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# **Prevention of child abuse by municipal authorities**

## **Moving from paper to reality**

The Ombudsman for Children  
21 May 2014  
**KOM 004/2014**

## Preface

In the Netherlands, an estimated number of 118.000 children are annually suffering from maltreatment, neglect, abuse or are witnessing violence between partners. This number has been of great concern to me since my appointment in 2011. Therefore, as early as 2011, I have argued for an accelerated approach to the problem of child abuse. In spite of efforts of various parties, this number does not yet seem to be decreasing in 2014.

Municipal authorities are responsible for the prevention of child abuse. Starting 1 January 2015 they will, in addition, be completely responsible for the investigation of possible situations of child abuse as well as for the assistance to parents and abused children. This was the reason for starting this research study on the preventive approach to child abuse among municipal authorities.

Municipalities are actively pursuing the further development of both policies and practice. This is shown by the results of this study, because three quarters of the municipalities have policies specifically directed towards the prevention of child abuse. As the Ombudsman for Children, I am examining whether these policies improve anything in the lives of children and parents, and one of the conclusions of this report is that municipalities are still not reaching enough children and (future) parents with their prevention policies. With the results of this study and its recommendations I would like to give an incentive to a preventive approach to child abuse by municipal authorities.

The Ombudsman for Children has asked several independent organisations to make known and publish the programs and options, provided in a packaged form, through the *Kind Veilig Preventiepakket* (Safe Child Prevention Package), so that municipal authorities get extra tools to support their supervisory and coordinating responsibilities regarding child abuse, to be extended in 2015. In doing so, the Ombudsman for Children wants to facilitate matters for municipalities in these times of transition and budget cuts. Trusting policies to paper, should lead to real action, or else the whole project will remain a paper tiger. Fortunately, an increasing number of tools and instruments are available and it will become increasingly clear which options are most effective.

For this reason, I call upon the municipal authorities to include this objective in their prevention policies, namely that the number of children experiencing abuse should be reduced by 50% in three years time. The responsibility to reduce the number of victims of child abuse is a collective responsibility. As the Ombudsman for Children, I will take responsibility for ensuring that this theme will continue to stay high on the (political) agenda and that policy outcomes will have a direct and positive influence on the lives of children.

A word of thanks is expressed towards all the municipal governments participating in this research study and to the advisory committee, for their involvement and commitment regarding this report.



Marc Dullaert  
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## 1. Summary

### Introduction

Children are entitled to protection against child abuse, as is stated in the UN Convention on the Rights of the Child (CRC). However, in the Netherlands, child abuse is still a widespread phenomenon. According to estimates from professionals, every year more than 118.000 children are suffering from maltreatment, neglect, abuse or are witnessing violence between partners (an average of 34 out of 1000). Approximately 50 children die every year due to the consequences of child abuse.

An implication of the UN Convention on the Rights of the Child is the existence of an *inspanningsverplichting* (obligation to do one's utmost best) for the national and municipal governments to give adequate protection against abuse. Municipal governments are already responsible for the prevention of child abuse. For this reason, the Ombudsman for Children has examined municipal policies regarding the prevention of child abuse. Starting 1 January 2015 municipalities will be fully responsible for investigating possible situations of child abuse and for the assistance to parents and abused children, apart from their responsibility for prevention.

The purpose of this research study is to clarify the coordinating and supervisory role of municipal governments (*regierol*) and to provide tools enabling municipalities to give an incentive to their child abuse approach and prevention, immediately benefitting children, (future) parents and professionals. It is limited to current municipal responsibilities regarding the prevention of child abuse, therefore before the transition.

### Research approach

Within this research framework a questionnaire was developed and sent to all Dutch municipalities. 208 municipalities have filled in the questionnaire. This way, a representative number or sample of the total number of municipalities in the Netherlands was obtained.

The selection of ten concrete objectives producing results for children and parents when pursued, provided the focus of this research study. To a large extent, these ten objectives were part of the guiding principles of the RAAK pilot regions from 2003 to 2006 and the RAK regions from 2008 to 2011. Since 2008, these points have been communicated to all municipalities as effective goals in their approach to child abuse and their implementation has been encouraged by the Dutch national government.

This research study has been supervised by a committee consisting of organisations that have been active for years in the field of child abuse: Augeo Foundation, Bernard van Leer Foundation, Stichting Kinderpostzegels Nederland and the Kinderrechtencollectief.

### Conclusions and recommendations

In his research study, the Ombudsman for Children concludes that three quarters of Dutch municipalities have policies regarding the prevention of child abuse. In doing so, this theme is certainly on the local (political) agenda. However, the municipal policy regarding child abuse prevention is producing only meagre outcomes for parents and children.

A limited number of municipal governments have developed a sound prevention policy. However, a great majority of them have not drafted important prevention objectives, although they have been communicated intensively to municipalities since 2008. Most municipalities do not have a clear picture of abused children nor of known high-risk groups. In addition, concrete results like the scope, success and effectiveness of used programs are insufficiently monitored.

The Ombudsman for Children is recommending municipalities to use the following goal in their prevention policy: that the number of children experiencing child abuse will be reduced by at least 50% in a three-year period. To strengthen municipal supervisory and coordinating responsibilities regarding child abuse prevention, he recommends adopting a *Kind Veilig Preventiebeleid* (Safe Child Prevention Policy) consisting of: mapping groups at risk, the use of effective programs and the use of instruments in order to improve municipal monitoring.

In addition, the Ombudsman for Children asks municipalities to use the present options provided by municipalities, such as the *Kind Veilig Preventiepakket*. This contains a packaged option to be provided by municipalities, giving them extra tools, supporting their coordinating and supervisory responsibilities regarding their approach to child abuse. This way, the Ombudsman for Children wants to assist municipalities in these times of transition and budget cuts.

In his recommendations, the Ombudsman for Children also mentions the obligation of the national government, created by the signing of the UN Convention on the Rights of the Child, to stay committed to the realisation of the obligation stated in article 19 of the Convention on the Rights of the Child.



## 2. Introduction

### 2.1 Immediate cause

According to the UN Convention on the Rights of the Child, children are entitled to protection against child abuse. According to estimates from professionals, more than 118.000 children are annually suffering from maltreatment, neglect, abuse or are witnessing violence between partners. A report made by youths themselves is even showing considerably higher numbers (Alink a.o. 2011). The number of children is greater than was seen in the last national prevalence study of 2005 and it has not been clearly decreasing, in spite of efforts by governments and organisations.

Since his appointment in 2011 the Ombudsman for Children has been stressing the importance of an acceleration in the approach to child abuse. Considering his concern with the number of children who are victims of child abuse, the Ombudsman for Children has started this research study on his own initiative.

The research study is directed towards the municipal supervisory and coordinating responsibility regarding the prevention of child abuse. Its aim is to clarify their supervisory and coordinating role and to provide tools enabling municipalities to encourage child abuse prevention and approach developments, immediately benefitting children, (future) parents and professionals.

### 2.2 Investigation of the supervisory and coordinating role of municipalities

Starting 1 January 2015, municipalities will be fully responsible for investigating possible situations of child abuse and for the assistance to parents and abused children. However, municipal governments have for quite some time been (partially) responsible for the prevention of child abuse. On the basis of the *Wet Maatschappelijke Ondersteuning (WMO)*, which came into force in 2007, municipalities are responsible for:

- the prevention of child abuse;
- government action regarding domestic violence (in a regional setting), including children who are witnessing domestic violence;
- social and women shelters and care facilities, where children are staying who have been victims of domestic violence.

Municipal responsibility for *preventive youth policy (preventief jeugdbeleid)* has a legal basis in a number of Dutch acts, such as the *Wet maatschappelijke ondersteuning (WMO)*. The WMO includes a part regarding “primarily prevention based assistance to youths experiencing troubles growing up and to mothers and fathers having trouble parenting’ (article 1 section 1). This form of prevention concerns children and youths living in the municipality – as well as their parents in specific situations – presenting a heightened risk with respect to developmental delays such as premature school leaving or criminality, but for those not in need of care under the *Wet op de jeugdzorg* or when this can be prevented (adoption of WMO). The prevention of child abuse is also covered by this article. Article 1 includes the definition of child abuse and mention is made of the AMK.

Five functions of preventive youth (care) policy in the municipal domain have been set unanimously by the partners in the *Bestuurlijk Overleg Jeugdzorg*: the VNG, the IPO, the Departments of VWS and Justice and the MO-group, namely: information & advice, identifying and indicating problems, referral to forms of assistance provided, light pedagogical help, coordination of care (VWS and VNG, 2004). The government has decided to lay down the responsibility of municipalities for the realisation of these functions in the WMO (VWS & VNG, 2004, p. 12). In order to concretise local youth policy next to the WMO a legislative framework is given through: the *Wet Collectieve Preventie Volksgezondheid*

(WCPV); educational legislation related to VVE/educational deprivation; the Leerplichtwet (Kamerbrief/Parliamentary letter VWS, 2004); and the Wet Publieke Gezondheid (Wpg, article 5).

This research study is limited to the boundaries of municipal responsibility and obligations regarding child abuse prevention, at present, therefore before the coming transition. It is still largely unknown how municipal governments will take up their supervisory and coordinating role with respect to measures and assistance after situations of child abuse within the framework of decentralisation of the youth care system. For this reason, the Ombudsman for Children has asked municipalities to answer briefly which priorities and measures they are planning to take at a local level to concretise their future responsibilities for research, protective measures and provision of assistance.

### **2.3 Ombudsman for Children**

The Ombudsman for Children is an independent institute calling attention to compliance to the rights of children and youths in the Netherlands. The Ombudsman for Children is checking national and local authorities and agencies at the level of legislation, policy (making) and implementation. In addition, he will advise (on his own initiative) Dutch Parliament and Senate. One of the responsibilities of the Ombudsman for Children is doing research, on his own initiative if necessary. The assessment framework of the Ombudsman for Children is the UN Convention on the Rights of the Child. In the annex, those articles from the Convention on the Rights of the Child are included that pertain to child abuse prevention and approaches.

### **2.4 Advisory committee**

For the purpose of this research study an advisory committee has been set up, consisting of organisations that have been striving for an active approach to child abuse for years: the Ageo Foundation, Bernard van Leer Foundation, Stichting Kinderpostzegels Nederland and the Kinderrechtencollectief. These parties are, among other things, committed to the prevention of child abuse in the Netherlands and to providing support to abused children. With respect to this research study, the advisory committee has contributed to the development of the questionnaire and has given advice with respect to the interpretation of the research data.

### **2.5 Reader's guide**

This report begins with a summary followed by the (1) introduction and (2) backgrounds on prevention of child abuse and most recent reports. The research objective and (3) the framework are followed by three chapters describing the results: municipal policy plans directed towards (4) prevention policy (5) municipal monitoring and the final chapter (6) contains the outcomes summarised for each of the ten objectives. Then the (7) conclusions and (8) recommendations are presented. Finally there is a glossary and an overview of used literature and sources. A more extensive description of the results is included in the annexes because of its lengthy nature, just like the relevant articles from the Convention on the Rights of the Child.

### 3. Backgrounds

#### 3.1 Prevalence

Child abuse is still a widespread phenomenon. According to estimates of professionals, every year 118.000 children are neglected or abused (an average of 34 per 1000) and every year approximately 50 children are dying as a result of the consequences of child abuse (Alink et al 2011). In the same study, youths indicate through their own reporting that the average is considerably higher (99 for every 1000 in 2010). The conclusion of this study is that the number of victims of child abuse compared to 2005 has in any case not decreased. More recent material is not available than these figures, presented in the last prevalence research study of Alink et al in 2011. With approximately 80.000 children on a yearly basis developmental damage can be observed. It will concern learning disabilities, developmental delays or physical damage that seem related to unsafe living conditions (Kinderrechtencollectief 2011).

#### 3.2 Discussion rights of the child

Not a single form of violence against children is justified and violence against children can be prevented. These are two basic principles of the UN Committee for the Rights of the Child in her General Comments explaining the meaning and scope of article 19 of the International Convention on the Rights of the Child (CRC). Article 19 CRC stipulates that the state should take all measures necessary to adequately protect children against abuse, the most vulnerable children deserving extra attention. Those measures should not be taken and seen as isolated regulatory actions but as an integrated whole.

From the CRC and its General Comments and other binding and non-binding international documents the following principles and starting points can be deduced regarding the way to approach child abuse, such as:

- violence against children in whatever form is never justified;
- prevention is of primary importance;
- The best interest of the child is a first consideration and the safety of the child has top priority;
- It is essential that children are heard;
- Participation of children should be a key focus in the development and implementation of strategies and programs directed towards the protection of children against violence;
- There should exist a national, coordinated, interconnected, interdisciplinary system for child abuse approaches and prevention;
- Care for child friendly procedures;
- Care for professional and high-quality care and assistance;
- Care for adequate and suitable assistance to and guidance of children who have suffered abuse.

At present (2014), the actions by the Dutch state following from its *inspanningsverplichting* (obligation to perform to the best of one's ability) stipulated in article 19 CRC in 2014 seem to be still insufficient, considering the great number of children experiencing abuse on a yearly basis. Over the past years the research outcomes of the five-yearly National Prevalence study Abuse (NPM) including the Keetman and Samson committees on sexual abuse in the church, institutions and foster families, have chocked the Netherlands. The government has committed itself to the responsibility and obligation to protect every child against all forms of violence, through the signing and ratification of the CRC.

The CRC clearly indicates that parents are primarily responsible for the upbringing and education of their child (art. 5 and 18 section 1 CRC), but it also assigns a number of important responsibilities to the government. First of all, the government must respect the responsibility of the parents and give them the support they need in raising their children through providing adequate assistance and



assuring the establishment and development of institutions, forms of government aid and services such as day care for children, parental leave, family allowance and parenting education (art. 3,5,18 CRC). The government has an additional obligation to assure that the child gets the protection and care needed for the child's wellbeing, taking into account the responsibilities of the parents (article 3 section 2 CRC and article 5 CRC). As a result of this, assistance or care should be effectively provided to support parents that need this. In case parents appear to be insufficiently or not at all capable to give their child the care he or she needs, the government can intervene and assure that the child gets the necessary care and assistance. In that case the government can order a form of obligatory assistance, thus of a non-voluntary nature. In the most extreme cases, a child can be placed outside the home through a care order or custodial placement (article 9 CRC). Yet there is a preference for (voluntary) assistance to parents in need of this support.

The wording of article 19 section 1 CRC sets a strict obligation for the Netherlands to realise the right of protection against violence for children. In the General Comments the UN Committee for the Rights of the Child indicates that the prevention of violence against children is essential for the implementation of all other rights, laid down in the CRC (Committee on the Rights of the Child 2011, art. 13). The Committee stresses the fact that States have the responsibility to take all measures necessary to assure that adults responsible for the care, protection and upbringing and education of children respect and protect the rights of the child. Primary and secondary prevention of child abuse should be a key focus in the development, design and reviewing of the child protection and youth care system.

The Committee for the Rights of the Child states that the government should ensure the existence of an integrated, consistent, interdisciplinary and coordinated system. This obligation will therefore require a central point at a national level from which this system can be coordinated. Another requirement in the Comments, which is especially relevant for this research study, concerns the availability of a national, complete and reliable system of data collection for a systematic monitoring and assessment of services, programs and results based on indicators in line with universal standards and that can thus be adapted to local goals (Committee on the Rights of the Child 2011, 42 V.). The comments stress the importance of an effective cooperation in the chain and clear arrangements regarding those responsible in a particular procedural phase, and the nature and extent of this responsibility, following a report of child abuse. This involves a supervising and coordinating role of the municipal government.

The Committee clearly states that with the decentralisation of responsibilities of the national government in the direction of local governments, the central government should make a continued and serious effort to realise the responsibilities stipulated in article 19.1 CRC (Committee on the Rights of the Child 2003, art. 40). In addition, it demands from the government that it sees to it that the decentralisation process will assure the quality, justification and fair division of services" (Committee on the Rights of the Child, 2011, 42 iii). In light of this obligation (to perform to the best of its ability or *inspanningsverplichting*) of the state, including the central and municipal governments, the Ombudsman for Children has examined municipal policies regarding child abuse prevention.

### 3.3 Definitions of child abuse and prevention

In this report the following definition of child abuse is consistently used:

*"Any kind of violent or threatening interaction of a physical, mental or sexual nature, threatening to a minor, forced upon the minor by parents or others, actively or passively, in a relational context of dependency or lack of freedom causing serious (possible) physical or mental damage"* (translated text, Wet op de Jeugdzorg 2005, art 1 section m).

Current municipal responsibilities regarding child abuse prevention are quite extensive. Prevention is a broad term and has many different aspects. All these aspects fall under the municipal responsibility. An integrated approach will combat child abuse in five different ways (Hermanns, 2008), as is described in the chart below.

Type of prevention	Target group
Universal prevention	all parents, other educators and children
Selective prevention	Demographically or geographically defined target groups supposedly showing a greater occurrence of child abuse. It will e.g. concern neighbourhoods with many risk factors and young single minimum-income parents.
Indicated prevention	certain parents and children who have been selected through screening on the basis of individual risk factors.
Interventions after early signs	Individual families showing the first signs of developing problems that may be related to child abuse and therefore could be regarded as high-risk families. These parents, educators or children are showing signs that there may be an escalation or lapse in parenting conditions. This might e.g. concern mental problems, burn-out, failing supervision or a feeling of desperation or powerlessness.
Assistance and/or protection	In case of possible or actual cases of child abuse

### 3.4 RA (A) K history

With the pressure group RAAK (Reflectie- en Actiegroep Aanpak Kindermishandeling, Reflection and Action Group Child Abuse Approach) an important step has been taken in the improvement of the approach to child abuse. The group had set as its goal in 2003 to change, improve, and complete the methods of institutions working with parents and children in several Dutch regions in ways demonstrating that an effective approach to child abuse really is possible (NJi, 2007).

From 2003 to 2006 four regions have experimented under the name RAAK in an effort to come to a consistent and complete approach, by:

1. realising educational parenting assistance to all parents leading to an effective prevention of child abuse,
2. setting up a system in which occurring cases of child abuse are detected, making it possible to detect (signs of) child abuse at an earlier stage,
3. realising an adequate provision of assistance for indicated cases, so that it can become clear how, in the context of combatting child abuse, parenting conditions in and around abuse families, can be supported and supervised, to a greater extent than is the case today (NJi, 2007).

These RAAK work methods were described as effective in the pilot regions in the *Actieplan Aanpak Kindermishandeling 'Kinderen Veilig Thuis'* (Action plan Approach Child Abuse 'Children in a Safe Home') which was presented to Parliament on 5 July 2007 by the Minister for Youth and Families, partially on behalf of the (current) Minister of Justice.

The national implementation of the RAAK method started on 1 January 2008, with the intention of its general national application from 2011 onwards.

In the *Actieverklaring Aanpak Kindermishandeling* (Action statement Approach Child Abuse; Non-portfolio/Program Department of Youth and Families, 2008), the 35 centrumgemeenten (regional municipal centers), provinces and main urban regions and the current non-portfolio department for Youth and Families, expressed the wish to come to a joint approach and effort, based on the RAAK method. This method provides an effective tool in dealing with child abuse, as is stated in the

declaration. In this document, the signing parties also acknowledge a collective responsibility for the realisation of an effective and consistent child abuse approach in the entire chain: from commitment in local preventive youth and child care up to the indicated youth care and/or child protection. The central government promises in this declaration that means will be made available to introduce the RAAK action plan: government funding was realised to set up regional coordinators and regional plans and the NJi gave substantive support to this process.

Since 2008, 37 regions have subsequently been working towards the adoption and implementation of the *Regionale Aanpak Kindermishandeling* (Regional Approach and Action Plan Child Abuse or RAK). Its goal was preventing child abuse as much as possible, identifying it as soon as possible, investigating suspicions, ending child abuse and limiting its harmful consequences (NJi 2011). A source of inspiration were the '55 points of Jo Hermanns', emeritus Pedagogy professor at the University of Amsterdam (Hermanns, 2009) and four RAAK pilots, testing this approach.

These 55 points then consisted of state-of-the-art recommendations to realise a consistent child abuse approach within a municipality. These 55 points were shared by the regional coordinators and implementation consultants with all the municipalities and served as guidelines for regional project plans. In the baseline measurement, also called '*startfoto*' ('starting image') and the final measurement municipalities have depicted their progress regarding a few selected points (Ni 2011).

In the '*Eindmeting zorgcontinuüm Regionale aanpak kindermishandeling en vergelijking met de startfoto*' ('Final measurement continuum of care Regional approach child abuse and comparison with the baseline measurement' of the NJi (2011), it is said that in the 37 regions positive developments could be observed with the conclusion of the RAK (Regional approach child abuse). The comparison with the baseline measurement – a checklist completed by regional coordinators in 2008 and 2009 – shows that the regional coordinators have seen positive developments regarding all aspects. Several positive results from the final measurement of the NJi relevant for this report, will be mentioned here, followed by critical reflection and an up-date:

- There are a lot more regions where women are screened during pregnancy or shortly after childbirth to detect the most extreme risks or child abuse at an earliest possible stage.
- In a considerably greater number of regions all parents are educated on the standard of nonviolent parenting and the Shaken Baby Syndrome. In addition, there is a smaller number of regions where parental education is completely lacking in this respect.
- Considering the training of professionals in detection and action regarding child abuse, progress has been made in all sectors. There has been an increase in the number of regions in which (part of) of the professionals are trained on a regular basis. In no less than 89, 2 and 83, 8 % of the regions professionals in youth (health) care are regularly trained in detection and action regarding child abuse.
- An improvement can be observed in a number of regions (70, 3%) where intensive care doctors and nurses are screening children using a checklist on the possibility of child abuse. In many regions they are additionally using a protocol when there is a suspicion of child abuse.
- In many more regions than was previously expected at the moment of baseline measurements the capacity of the AMK (first-line child abuse agency) has been adapted to a possible increase in the number of consultation requests and reports.
- Currently, not a single region can be found where the maximum timespan or term related to the different phases of the entire process from the first child abuse report to the realisation of a child protection measure is not being met.
- There are more regions (nearly 90%) where there is consultation between the chain partners AMK, *bureau jeugdzorg* (youth care agency) and the Council for Child Protection on reported cases (NJi 2011).



Next to these positive developments there are a number of sceptical studies and the most relevant points of care of the regional coordinators:

Education concerning the legal standard of nonviolent parenting is not directed towards all parents in most regions.

Although professionals are using instruments and tools to assess the safety risks of children (when considering an intervention), this is not always the case (NJI 2011)

In 2011 the *Kinderrechtencollectief* (Collective rights of the child) presented its report '*De aanpak van kindermishandeling in Nederland: Knelpunten en Aanbevelingen*' ('Approach to child abuse in the Netherlands: Bottlenecks and Recommendations') to the Ombudsman for Children. In this report it is said that in spite of efforts of regional coordinators "not even a quarter of municipalities took measures in 2011, that could be expected to produce rapid results in order to prevent child abuse", such as education on nonviolent parenting, education on the Shaken Baby Syndrome and the use of screening instruments. In addition, hardly no (qualitative) requirements were set by the central government for the municipalities regarding the implementation and realisation of prevention activities.

The NJi has simultaneously (2011) formulated its recommendations for the Ombudsman for Children on the approach of child abuse in the Netherlands in the report *Voor Veilig Verder* (Moving Forward Safely). This report propagated, among other things, the encouragement of prevention policies "According to the principles of positive parenting all municipalities should introduce a direct and phased prevention strategy in order to prevent child abuse."

The RA (A) K project was no longer being funded by the central government since mid-year 2011. It is not clear whether the regions have continued this project independently themselves. The central government summarises the developments of the past years as follows on the website [www.voordejeugd.nl](http://www.voordejeugd.nl): "Over the past years a lot has been invested in child abuse approaches and programs at a regional level, with the effort of regional municipalities, urban regions, provinces and the central government. In this manner, arrangements were made regarding cooperation between parties and a lot has been invested in the development of expertise on regional approaches to child abuse."

In order to follow positive developments and have them serve as an example elsewhere, the NJi, with the support of the Bernard van Leer Foundation, has set up a 'monitor child abuse approach and actions' in 2011 and 2012 with 21 pilot municipalities, that has already been made available for all municipal authorities. Next to that, the NJi has supported the independence of the *Landelijke Vakgroep Aandachtsfunctionarissen Kindermishandeling* (national professional association child abuse functionaries) and developed tools for the improvement of cooperation between chain partners, diagnostics and the assistance provided after situations of child abuse.

### 3.5 Action plan 2012 - 2016 and monitoring

In the '*Actieplan aanpak kindermishandeling Kinderen Veilig*' ('Action plan child abuse approach Safe Children' (Department of Safety and Justice, 2011/Ministerie van Veiligheid en Justitie, 2011) its approach to child abuse is described by the government over the years 2012-2016. There is a primary focus on: "Prevention of child abuse: the number of children suffering child abuse should be reduced. This will be done through the strengthening of general educational support and educational support to families at risk."

The UN Committee on the Rights of the Child warns against these kinds of action plans in its General Comments: action plans are missing a complete policy framework with budget and coordination mechanisms with regard to the approach to child abuse. Instead of such an action plan a 'national coordinating framework' should be created with more options for an effective implementation,

monitoring, evaluation and follow-ups, increasing chances of structural improvement (UN Committee on the Rights of the Child 2011).

The Action Plan of the Dutch government contains several forms of action that should lead to improvement of child abuse prevention, namely:

- Strengthening the supervising and coordinating role of the municipalities by supporting structural changes to the system regarding youth care and providing assistance. This municipal supervising and coordinating role will be assessed in 2014 and 2016.
- Communicating to municipalities and professionals best practices of educational parenting support making child abuse a subject that can be discussed more openly among parents and high-risk groups.
- Implementation of the mandatory reporting code (meldcode) domestic violence and child abuse.
- Propagating the inclusion of child abuse approaches as an essential part of the curriculum of relevant training and educational programs.
- Public campaigns directed towards detection and action in cases of domestic violence (partner violence and child abuse).
- Doing research on the nature and extent of child abuse in 2015.

The establishment of a Taskforce child abuse and sexual abuse in November 2012 was part of one of the actions from the Action plan. The task force will check whether measures announced in the '*Actieplan Kinderen Veilig*' ('Action Plan Safe Children') are realised. One of the other purposes of the taskforce is to put the problem high on the political agenda and to encourage new initiatives against child abuse and sexual abuse. Apart from that, the mandate of the *Nationaal Rapporteur Mensenhandel* (national reporter human trafficking) has been extended, now also including the theme 'sexual violence against children'.

