

***Combating child abuse and neglect in Germany, Hungary, Portugal, Sweden and The Netherlands***

Final Report of Work Stream 1:  
Collecting and Comparing Strategies,  
Actions and Practice

Daphne project 'Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research'



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# Introduction

## Background

### *The Daphne project*

The Netherlands Youth Institute in co-operation with 4 partner country organisations in Germany, Hungary, Portugal and Sweden has been granted a two-year project (2011 – 2012) within the framework of the Daphne III programme ‘preventing and combating violence against children, young people and women and to protect victims and groups at risk’. The project is called ‘Prevent and Combat Child Abuse: What works? An overview of regional approaches, exchange and research’. It aims to generate relevant knowledge on current strategies for the prevention of child abuse and neglect in Europe. It focuses on interventions and strategies that are targeted at the prevention and treatment of child abuse in the five participating European countries. The project also has a research strand with the experiences of parents regarding programmes. The final output of the project is a manual with data about what works in the prevention and the treatment of child abuse.

The project is coordinated by the Netherlands Youth Institute and carried out in collaboration with the Swedish Orebro regional council, the Hungarian Family child Youth Association, the German Youth Institute, CESIS from Portugal and the Verweij-Jonker Institute from The Netherlands.

### *Work stream 1*

This report is the final product of work stream 1 of this Daphne project called ‘Collecting and Comparing Strategies, Actions and Practice’. In this work stream, the focus was on collecting information and research in all the participating countries on the policy and practice regarding the full circle of combating child abuse, ranging from prevention to treatment. All five countries collected their own data and made a résumé and analysis on basis of national data. Next, they wrote a national report on strategies, measurements and management of tackling child abuse and neglect in the full circle, from prevention to treatment (the continuum of care). They did so by means of a questionnaire called ‘The description of the résumé and analysis of the national information and research’ that was developed especially for this Daphne project by the Netherlands Youth Institute (see Appendix 1). On the basis of the reports received from the partners and their presentation about these reports, the Netherlands Youth Institute wrote this overview report.

### *Set-up of this report*

The overview report outlines the policy and practice regarding the full circle of combating child abuse, ranging from prevention to treatment in these five countries. The first chapter of this overview report outlines international obligations and the international context regarding child abuse and neglect. The second chapter describes the child welfare system of Germany, Hungary, Portugal, Sweden and The Netherlands. Chapter three addresses the measurement and management of tackling child abuse and neglect in these five countries. This chapter addresses several topics: definitions; attitudes; research; legislation and national strategies regarding child abuse and neglect.

Chapter four, five and six describe the continuum of care regarding child abuse and neglect, consisting of universal and preventive services (chapter 4), detecting, reporting and stopping child abuse and neglect (chapter 5) and care services (chapter 6). These three chapters as well as chapter 8 (that addresses the education and training of professionals) have a similar set-up. All these chapters contain the following sections: introduction; governmental strategies and actions; products and their results; good practices; bottlenecks; conclusions. In contrast, chapter 7 deals with the integration of services.

The final chapter of this report summarizes the main points of the previous chapters. It also contains interesting elements of each of the five countries regarding their child welfare system; the available universal and preventive services; detecting, reporting and stopping of child abuse and neglect; care services; the integration of services; the education and training of professionals.

# Chapter 1 International obligations and context

## Introduction

This chapter outlines international obligations and the international context regarding child abuse and neglect. The first section about international obligations contains relevant international treaties in this domain that the countries participating in this Daphne project (have to) adhere to, such as the Convention of the Rights of the Child. The next section deals with relevant international organizations, such as the United Nations (UN), World Health Organization (WHO), European Union (EU), Council of Europe and contains examples of their strategies and their activities, such as running media campaigns and monitoring.

## International obligations

### *Convention of the Right of the Child*

The Convention on the Rights of the Child (CRC) is the first legally binding international instrument to incorporate the full range of human rights (civil, cultural, economic, political and social rights). The convention sets out the rights of children in 54 articles and three optional protocols. It spells out the basic human rights that children have everywhere, including the right to protection from harmful influences, abuse and exploitation. The Convention protects the rights of children by setting standards in education, health care and legal, civil and social services. By agreeing to undertake the obligations of the Convention, national governments have committed themselves to protecting and ensuring children's rights (UNICEF, 2011).

Article 19 of the Convention of the Rights of the Child deals with child abuse; according to this article children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In addition, according to article 34 of this convention governments should protect children from all forms of sexual exploitation and abuse. This provision in the convention is augmented by the 'Optional Protocol on the sale of children, child prostitution and child pornography' (UNICEF; OHCHR 1996-2007).

In February 2011, the Committee of the Rights of the Child adopted 'General Comment 13 on Article 19 of the Convention of the Right of the Child The right of the child to freedom from all forms of violence' (Committee on the Rights of the Child, 2011). This General Comment provides guidelines for the implementation of this article (Svevo-Cianci et al., 2011). Furthermore, it outlines the legislative, administrative, social and educational measures of state parties to protect the child from all forms of violence (Committee on the Rights of the Child, 2011). It also advances best practice approaches and technical resources for them as well for professionals on preventing violence against children, and on strengthening protection programmes, systems, services and research, monitoring, evaluation and reporting (Svevo-Cianci et al., 2011).

All countries participating in this Daphne project have ratified the Convention of the Rights of the Child as well as the 'Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography' (United Nations, 2012). More specifically, in Germany, Hungary, Portugal, Sweden and The Netherlands corporal punishment is prohibited in all settings, including the home, schools and alternative care (Global Initiative to End All Corporal Punishment of Children, 2012).

In December 2011, the General Assembly of the United Nations adopted a new optional protocol to the Convention on the Rights of the Child establishing a complaints procedure for violations of children's rights. The optional protocol will enable children, or their representatives, who claim that their rights have been violated to bring a complaint to the Committee on the Rights of the Child in case they have not been able to get remedies for these violations in their countries. Cases concerning children forced into sexual exploitation could thus also be brought before the committee.



In February 2012, the Optional Protocol was opened for signature for signature by any State that has signed, ratified or acceded to the Convention on the Rights of the Child or either of the convention's first two optional protocols. As of March 2012, of the five countries participating in this Daphne project Germany is the only one that has signed this optional protocol yet. (CRIN, 2011 & 2012; United Nations, 2012)

### ***Convention on Cybercrime***

The 'Convention on Cybercrime' of the Council of Europe is the only binding international instrument on this topic. This convention serves as a framework for international cooperation between State Parties to this treaty and as a guideline for any country that is developing comprehensive national legislation against Cybercrime. Article 9 of this convention deals with offences related to child pornography. The Convention is supplemented by a 'Protocol on Xenophobia and Racism committed through computer systems'. As of March 2012, of the five countries participating in this Daphne project, Sweden is the only one where this convention has not yet come into force. It has also not ratified it yet. (Council of Europe 2011 & 2012)

### ***Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse***

The 'Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse' came into force on 1 July 2010. This convention of the Council of Europe – also called the 'Lanzarote Convention' – is the first international treaty to require criminal legislative measures against various forms of sexual abuse of children, including when it is committed in the home or the family. It requires member states of the Council of Europe to take preventive, protective and criminal law measures. This convention also contains requirements regarding child-friendly investigative and judicial procedures and about monitoring. As of March 2012, of the countries participating in this Daphne project The Netherlands are the only country where this convention has been ratified. There, this convention came into force July 1, 2010 (Council of Europe; Parliamentary Assembly of the Council of Europe, 2011; Council of Europe 2012).

### ***EU Directives***

In 2011, the European Parliament and Council adopted two complementary directives that address specific kinds of child abuse and that replace earlier Council Framework Decisions on these matters. These directives includes 'Directive 2011/36/EU (of April 5) on preventing and combating trafficking in human beings and protecting its victims' and 'Directive 2011/92/EU (of December 2013) on combating the sexual abuse and sexual exploitation of children and child pornography'. The latter directive obliges EU Member States to provide for criminal penalties in their national legislation in respect of the provisions of Union law on combating sexual abuse, sexual exploitation of children and child pornography. It complements directive 2011/36/EU as some victims of human trafficking have also been child victims of sexual abuse or sexual exploitation. All EU member states have two years to implement these two directives. (Official Journal of the European Union)

### ***Resolutions, guidelines and recommendations***

Besides these legally binding documents, several international organizations have adopted non-binding resolutions, guidelines and recommendations on (specific kinds of) child abuse. Protecting children from violence, in particular sexual violence has for instance been a long-standing priority with the Council of Europe. Its committee of ministers as well as its parliamentary assembly have issued several recommendations and/or resolutions about child abuse (in several settings). For example, in 2009 the Committee of Ministers adopted the Council of Europe's 'Policy Guidelines on Integrated National Strategies for the Protection of Children from Violence'. These guidelines promote the development and implementation of a holistic national framework for safeguarding the rights of the child and protecting children from all forms of violence. (Council of Europe) Furthermore, legally non-binding resolutions and policies concerning violence against children have also been adopted by the specialized agencies and other entities of the UN system (Inter-Parliamentary Union and UNICEF, 2007). At last, the European Economic and Social Committee has adopted several opinions on sexual abuse of children (European Economic and Social Committee).

## **International organizations, their strategies and activities**

### ***Strategies***

Several international organizations address child abuse and neglect in their strategies, although some more directly than others. For example, one of the four strategic objectives of the 'Council of Europe's Strategy for the Rights of the Child (2012-2015)' is eliminating all forms of violence against children (Council of Europe, 2011). In addition, the EU Agenda for the Rights of the Child of 2011 includes 11 concrete actions regarding which the EU can contribute in an effective way to the well-being and safety of children (European Commission, 2011). This includes continuing the implementation of the 2007 'EU Guidelines on the Protection and Promotion of the Rights of the Child that focus on combating all forms of violence against children'. (European Commission, 2011)

### ***Activities***

Most of these international organizations also carry out several activities regarding child abuse and neglect. The Council of Europe has for example undertaken several campaigns about (specific kinds of) child abuse, including the 'ONE in FIVE campaign' (Council of Europe). The materials of this campaign are available on the website of the Council of Europe.

In addition, the 'Daphne III programme' of the European Commission aims to contribute to the protection of –among other things- children and young people against all forms of violence and attain a high level of health protection, well-being and social cohesion (European Commission Justice).

Many international organizations provide information on child abuse and neglect as well. The Council of Europe 'Family Policy Database' for example contains qualitative information on all relevant sectors of family policy, including policies dealing with family difficulties such as violence in the family (Council of Europe). Furthermore, the European Economic and Social Committee has produced a database with best practice on the prevention of child sexual abuse. At last, in collaboration with a number of partners the World Health Organization (WHO) provides technical and normative guidance for evidence-based child maltreatment prevention (WHO, 2010)

International organizations monitor (specific kinds of) child abuse and present relevant data from several countries and organizations as well. For instance, in 2002 the World Health Organization issued its report 'World report on health and violence' (Krug et al., 2002). This book also contains a chapter about 'Child abuse and neglect by parents and other caregivers' (Krug et al., 2002). In addition, in 2006 the UN Secretary-General issued its 'Report of the Study on Violence against Children' (Inter-Parliamentary Union and UNICEF, 2007). Furthermore, in addition to issuing thematic reports on key areas of concern, the in 2009 appointed Special Representative of the Secretary General on Violence against Children (SRSG) annually reports to the Human Rights Council and the General Assembly (Special Representative on Violence against Children). She –among other things- also promotes the national system of data collection, analysis and dissemination as well as a research agenda on violence against children (Special Representative on Violence against Children).

# Chapter 2 The child welfare system

## Introduction

This chapter outlines the child welfare system in Germany, Hungary, Portugal, Sweden and The Netherlands. When possible it will be outlined whether the child welfare systems of these five countries can be described as dualistic or holistic.

A dualistic system is child and risk focused. The system is dominated by the need to prevent abuse and rescue children from abusive situations. Family support is dealt with separately. In contrast, a holistic system is family and support focused. The systems promote 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 it is expected that intervention should have taken place to prevent this and that it is legitimate to intervene early. There is a strong focus on family support. (Katz & Hetherington, 2006).

## Germany

The guiding principles, structure and responsibilities of the German child and youth welfare system are regulated in the 'Social Code, Book VIII – Child and Youth Services' (*SGB VIII*). Child and youth services shall be located close to the children, young people and their families. The responsibility for child and youth welfare therefore lies with counties and towns, who are obliged to set up a 'Child and Youth Welfare Authority'. This authority has to ensure that the tasks outlined Social Code are fulfilled. According to *SGB VIII*, the main task of the Child and Youth Services are to:

- Promote the individual and social development of young people and contribute to avoiding or reducing disadvantage;
- Counsel and support parents and other guardians in child-rearing;
- Protect children and young people from threats to their well-being;
- Contribute to creating and maintaining positive living conditions for young people and their families and a child- and family-friendly environment;
- Support parents in raising their children, parents are entitled to a wide range of welfare services.

These welfare services are organized according to the principle of subsidiarity which means that private (independent, non-governmental) institutions and services are given preference over public services and are financed by the state. The Child and Youth Welfare Authorities have to ensure that there is a variety of providers with regard to the content of services, applied methods and value orientations. If minors and parents are entitled to these services, they have the right to choose the provider and type of assistance as long as this does not lead to disproportional costs.

The available support services range from different levels of prevention to interventions in cases of child endangerment. Public youth welfare offers parents various forms of voluntary support in raising their children. If- according to *SGB VIII*- an upbringing is not guaranteeing the welfare of a child or of a young person, parents and carers are entitled to assistance with child upbringing. Such assistance (socio-educational support services) should put a halt to the entrenchment of upbringing practices. Socio-educational support services are also often offered following an incident of child endangerment. They include family counselling, social pedagogical family help, individual support and group work for children and juveniles, specialist day care for children, residential care and foster care. In case of significant indications of child endangerment, the child and youth welfare services have a so-called child protection mandate.

## Hungary

In Hungary, the child welfare and protection system has been totally renewed and re-structured by the implementation of the 1997 child protection legislation. In a decentralized model, local authorities on all settlements (almost 3200) are responsible for providing universal basic child health, education and social services.

Following the pattern of the 1989 'Children Act' in England, a working together methodology was introduced in Hungary together with a mandatory reporting in cases of child abuse and neglect. The local child welfare services are responsible for the awareness raising, prevention and services for families at-risk and for interventions in case of abuse and neglect. Health professionals -health visitors- who are visiting every family where a child was born- have an on-going contact with children up to six years of age (and later as school nurses up to 14). These health professionals, GPs, paediatricians who see children regularly as well as early childhood professionals in nurseries and kinder gardens, teachers, school social workers and those responsible for child protection have to report to child welfare services so-called risk situations and their suspicion or awareness of abuse and neglect. In recognized cases of abuse and neglect, child welfare services should provide family case work, refer the child and the family to targeted, highly specialized services (psychologist, psychiatrist) and inform the police if needed.

Local authorities are the duty bearers. Voluntary organizations play an additional, but not very widespread complementary role. A so-called social normative provided is by the State to the local authorities. This normative is based on the number of inactive population (children, elderly and disabled people). However, as the money is not ring fenced; it is often not spent on those in need. Furthermore, in practice most local municipalities have very limited other income and can therefore not afford to run services. NGO's are only present to a very limited extent. They work mostly in intervention and in specific service provision. Some NGO's and church organizations are contracted by local authorities to run local services.

In practice, the system has not been working properly, due to the fact that there are very few professionals, there is a lack of resources, case loads are extremely high and responsibility always exclusively lies with parents. Very few highly skilled professionals are available and for financial reasons they are seldom approachable for many children who live in villages, remote areas or even for children in cities because of long waiting lists or lack of trust and of an acknowledgment of their needs.

Once a child needs out of family placement, several options are available. In principle, if the mother is also abused temporary shelters are available. However, there is a constant shortage of placements. Children can also be placed with their extended family or with local substitute families. This is decided and organized by the regional custodian office run by the municipality (there are 3200 local authorities and 260 custodian offices). Another form of care is temporary placement of children in institutions or in foster families. This is decided by one of the 20 county custodian offices that are run by the county self-governments and the form of placement is decided by county child protection agencies.

Often police refuse investigation or dismiss the cases due to the lack of evidence. In addition, county agencies have very limited resources for rehabilitation. Therefore out of home placements are mostly considered as rescue operations, fire fighting and not as planned, implemented programmes despite the existing legislation and the 'Looking After Children Assessment and Documentation System' that was adapted from the UK in 1998. Placement of children out of the family does not require a court decision; custodian offices have the right to make these decisions.

On principle, Hungary is aimed to be a holistic system and legislation has been designed accordingly. However, implementation shows the signs of a system where rescue operations are dominant, if anything. In addition, prevention, early intervention and holistic family support are provided on a very limited basis, if provided at all. Furthermore, neither therapy nor proper rehabilitation are offered, not even in cases of proven damage.

## Portugal

Graph 1 The welfare system for children and youngsters in peril in Portugal



The primary principle of the system in Portugal is so-called subsidiarity. This was established in article 4 of Law 147/99. This article 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 the different (groups of) entities as outlined in the previous graph:

- The entities competent in terms of childhood and youth (*ECMIJ*) whose intervention has the consent of parents, legal representatives or legal guardians-;

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 referrals to the second level of intervention. Examples of *ECMIJ* are the health services, schools, kindergartens, social security services, law enforcement.

- The *CPCJs*- when the entities referred to are not able to intervene in an adequate and sufficient way to remove the risk-;

The *CPCJs* are networks of professionals from non-judiciary official institutions with functional autonomy that 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. In principle, they exercise their activities within the municipality that they are based in. Currently 300 *CPCJs* exist in the country.

- The courts and the public prosecutor's office

When a specific situation reaches court level, the court is assisted by the so-called 'Multidisciplinary Teams of Support to the Courts' (*EMAT*). These teams operate under Social Security and provide technical support to decisions and support regarding the follow-up of the execution of judicial measures. They should elaborate reports, give information and participate in the audiences and preliminary judicial procedures.

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. This 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) However, there may be situations that- by its seriousness and urgency- justify immediate intervention by the non-judicial entities (*ECMIJ* and *CPCJ*).



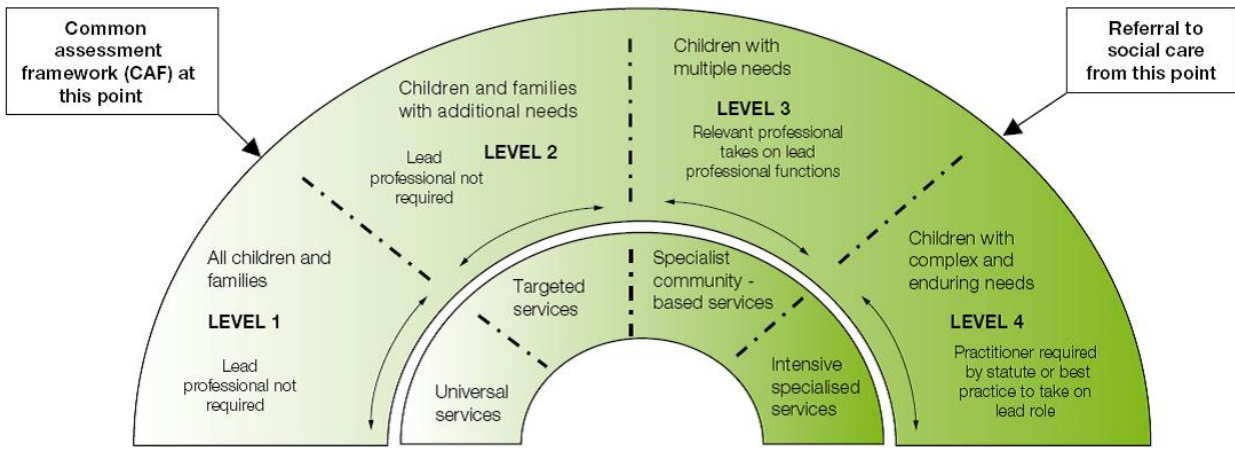
This is the case when there is an actual or imminent risk to the life or physical integrity and the parents, legal representatives or legal guardians oppose measures necessary for the immediate protection of the child/youngster, such as withdrawal from the family. These are the so-called urgent procedures in the absence of consent (article 91 of Law 147/99).

