



# Combating child abuse and neglect in Portugal

Pedro Perista  
Mário Jorge Silva

**June 2011**

## **Background**

CESIS has been granted a two-year project (2011 – 2012) in the framework of the Daphne III programme: “Combating Child abuse and Neglect (CAN). The aim of the project is to generate relevant knowledge on current strategies for the prevention of child abuse and neglect in Europe. It will focus on interventions and strategies that are targeted at preventing and the treatment of child abuse. It will compare the strategies of 5 European countries.

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

## **Set-up of the report**

This report contains six chapters. The first chapter describes the definition and prevalence of child abuse and neglect, the main governmental policy on child abuse and neglect and the child welfare system in Portugal. Chapter two describes universal and preventive services regarding child abuse, chapter three detection, reporting and stopping it and chapter four the available treatment services in Portugal. Chapter five is about the integration of services and chapter six describes the education and training of professionals in Portugal. We conclude with an overall summary.

## 1. Definition, policy and child welfare system

Law 147/99, of the 1<sup>st</sup> September, is the Law regulating the protection of children and youngsters in peril. According to this Law, "the intervention aiming at the promotion of the rights and protection of the child and the youngster in peril takes place when the parents, the legal representative or the legal guardian puts in peril the child's/youngster's safety, health, education, training or development, or when such threat results from the action or omission of a third party or of the child/youngster him/herself to which the former do not oppose in an adequate way in order to remove it".

Still according to number 2 of article 3 of this Law, the child/youngster is considered to be in peril when s/he a) is abandoned or living on his/her own; b) is suffering physical, psychical or sexual abuse; c) is not receiving the adequate care or affection to his/her age and personal situation; d) is subjected to work or any activity that is excessive or inadequate to his/her age, dignity and personal situation or that, in any case, are harmful to his/her upbringing or development; e) is subjected, directly or indirectly, to behaviours seriously affecting his/her safety or emotional balance; f) is assuming behaviours, activities or consumptions seriously affecting his/her health, safety, upbringing, education or development, and the parents, the legal representative or the legal guardian are not opposing him/her in an adequate way in order to remove such situation.

The Law does not make an exhaustive description of the situations of peril. The Penal Code is more specific stating that physical abuse regards situations such as corporal punishment and deprivation of freedom, as well as cruel treatment by overburdening the child with excessive work or by compelling the child to engage in dangerous, inhuman or forbidden activities. The Penal Code states that sexual abuse includes vaginal, anal and oral coitus, as well as introduction of body parts or objects in the vagina or anus. Additionally, the exposure to pornography (verbal, written, objects or shows) is also condemnable. The Penal Code also condemns the idea of repeatedly exposing the child to situations of violence, including domestic violence, being more explicit than Law 147/99 where this situation is included in paragraph e).

Thus, it is a definition that comes in line with the commonly used definitions used by the World Health Organisation (WHO-ISPAN, 2006). Thus, child abuse is defined as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (Magalhães et al, 2011; Magalhães et al, 2010; DGS, 2008).

Additionally, articles 5 and 91 convey the notion of present or imminent danger to the life or physical integrity of the child/youngster, for situations of urgency and/or extreme seriousness. The “Script of Orientation for Social Workers in the Approach to Situations of Peril”, of 2010, presents some of such situations, e.g.: a) inexistence of an adult willing to take care of the child/youngster (abandonment); b) child/youngsters refusing to stay at home, claiming to have been abused and asking for protection; c) child/youngster abandoned at an institution by the parents/carers/legal guardians and not being possible to locate relatives with the possibility and wish to take care of him/her; d) the parents/carers show to be seriously incapable to fulfil the child/youngster’s basic needs, due to serious lack of resources in terms of nourishment, healthcare and hygiene, housing, social backup, etc.; e) clearly inadequate behaviour of parents/carers/legal guardians putting the life or physical integrity of the child/youngster in jeopardy (e.g. psychotic crisis, physical violence, etc.).

**Are there any research findings that show the prevalence of child abuse and neglect? Please describe the research question, the used definition of child abuse and neglect, the method and the results of the research.**

In 2008 took place the Diagnosis and Evaluation of the Commissions of Protection of Children and Youngsters (CPCJ). The CPCJs are non-judiciary official institutions with functional autonomy which aim at promoting the rights of children and youngsters and preventing or ending all situations that may affect their security, health, education and comprehensive development, exercising their activity within the municipality where they are based. There may however be an exception for the municipalities with more inhabitants in which more than one CPCJ can be created. 300 CPCJ exist in the country.

This study was directed to the activity of 28 CPCJ but it also comprised the contexts where such activity takes place in a twofold perspective: one the one hand, the role of the CPCJ’s within the system of protection to children and youngsters; on the other, within the framework of a set of institutional actors and partners conditioning that role and their performance.

Methodologically, different approaches were followed: 1) case study of 26 CPCJ; 2) interviews and focus-groups comprising a wide set of interlocutors; 3) analysis of the data of the annual reports of the National Commission of Protection of Children and Youngsters (CNPCJR); 4) documental analysis on childhood, youth and the systems of promotion and protection of children in Portugal and other countries; 5) analysis of cases of abused children that had strong impact in national press; 6) participant observation in training sessions; 7) analysis of the training materials used in the sessions developed by the CNPCJR.

This study showed that, in 2006, 25209 processes were established in the CPCJs; number significantly higher to that in 2001. This increase was due, mainly, to the increase of situations of negligence and of physical and psychological abuse. Negligence accounts for 36.2% of the processes. Physical and psychological abuse account for 21.4%.

School drop-out and the exposition to deviant behaviour were less important motives behind the increase. Drop-out accounted for 14.4% of the processes and regarding this issue it must be mentioned that the subsidiarity principle is often not fully respected. The referral to the CPCJ should be made only when the school had exhausted all possibilities of action and articulation with the family and other entities.

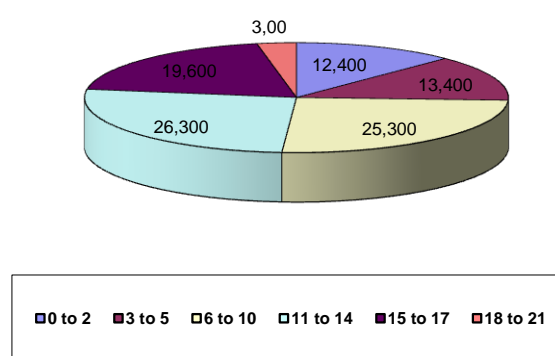
The Annual Report of Evaluation of the Activity of the CPCJ's of 2009, undertaken by the CNCPJR, and based on data from the, at the time, existing 287 CPCJ, registered a total of 66.896 processes, 237 more than in 2008. From these, little over 51% reported to previous years, about 6% were re-openings and 42.5% (24801 cases) were new processes.

After preliminary analysis, 7.798 were dismissed. After the beginning of the process, 24.073 were dismissed (2.4% more than in the previous year). The number of active files was 35.025 and this was the number that moved to 2010. Dismissed means that the CPCJ may decide for immediate dismissal after preliminary analysis and before any intervention, by reasons of lack of fundament or needlessness of intervention. After intervention there may also be a dismissal when the situation is no longer of peril or when the youngster comes of age.

The total number of children and youngsters accompanied by the CPCJs amounted to 67.117 since it is possible the inclusion of more than one child/youngster in the same process, within the terms of article 80 of the Law 147/99.

The most significant age group is that of 11 to 14 years of age, immediately followed by that of 6 to 10 years of age. Boys are more prevalent than girls in each and every cohort.

Figure 1 – Children and youngsters accompanied by the CPCJs by age cohort, 2009



Source: Annual Report of Evaluation of the Activity of the CPCJ's, 2009

Law 147/99 states in paragraph f) that a child is in peril when he/she is assuming behaviours, activities or consumptions seriously affecting his/her health, safety, upbringing, education or development, and the parents, the legal representative or the legal guardian are not opposing him/her in an adequate way in order to remove such situation. The following figure regards the main situation behind the intervention of the CPCJ.

A total of 25.335 children and youngsters were characterised regarding the main situations motivating the intervention of the CPCJ. Negligence was, by far, the main situation reported.

Figure 2 – Main situation motivating the intervention of the CPCJ, 2009

	%
Negligence	36.2
Exposure to deviant models of behaviour	17.4
Psychological / emotional abuse	14.0
School drop-out	14.0
Physical abuse	7.0
Crime	3.5
Abandonment	2.1
Sexual abuse	1.9
Other situations	3.9

Source: Annual Report of Evaluation of the Activity of the CPCJ's, 2009

The relative prevalence of negligence diminishes in a reverse way regarding age cohorts, i.e. the younger the children, the higher the prevalence of negligence. The same is true regarding the psychological/emotional abuse while the prevalence of exposure to deviant models of behaviour remains fairly stable in all considered age cohorts. School drop-out and physical abuse are more prevalent among children aged 11 to 14.

**Are there any research findings that show the attitude of the citizens of your country towards child abuse and neglect? Please describe the research question, the used definition of child abuse and neglect, the method and the results of the research.**

The study “Child and Partner Abuse: Self-Reported Prevalence and Attitudes in the North of Portugal”, (Carla Machado, Miguel Gonçalves, Marlene Matos, Ana Rita Dias, 2006), was the first study in Portugal to analyse family violence through self-report using a representative sample. It had the objective of determining the self-reported prevalence of child and partner physical and emotional abuse in the north of Portugal and exploring attitudes about these forms of family violence.

The methods used were a questionnaire from a representative sample of parents in two-parent families with children under the age of 18 years. A total of 2,391 parents participated (1,057 males), aged 20-67 years. Four questionnaires were used, one behavioural and one attitudinal, for each of the forms of abuse: child and partner.

As far as results are concerned “at least one act of emotional or physical abuse towards a child during the previous year was reported by 25.9% of participants (12.3% reported physically abusive and 22.4% emotionally abusive acts). Abuse of a partner was reported by 26.2% of participants; at least one act of physical abuse during the previous year was reported by 12% and of emotional abuse by 23.7%. The attitudinal data, however, showed general disapproval of the use of violence, both for disciplining children and within marital relationships. The degree of self-reported support for physical punishment was higher in participants who reported using abusive behaviour. Females more commonly reported acts of child abuse, and males reported acts of partner abuse. Both forms of self-reported abuse showed an association with low educational and socio-economic status”.