The implementation of the reporting code domestic violence and child abuse act (*de wet meldcode*) is currently being realised. This act (*wet meld code*) has come into force on 1 July 2013. This concerns a reporting code for professionals, but it does contain an obligation to report cases. The reporting code comprises a phased plan describing how professionals such as general practitioners, child care employees, teachers or social workers/therapists, but also the COA (central Dutch refugee agency), should deal with the detection and reporting of domestic violence and child abuse. Independent professionals and institutions working with children, are obligated to lay down such a phased plan and to work with it. However, they are not required to report violence or abuse, and they can, for instance, encourage a family to accept help on a voluntary basis. According to the state secretary an obligation to report has consciously not been included: "This only leads to administrative burdens and stigmatising research" (Handelingen TK/Parliamentary Actions 2012-2013, wetsvoorstel 33062).

### **Most recent studies and data**

Previous RA (A (K research studies were performed at a regional level. The NJi has afterwards focused on the regional municipal centres (*centrumgemeenten*). In 2013 and 2014 there have been two studies on (prevention of) child abuse at a municipal level: *meld code Stap 0* and *Kinderen in Tel 2014* (reporting code Step 0 and Children in P 2014).

The research data book *Kinderen in Tel (2014)* gives an outline of the situation of children at the level of provinces, municipalities and neighbourhoods, based on indicators of the UN Convention on the Rights of the Child, among others, the child abuse indicator. 'Kinderen in Tel' of March 2014 shows that two indicators correlate (are having a meaningful relation) (0.4), between the number of children living in poverty (calculated according to CBS) and the number of reports of child abuse (KIT 2014, p. 30). Therefore, in neighbourhoods where more children are living in poverty, there are more AMK reports of child abuse.



In the research report Meldcode Stap 0 (2013) (Reporting Code Step 0, 2013) of the *Samenwerkend Toezicht Jeugd* (Cooperating Youth Supervisors) bottlenecks that are barriers against successful child abuse prevention are described and explained:

- Not all professionals from the direct living environment of children are observing and detecting risks in the living conditions of children growing up.
- More families should be reached with a preventive intervention or approach.
- With an accumulation of risk factors and/or early problems there should be a coordinated and integrated approach of the problem.

Reporting code Step 0 (Meldcode Stap 0) includes three global and general recommendations to municipalities on how the right families must be reached, and with the right preventive measures. In short, this boils down to: making an overview of all the risks and early or beginning problems occurring in a family. Make sure that problems are being tackled completely and jointly, and as a whole, by those organisations and agencies providing care. Increase the scope and reach of actions, by making clear to everyone which children fall in the heightened risk category and preferred professional responses to risks that are identified.

In the Action Plan child abuse 2012-2016 it is announced that a new research study will be set up in 2015 regarding the nature and extent of child abuse in the Netherlands. The state secretary of VWS has promised to include the suggestion of the Ombudsman for Children to investigate which forms of child abuse are at the greatest risk of not being discovered or reported and which child or family factors are connected to this (*Kabinetsreactie Kinderrechtenmonitor 2012*).

### 3.6 Summary

Child abuse is still a widespread phenomenon. According to estimates from professionals, more than 118.000 children are neglected or abused in the Netherlands on a yearly basis (an average of 34 for every 1000) and that around 50 children are dying every year as a result of the consequences of child abuse. Youths are estimating this number to be even greater in reality (Alink et al, 2011). An implication of Article 19 section 1 of the UN Convention on the Rights of the Child is the obligation to perform to one's best (inspanningsverplichting) for the state to adequately protect children against abuse. Those efforts seem to have been insufficient up to today, considering the high number of children who are experiencing abuse on a yearly basis.

The government has committed itself to the responsibility to protect every child against all forms of violence (article 19 CRC). The UN Convention on the Rights of the Child warns in its General Comments against action plans: those action plans are lacking a fully comprehensive and integrated policy framework, with budgetary and coordinated mechanisms. According to the UN Convention on the Rights of the Child a consistent, integrated, interdisciplinary, coordinated system should be set up instead of these action plans. This obligation also asks for a central point at a national level from which this system can be coordinated (UN Convention on the Rights of the Child 2011).

In one of the recommendations of the Kinderrechtenmonitor 2013 (Monitor Rights of the Child), the Ombudsman for Children (par. 2.9.2.) has already indicated that "the number of cases of child abuse should decline." In 2008 35 regional municipalities, together with the non-portfolio Department of Youth and Family, announced its commitment to the approach to child abuse in a published Action Statement and Declaration, with prevention being one of the key elements. The Ombudsman for Children asks himself to what extent the policy efforts of local governments will finally result in real (positive) outcomes for children and their parents.

## 4. Research objective and approach

### 4.1 Research objective

For this research study the Ombudsman for Children has asked all 408 Dutch municipalities (in December 2013) to provide information on the measures that are or will be taken locally to protect children against child abuse. The objective of this research study is to give insight into the municipal approach and to describe tools that can be used to boost the (further) development of child abuse approaches, immediately benefitting those children.

### 4.2 Research method

The Ombudsman for Children has initiated the realisation of this research study by the Verwey Jonker Institute. In December 2013 a questionnaire was sent to all 408 – currently 403 – municipalities.

The Verwey Jonker Institute (VWI) has developed the questionnaire, in consultation with the Ombudsman for Children and the advisory committee. The questionnaire<sup>1</sup> consisted of four parts, in order to get a picture of:

1. The extent to which prevention policies are included in policy documents.
2. Steering mechanisms used by a municipal government in order to attain certain results in the prevention of child abuse.
3. (Sufficient) information regarding the situation of groups of children and parents and the number of intended target groups reached.
4. Policy intentions and needs of municipalities regarding their broad approach to child abuse.

Information was collected, through questions concerning policies on the local approach to child abuse prevention, based on ten selected policy goals or objectives. They will be further described and explained in section 4.4.

### 4.3 Respondents

	N	Less than 10.000 inhabitants	10.000 to 20.000 inhabitants	20.000 to 50.000 inhabitants	50.000 to 100.000 inhabitants	More than 100.000 inhabitants
<b>National</b>	408 <sup>2</sup>	8%	27%	47%	11%	7%
<b>Respondents</b>	208	8%	25%	49%	9%	9%

Of the 408 municipalities of December 2013 and of the current 403 Dutch municipalities in 2014, 208 have responded. The group of 208 includes municipalities in all provinces and (virtually) equals the municipal average with respect to their population, creating a representative picture for all municipalities in the Netherlands.

### 4.4 Research framework

In the research framework a conscious and explicit choice was made to focus on the level of parents and children when examining the outcomes of prevention objectives. Thus cooperation protocols or political and managerial agreements were not specifically addressed in the questionnaires but rather the realisation of prevention activities, like education and information activities, screening and

<sup>1</sup> This questionnaire is available in pdf at the Verwey Jonker Institute.

<sup>2</sup> Figures CBS Statline 2013;

parenting support. Realising prevention activities is the goal in this perspective, while protocols and agreements are seen as tools that can be used to attain that goal.

The research design has further been given a particular focus by centring it on ten concrete prevention goals or objectives that, when pursued, are expected to produce positive outcomes for parents and children. This option has been chosen in consultation with the advisory committee for this research study. The 55 points (explanation see RA (AK) history in chapter 3) of Jo Hermanns from his book *Het bestrijden van kindermishandeling. Een aanpak die werkt (2011) (Combatting child abuse. An effective approach (2011))*, form the basis for the selection of ten objectives. This way, ten goals were selected that are expected to be effective, according to this scientific framework and additional scientifically founded insights. Apart from that, when selecting the ten prevention goals we looked at their feasibility and familiarity for municipalities and their connection to current developments (such as the *wet meld code / reporting code act*). These 10 goals had, to a large extent, already been part of the basic or starting principles of the RAAK pilot regions from 2003 to 2006 and the 36 RAK regions from 2008 to 2011.

These selected prevention goals have, among other things, been communicated to all municipalities as effective goals for child abuse approaches and programs and their implementation has been encouraged by the central government through, among others, the engagement of a national RAK project manager, regional coordinators and implementation consultants.

The target groups mentioned in the ten prevention goals or objectives touch upon all types and levels of prevention: the general public (children and their parents), high-risk groups, and families showing signs already and families already damaged but where a further deterioration should be prevented.

All ten prevention goals have been formulated as a positive objective for the purpose of this research study, with respect to what their outcomes will offer or mean to children or parents.

#### **4.5 Ten child abuse prevention objectives**





1. All women will be screened during pregnancy on high-risk situations for child abuse and will be offered an effective prevention program, if necessary.
2. All young parents will be informed on the norm of violentless parenting as is stipulated by law, with information on the effects of violence against children and on violentless parenting strategies.
3. All young parents are educated specifically on (dealing with) crying behaviour of babies and on the risks of the Shaken Baby Syndrome.
4. With all parents parenting problems and possible signs of child abuse will be discussed when they visit the Center for Youth and Family (Centrum voor Jeugd en Gezin ) and/or Child and Youth Health Care, using effective screening lists and interview protocols.
5. When parents or children are showing signs of beginning, early or threatening child abuse, effective parenting support programs are available with a specific focus on abuse.
6. All children are educated on neglect, domestic and external violence and abuse against children, and how children can best deal with this, both in primary and secondary education. All schools have adopted programs for children focussing on acquisition of knowledge in this area.
7. Teachers, child care workers, doctors and nurses in frequent contact with children, have been trained in identifying and detecting child abuse. A reporting code domestic violence and child abuse (meldcode huiselijk geweld en kindermishandeling) has been introduced in places regularly visited by children: educational and care facilities, centres for youth and family (centra voor jeugd en gezin), youth and child health care, family practitioners and in neighbourhood teams.
8. All children involved in domestic violence situations, with involvement of the police or the Steunpunt Huiselijk Geweld (Support Desk Domestic Violence), or who are staying in a women shelter facility, will be provided with some form of preventive assistance. In order to achieve this, an adequate capacity of preventive interventions is available.
9. Children staying in women or social shelters will receive adequate care for themselves: they will be given specific guidance and assistance, will be interviewed on their experiences, they will receive (psycho-) education and treatment, if necessary.
10. The general public knows where to get advice and where (at AMK and SHG an the local organisations) they can go when concerned about a child in their social environment. They also know where to ask (parenting) advice themselves.





In order to assess the municipal policies regarding these ten goals, for every objective the following questions were subsequently asked:

- Is the prevention objective in question included in the municipal policies?
- In what way(s) will a municipality work towards the realisation of this prevention goal?
- Does the municipality have a clear picture of (high-risk) target groups?
- What is the scope and reach of the goals that were set?

When selecting the ten objectives a particular focus has been chosen, but, at the same time, this implies that a complete picture of the prevention domain could not be achieved when formulating the questions concerned.

Next to the outcomes of current policies, questions were asked concerning future policy plans of municipalities in order to come to a broader child abuse approach, considering the extra responsibilities of municipalities starting 1 January 2015 including investigating child abuse signs and reports and the assistance provided after situations of child abuse. Interrogations were made regarding different areas, such as their priorities and which tools or instruments they thought necessary to achieve this, what changes they were considering in their programs and the current and future use of youth participation.

#### 4.6 Analysis of research data and justification

The research data on policy plans and municipal monitoring have been obtained directly from the questionnaires completed by the 208 municipalities. Several responses to open ended questions are given in the part on results, in a summarised form. In the last chapter (6) on the results or outcomes a summary is given for each examined policy objective. When assessing the policies the following subdivision was selected:

Not existing: a municipality indicates that there is no (active) policy in this respect.

Existing: a municipality indicates having an (active) policy regarding this particular prevention goal, but it has not laid this down in writing.

Operational: a municipality indicates having an (active) policy regarding the particular prevention objective and has laid this down in writing, in a policy document, while reporting to lack a clear picture of the extent to which the target group is being reached.

Assured: a municipality indicates having an (active) policy regarding the particular prevention goal and it has been included in a policy document. Next to that, the municipality indicates that it has information regarding the extent to which the target group is being reached, but the reach has been estimated at a percentage of less than 75% with respect to the target group.

Reach: a municipality indicates that it has an (active) policy regarding the prevention objective in question and it has put this down in writing in a policy document and the municipality indicates to have sufficient information on the extent to which the target group is being reached and is reaching 75% or more of that target group.

For every goal a variety of measures are used, by different municipalities having a policy on this matter. Regarding each objective, the questions that were asked centred on the most common programs and methods and specifically those that are called effective or promising in the NJi database.

Considering the great number of involved data on employed means, they have been included in annex 2.

In this report the term 'municipalities' is used. The questionnaires sent to the municipal governments involved have been completed, among others, by policy advising staff youth & social work, (health) care, safety and public order, shelters and care facilities, society, WMO (Social Assistance Act) and by several CJG coordinators. The Ombudsman for Children assumes that the questionnaire has been filled in by the municipal material experts in the field, producing the most current and up-to-date picture of municipal activities in this area. Municipal governments have indicated *themselves* which parts of their policies have been dedicated to prevention. The percentages are shown in the charts and schedules. The answers to the open questions concerning policy priorities, needs of municipalities and youth participation have been analysed and included in a summarised form.

The general questions on child abuse prevention policies have been answered by nearly all 208 municipalities. A few municipalities indicated that they could not give an answer to questions concerning a specific goal, causing the total number of municipalities responding to the questions on ten different prevention goals to differ. Several reasons can be given explaining this, but a shortage of time was mentioned most often. The specific questions per goal have been completed by less than 208 municipalities. Therefore, the percentages belonging to these specific questions are just a global indication of the programs or goals provided/set by the municipalities.

When a municipality indicated at the start that a child abuse policy was missing, it was immediately referred to the general questions, without needing to respond to the questions on specific policy goals. The remark should be made, in this respect that 'no policy' does not immediately have to imply that there is a total absence of care for this theme, in practice. In case there is a form of prevention in practice, without a policy on the bases of this, then there was no way this could be noted when filling in the questionnaire. Several municipalities indicated that this may have created a risk of underreporting (*onderrapportage*).

In spite of the great number of respondents, the non-response (195 municipalities) has been examined briefly. The holiday period and the large workload connected to organisational decentralisation developments in municipal government organisations are mentioned as the primary factors for non-participation by municipalities.

Several municipalities indicated that they were having the same policy as the nearest large municipality. Because these municipalities have considered these data from regional municipal centres applicable to their situation, while making changes to adapt them to their own situation, we were able to include them as responses by individual municipalities in the entire research context and study.

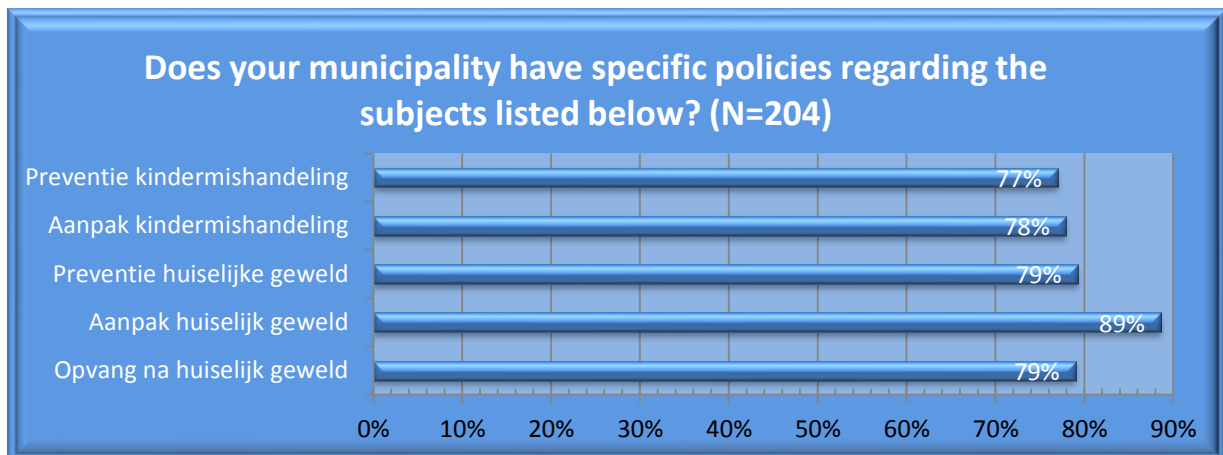
## 5. Research outcomes – municipal policy plans

In this chapter research outcomes regarding municipal child abuse prevention policy plans will be discussed. The key question is whether and how municipalities have included child abuse prevention in their policy plans. In chapters 5 and 6 the ways in which municipalities monitor their policies and the outcomes per objective will be treated. The full description of the results are included in annex two, frequently referred to in this study, because of their large number.

### 5.1 Child abuse prevention in policy plans

(Add to chart, listed at the left side below:

- Child abuse prevention
- Child abuse approaches and programs
- Domestic violence prevention
- Domestic violence approaches and programs
- Care (facilities) and assistance after domestic violence



Nearly 80% of municipal governments indicate having a specific policy on child abuse prevention and approaches. In slightly less than 20% of municipalities such policies are (still) absent. A great number of municipalities (77%) indicate that they have laid this down in several policy documents combined. 75% of municipalities indicate that their policies can (e.g.) be found in the regiovisie (policy document with a regional scope). 14% indicate that they only resort to the *regiovisie* for their policies regarding child abuse prevention and approaches. This means that those municipalities have not drafted their own policies regarding this matter.

The population (in numbers) of a municipality seems to be related to the presence of specific policies on child abuse prevention and approaches. The greater the population, the lower the percentage indicating that a specific policy is missing, as is shown in the chart below.



Policy on child abuse prevention according to municipal population numbers (N=204)	Without policy	a With a policy
Less than 10.000	44%	56%
10.000 to 20.000	35%	65%
20.000 to 50.000	20%	80%
50.000 to 100.000	5%	95%
More than 100.000	5%	95%
Total	23%	77%

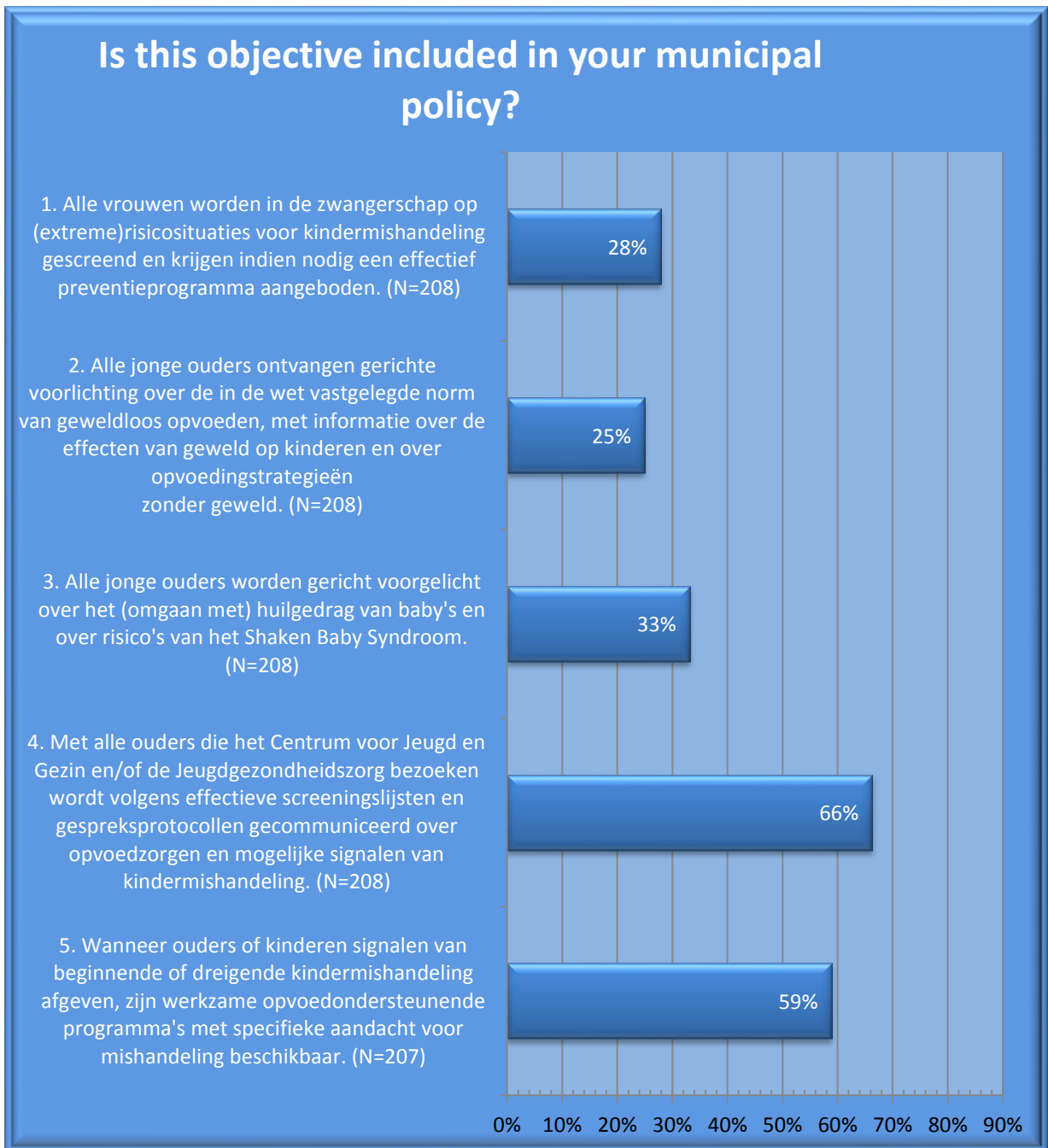
## 5.2 Ten prevention objectives in policy plans

For every objective it was asked whether municipal governments had paid attention to these ten selected prevention goals in their policy plans. As was more extensively discussed in the previous chapter, these selected prevention goals have been chosen on the basis of scientific evidence, feasibility for municipalities and also with respect to their familiarity: these objectives have largely been included in the RAAK approach to which municipal governments have committed themselves in the period 2008-2010. The chart given further below shows to what extent municipalities have included these ten goals in their policies.

Several objectives are included to a modest degree in local policy: slightly more than a quarter of the municipalities have adopted screening for pregnant women for high-risk situations regarding child abuse (1) in policy plans. Only a quarter of the municipalities have included the educational goal with respect to informing young parents on nonviolent parenting (2) in their plans. Education on crying behaviour of babies and the Shaken Baby Syndrome (3) is mentioned by 33% of municipalities. Education of children (6) has been adopted by a very limited number of municipalities, 20%, as a policy objective. The analysis of the policy level of municipalities for every goal, described in chapter six, shows that only 2% of the municipalities have adopted all ten objectives in their policies.



