Mental Health Promotion for Children up to 6 Years

Directory of Projects in the European Union

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The Action Project would not have been possible without the useful comments, advice, encouragement and experience of the members of the Group of Experts. Our special thanks go to : Prof. C. Hosman, Prof. V. Lehtinen, E. Lorang, Dr. M. Marrone, Dr. F. Molénat and M. Murray.

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Aart-Jan Vrijlandt, President
Mental Health Europe - Santé Mentale Europe
PREAMBLE – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

Directory

Preamble
Introduction

In 1996 the European Union adopted a Community Action Plan for Health Promotion, Education and Training. Mental Health Promotion was identified as one area where the European Union could take action.

It is within this framework that Mental Health Europe - Santé Mentale Europe, nominated as EU Liaison Office for Mental Health Promotion, was contracted to develop an Action Project on Mental Health Promotion for Children up to 6 Years of Age. The Action Project started in September 1997, ending in December 1999 with the publication of a Directory of Projects in the European Union.

The Action Project on Mental Health Promotion for Children up to 6 Years had five objectives:

- To adopt and develop a concept of positive mental health promotion in pre-school age;
- To identify, collect and categorise successful examples of model programmes;
- To organise the exchange of information and experiences;
- To develop indicators for effective activities in mental health promotion for children; and
- To advise the European Commission on mental health promotion.

The Directory contains a wide range of projects collected in the 15 EU Member States and Norway, which aim to promote the mental health of young children. It is not an exhaustive list. National Partners from each Member State and Norway were responsible for identifying and selecting projects and inevitably, some projects were missed, either because of factors such as lack of sufficient documentation, short deadlines, etc., or simply because much good local and regional work remains hidden. This Directory is therefore a first attempt to catalogue good practice in mental health promotion for young children and to encourage greater collaboration between different projects working in different Member States.

From the 195 projects submitted, 27 projects have been selected as particularly good examples of interventions which demonstrate documented evidence of effectiveness and which could be replicated across Europe. This is not to say that other projects are not effective, but that at the time of writing, many good and promising projects were not able to provide sufficient documented evidence of effectiveness and/or insufficient information on important details of the projects. In addition, what constitutes evidence of effectiveness is the subject of debate and is influenced by different intellectual traditions and practices across the Member States. Engaging with this debate was an important feature of the Action Project and further details of the criteria used for the selection of projects are included on page 13 under ‘List of Quality Criteria’.

We hope that this Directory will encourage a range of organisations, both governmental and non-governmental, to develop projects to promote and improve the mental health of their citizens and more particularly the mental health of young children. We also hope that those working to promote children’s mental health will use the Directory to make contact with projects in other Member States and will be inspired to exchange information and expertise. Finally, it is hoped that this Directory will stimulate a greater emphasis on documentation and evaluation that demonstrate evidence of effectiveness, as well as the need to describe in greater details the intervention methodology and processes leading to particular outcomes, as well as training requirements to implement such methodology.

Creation of a Network

National Partners were contacted in the 15 EU Member States and Norway and asked to collect information from their country on existing projects/programmes on mental health promotion for children up to 6 years of age. They were recruited by consulting Government representatives of the Committee of the Community Action Programme on Health Promotion, Information, Education and Training, the WHO Task Force ‘WHO’s WHO in Mental Health’ and some of Mental Health Europe’s member organisations.
National Partners include governmental and non governmental organisations, working alone or within a consortium structure.

Six experts were appointed, with expertise in child mental health promotion, global mental health promotion and prevention or networking in the field of mental health promotion. All the Experts were involved in European projects and organisations.

The list of National Partners and Experts is enclosed in annex 1.

Plea for Mental Health Promotion

Dr L. Friedli in the Preface of the report ‘Mental Health Promotion : A Quality Framework’ states: “Although there is a growing body of evidence that mental health is fundamental to positive health and well-being, mental health promotion remains the most under-developed area of health promotion.” For this reason, there is a need to raise awareness of the importance of mental health and to develop mental health promotion policies, particularly those aimed at the mental well-being of children and families.

Mental health is more than an absence of symptoms of mental illness or mental distress. Mental health is an essential resource for everyday life and is influenced by people’s experiences in many different settings - in families, schools, on the streets and in the workplace. A secure family life, feeling safe, being able to participate in society, access to meaningful employment, adequate housing and support during times of vulnerability all have a positive impact on mental well being.

Mental health can be described as the resilience which enables individuals, organisations and communities to cope with, and to manage, change, transition and trauma e.g. bereavement, redundancy, the birth of a child, physical ill-health or retirement. Strategies to promote mental well being not only have a role to play in preventing mental health problems e.g. reducing depression, but also have a wide range of social and physical health benefits e.g. reduced suicide rates, reduced behavioural problems, decreases in teenage pregnancies and reductions in child abuse.¹

Mental health promotion is relevant to everyone, whether or not they currently have mental health problems and can benefit people of all ages, abilities and disabilities. **There is no Health without Mental Health.**

Essentially, mental health promotion aims to reduce factors which damage mental well being e.g. abuse of children, bullying, discrimination and social exclusion and to strengthen factors which are known to enhance mental health e.g. high quality pre-school education, family friendly policies in the workplace and safe play areas for children. Mental health promotion can be directed at different levels:\²

- Strengthening individuals e.g. enhancing emotional resilience through interventions designed to promote self-esteem, life skills, communicating, relationship and parenting skills.
- Strengthening communities e.g. enhancing neighbourhood environments, developing health and social services which support mental health, assisting schools to provide mental health promoting environments and facilitating social and self-help support networks.
- Reducing societal barriers to mental health e.g. through the development and implementation of policies to promote high quality child care, positive educational experiences, meaningful employment and support for those who are vulnerable e.g. disabled or chronically ill, refugees, immigrants, prisoners.


² Adapted from Mental Health Promotion: A Quality framework, Health Education Authority - 1997
Mental Health Promotion is an interdisciplinary and sociocultural endeavour geared to the achievement of conditions which enhance the well-being of individuals, groups and communities. The process is lifelong from pregnancy through childbirth, infancy, childhood and adolescence to adulthood and old age. Mental Health Promotion implies the creation of individual, social and environmental conditions which enable optimal psychological and psychophysiological development. It is especially focused at capacities such as feeling secure, autonomy, adaptability, ability to cope with stressors, forming and sustaining intimate relationships, self-awareness, self-esteem, concern for others, self-confidence, social skills, social responsibility and tolerance. Prevention of mental disorders could be one of its outcomes.

This general operational definition was then adapted to address the specific issue of promoting the mental health of young children:

There is strong evidence that the early years of life have a crucial impact on mental health throughout the life cycle. The development of strategies to promote the mental health of young children is therefore of fundamental importance. This involves raising awareness of the significance of the mental well being of children, as well as interventions to support parenting, to facilitate positive relationships between parents and children, to improve child-rearing conditions and to protect vulnerable children.

The Earlier, the Better - Mental Health Promotion of Children

The importance of the first few years of a child's life for later personality and social development is beyond dispute. Being challenged by risk conditions during these years may result in vulnerabilities that jeopardise developmental outcomes over a long period.

A great deal is known already about protective factors for healthy child development. The three main parental conditions to achieve a solid start in life are:

- Parental constancy, consistency and reliability of contact and care
- Parental capacity to respond with empathy and sensitivity to the child
- Parental capacity to help the child express feelings and reflect on interpersonal situations
Risk factors fall into three main categories:

**Biological and medical risk factors**
- Children with severe or chronic illness, particularly those in hospital
- Children with very low birth weight or poor growth
- Children with disabilities
- Children with genetic or chromosomal abnormalities

**Parental or psycho-social risk factors**
- At least one parent whose vulnerabilities affect their capacity to care for their children
- Violent or abusive family environment
- Severe discord, family breakdown and loss of parental contact
- At least one parent with mental health problems, including drug and alcohol addiction and depression

**Demographic and socio-political risk factors**
- Poverty or socio-economic deprivation
- Refugees or exile
- Poor housing or homelessness

Parents need to be supported and helped, especially when they are parenting in difficult circumstances or facing uncertainty about the way they are bringing up their children.

Interventions focused on the time around the birth are likely to be the most effective in preventing mental health problems of a child. These include interventions to improve and enhance the well-being of the mother and the well-being of the baby (e.g. well-baby clinics) which take into consideration the psycho-social aspect of pregnancy, promote good early parent-child interactions, attachment, support problem solving skills of the parents and underline the role of fathers.

Later in the early life of children, family, day care, schools and education facilities, sensitive to their emotional and developmental needs, are important settings for Mental Health Promotion, to encourage the further development of life and social skills. The process of marginalisation seen in adulthood often begins during childhood and adolescence. Behavioural problems, learning difficulties, low literacy levels, truancy, substance abuse and teenage pregnancy can all be reduced through schools based programmes to promote mental health as well as through appropriate psychotherapeutic interventions with children, parents and families.

Providing additional support for vulnerable children is also a crucial factor in preventing problems from persisting into adulthood. Vulnerable children, whose psycho-social development may be blocked or damaged include children who are ill, those with physical or mental disabilities, sensory impairment, those who have been neglected, sexually, physically or emotionally abused, children who have witnessed or experienced extreme trauma and children who are refugees. Such children have the right to obtain specific help, treatment or assistance, including social support, psychotherapeutic interventions and counselling (involving the children themselves, their parents and/or families). Therefore there should exist recognised and accessible services and networks of professionals, specific to children and to their families, who are able to detect early mental health problems and offer support and care.

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3 Examples of effective interventions aimed at young children and parents are also included in *The Evidence of Health Promotion Effectiveness - A Report for the European Commission*, International Union for Health Promotion and Education - 1999 (email iuhpeabb@worldnet.fr) and an analysis of the importance of promoting children's mental health is presented in *Bright Futures: Promoting children and young people's mental health*, Mental Health Foundation - 1999 (Internet: http://www.mentalhealth.org.uk)
Criteria for effectiveness

An essential feature of Mental Health Promotion today is an emphasis on effectiveness. Currently many innovative projects are in a process of development and small-scale tryouts. It is very important to be able to present evidence that these new projects and practices to promote the mental health of young children really work. Available research of interventions show variability in their outcomes, ranging from highly effective, to moderately effective or even ineffective. To justify social and financial investment in children's mental health promotion, we need to be able to show evidence of positive outcomes. Limited resources for Mental Health Promotion increase the need to be selective and to support strategies which have proven to be successful. This is especially the case when decisions have to be made about efforts to disseminate and exchange innovative practices for large scale implementations across Europe. It is recognised, however, that establishing and documenting evidence of effectiveness is a complex process and requires long term investment in itself.

It is also important to stress, that specific projects and practices often rely on concepts backed up by sufficient existing research evidence (“historic data”) and that it is commonly not sensible to demand from limited projects to spend more money on evaluation than on their practical work. If effectiveness of an approach has already been established by adequate research and is not questioned by conclusive more recent research findings we commonly need not demand that the "wheel is reinvented over and over again" - whenever the approach is applied in a practical settings. Commonly it is enough to document:

- that the approach is applied adequately in the setting (“quality assurance”),
- that the central decisions behind the concept are backed up by sufficient research evidence (“historic evaluation”),
- to have a systematic eye on interactions and changes happening in the process of programme execution (“process evaluation”),
- to see if there are any major obstacles appearing in executing the project (“feasibility evaluation”),
- to given an overview of the precise structure of the programme and on the structural conditions of the application (“structural evaluation”),

The term "evaluation" covers a wide range of practices more or less directly and stringently related to effectiveness. "Evaluation" stands for a very heterogeneous class of practices from systematic documentation of structure and changes through more or less systematic observation of the processes through large randomised trials, set up to demonstrate that the applied approaches and strategies work. A systematic classification of different forms of "evaluation" has been developed by an international expert group in the context of the COST A6 action of the European Community. To demonstrate effectiveness for a certain programme (evaluation) is a complex process that may take many different shapes, depending on the nature of existing evidence, available financial resources, the scope of the project and existing methodological obstacles as well as epistemological limitations.

What do we mean by effectiveness? Firstly there is not just one criterion for success or failure. There are many different criteria and it depends on the position and the perspective of those who are making the assessment - policy makers, funders, researchers, practitioners, consumers and community leaders may all have different agendas and different definitions of success.

For example, departments of health may be concerned with reductions in psychiatric morbidity, such as depression and suicide, social services departments with a reduction in the cost of welfare benefits, schools with an improvement in academic achievements, and parents and children with an improvement in their subjective well-being and quality of life. In addition, some projects may be mainly concerned with process indicators. For example, a high level of community participation in a project may be considered an indicator of success, but it will not demonstrate whether an intervention had an impact on behaviour,

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5 This issue has been developed by Prof. Clemens Hosman at the European Conference on Promotion of Mental Health and Social Inclusion, Tampere (FIN), 11-13 October 1999.
skills or self-esteem. Hence it is important to take these different perspectives into account when defining the targets of mental health promoting interventions and designing evaluation studies on their effects.

**Effects of Mental Health Promotion**

This section is adapted from “The Evidence of Health Promotion Effectiveness : Shaping Public Health in a New Europe” in a chapter by Prof. Clemens Hosman and Dr Eva Janè Llopis from the University of Nijmegen (NL) which demonstrates the health, social, economic and political impacts of strategies in Mental Health Promotion.

**Health impact**

- Interventions focusing on enhancing the mental well-being of parents have shown increased positive attitudes towards children, better knowledge about child behaviour, a more stimulating and safer environment for children and more healthy psychosocial and physical development.
- Some home-based interventions have shown significant increases in subjective positive mental health and in quality of life in general, such as more satisfaction in life, feeling of well-being, sexual satisfaction, and optimal psycho-social functioning.
- Interventions in school Mental Health Promotion have shown effects including better psychosocial adjustment, reductions in learning problems, behavioural problems, aggression and more general mental well-being. Other school oriented interventions have resulted in enhanced competence and improvements in self-esteem, self-confidence, self-knowledge, sense of mastery, along with increases in social support and general perceptions of control. Such interventions, have also shown decreases in feelings of self-blame, feelings of loneliness, a lessened sense of incompetence and better ability to solve personal problems.
- Social aspects associated with mental health effects in pre-school and school-based interventions include improvement in peer sociability, adaptive social skills, tolerance and decreases in smoking, alcohol abuse, and substance abuse, as well as decreases in risk behaviours.
- In work related area, promotion programmes have increased job satisfaction, motivation, confidence in coping abilities, and have shown a decrease in psychological distress, including reducing the risk of severe depression.
- In the physical domain, Mental health promotion programmes have shown reduction in physical risk factors for psychiatric disorders such as low birth weight, pre-term delivery, and brain injury.
- In general, many preventive programmes have also shown their efficacy in reducing psychiatric symptoms. Although the evidence for successful prevention of the major psychiatric disorders is still scarce, recent studies have shown evidence for the successful reduction of depressive disorders, suicide and serious behaviour problems.

**Social impact**

- Home based interventions can enhance family functioning and have shown positive effects such as more positive attitudes towards children, peer sociability, contacts with friends, improvement of social skills and social support, assertiveness, academic achievement and higher rates of literacy, better functioning of school systems, employment, prevention and reduction in child abuse and neglect, decrease in teenage pregnancies, reduction of absenteeism and school dropout and decreases in delinquency and bullying.

**Economic impact**

- Mental Health Promotion results in widespread economic benefits and shows cost-effective outcomes. In addition, there is almost no evidence of negative side outcomes. Therefore, Mental Health Promotion is a low-risk and cost-effective investment.
- Examples of economic savings include reduced welfare costs, lower justice system costs, lower costs in primary care and increased taxes paid on higher earnings.
Moreover, not all the related costs or benefits for society can be estimated in purely economic terms. Other intervention outcomes that are not expressed as costs savings, also have an indirect economic impact. Such factors include loss of productivity, prevalence and incidence of disorders, related incidents and mortality, as well as individual suffering and the burden of families.

**List of Quality Criteria**

A central part of the Action Project’s selection process was to assess where the projects submitted are in the process of development towards a stage when a project is ready for large scale implementation and replication. This question is important not only at the European level, for the exchange of information and expertise on effectiveness, but also at national level, to encourage and support an improvement in the quality of mental health promotion projects.

National Partners were responsible for identifying and selecting national examples of projects, on the basis of the quality criteria listed below. Using the information collected by the National Partners, the Expert Group assessed the projects and identified twenty seven projects which represent particularly good examples of interventions with documented evidence of effectiveness.

The list of quality criteria is not an exhaustive list. It was intended to:

- assist the Action Project to identify good practice in the evaluation of mental health promotion interventions
- provide guidance on factors that need to be considered when planning and implementing the evaluation of interventions.

Each criterion is linked to one of the principal categories listed below:

\[\begin{align*}
  i) & \quad \textbf{Effectiveness} : \text{ to be selected for European dissemination a project should give evidence of its efficacy.} \\
  ii) & \quad \textbf{Programme characteristics} : \text{ if no evidence of the efficacy of the project is available, then the quality of a programme could be evaluated by the presence, in the project design, of quality requirements that predict a high probability of effectiveness.} \\
  iii) & \quad \textbf{Programme development} : \text{ in the process of project development, consideration must be given to the use of appropriate scientific criteria in the design and planning of the project.} \\
  iv) & \quad \textbf{Feasibility for replication} : \text{ to facilitate the later replication of a project across Europe the information published should address the question of whether the project can be easily transferred to different socio-cultural contexts.}
\end{align*}\]

**Effectiveness**

A Model Project should:

1. have positive, evidence-based effects on the level of mental health indicators, the determinants of mental health and/or its social outcomes.\(^6\) E.g. reduced school absenteeism, increased maternal self esteem, decrease in family breakdown
2. have the potential to reach a large proportion of the target population within low or moderate costs;

\(^6\) The Expert Group applied the criteria of independent evaluation study or self-evaluation study using pre- and post-test measures as well as a control group to measure the efficacy of the projects. This restricted form of evaluation was one of the major problems we met while assessing the projects submitted.
Programme characteristics

A Model Project should:

3. have clearly defined short and long term goals, relevant to young children's mental health and well-being;
4. be focused at clearly defined target groups;
5. be presented in an appealing and culturally sensitive way, using appropriate language;
6. have sufficient duration and intensity to realise the targeted changes in mental health and its individual, social and environmental conditions;
7. be offered in developmentally sensitive periods;
8. preferably and whenever possible have a multi-component character (multi-factor, multi-method, multi-moment and multi-system oriented);
9. contain training requirements for the project provider.

Programme development

A Model Project should be based on:

10. sound scientific knowledge about early childhood development and the most relevant social, psychological and neurobiological determinants of children's mental health, as well as explicit and easy to understand theoretical models;
11. available clinical observations and consumer views;
12. a process of successive trials and improvements, including an ethical evaluation.

Feasibility for replication

To facilitate the later replication across Europe the information published on a project should fulfil certain criteria:

13. the project needs to be described specifically, comprehensively and attractively;
14. the project and its related materials should be potentially transferable to other countries and communities, yet flexible and adaptable to local conditions facilitating the feeling of ownership;
15. the project should be practical, have low complexity, be manageable within local resources and be reasonable as regards manpower and financial costs;
16. the project should contain clear guidelines for replication, including statements as to which elements in the programme are vital for maintaining its effectiveness and which elements are open for adaptation to local needs.

Intervention methods

Our definition of mental health promotion highlights the fact that mental health promotion is a larger concept than that of prevention of mental disorders. Mental health promotion aims at indicators of mental health and human capabilities than cannot be simply reduced to absence of psychiatric disorders. However, some of the described projects can be more appropriately described in terms of:

1. Primary prevention (which involves practices designed to prevent children being exposed to risks in the first place or, if risks cannot be avoided, to help children and parents built resilience);
2. Secondary prevention (which involves those interventions aiming to treat problems while they are still in their early stages); and
3. Tertiary prevention (which involves those interventions that aim to reduce the degree of psychological dysfunction and impairment suffered by those who have already shown signs of marked vulnerability to risk exposure).
The site, agents, focus, strategies and methods aimed at promoting children’s mental health and doing prevention may vary. The site can be the family home, clinics or specialists’ centres or key community locations (such as the school, family centre, etc.). The focus or primary target may be the children, the parents, the family or various agents in the field of education, health care and social services.

The agents may be:

- Highly trained professionals (such as medical doctors, child psychiatrists, clinical psychologists, child, family and marital psychotherapists, etc.);
- Professionals trained in specific methods of intervention within the specific field of mental health promotion, who are not necessarily clinicians (such as ‘parents groups facilitators’, of which PIPPIN facilitators may be an example);
- Other professionals whose main role is not primarily defined by their work in mental health promotion (such as paediatricians, teachers, health visitors, social workers, etc.);
- Parents and volunteers who have been trained in peer or non-professional support, guidance and intervention.

In understanding and describing methods of mental health promotion and prevention with children aged 0-to-6 and their caregivers, we find that some programmes in this directory include more than one method of intervention. Others confine themselves to one. Among these methods we can include:

- Psychotherapy and counselling. These are distinct ways of working with clinical populations (parents and children). Psychotherapeutic interventions can be effectively used in primary, secondary and tertiary prevention and include: child psychotherapy, parent-toddler psychotherapy, parents’ individual, group and couple therapies, family therapy, art therapy, play therapy, dramatherapy, etc.
- Group work. This section includes: (a) methods involving regular meetings in small group of parents, aiming at increasing sensitive responsiveness and understanding of their parental role and parent-child relationship; (b) methods involving regular sessions in small groups of children, giving opportunity to express concerns, develop self-awareness, creativity, resourcefulness, self-expression, peer communication, etc.
- Home visits. These can be done by volunteers, social workers, health visitors, teachers, psychotherapists, professionals working in the field of disability (such as speech therapists), etc. The purpose of these visits may be to provide support and/or education, make early detection of medical, developmental and/or psychological conditions, etc. Video-filming of parent-child interactions and subsequent discussions of these videos may be used.
- Nursery school interventions. These may aim at identifying children with special needs, introducing creative ways of working with young children, training children, monitoring standards and procedures, etc.
- Clinical diagnosis and monitoring. The main purpose here is:
  (a) Early detection of risk, disability and/or medical conditions (including deafness, visual deficits, neurological dysfunction, learning disabilities, autism, etc.)
  (b) Early detection of dysfunction in families and parental couples (including violence, child abuse, child maltreatment, child neglect, etc.)
- Educational methods (including methods to raise awareness), which may include courses, distribution of books, leaflets, videos, etc.

This list is not exhaustive – there are many other examples of interventions. These interventions may be combined in various forms and have different training requirements. While some projects may rely on briefly trained volunteers, other may need professionals who have through long-term and intensive training programmes. A careful analysis of all these interventions will reveal that, in spite of their disparity, they all tend to decrease risk and vulnerability and increase resilience.
Directory
Recommendations
RECOMMENDATIONS – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

Recommendations

These recommendations have been adopted in Brussels on 27 November 1999, at the final meeting of the Action Project on Mental Health Promotion for Children up to 6 Years by Mental Health Europe and the partners of the Action Project.

CHILDREN’S MENTAL HEALTH FIRST

Children have the human right to be protected and supported in their development towards well-being and a mentally healthy lifestyle, including coping skills, regardless of race, religion, gender, disability and medical conditions. Mental health promotion in early life leads to a wide range of positive outcomes, including improved mental health, less risk of mental and behavioural problems, better quality of life and a diversity of positive social and economic outcomes.

The European Network on Mental Health Promotion recommends raising awareness of the importance of children’s mental health and developing policies to promote mental health and well-being of children and families by:

• Supporting **parenthood**, responsible and sensitive parenting and facilitating parent/child relationship development.

• Paying particular attention to **vulnerable children**, such as
  - children with health or psycho-social vulnerabilities (e.g. premature, disabled or chronically ill children, children with developmental or early behavioural problems);
  - children within a vulnerable family environment (e.g. abused or neglected children; children of single or teenage parents; adoptive/foster children; conflictive families; children from mentally ill or addicted parents);
  - and children with socio-cultural vulnerabilities (refugees, immigrants, unemployed parents).

• Supporting safe, child-friendly, non-violent and supportive **neighbourhood** environments that promote and protect mental health in children.

• Developing **day care** and **nursery schools** focusing on promoting the mental health in children.

• Facilitating **schools** to provide mental health promoting environments, curricula and programmes.

• Increasing the recognition of the needs of children within **health and community services** (e.g. primary health care, general practitioners, hospitals and other health services, libraries, playgrounds, etc) aiming at preventive and early intervention as well as education and social support for children and families.

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2 Article 13 of the Treaty on the European Communities, Amsterdam June 1997
3 Megapoles – Public Health Network for Capital Cities/Regions, contact person: Kerstin Tode, Unit of Social Medicine, Stockholm County Council, Norrbacka, SE – 17176 Stockholm, Tel: +46-8-51 77 79 43, Fax: +46-8-33 46 93, E-mail: kerstin.tode@socmed.sll.se
4 European Network on Health Promoting Schools, Vivian Barnekow Rasmussen, Technical Secretariat, European Network of Health Promoting Schools, WHO Regional Office for Europe, 8 Scherfigsvej, DK – 2100 Copenhagen, Tel: +45-39 171 235, Fax: +45-39-171 818, E-mail: bdm@who.dk
• Encouraging *workplaces* to provide an environment which promotes the mental health of parents and supports family life⁵

• Enhancing and monitoring the child care and protection *legal framework* to facilitate and ensure mental health promotion and protection for children.

• In order to implement and consolidate these Recommendations, it is vital to provide *special funding* to support the development, implementation and maintenance of effective and cost-effective initiatives to promote mental health and well-being of children and families in different settings, and to support research, training, development of guidelines and knowledge transfer.

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⁵ European Network of Workplace Health Promotion, Karl Kuhn, Federal Institute for Occupational Safety and Health (BauA), Freidrich Henkel Weg 1-25, D – 44149 Dortmund, Tel : +49-231-9071 243/242, Fax :+49-231-9071 454, E-mail : baua@baua2.do.shuttle.de
Directory

Classification
### Classification by primary target groups

- Children with socio-cultural vulnerabilities: immigrant, refugees, unemployed parents
- Children with health vulnerabilities: disabled children, premature children, ill children, children with developmental problems, etc.
- Children with psychological or psycho-social vulnerabilities: emotionally, physically or sexually abused children, children with behavioural problems, etc.
- Children with vulnerable family structure/environment: divorced parents, single parents, adoptive/foster children, etc.
- Children with vulnerable parents: substance abuse, adolescent, mental health problems, etc.

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<th>Children with health vulnerabilities</th>
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Note: The table shows the general population of children and children with various vulnerabilities. The columns indicate the age range and the presence (X) or absence ( ) of the service.
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# Repartition by intermediary target groups

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**Note:** The presence of X indicates the target group's relevance to the listed service. Other columns denote the collaborative role of various stakeholders.
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- **Health administration & local / regional / national authorities**: 179
- **Voluntary sector**: 189, 192, 193, 194
- **Other children in the school and in the family**: 173, 175, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194
- **Child welfare workers**: 172, 174, 176, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194
## Classification by settings

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<th>Schools</th>
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<th>Mental health centres / hospitals</th>
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<td>You and Me and the Two of Us !</td>
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Directory

Synopsis of projects
- 1 -

**A CHILDHOOD AND PARENTING SUPPORT STRATEGY**

P.O. SVANBERG  
Sunderland Health & Education Authority  
Psychology Partnership  
Priority Healthcare Wearside NHS Trust  
Denethorpe  
Stockton Road, Ryhope  
UK – SR2 0NE Sunderland  
Tel : +44-191-569 94 08  
Fax : +44-191-569 94 27  
E-mail : svanberg@netcomuk.co.uk

- **Primary target group**: children up to 6 years ‘at risk’ of problematic psycho-social behaviour  
- **Intermediate target group**: parents, teachers, child carers, primary health care nurses  
- **Objectives – primary target group**: to increase the proportion of children who are securely attached, socially competent and ready to access education, to reduce emotional and behaviour problems in the population of children under 5 years old, to reduce feeding and sleeping problems, to reduce the number of children on child protection, and to enhance early development of parent/child interaction  
- **Objectives – intermediate target group**: to reduce maternal postnatal depression, to enhance early development of parent/child interaction and to improve the co-ordination, targeting and support of all agencies concerned with children’s well-being  
- **Methods**: several methods are used: early screening - Patricia Crittenden’s Care Index; early intervention – work based on McDonoghue, Libelman, Stork, Cramer, Berg-Broden; education – various leaflets; parenting support – reflective group work; parenting training – Webster, Starston – video based work; emotional skills training  
- **Setting**: homes, crèches, nursery schools and centres, and social services  
- **Starting date**: 1997

- 2 -

**ACTION RESEARCH SUPPORT TO CHILDREN AT RISK OF ILL-TREATMENT AND ABUSE**

Coordinamento Servizio Scuola Materna  
Provincia Autonoma Trento  
Via Prati, 20  
I – 38100 Trento  
Tel : +39-0461-98 22 05  
Fax : +39-0461-98 25 68

- **Primary target group**: children up to 6 years old at risk of ill-treatment and abuse  
- **Intermediate target group**: primary health care nurses, child carers, social workers, gynaecologists, psychologists, paediatricians, obstetricians, lawyers, teachers  
- **Objectives – primary target group**: to prevent risk situations identified with a specific methodology  
- **Objectives – intermediate target group**: to co-ordinate the social services when there is a case of abuse or ill-treatment, to make educators aware of particular difficulties in parent/child relationships, to identify methodologies which might help the parent/child interaction, to teach evaluation criteria on parent/child interaction  
- **Methods**: the project uses teaching, group work, situation analysis and action-research methods  
- **Setting**: the project takes place in all settings where children live: homes, crèches, nursery schools, clinical premises, social services, etc  
- **Starting date**: 1998

- 3 -

**ADOLESCENT PREGNANCY**

Eduardo SA  
Bissaya Barreto Maternal Hospital  
Early Intervention Unit  
Rua Augusta  
P – 3000 Coimbra  
Tel : +351-39-48 04 71

- **Primary target group**: children of adolescent parents. Intervention starts in prenatal period until the child is 3 years old  
- **Intermediate target group**: parents  
- **Objectives – primary target group**: to create a family and social environment that promotes stability and “holding” capacity for the baby’s physical, psychological and social development  
- **Objectives – intermediate target group**: to promote attachment processes between adolescent mother and father and their child, to integrate pregnancy and changes related to pregnancy in the adolescent process in a maturing way, and to offer, paediatric, gynaecological (family planning) and psychological support and follow-up prior to and after the birth  
- **Methods**: three sorts of help are provided: medical help (obstetrician and gynaecological support and information about pregnancy and contraception), social help (home visits by social workers in order to promote employment and children education, and to provide economical health whenever adequate) and psychological help (individual psychotherapy for enhancing personal development and integration of life changes)  
- **Setting**: clinical premises  
- **Starting date**: 1992
- 4 -
ADVENTURE CONFLICT
EARLY PREVENTION OF VIOLENCE

Franz-Werner MÜLLER
Psychological Advice Centre for Parents, Children and Young People
Frankfurter Str. 33
D – 63500 Seligenstadt - Hessen
Tel : +49-6182-12 11
Fax : +49-6182-22 374