The masters’ degree thesis “Study of the myths and beliefs of teachers regarding child sexual abuse” (Ana Natália Jorge, 2010) aimed at evaluating the knowledge and attitudes of teachers regarding this subject. The research question was “are there, among teachers and educators, false beliefs and myths regarding sexual abuse of children”? The results of the questionnaire used showed that this was a fact among the 71 participating teachers and educators.

**Is combating child abuse and neglect part of universal governmental strategy towards parents and children? By universal governmental strategy we mean the main principles and directions of the government towards parents and children.**

The rights of children and youngsters are consecrated on the Constitution of the Portuguese Republic. Articles 67, 69 and 70 advocate special protection rights, from the State and society, to children and youngsters who are orphans, abandoned or, by any other way, deprived of a normal family environment and of the promotion of the rights consecrated on the Convention on Children’s rights, approved by the United Nations, and ratified by Portugal in 1990.

Moreover, following number 5 of article 166 of the Constitution, the Parliament decided, through Resolution 20/2001, to recommend the Government: a) the reinforcement of the measures to support the CPCJs so that an intervention based in human and material resources may be widened and consolidated, as well as an accompaniment promoting reflection and the sharing of experiences between the different Commissions; b) the reinforcement of the Commissions’ capability of intervention, namely through the full time assignment of professionals from the involved organisations (All the ECMIJ involved in the CPCJ.); c) the definition of a training plan for the interdisciplinary teams oriented to the support and accompaniment of children, youngsters and their families; d) the articulation of the CPCJ in a national network and the creation of room for regular collaboration and sharing of information and experience; e) the definition of a model of articulation between the CPCJ and the CNPCJR so that, besides reporting, there is an accompaniment of the actual work on the field, with an adequate involvement of the (unspecified) ministries. The recommendations were put into practice.

More recently, the National Initiative for Childhood and Adolescence (INIA), 2009-2010 was established. This is a government's initiative defining the national strategies for the promotion of rights and the protection of children and youngsters in Portugal. It aims at the definition of an action plan guaranteeing the respect for the universality of children's rights. The action plan will define the major intervention strategies that will be common to all areas and sectors, public and private, that contribute for the process of development and socialisation of the child, since birth to adulthood. The INIA also aims at the establishment of a culture of cooperation and networking between all those committed to the defence of children's rights.

**Is there a specific formal governmental policy concerning child abuse and neglect? By specific formal governmental policy we mean the specific initiatives and actions of the government to combat child abuse and neglect.**

8

Please see chapters 2 to 4.

**Does the policy concern actions on a national level (the focus of the policy is on the whole country) and/or on a regional level (the focus of the policy is on specific regions)?**

Social policy regarding childhood envisages strategies at the national level and there is a National Commission for the Protection of Children and Youngsters that must accompany, support and evaluate the CPCJs (articles 30 and 31 of Law 147/99). However, the system of child protection is organised at the municipality level (concelho), in connection with the Programme "Rede Social" and the respective Social Development Plan of the municipality. Thus, the CPCJ are usually organised by municipality (concelho).

The programme "Rede Social" is a wider programme, aiming for the whole society to hold responsibility and to mobilise for the effort of eradication of poverty and social exclusion and to promote social development. Within such objective, the issue of child abuse and neglect is also present. Rede Social aims to promote new ways of joining efforts and defining priorities, with the participation of public and private entities intervening in the same territorial context. The Social Development Plan is a core instrument of the "Rede Social", where the plan for the social development of the municipality must be designed.

This finds its basis in articles 12 and 15 of Law 147/99 that state that the CPCJs are non-judiciary official institutions with functional autonomy which aim at promoting the rights of children and youngsters and preventing or ending all situations that may affect their security, health, education and comprehensive development, exercising their activity within the municipality where they are based. There may however be an exception for the municipalities with more inhabitants in which more than one CPCJ can be created. The CPCJ must serve and inform all those addressing them; to preliminary assess all situations that come to their knowledge; to instruct the processes; to decide on the application, accompany and review the promotion and protection measures, exception made for adoption measures. In short, there tasks are thus assessment and referral.



Additionally, a specific programme such as the Programme “Escolhas”, supports projects with focus on territories considered to be “at risk” (Vulnerable socio-economic territories. “Problematic quarters” (sic), though within the general framework of a national reach: . This national programme was established in January 2001, It aims at promoting the social inclusion of children and youngsters of vulnerable socio-economic contexts, mainly of descendents of immigrants and ethnic minorities, aiming to promote equal opportunities and the reinforcement of social cohesion.

### **What legislation is dealing with child abuse and neglect in the family?**

9

Law 147/99.. This law is described in more detail in the previous chapter.

**Does the legislation in your country contain a ban on family related corporal punishment? If yes, is it integrated in a civil code or a criminal code?**

**Does the legislation specify other forms of child abuse and neglect in the family? If yes, is it integrated in a civil code or a criminal code?**

Yes. The Penal Code establishes, in article 152, that corporal punishments, children’s deprivation of freedom and sexual offence are punished with one to five years of imprisonment. (Penal Code, Law 59/2007 of the 4<sup>th</sup> September)

**What’s the impact of the legislation on the practice? Are there any research findings that show the results of the (implementation of the) legislation? Please describe the research question, the used definition of child abuse and neglect, the method and the results of the research.**

It was not possible to find any findings on this subject.

**Can you give a short overview of how the child welfare system in your country works? Who is responsible for preventing and tackling child abuse and neglect? Please use the Wind wiper model as portrayed on the next page (as used in the UK).**

Article 6 of Law 147/99 states that the promotion of the rights and the protection of the children and youngsters in peril are, within the subsidiarity principle, the responsibility of:

1) the entities competent in terms of childhood and youth (ECMIJ) whose intervention has the consent of parents, legal representatives or legal guardians; ECMIJs are entities competent in terms of childhood and youth. Examples of ECMIJ are the Health services, schools, kindergartens, social security services, law enforcement. Depending on their scope, NGO’s and other private entities may also be ECIMJs.

It is established that the entities with competence in terms of childhood and youth acquire special relevancy within the system of child protection since they are present in all stages of intervention. The entity assuming the coordination of the case must coordinate and monitor the whole process of evaluation and intervention with the involvement of all the entities and professionals considered to be necessary regarding the specificity of the case.

2) the CPCJs, when the entities referred to in 1) are not able to intervene in an adequate and sufficient way to remove the risk;

3) to the courts when

- a) a CPCJ is not established with competence for the territory;
- b) there is no consent of the parents, legal representatives or legal guardians to the intervention of the CPCJ<sup>1</sup> or consent is withdrawn or when the agreement for the promotion of rights and protection is repeatedly disregarded;
- c) the child/youngster opposes the intervention of the CPCJ, under the terms of article 10;
- d) the CPCJ does not obtain the necessary means to apply or execute an adequate measure, namely because of the opposition of a service or entity;
- e) it has not been issued any decision six months after the CPCJ was informed of the case;
- f) the public prosecutor's office considers the decision of the CPCJ to be illegal or inadequate to the promotion of rights or to the protection of the child/youngster;
- g) the court decides for the appendage of the process of the CPCJ to the judicial process, under the terms of number 2 of article 81.

The ECMIJ are responsible for: a) the detection and diagnosis of the situations of peril; b) early intervention and accompaniment of the risk situations aiming at the decrease or eradication of the risk factors; c) making the referral to the second level of intervention, i.e. the CPCJ, if they are not able to intervene in an adequate and sufficient way in order to remove the risk the child/youngster is exposed to or when they consider the application of a measure of promotion and protection to be necessary; cooperating with the CPCJ or the court on the evaluation of the cases and corresponding accompaniment of the measures of promotion and protection.

Schematically, the system may be described as in figure 3 below, with the ECMIJs in the bottom level, sided by families, the CPCJs in the intermediate level and the courts in the upper level, sided by the CNPCJR and the public prosecutor's office.

---

<sup>1</sup> Non-opposition of the child should also be obtained if s/he is older than 12 years-old

Figure 3 – Welfare system for children and youngsters in peril



When a specific situation reaches court level, the court is assisted by the Multidisciplinary Teams of Support to the Courts (EMAT). These teams, created through Law 332-B/2000 of the 30<sup>th</sup> December, operate under Social Security and provide technical support to the decisions, support regarding the follow-up of the execution of the judicial measures. They should elaborate reports, give information and participate in the audiences and preliminary judicial procedures.

**What is the child welfare model in your country? Is it a dualistic or a holistic system? A dualistic system is child and risk focused. The system is dominated by the need to prevent abuse a rescue children from abusive situations. Family support is dealt with separately. A holistic system is family and support focused. The system promotes early intervention and preventive work and there is an assumption that there should be a continuum of care. The protection of children from abuse is seen as one aspect of child welfare, but there is an expectation that intervention should have taken place to prevent this and that it is legitimate to intervene early. There is a strong family support focus.**

The system is dualistic in the sense that entities intervene in situations of peril, according to the specific law on the subject. According to article 34 of Law 147/99, the measures of promotion of the rights and of protection aim at: a) with drawing the risk the child/youngster is at; b) providing the conditions to protect and promote the safety, health, education, training, wellbeing and overall development of the child/youngster; c) guaranteeing the physical and psychological recovery of the children and youngsters victims of any form of exploitation or abuse.

However, there seems to be an effort towards a holistic approach as article 41 of Law 147/99 states that, when support measures regard placement with the parents or other relatives, these persons may benefit from a training programme aiming to a better exercise of parental responsibilities. Although the training programme is about remedy and not prevention, there is a stronger focus on support to the family in conjunction with the measure for the child.

Additionally, article 53 predicts that, when shelter care is put in place, the parents, the legal representative or the legal guardian may visit the child/youngster, according to the schedules and rules of the organisation, unless there is a contrary judicial decision.