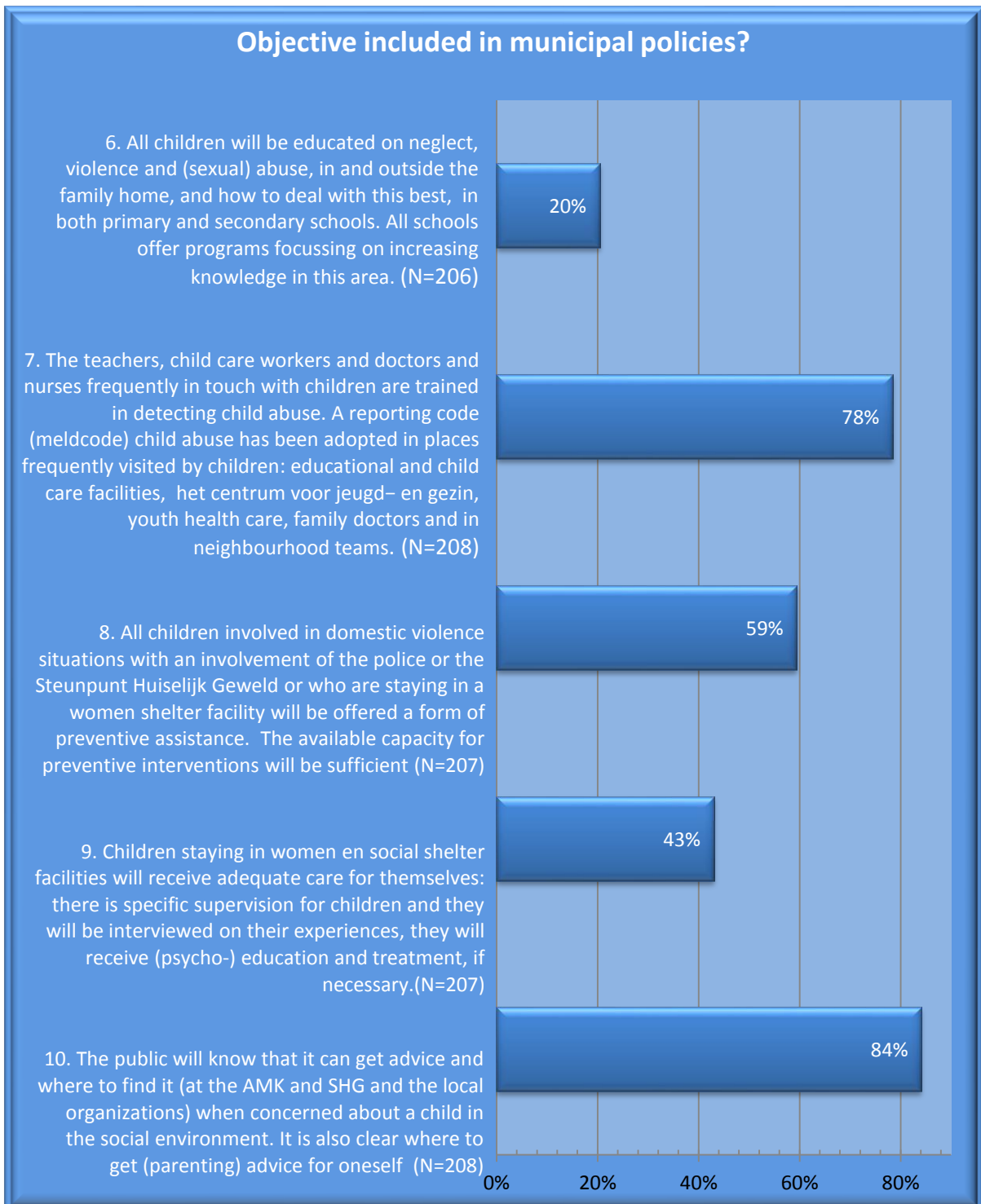
(Text to be included in chart below; see text underneath the chart:



1. All women will be screened during pregnancy on high-risk situations for child abuse and will be offered an effective prevention program, if necessary. (N=208)
2. All young parents will be educated specifically on the legal standard of nonviolent parenting, laid down in law, with information on the consequences of violence for children and on nonviolent parenting strategies.(N=208)
3. All young parents will be educated specifically on (dealing with) crying behaviour of babies and on the risks of the Shaken Baby Syndrome. (N=208)
4. With all parents visiting the *Centrum voor Jeugd en Gezin* and/or youth health care agencies parenting problems and possible signs of child abuse will be discussed on the basis of effective screening lists and interview protocols. (N=208)



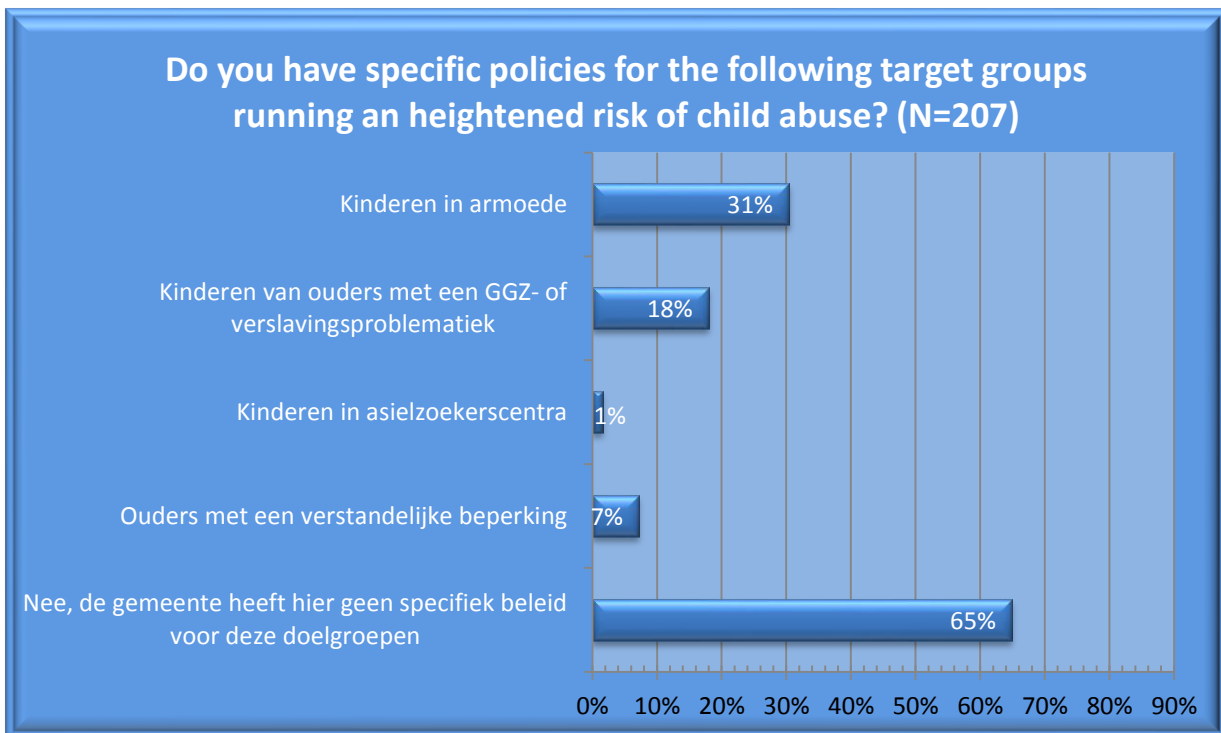
5. When parents or children are showing signs of beginning or threatening child abuse, effective parenting support programs with specific care for abuse will be available. (N=208)



The specific policy of municipal governments appears to be primarily directed towards screening at CJG centres, parenting support and attention for the reporting code (*meldcode*) to make sure that the public knows where to go when in need of information and advice. The policy is less directed towards screening, education for parents and children and preventive assistance programs for children.

### 5.3 Target groups with a heightened risk of child abuse

It has been asked whether specific attention is given to target groups with a heightened risk of becoming either a victim and/or committer of child abuse, in the child abuse prevention plans. Very few municipalities appear to have set up a specific policy for this. Only 31% of municipalities indicate having a specific prevention policy for the target group of underprivileged children. Just 1% (two municipalities) have such a policy in place for children in a refugee centre, while there are around 50 refugee centres in the Netherlands (CAO, 2014). 65% (of 207 municipalities) indicate that no policies exist for either of the indicated target groups.



(Text in above chart, see below :)

Underprivileged children

Children with parents having mental or addiction problems

Children in refugee centres

Parents with a mental disability

No, the municipality does not have a specific policy for these target groups

### 5.4 Satisfaction, priorities and policy intentions

The municipalities were asked to assess their policies regarding child abuse prevention and approaches. They could assess their policies of 2009, their current policies and their expectations of the policies in 2015. Municipalities regard their future policies in a positive sense: they are giving their own policies increasingly higher grades, on average, from 2009 to 2015.

Own assessment municipal policy	Policy 2009	Current policy	Policy 2015
Number with grade	152	181	190
Number Do not know	56	27	18
Average grade (1-10)	5,4	6,4	7,5

The 208 municipalities have been asked about their intentions regarding child abuse policies. Nine out of ten municipalities have the intention to form an *AMHK* (90%; N=188), more than one out of four want to make changes in the offered child abuse programs and action plans (26%; N=53). Slightly more than one out of five indicate that it is still not clear what the municipality would like to change (22%; N=45).

The majority of municipalities state giving priority to policy making, improvement and the design and setting up of a local youth system, within the broad approach of child abuse (prevention, research and assistance provided). A lot of municipalities indicate that policies directed towards child abuse approaches and the creation of a locally based youth care system need to be improved. This is, therefore, mentioned as a priority. In addition, municipalities indicate that it is their own priority to improve cooperation within the chain. Many municipalities communicate that they are primarily steering towards new cooperation agreements, the development of expertise and protocols to reach certain objectives.

Next to the creation of an *AMHK*, a quarter of municipalities mention that they want to introduce changes in the programs offered with respect to child abuse policies and plans. They want to achieve this by extending the programs and assistance provided and by making effective arrangements with current providers regarding changes to be made in assistance programs (see annex 2).

The municipalities were asked to indicate the performance indicators they were intending to set for providers regarding prevention, schooling or their assistance programs. It is clear that the great majority of municipalities do not yet know whether or not and, if so, which performance indicators they will be setting for providers: of the 196 municipalities, 128 have not filled in anything or they indicate that these performance indicators are still being developed. Fourteen municipalities indicate that they want to use the reporting code domestic violence and child abuse (*meldcode huiselijk geweld en kindermishandeling*) as a performance indicator. As a second performance indicator, several municipalities indicated that there will be a focus on the number of reports and signs (6), schooling and the development of expertise (7), making effective arrangements on performance (*werkafspraken*) (7) provision of good quality assistance or aid (10). Thirteen municipalities will include performance indicators in their conditions for local government funding.

The municipalities were asked to indicate what would be needed to help them in optimising their prevention and tackling of child abuse. Of the 127 municipalities that have answered this question, 23 municipalities indicated that they needed a larger budget and a greater administrative capacity, Municipalities also are in need of expertise and information on child abuse prevention and approaches, for instance through providing support by giving a good example (19). Apart from that, education through national campaigns directed towards the general public, would be of help to municipalities (13). Ten municipalities indicate that they want to get a clearer picture of the number of abused children in their municipality.

### **5.5 Youth participation in child abuse approach policy development**

Only one out of seven municipalities indicate that they are actively involving children or youths in policy development on child abuse prevention and approaches (14% of 190). This is realised through participation of youths in local policies in the area of youth care or with respect to several themes. None of the 28 have specifically indicated to involve youths who are expert by experience. Therefore, it does not concern a separate theme category but rather general participation. A part of the municipalities indicate that they are organising youth participation on an incidental basis.

23 municipalities are organising youth participation on a structural basis, most of them as part of client participation. In this context, municipalities are communicating that they are cooperating on a structural basis with youth ambassadors (Maassluis, Rotterdam), a youth trends team (Leiderdorp) or a youth board (jeugdraad, Veere). These children and youths are giving policy advice on aspects of local youth policies. Other municipalities mention that they have performed a one-time research study on the needs and problems of youths.

13 municipalities have the intention to make a concrete start with youth participation next year.

## 5.6 Summary

**77% of municipalities have created policies specifically directed towards child abuse prevention.** This clearly shows that the majority of municipalities are actively interested in child abuse prevention. This is in line with the *Actieverklaring Aanpak Kindermishandeling* (Action Declaration Child Abuse Approach), signed by all regional municipal centres (*centrumgemeenten*). In that declaration they have stressed the urgency of a child abuse approach, as well as the desire to adopt a concerted method, based on the RAAK model.

**In most municipal policies or policy documents important prevention goals are missing.** They are absent, in spite of the fact that they have been intensively communicated to municipalities since 2008. Less than a third of municipalities have included education to children, screening of pregnant women and education to young parents on nonviolent parenting in their municipal policies. Municipalities focus primarily on the prevention goal of public education, informing the public on where to go for parenting advice or for concerns regarding child abuse: 84% of the municipalities have included this objective in their policies. Analytical studies show that 2% of the municipalities have included all ten examined prevention goals in their policies.

**Too little involvement of children is organised by municipalities in their child abuse policy making.** Only one out of seven municipalities indicate that they actively involve children or youths in policy making on prevention of and approaches to child abuse (14%). In doing so, they do not use experts by experience, but rather general youth participation.

## 6. Research outcomes – monitoring child abuse prevention policies

In this chapter, the research outcomes are discussed with respect to the way in which municipalities monitor their child abuse prevention policies.

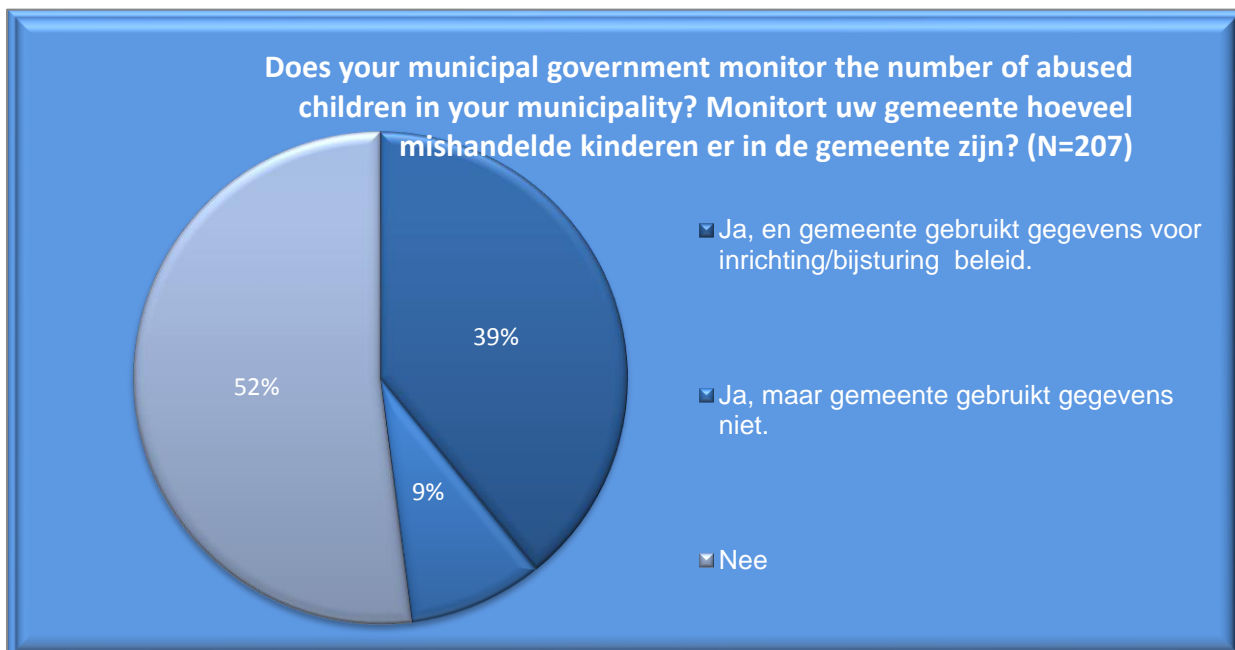
### 6.1 Monitoring numbers of abused children in a municipality

(Text to be included in chart below, right)

Yes, and the municipality uses data for correcting/modifying policies

Yes, but the municipality does not use these data

No



First of all, it was asked whether municipal governments are monitoring the number of abused children in their municipality. It is remarkable that 52% of the municipalities are not monitoring the number of children experiencing child abuse in their municipality (N=207). 39% of the municipalities indicate that they use the monitoring data on the number of abused children in their municipality for the further specification or modification of policies in the area of child abuse. 9% of the municipalities indicate that, although they possess data on abused children in their municipality, these figures are not used for policy planning.

The 99 municipalities indicating that they are monitoring the number of abused children (48%), were asked to indicate which data they possessed. Of these 99 municipalities, 88% indicate having a clear picture of the number of AMK reports (AMK meldingen). Only 22% communicate that they know the present number of abused children in their municipality.

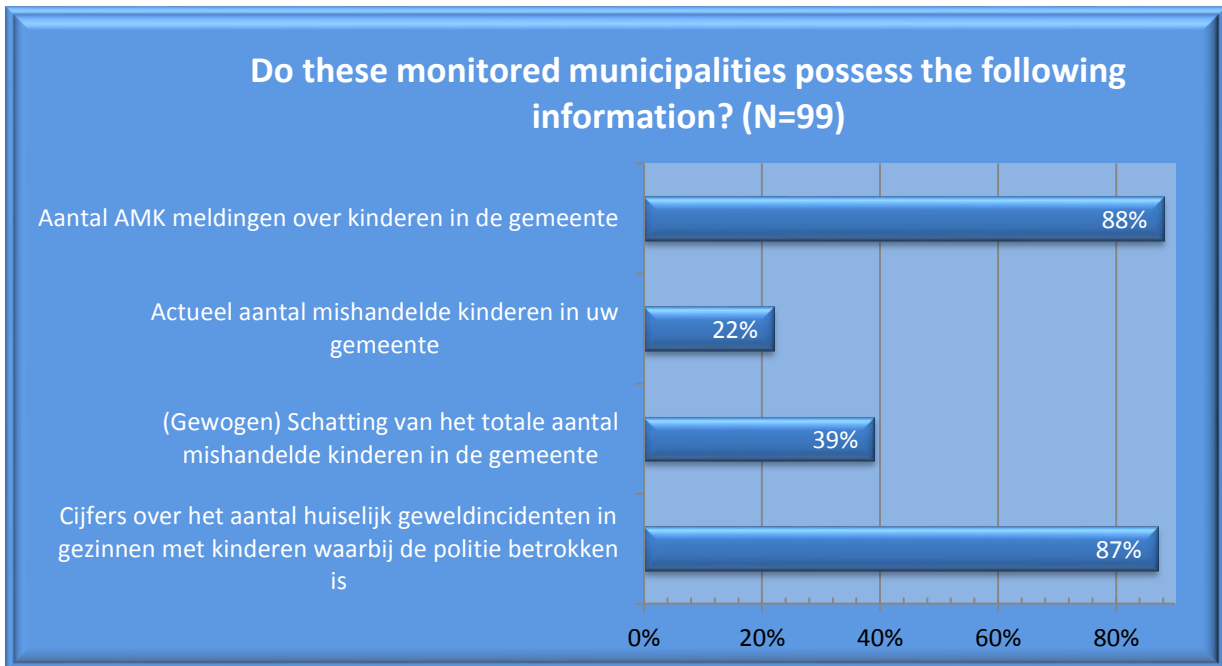
(Text to be included in the chart, below, left:)

Number of AMK reports on children in the municipality

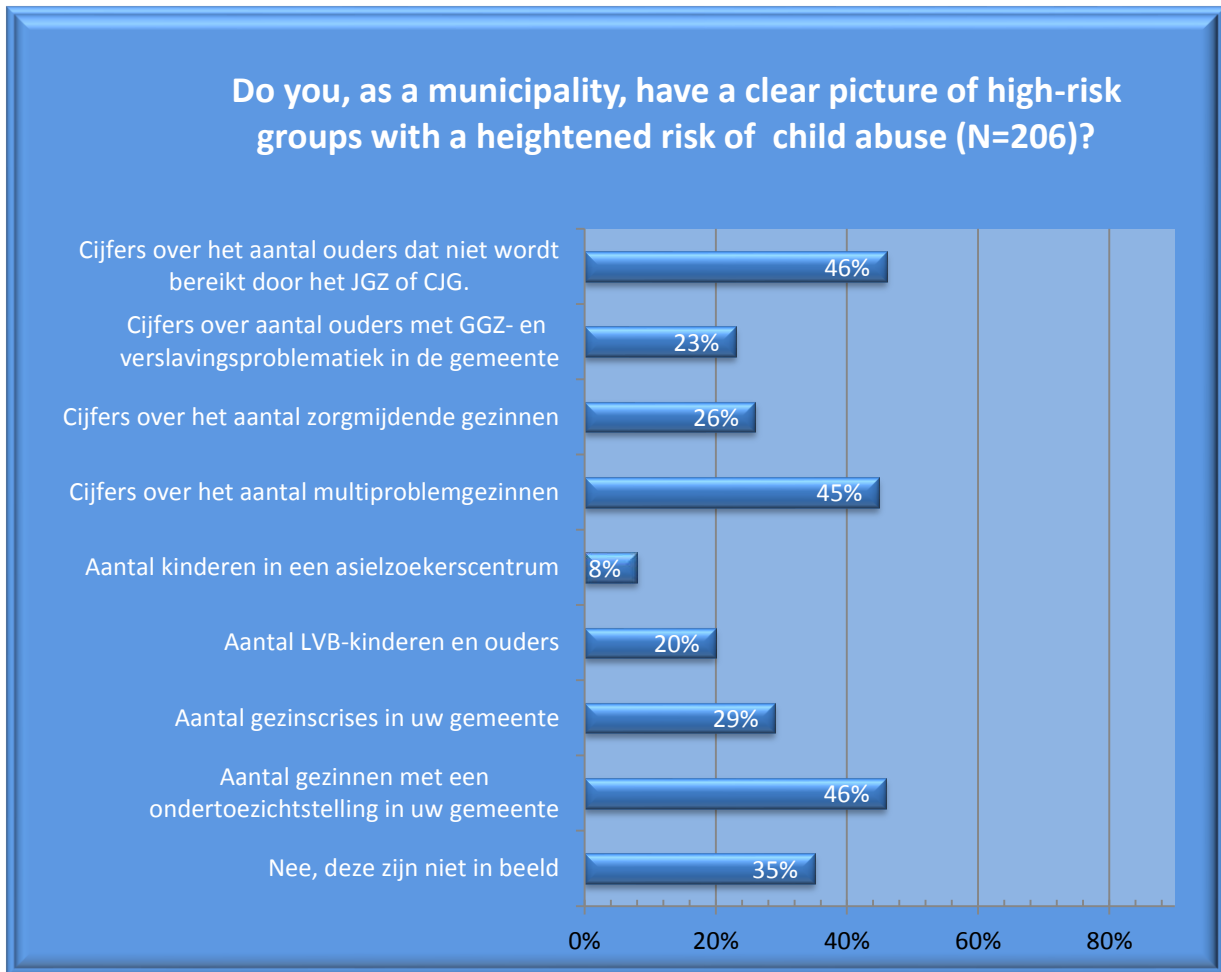
Present number of abused children in your municipality

(Weighed) Estimate of the total number of abused children in the municipality

Data on the number of domestic violence incidents in families with children with police involvement



## 6.2 Monitoring high-risk groups



(Text to be added in the chart above, right:)

- Data on the number of parents who are not reached by the JGZ or CJG**
- Data on the number of parents with mental or addiction problems in the municipality**
- Data on the number of multi-problem families**
- Number of children in a refugee centre**
- Number of LVB-children and parents**
- Number of family crises in your municipality**
- Number of families with a family guardianship (court supervision order)**
- No, they fall outside our scope**

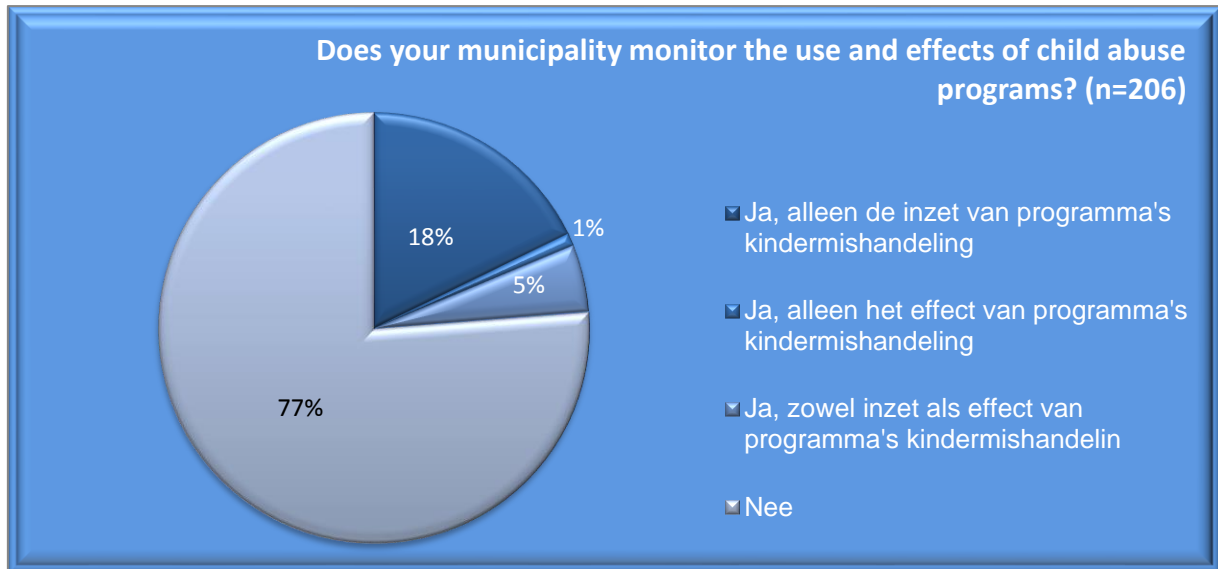
Then the municipalities were subsequently asked whether they were having a clear picture of high-risk groups. In less than half of all municipalities generally known high-risk groups with regard to child abuse fall within their scope. Only 20% of municipalities have sufficient information on the number of slightly mentally disabled children and their parents and only a quarter (23%) of the municipalities indicate that they have a clear picture of the number of parents with mental, health and addiction problems. 35% of the municipalities indicate that these high-risk groups with respect to child abuse are (totally) falling outside of their scope.

### 6.3 Monitoring the effectiveness of interventions

It is remarkable that municipalities are hardly monitoring the use or effects of child abuse programs: 77% of the 206 municipalities indicate that they are not doing this. A quarter of them does monitor the programs they use (24%), with only 5% indicating that both their use and effects are monitored.

(Text to be added to chart, further below, right :)

- Yes, only the use child abuse programs
- Yes, only the effects of child abuse programs
- Yes, both the use and the effects of child abuse programs
- No



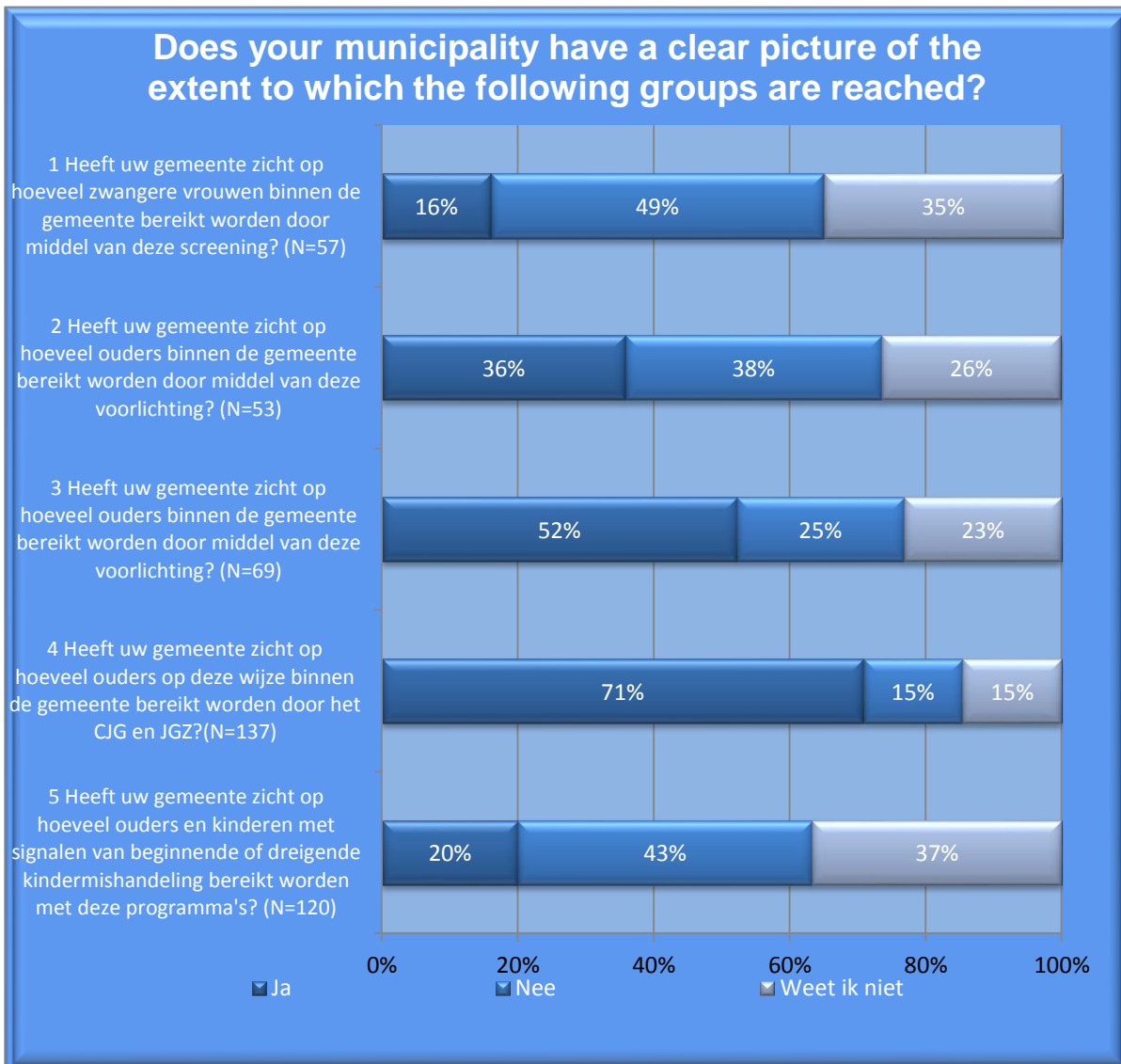
This lack of monitoring is also reflected in the responses to the question regarding the number of parents, children or professionals reached with specific objectives. The chart below shows that municipalities indicating that they have included one of the ten prevention goals in their policies, subsequently are having a less than clear picture of the extent to which the target group is being reached.