- Primary target group : children aged 3 to 10 years attending child day care centres and primary schools
- Intermediate target group : parents, teachers and auxiliaries in the whole school
- Objectives – primary target group : to promote good social behaviour, to develop constructive solutions to conflict, and to set out rules and limits for children
- Objectives – intermediate target group : to deal with conflicts in each team and to raise awareness among parents
- Methods : the project offers 6 sessions to the teams from child day care centres run by educational advice centres. The work is on three levels : children, auxiliaries/teachers and parents and provides : training, group work, work with creative media, relaxation and movement exercises, theory, role play, advice on organisation
- Setting : nursery schools and advice centres
- Starting date : 1994

- 5 -
A FRAGILE CHILDHOOD

Teuvo PELTONIEMI
A-Clinic Foundation
Fredrikinkatu 20 B 18
FIN – 00120 Helsinki
Tel : +358-9-622 02 90
Fax : +358-9-175 276
E-mail : teuvo.peltoniemi@a-klinikka.fi
Internet : http://www.a-klinikka.fi/fragile.htm

- Primary target group : children aged 0-18 years living in alcoholic families, as well as children from all families where alcohol or other drugs are used occasionally or frequently in a way that harms children’s development
- Intermediate target group : parents, primary health care nurses, teachers, child carers, all professionals working with children, media, the whole population
- Objectives – primary target group : to reduce children’s problems : problem behaviour, exclusion, substance abuse
- Objectives – intermediate target group : to provide professionals working with children with tools, support and assistance to care for alcoholic families and their children, to raise awareness among parents and the whole population
- Methods : the project uses several methods including self-help material (e.g. workbooks for children), telephone help-lines, self-help groups, training for professionals, books and videos, public awareness measures, etc
- Setting : homes, crèches, nursery schools, clinical settings, various venues where training is organised
- Starting date : 1986

- 6 -
A GOOD BEGINNING - EARLY MOTHER/CHILD PREVENTIVE INTERVENTION

Linda MALMGREN & Ruth HENRIKSEN
Greve Kommune
Familie afdeling
Holmeagervej 2
DK – 2670 Greve
Tel : +45-43-97 97 97
Fax : +45-43-97 90 91
E-mail : social@greve.dk

- Primary target group : children aged 0 to 3 years old whose mothers/families have been exposed, during their childhood, to neglect (emotionally or physically), who have been placed in foster care or who have been exposed to parental substance abuse; young mothers/families with social and emotional problems who are expecting a baby
- Intermediate target group : parents
- Objectives – primary target group : to provide a foundation for developing a close and warm relationship between mother and child
- Objectives – intermediate target group : to provide the mothers with greater competence and understanding of their children’s communication signals and needs; to increase mothers’ knowledge and understanding of the implications of their own family history/childhood; to support the mothers in personal development, in achieving greater self-esteem and ability to structure their everyday life with their children
- Methods : several methods are used : individual home visits, mothers’ groups, birth-preparing classes, mother/child groups, leisure activities with mothers and children
- Setting : specific premises for the project
- Starting date : 1994
ANTIBUSE CENTRE FOR THE PREVENTION, STUDY AND TAKING UP OF SEXUALLY ABUSED CHILDREN

Maria Teresa PEDROCCO BIANCARDI
Centro S. Maria Mater Domini O.N.L.U.S.
Via G. Califasso, 2
I – 30175 Venezia, Marghera
Tel : +39-041-93 80 47
Fax : +39-041-93 80 47
E-mail : smdomini@provincia.venezia.it

• Primary target group : children from 0 to 6 years who have been sexually abused
• Intermediate target group : parents, teachers, child carers and social services
• Objectives – primary target group : diagnosis, treatment, therapy for the children so that they can return to their original family or to a new fostering or adopting family
• Objectives – intermediate target group : to prevent, counsel, supervise and treat
• Methods : Ill treated and neglected children are separated from their family by a decree of the Court. They are looked after in the Centre (family group) where specialised educators organise the children's lives so that the children can recover from their trauma. At the same time psychotherapists help the family to improve the quality of life. The methods used are : diagnosis, treatment, therapy, pedagogical method, counselling, supervision, raising awareness, team-work
• Setting : homes, clinical premises and the Centre (family group)
• Starting date : 1996

APPLICATION OF INFANT OBSERVATION IN THE TRAINING OF CHILD CARERS AND TEACHERS

Emma NOZIGLIA
Municipality of Milan – Child Education Service
Via Arsia, 2
I – 20157 Milan
Tel : +39-02-355 91 33
Fax : +39-02-355 62 20

• Primary target group : children aged 3 months to 6 years including immigrant children, children of parents with severe social problems and disabled children
• Intermediate target group : parents and teachers.
• Objectives – primary target group : to prevent risks of early mother/child separation and to encourage social and learning abilities, to offer a secure and stimulating environment for children and support for parents
• Objectives – intermediate target group : to improve teachers’ competence and attitudes towards children and parents; and to improve the quality of care and education at home
• Methods : Application of a model, the 'Psychoanalytical model of Infant Observation and Group Discussion' by E. Bick, M. Harris and D. Vallino in crèches and nursery schools. Teachers are offered training to observe children. Regular supervision of their work is organised for two years by group leaders (psychologists or medical doctors). The group leaders are in turn supervised once a month by a project leader
• Setting : crèches and nursery schools
• Starting date : 1989

“ARCOBALENO” PROJECT

Proveditorato Agli Studi
Via G. Bruno, 9
I – 97100 Ragusa
Tel : +39-0932-62 12 21
Fax : +39-0932-65 38 28

• Primary target group : general population of children between 3 and 6 years old
• Intermediate target group : /
• Objectives – primary target group : to be well at school
• Objectives – intermediate target group : /
• Methods : /
• Setting : the intervention takes place in nursery schools
• Starting date : /

“ASCANIO” PROJECT

Proveditorato Agli Studi
Via G. Bruno, 9
I – 97100 Ragusa
Tel : +39-0932-62 12 21
Fax : +39-0932-65 38 28

• Primary target group : children between 3 and 6 years old
• Intermediate target group : /
• Objectives – primary target group : to test new organisation models, and to work in children's groups meeting their needs
• Objectives – intermediate target group : to have a school able to respect children’s needs
• Methods : the project uses educational methods and child personality formation methods
• Setting : nursery schools
• Starting date : 1994
- 11 -
ASSISTANCE FOR LEGAL PROCEEDINGS

Monika KORBER
“Die Möwe” – Verein für psychisch oder sexuellen missbrauchte Kinder und Erwachsene
Meidlinger Hauptstraße, 7-9
A – 1120 Wien
Tel : +43-1-81 71 515
Fax : +43-1-81 71 677

- Primary target group : children between 3 and 6 years who have been victims of (sexual) violence
- Intermediate target group : all professional groups working with children
- Objectives – primary target group : to avoid repetition of the trauma in court, and to minimise stress for the traumatised children
- Objectives – intermediate target group : 
- Methods : the project uses several methods such as : counselling and psychotherapeutic intervention, creative methods, games, legal information for the parents/legal guardians, and practical support (organisation, support and co-ordination at the court)
- Setting : advice centres and assistance at court
- Starting date : 1998

- 12 -
“BABBEL-UT” PROJECT

Miek WOUTERS
Begleit Wonen ‘t Veer
Heirbrugstraat, 346
B – 9160 Lokeren
Tel : +32-9-348 39 77

- Primary target group : children up to 12 years old in families that are vulnerable because of intellectual retardation or social vulnerability
- Intermediate target group : parents
- Objectives – primary target group : to promote and enhance young child development perspectives, to encourage attitudes of self-respect and positive self-esteem of the children, to increase their participation in society and to support the development of basic skills
- Objectives – intermediate target group : to support parents’ self-esteem, to support parent/child interaction, to encourage parents to learn educational skills, to improve parents’ consciousness about self-sufficiency and their self-supporting strengths, and skills to raise and educate their children, to encourage parents to cope with their child’s behaviour and to emphasise the child’s qualities
- Methods : group work methods, educational and self-help methods. Parents always want the best for their children and they can generate a lot of strength to do so; raising children is something that one can learn in dialogue with others. Relaxation techniques and non-verbal techniques are used to produce a feeling of safety during meetings. Role-play is also frequently used
- Setting : specific premises for day-care during school time
- Starting date : 1998

- 13 -
“BABBLING” PROJECT

Cathy CAVLIER & Frédéric WILLEMS
Le Gazouillis
Avenue Albert, 135
B – 1190 Brussels
Tel : +32-2-344 32 93
Fax : +32-2-346 11 93

- Primary target group : children aged 0 to 4 years old
- Intermediate target group : parents and child carers
- Objectives – primary target group : to promote the socialisation of children and to facilitate secure separation
- Objectives – intermediate target group : to exchange skills and experience and to support parental skills, to combat isolation of parents
- Methods : “Babbling”, a ‘children-parents meeting place’ inspired by Françoise Dolto’s experience is organised around a framework which facilitates exchanges between parents, children and adults they are not familiar with
- Setting : premises designated for the project
- Starting date : 1989

- 14 -
BABY BLUES

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- Primary target group : children aged 0-1 years and more specifically children of tired, depressed and distressed mothers and fathers
- Intermediate target group : parents, primary health care nurses, child carers, psychologists, psychiatric hospitals, mental health clinics
- Objectives – primary target group : to find a new, regular sleeping rhythm for babies who cry a lot and to support baby/mother relationships
• Objectives – intermediate target group: to stop the vicious circle of exhaustion of families, to recognise depression in the mother and father, to guide her/him to adequate care when necessary, and to find supporting networks for the families
• Methods: counselling, treatment and support by professionals, group work and social support
• Setting: specific venue – member associations of the Federation of Mother and Child Homes and Shelters
• Starting date: 1993

- 15 -
BABY-FRIENDLY HOSPITAL INITIATIVE
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• Primary target group: newborn children, especially during the post-natal stay in hospital
• Intermediate target group: mothers and health staff in hospitals
• Objectives – primary target group: to promote breastfeeding of newborn babies highlighting the positive effects on the child’s health and on the nutritional, immunology, developmental, psychological, social, economic and environmental conditions of the baby
• Objectives – intermediate target group: to give mothers optimal support and promote good starting conditions for breastfeeding, and to train health staff to support mothers in breastfeeding
• Methods: the intervention consists of further training and courses for health staff and dissemination of practical instruction for mothers – the “10 steps for successful breastfeeding” recommended by the WHO
• Setting: clinical premises
• Starting date: 1996

- 16 -
BABY MASSAGE
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• Primary target group: children aged 1 to 8 months
• Intermediate target group: parents
• Objectives – primary target group: to help to develop and regulate the respiratory, circulatory and gastrointestinal functions, to help the child to relax and cope with new situations, teaching him to be conscious of the body’s tensions and to free himself from them, and reach deeper knowledge, communication and confidence between parent and child
• Objectives – intermediate target group: /
• Methods: trained health assistants teach infant massage to parents. The course consists of 4-5 meetings with the parents and their child. During the course the following issues are dealt with: theory and practice of massage; relaxation of the child; discussion on the mother/father–child relationships; non-verbal communication; and treatment through massage of symptoms very common in infants (e.g. constipation)
• Setting: homes and some district health centres
• Starting date: 1998

- 17 -
BALANCE IN PHYSICAL AND PSYCHOLOGICAL HEALTH OF CHILDREN
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• Primary target group: children aged 0 to 3 years
• Intermediate target group: parents
• Objectives – primary target group: provide parents with appropriate information about common early childhood problems in order to prevent their occurrence, to set up prompt treatment where necessary, to consider not only the physical health of the child but also its psycho-social well-being
• Objectives – intermediate target group: /
• Methods: the intervention consists of monitoring the physical well-being of children from 0 to 3 years (vaccination, growth, nutrition, etc) as well as its psycho-motor development. The Boel test is used to check the auditory-visual-motor functions of newborn babies ‘at risk’. Further monitoring is carried-out by a child neuro-psychiatrist. The work of the paediatrician and health assistant who are part of the district staff may, if necessary, be supplemented by other health workers including rehabilitation specialists, educator
• Setting: homes and some district health centres of the area
• Starting date: 1998
- 18 -

**BENJAMIN CLUB**

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- Primary target group : general population of children between 8 months and 4 years, including children of families who would not be likely to seek help, children at risk.  
- Intermediate target group : parents  
- Objectives – primary target group : to detect developmental problems/disabilities and to set up appropriate treatment measures, to integrate disabled children within a group of non-disabled children  
- Objectives – intermediate target group : to increase sensitivity and understanding of their child, to encourage active participation of parents in the education of their child, and to improve the existing institutional infrastructure by developing a model of psychosocial detection of children at risk  
- Methods : regular and stable play group sessions involving parents, under the supervision of an educator and a psychologist. Therapeutic guidance and collaboration with other services  
- Setting : nursery schools  
- Starting date : 1981

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**“BEN SURATS” PARENTING SCHOOL FOR FAMILIES AT PSYCHO-SOCIAL RISK**

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- Primary target group : children up to 4 years old  
- Intermediate target group : parents  
- Objectives – primary target group : care, socialisation, entertainment, education and promoting children’s rights  
- Objectives – intermediate target group : /  
- Methods : the methods used are : intervention at home, education and group work  
- Setting : the project takes place in homes  
- Starting date : 1997

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**“BIANCANEVE” BABYSITTING FAMILY SERVICE**

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- Primary target group : children up to 4 years old  
- Intermediate target group : parents  
- Objectives – primary target group : care, socialisation, entertainment, education and promoting children’s rights  
- Objectives – intermediate target group : /  
- Methods : the methods used are : intervention at home, education and group work  
- Setting : the project takes place in homes  
- Starting date : 1997

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**BIRTH AND FUTURE**

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• **Primary target group**: children of socially and psychologically vulnerable parents. The project starts during pregnancy and continues until the babies are few months old

• **Intermediate target group**: professionals working with young babies: obstetricians, nurses, paediatricians, social workers, child psychiatrists and psychologists.

• **Objectives – primary target group**: by developing parents' competencies to protect the child from risk of exclusion or additional disability

• **Objectives – intermediate target group**: to mobilise the relational capacities of the professionals to enable a dialogue with the parent as early as possible, before the onset of educational failure to set up interdisciplinary networks, coherent and continuous, from the beginning of the pregnancy to avoid duplication and competition between services, and to mobilise the resources of existing services to provide better support to parents

• **Methods**: the project uses the following methods: training and networking of professionals working with young children

• **Setting**: maternity wards, paediatric departments, medico-social services, etc

• **Starting date**: 1992

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**BIRTH AND FUTURE - TRAINING OF TRAINERS FOR A MEDICO-PSYCHOLOGICAL APPROACH OF PERINATAL AGE**

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• **Primary target group**: children of unmarried mothers and children born at medical risk (e.g. premature or children with congenital problems) – age group: prenatal to 2.5 years old

• **Intermediate target group**: parents, primary health care nurses, paediatricians, midwives

• **Objectives – primary target group**: to prevent situations that lead to social marginalisation and to promote the mother-infant bond in “high-risk” groups

• **Objectives – intermediate target group**: to reinforce coping mechanisms of vulnerable mothers (unmarried mothers, mothers of high-risk infants), to provide social support to vulnerable families, and to train and sensitise professionals working with parents and children, so that they will be able to actively support vulnerable parents or parents with vulnerable children

• **Methods**: self-help groups of parents; education; to increase awareness of professionals working with parents and infants

• **Setting**: home and clinical settings

• **Starting date**: 1996

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**“BOUT’CHOUX” CHILD CARE SERVICE 24/24 HOURS**

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• **Primary target group**: children up to 3 years

• **Intermediate target group**: /

• **Objectives – primary target group**: to work with a mixed group of children (1/3 psychosocially vulnerable children and 2/3 children whose parents work on shifts) in order not to stigmatise the most vulnerable individuals

• **Objectives – intermediate target group**: /

• **Methods**: ‘Bout’Choux’ is a crèche which offers the usual services, placing specific emphasis on: personalised accompanying, establishment and maintenance of reference points to the child, respect of the child’s rhythm through the harmonious organisation of day and night time living places, preservation of the family privacy, observation grid and assist the mother-child interaction

• **Setting**: crèches.

• **Starting date**: 1984.

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**BREAST-FEEDING NETWORK**

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VSLÖ
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• **Primary target group**: children aged 0 to a few months old

• **Intermediate target group**: mothers of newborn babies, health staff in hospital, trainers of health staff, administrators of health services, staff of the provincial government

• **Objectives – primary target group**: to encourage breast-feeding of newborn babies for its benefits
to the child’s health, nutrition, immunology, and its developmental, psychological, social, economic and environmental factors

- Objectives – intermediate target group : to encourage and support mothers who decide to breast-feed their child and to extend co-operation between various professional groups and health services
- Methods : the project consists of regular meetings to improve co-operation between various field of public health care, to inform health staff and to establish the promotion of breast-feeding as an important issue in public health
- Setting : maternity wards, clinical premises, advice centres for pregnant women, maternity centres, midwives, medical practices and breast-feeding groups
- Starting date : 1999

CARE FOR THE HEALTHY CHILD PROGRAMME – PROTOCOLS FOR PREVENTIVE MEDICINE IN PAEDIATRICS

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- Primary target group : 0 to 14 years old children
- Intermediate target group : parents, teachers and primary health care teams
- Objectives – primary target group : early detection of symptoms and/or psychopathological disorders, which if not treated early and correctly can develop into serious pathology at adult age, to refer children as necessary to a mental health department
- Objectives – intermediate target group : to train paediatric teams to identify symptoms of the most serious psycho-pathological problems and to encourage co-ordination between primary health care structures and specialised mental health centres
- Methods : the principal form of intervention used is the application of a protocol which permits the prevention and early detection of the main psycho-pathologic problems which occur during childhood. The protocol is used in the periodic check-ups carried out by primary health care paediatricians
- Setting : primary health care centres
- Starting date : 1997

CENTRE FOR CHILD CARE AND TREATMENT OF DISTURBED FAMILIES

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- Primary target group : children between the age of 0 and 6 years who are illtreated and neglected
- Intermediate target group : parents, teachers, child carers and social services
- Objectives – primary target group : diagnosis, treatment, therapy of the children so that they can return to their original family or to a new foster or adoptive family
- Objectives – intermediate target group : to prevent, to counsel, to supervise and to treat
- Methods : Abused and neglected children are separated from their family by a decree of the Court. They are looked after in the Centre (children home) where specialised educators organise the children’s lives so that they can recover from their trauma. At the same time psychotherapists help the family to improve their quality of life. The methods used are : diagnosis, treatment, therapy, pedagogical method, counselling, supervision, raising awareness, team-work
- Setting : homes, children homes and clinical premises
- Starting date : 1993

CHAIN TOGETHER

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- Primary target group : pregnant women and mother of babies aged 0 to 1 year who are vulnerable or subject to 'psychosocial risk' and families where good bonding in mother/child relationships may be jeopardised due to severe stress
- Intermediate target group : midwives and nurses at child health centres, social workers and staff of adult psychiatric services
- Objectives – primary target group : to strengthen the parental role and to work for positive bonding between parents and children
- Objectives – intermediate target group : to train clinical staff to identify mothers at risk as well as
to identify signs of difficulties in mother/child relationships

- Methods - the project consists of three levels of services. Firstly, group sessions are organized where informal support and information exchange take place. The focus is on the women’s and children’s resources that enable growth and development. The women then have the opportunity to be filmed according to the Marte Meo method in order to raise awareness about good mother/child relationships. Finally, individual counseling by a psychologist is offered.

- Setting - specific, small-scale, homely premises

- Starting date - 1997

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CHILDREN OF ADOLESCENT PARENTS

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- Primary target group - children aged 0 to 3 years of adolescent parents.
- Intermediate target group - parents, primary health care nurses, teachers and child carers.
- Objectives – primary target group - to assess the communication level of the children: pre-speech, non-verbal and verbal communication, and social interaction with peers and adults.
- Objectives – intermediate target group - to improve prospects of physical well-being as a basis for mental well-being.
- Methods - the project consists firstly of assessing the child’s communicative levels and identifying symptoms and behaviour which require a specific approach/treatment followed by psychomotor activities and creative education methods (play, story telling, painting, etc.). For the intermediate target group, the project consists of group discussion and observation in nursery schools to support and train nurses and teachers to meet the child’s needs individually or in groups.
- Setting - crèches.
- Starting date - 1997

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CHILDCARE AND WOMEN’S EMPLOYMENT BABY PROJECT

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- Primary target group - children up to 3 years old and their parents
- Intermediate target group - teachers
- Objectives – primary target group -
- Objectives – intermediate target group - to enquire about family needs and alternative services to crèches, to look for new ways of organising the childcare sector in relation to the growing demand on the one hand and the need to control social expenditure on the other, to look for new policies to support employment capable of bringing together local development and new employment effectively, and to pinpoint appropriate tools and strategies to support quality and quantity development in services and jobs offered and to support better compatibility between work time and free time.
- Methods - the project uses a research development method. The research activity is developed with the support of a guide-group and a research-group.
- Setting - crèches.
- Starting date - 1998

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CHILD OF MAN – VIDEOS SERIES

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- Primary target group - children up to 12 years old
- Intermediate target group - parents, primary health care nurses, teachers and child carers.
- Objectives – primary target group - to promote children’s psychosocial health, to spread interest and knowledge of children’s needs, and to focus on the child’s skills.
- Objectives – intermediate target group - to persuade adults to see children as individuals in their own right, to increase knowledge and understanding of children, to give parents an opportunity to share their experience with other
parents, and to create a forum for constructive and meaningful discussions.

- Methods: the project consists of material for parental training which provides and distributes an in-depth child perspective. There are 15 video films describing children's development and needs. Conferences and seminars are arranged for staff who work with children to disseminate the material and develop methods of engaging and interesting all parents, thereby also reaching the most vulnerable groups in society. The films and accompanying material initiate discussions and can be used for example with parents' groups, self-help groups, training of professionals in education, childcare, healthcare, schools, etc.

- Setting: the project is used in homes, crèches, nursery schools, clinical premises, maternity and child healthcare services, social services, libraries, church premises, schools and other educational institutions.

- Starting date: 1996.

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CHILDREN AND FAMILIES
SOCIO-EDUCATIONAL INTERVENTION IN CRUZ DE PAU

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- Primary target group: children up to 5/6 years old and their families from disadvantaged areas
- Intermediate target group: parents, teachers and child carers
- Objectives – primary target group: to promote parent/child interaction, to empower and strengthen families in order to help them to become more responsible and active, to involve children in pre-school programmes, and to strengthen parental skills through special programmes focusing the reading/writing area, routine activities, etc.
- Objectives – intermediate target group: to create a network using different resources important in children's lives, formal and informal services
- Methods: three types of programme are developed: family centred programmes, pre-school programmes and networking programmes which target pre-school teachers, teachers and other professionals in the area. These programmes use the following methods: education, self-help, group work, training and creative methods.

- Setting: the intervention takes place in homes, crèches, nursery schools and primary schools
- Starting date: 1995

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CHILDREN AT RISK OF DEVELOPING AUTISM AND PSYCHOSIS

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- Primary target group: children aged 0 to 6 years at risk of developing autism and psychosis
- Intermediate target group: parents, primary health care nurses, teachers and child carers
- Objectives – primary target group: early identification of children with autistic problems and their assessment by specialists
- Objectives – intermediate target group: to promote protective factors in the child’s family and social environment (child carers, primary health care nurses, teachers)
- Methods: the methods used are two-fold. The project uses educational and creative methods for the children. At the same time, work groups, group discussions and training programme are organised for the intermediate target group. Counselling and psychotherapeutic support is provided for parents.
- Setting: crèches, nursery schools and clinical settings
- Starting date: 1997

- 33 -
CHILDREN-PARENT RELAY

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- Primary target group: children of prisoners between 0 and 18 years old
- Intermediate target group: parents
- Objectives – primary target group: to prevent the repetition of delinquent acts by limiting the affective suffering of the child
- Objectives – intermediate target group: to improve parent/child relationships and to support better re-socialisation of the prisoner after he/she comes out
- Methods: the intervention is based on several methods: Child Space (a place where the child can talk, play alone with his/her parent), Talking groups with parents who are in prison, individual
interviews and psychological support, awareness and information activities about the specific difficulties of the children of imprisoned parents aimed at child professionals, families and magistrates

- Setting: prisons
- Starting date: 1995

CHILD SEXUAL ABUSE
TREATMENT AND PREVENTION

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- Primary target group: sexually abused children aged 4 years old
- Intermediate target group: parents and health service professionals
- Objectives – primary target group: to identify risk factors of abuse and to establish intervention methods and treatment of diseases resulting from abuse
- Objectives – intermediate target group: to assess the educational, psychological and social factors of parents of a population considered to be at risk of abuse
- Methods: the project combines several methods: clinical approaches, psycho-social interviews, evaluation of the family and of the child's environment, neuropsychiatric and psychological examination, and therapeutic support
- Setting: hospital setting
- Starting date: 1989

CHILD VICTIM OF SEXUAL ABUSE

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- Primary target group: children aged 0 to 6 years who have been sexually abused
- Intermediate target group: parents, teachers, social workers, psychologists, sociologists and child neuropsychiatrists
- Objectives – primary target group: diagnosis, treatment and prevention of neuropsychiatric and mental illness following abuse and to prevent further sexual abuses
- Objectives – intermediate target group: treatment of the parafunctional dynamics, improvement of social support, development of legal counselling and to raise awareness about the issue
- Methods: the intervention consists of several components: awareness-raising campaign (leaflets, books, information programmes for schools, courses), treatment of the child and the family (individual or family therapy), telephone-line support, and training of professionals
- Setting: health centres and courts of law
- Starting date: 1987

CLIMBING FRAME

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- Primary target group: children between 2 and 4 years with poorly educated parents
- Intermediate target group: parents, toy-demonstrator, project co-ordinator and manager
- Objectives – primary target group: to stimulate the socio-emotional development of children
- Objectives – intermediate target group: to stimulate verbal interaction between parent and child, and to make parents aware of their influence on the development of their children
- Methods: The cognitive and socio-emotional development of children is stimulated by improving the verbal interaction between mother and child. Positive parental behaviour role models is central to this project. Twice a week, a toy demonstrator spends half-hour with the family and assists parents in their role of the persons primarily responsible for the upbringing of the child. The toy demonstrator presents and demonstrates activities to parents. He/she acts as a role-model for the parents. The activities are supported by Climbing Frame material which consists of a lot of different colourful pictures, books and toys that the family keeps
- Setting: homes
- Starting date: 1991
**CLINICLOWNS**

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- Primary target group : severely and chronically ill children aged 1 to 6 years  
- Intermediate target group : parents, nurses and medical doctors  
- Objectives – primary target group : to reduce fear, to strengthen the immune system, to enable happy moments for dying children, and to have a positive influence on the healing and rehabilitation process  
- Objectives – intermediate target group :  
- Methods : Clowns come in couples – one male and one female – to visit children in hospital and try to remove depressing features of everyday life in the clinic. The aim is to inspire children through fantasy and oriented games and make them temporarily forget their pain and hurt  
- Setting : hospitals  
- Starting date : 1992

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**COMMUNITY MOTHERS**

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- Primary target group : prenatal parents, first-time and second-time parents of children 0-2 years. They include single parents, teenage parents, travellers’ parents, asylum seekers and refugees  
- Intermediate target group : mothers who volunteer to become Community Mothers in the area where they live  
- Objectives – primary target group : to support the development of the child both physically and mentally through the empowerment of the mother  
- Objectives – intermediate target group : to enable Community Mothers to support and encourage parents in rearing their own children, emphasising health care, nutritional improvement and overall development. As a result of this process, Community Mothers become empowered and may move on to paid employment  
- Methods : One to one discussion and information. The mother is acknowledged as the expert with her own child and is supported in achieving her own goals for her child. Handouts are given to parents in the form of cartoon sequences  
- Setting : homes of the mothers  
- Starting date : 1988

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**COMMUNITY MOTHERS PROGRAMME**

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- Primary target group : children up to 7 years and their parents living in areas of social and material disadvantage  
- Intermediate target group : parents  
- Objectives – primary target group : to improve the language, cognitive, educational, nutritional and behavioural development of children, to improve the general health of children, and to reduce rates of child abuse as a bi-product of a general support programme  
- Objectives – intermediate target group : to improve maternal self-esteem, to reduce isolation and depression amongst parents, to improve family nutrition, to improve access to, and more appropriate use of, local health services, and to identify and address local health needs via community participation and user involvement  
- Methods : trustworthy and experienced mothers are recruited and given informal support and training to enable them to deliver semi-structured home-visiting programme to other local families within their own communities. The programme focuses on healthcare, nutritional improvement and overall child development and it concentrates on promoting positive health and parenting skills. Informal group work with parents is also held to promote mental health. The method used is lay/professional partnership using a community development/empowerment model  
- Setting : homes and group work and training sessions are held in convenient and accessible local community venues  
- Starting date : 1991
**- 40 -
COMPREHENSIVE PROMOTION OF HEALTH IN KINDERGARTENS AND SCHOOLS**

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• **Primary target group**: children aged 4 to 6 years who are attending normal or integrated kindergartens
• **Intermediate target group**: parents, primary health care nurses and communal authorities
• **Objectives – primary target group**: to develop and implement a continuous and long-term health promotion programme which is holistic and benefits from and involves resources of relevant organisations in the surroundings, to promote the physical, psychological and social health of all involved persons
• **Objectives – intermediate target group**: /
• **Methods**: education, awareness training, analysis, creative methods, learning by experience, promotion of self-initiative, networking
• **Setting**: kindergartens
• **Starting date**: 1997

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COMPETENCE AND DEVELOPMENT OF PREVENTIVE MEASURES**

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• **Primary target group**: children aged 0 to 4 years and vulnerable children: children of adolescent parents and children of parents with serious mental health problems
• **Intermediate target group**: primary health care nurses, teachers and child carers
• **Objectives – primary target group**: to develop new approaches to prevention within health clinics for parents and children
• **Objectives – intermediate target group**: to increase understanding amongst health visitors, kindergarten teachers, school psychologists and child protection workers
• **Methods**: different group approaches are being developed to improve parent/child interaction: use of video recording, group discussions, group support.
• **Setting**: clinical premises
• **Starting date**: 1988

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CREATION OF A MEDICAL, PSYCHOLOGICAL AND SOCIAL NETWORK OF ASSISTANCE TO THE HIV POSITIVE NEWBORN AND HIS FAMILY**

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• **Primary target group**: Children born with HIV aged 0 to 9 months
• **Intermediate target group**: parents
• **Objectives – primary target group**: to help create a secure mother/child attachment, to assess the normality of a child’s development, and to monitor long term social acceptance of the child
• **Objectives – intermediate target group**: to support the mother and help her to understand the child’s messages and answer them adequately, to support the mother in her role of caregiver, to support the parents in working through the contrasting psychosocial experiences of the birth event, to make parents aware of affective investment of the pregnancy, and of its meaning in relation to their own needs, of what they expect from the child, so as to be open to the child’s needs
• **Methods**: clinical and psychological discussions with parents and mothers, observations and interventions in mother/child relationships, evaluation of the child’s psychological development, meeting and training with workers
• **Setting**: clinical premises
• **Starting date**: 1998

