PREVENTING CHILD MALTREATMENT – PARENT WELFARE ASSESSMENT AND EARLY SUPPORT FOR FAMILIES

Use of the BCAP (Brief Child Abuse Potential Inventory) in child and family services
The research and development group thank all those who participated in the initiative and actively took part in the work to prevent child maltreatment, and who devoted their energies to co-development, and encouraged or otherwise supported the activities to promote the well-being of families with children and prevent child maltreatment in Finland.

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“Violence against the most vulnerable members of our society – our children and adolescents – has a devastating impact and leads to a wide range of health and social problems. Yet much of it is predictable and preventable through programmes that address its causes and risk factors.”

WHO 2016, INSPIRE PRIORITY STATEMENT

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This manual is compiled on the basis of the risk assessment of child maltreatment research and development initiative (2016–2018), and research data on the identification and prevention of child maltreatment within families. The references to initiative in the manual relate to this initiative. In Finland, the central risk factors causing child maltreatment that emerge in families have been systematically gathered for a clinical practice guideline (Paavilainen & Flinck 2015). The guideline contains evidence-based information for professionals regarding factors among children and parents, their actions, life situations that pose risks to the safe and healthy growth of a child. It also contains the symptoms and signs that maltreatment causes in children, and which methods decrease child maltreatment. The guideline is updated regularly. It is important that professionals and societal actors have knowledge of these risk factors, as well as parents, so that they can assess their own parenting in relation to researched knowledge and change their methods to support their child’s safe and healthy growth. It is also important that society is aware of the concept of child maltreatment and its destructive and often lifelong consequences (WHO 2016). Regional official groups have been created in Finland to monitor and develop interventions in child maltreatment as well as guidelines intended for authorities, for example, in Tampere (City of Tampere 2015). Multi-professional training is arranged annually. The research and development initiative (2016–2018) has used the validated BCAP assessment tool, which can evaluate parents’ welfare. For practical purposes, the BCAP is renamed the Family Welfare Questionnaire. It can be used for detecting child maltreatment risk and for intervention in these situations. The aim of the manual is to enable BCAP to be used nationally in family services when the overall welfare of a family is being evaluated, especially to bring out parent’s concerns. Using the BCAP, we strive to nationally prevent and reduce the need for child protection through early support of parenting and families (cf. Heino 2014).
Child maltreatment is all forms of direct physical or emotional violence, violent punishment, injury or abuse, neglect, careless or ill treatment, including sexual violence, towards a child or young person under the age of 18. Maltreatment also covers indirect violence, when a child has to witness violence between their parents, for example (WHO 2016, Convention on the Rights of the Child). Child neglect and careless treatment is defined in more detail as meaning the neglect of a child's physical and emotional needs. Emotional neglect means a lack of support or love, continuous lack of attention, and ignoring a child’s hints and messages, that is, “emotional absence”, and exposure of a child to sexual violence and drug or alcohol abuse. Physical neglect means continuous failure to protect a child from harm and a failure to supervise them and ensure a child's basic needs and basic health care, when the person responsible for the care of the child has the necessary resources, knowledge and access to services. Child neglect also covers neglect of the child’s essential medical care and education, and abandonment of the child (UN 2011) (see also Appleton & Sidebotham 2017 and “Was not brought...”. The results of the research and development initiative (2016–2018) revealed weak associations between the concerns raised by parents and empowerment (Lepistö et al. article manuscript).

The Central Union for Child Welfare carried out a survey on corporal punishment in 2017. “Finns’ attitudes to parenting and the use of corporal punishment”, according to which adults' attitudes towards the corporal punishment of children have become stricter, but 13% of adults still think that children may be disciplined physically (Hyvärinen 2017). The National Action Plan for Safety Promotion among Children and Youth 2018–2025 Part 1 (Korpilahti 2018) contains goals and measures related to reducing and preventing corporal punishment. Using the BCAP, we also aim to eliminate corporal punishment in families.
Child maltreatment is a global problem, which in the worst case has destructive and often lifelong consequences. It causes children serious problems, illnesses and long-term suffering. (WHO 2016.) Violence towards children has both direct and indirect effects on children (Figure 1).