Only 16% of the municipalities focusing in their policies on the screening of pregnant women indicate that they are having sufficient information on the number of pregnant women reached by this form of screening. Only 20% of the municipalities claim having a clear picture of the number of parents and children showing signs of threatening child abuse, reached through parenting support interventions. On the other hand, 71% of the municipalities indicate that they do have sufficient information on the number of parents being reached by the CJG and JGZ.



(Text to be filled in, chart below, left :)

1. Does your municipality have a clear picture of the number of pregnant women in your



municipality being reached with screening programs? (N=57)

2. Does your municipality have a clear picture of the number of parents in your municipality being reached through this type of education and information? (N=53)
3. Does your municipality have a clear picture of the number of parents in your municipality being reached through this type of education and information? (N=69)
4. Does your municipality have a clear picture of the number of parents begin reached in your municipality in this manner by the CJG and JGZ? (N=137)
5. Does your municipality have a clear picture of the number of parents and children showing signs of beginning or threatening child abuse being reached through these programs? (N=120)

Yes, No, Do not know



(Text to be added to the chart, above, left :)

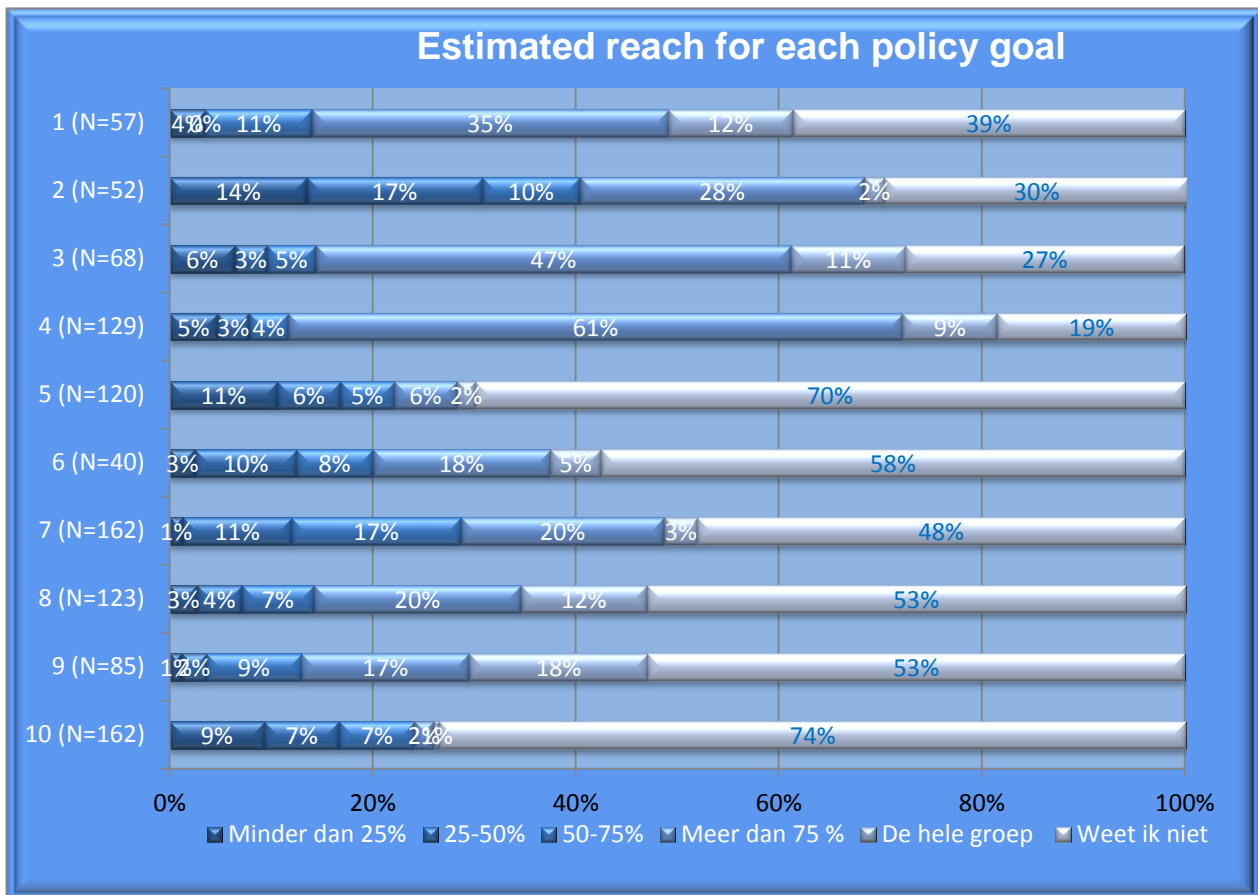
6. Does your municipality have a clear picture of the number of children being reached through this type of education and information provided in schools? (N=41)
7. Does your municipality have a clear picture of the number of professionals frequently in touch with children being reached through these measures? (N=162)
8. Does your municipality have a clear picture of the number of children involved in domestic violence (involvement of the police, SHG, or staying in women shelter) reached through these measures? (N=123)
9. Does your municipality have a clear picture of the number of children in your municipality staying in women or social shelters receiving adequate care in these facilities? (N=89)

10. Does your municipality have a clear picture of the number of inhabitants in your municipality being reached by this education and information? (N=175)

Yes No Do not know

What furthermore stands out is that 47% of the municipalities indicate that they are monitoring the number of children who have experienced domestic violence. Only 20% of the municipalities indicate having a clear picture of the number of parents and children showing signs of beginning or threatening child abuse being reached through parenting support programs.

Municipalities that have included one of the ten examined policy objectives in their policies were asked to give an estimate of the number of parents, children or professionals being reached through these particular goals.



(Text to be added to the chart above, below :)

Less than 25%, 25-50%, 50-75% More than 75% The entire group Do not know

Many municipalities indicate that they cannot estimate the extent to which their target group is reached, with regard to a specific goal. In case of the fourth goal, identification and detection of parenting problems, the extent to which target groups are reached, is estimated relatively high and positively by 70% of the municipalities (of the 137 having answered this question). They indicate that with more than 75% of all parents visiting the CJG and/or JGZ, there is effective communication on parenting concerns and possible signs of child abuse, based on effective screening lists and interview protocols. Regarding the objective of available parenting support programs, it stand out that the number of inhabitants being reached is estimated to be very low (8% is reaching more than 75% of the target group) and that only very few (30%) manage to give any estimate at all. Slightly less than 6%

indicate that more than 75% of their inhabitants know where to go for advice, when having concerns on a child in their social environment and where to get (parenting) advice themselves.

## 6.4 Summary

### **Municipalities have insufficient information regarding target groups and the outcomes of their child abuse prevention policies:**

- a. Many municipalities are not having a clear picture of the number of abused children (52%) nor of high-risk groups regarding child abuse (35%).** 52% of the municipalities indicate that they are not monitoring the number of abused children in their municipality. Those municipalities that do monitor the number of abused children indicate that they are clearly not using all the obtained data for policy correction and modifications. Apart from that, 35% of the municipalities indicate that the high-risk groups (groups with a heightened risk of child abuse) are falling outside their scope. Examples of high-risk groups are, for example, children of parents with a slight mental impairment, children in refugee centres, underprivileged children and children under a court supervision order (family guardianship/*ondertoezichtstelling*) and/or families avoiding care or social assistance.
- b. 77% of the municipalities indicate that they are not monitoring the use nor the effects of child abuse prevention programs.** Only 5% indicate that they are monitoring the use as well as the effects of these programs. 18% is only monitoring their use and 1% only their effects.
- c. Few municipalities have a clear view of the target groups they hope to reach in their policy objectives.** Regarding estimates of the reach provided by the municipalities, it stands out that a considerable part of the target group is not being reached: 27% of 89 municipalities indicate not knowing the number of children from their municipality staying in shelters or care facilities who are receiving adequate care. Of the 175 municipalities involved, 53% indicate having not enough information on the number of inhabitants informed on where to get parenting advice when concerned about a child in their social environment.



## 7. Research outcomes for each objective

This third chapter on the outcomes for each one of the ten prevention objectives or goals will summarise the way in which municipalities have developed their policies. These ten goals have been selected on the basis of scientific evidence, attainability and their familiarity for municipalities (see chapter 3). These ten goals have been, to a great extent, included in the RAAK approach adopted by all the municipalities in the period 2008-2010.

In the assessment of the policies the following subdivision has been chosen:

**Not existing:** a municipality indicates not having a policy in this area.

**Existing:** a municipality indicates having a policy with regard to the particular prevention objective, but without laying this down in writing.

**Operational:** a municipality indicates having a policy with respect to the particular prevention goal, and has laid this down in writing in a policy document, yet mentions not knowing whether and to which extent the target group is being reached.

**Assured:** a municipality indicates having a policy regarding the specific policy objective and it has laid this down in writing in a policy document. Next to that, the municipality indicates having information on the extent to which a target group is being reached, but is estimating that the reach amounts to less than 75% with respect to the target group.

**Reached:** a municipality indicates having a policy regarding the specific prevention goal and that this has being laid down in writing in a policy document and that it has information on the extent to which the target group is being reached and that it is reaching 75% or more, with respect to that target group.

For each objective, a variety of measures is used by different municipalities having a policy in this area. With regard to each individual objective, information was primarily asked with respect to the most popular or familiar programs and methods and in particular those called effective or promising in the NJi database.

The extent to which municipalities are using them, differs per objective (see annex 2). They were also asked to provide information regarding the controlling mechanisms, such as funding conditions, quality standards, control on (the development of) forms of cooperation and chain cooperation. With regard to several objectives, municipalities are mentioning in particular the focus on an improvement of cooperation and collaboration. Because of the great number of these data on used means, they have been included in annex 2.

### Objective 1

**All women will be screened during pregnancy for (extremely) high-risk situations with regard to child abuse and they will be offered an effective preventive program, if necessary.**

Objective not existing in policy	150 (72%)
Objective existing in policy	58 (28%)



Only 28% of the municipalities have included this objective in their municipal policies (58). Of the 150 municipalities that have not included it in their policies, 44% (66) have the intention of developing policies in this area in the future. Based on the (available) results of the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level for objective 1	Status	Municipalities (N = 57)	In round percentages (100% = 57)
<b>Existing</b>	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which target group is being reached	7	12%
<b>Operational</b>	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which the target group is being reached	25	44%
<b>Assured</b>	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information regarding the extent to which the target group is being reached</b>  Reach less than 75%	9	16%
<b>Reach more than 75%</b>	<b>Included in policy</b> <b>Laid down in writing</b> <b>Clear picture of the extent to which target group is reached</b> <b>Reach estimated to be more than 75%, with respect to the target group.</b>	16	28%



## Objective 2

All young parents will be particularly educated on the legal standard of nonviolent parenting, receiving information on the effects of violence on children and on nonviolent parenting strategies.

Objective not existing in policy	156 (75%)
Objective existing in policy	52 (25%)

25% of the municipalities have included this objective in their municipal policies (52). Of the 156 municipalities that have not included this in their policies 68 (44%) have the intention of developing policies in this area in the future. Based on the (available) results from those municipalities having policies regarding this objective, current policy levels are shown in the chart, below.

Highest attained policy level regarding objective 2	Status	Municipalities (N = 52)	In round percentages (100% = 52)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which target group is being reached	5	9%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which target group is being reached	29	56%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> Reach less than 75%	6	12%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> The reach is estimated to be more than 75%, with respect to the target group.	12	23%





### Objective 3

All young parents are specifically educated on (dealing with) crying behaviour of babies and on the risks involved with the Shaken Baby Syndrome.

Objective not existing in policy	139 (77%)
Objective existing in policy	69 (33%)

33% of the municipalities have included this objective in their municipal policies (69). Of those 139 municipalities that have not included this in their policies 49 (35%) have the intention of developing policies in this area in the future. Based on the (available) results from the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 3	Status	Municipalities (N = 67)	In round percentages (100% = 67)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which the target group is being reached	10	15%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which the target group is being reached	25	37%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> Reach less than 75%	1	2%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> <b>The reach is estimated at more than 75% with regard to the target group.</b>	31	46%

### Objective 4

Parenting concerns and possible signs of child abuse are discussed with all parents visiting the Centrum voor Jeugd en Gezin (CvJG) and/or youth health care services on the basis of effective screening lists and interview protocols.

Objective not existing in policy	70 (34%)
Objective existing in policy	137 (66%)

66% of the municipalities have included this objective in their municipal policies (137). Of the 70 municipalities that have not included this in their policies, 33 (47) are planning to develop policies in this area in the future. Based on the (available) results of the municipalities with policies regarding this objective, the current policy level is shown in the chart below.

Highest attained policy level regarding objective 4	Status	Municipalities (N = 134)	In round percentages (100% = 134)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which the target group is being reached.	9	7%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which the target group is being reached	36	27%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which target group is being reached</b> Reach less than 75%	7	5%
Scope (reach) more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which a target group is being reached</b> The reach is being estimated to be more than 75% with respect to the target group	82	61%

### Objective 5

When parents or children are showing signs of beginning, or threatening child abuse, effective parenting support programs with a specific focus on abuse are available.

Objective not existing in policy	85 (41%)
Objective existing in policy	122 (59%)

59% of the municipalities have included this objective in municipal policies (122). Of the 85 municipalities that have not included this in their policies 55 (65%) have the intention to develop policies in this area in the future. Based on the (available) results of the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 5	Status	Municipalities (N = 119)	In round percentages (100% = 119)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which target group is reached	17	14%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which target group is reached	80	67%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which target group is reached</b> Reach less than 75%	14	12%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is reached</b> The reach is estimated to be more than 75% with respect to the target group.	8	7%

### Objective 6

All children will be educated on neglect, violence and (sexual) abuse of children, inside or outside the family, in primary and secondary schools, and how children can best deal with this. At all these schools there are programs for children with a focus on acquiring knowledge in this area.

Objective not existing in policy	165
Objective existing in policy	41

20% of the municipalities have included this objective in municipal policies (41). Of the 165 municipalities that did not include this in their policies, 64 (39%) have the intention to develop policies in this area in the future. Based on the (available) results from the municipalities having policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 6	Status	Municipalities (N = 40)	In round percentages (100% = 40)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which the target group is being reached	1	3%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which target group is being reached	27	68%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which target group is being reached</b> Reach less than 75%	4	10%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which target group is being reached</b> The reach is estimated to be more than 75% with respect to target group.	8	20%

### Objective 7

Teachers, child care workers, doctors and nurses frequently in contact with children are trained in detecting child abuse. A child abuse reporting code (meldcode) has been adopted at places frequently visited by children: educational and child care facilities, het centrum voor jeugd- en gezin, youth child care, family doctors and neighbourhood teams (wijkteams).

Objective not existing in policy	46 (22%)
Objective existing in policy	162 (78%)

78% of the municipalities have included this objective in their municipal policies (162). Of the 46 municipalities that have not included this in their policies 34 (76%) have the intention of developing policies in this area in the future. Based on the (available) results of the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 7	Status	Municipalities (N = 159)	In round percentages (100% = 159)
Existing	Included in policy Not laid down in writing No clear picture of the extent to which the target group is being reached	13	8%
Operational	Included in policy Laid down in writing No clear picture of the extent to which the target group is being reached	88	55%
Assured	Included in policy Laid down in writing Information on the extent to which the target group is being reached Reach less than 75%	35	22%
Reach more than 75%	Included in policy Laid down in writing Information on the extent to which target group is being reached The reach, regarding the target group, is estimated to be more than 75%	23	15%

### Objective 8

All children involved in domestic violence situations with the involvement of the police or the Steunpunt Huiselijk Geweld, or those staying in a women shelter facility, will be offered a preventive form of assistance. There is enough capacity available for these preventive interventions.

Objective not existing in policy	85 (31%)
Objective existing in policy	123 (59%)

59% of the municipalities have included this objective in municipal policies (123). Of the 85 municipalities that have not included it in their policies, 46 (55%) have the intention to develop policies in this area in the future. Based on the (available) results from the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 8	Status	Municipalities (N = 123)	In round percentages (100% = 123)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which the target group is being reached	7	6%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which the target group is being reached	60	49%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> Reach less than 75%	25	20%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> The reach, regarding the target group, is estimated to be more than 75%.	31	25%

### Objective 9

Children staying in women or social shelters or care facilities will receive adequate care for themselves: there is specific guidance for these children, they will be interviewed on their experiences, and they will receive (psycho-) education and treatment, if necessary.

Objective not existing in policy	118 (57%)
Objective existing in policy	90 (43%)

43% of the municipalities have included this their municipal policies (90). Of the 118 municipalities that have not included it in their policies 55 (47%) have the intention of developing policies in this area in the future. Based on the (available) results of the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 9	Status	Municipalities (N = 90)	In round percentages (100% = 90)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which target group is being reached	2	2,2%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which target group is being reached	58	64,4%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which target group is being reached</b> Reach less than 75%	12	13,3%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which target group is being reached</b> <b>The reach, regarding the target group, is more than 75%</b>	18	20%

### Objective 10

The public knows where to get advice and where (at the AMK and SHG and local organisations), when concerned about a child in their social environment and knows where to go for (parenting) advice for oneself.

Objective not existing in policy	33 (16%)
Objective existing in policy	175 (84%)

84% of the municipalities have included this objective in their municipal policies (175). Of the 33 municipalities that have not included it in their policies 19 (56%) have the intention of developing policies in this area in the future. Based on the (available) results from the municipalities with policies regarding this objective, current policy levels are shown in the chart below.

Highest attained policy level regarding objective 10	Status	Municipalities (N = 172)	In round percentages (100% = 172)
Existing	<b>Included in policy</b> Not laid down in writing No clear picture of the extent to which the target group is being reached	8	5%
Operational	<b>Included in policy</b> <b>Laid down in writing</b> No clear picture of the extent to which target group is being reached	146	85%
Assured	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> Reach less than 75%	16	9%
Reach more than 75%	<b>Included in policy</b> <b>Laid down in writing</b> <b>Information on the extent to which the target group is being reached</b> <b>The reach, regarding the target group, is estimated to be more than 75%</b>	2	1%

### Summary

**Only a few dozen municipalities estimate that they are reaching more than 75% of their target group.** Therefore, only 16 out of 57 municipalities estimate that they are screening at least 75% of the pregnant women on high-risk situations with respect to child abuse. Twelve out of 52 municipalities estimate that they are educating at least 75% of all young parents on nonviolent parenting. Many municipalities indicate not being able to estimate themselves what percentage of the intended target group is being reached.



## 8. Conclusions

### Main conclusion

Three quarters of Dutch municipalities have policies regarding child abuse prevention. This is a reflection of the care for this problem locally. However, the municipal policies regarding child abuse prevention are not producing enough results for parents and children.

A limited number of municipalities have developed their prevention policies to a (more than) sufficient degree. Among the great majority of them, essential prevention goals are lacking, in spite of the fact that they have been communicated intensively to them since 2008. The majority of municipalities have insufficient information on both the abused children as on known high-risk groups. In addition, insufficient monitoring is taking place regarding the outcomes, such as the reach and effect of used programs.

### Conclusions

#### Policy

- 1. 77% of the municipalities have policies specifically directed towards child abuse prevention.** This shows that the majority of municipalities are caring about child abuse prevention. This is in line with the *Actieverklaring Aanpak Kindermishandeling* (Action Declaration Child Abuse Approach), signed in 2008 by all regional centre municipalities (*centrumgemeenten*). In this document they have stated the urgency of a (n active) child abuse approach, as well as the intention to adopt a concerted RAAK-based method.
- 2. In most municipal policies important prevention goals are missing.** They are absent, despite the fact that they have been communicated intensively to municipalities since 2008. Less than a third of the municipalities have included education to children, screening of pregnant women and education to young parents on nonviolent parenting in their municipal policies. Their main focus is on the prevention goal of public education, used to inform the public on where to go with parenting problems or concerns about child abuse: 84% of the municipalities have included this objective in their policies. An analytical study shows that 2% of the municipalities have included all ten examined prevention objectives in their policies.

#### Monitoring

- 3. Municipalities do not have sufficient information on the target groups and on the outcomes of their policies regarding child abuse prevention:**
  - a. Many municipalities do not have a clear picture of the number of abused children (52%) nor on groups with a heightened risk of child abuse (35%).** 52% of the municipalities indicate that they are not monitoring the number of abused children in their municipality. The municipalities that do monitor the number of abused children, indicate that they are not totally using these figures for policy correction. In addition, 35% of the municipalities indicate not having a clear picture of high-risk groups (groups with a heightened child abuse risk). Examples of high-risk groups are, among others, children of parents with a slight mental disability, children in refugee centres, underprivileged children and children under a court



supervision order or family guardianship (ondertoezichtstelling) and/or care avoiding families (zorgmijdende gezinnen).

- b. **77% of the municipalities indicate that they are not monitoring the use of child abuse prevention programs nor their effects.** Only 5% indicate monitoring both the use and effects of the programs. 18% is only monitoring their use and 1% only their effects.
- c. **Very few municipalities have a clear picture of target groups they hope to reach in their policy objectives.** In the estimates of the reach given by municipalities it stands out that a considerable part of the target group is not being reached: 27% of 89 municipalities indicate not having a clear picture of the number of children from their municipality staying in care facilities and are receiving adequate care. Of the 175 municipalities, 53% indicate not having a clear picture of the number of inhabitants who know where to get parenting advice when they are concerned about a child in their social environment.

## Reach

- 4. **Only a few dozen municipalities estimate that they are reaching more than 75% of their target group.** Therefore, only 16 of the 57 municipalities estimate that they are screening at least 75% of pregnant women on high-risk situations regarding abuse. Twelve of the 52 municipalities estimate that they are educating at least 75% of all young parents on nonviolent parenting. Many municipalities indicate not being able to estimate themselves which percentage of the intended target group is being reached.

## Participation

- 5. **Children are not sufficiently involved by municipalities in policy development regarding child abuse.** Only one out of seven municipalities indicate that they are actively involving children or youths in policy development concerning child abuse prevention and approaches (14%). In doing so, they are not using experts by experience, but rather general youth participation.



## 9. Recommendations

These recommendations of the Ombudsman for Children are primarily directed towards local governments. This does not affect the responsibility of the national government, resulting from the signing of the UN Convention on the Rights of the Child, to realise its obligations stipulated in article 19 of the Convention on the Rights of the Child.

**1. Include in your child abuse prevention policy the objective of reducing by at least 50% the number of children experiencing child abuse in your municipality in a three-year period.** Municipalities should not just include this as an objective, but they should also focus on this during the implementation and realisation of policies. Assess how all policy measures that have been taken contribute to the realisation of that goal.

**2. Strengthen the municipal supervisory and coordinating responsibility regarding child abuse prevention by adopting a Kind Veilig Preventiebeleid (Safe Child Prevention Policy) policy.** This implies the following:

- a. Concretise child abuse prevention policies in municipal policy documents forming part of an integral domestic violence and child abuse approach as well as of the broad, local youth policy. Involve local youths in the working out and specification of these policies.
- b. Make sure that there is information on the number of abused children, high-risk groups and the extent to which intended high-risk groups are being reached.
- c. Formulate prevention goals in terms of concrete effects for children and parents with a specified standard regarding effectively reaching parents and children. Include at least all ten examined prevention goals in municipal policy plans.
- d. Use as much as possible programs and interventions with proven effectiveness for realising prevention objectives.
- e. Monitor the reach and effectiveness of used programs and measures. Make use of steering mechanisms such as quality standards and (government) funding criteria.