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CRÈCHE “A MI-MOTS”**

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• **Primary target group**: children 0 to a few years old living in vulnerable families, social and cultural backgrounds
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DATA BASE ON MENTAL HEALTH PROMOTION OF THE CHILD

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Primary target group : children aged 0 to 18 years old (0-6 years, 7-14 years, and 15-18 years)
Intermediate target group : parents, primary health care nurses, teachers, child carers, general practitioners, lawyers, magistrates
Objectives – primary target group :
Objectives – intermediate target group : to monitor the research/implementation of projects and innovative initiatives on promoting children mental health in Italy, to collect information on existing projects and set up a data base, to disseminate the information on request and to use it in new initiatives, publications and the strategic development of mental health promotion for children
Methods : the project combines data collection and dissemination, teaching and networking
Setting :
Starting date : 1998

Primary target group : children aged 3 to 6 attending the municipal day-care system or special nursery schools and special groups in nursery schools which have the facilities to accept children with special needs
Intermediate target group : parents, primary health care nurses, teachers, child carers, social services and especially nursery school and family day-care staff
Objectives – primary target group : to assist in developing the child’s socialisation and his self-image, to provide him with the capacity to develop his own personality and his own skills, and to prevent exclusion by assuring equal starting points and possibilities independently of the child’s background
Objectives – intermediate target group : to find new possibilities of co-operation, to develop educational methods and means of action, to improve day-care staff’s educational skills related to visual culture, to disseminate the latest research findings in art education and art therapy, based on contemporary art, methodically tested and adapted to the practical work of day-care staff
Methods : half-day workshops are organised for groups of 7 to 16 children where they can participate in several activities, using the workshop’s equipment, ranging from traditional art-creating tools to modern multimedia computers. The intervention can be based as well on the observation of the perceptual psychology phenomena as on tasks related to art’s social and language-like nature. The activities are both verbal and non-verbal and aim to support and develop the child’s social me and to develop psycho-motor abilities of the children. Lectures are organised by the Pori Art Museum for parents, nursery school teachers and children’s nurses
Setting : the project takes place in nursery schools and in the art museum, especially in its exhibition rooms and ateliers arranged for the purpose
Starting date : 1992
DE BEL PROJECT

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- Primary target group : children up to 12 years old from vulnerable families or families with an unstable social background
- Intermediate target group : parents
- Objectives – primary target group : to enhance child development perspectives (language, emotional and psycho-motor development, social behaviour, etc.)
- Objectives – intermediate target group : to provide a pedagogic support to parents, to establish a link between families, social services and schools, and in the long term to increase family empowerment, autonomy and integration into society on the socio-economical and relational levels
- Methods : creative methods for activities with the children, individual contacts and sessions, group work and role-play sessions with children and group work sessions with mothers. Children are divided into groups according to age and are offered activities relevant to their age-group. Some activities are organised in crèches, other in parents’ home
- Setting : crèches and homes
- Starting date : 1988

DEPARTMENT OF SOCIAL SERVICES

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- Primary target group : children aged 0 to 2 months
- Intermediate target group : parents
- Objectives – primary target group : to reach and work with groups at risk in order to prevent identified marginal processes, and to prioritise intervention through basic social work
- Objectives – intermediate target group : to identify risk situations to achieve normal social living conditions in Family Units with newborn babies
- Methods : all families with a newborn baby are visited by a social worker and a primary health care nurse in order to conduct a social-health evaluation of the baby and to find out if there are risk factors, using a risk indicator table
- Setting : homes
- Starting date : 1994

DEVELOPING STRATEGIES AIMED AT THE IMPROVEMENT OF SELF-ESTEEM

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- Primary target group : children aged 4 to 7 years. Some strategies are aimed at the general population others at vulnerable children who are experiencing emotional or behavioural problems and their parents
- Intermediate target group : parents and teachers
- Objectives – primary target group : to improve the self-esteem and confidence of children, to support pupils experiencing difficulties and social isolation, and to develop positive relationships among children and among children and adults
- Objectives – intermediate target group : to raise awareness of and develop skills and strategies of school staff, to improve self-esteem, confidence and skills of parents, to improve understanding of complementary professional roles, and to disseminate strategies and approaches within a wider group of schools
- Methods : several methods are used. For children : circle time, circles of friends, set up of nurture group of children. For parents : parenting skills courses. For teachers : multi-agency approach
- Setting : schools
- Starting date : 1997

DEVELOPMENT AND TRIAL OF A COURSE FOR FURTHER TRAINING OF FAMILY CARERS

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- Primary target group : children up to 1 year old and parents
- Intermediate target group : course leaders
• Objectives – primary target group: to reinforce parental skills and self-responsibility, to support partnerships, and to give information on specific issues regarding children’s health and development
• Objectives – intermediate target group: to enable course leaders to support parents in their transition to parenthood and to help prevent problems in partnership and in parent/child relationships
• Methods: the programme consists of further education for course leaders directed to the holistic health concept of the WHO. The measure is primary prevention applied to partnerships and parent/child interaction. The central features of the curriculum concern: holistic group leadership, becoming a family, living with the baby, dealing with the child, recovery, etc
• Setting: training centres
• Starting date: 1996

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DEVELOPMENT OF CHILDREN OF SUBSTANCE-DEPENDENT MOTHERS

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• Primary target group: children aged 0 to 6 years of addicted mothers who have been abstinent or who have taken oral substitution therapy during pregnancy
• Intermediate target group: mothers and foster mothers
• Objectives – primary target group: to prevent developmental disorders in this high-risk group
• Objectives – intermediate target group: / 
• Methods: the project consists of observing the child’s development and if necessary, on counselling on mother/child interaction counselling and promotion/information on early age development
• Setting: hospital premises and youth welfare office
• Starting date: 1994

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DEVON CHILD ASSAULT PREVENTION PROJECT

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• Primary target group: school age children (up to 11 years)
• Intermediate target group: parents and teachers
• Objectives – primary target group: to empower children to prevent assault and reduce children’s vulnerability to all forms of abuse
• Objectives – intermediate target group: to provide support and guidance for teachers in implementing important and sensitive areas of the health and safety curriculum and to help schools to become more confident and pro-active in their child protection roles, to inform and prepare parents to deal with the prevention of child abuse
• Methods: the intervention uses a comprehensive training programme which has been proven to work in different cultural environments. Separate workshops are provided for school staff, parents and children. The training programme is provided to all those who work in schools. Via the project, children gain awareness of the nature of abuse – emotional, sexual, physical. They learn about self-assertion and protection, self-help and empowerment, and acquire a positive sense of safety and touch
• Setting: schools
• Starting date: 1994

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EARLY DETECTION OF SERIOUS PROBLEMS IN DEVELOPMENT

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• Primary target group: children up to 6 years attending paediatric consultation and their parents
• Intermediate target group: paediatricians
• Objectives – primary target group: early detection of serious problems in development, and to counsel and support parents
DIRECTORY – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

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EARLY DISTORTION OF THE MOTHER/CHILD RELATIONSHIPS ON AT RISK SITUATION

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EARLY INTERVENTION IN INFANT AT RISK

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EARLY NURTURE WARD

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• Objectives – intermediate target group : to train paediatricians in normal development and early warning signs in relation to psychological pathology
• Methods : the project consists of setting up programme objectives by the Child-Youth Mental Health Unit and the Hospital Paediatric Department, in organising seminars, in references and exploratory psycho-pathological consultations/feedback to paediatricians (inter-consultation), and in treatment in the Child-Youth Mental Health Unit, where appropriate
• Setting : clinical premises and paediatric department
• Starting date : 1993

who are willing to collaborate, play activities facilitating communication
• Setting : both clinical premises and where the children live
• Starting date : 1988

• Primary target group : infant aged 0 to 2 years with neurobehavioural problems
• Intermediate target group : parents, primary health care nurses and teachers
• Objectives – primary target group : early intervention in children at risk of neurobehavioural problems
• Objectives – intermediate target group : early intervention for parents of children at risk of neurobehavioural problems
• Methods : The project consists of evaluating children at risk according to a method by N.M. Johnson-Martin designed to identify whose who need educational intervention. Evaluation is carried out every two months. Parent counselling is organised
• Setting : homes, crèches and nursery schools
• Starting date : 1996

• Primary target group : children up to 7 years whose parents have severe mental health problems, children with serious mental development disorders and children threatened by emotional handicap because of disorders in relationship/bonding
• Intermediate target group : parents, child carers, auxiliaries
• Objectives – primary target group : to build up relationships and bonding to the parents, emotional stabilisation, to build on adequate concept of the self, to improve social orientation,
and to integrate into his/her normal background (kindergarten/school)

- Objectives – intermediate target group - to strengthen parent/child relationships, to support parents in the development of adequate help and education models in dealing with their child, to support and advise auxiliaries, kindergarten supervisors, and to act together on conceptual indication efforts for the primary target group

- Methods - the project is based on several methods: child psychiatric sessions in day clinic, work with parents, systematic psychotherapy, child-centred psychotherapy (play therapy, firm hold therapy), parent/child work, parents groups, publicity work, and training for the auxiliaries

- Setting - clinical premises
- Starting date - 1983

- EARLY ORTHOPEDAGOGICAL INTERVENTION SERVICE

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- Primary target group - children aged 0-6 years at risk of developmental problems or handicaps
- Intermediate target group - parents
- Objectives – primary target group - to assess the child’s capacities and deficiencies, to develop a method of intervention for the child and his/her family based on holistic stimulation, to encourage socialisation among children and to improve the parent/child relationships
- Objectives – intermediate target group - to make parents aware of their child’s problems, needs and abilities, to help them to deal with them to contribute to optimal child development, to offer parental support and guidance and to disseminate information about child development issues
- Methods - global orthopedagogic intervention, psychomotor stimulation in groups of parents and children, parent groups activities, parents and children’s informal gatherings, conferences
- Setting - home and specific venues
- Starting date - 1991

- EARLY RE-EDUCATION SERVICE

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- Primary target group - children aged 0 to 4 years who have developmental problems (e.g. motor, cognitive, behavioural)
- Intermediate target group - parents and child carers
- Objectives – primary target group - to assess the nature of developmental problems, to plan and implement treatment plans involving multi-disciplinary teams and to provide children with educational guidance when they leave the service
- Objectives – intermediate target group - to make the child’s capabilities known to his/her parents, to guide them how best to handle the child, and to help parents to deal with the emotional issues associated with a handicap
- Methods - medical assessment, therapeutic interventions, play groups, parental guidance, education courses and awareness conferences
- Setting - clinical setting
- Starting date - 1985

- EDUCATIONAL PROJECT “LA BARAQUE”

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- Primary target group - children aged 0 to 3 years old
- Intermediate target group - parents, primary health care nurses, child minders
- Objectives – primary target group - to develop self-esteem, mutual respect and respect for the environment among children. The project has also educational objectives: autonomy, fulfilment, harmony, self-confidence, consciousness of its resources, its limits, confidence in others, authenticity, creativity, etc
- Objectives – intermediate target group - the objectives of the project for staff of the crèche are similar to those for the children: to develop self-esteem, mutual respect and respect for the environment
• Methods: the crèche ‘La Baraque’ uses observation, team meetings and regular staff training to fulfill its aims. Parents are kept informed through evening meetings
• Setting: crèche
• Starting date: 1977

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EDUCATION HOME
ASSISTANCE SERVICE FOR MINORS

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• Primary target group: children aged 5 years from vulnerable families
• Intermediate target group: parents
• Objectives – primary target group: to keep the child in the family by reinforcing family and parental resources, to make use of resources and potentialities available in the family and the neighbourhood, to create a network in the neighbourhood (school, neighbours, local community). The final aim is to prevent chronicity of emotional distress of children in trouble
• Objectives – intermediate target group: /
• Methods: a multi-professional team takes responsibility for the children and their families. It consists of a social worker, a psychologist, an educator and possibly other workers. They start by analysing the need and then plan action to be carried out by the educator
• Setting: homes and outside settings such as toys and games centres, libraries
• Starting date: 1997

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ENVIRONMENTAL CARE IN VERY LOW BIRTH WEIGHT CHILDREN

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• Primary target group: very low birth weight children aged 0 to 6 years
• Intermediate target group: parents, primary health care nurses and teachers are involved in the project
• Objectives – primary target group: to improve the parent-child relationship in order to prevent behavioural problems, and later in the life span, identification of neurodevelopmental abnormalities, association with IQ, language and other skills, assessment of prevalence of behavioural problems (e.g. over activity, poor concentration), of psychosomatic symptoms (e.g. sleeping problems, lack of appetite)
• Objectives – intermediate target group: to improve the parent-child relationship, promote breastfeeding, identify social environment in which the children will live, and identify eventual cerebral damage and problems in child-family interaction
• Methods: The project consist of 2 services the NICU which is a specific department of the hospital for low birth weight babies and a follow up centre. The NICU offers environmental care for very low birth weigh babies and their parents. Clinicians, psychologists and nurses promote the use of the Kangaroo methods and provide services to the families such as: assessment by developmental scales, EEG; visual audiologic and behaviour assessment; observation of the infant and its relationship with parents. The observation of the child and its parents lasts 6 years and is performed by the follow up centre. During this period the assessment of the disadvantages related to brain damage or socio-demographic and environmental factors is performed. Individual intervention methods are used for enhancing the outcomes
• Setting: clinical premises, homes and nursery schools
• Starting date: 1995

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FAMILIES WITH CHILDREN PROJECT – INTENSIVE SUPPORT SYSTEM AND FAMILY COUNSELLING

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• Primary target group: children under 3 years of age and their family, and families expecting children
• Intermediate target group: parents, primary health care nurses, social workers, psychologists
• Objectives – primary target group: to promote the well-being and the positive development of the child, to improve from the child’s point of view adequate and responsible parenthood, to increase positive parent/child interaction, and to
enhance the child’s right to a safe and nurturing environment.

- Objectives – intermediate target group:
  - concerning parents: to empower parents and increase the efficiency of daily routines, to improve child care capabilities, to empower families and family members in respect of their own lives, to enhance problem-solving capabilities, to increase emphasis on positive interaction, to create supportive networks including professionals and family members, relatives, friends, etc, and to identify a family’s difficulties as early as possible and to prevent such difficulties from becoming acute and chronic.
  - Concerning professionals: to develop working methods in co-operation with public sector and NGOs.

- Methods: Several services are offered: house calls – discussions with the parents and the whole family, video-home-training for positive interaction, groups of parents, groups of parents and children, groups for families expecting children, family holidays and recreational activities, rehabilitation services, creation and guidance of social support networks, creation of networks for co-operation between public sector and NGOs, telephone counselling service, training.

- Setting: homes, clinical premises and venues belonging to the Mannerheim League of Child Welfare, such as Family Cafés.

- Starting date: 1997.

**FAMILY CENTRE IN LEK SAND**

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- Primary target group: children up to 8 years and their parents.
- Intermediate target group: parents.
- Objectives – primary target group: to produce happy children who can grow up to be responsible, sociable and self-reliant people.
- Objectives – intermediate target group: to facilitate referrals between agencies, in order to facilitate parents’ access to services, to support parents in sharing responsibilities and care for the child, as well as to support parents to be confident and self-reliant.
- Methods: parents’ groups starting during pregnancy and continuing for the first year after the child is born, led by health centre nurses in collaboration with professionals and volunteers from the community. Various activities are suggested to families, children, fathers-only, etc.
- Setting: nursery schools and community health centres.
- Starting date: 1996.

**FAMILY CENTRE OF VÄNNES**

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- Primary target group: children up to 7 years old.
- Intermediate target group: parents.
- Objectives – primary target group: to provide a nearby meeting point, to support the social network around the children, to offer accessible support and counselling.
- Objectives – intermediate target group: to create working methods where parents and children participate, to offer accessible support, to prevent unexpected pregnancies, and to offer knowledge and information.
- Methods: several methods are used: self-help groups, group work, health care, education and training.
- Setting: Family Centre.
- Starting date: 1996.

**FAMILY COUNSELLING OFFICE**

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- Primary target group: children aged 5 to 18 years old.
- Intermediate target group: parents and family therapists.
- Objectives – primary target group: to increase children’s opportunities to be heard when they contact the Family Counselling Service.
- Objectives – intermediate target group: to raise awareness about children’s needs and the need for changes in attitudes and practice.
- Methods: a semi-structured questionnaire was used to interview people working in the Family Counselling Service to get a picture of the problems met by children, the ages of the
DIRECTORY – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

children who consult the Service, how work is done with children, etc
• Setting : clinical setting
• Starting date : 1997

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FAMILY GROUP – KUFNEBERG BARNEHAGE

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• Primary target group : vulnerable children aged 0 to 6 accompanied by parents
• Intermediate target group : / 
• Objectives – primary target group : to improve parent/child relationships
• Objectives – intermediate target group : / 
• Methods : application of the Marte Meo Communication Programme in family groups
• Setting : crèches and nursery schools
• Starting date : 1997

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FAMILY LIFE – A SELF-HELP PROJECT FOR PARENTS

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• Primary target group : antenatal (pregnant mothers) up to children of all ages, as well as vulnerable children and their parents (e.g. twins, children with cancer and heart disease, children who have lost a sibling)
• Intermediate target group : parents, primary health care nurses, teachers, child carers and social workers
• Objectives – primary target group : to enable children to meet parents and other adults who have adopted a child-oriented perspective, to regard children as interesting and cherished citizens, to ensure that children receive care and attention even when the family is subject to social stress
• Objectives – intermediate target group : to increase parents’ self-confidence and security in their parenthood, to develop parents’ feeling of joy and sense of fellowship with other parents, to enhance the sense of belonging in a social network, and to develop parents’ sense of problem-solving

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5½ YEARS OLD AT THE CHILD WELFARE CENTRE

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• Primary target group : children 5½ years old
• Intermediate target group : primary health care nurses
• Objectives – primary target group : to meet the child as a consumer and to let the child talk about his/her attitudes and social situation/environment
• Objectives – intermediate target group : to develop a specific method (a questionnaire) for nurses at the child welfare centre which will make it easier for them to talk with children, to get information about the child’s health, and to increase the knowledge and understanding of children
• Methods : the project uses a private interview with children within a consumer perspective
• Setting : clinical premises
• Starting date : 1987

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FLEKIS – OPEN NURSERY SCHOOL

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FLEKIS
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• Primary target group : children aged 0 to 6 years
• Intermediate target group : parents
• Objectives – primary target group : to promote self-esteem and self-confidence of children, to encourage children to make friends with each other, to help them to relate to adults outside the family, and to strengthen good interaction between children and their parents
• Objectives – intermediate target group: to promote the feeling of trust and confidence about parenthood through information, counselling and the experience of other parents, to support parents (mothers as well as fathers) in taking control of their own lives by stimulating them to start their own activities and form parent groups.

• Methods: Professionals offer pedagogical leadership and contact between other children and adults, offering children stimulation and the opportunity to play. Groups on specific issues or activities are set up (e.g.: education, self help groups, Group training like cooking or gym., counselling, information about society, local authority and voluntary organisations).

• Setting: open nursery: a nursery school where pre-school children come with adults.

• Starting date: 1978

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FOLLOW-UP OF NEWBORN BABIES WITH BIRTH WEIGHT UNDER 1500 GR.

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• Primary target group: newborn babies with birth weight under 1500 gr. Children are observed and followed up from 0 to 8 years old.

• Intermediate target group: /

• Objectives – primary target group: to promote the physical and mental health of vulnerable children by co-ordinating their care, paying attention to a multiplicity of actual and potential problems concerning health development and the social environment of the child and its family.

• Objectives – intermediate target group: /

• Methods: The intervention consists of regular check-up of the child, early identification of problems and development of support or referral to appropriate workers, counselling and psychological support of parent to improve effective parenting. The nurses are trained in individual developmental care.

• Setting: clinical premises

• Starting date: 1982

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FOLLOW-UP OF NEWBORN CHILDREN AT RISK

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• Primary target group: full term newborn babies. The project observes and follows them from neonatal age to 2 years old.

• Intermediate target group: parents, primary health care nurses and child carers.

• Objectives – primary target group: to check the psychomotor and environmental development in children with multisystemic syndrome caused by perinatal ischaenic hypoxia compared with healthy children.

• Objectives – intermediate target group: to study family educational behaviour and to evaluate the influence of environment on children.

• Methods: first, the project evaluates the psychomotor, neuropsychological and neurobehavioural development of newborn babies at risk. Secondly, it analyses the influence of society on them in order to prevent deviant or abnormal behaviour. The methods used are: clinical evaluation, longitudinal and multiprofessional controls, group work, treatment, child and family therapy.

• Setting: clinical premises

• Starting date: 1990

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FOUNDATION FOR THE DETECTION OF AUTISTIC CHILDREN

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• Primary target group: vulnerable children up to 4 years.

• Intermediate target group: parents, teachers, child carers, general practitioners, paediatricians, health centres for mothers and children.

• Objectives – primary target group: early detection of autistic children to take care and articulate as soon as possible intensive therapeutic, educational and pedagogical care without disrupting the family.
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FUNCTIONAL UNIT FOR MENTAL HEALTH CARE IN EARLY CHILDHOOD

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- 73 -

GROWTH GROUPS FOR BOYS WITH SPECIAL NEEDS

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- 74 -

GUIDANCE CENTRE FOR FAMILIES WITH YOUNG CHILDREN

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secure mothers and fathers in their role of parents, and to offer vulnerable families relevant support and help

- Objectives – intermediate target group: /
- Methods: the intervention consists of parents’ guidance programmes and health information (individually or in groups), and of somatic health check. Guidance and health information are targeted and adjusted to the needs and the risks of the children and their parents
- Setting: homes and local health services
- Starting date: 1973

- 77 -

HEALTH EDUCATION IN A NEWBORN CONSULTATION

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- Primary target group: children up to 6 years of age with a particular emphasis on vulnerable children (immigrant, unemployed, etc) and their parents
- Intermediate target group: /
- Objectives – primary target group: to make parents aware of the psychological and relational aspects of the problems they have at home, to provide a place where mothers can meet others and exchange experiences and information, to initiate and facilitate contacts with other professionals (psychologists, speech therapists, psycho-motor specialists, dietician, etc.), and to contribute to the integration of families in the social network of the neighbourhood
- Objectives – intermediate target group: /
- Methods: the project uses the following methods: information/awareness sessions with an external resource person, information and discussion of the mothers using video, psychological assistance to families, and networking with other services
- Setting: Infant consultation premises
- Starting date: 1983

- 78 -

HEALTH PROMOTION: FOOD EDUCATION

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- Primary target group: children aged 0 to 6 years old
- Intermediate target group: parents and teachers
- Objectives – primary target group: /
- Objectives – intermediate target group: ditto
- 79 -

HEALTHY CHILD PROGRAMME

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Primary Health Care Management
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- 80 -

HOME SCHOOL PROJECT

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- 81 -

HOME-START

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- Objectives – intermediate target group : the project’s objectives are : to increase the knowledge on conception of health, to reinforce the planning capacity, and to evaluate pedagogical courses
- Methods : interaction between teachers and expert, group-work and training, teachers’ training
- Setting : nursery schools
- Starting date : 1991

- Objectives – primary target group : children under 5 years
- Intermediate target group : parents
- Objectives – primary target group : to offer regular support, friendship and practical help for young families in their homes, helping to prevent family crisis and breakdown and emphasising the pleasure of family life
- Objectives – intermediate target group : to offer a realistic, flexible and responsive service to families under stress, and to support and empower parents to feel confident with their children
- Methods : Each Home-Start scheme is an independent voluntary organisation, which carries out its work in accordance with Home-Start Policy and Practice Guides. A multi-disciplinary management committee employs a co-ordinator who recruits, selects, prepares and supports volunteers and matches them to families under stress. Volunteers are normally parents themselves and by visiting families at home they establish a trusting relationship. The volunteers do not represent authority, they use their personal experience, skills and considerable knowledge of the local area to increase the confidence, independence and resilience of families, enabling them to cope better and to access other facilities and services when required. Some schemes also establish family groups and drop-ins where parents can get together to meet new people, share experiences and learn new skills

- Objectives – primary target group : to increase participation in school work, to improve relationships with peers, and to reduce isolation and disruption
- Objectives – intermediate target group : to create more positive parental attitudes to school and to bring more parents into school, to improve parenting skills, to improve self-esteem/assertiveness, and to support teachers to work with parents and disaffected pupils
- Methods : for parents : self-esteem measures, circle time, group and individual work. For parents: leisure activities and training sessions on e.g. parenting skills. For teachers : training sessions on running circle time
- Setting : schools
- Starting date : 1997
- 82 -

HOME-START

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- Setting : usually in homes but some individual schemes offer services at local centres
- Starting date : 1973

- 83 -

HUMANISATION OF CHILDREN’S CARE IN HOSPITAL AND TERRITORIAL HEALTH SERVICES

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Fax : +39-0166-51 26 17

- Primary target group : children aged 0 to 6 years old
- Intermediate target group : parents and teachers
- Objectives – primary target group : to assess the causes of distress, fear and distrust in children in hospital in the Aosta Valley Region (mechanisms of compensation/adaptation of children), introduce preventive and supportive measures, and to monitor their impact
- Objectives – intermediate target group : to raise awareness about children’s rights in hospital among health and social work professionals, to make teachers, parents and social workers aware of the nature of hospital care for children
- Methods : the project uses questionnaires using the Delphi technique, information material for schools, training of professionals and social workers
- Setting : hospitals
- Starting date : 1999

- 84 -

IDENTIFICATION OF FACTORS DETERMINING BRAIN DAMAGE AND LONG TERM PREVENTION PROGRAMME FOR NEUROMENTAL SEQUELAE IN HIGH RISK PREMATURE INFANTS

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- Primary target group : high risk newborn infants up to 1 years old
- Intermediate target group : medical professionals
- Objectives – primary target group : the principal goals of the project are to improve the therapeutic approach to the care of the high-risk newborn infant, thereby reducing the frequency of neuromental, visual and auditory disorders and sequelae of nervous system damage caused by asphyxia and free radical damage
- Objectives – intermediate target group : to implement current knowledge on perinatal distress mechanisms and damages, to develop combined epidemiological and long-term prevention programmes to evaluate the impact of neuromental diseases and the promotion of appropriate and effective treatment of neuromental diseases, and to gain deeper insights into the cellular mechanisms of brain injury induced by hypoxia in newborn animals
- Methods : the methods used in this project are : evaluation of prooxidant/antioxidant balance, detection of free radical formation following ischemia-reperfusion by measuring hypoxanthine plasma levels, evaluation of antioxidant status and evaluation of in vivo peroxidation by measurement of lipid peroxidation products in biological fluids
- Setting : the project takes place at the University Children Hospital of Siena
- Starting date : 1997
- 85 -
IDENTIFICATION OF SPEECH, VOCAL AND HEARING DEFECTS IN KINDERGARTENS IN THE CITY OF DORNBIRN

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- Primary target group : children in their first year of kindergarten (4-5 years old)
- Intermediate target group : parents and kindergarten teachers
- Objectives – primary target group : to develop, test and evaluate a screening procedure and to identify early speech, vocal and hearing defects
- Objectives – intermediate target group : to determine the demand for speech therapy
- Methods : there are two methods : screening of children attending their first year of kindergarten and counselling parents and kindergarten teachers
- Setting : kindergartens
- Starting date : 1998

- 87 -
INFANCY IN CRETE

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- Primary target group : infants from pregnancy until 24 months of age
- Intermediate target group : parents, primary health care nurses, and grandmothers
- Objectives – primary target group : to explore and understand basic aspects of cognitive, emotional, perceptual, communicative and behavioural co-development of infants with their parents and their grand-mothers
- Objectives – intermediate target group : to raise awareness on matters concerning the infant's psychological development
- Methods : systematic, longitudinal investigation of the free interaction between infants and their parents and grand-mothers in a natural setting, and systematic, longitudinal and cross-sectional study of perceptual, behavioural and communicative abilities of infants in the laboratory setting. For the intermediate target group, individual education as well as group education, discussion and presentation on specific material and issues concerning infants' psychological development
- Setting : the project takes place in homes and in the Department of Psychology of the University of Crete
- Starting date : 1994

- 86 -
INFANT OBSERVATION TAVISTOCK CLINIC MODEL

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- Primary target group : children aged 9 months to 3 years
- Intermediate target group : teachers
- Objectives – primary target group : to have comprehensive knowledge of the child and an understanding of the significance of his/her behaviour, to get near and give value to the inner psychic life of the child, to keep in mind both conscious and unconscious aspects, to understand the personality of the child
- Objectives – intermediate target group : to develop the sensitivity in educators about the problems of each child and to plan more effectively the educational process for each child
- Methods : the project is based on observing children following the Tavistock Clinic and psycho-dynamic method. Educators of all the crèches, divided into mixed groups, receive a training under direction of psychologists trained in child observation. Periodic meetings are organised with the pedagogical co-ordinator, the co-ordinators of the crèches and advisers to sort out problems, doubts, inaccuracies and also to monitor progress
- Setting : crèches
- Starting date : 1997
- 88 -
INFANT RESOURCE CENTRE
“LA PASSERELLE”

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- Primary target group : children up to 6 years of age and their parents
- Intermediate target group : /
- Objectives – primary target group : to provide a place where mothers can meet other mothers and get their breath back, to improve parent/child relationships, to ensure the harmonious physical, mental and social development of the child, to give the child a place as a person, to allow the mother to observe her child in a positive way, and to prepare the mother and the child for the separation which will occur when the child enters nursery school
- Objectives – intermediate target group : /
- Methods : regular and specific activities are organised for mothers/parents and their children. Some activities are led by mothers (e.g. painting, puzzles, insertion games) others are led by external operators (e.g. functional psycho-motor sessions, musical awakening by a musician, story telling). The activities are organised in different corners with specific activities for each corner (e.g. music corner, reading corner, fancy dressing). Conference and debates for mothers are organised in collaboration with professionals
- Setting : infant consultation premises
- Starting date : 1991

- 89 -
INFO & ENCOUNTER GROUP
FOR DIVORCED PEOPLE

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- Primary target group : children of divorced parents up to 19 years
- Intermediate target group : parents
- Objectives – primary target group : to prevent psychosocial problems as a result of a ‘destabilising’ event like parents divorcing and living in a single-parent-family
- Objectives – intermediate target group : to support divorced persons to be adequate parents

for their children, to support parents in assimilating the divorce process, and to sensitize them to the distress of their children
- Methods : the project consists of one information meeting for parents, followed by group discussion meetings which are thematically structured and guided by professionals. The approach is multidisciplinary and focuses on : legal framework, child’s world of fascination in times of divorce, social administration and emotional assimilation of a divorce and new family situation
- Setting : any place where people can meet and feel confident
- Starting date : 1980