The child welfare system in Portugal seems to be a mix of dualistic and holistic. The system is dualistic in the sense that entities intervene in situations of peril according to the specific law on the subject. However, because of the content of some articles of Law 147/99 there seems to be an effort towards a holistic approach. For example, article 41 states that parents or other relatives where children can be placed may benefit from training programme aiming to a better exercise of parental responsibilities. Additionally, according to article 53 in case of shelter 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. Moreover, it is established that the entities with competence in terms of childhood and youth acquire special relevancy within the system of child protection as they are present in all stages of intervention. The entity that assumes the coordination of the case must coordinate and monitor the whole process of evaluation and intervention and all the entities and professionals involved.

**Sweden**

The Swedish welfare system is based on the distribution of responsibility between national, regional and local levels. The State legislates and establishes goals for the local authorities, which in their turn offer the majority of the existing interventions in order to protect and prevent child abuse and neglect. The regional level offers certain specialized services, above all within medical care, and gives support to the development of the local activities. Compared to many other European countries, NGO’s have a weaker position in the Swedish system.

*Graph 2 The windshield wiper model of the continuum of care in Sweden*



In relation to the previous graph that is based on the UK windshield wiper model of the continuum of care, the Swedish child welfare system can be described as follows:

**Level 1**

- General interventions in order to provide financial support to families with small children in the form of parental leave comprising altogether 16 months allowance (government).
- From the age of one until school start at six years of age, all children are entitled to nursery school (municipality).
- During the childhood and adolescence of the child, the parents are entitled to financial compensation for staying home from work because of a child’s illness (government).

- Child allowance is given for all children up to age of 15. In the case of several children, special supplements are given (government).
- Families with low income may receive special allowances for their housing costs – accommodation allowance (government).
- Before the child is born, all parents are offered antenatal care (county council).
- All children are covered by child health care (county council).
- All school children are covered by school health care (municipality).
- All children are entitled to free medical care (county council).
- Many municipalities have set up ‘Family Centres’ in cooperation between social services, open preschool and child health care. (municipality and county council).

#### Level 2

Interventions for families and children with special needs are undertaken within the framework of the same interventions as the ones presented at Level 1. The idea is that general interventions directed towards everybody will make it easier to detect families with more significant needs. Persons who apply for assistance should not feel accused and caretakers should be able to identify children with needs in a simple way.

#### Level 3

- The social services organize visiting activities as well as preventive activities in open forms directed to children with multiple needs. These activities are designed locally and may comprise group activities for children and for parents, parental support and/or counselling. (municipality)
- Supportive interventions in different forms -stipulated by the law- are given to disabled children. (municipality)
- The social services can give assistance to children and families with special needs e.g. in the form of a contact person/contact family, parental pedagogic interventions, cooperation agreements for support of separated parents in their cooperation in relation to children, family counselling (municipality). Parents and children themselves may apply for support or support can be given as the result of a report submitted to the local social authorities.

#### Level 4

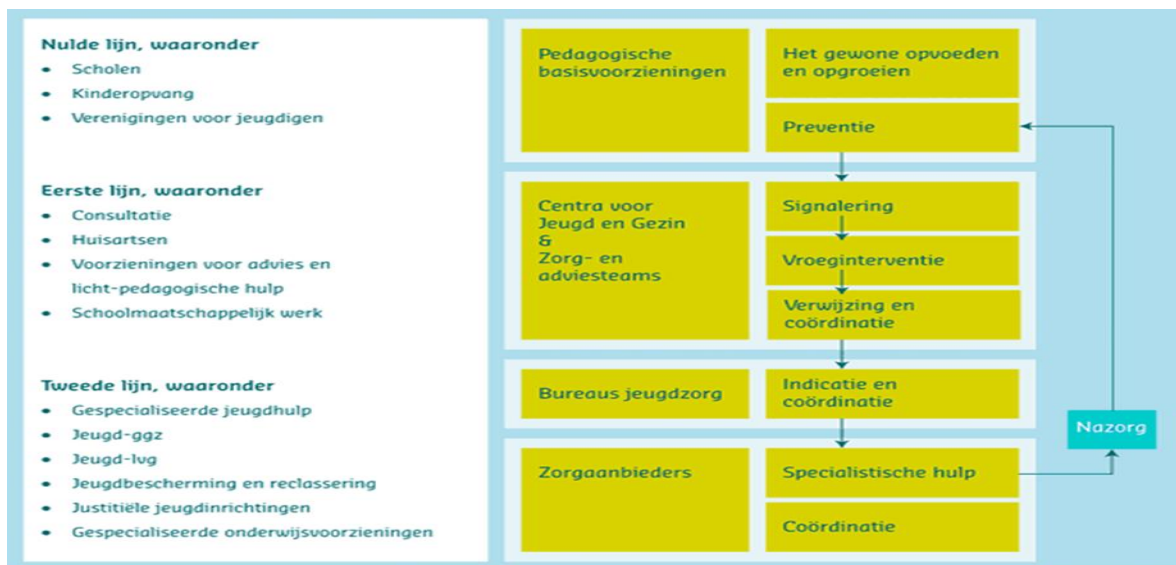
- The social services place children for alternative care outside their own home in institutions or in family homes. (municipality) This can take place either in accord with the caretaker or as the result of a compulsive court decision. If the child is 15 or older, consent of the child itself for a voluntary placement is also required.
- Child and Adolescent Psychiatry interventions (county council)
- Specialized interventions for disabled children in the form of facilities, counselling and/or training. (county council)
- Cooperation in so called Children s Houses with the aim of coordinating interventions for children who have been subjected to crime. (government, county council, municipality).

The Swedish system is built on a holistic view with a strong emphasis on preventive and early interventions. When the good of a child so requires, special measures may be taken to protect the child.

## The Netherlands

The next graph shows the child welfare system in The Netherlands. As it is in Dutch, its elements are explained below it.

Graph 3 The child welfare system in The Netherlands



In The Netherlands, the universal services for all children and families are the first part of the child welfare system. These include -among other things- schools, youth health care, child day care, youth work and sport clubs. The goal of the universal services is to optimize the development and upbringing of children and to keep common problems from deteriorating. On this level, professionals are responsible for noticing concerns of child abuse and neglect, for consulting colleagues, parents and/or child, and if necessary for asking advice on child Abuse or reporting this at the AMK (AMK is the abbreviation of *Advies- en Meldpunten Kindermishandeling* ('Advice and Reporting Centres') and - within the legal possibilities-sharing information with others.

The so-called 'Youth and Family Centres' as well the so-called 'School Care and Advice Teams' operate between the universal and targeted services.

The second part of the child welfare system consists of the targeted services for children and families with additional needs and of the specialized community-based services for children with multiple needs, such as primary health care, organizations for advice and parenting support and school social work. On these levels, professionals have are responsible for discussing suspicions of child abuse and neglect with the parents and/or the child, in addition to the earlier mentioned tasks of the professionals in the universal services.

In the Netherlands, the youth care agency operate between the targeted and specialized services. So, the youth care agency is the access point to the specialized services.

The third part of the child welfare system the intensive specialized services for children with complex and enduring needs; this is the 'Child and Youth Social Care'. 'Child and Youth Social Care' offers voluntary support for mental, social and pedagogical problems which hinder the development of children, but also forced interventions. These professionals are responsible for the assistance and/or protection of children and families. They are expected to examine suspicions of child abuse and neglect, to start and/or coordinate help and to protect children if necessary, in addition to the earlier mentioned tasks of all professionals.

In The Netherlands, a distinction is made between general and preventive youth policy (for which the local authorities are responsible) and the 'Child and Youth Social Care' system (which is (still) the responsibility of the provinces).



Furthermore, in the Netherlands, child protection is dealt with separately from youth care. The extensive system of child protection that is in place is carried out by the 'Child Protection Board'.

The Netherlands has a dualistic system; it is child and risk focused. The system is dominated by the need to prevent abuse and to rescue children from abusive situations. Family support is dealt with separately.

## **Conclusions**

The child welfare systems in Germany, Hungary, Portugal, Sweden and The Netherlands vary greatly concerning the responsibilities of different professionals. One similarity is the decentralisation of the services related to preventing or tackling child abuse and neglect from the national government to lower (mainly local) governments, close to parents.

There are also great differences in the extent to which the child welfare system in these five countries can be classified as a holistic or dualistic system. Whereas the child welfare system in The Netherlands can be considered a dualistic system, the systems in Sweden and Germany can be viewed as holistic. In contrast, the Portuguese system contains elements of both systems. In addition, in Hungary there seems to be difference between holistic policies and dualistic practices.

# Chapter 3 The measurement and management of tackling child abuse and neglect

## Introduction

This chapter deals with the measurement and management of tackling child abuse and neglect in Germany, Hungary, Portugal, Sweden and The Netherlands. It addresses a wide range of topics: definitions of child abuse and neglect; the attitudes and research on these topics; relevant legislation; national strategies regarding child abuse and neglect.

## Definitions

Germany, Hungary, Portugal, Sweden and The Netherlands all have rather broad definitions of ‘child abuse and neglect in place; within the existing definitions in these countries specific subtypes of child abuse and neglect are distinguished. For example, according to number 2 of article 3 of the Portuguese Law 147/99 (the Law regulating the protection of children and youngsters in peril) the child/youngster is considered to be in peril when he/she:

- Is abandoned or living on his/her own;
- Suffers from physical, psychological or sexual abuse;
- Does not receive the care or affection appropriate for its age and personal situation;
- Is subjected to work or any activity that is excessive or inappropriate to its age, dignity and personal situation or that is harmful to its upbringing or development;
- Is subjected, directly or indirectly, to behaviours that seriously affect its safety or emotional balance;
- Is assuming behaviours, activities or consumptions that seriously affect its health, safety, upbringing, education or development, and the parents, the legal representative or the legal guardian do not oppose it in an adequate way in order to end such situation.

According to Hungary and Portugal their definitions of child abuse and neglect are in line with the definition of the World Health Organization (WHO). For example, in various guidelines of Hungarian ministries the WHO definition is accepted and used. The WHO definition of child abuse and neglect is:

‘Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity. Within this broad definition, five subtypes can be distinguished: physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation’ (WHO, 2011).

Despite the fact that all countries have a wide definition of child abuse and neglect, these terms are not always clearly defined in legislation. For example, in Germany the term child endangerment is anchored in the law as an unspecified legal term. This means it is not clearly defined. Rather, it means that there cannot be a simple rule to decide whether child endangerment is present or not. Instead always a holistic assessment of the situation of a child on a case-by-case basis is necessary. Regarding the legal definition the highest German civil court has ruled that child endangerment is present if the child is currently in danger; therefore, first, there must be a precisely identified current danger for the child. Second, the danger must almost certainly lead to significant harm to the child.

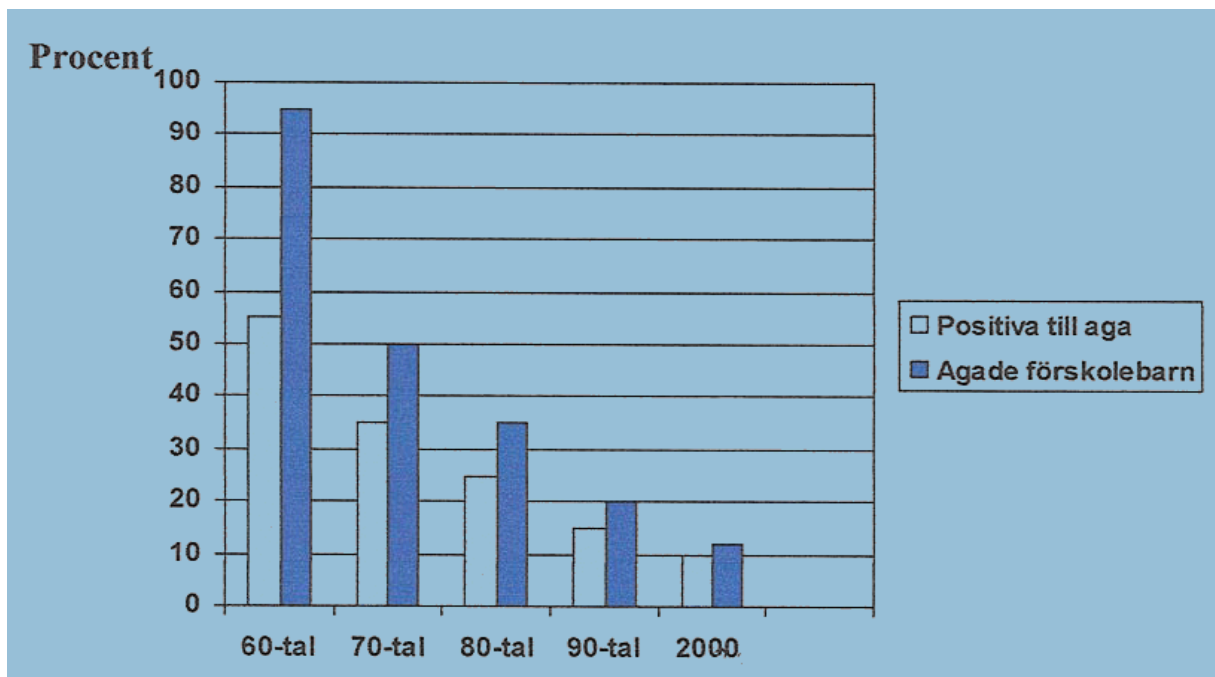
## Attitudes

In all countries research was conducted on the attitudes of citizens regarding corporal punishment and/or child abuse and neglect. Studies from Hungary and Sweden about the acceptance of corporal punishment have very different results, while this is prohibited in both countries.

In Hungary, the total ban on corporal punishment was incorporated into the Law on Child Protection in 2005. However, despite of the legislation there has never been any campaign, awareness raising or training programme provided for professionals, parents and children to implement the legislation and to inform the public about it. According to a study that was carried out in 1998, 75 percent of the participants said that parents have a right to hit their children; corporal punishment of children is thus widely accepted in Hungarian society. However, sexual abuse is not accepted at all.

In Sweden, corporal punishment for so-called educational purposes has been prohibited since the 1970s. This legislation- in combination with active lobbying- led to a considerable decrease in the number of children who are exposed to violence by their parents. This is obvious from the next graph that shows declining rates of the prevalence of corporal punishment (dark bar) and of positive attitudes towards corporal punishment (light bar) in Sweden since the 1960s.

Graph 4 Attitudes towards corporal punishment and the prevalence of corporal punishment in Sweden



In the Netherlands, the thoughts, fears, doubts and the thresholds of citizens when it comes to detecting and reporting suspicions of child abuse and neglect have been studied. According to a study on this topic, the dominant attitude of citizens in The Netherlands was ‘I can not exclude that child abuse and neglect occurs in my surroundings, but I do not expect it to occur’.

## Other research

### Similarities

In all countries (telephone, email, written or personal) surveys have been used to measure the prevalence of child abuse and neglect. In addition, in all these countries, parents were questioned about having experienced some kind of child abuse or neglect. Furthermore, in all countries there have been studies with representative samples. In addition, some countries (Germany, Hungary and Portugal) report the lack of data and/or evaluation of the effectiveness of support services.

## ***Differences***

Besides these similarities, the research on child abuse and neglect that has been carried out in Germany, Hungary, Portugal, Sweden and The Netherlands varies greatly. These differences concern:

- The data collection methods

In some countries, desk research was also carried out to collect data. For instance, in Sweden police records of partner violence against women have been examined.

- Research population

In The Netherlands, Hungary and Sweden data have also been collected among children. More specifically, in Sweden, there has been a shift in the research population; whereas the research in the 1960-1980 period was based on information from parents, the research from 1990 to 2006 was mostly based on information from children.

- Type of sample

In The Netherlands and Germany, there have also been studies on child abuse and neglect that used non-representative samples.

- Research topics

Studies in different countries also addressed other topics, such as the risk factors of child abuse (Hungary) or the consequences of adverse childhood experiences (The Netherlands).

- Findings

The findings from the studies in the different countries are very diverse, in particular regarding trends of child abuse and neglect. Whereas a decrease in corporal punishment was noted in Germany and Sweden, research from Portugal shows a great increase in the number of referrals to the *CPCJ* between 2001 and 2006, sign of improvements regarding the referral process and a greater openness towards the issue. In the Netherlands prevalence numbers seem to be stable (between 2005-2010) although the amount of referrals has increased. In contrast, the Hungarian situation can be summarized as ‘no data, no problem’; there is very little research data on child abuse and neglect and therefore it is assumed this does not take place. It has thus not been in the focus and there is a denial of the seriousness of the situation.

## **Legislation**

### ***Corporal punishment***

In all five countries, corporal punishment in the home is prohibited by law. Sweden was the first of the five countries first to adopt such legislation in 1979. Sweden was followed by Germany in 2000, Hungary in 2005 and The Netherlands and Portugal in 2007.

### ***Integration of child abuse and neglect in criminal code***

In all five countries, prohibiting some kind of child abuse or neglect is integrated in the criminal code.

The countries differ with respect to what kind of abuse is included in this code. For example, Sweden is the only country in which the criminal code contains dispositions regarding mental violence against children. In contrast, only the Portuguese and German criminal code contain articles addressing pornography. For example, in Germany distribution, acquisition and possession of child or juvenile pornography are considered a criminal offence regarding child abuse and neglect.

### ***Integration of child abuse and neglect in a civic code***

In Germany, The Netherlands and Sweden a civic code contains articles about child abuse and neglect. The Dutch civil law for example states that parents are first and foremost responsible for the mental and physical wellbeing of their children. An important development in the area of children's rights is the adoption of a law to prevent the use of physical or psychological violence in the upbringing of children in 2007. The article concerned says 'Parents are under an obligation to take care of their children and to raise them without using either mental or physical violence or any other type of humiliating treatment'. The new law contributes to the reduction of child abuse and its primary goal is to set a standard. In addition, the law makes parents aware of the way they discipline their children.

### ***Other legislation***

All countries also have other legislation concerning child abuse and neglect, such as specific child protection laws in Portugal and the German *Länder*. For instance, in Portugal 'Law 147/99' regulates the protection of children and youngsters in peril and in Hungary the 'Child Protection legislation XXXI/1997' is covering the issues related to child abuse and neglect.

### ***The impact of legislation on practice***

As already addressed in the earlier section on attitudes, the impact of the legislation on practice is known in Germany, Hungary and Sweden, but this impact is very different in these countries. In Sweden, corporal punishment for so-called educational purposes has been prohibited since the 1970s. This legislation- in combination with active lobbying- led to a considerable decrease in the number of children who are exposed to violence by their parents. In contrast, in Hungary there has never been any campaign, awareness raising or training programme for professionals, parents or children to implement relevant legislation and to inform the public about it.