**Is the primary principle of the system statism or subsidiarity? Statism: the local authority delivers services and there are a few voluntary organizations involved. Subsidiarity: according to this principle, services and support are best provided by resources as close as possible to the person who needs them. Thus voluntary organizations or churches are seen as best placed to provide services, whereas the state tends to become involved in investigations of relatively small numbers of serious cases. In addition, the state has the important role of ensuring that sufficient and effective services are provided and funded.**

12

The primary principle of the system is subsidiarity, as established in article 4 of Law 147/99. This article states that intervention is responsibility, successively, of the entities with competence regarding childhood and youth – namely the sectors of Health, Education, Social Security, Justice, Security Forces - , Municipalities, IPSS (Private Institutions of Social Solidarity) and NGOs (article 7), the CPCJs (article 12) and, lastly, of the courts (article 11).

Thus the 147/99 Law on Protection is based on a pyramidal structure privileging “a community based intervention, with lesser formality and, most of all, less judicial preponderance, which reveals real advantages for the negotiation of solutions, thus opposing a coercive and stigmatising intervention such as the one of the courts” (Ministry of Justice and Ministry of Labour and Solidarity, 1999)

There may exist situations that, by its seriousness and urgency, justify an immediate intervention by the non-judicial entities – ECMIJ and CPCJ – i.e. when there is an actual or imminent risk to the life or physical integrity and there is opposition from the parents, legal representatives or legal guardians, regarding the measures necessary to the immediate protection of the child/youngster, as e.g. the withdrawal from the family. These are the so-called urgent procedures (i.e: Emergency protection in a shelter home or “other adequate place (sic)” in the absence of consent (article 91 of Law 147/99).

## 2. Universal and preventive services

Portugal tries to concretize the rights of children consecrated on the Universal Declaration of Children's Rights. In terms of Health there is, for instance, the National Programme of Oral Health. This programme draws a global intervention strategy aiming to the promotion of health and the prevention and treatment of oral diseases. It may begin during pregnancy and develop throughout childhood through Child and Juvenile Health. It consolidates in kindergarten and school through the programme of schooling health. Dental care not possible to provide through the Healthcare service may be provided by the private sector through the usage of "Dentist-checks". There is also a maternal and child health programme aiming at improving care, from pre-conception and pre-natal care to perinatal and child care. There is also a free national programme for vaccination.

### Healthcare:

There is a network of Pediatric services in public hospitals aiming to provide healthcare and foment the wellbeing of the newborns, children, youngsters and their families. Access is granted till the age of 18. The national healthcare service provides primary care, starting before birth and extending through neonatal supervision, childhood and youth.

Please note: Health units are included in the ECMIJ.

### Education:

There is a free public network of crèches, for children up to the age of 3. This network is clearly insufficient though. As such, the crèches of the private sector run by entities recognised as private entities of social solidarity have State subvention. The costs for families are calculated according to household income. Kindergartens/pre-school follows the same scheme as crèches. However, regarding pre-school, the State compromises to guarantee its universality from the age of 5 onwards. Pre-scholar education is universal for all children from the age of 5 and, therefore, the State has the duty to guarantee vacancies in the public pre-school network.

Law 85/2009 aims to guarantee the universality and gratuity of compulsory schooling. Students may, under condition of need, benefit from schooling social action and also from scholarships.

Children go to school at the age of 6 (exceptionally at the age of 5 if turning 6 till the end of that year). Compulsory schooling is universal and free, lasting for 12 years. There are also the "ATL" (Spare time activities), for children from the age of 6 onwards, for extra-school time.

### Universal prevention

The project “Nascer Cidadão” (To be born as a citizen<sup>2</sup>) aims at promoting the registration of children immediately after birth in three dimensions: registry office, health services and social security services. This allows the parents a less bureaucratic registration of their children and, at the same time, it allows for an early identification of situations of lack of social protection of the parents and of situations of risk to the children. It is up to the CNPCJR to accompany and evaluate the development of the project, following a protocol between the Ministries of Social Security and Labour, Health, and Justice.

### Selective prevention

The Programme “Ser Criança” (Being a child<sup>3</sup>) rules, among others, by the principles emanated by the Children's Rights Convention and by Law 147/99. It has the objective of both preventing and eliminating the situations of lack of social protection of children/youngsters and their families, through the support to the development of projects focussed on families and communities. It also aims at promoting the experimenting of new methodologies of intervention and research-intervention. The programme mentions these methodologies but it was not possible to identify any examples

The sketching and development of the projects must obey the following general principles: a) the participation of children and/or youngsters and of their families as agents of their own process of change; b) the involvement of the community through the creation and integration of local networks of solidarity; c) inter-institutional and inter-sectorial partnership, integrating different knowledge and perspectives that are pertinent for the scope of the project. This aims at guaranteeing the development of an integrated, participated and territorially coordinated intervention, as well as the sustainability of the project; d) early intervention, promoting answers that act preventively on the risk factors, avoiding situations of risk and of marginalisation and social exclusion; e) flexibility and innovation, motivating the development of creative skills and differentiating from traditional answers; f) systematic evaluation of the intervention's processes and results in an open, participated and multidisciplinary process.

An example of one of these projects is “Projecto Sorrir”. The global objective of this project is to contribute to the social integration of children and youngsters of the municipality of Vieira do Minho. It aims at providing these children and youngsters with the means for them to be capable of promoting their autonomy and of contributing for a more active social participation. Its specific objectives are: to deepen the knowledge regarding the children and youngsters in social risk, with academic failure or with disability; to promote and accompany the integration of these children and youngsters in school; to contribute for the decrease of failure and drop-out rates and of absenteeism; to promote and accompany the integration of these children and youngsters in spare-time activities; to contribute for the improvement of the living conditions of households, namely regarding the access to healthcare, education, training and housing; to sensitise and boost the local community, aiming at the reinforcement of the local support network.

---

<sup>2</sup> Free translation

<sup>3</sup> Free translation

The Health Action for Children and Youngsters at Risk was created by Dispatch 31292/2008 of the Minister of Health. In the end of 2010, 260 Units were formally created, 216 of which NACJR (Support Unit to Children and Youngsters at Risk) and 44 NHACJR (Hospital Unit of Support to Children and Youngsters at Risk). The Network of Units of Support to Children and Youngsters at Risk aggregates the several units in activity either in Health Centres (primary care) or in Hospitals. Its objectives are the implementation of the mechanisms of prevention of abuse; the early detection of situations of risk and peril; the accompaniment and providing of care; the signalling and/or referral of cases to other services; the mobilisation and articulation of resources of the first level of intervention; and the speeding up of the communication with the CPCJs.

Resolution 63/2009 of the Cabinet Council established the fourth generation of the Programme "Escolhas" (Choices<sup>4</sup>), created in 2001 by Resolution 4/2001 of the Cabinet Council. The renovation of the Programme aimed at reinforcing the support to the mobilisation of the local communities for the creation of projects of social inclusion of the children and youngsters from vulnerable socio-economic contexts, namely descendants of immigrants and ethnic minorities.

The Programme establishes as priorities educational inclusion (both scholar and informal), professional training and employability, community stimulation and citizenship, digital inclusion, and entrepreneurship.

Following the formulation of article 41 of Law 147/99, regarding strategies to support parents, the Programme "Ser mais família" (Being more family<sup>5</sup>) was created. It has a national scope, establishing individuals investing of parenting functions as target. It aims at primary prevention – as parental education programme – and secondary, intervening in crisis situations and aiming at the creation of help groups – defining itself as programme for the promotion of parental skills.

### **What organisations/professions/volunteers are involved? What are their tasks?**

The entities competent in terms of childhood and youth (ECMIJ) are clearly involved in the prevention of abuse and neglect. Among these, kindergartens and schools are very important. Besides the daily observation of the pupils physical condition and behaviour, the professionals from these entities may establish relationships with the children/youngsters and their families aiming at prevention. Not all of these entities work directly with children (e.g. the CEJ).

Following Dispatch 31292/2008, health services began to assume a relevant role in prevention and in reporting situations of child abuse. As minimum requirements, these teams must be composed by one physician, one nurse and other professionals such as social workers and mental health specialists.

---

<sup>4</sup> Free translation

<sup>5</sup> Literal translation.

Other institutions and organizations have provided social answers for children/youngsters in peril regarding their protection and rights. Most notably:

- Instituto de Apoio à Criança (IAC – “*Child Support Institute*”) – a private institute of social solidarity dedicated to defending and promoting the rights of children. It is responsible for direct intervention services such as the S.O.S. Criança (“*Children S.O.S.*”) telephone line (1988) and intervention programs with children at risk, as well as promoting initiatives to increase awareness, dissemination, training and research on issues relating to children (Albert, 1999);
- Centro de Estudos Judiciários (CEJ – “*Centre for Judicial Studies*”) – entity with administrative and financial autonomy, under the Ministry of Justice. As an educational institution that prepares judges, it has provided an essential contribution to the awareness and practice of interdisciplinarity, improvement of the institutes of parental custody, guardianship and adoption, and advocacy of the importance of multidisciplinary teams in support of the judicial system (Leandro, 1988);
- Associação Portuguesa para o Direito dos Menores e da Família (APDMF – Portuguese Association for the Rights of Children and Families) – national level private institution of social solidarity which, in accordance with Article 2 of its statutes, aims the interdisciplinary analysis of issues relating to judicial and administrative protection of children and families and promoting community support services;
- Other Private Institutions of Social Solidarity (IPSS).

**Are there any products of the main strategies and actions on the level of prevention? Products are for example: reports, laws, institutional changes and/or new institutions, grants, education etc. Please describe the products in short.**

The Director-Generalship of Health produced, already in 2011, “Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention (Direcção-Geral da Saúde, 2011, Maus tratos em crianças e jovens: guia prático de abordagem, diagnóstico e intervenção).

This guide was elaborated from the technical orientations approved by Dispatch 31292/2008, aiming to promote good practice regarding the issue as a health problem. Its aim is to be a useful working tool for all the professionals and teams of professionals working for the promotion of children's and youngsters' health. It intends to contribute to: 1) sensitise and motivate health professionals regarding their role on preventing and intervening in situations of abuse; 2) clarify and standardise the most important basic concepts regarding abuse (definition, typology, signs, symptoms and indicators); 3) facilitate the processes of identification and intervention, indicating when, how and who should intervene in a given situation; promote coordinated action between the entities responsible for intervention in this field.