- 90 -
INNOVATIVE EXPERIENTIAL EDUCATION PROJECT

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- Primary target group : children between 2 and 12 years with emphasis on children who need special attention
- Intermediate target group : parents, primary health care nurses, teachers, child carers, speech therapists
- Objectives – primary target group : to improve children’s emotional well-being and children’s involvement, and to support positive development of children’s self-esteem and self-organisation
- Objectives – intermediate target group : to improve the quality of early childhood education, care and primary education, to persuade adults to take a child-oriented approach and thus to develop adult technical know-how with regards to the experiential approach of children, to adapt adults’ skill to use this know-how to the particularities of the situation and to develop adults’ qualities and personal mental health
- Methods : the intervention uses with children the following methods : development of creative materials, games, individual coaching, circle time and artistic expression. The method used with adults are : action research, case studies, training according to the ‘sandwich model’ (transfer of knowledge – experimenting with this new knowledge in practice – feedback on these experiences leading to transfer of new knowledge) focusing on the adults’ observation skills and on their systematic reflection on their practice
DIRECTORY – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

- 91 -
INTEGRATION OF PROBLEM CHILDREN IN NURSERY SCHOOL – METHODOLOGY OF INTERVENTION

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• Primary target group: children up to 3 years old
• Intermediate target group: teachers
• Objectives – primary target group: to integrate problem children in a group
• Objectives – intermediate target group: to give to teachers assessment criteria in child behaviour and teaching methods to support children in difficulties
• Methods: three types of methods are used in this project: discussion group for teachers, training courses and observation in classrooms to collect information on children's needs and on the modality and efficacy of teachers' interventions
• Setting: the project takes place in nursery schools
• Starting date: 1998

- 92 -
‘INSTAPJE’ PROJECT

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• Primary target group: 12 to 18 months children and their parents living in socio-economically disadvantaged areas
• Intermediate target group: parents and professional implementers
• Objectives – primary target group: to stimulate active learning of the child, to make him eager to learn and to take initiatives, in the long term to attain an adequate starting point for primary school to improve the child's school performance, and to improve the quality of communication and interaction between parent and child
• Objectives – intermediate target group: to stimulate educational behaviour of parents in order to improve the educational possibilities of the children, and to improve the quality of parent/child interaction
• Methods: the project is intensive. Professional implementers visit families at home on a weekly basis. They demonstrate a range of play material and activities and show mothers how to adapt to the children's play. The programme is divided into four modules each of which lasts for several weeks and which focus on: emotional support, respect of the children's autonomy, setting limits and giving structure, and explaining situations and tasks
• Setting: homes
• Starting date: 1994

- 93 -
INTEGRATION OF CHILDREN IN CRÈCHES, PRIVATE KINDERGARTEN GROUPS, PUBLIC KINDERGARTENS, KINDERGARTENS FOR HANDICAPPED CHILDREN AND INTEGRATION GROUPS

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• Primary target group: children aged 0 to 6 years in need of psychological assessment, counselling and psychotherapy
• Intermediate target group: parents, child carers, kindergarten teachers, social workers
• Objectives – primary target group: to prevent negative development as early as possible for children in need of psychological / psychotherapeutic support
• Objectives – intermediate target group: to support and counsel adults responsible for children with psychological problems
• Methods: the project works at two levels. On the one hand it give counselling and training to parents and people who care for children with psychological problems. On the other hand it works directly with children, using limited interventions such as testing, counselling, referral to experts, etc
• Setting: kindergartens
• Starting date: 1999
- 94 -
INTERPERSONAL RELATIONS IN
THE EDUCATIONAL PROCESS

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- Primary target group : children aged 0 to 6 years old
- Intermediate target group : teachers
- Objectives – primary target group : to observe interaction among children and to encourage good relations between them, and to study interaction between children and adults
- Objectives – intermediate target group : to study relations between child educators and families, to improve communication between educators and to improve the knowledge of environment of the children
- Methods : The project uses two methods: role-play and working groups. It is structured on 3 phases a) relations between adult/child/family, b) relations between school/family, and c) relations in an educational context
- Setting : crèches and nursery schools
- Starting date : 1998

- 95 -
INTERVENTION IN A CHILDREN’S HOME

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Early Intervention Unit
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- Primary target group : children up to 6 years from disorganised, low income families, single parent families, drug addicted parents, etc
- Intermediate target group : parents
- Objectives – primary target group : to provide a “home-like” shelter to children without family or with disorganised and/or abandoning families, to provide children with a holding environment to give them a sense of identity and positive a self-image, to develop individual life-projects in order to define their future, to provide psychological, affective and cognitive stimulus to allow for normal development of the personality, and to provide medical and social support whenever necessary
- Objectives – intermediate target group : to provide parents with social and psychological support to enable them to adopt appropriate attitudes and behaviour towards their children
- Methods : psychological, paediatric and social evaluation of the child’s situation, definition of specific intervention for each child, education in a warm and caring environment according to each child’s needs, and psychological and developmental evaluation and definition of a life project – proposed to the Court of Justice, the social services, the family, etc
- Setting : crèches, homes and children’s home (residential community)
- Starting date : 1989

- 96 -
INTERVENTION IN FAVOUR OF CHILDREN IN MULTI-PROBLEM SITUATIONS

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- Primary target group : vulnerable children up to 6 years
- Intermediate target group : parents, teachers and child carers
- Objectives – primary target group : to protect children’s rights as provided for by current law, to ensure living conditions suitable for children’s needs and to promote intervention aimed at developing psycho-physical growth potential in children
- Objectives – intermediate target group : to support parental-educational tasks, and to make teachers and child carers aware of their co-responsibility regarding the protection of children
- Methods : intervention methods consists of taking charge of situations concerning children at risk by means directed both at children, their families and at the social environment context level so as to reduce and/or overcome difficult conditions
- Setting : the project takes place in all settings involving minor’s lives
- Starting date : 1983
- 97 -

INTERVENTION OF PSYCHOSOCIAL ASSISTANCE TO MOTHERS/PARENTS OF PREMATURE CHILDREN STAYING FOR A LONG PERIOD IN HOSPITAL

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- Primary target group : premature babies and babies with post-natal problems staying for a long term in hospital, in the neo-natology ward. Babies are aged 0 to 15 days old
- Intermediate target group : parents
- Objectives – primary target group : to give psychological assistance
- Objectives – intermediate target group : to give psychological assistance
- Methods : the intervention consists of weekly psychological discussion between parents (mothers) and a psychologists.
- Setting : clinical premises
- Starting date : 1998

- 99 -

KANGAROO CLUB

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- Primary target group : all children between 0 and 3 years of age accompanied by an adult (e.g. parents, day-care staff, grandparents)
- Intermediate target group : parents, child carers and grandparents are involved in the project
- Objectives – primary target group : to promote multi-cultural integration and to enhance the socialisation of children in a safe environment. The Kangaroo Club is an intermediary between home, day-care and kindergarten
- Objectives – intermediate target group : /
- Methods : the project leans on to the philosophy of Françoise Dolto who founded “La Maison Verte” in Paris
- Setting : the project is set up in community houses
- Starting date : 1992

- 98 -

INTERVENTION OF PSYCHOLOGICAL ASSISTANCE TO MOTHERS/PARENTS OF CHILDREN WITH CYSTIC FIBROSIS

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- Primary target group : children with chronic illness (Cystic Fibrosis) up to 4 years old
- Intermediate target group : parents
- Objectives – primary target group : to improve the quality of the patient's life, to increase compliance with the therapy, and to improve the quality of hospital care
- Objectives – intermediate target group : to ensure psychological support to the family in order to encourage a better treatment of the illness and good psychosocial adaptation of the child
- Methods : the methods used consists of interdisciplinary group work and psychosocial support for the family and patient
- Setting : clinical premises
- Starting date : 1997

- 100 -

KANGAROO MOTHER CARE ON NEONATAL INTENSIVE CARE

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- Primary target group : premature babies aged 0 to 1 month old
- Intermediate target group : parents and nurses
- Objectives – primary target group : to support newborn babies self-regulation and well-being through extended body contact with the mother (father) and to support and improve neuropsychological development
- Objectives – intermediate target group : to support the mothers (and fathers) attachment behaviour, feeling and perception of the child, and self confidence
- Methods : mothers (fathers) are shown and encouraged to use Kangaroo-caring for their premature babies. Technical and psychological support is provided by the neonatology staff. Babies’ behaviour is observed with Als method to detect signs of stress or well-being.
Neurophysiological development is evaluated with Fractal Analysis of EEG. Mothers’ feelings are evaluated in interviews and group discussions are organised between parents and staff.

- Setting: neonatology wards
- Starting date: 1995

KINDERGARTEN WITHOUT TOYS

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- Primary target group: children between 3 and 6 years old and children who visit a training kindergarten in Vienna
- Intermediate target group: parents and a team of kindergarten teachers at the training kindergarten
- Objectives – primary target group: to prevent addiction by promoting life skills such as social competence, creativity, ability to solve problems and conflicts, individual planning of time, the perception of needs, limitations in relation to oneself and others, space for individual development and self-determined experiences
- Objectives – intermediate target group: to encourage kindergarten teachers to reflect on their role and their attitude towards work, and to promote parents’ reflection on their attitude towards education
- Methods: for a three month period, all prefabricated toys are removed from the kindergarten. Children are carefully prepared for the project and while it is happening children learn to make self-determined experience, expand their social competence and find collective solutions for problems. During the project kindergarten teachers give up their leading role and take a more observing and supporting position in the group process. The project also organises training courses for kindergarten teachers to prepare the project, meetings and discussions while it is going on, and a feedback workshop for reflection on the completed project. For parents, information meetings are organised and individual counselling sessions are offered
- Setting: kindergartens
- Starting date: 1997

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- Primary target group: disabled children up to 18 years
- Intermediate target group: parents and siblings
- Objectives – primary target group: to allow children to come first and to enable them to develop their skills and abilities and to fulfil their own hopes and aspirations
- Objectives – intermediate target group: to work in partnership with parents to empower them to enable their children to achieve their full potential and for siblings, to minimise the impact of having a disabled brother or sister
- Methods: the project uses several methods: portage home teaching programme, self-help techniques, group work, training, respite care, Brief Solution Focused Therapy. The project provides services such as: family project service which offers practical and emotional support to individuals and groups, a weekly developmental play session for small groups of children with special needs and their carers and siblings, or a home care respite service
- Setting: homes and Family Centre
- Starting date: 1979
DIRECTORY – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

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LA MAISONNÉE

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• Primary target group : children aged 0 to 3 years and 11 months and their parent
• Intermediate target group : / 
• Objectives – primary target group : socialisation of children, to offer a meeting place for mothers, to promote early separation, differentiation between the child and his/her mother in order to prepare for entering the nursery school
• Objectives – intermediate target group : / 
• Methods : the project consists of providing a meeting place with games for the children where mothers can meet other mothers and where children meet other children and adults. There is a non authoritarian reception and the presence of professionals guarantees and facilitates the relationships between parents and children. Team-work is another aspect of this project
• Setting : the intervention takes place in a specific welcoming place
• Starting date : 1998

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LA MAISON OUVERTE

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• Primary target group : children aged 0 to 3 years
• Intermediate target group : parents
• Objectives – primary target group : to prevent early childhood disorders and to promote early socialisation and the child’s independence
• Objectives – intermediate target group : to reduce anxiety of parents in relation to separation necessary for the development of child’s independence
• Methods : the project consists of a welcoming place where two professionals welcome children and the adults who accompany them. Informal discussion based on psychoanalysis principles and active listening take place during the visit
• Setting : special premises
• Starting date : 1982

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LEARNING CO-OPERATION AND CONFLICT MANAGEMENT

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• Primary target group : children between 3 and 6 years old
• Intermediate target group : parents, teachers, child carers and adults in charge of children education and/or socialisation
• Objectives – primary target group : to teach children to take charge of their lives and to better manage their relationships with others, and to give children the tools so that they can manage their conflicts among themselves without involving an adult
• Objectives – intermediate target group : to decrease and curb violence among children and teachers, and to improve the quality of relationships
• Methods : with children, the intervention uses co-operative games and means such as stories, legends, etc. With adults, the project uses conflict management tools such as listening, affirmation, non-violent communication (Marshal Rosenberg method), role play, simulation games, etc
• Setting : the project takes place in nursery school and the training is organised in the premises of the Université de la Paix
• Starting date : 1980
**LEG-UP** PROJECT

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Fax : +31-20-59 29 677

- **Primary target group**: children aged 2 to 4 years and their mothers living in disadvantaged areas  
- **Intermediate target group**: parents (mothers) and neighbourhood mothers, project co-ordinator and area manager  
- **Objectives – primary target group**: to facilitate the transition from home to primary school by stimulating certain aspects of mother-child interaction, and to enhance the language development, fine motor and sensory development  
- **Objectives – intermediate target group**: to stimulate the mother-child interaction by broadening the responsive instruction behaviour of the mother which will stimulate a range of child's skills such as perseverance, problem solving, task oriented activities and the ability to plan and carry out activities  
- **Methods**: The project lasts 2 years. The first part of the project emphasis is on play and child development, the second part focuses on mother/child interaction. Furthermore there are group meetings for mothers about education and development and another project 'Leg-up pre-school'. The intervention consists of stimulating the mother-child interaction. A neighbourhood mother visits a new mother to demonstrate activities and material. She instructs and supports the mother by role modelling, and other methods of transferring knowledge and skills. By providing activities and materials parents learn to improve self-esteem and how to stimulate the play activities of the child. Regular meetings of groups of mothers are organised where ‘educational issues’ and ‘parent/child interaction’ are discussed  
- **Setting**: homes, pre-schools and community centres  
- **Starting date**: 1993

**LEG-UP – LEVEL II** PROJECT

Ad JONGEJAN  
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- **Primary target group**: immigrant children from 3 years and 10 months until 4 years and two months and their parents, and children and their parents from disadvantaged background  
- **Intermediate target group**: parents (mothers) and neighbourhood mothers, project co-ordinator and area manager  
- **Objectives – primary target group**: to stimulate language and cognitive development as well as socio-emotional development, and to enhance learning conditions by providing the children with the knowledge and skills required for successful learning  
- **Objectives – intermediate target group**: to encourage parental responsive behaviour  
- **Methods**: the intervention consists of stimulating the mother-child interaction. A neighbourhood mother visits a new mother to demonstrate activities and material. She instructs and supports the mother by role modelling, and other methods of transferring knowledge and skills. By providing activities and materials parents learn to improve self-esteem and how to stimulate the play activities of the child. Regular meetings of groups of mothers are organised where ‘educational issues’ and ‘parent/child interaction’ are discussed  
- **Setting**: homes, primary schools and community centres  
- **Starting date**: 1994

**LONGITUDINAL STUDY ON THE DEVELOPMENT OF COGNITIVE CAPACITIES AND BEHAVIOUR OF PREMATURE CHILDREN**

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- **Primary target group**: pre-term children born with a weight between 1100 and 2000 gr. The project is for children from birth to 7 years  
- **Intermediate target group**: mothers  
- **Objectives – primary target group**: to determine if low birth weight constitutes a biological risk factor for child development at short, medium and long term  
- **Objectives – intermediate target group**: /  
- **Methods**: low birth weight children are followed up and periodically tested on their intellectual and behavioural development until 7 years of age. Testing methods include Brunet-Lezine test, Terman-Merril test, Wisc-R test, Toulouse-Pieron test and the visual auditory digit span test. Mothers are also tested  
- **Setting**: clinical premises  
- **Starting date**: 1994
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MAKING CHILDREN STRONG

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• Primary target group : children aged 5 to 18 years
• Intermediate target group : parents, teachers, child carers, in general youth groups and religious groups and staff of sports clubs
• Objectives – primary target group : to promote primary prevention of addiction by developing life skills, strengthening behaviour and encouraging independence and the ability to deal with conflict, creativity, tolerance of frustration
• Objectives – intermediate target group : to sensitize young people (leaders) to primary prevention of addiction, to develop self-awareness and role model, to show possibilities of help
• Methods : the project consists of education through mass media and public relations work, and training through seminars. A variety of awareness raising and support material is also available (cinema and television adverts, educational printed material, etc.)
• Setting : sports clubs, homes, schools, youth and education advice centres
• Starting date : 1991

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MAKING CHILDREN STRONG
PREVENTION OF ADDICTION IN KINDERGARTEN

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• Primary target group : children aged 4 to 6 years old
• Intermediate target group : parents and nursery school teachers/auxiliaries
• Objectives – primary target group : to strengthen the personality and life skills of children, so that their response to future crises and problems will not lead to addictive behaviour
• Objectives – intermediate target group : to give information and promote understanding of the causes of addictive behaviour in parents, to encourage and provide resources for auxiliaries, so that they can be an example of strength for the children
• Methods : the intervention consists of psycho-motor activities sessions for children, training in psycho-motor activities for teachers/auxiliaries, supervision of auxiliaries and group work and training for parents
• Setting : nursery schools
• Starting date : 1996

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MARTE MEO IN PRE-SCHOOL

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• Primary target group : children aged 4 to 12 years with behaviour disorders
• Intermediate target group : parents, teachers and child carers
• Objectives – primary target group : through empirical research, to test and evaluate methods which are designed to help parents, schools, social services and child psychiatry to support children with behavioural disorders, to develop the general competence of teachers at kindergarten and primary levels regarding communication skills in the classroom and specifically to be able to support children who have special needs
• Objectives – intermediate target group : to support parents, teachers and child carers to be able to co-operate and function as a team in order to meet the needs of the child
• Methods : two methods are used : system-oriented consultation with teachers and parents and Marte Meo intervention in kindergarten, primary school and in the child’s family
• Setting : kindergarten and primary schools
• Starting date : 1997

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MASKAN MOTHER-BABY UNIT

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Maskan
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• Primary target group : Newborn babies up to 1 year of mothers with intense depression or fear of
harming the child – with or without a prior psychiatric history

- Intermediate target group: parents

- Objectives – primary target group: to support the healthy mental, social and cognitive development of the children

- Objectives – intermediate target group: to treat the non-verbal experience of mothers and to unlink them from the present baby in order to improve mother-child interaction

- Methods: the project consists of treating the mother/child couple individually or in a group

- Setting: clinical premises

- Starting date: 1989

MENTAL HEALTH CENTRE OF TAMINES

Martine DEBAR & Mireille BROUWERS
Mental Health Centre of Tamines
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- Primary target group: children aged 2,5 to 6 years old

- Intermediate target group: teachers

- Objectives – primary target group: to improve self-knowledge and social relationships with other children and adults, to relate this to time and space and also to the emotional and social aspects

- Objectives – intermediate target group: to propose that teachers add a mental health dimension to their educational work and life in the classroom

- Methods: the project uses several methods such as relaxation, concentration and active listening with respect for the expression of the child. It is structured in 3 phases. In the first phase trainers meet with teachers. In the second, activities are organised with teachers and children (group activities and observation of the group). In the concluding session children and teachers give feedback of their experience

- Setting: nursery schools

- Starting date: 1997

METHOD OF DEVELOPMENT AND EVALUATION OF PREVENTIVE PROGRAMMES

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- Primary target group: children aged 0 to 4 years and vulnerable children whose parents are adolescent or have serious mental health problems

- Intermediate target group: primary health care nurses

- Objectives – primary target group: there are two programmes in the same project. The first programme aims at building networks, increasing the parent’s ability to see the child, empathising with the child and developing realistic expectations of the child. The second programme concerns more vulnerable parents and their children. It aims to identify parents with special needs, network-building, supporting parents, reducing risk factors and strengthening parents’ resources

- Objectives – intermediate target group: to conceptualise the nurses’ methods, to increase their competence, to develop a differential approach to prevention and to evaluate the approach

- Methods: the project uses several methods: group work, training, use of videos, parent/child interaction

- Setting: clinical premises

- Starting date: 1998

‘MET TEVEEL VALLEN EN OPSTAAN ?’ PROJECT

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- Primary target group: children with potential development disorders aged 0 to 3 years

- Intermediate target group: parents, primary health care nurses, teachers, child carers and day care mothers

- Objectives – primary target group: early diagnosis of children

- Objectives – intermediate target group: to raise awareness about developmental disorders, to identify appropriate treatment at an early stage, and to promote skills that stimulate children with development disorders to achieve better adjustment and development

- Methods: the project uses a video and a brochure. Training sessions are organised for the different intermediate target groups

- Setting: the project can be used in a variety of settings: home of the child, crèches, nursery
schools, clinical settings, depending which intermediate target group is involved

- Starting date : 1996

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MOTHER-CHILD AFTERNOON

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- Primary target group : vulnerable children up to 6 years and their parents who are in risk situations such as unemployment, intra-family violence, drug addiction, delinquency, etc
- Intermediate target group : /
- Objectives – primary target group : to support the child and his/her parent, to enhance socialisation of very young children, to create a place where the difficulties of being a child and being a parent are recognised, to allow the growth of potentialities and creativity of children as well as parents, and to enhance self-confidence
- Objectives – intermediate target group : /
- Methods : two methods are used : group expression facilitated by two professionals, one trained to intra-psychic approaches and the other to systemic analysis; and information sessions on specific issues on request. The “Mother-child Afternoon” is a space for collective expression, where the child is recognised as a person and where it is possible to exchange experience and knowledge in order to enhance confidence in one’s own skills. The community house where the project takes place offers other services such as administrative help, homework school, literacy classes, cooking and sewing classes, etc
- Setting : community house
- Starting date : 1990

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MOTHERHOOD AND MENTAL ILLNESS. A PREVENTIVE INTERVENTION PROGRAMME FOR MENTALLY ILL PREGNANT WOMEN AND THEIR 0 – 3 YEAR OLD INFANTS

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Infant Psychiatric Unit F-4
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- Primary target group : children aged 0 to 3 years old with mentally ill mothers
- Intermediate target group : primary health care nurses
- Objectives – primary target group : to develop a model for a transdisciplinary, preventive intervention for mentally ill pregnant women and their 0 – 3 year old children
- Objectives – intermediate target group : ditto
- Methods : several methods are used including : establishment of obstetric - infant psychiatric, psychiatric and social support, establishment of an early therapeutic alliance with the mother regarding the family’s needs, extended prenatal care in order to maintain a specialised pre- and perinatal care, mothers groups established in pregnancy and continued after birth (0 - 6 months), post-partum: follow-up on needs of the mother and child, establishment of relevant social remedial measures for the family as a whole
- Setting : psychiatric and obstetric wards
- Starting date : 1988

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MOTHERS INFORM MOTHERS

Bert PRINSEN
NIZW
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Fax : +31-30-231 96 41

- Primary target group : women who become mothers for the first time and more specifically families from disadvantaged backgrounds. The project target the period between 0 and 18 months
- Intermediate target group : parents (mothers), visiting mothers and nurses (co-ordinators)
- Objectives – primary target group : to give mothers more confidence in their ‘role’ as educator, and to support mothers as a supplement to regular health care
- Objectives – intermediate target group : to increase the self-esteem of mothers, and to support women to do things more independently
- Methods : Mothers who have experience of bringing up children (visiting mothers) visit the mothers with their first child and support them in bringing up their child. The project anticipates a maximum of 18 visits. During the visits at home, the visiting mothers use talking papers and visual materials. They also give information about healthcare and healthcare services. Nurses from home care institutes co-ordinate local projects and support the visiting mothers
- Setting : homes, pre-schools and community centres
- Starting date : 1992
MUNICIPAL FAMILY DAY CARE

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Central Social Services Centre
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- Primary target group : children under school age as well as disabled and other children in need of special care and education. School-age children are offered part-time attendance after school
- Intermediate target group : parents and child carers
- Objectives – primary target group : to provide continuous, safe and warm human relationships, to offer activities that generally support child, development, to provide an environment favourable to growth by taking into account his/her background, to support the physical, social and emotional development of a child by taking into account his/her age, individual needs and common cultural heritage, and to help a child to become a self-confident, co-operative, responsible, flexible and creative adult with a respect for the environment
- Objectives – intermediate target group : the aims for the parent are : to support parents in bringing up their child, to promote the balanced development of a child’s personality in co-operation with parents, to strengthen positive co-operation between parents and family day carers through discussions and by setting common means and goals for bringing up children, and to introduce families with children of the same age to each other. The objectives for child carers is to develop, educate and ensure the coping of carers
- Methods : Good family day-care offers active and peaceful activities in a supportive, secure and enjoyable atmosphere. The strength of family day-care lies in the possibility of varying activities according to the needs of children and their carers. In particular the child’s own interests, ways of thinking, studying, learning, researching and finding should be the basis for planning. The daily activities in family day-care usually follow the same familiar rhythm. Meetings with parents and between day carers are organised as well as training for carers. A care and development agreement for the child is accepted between the parent and the child carer before the care arrangement starts
- Setting : homes and family day-care homes
- Starting date : 1966

MUSIC NURSERY GROUPS FOR BABIES AND MOTHERS

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Local Associations of The Mannerheim League for Child Welfare
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- Primary target group : children aged 3 to 10 months
- Intermediate target group : parents, mainly mothers
- Objectives – primary target group : to support the musical, verbal and motor development of the child, to support the child’s self-image (body-image), to strengthen positive parent-child relationships, to contribute to the early development of the child’s self-confidence, feeling of security, to provide children with the opportunity to play with their mother in a mother-child group without being interrupted by daily routines, to introduce children (and mothers) to Finnish folklore in order to strengthen its cultural background, and to bring happiness to children
- Objectives – intermediate target group : to encourage parents to play and sing with their children, to encourage the mothers to use their creativity, to help mothers to find new ways of interacting with the child, to help parents relax and enjoy, to promote social interaction between mothers and children living in the same neighbourhood
- Methods : meetings of groups of children accompanied by their mother where activities are proposed : creative activities (e.g. singing, rhythm, dances, nursery rhymes), rondo activities, social support (e.g. informal discussion between mothers). Content and emphasis of the activities vary according to the different meetings and groups
- Setting : child welfare clinics and premises of congregations
- Starting date : 1987
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• Primary target group : children aged 0-6 years as well as immigrant children, children of unemployed parents, children in isolated families, children of “psychosocial risk mothers”, etc
• Intermediate target group : parents, primary health care nurses, teachers, child carers, midwives, social workers, psychologists and paediatricians
• Objectives – primary target group : to reduce the problems of social inequity in child health, to promote psychosocial and mental health well-being, to promote parent/child attachment, to make children feel more valued, to strengthen protective factors, to promote social skills, to promote children being involved and participating in the events of everyday life, and to make them feel an important member of a social network and society
• Objectives – intermediate target group : to improve the entire family situation and health and to promote friendship and feeling of coherence by e.g. strengthening the informal network, keeping married life happy, bringing the feeling of more happiness about parenthood. Professionals are invited to redefine their professional identity by finding the new challenge in the framework of “the new morbidity”, developing the salutogenetic perspective, networking with other professionals and parents, catching the perspective of children and developing empowerment and mobilisation
• Methods : several methods are used to set up and develop the project among professionals such as : seminars, training sessions, discussion groups, interpersonal and cross-professional training, working groups on different issues, awareness raising via materials, investigations and conferences, communication between politicians and local authorities. The intervention towards the children and parents consists of : self-help groups, parent-training groups, fathers’ groups, baby groups, study circles, family guidance, etc. All these services are coordinated under the same roof
• Setting : Family Centres or in maternity health care services, child health services and open nursery schools for children accompanied by parents
• Starting date : 1995

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• Primary target group : general population of children
• Intermediate target group : parents, primary health care nurses and teachers
• Objectives – primary target group : to enable children to participate in their family and community, especially following a family breakdown, and to enable children to be heard and understood
• Objectives – intermediate target group : to provide non-judgemental support to parents via the telephone about any aspect of their children’s behaviour and to signpost them to other national and local services, to support teachers to identify children who may be distressed following family upheaval and to allow children to express their feelings
• Methods : several methods are used : awareness raising among professionals, training for professionals, projects working directly with children and young people, networking with other agencies, adverts for the telephone help-line
• Setting : homes
• Starting date : 1976

Claude DEHAYE
Provincial Mental Health Service
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• Primary target group : children aged 3 to 6 years old
• Intermediate target group : parents, primary health care nurses, teachers, child carers, people who organises psycho-motor activities, child minders, social workers, support and advice services for young people, and legal advice and protection services.
• Objectives – primary target group : to give the child the opportunity to develop him/herself, to express his/her feelings, to develop communication and creativity skills, and to help
the child to develop a positive image of him/her self

- Objectives – intermediate target group : the project’s aims for the teachers are : to help them to recognise the emotional needs of children, to set up activities which allow the emotional and psychic development of the children, and to help them to acquire tools to understand how children behave as individual and in groups. The project’s aim for the parents is to support their parental skills

- Methods : the intervention with children uses mainly relational psycho-motor activities. Teachers are invited to observe the activities and to analyse the situations with a professional in this field and a child psychiatrist. Intervention towards parents uses awareness raising tools (conferences, self-help groups)

- Setting : crèches, nursery schools, hospitals, mental health centres and more informal settings

- Starting date : 1982

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NEWBORNS, TODDLERS AND INFANTS EVALUATION

Eduardo SA
Bissaya Barreto Maternal Hospital
Early Intervention Unit
Rua Augusta
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Tel : +351-39-48 04 71

- Primary target group : vulnerable children newborns to 3 years old at risk of future pathology (premature children, risk of parental neglect or other forms of inadequate nurturing, poor cultural and social background, drug addicted parents, etc.)

- Intermediate target group : parents

- Objectives – primary target group : to evaluate newborn’s skills in its interaction with others, and to develop those capacities by intervention with dyads : mother-child or mother substitute-child

- Objectives – intermediate target group : to create psychological and social conditions for adequate nurturing and nursing the baby, and to create a good enough relationships with parents to allow improvement in the relationships with the baby on a long term basis

- Methods : the intervention consists in individual sessions of stimulation with babies and toddlers, regular sessions with babies and mothers, group sessions with parents for useful information and discussion groups on appropriate and useful issues

- Setting : clinical premises

- Starting date : 1998

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NEWFULFORD FAMILY CENTRE

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- Primary target group : children under 5 years and more specifically vulnerable children

- Intermediate target group : parents

- Objectives – primary target group : to promote children’s rights, to develop children’s positive identity, to promote children’s self-esteem, to encourage physical, cognitive, social, emotional and communication development, and to alleviate distress and confusion

- Objectives – intermediate target group : to help family members increase power over their lives, to enhance family life by e.g. increasing attachment between parent and children, facilitating positive experiences of separation, relieving isolation and stress, facilitating communication, caring and understanding in families

- Methods : the centre works with individuals and families (e.g. assessment, counselling, family play sessions), in groups (e.g. children’s groups, Drop In, Rainbow group, Women’s therapy group), in Community development (e.g. child care forum, racial harassment forum) and it provides resource provision such as holidays, laundry facilities, nearly new shop, outings

- Setting : homes and clinical premises of the family centre

- Starting date : 1984

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NEWPIN

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National Newpin
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Fax : +44-171-701 26 60

- Primary target group : children under 5 years old with parents who have mental health problems and child victims of physical/emotional abuses

- Intermediate target group : parents

- Objectives – primary target group : to provide respite from family turmoil and unhappiness, to give an opportunity to have physical and emotional needs met by their parents, to give an
opportunity to mix with other children & adults in a warm supportive environment with positive role models, to secure peer group attachment, and to structure early learning opportunities.