- **Direct effect**

- **Indirect effect (WHO 2016)**
Figure 1: Potential health consequences of violence against children

- Direct effect
  - Death (including foetal death)
  - Head injury
  - Fractures
  - Burns
  - Strokes
  - Cancer
  - Diabetes
  - Chronic lung disease
  - Heart disease
  - Obesity
  - Physical inactivity
  - Alcohol
  - Smoking

- Indirect effect due to adoption of high-risk behaviour
  - Depression and anxiety
  - Internal injury
  - Suicide
  - Post Traumatic Stress Disorder
  - Unintended and adolescent pregnancy
  - Pregnancy complications
  - Alcohol and drugs
  - HIV
  - STDs
  - Unsafe sexual practices
  - Multiple partners
  - Physical inactivity
  - Alcohol
  - Smoking

VIOLENCE AGAINST CHILDREN

Communicable disease and risk behaviours

Mental health problems

Noncommunicable disease and risk behaviours

Maternal and child health
WHY SHOULD FAMILY WELFARE BE SYSTEMATICALLY EVALUATED?

Growing up safely and healthily in childhood is the most important prerequisite of human well-being. A child’s earliest and most important safe growth and development environment is the home. A parent provides their child with the most significant experiences of safety and affection, which help the child grow into a socially, emotionally and psychosocially strong and healthy adult. Parenthood is nevertheless a difficult task and challenges all parents, regardless of their parenting skills. Parents’ behaviour is passed on from one generation to the next (Flinck & Paavilainen 2016). We are all different, and there is no specific training for parenthood. Thus, we cannot always know what is harmful to a child. The everyday challenges that we face in family life and parenthood can unpredictably become overwhelming and accumulate slowly into an indefinable spiral of worries, which is difficult to solve without professional support. From a child’s perspective, parents’ difficult life situations, for example marginalization, unemployment, relationship problems, drug or alcohol abuse or domestic violence; parent’s everyday concerns such as loneliness, poverty and distress; or worrying actions, such as behavioural violence, often have damaging effects on children. (Paavilainen & Flinck 2015, Flinck & Paavilainen 2016.) According to the last report on the well-being of families with children (2014), balancing work and family life also challenges parenthood. Although working is a factor that promotes well-being, the demanding nature of work has increased its strenuousness. The most common challenges are seen as lack of time for one’s family because of work, the feeling of neglecting home-related tasks, concern for one’s own ability to cope as a parent and sharing housework. Up to 40% of mothers and fathers are worried about their ability to cope. This is associated with burnout and depression and increased worrying (Salmi & Lammi-Taskula 2014).

The problem in Finnish service systems is their failure to see the child and family situation as a whole. In addition, the system only reacts to families’ problems when they have become serious (Paananen & Gissler 2014). In the light of current knowledge however, it is possible, and thus extremely important, to recognize the risk factors of maltreatment early, and to strive to prevent maltreatment (WHO 2016). It is important that parents have sufficient knowledge and the skills required for raising children safely and healthily, and that they are always able to get the help quickly when they need it, and support to maintain their well-being in family life situations, which may change very suddenly. According to Halme and Perälä (2014), only a third of parents receive support from the service system when they have concerns regarding domestic violence, relationships, finances, losing their temper, or insufficient parenting skills. Well-being problems often only emerge after a long period of time. Thus, support for the well-being of children and families should begin before the problem emerges (Paananen & Gissler 2014). It is difficult for professionals who care for families with children to obtain a comprehensive understanding of the well-being of the child and the family if this is not systematically evaluated.
Child is always considered as part of the family in child and family services. Social and health services and other child and family services should constantly prevent child maltreatment. Early identification of families’ concerns and intervening in them is essential and effective (Paavilainen & Flinck 2015, Halme & Perälä 2014). Maltreatment, or the risk of maltreatment, should particularly be assessed and identified during pregnancy and in services for small children, where early prevention is possible through timely support of the family in accordance with their needs. However, child maltreatment does not only occur during pregnancy and early childhood; school-aged children also experience maltreatment within families (Halme et al. 2018). Services should also evaluate adults’ welfare as parents when they have under-aged dependants. Caring for and helping children and families requires a comprehensive perspective.