**Are there any research findings that show the results of the main strategies and actions on the level of prevention? Indicators for results can for example be: the reach of the strategies, the implementation of the strategies and the results of the strategies for children, parents and professionals. The research should be done by universities or other scientific organisations. Please describe the research question, the method and the results of the research.**

According to Direcção-Geral da Saúde (2011), Acção de Saúde para Crianças e Jovens em Risco – Comissão de acompanhamento – Relatório Final (Director-Generalship of Health (2011), Health Action for Children and Youngsters at Risk – Accompanying Commission – Final report), during 2010, 15 Initial Training Actions were developed for the teams of the new Network of Units of Support to Children and Youngsters at Risk. In the 9<sup>th</sup> and 10<sup>th</sup> November took place the 2<sup>nd</sup> National Meeting of the Network of Units of Support to Children and Youngsters at Risk.

The evaluation noticed the indispensability of assuring technical supervision to the Units, for which the search for collaboration of individuals and/or entities with recognised merit in the field of children and youngsters at risk should be encouraged.

The undergoing changes on the organisation of the Primary Healthcare Network have been having a strong impact on the process of consolidation of the Network of Units. The composition of the multidisciplinary teams of the Units has been difficult to stabilise given the transfers of staff.

Moreover, the existing constraints regarding the allocation of human resources have been having influence on the difficulty not only to establish new teams but also, in some cases, to keep the already existent ones. As such, in some parts of the country, there is the need for some professionals, mainly social workers and psychologists, to integrate more than one Unit. Thus the activity of the Units has been characterised by regional asymmetries and by intermittence and interruptions in the work of several.

These constraints are mentioned in the self-evaluation of many Units. Other constraints mentioned are the lack of time schedules allocated to the activities of the Unit and the lack of availability of other Health professionals to accompany the cases. It is also mentioned the difficulty in articulating with other structures, more with the courts and the public prosecutor's office, less with other entities of the first level of intervention.

Another constraint regards the delay on the conclusion of the Information System of Support to Action (in digital format). Initiated in January 2009 it should have been concluded but administrative delays have prevented it from happening. As such, the tool used for registry has still been the old one, not in digital format, and to which several flaws have been pointed out. This leads the Accompaniment Commission to state that "these flaws do not allow for a truly rigorous establishment of data" and that, as such "the figures must be understood as merely indicative of the global expression of the variables being studied".

These figures state that, during the course of 2010, 3.551 cases were signalled in the Units, 48% of which were referred to other entities of the first level of intervention, 40% to the CPCJ and 12% to the courts/public prosecutor's office.

In terms of typology, negligence represented 68% of the cases, psychological abuse 14%, physical abuse 10%, sexual abuse 6% and other types 2%.

The main constraints and needs felt by the professionals are: a) the need to allocate more working hours to the activities of the commission; the need to deepen knowledge in specific areas such as the diagnosis of abuse, the legal framework of intervention, the phenomenon of sexual abuse, the management of confidentiality and the early detection of signs and symptoms; c) the need for technical supervision of performance.

Thus, for the future, there is the need to: a) provide adequate institutional support so that the strengthening of the network of support units is achieved; b) preserve the functional autonomy of the units for the exercise of the tasks attributed by Dispatch 31292/2008, regardless of the services or model of organisation they are integrated in; c) to conclude and generalise the usage of the informatics tool; d) to increase the qualification and effectiveness of the answers through good practice implementation from the frontline professionals and the units' teams. Additionally, it is mentioned that child abuse, as a complex and public health problem, should actually be framed within the future options in terms of health policies.

### **What are 'good practices' from your country concerning the prevention of child abuse and neglect?**

The "Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention (Direcção-Geral da Saúde, 2011, Maus tratos em crianças e jovens: guia prático de abordagem, diagnóstico e intervenção), mentioned above on the products may be considered a good practice.

The Programme "Construir Famílias" is a parental training programme for families at risk based on active apprenticeship by experience. It is recommended by the CNPCJR within the scope of a convention with the association "Mundos de Vida" and the scientific support of the University of Minho. The objectives are: to foment on families the change of their perspectives regarding development and education; to widen knowledge regarding alternatives ways to educate and react to everyday situations; to motivate parents so that they feel competent and responsible in their parenting tasks. Though it is "designed for families of low or medium psico-social risk" it is considered to be "adequate to families of higher risk with whom a plan of family improvement has been established".

"Alicerces" is a parental training programme developed in Oeiras by Health entities and the CPCJ of Oeiras aiming to promote the early education of children aged 0 to 2, centred in the family and the community. Besides the development of parental skills it also aims to promote, through families, the signalling of situations of risk to the development of children.

From 2008, the Calouste Gulbenkian Foundation has been supporting eight pilot-projects in the field of parental training through the "Children and Youngsters at Risk" Programme. The programme "emerged from the need to intervene precociously with children at risk, promoting parental skills among the closer kin, in order to avoid institutionalisation". Some of these projects have a strong focus on prevention.

Project Rede de Intervenção na Família (Network of Intervention in the Family) has the objective of "promoting the prevention of cases of negligence and abuse among children and youngsters with risk factors". Project Escola de Pais (Parents' School) "aims at reducing risk factors and maximizing the protection factors, preventing early transgressive actions"

One of the competences of the CPCJs is to collaborate with the entities in charge for researching and elaborating innovative projects in the field of primary prevention of risk factors and the support to children and youngsters in peril.

The above-mentioned Program "Escolhas" may also be considered a good practice.

### **What are problems in your country concerning the prevention of child abuse and neglect?**

Considering that prevention aims at intervention before the danger, the numbers of cases, both registered and suspected, must be interpreted, to a certain extent, as indicative of problems in prevention. Although the principle of early intervention is assumed by Law, some authors consider that its application remains fairly in deficit: "one of the big limitations regarding the operability of the measures of protection of children and youngsters concerns early intervention. Although we find the principle of early intervention in the Law of Protection of Children and Youngsters as one of the orientating principles of intervention, this does not assume a preventive nature." (Varela, 2009).

The undergoing crisis is likely a cause for the decrease of human resources working regarding prevention, both in municipalities and in the private sector.

### 3. Detection, reporting and stopping of child abuse and neglect

There is a set of national juridical instruments constituting the structuring basis of Law regarding children and youngsters. Within ordinary legislation, the Law on the Protection of Children and Youngsters in Peril – Law 147/99 of the 1<sup>st</sup> September – is the central/orienting instrument regarding the protection of children and youngsters in peril.

This Law compromises the Portuguese State and the community to organise themselves in order to guarantee that action models are capable of satisfying the needs of individual development of every children and youngster. This must be framed by the respect for the universality of their rights and oriented by the following principles (article 4):

- the superior interest of the child/youngster;
- the right to privacy;
- timely intervention, minimal and proportional to the situation;
- parental responsibility and prevalence of the family;
- mandatory information to the child/youngster and his/her family about the intervention and his/her rights;
- mandatory audition of the child/youngster and his/her participation and of his/her family in all actions and decisions with him/her concerned;
- subsidiarity – intervention is the responsibility, successively, of the entities with competence regarding childhood and youth, the CPCJs and, lastly, of the courts.

As such, any suspicion of a situation of peril should be reported to the competent entities regarding childhood and youth, to law enforcement entities or to judicial authorities. According to the subsidiarity principle of the protection system, such situations should only be reported to CPCJ's (2<sup>nd</sup> line) when the former entities (1<sup>st</sup> line) cannot act adequately and sufficiently in order to eliminate the peril the children/youngsters are involved in.

According to article 12 of Law 147/99 the CPCJs are non-judiciary official institutions with functional autonomy which aim at promoting the rights of children and youngsters and preventing or ending all situations that may affect their security, health, education and comprehensive development. They must exercise their remits accordingly to the Law and deliberate with impartiality and independence. The CPCJs are declared established by a joint order of the Minister of Justice and the Minister of Labour and Solidarity.

According to article 34, the measures of promotion of the rights and of protection are of the exclusive competence of the CPCJs and of the courts and aim at: a) withdrawing the risk the child/youngster is at; b) providing the conditions to protect and promote the safety, health, education, training, wellbeing and overall development of the child/youngster; c) guaranteeing the physical and psychological recovery of the children and youngsters victims of any form of exploitation or abuse.

Article 35 establishes the following as measures of promotion of the rights and of protection: a) support before the parents; b) support before other relatives; c) entrustment to a reliable person; d) support to live independently; e) placement in a foster family; f) placement in an institution.

The support for the parents consists of providing the child/youngster social and psycho-pedagogical support and, when necessary, economic support. The support before other relatives is the same but coinciding with the placement of the child/youngster under the guardianship of a relative. In extreme cases, analysed case by case, the latter may last till the youngster comes of age (18 years).

The support to live independently consists of providing the youngster aged over 15 years economic, social and psycho-pedagogical support, mainly through the access to training programmes and aiming to provide him/her the skills for him/her to acquire progressively, life autonomy.

According to article 95 of Law 147/99, a judicial intervention takes place if the parents don't want to cooperate / don't want to receive support?

**What organisations/professions/volunteers are involved? What are their tasks? Who's accountability is the detection, reporting and stopping of child abuse and neglect?**

As already mentioned, there is a principle of subsidiarity. Thus intervention is the responsibility, successively, of the entities with competence regarding childhood and youth (first level), the CPCJs (second level) and, lastly, of the courts (third level). The entities of the first level are all those with privileged intervention in areas such as health, education, professional training, spare time occupation and others, aiming, in general, at the promotion of rights and the protection of all children and youngsters and, specifically, of children and youngsters at risk or in peril. These entities may be both private and public. The police is included in the ECMIJ. Additionally, as child abuse and domestic violence are crimes, the police is entitled to intervene.

According to article 46 of Law 147/99, foster carers (individuals or families) must be duly qualified and must provide integration in a family environment, the care adequate to the needs and wellbeing of the child/youngster and the necessary education, aiming at his/her comprehensive development.

**Are there any products of the main strategies and actions on the level of detection, reporting and stopping? Products are for example: reports, laws, institutional changes and/or new institutions, grants, education etc. Please describe the products in short.**

Order 965/2009, of the 25<sup>th</sup> August establishes the rules for the articulation between health units (hospitals and health centers) and the services of social security. Please note that health units, as well as the services of social security are included in the ECMIJ.