- Objectives – intermediate target group: to help break the cycle of destructive family behaviour, to develop self-esteem and emotional maturity of parents, and to bring about lasting change in the quality of life for parents and children

- Methods: the interventions consists of: attachment and befriending experiences, group work, individual counselling, and individually tailored programme and learning-for-life programmes

- Setting: adapted premises

- Starting date: 1982

- Primary target group: vulnerable children aged 3 to 12 years and their parents. The project is more specifically addressed to Antillan, Moroccan, Turkish and deaf parents

- Intermediate target group: parents, primary health care nurses and teachers

- Objectives – primary target group: to stimulate the mental health of children

- Objectives – intermediate target group: to make parents more competent in managing both desired and undesired behaviour of their children and to encourage mutual social support by parents

- Methods: the project is a course for parents given by either teachers or community centres workers or community nurses encountered in the immediate environment of parents. The basis of the project is social learning. By means of modelling, observation, discussion and practice, parents learn parental skills, find social support and get more control over parenting

- Setting: child health clinics, community centres and primary schools

- Starting date: 1993
tongue is not German, counselling, supervision and further training of the pedagogical staff, and multicultural education. The work is carried out by a mobile team of bilingual pedagogical speech workers who visit kindergartens periodically
- Setting: kindergartens
- Starting date: 1999

- PAEDIATRIC PSYCHOLOGY PROGRAMME IN PRIMARY HEALTH CARE

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Local Council – National Health Institute
AV. Argentina 20, 1st Floor
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- Primary target group: children up to 14 years old
- Intermediate target group: parents
- Objectives – primary target group: to promote early psycho-pathological diagnosis, early care, assessment of the general health condition, follow-up of functional pathology of children and their parents, study of the population at risk
- Objectives – intermediate target group: to reduce parent’s anxieties by supporting them, to improve follow-up of patients returning to primary health care and to offer guidance for all persons involved with the child
- Methods: the intervention consists of psychodiagnostic interviews in order to assess: the reason for the consultation, the medical history of the child and family. Interviews are made individually or with the family. Psycho-technical material is used, such as intelligence test and development scales
- Setting: primary health care centres
- Starting date: 1995

- PARENT COUNSELLING TELEPHONE-LINE

Liv-Tone FINNOY
Adults for Children
Arbinsgate 1
N – 0253 Oslo
Tel: +47-22-12 83 30
Fax: +47-22-44 05 69

- Primary target group: parents and other adults who are concerned about a child or young person in their neighbourhood
- Intermediate target group:
- Objectives – primary target group: to support, guide, counsel and advise adults who are concerned about a child in their neighbourhood
- Objectives – intermediate target group:
- Methods: adults with specialised knowledge of child development offer telephone advice. The project is based on: self-help, counselling and social support
- Setting: the project is carried out in a clinical setting
- Starting date: 1993

- PARENT EDUCATION – WOMEN’S AND MEN’S EXPECTATIONS AND QUESTIONS IN PREPARATION FOR BIRTH AND PARENTHOOD

Birgitta RYDEN
Box 8874
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Fax: +46-31-51 00 89

- Primary target group: children and their parents from pregnancy to a few months old
- Intermediate target group: parents and primary health care nurses
- Objectives – primary target group: to improve parent/child interaction and to improve the development of the infant (language, sensitivity and behavioural development)
- Objectives – intermediate target group: to find a method for parent education which is able to reach both the expectant mother and father, to increase the parents’ sensitivity and understanding of their child’s needs, and to strengthen the parents’ self-confidence and the parental role
- Methods: Men and women attending parent education groups were interviewed separately about their interest, feeling and needs concerning parenthood. Their answer was used as material for the group discussion and then for the scientific study. The method is thus group work from a consumer’s view and with an empowerment perspective
- Setting: maternity health care centre
- Starting date: 1992

- PARENTING THE CHILD WHO HURTS

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Parent to Parent Information on Adoption Services
Lower Boddington
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Fax: +44-1327-26 35 65

- Primary target group: adopted children from birth to 5 years old and their families
• **Intermediate target group** : adoptive and long term foster parents

• **Objectives** — primary target group : to offer young adopted children the re-parenting experiences they need to achieve a healthy sense of self

• **Objectives** — intermediate target group : to raise the awareness of adopters and would-be adopters to the unique developmental challenges which young adopted children face, to empower parents to challenge outmoded misconceptions which surround the adoption of young children — in particular the dual myths that time and love alone will be enough — and to trust in their own abilities to heal the ‘hurts’ associated with early separation, loss, neglect, abuse and inconsistencies in care, to consider ways in which adoptive parents can enable their young children to reach optimal mental health, through an understanding of the effects of early trauma on attachment and development in its widest sense, to create a developmental re-parenting programme founded on this understanding, which will be directly accessible to adoptive parents and will be enjoyable to both children and parents, to establish an informal network of adopters, at all stages of the adoption process, which will provide ongoing mutual support and to establish a course based on the programme which will be accessible to all adopters and would-be adopters

• **Methods** : self-help, education, parenting network, developmental re-parenting methods, and group work

• **Setting** : the project takes place in homes but parenting courses are also organised in various venues throughout the UK

• **Starting date** : 1997

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**PARENT SUPPORT PROGRAMME**

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• **Primary target group** : children up to 18 years old

• **Intermediate target group** : parents, pre-school teachers and teachers, child carers, primary health care nurses and child welfare workers

• **Objectives** — primary target group : to promote the mental health of children

• **Objectives** — intermediate target group : to support parents in their role as caregivers

• **Methods** : the project is based on parent support measures that are all based on the idea of listening to the questions of parents and mobilising the parents’ resources in their upbringing practices. Trained Advisory teams have been established in each municipality and are available to support all the parents of the municipalities, with additional help for vulnerable families in need of special support and guidance. The approach is about how to establish appropriate communication and developmental interaction, both between professionals and parents and between parents and children. Educational methods, information measures and creative methods are used in this project. A lot of material (books, videos, leaflets, etc) is being produced both for professionals and parents

• **Setting** : homes, kindergarten, health centres, schools and child welfare services

• **Starting date** : 1995

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**PARENT TELEPHONE-LINE**

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• **Primary target group** : general population of children

• **Intermediate target group** : parents, grandparents and educators

• **Objectives** — primary target group : to promote the well-being of children via parental support

• **Objectives** — intermediate target group : to support parents and educators who have difficulties with their children (most often educational problems)

• **Methods** : the intervention consists mainly of listening and helping parents/educators to clarify their problems anonymously. The listeners (volunteers) are trained specially for telephone listening and are supervised by psychologists once a month

• **Setting** : telephone line. The training takes place in the premises of the Ecole des Parents et des Educateurs

• **Starting date** : 1978
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PARENT TRAINING PROGRAMME

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- Primary target group : mentally disabled children aged 6 to 60 months and vulnerable children
- Intermediate target group : parents
- Objectives – primary target group : to enhance child development in all areas (motor, cognitive, communication, social, self-help, affective), to enhance children’s sense of competence and independence, and to prevent associated difficulties and pathologies
- Objectives – intermediate target group : to enhance parents’ level of information on subjects related to rearing a disabled child or at risk children, to enhance parents’ sense of competence and well-being, to reduce parental stress, to enhance family functioning, and to increase the social support network for these families
- Methods : the project has three components : information, education/training and social support. There are 10 group workshop sessions in a small group format and three individual session with each family and respective child
- Setting : Early Intervention Centre of the University
- Starting date : 1996

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PERINATAL NETWORK

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- Primary target group : children from conception to 1 year of life and children born with a low birth weight and with post-partum depressed mothers
- Intermediate target group : parents (mainly mothers), medico-social workers of the Belgian Child Care Office and general practitioners
- Objectives – primary target group : to prevent developmental disorders due to low birth weight and post-partum maternal depression
- Objectives – intermediate target group : to prevent low birth weight and post-partum depression
- Methods : the projects uses : sociological investigation among new mothers attending the infant consultation, using the Edinburg Post-natal Depression Scale, information and training meetings around these topics with medico-social workers and general practitioners
- Setting : prenatal, post-natal and infant consultation premises
- Starting date : 1994

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PLACE TO BE

Joan BAXTER
Place To Be
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- Primary target group : children aged 3 to 11 years who live in an area of high risk and deprivation
- Intermediate target group : parents and teachers
- Objectives – primary target group : to promote mental health and prevent mental health problems among children by providing emotional and therapeutic support to children in schools
- Objectives – intermediate target group : to increase teachers’ awareness of the values of children and how relationships impact on their emotional development, to ensure that teachers recognise their role, to support teachers in their working environment, and to empower parents to enable schools to work more effectively with them
- Methods : the project views parents as experts. Methods are focused either on brief solutions or on long term therapy. Several methods are used : counselling, one to one work (self referral), individual or group sessions with children, group work with adults and trainers, training sessions for teachers, parents, classroom assistants, volunteers, referral to other agencies when appropriate
- Setting : nursery and primary schools
- Starting date : 1994
- 140 -
PLAY AT HOME

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• Primary target group: immigrant families with children between 0 and 12 years of age who are not reached by health care services, home care centre and kindergarten
• Intermediate target group: parents, play assistant and project co-ordinator
• Objectives – primary target group: to stimulate play development of children and to prevent developmental disorders
• Objectives – intermediate target group: to increase the parents’ understanding of the value of play and to familiarise them with play facilities at home and in the neighbourhood
• Methods: play assistants visit families and bring along stimulating toys from a toy-lending service to play with the children. They also initiate games for which no toys are necessary. After some weeks of observation, play assistants design a flexible play plan for each family consisting of play activities based on the play experience of the family and an established curriculum. Parents are gradually involved. ‘Play at Home’ is an effective impulse towards other more structured programmes for children and parents
• Setting: homes
• Starting date: 1986

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POSTNATAL DEPRESSION: IDENTIFICATION AND TREATMENT

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• Primary target group: children up to 12 months of postnatal depressed mothers
• Intermediate target group: parents and primary health care nurses
• Objectives – primary target group: to promote the development of a secure mother-child attachment process and infant development by reducing the severity and duration of postnatal depression in mothers
• Objectives – intermediate target group: to validate a self-rating questionnaire, the Edinburgh Postnatal Depression Scale against standardised criteria of depression (DSM-111-R) for use in Swedish child health care, to implement and evaluate a two-stage screening procedure at regular visits at 2 and 3 months postpartum to the child health care centres within the primary care service, and to investigate the efficacy of counselling on a population-based sample of postnatal depressed women
• Methods: The child health care nurses are trained in non-directive counselling. The training programme includes lectures, role-play and discussions. Mothers are offered regular counselling sessions by the child health care nurses either at home or at the child health care centres
• Setting: primary care services of child health care centres
• Starting date: 1990

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PREVENTION IN MENTAL HEALTH IN THE NURSERY SCHOOLS OF THE CITY OF BRUSSELS

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• Primary target group: children from 2.5 to 6 years old
• Intermediate target group: parents and all nursery school staff
• Objectives – primary target group: to encourage the conditions for good mental health, to prevent mental health disorders, and to take early action on mental health problems to avoid further pathological development
• Objectives – intermediate target group: to raise awareness about child mental health and to train nursery school staff in identifying children in difficulties
• Setting: nursery schools
• Starting date: 1974
PREVENTION IN THE EARLY CHILDHOOD YEARS

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Spain
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• Primary target group: children up to 6 years
• Intermediate target group: parents and teachers
• Objectives – primary target group: to promote the development of bio-psycho-social health of children and to improve knowledge and respect of the affective and emotional needs of children from pregnancy, during labour, birth and in the first six years of life
• Objectives – intermediate target group: to increase the capacity of contact and empathy with the children
• Methods: group dynamics is the basic working method for the training of teachers and the parenting school alike. In addition they are also provided with reading materials which cover essential items related to health and prevention
• Setting: schools
• Starting date: 1994

PREVENTION OF ADDICTION IN KINDERGARTENS AND AFTER-SCHOOL CARE CENTRES – FURTHER COURSE FOR KINDERGARTEN AND AFTER-SCHOOL TEACHERS

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• Primary target group: children between 0 and 10 years old attending kindergartens and after-school care centres
• Intermediate target group: kindergarten and after-school teachers
• Objectives – primary target group: to promote life skills
• Objectives – intermediate target group: to give information about addiction and prevention of addiction, to develop competence and ideas on how to act in the field of primary prevention of addiction, to develop awareness of possibilities and limits of one’s own job and to support their application in daily work
• Methods: a training programme for teachers which contains theoretical inputs, work in small groups, self-experience, exercises, and games. The main topics of the course are: characteristics and causes of addiction, family addiction, co-addiction, children of addicted parents, risk and protective factors, the concept of life skills, wishes of children and possibilities for prevention, gender role-oriented methods, project work, possibilities and limits of work in kindergarten/after-school care centres, psycho-hygiene
• Setting: training centre
• Starting date: 1995

PREVENTION OF MALADJUSTMENT IN LEARNING AND BEHAVIOUR IN NURSERY SCHOOL CHILDREN

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• Primary target group: children aged 5 years old
• Intermediate target group: parents and child carers
• Objectives – primary target group: to prevent learning and behaviour disturbances
• Objectives – intermediate target group: /
• Methods: the project bases its work on psychological testing (Piaget and Brunnet-Lezine) and clinical observation. Five years old children of nursery schools are tested and from their performance those at risk are individually followed-up. Parents are made aware of the problem of their child and are involved in the therapy
• Setting: nursery schools
• Starting date: 1991
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PREVENTION OF PSYCHOSOCIAL DYSFUNCTION IN HIGH-NEED CHILDREN AND FAMILIES THROUGH PRIMARY HEALTH CARE SERVICES

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- Primary target group : children up to 2 years at risk of developing a psychosocial dysfunction or of hindering normal psychosocial development, due to risk factors in their environment
- Intermediate target group : parents and primary health care workers
- Objectives – primary target group : to prevent psychosocial dysfunction, and to promote healthy psychosocial development
- Objectives – intermediate target group : to develop specific methods and to train primary health care professionals to identify “risk factors” threatening children’s psychosocial development, and to sensitise parents on issues pertaining to children's psychosocial development
- Methods : the project uses : training programme and supervision targeting primary health care professionals, assessment of training efficacy through pre- and post-training measures, assessment of family level of need at 4 – 14 weeks after through a battery of measures applied by specially trained professionals and follow-up assessment at 18 – 24 months. This is a multinational and multicultural project with the participation of the United Kingdom, H.Davis; Greece, J. Tisantis; Finland, T.Tamminen, M-M Turunen; Yougoslavia, V. Ispanovic; and Cyprus, A.Paradisiotou.
- Setting : homes and clinical premises
- Starting date : 1997

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PREVENTION OF SEPARATION AFTER BIRTH

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- Primary target group : babies who are separated from their parents hospitalised soon after birth

- Intermediate target group : parents, nurses and doctors
- Objectives – primary target group : to encourage good mother/baby relationships
- Objectives – intermediate target group : to enable the parents to create a relationship with their newborn baby, and to make nurses and doctors aware of the difficulties and emotional suffering of parents and babies resulting from early separation
- Methods : observation and team work methods. Interviews with parents and staff of hospitals are also used
- Setting : hospital premises and mental health centres
- Starting date : 1990

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PREVENTION OF TRAUMA IN HOSPITALISED CHILDREN

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- Primary target group : children aged 5 to 7 years old
- Intermediate target group : teachers
- Objectives – primary target group : to reduce and where possible prevent the trauma of hospitalisation
- Objectives – intermediate target group : to raise awareness among teachers about the child's possible reaction to illness, to the separation from his/her home and family, to the new clinical environment
- Methods : ABIO organises workshops for teachers as well as visits to local paediatric wards. Parents are informed through information meetings. Teachers are then invited to give adequate information and to prepare all children for the possibility of illness and hospitalisation (e.g. discussions, visits to local hospital)
- Setting : nursery schools and clinical premises
- Starting date : 1996
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PROBLEMS AND NEEDS IN THE FAMILY-TO-BE AND THE NEWBORN FAMILY

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• Primary target group : children, from pregnancy to 10 months
• Intermediate target group : primary health care nurses and general practitioners
• Objectives – primary target group : to study actual problems and needs in the new family and, if there is a crisis, to intervene and give advice aimed at the child
• Objectives – intermediate target group : to produce educational material (articles, books, videos on child development) for Health Visitors (nurses) and general practitioners concerning the psychological effects of a birth in the family
• Methods : the project offers two interviews during pregnancy and four interviews from birth to 10 months, separately with the father and mother. The interviews encourage reflection and problem-solving. There is also a follow-up of the child’s development by interviews with the mother and video assessment of mother/child interaction and child development. Finally there are qualitative interviews with the mother and the father concerning their experience of pregnancy and first child
• Setting : homes or clinical settings
• Starting date : 1979

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PROBLEM-ORIENTED RECORDING IN PREMATURE CHILDREN

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• Primary target group : children aged 0 to 10 years old born prematurely
• Intermediate target group : parents
• Objectives – primary target group : to follow up premature children and to make a morbidity assessment
• Objectives – intermediate target group : to increase the parents’ satisfaction

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PROGRAMME FOR CHILD HEALTH SUPERVISION

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• Primary target group : children up to 14 years
• Intermediate target group : health staff (primary health care and specialised care)
• Objectives – primary target group : to protect and improve the health of the child population, to conduct programmed health check-up, to offer advice on health care, appropriate to the age and circumstance of each child, early detection of children at risk, early identification of health problems, to prevent psychological handicaps, and to develop preventive actions
• Objectives – intermediate target group : to raise awareness about the above objective among health staff
• Methods : the project uses health education methods for the health staff and health check-up for the children with evaluation of psycho-motor development and feedback to the parents
• Setting : primary health care centres and maternity wards
• Starting date : 1986

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PROJECT OF EARLY INTEGRATION AND INTERVENTION (PIIP)

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• Primary target group : developmental disabled children and children at risk up to 6 years
• Intermediate target group : parents and caregivers
• Objectives – primary target group : to promote the child’s development and to stimulate the children
• Objectives – intermediate target group : to provide a social support network to families
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PROMOTION OF INTERPERSONAL INTERACTION FOR CHILDHOOD MENTAL HEALTH

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Kaija PUURA
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- Primary target group : children up to 2 years of age attending the child health clinic with no apparent risk, and children with high risk of psychosocial deviance in infancy
- Intermediate target group : parents and primary health care nurses
- Objectives – primary target group : to support early interpersonal interaction between baby and parent
- Objectives – intermediate target group : to develop methods for effective primary prevention of psychosocial problems of infants and young children in primary health care setting, and to study their efficacy, to enhance the clinical skills of primary health care nurses, and to strengthen parents’ self-esteem and problem-solving skills in parenting
- Methods : The intervention uses training and group work with the primary health care nurses, treatment in the form of promotional interviews with the parents, and interventions carried out by the primary health care workers in high risk families during the first two years of the child’s life
- Setting : homes and clinical premises
- Starting date : 1997

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PROMOTION OF RIGHTS AND OPPORTUNITIES FOR CHILDREN IN PALERMO

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- Primary target group : children aged 0 to 14 years and more specifically immigrant children and children from deviant parents
- Intermediate target group : parents
- Objectives – primary target group : to adapt the municipal services and environment to the needs of children and in particular those at risk, to promote play places and equipment for children aged 0 to 5 years, and to provide crèches for 18 to 36 months old children
- Objectives – intermediate target group : to support families and to improve communication between parents and children
- Methods : the intervention consists of making the town “Child friendly” and promoting specific equipment for children (e.g. playing-recreative services, family houses, nurseries)
- Setting : the whole city of Palermo
- Starting date : 1993

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PSYCHO-MEDICAL CENTRE FOR CHILDREN AND ADOLESCENTS

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Fax : +33-4-74 28 67 01

- Primary target group : children up to 6 years and more particularly those with behavioural problems
- Intermediate target group : parents, primary health care nurses, teachers, child carers, midwives
- Objectives – primary target group : to intervene as soon as possible in order to avoid problems in mother/child interaction
- Objectives – intermediate target group : to help social workers in their relationships with emergent pathologies in mother/child interaction and to set up network of professionals to improve detection and treatment of emerging problems
• Methods: therapeutic consultation and medico-psychological care, networking between professionals in order to create reflection groups and exchange about practices, common consultation (health centre/medico-psychological centre)
• Setting: crèches, homes and clinical premises
• Starting date: 1998

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PSYCHO-MEDICAL PREVENTION ACTIVITIES IN INFANT CONSULTATION

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Fax : +32-10-61 64 51

• Primary target group: children up to 6 years of age and their parents and also children at risk and their parents
• Intermediate target group: /
• Objectives – primary target group: to reveal and/or support, beyond the symptoms presented, the skills and the role of each member of the family (child, mother, father, sibling, grandparents), to allow communication in a space and atmosphere of conviviality, and to open the imagination of the child
• Objectives – intermediate target group: /
• Methods: the intervention uses psycho-motor activities and reading activities facilitated respectively by a psycho-motor specialist and a youth librarian. The intervention also focuses on the reception and socialisation within the group
• Setting: infant consultation premises
• Starting date: 1993

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PSYCHO-PROPHYLAXIS PROGRAMME FOR PREGNANCY AND LABOUR

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• Primary target group: pregnant woman and nursing mothers and their baby
• Intermediate target group: /
• Objectives – primary target group: to encourage the adoption of healthy and routine habits, which can be transferred to the family, to give the woman and couple the tools to act responsibly during pregnancy, labour, post-natal period and applied to care of the newborn, and to achieve a positive labour for the mother and her baby
• Objectives – intermediate target group: /
• Methods: the project uses several methods: theoretical classes, breathing exercises, physical exercises and relaxation
• Setting: primary health care centre
• Starting date: 1990

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PSYCHOSOCIAL WORK ON PARENT/CHILD RELATIONSHIPS

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• Primary target group: children aged 0 to 6 years and their parents, including children before birth. More specifically, children from immigrant backgrounds or children at risk of being physically and sexually abused
• Intermediate target group: /
• Objectives – primary target group: at the level of primary prevention the project aims to enhance the parent/child relationships and to support parental skills. At secondary prevention level, the project gives specific counselling sessions for children with psychological developmental problems or families where children are abused or at risk of being abused
• Objectives – intermediate target group: /
• Methods: regularly, a psychologist assists primary health care nurses during infant consultation. At the same time, the project offers several services: observation, psycho-educational support, mothers’ group work targeted on psychological issues and child development, and follow-up at home
• Setting: services are available at the infant consultation sessions organised by Belgian National Child Health Care Service (ONE)
• Starting date: 1990
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PSYCHOTHERAPY FOR EARLY PSYCHOPATHOLOGICAL DISORDERS

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• Primary target group : children 1 to 6 years old and children of parents in conflict or divorced parents, children from single parent families, adopted children, children with chronic / progressive disease (e.g. muscular dystrophy)

• Intermediate target group : parents, teachers and teachers’ assistants

• Objectives – primary target group : early intervention to remove the behavioural impairment

• Objectives – intermediate target group : in the intermediate target group the most important members are the parents. The aim is to empower parents with high quality skills in different kinds of communication, especially emotional communication and to improve relationships between family members

• Methods : the project uses psychodrama, role play and video tape to make people aware of the importance of good communication between family members and strengthen the communication. Parents test their skills on problem finding/solving in everyday life, increase their resources and autonomy – self-help training

• Setting : homes, nursery schools and clinical settings

• Starting date : 1995

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PSYCHOTHERAPY FOR MINOR VICTIMS OF VIOLENCE UNDER INVOLVEMENT OF THE REFERENCE SYSTEM

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• Primary target group : children aged 4-6 years who are victims of violence

• Intermediate target group : parents, children older than 6 years and other contact persons

• Objectives – primary target group : to offer therapy dealing with the traumatic experience of violence, to promote the development and to help to rediscover the individuality

• Objectives – intermediate target group : to inform relevant personnel how to deal with the trauma of the affected children, to work on family relationships and relationships with the child, and to develop new ways of interaction

• Methods : the intervention consists of counselling parents and of therapy session with the children affected (creative therapy and/or play therapy)

• Setting : advice centre of the child protection association

• Starting date : 1998

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RELATIONAL PSYCHO-MOTOR ACTIVITIES IN NURSERY SCHOOLS

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• Primary target group : children between 4 and 6 years old

• Intermediate target group : parents and nursery school teachers

• Objectives – primary target group : to help the child to find a place of pleasure and well-being at school and to extend it to the whole of his/her life, to empower the child, and to help the child to manage the conflicts himself

• Objectives – intermediate target group : to make teachers available in a careful, kind and consistent manner with a minimum of simple rules, to enable the teacher to recognise the child as a person, and to improve parent/child interaction and relationships

• Methods : the intervention uses a synthesis of different approaches : relational psycho-motor theories (Lapiere, Aucouturier), rebirth, bio-energetic analysis, re-facilitating the birth experiences (Emerson), which allows an intuitive a-la-carte accompaniment according to the demands of the child. The intervention takes place in the gymnasium and each session includes three phases. The first phase is a presentation where children can express their needs and the adult a reminder of the rules. The second is the work itself. And the last phase is relaxation and expression of one’s experience

• Setting : nursery school

• Starting date : 1988
SCHOOL SUPPORT PROGRAMME FOR THE PROTECTION OF CHILDREN

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Educational Reorganisation Service
Central Department of Education
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• Primary target group: schoolboys and schoolgirls who are socially at risk. There are two levels: nursery level for children 0 to 2 years old and stages of compulsory education for children 3 to 16 years
• Intermediate target group: parents and teachers
• Objectives – primary target group: to identify pupils at risk socially, to report on other risk situations identified, to collaborate with other departments in re-establishing the well-being of the children at risk
• Objectives – intermediate target group: to increase awareness of the importance of prevention of social risks in childhood, to inform about programme resources in the field of child protection, to facilitate early identification of possible risk causes, to evaluate protective actions and adjustments which the school could apply to with children at risk, and to highlight the role of the school as a social protection system
• Methods: several methods are used: dissemination of information, group dynamics, projects with large groups in the education sector, specialised advice for teaching staff
• Setting: nursery, primary and secondary schools
• Starting date: 1998

SCREENING FOR CHILDREN AGED 3 MONTHS/5 YEARS WITH AFFECTIVE AND RELATIONAL PROBLEMS AND DISABLED CHILDREN

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Fax : +39-0923-41 22 29

• Primary target group: children aged 3 months to 5 years
• Intermediate target group: teachers
• Objectives – primary target group: to reduce affective-relational problems in the targeted children
• Objectives – intermediate target group: to teach observation techniques to teachers children below 6
• Methods: multi-professional team work and the observation model of Klein
• Setting: crèches and nursery schools
• Starting date: 1996

STORYRIDE

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• Primary target group: children aged mainly 1 to 8 years and children ‘at risk’ such as clients of child protection authorities or children from special education or children from children’s homes (residential communities)
• Intermediate target group: parents, primary health care nurses, teachers, child carers and anyone in contact with children and willing to learn the method
• Objectives – primary target group: to create children’s own networks, to give the children the opportunity to produce their own culture, which is documented and published, to increase children’s self-confidence, to prevent problems and
interventions through positive actions, to prevent mental health problems

- Objectives – intermediate target group : to open the eyes and ears of adults towards the individual child and in general the understanding of childhood, to develop a means to include children in the planning and implementation of activities, to improve listening to children

- Methods : The Storyride is a child or a group of children telling a story of their own choice. Adults (teachers, parents, etc) write the stories down word for word, exactly as it has been told. Then the adult reads it out aloud and the child/children are allowed to change the text as he/she wish. The completed stories are sent to another group of children and will be read and listeners will tell their own stories as a response.

For the adults, the intervention includes training in the storytelling method, group work and training, creative methods, counselling and networking. For the children, the intervention includes telling stories, group work, experimental events such as seeing their own stories/talk transformed into letters/or published texts

- Setting : the intervention can be used anywhere e.g. at table, in an adventure playground, on a forest outing

- Starting date : 1995

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SUPERVISION OF MEDICAL SOCIAL WORKERS

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- Primary target group : general population of children from birth to 6 years

- Intermediate target group : social workers and nurses working at the Belgian National Child Health Care Service (ONE)

- Objectives – primary target group : to prevent early disorders in parent/child relationships

- Objectives – intermediate target group : to raise awareness about the role of medico-social workers in family and society

- Methods : the project organises group work : case studies and reflection on daily practice

- Setting : Mental Health Service

- Starting date : 1984

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“SUPPENKASPAR” - DIAGNOSIS AND THERAPY OF INTERACTION DISORDERS IN FAMILIES WITH HANDICAPPED BABIES WHO ARE AT RISK OF DEVELOPMENTAL DISORDER

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- Primary target group : children aged 0 to 4 years old who are handicapped or at risk of developmental disorder

- Intermediate target group : parents, foster and adoptive parents, childminders and kindergarten teachers

- Objectives – primary target group : to improve parent/child relationships, to come off artificial nutrition, to reduce delay in development, to reduce sleeping problems and screaming problems

- Objectives – intermediate target group : to improve the parent/child relationships

- Methods : individual counselling of the mother and baby and also of the parents, individual therapy for the mother and child, group therapy for the parents, if necessary speech therapy, music therapy, play therapy for the child

- Setting : the project is implemented in a clinical setting. The specific therapy is offered additionally to the normal work of the outpatient clinic

- Starting date : 1994

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SUPPORT AND ASSISTANCE FOR SICK CHILDREN

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- Primary target group : children aged 0 to 6 years who are at risk of being hospitalised or who may need additional treatment at home

- Intermediate target group : families with ill/disabled children, medical and care staff in hospitals, welfare organisations, counselling centres, kindergarten teachers, physicians, therapists, etc
• Objectives – primary target group: health promotion for children and young people
• Objectives – intermediate target group: to inform the intermediate target group about all matters concerning hospitalisation and illness of children, to support financially medical treatment, and to raise public awareness concerning the 'the sick child'
• Methods: the intervention consists of informing and raising awareness (quarterly journal, information sheets/folders, public relations) and reimbursing members for medical costs not covered by health insurance
• Setting: the central office and provincial offices of the co-ordinating organisation
• Starting date: 1986

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SUPPORT GROUPS FOR MOTHERS AND INFANTS AT RISK

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• Primary target group: families with children from 0 to 2 years who are clients of child protection authorities
• Intermediate target group: parents, mainly mothers but also fathers (or other men) where there is a man one in the family
• Objectives – primary target group: to secure the development of infants and provide a ‘holding environment’ to allow the mother/child relationship to grow and develop
• Objectives – intermediate target group: to bring structure to everyday life, to help parents improve their ability to look after their child and to respond to the child’s needs, to improve parents’ social functioning (e.g. paying bills, shopping, cooking) and coping in everyday life, and establish a relationship between baby and parent on the one hand, and to reinforce the relationships on the other
• Methods: Groups of 4 to 5 mothers and two staff members meet three times a week. Together with the staff, the mothers perform all sorts of daily activities that call for smooth interaction between mother and baby. ‘Sharing daily living’ brings out problems in the relationships and creates safe conditions for analysing the mother/child relationships and finding new patterns of behaviour in handling daily situations. Group discussions and individual counselling sessions are provided for the mothers and the families.

