



**Non-Violent Childhoods in Finland: Implications for the Early Years**

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**Non-Violent Childhoods Action Plan 2020-2025**

- Contains **93 actions** for preventing emotional, physical and sexual violence against 0–17-year old children in different growth and operating environments.
- NAP deals with the rights of the child, inclusion, factors that protect against violence as well as risk factors and their consequences and emphasize multisectoral co-operation.
- WHO 7 INSPIRE strategies and UN Sustainable Development Goals (5.2., 16.1 ja 16.2.) as well as Lanzarote and Istanbul conventions has been taken into account in NAP

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**Content of the NAP/handbook**

1. Introduction
2. Violence against children – **protective factors, risk factors and consequences**
3. **Statistical review** of violence against children
4. **Rights of the child**
5. **Inclusion** promotes safety and security and prevents violence
6. **Multidisciplinary cooperation** and exchange of information
7. **Safety skills education**
8. **Domestic violence in the family** from the perspective of children and young people
9. **Violence, bullying and harrasment** in early childhood education, educational institutions and guided hobbies
10. **Prevention of sexual violence** against children and young people and **minimisation of harmful effects** of child sexual abuse
11. **Sexual harrasment, grooming** and sexual violence in **digital media**
12. **Harm assessment in sexual offences** against children
13. **Children in vulnerable situations**
14. **Special issues**



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**Core messages and some key points**

- Every child has the right to non-violent childhoods. All forms of violence against children can and must be prevented.\*
- Children can overcome even difficult situations and lead a good life if adults fulfil their responsibility towards children and support them.\*
- Violence against children
  - will be reduced if different authorities work together
  - can only end if legislation supports it and the legislation is implemented.
- Supporting parents and parenthood we can protect children.

\*Based on General Comment No 13 (2011) of the UN Committee on the Rights of the Child

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**Monitoring and evaluation**

- A steering group nominated by THL (incl. 4 ministries and 28 expert organizations and NGOs) is responsible for monitoring and evaluation. Mid-time evaluation will be done in 2022.
- Collaboration with [Barnahus-project at THL](#) as well as [END Violence & Pathfinder-network](#) has started well. See also [WHO 2021 p. 17-19, 52](#).
- Implementation of the measures are, as a rule, promoted as part of different organisations' own work. Various programmes and projects and the calls for funding applications also support the implementation.

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**Protective and risk factors in perinatal period**  
1/2

- Promoting child's safety includes for example ([Bell et al. 2013](#), Hakulinen 2019): stable presence of safe, healthy and happy adult caregivers
- functional interpersonal relationship and culture of warm and nurturing parenting
- sense of self-efficacy and have age-appropriate or tailored information and support/help when child or other family member has health or other problems.



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### Protective and risk factors in perinatal period 2/2

Cumulative impact of ACEs from birth to death (adapted from Felitti et al., 2019, p. 784).

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### Preventive multisectoral work

- Finland has long and well monitored tradition to support parenthood and mental health as well as help children and youth and families in [maternity and child health clinic services as well as in school health care services](#) (Government Decree 338/2011)
- Despite alignment of legislation and good national and international treaties, some children in Finland are still subjected to violence, both physical and especially emotional. → [Monitoring, coordination of national work and supporting leadership](#) are needed. See [Finnish Child Strategy 2021](#) (in English)

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### Maternity and child health clinic services 1/2

- Services are available free for all families and almost all of them are using these → families are equal and content of services can be customized according to needs
- Every family needs support and counselling during the pregnancy and childhood
- Benefits: services are evidence based and national guidelines available for personnel in new NEUKO database (Duodecim Terveystieto)
- Familiarity → confidential relationship makes possible to identify needs for support and speak up early

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### Maternity and child health clinic services 2/2

- Scheduled appointments and health visits at clinics
- Extra visits when ever it is needed
- Scheduled home visits (see e.g. [Dovle et al.2017](#))
- Extensive health examinations** targeted at specific age groups offer an opportunity to gain a broad understanding of a [family's living conditions and the family situation](#) and on the [interaction between the child and the adults.](#)

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### Scheduled appointments at maternity clinic services

Appointments	Parity	Regular health examination and actor	Time*
6-8 gwks	PM	First contact: telephone or face to face assessment of the need of support	15 min
8-10 gwks	PM	PHN (public health nurse) who also might have a degree in midwifery	1 h 30 min
13-18 gwks	PM	Extensive health examination: PHN and physician , jointly or separately	1 h 30 min 30 min
22-24 gwks	PM	PHN	30 min
24-28 gwks	P	PHN	30 min
30-32 gwks	PM	PHN	30 min or 2 h 30 min
35-36 gwks	PM	Physician and PHN	30 min
37-41 gwks	PM	PHN - Visit fortnightly or more when needed	30 min
Delivery			
1-7, days after discharge	PM	PHN: visit to the clinic or home visit	60 min 2 h 30 min
5-12 wks	PM	Postpartum checkup: Physician or PHN	30 min

\*Recommended time allocation

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### At least 9 health visits during the first year of an infant's life and 6 between the ages of 1 and 6 + Extra visits when needed.

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### Scheduled appointments at child health clinic services

Appointment	Regular health examination and actor	Time*
1-4 wks	PHN (public health nurse)	At least 60 min
4-5 wks	Physician and PHN	30-60 min
2 mos	PHN	60 min
3 mos	PHN	60 min
4 mos	Extensive health examination: PHN and physician, jointly or separately	At least 60 min
5 mos	PHN	60 min
6 mos	PHN	60 min
8 mos	Physician and PHN	30-60 min
12 mos	PHN	60 min
18 mos	Extensive health examination: PHN and physician, jointly or separately	At least 60 min
2 yrs	PHN	60 min
3 yrs	PHN	60 min
4 yrs	Extensive health examination: PHN and physician, jointly or separately	At least 60 min
5 yrs	PHN	60 min
6 yrs	PHN	60 min

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### Warm thanks and have a very good summer!

Action Plan is available online :

[ENGLISH from here](#) (direct link)


[SWEDISH from here](#) (direct link)

[FINNISH from here](#) (permanent URN-link)

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### Non-Violent Childhoods

– let`s make every kid as a safe kid, together!



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