Professionals caring for families with children are bound by acts and decrees to be responsible for ensuring child’s safe and healthy well-being. The prevention of child maltreatment is thus a civic activity, based on human rights and especially the United Nation’s Convention on the Rights of the Child. It is important to note that parents have the right to sufficient support in their task of bringing up children. Parents do not always know which child-related or personal concerns they can bring up in services for children with families. In addition, in Finnish society, the culture of coping is very strong, and failure to cope is seen as a weakness and incapacity in, for example parenting issues. Behind this way of thinking lay at least partial beliefs that one is either good enough or not good enough to be a parent, and adults are not seen as constantly growing and developing. No parent is born perfect, nor is any parent otherwise perfect. We all grow throughout our life course, and thus it is possible and important to also grow and develop during parenthood. Eliminating and preventing child maltreatment is the civic task of all professional child and family service providers.
Intervening in child maltreatment and working to prevent it is a civic responsibility, and thus everyday work. It is also important to identify and resolve the concerns arising in a family before they become problems. Families’ worries should never be belittled, generalized or merely followed; they should be swiftly handled together with the parents, in a solution-focused way.

Families’ internal concerns, the risk or the identification of child maltreatment always activates some kind of emotion in the professional. This is completely natural, as the professional forms an intuitive picture of the family’s situation. This is made up of the knowledge that arises from observations, impressions, thoughts and associations during encounters, and the feelings and interactions evoked during these situations. This picture is supplemented by obligations, that is, awareness of what is right, what is wrong and what is demanded of the professional. (Eriksson & Arnkil 2009.) It is important that professionals think about their own attitudes to and experiences of maltreatment, as they may also have difficult unresolved childhood experiences of maltreatment, or inexperience, which make the issue distant and frightening. It is important that we do not give in to negative feelings but approach these situations as neutrally as possible, still resolutely adhering to the basic values and principles of professional support work. The basic values in professional support work with parents of very young children who have experienced family violence are love for one’s neighbour, justice and optimism, and the principles are child-centeredness, safety, family centeredness, individuality, interactivity, and the support of human growth and development (Rantanen et al. manuscript). Despair requires the generation of hope. This opens the doors to equal collaboration, helps create a supportive atmosphere and helps parents play a part in helping their children. Taking up one’s worries contains a promise that something can be done (Eriksson & Arnkil 2009).

Services for families with children enable comprehensive care and professional support work. The organization’s shared values and principles, joint strategy, and quality and sufficiency of resources significantly affect the implementation of a systematic evaluation of parents’ welfare. Joint determination and the commitment of the management, the assurance of competence, sufficiency of time and space resources, clear multi-professional organization, and operating models emerge as especially important, both within the organization and between the collaborative partners. It is also very important to ensure clinical supervision.
TOOL KIT FOR EVALUATING FAMILY WELFARE
To be able to help families in the best way possible, we need methods for identifying the risk factors and concerns that emerge in families. The BCAP (Brief Child Abuse Potential) is an assessment tool that particularly measures the risk of child maltreatment (Ondersma et al. 2005) and is a shortened version from the CAP (Child Abuse Potential Inventory) (Milner 1986, Milner & Crouch 2017). CAP has been widely validated internationally, also in Finland. It effectively predicts child physical maltreatment.

The BCAP has proved to be the most reliable of the shortened versions (Milner & Crouch 2017). The dimensions that it contains also help define the concerns of a parent and family from several perspectives; worries may be diverse, as are the reasons for child maltreatment. The measure bring up the subject of unhappiness, financial insecurity, problems in social relations, family conflicts, distress, loneliness, or rigidity in thinking. These dimensions are highly compatible with the risk factors of clinical guideline (Paavilainen & Flinck 2015) and with recent studies of parental concerns (Halme & Perälä 2014).

The BCAP comprises 25–34 agree-disagree statements that the parent responds to alone (recommended) or together with the other parent. The measure is considered easy and quick (Ondersma et al. 2005) compared to the original CAP. The latest Finnish studies found the measure’s reliability to be good (.770). The BCAP was found to be a valid and effective tool for the early identification of parental worries and the risk of child maltreatment. Parents expressed many kinds of family life concerns such as loneliness, distress, rigidity, financial insecurity, family conflicts, and problems in social relations (Ellonen et al. manuscript, Lepistö et al. manuscript.)

All the parental concerns that emerge through the measure must be considered significant and be evaluated, to enable support of the family. It is especially important to listen to the parent’s narrative regarding their worries and to think together about how many concerns the family has and the possible need for additional support. Measure includes a cut point when assessment of professional support is mandatory. The measure helps us reveal things that the parent does not see as a concern or problem. This is especially important from the viewpoint of a child’s safe and healthy growth, because it opens up the possibility to increase the parent’s knowledge and skills for the child’s best.
PREREQUISITES FOR USING THE TOOL

The use of the BCAP requires that organizations commit to the systematic assessment of child maltreatment risk and family welfare, and that all the professionals providing family services have sufficient knowledge about the measure, its content and purpose, both within the organizations and in the collaboration between them. Support should be initiated immediately, because waiting can weaken the family’s trust in obtaining help. All the professional groups working in the prevention of child maltreatment play an important part in the work for developing an interactive culture. This also increases efficiency, as people know who to contact in different situations (Eriksson & Arnkil 2012.)