Video recording of some problem situations of mother/child interaction are used. Network meetings are organised with child health clinics and hospital, child protection authorities and family members. Family training courses are offered
• Setting: the premises of mother and child homes and shelters
• Starting date: 1995

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SUPPORT OF IMMIGRANT CHILDREN AND THEIR FAMILIES IN ORDER TO IMPROVE AND FACILITATE THEIR ADJUSTMENT AND HEALTH DEVELOPMENT

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• Primary target group: immigrant children aged 0 to 3 years
• Intermediate target group: parents, primary health care nurses
• Objectives – primary target group: to choose between breast and artificial feeding
• Objectives – intermediate target group: to identify how parents take care of their children in relation to their new culture, to collect evidence on how nurses take care of immigrant children compared with the Italian control group
• Methods: the project uses four methods: treatment, education, group work and training
• Setting: homes, crèches and clinical premises
• Starting date: 1999

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SUPPORT OF LINGUISTIC DEVELOPMENT IN PREVENTING LEARNING DIFFICULTIES

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• Primary target group: children up to 9 years
• Intermediate target group: parents, primary health care nurses, teachers, child carers and speech therapists
• Objectives – primary target group: to support children’s linguistic and reading development, to
prevent learning difficulties and marginalisation, to establish a positive relationship between children and parents, and between children and other educators, and to create an atmosphere where children feel respected.

- Objectives – intermediate target group: to provide parents and other educators with basic information about linguistic development, and to introduce them to a wide range of children's literature, and to establish a positive relationship between children and parents, and between children and other educators.

- Methods: two types of methods are used: creative methods (storytelling, music, writing, puppet shows, trips, exhibitions, etc.) and educational methods involving experiences as an important element. Library services are introduced to children and parents attend information sessions at the Library or at day-care centres.

- Setting: the project takes place in the City Library.

- Starting date: 1997.

- TEENAGE PARENTS PILOT PROJECT

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- Primary target group: children of teenage parents.

- Intermediate target group: primary health care nurses, teachers and child carers.

- Objectives – primary target group: to support teenage parents in term of self-esteem and self-confidence as parent, self-esteem and self-confidence as person, and to create social networks for those suffering from social isolation.

- Objectives – intermediate target group: to provide a safer and more stimulating home environment by developing parental skills and self-confidence, and to support development less impeded by the mental distress of the single parent.

- Methods: the project uses self-help, group work and role modelling methods. The pilot project started with research into the prevalence and needs of teenage parents through interviews with social workers and health visitors. Then home visits were made to interested teenage parents and an assessment scale was completed. Groups were established and the support work started (individual and group work). Follow up assessment and evaluation of the programme were then performed.

- Setting: homes and family centres.

- Starting date: 1998.

- TELEPHONE-LINE – “LISTENING TO CHILDREN”

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- Primary target group: children aged 3 to 18 years old.

- Intermediate target group: professionals working with children and adolescents.

- Objectives – primary target group: to provide space for active listening to children where children and adolescents can express themselves, ask questions, confide in someone in the safety of anonymity.

- Objectives – intermediate target group: to develop an observatory on the needs, concerns and problems of children and adolescents.

- Methods: the project consists of an anonymous telephone line for children. The listeners are professionals in the field of relationships: psychologists, social workers, criminologists, trained in active and non-judging listening. The content of the calls provides the data for the observatory.

- Setting: a telephone line.

- Starting date: 1990.

- THE BIRTH COLLABORATION

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State Hospital
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- Primary target group: pregnant mothers and mothers with newborn children who have had a traumatic reaction to crisis, or a more severe psychopathology, and children whose birth was complicated by physiological, psychological or social disturbances in relation to pregnancy and birth.

- Intermediate target group: primary health care nurses, child carers, general practitioners, midwives and obstetric staff.

- Objectives – primary target group: to prepare mothers for the meeting with their child at birth,
mentally as well as practically, to avoid or reduce disturbances in the development of the mother/child relationships and thereby to avoid or
reduce developmental disturbance for the children
- **Objectives – intermediate target group**: training primary health personal and social workers to recognise risk-indicators during pregnancy, birth and puerperium
- **Methods**: several methods are offered to mothers including: individual psycho-dynamic, short-term psychotherapy for mothers and fathers, therapy for parents as a couple, psychological treatment of the mother/child relationships in the home, social education, extended support by social workers, collaboration/supervision for co-workers connected to the families, etc
- **Setting**: the project takes places at home. However individual psychotherapy offered to mothers, mostly short-term psycho-dynamic therapy, is based outside the family home
- **Starting date**: 1992

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**THE CHILD IN HOSPITAL**

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- **Primary target group**: children, and in particular children before, during and after hospitalisation
- **Intermediate target group**: parents, children’s nurses and carers, teachers, educators and paediatricians
- **Objectives – primary target group**: to contribute to the welfare of children in hospital and to create conditions to avoid harm to children’s mental health, and in particular to promote sound parent/child relationships
- **Objectives – intermediate target group**: to prepare and inform parents about the needs of sick children who needs to be hospitalised, to train clinical staff how to relate to such children and their parents, to raise awareness about the needs of sick children
- **Methods**: the intervention uses the following methods: dissemination of information, training/seminars for professionals, introducing preventive measure and crisis intervention
- **Setting**: homes, nursery schools and clinical premises
- **Starting date**: 1968

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**THE COPENHAGEN MODEL OF EARLY INTERVENTION AIMED AT MENTALLY ILL MOTHERS AND THEIR INFANTS**

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- **Primary target group**: children with mentally ill parents from pregnancy to 2 years old
- **Intermediate target group**: primary health care nurses, child carers, psychiatrists and obstetricians
- **Objectives – primary target group**: early case-finding by transdisciplinary co-ordination in pregnancy and puerperium to offer extended pre-and perinatal care in order to avoid pre-term birth and perinatal complications, and to secure any necessary psychiatric and infant psychiatric support
- **Objectives – intermediate target group**: to build up stable transdisciplinary teams and to organise formalised team meetings for treatment, co-ordination, consultation and supervision. It also includes education of relevant health personal
- **Methods**: the project is developed around the following methods: extended prenatal care by specialised midwife, psychiatric and infant psychiatric treatment as early as possible, and remedial measures for the family as a whole
- **Setting**: clinical settings
- **Starting date**: 1992

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**THE DIDACTICS INDIRECT**

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I – 38100 Trento
Tel : +39-0461-98 22 05
Fax : +39-0461-98 25 68

- **Primary target group**: children between 3 and 6 years old
- **Intermediate target group**: teachers
- **Objectives – primary target group**: to promote child’s welfare, and to create functional and autonomous education rooms
- **Objectives – intermediate target group**: to know what time and space are most important for children, to know the importance of the games for the children, to be able to plan teaching material and activities time
• **Methods**: working groups with teachers for use in the classroom, the teacher's input, and to create games with scraps of material

• **Setting**: the intervention takes place in nursery schools

• **Starting date**: 1997

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**THE DIFFERENCE AS AN EDUCATION RESOURCE**

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• **Primary target group**: children aged 0 to 6 years from Italian, Foreign and Gypsy families

• **Intermediate target group**: teachers

• **Objectives – primary target group**: to promote equal opportunities for boys and girls in nursery schools and to increase knowledge of different cultures and ethnic origins

• **Objectives – intermediate target group**: to improve knowledge, to promote equal opportunity values at school and to improve positive attitudes towards foreign children and their families

• **Methods**: the project is based on five methods: working groups, teaching methodology, simulation games, interviews, and meetings with parents

• **Setting**: nursery schools

• **Starting date**: 1995

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**THE NATIONAL COUNCIL FOR CHILDREN**

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• **Primary target group**: children, from infancy to later childhood

• **Intermediate target group**: parents, primary health care nurses, teachers, child carers and social, political and health authorities

• **Objectives – primary target group**: to assess and identify conditions in society which may have an adverse impact on children's development, to demonstrate development in the circumstances of child rearing, legislation and administrative practice where children's needs and rights are not met sufficiently or are ignored, to plead the cause of children in the public debate, and to give children better opportunities of participating in the debate and influencing developments in society

• **Objectives – intermediate target group**: to make the intermediate target group aware of children's needs, rights, living conditions, etc., to ensure that they are safeguarded in society's planning, and that children are heard

• **Methods**: the National Council for Children offers a variety of services: telephone and e-mail address where children can talk about their living conditions, nation-wide awareness campaigns, yearly meetings with organization working in the field of bringing up children, and children's panels that are consulted several times a year

• **Setting**: all areas of children's life: homes, crèches, nursery schools, clinical premises, etc

• **Starting date**: 1994

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**THE PIPPIN PARENT/INFANT PROGRAMME**

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Fax: +44-1992-44 45 79

• **Primary target group**: children aged 0 to 6 months

• **Intermediate target group**: parents-to-be and new parents, primary health care nurses and voluntary sector/community workers

• **Objectives – primary target group**: to improve and enhance development of protective factors and to mitigate risk factors for the child's psycho-social development, and to improve the potential for becoming a 'next generation' nurturing parent through influencing intergenerational transmission of parenting

• **Objectives – intermediate target group**: for parents: to increase sensitivity to the infant's non-verbal communication, to increase self-esteem and coping skills, to develop capacity and skills to understand and adapt to infants' needs in ways that are mutually rewarding and promote growth, to support the emotional aspects of becoming a parent for the first time or adding to the family, to stimulate and reinforce protective factors in mother/father, family, social and professional relationships, and to understand the processes by which healthy and nurturing family and parent/child relationships develop. For nurses and community workers: to provide the knowledge, skills and support to provide effective and evidence based preventive early parenting programme, and to encourage and support policy, practice and research for the development
of co-ordinated and evidence based approaches to preparation for parenthood that has the potential to enhance child mental health within mainstream primary care

- Methods : the intervention consists of a continuous preventive programme for men and women in the period surrounding the birth of a child. The programme is built on group sessions which focus on emotional parenting skills, mother/father and parent/child communication and relationships, building blocks nurturing family and parent/child relationships. For professionals and community workers a training programme is organised which focuses on the psycho-social dimensions of pregnancy, birth and postnatal period for women, men, couples and infants, advanced facilitation and group work skills, infant observation skills, and personal and professional development of parent/child facilitators

- Setting : the setting of the project varies. The intervention takes place wherever parents-to-be and new parents feel comfortable to come (private homes, community halls, child development centres, etc)

- Starting date : 1993

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THE RAINBOW PROJECT

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- Primary target group : children aged 0 to 6 years
- Intermediate target group : parents, primary health care nurses, teachers and paediatricians
- Objectives – primary target group : to support and to strengthen the child’s own resources for more harmonious adjustment and development
- Objectives – intermediate target group : to help parents to understand better their child’s needs and improve parent/child communication, to assist parents to recognise the child competencies and initiative, to emphasise the importance of the mother as well as the father, and to strengthen the parents role
- Methods : In Sweden, the National Health Care System for Maternity Care and Child Care is running parents groups focusing on parenting and child development. The project shows films to these groups, focusing on triadic interaction : child/mother/father
- Setting : clinical premises
- Starting date : 1996

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THE TRIADIC AND DYADIC INTERACTION

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- Primary target group : children aged 0 to 4 years
- Intermediate target group : parents and primary health care nurses
- Objectives – primary target group : to support and to strengthen the child’s own resources for more harmonious adjustment and development
- Objectives – intermediate target group : to help parents to understand better their child’s needs and improve parent/child communication, to assist parents to recognise the child competencies and initiative, to emphasise the importance of the mother as well as the father, and to strengthen the parents role
- Methods : In Sweden, the National Health Care System for Maternity Care and Child Care is running parents groups focusing on parenting and child development. The project shows films to these groups, focusing on triadic interaction : child/mother/father
- Setting : clinical premises
- Starting date : 1996

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THE YOUNGEST READERS

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- Primary target group : children aged 0 to 3 years attending day-care centres
- Intermediate target group : parents, teachers and child carers
- Objectives – primary target group : to create more opportunities and a positive background, to give young children good experience with books and to promote language development
- Objectives – intermediate target group : to sensitisise and inform parents, child-nurses, day-care mothers about the value of telling stories and reading books. As a side objective, to increase the use of public libraries by parents, teachers and child carers
• Methods: the book is the starting point for activities with the children such as games, story telling, language games. Promotional activities are organised for the intermediate target group such as parental meetings, open-door days with day-care centres, visits, in-service training sessions
• Setting: homes, crèches and public libraries
• Starting date: 1995

TOUCH POINT – BRAZELTON MEDICAL PATTERN

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• Primary target group: children up to 2 years and their parents
• Intermediate target group: nurses, nursery auxiliaries, nurses working in the maternity wards and in the childbirth services
• Objectives – primary target group: to establish and enhance parent/child relationships, to establish, encourage and maintain maternal breastfeeding, to make parents recognise the unique status of the baby, and to teach parents to recognise the signs emitted by the baby
• Objectives – intermediate target group: to raise awareness about the relational aspect from the beginning of the pregnancy, and afterwards at the maternity ward, to intensify the psychological approach, and to teach breastfeeding
• Methods: the project uses mainly awareness raising and information methods. Information seminars for professionals and awareness groups with future parents. The Brazelton Scale is used at the hospital by professionals with the parents
• Setting: clinical premises
• Starting date: 1994

TOY-FREE KINDERGARTEN

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• Primary target group: children aged 3 to 6 years old
• Intermediate target group: kindergarten teachers
• Objectives – primary target group: to prevent over dependence on play material and strengthen children’s life-skills
• Objectives – intermediate target group: /
• Methods: the intervention consists of removing for three months all toys and handicraft materials from the kindergartens and encouraging creativity and critical thinking, communication skills, etc. Teachers and parents are kept informed and participate in. Support and advice is provided by a professional team
• Setting: nursery schools
• Starting date: 1992

TRAINING FOR COMMUNAL FAMILY WORKERS

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• Primary target group: children between 0 and 6 years old
• Intermediate target group: parents and future communal family workers
• Objectives – primary target group: to promote children psycho-social health
• Objectives – intermediate target group: to initiate family projects, to empower families, and to promote psycho-social health of families
• Methods: the intervention is divided in two phases. The first phase consists of training seminars for communal family workers addressing the following topics: constructing elements of family culture, relationships, partnership, family promotion, training on project work, exchange and development of ideas, teaching methods, knowledge of methods to support and counsel families. The second phase consists of actual family projects, initiated by communal family workers
• Setting: seminar centre (for the seminar cycle) and other settings such as homes, community centres, public halls
• Starting date: 1998
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TRAINING FOR FOSTER AND ADOPTIVE PARENTS

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• Primary target group : foster and adoptive children aged 0 to 6 years
• Intermediate target group : foster and adoptive parents
• Objectives – primary target group : to guarantee a minimum standards of welfare
• Objectives – intermediate target group : to guide foster and adoptive parents towards responsible parenthood, to support them in the decision making process, and to guide them to qualification and professionalism
• Methods : a one year training course which includes an interview with parents, and training sessions on : self-reflection, transfer of knowledge, individual and group work
• Setting : seminar rooms of the child protection centre
• Starting date : 1993

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TRAINING OF TEACHERS TO IMPROVE QUALITY OF LIFE OF CHILDREN IN CRÊCHES

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• Primary target group : 0 to 3 years old children
• Intermediate target group : parents and teachers
• Objectives – primary target group : to protect the mental health of children, to improve the quality of crèches and to discover sign of emotional, relational problems and growth disorders at an early stage
• Objectives – intermediate target group : to improve and facilitate communication between teachers and children and between teachers and families
• Methods : They are twofold. The teachers receive training on communication and relationships (theory and group work). Children take part in psycho-motor (gesture laboratories) and play activities
• Setting : crèches
• Starting date : 1998

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UNDER FIVE COUNSELLING SERVICE

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• Primary target group : children under 5 year of age
• Intermediate target group : parents
• Objectives – primary target group : to provide an early, brief support to improve well-being of a child
• Objectives – intermediate target group : to provide a brief support for families concerned about a young child’s well-being
• Methods : the intervention consists of a brief period of treatment. Parents and their children come for up to five weeks counselling with an experienced practitioner. In addition, the counselling service runs alongside a multidisciplinary workshop made up of professionals with an interest in the field and which provides support to the clinical service by broadening knowledge and sharing different professional perspectives
• Setting : clinical setting
• Starting date : 1983

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VIOLENCE AGAINST CHILDREN – AN INTERVENTION MODEL

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• Primary target group : children aged 3 to 12 years who are severely neglected physically and mentally, abused or are subjected to sexual violence
• Intermediate target group : teachers, child carers and educators
• Objectives – primary target group : to protect children and to secure their physical and mental well-being
• Objectives – intermediate target group : to develop the abilities of educational staff to act and respond to all situations, from the first signs
of danger to a child’s welfare to situations of severe physical and mental danger for the child (clarification of suspicion, certainty in the procedure, dealing with institutional problems)

- Methods - the project consists of concrete practice-oriented action plans for the different phases of the work process in cases of violence to children. These action plans depend on interdisciplinary co-operation. Methods of education, social support, observation and counselling are also part of the intervention. The primary target group is reached through the secondary target group

- Setting - nursery schools and child day-care centres
- Starting date - 1996

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VULNERABLE CHILDREN IN DIFFICULT FAMILIES

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- Primary target group - vulnerable children up to 18 years old who are either immigrants, or whose parents have education difficulties, or who are from single parent families
- Intermediate target group - parents
- Objectives – primary target group - to support social integration of the children and their families
- Objectives – intermediate target group - /
- Methods - /
- Setting - /
- Starting date - /

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WESTWOOD PARK SCHOOL FAMILY ASSISTANT PROJECT

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- Primary target group - children between 3 and 7 years in nurseries and reception classes
- Intermediate target group - parents and other children in school or family
- Objectives – primary target group - to raise children’s self-esteem
- Objectives – intermediate target group - to reduce stress and anxiety among all parents and carers of reception and nursery children
- Methods - the methods used are of three types: one to one support leading to self-help, small group work focusing on specific issues, setting up situations in which parents can form friendships and give mutual support. The intervention consists of home visits to parents and carers who are unable to participate in school-based activities, small group activities in the school for parents and carers of nursery and reception children, activities in which parents and children can participate together, and providing strategies for parents and carers whose children are depressed, isolated or disruptive
- Setting - schools and homes
- Starting date - 1998

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WHEN MOTHER AND FATHER BECOME MENTALLY ILL

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- Primary target group - children aged 0 to 18 years old and children with mentally ill parents
- Intermediate target group - primary health care nurses, pre-school teachers and teachers, child carers, child welfare workers
- Objectives – primary target group - to prevent the development of an unhealthy situation and to identify children’s needs
- Objectives – intermediate target group - to encourage multidisciplinary collaboration
- Methods - the project is a 10 month training programme for professionals working with children. The programme is divided into two parts. One part consists of lectures, the other provides space for multidisciplinary discussion and supervision
- Setting - the project is carried out at home but also in kindergarten, in health centres, in schools and in child welfare services
- Starting date - 1996
WOMEN’S AND MEN’S PERCEIVED NEEDS AS FIRST-TIME PARENTS. A BASIS FOR METHOD DEVELOPMENT.

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- Primary target group : newborn babies and their parents
- Intermediate target group : primary health care nurses
- Objectives – primary target group : to promote the early development of interaction and communication between parents and infants
- Objectives – intermediate target group : to understand the special needs of first-time parents to be able to offer appropriate and individual health promotion and preventive programmes and to find a model for changing attitudes of the professional’s role as health workers aiming towards collaboration and empowerment
- Methods : interviews with parents in their own home focusing on their social situation. Interviews are performed by primary health care nurses who follow continuous education and are supervised by a psychologist
- Setting : clinical premises
- Starting date : 1993

YOU AND ME AND THE TWO OF US!

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- Primary target group : children aged 3 to 6 years old
- Intermediate target group : child carers
- Objectives – primary target group : to improve young children’s social skills
- Objectives – intermediate target group : to develop, implement and evaluate programmes in nursery schools aimed at developing children’s social competence
- Methods : The project is based on self-help and education through group work and training. There are several stages. First, awareness and training
Directory

Effective model projects
The ‘Place To Be’ project enables emotional and therapeutic support to be provided to children in schools, based on a practical model backed by research. The vision of the project states: that all schools recognise the importance of promoting mental health in children through working with the Place to Be in order to:

- understand children’s emotional development
- access specialist services
- organise themselves in a mentally healthy way
- respect and co-ordinate external relationships with parents, carers and other agencies

For the children themselves, the project aims to improve attainment and attendance, reduce exclusion and the need for special needs support.

- **Primary target group**: the children targeted by this project are ‘at risk’ as they live in an area of high risk and deprivation. The children concerned are aged 3 to 11 years.
- **Intermediate target group**: parents and teachers.

**Objectives** – primary target group: the project aims to promote mental health and prevent mental health problems among children in the schools. It improves attainment, attendance and reduces exclusion and the need for special needs support.

**Objectives** – intermediate target group: teachers – the project aims to increase the teacher’s awareness of the value of children and how relationships impact on their emotional development. It also supports teachers in their working environment. Parents – the project aims to empower parents to enable schools to work more effectively with them. The project views parents as experts.

**Intervention**: The Place to Be employs school project managers who are experienced therapists and, in most cases, teachers. They manage the work of a team of volunteer therapists in training from various disciplines such as art therapy, psychotherapy, play therapy, drama and movement therapy. Volunteers receive clinical supervision.

The children seen have a variety of problems which are preventing them from fulfilling their potential. In individual or group sessions the children are given the opportunity to express their concerns, to develop their self-awareness and to tackle difficulties they are encountering at school and at home. Brief and longer-term work is offered, with a review each term involving the child, the school and the family. The project is responsive to the individual needs of children, parents, teachers and schools. By implementing the project in a specific school, not only children who are viewed ‘at risk’ or who self-refer are helped but mental health within the school as a whole is improved.

Several services are offered: counselling provision; one-to-one work through ‘place to talk’ – self referral; group work – with adults and trainers; training sessions for teachers, parents, classroom assistants, volunteers; and referral to other agencies when appropriate. For the provision of services the project collaborates with the whole school – head teachers, teachers, governors, special needs co-ordinators, parents and children. It can also work with health services, social services and criminal justice units.

Individual projects are planned, delivered and evaluated in partnership – information is shared across the school, lessons are learnt, individuals are trained and developed, ensuring the sustainability of the programme. Volunteers gain experience, teachers gain support, parents gain confidence and children gain self-esteem.

The project also collaborates with a range of individuals and organisations. It has a professional Advisory Board which brings together individuals with backgrounds in law, education, health, social work, the voluntary sector and organisational consultants. This Board informs and supports the project and the delivery of its services – ensuring its relevance and consistency for all recipients. More broadly, the project collaborates with national agencies to ensure that it is up to date with national programmes of work promoting the mental health of children.

Material on the project includes a ‘Place To Be’ Information Pack available to the public; a handbook of operational procedures available to those delivering ‘Place To Be’ projects; and a website is currently being developed.

**Background**: the theoretical position of the programme is not exclusive although it is mainly based on whole-school approaches to health and support programmes, outlined in the work of Edgar H. Schein (1987).
**Project evaluation**: The process and effects of the project have been evaluated by the team involved in the project and the Royal Free Hospital has provided a three-year audit of the work. KPMG is currently undertaking a full cost-benefit analysis of the established projects. The effect-evaluation used qualitative and quantitative research, pre- and post-test measures as well as follow-up measures. The project regularly uses additional tailor-made measures such as school performance data and school perception data; and detailed case note and audits of the work. Studies have highlighted positive effects in terms of reduction of absenteeism, reduction of exclusion from school and reduction in special educational needs. Parents and teachers also have positive views on the project. Parents have been quoted as believing the project has helped to reduce aggression and changed poor behaviour, through increasing a child’s competence and confidence. Teachers would universally recommend the project to other schools (100%); 85% have found the opportunity to work with the project helpful or very helpful; 40% of respondents believe that the behaviour discussed with project workers has improved; and 61% believe it to have affected all children. Schools have been quoted as being calmer places where the emotional needs of the children are catered to and where exclusion and absenteeism decrease, while educational attainment increases. Children believe they are happier, less shy and that their tempers have improved.

**Starting date**: the project started in 1994.

**Replication**: the project is implemented in several schools in boroughs of Greater London and in 2 schools in Kent. Other organisations, which are international, such as the National Pyramid Trust, utilise similar parts of the process, such as the group work models.

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**Benjamin Club**

The programme was designed as a project for early prevention, including both the detection of developmental problems and a setting within which children with difficulties or handicaps can be stimulated and interact with normal children. The project demands an active participation of parents. A psychologist visits the groups regularly to observe the children, to sensitise the parents to potential problems, to offer a therapeutic follow-up or to guide them to appropriate services. The parents may also benefit from regular psychological guidance and evaluation of cognitive and emotional development.

**Primary target group**: children between 8 months and 4 years, including children of families that would not be inclined to consult.

**Intermediate target group**: parents.

**Objectives – primary target group**: the project aims at the detection of developmental problems/handicaps and at setting up therapeutic treatment measures and educational support. It has also the objective of integrating disabled children within a group of non-disabled children.

**Objectives – intermediate target group**: the project goals are to increase sensitivity and understanding of their child, to encourage active participation of parents in the education of their child and finally to improve the existing institutional infrastructure by developing a model of psychosocial detection of children at risk.

**Intervention**: Regular, stable play groups are organised in nursery schools. The duration of the sessions is 2 ½ hours. Children are separated into two groups according to age. The first group is composed of mothers and children aged 8 months to 2 years. The second is composed of 12 children aged 2-4 years with an educator and one parent. A psychologist pays regular visits to the groups, promoting natural and unobtrusive observation of the children and making contact with the parents. Therapeutic guidance and collaboration with other services is also offered. Several documents are used by the project: a booklet on child development for parents, children’s books, children’s cassettes and testing material developed for qualitative assessments and psychometric evaluation of children. The project collaborates with existing child and family services. Those services refer families to the Benjamin Club and regular contacts are organised.
The Benjamin Club is financed by the National Ministry of Education, local community funds and a minimal parental contribution.

- **Background:**
The project was created on the basis of a European study on poverty conducted in seven different regions of the Benelux countries, France and Germany, as well as on the basis of studies conducted in the United States concerning social deprivation; finally, it is based on the “in vivo” experiences of the project co-ordinator made in the national child guidance service, during his work as a school psychologist. He felt that the problems he encountered with the children could have been detected and treated much earlier.

The project bears certain similarities with the “Maison Verte” concept initiated by Françoise Dolto. However, the process of recruiting used at the Benjamin Club allows it to reach a much wider target population, including disadvantaged families. The project is also based on the genetic psychology of Piaget and uses a systemic model of intervention.

- **Project evaluation:** an evaluation study by the staff of the Benjamin Club and by Masters students of the University of Nancy showed several effects on the children and their parents. The project allows longer integration of at-risk children in school. A significant reduction in early discrepancies in the mental and social dimensions of development has been found. The project also influences parents and the general public. Parents became more concerned about their child’s needs, and public and local authorities showed increased concern and engagement in early intervention.

- **Starting date:** 1981
- **Replication:** The project has been replicated several times in Luxembourg, mostly in rural areas. The initial project co-ordinator provides guidelines for anyone interested. However, guidelines for replication have not yet been published officially.
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**Centre for Child Care and Treatment of Disturbed Families and Anti-abuse Centre**

Maltreated and neglected children, as well as sexually abused children, are given hospitality in a children’s home (residential community) where specialised educators organise the children’s life so that they can work out their trauma. At the same time a psychotherapist helps the family to improve the quality of life by means of counselling and family systemic therapy. Besides this, prevention of maltreatment and sexual abuse is ensured through a study centre which offers information, data and training to parents, children and professionals working with children.

- **Primary target group:** both projects are targeted at vulnerable children between 0 and 10 years who are either maltreated and neglected children separated from their family by a court decision, or are sexually abused.
- **Intermediate target group:** parents, teachers, child carers and social services.
- **Objectives – primary target group:** both projects are aimed at diagnosis, treatment and therapy of the children so that they can return to their original family or to a new fostering or adoptive family.
- **Objectives – intermediate target group:** prevention, counselling, supervision and therapy.
- **Intervention:** The Centre provides two projects. The CTB (Centre for child care and treatment of disturbed families) tries to provide a therapeutic answer to the problem of maltreating families and to the need for specialist treatment of their children so that they can be helped to overcome the trauma resulting from the maltreatment and the physical and psychological consequences of neglect. The intervention is global, as it looks after the needs of the children but also assesses the family situation and the family’s resources for recovery. The project promotes collaboration between the services involved in the child’s problems and those of his family. The intervention is no longer than nine months so that the court can decide speedily on the child’s return to his original family or his adoption by a fostering family. The Centre consists of two different units: a residential community and a counselling, diagnosis and therapy unit which works with local services and courts in order to accomplish effective and prompt
protection of the children at risk. The children who are sent to the residential community attend their schools and other social or educational activities. They are followed by qualified staff who help them with socialisation and in overcoming psychological problems and disorders experienced by maltreated and neglected children. They can meet their families according to an agreed programme in visits which are observed and supervised by the Centre's educators. The counselling, diagnosis and therapy unit gives assistance to the local services and offers supervision and family therapy to support maltreating families. The second project of the Centre concerns sexually-abused children. Three types of services are offered: a study centre with research and training for all interested private and public institutions, an updated bibliography of international and national scientific publications relevant to sexually abused children, a quarterly newsletter, a data-bank used to determine risk factors, to estimate the effects of the prevention and the intervention carried out, and an information and training strategy to enhance the prevention among teachers, social workers, physicians, paediatricians, parents and children. Besides this promotional aspect of the project, there is a family group unit, and a clinic unit, where diagnosis, counselling and treatment services are offered.

- **Background**: the projects are based on family systemic therapy. Problems related to maltreated and neglected children or sexually-abused children are often attributed to organic problems. The systemic approach used in the projects extends the field of observation to the family.

- **Project evaluation**: both projects have been evaluated by the social services of the Venezia Commune, using qualitative and quantitative measures, as well as pre- and post-test measures. The results in the intervention group have been compared with those in a control group. From the study it appears that there is a reduction of the period of separation of the child from his family and that social, educational and health workers pay much more attention to the quality of family life.

- **Starting date**: The Centre started its activities in 1993 with maltreated and neglected children. The project with sexually abused children started in 1996. Both projects now carry on with the agreement of the social services of the communes.

- **Replication**: Similar projects with maltreated and neglected children exist in a few Italian towns: Brescia, Firenze, Torino. The project with sexually abused children has not yet been replicated.

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**CliniClowns**

It is scientifically established that laughing improves the rate of healing and rehabilitation. The basis for the intervention is to organise individual visits of Clowns to young children in hospital.