This order also establishes the instruments to be used, considering the context provided by Law 147/99, Dispatch 31292/2008 and Article 101D of the registry office's code that determines that, by the time of discharge, the health unit where birth took place must send information to the health centre of the area of residence. It must also communicate to the Institute of Social Security any signs of social risk that may be detected.

- 1) The teams of the units of the National Healthcare System (EMIJ that, after childbirth, detect any signs of social risk must communicate it immediately to the respective Support Unit to Children and Youngsters at Risk that will start the available means to an adequate treatment of the situation.
- 2) If necessary, the Support Units will mobilise the ECMIJs or, if that is not possible, the CPCJ so that, jointly, an adequate treatment of the situation becomes possible.
- 3) If an actual or imminent risk to the life or physical integrity of the child is detected, the Support Unit must contact immediately the CPCJ or the court.
- 4) The units of the National Healthcare System, as well as the Institute of Social Security must elaborate biannually a descriptive report with the number of situations detected and respective procedure, forwarding it to the Ministry of Health without any clinical or personal data allowing the identification of the child at risk or his/her family.

The last of these reports and its results (Direcção-Geral da Saúde (2011), Acção de Saúde para Crianças e Jovens em Risco – Comissão de acompanhamento. Relatório Final) are mentioned in chapter 2.

**Does your country have a reporting *code* or a reporting *duty* for citizens and professionals when they suspect or identify a case of child abuse or neglect? A reporting *code* is a set of rules of conduct and instruction. A reporting *duty* is the duty to report a suspect of identification of child abuse to the right organisation. How are these legal instruments implemented? What conclusions about implementation are to be drawn? And what are the consequences of the legal instruments in practice?**

According to article 64 of Law 147/99, the law enforcement authorities and the judicial authorities communicate to the CPCJ the situations of children/youngsters in peril they become aware of during the course of their activity. Besides that, judicial authorities should adopt the adequate civil tutelary measures.

Article 65 states that the ECMIJs communicate to the CPCJs the situations of children/youngsters in peril they become aware of during the course of their activity whenever they cannot, within the exclusive scope of their competence, assure the sufficient protection required by the circumstances of the case. Shelter homes must communicate the public prosecutor's office all situations of children/youngsters they take without a previous decision from the CPCJ or from the court.

According to article 66 any person becoming aware of a situation of children/youngsters in peril may communicate it to the ECMIJs, to law enforcement authorities, to the CPCJs or to judiciary authorities.

This communication is mandatory when the situation puts in risk the life, the physical or psychological integrity of the freedom of the child/youngster. Regarding this mandatory reporting for everyone, there is a code of administrative procedure and a signposting file for organisations. Regarding individual persons, no doubt the action of many will be calling the police.

Article 67 states that the CPCJs report to the social security organisms the cases where adoption is a possibility. Adoption is possible only through judicial sentence of the Family and Minors' Court. The CPCJ only reports

According to article 70, the ECMIJs and the CPCJs, when they become aware of situations of child abuse or negligence constituting crime, must report it to the public prosecutor's office or to law enforcement authorities not detrimental of the communications predicted in previous articles.

This reporting should indicate the measures taken for the protection of the child/youngster and should have attached all available and relevant elements for the assessment of the situation. It should be made after assuring that the intimacy of the child/youngster will not be harmed by such diligence.

Article 242 of the Penal Procedural Code states that denouncement of a CAN crime to the public prosecutor's office is mandatory to law enforcement and state employees.

The NACJR and NHACJR (i.e. health units) have a specific form to report. Some CPCJs developed a form that they share with law enforcement.

**Are there any research findings that show the results of the main strategies and actions on the level of detection, reporting and stopping? Indicators for results can for example be: the reach of the strategies, the implementation of the strategies and the results of the strategies for children, parents and professionals. The research should be done by universities or other scientific organisations. Please describe the research question, the method and the results of the research.**

Please see the results of "Direcção-Geral da Saúde (2011), Acção de Saúde para Crianças e Jovens em Risco – Comissão de acompanhamento. Relatório Final", mentioned in chapter 2.  
Inspeção-Geral da Saúde 2005

The evaluation report of the CPCJs – Torres, Anália (coord.), et. al. (2008) *Estudo de diagnóstico e avaliação das Comissões de Protecção de Crianças e Jovens*. CIES/ISCTE – resorting to case studies, as well as to interviews with the entities interacting with the CPCJs, identified three major problems in the activity of the CPCJs: problems regarding intervention, regarding resources and regarding the follow-up of cases.

Intervention comprises detection, summary proceedings, consent and diagnosis. The most frequent problems relate mainly to the distinction between risk and peril and to the decision regarding the most adequate proceeding to take. According to this report not every commission manages to distinguish when it is advisable to ask for consent and thus, within a defensive logic, do not act without obtaining it. This gives origin to inconsistencies namely regarding the request of consent to abusive parents.

Another type of problem regards the signalisation of cases even before being completely sure of the adequacy of the referral to the CPCJ. When in doubt and whenever a child seems to present some signs of abuse or negligence or even when missing classes, the case is referred to the CPCJ and it must not be forgotten that the subsidiarity of the system implies that referral should be made only after the possibilities of working with the child/youngster and the family, eventually in articulation with other ECMIJ are exhausted.

Regarding resources, one of the main problems has to do with the insufficient allocation of time the members assigned to the CPCJ have, as well as their rotation. These factors end up generating some instability in the functioning of the CPCJ. For most CPCJ it was consensual the need for the president to be present on a full-time basis.

The lack of human resources, along with the bureaucracy in proceedings, makes impracticable the quick implementation of measures and the systematic accompaniment of the children and youngsters and their families. Additionally, it is felt the absence of social resources managing to respond the most urgent situations.

Another need regards the standardisation of procedures and the establishment of channels of communication between the different entities involved in accompaniment so that the overlapping of interventions and consequent waste of resources may be avoided.

### **What are 'good practices' from your country concerning the detection, reporting and stopping of child abuse and neglect?**

The CPCJs, considering their territorial implantation and the effort to create multidisciplinary teams, involving elements from different entities and sectors may be considered as good practice.

The Instituto de Apoio à Criança (Institute for the Support to the Child) runs, since 1988, the phone line SOS-Criança. This is an anonymous and confidential service for the support of children/youngsters in Portugal. The abused child is one of the target-groups. It also aims at preventing the situations before they happen. Besides children and youngsters themselves (up to the age of 18), it aims also at supporting their families and the professionals of the field, as well as "all concerned citizens".

Besides the original phone line, currently it is also running an e-mail address and personalized service in the social, juridical and psychological fields. The team is composed by psychologists, social workers, pedagogues and jurists.



## What are problems in your country concerning the detection, reporting and stopping of child abuse and neglect?

Please see section on research findings, above.

The system of detection, reporting and stopping of child abuse and neglect is object of criticism, namely of its underestimation. This even leads to the consideration that “the absence of a national systematic approach to surveillance, management and prevention of CAN make it impossible to accurately assess the prevalence and incidence of various categories of CAN in Portugal (...) [and that] the most important problem is that the available data represent only the top of the iceberg in Portugal since case identification, referral for intervention and/or denouncement of suspect cases are all far from optimal” (Magalhães et al, 2011).

According to the same authors, given the absence of structured management system “even if in most cases there may be a strong professional commitment and willingness to protect the child, interventions remain mostly isolated, far from being effective and efficient”, leading to “varied management of individual cases, absence of victim’s protection in a timely manner and in a child friendly setting; and absence of correct procedures to promote criminal investigation and justice”.

Still according to the same authors, “frequently, suspected CAN is not referred and/or denounced even if the case is identified by a mandatory reporter in the course of their professional duty. Each professional intervenes with the case according to their personal experience, personal and/or institutional interpretation of the law (which may vary from institution to institution determined by the objective of intervention of that same institution). The reasons behind the lack of routine referral and/or denouncement of such cases when circumstances indicate to do so may be listed as follows:

(1) professional unawareness of the importance of referral/denouncement to initiate/assure child protection, if needed, and eventually criminal investigation; (2) professional unawareness of the legal obligation to do so; (3) lack of professional knowledge, experience, and interpretation of the goal of referral and/or denouncement due to lack of structured protocols; (4) perceived issues of confidentiality, especially by health care professionals, mostly misinterpreted and used as an excuse to not refer and/or denounce cases; (5) misunderstanding the distinction between protective intervention (civil intervention) and criminal litigation; (6) cultural perspectives leading to denial of certain abuse categories (e.g., “sexual abuse is not a problem in Portugal”), to a lack of recognition of certain practices as abuse (e.g., viewing corporal punishment as an appropriate child discipline method), or to a perception that the intervention is an invasion of the family unit; (7) the fear of getting involved with the justice system even as a witness; (8) professionals’ reluctance in accepting their responsibility in reporting and/or denouncing suspected cases due to the misinterpretation of their role (not being inherent to their professional scope of work as teaching and health care are).

## 4. Treatment services

Placement in a foster family may be of short or long duration. Short-time placement takes place when it is predictable the return of the child/youngster to his/her family within six months. In extreme cases, analysed case by case, it may last till the youngster comes of age (18 years).

Placement in an institution may also be of short or long duration. Short-time placement takes place in temporary shelters or emergency shelters. These placements result from the application of provisional measures, used in cases of emergency and have a maximum duration of six months.

This duration may however be exceeded when, by justified reasons, the return to the family is predictable or while a diagnosis of the situation and respective referral are being developed. The court pronounces a provisional decision within 48 hours after the request of the public prosecutor's office.

Long-time placement takes place in children's homes and it is activated when the specific circumstances of the case advise for a staying longer than six months. In order to welcome such cases, the home must have a duly dimensioned and prepared technical team. It is up to this team to make the diagnosis of the child/youngster and to define and execute his/her project of promotion and protection. It must be a multidisciplinary team, with psychologists, social workers and educators and counting with the collaboration of professionals from the fields of medicine, nursing, law and social animation. Please note that in extreme cases, analysed case by case, it may last till the youngster comes of age (18 years).

According to article 53, shelter homes must work in open regime (free entrance and exit of the child/youngster according to the rules of functioning) and are organised in units favouring an affective relationship similar to family context, with personalised daily lives and integration in the community. The parents, legal representative or legal guardian may visit the child/youngster according to the rules of functioning, unless there is a contrary judicial decision.

Please see also the information on the Network of Units of Support to Children and Youngsters at Risk in chapter 2.