**3. Use the Kind Veilig Preventiepakket (Safe Child Prevention Package) in order to realise preventive measures.** The Ombudsman for Children encourages municipalities to use existing options, such as the Kind Veilig Preventiepakket: a concrete, combination of provided assistance programs from various organisations for realising preventive measures. This consists of:

- Checklist Preventie Kindermishandeling (Checklist Child Abuse Prevention) further describing and explaining a selection of ten child abuse prevention policy goals. It contains current examples of a variety of means that can be used.
- Monitor child abuse for municipalities: municipalities are getting a clear picture of the current situation of the municipal child abuse approach on more than just these ten points, giving them insight into the extent of problem rapidly, enabling them to monitor it (Bernard van Leer and NJi)
- E-learning tools that can be used by all professionals in a municipality working with parents or children, educating them on how to recognise and detect child abuse situations and how to respond to them. (Augeo).
- Online training given through an educational TNO DVD meant for all midwife and obstetrician associations that can be used to educate parents on the dangers involved when shaking babies (shaken baby syndrome; Augeo).
- The Veerkracht program (Flexibility program) consisting of a phased plan and tools to help children staying in women shelters and facilities. (Kinderpostzegels: stamps sold by children benefitting child charity programs)

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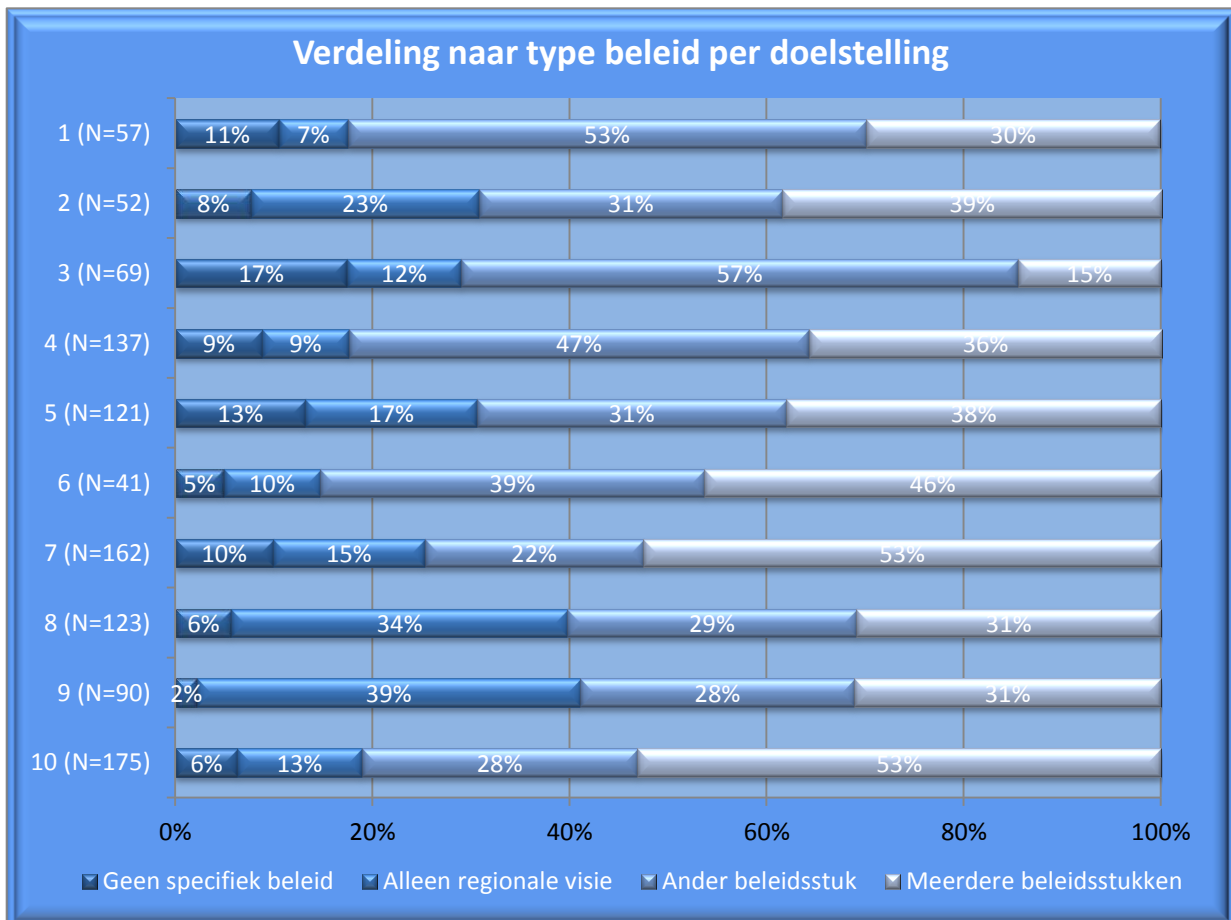
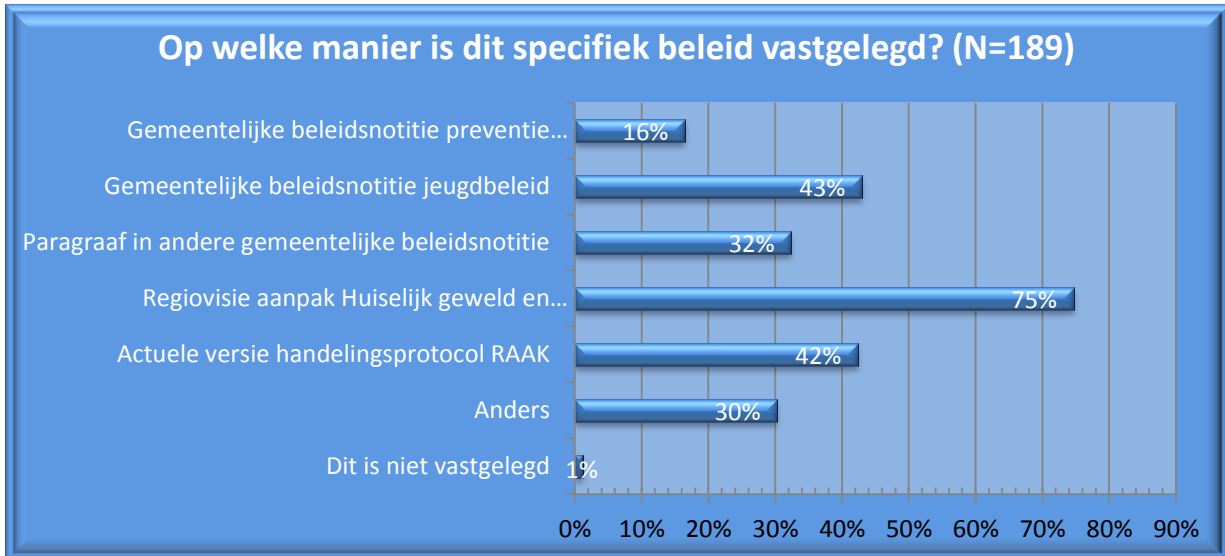


## **Bijlage 1      Verklarende woordenlijst**

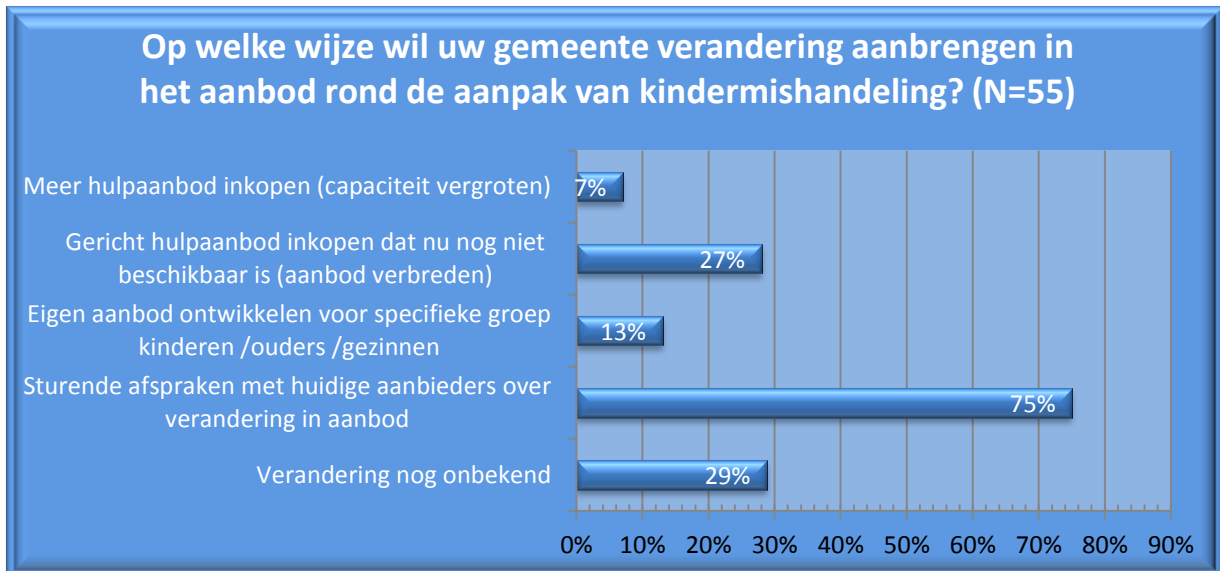
AMK	Advies- en Meldpunt Kindermishandeling
AMHK	Advies en Meldpunt Huiselijk geweld en Kindermishandeling
Begeleidingscommissie	Commissie die dit onderzoek van de Kinderombudsman heeft begeleid, bestaande uit de Augeo Foundation, Bernard van Leer Foundation, Stichting Kinderpostzegels en het Kinderrechtencollectief.
BJZ	Bureau Jeugdzorg
CJG	Centrum voor Jeugd en Gezin
COA	Centraal Orgaan opvang Asielzoekers
GGD	Gemeentelijke Gezondheidsdienst
JGZ	Jeugdgezondheidszorg
KOM	De Kinderombudsman
NJi	Nationaal Jeugdinstituut
RAAK	Reflectie- en Actiegroep Aanpak Kindermishandeling
SHG	Steunpunt Huiselijk Geweld

## Bijlage 2 Uitgebreide onderzoeksresultaten gericht op preventie

### Tabellen behorend hoofdstuk 5



Deze overzichtstabel laat de verdeling naar type beleidsdocument zien, uitgesplitst voor de tien doelstellingen. Opvallend is dat bij doelstellingen 8 (huiselijk geweld) en 9 (over opvang) door 34% en 39% van de gemeenten wordt verwezen naar de regionale visie als enig beleidsdocument waarin dit is opgenomen. De doelstellingen bij 6 (schoolvoorlichting over mishandeling), 7 (meld code) en 10 (instanties opvoedzorgen) worden door gemeenten aangegeven in meerdere beleidsdocumenten te zijn opgenomen.





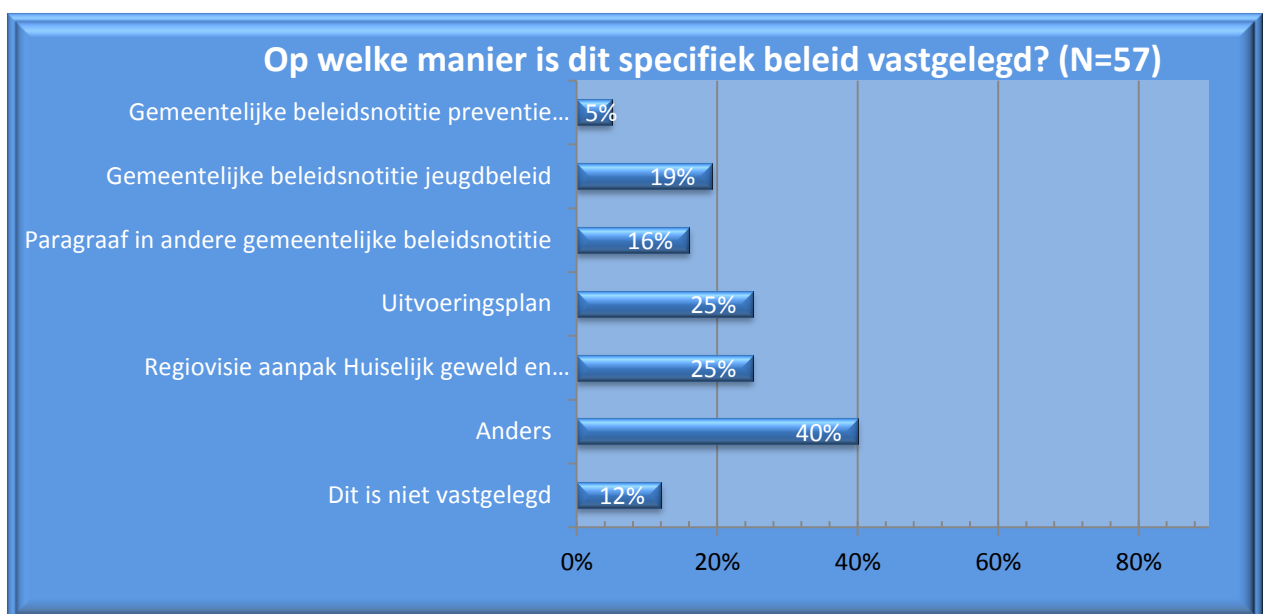
## Tabellen bij Hoofdstuk 6

### Doelstelling 1

**Alle vrouwen worden in de zwangerschap op (extreme) risicosituaties voor kindermishandeling gescreend en krijgen indien nodig een effectief preventieprogramma aangeboden.**

16 van de 57 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgelegd, zicht op hun bereik en schatten meer dan 75% van de zwangere vrouwen te bereiken met screening en indien nodig het aanbod van een effectief preventieprogramma.

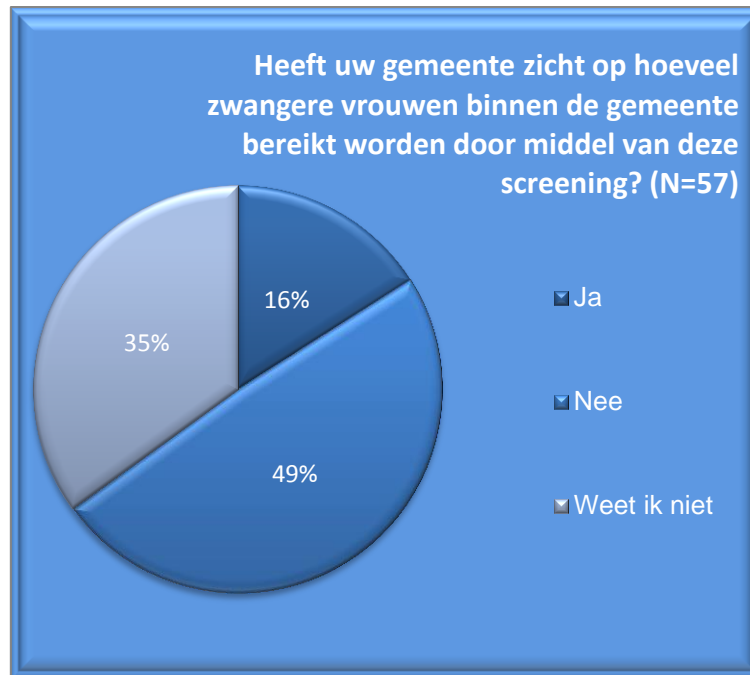
Het beleid voor doelstelling 1 ligt voornamelijk vast in uitvoeringsplannen en de regiovisies. 40% van deze gemeenten heeft vastlegging 'anders' aangegeven, namelijk in afspraken met CJG / GGD / verloskundigen of in algemene afspraken met ketenpartners.



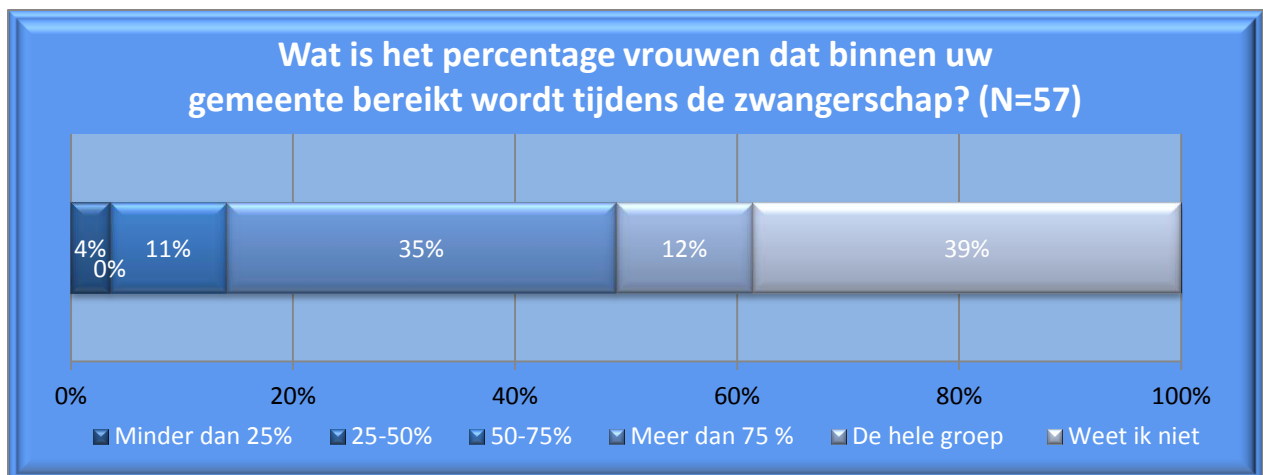
**Welke beleidsmaatregelen zetten gemeenten hierop in? (N=52)**

<b>Sturing d.m.v. subsidievoorwaarden/ kwaliteitseisen aan instellingen over:</b>	Scholingstraject screening zwangere vrouwen	11%	6
	Inzet Risico-instrumenten	53%	28
	Richtlijnen en protocollen	47%	24
	Aandachtsfunctionaris huiselijk geweld / kindermishandeling	47%	24
	Directe beschikbaarheid van programma's (geen wachtlijst of wachttijd)	46%	10
	Prestatie-indicatoren	19%	10
	Anders	18%	9
<b>Sturing op keten samenwerking</b>	Samenwerkingsafspraken	86%	45
	Ontwikkelen van een multidisciplinaire aanpak	58%	30
	Inrichten van kwaliteitssystemen voor de ketenaanpak	16%	8
	Werken aan de cultuur van samenwerking	44%	23
	Anders	12%	6
<b>Inkoop (financiering) van specifieke programma's</b>	Voorzorg (preventieprogramma zwangere vrouwen en jonge moeders)	51%	27
	Baby extra	12%	6
	Anders	42%	22
<b>Eigen actie</b>	Campagne	7%	4
	Folders naar zwangere vrouwen en jonge moeders	26%	14
	Informatiebijeenkomsten hulpverleners	21%	11
	Voorlichtingsbijeenkomsten ouders	28%	15
	Voorlichting i.s.m. migrantenorganisaties	5%	3
	Anders	14%	7

Ongeveer de helft van de gemeenten stuurt op de inzet van risico-instrumenten, het gebruik van richtlijnen en protocollen en de inzet van aandachtsfunctionarissen. Van de gemeenten stuurt 86% op ketensamenwerking door middel van samenwerkingsafspraken en op ontwikkeling van een multidisciplinaire aanpak (58%). De gemeente geeft zelf aan folders te verspreiden (26%) en voorlichtingsbijeenkomsten te houden over dit thema (28%).



De helft van deze groep geeft aan dat hun gemeente geen zicht heeft op hoeveel zwangere vrouwen worden bereikt met deze screening op risicosituaties van kindermishandeling. 16% geeft aan dit wel te hebben.



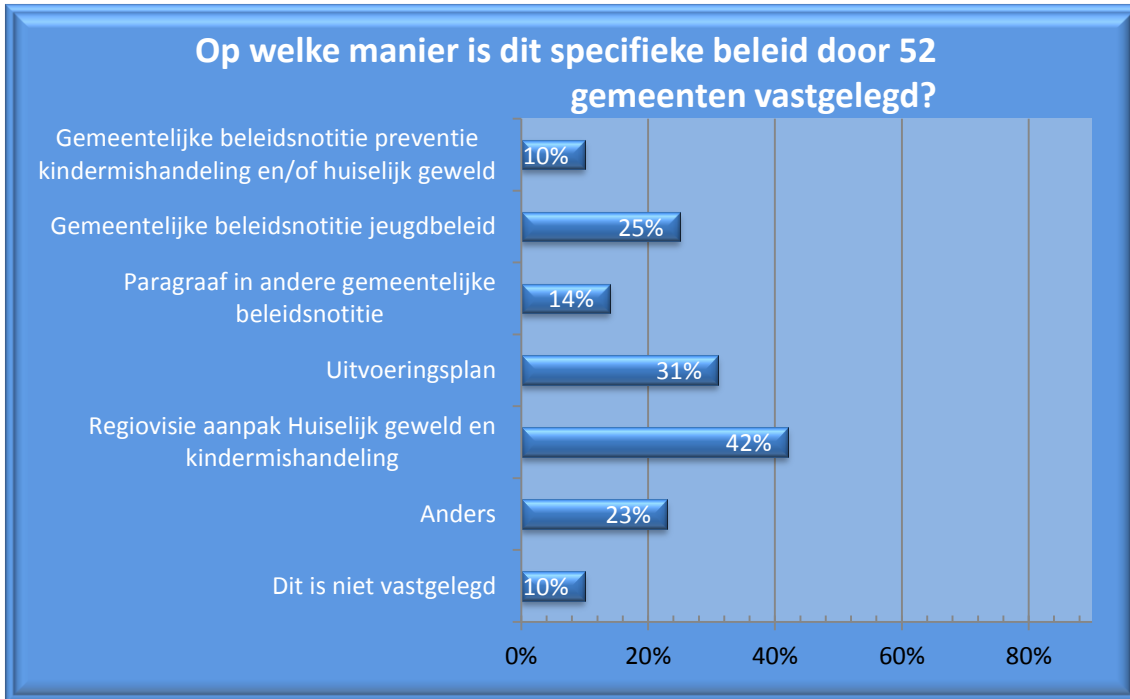
Vervolgens geeft 47% van de gemeenten die deze doelstelling in beleid heeft opgenomen, de schatting dat meer dan driekwart (35%) tot de gehele doelgroep (12%) wordt bereikt.

### Doelstelling 2

**Alle jonge ouders ontvangen gerichte voorlichting over de in de wet vastgelegde norm van geweldloos opvoeden, met informatie over de effecten van geweld op kinderen en over opvoedingsstrategieën zonder geweld.**

12 van de 52 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgesteld, zicht op het bereik van de doelgroep en schatten meer dan 75% van de jonge ouders voor te lichten over geweldloos opvoeden.

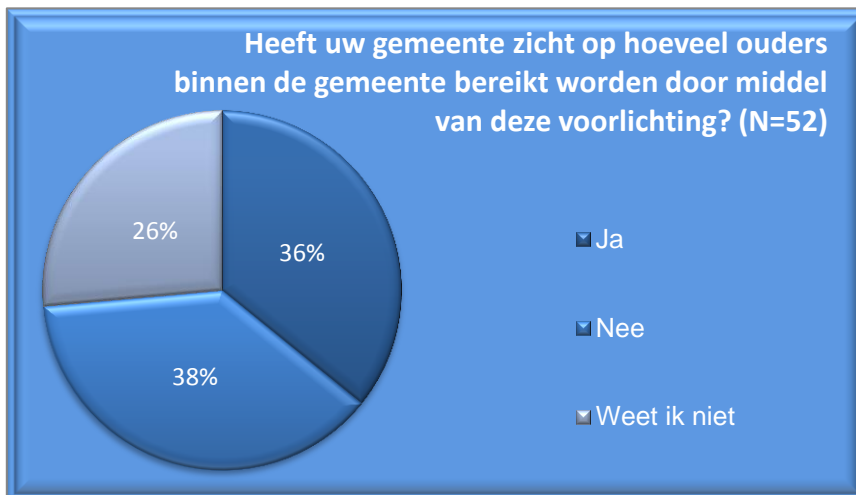
Deze doelstelling is het vaakst opgenomen in de regiovisie, maar ook worden de nota jeugdbeleid en de uitvoeringsplannen vaak aangeven.



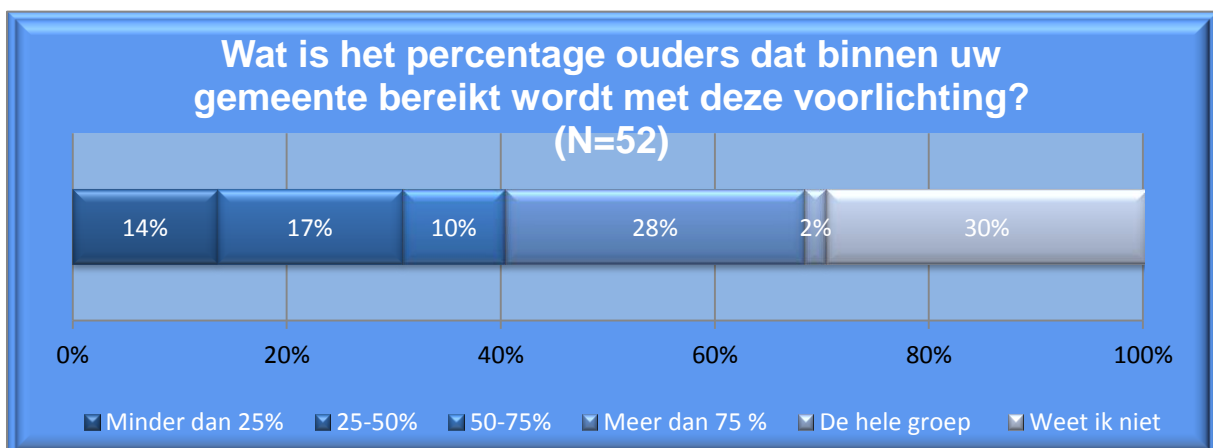
#### Welke beleidsmaatregelen zetten gemeenten hierop in? (N=52)

<b>Inkoop specifieke voorlichtingsprojecten</b>	Als ik haar was...	2%	1
	Moeder-kind cursus	31%	16
	Vaderschaps- of opvoeddebatten	8%	4
	Anders	58%	30
<b>Gemeentelijke campagne</b>	Billboards	2%	1
	Regionale televisie	0%	0
	Anders	17%	9
<b>Gemeentelijke voorlichting d.m.v.</b>	Folder Opvoeden zonder geweld	31%	16
	Folder Informatie over AMK/Kindermishandeling	65%	34
	Folder U kunt wat doen	14%	7
	Folder Geweld raakt kinderen	8%	4
	Informatiebijeenkomsten hulpverleners	60%	31
	Voorlichtingsbijeenkomsten ouders	58%	30
	Voorlichting specifiek voor specifieke doelgroepen van ouders zoals migrantenouders of ouders met LVG-problematiek	10%	5
	Anders	23%	12
	Folder Opvoeden zonder geweld	31%	16
	Folder Informatie over AMK/Kindermishandeling	65%	34
	Folder U kunt wat doen	14%	7

Gemeenten geven aan specifieke voorlichtingsprojecten in te kopen, zoals Moeder-kind cursussen (31%) en anders (58%), namelijk: Triple P en cursussen Positief Opvoeden of Stevig Ouderschap en diverse cursussen via het CJG. Als middel voor gemeentelijke campagne wordt genoemd: plaatselijke kranten, weekbladen websites en het CJG. Voorlichting vindt plaats via folders en voorlichtingsbijeenkomsten.



38% van deze groep geeft aan dat hun gemeente geen zicht heeft op hoeveel jonge ouders worden bereikt met voorlichting over geweldloos opvoeden. 36% geeft aan wel zicht te hebben. Vervolgens geeft 30% van de gemeenten die deze doelstelling in beleid heeft opgenomen, de schatting dat meer dan driekwart tot de gehele doelgroep wordt bereikt.