According to the experience gained in the initiative, the use of the measure requires both regional and unit-level consensus on the situations and timing of its use. It is important that in health care, for example, the timing of the utilization the measure is discussed about together and is used when the family situation is stable and calm, or when it otherwise fits in with the overall care plan.

All potential collaborative partners were included in the initiative. We tried to reinforce the collaboration within and between organizations by gathering the actors together to discuss intervening in and preventing child maltreatment, as well as the use of the BCAP. The different actors were informed of the measure, and collaboration continues to develop as the use of the measure becomes more common.

Knowledge of the issue of maltreatment, the concerns that arise from the measure, dealing with them and early support of the family requires competence of professionals. The aim is that the professional:

- Knows the legislation regarding child maltreatment, the principles of identifying it, and effective methods and regional guidelines and practices.
- Is able to identify family concerns and risky conditions using the measure.
- Is able to discuss parental and family concerns using solution-focused approach and early dialogue.
- Is able to evaluate the amount of concerns, the need for support and the need for a multi-professional collaborative network together with the parent.
- Knows the channels of close collaborators and the operating guidelines and knows how to find low-threshold support services.
- Is able to plan and find the required family-oriented support services together with the parent and collaborative partners.
- Knows how to appropriately document the issues discussed with the parent and the plans agreed on, for the multi-professional collaborative network, to ensure the continuity of support and evaluation together with the parent and with their consent.
- Is able to re-evaluate the effectiveness of the support received together with the parent and if needed, to help the parent move forward in their co-operation with the multi-professional support network.
A ccording to Vygotsky (1982), a person becomes more aware of their own thoughts when they express them in words. Verbalizing thoughts helps people see things more clearly, which also makes it easier to make decisions and act wisely in the future (Talvio & Klemola 2017). When evaluating a risk for child maltreatment and family’s welfare it is important to be genuinely present and interested in the family’s situation and to show a respectful attitude. It enables the generation of trust, dialogue, and understanding. Dialogue is not a specific method, but an attitude during encounters with another person (Eriksson & Arnkil 2009). It is reciprocal discussion. It highlights acceptance of the other person, listening skills and respect for others (Pruuki 2016). Encountering and generating dialogue requires time and a shared space. We must remember that the parents themselves do not necessarily know what dialogue means and may initially, for example, very strongly defend their own opinion. The responsibility for successful dialogue is always with the professional. When a family does not recognize its risk or worries, they are supported through dialogue. We work in collaboration with the family and try to get the parents to commit to improving their own well-being. A child’s well-being and safe and healthy growth is always the starting point. The Family Federation of Finland’s online lecture (in Finnish only) provides a good illustration of dialogue (30 mins): How do I speak and listen? Dialogue in multi-professional co-operation.

The speaker is Lassi Pruuki, ThD, Adjunct Professor, family and couple therapy trainer and Work Counsellor Trainer (Dialogic Oy).

Bringing up concerns about the maltreatment risk and well-being of the family may also be challenging in cultural terms. In multi-cultural situations, the interpreter and parent may be different genders, for example, and this may make the situation difficult for the parent. Thus, the task, responsibility and client confidentiality of the interpreter should always be explained to the parents, so that an open atmosphere and dialogue is created in the discussions.
SKILLS IN BRINGING UP WORRIES AND USING THE RELATED TOOLS

Behind concerns that are brought up is a concrete worry, and it emerges to either the parent or the professional caring for the family. How a concern is perceived is subjective. The parent might be worried about how to cope as a parent and the professional about what to do in a particular situation and how to be of help. Children also have their own concerns. Concerns arise in situations or events that are thought to be harmful to the child or youth, unless changes are made (Eriksson & Arnkil 2009). Concerns arise on the basis of observations made during family encounters. A parent looks tired and has no energy to pay attention to their child, a parent seems stressed or tense. A child seems quiet and frightened, or defiant and restless. A child may be hungry or dirty. Interaction between a child and a parent is poor or a parent’s behaviour towards a child is offensive.

