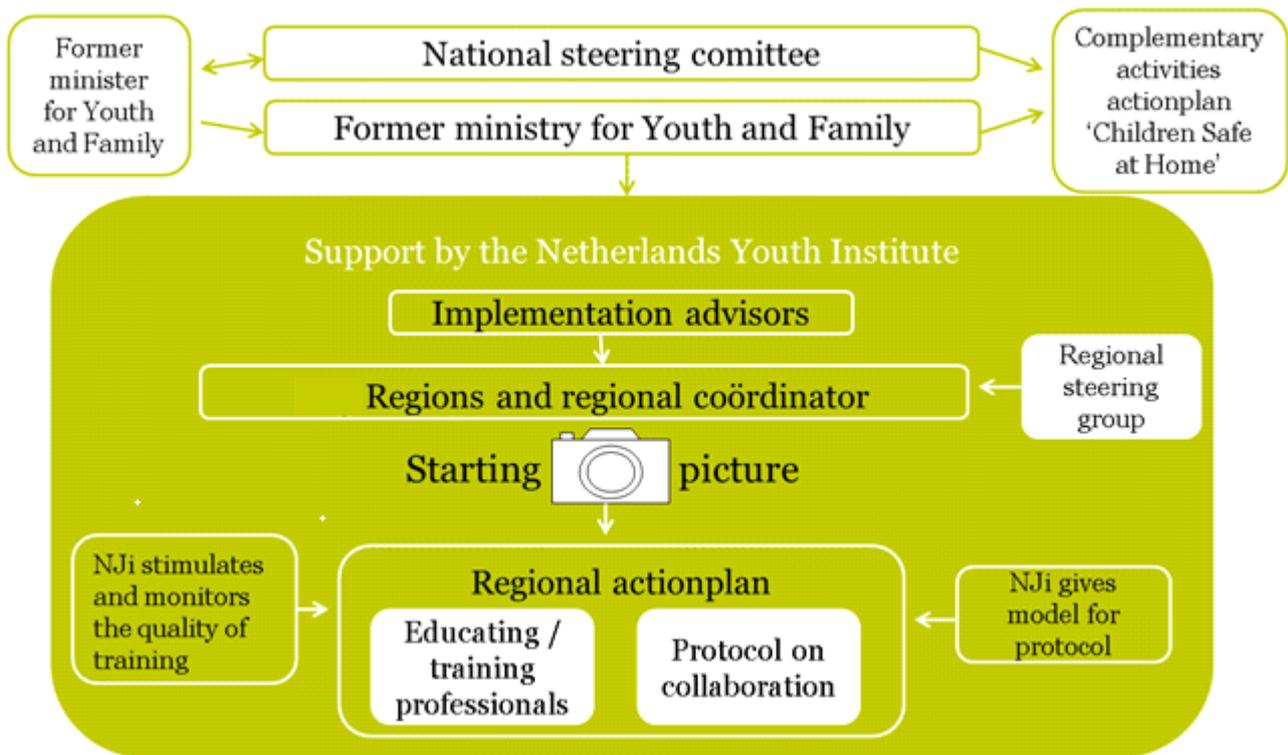


Figure 1: national implementation of the RAAK approach

#### New government

On the 14th of October 2010 a new Dutch government started. The ministry of Youth and Families does not exist anymore. Some of its policy documents are still running, also in 2011. It remains to be seen how these policy documents and the underlying projects will continue after 2011. With the arrival of the new government, youth policy is one of the main responsibilities of the State Secretary, under the minister for Health, Welfare and Sport. The coalition agreement outlines several intentions of the new government in this domain. For example, there will be a phased transfer of all child and youth social care tasks to the municipalities. These tasks include youth mental health care, provincial child and youth social care, secure child and youth social care, youth probation and aftercare services, youth protection and care for young people with mild mental disabilities. This means that municipalities will be responsible for prevention, voluntary and compulsory help.

In November 2011 the government launched a new action plan against child abuse: Children Safe. This plan covers the years 2012-2016 and contains a series of 17 actions on 8 domains: prevention, detection, stopping and minimizing damage of child abuse, promoting multi-agency co-operation, special attention for guarding physical safety of children, monitoring and inspection by the government and research.

#### Continuation of the RAAK approach in 2011 and further

The support from the National government for implementation of the RAAK approach ended in 2010. In continuation of the implementation, the Ministry of Health, Welfare and Sport is developed a new action plan. De directeur 'Youth' of the Ministry of Health, Welfare and Sport mentioned in his presentation during the slot conference the following possible subjects of the new action plan: assurance of the reached results, improvement of detection and reporting, improvement of interventions and the care for abused children.

In the meantime, the Netherlands Youth Institute continued in 2011 the implementation of the RAAK approach with finances of the Bernard van Leer Foundation. The focus in 2011 is on the monitoring of the effects of the RAAK approach and supporting promising initiatives, like the imbedding of a child abuse officer (in Dutch: *Aandachtsfunctionaris Kinder mishandeling*) in every organisation working with children. This officer is the primary contact person when professionals do have questions or suspicions concerning child abuse and neglect. Next to this, the focus is also on treatment services for abused children. Research and practice shows that the current treatment services don't match the nature and number of the questions for help. The Netherlands Youth Institute bundles available knowledge in research and practice in a handbook and also gives recommendations to the youth sector how to realise effective and coherent treatment services.

A Children's Ombudsman can play a significant role in promoting the rights of young people, as enshrined in the Convention on the Rights of the Child. For this reason, the UN Committee on the Rights of the Child has made successive recommendations urging the appointment of a special ombudsman for children. The Children's Ombudsman has started working at the beginning of 2011, and is part of the Office of the National Ombudsman. The Children's Ombudsman is becoming a stakeholder in the battle against child abuse and neglect. In November 2011 the Children's Ombudsman received an advisory report by several organizations on the management of child abuse in the Netherlands (Augeo Foundation et al, 2011). This led the Ombudsman to write an urgent letter to the government in which he calls for a more structural investment in the management of child abuse by promoting societal awareness and involvement, a multi-layered approach towards prevention and multi-agency co-operation in diagnosis and care for abused children and their families.

Also in November 2011 the Dutch Children's Rights Collective (a combined effort by 9 NGO's) published a report 'The management of child abuse in the Netherlands: bottlenecks and recommendations' (Kinderrechtencollectief, 2011). The report contains 20 recommendations, covering a wide range of efforts, such as promoting universal and targeted prevention strategies, combatting child pornography, improving diagnostic skills and facilities, improving therapeutic care for abused children and their parents and improving professional education.

A last important report we want to mention here is that of the National Commissioner Human Trafficking (Nationaal Rapporteur Mensenhandel, 2011). The commissioner makes a plea for more attention from the government for child pornography via internet. For public prosecution and police this topic does have priority, however because of shortage of personnel many cases remain unsolved. Also in cases of sexual abuse, professionals should be more aware that in many of these cases the abuse may have been filmed and put on the internet.

## 1.4 Legislation on child abuse and neglect

Child abuse in the Netherlands is approached primarily as a family-related, medical or psychosocial problem. Dutch law offers several possibilities to institute legal proceedings against child abuse:

- The Dutch Criminal law allows for measures against acts of indecency, abandoning a needy person, acts against life and abuse. Criminal law only appears in the case of sexual abuse or serious physical abuse. The provisions of the Dutch Criminal Code are tailored to these forms of child abuse.
- The Dutch Civil law states that parents are first and foremost responsible for the mental and physical wellbeing of their children. An important development in the area of children's rights is the adoption of a law to prevent the use of physical or psychological violence in the upbringing of children in 2007. The article concerned reads as follows: 'Parents are under an obligation to take care of their children and to raise them without using either mental or physical violence or any other type of humiliating treatment.' The new law contributes to the reduction of child abuse and its primary goal is to set a standard. In addition, the law makes parents aware of the way they lay down boundaries for their children. The penalization of child abuse in the Dutch Criminal Code has not changed because of the legislative proposal. However, the government expects that the explicit standard to be set will have a reflection on Dutch criminal law. Due to the standard, someone accused of child abuse calling on parental disciplinary powers as a ground for justification will have more difficulty before a judge. In the past this ground was sometimes accepted.

Furthermore, it is expected that the law will make it easier for child and youth social care professionals to speak to parents about the use of violence and to convince or force them to accept parenting support.

- Specific laws for child and youth social care, health care and the educational system describe obligatory procedures following abuse or abuse of a minor who is dependent of the perpetrator for attention, protection and care or following abuse by dominant family members/partners.
- The law on temporary restraining orders from the administrative law allows mayors to impose a ten-day restraining and 'no contact' order for the perpetrator if domestic violence or child abuse are imminent.
- As of 1995 the Netherlands has ratified the UN Convention on the Rights of the Child, which lays down government responsibility to address and strive to prevent child abuse.

The board of prosecutors has formulated guidelines how to deal with cases of domestic violence and child abuse and neglect in justice.

No research findings are known that show the results of the (implementation of the) legislation on child abuse and neglect. Still, some legislation is in development. In June 2009 the former Ministry of Youth and Families, the Ministry of Justice and the Ministry of Health, Welfare and Sport together announced the law 'Reporting code domestic violence and child abuse'. According to the law, every organisation and professional working with children or parents must have a reporting code and every professional should work according to the reporting code. The law is expected to be adopted by the beginning of 2012. There is no reporting duty in the Netherlands. A reporting duty is the legal obligation to report a suspicion of identification of child abuse to the right organisation.

## 1.5 Child welfare system

### *Characterization child welfare system*

The Dutch child welfare system is a dualistic system: child and risk focused. The system is dominated by the need to prevent abuse and rescue children from abusive situations. Family support is dealt with separately. Child protection is coupled with concern about the rights of parents, and the law is used to balance the need to protect children and the need to support parental rights. The Dutch child welfare system is publicly funded by the government, but privately run by organisations, who are not in service of the government.

### *Overview child welfare system*

In this paragraph, a short overview of how the child welfare system in the Netherlands works, will be given. Since the new government, the system is about to be change. There will be a phased transfer of all child and youth social care tasks to the municipalities. Nevertheless, the exact changes in the child welfare system are not yet sure. Therefore, we will describe the recent system. The model below will be used as the point of departure. We will link the different levels of the system to the different responsibilities of the involved professionals.