- **Primary target group**: The project is aimed at severely and chronically ill children aged 1 to 6 years.
- **Intermediate target group**: Parents, nurses and medical doctors are involved in the project.
- **Objectives – primary target group**: the project aims to reduce fear in chronically ill children, to strengthen the immune system, to create happy moments for dying children and to have a positive influence on the healing and rehabilitation process.
- **Objectives – intermediate target group**: none
- **Intervention**: The Clowns come in couples – one male and one female – and try to stop depressing episodes in the everyday life of the clinic. The aim is to inspire children through fantasy-oriented games; the touch of magic and joy of life makes children temporarily forget their pain and hurt. Regular visits by the clowns contribute to the healing process and activate the children. The project is offered in hospitals and naturally it is based on support and co-operation with the staff of the hospital (nurses and medical doctors). There is a permanent dialogue with the medical staff and the accompanying scientific research guarantees further development and improvement according to the needs of young patients. The Clowns are specially trained. They receive training lasting one year and consisting of several weekend seminars, where acting skills are taught, as well as how to deal with young patients. To work as a CliniClown requires sensitivity, social engagement and acting talent. Several studies related to the work of CliniClown are available in English and German, as well as a video presentation.
• **Background**: The project is based on the finding that laughing contributes positively to the process of healing in children. A similar project was developed in the United States.

• **Project evaluation**: in general terms, the children, by identifying with the clowns, manage to make fun of threatening situations that confront them and helps them to distance themselves. This reduces fear and protects against / reduces the extent of behavioural disturbance in long hospital stays. More specifically, the process and the effects of the project were evaluated by an independent researcher in 1998 who studied the: acceptance and usefulness of the project; feeling of well-being, of pain and time perception; mood of the patients before, during and after the clowns' visits; positive and negative effects on the work of the hospital staff; and the kind of interaction with the clowns. The study shows significant positive effects in the short-term and behaviour changes before and after the clowns’ visits. It highlights the positive differences in cheerfulness between days when the clowns visit and other days. The staff experience the visits not as an impediment but as generally positive for their own work in the hospital.

• **Starting date**: 1991 first implementation of the project at the Vienna University Hospital.

• **Replication**: The project exists in 15 hospitals all over Austria. Two more associations offer this programme in Austria and in Europe there are similar projects in Belgium, France, Germany, Italy and Switzerland.

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**Community Mothers**

The Community Mothers Project is a support programme to develop the skills and self-esteem of parents who live mainly in disadvantaged areas. It aims to empower parents, developing their talents, skills, and restoring confidence and self-esteem so that they can tackle their life problems in their own way. The model is one of parent-capacitating and empowerment.

Experienced mothers, known as Community Mothers, are recruited as volunteers and trained to give support, and encouragement to parents in rearing their own children, emphasising health care, nutritional improvement and overall development. The parents are visited by the Community Mothers once a month in their own home. The intervention is not intrusive. It gives the parents involved in the Project a structured opportunity to form a relationship with the Community Mothers.

• **Primary target group**: prenatal parents, first-time and second-time parents of children aged 0-2 years, children of single parents, teenage parents, travellers, asylum seekers and refugees, children living in areas of social and material disadvantage. The project in England involves children between 0 and 7 years. In The Netherlands the focus is on children no older than 18 months, and their parents.

• **Intermediate target group**: mothers who volunteers to become Community Mothers in the area where they live.

• **Objectives – primary target group**: the aim of the project is the development of the child, both physically and mentally, through empowering the mother. The project works directly with the parents (mainly the mothers) and it aims to increase the self-esteem of mothers, to reduce isolation and depression among parents, and to improve access to, and more appropriate use of, local health services.

• **Objectives – intermediate target group**: to enable Community Mothers to support and encourage parents in rearing their own children, emphasising health care, nutritional improvement and overall development. As a result of this process, Community Mothers also become empowered. In Ireland, as a bi-product, Community Mothers may move on to paid jobs.

• **Intervention**: Community Mothers are recruited, trained and guided by primary health care professionals such as nurses or workers in healthcare centres. The recruitment of appropriate candidates is essential. The training and follow-up process vary from one project to another. At the Eastern Health Board (IRL) the initial training lasts four weeks and Community Mothers work under the guidance of Community Health Nurses. Monthly support meetings are organised for them. At the Thurrock Community Mothers Programme (Tilbury Health Centre - UK) Community Mothers attend informal training sessions on a monthly basis. Additional special sessions are arranged in response to health needs or other issues identified by Community Mothers. A trainer periodically accompanies each Community Mother on her home visits to assist in developing her skills. The training process lasts 18 months and assists the
Community Mothers to achieve the following outcomes: Planning/organising – reflecting and evaluating outcomes of visiting; interpersonal skills for enabling and supporting; liaison/networking/visiting boundaries with child protection; sharing working material to promote parenting and health. An Open College Accreditation is being sought for the above training. Its quality, and the skilled informal monitoring of the Community Mothers, are crucial for the success of the project.

One-to-one discussion and providing information is the method of delivery. The parents (mainly the mothers) are acknowledged as the experts with their own children. They are supported in reaching their own goals for their children and are encouraged to believe in their own parenting skills, thus reducing dependence on professionals. This is achieved by drawing out the potential of parents rather than giving advice and direction, and by using a behavioural approach in which parents are encouraged to undertake agreed tasks. Visits are structured and include some educational/creative interventions. Community Mothers use a wide range of cartoon-illustrated health and parenting information sheets which are shared with parents during the visits. The visits are non-directive and non-intrusive.

In the Project ‘Mothers Inform Mothers’ (NIZW – NL) the service offered by the Community Mothers is advertised in Health Care Centres, Community Centres and pre-schools. Women who ask for support will first be visited by a local project co-ordinator, then a visiting Community Mother will carry on the programme and visit the family at home on a regular basis. In the ‘Thurrock Community Mothers Project’ all first-time parents in the target area are offered a monthly home visit during the first year of the baby’s life. Visits continue beyond this time to a minority of parents, according to mutually identified need. Parents having subsequent children are offered the monthly visiting programme for four months after the birth. The need for continued visiting is reassessed mutually at this point. Additional referrals of families with young children facing a variety of difficulties are received from a wide range of community workers (family doctors, health visitors, school nurses, social workers, playgroup workers, etc).

- **Background**: the Community Mothers Project evolved from the Bristol Child Development Programme in which Health Visitors and Public Health Nurses were involved in delivering a specially designed child development programme. The ‘Thurrock Community Mothers Project’, using a community development model based on a wide range of research evidence, supports the strong link between positive mental health and social support. The ‘Mothers Inform Mothers’ project in The Netherlands is also theoretically based on Sameriff, Orem and King’s theory on mental health promotion and community organisation.

- **Project evaluation**: the Community Mothers Project was evaluated in Ireland in 1990 using a randomised-controlled approach and was found beneficial for both mother and child. The evaluation study carried out in Ireland has shown that those in the intervention group scored significantly better in: maternal self-esteem, maternal diet and positive feelings, cognitive stimulation of the child, child’s diet and immunisation and higher incidence of breastfeeding. The qualitative and quantitative evaluation study of these effects was also conducted in England. In addition to the effects mentioned above, it is beneficial in terms of improvement to children’s language and other developmental areas, improvement in children’s behaviour, in child safety, in stimulation for children, better access to health services/information provision, reduction of isolation and depression among mothers. A bi-product of the Community Mothers Project is the reduction of child abuse. The evaluation in the Netherlands also shows the effect on the Community Mothers; they experience a high level of satisfaction, they develop their own self-esteem and tend to find a paid job after the project.

- **Starting date**: 1988 at the Eastern Health Board (IRL), 1991 at Tilbury Health Centre (UK), and 1992 at NIZW (NL)

- **Replication**: The Community Mothers Programme has gained an international reputation with significant health and parenting outcomes evaluated and proven. Various models are in operation across Ireland, The Netherlands, the United Kingdom as well as in countries outside the European Union: Australia and United States. Several documents and guidelines are available on the Community Mothers Programme.

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Development of Children of Substance-Dependent Mothers

According to a contract with the community of Vienna, the neuropsychiatric department for children and minors at the neurological hospital Rosenhügel took over the care of children of substance-dependent mothers.

The background to this is an interdisciplinary medical care and research project co-ordinated by the drug department of the University Psychiatric Clinic in Vienna.

- **Primary target group**: the project is intended for children of mothers who have received abstinence-oriented treatment or oral substitution therapy during pregnancy at the outpatient drug department of the University Psychiatric clinic. The children are aged between 0 and 6 years.
- **Intermediate target group**: the project also involves mothers and foster mothers of these children.
- **Objectives – primary target group**: the project aims to prevent developmental disorders for this high-risk group.
- **Objectives – intermediate target group**: There is no specific objective towards the mothers and foster mothers.
- **Intervention**: the project ‘Development of children of substance-dependent mothers’ is a comprehensive care model which involves co-operation with the women’s and the children’s wards of the hospital. The intervention is mainly based on observation of child development and, if necessary, interaction counselling and early age promotion of development. The intervention takes place in the hospital but also in youth welfare offices. Collaboration is essential to exchange information and data on the children. The project has produced information sheets for parents and for social workers.
- **Background**: Within the work of the drug treatment department with pregnant women, the question arose how to support the children after birth and how to optimise the oral substitution therapy from the perspective of child development. The work is based on the limited data available on biographies of children whose mothers were substance-dependent or orally substituted during pregnancy. The risk of becoming addicted is estimated at 50%. Particular attention is paid to the neonatal withdrawal syndrome, to the early parent-child relationship and to the comprehensive care of the child. First results show that this fine-meshed net of medical and social care reduces the (pre- and perinatal) biological risk factor to a small residual risk.
- **Project evaluation**: the project has been evaluated both at the process-level and at the effects-level by the team in co-operation with the department for neuropsychiatry of children and minors at the University of Vienna and the working group for rehabilitation/integration. Qualitative and quantitative measures, and well recognised scales and questionnaires have been used to evaluate the effects of the project on the children.
- **Starting date**: a pilot project was conducted from March 1995 to November 1995. The main project started in January 1997.
- **Replication**: Similar projects – independent of this one – run at University Clinic Frankfurt/Main (Germany) and at the Johns Hopkins University, Baltimore (United States).
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Early Intervention in Children “At Risk”

- **Primary target group**: children aged 0 to 2 years with neurobehavioral problems.
- **Intermediate target group**: parents, primary health care nurses and teachers.
- **Objectives – primary target group**: the objective of the project is early intervention in children at risk of neurobehavioral problems.
- **Objectives – intermediate target group**: ditto
- **Intervention**: the project consists of monitoring infants at-risk, using a method of Johnson-Martin N.M. et al. (1991) which allows the professionals to single out children who need educational intervention in one or all of these fields: motor functions, communication, sound and language functions. The child is monitored about every two months and the programme of intervention is given in writing to the parents shortly afterwards. They are responsible for creating a stimulating environment for their child. The team is available for counselling at all times.
- **Background**: the project bases its work mainly on an education model developed by Johnson-Martin N.M. et al (1991) the Carolina Curriculum for infant and toddlers with special needs. It is also inspired by Piaget's theoretical model of development. The team who implemented the project in Rome is convinced, by its clinical experience, that intervention which involves the whole family is more effective than one which only involves the child.
- **Project evaluation**: there has been an independent evaluation study of the process and the effects of the project, using quantitative measures as well as pre- and post-test measures and follow-up measures of the effects. Research showed that children treated by this method of intervention demonstrated a significant increase in development compared to those treated by more traditional methods. The evaluation study showed an increase in development, an improvement in the behaviour of the children, as well as an improvement in parent/child communication, and parents learned to appreciate their children’s capacities.
- **Starting date**: 1996
- **Replication**: the same project has also been developed in the United States. Two books on the method used are available ‘The Carolina Curriculum for Infant and Toddlers with Special needs’ by Johnson-Martin N.M. et al. – Paul H. Brookes, 1991 and ‘The Carolina Curriculum for pre-schoolers with special needs’ by Johnson-Martin N.M. et al. – Paul H. Brookes, 1990.
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Environmental Care in Very Low Birth Weight Children

NICU is a project aimed at the care and follow-up of very low birth weight children by a multidisciplinary team, involving parents from the beginning of the intervention.

- **Primary target group**: the project is targeted at very low birth weight children aged 0 to 6 years.
- **Intermediate target group**: parents, primary health care nurses and teachers are involved in the project.
- **Objectives – primary target group**: the objectives are to promote early parent/child relationships and to enhance early identification of cerebral damage.
- **Objectives – intermediate target group**: the project aims to promote breastfeeding, to promote early parent/child relationships in order to prevent behavioural problems
- **Intervention**: The project consists of two services, the NICU which is a specific department of the hospital for low birth weight babies, and a follow-up centre. The NICU offers environmental care for very low birth weight babies and their parents. Clinicians, psychologists and nurses promote the use of the Kangaroo method and provide services to the families such as: assessment by developmental scales,
EEG; visual, audiological and behavioural assessment; observation of the infant and its relationship with its parents.

The observation of the child and its parents lasts six years and is performed by the follow-up centre. During this period the assessment of the disadvantages related to brain damage or socio-demographic and environmental factors is performed. Individual intervention methods are used for improving the outcomes.

When the children start school, teachers are contacted and information about the children is made available. The project uses the following methods: educational methods, group discussions and counselling.

- **Background**: results of a few studies about continuous care of very pre-term/low birth weight children support the hypothesis that these babies profit from individualised developmental care. Clinical experiences also showed that an early-contact mother-infant and developmental intervention reduces adverse medical and developmental effects on infants with low birth weight.

- **Project evaluation**: the project has been partly evaluated by team members and partly by independent researchers, using a control group. From the study it appears that care of babies and their parents in the project improves parent/child relationships, that parents are more interested in taking care of their babies, have more affectionate behaviour and return more frequently at follow up.

- **Starting date**: 1995

- **Replication**: Environmental care programmes such as the one developed at NICU and the follow-up centre are available in other hospitals and countries but they vary widely depending on the organisational structures in Italy and in other countries.

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**Flekis – Open Nursery School**

Open nursery school is a place where children and adults can experience fellowship. Children coming to the open nursery school are mainly 0-2 years old, because parents tend to stay at home during the first years of their children’s lives. In recent years, as Sweden has acquired an unemployment problem, even families with older children choose to go to the open nursery school. Activities like cooking, sewing and gym are offered. Furthermore, nursery schools often arrange activities for special needs of children or parents such as groups for babies, divorced parents or young mothers.

- **Primary target group**: the project is targeted at the general population of children aged 0 to 6 years.
- **Intermediate target group**: the parents of the children are involved in the Flekis Open Nursery School project.
- **Objectives – primary target group**: the project has several aims for children: to promote their self-esteem and self-confidence; to stimulate them to make friends with each other; to help them to be in touch with adults outside the family; to strengthen positive interaction between children and their parents; to make children feel appreciated; and to promote and contribute to their well-being.
- **Objectives – intermediate target group**: the project offers a meeting place for parents, to provide an opportunity for them to get to know each other. Flekis promotes a feeling of trust and confidence about parenthood through information, counselling and the experiences of other parents. It supports parents (mothers as well as fathers) to take control of their own lives, by encouraging them to start their own activities and form parents’ groups. Finally, the project has the objective of parents enjoying their children.
- **Intervention**: There are about 40 open nursery schools in Göteborg. Flekis is the first and was established in a modern suburb at the end of the 1960’s. In this part of Göteborg, there are many immigrant families and their average standard of living is lower than in Göteborg as a whole. It is a working class area but with few jobs. The open nursery school is free of charge and can be attended whenever people wish. There are toys, books and children’s activities. Professionals take the initiatives...
but parents are expected to participate and are welcome to take their own initiatives as well, to start study groups, children’s parties, babysitting help, etc.
The adults have to stay with their children. The professionals offer educational leadership and encourage contact between other children and adults, offering stimulation and the opportunity to play. Activities in Flekis for general or ad. hoc groups include: education; self help groups; group training such as cooking or gym; creative and cultural activities such as music, dance and play; counselling; and information about society, local authority and voluntary organisations. Collaboration with outside organisations and local authorities (Maternity Health Care services, Child Health Care services, other open nursery schools in the area, libraries, unemployment office, etc) is organised to raise awareness about the project, to develop cross professional models of parent training groups, to broaden the social network and support and to exchange experiences and knowledge.

• **Background**: Child abuse and neglect is common in families suffering from social and psychological stress, while isolation is another threat to the health of children. Alcohol abuse programmes for pregnant women show very successful outcomes confirming that parents given support in the perinatal period of life can become very motivated to change their lives. The feeling of shame and guilt of not being a good parent can destroy the joy of early parenthood and meeting other people in the same situation makes life easier. The burden on the child will be lessened.
The project is based on scientific work on 'the Empowerment Concept' (Starrin), 'the Early Interaction' (Stern), 'the Mobilisation' (Freire), 'Overcoming the odds' (Werner), 'Supportive environments for health concept' (WHO), 'Psychosocial resilience and protective mechanisms' (Rutter), 'Sense of coherence' (Antonovsky), etc.
The project is also based on the findings of an investigation among single mothers undertaken by the National Institute of Public Health, which emphasised the need of women for places to meet and for self-help groups.

• **Project evaluation**: both the process and the effects of the project have been evaluated by the Flekis project’s team, by an independent researcher, and by the National Board of Health and Social Affairs. From those studies it appears that: parents really enjoy the open nursery schools. The project’s efficacy depends very much on the professionals, their working time and opening-hours. Cross sectorial work is important. The more the co-operation between child health care and the open nursery school, the more parents will participate in the activities. Close connection to the health care services is especially important if children “at risk” are involved.

• **Starting date**: 1978

• **Replication**: projects like Flekis are very popular in Sweden. There are today about 800 Open Nursery Schools. Scientific reports have proved the value of this kind of service.

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**Home-Start**

Home-Start is a project which helps to prevent family crisis and breakdown through supporting and empowering parents and assisting children to develop. The project has a simple approach to supporting the mental health of both parents and their children – by offering time, friendship and practical help by volunteers. Home-Start places considerable emphasis on meticulously recruiting, preparing and supporting volunteers. This enables volunteers to be committed, competent, and motivated, and ensures continuity of visiting and long-term time and care to individual family members. Volunteers are normally parents themselves and by visiting families at home they establish a trusting relationship. The volunteers do not represent authority, they have no official status and therefore pose no threat to the family. They bring their personal experience, skills and considerable knowledge of the local area to the role, increasing the confidence, independence and resilience of families, enabling them to cope better and to access other facilities and services when required.

• **Primary target group**: in the United Kingdom the project is targeted to all children under five years. In The Netherlands where the project is also implemented, the project is more often targeted to vulnerable children under 6 years of age who live in families under a lot of pressure.
Objectives – primary target group: Home-Start aims to offer regular support, friendship and practical help for young families in their own homes, helping to prevent family crises and breakdown and emphasising the pleasure of family life.

Objectives – intermediate target group: Home-Start aims to offer a realistic, flexible and responsive service to families under stress. This leads to renewed interest in children, an improved response to their needs and greater confidence in accessing other community services, all of which promote the mental health of children.

Intervention: Home-Start aims to offer regular support, friendship and practical help for young families in their own homes. This support is delivered in collaboration and partnership with volunteers. The local volunteers share their time and friendship in meeting the needs of individual families. They support and encourage parents, provide respite by caring for children, provide practical help and support in the home and accompany the family for referrals or appointments with other service providers. This support aims to improve parents’ ability to cope, reduces the risk of family breakdown and increases the resilience of the children. The method is based on empowerment of the parents. In the Netherlands, the average duration of the project with a specific family is between 3 and 10 months.

Each Home-Start scheme is an independent voluntary organisation. In the United Kingdom each project carries out its work in accordance with Home-Start Policy and Practice Guides. A multi-disciplinary management committee employs an organiser / co-ordinator, recruits, selects, prepares and supports volunteers and matches them to families under stress in their own homes.

In the United Kingdom, some schemes also establish family groups and drop-ins where parents can get together to meet people, share experiences and learn new skills. Families choose whether to accept Home-Start support, what kind of support, and for how long. In the United Kingdom any family with a child under 5 years can be referred to Home-Start, in the Netherlands the project is especially targeted to families under considerable stress with at least one child under the age of 6. Referrers include: health visitors, social workers, community psychiatric nurses, teachers, probation officers, playgroup workers, GPs, practice nurses, or the family can self-refer. In the Netherlands, families who already receive a lot of professional help cannot participate in the project. Central elements of the project are the human qualities of the volunteer: optimism, availability, attention, humour, and readiness to support another person.

In the United Kingdom, all Home-Start volunteers undertake a ten week preparation course. This entails twelve topic areas to provide volunteers with the initial preparation for work with families (e.g. the role of a Home-Start volunteer, values and attitudes; family life – stress factors; child protection, confidentiality; evaluation and what next). Volunteers are offered continuing support and ongoing training through monthly support groups. In these sessions a wide variety of topics is covered, depending on the needs of the volunteers and the circumstances of the families being supported by the local scheme. Typical topics would include domestic violence, mental health, welfare benefits and child development issues. In addition to these sessions, the paid organiser sees volunteers on an individual basis to discuss particular training needs they might have, as well as offering personal support to them in working with individual families. In the Netherlands, there is no programme or manual for the volunteers but there are guidelines for working in families.

Home-Start schemes are generally active organisations in local communities, they share information with other agencies on the needs of local families and communities. They also participate in the implementation of a range of co-ordinated services supporting local parents.

Background: For good quality upbringing of children there must be a balance of risk factors and protective factors. The factors include not only the level of the family (the individual situation of the child and the parents) but also the level of social environment (e.g. social isolation, social support, type of neighbourhood) and the society level (e.g. poverty, discrimination and unemployment). Lack of social support has a negative effect on the behaviour of parents in bringing up children. Some mothers lack the support they need from parents, relatives, friends or neighbours, not only for the possibility of talking with others but also for practical help e.g. baby sitting. The programme is not restricted to one model – it adapts to meet the needs of the individual family and the individual child.

Local schemes base their work on information about their own consumers views. Consumers include children, parents, referrers, volunteers and staff. Each local Home-Start project is grounded within the community it serves and is therefore successful in meeting identified needs.

Project evaluation: The project has been evaluated by the team of Home-Start as well as by independent researchers. Five independent studies on the effects of Home-Start have been completed and the findings show that: parents have increased their ability to cope, family dysfunction has decreased; parents have an increased understanding of their children, child needs are better met, etc.
An independent evaluation of the project in the Netherlands has demonstrated similar effects on families to those in the UK and also that self-esteem of parents is increased.

- **Starting date**: 1973 in the United Kingdom, in 1994 in the Netherlands.
- **Replication**: The project is nationwide in the United Kingdom and in the Netherlands. It also exists in several other countries (Australia, Canada, Cyprus, Germany, Hungary, Israel, Norway, Republic of Ireland). Several reports and studies on the Home-Start project exist as well as guidelines on Home-Start policy and practice. These guidelines include the establishment of local schemes — management committees, co-ordinators, needs assessments, funding, referrals and evaluation as well as the recruitment, training, allocation and supervision of volunteers.

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**Instapje Project**

The project 'Instapje' is directed at the behaviour of parents in daily interaction with their children in four ways: (1) to give emotional support; (2) to respect the child's independence; (3) to provide structure and limits on the child's behaviour; and (4) to give information explaining situations or tasks.

- **Primary target group**: 12 to 18 month old babies who live in social-economical disadvantaged areas and, in particular, immigrants.
- **Intermediate target group**: parents of the babies.
- **Objectives – primary target group**: In the short term, the project aims to stimulate the child to active learning (eager to learn, take initiatives, self-acting). In the long term, it aims to achieve an adequate starting point for the primary school and to improve school performance.
- **Objectives – intermediate target group**: The project aims to improve the quality of parent-child interaction and to improve the capabilities of parents in stimulating the educational possibilities of children.
- **Intervention**: 'Instapje' is an intensive programme. Professionals visit the family at home on a weekly basis to demonstrate a range of potential of play material and activities and show mothers how to adapt to the child’s play. The project is divided into four modules, each lasting several weeks and focusing on a theme related to one of the four dimensions of parental behaviour mentioned. The Averroës Foundation trains and supports project workers in using material developed by the Foundation, while local welfare organisations are responsible for carrying out the project. The programme book has been translated into several foreign languages to make it more accessible to parents.
- **Background**: The project is based on several theoretical models: Attachment theory, Observation – Instrument theory, the theory of Feurstein – Structural cognitive modification theory and the parent/carer-giver as a mediator of learning experience.
- **Project evaluation**: An evaluation of the project has been done by the University of Nijmegen, from which it appears that children who have been involved in it have better scores on Bayley’s developmental scale. Several effects have also been found on mothers such as: mothers show more respect for their child’s autonomy, give more structure to their child’s behaviour and more emotional support to their children.
- **Starting date**: 1994 as an experiment. Since 1997 the programme has been a regular task of the Averroës foundation.
- **Replication**: The project is implemented nationally.
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Leg-Up Project – Level I & II

Leg-Up is a project where paraprofessional neighbourhood mothers visit families (mother-child) from disadvantaged backgrounds to instruct and support the parents by role modelling, and other methods of transferring knowledge and skills, in order to facilitate the transition from home to the Dutch school system. A first project was developed in 1993, Level I and Level II followed in 1994. Their aims are mainly similar.

- **Primary target group**: in Level I, the project is aimed at children aged 2-4 years, and their mothers, from disadvantaged backgrounds. In Level II the age range of the children is limited to 3 years and 10 months to 4 years and 2 months.
- **Intermediate target group**: the project involves the parents/mothers and paraprofessional neighbourhood mothers.
- **Objectives – primary target group**: the general aim of both projects is to facilitate the transition from home to Dutch primary schools. To achieve this objective, the project concretely aims at stimulating certain aspects of mother-child interaction, development such as language, and fine motor and sensory development. Level II insists on the importance of encouraging a responsive child-oriented style of interaction that has a positive impact on the child’s socio-emotional and cognitive development.
- **Objectives – intermediate target group**: the project also aims to stimulate mother/child interaction by broadening the responsive instruction behaviour of the mother. By promoting the mother’s responsive instruction behaviour a range of the child’s own skills is stimulated, such as perseverance, problem-solving, task-orientation and the ability to plan and carry out activities.
- **Intervention**: The programme in Level I lasts for two years of thirty weeks each. The programme in Level II is shorter. Neighbourhood mothers support parents and demonstrate the accompanying activities and materials one hour every two weeks. During these visits the neighbourhood mother instructs and supports the parents by role modelling, and other methods of transferring knowledge and skills. In Level I as well as in Level II, parents learn: how to respect their child’s independence, how to praise and encourage their child’s initiatives, how to provide structure and set limits on their child’s behaviour. Furthermore, the parents learn to support their child in carrying out and completing a task by organising his/her attention and activity, and by being sensitive to their child’s competence in particular tasks so that the child is given responsibility when able to handle it. The child can thus become an active learner. The visits in Level II of the project can be either individual or in groups. The project activities and material are available in Dutch and other languages such as Turkish, Papiamento, Moroccan and Arabic. Neighbourhood mothers, whose children are preferably of the same age, live in the same or in a comparable neighbourhood of the families involved in the project. They are paid for the job. A co-ordinator selects, trains and assists the neighbourhood mother, visits the parents and leads the group meetings which are located in a community centre or pre-school, led by the co-ordinator and the neighbourhood mothers. These meetings support mothers in carrying out and staying with the programme and also support them with their children’s upbringing. During the group meetings, mothers discuss and are informed about topics such as child development, education, and various aspects of child-rearing. Another function of the meetings is to familiarise the mothers with neighbourhood facilities and services, such as playgroups, schools and toy and book libraries. The co-ordinators meet every month in feedback meetings and training.

- **Background**: Theoretically the project is based in the Naghy and Vygothsky models. The programme is also based on research about the relationship between quality and content of family education, the school performance of children and, more specifically, on the Home Instruction Program for Toddlers and their Families from the University of Hebrew and the project ‘Opstap’.
- **Project evaluation**: the University of Leiden has conducted a process evaluation study of the project ‘Leg-Up – Level I’. Its effects have also been studied by the University of Utrecht and the University of Leiden using quantitative and qualitative measures. The results in the intervention group have been compared with those in a control group.
From the study it appears that there is an improvement of the language development (in their own language), an improvement of the interaction between the children and their parents when they are playing and an improvement of social interaction and performance in school. Another research study shows that immigrant children from the experimental group achieve a better IQ-score (with an improvement of 10 IQ points) than children not in the programme. The research highlighted positive effects on the parents/mothers: improvement of self-esteem; improvement in self-esteem by helping their children to learn; improvement in conscious attention for the child including borrowing or buying toys and books. The results of the University study show however no significant differences between children from the experience and the control group. Probable reasons are: the small size of the research group and imperfect matching between the control and experimental groups. The project ‘Leg-Up – Level II’ is being evaluated by the University of Utrecht. Both the process and the effects of the project are being studied using quantitative measures as well as pre- and post-test measures and comparing the results of the intervention groups with those of a control group.

- **Starting date**: the project started as an experiment in 1990 and was more widely implemented in 1993.
- **Replication**: Level I of the project is now nationally implemented in The Netherlands. It has also been replicated in Portugal. Level II is also nationally implemented in The Netherlands and it has been replicated in the Antilles and Surinam.
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**Making Children Strong – Addiction Prevention in the Kindergarten**

The addiction-prevention approach of this project aims to promote life skills in children. Children need orientation and realistic role models to grow into strong personalities and to learn to deal responsibly with tobacco, alcohol, drugs, etc.

- **Primary target group**: children aged 4 to 6 years old.
- **Intermediate target group**: parents and staff working in nursery schools.
- **Objectives – primary target group**: the project aims at strengthening the personality and life-skills of children, so that the response to future crises and problems is not by addictive behaviour.
- **Objectives – intermediate target group**: the project has different objectives for the parents and for the nursery school staff. It informs and promotes individual reflection on the causes of addictive behaviour in parents and it encourages and provides resources for auxiliaries, so that they can be an example of strength for the children.
- **Intervention**: this addiction-prevention project has three different sections for the three target groups: children, parents and auxiliaries. Parents and auxiliaries attend 3 to 5 information and training sessions on the topic of addiction prevention. During these sessions they receive information on how addiction develops, they analyse their own consumer behaviour and, using examples, they discuss the effects of childhood experiences on the possible development of addiction. The staff’s feeling of self-value is reinforced by training in psycho-motor functions and supervision. Twenty supervision sessions of one and a half hours and a further three-day training session are organised for the kindergarten team, where the following ideas are developed: normal successes in everyday life are not made enough of because they are less noticeable than negative behaviour. Behaviour should be considered more from the point of view of available resources and not by what is lacking, seeking sources for one’s own self-reliance and self-assertion. Children attend psycho-motor functions sessions where they benefit from material, physical and social experiences. The nursery school staff receive training on psycho-motor functions, on how to plan and to carry out a group session and how to deal with materials and play situations. The project is a collaboration between the Kassel City Health Department, the Kassel City Youth Department, the Federal Centre for Health Education and two Offices for Addiction Prevention.
- **Background**: the project is based on the Specialist Report on Substance Abuse by Dennis A., Heyenen S. and Kröger Ch.
The idea of the project corresponds with more recent unspecific approaches to addiction prevention, aimed at promoting among children and young people the development of abilities and skills in coping with life. Simultaneous orientation to several target groups takes a situation-based approach with the relationship of the children, in relation to the world they live in, and to their surroundings.