## **National strategies**

All countries have national strategies addressing child abuse and neglect. In The Netherlands, Germany and Sweden, specific strategies address only child abuse and neglect. For instance, in November 2011 the Dutch government launched a new action plan against child abuse called 'Children Safe'. This plan covers the years 2012-2016 and contains a series of 17 actions in eight domains: prevention; detection; stopping child abuse; minimizing damage of child abuse; promoting multi-agency co-operation; special attention for guarding physical safety of children; monitoring and inspection by the government; research.

In Germany and The Netherlands as well as the other countries, child abuse is also part of other governmental strategies or plans, such as ones dealing with domestic violence or children's rights. For example, the Swedish parliament decided in December 2010 on a new governmental strategy for children's rights. One part of the strategy deals specifically with violence against children.

In all countries but Hungary, the national strategy is a framework for the activities of the lower governments. This is for example the case in Portugal. The Portuguese programme *Rede Social* is a wider programme that aims to promote social development and to mobilize the whole society and make it responsible for efforts of eradicating poverty and social exclusion. Within this objective, the issue of child abuse and neglect is also addressed. In Portugal, the system of child protection is organized at the municipality level in connection with this programme *Rede Social* and its so-called social development plan. In contrast in Hungary, the national strategy that aims to prevent and handle family based violence has been approved of by Parliament, but was never implemented.

## Conclusions

Just like the World Health Organization, Germany, Hungary, Portugal, Sweden and The Netherlands all have rather broad definitions of the child abuse and neglect in place; within the existing definitions in these countries specific subtypes of child abuse and neglect are distinguished.

Despite this, these terms are not always clearly defined in legislation. Regarding legislation, in all five countries corporal punishment in all settings - including the home, schools and alternative care-is prohibited by law. In addition, prohibiting some kind of child abuse or neglect is integrated in the criminal code of these countries. However, between countries, differences exist regarding the kind of abuse that is included in this code. Furthermore, in Germany, Sweden and The Netherlands a civic code contains articles about child abuse and neglect. In contrast, all countries also have other legislation concerning child abuse and neglect. At last, the impact of the legislation is on practice is known in Germany, Hungary and Sweden.

All countries have national strategies addressing child abuse and neglect. In addition, in all countries child abuse and neglect are also part of other governmental strategies or plans that address wider subjects, such as ones dealing with domestic violence or children's rights. In all countries but Hungary, the national strategy is a framework for the activities of the lower governments. By contrast, in Hungary the national strategy that aims to prevent and handle family based violence has been approved of by Parliament, but was never implemented.

In all countries, research was conducted on the attitudes of citizens regarding corporal punishment and/or child abuse and neglect. In addition, in all these studies, parents were questioned about having experienced some kind of child abuse or neglect.

Furthermore, in all countries there have been studies with representative samples. At last, some countries (Germany, Hungary and Portugal) report the lack of data and/or evaluation of the effectiveness of support services.

Besides these similarities, research on child abuse and neglect that has been carried in Germany, Hungary, Portugal, Sweden and The Netherlands varies greatly. These differences concern the data collection methods, research population, type of sample, research topics and (consequently) the findings.

## Chapter 4 Universal and preventive services

### Introduction

This chapter deals with universal and preventive services regarding child abuse and neglect in Germany, Hungary, Portugal, Sweden and The Netherlands. It addresses relevant governmental strategies and actions; involved people and organizations; products and their results; good practices and bottlenecks. At the end of the chapter, some conclusions are drawn.

### Governmental strategies and actions

In all countries but Hungary, governmental strategies and actions were developed regarding universal and/or preventive services. Three types of governmental strategies and actions can be identified:

#### 1. Universal prevention

Some strategies in Germany, Sweden and The Netherlands can be considered universal prevention as they are directed at all parents and/or preventing different possible problems- not specifically child abuse and neglect. For example, in Sweden the goal of the national strategy for parental support from 2009 was to increase the coordination of actors whose activities are aimed at parents. Neither this strategy nor the 'Dutch governmental youth and family programme (2007-2011)' of the former 'Ministry for Youth and Family' was specifically directed at preventing child abuse and neglect. On the contrary, this Dutch programme was focused on identifying and tackling problems earlier.

#### 2. Universal prevention of child abuse and neglect

There also some strategies that could be considered examples of the universal prevention of child abuse and neglect, such as the Swedish strategy in order to strengthen the rights of the child and the Portuguese project *Nascer Cidadão*. This Portuguese project aims to promote the registration of children immediately after birth in the registry office, the health services and in the social security services. This allows for a less bureaucratic registration of children and at the same for an early identification of situations of risk for the children.

#### 3. Selective prevention of child abuse and neglect

Some German, Portuguese, Swedish and Dutch governmental strategies and actions could be considered selective prevention of child abuse and neglect. For example, the 'German federal action programme Early Prevention and Intervention for Parents and Children and Social Early Warning Systems' (2005) was initiated for preventive purposes; it was meant to better reach parents in need who have limited coping resources by providing them with suitable access and with different kinds of services.

### Involved people and organizations

There is a wide range of universal and preventive services in Germany, Hungary, Portugal, Sweden and The Netherlands. This includes some services that are available in (almost) all the countries as well as so-called country specific services.

#### ***Services available in (almost) all countries***

- Early childhood education and care

Early childhood education and care is available in all five countries. The way these services are financed varies greatly between these countries as do the age group they serve and whether they are meant for all children or only for children at-risk.



In Sweden, pre-school is a universal service. There, the vast majority of families with children have access to and use pre-schooling. In contrast, in Germany, early childhood education programmes are also available for families with disabled children or children who are more likely to become disabled due to genetic defects, perinatal complications, infections, accidents or psychosocial stress.

- Health care services for expecting mothers, children and young people

In all countries, the health services include prenatal care for all expecting mothers and health care services for children and young people. For example, in Hungary pre-natal care of expecting mothers, health visits in the home of small children and their families as well as pediatric GPs are all a universal service for free.

In most countries (Germany, Portugal, Sweden and The Netherlands) children have access to these health care services until they reach adulthood. In Germany, Sweden and The Netherlands these health services for children play a role in monitoring their development and in detecting possible problems. For example, in The Netherlands the role of the local health service is monitoring children's development, giving vaccinations, screening, information and advice, and –if necessary- referring to more specialized health services.

In Germany, Portugal and Sweden, the health care services for children and young people can also address families and young people at risk. For instance in Germany, within the framework of prevention the past years some *Länder* and local governments have again begun to send (family) midwives and pediatric nurses to visit families with health and psycho-social risks at home. Furthermore, in Sweden as of January 1st 2010, dispositions were introduced in the 'Health Care Act' (*SFS 1982:763*). These dispositions imply that children's needs of information, advice and support should be especially observed by health care professionals if the child's parents have a mental disorder or a mental impairment; have a serious physical disease or injury; are addicted to alcohol or some other addictive drug or have died unexpectedly.

- Parenting support

Parenting support is available in Germany, Portugal, Sweden and The Netherlands. In all these countries, parenting support can be offered in a variety of forms. For example in Germany, parents are entitled to family planning and counselling which is aimed at promoting parenting skills; strengthening parent-child interactions; promoting the development of the child.

Family planning and counselling can be offered in a variety of ways in Germany, including letters to parents (*Elternbriefe*), family guidebooks (*Familienratgeber*), family counselling, parenting classes or training which passively (e.g. in letters to parents) or actively (e.g. in parenting classes) provide information and deal with educational topics.

In all these four countries, parenting support can be directed at all parents or at parents at risk. For example, in The Netherlands, all parents have access to information about parenting, such as regional (digital) parenting manuals with useful advice and tips about positive upbringing. In contrast, in Portugal the Programme *Construir Famílias* is a parental training programme for families at risk. This specific and project-based programme –that is not available at the national level - was designed for families with a low or medium so-called psycho-social risk; it is considered to be adequate to families of higher risk with whom a plan of family improvement has been established.

### **Country- specific services**

Besides these services that are available in (almost) all countries, specific services exist in certain countries. These specific services can be universal services for all parents or targeted services for parents or children at risk. Examples of country specific universal services include-among other things- schools (e.g. The Netherlands) and child welfare services (e.g. Hungary) and the *ECMIJ* in Portugal.



As mentioned earlier, *ECMIJ* stands for the entities competent in terms of childhood and youth, such as the health services, kindergarten, schools, social security services and law enforcement. These organizations are responsible for the promotion of the rights and the protection of the children and youngsters in peril.

Hungary does not have specific universal services for the population at risk and according to the law, targeted services are offered through local child welfare services. In contrast, in Sweden, interventions for families and children with special needs are undertaken within the framework of the same interventions of the universal services. The idea is that general interventions directed towards everybody will make it easier to detect families with more significant needs. Persons who apply for assistance should not feel accused and care workers should be able to identify children with needs in a simple way. If necessary, special measures may be taken to protect the child.

### ***Family centres***

In Germany, Sweden and the Netherlands (youth and) family centres have been developed. Within these centres, some of the earlier mentioned universal services are integrated. More specifically in Sweden, a 'Family Centre' is a fully integrated supportive environment with at least antenatal health care, child health care, open pre-school and social welfare activities. In contrast in the Netherlands, a 'Youth and Family Centre' combines the local functions and tasks regarding health, growing up and parenting support.

## **Products and their results**

### ***Specific products***

When it comes to universal and preventives services for child abuse and neglect, different kinds of products have been developed in Germany, Hungary, Portugal, Sweden and The Netherlands, including:

- Reports

In The Netherlands, various reports have been published that address the effects of the implementation of the so-called *RAAK approach*. In the context of this approach, 37 regions received money from the former 'Ministry for Youth and Family' to appoint a regional coordinator. These regions determined the priorities of its regional working plan that should at least meet the two main goals of the *RAAK approach*: 1) Every professional working with children has enough knowledge and skills to recognize child abuse and neglect, and depending on their job, also to stop child abuse and neglect and/or treat the consequences. 2) Every professional works in accordance with the regional action plan. According to an evaluation of this approach, most research participants agreed that - compared to the situation before its implementations- there were new or other services to prevent or combat child abuse and neglect. Examples of preventive services include brochures about the ban on corporal punishment or about the 'Shaken Baby syndrome' as well as the implementation of parenting support programmes, such as 'Triple P'.

- Laws

In Germany, the new 'Federal Child Protection Act' aims to strengthen prevention and to improve the cooperation between different systems, in particular the health care and the child and youth welfare system.

- New institutions

In Germany, the 'National Centre for Early Prevention' (*Nationale Zentrum Frühe Hilfen/NZFH*) was established with federal funding. This centre coordinates, supports, and evaluates the activities in the *Länder*, provides programme suggestions to the *Länder* and assures the transfer of knowledge.

- Grants

In Sweden, several grants were made available. For instance, during 2010 it was possible to apply for means at the 'Swedish National Institute of Public Health' to develop, follow up and assess directed parental support. This was meant to complement the universal parental support that is developed within the framework of the National strategy for parental support.

- Education

In Hungary, at an increasing number of universities and colleges students are studying the prevention and possible interventions of child abuse and neglect.

### **Products for different target groups**

When it comes to universal and preventives services for child abuse and neglect, products for different target groups have been developed in Germany, Hungary, Portugal, Sweden and The Netherlands:

- Children

In Hungary, the sex abuse prevention programme *Chicocca 's Tree* has been used by the 'Family, Child, Youth Association'. This programme is based on a Mexican puppet film about a monkey family in which the children were abused. Using this film, trained professionals (mostly teachers) can talk with older children or ask younger ones to make drawings and recognize those at risk.

- Parents

The Swedish Government has provided financial support to the organisation 'The Children's Rights in Society' to design an interactive web site -*Barnperspektivet.se* (the Child Perspective). The aim of the website is to give parents quick advice and help, for example in case of conflicts with their children or if the child is subjected to bullying.

- The general public

In The Netherlands, the former 'Ministry for Youth and Family' launched an extensive national campaign in 2009 called 'What can I do?' (*Wat kan ik doen?*). This campaign was continued in 2010 and 2011. The main message of the campaign was: 'Do you have a suspicion of child abuse or neglect? You can always do something'. This national campaign led to some regional initiatives, such as flyers and commercials about child abuse and neglect for regional television.

- Professionals working with families

In Hungary, there are many vocational trainings on prevention and intervention opportunities for professionals, including victim offender mediation and 'Family Group Conferencing' both at the training and service level and a legal service as well offering representation of the victims.

- In addition, in Portugal, in 2011 the Director-General ship of Health produced 'Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention'. This guide aims to be a useful working tool for all (teams of) professionals working for the promotion of children's and youngster's health. It intends to contribute to:
  - Sensitise and motivate health profession regarding their role in preventing and intervening in situations of abuse;
  - Clarify and standardize the most important basic concepts regarding abuse+
  - Facilitate the processes of identification and intervention by indicating when, how and who to intervene in a given situation;
  - Promote coordinated action between the entities responsible for intervention.

## Good practices

Many of the good practices that were mentioned in the national reports have already been discussed in the previous paragraphs, such as the Swedish child health care system, the sex abuse prevention programme *Chicocca's Tree* that is used in Hungary and the Dutch public campaign called 'What can I do?'.

## Bottlenecks

When it comes to universal and preventives services for child abuse and neglect, several bottlenecks can be identified, such as:

- Lack of coordination

The lack of coordination is considered to be a problem in Sweden and The Netherlands. Some regional coordinators of the *RAAK* project mention that it was sometimes difficult to connect this approach to 'Youth and Family Centres', as these centres were at the time of the study still in development all over The Netherlands.

- Lack of resources

The lack of resources is a problem in Hungary and in Portugal. There, the current crisis is likely to be a cause for the decrease of people working in prevention, both in municipalities and in the private sector.

- Lack of awareness

In Hungary, there is a lack of awareness of the nature and extent of child abuse and neglect. The common notion is still that only poor, deprived and low educated people abuse or neglect their children. In addition, child abuse and neglect are still seen as an individual fault, committed by bad parents who should know by instinct how to be a good parent. There is no effort made to understand and to handle the complexity of these issues and to invest in prevention. In addition, the lack of tradition in seeking, accepting or offering help is an important barrier.

## Conclusions

In all countries but Hungary, governmental strategies and actions were developed regarding universal and/or preventive services. Three types of governmental strategies and actions can be identified: universal prevention; universal prevention of child abuse and neglect; selective prevention of child abuse and neglect.

There is a wide range of universal and preventive services in all countries. This includes some services that are available in (almost) all the countries as well as so-called country -specific services. Three types of services are available in (almost) all countries: early childhood education and care; health care services for expecting mothers, children and young people; parenting support. Besides these services that are available in (almost) all countries, there are specific services in certain countries. These specific services can be universal services for all parents or targeted services for parents or children at risk. In addition, in Germany, Sweden and the Netherlands (youth and) family centres have been developed. Within these centres, some of the earlier mentioned services are integrated.

When it comes to universal and preventives services for child abuse and neglect, different kinds of products have been developed in Germany, Hungary, Portugal, Sweden and The Netherlands, including: reports; laws; new institutions; grants and education.

The existing products have been developed for different target groups: parents; the general public; professionals working with families.

Different bottlenecks have been identified when it comes to universal and preventives services for child abuse and neglect, such as the lack of coordination, the lack of resources and the lack of awareness. There are however also good practices, such as the Swedish child health care system, the sex abuse prevention programme *Chicocca's Tree* that is used in Hungary and the Dutch national campaign called 'What can I do?'.

# Chapter 5 Detecting, reporting and stopping child abuse and neglect

## Introduction

This chapter deals with detecting, reporting and stopping child abuse and neglect. It addresses relevant governmental strategies and actions; involved people and organizations; products and their results; good practices and bottlenecks. At the end of the chapter, some conclusions are drawn.

## Governmental strategies and actions

### ***Addressing detecting, reporting and/or stopping of child abuse and neglect in governmental strategies or legislation***

In all countries, detecting, reporting and/or stopping of child abuse and neglect part are addressed in governmental strategies and/or laid down in legislation. For example, as mentioned earlier the Dutch government launched a new action plan against child abuse called 'Children Safe' in November 2011. This plan covers the years 2012-2016 and contains a series of 17 actions on eight domains, including detecting and stopping child abuse.

Furthermore, in Hungary, Portugal and Sweden, the obligation to report child abuse and/or neglect is laid down in national legislation. For instance, in Hungary it is mandatory to report suspicions of child abuse or neglect to the welfare agencies or police.

In Germany, according to national legislation, the child and youth welfare services have a child protection mandate when there are significant indications of child endangerment. There is also national legislation about intervening in parental custody by the 'Child and Youth Welfare Authority' (if the danger cannot be averted in any other manner only as long as necessary) or by the family court in order to protect the child.

### ***Reporting duty vs. reporting code***

Regarding suspicions of child abuse or neglect, a distinction can be made between a reporting code and a reporting duty. Whereas a reporting code is a set of rules of conduct and instruction, a reporting duty is the duty to report suspicions of child abuse to the right organisation. In this report, the term reporting obligations refers to reporting codes as well as reporting duties.

Reporting duties exist at the national level in Hungary, Portugal and Sweden. In Germany reporting duties exist at the national level and at the level of the *Länder*. There are both immediate and graded reporting duties. They depend on the fields of work. Reporting duties in the area of healthcare and education are stipulated partially at the level of the *Länder*.

In The Netherlands, there is no reporting duty and the reporting code still has to come into effect. More specifically, in June 2009 the former 'Ministry for Youth and Family', the 'Ministry of Justice' and the 'Ministry of Health, Welfare and Sport' together announced the law 'Reporting code domestic violence and child abuse'. According to this bill, every organisation and professional working with children or parents should have a reporting code and every professional should work according to this reporting code. This bill is expected to be adopted in 2012.

## Involved people and organizations

This section deals with the people and organizations that are involved in detecting, reporting and stopping child abuse and neglect. Two related topics will also be addressed: investigating (suspicions of) child abuse and neglect as well as what happens when (suspicions of) abuse are not reported.

### ***Detecting child abuse and neglect***

In all countries the health services for children play a role in monitoring their development and detecting possible problems in it, but in a different way and to a different extent. In some countries, the professionals working in these health services could play a role in detecting child abuse and neglect. For this reason, the guide called ‘Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention’ was developed in Portugal. Similar developments took place in Germany. In order to support the practical work in that country, there are work aids and guidelines for many different professional groups and work areas, especially for those in the social and health sector. This for example includes hand-outs that describe significant indicators of child endangerment. In addition, in Hungary the ‘National Institute for Child Health’ launched a new website on child abuse and neglect targeting both the professionals and parents, the wider public, in 2011.

In Germany, some stress and risk screenings were also developed and tried in the medical field. Germany has also a nationwide universal ‘Early Prevention Programme’ (*Früherkennungsprogramm*) to detect any developmental and health disorders at an early stage. But it is controversial whether mandatory detection examinations are suitable as a child protection element.

### ***Reporting child abuse and neglect***

This subsection about reporting child abuse and neglect deals with three topics: who has to report?; where to report to?; what happens when abuse is not reported?

- Who has to report?

Between and within countries, there are great differences regarding who has to report (suspicions of) child abuse and neglect. Portugal is the only country where there is mandatory reporting for everyone. Article 66 of ‘Law 147/99’ states that any person that becomes aware of a situation of children/youngsters in peril may communicate it to the *ECMIJs*; *CPCJs*; law enforcement authorities or to judiciary authorities. Reporting is mandatory when the situation endangers the life, the physical or psychological integrity or the freedom of the child/youngster. This law also contains regulations about mandatory reporting by these different organizations themselves.