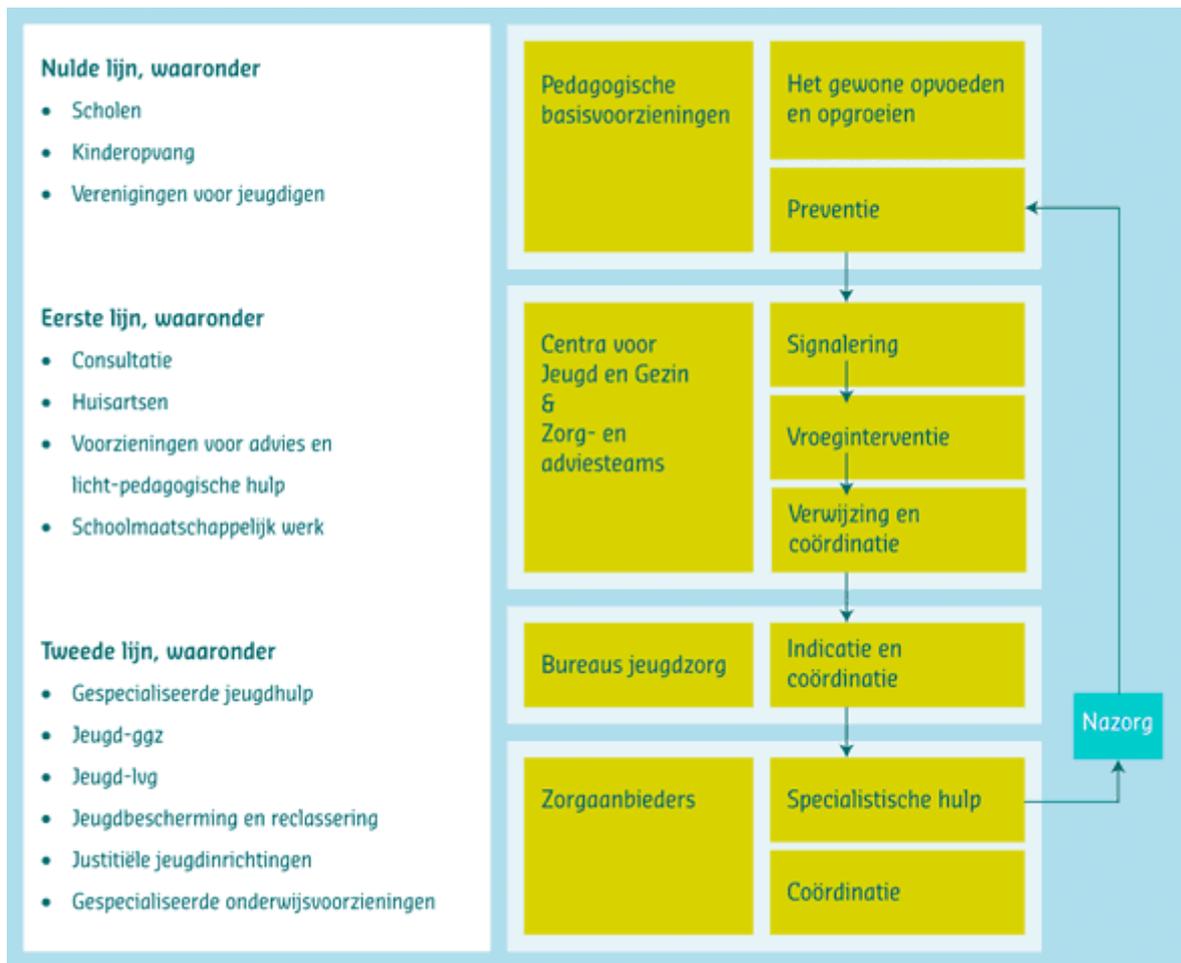


Figure 2: Dutch child welfare system (no translation available)

### Universal services

If we take a look at the child welfare system, there are, first of all, universal services for all children and families, for example: schools, youth health care, child day care, youth work and sporting clubs. These are important places for the prevention of problems and for answering the usual questions about upbringing. The goal of the universal services is to optimize the development and upbringing of children and to keep the usual problems from growing worse. On this level, professionals have the responsibility to detect problems. They are expected to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities.

In the Netherlands, the youth and family centres and the School Care and Advise Teams operate between the universal and targeted services.

- The core business of a youth and family centre in each municipality is connecting, upgrading and strengthening the already available support on growing up and parenting. The youth and family centres should offer the following basic functions: youth health care (baby well clinics and local health service), the five areas of support for parenting and growing up that are mentioned in the Social Support Act (1. information and advice; 2. detecting potential problems; 3. guidance and counselling; 4. light pedagogical support; 5. care coordination at local level), a link with child and youth social care and a link with youth education (through school care and advice teams). A youth and family centre thus combines the local functions and tasks in the area of health, growing up and education. Besides these basic functions there are a number of functions that municipalities could link to the youth and family centres through local 'made-to-measure'.

These functions can include: child day care, inspection on compulsory education, general social work, youth work, primary health care (general practitioner maternity care, obstetrics) and debt counselling.

- In the school care and advice team of a school or a group of schools, professionals from care and education work together to detect problems of children early, to discuss the problems and to start help. Teachers are often the first who notice that students need extra care or support. Professionals from child and youth social care can give advice about a fit approach, from their expertise. Anyhow, the partners of the school care and advice team are: the coordinator of care in the school, a delegate of the youth care agency, the social work, the youth health care, the police and the inspection on compulsory education.

### *Targeted services*

Second, there are the targeted services for children and families with additional needs and the specialist community-based services for children with multiple needs, for example: primary health care, organisations for advice and parenting support and school social work. On these levels of targeted services and specialist community-based services professionals have the responsibility to discuss suspicions of child abuse and neglect with the parents and/or the child. This is additional to what every professional should do: notice concerns on child abuse and neglect, consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK) on Child Abuse and share information with others within the legal possibilities.

In the Netherlands, the youth care agency operates between the targeted and specialised services. So, the youth care agency is the access point to the specialised services. Their most important task is assessing requests for assistance and deciding what kind of care or support (if any) is required. The Advice and Reporting Centres (AMK) on child abuse (Advies- en Meldpunten Kindermishandeling/ AMK's) are also part of the youth care agency.

The support centres for domestic violence (Steunpunt Huiselijk Geweld; SHG) also operate between the targeted and specialised services. In such a centre, professionals, victims, perpetrators or other people involved in domestic violence can seek advice on the steps required to stop such violence. These centres are therefore a kind of front office for the local and/or regional authorities that work together. The SHG's are under the responsibility of the 35 central municipalities.

### *Specialised services*

Third, there are the intensive specialised services for children with complex and enduring needs: the child and youth social care. Child and youth social care offers voluntary support for mental, social and pedagogical problems which hinder the development of children, but also forced interventions. Examples are: specialised child and youth social care, youth mental health care, care for mild mentally retarded youth, youth protection and resettlement organisations, youth detention and specialist education services. The professionals on this level of care are responsible for the help and/or protection of children and families.

They are expected to examine suspicions of child abuse and neglect, to start and/or coordinate help and to protect children if necessary. This is also additional to the things every professional should do.

### *Child protection*

In the Netherlands, child protection is dealt with separately from care. The Netherlands have an extensive system of child protection in place. This system is carried out by the Child Protection Board (in Dutch: Raad voor de Kinderbescherming). The responsibility for the board lies with the Ministry of Justice. The Child Protection Board has three main tasks: to provide protection, to arrange child access and other matters following parental divorce and to oversee the course of criminal proceedings involving minors. Upon receiving a referral, the council will determine whether the child's development is indeed at risk, and if so, to what extent. The board will then advise the juvenile courts, which can impose a child protection order on the parents, impose a supervision order or overrule the standard parental authority. A supervision order restricts the parents' authority, part of which is then assumed by an official guardian. When parental authority is removed outright, a guardian is appointed.

## 1.6 Summary and conclusions

In the Netherlands, child abuse is defined as every form of threatening or violent behaviour towards minors of a physical, psychological or sexual nature. This behaviour is forced on minors actively or passively by parents or other persons towards whom minors feel dependent and lack freedom. This behaviour (threatens to) cause serious harm in the form of physical or psychological damage. An important development in the area of children's rights is the adoption of a law to prevent the use of physical or psychological violence in the upbringing of children in 2007. The article concerned reads as follows: 'Parents are under an obligation to take care of their children and to raise them without using either mental or physical violence or any other type of humiliating treatment.' In 2010, 118.000 children and young people (3,4 per cent of all 0- to 17-year olds) experienced child abuse in that year. . Another study shows that 34,6 per cent of the pupils between twelve and seventeen have experienced some form of child abuse in their life, 18,7 per cent of which during the past year.

The Dutch Government finds it unacceptable that more than 100.000 young people experience violence in their home situation. Because of the serious effects of child abuse, the Dutch government focuses on the prevention and early recognition and halting of child abuse. In 2007 the former Ministry for Youth and Family designed an action plan for actions against child abuse (2007 - 2011): 'Children Safe at Home'. This action plan contained: the national implementation of the RAAK approach through the Netherlands Youth Institute, a public campaign, the implementation of a legally obliged reporting code and promoting the use of action protocols for tracing and persecution. The two main goals of the RAAK approach are:

- Every professional working with children has enough knowledge and skills to recognize child abuse and neglect, and depending on their function, also to stop child abuse and neglect and/or treat the consequences.
- Every professional works in accordance with the regional action protocol. Who does what and when after a sign of child abuse and neglect is described in this protocol.

In November 2011 the government launched a new action plan against child abuse: 'Children safe'. Also the Children's Ombudsman and the Children's Rights Collective published reports on the management of child abuse in the Netherlands.

But how is the prevention and tackling of child abuse part of the broader child welfare system? The universal services for all children and families are the first part of the child welfare system, for example: schools, youth health care, child day care, youth work and sporting clubs. The goal of the universal services is to optimize the development and upbringing of children and to keep the usual problems from growing worse. On this level, professionals have the responsibility to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities. The youth and family centres and the School Care and Advise Teams operate between the universal and targeted services.

The second part of the child welfare system consists of the targeted services for children and families with additional needs and the specialist community-based services for children with multiple needs, for example: primary health care, organisations for advice and parenting support and school social work. On these levels professionals have the responsibility to discuss suspicions of child abuse and neglect with the parents and/or the child. This is additional to the tasks mentioned for the professionals in universal services. In the Netherlands, the youth care agency operate between the targeted and specialised services. So, the youth care agency is the access point to the specialised services.

Third, there are the intensive specialised services for children with complex and enduring needs: the child and youth social care. Child and youth social care offers voluntary support for mental, social and pedagogical problems which hinder the development of children, but also forced interventions. These professionals are responsible for the help and/or protection of children and families. They are expected to examine suspicions of child abuse and neglect, to start and/or coordinate help and to protect children if necessary. This is also additional to the things every professional should do.

In the Netherlands, child protection is dealt with separately from care. The Netherlands have an extensive system of child protection in place. The Child Protection Board has three main tasks: to provide protection, to arrange child access and other matters following parental divorce and to oversee the course of criminal proceedings involving minors.

## Chapter 2: Universal and preventive services

### 2.1 Universal services

#### *Youth health care*

The Netherlands has a specific health service system for children from 0 to 19 years, which falls under the responsibility of the municipality and is carried out by the local health service (in Dutch: GGD). The local health services work very closely with or are integrated in the youth and family centres. The health service includes the baby well clinics and toddler, primary and secondary school health care. Until the age of 19 children get regular check-ups and screenings. The role of the local health service is monitoring children's development, giving vaccinations, screening, information and advice, and referring to more specialized health services when necessary. In youth health care a guideline has been developed for practical actions following signs and suspicions of child abuse.

#### *Early childhood services*

In the Netherlands early childhood services consist of child day care and playgroups. There are three types of child day care: child day care for 0 to 4 year olds, out-of-school care for 4 to 12 year olds and child minders for 0 to 12 year olds. These three kinds of child day care are financed by three parties: the national government, employers and parents. In contrast, playgroups for 2,5 to 4 year olds are financed by the local government. Early childhood education (in Dutch: Voorschoolse- en Vroegtijdige Educatie – VVE) that focuses on children aged 2 to 5 who are in risk of developing an educational disadvantage can be offered in child day care facilities, playgroups and the first two year of primary education.

#### *Education*

In the Netherlands, school entrance is possible at the age of 4. Approximately 99% of all children start school when they turn four (entrance is possible at any day of the year, except of course for weekends and school holidays). However, children in the Netherlands are obliged, from the moment they reach the age of 5 until the end of the school year they turn 16, to participate in full-time (five days a week) education.

### 2.2 Governmental strategies and actions

#### *Youth and family centres*

One of the main strategies of the governmental youth and family programme (2007-2011) of the former Ministry for Youth and Families was to focus on prevention: identifying and tackling problems earlier. "All parents, young people and children, including those without specific problems, must have access to an approachable, recognisable point of contact close to home where they can get advice and help on a wide range of parenting issues. Professionals who work extensively with children and families must be alert to any problems and families must be alert to any problems and notify the relevant bodies at an early stage if families need help. In order to achieve this, youth and family centres will be set up. There will be a centre in every municipality; larger municipalities will have more than one, while smaller municipalities will have the option of setting up one shared regional centre. Every youth and family centre will offer basic preventive youth policy services, youth health care, developmental support and family coaching."