It is important that concerns, no matter how small, are brought up as soon as they are observed. Besides the risk for child maltreatment, the tested measure can help bring out the concerns that parents express. It is then easy to address them and focus on listening to the parent’s worries. Concerns may also come from the professionals’ side. In such cases, if it feels difficult to bring them up, the professional can prepare for the situation either alone or with colleagues using the Taking up one’s worry – Anticipation form. The amount of worries can be assessed together with the parent using the zones of professional’s worry about the child’s/adolescent’s situation table. More details on these and their use can be found in Eriksson’s and Arnkil’s (2009) handbook.
When a family faces concerns, these should be resolved before they accumulate and turn into problems. Taking up worries is seen as respectful intervention and is always characterized by a supportive atmosphere (Eriksson & Arnkil 2009). The notion of solution-focused comes from the idea that worries and problems are part of life and can be solved through resources, strengths and opportunities. The central issues include appreciation, customer orientation, positivity, creativity, goal-orientation, future orientation, taking advantage of different opportunities, constructivism, brainstorming solutions, emphasizing progress, empowerment, and taking advantage of different support groups (Tamski & Huotari 2015). For worries to be resolved, they first need to be identified and brought up. A parent can better commit to resolving worries when they feel involved in their own issues. Thus, it is important that parents are actively included in the discussion on and solving of their worries.

A solution-based process may be used to solve problems and difficulties that arise for different reasons. Thus it has different names, depending on its origin. Worries can be taken up using, for example Heinonen’s (2012) Coaching dialogue, which uses the GROW model. However, families’ worries could be better addressed using an RGOW form of this model. R= Reality, i.e. recognizing reality or the worry; G= Goal, i.e. defining what we want to achieve or what change would bring about a better situation; O= Options, i.e. defining the alternative options we can use to achieve our goal; and W= Will, i.e. motivation and a common view of how to progress with these worries, looking at what have we already tried to do, contemplating alternatives, seeing whether the family has co-operating parties who can provide support, and identifying what kind of resources and strengths the parent has to achieve the goals (adopted from Heinonen et al. 2012).

The Appreciative Inquiry (Nummi 2016) follows a similar model. This can be used especially when the parent has personal concerns. The interview has four stages: Discovery – helps identify needs, how the parents have tried to resolve concerns at home and the sources of life and strength, i.e. resources and strengths; Dream – helps the parent think about goals, i.e. what their everyday life would be like if they felt that things were good and what things are needed to achieve; Design – focuses on building the future, i.e. how goals could be achieved; and the fourth stage, Destiny – planning concrete actions and discussing how these actions can be maintained. The important aspect of the method is positivity in the midst of negativity and the belief is that things will improve when working together (adapted from Nummi 2016).
It is important that the professional have the knowledge of all known child maltreatment risk factors (Paavilainen & Flinck 2015). That is the foundation when identifying the family risk situation comprehensively. The BCAP produces the risk level in family and gives a parent the opportunity to talk about their concerns. The statements in the measure concern different risk factors: Unhappiness, financial insecurity, feelings of persecution, family conflict, distress, loneliness and rigidity. The responses to the statements are “agree” or “disagree”, the intention of which is to find the parental worries. The initiative revealed that some parents responded by circling both statements or by placing a circle between the response options. In these cases the discussion is also necessary to estimate the amount of concerns.

The following presents solution-focused approach, dialogues between parents and professional regarding different worries emerging from the BCAP measure. It is effective to think of an counter-situation to the worries, (e.g. Unhappiness → happiness) something to aim for; the striving for which improves well-being. The worries and their counter-situations in the form are as follows (Figure 2):

<table>
<thead>
<tr>
<th>UNHAPPINESS</th>
<th>HAPPINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINANCIAL INSECURITY</td>
<td>FINANCIAL SECURITY</td>
</tr>
<tr>
<td>PROBLEMS IN SOCIAL RELATIONS</td>
<td>GOOD SOCIAL RELATIONS</td>
</tr>
<tr>
<td>FAMILY CONFLICT</td>
<td>HARMONY WITHIN THE FAMILY</td>
</tr>
<tr>
<td>DISTRESS</td>
<td>CALMNESS, BALANCE, PEACEFULNESS</td>
</tr>
<tr>
<td>LONELINESS</td>
<td>KINSHIP / SHARING</td>
</tr>
<tr>
<td>RIGIDITY</td>
<td>FLEXIBILITY</td>
</tr>
</tbody>
</table>

*Figure 2 | BCAP risk situations and counter-situations*
I disagree with the following:
“I am a happy person”
“My life is happy”
“My life is good”