In contrast, in Hungary and Sweden, reporting is mandatory for professionals working with children. In both countries, the authorities and those employed by authorities engaged in work concerning children (police, criminal care, school, preschool, medical care, etcetera) have a legal duty to report. In addition, in Sweden the general public is encouraged to submit reports about children who are in need of protection to the local social services.

Furthermore, in Germany there are various rules, requirements and tasks for professionals in different fields of work in (suspected) cases of child endangerment. For example, when employees in the healthcare or educational system notice significant indications for child endangerment, the duties about acting and notification are stipulated partially at the state level. There is a significant difference whether and in what form the legislator will require this from these employees.

For example, some *Länder* require the ‘Child and Youth Welfare Authority’ to be notified every time physicians or midwives notice anything that points to child endangerment. In contrast, other *Länder* have a tiered duty, i.e. if there are significant indications of child endangerment, then the ‘Child and Youth Welfare Authority’ may or must be notified, provided that the means of the qualified employees are insufficient to avert the danger and the persons that have custody of the child cannot be motivated to accept help.

Despite that the reporting code has not yet come into effect in The Netherlands, measures have been taken regarding reporting. For instance, all professionals working with children have the responsibility (but not the obligation) to detect problems. They are expected to notice concerns about child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the *AMK* (‘Advice and Reporting Centre’). Furthermore, some fields (like child day care and education) have developed their own protocols for reporting.

Also, in youth health care a guideline has been developed for practical actions following signs and suspicions of child abuse. In addition, the medical field has a general reporting code that specifically mentions the breach of the oath of confidentiality.

- Whom to report to?

Between countries, there are great differences where reports of (suspicions of) child abuse and neglect are to be made.

For example, in Sweden the authorities and those employed by authorities engaged in work concerning children have a legal duty to report to the social services of the municipality. In addition, professionals and the general public can also report child abuse to the police.

In Portugal, very specific legal rules are set about who has to report to whom. As mentioned earlier, citizens can report suspicions of abuse to different actors the *ECMIJs*; *CPCJs*; law enforcement authorities; or to judiciary authorities. However, according to the subsidiarity principle of the protection system, such situations should only be reported to *CPCJs* when the *ECMIJs* cannot act adequately and sufficiently to eliminate the peril the children/youngsters are involved in.

Furthermore, there are legal regulations about mandatory reporting by all the *ECMIJs*; *CPCJs*; law enforcement authorities; or to judiciary authorities themselves:

- The *ECMIJs* communicate situations of children/youngsters in peril that they become aware of during the course of their activities to the *CPCJs* whenever they cannot assure the necessary protection. In addition, shelter homes must communicate all situations of children/youngsters they take without a previous decision from the *CPCJ* or from the court to the public prosecutor's office
- When the *ECMIJs* and the *CPCJs* become aware of situations of child abuse or negligence that constitute crime, they must report this to the public prosecutor's office or to law enforcement authorities.
- The law enforcement authorities and the judicial authorities communicate situations of children/youngsters in peril that they become aware of during the course of their activities to the *CPCJs*.

In The Netherlands, everyone can report suspicions of child abuse to one of the 22 *AMK* ('Advice and Reporting Centres'). Police can also inform the *AMK* about possible cases of child abuse and neglect.

In Hungary, professionals working with children have to report risk situations as well as their suspicions or awareness of child abuse and neglect to the child welfare services.

- What happens when abuse is not reported?

In Germany professionals can be prosecuted, if they grossly disregard their obligation to act. In addition, in Hungary, local authorities can oblige their employees to take vocational training and/or to pay fines if they do not meet their professional requirements in reporting and intervening. The local authorities can also be fined in similar cases. However, these methods are hardly ever used, even in cases of severe child abuse or neglect.

### ***Stopping child abuse and neglect***

Upon reporting child abuse and neglect, immediate action can be taken to stop this. In addition, suspicions of child abuse and neglect can be investigated.

- Immediate action

In most countries, immediate action can be taken in case of child endangerment. This will for example be done by the earlier mentioned *AMK* ('Advice and Reporting Centres') in The Netherlands and by the 'Child and Youth Welfare Authority' and police in Germany.



More specifically, in Germany if there is need for immediate action because the police suspects acute danger (such as life-threatening neglect of a child) they will intervene on their own to avert the danger. However, if the police are notified of child endangerment that does not require immediate intervention, they will forward this information to the 'Child and Youth Welfare Authority'. If employees of the 'Child and Youth Welfare Authority' believe there is an imminent danger, they are legally allowed to remove the children temporarily from the parents' home and go to the family court afterwards. While the child is in the custody of the 'Child and Youth Welfare Authority', it is obligated to take best care of the child. Their custody is terminated with the return of the child- provided the danger no longer exists- with the initiation of support services or a court decision.

- Investigating possible abuse

In Sweden, The Netherlands and Portugal organizations where suspicions of child abuse and neglect are reported to also play a role in investigating this. In case of Sweden this concerns the social services, in The Netherlands the *AMK* and in Portugal the *ECMIJ* and the *CPCJ*. In contrast, in Germany different professions seem to play a role in clarifying whether child abuse or neglect took place. In addition, by law caregivers of persons and the affected child must also be involved in the clarification process, provided it does not call the protection of the child in question.

In all countries, the police and/or public prosecutor seem to play a role in investigating whether crimes took place in relation to the reported child abuse and neglect. In Portugal, it is public prosecutor and in Germany, Hungary, Sweden and The Netherlands it is both of them. The situation seems rather different in some of the latter countries. In Hungary, a very limited number of cases reaches the court system as many of them are dismissed at police level. In contrast, in Sweden a special legal representative is appointed by the public prosecutor for the child who may make decisions in relation to the investigation of the crime if the child's caregiver or its partner is suspected of having committed a crime against it.

## Products and their results

As mentioned earlier, in The Netherlands, in June 2009 the former 'Ministry for Youth and Family', the 'Ministry of Justice' and the 'Ministry of Health, Welfare and Sport' together announced the law 'Reporting code domestic violence and child abuse'. According to its bill, every organisation and professional working with children or parents must have a reporting code and every professional should work according to the reporting code.

Most other products that have been developed in Germany, Hungary, Portugal, Sweden and The Netherlands concern educational materials for professionals about detecting, reporting and/or stopping child abuse and neglect:

- The earlier mentioned Portuguese guide 'Child and Youngster Abuse: Practical Guide for the Approach, Diagnosis and Intervention' is an example of a tool for detecting child abuse and neglect.
- Different kinds of reporting tools have been developed in different countries, such a report form (Portugal) and handbooks and trainings (Sweden and The Netherlands). For example, in Sweden, in the 'National Board of Health and Welfare' published the handbook 'Reporting duty in case of bad living conditions for a child' in 2004. This handbook was intended for the social services and at all the authorities covered by the reporting duty.
- Specific instruments for investigating child abuse and neglect have been developed in Germany and The Netherlands. For example, in the past years increasingly structured procedures have been developed for professionals in Germany with the goal of a predictive assessment of endangerment. In addition, in The Netherlands the manual and training 'Detecting and reporting domestic violence and child abuse' was developed for housing corporations.



- Tools that service multiple purposes have also been developed, such as *BBIC* (*Barns Behov I Centrum-Children's Needs in Focus*) in Sweden. *BBIC* is a system for handling and documentation of investigations, planning and follow-up of child protection within the social services. It provides structures for systematically obtaining data, documenting and following-up children's and adolescents' needs of interventions. It is modelled after the English 'Looking After Children System'.

## Good practices

According to the Hungarian report, no good practices exist when it comes to detecting, reporting and/or stopping child abuse and neglect. Some of the good practices other countries have been discussed in the past paragraph, such as *BBIC* in Sweden and the Dutch manual and training 'Detecting and reporting domestic violence and child abuse'.

Other mentioned good practices concern ways of cooperation between different kinds of professionals. For example, according to the Portuguese report, the *CPCJs* may be considered a good practice, because of the effort to create multidisciplinary teams and to involve elements from different entities and sectors. In addition, good practices from Sweden include the earlier discussed family centres and the 'Children's House' that will be discussed in the next chapter.

## Bottlenecks

Different kinds of bottlenecks are experienced in the detecting, reporting and/or stopping of child abuse and neglect. The main bottlenecks concern:

- The lack of knowledge regarding the incidence of child abuse and neglect

Both in Hungary and Portugal, there is a lack of knowledge regarding the incidence of child abuse and neglect. For instance, the absence of a national systematic approach for the surveillance, management and prevention of child abuse and neglect (CAN) makes it impossible to accurately assess the prevalence and incidence of various categories of CAN in Portugal. In addition, 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. However, it should be mentioned that a national database that will be accessible to all *CPCJ* is expected to be made available soon.

- Reporting of child abuse and neglect does not always take place

In Hungary, Portugal and Sweden reporting of child abuse and neglect does not always take place, even though this might be mandatory.

These countries identify different reasons for this phenomenon. For example, in Sweden the lack of receiving feedback from the social services may lead to hesitations about submitting a report. In Hungary reports are not made, because it is time consuming or because professionals are not sure and many of them think this would lead to secondary victimization of the child. In Portugal, the main reasons include –among other things- professional unawareness of the importance and obligation of reporting and misinterpretations. In these three countries, fear among the professionals also explains why reports are not being made; fear of the perpetrators in Hungary, fear of hurting the family in Sweden and fear of getting involved with the justice system -even as a witness- in Portugal.

- Finding the right balance

In Germany, Portugal, Sweden and in The Netherlands, it seems difficult to find the right balance between reporting and investigating child abuse and neglect on one hand and intervening obligations on the other hand. For example, in Germany if the police – even in the course of child endangerment – become aware of a criminal act, they are mandated to prosecute criminally.

From the perspective of the wellbeing of the child, this obligation could have a positive or a problematic effect on the aid process of the child depending on the case.

Sometimes the scale tilts too much towards reporting or investigating child abuse and neglect and thus too little towards intervening. For instance, in Sweden the social services investigation duty may have led to the initiation of investigations of cases where needs that could have been addressed by different direct supportive interventions.

On the other hand, the scale can also tilt too much towards intervening in child abuse and neglect and thus too little towards reporting or investigating. For instance, research in Portugal shows that – contrary to the subsidiarity of the system – cases are referred to the *CPCJ* whenever a child seems to present some signs of abuse or negligence, even before being completely sure of the adequacy of the referral. In addition, according to research of the Dutch Safety Board, ‘Child and Youth Social Care’ professionals want to cooperate with parents too long, even in cases of actual abuse or when reports of child abuse have been made.

- The dual role of municipalities/ child and youth welfare authorities

In Germany and Sweden the local social authorities/ child and youth welfare authorities have a double task. On one hand, they are the reporting centre regarding child abuse; as such, they have investigation duty and have to provide interventions to protect children. On the other hand, they are also responsible for service, support and treatment. This dual role can result in a negative attitude and fear for local social services; lack of treatment and supportive services; difficult professional role for social workers.

- Lack of cooperation

Both in Hungary and The Netherlands, a lack of cooperation between professionals regarding detecting, reporting and/or stopping child abuse and neglect was considered to be a bottleneck. For example, in Hungary, there is a lack of comprehensive, holistic approach, despite that a legal framework is in place. In addition, in The Netherlands professionals who provide care services for families, such as doctors, social workers, and mental health professionals are not obliged to cooperate in investigation of ‘Child and Youth Social Care’, even when there is a suspicion of child abuse and neglect.

- The length of the proceedings

In Portugal, the length of the proceedings is considered to be an obstacle.

## Conclusions

In all countries, detecting, reporting and/or stopping of child abuse and neglect are addressed in governmental strategies (The Netherlands) and/or laid down in legislation (Germany, Hungary, Portugal and Sweden).

Reporting (suspicions of) child abuse and neglect is mandatory in all countries, but The Netherlands. Reporting duties at the national level exist in Germany, Hungary, Portugal and Sweden. In Germany, reporting requirements in the area of healthcare and education also exist at the level of the *Länder*. In The Netherlands, there is no reporting duty and the law of a mandatory reporting code still has to come in effect. Between and within countries, there are great differences whom the reporting obligations regarding suspicions of child abuse and neglect apply to and where they make these reports.

When it comes to stopping abuse, in most countries, immediate action can be taken in case of child endangerment. Furthermore, in Sweden, The Netherlands and Portugal organizations where suspicions of child abuse and neglect are reported to also play a role in investigating this.

In addition, in most countries, the police and public prosecutor play a role in investigating whether crimes took place in relation to the reported child abuse and neglect.

Most products that have been developed in all countries concern educational materials for professionals about detecting, reporting and/or stopping child abuse and neglect. Some of the good practices show ways of cooperation between different kinds of professionals. However, the lack of cooperation was also identified as a bottleneck. Other bottlenecks include the lack of knowledge regarding the incidence of child abuse and neglect; reporting of child abuse and neglect does not always place and finding the right balance between reporting and investigating child abuse and neglect on one hand and intervening obligations on the other hand. The last bottle neck is the dual role of Swedish municipalities and Germany child and youth welfare authorities.

## Chapter 6 Care services

### Introduction

Once it has been identified that child abuse and neglect actually did take place, a wide range of care services can be provided to the victims, their families and perpetrators. This chapter discusses the available services, ranging from more general social services to trauma treatment and placing children outside the home. This chapter also addresses relevant governmental strategies and actions; involved people and organizations; products and their results; good practices and bottlenecks. At the end of the chapter, some conclusions are drawn.

### Governmental strategies and actions

Care services for victims and perpetrators of child abuse and neglect are part of the governmental policies concerning child abuse and neglect in Germany, Portugal, Sweden and The Netherlands.

In these four different countries, different kinds of victims are addressed in these policies; victims of domestic violence in Portugal, children who are exposed to violence in different contexts in Germany and Sweden and victims of child abuse and neglect in The Netherlands.

In these four countries, perpetrators are also addressed in governmental strategies and actions.

### Involved people and organizations

#### *Available services*

- Services for perpetrators

Within the exception of Portugal, the care services for perpetrators are not discussed in great detail in most country reports. In case of Hungary, it seems that perpetrators are only punished if that even happens at all. In all other countries, perpetrators seem to have access to psychological or psychiatrist services.

- Services for families of the victim

Different kinds of services for families can be distinguished:

- Support

In Germany, Portugal and The Netherlands, families of the victim can receive support. For example, in Germany a legally mandated standard programme is the socio-educational family assistance. In this case, a social worker visits the family at home on a regular basis and supports the parent(s) in raising and taking care of the children and in day-to-day practical matters, such as taking care of the household.

- Programmes for developing (parenting) competencies

In different countries, programmes that are directed at developing the competencies of parents have been developed. For example, in Portugal, from 2008, the Calouste Gulbenkian Foundation supported eight pilot-projects regarding parental training through the 'Children and Youngsters at Risk Programme'. This programme emerged from the need to intervene with children at risk, promoting parenting skills among the family members in order to avoid institutionalisation the children.

- Treatment programmes

In The Netherlands and Sweden, treatment programmes are also available for families. In Sweden, *KIBB* (Treatment for children and parents in case of physical child abuse) is directed at families in which one or both parents have subjected a child to some type of physical abuse. In this model, during families receive structured treatment in groups or individually once week during a period of 16 weeks,. There are groups for children and groups for parents. Two to four family therapists are responsible for providing treatment. However, these services are only available in a few municipalities.

- Residential facilities

Both in Sweden and Germany, parents can also live in residential facilities together with their children. For instance in Germany, if a young mother is overwhelmed with the care for her baby and if the outpatient support services are not sufficient, then a mother-child home may be an adequate support setting. Within a protected framework the mother can be supported in taking proper care of her child and be prepared for her own domestic environment.

- Other (non)-residential) services

Other (non-residential) services for families are also available in different countries, such as victim-offender mediation in Hungary and services directed at family reunification in Portugal. For example, the project SAFER – *Serviço de Apoio à Família em Risco* (Support Service to the Family at Risk) is a specific training project for families of institutionalised children that aims at creating the necessary conditions for the return of minors to their families. It is not available at the national level.

- Services for children

Different kinds of care services for children can be distinguished:

- Psychological or psychiatrist services

In all countries, some forms of psychological or psychiatrist services are available to children who have been a victim of child abuse and neglect. However, in all countries, these services are offered by different kinds of organizations :

- In Germany, the psychotherapeutic field (health care) covers needs arising in the context of child endangerment;
- In Hungary, the local child welfare services can refer the child (and the family) to targeted, highly specialized services (psychologist, psychiatrist). However, there is a shortage of such services. Here, psychotherapy is mostly offered by NGO's or private practitioners and very limited types of services are available.
- In Portugal, besides the psychological follow-up available in children s homes and other institutions, 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 interventions to victims (both adults and children) as well to perpetrators. The 'Consultation Unit in Psychology of Justice' of the University of Minho (*UCPJUM*) also provides interventions to (adult and child) victims and aggressors;
- In Sweden, child and adolescent psychiatric care are responsible for the treatment of crisis and trauma among children;
- In The Netherlands trauma services are mainly provided by general care services. There are also some child and youth trauma centres that provide treatment to children and to important people around them.

- Semi-residential services

In Germany and The Netherlands, semi-residential services for children also exist. In Germany, these services are called partial inpatient support measures. Such measures can include day-care centres that take care of children primarily in groups during the day of most weekdays and that offer comprehensive care, support and assistance. In addition, vigorously structured facilities -such as orthopaedagogic day-care centres- provide care for children in small groups and on an individual basis. Furthermore, so-called special needs educators work closely with the parents.

- Placement outside the family

There are different kinds of placement outside the family:

- In Germany, Hungary, Portugal, Sweden and The Netherlands, children can be placed outside the family: in a foster home or in an institution;
- In Germany, Hungary and Portugal children can also be placed with family members;
- In Germany and Portugal specific facilities for adolescents support them to live independently;
- Adoption is a possibility in Portugal and in rare cases also in Germany.

### ***The organisation of the services***

In most countries- except The Netherlands- the local government is responsible for implementing most of these care services (not including treatment and psychological or psychiatrist services). For instance, in Hungary, the local child welfare services are responsible for the awareness raising, prevention and services for at risk families and interventions in case of abuse, neglect. In contrast, in The Netherlands, the responsibility for 'Child and Youth Social Care' system (still) lies with the provinces.

In some countries (Germany, Portugal and Sweden) the different kinds of care services are laid down in legislation. For example, in Portugal article 35 of 'Law 147/99' states that the following services must be available, as alternatives, for children: a) support for the parents; b) support for other relatives; c) entrustment to a reliable person; d) support to live independently; e) placement in a foster family; f) placement in an institution.

### ***Access to services***

It seems that Germany, Hungary, Portugal, Sweden and The Netherlands all have a so-called voluntary route and a forced route to/by the youth care system. The legal route is the child protection policy; a clear similarity between all countries.

However, within these countries there are differences regarding the organisation that is responsible for both the voluntary and the forced route to/by the youth care system. In Hungary and Sweden, they are legally separate procedures but executed by the same local (government) organisation. In Hungary, this is the local child welfare services and in Sweden the social services in the local municipalities.

In Germany, the protection mandate in (suspected) child endangerment is legally (federal law) stipulated for the employees of the 'Child and Youth Welfare Authority' and other specialists of the public and private child and youth services: in significant indications of child endangerment, the risk of endangerment must be evaluated and in case of an endangerment attempts should be made that necessary assistance is accepted. If an institution finds out about a child endangerment and cannot offer sufficient assistance or the parents refuse the necessary help, then the 'Child and Youth Welfare Authority' must be called upon. The 'Child and Youth Welfare Authority' must again evaluate the risk of endangerment and must offer the family help, if it deems it fit and necessary to avert the endangerment. These support services can be provided by public or private organizations. In the field of healthcare there are also relevant offers (e.g. psychotherapy). Reporting duties in the area of healthcare and education are stipulated partially at the level of the *Länder*.