- **Project evaluation**: A qualified Sociologist has performed an independent evaluation of the process on behalf of the Federal Centre for Health Education. The evaluation study used quantitative measures with qualitative elements, as well as pre- and post-test measures and follow-up measures of effects. The results in the intervention group have been compared with those in a control group. From the evaluation study it appears that the psychomotor sessions clearly reinforced self-awareness among the children, greater trust in their own abilities and greater independence. There were also effects on their social behaviour, with the inclusion of individuals, especially the weaker ones, being encouraged and the cohesion of the group as a whole being strengthened. There is an interaction between changes of this type and the changed behaviour of the kindergarten staff which was expressed as greater confidence in the children’s skills, traced back to the work in the supervision sessions. The information evenings helped to develop parent/staff relationships. In some respect the project helped the parents to take part in viewing their own responsibility and the socio-educational aspect of addiction prevention. Through the supervisions, the kindergarten staff’s awareness of their own abilities was strengthened and they became better able to carry out their everyday tasks.

- **Starting date**: 1996
- **Replication**: the project as such has not been replicated. Several articles, reports and a film on the project are available.
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**National Newpin**

Some parents who themselves experienced considerable childhood distress and emotional damage may face difficulties with managing their own children. Families in these circumstances need support, nurture and respect. The project NEWPIN is an approach which provides a network of friendship and skilled help to families in need. The project is one of empowerment – and the user members move on to befriend others who are referred. Members explore their personal and parental skills and are engaged in creative play with their children to gain insight into their emotional needs. Through the Personal Development programme parents move from being victims to taking charge of their lives and their relationships with their children.

- **Primary target group**: children up to 5 years with parents who have mental health problems and children where there are concerns about physical/emotional abuse.
- **Intermediate target group**: parents
- **Objectives – primary target group**: to give children an opportunity of respite from family turmoil and unhappiness, to have their physical and emotional needs met by their parents, as well as to mix with other children and adults in a warm supportive environment with positive role models. The project secures peer group attachment and gives structured early learning opportunities.
- **Objectives – intermediate target group**: to help break the cycle of destructive family behaviour, to develop self-esteem and emotional maturity of parents, and to bring about lasting change in the quality of life for parents and children.
- **Intervention**: Family doctors, health visitors, community psychiatric nurses, midwives and social workers refer families in need to centres where the project NEWPIN is implemented. A co-ordinator visits the family to assess the likelihood that NEWPIN will be of help and a ‘focus for change’ is agreed with the mother. The mothers (and sometimes fathers) may then be offered a contract with a range of options, depending on the type and severity of the problem and their preferences. A range of provision is available: daily-drop-In and crèches, individual counselling, therapeutic groups, opportunities for creative activities and further education/ training and social network of support. The whole project is based on a philosophy of mutual support, respect and concern, with each member receiving according to need, but also having something to contribute to the NEWPIN community.
Families are encouraged to attend a NEWPIN Centre and when they are well established in the Centre they may enter a Personal Development Training Programme which lasts about 38 weeks, one day each week. The Personal Development Programme looks at a range of topics, covering a number of social and personal experiences, and encourages the mothers to develop and empower themselves and to share and use their own experiences.

After a period of 2 years some mothers choose to enter the selection procedure for the co-ordinator training programme which is full-time and lasts 2 ½ years.

- **Background**: Lasting change can be effected in breaking the cycle of destructive family behaviour through early intervention with parents who need support in their role. Support given by volunteers can provide an answer to problems of social isolation and the lack of confiding relationships. Besides home-visiting, NEWPIN has developed a more therapeutic orientation within its premises.

- **Project evaluation**: There has been a range of evaluation studies – self-evaluation and independent evaluation – both on the process developed by the project and on the effects of the project on the population targeted. Among the effects on the primary target group highlighted by these evaluation studies we can underline the provision of respite, the improvement of parent-child interaction, the improvement of physical and emotional wellbeing, and more secure peer-group attachment. Evaluations have also shown effects on the intermediate target group such as the diminution of risk of child abuse, the maintenance of good family relationships and the alleviation of stress in families.

- **Starting date**: 1982

- **Replication**: The project is implemented nationwide in the UK. The project has also been replicated in Sydney (Australia). Other centres are being developed. Materials about the project are available.

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**New Fulford Family Centre**

The New Fulford Family Centre provides a range of interventions for children under 5 years and their families. It aims to help and support individuals, couples and families who are experiencing difficulties or stressful times, including: emotional and sexual abuse, depression, anxiety, bereavement or relationship and attachment difficulties. The Centre undertakes individual assessments to ensure that needs are met in an appropriately – the centre also refers clients to more specialist services.

Families can access a range of services from intensive one-to-one work with family members to child-focused or family-focused play therapy sessions. There are children’s groups where children receive adult attention and can join in socio-dramatic play. Drop-in centres provide open access groups where parents relax, share and support each other and children play with the volunteer play-workers. The centre is also developing groups for black and multi-racial families and for families affected by disability.

- **Primary target group**: the project targets both the general population of children and children ‘at risk’. The Family Centre is an open-access service which provides specific interventions in a universal setting.

- **Intermediate target group**: the parents are the intermediate target group of the project.

- **Objectives – primary target group**: the project aims through partnership to facilitate opportunities for growth and development, for parents and children under-five in under-developed and under-resourced areas and, where appropriate, prevent children from needing to be looked after by the local authorities. This aim is translated into several objectives such as: to promote children’s rights, to develop children’s positive identity, to promote children’s self-esteem, to encourage physical, cognitive, social, emotional and communication development and to alleviate distress and confusion.

- **Objectives – intermediate target group**: specific objectives towards the families are set. The project aims to help family members to increase power over their lives and to enhance family life. Parents are assessed and supported and their individual needs are met.

- **Intervention**: Intervention methods are both psycho-dynamic, behavioural and cognitive. The centre promotes the use of self help and mutual help and provides social skills work, educational groups and practical groups. The project offers services either at home or at the centre.
**Working with Individuals and Families** - several options are available: Assessments; Counselling, both individual and couple; Family play sessions; Play therapy; Welfare rights.

**Groups** - Children's groups, drop-in, high-rise group, identity group, rainbow group, Thursday group, unity, women's therapy group.

**Community Development** - Child Care Forum; Child Care Trust (*); High Rise Survey; Horizon – Playcare (*); Racial Harassment Forum (*); ((*) in partnership with other agencies).


The centre works in collaboration with the National Barnardos organisation and a network of local agencies from the sectors of education, health, primary health care and social services. There is also an advisory group composed of representatives from community, churches, education, general practice, health visiting, local council and social services.

- **Background** - the centre has an eclectic approach to theoretical models. It does not rigidly adhere to one particular school of thought. Its philosophy views the problems and possibilities facing families with young children as being based on interacting factors. Such a perspective refuses to locate issues of child development, neglect or abuse solely within the individual family, or simply within the community or social structure. Instead it recognises the multiple, interconnected factors and uses both psycho-dynamic and cognitive behavioural approaches, depending on need.

Clinical experience within the centre has also proven: the importance of providing a range of services – recognising different needs, attitudes and approaches to accessing and delivering services; the need for approachable members of staff within accessible services which are open, confidential and non-stigmatising; and the ability to provide holistic services which meet the needs of both children and parents in one place.

The project aims to provide a preventive service and therefore adheres to Government reports and Childcare legislation, such as the Children Act 1989. The work of Holman, Rutter and Fuller & Stevenson on prevention, and the adverse effects of separation from parents and entry into residential care, have informed the delivery of the service.

The centre’s work on the prevention of abuse is based on research summarised by Kempe & Helfer – risk criteria are identified and assessed in line with this proven approach. All the work with parents is research-based, concentrating on life opportunities, information provision, social skills and defining roles.

- **Project evaluation** - The process and the effects of the project have been evaluated qualitatively and quantitatively by the team of the project and by an independent researcher. Representatives from independent Parents Councils were also involved in the study. From the studies the following effects have been highlighted: the project responded to identified needs of children, families and communities, it promoted children’s rights, it challenged abuse and violence in families, it allowed children to remain at home, it increased attachment between child and parent, it relieved isolation and stress of parents and prevented parental breakdown, it promoted self-help techniques among parents and enhanced individual strengths and support for parents.

Ethical issues are under constant review and were covered in the evaluation completed in 1998.

- **Starting date** - the project started in October 1984.

- **Replication** - There are family centres throughout the world but not necessarily adhering to this specific model. In the main services tend to be therapeutic as opposed to therapeutic and preventive. This project effectively challenges some models of targeting and indeed some models of integration.

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Opvoeden Zo! Project

The project is a training programme for parents. By means of modelling, observation, discussion and practice, parents learn parental skills, find social support and develop more control over their parenting. Children benefit from the enhancement of parenting competence and from the strong social support.

- **Primary target group**: the project is aimed at children between 3 and 12 years of age.
- **Intermediate target group**: the project focuses on activities with parents. It also concerns primary health care nurses, teachers and community workers.
- **Objectives – primary target group**: the objective is to improve the health of children (both mental and physical) by enhancing parenting competence and strengthening the social support of parents.
- **Objectives – intermediate target group**: the project’s objectives towards the parents are: to make parents more competent in managing both desired and undesirable behaviour of their children; and to stimulate mutual social support by parents.
- **Intervention**: the project is a training programme for parents given by (para)professionals in the immediate environment who are close to the parents. The (para)professionals are either teachers or community centre workers, primary health care nurses, etc. The courses are given either at primary schools, community centres or child health clinics.
  Videos, in which parenting situations are simulated, are discussed by parents in groups. They can then practise the skills at home with the help of homework assignments. In this way, parents learn in the light of familiar situations how to handle their children so that parental questions can be resolved and problems prevented from growing into bigger problems. There are five courses, lasting two hours each and for immigrant parents there is one more session. A follow-up course is also organised.
  (Para)professionals are trained to use the video, the brochures and to lead the sessions. The ‘train the trainers’ course last five mornings and is supported by a manual.
  The video and brochures used during the course have been translated to reach special groups of parents such as immigrants (Antilles, Moroccan, Turkish) and deaf parents.
- **Background**: The project is based on the Social Learning Theory and the modelling principle: that child behaviour is learned and can be learned.
  It is also based on an American project: the American Parental course “Winning”.
  The selection and design of the video material and the themes of the course are developed in collaboration with parents and community workers.
- **Project evaluation**: the process and effects of the project have been evaluated by three different bodies: the University of Amsterdam, the University of Nijmegen and the GGD-Utrecht. Qualitative and quantitative measures have been used, as well as pre- and post-test design.
  The studies show that the course is experienced positively by parents; the skills they learn meet their needs. At the end of the course they use these skills more than at the start and can influence the behaviour of their children better. They hit and/or abuse their children less frequently and use alternative punishments. One study, focused on parents of foreign descent, showed that parents felt encouraged and were better up to the task. Parents had more control over raising their children and showed more positive/supportive responses to their children’s behaviour.
- **Starting date**: 1993
- **Replication**: The project has been replicated in a large number of places in The Netherlands and also in Belgium and in Romania.
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Parent Training Programme

The Parent Training Programme focuses on educating and empowering parents to become more independent, more active and more resourceful in promoting developmentally appropriate activities and experiences for their children, on becoming informed advocates for their children, and on strengthening family functioning.

- **Primary target group**: mentally handicapped and ‘at risk’ children aged 6 to 60 months.
- **Intermediate target group**: parents of the children.
- **Objectives – primary target group**: the project has three objectives, firstly to enhance child development in all domains (motor, cognitive, communication, social, self-help and affective). Secondly, the project enhances children’s sense of competence and independence. Finally, it prevents associated difficulties or pathologies.
- **Objectives – intermediate target group**: the project defines objectives towards the parents of the children: to enhance the parent’s level of information on subjects related to rearing a handicapped or ‘at risk’ child; to enhance parents’ sense of competence and well being; to reduce parental stress; to enhance family functioning; and to increase the social support network for these families.
- **Intervention**: The project has three main components: information, education/training and social support. The project includes 10 group workshops in a small group format (6-10 parents in each group) and three individual sessions with each family and respective child. The workshops include presentations by the staff, group discussions, handouts and written manuals in a ‘user-friendly’ format. The enhancement of parents’ level of information, competencies and capabilities is an important step for increasing their involvement in the intervention process.
  
  Before starting the project, parents fill out a questionnaire about themes and subjects that correspond to their needs and interests. Among others things parents ask for more information and training on: child development and disabling conditions; educational methods and strategies; community resources; legislation that protects families of handicapped children.

  Information and training are organised within the Early Intervention Centre.

  Families with children ‘at risk’ are contacted via health services which provide names and addresses. Participation in this project is a free choice of each family and data on each child and family is confidential.

- **Background**: The project is based on transactional and ecological models of child development, as well as family system theory. The introduction of family centred models and services in the field of early intervention requires the adoption of promotion, enhancement and enabling approaches aimed at strengthening individual and family functioning.

  Empirical and research data on early intervention with Down’s Syndrome children has proved the value of educational and naturalistic approaches as well as the efficacy of parents’ involvement in intervention. Parents’ participation throughout all the phases of the intervention process (assessment, planning, implementation and evaluation) is a determinant to its success and indirectly reduces parental stress. For enhancing parents’ participation and involvement, it is necessary that they become better informed on subjects such as: medical aspects, developmental and educational aspects, available resources such as materials and toys, teaching strategies, community services, agencies and resources as well as legislation. They also must be given the opportunity to participate in an active way on all phases of the intervention programme.

- **Project evaluation**: self-evaluation studies on the process and effects of the project have been conducted. The researcher used qualitative and quantitative measures as well as pre- and post-test measures, and follow-up measures of effects. The results in the intervention group have been compared with those in a control group.

  From the studies it appears that statistically significant differences in language development were found in the experimental group, not in the control group after treatment. The studies have also highlighted the enhancement of the maternal sense of competence, and the tendency for maternal stress reduction. Parents attending the education/training sessions reported a high level of satisfaction.

- **Starting date**: October 1996
Replication: the project has not been replicated but the potential exists. To disseminate this programme in other regions or countries it is necessary to promote staff training and to adapt the existing written material to the target population, according to specific risk factors or handicapping conditions (e.g. adolescent mothers, parents of premature infants).

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PIPPIN Parent-Infant programme

PIPPIN (Parent In Partnership – Parent Infant Network) is a national registered charity whose aim is “promoting positive early family and parent-infant relationships’. All activities are evidence and practice-based and set within the context of the period surrounding the birth of a child.

PIPPIN aims and objectives are achieved by:

- Externally recognised parent-infant facilitator training programmes for professionals and others working with parents of infants (University and professional accreditation is pending).
- Preventive education and support for women and men in the pregnancy and postnatal period, focuses on emotional parenting skills and non-verbal communication between both parents and their infant.
- Collaborative inter-agency projects and further research.

Primary target group: The project targets all children aged 0 to 6 months.

Secondary target group: There are several secondary target groups:

1. Parents-to-be and new parents (women and men in the period surrounding the birth of their child who receive the parent-infant programme);
2. Primary health care nurses, midwives and health visitors (people who are trained as facilitators to deliver the programme to parents and babies);
3. Voluntary sector/community workers (trained as facilitators to deliver the programme to parents and babies).

Objectives – primary target group: The project aims to improve and enhance the development of protective factors and mitigation of risk factors for the child’s psycho-social development. It also aims to develop the potential for becoming a ‘next generation’ nurturing parent (through influencing inter-generational transmission of parenting).

Objectives – secondary target group: There are several objectives for the parents:

a) Identification of personal emotional tender spots so that they do not interfere with the ability to provide emotionally nurturing parenting;
b) Increasing sensitivity to the infant’s non-verbal cues and communication;
c) Supporting the emotional aspects of becoming a parent for the first time or adding to the family;
d) Improving self-esteem and coping skills;
e) Developing the capacity and skills to understand and adapt to infants’ needs in ways that are mutually rewarding and promote growth;
f) Stimulating and reinforcing the protective factors in parent-parent, family, social and professional relationships;
g) Understanding the processes by which healthy and nurturing family and parent-child relationships develop.

Objectives towards professionals, community workers and volunteers who implement the programme are:

a) Providing the knowledge, skills and support to provide effective and evidence-based preventive early-parenting programmes to men, women and couples, individually and in groups;
b) Encouraging and supporting policy, practice and research for the development of co-ordinated and evidence-based approaches to preparation for parenthood that have the potential to enhance and improve child mental health within mainstream primary care.

Intervention: The PIPPIN programme called ‘Parenting matters’ is a continuous four-stage preventive programme for men and women in the period surrounding the birth of a child. The same group of men and women attend all four stages and the programme is run by the same facilitators throughout. The full programme lasts 35 hours of intervention for each parent/family and their baby.

The programme focuses on:

- Emotional parenting skills, parent-parent and parent-infant communication and relationships, building blocks nurturing family and parent-child relationships.
- The programme starts at mid-pregnancy and finishes when the baby arrives, with weekly group-based parenting skills programme, with men, women and babies in the group.

The PIPPIN programme is run wherever parents-to-be and new parents feel comfortable (e.g. community halls, adult education settings, child development centres, clinical settings).
Professionals, community workers or volunteers are trained as facilitators. The focus of the training is on: psycho-social dimensions of the pregnancy, birth and postnatal period for women, men, couples and infants; advanced facilitation and group work skills for tuning into parents and babies; infant observation skills; personal and professional development of parent-infant facilitators. PIPPIN edits a facilitator manual and a video for training purposes.

Collaboration with mental health, primary health care and social services is developed in order to share experience and assess local/regional needs and to implement the programme.

- **Background**: PIPPIN programmes (for parents and professionals) draw on and integrate research and practice from the fields of parent education, infant mental health, reproductive and infant psychology, couple and family communication and relationships. Particular attention is paid to developments in attachment theory and the inter-subjectivity of parent-infant relationships. The programmes are also influenced by the work of developmental psychologists.

Clinical observations have also influenced the programmes such as: the time surrounding the birth of a child is a period of opportunity and vulnerability for all parents and not just those “at risk”. It is a time of high level of anxiety for all men and women, irrespective of background; you cannot “teach” the “process of intuitive/emotional parenting” through instruction, advice or giving information.

The programme has been developed with the parents, on the basis on their real needs as identified in the research phase.

- **Project evaluation**: Qualitative and quantitative process and effect evaluation studies have been conducted by Dr Mel Parr, as part-requirements towards her PhD thesis, and by a number of independent bodies (National Children’s Bureau, National Health Service Trusts). The effects in the primary target group will remain unknown until funding is found for a follow up of the original cohort (all of whom are now around 5-7 years of age). However, anecdotal evidence has been provided by parents and independent professionals who have observed that children of parents who have received the programme are calmer than other toddlers. This suggests the programme might be a protective factor in the development of secure attachment.

Several effects have been found on parents such as decrease of anxiety, greater satisfaction with the relationship with their partner, increase in confidence as a parent, etc. Professionals, community workers and volunteers being trained have also perceived positive effects in their work.

- **Starting date**: The project was first developed as part of a PhD parent-infant research project (1989-1993). The PIPPIN organisation was set up as an independent body in 1993 and registered as a national charity in 1994.

- **Replication**: There are 50 trained facilitators offering the full “Parenting Matters” programme in the United Kingdom. A further 35 are currently in training. A new scheme is currently being developed and piloted across 5 National Health Service Trusts where trained and experienced PIPPIN facilitators will work alongside community midwives and health visitors.


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### Postnatal Depression: Identification and Treatment

Depression after childbirth is a common, but often overlooked, disorder which affects not only the mother but also her child. Counselling by primary health care nurses does appear to be helpful in managing postnatal depression and can be used as a first line treatment for women who are clinically depressed but not severely ill.

- **Primary target group**: babies aged 0 to 12 months of postnatal depressed mothers.
- **Intermediate target group**: the parents and primary health care nurses
- **Objectives – primary target group**: the project aims to promote the development of a secure mother/child attachment process and the positive development of the child by reducing the severity and duration of postnatal depression in mothers.
- **Objectives – intermediate target group**: the project’s objectives are threefold. The project aims to validate the self-rating questionnaire - the Edinburgh Postnatal Depression Scale (EPDS) - against...
standardised criteria of depression for use in Swedish child health care; to implement and evaluate a
two-stage screening procedure at regular two and three month postpartum visits to the child health care
centres within primary care; and to investigate the efficacy of counselling on a population-based sample
of postnatal depressed women.

- **Intervention**: clinical experience from many years of working with new parents points to the difficulty of
identifying mothers with postnatal depression when they are actually suffering from depression. Most
parents seek help when they expect a second baby and are fearful of becoming depressed again. Or
they seek help for the symptoms of their children (e.g. sleeping and eating problems, etc) and not
because of their own depression. Another problem underlined by clinical work is the lack of structured
intervention methods. A main purpose of this project is to investigate different aspects of postnatal
depression such as its prevalence, early identification and treatment in the Swedish primary health care
system. Another purpose is to validate the Edinburgh Postnatal Depression Scale (EPDS) on a
population-based Swedish sample. Child health nurses receive four half-day training sessions in non-
directive counselling. The sessions include lectures, role-play and discussions. The depressed mothers
are offered six-weekly, one-hour counselling sessions by child health care nurses at home or at child
health care centres. They feel confident as they already know the nurses, as well as the venue for the
counselling visits. Nurses and mothers are motivated to take part in the project as it addresses a
problem that is common but not yet dealt with in primary care.

- **Background**: the project is based on the studies by Murray L. and Cooper P. which have shown the
positive effect on children of psychological treatment – such as counselling – of postnatal depressed
mothers. The project is also based on biological, psychological and psychosocial explanatory models of
postnatal depression. The counselling study was the second controlled study of counselling of postnatal
depression and it confirmed the results of an earlier study of Holden et al (1989).

- **Project evaluation**: an independent research psychologist has undertaken an independent study of the
effects, using quantitative measures, pre- and post-test measures. The results in the intervention group
have been compared with those in a control group. The findings suggest that screening for postnatal
depression is feasible at the time of postnatal checks on the baby, and that it can aid in the identification
of women at risk for depression. From the study it appears that counselling by primary health care
nurses is helpful in managing postnatal depression and can be used as a first-line treatment for women
who are clinically depressed but not severely ill. 80% of depressed women recovered in the study group
receiving counselling compared with 25% in the control group receiving routine care. The detection and
counselling strategy by primary health care nurses can potentially reach 100% of the parents and their
children, as almost 100% of the population attend Child Health Care which is free in Sweden.

- **Starting date**: 1993.

- **Replication**: the implementation of the screening and counselling methods has started at different places
in Sweden (south of Sweden, Stockholm and parts of Göteborg). Some modifications are made
according to minor local differences in the health care system. A similar project is going on with pregnant
women in order to prevent postnatal depression.

Several scientific publications are available on the project.

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**Storyride**

Storyride is a child-centred project which allows children to express their feelings, both good
and bad. The method has proved to be therapeutic because the children get direct feedback
indicating that their thoughts and moods are important and that their feelings are acknowledged. The
storytelling takes place on the children’s terms. The interviewer has no set questions for the
children; they are able to bring up the issues they themselves consider important and interesting.

- **Primary target group**: the project can be used with a general population of children and also with
children ‘at risk’ such as those known to the child protection authorities, in children’s homes, in special
education (speech disabled, children with special needs), etc. Children are mainly aged 1 to 8 years, but
the project has been used with younger and older children.
Intermediate target group: the intermediate target group is composed mainly of parents, primary health care nurses, teachers, child carers.

Objectives – primary target group: the project defines five main objectives which are: the creation of the children's own network, children making direct contact with each other; children having the opportunity to produce their own culture, which is documented and published; the children's thoughts and initiatives are listened to and taken seriously; the prevention of problems including mental health problems and intervention through positive action.

Objectives – intermediate target group: the objectives concern all people involved with the care of children. The Story Ride project is a specific developmental tool for professionals involved in the care of children. It helps with listening to children (clients), it helps with getting to know the children with whom they are working and is a means of including children (clients) in planning and carrying out activities. Finally, it raises awareness among adults towards the child as an individual and in understanding childhood: pride in and respect towards the creativity, children seen as necessary and productive members of the community.

Intervention: In Storyride a child or a group of children tell a story of their choice. Professionals in the pre-school or school write the stories down word for word, exactly as they have been told. Then the adult reads them aloud. The child or children are allowed to change the text as they wish. Sometimes children want to draw a picture to illustrate the story. The completed stories are then sent to another group of children in a different play-school, school or family day care unit. Stories brought by post will be read and listeners will tell their own stories in response. These stories will be sent back to the original group. The aim of Storyride is to create a story network of children's own stories. In Storyride, children play an influential role and can concentrate on matters they regard as important. Children get the opportunity to hear other children's thoughts from different parts of their own country and abroad.

There is no specific setting where the project should be implemented. It can be used anywhere: at a table, in the sandbox, on the hall floor, in the adventure playground, on a forest outing, in the story room...).

Several methods are used for the project. For the children: creative methods, telling stories, group work, experimental events (seeing their own stories/speech transformed into letters and/or published texts, listening again to their own and others' stories being read aloud).

For adults: educational methods, group work and training, creative methods, counselling and networking.

Background: Often in educational or care work the client is evaluated in relation to certain general criteria for different age groups or problems diagnosed in children/child-related problems. The project Storyride concentrates on children's personal experiences that are often neglected when more traditional methods of educational and care work are used. The adults begin to appreciate the information gained through personal experience and listening and see that children's thoughts are valuable. For instance, in meetings related to custody matters, children's own stories have been read and so their opinions have been heard.

The project is based on scientific research concerning the marginal position of children in the community and their under representation in child institutions; research on learning, education and prevention; research on conversational analysis.

Previous experience of writing down children's own stories word for word and their meaning for the child, the group of children and the listening adult was developed in the "Timecards" interview method (Riihelä, 1991). Its aim, by writing down the child's own stories, is to show to the child the adult's interest in the child's own thoughts. The interviewer has no expectations of being given a particular 'correct' answer. The project is also based on interviews within a network of 13 early education development centres where a need emerged for enhanced listening to children in educational activities, as well as in other work with children. In addition, there was a search for some kind of common thread through all the development centres’ activities. What was hoped for was a method to allow children to express their thoughts and ideas spontaneously as part of the daily routine of day-care centres, pre-school and early education, and in the daily planning of activities. In addition, there was a desire for co-operation with families.

Project evaluation: the storytelling method has been scientifically studied and developed in experimental work with positive results. It appears that children's own initiatives and thoughts are now heard and seen; activities are developed with the children on the basis of the children's ideas; staff attitudes and practice have become more observant of the child; and use of the method has had preventive effects as well as dealing with existing problems. Direct effects on children include increasing self-confidence, self-knowledge and self-esteem; improvement of the group spirit; dysphasic children begin to use more speech and communicate more.
Beside the effect-evaluation study which used qualitative measures, pre- and post-test measures and follow-up measures, the project has been self-evaluated by local professionals working in day-care centres and child health clinics. Self-evaluation included reflection and discussion in groups and participants also completed questionnaires and evaluative accounts of the projects.

- **Starting date**: 1995.
- **Replication**: In tens of municipalities in Finland, in several municipalities in Sweden, Norway, Denmark and Iceland, in England, Greece, Estonia, Israel, Japan, and possibly in South Africa. Several articles and documents describing the Storyride project are available.
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**Toy-Free Kindergarten**

The project “Troy-Free Kindergarten”, developed to prevent addiction, has two principal rules: for three months all toys and materials for handicrafts are removed from the room of the kindergarten. The kindergarten teachers commit themselves to observing the children actively and to be present as partners. However they do not make any proposals, do not provide hasty solutions or offer substitute materials to the children.

- **Primary target group**: the project is aimed at all children aged 3-6 years.
- **Intermediate target group**: the staff of kindergarten are involved in the project.
- **Objectives – primary target group**: the general aim of the project is the prevention of addiction by the promotion of life competence. That means promotion of social competence, creativity, self-initiative, ability to solve problems and conflicts, individual planning of time, perception of needs and limitations in relation to oneself and towards others, space for individual development, self-determined experiences.
- **Objectives – intermediate target group**: the project defines the objectives for kindergarten teachers as: reflecting kindergarten teachers’ role and attitude towards work; and towards parents: reflecting parents’ attitude towards education.

**Intervention**: For three months all prefabricated toys are removed from the rooms of the kindergarten. The children are prepared for the project and invited to join in removing the toys and material. The project is carefully prepared and planned by a professional team and the kindergarten teachers/educators are supported by experts who accompany the project and give advice. Collaboration with professional addiction prevention workers from local health offices, youth welfare offices and advisory centres is sought.

The parents are involved. In Germany, there are at least three parents-educators meetings (before, during and after) to inform, discuss and evaluate the project. Grandparents are invited to visit their grandchildren in the kindergarten. In Austria, information meetings with parents are organised in the preparation and realisation period. Individual counselling is also available.

During the project phase the children learn to make self-determined experiences, expand their social competence and find collective solutions for problems. The project works at different levels: life-skills; consumer-behaviour of the children; social learning; use of Language (speech) as a communicative and cognitive tool.

An important part of the project is the different attitude to work of the kindergarten teachers. During the project phase they give up their leading role and take a more observing and supporting position in the group process.

- **Background**: The project is based on the following ideas:
  - Practical experience gained from working with addicted adults showed that habit-forming behaviour patterns can be formed during childhood.
  - The latest discussion on pre-school education leads to the assumption that the competence of children can be enhanced if the children themselves become the creators of their learning processes.
  - Evaluation studies in the field of addiction prevention confirm that the most successful measures to prevent addiction are those which, on the one hand, help to strengthen a person’s general state of health – and on the other hand – enhance principal psychosocial competence and life-skills.

Project evaluation: In Germany, a qualitative study of the effects of the project, conducted by an independent researcher, demonstrated that five children’s psychosocial competences were enhanced through the project: capability to form relationships with other people; perception of personal needs with other people; communicative competence; creativity and critical thinking; and the capacity to play. The relationships of the kindergarten teachers and the image they have of their profession changed completely. The teachers discovered how they learned to observe and listen during the project, how they learned to give up the role of expert and manager, and how they became moderators, research assistants and advisors to the children. The rediscovery by teachers of psychosocial competence, buried or not used, within themselves is an especially valuable side effect of the project.

In Austria, the process and effects of the project have been evaluated by an independent organisation and by the team involved in the project using qualitative and quantitative measures. Five project groups and control groups were installed in training kindergartens and data collected from the following sources: structured observation from external experts, self-reflection of kindergarten teachers, report forms from parents.

From the studies it appears that children of the project group showed a significant increase in social interaction, creativity, expression of needs and emotions, conflict management, empathy, self-confidence, patience, flexibility in sex roles, frustration tolerance. The children played more loudly, vividly, were more cheerful, sociable and creative. There were no differences in negative emotions, although the children of the project group could manage them better and made use of them in a more socially creative way.

Starting date: 1992 in Germany and 1997 in Austria.

Replication: The project was developed in 1992 in Bavaria (Germany) and replicated in many kindergartens all over Germany, Switzerland and Austria. Since 1994, project guidelines and a study are published. The project has been presented in a large number of workshop and expert meetings. Project documents, guidelines, parent information and a video are available.

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Annex 1

List of partners of the Action Project on Mental Health Promotion for Children up to 6 Years
### ANNEX – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

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ANNEX – MENTAL HEALTH PROMOTION OF CHILDREN UP TO 6 YEARS

Annex 2

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