#### *Action plans Children Safe at Home and Children Safe*

More specific, the prevention of child abuse and neglect was one of the four goals of the action plan Children Safe at Home 2007-2010 from the former ministry for Youth and Families. To realise this goal the former ministry for Youth and Families supported the national implementation of the RAAK approach. The first level of the RAAK approach is universal prevention: aimed at all parents, professional carers and children. There are different forms of universal prevention: effective family and youth policy, parenting support and education and training to children. The second level of the RAAK approach is selective prevention: aimed at defined risk groups with a higher occurrence of child abuse, for example teen mothers.

In the action plan Children Safe at Home, the focus was on universal prevention. In the action plan Children Safe (as presented to Parliament in November 2011) the focus on prevention still is mentioned, but gets not supported by a national implementation strategy. According to the former ministry, preventing child abuse and neglect, by teaching parents the most important parenting skills, is the most effective way of combatting child abuse and neglect. Parents must be given support to prevent their inability to cope with child-rearing from leading to child abuse. The youth and family centres will play an important role in the parenting support. Parenting support programmes in the Netherlands are for example: *Triple P*, *Home Start*, *VoorZorg*, *Moeders Informeren Moeders* en *Stevig Ouderschap*. Nevertheless, the youth and family centres are not the only ones with responsibility for preventing child abuse and neglect. All people in society must be aware of the serious negative results of child abuse and neglect. The action plan Children Safe at Home states that alertness can be increased by a public campaign. The former ministry launched an extensive public campaign in 2009. This campaign is continued in 2010 and 2011.

The national government promotes integrated policy (and campaigns) on the approach against domestic violence and child abuse and neglect. Nonetheless the decentralisation and the collaboration between the involved Ministries on policy appears to be an on-going challenge for real practice.

### **2.3 Involved people and organizations**

All people in society must be aware of the serious negative results of child abuse and neglect. They must feel the responsibility to stand up for a child in problems. On the level of universal services, professionals have the responsibility to detect problems. They are expected to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities. The youth and family centres play a particular role in the prevention of child abuse and neglect. They (will) become responsible for parenting support to prevent the inability of parents to cope with child-rearing from leading to child abuse.

### **2.4 Products and results**

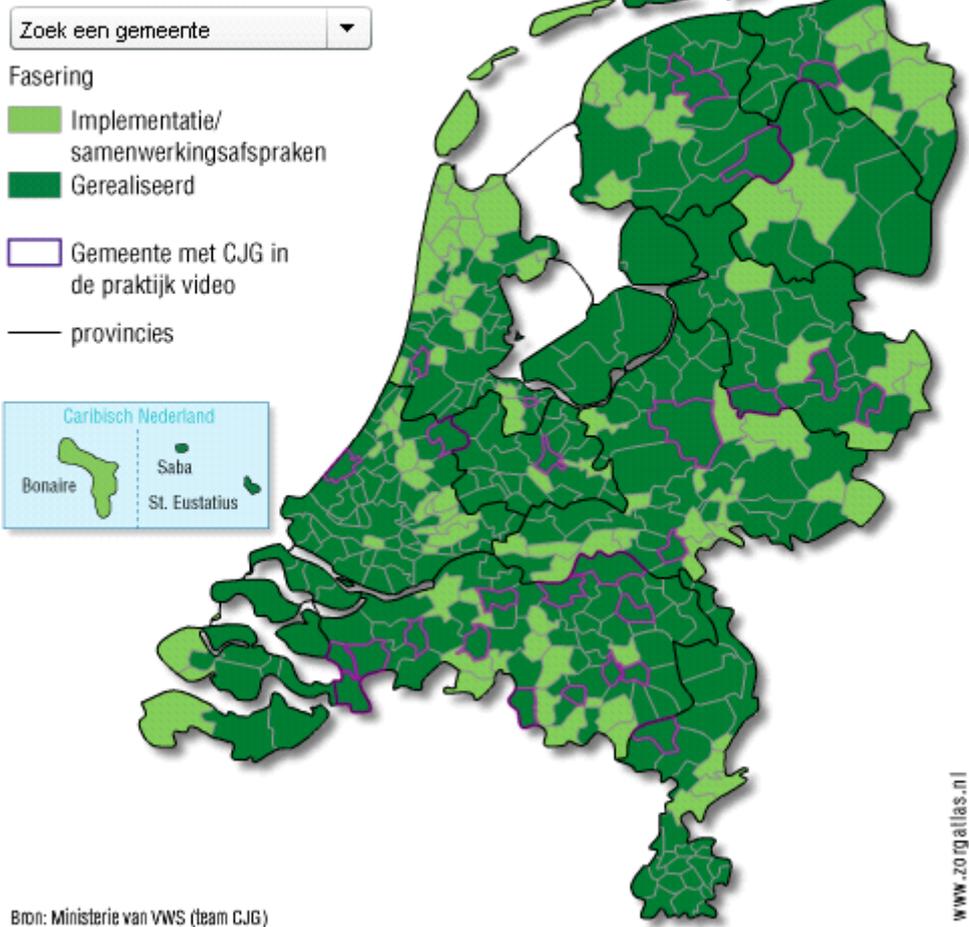
- The youth and family centres
- National implementation of the basics of the RAAK approach
- Public campaigns on Child Abuse and Neglect and on Domestic Violence (separately).
- The Netherlands Youth Institute and the Bernard van Leer Foundation continue to support the Municipalities with monitors and promising initiatives in 2011 and 2012. Some other Charity Funds support technical (e.g. e-learning) and local (e.g. websupported) services as well.

### **2.5 Research results**

Concerning the universal services, Van Keulen (2011) studied the youth health care in the Netherlands. The reach is 95% of all Dutch children from 0 to 19 year. Besides, most municipalities do have a Youth and Family Centre (dark green in the figure below).

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Two studies examined the results on the level of the prevention of child abuse: a study of Berenschot (2011) and a study of the Netherlands Youth Institute (2011).

The former Ministry for Youth and Families asked Berenschot to evaluate the outcomes and effects of the implementation of the RAAK approach by the Netherlands Youth Institute. The research questions were:

1. What specific improvements and effects has the implementation of the RAAK approach for the intended goal: a fit regional approach of child abuse and neglect in the Netherlands?
2. What are the working elements of these regional approach? Describe a top ten.

The researchers asked care providers and municipalities whether there were new or other services to prevent or combat child abuse and neglect compared to before the RAAK approach. More than half of the respondents agreed with this. Almost one third of the new services is focused on the prevention of child abuse. On the level of prevention, these new services contains: brochures about the ban on corporal punishment, brochures about the Shaken Baby syndrome (prevention) and the implementation of parenting support programs, like Triple P, Signs of Safety and *Samen Starten* (on the whole continuum of care). The researchers asked the respondents also questions about the scale of the services: are there enough services on the specific levels of the continuum of care? The research shows there are no major differences in the scale of the services since the RAAK approach. The only mentioned differences in relation to the services on the level of prevention are the increased distribution of existing information material and the increased parenting consultations of youth health care doctors and nurses.

As part of the implementation of the RAAK approach, all coordinators of the regions filled in a questionnaire at the beginning (2008) and at the end of the implementation (2010). The goal of the questionnaire was to gain insight in the situation in the regions with regard to child abuse and neglect after the implementation of the RAAK approach. The results must be interpreted very carefully, because the answers on the questionnaire are based on the judgements of the regional coordinators. So, the questionnaire is no objective measure of the results of the RAAK approach. According to the coordinators, there are, in contrast with the start of the implementation, a lot more regions where all parents are informed about the legal ban on corporal punishment and the Shaken Baby Syndrome. Besides, there are less regions where no parents are informed about these subjects. Also, there are a lot more regions, according to the coordinators where all women are screened during their pregnancy or short after the birth of the child, to detect the most extreme risks on child abuse and neglect as early as possible.

## 2.6 Good practices

- All parents do have access to information about parenting. There are different regional (digital) parenting manuals. They contain useful advice and tips for parents about positive upbringing. Some of the examples (in Dutch): [www.positiefopvoeden.nl](http://www.positiefopvoeden.nl), [www.loes.nl](http://www.loes.nl), [www.stichtingopvoeden.nl](http://www.stichtingopvoeden.nl) en [www.opvoedwegwijzer.nl](http://www.opvoedwegwijzer.nl).
- The youth and family centres offer basic preventive youth policy services, youth health care, developmental support and family coaching. There is also a widespread availability of parenting support (programs). Parenting support programs are for example: *Triple P*, *Home Start*, *Moeders Informeren Moeders*, *VoorZorg* and *Stevig Ouderschap*.
- Various regions spread the flyer 'When parenting is difficult'. The flyer contains information about the legal norm of upbringing without violence. It also gives parents and other educators suggestions to prevent the use of violence in upbringing.
- The development of an education method about the Shaken Baby Syndrome, to be carried out by the maternity assistant. The method includes oral education, a short movie and an information folder, all for newly parents.
- There was a public campaign in 2009, called: 'What can I do?' ('Wat kan ik doen?'). The main message of the campaign was: 'Do you have a suspicion of child abuse or neglect? You can always do something'. The national campaign led also to some regional initiatives, like: regional educational meetings, spreading flyers and broadcasting television commercials about child abuse and neglect on regional channels.
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## 2.7 Bottlenecks

The youth and family centres are still in development. Therefore, some regional coordinators mention that it was sometimes difficult to connect the RAAK approach to Youth and Family centres. Sometimes, the developmental stages of the Youth and Family centres also differed within one region.

## 2.8 Summary and conclusions

There are several universal services, like the youth health care, early childhood services and education. On this level of universal services, professionals have the responsibility to detect problems. They are expected to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities.

One of the main strategies of the governmental youth and family programme (2007-2011) of the former Ministry for Youth and Families was to focus on prevention: identifying and tackling problems earlier. More specific, the prevention of child abuse and neglect is one of the four goals of the action plan Children Safe at Home 2007-2011. In the action plan, the focus is on universal prevention. According to the former ministry, preventing child abuse and neglect, by teaching parents the most important parenting skills, is the most effective way of combatting child abuse and neglect.

The action plan also states that all people in society must be aware of the serious negative results of child abuse and neglect: alertness can be increased by a public campaign.

Good practices of the policy on prevention are: access to information about parenting for all parents, the youth and family centres and widespread parenting support programs, the distribution of information material about the legal norm of upbringing without violence and the Shaken Baby Syndrome and a public campaign. A bottleneck on the level of prevention is that the youth and family centres are still in development. So, the possibilities of these centres concerning the prevention and tackling of child abuse and neglect can be optimised in the future.

Concerning the universal services, Van Keulen (2011) studied the youth health care in the Netherlands. The research states that the youth health care in the Netherlands is unique in the world and offers basic care to all children. Youth health care is offered actively, systematically and free to 3,9 million Dutch children from 0 to 19 year (24% of the total population). There's also some research to the specific prevention of child abuse and neglect. According to more than half of the respondents in the RAAK evaluation, there are new or other services to prevent or combat child abuse and neglect compared to before the RAAK approach. Almost one third of the new services is focused on the prevention of child abuse. On the level of prevention, these new services are: brochures about the ban on corporal punishment, brochures about the Shaken Baby syndrome and the implementation of parenting support programs, like *Triple P*, *Signs of Safety* and "Start Together" (*Samen Starten*).