In contrast it seems that in Portugal and The Netherlands, several (government) organizations are responsible for both the voluntary and the forced / legal route to/by the youth care system. For example, if the *AMK* in The Netherlands determines that there is indeed a case of child abuse, it will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the *AMK* can refer a case to a social worker from the youth care agency. As its task is assessing requests for assistance and deciding what kind of care or support (if any) is required, this youth care agency is the access point to specialized services. However, if those involved are not willing to accept help on a voluntary basis, the *AMK* requests the Child Protection Board to investigate whether legal measures are necessary. In addition, in Portugal 'Law 147/99' states that within the subsidiarity principle, the *ECMIJ* is the first to intervene, the *CPCJs* is next and the courts are last.

The legal route to/by the youth care system is usually chosen when children are in danger. For example, in Sweden according to the 'Law with special dispositions in relation to care of young people' (*LVU*), care should be decided upon if there is an evident risk of damage of the young person's health or development related to physical or mental abuse, inappropriate exploitation, deficient care or some other circumstance in the home. If a child should be taken care of with the support of *LVU*, a court decision must be passed.

Not only in Sweden, but also in Germany, Portugal and The Netherlands coercive measures require a court decision. For instance, in The Netherlands the 'Child Protection Board' may request the juvenile court to protect children who experience abuse by placing them under guardianship. In addition in Germany, only the family court can undertake necessary interventions in the parental custody in order to protect the child. Court interventions in families are only possible, if parents are not able or willing to avert the endangerment of their child.

In contrast, in Hungary, placement of children out of the family does not require a court decision; rather it is the right of the custodian offices to make such decisions. There, the local custodian offices run by the local municipality decide on (and organize) the placement of children in their extended family or in local substitute families. In contrast, county custodian offices – based on the assessment and plan, placement conference by the 20 county child protection agencies- decide about the placement of children in institutions or in foster families.

## Products and their results

Few products have been developed on the level of treatment in Germany, Hungary, Portugal, Sweden and The Netherlands. The few mentioned products include – among other things-:

- Reports

The Health Board of the Netherlands is an independent scientific advisory body. This board is writing a report about the care services for child abuse and neglect in the Netherlands.

- Laws

In 2006, the Dutch Cabinet has agreed to a legislative proposal that will give mayors the power to impose temporary restraining orders for perpetrators of domestic violence. The restraining orders may also be imposed in cases of (serious suspicions of) child abuse. Because of these restraining orders, perpetrators will not be allowed to enter their house and try to contact their partners or children for ten days and they can receive professional help.

- New institutions

In a so-called 'academic collaboration centre child abuse and neglect' in The Netherlands, a university and the child and youth trauma centre work together to develop new care services for abused children and to improve the existing services.



- Grants

In Sweden, municipalities can apply for projects directed at women who have been exposed to violence, children who have witnessed violence and men who committed violence in close relationships.

- Quality measures

In Germany, numerous local governments participate in the nationwide research and practice development project called 'Learning from mistakes – quality management in child protection' (*Aus Fehlern lernen - Qualitätsmanagement im Kinderschutz*)

## Good practices

Two kinds of good practices are mentioned in the country reports:

- (New) care services, projects or programmes

Good practices in many countries concern (new) care services, projects or programmes, some of which have been mentioned earlier, such as the *SAFER* project in Portugal or *KIBB* in Sweden. A Dutch example of a new programme is the 'Signs of Safety approach'. This approach focuses on the question How can professionals actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?

- Cooperation

Other mentioned good practices concern the cooperation between different kinds of professionals within a specific project (The Netherlands) or a specific service (Sweden). In case of Sweden, so called 'Children's Houses' are implemented through national actions. In case of suspicion of crimes against children, medical, psychological and legal help are coordinated under one single roof in these houses. Professionals that are involved include the prosecutor, the police, the social services, a medico-legal expert/ paediatrician and the child psychiatric care services. The idea is that children and young people who supposedly have been subjected to sexual abuse and/or other violence should only have to go to one single place.

## Bottlenecks

Different bottlenecks concerning the care services for victims and perpetrators of child abuse and neglect have been identified:

- The lack of specific treatment programmes for victims

The lack of specific treatment programmes for victims is considered to be a problem in Hungary, Portugal, Sweden and The Netherlands. For instance, in Sweden, structured treatment methods for children having been abused (and for parents having abused their children) are scarce.

- The lack of specific services for perpetrators

In Hungary, Portugal and Sweden there is a lack of specific services for perpetrators. For example, in Portugal treatment for perpetrators are very oriented at domestic violence and not especially at child abuse and neglect.

- Great variation in the quantity and quality of services throughout the country

In Germany and Hungary, throughout the country there is a great variation in the quantity and quality of service. For instance, whereas some services may be available in the capital Budapest and other cities, there is a lack of services in the country side in Hungary.



- Lack of resources

Lack of resources are mentioned by all countries. For example, in Hungary there is limited budget (for services of perpetrators) and in Sweden, conflicts often arise about who is financially responsible for paying difficult and long-lasting treatments.

## Conclusions

Care services for victims and perpetrators of child abuse and neglect are part of the governmental policies concerning child abuse and neglect in Germany, Portugal, Sweden and The Netherlands.

Different kinds of care services are available for victims of child abuse and neglect and their perpetrators. Within the services for victims, a distinction can be made between services for families and services for children. Whereas families can receive support, programmes for developing (parenting) competencies or treatment, children can receive psychological or psychiatrist services, semi-residential services or they can be placed outside the home.

In most countries- except The Netherlands- the local government is responsible for implementing most of these care services (not including treatment and psychological or psychiatrist services). In some countries like Germany and Portugal the different kinds of care services are laid down in legislation.

It seems that all countries distinguish both a so-called voluntary route and a forced (or legal) route to/by the youth care system. The legal route is the child protection policy; a clear similarity between all countries. However, within these countries there are differences regarding the organisation that is responsible for both the voluntary and the forced route to/by the youth care system. In Hungary and Sweden they are legally separate procedures but executed by the same local (government) organisation. This is not the case in Portugal and The Netherlands. The legal route is usually chosen when children are in danger and in Sweden, Germany and The Netherlands this requires a court decision. Furthermore, in Germany court interventions in families are only possible, if parents are not able or willing to avert the endangerment of their child.

Several care products have been developed in the five countries. The few mentioned products include –among other things- reports, laws, new institutions, and grants as well quality measures.

Two kinds of good practices are mentioned in the country reports: (new) care services, projects or programmes and cooperation between different kinds of professionals. Bottlenecks have however also been identified, including the lack of specific treatment programmes for victims and specific services for perpetrators of child abuse and neglect as well as the lack of resources.

# Chapter 7 The integration of services

## Introduction

This chapter deals with the integration of services. The first section deals with different ways of integrating services. The second section addresses legislation about confidentiality and data protection as well as specific codes, duties or oaths of confidentiality for professionals working with children. The third section deals with specific products that have been developed to enforce and/or stimulate the integration of services and relevant research. The next subsections address good practices and bottlenecks. The final subsection contains some conclusions.

## Initiatives developed for integrating services

This deals with different ways of integrating services; governments can enforce or stimulate cooperation, but grass root initiatives of cooperation also exist.

### ***Governments & enforcing integration***

Governments can enforce integration of services that are/ can be involved in preventing, detecting, reporting and/or treating child abuse and neglect by laying this down in legislation. This is done in all five countries.

In Hungary and Sweden, there is legislation that specifically addresses cooperation regarding child abuse and neglect. For example, in Sweden the 'Social Services Act' states that with regard to issues concerning children in abuse and neglect or who are at risk, the social welfare board shall cooperate with social institutions, organizations and other instances involved. The Board shall actively work for achieving cooperation.

In contrast, in some countries there is legislation that requires cooperation between different services or professionals that could play a role in preventing, detecting, reporting and treating child abuse and neglect. This is for the example in the case in The Netherlands, where legislation stipulated all municipalities to set up local 'Youth and Family Centres' by the end of 2011. The core business of such a centre is connecting, upgrading and strengthening the already available support on growing up and parenting support. Such a centre could play a role in preventing problems, including child abuse or neglect.

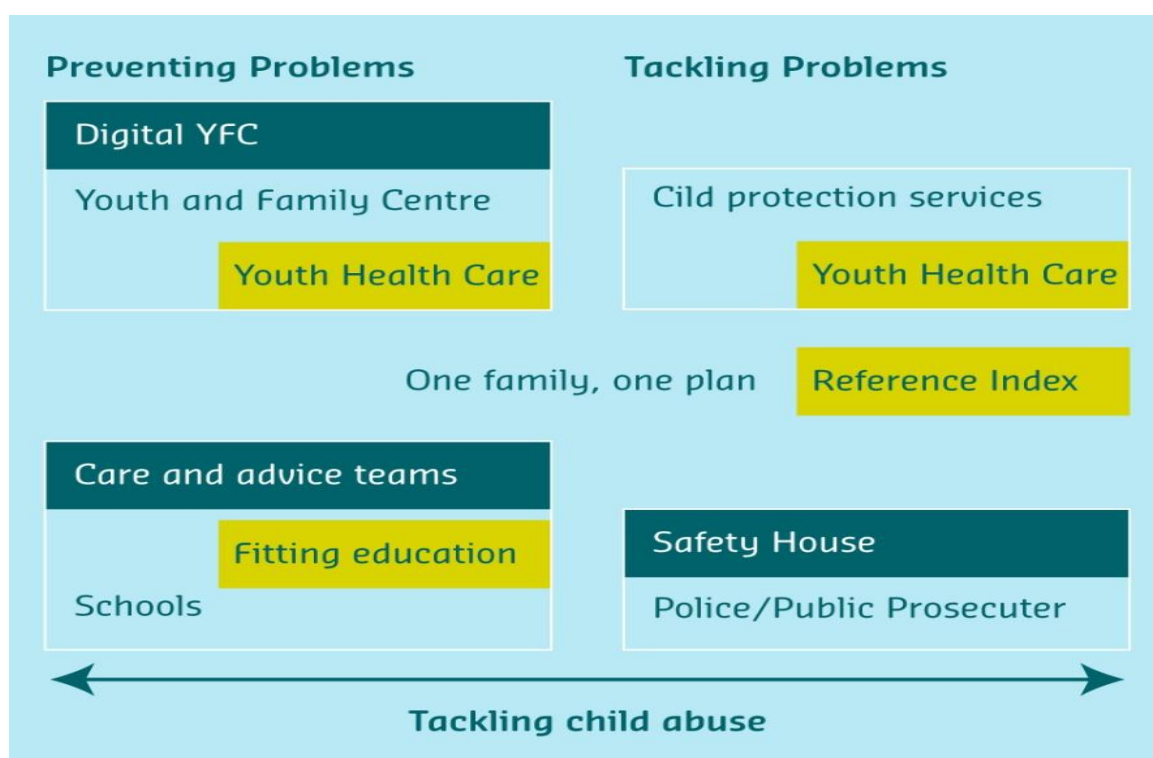
### ***Governments & stimulating integration***

Governments in Germany, Portugal and Sweden have taken initiatives to stimulate the integration of services. For example, in Germany an important initiative on the federal level to improve the cooperation between different agencies and professions was the establishment of the 'Early Prevention programme' and the funding of the activities of 'National Centre on Early Prevention'.

### ***Grass root initiatives of integration***

In both Sweden and The Netherlands, grass root initiatives of cooperation between professionals and services that together that could play a role in preventing, detecting, reporting and/or treating child abuse and neglect also exist. This includes the 'Family Centres' in Sweden that nowadays receive considerable support from the Government. Dutch examples include so-called 'School Care and Advice Teams' and 'Safety Houses' that could play a role in tackling child abuse and neglect (see graph 5). In a 'School Care and Advice Team', professionals from care and education (from one or more schools) work together to detect possible problems of children, to discuss these problems and to start helping them.

Graph 5 Preventing and tackling problems & tackling child abuse by integrating services in The Netherlands



## Confidentiality and data protection

All country reports, except that of The Netherlands, report about legislation for confidentiality and/or data protection. In Hungary and Germany, there are regulations for both topics- in Germany confidentiality is seen as a part of data protection. In addition, in Sweden there is legislation on confidentiality and in Portugal on data protection. Both in Germany and Sweden, specific regulations are set for professionals working with children and families. For instance, in Germany *SGB VIII* contains regulations about data protection for both public and private child and youth welfare providers.

In Germany, Portugal and The Netherlands, there are specific codes, duties or oaths of confidentiality for professionals working with children. For example, in Portugal the so-called deontological codes of for instance psychologists, doctors and nurses establish that these professionals are obliged to keep the privacy and confidentiality about their patients.

In most countries, some exceptions to these regulations, codes, duties or oaths also exist; in certain circumstances information can be shared by professionals, such as in cases of (suspicions of) abuse. For example, in in Germany, the Child and Youth Authority can pass on data without consent but not without knowledge under five conditions, such as if the protection of the child requires immediate action by other institutions, such as a hospital or the police.

## Products and their results

The section deals with specific products that have been developed to enforce and/or stimulate the integration of services . This section also contains relevant research findings.

### **Products**

- Laws

Both in Germany and The Netherlands, legislation has been introduced to enforce and/or stimulate the integration of services. For example, in The Netherlands it has been proposed that so-called family guardians will have access to all the necessary information to guarantee the safety of a child. The safety of a child is considered more important than a physician's duty of professional confidentiality in cases in which the magistrate of a juvenile court has decreed that a child needs extra help.

- Documentation systems

Documentation systems have been developed in all countries. For example, both in Sweden and Hungary adaptations of the English 'Looking After Children Assessment and Documentations System' were implemented (and/or laid down in legislation). Furthermore, in Portugal the methodology 'AI' (*Atendimento Integrado*- Integrated Services) is implemented in the municipalities of Amadora and Matosinhos. This methodology intends to be a new way of conceiving, organizing and managing already existing resources. This approach is facilitated by the establishment of a case manager. Resulting from this methodology, it was decided to adopt one single tool - called the *Ficha de Processo Familiar* (Family Process File)- for registering the information, diagnosis and planning of the intervention. Its database- located in the Social Security Services- contains all cases and their case manager and must be consulted before opening a new case. In addition, in Germany many different documentation systems have been developed, especially in the child and youth welfare offices.

- Information manuals

In Germany, in cooperation with the 'Information Centre on Child Abuse and Neglect' and the 'German Institute for Youth Welfare and Family Law', the 'National Centre for Early Prevention' has issued guidelines for professionals. These guidelines deals with the different regulations regarding data protection that exist in the area of early preventive services that are provided by the child and youth welfare services and the health sector.

- Case coordination

In Germany, Hungary and Portugal, some form of case coordination has been introduced.

### **Research findings**

German research shows that conditions for successful cooperation are:

- Political commitment to reaching a common goal
- Sufficient financial and human resources
- Time reserved for cooperation activities
- Cooperation being binding
- Coordination of the network by a specific person or institution
- Intercultural competences

## Good practices

Good practices were only included in the reports of Germany, Sweden and The Netherlands. Some of the good practices have been discussed in earlier sections or chapters, such the (youth and) family centres.

Sweden also mentions certain projects and interventions, such as *Gryningen*. This is an early childhood intervention aiming to promote child health and well-being, enhance the development of competence and prevent mental illness and other negative developmental patterns.

Another good practice in The Netherlands is the development of the regional action protocols which describe the different roles of the partners in dealing with child abuse.

In addition, in Germany a federal action programme has promoted a closer cooperation between the child and youth services and the health sector in early childhood prevention and intervention.

## Bottlenecks

The most important bottleneck regarding integrated working is the complexity of the regulations about data protection and confidentiality and misunderstandings of professionals about these regulations or their codes, duties or oaths of confidentiality. For example, in The Netherlands in practice professionals sometimes do not share information; they think they are not allowed to do so because of their duty of professional confidentiality.

According to the Hungarian report, other bottlenecks regarding integrated working include the lack of knowledge, resources, willingness, political reasons. Some of these bottlenecks are also obvious from the reports of the other countries:

- Lack of continuation from universal services to (targeted) care services

In some countries there is a lack of continuation from universal services to (targeted) care services; there is no link between these different kinds of services.

- Lack of knowledge

The lack of knowledge is also obvious from the report of The Netherlands. Dutch research identified the two bottlenecks in the Netherlands when it comes to working together in the social welfare system. The first is the barrier between the adult care and the 'Child and Youth Social Care'; they are both not clear on the role of the youth care agency. The second is that these sectors do not always know what the other sector does and for whom. Wrong expectations of each other can lead to frustration.

- Lack of resources

In several countries, such as Portugal and Germany the lack of resources is a bottleneck regarding cooperation. For instance, in Portugal the dispute for resources is considered one of the problems regarding the relationship between entities.

## Conclusions

There are different ways of integrating services; governments can enforce or stimulate cooperation, but grass root initiatives of cooperation also exist. The Dutch and Swedish (youth and) family centres are considered good practices of integrating services.

Whereas these centres in The Netherlands resulted from governments enforcing cooperation, the centres in Sweden are an example of a grass root initiative of cooperation.

Legislation about confidentiality and data protection as well as specific codes, duties or oaths of confidentiality for professionals working with children can both hamper the integration of services . However, in most countries, there are some exceptions to these regulations, codes, duties or oaths in the sense that in case of (suspicions of) child abuse and neglect, professionals can share information

Furthermore, specific products have been developed to enforce and/or stimulate the integration of services, such as laws, documentation systems, information manuals and case coordination. In addition, several preconditions for successful cooperation have been identified, such as sufficient financial resources. In contrast, one main bottleneck for cooperation is the lack of resources. Other possible bottlenecks include the lack of continuation from universal services to (targeted) care services and the lack of knowledge.

# Chapter 8 The education and training of professionals

## Introduction

This chapter deals with the education and training of professionals. It addresses relevant governmental strategies and actions; involved people and organizations; products and their results; good practices; bottlenecks; conclusions.

## Governmental strategies and actions

In all countries but Hungary, governmental strategies and actions have been developed to improve the knowledge and skills of professionals concerning preventing, detecting, reporting, stopping and/or treating child abuse and neglect during their original training or later in their career. For example, in Portugal the 'Fourth National Plan against Domestic Violence (2011-2013)' announces the implementation of 50 measures within the five strategic areas of intervention. The fourth area is the qualification of professionals, in particular those professionals working with victims and perpetrators of domestic violence.

In recent years, there have been many efforts regarding the education and training of professionals in Hungary, but not at national level. Rather, these efforts were initiated and implemented by some professional groups and professions. There have been plans to better regulate and standardize the system of training, vocational training. However, so far very limited discussions have been organized and for the time being there is no desire to focus on any form of abuse, neglect prevention or intervention or rehabilitation. Rather, the focus is on punitive measures by the police and the court. This is partly due to the crisis and partly due to political will.

## Involved people and organizations

This section on the involved people and organizations outlines the educational requirements for people working with children, the extent to which prevention, detection, reporting and/or treatment of child abuse and neglect are part of their initial education, respectively their further education and training.

### *Educational requirements for people working with children*

It is difficult to make a general statement about the minimal educational requirements for people working with children in the different countries as these requirements vary from country to country. However, in most countries the situation the qualification of people working with children depends on the field they work in and of their function within the system.