- Tell me, how does unhappiness show in your everyday life?
- In what ways have you tried to make your life happy/happier?
- How do you see a happy life, how would everyday life be, if it was happy?
- Have you received, and if so, what kind of support have you received from inside or outside your family to reduce your unhappiness?
- What sort of support would help your everyday life?
I agree with the following:
“I sometimes worry that I will not have enough to eat”
“I sometimes worry that my needs will not be met”

I agree with the following:
“People have caused me a lot of pain”
“Other people have made my life unhappy”
“Other people have made my life hard”

- In what way do inadequacy/deprivation/unmet needs show in your everyday life?
- In what ways have you tried to resolve your predicament?
- What do you wish for, how could your family’s situation improve?
- Have you received support from outside sources/from your family circle/inner circle?

- What things or situations cause suffering in relationships?
- In what ways do people make life unhappy/difficult, how does this show in everyday life?
- In what ways have you tried to resolve these difficult situations?
- What kinds of things would improve social relations, and make life happier?
- Have you received support from outside sources/from your family circle?
I agree with the following:
“I often feel worthless”
“I often feel very upset”
“I am easily upset by my problems”
“I am often depressed”
“I am often upset”
“I am often upset and do not know why”

• How does worthlessness/tension/depression/upset show?
• In what situations?
• How often?
• Do you have time to yourself?
• Do you receive help from some source with this worry?
• In what ways have you tried to achieve balance/peacefulness/calmness?
• How do you see yourself when you are balanced/calm/peaceful?
• Have you received support from outside sources/from your family circle/inner circle?

I agree with the following:
“Sometimes I feel all alone in the world”
“I am often lonely inside”
“I often feel very alone”
“I often feel alone”

• Describe your loneliness in everyday life
• Describe everyday situations in which you feel lonely inside
• Have you tried to get rid of the loneliness, started a hobby for example?
• What would life be like without loneliness? What kind of things do you wish for in your life to end your loneliness?
• Have you tried to or have you been offered help to end your loneliness?
I agree with the following:
“My family fights a lot”
“My family has problems getting along”
“My family has many problems”

• Describe the situations in which your family fights
• In what kind of situation is it difficult for your family to get along?
• What kind of problems do you see that your family has?
• Do you know how family conflict can affect a child’s safe and healthy development?
• Do you think there is child maltreatment in your family?
• Do you know about the different forms of violence?
• Do you as parents have time for each other and what kind of relationship do you have?
• How do you cope with everyday family life?
• What would family life be like without conflicts/fighting?
• Have you tried to solve your problems yourself or tried to get help for the family conflict problem?

I agree with the following:
“Everything in a home should always be in its place”
“Children should never disobey”
“Children should be quiet and listen”
“A child needs very strict rules”

• Who helps you or both parents in childcare and everyday tasks?
• How does child disobedience show in your everyday life?
• How does child disobedience disturb your family life?
• Please describe everyday situations in which children should be quiet and listen
• Please describe everyday situations that require strict rules
• In what ways have you tried to resolve these situations?
• What in your opinion is good parenting?
• Do you know the principles of supportive parenting?
• Have you received help for supportive parenting from outside sources/your family circle/inner circle?
In discussions on rigidity we can also apply the discussion recommendations and auxiliary questions in the **Clinical Guideline** (Paavilainen & Flinck 2015):

- Discuss attitudes to discipline and discipline methods and reflect on them together with the parents. Is maltreatment a result of parenting discipline or from a parent losing control of a situation?
- What do you do when a child’s behaviour irritates you? What do you do when a child cries?
- What is it like to take care of a child?
- Do you have difficulties with your children at mealtimes or bedtime?
- Does your child irritate you?
- Find out if the parents know about children’s normal development stages and things related to the child’s age, for example, obstinate age.
SKILLS IN RECOGNIZING AND REINFORCING RESOURCES

Recognizing and supporting parents’ resources, i.e. their strengths, is essential. Significant factors that either create or cause a lack of resources are big life changes for families and issues related to relationships and health (Halme & Perälä 2014). Empowerment is considered to be an individual’s ability to manage their own life and participate in and influence the surrounding social community and its people, as well as society. It simultaneously means a process and a state (Koren et al. 1992).