## Chapter 3: Detection, reporting and stopping of child abuse and neglect

### 3.1 Governmental strategies and actions

#### *Detection*

The detection of child abuse and neglect is the second goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. In June 2009 the former Ministry of Youth and Families, the Ministry of Justice and the Ministry of Health, Welfare and Sport together announced the law 'Reporting code domestic violence and child abuse'. According to the law, every organisation and professional working with children or parents must have a reporting code and every professional should work according to the reporting code. The law is expected to be adopted by the beginning of 2012. The reporting code is a set of rules of conduct and instructions for citizens and professionals when they suspect or identify a case of child abuse. The former Ministry for Youth and Families provides a basic model for the reporting code and encourages sectors to provide training programmes on the use of the code. Some fields (like child day care and education) have developed their own protocols. In youth health care a guideline has been developed for practical actions following signs and suspicions of child abuse. The medical field has a general reporting code, which specifically mentions the breach of the oath to secrecy. Furthermore Dutch regulation requires that the causes of death of minors should be investigated systematically. If evidence shows that a death was caused by child abuse, the other children in the family may receive support and protection. Nevertheless, no "serious case reviews" like in England take place. This is an independent review of the involved professionals.

#### *Reporting*

A possible next step after the detection of child abuse and neglect is the reporting of child abuse and neglect. From 1972 the Netherlands has known the confidential doctors agencies. In 2000 these agencies are transformed into the Advice and Reporting Centre (AMK)s on child abuse (*Advies- en Meldpunten Kindermishandeling/ AMK's*). These 22 centres are all over the country and all people can report suspicions of child abuse and receive advice on their possible (active) role and options. The police also informs the Advice and Reporting Centre about possible cases of child abuse and neglect. Professionals working with children have a legal reporting right and the interest of children comes first before the privacy of the family. Currently, the Advice and Reporting Centre (AMK)s are part of the provincial child and youth social care agencies (*Bureaus Jeugdzorg*), which are responsible for the assessment and referral to the necessary care as well as support for children and youth as is stated under the child and youth social care Act. Anyone who suspects child abuse can (and should) contact the centre for advice and consultation or a formal report of child abuse, either by phone or in person. The centre will then provide appropriate support, and will take action right away if there is serious danger to the child. If the person reporting the problem finds it difficult to take action, a formal report of child abuse can be made. The centre assumes responsibility for investigating the circumstances and determining whether there is indeed a case of child abuse. If this proves to be the case, the centre will attempt to ensure that appropriate action is taken.

Next to the advice and reporting centres on child abuse, there are also support centres for domestic violence (*Steunpunt Huiselijk Geweld; SHG*). In such a centre, professionals, victims, perpetrators or other people involved in domestic violence can seek advice on the steps required to stop such violence. These centres are therefore a kind of front office for the local and/or regional authorities that work together. In 60% of the cases of domestic violence, children are involved. When necessary, the SHG refers a case to the Advice and Reporting Centre on Child Abuse and Neglect. The SHG's are under the responsibility of the 35 central municipalities.

#### *Stopping*

The stopping of child abuse and neglect is the third goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. If an Advice and Reporting Centre (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken.

Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the youth care agency. Their most important task is assessing requests for assistance and deciding what kind of care or support is required. If those involved are not willing to accept help on a voluntary basis, the centre informs the Child Protection Board (*Raad voor de Kinderbescherming*) to investigate whether legal measures are required. The Board may request the juvenile court to protect children who experience abuse, by placing them under guardianship. If necessary, parents can – temporarily – be deprived of their parental rights or children can be moved to a safe place. Meanwhile child and youth social care can mobilize the necessary support and care.

In 2006 the Dutch Cabinet has agreed to a legislative proposal in which mayors will be granted the power to impose temporary restraining orders for perpetrators of domestic violence. The restraining orders may also be imposed in proved cases of child abuse or when there are serious suspicions of child abuse. Perpetrators will in principle not be allowed to enter their house and try to contact their partners or children for ten days. The move is intended to reduce domestic violence or child abuse even further. In emergency situations, the restraining order provides the option of a cooling-off period during which the required professional help can be initiated and further escalation can be prevented. The persons forbidden to return to their homes can receive corrective professional help.

### 3.2 Involved people and organizations

All professionals working with children have the responsibility (but not the obligation) to detect problems. They are expected to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities. This is described in the reporting code domestic violence and child abuse. At the Advice and Reporting Centre (AMK)s on child abuse (*Advies- en Meldpunten Kindermishandeling/ AMK's*) people can report suspicions of child abuse and receive advice on their possible (active) role and options. If an Advice and Reporting Centre (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the youth care agency. If those involved are not willing to accept help on a voluntary basis, the Advice and Reporting Centre (AMK) informs the Child Protection Board (*Raad voor de Kinderbescherming*) to investigate whether legal measures are required.

### 3.3 Products and results

There are several products and results in the Netherlands on the level of detection, reporting and stopping. For example:

- The Advice and Reporting Centre (AMK)s on child abuse.
- (Digital) reporting codes: all organisations working with children, have to have a reporting code after the law is adopted in the beginning of 2012. The former Ministry for Youth and Families provided a basic model for the reporting code, called: 'Reporting code domestic violence and child abuse'. The ministry also encourages sectors to provide training programmes on the use of the code.
- Specific action protocols of organisations (e.g. youth health care, schools, hospitals) and professionals working with children (e.g. youth health care doctors and nurses, teachers).

### 3.4 Research results

Four studies examined the results of the governmental strategies and actions on the level of detection, reporting and stopping: a study of the Dutch Safety Board (2011), a study of Berenschot (2011), a study of the Netherlands Youth Institute (2011) and a study of the child and youth social care Inspectorate (2011). We will also mention the annual registration data of the Advice and Reporting Centre (AMK)s.

#### *Study Dutch Safety Board*

The Dutch Safety Board examined 27 cases of child abuse with a (near) fatal end. According to this study, the government is in the current circumstances not able to fulfil her responsibilities for the safety of young children between 0 and 12 in their families. In the first place, parents are responsible for the health and safety of their children.

If the parents can't fulfil these responsibilities, the government gets this responsibility, also based on the Convention on the Right of the Child. Experience shows one that there is in our society a large reserve to intervene in the private sphere of the family. When reports of child abuse have been done and even when injury seems to be the case, the child and youth social care professionals keep the cooperation with the parents in front too long, according to the Dutch Safety Board. The responsibility taken by the government is unsatisfactory. Further, other professionals who provide care services for the family, like doctors, social workers, professionals in mental health care are not obliged to cooperate in the investigation of the child and youth social care, when there is a suspicion of child abuse and neglect. According to the Dutch Safety Board, this means that professionals in child and youth social care are not enough facilitated to make a proper risk inventory concerning the safety of the child. Even when a judge enforced a child protection measure and the child is under supervision of the child and youth social care, information by and cooperation with other professionals is not guaranteed.

#### *Study Berenschot*

The former Ministry for Youth and Families asked Berenschot to evaluate the outcomes and effects of the implementation of the RAAK approach. The researchers asked care providers and municipalities whether there were new or other services round child abuse and neglect compared to before the RAAK approach. More than half of the respondents agreed with this. More than one third of the services is focused on the earlier detection of child abuse and neglect. The researchers asked the respondents also questions about the scale of the services: are there enough services on the specific levels of the continuum of care? The research shows there are no major differences in the scale of the services since the RAAK approach. The only mentioned difference in relation to the services on the level of detection, reporting and stopping is the increased training for professionals regarding detection.

#### *Study Netherlands Youth Institute*

As part of the implementation of the RAAK approach, all coordinators of the regions filled in a questionnaire at the beginning (2008) and at the end of the implementation (2010). According to the coordinators:

- there is an improvement in the number of regions where doctors and nurses of the emergency departments use a checklist to screen children on the possibility of child abuse and use a protocol to deal with a suspicion of child abuse. The Health Care Inspectorate checks the policy of hospitals, in particular the emergency departments, on good policy concerning the detection of child abuse and neglect. The conditions of the Inspectorate are about the use of protocols, the cooperation with the advice and reporting agencies, registration and training of professionals. The Inspectorate concluded in 2010 that almost every hospital in the Netherlands do meet these conditions.
- there's a growth in the use of reporting codes and protocols by organisations in the regions. Nevertheless, in most regions a reporting code or protocol and an accompanying training are used only in a part of the region or by a part of the organisations, according to the coordinators.

#### *Study child and youth social care Inspectorate*

In 2010 the child and youth social care Inspectorate studied the quality of the advices from the Advice and Reporting Centres on Child Abuse to professionals (2011). The study shows that twelve of the fifteen Advice and Reporting Centres give sufficient to well usable advices to professionals. The advice supports professionals with the assessment of possible signals of child abuse and when necessary the realisation of care services for the child. 85% of the professionals is satisfied with the vested advice. Almost all professionals who asked advice (97%), would do that in the future again in a similar situation.

#### *Registration data Advice and Reporting Centres on Child Abuse*

The annual registration data of the Advice and Reporting Centre (AMK)s offer an overview of the quantity and nature of suspicions reported by care workers and bystanders. There's an annual rise in the number of contacts with the Advice and Reporting Centre (AMK)s for years.

<b>Year</b>	<b>Total number of contacts</b>
2004	34.061
2005	38.052
2006	41.744
2007	50.575
2008	52.946
2009	59.439
2010	62.001

*Figure 3: annual registration data of the Advice and Reporting Centres on Child Abuse*

In 2009 the total number of contacts was 59.439. Contacts can be both requests for advice or consultation and reports. The amount of requests for advice or consultation has increased from 36.790 in 2008 to 42.865 in 2009. The increase may be explained by the growing attention for child abuse in the Netherlands triggering people to turn to the Advice and Reporting Centre (AMK)s for advice and consultation sooner and easier. The number of reports at the Advice and Reporting Centre (AMK)s stayed about the same in 2009 (16.574), after a slight decrease in the number of reports in 2008. The decrease of reports may be a result of the fact that most new calls that were made, reported a concern of neglect instead of abuse. Another possible explanation is that the callers are more often inclined and willing to actively address the problem themselves.

### **3.5 Good practices**

- A good practice in the Netherlands on the level of detection, reporting and stopping is the reporting code domestic violence and child abuse. A growing number of organisations and professionals do have a (digital) reporting code, based on the basic model 'Reporting code domestic violence and child abuse'.
- The reporting code does not apply to housing corporations. Nevertheless, the workers of housing corporations often come in people's homes. So, they can detect and report domestic violence and child abuse. One of the housing corporations developed a manual and training: 'Detecting and reporting domestic violence and child abuse'. The manual and training might be useful for all housing corporations.
- There's a growth in the development and use of instruments for the detection of child abuse and neglect and risk taxation. Also, more investments are made in the training of professionals regarding the detection and reporting of child abuse and neglect.

### **3.6 Bottlenecks**

In June 2009 the former Ministry of Youth and Families, the Ministry of Justice and the Ministry of Health, Welfare and Sport together announced the law 'Reporting code domestic violence and child abuse'. According to the law, every professional should work according to the reporting code. Unfortunately, the law is still not adopted (expected by 2012). In spite of this, there is a growth in the use of reporting codes and protocols by organisations in the regions. But, in most regions a reporting code or protocol and an accompanying training are used only in a part of the region or by a part of the organisations, according to the coordinators of the RAAK approach.

### **3.7 Summary and conclusions**

The second goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families is the detection of child abuse and neglect. In June 2009 the former Ministry of Youth and Families, the Ministry of Justice and the Ministry of Health, Welfare and Sport together announced the law 'Reporting code domestic violence and child abuse'. According to the law, every organisation and professional working with children or parents must have a reporting code and every professional should work according to the reporting code. The law is expected to be adopted by the beginning of 2012.