### *Child abuse and neglect within initial training*

The extent to which preventing, detecting, reporting and/or treating child abuse and neglect are part of the initial training for professionals differs in the five countries.

In Hungary, Portugal and Sweden, this is part of the initial education of at least some of the professionals working with children. For instance, in Sweden knowledge about neglected children is integrated in the total training system of social workers. Furthermore, child abuse and negligence are part of the initial (and further) training of judges in Portugal. In contrast, in Hungary the training is about domestic violence; children are not the primary targets.

The extent to which child abuse and neglect are addressed within initial training is not known in Germany. In Germany this unclear, mainly because the responsibility for education lies with the *Länder* and the universities enjoy much independence. Finally, Dutch research from 2007 showed that child abuse and neglect was hardly addressed in the initial education of professionals working with children.



### ***Child abuse and neglect within the further training***

Preventing, detecting, reporting and/or treating child abuse and neglect seem to be part of the further education of professionals working with children in all countries, but only very partially in Hungary. As is clear from the next paragraph on products and results, in all countries -but Hungary- the variety of the further education and training courses has increased considerably within the last few years.

## **Products and their results**

Many different kinds of products have been developed in the different countries in relation to education and training, including:

- Laws

In Germany, the new 'Federal Child Protection Act' provides a right to expert consultation on matters of child protection for persons working with children.

- Inventories of the existing situation regarding education or training

Inventories of the existing situation regarding currently available education or training have been made in The Netherlands or will be made in Germany. For example, in The Netherlands, the 'Ministry of Health, Welfare and Sport' asked the 'Netherlands Youth Institute' to make an inventory of the attention to child abuse and neglect in the relevant educational courses for medical professionals working with children. The inventory was recently completed. Other inventories might follow.

- New kinds of initial training of professionals

New kinds of initial training of professionals are developed in Germany. There, new university studies are created that explicitly address the topic of early prevention, especially in early childhood education.

Products for the further training for professionals

In all countries but Hungary, products (in particular trainings) have been developed for the further training of professionals. For example, in Portugal the Plan DOM (*Desafios, Oportunidades e Mudanças*- Challenges, Opportunities and Changes) contains two types of measures, including developing training for the directors and for the technical and educational teams of organizations .

- Other products

Other products that have been developed for professionals working with children - among other things- include:

- information materials about early detection of children being exposed to violence and other types of abusive treatment (Sweden);
- a national campaign to enhance the competencies of professionals in child and youth institutions and services in handling child abuse cases (Germany);
- a national database with the existing training programmes concerning child abuse and neglect (The Netherlands)
- professionals standards (Hungary)

### ***Available research***

Research in the Portugal and The Netherlands shows that the developed products resulted in an improvement of the available services and in an increase in knowledge. For example, in Portugal the Annual Evaluation Report of the Activity of the *CPCJs* 2009 showed that the specific training of the technical staff of the *CPCJs* between 2006 and 2008 contributed -among other things- to improvements in the services for families and for a considerable part to an increased sense of security and know-how amongst its members.

## Good practices

Only the country report of Hungary and Portugal did not outline any good practises regarding the education and training of professionals.

In contrast, some of the good practices of Sweden and The Netherlands include earlier mentioned products, such as *BBIC* in Sweden and the national database with the existing training programmes concerning child abuse and neglect in The Netherlands. Other good practices from these countries concern local projects combating staff turnover (Sweden) and specific trainings that have been developed (The Netherlands). For example, in The Netherlands E-learning modules about combating child abuse and neglect have been developed. In addition, in Germany professionals often have a high level of formal qualification. Moreover, the awareness for the need for corresponding further training has risen in Germany.

## Bottlenecks

The identified problems in the countries concerning the education and training of professionals – among other things- include-:

- Initial education is not uniform across the country

In the Netherlands, Sweden and Germany the initial education of professionals working with children is not uniform across the country. For example, an assessment of the training of social workers at Swedish universities showed -among other things- that the contents of the training of social workers can vary greatly, depending on the place of education.

Both in Sweden and Portugal the existing further education and training does not meet the needs of professionals or their employers. For example, various studies of the *CPCJ* –among other things- show the need for more and longer training sessions, for more room for discussing practical cases during the training sessions. Furthermore, even after the sessions, training needs still persisted in several areas. In addition, in Sweden the content of the education at the master level that is organized by the university is considered not relevant by employers.

- Financing of further training

Both in The Netherlands and Sweden, there are problems regarding the financing of further training. For example, in The Netherlands, while most regions do have an education plan, organizations often do not have the budget and/or time for the education of professionals.

- Other problems

Other identified problems had to do with:

- difficulties regarding recruiting and retaining staff (Sweden), in particular staff with appropriate professional experience (Germany);
- the professionals not having the time to take courses (Sweden);
- the uncertainty regarding the future of professional standards, protocols and training (Hungary).
- Different groups of professionals speak a different ‘language’.

## Conclusions

In all countries but Hungary, governmental strategies and actions have been developed to improve the knowledge and skills of professionals concerning preventing, detecting, reporting, stopping and/or treating child abuse and neglect during their original training or later in their career. In the recent years there have been many efforts regarding the education and training of professionals in Hungary, but not at the national level. Rather, these efforts were initiated and implemented by some professional groups and professions.

It is difficult to make a general statement about the minimal educational requirements for people working with children in the different countries as these requirements vary from country to country. However, in most countries the qualification of people working with children depends on the field they work in and of their function within the system.

The extent to which preventing, detecting, reporting and/or treating child abuse and neglect are part of the initial training for professionals differs in the five countries; in The Netherlands, it hardly is. In Hungary, Portugal and Sweden this depends on the profession. In addition, in Hungary the training is about domestic violence; children are not the primary targets. Whether these topics are addressed in initial training in Germany and is not known. In contrast, preventing, detecting, reporting and/or treating child abuse and neglect does seem to be part of the further education of professionals working with children in all countries, but only very partially in Hungary.

Many different kinds of products have been developed in the different countries in relation to their education and training, including -among other things- acts, inventories of the existing situation, new kinds of initial training as well as products for the further training for professionals.

The country reports of Hungary and Portugal did not outline any good practices concerning the education and training of professionals. In contrast, some of the good practices concern increased awareness for the need for corresponding further training (Germany), local projects combating staff turnover (Sweden), specific trainings that have been developed (The Netherlands).

The identified problems in the countries concerning the education and training of professionals – among other things- include the fact that initial education is not uniform across the country, the fact that further education and training does not meet the needs of professionals or their employers and the financing of further training.

## Chapter 9 Summary and interesting elements

This chapter summarizes the main points from the previous chapters. Several interesting elements in relation to combating child abuse and neglect in Germany, Hungary, Portugal, Sweden and The Netherlands regarding child abuse and neglect are portrayed in a graph.

### Summary

#### *Child welfare system*

There are great differences between the child welfare systems in Germany, Hungary, Portugal, Sweden and The Netherlands in the sense of who does what. One similarity is the decentralisation of the services related to preventing or tackling child abuse and neglect from the national government to lower (mainly local) governments, close to parents. There are also great differences in the extent to which the child welfare system in these five countries can be classified as holistic or dualistic. Whereas only the Swedish and Dutch child welfare system fit one of these categories, the Portuguese system contains elements of both. In addition, there seems to be a difference between policy and practice in Hungary.

#### *The measurement and management of tackling child abuse and neglect*

#### Strategies

All countries have national strategies addressing child abuse and neglect. In addition, in all countries child abuse and neglect are also part of other governmental strategies or plans that address wider subjects, such as ones dealing with domestic violence or children's rights.

In all countries but Hungary, the national strategy is a framework for the activities of the lower governments. In contrast in Hungary, the national strategy that aims to prevent and handle family based violence has been approved of by Parliament, but was never implemented.

#### Definitions

Just like the World Health Organization, all countries have rather broad definitions of the child abuse and neglect in place; within the existing definitions in these countries specific subtypes of child abuse and neglect are distinguished. Despite this, these terms are not always clearly defined in legislation.

#### Legislation

Regarding legislation, in all five countries corporal punishment in all settings - including the home, schools and alternative care - is prohibited by law. In addition, prohibiting some kind of child abuse or neglect is integrated in the criminal code of these countries. However, between countries, there are differences regarding the kind of abuse that is included in this code. Furthermore, in Germany, Sweden and The Netherlands a civic code contains articles about child abuse and neglect. In contrast, all countries also have other legislation concerning child abuse and neglect. Finally, the impact of the legislation on practice is known in Germany, Hungary and Sweden.

In all countries, research was conducted on the attitudes of citizens regarding corporal punishment and/or child abuse and neglect. In addition, in all these studies, parents were questioned about having experienced some kind of child abuse or neglect.

Furthermore, in all countries there have been studies with representative samples. At last, some countries (Germany, Hungary and Portugal) report about the lack of data and/or evaluation of the effectiveness of support services.

Besides these similarities, the research on child abuse and neglect that has been carried out in the different countries varies greatly. These differences concern the data collection methods, research population, type of sample, research topics and (consequently) the findings.

### ***Universal and preventive services***

There is a wide range of universal and preventive services in Germany, Hungary, Portugal, Sweden and The Netherlands. Three types of services are available in (almost) all countries: early child education and care; health care services for expecting mothers, children and young people; parenting support. Not in all countries do the universal services have an explicit role/duty in detecting child abuse and neglect and are trained in this.

Other possible preventive services include schools and child welfare services. All these services can be universal and/or targeted at children or families at risk. In Germany, Sweden and The Netherlands (youth and) family centres have been developed that integrate (some of) these services.

### ***Detecting, reporting and stopping child abuse and neglect***

Reporting of child abuse and neglect is (partly) mandatory in all countries but The Netherlands. Reporting duties at the national level exist in Hungary, Portugal and Sweden. In Germany reporting duties exist at the national level and at the level of the *Länder*. In The Netherlands, there is no reporting duty and the law of a mandatory reporting code still has to come into effect. Between and within countries, great differences exist regarding to whom the reporting obligations regarding suspicions of child abuse and neglect apply and where to make these reports.

When it comes to stopping abuse, in most countries, immediate action can be taken in case of child endangerment. Furthermore, in Sweden, The Netherlands and Portugal organizations where suspicions of child abuse and neglect are reported to also play a role in investigating this.

In addition, in most countries, the police and public prosecutor play a role in investigating whether crimes took place in relation to the reported child abuse and neglect.

### ***Care services***

Different kinds of care services are available for victims of child abuse and neglect, their families and perpetrators. Within the services for victims, a distinction can be made between services for families and services for children. Whereas families can receive support, programmes for developing (parenting) competencies or treatment, children can receive psychological or psychiatrist services, semi-residential services or they can be placed outside the home

Between countries, there are differences in the level of organisation of the different services.

Several bottlenecks have been identified, including the lack of specific treatment programmes for victims and specific treatment services for perpetrators of child abuse and neglect as well as the lack of resources.

### ***The integration of services***

Services can be integrated in several ways; governments can enforce or stimulate cooperation, but grass root initiatives of cooperation also exist. The Dutch and Swedish (youth and) family centres are considered good practices of integrating services. Whereas these centres in The Netherlands resulted from governments enforcing cooperation, the centres in Sweden are an example of a grass root initiative of cooperation.

Legislation about confidentiality and data protection as well as specific codes, duties or oaths of confidentiality for professionals working with children can both hamper the integration of services. However, in most countries, some exceptions to these regulations, codes, duties or oaths exist in the sense that in case of (suspicions of) child abuse and neglect, professionals can share information. Furthermore, specific products have been developed to enforce and/or stimulate the integration of services, such as laws, documentation systems, information manuals and case coordination.

In addition specific products have been developed to enforce and/or stimulate the integration of services, such as laws, documentation systems, information manuals and case coordination.

Several conditions for successful cooperation include for instance sufficient financial resources.

In contrast, one main bottleneck for cooperation is the lack of resources. Other possible bottlenecks include the lack of continuation from universal services to (targeted) care services and the lack of knowledge.

### ***The education and training of professionals***

It is difficult to make a general statement about the minimal educational requirements for people working with children in the different countries as these requirements vary from country to country. However, in most countries the qualification of people working with children depends on the field they work in and of their function within the system.

The extent to which preventing, detecting, reporting and/or treating child abuse and neglect are part of the initial training for professionals differs in the five countries; in The Netherlands, it hardly is. In Hungary, Portugal and Sweden this depends on the profession. In addition, in Hungary the training is about domestic violence; children are not primary targets in it. Whether these topics are addressed in initial training in Germany and is not known. In contrast, preventing, detecting, reporting and/or treating child abuse and neglect does seem to be part of the further education of professionals working with children in all countries, but only very partially in Hungary.

However, many different kinds of products have been developed in the different countries in relation to education and training, including -among other things- laws, inventories of the existing situation regarding education and training new kinds of initial training of professionals and products for the further training for professionals.

Good practices concern local projects combating staff turnover (Sweden) and specific trainings that have been developed (The Netherlands).

Different obstacles concerning the education and training of professionals were identified, including – among other things – the fact that initial education is not uniform across the country, the fact that further education and training does not meet the needs of professionals or their employers and the financing of further training.

## Interesting elements

Graph 6 Combating child abuse and neglect in Germany, Hungary, Portugal, Sweden and The Netherlands

	Germany	Hungary	Portugal	Sweden	The Netherlands
<i>Child welfare system</i>	By law, the 'Child and Youth Welfare Authority' has to ensure a wide variety of services	There is excellent legislation, but many do not know about it.	The responsibility of intervention is the responsibility, successively, of the <i>ECMIJ</i> , the <i>CPCJs</i> and, lastly, of the courts	Strong emphasis on preventive and early interventions within the framework of universal services	Distinction between local general and preventive youth policy and the provincial 'Child and Youth Social Care' system
<i>Universal and preventive services</i>	A federal early prevention programmes aims at improving cooperation, in particular between child & youth welfare services and public health care system	Lack of services for at risk population	<i>ECMIJ</i>	Interventions for families and children with special needs are undertaken within the framework of the same interventions of the universal services	Integration of several universal services in Centre for youth and families
<i>Detecting, reporting and stopping of child abuse and neglect</i>	Various rules for professionals in different fields of work in (suspected) cases of child endangerment	There is mandatory reporting for professionals, but the number of reports is very limited	Mandatory reporting for everyone, but there is complex legislation for different professionals	Mandatory reporting for professionals  Special legal representative for child	No reporting duty; law on reporting code not yet in effect
<i>Care services</i>	'Child and Youth Welfare Authority' has to ensure a variety of services	Lack of services for perpetrators	Focus of services on perpetrators of domestic violence  Care for victims laid down in legislation	Good practice:  Children's houses	Child protection is separated from youth care
<i>The integration of services</i>	Cooperation between different systems is stressed in the new 'Federal Child Protection Act'	The duty to cooperate is laid down in legislation.	<i>CPCJ</i>	Different integration initiatives: family centres, children houses.	Different integration initiatives: e.g. care and advice teams, safety houses
<i>The education and training of professionals</i>	Different developments, e.g. introduction of relevant legislation & university studies & development of products for training of professionals	Efforts regarding education have not been made at the national level, but were initiated and implemented by some professions.	Detecting, reporting and treating child abuse and neglect part of initial education of social workers, but difficulties in training, recruiting and retaining them.	Education and training of professionals is addressed in a governmental programme.	Initially, hardly any attention to child abuse and neglect in initial education, nowadays several separate initiatives.



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# Annex 1 Description of the résumé and analysis of the national information and research

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

Please describe in this chapter the following subjects:

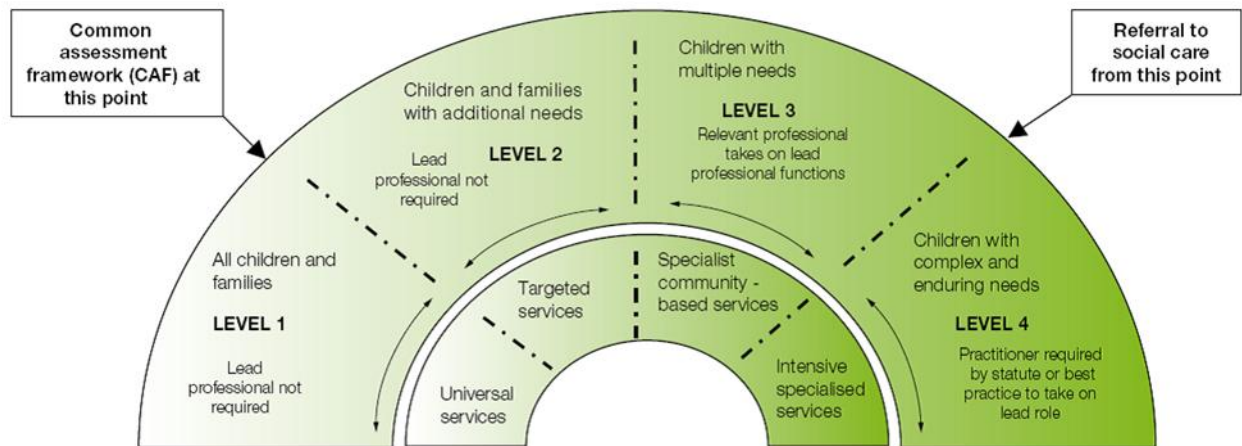
- Definition of child abuse and neglect
- Prevalence and attitudes towards child abuse and neglect
- Structure and main principles of the governmental policy concerning child abuse and neglect
- Legislation on child abuse and neglect
- Child welfare system: model, structure and responsibilities

Possible questions:

- What definition of child abuse and neglect do you use in your country?
- 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.
- 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.
- 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.
- 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.
- 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)?
- What legislation is dealing with child abuse and neglect in the family?
- 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 specifies other forms of child abuse and neglect in the family? If yes, is it integrated in a civil code or a criminal code?
- What is 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.
- Can you give a sort of 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 Windwiper model as portrayed on the next page (as used in the UK).
- 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 and 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.
- 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 need them. Thus voluntary organizations or churches are seen as best the places 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.

Graph 2 The windshield wiper model of the continuum of care



The continuum of care consists of universal and preventive services, detection, reporting & stopping and treatment services.

#### Chapter 2: Universal and preventive services

- Please describe in this chapter the following subjects:
- Governmental strategies and actions on the level of universal and preventive services.
- Involved people and organizations and their tasks
- Products and results
- Good practices and problems

Possible questions:

- Is the prevention of child abuse and neglect part of the governmental policy concerning child abuse and neglect? If yes, please answer the following questions. If no, do you know why?
- In your country, what are the main governmental strategies and actions on the level of prevention? Please make a distinction between universal prevention for all parents and children and selective prevention for risk groups and/or individuals.
- What organizations /professions/volunteers are involved? What are their tasks?
- 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 briefly describe the products.
- 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 organizations . Please describe the research question, the method and the results of the research.
- What are good practices from your country concerning the prevention of child abuse and neglect?
- What are problems in your country concerning the prevention of child abuse and neglect?

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

Please describe in this chapter the following subjects:

- Governmental strategies and actions on the level of detection, reporting and stopping of child abuse and neglect
- Involved people and organizations and their tasks
- Products and results
- Good practices and problems

Possible questions:

- Is the detection, reporting and stopping of child abuse and neglect part of the governmental policy concerning child abuse and neglect? If yes, please answer the following questions. If no, do you know why?
- In your country, what are the main governmental strategies and actions on the level of detection, reporting and stopping? Is there an official reporting agency where suspicions of child abuse and neglect can be reported?
- What organizations /professions/volunteers are involved? What are their tasks? Whose accountability is the detection, reporting and stopping of child abuse and neglect?
- Are there in your country advisory and/or reporting centres? Please describe them briefly.
- 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 briefly.
- 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?
- 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 organizations. Please describe the research question, the method and the results of the research.
- What are good practices from your country concerning the detection, reporting and stopping of child abuse and neglect?
- What are problems in your country concerning the detection, reporting and stopping of child abuse and neglect?