Treatment services for perpetrators have a strong focus on domestic violence. The programme "Contigo", for the rehabilitation of aggressors, was created in 2008, in the Autonomous Region of the Azores, under the Court of Ponta Delgada and involving the Regional Directorate for Equal Opportunities, the Regional Delegation of Social Reintegration, the Public Prosecutor's Office, the Police and the Institute for Social Action.

Following this experience, the General Directorate of Social Reintegration and the Commission for Gender Equality established a partnership for the creation of an experimental programme to be applied in the NUT II region "Norte" plus three judicial districts of the "Centro" region.

This "Program for Aggressors of Domestic Violence" aims at "promoting the consciousness and the assumption of the responsibility for violent behaviour and the usage of alternative strategies to it, aiming at the decrease of recidivism.

The target-group is composed by male individuals whose processes are running in court; living within the area of intervention of the program; without serious psychiatric illness or cognitive deficits; with the pre-stabilisation of any addictive behaviour and/or mental health problems; and conditioned to an evaluation of risk and responsiveness to the programme.

Following resolution 100/2010 of the Cabinet Council, the Fourth National Plan against Domestic Violence (2011-2013), based on national policies and in articulation with the international orientations, to which the country is bound, predicts the implementation of 50 measures within the five strategic areas of intervention it foresees. The third of such areas is the prevention of recidivism / intervention with aggressors.

This area of intervention, considered to be innovative, has the strategic objectives of: a) preventing the risk of recidivism; b) disseminating the new methodologies of penal control (e.g. electronic tag); c) reducing and changing the abusive behaviour of aggressors; d) guaranteeing the safety of the victims, alongside with the assumption of responsibility from the aggressor; e) promoting the efficacy of the juridical and penal mechanisms. At the same time it foresees the possibility of judges ordering psychological treatment programs for the offenders.

It integrates six measures: 1) the implementation of intervention programmes for the perpetrators of domestic violence; 2) the widening, to the whole country, of the PAVD – Programme for Aggressors of Domestic Violence; 3) the promotion of intervention partnerships with health services for the referral of aggressors with mental or organic illness or with signs of alcohol or other substance abuse; 4) the conception, edition and dissemination of materials for technical staff working with aggressors; 5) the development of intervention programmes for young aggressors that value the acquisition of new perspectives of masculinity and femininity; 6) the widening to the whole country of the usage of electronic surveillance.

The entities to involve are, according to each measure: Measure 1) The presidency of the Cabinet Council (PCM), the Secretary of State of Equality (GSEI), the Commission for Citizenship and Gender Equality (CIG), the Ministry of Justice (MJ), the Director-Generalship of Prison Services (DGSP) and the Director-Generalship of Social Reintegration (DGRS); 2) PCM/GSEI/CIG; MJ/DGRS; 3) PCM/GSEI/CIG; Ministry of Health (MS)/Institute of Drugs and Addictions (IDT); Ministry of Labour and Social Security (MTSS)/Institute of Social Security (ISS); NGOs; 4) PCM/GSEI/CIG; MJ; Ministry of Interior (MAI); MTSS/ISS; MS/Regional Health Directorates (ARS); universities; NGOs; 5) PCM/GSEI/CIG; Ministry of Education (ME)/Director-Generalship of Innovation and Curricular Development; NGOs; 6) PCM/GSEI/CIG; MJ/DGRS. The programme does mention who are the involved professionals in practice.

Domestic violence is also very much an issue regarding victims. Mention to victims in the programme of the XVIII Government (ending in June 2011) is made regarding domestic violence. Regarding children and youngsters, the focus is on the modernisation of the system of protection, betting on the qualification of the CPCJs. The entities providing support to children have programmes of psychological support and/or training but these do not fall under the scope of governmental policy. These support and/or training programmes are developed individually by the organisations.

**Are there any research findings that show the results of the main strategies and actions on the level of treatment? Indicators for results can for example be: the reach of the strategies, the implementation of the strategies and the results of the strategies for children, parents and professionals. The research should be done by universities or other scientific organisations. Please describe the research question, the method and the results of the research.**

28

An evaluation of the PAVD by a team of the UNIPSA/CESPU is expected in December 2011. According to a preliminary document the evaluation will monitor the changes in the social and personal situation of each of the elements of the target-group through the comparison between the following moments of observation: T1 – beginning of the PAVD; T2 – beginning of the psycho-educational component of the PAVD; T3 – end of the psycho-educational component of the PAVD; T4 – end of the PAVD; T5 – Follow-up after 1 year; T6 – Follow-up after 2 years. Three protocols will be implemented within the quasi-experimental plan – level 3 of the Maryland scientific methods scale.

**What are 'good practices' from your country concerning the treatment services for victims and perpetrators of child abuse and neglect?**

From 2008, the Calouste Gulbenkian Foundation has been supporting eight pilot-projects in the field of parental training through the "Children and Youngsters at Risk" Programme. The programme "emerged from the need to intervene precociously with children at risk, promoting parental skills among the closer kin, in order to avoid institutionalisation". Some of these projects have a focus on treatment in the sense that the target-group is composed by children/families signalled at the CPCJ or even children/families where placement in a shelter home is already in place.

Project Nova Mente (New Mind) works with families of children and youngsters being accompanied in the CPCJ of Amadora with the objective of "keeping about 100 children integrated in their respective families". Project Espaço da Família (Space of the Family) aims at "developing parental skills in parents of abused or neglected children and youngsters signalled in the CPCJ". Project SAFER – Serviço de Apoio à Família em Risco (Support Service to the Family at Risk) follows "cases signalled by local institutions, mainly schools, health centres and parish social centres. The training for families of institutionalised children aims at creating the necessary conditions for the return of the minors to their families".

There are organisations providing continuing services both to victims and perpetrators of child abuse and neglect. The Cabinet for Studies and Service to Aggressors and Victims (GEAV), of the Faculty of Psychology and Sciences of Education of the University of Porto (FPCEUP) provides psychological and psychosocial intervention for victims, both for adults and children. It also provides the same type of intervention for perpetrators. This is directed mainly to aggressors within the scope of domestic violence, abusing parents and sexual aggressors.

The Consultation Unit in Psychology of Justice of the University of Minho (UCPJUM) focuses also on the intervention with victims and aggressors, both with children and adults. Victims are usually referred. Aggressors are usually compelled to go by Court order.

The psychological consultations of the SAAP of the Universidade Lusófona de Humanidades e Tecnologias focus on conjugal aggressors of both sexes and of any age. The access to this service may be from the aggressors' own initiative or through a referral process of private or public entities.

Dispatch 8393/2007, of the 10<sup>th</sup> May, establishes the Plan "DOM" – Desafios, Oportunidades e Mudanças (Challenges, Opportunities and Changes). This plan has the main aim of implementing measures that qualify the network of homes for children and youngsters. Two central dimensions are predicted: 1) foreseeing the presence of the child/youngster in the home as transitory; 2) foreseeing a family environment at the homes, guaranteeing individualized care, promoting inclusion in the community, defining the organization and functioning of the institution and providing adequate human resources.

The Plan predicts two measures: 1) providing those homes without a technical team with human resources or reinforcing the technical staff of the homes where, regarding the number of children/youngsters, that is insufficient; 2) developing training for the directors and for the technical and educational teams of the organisations, providing these teams with plans of supervision and/or elaborating/reformulating technical tools of support to the intervention.

### **What are problems in your country concerning the treatment services for victims and perpetrators of child abuse and neglect?**

Treatment for perpetrators is very orientated for domestic violence and not specifically for child abuse and neglect. On the other hand, however, social work developed with children and youngsters, being aimed at the victims and not to the perpetrators, to a certain extent withdraw the latter from the equation. Thus, for instance, an abused child may be removed from the parental home and sent to a shelter or home while the aggressor remains at home. These victims are supervised by the staff, for instance, in psychological terms.

## 5. Integrating services

The CPCJs are perhaps the best example of an integrated service. The Commissions may run in an enlarged mode or in a restricted mode. The enlarged mode is composed by a representative of: a) the municipality; b) the services of Social Security, preferably someone trained in Social Work, Psychology or Law; c) the Ministry of Education, preferably a teacher with special interest and knowledge in the field of children and youngsters in peril; d) the Health services, represented by a doctor; e) the private entities of social solidarity (IPSS) or other NGOs that develop, within the territorial area the CPCJ is responsible for, for non-institutionalized children/youngsters; f) the private entities of social solidarity (IPSS) or other NGOs that develop, within the territorial area the CPCJ is responsible for, activities for institutionalized children/youngsters; g) the existent parents' associations within the territorial area the CPCJ is responsible for; h) the associations or other private organisations developing, within the territorial area the CPCJ is responsible for, sportive, cultural or recreational activities for children/youngsters; i) the youth associations existing within the territorial area the CPCJ is responsible for, or from the youth services; j) from the law enforcement force GNR (National Republican Guard) if existent within the territorial area the CPCJ is responsible for; k) from the law enforcement force PSP (Public Security Police) if existent within the territorial area the CPCJ is responsible for. It will also be composed by four electors designated by the Municipal Assembly (or by the Assembleia de Freguesia, when the municipality, by its dimension, has more than one CPCJ), preferably with special knowledge or capacity to intervene in the field of children and youngsters in peril and by the technical staff co-opted by the CPCJ, namely those with an education in Social Work, Psychology, Law and Health or citizens with a special interest for the problematic of childhood and youth.

As predicted in article 18 of Law 147/99, the enlarged commission has the competence of cooperating with other competent entities regarding the: a) detection of facts and situations that, within the territorial area of competence, affect the rights and interests of the child/youngster, put the child/youngster's safety, health, education or training in peril, or demonstrate to be unfavourable to their social integration and development; b) identification of needs and the identification and mobilisation of the resources necessary for the promotion of rights, wellbeing and comprehensive development of the child/youngster; c) elaboration of innovative projects within the domain of basic prevention of risk factors and the support to children and youngsters in peril; d) establishment and functioning of a foster network for children and youngsters, as well as the formulation of other adequate social answers.

The enlarged commission meets at least once every two months.