If professionals do have suspicions of child abuse they can report them at the Advice and Reporting Centre on child abuse (AMK) or receive advice from them on their possible (active) role and options.

In 2009 the total number of contacts with the centre was 59.439. In 2010 the child and youth social care Inspectorate studied the quality of the advices from the Advice and Reporting Centres on Child Abuse to professionals (2011). 85% of the professionals is satisfied with the vested advice.

The stopping of child abuse and neglect is the third goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. If an Advice and Reporting Centre (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the youth care agency. If those involved are not willing to accept help on a voluntary basis, the Advice and Reporting Centre (AMK) informs the Child Protection Board (Raad voor de Kinderbescherming) to investigate whether legal measures are required.

Good practices on the level of detection, reporting and stopping are: the reporting code domestic violence and child abuse, a manual and training: 'Detecting and reporting domestic violence and child abuse' for housing corporations and the development and use of instruments for the detection of child abuse and neglect and risk taxation. Also, more investments are made in the training of professionals regarding the detection and reporting of child abuse and neglect.

According to the Dutch Safety Board, the government is in the current circumstances not able to fulfil her responsibilities for the safety of young children between 0 and 12 in their families. When reports of child abuse have been done and even when injury seems to be the case, the child and youth social care professionals keep the cooperation with the parents in front too long, according to the Dutch Safety Board. The responsibility taken by the government is unsatisfactory. Further, other professionals who provide care services for the family, like doctors, social workers, professionals in mental health care are not obliged to cooperate in the investigation of the child and youth social care, when there is a suspicion of child abuse and neglect.

According to more than half of the respondents in the RAAK evaluation, since the RAAK approach there are new or other services to prevent or combat child abuse and neglect. Almost one third of the new services is focused on the detection of child abuse. The coordinators of the regions confirm this. They state that there's a growth in the use of reporting codes and protocols by organisations in the regions. Nevertheless, in most regions a reporting code or protocol and an accompanying training are used only in a part of the region or by a part of the organisations, according to the coordinators.

## Chapter 4: Treatment services

### 4.1 Governmental strategies and actions

Quick and effective care was one of the general spearheads of the former ministry for Youth and Families. The Netherlands organisation for health research and development (ZonMw) developed the program 'Care for the youth', directed at obtaining knowledge about effective interventions. Child abuse and neglect is one of the priorities in that programme. Part of the program is for example the 'academic workplace child abuse and neglect'. In that particular workplace, a university and a Child and Youth trauma centre work together to develop new treatment services for abused children and to improve the existing services. For example, they're piloting with child advocacy centres. Collaborating with an investigative team, a child advocacy centre provide children two critical services - Forensic Interviews and Sexual Assault Forensic Exams. Behind the scenes, a multidisciplinary team from child and youth social care, the juvenile office and the medical field observe the interview, share information, discuss outcomes and determine a course of action to take that is in the best interest of each child.

The reduction of the harmful consequences of child abuse and neglect is also the fourth goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. The action plan states: "The reduction of the harmful consequences of child abuse and neglect is very important. Victims of child abuse and neglect often have to deal with problems their whole life. When child abuse or neglect is discovered, the first priority is that the abuse stops. But, directly afterwards the consequences must be reduced. It's important to determine which help or relief is necessary. And also, the help or relief must be available quickly. This is a task of the intensive specialised services for children with complex and enduring needs: the child and youth social care."

To realise this goal the former ministry for Youth and Families supported the national implementation of the RAAK approach. Intensive specialised services make up the fourth level of the RAAK approach. According to this approach, the services for abused children and their parents should take place in accordance with the 'wrap around care model'. This 'service delivery'- model offers an intensive form of personal coaching to the family, aimed at concrete goals. The coaching is aimed at family support and in providing material and financial preconditions for an acceptable upbringing. At the same time, the coach has the possibility to call upon specific interventions for the children and the parents.

The working elements of intensive specialised services for families are:

- Home and community based interventions;
- Multisystemic interventions;
- A suitable packet of effective interventions for every family;
- A substantial duration and intensity of the care plan;
- Strengths-based: the family is involved in developing and achieving the positive formulated goals.

### 4.2 Involved people and organizations

Treatment services for abused children are offered by the specialised services in the child and youth social care system. Part of these specialised services are: child and youth social care, youth mental health care, care for mild mentally retarded youth, youth protection and resettlement organisations, youth detention and specialist education services. In the case of child abuse and neglect, most referrals by the child and youth social care agencies will be made to the specialised child and youth social care, the youth mental health care and the youth protection. They offer different kind of services: ambulatory services, semi-residential services (day care), residential services (day and night care) and foster care. The youth care agency is responsible for the referral to the necessary care.

Nevertheless, there are huge regional differences in the available care for abused children. One of the major problems is a lack of specialised care for abused children, especially young children.

A lot abused children receive general treatment services, like: trauma treatment (not focused on the particular form of child abuse or neglect), play therapy and intensive family preservation programs (e.g. Families First). Nevertheless, there are good initiatives. Important organisation on the level of treatment are the 'child and youth trauma centres' (part of the youth mental health care). A child and youth trauma centre provides care services for traumatised children, youth and their parents (and/or other important people in their surroundings). They offer specialised care for different forms of child abuse and neglect. In their treatment programs, they usually use the age boundaries 4-12, 12-18 and 18-23.

#### 4.3 Products and results

- Regional inventories of the treatment services after child abuse and neglect. For some regions this was part of their RAAK working plan.
- Development of new specific treatment services, e.g. for children who have been a witness to domestic violence. For some regions this was part of their RAAK working plan.
- In the 'academic collaboration centre child abuse and neglect', a university and the child and youth trauma centre work together to develop new treatment services for abused children and to improve the existing services.
- Advice of the Health Board about the treatment services after child abuse and neglect. The Health Board of the Netherlands is an independent scientific advisory body. It is their task to provide the government and parliament with advice in the field of public health and health/healthcare research. They are writing an advise about the treatment services after child abuse and neglect in the Netherlands. The advice is still under construction and will be published in 2011.

#### 4.4 Research results

Five studies examined the results on the level of treatment services: three studies of the Netherlands Youth Institute, a study of Berenschot (2011) and a study by the Health Council (2011).

In 2004, the Netherlands Youth Institute made an inventory (Berger, Berge & Geurts, 2004) of the available care services for abused children. One of the major problems was a lack of specialised care for abused children, especially young children. A lot abused children received general treatment services, like: trauma treatment (not focused on the particular form of child abuse or neglect), play therapy and intensive family preservation programs (e.g. Families First). Nevertheless they found some specific treatment programs for sexually abused children and for children who witnessed domestic violence (*Let op de Kleintjes*).

In September 2010, the coordinators of the 37 RAAK regions and the implementation advisors filled in a questionnaire of the Netherlands Youth Institute about the treatment services after child abuse and neglect. The research shows:

- At the beginning of the implementation of the RAAK approach (2008) the wraparound model was used in five regions in half of the municipalities. In 21 regions this approach was in development in a part of the municipalities. Effective interventions were in five regions in slightly more than half of the municipalities available and in thirteen regions they were in development in a part of the municipalities. So, there were a lot blind spots in the use of the wraparound model.
- As of September 2010, twenty regions (57%) pay attention to the optimisation of the treatment services in their working plan of RAAK. In 75% of these regions, the concerning action points are in the phase of preparation or realization.
- In nearly half of the regions the recent treatment services are a combination of general and specific services. In nearly half of the regions the services are particularly general, but also used for abused children.
- The developments in the regions concern especially the development of new specific treatment services and the extension or adaptation of existing services. Besides, regional inventories and analyses take place, so that the regions can make well-founded plans for improvements.
- The mostly mentioned bottlenecks were: not enough capacity of the services, the treatment services are not always specific for abused children, the treatment services are not enough used and/or are not always known by professionals. Concerning the development of new treatment services, a lot of the coordinators mention a lack of finances as the greatest bottleneck. There's not enough money to develop the desired treatment services.

- As desired and necessary improvements are mentioned: better appointments between organisations (who does what?), a financial structure that facilitates cooperation and moving on between organisations, money for the development of new, specific treatment services and better communication and use of the existing services.

So, the treatment services are inadequate, both quantitative and qualitative. To be sure, in some regions good developments are running. Nevertheless, a large part of the regions does not pay attention to the treatment services in their working plan of RAAK or mentions important bottlenecks and wishes for improvement for the future.

As part of the implementation of the RAAK approach, all coordinators of the regions filled in a questionnaire at the beginning (2008) and at the end of the project (2010). The goal of the questionnaire was to gain insight in the situation in the regions with regard to child abuse and neglect after the implementation of the RAAK approach. According to the coordinators, there is a rise in the number of regions where the wrap around care model is used. They also state that there are more regions with effective interventions for the treatment of abusing parents. Although the number of regions is still low.

The former Ministry for Youth and Families asked the Verwey-Jonker Institute and Berenschot to evaluate the outcomes and effects of the implementation of the RAAK approach. The researchers of the RAAK evaluation asked care providers and municipalities whether there were new or other services round child abuse and neglect compared to before the RAAK approach. More than half of the respondents agreed with this. More than one third of the services focus on the stopping of child abuse and neglect or the treatment afterwards. In different regions group programmes are developed and or started for a specific group: children who had been a witness to domestic violence. In some regions, the focus is on young children (*Let op de kleintjes*), in other regions the focus is more on adolescents or (mothers and) children with less intellectual ability. The researchers asked the respondents also questions about the scale of the services: are there enough services on the specific levels of the continuum of care? The research shows there are no major differences in the scale of the services since the RAAK approach. The only mentioned difference in relation to the services on the level of treatment is the increase of the number of family coaches.

The last study we mention on treatment services is done by the Health Council (Gezondheidsraad, 2011), an advisory council for the government. The Council has done an elaborate study on interventions that are available for victims of child abuse. The Council concludes that there are few proven effective treatment methods. This not just a Dutch problem, but is a global issue. The fragmentation of services is however a Dutch problem, hampering an integrated approach of assessment and treatment of children, adults who were abuse as a child and their families. The Council advises to promote the development of pilots of multidisciplinary diagnostic and treatment centres, evaluate these pilots and use results for further policy development.

#### 4.5 Good practices

- The 'child and youth trauma centres' give treatment to abused children, youth and important people in their surroundings. An example of their services is a treatment program for families where systematic violence occurs: Safe, Strong and Further (in Dutch: *Veilig, Sterk en Verder*). It's both meant to re-establish the safety in the family and for the child to get over the child abuse and to feel safe at home. It contains three phases: 1. Safe, directed at the re-establishing of the safety; 2. Strong, directed at the treatment of both the victim and the perpetrator; 3. Further, directed at the translation of the learnt skills in practice.
- Another good practice is the Signs of Safety approach. This approach focuses on the question, "How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?" This is a partnership and collaboration grounded, strengths-based, safety-organised approach to child protection work, expanding the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilize and strengthen the child's and family's situation. Two Dutch provinces, Drenthe in the north and Zeeland in the south are implementing the Signs of Safety and there is considerable interest and momentum to spread the approach more broadly in the Netherlands.

- The third good practice is *Kindspoor* (literally translated as Child Trace). This project is a cooperation between the police, the youth care agency and the Child Protection Board in two regions. The police reports children who witnessed domestic violence at the advice and reporting agency. Hereafter, both the victim and the perpetrator get treatment.
- Two Multi-Disciplinary Centers Tackling CAN (working like the USA Child Advocacy Centers) are officially opened in November 2011. They are mentioned as “promising” in the Action Plan Children Safe 2012-2016 (November 2011) of the Netherlands Government.