### *Chapter 4: Treatment services*

Please describe in this chapter the following subjects:

- Governmental strategies and actions on the level of treatment services.
- Involved people and organizations and their tasks
- Products and results
- Good practices and problems



Possible questions:

- Are treatment services for victims and perpetrators of child abuse and neglect part of the governmental policy concerning child abuse and neglect? If yes, please answer the following questions. If no, do you know why?
- In your country, what are the main governmental strategies and actions on the level of treatment?
- What organizations /professions/volunteers are involved? What are their tasks? What age boundaries do they use?
- Are there any products of the main strategies and actions on the level of treatment? Products are for example: reports, laws, institutional changes and/or new institutions, grants, education etc. Please describe the products briefly.
- 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 organizations . Please describe the research question, the method and the results of the research.
- What are good practices from your country concerning the treatment services for victims and perpetrators of child abuse and neglect?
- What are problems in your country concerning the treatment services for victims and perpetrators of child abuse and neglect?

#### *Chapter 5: Integrating services*

There are a number of ways in which inter agency cooperation can be fostered, including formal reporting protocols, technological data exchanges, informal meetings, multi-disciplinary teams, co-location of services, joint training and interagency strategic bodies. Please describe in this chapter the following subjects:

- Initiatives developed for integrating services
- Involved people and organizations and their tasks
- Confidentiality and data protection
- Products and results
- Good practices and problems

Possible questions:

- Have initiatives been developed in country to overcome boundaries and encourage communication between agencies and professions?
- What initiatives and between what agencies (institutional level) and professions (case level)?
- Is there a duty to cooperate on the operational and organisational level? What does it mean in practice?
- Is there in your country legislation for confidentiality and data protection? What does it mean in practice?
- 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 briefly.
- 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 organizations . Please describe the research question, the method and the results of the research.
- What are good practices from your country concerning the integrating of services?
- What are problems in your country concerning the integrating of services?



## Chapter 6: Education and training of professionals

Please describe in this chapter the following subjects:

- Minimal educational requirements
- Initiatives developed for the professionalization of professionals: work force development plan(s) and/or specific action plans on education and training on child abuse and neglect
- Involved people and organizations and their tasks
- Products and results
- Good practices and problems

Possible questions:

- What are the minimal educational requirements for people working with children? Please differentiate between different professions (and mention care workers).
- 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?
- Have country action plans been developed in your country 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?
- 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 briefly.
- 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 organizations . Please describe the research question, the method and the results of the research.
- What are good practices from your country concerning the education and training of professionals?
- What are problems in your country concerning the education and training of professionals?

## Annex 2 Powerpoint of main results

Prevent and Combat Child Abuse: What works?

An overview of regional approaches, exchange and research

Main results of Workstream 1:  
Collecting and Comparing  
Strategies, Actions and Practice



### Project Partners

- Netherlands Youth Institute, The Netherlands (coordinator)
- Verweij-Jonker Instituut, The Netherlands
- Örebro Regional Development Council, Sweden
- Family, Child, Youth Association, Hungary
- CESIS – Centro de Estudos para a Intervenção Social, Portugal
- German Youth Institute, Germany



### Child welfare systems

- Great differences between the child welfare systems between countries
- Similarity: decentralisation of the (preventive & treatment) services from the national government to lower (mainly local) governments, close to parents



### National Strategies

- All countries have national strategies addressing (elements of) child abuse and neglect.
- In all countries child abuse and neglect are also part of other governmental strategies or plans that address wider subjects
- In all countries but Hungary, the national strategy is a framework for the activities of the lower governments. In contrast in Hungary, the national strategy that aims to prevent and handle family based violence has been approved of by Parliament, but was never implemented.



## Definitions and legislation

- All countries use rather broad definition of the terms child abuse and neglect
- Child abuse and neglect is not always clearly defined in legislation.
- In all five countries corporal punishment in the home is prohibited by law.
- Prohibiting some kind of child abuse or neglect is integrated in the criminal code, difference: which kind of abuse that is included in this code.
- In Germany, Sweden and The Netherlands there is a civic code with articles about child abuse and neglect
- All countries also have other legislation concerning child abuse and neglect.
- The impact of the legislation is on practice is only known in Germany, Hungary and Sweden.



## Research e.g. on attitudes

- In all countries:
  - Parents questioned about having experienced abuse
  - Attitude studies
- Differences in research concerning:
  - Data collection methods
  - Type of sample
  - Research topics
  - (Consequently) the findings.



## Universal and preventive services

- Wide range of universal and preventive services in all countries.
- 3 types of services are available in (almost) all countries:
  - Early childhood education and care;
  - Health care services for expecting mothers, children and young people;
  - Parenting support.
- Not in all countries the universal services have an explicit role/duty in detecting child abuse and neglect and are trained in this
- Other possible preventive services include schools and child welfare services.
- All these services can be universal and/or targeted at children or families at risk.
- In Germany, Sweden and The Netherlands (youth and) family centres have been developed that integrate (some of) these services



## Detecting, reporting and stopping CAN

- Reporting of child abuse and neglect is mandatory in all countries but The Netherlands
- Differences in & between countries whom reporting duties apply to
- Differences in & between countries in where to make reports
- When it comes to stopping abuse, in most countries action can be taken in case of child endangerment.
- In Sweden, The Netherlands and Portugal organisations where suspicions of child abuse and neglect are reported to also play a role in investigating this.
- In most countries the police and public prosecutor play a role in investigating whether crimes took place in relation to the reported child abuse and neglect.



## Care Services

- Different kinds of 'care services' available for:
  - Victims of child abuse and neglect
  - Their families
  - perpetrators.
- Within the services for victims, a distinction can be made between:
  - Services for families:
    - Practical support,
    - Programs for developing (parenting) competences
    - Treatment
  - Services for children:
    - Psychological or psychiatrist services,
    - Semi-residential services
    - Placement outside the home.



## Integration of services

- There are different ways of integrating services:
  - Governments can enforce cooperation
  - Governments can stimulate cooperation,
  - Grass root initiatives of cooperation.
- However, some aspects can hamper the integration of services:
  - Legislation about confidentiality and data protection
  - specific codes, duties or oaths of confidentiality for professionals working with children
  - But in most countries, there are some exceptions to these in case of (suspicions of) child abuse and neglect,
- Also specific products have been developed to enforce and/or stimulate the integration of services, such as:
  - laws
  - Documentation systems,
  - Information manuals
  - Case coordination.



## Education and Training of professionals

It is difficult to make a general statement about the minimal educational requirements for people working with children

In most countries the qualification of people working with children depends on:

- The field they work in
- Their function within the system.

Are preventing, detecting, reporting and/or treating child abuse and neglect

- Part of the initial education for professionals working with children?
  - Yes: Hungary, Portugal & Sweden,
  - Hardly: The Netherlands
  - Unknown: Germany
- Part of the further education of professionals working with children?
  - Yes: all but only very partially Hungary.



## Interesting elements

	Germany	Hungary	Portugal	Sweden	The Netherlands
<b>Child welfare system</b>	Bylaw, the child and youth welfare authority has to ensure a wide variety services	There is excellent legislation, but many do not know about it.	The responsibility of intervention is the responsibility, successively, of the ECMU, the CPQs and, lastly, of the courts	Strong emphasis on preventive and early interventions within the framework of universal services	Distinction between local general and preventive youth policy and the provincial child and youth social care system
<b>Universal and preventive services</b>	A federal early prevention programmes aims at improving cooperation, in particular between child & youth welfare services and public health care system	Lack of services for at risk population	ECMU	Interventions for families and children with special needs are undertaken within the framework of the same interventions of the universal services	Integration of several universal services in Centre for youth and families



## Interesting elements

	Germany	Hungary	Portugal	Sweden	The Netherlands
<i>Detecting reporting and stopping of child abuse and neglect</i>	Various rules for professionals in different fields of work in (suspected) cases of child endangerment	There is mandatory reporting for professionals, but the number of reports is very limited	Mandatory reporting for everyone, but there is complex legislation for different professionals	Mandatory reporting for professionals Special legal representative for child	No reporting duty, law on reporting code not yet in effect
<i>Care services</i>	Child and youth welfare authority has to ensure a variety of services	Lack of services for perpetrators	Focus of services on perpetrators of domestic violence Care for victims laid down in legislation	Good practice: Children's houses	Child protection is separated from youth care



## Interesting elements

	Germany	Hungary	Portugal	Sweden	The Netherlands
<i>The integration of services</i>	Cooperation between different systems is stressed down in the new Federal Child Protection Act	The duty to cooperate is laid down in legislation.	CPCJ	Different integration initiatives: family centres, children houses.	Different integration initiatives: e.g. care and advice teams, safety houses
<i>The education and training of professionals</i>	Different developments, e.g. introduction of relevant legislation & university studies & development of products for training of professionals	Efforts regarding education have not been made at the national level, but were initiated and implemented by some professions.	Detecting, reporting and treating child abuse and neglect part of initial education of social workers, but difficulties in training, recruiting and retaining them.	Education and training of professionals is addressed in a governmental programme.	Initially, hardly any attention to child abuse and neglect in initial education, nowadays several separate initiatives.



## Annex 3 Summaries of the national reports

### Germany

Germany is a federal republic with 16 partially sovereign constituent *Länder* (Federal States). The authorities of the *Länder* extend to legislation. The distribution of legislative powers and other competences between the federal government and the *Länder* is governed by the German Constitution.

The constitution guarantees basic rights to 82 million citizens. To promote and protect children's rights, the constitution regulates the distribution of responsibilities between parents and the state as follows: In the first place care and the education of children are the right and duty of parents. The state however monitors their activities. Only if parents fail to fulfil their care and educational duties sufficiently, the state is mandated and obligated to intervene. As regulated in the civil code this is the case if the threshold of child endangerment is met and if parents are unable or unwilling to avert present dangers. Moreover the state has the general duty to support families in their task of care and education.

#### *Definition, policy and child welfare system*

For the German child protection system, the legal term child endangerment is of major importance because for state interference with parental rights the child endangerment threshold has to be met. Moreover if there are significant indications that child endangerment is present in a case, professionals in child welfare and in some other sectors of society have a child protection mandate: They have a legal obligation to clarify whether, in which form, and to what extent child endangerment is present and what kind of support or intervention would be appropriate to avert the danger.

The term child endangerment is anchored in the law as a so called unspecified legal term. This does not mean that there is no legal definition. Rather, it means that there cannot be a simple rule to decide whether child endangerment is present or not. Instead always a holistic assessment of the situation of a child on a case-by-case basis is necessary. Regarding the legal definition the highest German civil court has ruled that child endangerment is present if the child is currently in danger; therefore, first, there must be a precisely identified current danger for the child. Second, the danger must almost certainly lead to significant harm to the child.

In particular, child neglect, physical and psychological maltreatment, and sexual abuse of children are seen as forms of child endangerment. Moreover, domestic violence is increasingly discussed as an additional form of child endangerment due to its high potential to cause significant psychological problems in children.

Based on the constitution legislation dealing with child abuse and neglect is part of the civil law, social law and criminal law.

Children's right to a non-violent upbringing was introduced into the civil code in the year 2000 banning physical punishment, psychological injuries and other degrading measures. However not every case of child spanking is seen as a case of (possible) child endangerment (significant harm can be foreseen with a high degree of certainty).

The German child and youth welfare system can be seen as holistic in the sense that it also promotes early voluntary intervention and preventive work.

One of the guiding principles of the child and youth welfare system as laid down in the social code is, that services shall be located close to the children, young people and their families.



The responsibility for child and youth welfare therefore lies with counties and towns, who are obliged to set up a 'Child and Youth Welfare Authority'.

Welfare services are organized according to the principle of subsidiarity: private (independent, non-governmental) institutions and services are given preference over public services and are financed by the state.

The Child and Youth Welfare Authorities have to ensure that there is a variety of providers with regard to the content of services, applied methods and value orientations.

**Policy:** In recent years the federal government has launched several national action plans and programs regarding early childhood prevention, intervention in cases of child abuse and neglect, the protection of children and young people from sexual violence and exploitation, an upbringing free of violence and the harmful consequences of partner violence for children.

#### *Universal and preventive services*

There are numerous universal, selective and indicated services in the area of child and youth services, healthcare, and education as well as in services for the disabled in order to support parents in their parenting task and to promote and protect children.

Pregnancy (conflict) counselling services have the earliest possible contact to women and girls, who expect a child under difficult living conditions. They support pregnant women in their decision for or against carrying the pregnancy to term and provide concrete assistance.

Professionals in the medical field get to know families e.g. while providing healthcare services during pregnancy or delivery as well as during the first years in a child's life.

To detect any developmental delays and health impairments as early as possible there is a nationwide universal 'Early Prevention Program'. It consists of ten to eleven examinations of children aligned with the most important developmental stages of a child's life. Examinations are provided by paediatricians. Program participation is mandatory for families in nearly all *Länder*. To what extent, these examinations are suitable as a measure to prevent or to detect child maltreatment is controversial in Germany. For the past years, within the framework of early prevention, some *Länder* and local governments have begun to send (family) midwives and pediatric nurses to visit families with health and psycho-social risks at home. The new 'Federal Child Protection Act' introduced at the beginning of the year 2012 aims to expand the use of family midwives, who are aimed to support families in stressful situations during the first year of children's life.

Early childhood education programs support families with disabled children or children likely to become disabled due to genetic defects, perinatal complications, infections, accidents, or psychosocial stress. Legal claims are regulated by different 'Social Code Books'.

#### *Child and Youth Welfare Services*

Child day care offered by child minders who are qualified and supported by professionals, or in institutional care facilities such as nurseries or kindergartens are child-centred services. According to plans of the federal government, parents of one to three-year olds will have a legal right for day care services starting in 2013. Under the current structural conditions, kindergartens however are often overburdened to meet the needs of every child, in particular children with developmental deficits or behavioural problems.

It is the objective of Child and Youth Services to create positive living conditions for families, to support parents, to promote the personal growth and social development of children and juveniles, and to protect them from dangers to their wellbeing.



In this regard, the preventive orientation of the ‘Children and Youth Support Act’ represents primarily family education and counselling. Its goal is to promote parenting skills, to strengthen the parent-child interactions, and to promote the development of the child. Among others, these include letters to parents, family guidebooks, parenting classes or training, which provide information and deal with topics relevant for child care, socialisation and education.

Programs with a main focus on parenting skills often take place in family education centres and counselling offices. However, parents, who are in particular need of support due to their stressful living circumstances, are less likely to attend these programs. Therefore, it is seen as an urgent challenge to reach this target group by offering low-threshold, visitation services.

For some families, in particular adolescent single parents with small children, specific residential institutions are offered, even if it is to just prevent a situation of child endangerment. Such a service may allow them to prepare for independent living and responsible parenting of the child within a protected framework.

Parents are legally entitled to receive parenting support if their parenting does not guarantee the wellbeing of the child or juvenile and this support is suitable and necessary for his or her development. Socio-educational support services include family counselling, social pedagogical family help, individual support and group work for children and juveniles, specialist day care for children, residential care and foster care. They are also often offered following an incident of child endangerment.

Over the past years, the idea of early prevention of neglect and abuse has become an integral part of a positive vision of a more advanced German child protection system. Under the keyword *Frühe Hilfen* (Early Support Services), professionals and politicians have argued that support services starting as early as possible, may have a preventive impact, reducing rates of child maltreatment in families living under burdensome conditions. The term ‘early’ can be understood under two different aspects: concerning the point in time, when the action starts (before the problem manifests itself) and concerning the age of the child (at an early developmental stage). Therefore *Frühe Hilfen* address parents with infants and toddlers as well as expecting mothers and fathers.

As the healthcare system is seen as having uncomplicated and easy access to families with young children and expecting mothers a major goal is to strengthen collaboration between the health care system and the child and youth welfare system.

#### *Detection, reporting and stopping of child abuse and neglect*

In the area of child and youth welfare, the ‘Child and Youth Welfare Authority’ has the most far-reaching powers, whenever the wellbeing of a child is in danger. Employees of the ‘Child and Youth Welfare Authority’ but also other specialists of the public and private child and youth services have a child protection mandate (federal law): in significant indications of child endangerment, the risk of endangerment must be evaluated and in case of an endangerment attempts should be made that necessary assistance is accepted. If an institution finds out about a child endangerment and there are not sufficient aids available or the parents refuse the necessary help, then the ‘Child and Youth Welfare Authority’ must be called upon. The ‘Child and Youth Welfare Authority’ must again evaluate the risk of endangerment and must offer the family help, if it sees it fit and necessary to avert the endangerment. If ‘Child and Youth Welfare Authority’ cannot complete such an assessment due to parental non-cooperation the family court has to be informed.

Aside from emergency situations during which the ‘Child and Youth Welfare Authority’ can take temporary custody of a child, only the family court can undertake necessary interventions into the parental custody to protect the child. Court interventions into families are only possible, if parents are not able or willing to avert the endangerment of their child.

In the event employees in the healthcare or educational system notice significant indications for child endangerment then the duties to act and notify are stipulated partially at the level of the *Länder*.

### *Treatment services*

The legislature provides for numerous support services. It is telling just how often this help is relatively unrelated to the problem; it is not only used for a specific form of endangerment such as physical violence only but also for other or further endangerment situations. In addition, many forms of help are available for child endangerment and for less severe or other problem situations. They can and must be flexibly adjusted based on a particular need.

Family interventions after child endangerment are normally the responsibility of social work even if other disciplines are possibly involved (e.g. adult psychiatry to treat a mentally ill and therefore limited in his or her ability to raise a child).

Employees of the 'Child and Youth Welfare Authority' often choose so-called 'Socio-educational Support Services' in consultation with the family. They include family counselling, social pedagogical family help, individual support and group work for children and juveniles, specialist day care for children, residential care and foster care. They are often offered following an incident of child endangerment.

In this context, external support services include 'Education and Family Advice Centres' that help children, juveniles, parents, and other guardians in overcoming the problems.

Another legally mandated standard program is the so-called 'socio-educational family assistance': the social worker visits the family regularly at home and supports the parents or single parent in raising and taking care of the children as well as in day-to-day practical matters e.g. taking care of the household. Types of individual support and group work are available for children and particularly juveniles to promote a positive development. Depending on the type and need of support services, these are provided once or several times per week. Partial inpatient support measures, such as day care centres that take care of children primarily in groups during the day of most weekdays offer comprehensive care, support, and assistance. In particular, vigorously structured facilities such as orthopaedagogic day care centres provide care for children in small groups and individual attention. Special needs educators work closely also with the parents.

Healthcare offers psychotherapy for various specific needs, which arise in the context of child endangerment.

In Germany, there is no conclusive data concerning the effectiveness of outpatient and partial inpatient support services after child endangerment.

If outpatient and part inpatient services are insufficient to avert the child endangerment, then the affected children are temporarily or for longer periods placed outside their families in foster care, adoption (in exceptional cases), institutional placement or other forms of residential group homes.