The restrict mode of the commission meets at least every two weeks. It meets when called by the President or whenever an emergency situation comes up. The restrict mode of the Commission is composed by an odd number, never lower than five, of members of the enlarged mode. The president of the CPCJ and the representative(s) of the municipality are, by inherence, member of the restricted commission. The remaining members are designated by the enlarged commission. At least one of the members should come from the representatives of the IPSSs or NGOs.

The members should be chosen in order to guarantee the interdisciplinary and inter-institutional composition of the commission including, whenever possible, persons with education in the fields of Social Work, Psychology, Law, Education, and Health.

Whenever not possible to guarantee the composition mentioned above, the designation of such members must be made by co-optation, namely among the technical staff co-opted by the enlarged commission of the CPCJ.

Additionally, please see reporting procedures mentioned in chapters 1 and 3.

The programme Rede Social is a wider programme, aiming for the whole society to hold responsibility and to mobilise for the effort of eradication of poverty and social exclusion and to promote social development. Within such objective, the issue of child abuse and neglect is also present. Rede Social aims to promote new ways of joining efforts and defining priorities, with the participation of public and private entities intervening in the same territorial context. The core instrument of Rede Social is the Social Development Plan, where the plan for the social development of the municipality must be designed, with the involvement of all actors and with decision being assumed as a collective compromise.

➤ **Is there in your country legislation for confidentiality and data protection? What does it mean in practice?**

Law 67/1998, of the 26<sup>th</sup> October, is the Law on the Protection of Personal Data. It transposes Directive 95/46/CE, of the European Parliament and Council, of the 44<sup>th</sup> October 1995, to Portuguese Law.

Article 8 refers that the creation and maintenance of central records regarding suspects of illicit activities, offence or penal offence and decisions applying penalties, safety measures, fines and accessory sanctions can only be kept by the public services with specific competence predicted in the respective law of organisation and functioning, observing the procedural and data protection norms and with a previous report from the National Commission for Data Protection (CNPD).

Treatment of such data may be authorised by the CNPD when that is necessary for the work of the responsible for the data, as long as the rights, freedoms and guarantees of the holder do not prevail.

The treatment of personal data for police work must be limited to the necessary for the prevention of a concrete peril or repression of a certain infraction, for the exercise of the competences predicted in the respective organic status or in another legal precept or within the terms of an international agreement or convention Portugal is bound to.

Article 9 states that the interconnection of personal data not previewed through legal precept must be authorised by the CNPD. The interconnection of personal data must be adequate to the continuation of legal or statutory purposes or of the legitimate interest of the responsible for the data. It also cannot imply discrimination or decrease of the rights, freedoms and guarantees of the holder of the data and be surrounded of the adequate security measures. There is a right for the holder of the data to accede it and to oppose its handling and transmission to third parties.

Additionally, the deontological codes of psychologists, doctors and nurses, for instance, establish that these professionals are obliged to keep the privacy and confidentiality about their patients.

- **Are there any products of the initiatives developed to overcome boundaries and encourage communication? Products are for example: supportive instruments being used, like Sign-posting systems and/or digital protocols. Please describe the products in short.**

Please see sign-posting procedures mentioned above.

- Are there any research findings that show the results of the initiatives developed to overcome boundaries and encourage communication? Indicators for results can for example be: the reach of the initiatives, the implementation of the initiatives and the results of the initiatives for children, parents and professionals. The research should be done by universities or other scientific organisations. Please describe the research question, the method and the results of the research.

According to the Annual Report of Evaluation of the Activity of the CPCJ's of 2009, undertaken by the CNCPJ, the CPCJs state, as positive factors, the interdisciplinary intervention/working in partnership, the multi-disciplinary work/complementary of know-hows within the CPCJ. Additionally, as good practice resulting from the intervention of the CPCJs, 31.1% of the CPCJs identify the articulation with other services of the community.

Please note that at the present, almost every municipality has a CPCJ. Some major cities such as Lisbon have more than one CPCJ, each responsible for a part of the city. In Portugal there are 308 municipalities and 300 CPCJ.

- **What are 'good practices' from your country concerning the integrating of services?**

It was not possible to identify nationwide good practices.

The methodology AI – Atendimento Integrado (Integrated Services) is being implemented e.g. in the municipalities of Amadora and Matosinhos. It intends to be a new way of conceiving, organising and managing already existing resources, implying a profitability of resources and a strong coordination between the different entities. A multidimensional approach is a guiding principle of intervention within the AI.



There is the assumption, from every participating service/organisation, of the capacity to observe the problems as a whole and thus to approach a global intervention. This approach is facilitated by the establishment of a case manager, chosen from the identification of the main problematic of the case and through shared diagnosis. One of the decisions resulting from the AI was to adopt one sole tool for the registering of information, diagnosis and planning of the intervention. This tool is the “Ficha de Processo Familiar” (Family Process File) and its database, located in the Social Security Services, has the identification of all cases and the respective case manager and must be consulted before any opening of a new case.

➤ **What are problems in your country concerning the integrating of services?**

Experience within the field demonstrates the existence of some problems regarding the relationship between entities. Different approaches and the dispute for resources are perhaps on top of challenges, along with the stressed lack of human resources to attend effectively all solicitations.

As mentioned above, there is the need to standardise procedures and to establish channels of communication between the different entities involved in accompaniment so that the overlapping of interventions and consequent waste of resources may be avoided.

The main problems identified for the implementation of the AI regard: a) some resistance to change and to the incorporation of a different comprehension of social problems, intervention and social integration; b) the fact that Social Security is, itself, managing a wide set of social answers; c) the change in the political orientation of organisations; d) the duplication of recording files; e) the difficulty to apply the criteria of identification of the key-problem aiming at the definition of a case manager.

According to previously mentioned authors (Magalhães et al, 2011) “currently, there is no interdisciplinary, designated, and unique task force that, on its own, can be responsible for receiving, screening, and triaging all suspected cases of CAN in the proper direction, in order to address diagnostic, forensic, protective, criminal, therapeutic, and preventive aspects of CAN through an organized and structured model”.

## 6. Education and training of professionals

According to article 12 of Law 147/97, of the 11<sup>th</sup> June, the activities of each room of preschool education should be developed by a nursery school teacher “with the legally predicted qualifications for the job”. In addition, according to Law 139A/90, of the 28th April they also need a justice check of good conduct. Article 13 of Law 147/97 states that every preschool establishment should be coordinated by a pedagogical director, “mandatorily a nursery school teacher or an education professional duly recognised by the Ministry of Education”.

Regarding the auxiliary staff, no educational requirements are mentioned. Normative Dispatch 99/1989, of the 27<sup>th</sup> October, mentions that the auxiliary staff “should be conveniently selected and prepared to assure the children the necessary care” and that the establishments “must provide the access of the technical and the auxiliary staff to training organised by the entities in charge”. Technical staff is used to broadly describe the qualified staff such as psychologists, social workers, etc.

Decree 160/99/M, of the 24<sup>th</sup> May, establishes similar conditions for the staff working in childhood and youth homes. One difference is that the director must have either a pedagogical or a social background. Another difference is that the home must also have an auxiliary per 10 to 15 users from the age of 3 onwards, with “medium-level training and specific training in the field of childhood and youth”. Till the age of 3, the ratio will be one auxiliary per 5 to 7 users.

Regarding teachers, the only requirement regards the adequate qualifications for the respective subject and schooling level. However, Article 13 of Decree 83-A/2009 establishes that the skills profile may be evaluated through curricular assessment or professional interview. The latter aims at “evaluating objectively and systematically the professional experience and the behavioural aspects evidenced, and their adequacy to the job”.

- **Is prevention, detection, reporting and treatment of child abuse and neglect part of the initial education for professionals? What is the content of the education and for what professionals?**

The Centre of Judiciary Studies (CEJ) has the mission of training judges. Child abuse and negligence is part of such training, both in terms of initial training and professional development.

The university ISCTE-IUL develops a master degree in Communitarian Psychology and Protection of Minors. It aims at providing the acquisition of knowledge and skills in the areas of evaluation, planning and intervention with people in situations of risk and vulnerability. It intends to provide second cycle studies to first cycle graduates not only in Psychology but also from other areas such as Sociology, Social Work, Pedagogy, Nursing, Law, etc. working in this professional area that want to “bridge the gaps of their initial education regarding evaluation and psycho-social intervention in this field”.

Compulsory subjects of the course are: definition, signalling and evaluation of abused or neglected children; communitarian psychology; social intervention programmes; evaluation and intervention with children at risk; evaluation and intervention with families at risk; adoption, foster and residential care and child development. Please note family preservation programs are also part of the course under the name “Evaluation and intervention with families at risk”. The same university develops postgraduate studies in Communitarian Intervention and Protection of Minors with similar objectives and compulsory subjects.

Another example is the University of Minho; it provides different degrees in the field of childhood, also in articulation with the Institute for Studies of the Child (literal translation) where research is produced also regarding CAN.

- **Are there in your country action plans developed to improve the knowledge and skills of professionals concerning preventing, detecting, reporting, stopping and treating child abuse and neglect during their career? What plans and for whom? Does it concern regional/national plans? Is it on an ad hoc basis or for a longer period of time?**

Resolution of the Parliament 20/2001, of the 15<sup>th</sup> February, regarding the reinforcement of the measures to support the CPCJ, urged the Government to define a training plan for the interdisciplinary teams, oriented to the support and accompaniment of children, youngsters and their families.

One of the primordial objectives of the CNPCJR is to provide adequate information and training in the field of the promotion of the rights and protection of the children and youngsters in peril to the CPCJs.

Following resolution 100/2010 of the Cabinet Council, the Fourth National Plan against Domestic Violence (2011-2013), based on national policies and in articulation with the international orientations, to which the country is bound, predicts the implementation of 50 measures within the five strategic areas of intervention it foresees. The fourth of such areas is the qualification of professionals, centred on the technical and personal qualification of the professionals working with victims and perpetrators of domestic violence.

Its strategic objectives are: a) to capacitate and qualify the professionals intervening in the area; b) to promote the integration of the subject of domestic violence and gender violence in the curricula of education and training related to the intervention in this area; c) to create or update the disciplinary modules on domestic violence and gender violence in the curricula, mainly in those of the social sciences, of the criminal sciences and of health.