#### 4.6 Bottlenecks

In September 2010, the coordinators of the 37 RAAK regions and the implementation advisors filled in a questionnaire of the Netherlands Youth Institute about the treatment services after child abuse and neglect. One of the questions was about the bottlenecks in the treatment services after abuse. The following bottlenecks were mostly mentioned:

- Not enough capacity of the services.
- The treatment services are not always specific for abused children and/or not targeted at the form of abuse they suffered. A lot of children receive no treatment or general treatment.
- The treatment services are not enough used and/or are not always known by other professionals. This leads to insufficient use of the services.

Concerning the development of new treatment services, a lot of the coordinators mention a lack of finances as the greatest bottleneck. There's not enough money to develop the desired treatment services.

#### 4.7 Summary and conclusions

Quick and effective care was one of the general spearheads of the former ministry for Youth and Families. The reduction of the harmful consequences of child abuse and neglect is also the fourth goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. If an Advice and Reporting Centre (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. In the case of child abuse and neglect, most referrals will be made to the specialised child and youth social care, the youth mental health care and the youth protection. Important organisations on the level of treatment are the 'child and youth trauma centres'. The child and youth trauma centres provide care services for traumatised children, youth and their parents (and/or other important people in their surroundings).

Good practices on the level of treatment services are: the child and youth trauma centres, the implementation of the Signs of Safety approach and *Kindspoor*. Other important products are: regional inventories of the treatment services after child abuse and neglect, the development of new specific treatment services and the 'academic collaboration centre child abuse and neglect'. In that collaboration centre a university and the child and youth trauma centre work together to develop new treatment services for abused children and to improve the existing services.

Nevertheless, the treatment services for victims of child abuse are in the Netherlands still inadequate, both quantitative and qualitative. There is not enough capacity of the services, the treatment services are not always specific for abused children and the treatment services are not enough used and/or are not always known by other professionals. This leads to insufficient use of the services. To be sure, in some regions good developments are running, but still a lot has to be done to improve the treatment services for abused children.

## Chapter 5: Integrating services

### 5.1 Initiatives developed for integrating services

For the early detection of child abuse the link and cooperation from the local youth and family centre with other services is very important. The core business of a youth and family centre in each municipality is connecting, upgrading and strengthening the already available support on growing up and parenting. The figure below shows how child abuse is being detected and dealt with in the Netherlands and how a local youth and family centre works together with the local youth care agency, school care and advice teams and the 'Safety House'-network.

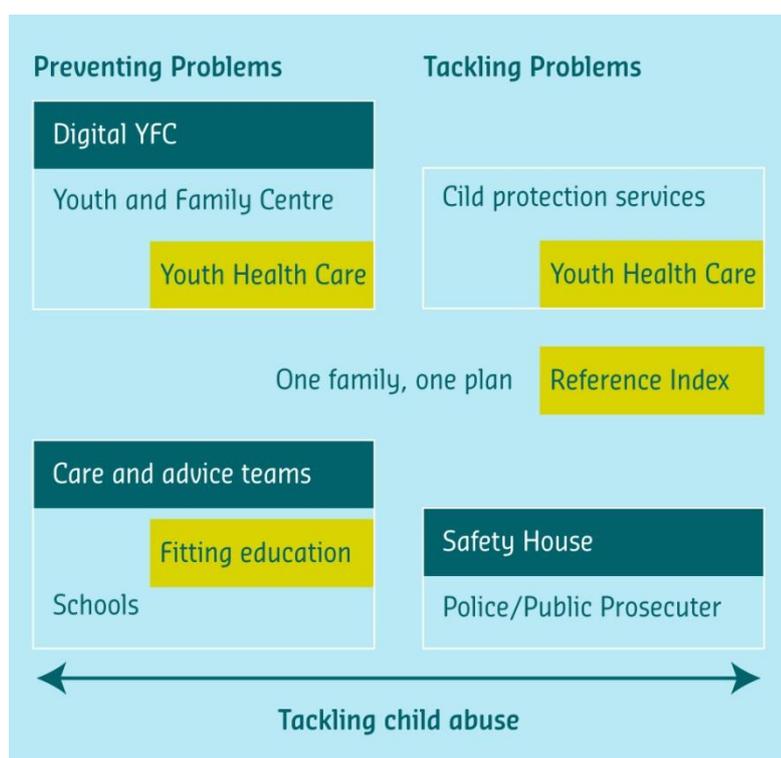


Figure 2 One family, one plan ([www.samenwerkenvoordejeugd.nl](http://www.samenwerkenvoordejeugd.nl))

#### *school care and advice teams*

In the school care and advice team of a school or a group of schools, professionals from care and education work together to detect problems of children early, to discuss the problems and to start help. Teachers are often the first who notice that students need extra care or support. Professionals from child and youth social care can give advice about a fit approach, from their expertise. Anyhow, the partners of the school care and advice team are: the coordinator of care in the school, a delegate of the youth care agency, the social work, the youth health care, the police and the inspection on compulsory education. The youth and family centre should be an important partner in the school care and advice teams. This close link enables to improve the match of needs and services and to reinforce each other.

#### *'Safety House'*

A 'Safety House' is a network organisation that focuses on youth from 12 to 18 years who are at risk or already in trouble with the police and the law. Authorities such as the school attendance officer, local police, child protection services, the public prosecutor and rehabilitation organizations, work together in the Safety House-Network to prevent or attack youth criminality. This asks for mutual information and cooperation with the professionals who work at the youth and family centre. Early prevention or effective action against youth criminality has to be done in cooperation with parents and family. The youth and family centre can facilitate family and youth support.

### *Different roles on the management of child abuse*

One of the tasks of the Netherlands Youth Institute is supporting the development of a regional action protocol which describes the different roles of the partners on the management of child abuse. The partners are the organisations working with parents and children. The sample protocol contains three levels:

- Working together in policy: a covenant between organisations;
- Working together in practice: (1) appointments between organisations about the detection, reporting and coordination of care after suspicions of child abuse, (2) a regional reporting code and (3) specific action protocols for the different organisations;
- Implementation: making it work.

A sample protocol can be used to evaluate the existing agreements about working together. The resulting regional action protocol must lead to fast(er) and good (or better) actions when there are worries about children, when there are suspicions of child abuse or when services are provided. There is no duty to cooperate on the operational or on the organizational level.

### *Sharing information*

More in general, a national system of a digital child file is developed. This file will be used by the youth health care and will contain health and other relevant information about each child between 0 and 19 years. In addition, a so-called 'Reference Index for Youth at Risk' (in Dutch: Verwijsindex Risicojongeren – VIR) is implemented throughout the Netherlands. This Reference Index enables professionals working with children and adolescents, within and between municipalities to keep track of young people, inform their 'colleagues' and fine tune their activities.

## **5.2 Confidentiality and data protection**

A lot of professionals who work with parents and children in the Netherlands, have a duty of professional confidentiality or an oath of secrecy. This means that, in short, they can't share information about parents and children with others, without the permission of the parents and children. The goal is a low threshold to care for parents and children, because they don't have to be scared that their personal information will be shared with others. Nevertheless, the child and youth social care Act states that every professional with a duty of professional confidentiality or an oath of secrecy, has the right to report suspicions of child abuse and neglect at the Advice and Reporting Centre (AMK)s on child abuse.

One of the problems in practice is that professionals sometimes don't share information. They think it's not allowed because of their duty of professional confidentiality. Nevertheless, there are possibilities to share information when professionals have suspicions of child abuse or neglect. Because of this, the Ministry of Justice launched in 2009 a guide about the duty of professional confidentiality in relation to domestic violence and child abuse. With the guide, professionals can examine if and what information they can share with others in their specific situation.

A new development is that family guardians will get access to all necessary information to guarantee the safety of a child. A proposal of a chamber member of the Socialistic Party was approved by the Lower Chamber on 15 March 2011. For example, it is important to know if a parent is psychotic. A psychiatrist can no longer refuse to give the necessary information to the family guardian. The safety of a child is more important than a physician's duty of professional confidentiality. It concerns cases in which the magistrate of a juvenile court has decreed that a child needs extra help. In some cases the family guardian did not have access to all information needed to help a child, because of the privacy of the parents.

## **5.3 Products and results**

There are several products and results in the Netherlands concerning the integrating of services. For example:

- Youth and family centres.
- School care and advice teams.
- A national system of a digital child file. This file will be used by the local health service and will contain health and other relevant information about each child between 0 and 19 years.

- Reference Index for Youth at Risk. This Reference Index enables professionals working with children and adolescents, within and between municipalities to keep track of young people, inform their 'colleagues' and fine tune their activities.
- Regional action protocols which describe the different roles of the partners once a case of child abuse is reported.
- 'Safety Houses'

## 5.4 Research results

Unfortunately, no research has yet been done to the youth and family centres, the school care and advice teams and the safety houses. Nevertheless, there is some research concerning the regional action protocols. At the end of the implementation of the RAAK approach (December 2010), 29 of the 37 regions (78%) do have a regional action protocol which describes the different roles of the partners once a case of child abuse is reported. Nine regions will finish the action protocol in 2011 and one region in 2012. By then, every region will have a regional action protocol. Two studies examined the results of the regional action plans: a study of Berenschot (2011) and a study of the Netherlands Youth Institute (2011).

The former Ministry for Youth and Families asked Berenschot to evaluate the outcomes and effects of the implementation of the RAAK approach. The respondents note that the use of the regional action protocols leads to an improvement of the quality of services: professionals find each other better and faster, through which the child and the family receive the help they need. In other words: the regional action protocols help to link between the levels in the continuum of care. Other results of the implementation of the RAAK approach concerning the integrating of services are:

- The topic of child abuse and neglect has worked as a catalyst: it shows the importance of working together better.
- The involved organisations made agreements about the development and realization of the activities in the regional RAAK working plan.
- In the translation to practice, the researchers see a clear improvement in the mutual consultations between professionals before the start of services. Nevertheless, they also see limited feedback between professionals about the gained results.
- More organisations than before are involved in tackling child abuse and neglect, mainly through the involvement of the medical professions (hospitals, family doctors, midwives) and the Advice and Reporting Centre (AMK)s.

As part of the implementation of the RAAK approach, all coordinators of the regions filled in a questionnaire of the Netherlands Youth Institute at the beginning (2008) and at the end of the implementation (2010). The goal of the questionnaire was to gain insight in the situation in the regions with regard to child abuse and neglect after the implementation of the RAAK approach. According to the coordinators there are more regions where there is consultation between the Advice and Reporting Centre (AMK)s, the youth care agency and the Child Protection Board on the reported cases. In addition, in every region the standards for the maximal duration of the steps from reporting till protection are reached.

## 5.5 Good practices

- A good practice in the Netherlands concerning the integrating of services are the youth and family centres. The core business of a youth and family centre in each municipality is connecting, upgrading and strengthening the already available support on growing up and parenting.
- A second good practice in the Netherlands concerning the integrating of services is the development of the regional action protocols. They lead to an improvement of the quality of services: professionals find each other better and faster, through which the child and the family receive the help they need.

## 5.6 Bottlenecks

Berenschot (2011) mention in their research two bottlenecks in working together in the social welfare system.

- First of all, there's a barrier between the universal preventive services and the intensive services. There's not enough clarity about the role of the youth care agency between them. A common situation is that professionals from universal services refer a child to the youth care agency, because they think a child should receive intensive services. But what if the youth care agency doesn't agree with it? Who's responsible for the child?
- The second bottleneck is the tough information exchange between the adult care and the child and youth social care. The perspective of professionals on child abuse, depends on their own professional background. They do not always know from each other what they do and for whom. Wrong expectations of each other can lead to frustration.

## 5.7 Summary and conclusions

In the Netherlands, there are several initiatives for the integrating of services, for example: the youth and family centres, the school care and advice teams, a national system of a digital child file, a Reference Index for Youth at Risk, the development of regional action protocols and 'Safety Houses'.