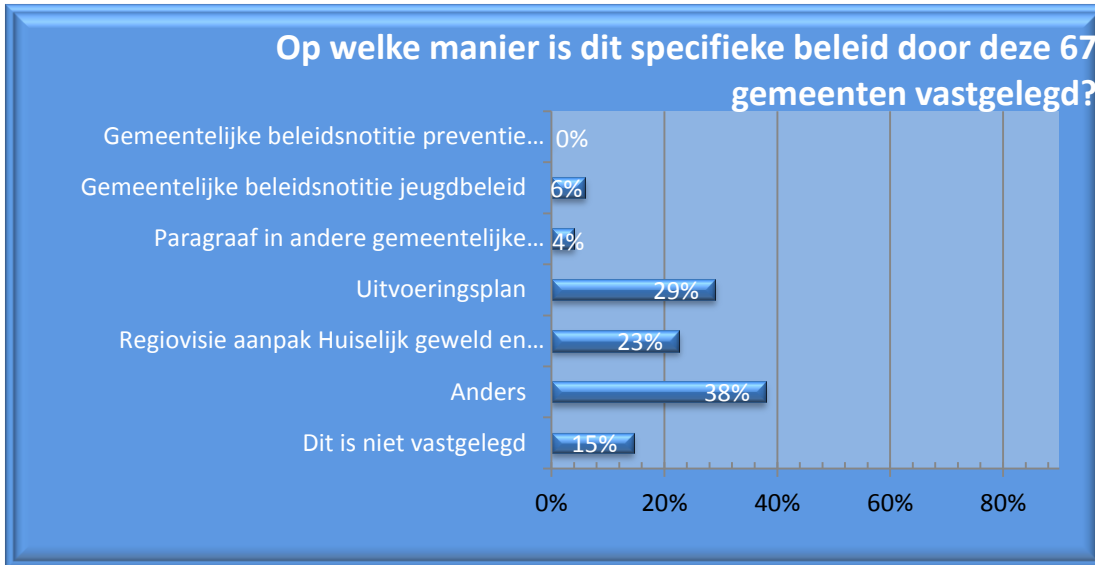


### Doelstelling 3

**Alle jonge ouders worden gericht voorgelicht over het (omgaan met) huilgedrag van baby's en over risico's van het Shaken Baby Syndroom.**

31 van de 67 gemeenten die alle vragen over deze doelstelling beantwoorden, hebben hun beleid schriftelijk vastgesteld, zicht op bereik van de doelgroep en schatten meer dan 75% van de jonge ouders voor te lichten over het huilgedrag van baby's en de risico's van het Shaken Baby Syndroom.

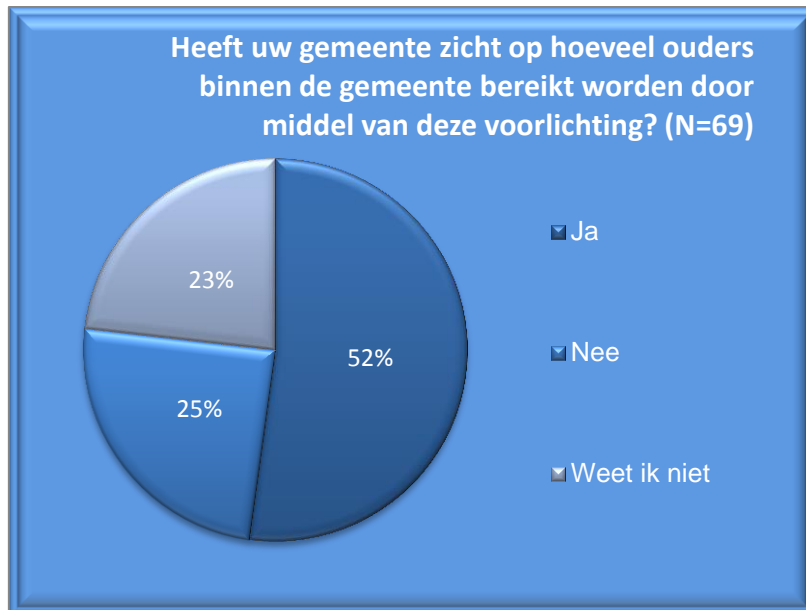
Het beleid hierop wordt voornamelijk vastgelegd in de regiovisie, uitvoeringsplannen en op andere wijze, namelijk: in beleid van de GGD en afspraken met de JGZ.



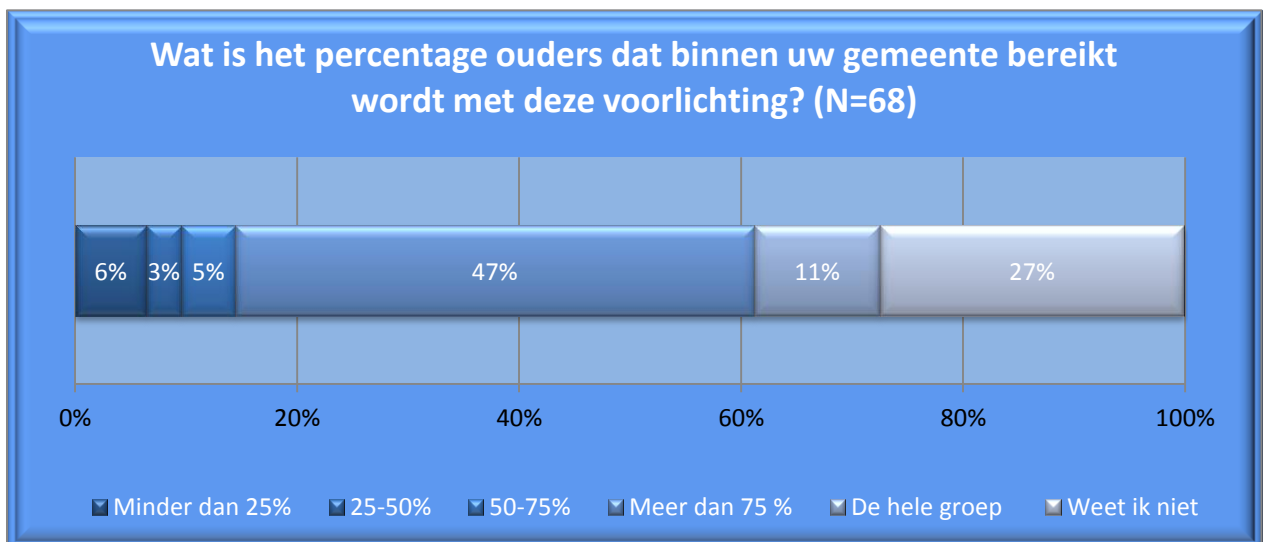
#### Welke beleidsmaatregelen zetten gemeenten hierop in? (N=69)

<b>Sturing d.m.v. subsidievoorwaarde n/ kwaliteitseisen aan instellingen over</b>	Scholingstraject preventie van Shaken Baby Syndroom	6%	4
	Deskundigheidsbevordering medewerkers	38%	26
	Prestatie-indicatoren	15%	10
	Anders	19%	13
<b>Inkoop (financiering) van specifieke programma's namelijk</b>	Voorzorg (preventieprogramma zwangere vrouwen en jonge moeders)	23%	16
	Baby extra	6%	4
	Cursus Zwanger, bevallen, een kind	6%	4
	Anders	28%	19
<b>Eigen actie</b>	Actief verspreiden TNO folder en Cd-rom	1%	1
	Folders naar zwangere vrouwen en jonge moeders	20%	14
	Informatiebijeenkomsten hulpverleners	6%	4
	Voorlichtingsbijeenkomsten ouders	12%	8
	Voorlichting specifiek voor specifieke doelgroepen zoals migrantenouders of LVG ouders	3%	2
	Anders	29%	20

Van deze gemeenten geven er 26 aan te sturen op deskundigheidsbevordering van medewerkers. Het programma Voorzorg wordt in 16 gemeenten ingezet en ook andere programma's worden door 19 gemeenten genoemd, voornamelijk Stevig Ouderschap en voorlichtingsprogramma prenatale voorlichting. 14 gemeenten geven aan folders te sturen naar zwangere vrouwen en jonge moeders. Daarnaast geven gemeenten voorlichting op andere manieren, via de JGZ en huisartsen, GGD en de CJG websites.



Meer dan de helft van de gemeenten (52%) geeft aan zicht te hebben op het met deze voorlichting aantal bereikte ouders. Een kwart geeft aan van niet. Meer dan de helft (58%) van de gemeenten die deze doelstelling in beleid heeft opgenomen, geeft de schatting dat meer dan driekwart tot de gehele doelgroep wordt bereikt.



#### Doelstelling 4

Met alle ouders die het Centrum voor Jeugd en Gezin en/of de jeugdgezondheidszorg bezoeken wordt volgens effectieve screeningslijsten en gespreksprotocollen gecommuniceerd over opvoedzorgen en mogelijke signalen van kindermishandeling.

82 van de 134 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgesteld, zicht op het bereik van de doelgroep en schatten dat met meer dan 75% van de ouders die het Centrum voor Jeugd en Gezin en/of de jeugdgezondheidszorg bezoeken, volgens effectieve screeningslijsten en gespreksprotocollen over opvoedzorgen en mogelijke signalen van kindermishandeling wordt gecommuniceerd.

Deze doelstelling ligt volgens gemeenten vast in uitvoeringsplannen (37%) en regiovisies (32%). Daarnaast worden afspraken met CJG, de GGD en JGZ genoemd (31%).



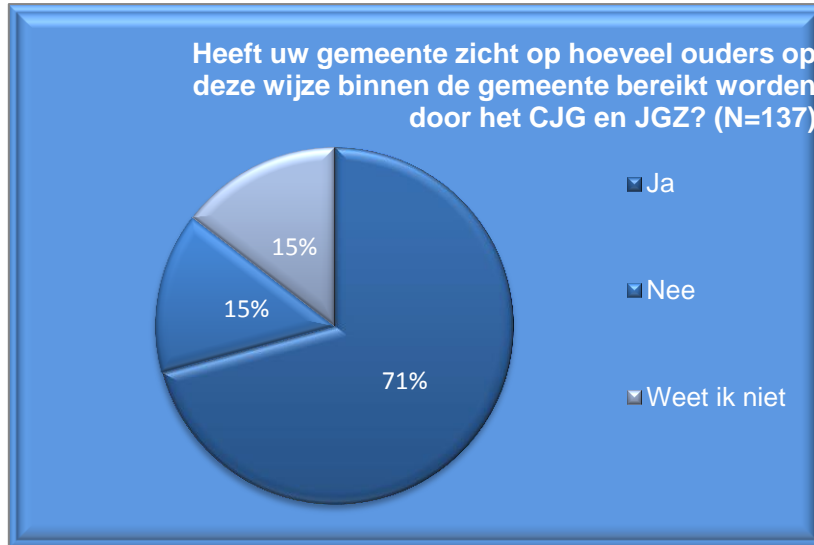
**Welke beleidsmaatregelen zetten gemeenten hierop in? (N=137)**

Sturing d.m.v. subsidievoorwaarden/ kwaliteitseisen aan instellingen over:	Scholingstraject screening van kindermishandeling	49%	68
	Deskundigheidsbevordering gesprekstechnieken	52%	72
	Inzet Risico-instrumenten (zoals vlaggensysteem, signs of safety)	51%	70
	Richtlijnen en protocollen	45%	62
	Aandachtsfunctionaris huiselijk geweld/ kindermishandeling	49%	68
	Directe beschikbaarheid van programma's (geen wachtlijst of wachttijden)	23%	32
	Prestatie-indicatoren	16%	22
	Anders	7%	10
	Samenwerkingsafspraken	86%	119
Sturing op ketensamenwerking door middel van:	Ontwikkelen van een multidisciplinaire aanpak	66%	91
	Inrichten van kwaliteitssystemen voor de ketenaanpak	25%	35
	Werken aan de cultuur van samenwerking	52%	72
	Anders	4%	6
Inkoop (financiering) van specifieke programma's	Inkoop (financiering) van specifieke programma's	22%	30
	Baby extra	5%	7
	9 minuten praktijkbezoek huisartsen	1%	1
Eigen actie	Anders	24%	33
	Campagne	12%	17
	Voorlichting	35%	48
	Anders	8%	11

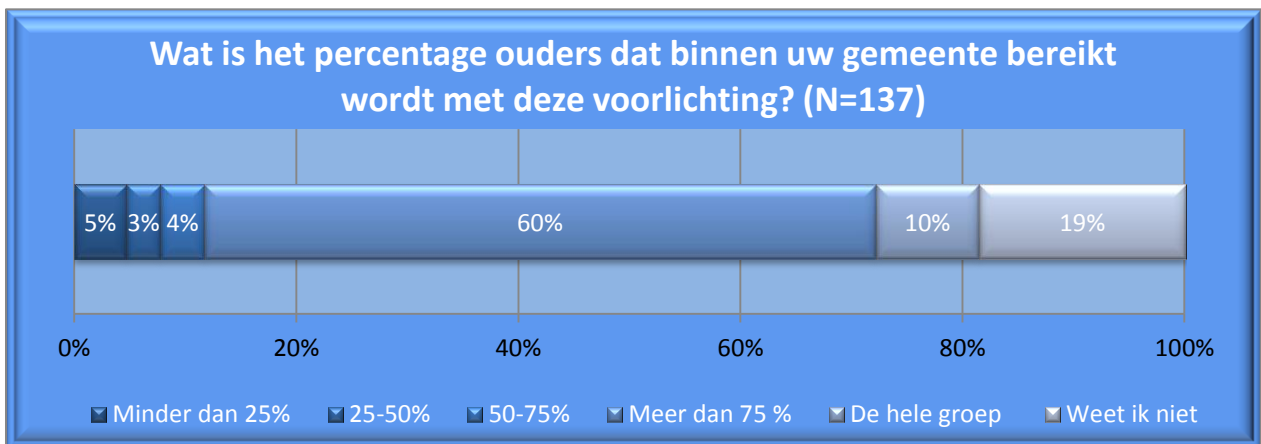
Op meerdere manieren sturen deze gemeenten op hoe er wordt gecommuniceerd met ouders over hun opvoedzorgen: scholingstraject, deskundigheidsbevordering, inzet van risico instrumenten, sturing op richtlijnen en protocollen en via de aandachtsfunctionaris. Daarnaast zetten veel gemeenten (86%) in op samenwerkingsafspraken en/of werken aan de cultuur van samenwerking (52%) en het



ontwikkelen van een multidisciplinaire aanpak (66%). Een grote meerderheid van deze gemeenten koopt het programma Stevig Ouderschap in.



Bijna driekwart van de gemeenten (71%) geeft aan zicht te hebben op het bereik van ouders met deze manier van communicatie. 15% geeft aan van niet. Hieronder geeft 70% van de gemeenten die deze doelstelling in beleid heeft opgenomen, de schatting dat meer dan driekwart tot de gehele doelgroep wordt bereikt.

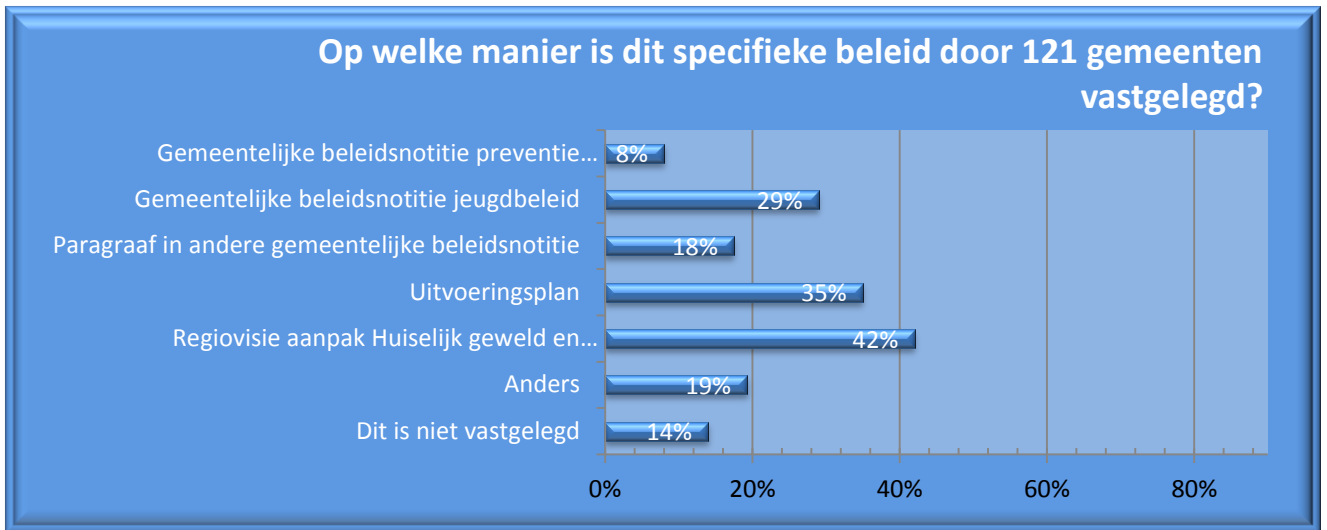


### Doelstelling 5

Wanneer ouders of kinderen signalen van beginnende of dreigende kindermishandeling afgeven, zijn werkzame opvoedondersteunende programma's met specifieke aandacht voor mishandeling beschikbaar.

Acht van de 119 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgesteld, zicht op het bereik van de doelgroep en schatten dat voor meer dan 75% van de ouders of kinderen die signalen van beginnende of dreigende kindermishandeling afgeven, werkzame opvoedondersteunende programma's met specifieke aandacht voor kindermishandeling beschikbaar zijn gesteld.

Deze doelstelling wordt voornamelijk vastgelegd in regiovisie, uitvoeringsplannen en gemeentelijke beleidsnota's. Opvallend is dat 14% van de gemeenten aangeeft wel beleid te hebben, maar dit niet in een document heeft vastgelegd.



### Welke beleidsmaatregelen zetten gemeenten hierop in? (N=122)

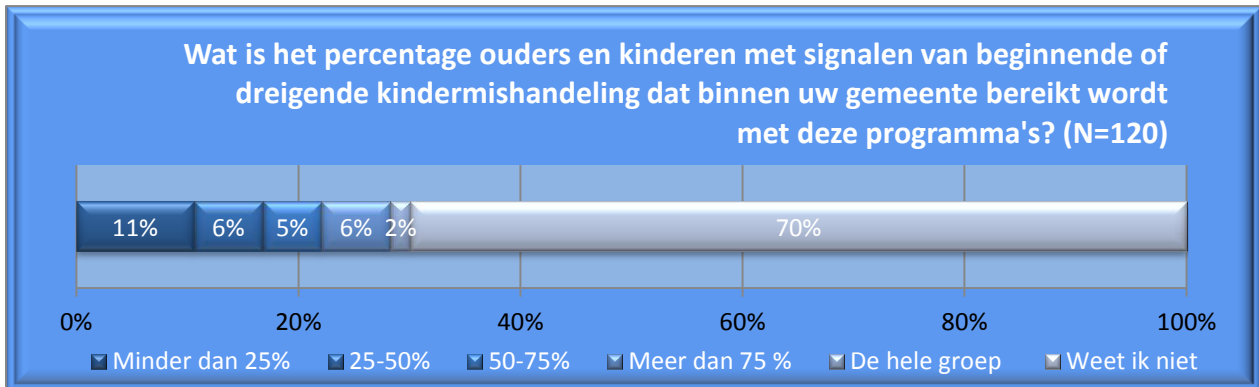
<b>Sturing d.m.v. subsidievoorwaarde n/ kwaliteitseisen aan instellingen over</b>	Deskundigheidsbevordering	63%	77
	Inzet Risico-instrumenten (zoals vlaggensysteem, signs of safety)	55%	67
	Richtlijnen en protocollen (zoals gespreksprotocol, handelingsprotocol)	55%	67
	Aandachtsfunctionaris huiselijk geweld/ kindermishandeling	46%	56
	Directe beschikbaarheid van programma's (geen wachtlijst of wachttijden)	27%	33
	Prestatie-indicatoren	9%	11
	Anders	9%	11
<b>Sturing op ketensamenwerking door middel van:</b>	Samenwerkingsafspraken	84%	102
	Ontwikkelen van een multidisciplinaire aanpak	65%	79
	Inrichten van kwaliteitssystemen voor de ketenaanpak	28%	34
	Werken aan de cultuur van samenwerking	47%	57
	Anders	3%	4
<b>Inkoop (financiering) van specifieke programma's kindermishandeling</b>  (door NJI en Movisie als erkend programma opgenomen in de databank)	Als het misgaat bel ik jou (kinderen)	0%	0
	Als muren kunnen praten (kinderen)	7%	9
	Als ik haar was ...	0%	0
	Bemoesorg in de jeugdgezondheidszorg	31%	38
	Families first	8%	10
	Intensieve Orthopedagogische Gezinsbehandeling (IOG)	7%	9
	Jeugdhulp Thuis	8%	10
	Moeder-Kind cursus	22%	27
	Orthopedagogische Video Gezinsbehandeling (OVG)	24%	29
	Voorwaardelijke Interventie in Gezinnen (VIG)	3%	4
	VoorZorg	17%	21
	Anders	25%	31
<b>Inkoop (financiering) van programma's opvoed-ondersteuning</b>  (door NJI erkend als veelbelovend)	KopOpOuders Online	2%	2
	Kortdurende Video Home training	47%	57
	Ouder-baby interventie	5%	6
	Parent Child Interaction Therapy	0%	0
	Pedagogisch adviseren	25%	31
	ReSet	17%	21
	Stevig Ouderschap	45%	55
	Parent Management Training Oregon (PMTO)	0%	0
	Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD)	1%	1
	Triple P	61%	74
Anders	22%	27	
<b>Eigen actie</b>	Campagne over preventief aanbod	8%	10
	Voorlichting over preventief aanbod	31%	38
	Anders	7%	9

Er wordt door veel gemeenten ingezet op deskundigheidsbevordering en de inzet van risico instrumenten en richtlijnen en protocollen. Daarnaast zetten veel gemeenten (84%) in op samenwerkingsafspraken en/of werken aan de cultuur van samenwerking (47%). Ook richt 65% zich op het ontwikkelen van een multidisciplinaire aanpak (65%). Van deze gemeenten koopt 31% Bemoesorg in de JGZ als erkend programma in. Andere als 'veelbelovende' programma's

aangemerkt, zijn vaak genoemd: Triple P (61%), Kortdurende Video Home Training (47%) en Stevig Ouderschap (45%). 31% van de gemeenten heeft voorlichting over het eigen preventieve aanbod beschikbaar.



Slechts 20% van de gemeenten geeft aan zicht te hebben op het aantal ouders en kinderen dat met de beschikbare opvoedondersteunende programma's wordt bereikt. Zelfs 43% geeft aan geen zicht te hebben. Hieronder schat een opvallend klein percentage van 8% van de gemeenten dat meer dan driekwart tot de gehele doelgroep wordt bereikt. Opvallend is dat 70% zich niet waagt aan een schatting.

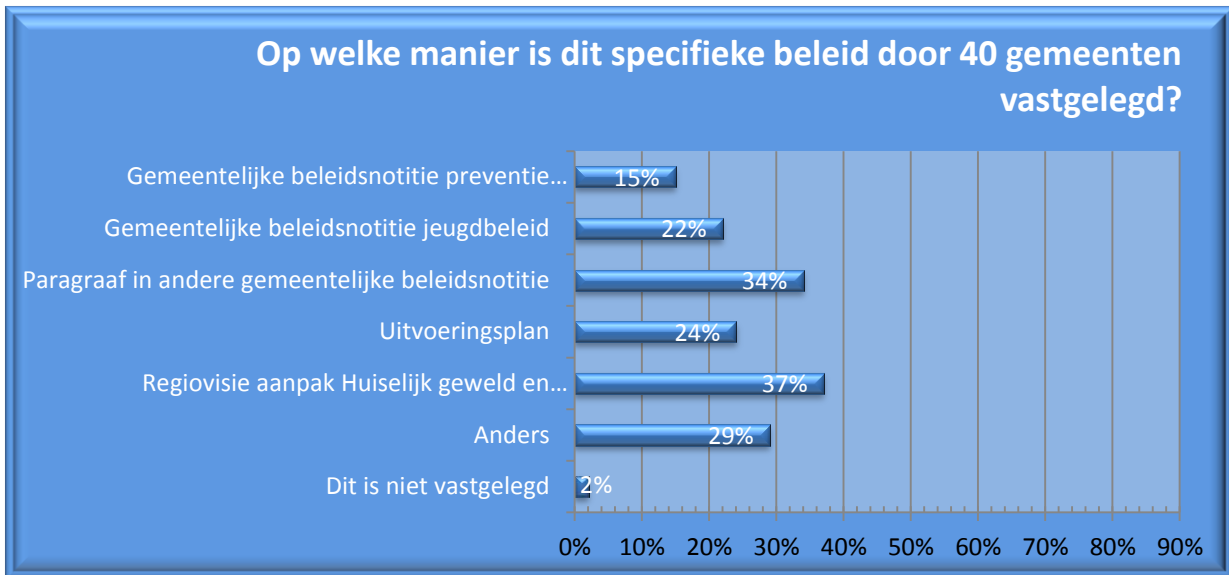


### Doelstelling 6

**Alle kinderen worden zowel in primair onderwijs als in het voortgezet onderwijs voorgelicht over verwaarlozing, geweld en (seksueel) misbruik tegen kinderen, binnen en buiten het gezin, en hoe kinderen daarmee het beste kunnen omgaan. Op alle scholen zijn programma's voor kinderen ingevoerd waarin de nadruk ligt op kennisverwerving op dit terrein.**

Acht van de 40 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgelegd, zicht op het bereik van de doelgroep en schatten dat meer dan 75% van de kinderen wordt voorgelicht over verwaarlozing, geweld en (seksueel) misbruik tegen kinderen, binnen en buiten het gezin, en hoe kinderen daarmee het beste kunnen omgaan.

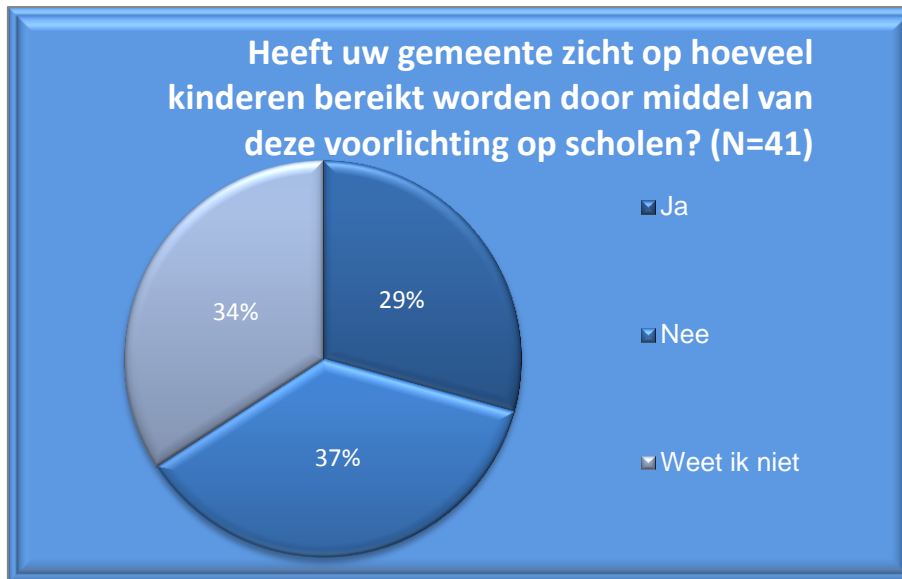
Deze doelstelling wordt het meest in de regiovisie en als paragraaf in een andere gemeentelijke beleidsnotitie (dan jeugd of preventie) opgenomen. Ook wordt voorlichting opgenomen in andere documenten, zoals in afspraken met de GGD of met JGZ en in een Schoolveiligheidsplan.