This area includes eight measures: 1) the qualification of the professionals intervening in the field of domestic violence, namely judges, elements of the criminal police, health professionals, education professionals and journalists; 2) the promotion of discussion forums of good practice of intervention within victims and aggressors; 3) the training of professionals in models of group intervention and dissemination of materials; 4) the creation of a site for the forces of law enforcement with information and tools for the prevention of and intervention in cases of domestic violence;

5) the promotion of training sessions habilitating for the task of supporting the victim; 6) the updating of the national Resources Guide for the field of domestic violence; 7) the promotion of specific training on intervention with particularly vulnerable victims; 8) the establishment of partnerships with universities regarding training on domestic and gender violence.

- **Are there any products on education and training? Products are for example: laws, training programmes, institutional changes and/or new institutions. Please describe the products in short.**

Dispatch 8393/2007, of the 10<sup>th</sup> May, establishes the Plan “DOM” – Desafios, Oportunidades e Mudanças (Challenges, Opportunities and Changes). This plan has the main aim of implementing measures that qualify the network of homes for children and youngsters. Two central dimensions are predicted: 1) considering the presence of the child/youngster in the home as transitory; 2) aiming for a family environment at the homes, guaranteeing individualized care, promoting inclusion in the community, defining the organization and functioning of the institution and providing adequate human resources.

The Plan predicts two measures: 1) providing those homes without a technical team with human resources or reinforcing the technical staff of the homes where, regarding the number of children/youngsters, that is insufficient; 2) developing training for the directors and for the technical and educational teams of the organisations, providing these teams with plans of supervision and/or elaborating/reformulating technical tools of support to the intervention.

- **Are there any research findings that show the results of the education and training? Indicators for results can for example be: the reach of the education and training, the implementation of the education and training and the results of the education and training for children, parents and professionals. The research should be done by universities or other scientific organisations. Please describe the research question, the method and the results of the research.**

According to the Annual Evaluation Report of the Activity of the CPCJs 2009, the specific training to the staff of the CPCJs promoted by the CNPCJR between 2006 and 2008 contributed: 1) to the sensitisation of the members of the CPCJs, in its Enlarged Version, for the problematic of the minors at risk/in peril and for the valuing of the work developed by the Restricted Version; 2) to improvements on the service to families, on the interpretation of the regulating Law, on the meaning of the summary diligences, on the need for the request of consent, on the organisation of the daily work of the Commission and on the standardising of procedures; 3) for a good part of the members to gain a sense of security and know-how.

709 members of the CPCJs participated in the training sessions. 20.3% considered the quality to be very good, 54.7% good, 16.2% sufficient and 8.8% insufficient.

- **What are 'good practices' from your country concerning the education and training of professionals?**

It was not possible to identify good practices regarding this subject.

- **What are problems in your country concerning the education and training of professionals?**

According to the Annual Evaluation Report of the Activity of the CPCJs 2009, developed by the CNPCJR, 56% of the CPCJs stated the need for more training sessions. The most important subjects to deal with in the trainings would be parental education (mentioned by 66% of the CPCJs), work methodologies (47%), legal frameworks (39%), strategic planning/objectives' definition (35%), social answers (29%), organisation/functioning of the CPCJ (22%), administrative support – organisation, ICT (13%) and specific training on the registry tool “file of the family process” (13%).

The evaluation report of the CPCJs – Torres, Anália (coord.), et. al. (2008) *Estudo de diagnóstico e avaliação das Comissões de Protecção de Crianças e Jovens* (Study of diagnosis and evaluation of the Commissions of Protection of Children and Youngsters). carried out by an external entity called CIES/ISCTE – refers that the training sessions were considered to be too short. Its proposed duration would be two weeks, instead of four days.

Additionally, it was considered that they should have had the room for discussion of practical cases and that, even after the sessions, training needs still persisted in areas such as: a) legislation, interpretation of Law and juridical norms; b) relational dynamics, in order to improve the quality of interaction with children and their families; c) organization and functioning of the CPCJs, eventually through the elaboration of a guide with examples of good practice; d) ways of acting in serious situations.

The same report refers the proposal for training to be developed by specialists of areas such as justice, medicine, psychology, sociology and social work and by Presidents of CPCJ with large experience on the field that would assure training to all the CPCJs.

Since there is a time-span between the moment a new member joins the CPCJ and the moment the next training developed by the CNPCJR takes place, it is recommended the implementation of a methodology of self-training. This could be operationalized through making available to every new member a training kit containing a manual, a DVD and other relevant materials. It was also considered useful to be able to count with specialists from the different fields that would be available to enlighten any doubts these new members would have during self-training.

## Summary

### *Chapter 1: Definition, policy and child welfare system*

The rights of children and youngsters are consecrated on the Constitution of the Portuguese Republic. Regarding child abuse and neglect, Law 147/99 of the 1st September is the most important instrument, regulating the protection of children and youngsters in peril. It defines child abuse as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Thus, it is a definition that comes in line with the commonly used definitions used by the World Health Organisation.

Social policy regarding childhood envisages strategies at the national level. There is a National Commission for the Protection of Children and Youngsters at Risk (CNPCJR). This entity must accompany, support and evaluate the Commissions for the Protection of Children and Youngsters at Risk (CPCJ), which are organised at the municipality level (concelho), in connection with the Programme "Rede Social" and the respective Social Development Plan of the municipality. There are 300 CPCJs, covering almost every municipality in the country.

The CPCJs are non-judiciary official institutions with functional autonomy which aim at promoting the rights of children and youngsters and preventing or ending all situations that may affect their security, health, education and comprehensive development, exercising their activity within the municipality where they are based.

The system is mostly dualistic in the sense that entities intervene in situations of peril, according to the specific law on the subject. The primary principle of the system is subsidiarity, as established in Law 147/99. Intervention is, firstly, of the responsibility of the entities with competence regarding childhood and youth (ECMIJ), namely the sectors of Health, Education, Social Security, Justice, Security Forces, Municipalities, Private Institutions of Social Solidarity and NGOs. After the ECMIJ the responsibility lies in the CPCJs and, lastly, in the courts.

### *Chapter 2 - Universal and preventive services*

There are universal and selective services for the prevention of child abuse and neglect. Universal services include public networks of healthcare and education along with programmes such as "Nascer cidadão". Selective prevention includes a range of projects such as "Ser criança" and "Escolhas".

The entities competent in terms of childhood and youth (ECMIJ) are clearly involved in the prevention of abuse and neglect. Kindergartens and schools are very important at this level and health services have recently begun to assume a relevant role that led to the creation of the "Health Action for Children and Youngsters at Risk" and the issuing of the manual "Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention".

Considering that prevention aims at intervention before the danger, the numbers of cases, both registered and suspected, must be interpreted, to a certain extent, as indicative of problems in prevention. Although the principle of early intervention is assumed by Law, some authors consider that its application remains fairly in deficit.

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

Any person becoming aware of a situation of children/youngsters in peril may communicate it to the ECMIJs, to law enforcement authorities, to the CPCJs or to judiciary authorities. This communication is even mandatory when the situation puts in risk the life, the physical or psychological integrity or the freedom of the child/youngster. The denouncement of a CAN crime to the public prosecutor's office is mandatory to law enforcement and state employees.

The Law on the Protection of Children and Youngsters in Peril – Law 147/99 of the 1st September – is the central/orienting instrument regarding the protection of children and youngsters in peril. Within this regard, there is a principle of subsidiarity.

As such, intervention is the responsibility, successively, of the entities with competence regarding childhood and youth (first level), the CPCJs (second level) and, lastly, of the courts (third level).

The system of detection, reporting and stopping of child abuse and neglect is object of criticism. It is considered as underestimating the problem, thus representing only the top of the iceberg. Evaluation identified three major problems in the activity of the CPCJs: problems regarding intervention, regarding resources and regarding the follow-up of cases. The most frequent problems within intervention relate mainly to the distinction between risk and peril and to the decision regarding the most adequate proceeding to take.

Regarding resources, one of the main problems has to do with the insufficient allocation of time of the members assigned to the CPCJs, as well as their rotation, generating some instability in the functioning. The lack of human resources, along with the bureaucracy in proceedings, makes impracticable the quick implementation of measures and the systematic accompaniment of the children and youngsters and their families.

Additionally, it is felt the absence of social resources managing to respond the most urgent situations and the need to standardise procedures and to establish channels of communication between the different entities involved in accompaniment so that the overlapping of interventions and consequent waste of resources may be avoided.

#### *Chapter 4: Treatment services*

An abused/neglected child may be placed in a children's' home or foster family, where support from specialised professionals may be provided. Projects addressing parental training have been developed aiming at the promotion of parenting skills and avoiding institutionalisation whenever possible.

Nonetheless, treatment services are still very much oriented towards domestic violence. Mention to victims in the programme of the XVIII Government (ending in June 2011) is made regarding domestic violence while, for children and youngsters, the focus is on the modernisation of the system of protection, betting on the qualification of the CPCJs.

#### *Chapter 5: Integrating services*

The CPCJs are perhaps the best example of an integrated service, especially when working in close connection with the wider programme Rede Social. Moreover, evaluation has identified the interdisciplinary intervention/working in partnership and the multi-disciplinary work/complementary of know-how within the CPCJ as positive factors.

However, experience within the field demonstrates the existence of some problems regarding the relationship between entities. Different approaches and the dispute for resources are perhaps on top of challenges, along with the lack of human resources to attend effectively all solicitations.

Independently of this, most professionals of the field have deontological codes addressing confidentiality and data protection. There is also a Law on the Protection of Personal Data, limiting its treatment for effects of police work.

#### *Chapter 6: Education and training of professionals*

The training plan for the interdisciplinary teams of the CPCJs, oriented to the support and accompaniment of children, youngsters and their families and integrated in the primordial objectives of the CNPCJR is to provide adequate information and training in the field of the promotion of the rights and protection of the children and youngsters in peril to the CPCJs. This training was positively evaluated though there is the felt need for more sessions.

The Fourth National Plan against Domestic Violence (2011-2013) also foresees the qualification of professionals, centred on the technical and personal qualification of the professionals working with victims and perpetrators of domestic violence.

Such training is probably also important as, at the university level, and at least in some cases, second cycle studies have the clearly stated intention of giving the possibility for first cycle graduates to "bridge the gaps of their initial education regarding evaluation and psycho-social intervention in this field".