Not many research has been done to the results of these initiatives. The regional action protocols do have been evaluated. The evaluation of the RAAK approach state that the use of the regional action protocols leads to an improvement of the quality of services: professionals find each other better and faster, trough which the child and the family receive the help they need. Nevertheless, the results of the other initiatives are not (yet) known.

There are two main bottlenecks in the Netherlands in working together in the social welfare system. The first bottleneck is the barrier between the adult care and the child and youth social care. There's not enough clarity about the role of the youth care agency between them. The second bottleneck is the tough information exchange between the adult care and the child and youth social care. They do not always know from each other what they do and for whom. Wrong expectations of each other can lead to frustration.

## Chapter 6: Education and training of professionals

### 6.1 Minimal educational requirements

In the Netherlands a lot of professionals work with children, for example: professionals in child and youth social care, professionals in mental health care, professionals in (youth) health care, teachers, professionals in child day care and the police. Each profession has different educational requirements. They all receive at least a certain level of professional or academic education. What education and on what level, depends on the function they will fulfil. Professionals working with children also need a certificate of good conduct. The Minister of Security and Justice decides whether to issue the certificate or not. He will issue a certificate if investigations have shown that the applicant does not have a criminal record that is relevant to the job for which the certificate has been requested.

Research of TNO, the Netherlands Youth Institute and Movisie (2007) showed that there was hardly any attention to child abuse and neglect in the initial educations for professionals working with children. Since, a lot work has been done through the action plan 'Children safe at home'. Nevertheless, the recent state of affairs with regard to the attention for child abuse and neglect in the relevant educations is unclear. The ministry of Health, Welfare and Sport asked the Netherlands Youth Institute to make an inventory of the attention to child abuse and neglect in the relevant educations for medical professionals working with children. The inventory will be finished in February 2012. Other inventories might follow (amongst education for students for the social, educational and pedagogic professions). The hypothesis is that there are actions to include child abuse and neglect in the curricula of the different educations: there are available courses in some regional training centres, higher professional education and universities and a lot courses are being developed. Nevertheless, the initiatives are separate and the courses are not compulsory. Also, the courses are not imbedded in (all) education programs.

### 6.2 Initiatives developed for the professionalization of professionals

The Netherlands Youth Institute supports the regional implementation of the RAAK approach. One of their tasks is supporting the development of a regional education plan on a regional level, containing periodical training for professionals. An important goal on a national level is to increase the effectiveness and the reach of training programs about preventing, detecting, reporting, stopping and treating child abuse and neglect. To reach this goal, the Netherlands Youth Institute developed and disseminated competences and quality criteria. The competences are about what knowledge, skills and attitude professionals and volunteers need to have. The quality criteria name important aspects of good training. A national overview of training programmes on child abuse and neglect is published on the website of the Netherlands Youth Institute to increase the reach of training programs.

### 6.3 Products and results

There are a lot of products and results in the Netherlands concerning the education and training of professionals. For example:

- Regional education plans, containing periodical training for professionals;
- A database on the website of the Netherlands Youth Institute with a national overview of training programmes concerning child abuse and neglect (<http://www.nji.nl/kindermishandeling>). The database is related to the quality criteria for training programmes and the required competences of professionals, both developed by the Netherlands Youth Institute.
- A national training for combatting child abuse and neglect (*Landelijke Training Aanpak Kindermishandeling – LTAK*) developed by the national platform for the tackling of child abuse (*Landelijk Platform Aanpak Kindermishandeling – LPAK*);
- A national network of reporting code consultants for child abuse (*Landelijke Vakgroep Aandachtsfunctionarissen Kindermishandeling – LVAK*). This network is supported by the Netherlands Youth Institute. The network strives to optimise the functioning of the reporting code consultants in all professions.
- E-learning modules concerning combating child abuse and neglect by The Next Page.

## 6.4 Research results

At the end of the implementation of the RAAK approach (December 2010), 36 of the 37 regions (97%) do have a regional education plan, containing periodical training for professionals. One region will finish the education plan in 2011. By then, every region will have a regional education plan. Two studies examined the results of the regional education plans: a study of Berenschot (2011) and a study of the Netherlands Youth Institute.

The former Ministry for Youth and Families asked Berenschot to evaluate the outcomes and effects of the implementation of the RAAK approach. The researchers asked the respondents to the quality of the services. By quality, they mean the expertise of the professionals and/or the use of evidence-based methods or techniques. Fifty-six per cent of the respondents do think that the quality of the services has improved. The research shows that mainly the expertise of the professionals has improved, both on the level of prevention and intervention. This is in accordance with the focus of the education plans: stimulating the expertise of professionals in both signalling and come into action when they have suspicions of child abuse and neglect.

As part of the implementation of the RAAK approach, all coordinators of the regions filled in a questionnaire of the Netherlands Youth Institute at the beginning (2008) and at the end of the implementation (2010). The goal of the questionnaire was to gain insight in the situation in the regions with regard to child abuse and neglect after the implementation of the RAAK approach. According to the coordinators, in all regions and professions improvements have been made in the training of professionals regarding child abuse and neglect.

## 6.5 Good practices

- A good practice in the Netherlands concerning the education and training of professionals is the national training for combatting child abuse and neglect (*Landelijke Training Aanpak Kindermishandeling – LTAK*) developed by the national platform for the tackling of child abuse (*Landelijk Platform Aanpak Kindermishandeling – LPAK*). The training offers knowledge and skills to professionals to combat child abuse and domestic violence effectively. Hereby, the organisation will be supported with the implementation of the ‘Reporting code domestic violence and child abuse’.
- A second good practice in the Netherlands concerning the education and training of professionals are E-learning modules concerning combating child abuse and neglect by The Next Page.
- A third good practice in the Netherlands concerning the education and training of professionals is the database on the website of the Netherlands Youth Institute with a national overview of training programmes concerning child abuse and neglect (<http://www.nji.nl/kindermishandeling>).

## 6.6 Bottlenecks

There are also some bottlenecks, concerning the education and training of professionals.

- The first bottleneck is in the initial education. There are actions to include child abuse and neglect in the curricula of the different educations: there are available courses in some regional training centres, higher professional education and universities and a lot of courses are being developed. Nevertheless, the initiatives are separate and the courses are not compulsory. The courses are not imbedded in (all) education programs.
- The second bottleneck is the budget of organisations. Most regions do have an education plan. Nevertheless, organisations often don't have the budget and/or time for the education of professionals.

## 6.7 Summary and conclusions

Research of TNO, the Netherlands Youth Institute and Movisie (2007) showed that there was hardly any attention to child abuse and neglect in the initial educations for professionals working with children. Since, a lot work has been done through the action plan ‘Children safe at home’. Nevertheless, the recent state of affairs with regard to the attention for child abuse and neglect in the relevant educations is unclear. Concerning training, the Netherlands Youth supported the development of a regional education plan on a regional level, containing periodical training for professionals. They also developed and disseminated competences and quality criteria and a national overview of training programmes on child abuse and neglect is published on the website of the Netherlands Youth Institute to increase the reach of training programs.

Good practices concerning education and training are: the national training for combatting child abuse and neglect (*Landelijke Training Aanpak Kindermishandeling – LTAK*) developed by the national platform for the tackling of child abuse (*Landelijk Platform Aanpak Kindermishandeling – LPAK*), the national network of reporting code consultants for child abuse (*Landelijke Vakgroep Aandachtsfunctionarissen Kindermishandeling – LVAK*), *e-learning by The Next Page* and the database on the website of the Netherlands Youth Institute with a national overview of training programmes concerning child abuse and neglect (<http://www.nji.nl/kindermishandeling>).

The evaluation of the RAAK approach shows that mainly the expertise of the professionals has improved, both on the level of prevention and intervention. This is in accordance with the focus of the education plans: stimulating the expertise of professionals in both signalling and come into action when they have suspicions of child abuse and neglect. But, there are still some bottlenecks: the lack of attention to child abuse in the initial educations and the shortage of budget of organisations for periodical training.

## Summary and conclusions

In the Netherlands, child abuse is defined as every form of threatening or violent behaviour towards minors of a physical, psychological or sexual nature. This behaviour is forced on minors actively or passively by parents or other persons towards whom minors feel dependent and lack freedom. This behaviour (threatens to) cause serious harm in the form of physical or psychological damage. An important development in the area of children's rights is the adoption of a law to prevent the use of physical or psychological violence in the upbringing of children in 2007. The article concerned reads as follows: 'Parents are under an obligation to take care of their children and to raise them without using either mental or physical violence or any other type of humiliating treatment.' In 2010, 118.000 children and young people (3,4 per cent of all 0- to 17-year olds) experienced child abuse in that year. . Another study shows that 34,6 per cent of the pupils between twelve and seventeen have experienced some form of child abuse in their life, 18,7 per cent of which during the past year.

The Dutch Government finds it unacceptable that more than 100.000 young people experience violence in their home situation. Because of the serious effects of child abuse, the Dutch government focuses on the prevention and early recognition and halting of child abuse. In 2007 the former Ministry for Youth and Family designed an action plan for actions against child abuse (2007 - 2011): 'Children Safe at Home'. This action plan contained: the national implementation of the RAAK approach through the Netherlands Youth Institute, a public campaign, the implementation of a legally obliged reporting code and promoting the use of action protocols for tracing and persecution. The two main goals of the RAAK approach are:

- Every professional working with children has enough knowledge and skills to recognize child abuse and neglect, and depending on their function, also to stop child abuse and neglect and/or treat the consequences.
- Every professional works in accordance with the regional action protocol. Who does what and when after a sign of child abuse and neglect is described in this protocol.

In November 2011 the government launched a new action plan against child abuse: 'Children safe'. Also the Children's Ombudsman and the Children's Rights Collective published reports on the management of child abuse in the Netherlands.

But how is the prevention and tackling of child abuse part of the broader child welfare system? The universal services for all children and families are the first part of the child welfare system, for example: schools, youth health care, child day care, youth work and sporting clubs. The goal of the universal services is to optimize the development and upbringing of children and to keep the usual problems from growing worse. On this level, professionals have the responsibility to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities. The youth and family centres and the School Care and Advise Teams operate between the universal and targeted services.

The second part of the child welfare system consists of the targeted services for children and families with additional needs and the specialist community-based services for children with multiple needs, for example: primary health care, organisations for advice and parenting support and school social work. On these levels professionals have the responsibility to discuss suspicions of child abuse and neglect with the parents and/or the child. This is additional to the tasks mentioned for the professionals in universal services. In the Netherlands, the youth care agency operate between the targeted and specialised services. So, the youth care agency is the access point to the specialised services.

Third, there are the intensive specialised services for children with complex and enduring needs: the child and youth social care. Child and youth social care offers voluntary support for mental, social and pedagogical problems which hinder the development of children, but also forced interventions. These professionals are responsible for the help and/or protection of children and families. They are expected to examine suspicions of child abuse and neglect, to start and/or coordinate help and to protect children if necessary. This is also additional to the things every professional should do.

In the Netherlands, child protection is dealt with separately from care. The Netherlands have an extensive system of child protection in place. The Child Protection Board has three main tasks: to provide protection, to arrange child access and other matters following parental divorce and to oversee the course of criminal proceedings involving minors.

#### *Universal and preventive services*

There are several universal services, like the youth health care, early childhood services and education. On this level of universal services, professionals have the responsibility to detect problems. They are expected to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centre (AMK)s on Child Abuse and share information with others within the legal possibilities.