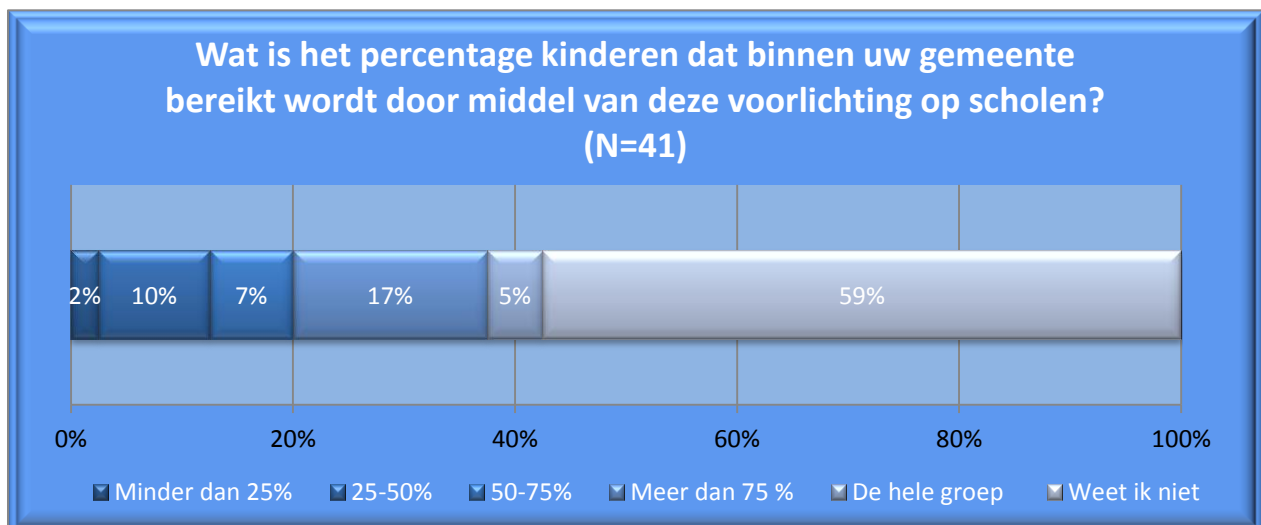
**Welke beleidsmaatregelen zetten gemeenten hierop in? (N=40)**

De gemeente stuurt op deze uitkomst door middel van:	Deskundigheidsbevordering in het onderwijs	68%	27
	Inzet Risico-instrumenten	12%	5
	Richtlijnen en protocollen	17%	7
	Meldcode kindermishandeling	68%	27
	Aandachtsfunctionaris huiselijk geweld/ kindermishandeling	39%	16
	Prestatie-indicatoren	2%	1
	Anders	5%	2
Sturing op ketensamenwerking door middel van:	Samenwerkingsafspraken met jeugdzorg	54%	22
	Ontwikkelen van een multidisciplinaire aanpak met jeugdzorg, IB'ers, schoolmaatschappelijk werk	90%	36
	Inrichten van kwaliteitssystemen voor de ketenaanpak	31%	12
	Anders	2%	1
Stimuleren specifieke programma's in het onderwijs	Safe You Safe Me	0%	0
	Klokhuis lespakket	2%	1
	Je lijf, je lief	0%	0
	Stay in love	12%	5
	Your right 2Choose	0%	0
	Marietje Kessels	24%	10
	Anders	34%	14

De gemeente stuurt voor het bereik van deze doelstelling over voorlichting aan kinderen vooral op deskundigheidsbevordering, op de meld code kindermishandeling en legt de focus op de aandachtsfunctionaris. 90% geeft aan bezig te zijn met de ontwikkeling van een multidisciplinaire aanpak met jeugdzorg, IB'ers en schoolmaatschappelijk werk. Onderwijsprogramma's die vaak worden genoemd, zijn: Marietje Kessels, GGD programma's en andere weerbaarheidstrainingen.



Van de 41 gemeenten, geeft bijna een derde aan wel zicht te hebben op het aantal kinderen dat wordt bereikt met voorlichting op scholen, maar iets meer dan een derde niet. Van de 41 gemeenten schat 23% dat meer dan driekwart tot de gehele doelgroep van kinderen op primair en voortgezet onderwijs wordt bereikt.

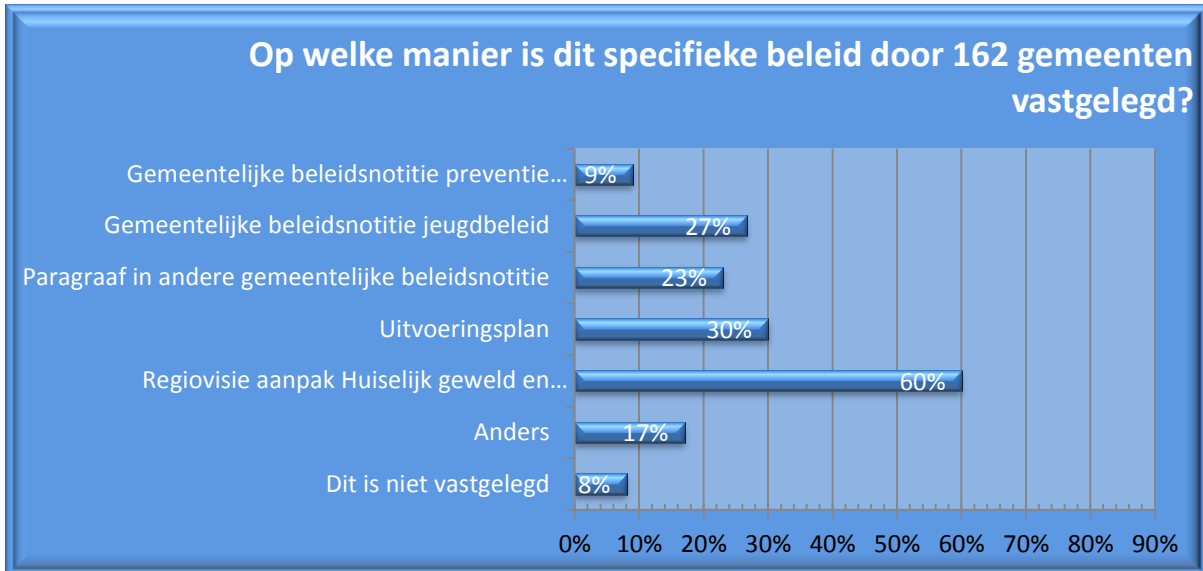


### Doelstelling 7

De leerkrachten, kinderopvangwerkers en artsen en verpleegkundigen waar kinderen veelvuldig contact mee hebben, zijn getraind in het signaleren van kindermishandeling. Een meld code kindermishandeling is ingevoerd op de plaatsen waar kinderen regelmatig komen: onderwijs- en kinderopvanginstellingen, het centrum voor jeugd- en gezin, jeugdgezondheidszorg, huisartsenpraktijken en in wijkteams.

23 van de 159 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgesteld, zicht op het bereik van de doelgroep en schatten dat meer dan 75% van de leerkrachten, kinderopvangwerkers en artsen en verpleegkundigen, zijn getraind in het signaleren van kindermishandeling.

Meer dan de helft van de gemeenten (60%) geeft aan deze doelstelling in de regiovisie te hebben staan. Daarnaast komt het voor in nota's jeugdbeleid en andere beleidsnota's en in uitvoeringsplannen. 8% geeft aan deze doelstelling over de meld code niet als beleid te hebben opgenomen.



**Welke beleidsmaatregelen zetten gemeenten hierop in? (N=150)**

De gemeente stuurt op deskundigheidsbevordering in het signaleren van kindermishandeling in de volgende sectoren:	Kinderopvang	83%	125
	Onderwijs	75%	123
	Jeugdgezondheidszorg (JGZ)	86%	129
	Consultatiebureaus	84%	126
	Huisartsen	20%	30
	Anders	24%	36
De gemeente ziet erop toe dat de volgende instellingen een meld code hebben en gebruiken	Kinderopvang	78%	117
	Onderwijs	59%	89
	Jeugdgezondheidszorg (JGZ)	67%	101
	Huisartsenpraktijken	11%	17
	Jeugdzorg	42%	63
	Woningcorporaties	8%	12
	Anders	28%	42
Gemeente biedt zelf voorlichting/ informatie over meld code door:	Informatie aan instellingen	48%	72
	Website met alle specifieke meldcodes	14%	21
	Inkoop of subsidiëren van scholing	38%	57
	Anders	22%	33

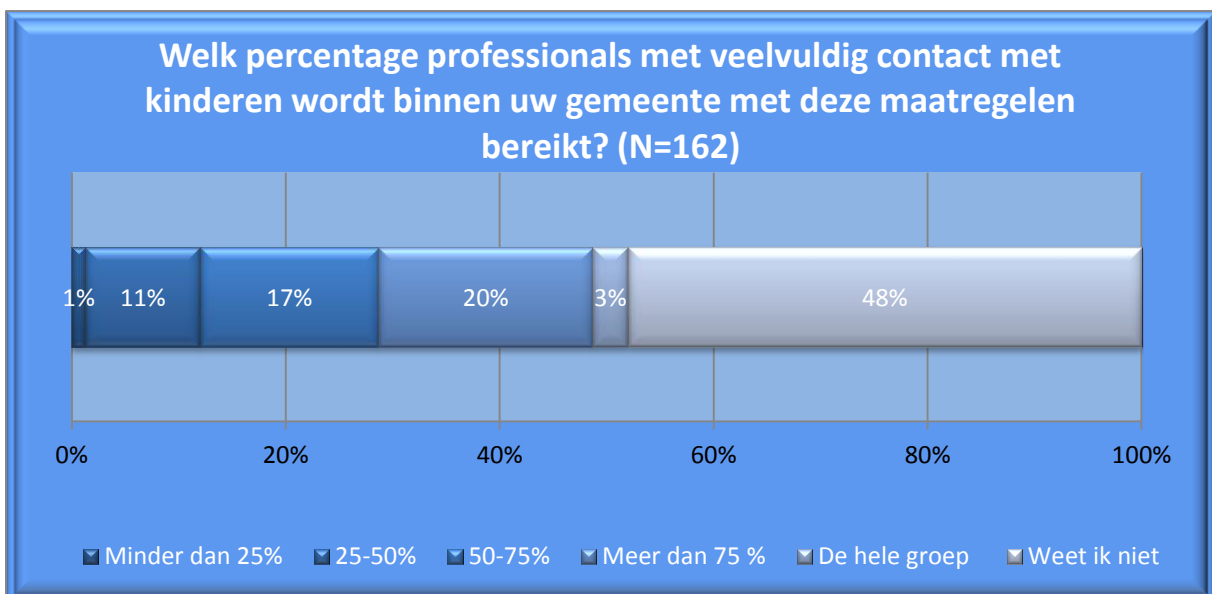
Er wordt gestuurd op deskundigheidsbevordering in voornamelijk de volgende sectoren: kinderopvang, onderwijs, JGZ en consultatiebureaus. Slechts 20% van de gemeenten betreft huisartsen in de deskundigheidsbevordering.

78% van 150 gemeenten ziet erop toe dat de kinderopvangsector de meld code hanteert. Ook in het onderwijs en de JGZ wordt hier door veel gemeenten aandacht aan geschonken. Huisartsenpraktijken (11%) en woningcorporaties (8%) krijgen echter op dit thema (hanteren meld code) nog maar weinig aandacht van gemeenten. De helft van de gemeenten zijn actief door middel van

informatieverstrekking over de meld code aan instellingen en door middel van inkoop of subsidiering van scholing.



36% van de gemeenten heeft zicht op het aantal professionals dat veelvuldig contact heeft met kinderen en daarbij de meld code weet te hanteren. De schatting van 23% van deze gemeenten is dat meer dan driekwart tot de gehele doelgroep van professionals wordt bereikt.

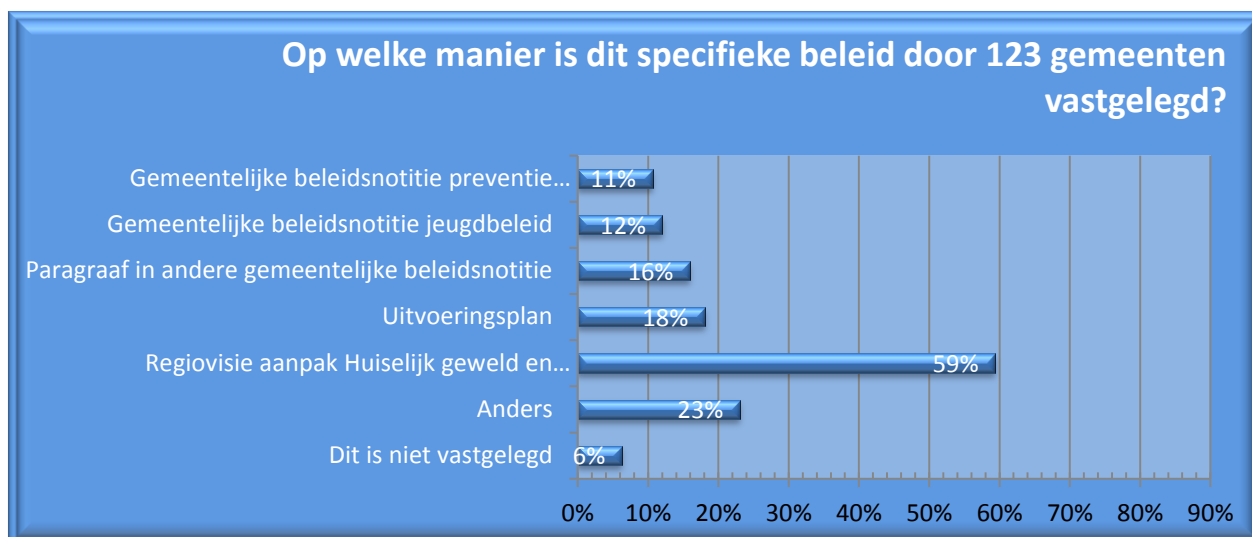


### Doelstelling 8

Alle kinderen die betrokken zijn bij situaties van huiselijk geweldsincidenten waarbij de politie of het Steunpunt Huiselijk Geweld is betrokken, of die verblijven in een instelling voor vrouwenopvang, krijgen een preventief hulpaanbod. Hiervoor is voldoende capaciteit beschikbaar van preventieve interventies.



31 van de 123 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgesteld, zicht op het bereik van de doelgroep en schatten dat meer dan 75% van de kinderen die betrokken zijn bij situaties van huiselijk geweld waarbij politie of het Steunpunt Huiselijk Geweld is betrokken, of die verblijven in de vrouwenopvang, een preventief hulpaanbod krijgen. Deze onderstaande grafiek laat duidelijk zien dat 59% van de gemeenten deze doelstelling in de regiovisie heeft opgenomen en rond de 20% van de gemeenten heeft dit in een eigen nota opgenomen.



**Welke beleidsmaatregelen zetten gemeenten hierop in? (N=123)**

Sturing d.m.v. subsidievoorwaarden/ kwaliteitseisen aan instellingen over:	Scholingstraject politie	15%	18
	Inzet Risico-instrumenten	39%	48
	Richtlijnen en protocollen (zoals gespreksprotocol, handelingsprotocol)	51%	63
	Aandachtsfunctionaris huiselijk geweld/ kindermishandeling bij de politie	38%	46
	Directe beschikbaarheid van programma's (geen wachtlijst of wachttijden)	36%	44
	Prestatie-indicatoren	13%	16
	Anders	17%	21
Sturing op ketensamenwerking door middel van:	Samenwerkingsafspraken	83%	102
	Afgesproken route toeleiding kind van melding naar hulpaanbod	59%	73
	Ontwikkelen van een multidisciplinaire aanpak	68%	84
	Inrichten van kwaliteitssystemen voor de ketenaanpak	25%	31
	Werken aan de cultuur van samenwerking	37%	46
	Anders	8%	10
Inkoop (financiering) van specifieke programma's	Let op de kleintjes	24%	30
	Storm en Spetters	0%	0
	Opvoedingsondersteuning met specifieke aandacht voor het kind zelf	31%	38
	Voorlichting over huiselijk geweld en kindermishandeling aan het kind	29%	36
	Anders	18%	22

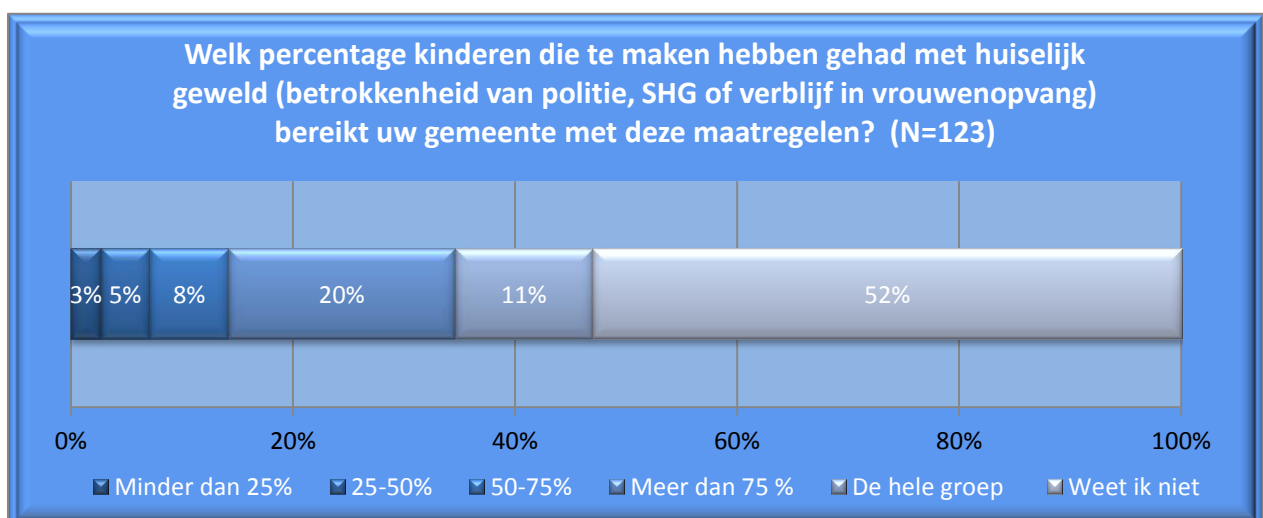
De helft van deze gemeenten geeft aan te sturen op het gebruik van richtlijnen en protocollen.

Er wordt op samenwerkingsafspraken gestuurd door 83% van de gemeenten. Speciale programma's die gemeenten hebben ingekocht, zijn Let op de Kleintjes en andere Opvoedondersteuningsprogramma's. Ook zet 29% in op voorlichting over deze thema's aan het kind zelf.



Bijna de helft (47%) geeft aan zicht te hebben op het bereik van het aantal kinderen dat te maken heeft gehad met huiselijk geweld.

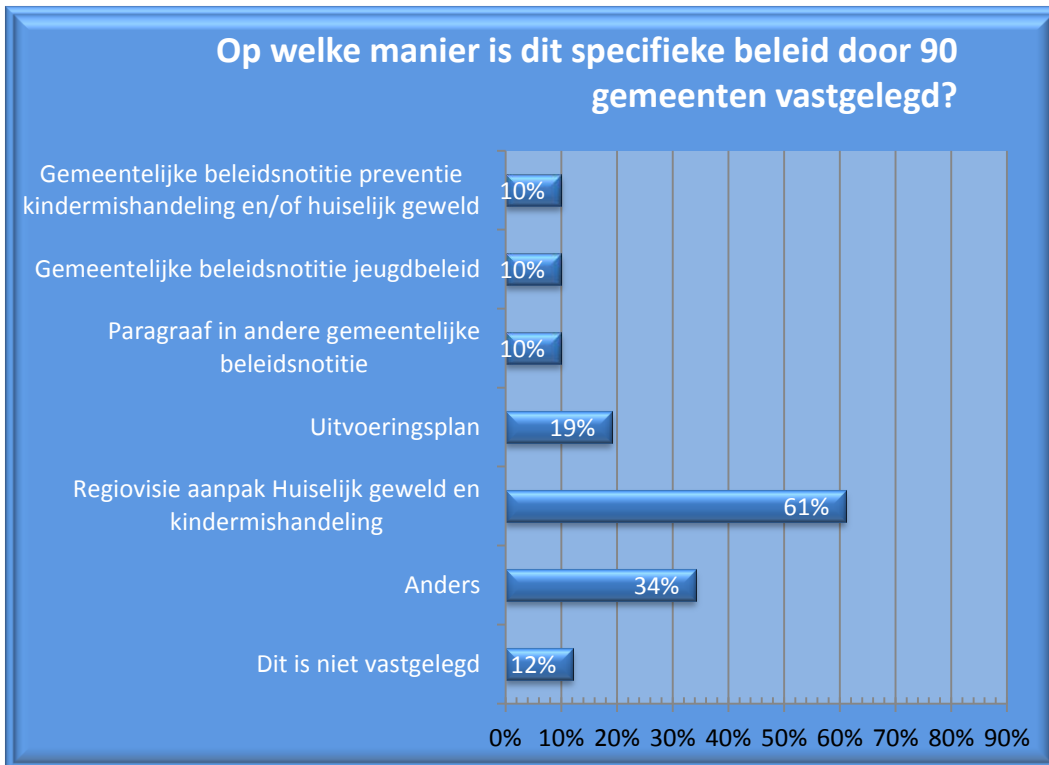
Slechts 32% van 113 gemeenten geeft de schatting dat meer dan driekwart tot de gehele doelgroep van kinderen wordt bereikt.



### Doelstelling 9

Kinderen die in de vrouwenopvang en maatschappelijke opvang verblijven, krijgen passende zorg voor zichzelf: er is specifieke begeleiding voor de kinderen, er wordt met hen gesproken over wat zij hebben meegemaakt, zij ontvangen (psycho-educatie) en indien nodig behandeling.

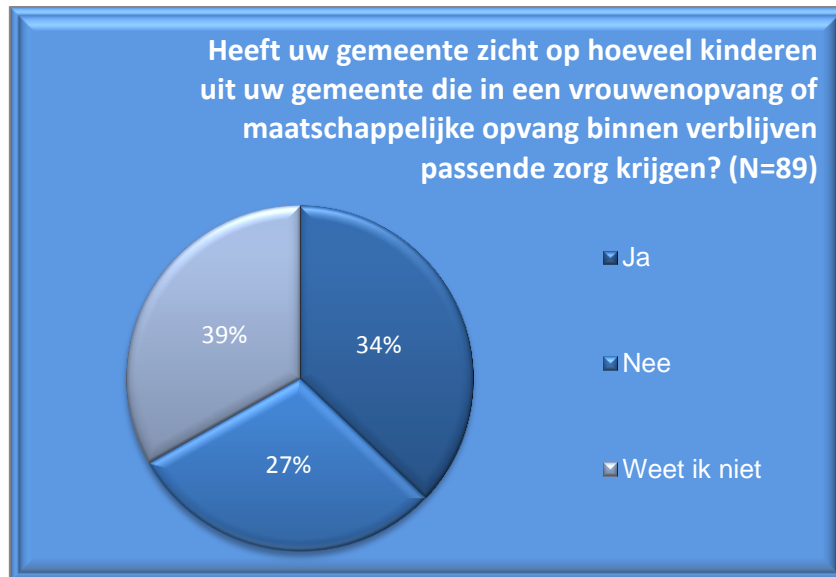
18 van de 90 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgelegd, zicht op het bereik van de doelgroep en schatten dan meer dan 75% van de kinderen die in de vrouwenopvang en maatschappelijke opvang verblijven, passende zorg krijgen. Deze doelstelling wordt volgens 61% van de gemeenten in de regiovisie vermeld. Ook naar andere documenten, zoals plannen voor de vrouwenopvang en naar beleidsnota's van centrumgemeenten wordt verwezen.