In addition to identifying worries, a family’s resources should also always be identified. Despair requires the generation of hope. This opens the doors to joint collaboration, helps create a supportive atmosphere and supports parents to play a part in helping both themselves and their children. Taking up worries contains a promise that something can be done. (Eriksson & Arnkil 2009.) The resources and strengths of parents and children can be identified using, for example, special empowerment cards. Different guides such as Your life - how to make good choices (in Finnish, Ståhlberg & Herlevi 2017) can also be used.

Examples of resources, i.e. strengths: Responsible, calm, precise, co-operative, determined, sunny, pleasant, practical, persistent, considerate, deep, helpful, sensitive, direct, strong, inquisitive, positive, genial, pensive, conversational, a listener, honest, touching, daring, discerning, a people person, unique (Ståhlberg & Herlevi 2017).

SKILLS IN OFFERING SUPPORT

The everyday worries of a family, the availability of services, and their sufficiency are connected. The more the parents experience family life worries, the more difficult they perceive the availability of services and the sufficiency of support (Halme & Perälä 2014). It is important to think about the need for support together with the parent/family (see the zones of professional’s worry about the child’s/adolescent’s situation: Eriksson & Arnkil 2009, p.26). In addition to public services, third sector services are used to support families, especially when the worries are small, also in number. The third sector also offers professional support. This is often given in collaboration with social work. In professional support work, mere discussion may provide sufficient support to parents and families. To support discussion, information on low-threshold (third sector) services in different forms of support should be offered, such as brochures or websites. It is important to search the local family support services together with the parents and to encourage them to participate in them.

Parents understandably need knowledge to support the changes they desire. For example, parental violence is one concern which may arise through the statements describing rigidity. In its
Virtual book (in Finnish), The Federation of Mother and Child Homes and Shelters addresses violence and neglect in parenting and how it can be identified, how one should intervene, and how the child and parents can be helped. The Federation’s website can be accessed via the book, which contains a great deal of material on these subjects, for example, an extensive materials bank. Most of the material can be ordered as well as being available to read online. There are also many in English or other languages. Brochures should always be introduced to the parents during the discussion. It is good to have the material ready in work unit and also on display for parents to look at freely. Brochures on Children’s rights should also be available and offered to children and parents.

Perheaikaa.fi is a website, which operates under The Family Federation of Finland (in Finnish), has lectures on supportive parenting and parental violence, which are held in collaboration with The Federation of Mother and Child Homes and Shelters:

“Korvapuusteja ja kohtaamattomuutta (Boxing on the ear and failed encounters, in Finnish). Mikä on lapsen kannalta kasvatuksessa haitallista”? (What aspects of parenting can be harmful to children?) Satu Rauhala, MEd, Special Education Teacher (2104). Duration 30 mins.


Appropriately documenting the family’s situation enables the evaluation, planning, monitoring and continued provision of support to the family, seamless multiprofessional collaboration and the legal protection of all the family members.

The family’s worries should be recorded in such detail as to enable further work with the family, so that parents do not have to tell different people the same things repeatedly. During documentation, the professional’s observations should be documented based on observations only, without personal conclusions. All observations should be recorded in as much detail as possible. As regards discussions with the parent, the following should be recorded: the parent’s concerns, the professional’s observations of the concerns, the risk score, the validity score, how the family has tried to improve their situation, and the jointly discussed family’s need for, plan and actions regarding, and contact with services. The documentation must conform to the related legislation. Family-oriented documentation takes place in collaboration with the parent and with the parents’ consent.
Family members are the essence of the services, as they are the experts of their own situations. Families need support in parenting and knowledge of different services and the kinds of rights and obligations to which they are entitled. For example, according to research, mothers using maternity and child health clinic services are not always aware of these services or their aims. In addition, mothers do not always know the statutory tasks of these health clinics (Flinck et al., manuscript).

Multiprofessional collaboration emphasizes encounters with the child and the family, work based on the child’s and the parents’ needs, and smooth, respectful collaboration between all parties. Collaboration consists of a network that includes the child, parents and their close ones, and workers from different fields, including third sector actors (Sankalahti et al. 2017). Information regarding whom to be in contact with in which matters promotes the quality and efficiency of activities, and the smoothness of collaboration. Arnkil and Eriksson (2009) talk about the special combination of support and control in professional support work, in which the professional is partially responsible for control, in addition to support. Control means that the worry has been brought to the attention of the parties and that its elimination is promoted and monitored together with the parent. It is important to notice that some parents need more encouragement, hands-on advice and actions that help them move on than others, who may in turn be more independent and active. For example, during the meeting a parent may have the strength to take things forward but is no longer able to once they get home. (Eriksson & Arnkil 2009.)