One of the main strategies of the governmental youth and family programme (2007-2011) of the former Ministry for Youth and Families was to focus on prevention: identifying and tackling problems earlier. More specific, the prevention of child abuse and neglect is one of the four goals of the action plan Children Safe at Home 2007-2011. In the action plan, the focus is on universal prevention. According to the former ministry, preventing child abuse and neglect, by teaching parents the most important parenting skills, is the most effective way of combatting child abuse and neglect. The action plan also states that all people in society must be aware of the serious negative results of child abuse and neglect: alertness can be increased by a public campaign.

Good practices of the policy on prevention are: access to information about parenting for all parents, the youth and family centres and widespread parenting support programs, the distribution of information material about the legal norm of upbringing without violence and the Shaken Baby Syndrome and a public campaign. A bottleneck on the level of prevention is that the youth and family centres are still in development. So, the possibilities of these centres concerning the prevention and tackling of child abuse and neglect can be optimised in the future.

Concerning the universal services, Van Keulen (2011) studied the youth health care in the Netherlands. The reach is 95% of all Dutch children from 0 to 19 year. Besides, most municipalities do have a Youth and Family Centre. There's also some research to the specific prevention of child abuse and neglect. According to more than half of the respondents in the RAAK evaluation, there are new or other services to prevent or combat child abuse and neglect compared to before the RAAK approach. Almost one third of the new services is focused on the prevention of child abuse. On the level of prevention, these new services are: brochures about the ban on corporal punishment, brochures about the Shaken Baby syndrome and the implementation of parenting support programs, like *Triple P*, *Signs of Safety* and *Samen Starten*.

#### *Detection, reporting and stopping of child abuse and neglect*

The second goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families is the detection of child abuse and neglect. In June 2009 the former Ministry of Youth and Families, the Ministry of Justice and the Ministry of Health, Welfare and Sport together announced the law 'Reporting code domestic violence and child abuse'. According to the law, every organisation and professional working with children or parents must have a reporting code and every professional should work according to the reporting code. The law is expected to be adopted by the beginning of 2012.

If people do have suspicions of child abuse they can report them at the Advice and Reporting Centre on child abuse (AMK) or receive advice from them on their possible (active) role and options. In 2009 the total number of contacts with the centre was 59.439. In 2010 the child and youth social care Inspectorate studied the quality of the advices from the Advice and Reporting Centres on Child Abuse to professionals (2011). 85% of the professionals is satisfied with the vested advice.

The stopping of child abuse and neglect is the third goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. If an Advice and Reporting Centre (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the youth care agency. If those involved are not willing to accept help on a voluntary basis, the Advice and Reporting Centre (AMK) informs the Child Protection Board (Raad voor de Kinderbescherming) to investigate whether legal measures are required.

Good practices on the level of detection, reporting and stopping are: the reporting code domestic violence and child abuse, a manual and training: 'Detecting and reporting domestic violence and child abuse' for housing corporations and the development and use of instruments for the detection of child abuse and neglect and risk taxation. Also, more investments are made in the training of professionals regarding the detection and reporting of child abuse and neglect.

According to the Dutch Safety Board, the government is in the current circumstances not able to fulfil her responsibilities for the safety of young children between 0 and 12 in their families. When reports of child abuse have been done and even when injury seems to be the case, the child and youth social care professionals keep the cooperation with the parents in front too long, according to the Dutch Safety Board. The responsibility taken by the government is unsatisfactory. Further, other professionals who provide care services for the family, like doctors, social workers, professionals in mental health care are not obliged to cooperate in the investigation of the child and youth social care, when there is a suspicion of child abuse and neglect.

According to more than half of the respondents in the RAAK evaluation, there are new or other services to prevent or combat child abuse and neglect compared to before the RAAK approach. Almost one third of the new services is focused on the detection of child abuse. The coordinators of the regions confirm this. They state that there's a growth in the use of reporting codes and protocols by organisations in the regions. Nevertheless, in most regions a reporting code or protocol and an accompanying training are used only in a part of the region or by a part of the organisations, according to the coordinators.

#### *Treatment services*

Quick and effective care was one of the general spearheads of the former ministry for Youth and Families. The reduction of the harmful consequences of child abuse and neglect is also the fourth goal of the action plan Children Safe at Home 2007-2011 from the former ministry for Youth and Families. If an Advice and Reporting Centre (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. In the case of child abuse and neglect, most referrals will be made to the specialised child and youth social care, the youth mental health care and the youth protection. Important organisation on the level of treatment are the 'child and youth trauma centres'. The child and youth trauma centres provide care services for traumatised children, youth and their parents (and/or other important people in their surroundings).

Good practices on the level of treatment services are: the child and youth trauma centres, the implementation of the Signs of Safety approach and Kindspoor. Other important products are: regional inventories of the treatment services after child abuse and neglect, the development of new specific treatment services and the 'academic cooperation centre child abuse and neglect'. In that cooperation centre a university and the child and youth trauma centre work together to develop new treatment services for abused children and to improve the existing services.

Nevertheless, the treatment services for victims of child abuse are in the Netherlands still inadequate, both quantitative and qualitative. There is not enough capacity of the services, the treatment services are not always specific for abused children and the treatment services are not enough used and/or are not always known by other professionals. This leads to insufficient use of the services. To be sure, in some regions good developments are running, but still a lot has to be done to improve the treatment services for abused children.

#### *Integrating services*

In the Netherlands, there are several initiatives for the integrating of services, for example: the youth and family centres, the school care and advice teams, a national system of a digital child file, a Reference Index for Youth at Risk, the development of regional action protocols and 'Safety Houses'.

Not many research has been done to the results of these initiatives. The regional action protocols do have been evaluated. The evaluation of the RAAK approach state that the use of the regional action protocols leads to an improvement of the quality of services: professionals find each other better and faster, through which the child and the family receive the help they need. Nevertheless, the results of the other initiatives are not (yet) known.

There are two main bottlenecks in the Netherlands in working together in the social welfare system. The first bottleneck is the barrier between the adult care and the child and youth social care. There's not enough clarity about the role of the youth care agency between them.

The second bottleneck is the tough information exchange between the adult care and the child and youth social care. They do not always know from each other what they do and for whom. Wrong expectations of each other can lead to frustration.

#### *Education and training of professionals*

Research of TNO, the Netherlands Youth Institute and Movisie (2007) showed that there was hardly any attention to child abuse and neglect in the initial educations for professionals working with children. Since, a lot work has been done through the action plan 'Children safe at home'. Nevertheless, the recent state of affairs with regard to the attention for child abuse and neglect in the relevant educations is unclear. Concerning training, the Netherlands Youth supported the development of a regional education plan on a regional level, containing periodical training for professionals. They also developed and disseminated competences and quality criteria and a national overview of training programmes on child abuse and neglect is published on the website of the Netherlands Youth Institute to increase the reach of training programs.

Good practices concerning education and training are: the national training for combatting child abuse and neglect (*Landelijke Training Aanpak Kindermishandeling – LTAK*) developed by the national platform for the tackling of child abuse (*Landelijk Platform Aanpak Kindermishandeling – LPAK*), the national network of reporting code consultants (*Landelijke Vakgroep Aandachtsfunctionarissen Kindermishandeling – LVAK*), e-learning by the Next Page and the database on the website of the Netherlands Youth Institute with a national overview of training programmes concerning child abuse and neglect (<http://www.nji.nl/kindermishandeling>).

The evaluation of the RAAK approach shows that mainly the expertise of the professionals has improved, both on the level of prevention and intervention. This is in accordance with the focus of the education plans: stimulating the expertise of professionals in both signalling and come into action when they have suspicions of child abuse and neglect. But, there are still some bottlenecks: the lack of attention to child abuse in the initial educations and the shortage of budget of organisations for periodical training.

## Glossary

Term	Definition
Act on child and youth social care	The child and youth social care Act (2005) has two aims: to ensure that better care is made available to young people and their parents (the clients of the child and youth social care process) and to strengthen their position. The client is at the centre of a more transparent, simpler system for child and youth social care.
Advice and Reporting Centres on Child Abuse	Anyone who suspects child abuse can (and should) contact the centre for advice and consultation on their possible (active) role and options or a formal report of child abuse, either by phone or in person. Currently, the Advice and Reporting Centre (AMK)s are part of the provincial child and youth social care agencies (Bureaus Jeugdzorg), which are responsible for the assessment and referral to the necessary care as well as support for children and youth as is stated under the child and youth social care Act.
Child abuse	Every form of threatening or violent behaviour towards minors of a physical, psychological or sexual nature. This behaviour is forced on minors actively or passively by parents or other persons towards whom minors feel dependent and lack freedom. This behaviour (threatens to) cause serious harm in the form of physical or psychological damage. Forms of child abuse are: physical abuse, physical and psychological neglect, mental or emotional abuse, sexual abuse and being a witness to domestic violence.
Child day care	There are three types of child day care in the Netherlands: child day care for 0 to 4 year olds, out-of-school care for 4 to 12 year olds and child minders for 0 to 12 year olds.
Child Protection Board	The Netherlands have an extensive system of child protection in place. This system is carried out by the Child Protection Board. The responsibility for the board lies with the Ministry of Security and Justice. The Child Protection Board has three main tasks: to provide protection, to arrange child access and other matters following parental divorce and to oversee the course of criminal proceedings involving minors.
Inspectorate on compulsory education	The Inspectorate monitors and promotes the quality of education in Dutch educational establishments, based on a thorough knowledge of individual schools and institutions.
RAAK approach	In Dutch, the word 'raak' means 'right on target', 'effective'. The core of the RAAK approach is that caregivers, neighbours, friends and acquaintances, professionals in education, shelters, health care, welfare and the police recognize the signs of child abuse at an earlier stage and work together more effectively to prevent or end child abuse.
Regional action protocol	The RAAK approach is implemented in 37 regions. A regional action protocol describes the different roles of organisations working with children on the management of child abuse. The regional action protocol must lead to fast(er) and good (or better) actions when there are worries about children, when there are suspicions of child abuse or when services are provided.
Regional education plan	The RAAK approach is implemented in 37 regions. A regional education plan contains periodical training for professionals.

Regional working plan	<p>The RAAK approach is implemented in 37 regions. Every region determined his own priorities of the regional working plan. The working plans should at least meet the two main goals:</p> <ul style="list-style-type: none"> <li>- Every professional working with children has enough knowledge and skills to recognize child abuse and neglect, and depending on their function, also to stop child abuse and neglect and/or treat the consequences.</li> <li>- Every professional works in accordance with the regional action protocol. Who does what and when after a sign of child abuse and neglect is described in this protocol.</li> </ul>
School care and Advise teams	In the school care and advice team of a school or a group of schools, professionals from care and education work together to detect problems of children early, to discuss the problems and to start help.
Child and youth social care	Child and youth social care offers voluntary support for mental, social and pedagogical problems which hinder the development of children, but also forced interventions.
youth and family centres	Every city or district should have a youth and family centre. The centre combines the local functions and tasks in the area of health, growing up and education. Thus, the youth and family centres should offer the following basic functions: youth health care (baby well clinics and local health service ), the five areas of support for parenting and growing up that are mentioned in the Social Support Act (1. information and advice; 2. detecting potential problems; 3. guidance and counselling; 4. light pedagogical support; 5. care coordination at local level), a link with child and youth social care and a link with youth education (through school care and advice teams).
Youth health care	The Netherlands has a specific health service system for children from 0 to 19 years, which falls under the responsibility of the municipality and is carried out by the local health service (in Dutch: GGD). The health service includes the baby well clinics and toddler, primary and secondary school health care.
Youth work	In The Netherlands, youth work is a low-threshold provision for – in principle – all young people. Nowadays, there are different manifestations of youth work, ranging from the professional social-cultural teenage- and youth work to the neighborhood or community targeted youth work and the open youth work, based on a permanent space where young people can go to in their spare time.

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