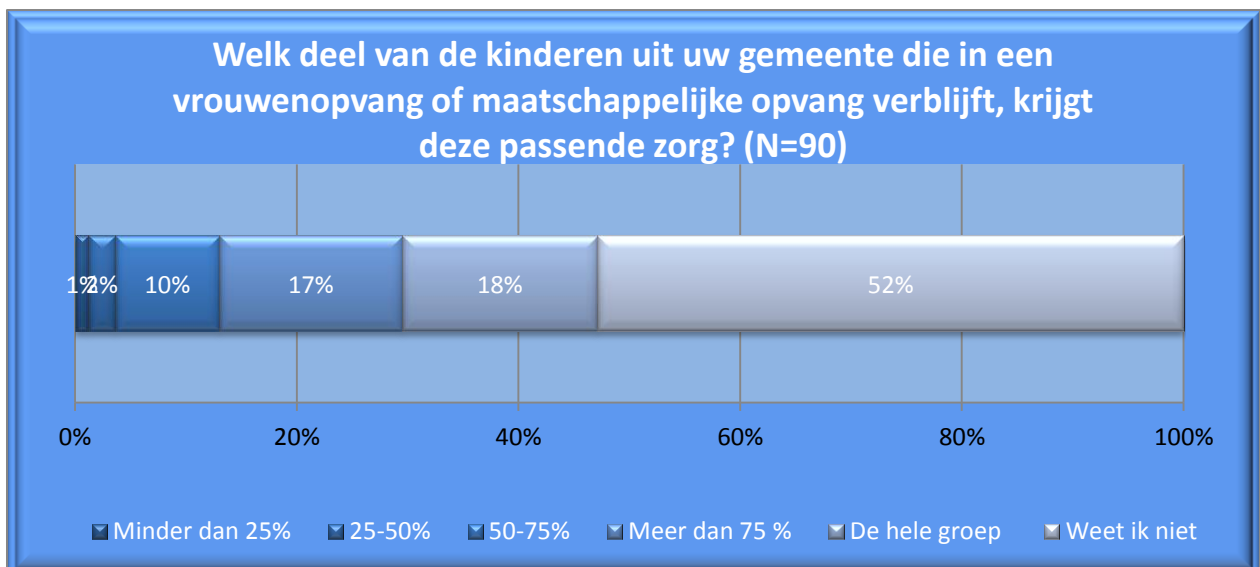
**Welke beleidsmaatregelen zetten gemeenten hierop in?(N=89)**

<b>Sturing op ketensamenwerking door middel van:</b>	Scholingstraject	15%	13
	Inzet Risico-instrumenten	24%	21
	Richtlijnen en protocollen	36%	32
	Aandachtsfunctionaris huiselijk geweld/ kindermishandeling	26%	23
	Directe beschikbaarheid van programma's (geen wachtlijst of wachttijden)	24%	21
	Prestatie-indicatoren	16%	14
	Anders	26%	23
	Samenwerkingsafspraken	79%	70
	Ontwikkelen van een multidisciplinaire aanpak	48%	42
	Inrichten van kwaliteitssystemen voor de ketenaanpak	26%	23
	Werken aan de cultuur van samenwerking	33%	29
Anders	9%	8	
<b>Stimuleren dat de opvang voorzieningen voor kinderen heeft:</b>	Aparte en veilige speelruimte voor kinderen	23%	20
	Aangrenzende buitenspeelruimte voor kinderen met een inrichting die past bij de leeftijd van de kinderen.	14%	12
	Anders	17%	15
<b>Stimuleren dat de opvang specifieke begeleiding voor kinderen biedt:</b>	Er wordt met de kinderen gesproken over wat zij hebben meegemaakt	43%	38
	Medewerkers besteden een bepaald aantal uren aan de begeleiding van kinderen	22%	20
	Moeders wordt geleerd om met hun kinderen te praten over wat er gebeurd is	34%	30
	Anders	24%	21
	Let op de kleintjes	23%	20
	Storm en Spetters	1%	1
	Tijd voor Toontje	1%	1
<b>Inkoop (financiering) van specifieke programma's</b>	En nu ik!	6%	5
	Veerkracht	18%	16
	Kan iemand mij horen?	0%	0
	Toekomst gerichte begeleiding	2%	2
	Moeder-Kind cursus	14%	12
	Voorlichting over huiselijk geweld	17%	15
	Anders	24%	21

De meeste gemeenten zetten in op richtlijnen en protocollen, maar ook de andere sturingsinstrumenten worden benut. 79% van de 89 gemeenten geeft aan te sturen op samenwerking door middel van afspraken. 23% van de gemeenten stimuleert dat de voorziening een aparte en veilige ruimte voor kinderen heeft. 43% geeft aan te stimuleren dat er met kinderen wordt gesproken over wat zij mee hebben gemaakt. De vaakst genoemde programma's die worden ingekocht, zijn Let op de Kleintjes en Moeder-Kind Cursussen.



Een derde van de gemeenten geeft aan zicht te hebben op het aantal kinderen uit de eigen gemeente dat in een vrouwenopvang of maatschappelijke opvang verblijft en daar passende zorg ontvangt. 27% zegt geen zicht te hebben op dit aantal. Het is niet ondenkbaar dat een deel van deze kinderen zich tijdelijk in een andere gemeente bevindt, omdat niet elke gemeenten een eigen opvang heeft. Geschat wordt door 35% van de gemeenten dat met inzet van sturing en programma's meer dan driekwart van de kinderen of zelfs alle kinderen worden bereikt.

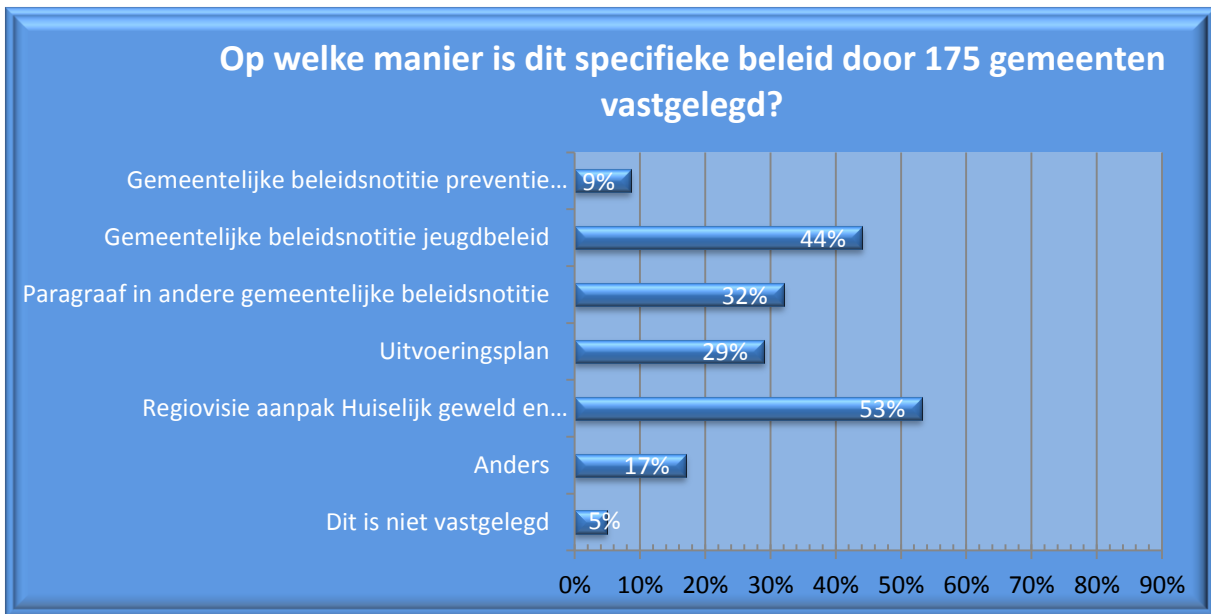


### Doelstelling 10

Burgers weten dat zij advies kunnen vragen en waar (bij het AMK en SHG en de lokale organisaties) als zij zich zorgen maken over een kind in hun omgeving. Zij weten ook waar zij zelf (opvoed)advies kunnen inwinnen.

Twee van 172 gemeenten die alle vragen over deze doelstelling beantwoordden, hebben hun beleid schriftelijk vastgesteld, zicht op het bereik van de doelgroep en schatten dat meer dan 75% van de burgers weten dat zij advies kunnen en waar als zich zorgen maken over een kind in hun omgeving en waar zij zelf opvoedadvies kunnen inwinnen.

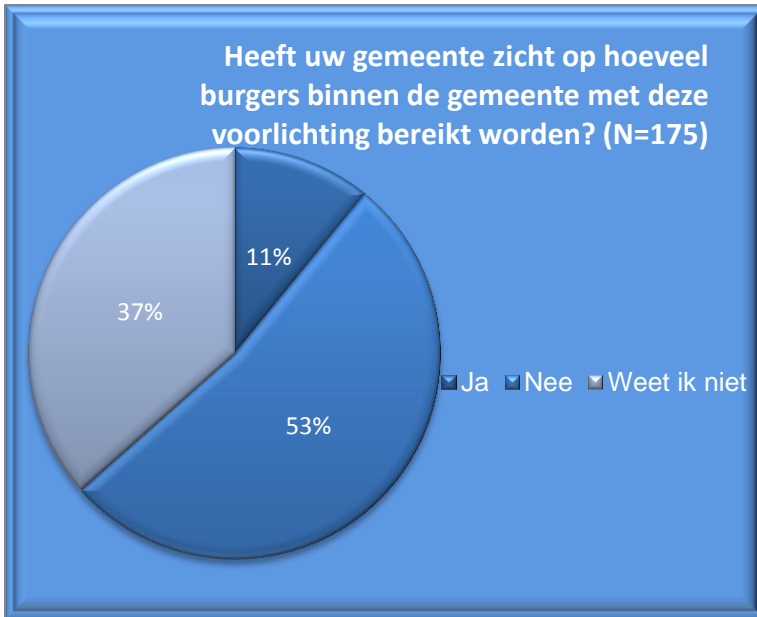
Deze doelstelling staat volgens gemeenten vooral in de beleidsnota jeugd of in de regiovisie vermeld.



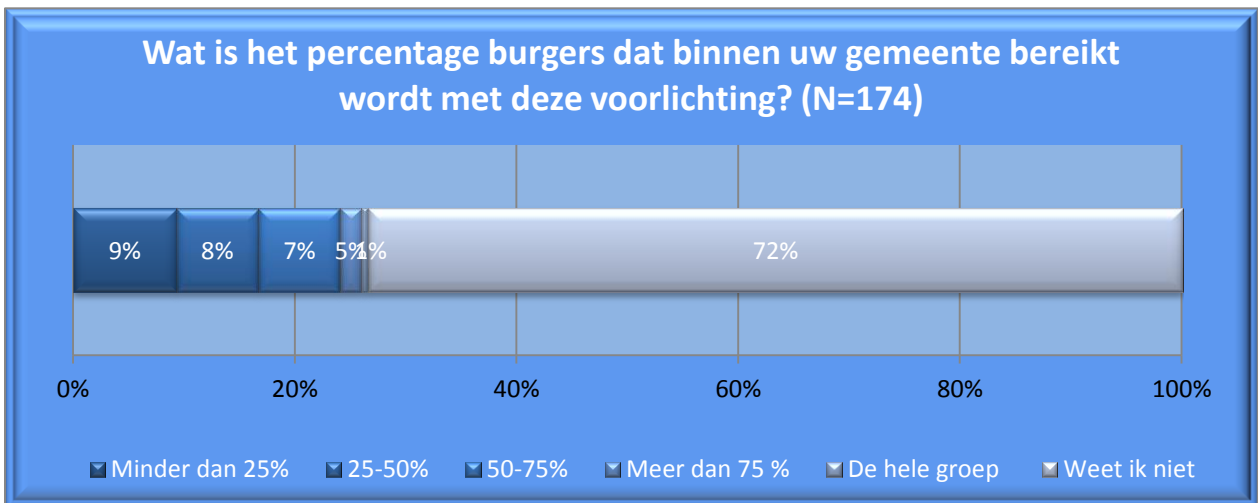
#### Welke beleidsmaatregelen zetten gemeenten hierop in? (N=175)

<b>Gemeentelijke campagne</b>	Billboards	3%	5
	Regionale televisie	6%	11
	Anders	39%	68
<b>Gemeentelijke voorlichting d.m.v.</b>	Folders	61%	107
	Website	71%	124
	Voorlichtingsbijeenkomsten ouders	41%	72
	Voorlichting specifiek voor specifieke doelgroepen van ouders zoals migrantenouders of ouders met LVG problematiek	13%	23
	Anders	19%	28

De gemeentelijke campagnes die bij 'anders' worden ingevuld, zijn: folders, publicaties, plaatselijk bladen en via scholen, krant, CJG websites, nieuwsbrieven en Triple P en GGD campagnes. Dit beeld wordt in de onderste helft van de tabel opnieuw duidelijk: folders en websites is de vaakst genoemde manier van voorlichting.



Meer dan de helft van de gemeenten heeft geen zicht op hoeveel burgers er met deze voorlichting wordt bereikt. Slechts 11% zegt dit wel te hebben. De relatief laagste schatting van het bereik: 3% van de gemeenten zegt dat meer dan driekwart tot de alle burgers worden bereikt met de ingezette doelstellingen en manieren van sturing. Maar liefst 74% geeft aan geen schatting te kunnen geven.



### **Bijlage 3      Relevante artikelen uit het VN-Kinderrechtenverdrag**

Nederland heeft in 1995 het Internationaal Verdrag voor de Rechten van het Kind (IVRK) geratificeerd.<sup>62</sup> Dat brengt verplichtingen met zich mee voor de Nederlandse overheid. De Kinderombudsman controleert of Nederland het Kinderrechtenverdrag naleeft. De voor dit onderzoek relevante artikelen uit het IVRK zijn:

#### **Artikel 3**

1. Bij alle maatregelen betreffende kinderen, ongeacht of deze worden genomen door openbare of particuliere instellingen voor maatschappelijk welzijn of door rechterlijke instanties, bestuurlijke autoriteiten of wetgevende lichamen, vormen de belangen van het kind de eerste overweging.
2. De Staten die partij zijn, verbinden zich ertoe het kind te verzekeren van de bescherming en de zorg die nodig zijn voor zijn welzijn, rekening houdend met de rechten en plichten van zijn ouders, wettige voogden of anderen die wettelijk verantwoordelijk zijn voor het kind, en nemen hiertoe alle passende wettelijke en bestuurlijke maatregelen.
3. De Staten die partij zijn, waarborgen dat de instellingen, diensten en voorzieningen die verantwoordelijk zijn voor de zorg voor of de bescherming van kinderen voldoen aan de door de bevoegde autoriteiten vastgestelde normen, vooral ten aanzien van de veiligheid, de gezondheid, het aantal personeelsleden en hun geschiktheid, alsmede bevoegd toezicht.

#### **Artikel 5**

De Staten die partij zijn, eerbiedigen de verantwoordelijkheden, rechten en plichten van de ouders of, indien van toepassing, van de leden van de grootfamilie of de gemeenschap al naar gelang het plaatselijke gebruik, van wettige voogden of anderen die wettelijk verantwoordelijk zijn voor het kind, om te voorzien, op een wijze die verenigbaar is met de zich ontwikkelende vermogens van het kind, in passende leiding en begeleiding bij de uitoefening door het kind van de in dit Verdrag erkende rechten.

#### **Artikel 12**

1. De Staten die partij zijn, verzekeren het kind dat in staat is zijn eigen mening te vormen, het recht die mening vrijelijk te uiten in alle aangelegenheden die het kind betreffen, waarbij aan de mening van het kind passend belang wordt gehecht in overeenstemming met zijn leeftijd en rijpheid.
2. Hiertoe wordt het kind met name in de gelegenheid gesteld te worden gehoord in iedere gerechtelijke en bestuurlijke procedure die het kind betreft, hetzij rechtstreeks, hetzij door tussenkomst van een vertegenwoordiger of een daarvoor geschikte instelling, op een wijze die verenigbaar is met de procedureregels van het nationale recht.

#### **Artikel 18**

1. De Staten die partij zijn, doen alles wat in hun vermogen ligt om de erkenning te verzekeren van het beginsel dat beide ouders de gezamenlijke verantwoordelijkheid dragen voor de opvoeding en de ontwikkeling van het kind. Ouders of, al naargelang het geval, wettige voogden, hebben de eerste verantwoordelijkheid voor de opvoeding en de ontwikkeling van het kind. Het belang van het kind is hun allereerste zorg.
2. Om de toepassing van de in dit Verdrag genoemde rechten te waarborgen en te bevorderen, verlenen de Staten die partij zijn, passende bijstand aan ouders en wettige voogden bij de uitoefening van hun verantwoordelijkheden die de opvoeding van het kind betreffen, en waarborgen zij de ontwikkeling van instellingen, voorzieningen en diensten voor kinderopvang.



### **Artikel 19**

1. De Staten die partij zijn, nemen alle passende wettelijke en bestuurlijke maatregelen en maatregelen op sociaal en opvoedkundig gebied om het kind te beschermen tegen alle vormen van lichamelijk of geestelijk geweld, letsel of misbruik, verwaarlozing of nalatige behandeling, mishandeling of exploitatie, met inbegrip van seksueel misbruik, zolang het kind onder de hoede is van de ouder(s), wettige voogd(en) of iemand anders die de zorg voor het kind heeft.
2. Deze maatregelen ter bescherming dienen, indien van toepassing, doeltreffende procedures te omvatten voor de invoering van sociale programma's om te voorzien in de nodige ondersteuning van het kind en van degenen die de zorg voor het kind hebben, alsmede procedures voor andere vormen van voorkoming van gevallen van kindermishandeling zoals hierboven beschreven, en voor opsporing, melding, verwijzing, onderzoek, behandeling en follow-up van zodanige gevallen, en, indien van toepassing, voor inschakeling van rechterlijke instanties.

### **Artikel 20**

1. Een kind dat tijdelijk of blijvend het leven in het gezin waartoe het behoort, moet missen, of dat men in zijn eigen belang niet kan toestaan in het gezin te blijven, heeft recht op bijzondere bescherming en bijstand van staatswege.
2. De Staten die partij zijn, waarborgen, in overeenstemming met hun nationale recht, een andere vorm van zorg voor dat kind.
3. Deze zorg kan, onder andere, plaatsing in een pleeggezin omvatten, 'kafalah' volgens het Islamitische recht, adoptie, of, indien noodzakelijk, plaatsing in geschikte instellingen voor kinderzorg. Bij het overwegen van oplossingen wordt op passende wijze rekening gehouden met de wenselijkheid van continuïteit in de opvoeding van het kind en met de etnische, godsdienstige en culturele achtergrond van het kind en met zijn achtergrond wat betreft de taal.

### **Artikel 22**

1. De Staten die partij zijn, nemen passende maatregelen om te waarborgen dat een kind dat de vluchtelingenstatus wil verkrijgen of dat in overeenstemming met de toepasselijke internationale of nationale wet en rechtsregels en procedures als vluchteling wordt beschouwd, ongeacht of het al dan niet door zijn ouders of door iemand anders wordt begeleid, passende bescherming en humanitaire bijstand krijgt bij het genot van de van toepassing zijnde rechten beschreven in dit Verdrag en in andere internationale akten inzake de rechten van de mens of humanitaire akten waarbij de bedoelde Staten partij zijn.
2. Hiertoe verlenen de Staten die partij zijn, naar zij passend achten, hun medewerking aan alle inspanningen van de Verenigde Naties en andere bevoegde intergouvernementele of niet-gouvernementele organisaties die met de Verenigde Naties samenwerken, om dat kind te beschermen en bij te staan en de ouders of andere gezinsleden op te sporen van een kind dat vluchteling is, teneinde de nodige inlichtingen te verkrijgen voor hereniging van het kind met het gezin waartoe het behoort. In gevallen waarin geen ouders of andere familieleden kunnen worden gevonden, wordt aan het kind, overeenkomstig de in dit Verdrag omschreven beginselen, dezelfde bescherming verleend als aan ieder ander kind dat, om welke reden ook, blijvend of tijdelijk het leven in een gezin moet ontberen, zoals beschreven in dit Verdrag.

### **Artikel 23**

- 23.1. De Staten die partij zijn, erkennen dat een geestelijk of lichamelijk gehandicapt kind een volwaardig en behoorlijk leven dient te hebben, in omstandigheden die de waardigheid van het kind verzekeren, zijn zelfstandigheid bevorderen en zijn actieve deelneming aan het gemeenschapsleven vergemakkelijken.
2. De Staten die partij zijn, erkennen het recht van het gehandicapte kind op bijzondere zorg, en stimuleren en waarborgen dat aan het daarvoor in aanmerking komende kind en degenen die

verantwoordelijk zijn voor zijn verzorging, afhankelijk van de beschikbare middelen, de bijstand wordt verleend die is aangevraagd en die passend is gezien de gesteldheid van het kind en de omstandigheden van de ouders of anderen die voor het kind zorgen.

3. Onder erkenning van de bijzondere behoeften van het gehandicapte kind, dient de in overeenstemming met het tweede lid geboden bijstand, wanneer mogelijk, gratis te worden verleend, rekening houdend met de financiële middelen van de ouders of anderen die voor het kind zorgen. Deze bijstand dient erop gericht te zijn te waarborgen dat het gehandicapte kind daadwerkelijk toegang heeft tot onderwijs, opleiding, voorzieningen voor gezondheidszorg en revalidatie, voorbereiding voor een beroep, en recreatiemogelijkheden op een wijze die ertoe bijdraagt dat het kind een zo volledig mogelijke maatschappelijke integratie en persoonlijke ontwikkeling bereikt, met inbegrip van zijn culturele en intellectuele ontwikkeling.

4. De Staten die partij zijn, bevorderen in een geest van internationale samenwerking, de uitwisseling van passende informatie op het gebied van preventieve gezondheidszorg en van medische en psychologische behandeling van, en behandeling van functionele stoornissen bij gehandicapte kinderen, met inbegrip van de verspreiding van en de toegang tot informatie betreffende revalidatiemethoden, onderwijs en beroepsopleidingen, met als doel de Staten die partij zijn, in staat te stellen hun deskundigheid en vaardigheden te verbeteren en hun ervaring op deze gebieden te verruimen. Wat dit betreft wordt in het bijzonder rekening gehouden met de behoeften van ontwikkelingslanden

#### **Artikel 24**

**24.1** De Staten die partij zijn, erkennen het recht van het kind op het genot van de grootst mogelijke mate van gezondheid en op voorzieningen voor de behandeling van ziekte en het herstel van gezondheid. De Staten die partij zijn, streven ernaar te waarborgen dat geen enkel kind zijn of haar recht op toegang tot deze voorzieningen voor gezondheidszorg wordt onthouden.

**24.2** De Staten die partij zijn, streven de volledige verwezenlijking van dit recht na en nemen passende maatregelen, met name:

- a.** om baby- en kindersterfte te verminderen;
- b.** om de verlening van de nodige medische hulp en gezondheidszorg aan alle kinderen te waarborgen, met nadruk op de ontwikkeling van de eerste lijnsgezondheidszorg;
- c.** om ziekte, ondervoeding en slechte voeding te bestrijden, mede binnen het kader van de eerstelijnsgezondheidszorg, door onder andere het toepassen van gemakkelijk beschikbare technologie en door het voorzien in voedsel met voldoende voedingswaarde en zuiver drinkwater, de gevaren en risico's van milieuverontreiniging in aanmerking nemend;
- d.** om passende pre- en postnatale gezondheidszorg voor moeders te waarborgen;
- e.** om te waarborgen dat alle geledingen van de samenleving, met name ouders en kinderen, worden voorgelicht over, toegang hebben tot onderwijs, en worden gesteund in het gebruik van de fundamentele kennis van de gezondheid van en de voeding van kinderen, de voordelen van borstvoeding, hygiëne en sanitaire voorzieningen en het voorkomen van ongevallen;
- f.** om preventieve gezondheidszorg, begeleiding voor ouders, en voorzieningen voor en voorlichting over gezinsplanning te ontwikkelen.

**24.3** De Staten die partij zijn, nemen alle doeltreffende en passende maatregelen teneinde traditionele gebruiken die schadelijk zijn voor de gezondheid van kinderen af te schaffen.

**24.4** De Staten die partij zijn, verbinden zich ertoe internationale samenwerking te bevorderen en aan te moedigen teneinde geleidelijk de algehele verwezenlijking van het in dit artikel erkende recht te bewerkstelligen. Wat dit betreft wordt in het bijzonder rekening gehouden met de behoeften van ontwikkelingslanden.

### **Artikel 25**

De Staten die partij zijn, erkennen het recht van een kind dat door de bevoegde autoriteiten uit huis is geplaatst ter verzorging, bescherming of behandeling ten behoeve van zijn lichamelijke of geestelijke gezondheid, op een periodieke evaluatie van de behandeling die het kind krijgt en van alle andere omstandigheden die verband houden met zijn plaatsing.

### **Artikel 26**

**26.1** De Staten die partij zijn, erkennen voor ieder kind het recht de voordelen te genieten van voorzieningen voor sociale zekerheid, met inbegrip van sociale verzekering, en nemen de nodige maatregelen om de algehele verwezenlijking van dit recht te bewerkstelligen in overeenstemming met hun nationaal recht.

**26.2** De voordelen dienen, indien van toepassing, te worden verleend, waarbij rekening wordt gehouden met de middelen en de omstandigheden van het kind en de personen die verantwoordelijk zijn voor zijn of haar onderhoud, alsmede iedere andere overweging die van belang is voor de beoordeling van een verzoek daartoe dat door of namens het kind wordt ingediend.

### **Artikel 27**

**27.1** De Staten die partij zijn, erkennen het recht van ieder kind op een levensstandaard die toereikend is voor de lichamelijke, geestelijke, intellectuele, zedelijke en maatschappelijke ontwikkeling van het kind.

**27.2** De ouder(s) of anderen die verantwoordelijk zijn voor het kind, hebben de primaire verantwoordelijkheid voor het waarborgen, naar vermogen en binnen de grenzen van hun financiële mogelijkheden, van de levensomstandigheden die nodig zijn voor de ontwikkeling van het kind.

**27.3** De Staten die partij zijn, nemen, in overeenstemming met de nationale omstandigheden en met de middelen die hun ten dienste staan, passende maatregelen om ouders en anderen die verantwoordelijk zijn voor het kind te helpen dit recht te verwezenlijken, en voorzien, indien de behoefte daaraan bestaat, in programma's voor materiële bijstand en ondersteuning, met name wat betreft voeding, kleding en huisvesting.

**27.4** De Staten die partij zijn, nemen alle passende maatregelen om het verhaal te waarborgen van uitkeringen tot onderhoud van het kind door de ouders of andere personen die de financiële verantwoordelijkheid voor het kind dragen, zowel binnen de Staat die partij is als vanuit het buitenland. Met name voor gevallen waarin degene die de financiële verantwoordelijkheid voor het kind draagt, in een andere Staat woont dan die van het kind, bevorderen de Staten die partij zijn de toetreding tot internationale overeenkomsten of het sluiten van dergelijke overeenkomsten, alsmede het treffen van andere passende regelingen.

### **Artikel 34**

De Staten die partij zijn, verbinden zich ertoe het kind te beschermen tegen alle vormen van seksuele exploitatie en seksueel misbruik. Hiertoe nemen de Staten die partij zijn met name alle passende nationale, bilaterale en multilaterale maatregelen om te voorkomen dat:

- a) een kind ertoe wordt aangespoord of gedwongen deel te nemen aan onwettige seksuele activiteiten;
- b) kinderen worden geëxploiteerd in de prostitutie of andere onwettige seksuele praktijken;
- c) kinderen worden geëxploiteerd in pornografische voorstellingen en pornografisch materiaal.

### **Artikel 39**

De Staten die partij zijn, nemen alle passende maatregelen ter bevordering van het lichamenlijk en geestelijk herstel en de herintegratie in de maatschappij van een kind dat het slachtoffer is van: welke vorm ook van verwaarlozing, exploitatie of misbruik; foltering of welke andere vorm ook van wrede,

onmenselijke of onterende behandeling of bestraffing; of gewapende conflicten. Dit herstel en deze herintegratie vinden plaats in een omgeving die bevorderlijk is voor de gezondheid, het zelfrespect en de waardigheid van het kind.