It is important to give the collaborative party a persona and a name, for example: “Can we call or make an appointment with Lisa together, she is a service director there (at the receiving service) and will meet you...?”, or “Lisa can look into your case in more detail, could we contact her and tell her your concerns, so that you get the right kind of support...?”. Control here means ensuring that the support process is initiated.

The National Institute for Health and Welfare has launched an online course: **Luo luottamusta, suojele lasta – Build trust, protect your child** and related online guide (in Finnish and Swedish only). They provide excellent information on child maltreatment for multiprofessional prevention work in organizations (Sankalahti et al. 2017). It is realized as part of the national Programme to Address Reform in Child and Family Services (LAPE 2016–2018).
The low-threshold professional and voluntary services of the third sector are readily available in the work for preventing child maltreatment. Third sector actors actively co-operate with all child and family service actors. Information on the services is diverse and increasingly available in different languages. National third sector actors are:

**The Federation of Mother and Child Homes and Shelters**
Help for parents, children and professionals in divorce issues, during pregnancy, in substance abuse issues, violence issues, young people’s issues, parenthood issues.
www.ensijaturvakotienliitto.fi/en

**The Finnish Association of Mental Health**
Promotion of mental health and prevention of problems. The Association of Mental Health defends everyone’s equal right to good mental health. Helplines and online crisis centre.
www.mielenterveysysseura.fi/en

**The Mannerheim League for Child Welfare**

**The Maria Akatemia**
For women who are violent or are afraid they are violent. www.mariaakatemia.fi/in-english/

**The Miessakit Association**
The Miessakit Association helps strengthening the individual, communal and societal structures supporting men’s lives to improve men’s overall well-being. Lyömätön Linja is a service for men who have used physical or mental violence against their intimate partners, men who have experienced violence, and offers support for fatherhood, surviving divorce. Vieraasta Veljeksi provides support for immigrant men. www.miessakit.fi/en

**MONIKA – Multicultural Women’s Association, Finland**
Special services for women and children with an immigrant background who have experienced violence. monikanaiset.fi/en

**Women’s Line**
Women’s Line is intended for women of all ages who have experienced violence or women who are worried about violence. www.naistenlinja.fi/en

**Nollalinja**
Nollalinja helps all those who have experienced emotional, physical or sexual violence or the threat of violence in close relationships, relatives of those who have experienced violence, and professionals and authorities who need advice in client work.
www.nollalinja.fi/in-english
Addictionlink
A comprehensive website on substances and addictions. www.paihdelinkki.fi/en

Rapecrises Centre Tukinainen
Rapecrises Centre Tukinainen offers support, help and advice to victims of sexual crimes, their close ones and those working with victims. www.tukinainen.fi/english/

Rikosuhripäivystys
Perustehtävänä on parantaa rikoksen uhrin, hänen läheisensä ja rikosasian todistajan asemaa vaikuttamalla ja tuottamalla tukipalveluita. www.riku.fi/en/refer+your+customers+to+riku's+service/

Church parishes
Help and support for emotional well-being, relationships, grief and crises, everyday problems, and substance abuse. evl.fi/frontpage

Verneri netti
Information about intellectual disabilities. Produced by The Finnish Association on Intellectual and Developmental Disabilities, the Family Federation of Finland, Kehitysvammaisten Tukiliitto, joint municipal authorities of specialised health care and social welfare, and foundations in this sector. www.verneri.net/selko (in Finnish only)

Voikukka
Parenthood after custody; information for parents. www.voikukkia.fi (in Finnish only)

Family Federation of Finland
The Family Federation of Finland is a specialist organization working in the social and health sector. It promotes the well-being, health and safety of families, youths and the whole population, and fosters a happy and balanced life. Its activities focus on increasing the well-being of youths and families, strengthening multiculturalism in Finnish society, and promoting sexual health. www.vaestoliitto.fi/in_english/

Yhden vanhemman perheiden liitto ry.
Support activities include information on divorce, a helpline, and advice on everyday situations, answers to frequently asked questions, and peer events. www.yvpl.fi/child-support-and-custody

ÄIMÄ (An end to mothers’ depression)
Offers peer support via the phone or internet, and also, depending on location, face-to-face support. aima.fi/aima-eng


Rantanen H., Kylmä J. & Paavilainen E. From the shade to the light – Interprofessional collaboration when caring for the very young children, who have experienced family violence. Manuscript to Child Abuse Review -Journal.