### *Integrating services*

The 'Child and Youth Welfare Authority' is obliged to cooperate with the private child and youth welfare services in a spirit of partnership. It shall not offer support services itself if they can be provided by private child and youth welfare organizations. It is the obligation of the 'Child and Youth Welfare Authority' to promote and fund these services.

With regard to the child protection mandate the ‘Child and Youth Welfare Authority’ has to make arrangements with organizations providing services under ‘Social Code, Book VIII’ (Child and Youth Welfare) to ensure that their staff exercise the child protection mandate and consult a specifically experienced expert in the assessment process of child endangerment. This expert can be a person within the organization, an expert from another private child and youth welfare organization or someone working for the ‘Child and Youth Welfare Authority’.

Regulations for mandatory cooperation in cases of (suspected) child endangerment between the ‘Child and Youth Welfare Authority’ and schools or health care exist in many *Länder*.

If employees of the ‘Child and Youth Welfare Authority’ arrive at the assessment that there is a child endangerment, and socio-educational support services are applied for, then they discuss together with the family and the participating professionals, which assistance is suitable and necessary to avert the endangerment. As a basis for the individual support arrangement they set up an assistance plan together. This procedure serves the purposes of planning and coordination, the documentation and evaluation of the assistance.

The new ‘Federal Child Protection Act’ obliges the ‘Child and Youth Welfare Authority’ to initiate networks in child protection to ensure a close and constructive cooperation. In some *Länder* such networks already exist.

In child protection cases data can be passed on under certain circumstances even without the consent of the caregivers but never without their knowledge. The new ‘Federal Child Protection Act’ facilitates the passing on of information to the ‘Child and Youth Welfare Authority’ for specific professions in cases of (suspected) child endangerment. It applies to doctors, midwives or other healthcare professions, psychologists, counsellors, social workers and teachers.

In the field of early childhood prevention and intervention the ‘Federal Ministry for Family Affairs, Senior Citizens, Women and Youth’ has assigned a lot of political weight and funding. This has helped to promote initiatives for closer cooperation of the child and youth welfare services and health care services at the local level.

### *Education and training of professionals*

As a general rule it can be assumed that people working with children within child protection (fulfilling preventive or interventionist tasks) have a vocational training that is adequate to their task or that they are coached by experts.

Professionals of the child and youth welfare authorities normally have a university (of applied sciences) degree.

Within recent years the need for advanced training has risen due to the further legal specification of the protection mandate that obliges the public and private service providers to an assessment of child endangerment if there are significant indicators. The variety of the further education and training courses has risen considerably within the past years. There are trainings for diverse topics in child protection focused on the different areas of work and professions. Overall it is a highly heterogenic field without binding standards.

University studies and vocational training: It is unclear to what extent child protection topics are included mainly due to the fact that the responsibility for education lies with the *Länder* and the universities enjoy much independence with regard to the concrete specifications of the courses of studies. But the field of child protection is gaining in importance. Currently, especially in early childhood education new university studies are created that explicitly address the topic of early prevention.

## Hungary

In Hungary, the child welfare system has been totally renewed and re-structured by the implementation of the 1997 child protection legislation. In a decentralized model, local authorities on all settlements (almost 3200) are responsible for providing universal basic child health, education and social services, while targeted services for children placed out of their family belong to the counties and it is also financed by them and the central budget..

Following the pattern of the 1989 'Children Act' in England, a working together methodology was introduced together with a mandatory reporting in cases of child abuse and neglect. The local child welfare services are responsible for the awareness raising, prevention and services for families at-risk and for interventions in case of abuse and neglect. Health professionals -health visitors - who are visiting every family where a child was born- have an on-going contact with children up to six years of age (and later as school nurses up to 14). These health professionals, GPs, paediatricians who see children regularly as well as early childhood professionals in nurseries and kinder-gardens, teachers, school social workers and those responsible for child protection have to report to child welfare services so-called risk situations and their suspicion or awareness of abuse and neglect. In recognized cases of abuse and neglect, child welfare services should provide family case work, refer the child and the family to targeted, highly specialized services (psychologist, psychiatrist) and inform the police if needed.

Local authorities are the duty bearers. Voluntary organizations play an additional, but not very widespread complementary role. A so-called social normative provided is by the State to the local authorities. This normative is based on the number of inactive population (children, elderly and disabled people). However, as the money is not ring fenced; it is often not spent on those in need. Furthermore, in practice most local municipalities have very limited other income and can therefore not afford to run services. NGO's are only present to a very limited extent. They work mostly in intervention and in specific service provision. Some NGO's and church organizations are contracted by local authorities to run local services.

In practice the system has not been working properly, due to the fact that there are very few professionals, there is a lack of resources, case loads are extremely high and responsibility always exclusively lies with parents. Very few highly skilled professionals are available and for financial reasons they are seldom approachable for many children who live in villages, remote areas or even for children in cities because of long waiting lists or lack of trust and of an acknowledgment of their needs. The public opinion has changed a lot concerning the severity of child abuse in the family; it is still not a requirement to provide support to the child, the non-offending parent and the perpetrator. Children are often placed out of the family but not getting any rehabilitation services.

Once a child needs out of family placement, several options are available. In principle, if the mother is also abused temporary shelters are available in very limited number and there is a constant shortage of placements. Shelters in many instances do not provide services for children it is often a rescue operation and as there is no follow up, nobody can measure the effectiveness of the system. Children can also be placed with their extended family or with local substitute families as well. This is decided and organized by the regional custodian office run by the municipality (there are 3200 local authorities and 260 custodian offices). Another form of care is temporary placement of children in institutions or in foster families, which is decided by one of the 20 county custodian offices that are run by the county self-governments and the form of placement suggested by the county child protection agencies. Their role is to assess the situation, gather the documentation and anamnesis from the local service providers, organise a case or placement conference and offer services.

Often police refuse investigation or dismiss the cases due to the lack of evidence. In addition, county agencies have very limited resources for rehabilitation.

Therefore out of home placements are mostly considered as rescue operations, fire fighting and not as planned, implemented programmes despite the existing legislation and the 'Looking After Children Assessment and Documentation System' that was adapted from the UK in 1998. Placement of children out of the family does not require a court decision; custodian offices have the right to make these decisions.

On principle, Hungary is aimed to be a holistic system and legislation has been designed accordingly. However, implementation shows the signs of a system where rescue operations are dominant, if anything. The latency is extremely high, according to a research many years ago while in Western Europe it is estimated that 1 out of 10 sexual abuse cases are reported it is estimated in Hungary 1 out of 24. In addition, prevention, early intervention and holistic family support are provided on a very limited basis, if provided at all. Sex education, self awareness, self confidence, conflict resolution is not provided in most of the schools or other out of school programs or in the media. Professional helpers find it very uncomfortable to tackle these issues and try to avoid facing them. Furthermore, neither therapy nor proper rehabilitation are offered, not even in cases of proven damage.

## Portugal

### *Definition, policy and child welfare system*

The rights of children and youngsters are incorporated into 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 is in line with the commonly used definitions used by the World Health Organization.

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 organized at the municipality level (*concelho*), in connection with the Programme *Rede Social* and the respective so-called 'Social Development Plan' of the municipality. 300 *CPCJs* exist in Portugal, 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 NGO's. After the *ECMIJ* the responsibility lies in the *CPCJs* and, lastly, in the courts.

### *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 leaves much to be desired.

### *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 respect, 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 subject 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 appropriate 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 standardize 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.

#### *Treatment services*

An abused/neglected child may be placed in a children's home or foster family, where support from specialized 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 of victims in the programme of the XVIII Government (which ended 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*.

#### *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 the main 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.



### *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 level studies have the clearly stated intention of giving the possibility for first level graduates to 'bridge the gaps of their initial education regarding evaluation and psycho-social intervention in this field'.

## Sweden

### *Definition, policy and child welfare system*

Ever since the 1970s, corporal punishment for educational purposes has been prohibited in Sweden. The legislation in combination with active lobbying has led to a situation where the number of children who are exposed to violence by their parents has decreased considerably over time. The Swedish policy in this field has been very successful even though the development during the past decade has slowed down.

In 2010, the Swedish Government elaborated a strategy for the strengthening of the rights of the child in which interventions for the prevention of and attending to abuse and neglect of children is an integrated part. The strategy contains a number of different measures in the form of legislation, financial support, and counselling. Trying to apply a holistic political approach in relation to the child's situation and welfare is a new course of action in Sweden.

The Swedish welfare system is based on the distribution of responsibility between national, regional and local levels. The State legislates and establishes goals for the local authorities, which in their turn offer the majority of the existing interventions in order to protect and prevent child abuse and neglect. The regional level offers certain specialized services, above all within medical care, and gives support to the development of the local activities. Compared to many other European countries, NGO's have a weaker position in the Swedish system.

### *Universal and preventive services*

In Sweden the State, the county councils and the municipalities, all three, have great ambitions to create a structure which offers all children and young people the kind of support and services they need from a preventive perspective.

This chapter accounts for the laws and national strategies which are of importance for this area. As for legislation, Social Services Legislation, School Legislation, and Health and Medical Care Legislation are accounted for. Important national strategies for this area are:

- 'Strategy in order to strengthen the rights of the child'
- 'Strategy for a developed parental support' and
- 'Strategy for coordination'.

Swedish Child Health Care is well functioning and statistics indicate that nearly 100% of all children make use of this service. The public preschool is another important part of the universal services offered which is exploited by a majority of all parents.

'Family Centres' are now being developed in many Swedish municipalities. The 'Family Centre' is based on - and develops - what is unique for Swedish antenatal clinics and child health care, namely to offer services that are universal, voluntary and free of charge. At a 'Family Centre' antenatal health care, child health care, social counselling and open nursery school are all under the same roof.

### *Detection, reporting and stopping of child abuse and neglect*

The social services are responsible for children having been exposed to abuse and neglect or who are at risk of becoming so. There is an extensive reporting duty for all staff working with children. Reports should be submitted to the local social authority which in its turn has the obligation to investigate/ assess and take measures. The police and the legal authorities are responsible for the investigation of crimes against children and for legal procedures being taken against the perpetrators of the crimes.

There is a certain hesitance among reporters vis-à-vis the social services and to a certain extent also a lack of confidence in their work. The main strategy for improving these attitudes lies in an extended cooperation with the so called 'Family Centres' and 'Children's Houses' where different authorities create joint activities on shared premises. In addition, we have the important development intervention which is being carried out in order to implement the *BBIC* system within the social services.

### *Treatment services*

The social services have different possibilities to offer – or to decide about – interventions in cases where abuse or neglect is present. In the first place, different kinds of family interventions are offered. Often the social services have their own staff offering such interventions.

Part of the national strategy to strengthen the rights of the child concerns the necessity of showing respect for the child's physical and mental integrity in all contexts.

It says in the strategy: '... It is also important that children who are exposed to violence in different contexts should receive the support, rehabilitation and protection they need'.

An important national action is taking place in order to implement so called 'Children's Houses'. The Children's House is a joint effort including the prosecutor, the police, the social services, a medico-legal expert/ paediatrician and the child psychiatric care.

The idea is that children and young people who are supposed to have been subjected to sexual abuse and/or other violence or privacy violation should only have to go to one single place, which should be experienced to the greatest possible extent as welcoming and secure. When a report of violence and/or sexual abuse has been registered by the police or the social services, the case is brought up at the 'Children's House'.

In Sweden, structured treatment methods for children having been abused and for parents having abused their children are scarce. The interventions offered to children/parents from the social services or from child and adolescent psychiatric care where abuse of children is concerned lack a specific focus on that problem area.

### *Integrating services*

Coordination is one of the main strategies in order to develop the work addressing child abuse and neglect in Sweden. There are successful examples of coordination offering the families good services and successful coordinated interventions. These examples are in contrast to the traditional organisational boundaries, they focus on the child's needs and they are based on coordination between different professions. On an operational level the law sets a special requirement to the social services to initiate cooperation between other authorities.

### *Education and training of professionals*

This chapter focuses on the staff within the social services working with children and young people. The 'National Swedish Board of Health and Welfare' has published a brochure containing General Advice in relation to professionals competence at handling and follow-up of cases concerning children and young people in social services. In this brochure it says:

'Professionals working with handling and follow-up of cases related to children and young people should have completed further training for social workers and have at least one year of professional experience of social work. The education of trained social workers comprises seven terms.

During the first term the child perspective and the Child Convention are introduced. Knowledge about neglected children is integrated during the whole training time. During the second term relevant legislation is studied. During the seventh term there is an optional course at what is called the advanced level taking up the subject of children and violence profile Children's development and particular vulnerability'.

An extensive training programme has been going on since 2006 where the 'National Swedish Board of Health and Welfare' has trained persons to use the *BBIC* system.

The training of social workers is today a generalist education which means that specializations e.g. for working with children are not available. Few social workers in municipalities and county councils have had the possibility to receive further education at the university.

## The Netherlands

In the Netherlands, child abuse is defined as every form of threatening or violent behaviour towards minors of a physical, psychological or sexual nature. This behaviour is forced on minors actively or passively by parents or other persons towards whom minors feel dependent and lack freedom. This behaviour (threatens to) cause serious harm in the form of physical or psychological damage. An important development in the area of children's rights is the adoption of a law to prevent the use of physical or psychological violence in the upbringing of children in 2007. The article concerned reads as follows: 'Parents are under an obligation to take care of their children and to raise them without using either mental or physical violence or any other type of humiliating treatment'. In 2010, 118.000 children and young people (3,4 per cent of all 0- to 17-year olds) experienced child abuse in that year. Another study shows that 34,6 per cent of the pupils between twelve and seventeen have experienced some form of child abuse in their life, 18,7 per cent of which during the past year.

The Dutch Government finds it unacceptable that more than 100.000 young people experience violence in their home situation. Because of the serious effects of child abuse, the Dutch government focuses on the prevention and early recognition and halting of child abuse.

In 2007 the former 'Ministry for Youth and Family' designed an action plan for actions against child abuse (2007 - 2011) called 'Children Safe at Home'. This action plan contained: the national implementation of the *RAAK* approach through the 'Netherlands Youth Institute', a public campaign, the implementation of a legally obliged reporting code and promoting the use of action protocols for tracing and persecution. The two main goals of the *RAAK* approach are:

- Every professional working with children has enough knowledge and skills to recognize child abuse and neglect, and depending on their function, also to stop child abuse and neglect and/or treat the consequences.
- Every professional works in accordance with the regional action protocol. Who does what and when after a sign of child abuse and neglect is described in this protocol.

In November 2011 the government launched an new action plan against child abuse called 'Children Safe'. Also the 'Children's Ombudsman' and the 'Children's Rights Collective' published reports on the management of child abuse in the Netherlands.

But how is the prevention and tackling of child abuse part of the broader child welfare system? The universal services for all children and families are the first part of the child welfare system, for example: schools, youth health care, child day care, youth work and sporting clubs. The goal of the universal services is to optimize the development and upbringing of children and to keep minor problems from deteriorating. On this level, professionals have the responsibility to notice concerns on child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the Advice and Reporting Centres (*AMK*) on Child Abuse and share information with others within the legal possibilities. The 'Youth and Family Centres' and the 'School Care and Advise Teams' operate between the universal and targeted services.

The second part of the child welfare system consists of the targeted services for children and families with additional needs and the specialist community-based services for children with multiple needs, for example: primary health care, organizations for advice and parenting support and school social work. On these levels professionals have the responsibility to discuss suspicions of child abuse and neglect with the parents and/or the child. This is additional to the tasks mentioned for the professionals in universal services.

In the Netherlands, the youth care agency operates between the targeted and specialized services. So, the youth care agency is the access point to the specialized services.

The third part of the child welfare system consists of the intensive specialized services for children with complex and enduring needs: the 'Child and Youth Social Care'. 'Child and Youth Social Care' offers voluntary support for mental, social and pedagogical problems which hinder the development of children, but also forced interventions. These professionals are responsible for the help and/or protection of children and families. They are expected to examine suspicions of child abuse and neglect, to start and/or coordinate help and to protect children if necessary. This is also additional to the things every professional should do.

In the Netherlands, child protection is dealt with separately from care. The Netherlands have an extensive system of child protection in place.

The 'Child Protection Board' has three main tasks: to provide protection, to arrange child access and other matters following parental divorce and to oversee the course of criminal proceedings involving minors.

### *Universal and preventive services*

There are several universal services, like the youth health care, early childhood services and education. On this level of universal services, professionals have the responsibility to detect problems. They are expected to notice concerns about child abuse and neglect, to consult colleagues, parents and/or child, if necessary ask advice or report at the 'Advice and Reporting Centres' (AMK) on Child Abuse and share information with others within the legal possibilities.

One of the main strategies of the governmental youth and family programme (2007-2011) of the former 'Ministry for Youth and Family' was to focus on prevention: identifying and tackling problems earlier. More specifically, the prevention of child abuse and neglect was one of the four goals of the action plan 'Children Safe at Home 2007-2011'. In the action plan, the focus was on universal prevention. According to the former ministry, preventing child abuse and neglect, by teaching parents the most important parenting skills, is the most effective way of combating child abuse and neglect. The action plan also stated that all people in society must be aware of the serious negative results of child abuse and neglect: alertness can be increased by a public campaign.

Good practices of the policy on prevention are: access to information about parenting for all parents, the 'Youth and Family Centres' and widespread parenting support programmes, the distribution of information material about the legal norm of upbringing without violence and the 'Shaken Baby Syndrome' and a public campaign. A bottleneck on the level of prevention is that the 'Youth and Family Centres' are still in development. So, the possibilities of these centres concerning the prevention and tackling of child abuse and neglect can be optimized in the future.

Concerning the universal services, van Keulen (2011) studied the youth health care in the Netherlands. The reach is 95 percent of all Dutch children from 0 to 19 year. Besides, most municipalities do have a 'Youth and Family Centre'. There is also some research to the specific prevention of child abuse and neglect. According to more than fifty percent of the respondents in the RAAK evaluation, there are new or other services to prevent or combat child abuse and neglect compared to before the RAAK approach. Almost one third of the new services is focused on the prevention of child abuse. On the level of prevention, these new services are: brochures about the ban on corporal punishment, brochures about the Shaken Baby syndrome and the implementation of parenting support programmes, like 'Triple P', 'Signs of Safety' and *Samen Starten*.

### *Detection, reporting and stopping of child abuse and neglect*

The second goal of the action plan 'Children Safe at Home 2007-2011' from the former 'Ministry for Youth and Family' was the detection of child abuse and neglect. In June 2009, this ministry, the 'Ministry of Justice' and the 'Ministry of Health, Welfare and Sport' together announced the law Reporting code domestic violence and child abuse.

According to the law, every organisation and professional working with children or parents must have a reporting code and every professional should work according to the reporting code. The law is expected to be adopted in 2012.

If people do have suspicions of child abuse they can report them to the Advice and Reporting Centre on child abuse (AMK) or receive advice from them on their possible (active) role and options. In 2009 the total number of contacts with the centre was 59.439. In 2010 the 'Child and Youth Social Care' Inspectorate studied the quality of the advices from the Advice and Reporting Centres on Child Abuse to professionals (2011). 85% percent of the professionals is satisfied with the vested advice.

The stopping of child abuse and neglect is the third goal of the action plan 'Children Safe at Home 2007-2011' from the former 'Ministry for Youth and Family'.

If an 'Advice and Reporting Centre' (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the youth care agency. If those involved are not willing to accept help on a voluntary basis, the AMK informs the 'Child Protection Board' (*Raad voor de Kinderbescherming*) to investigate whether legal measures are required.

Good practices on the level of detection, reporting and stopping are: the reporting code domestic violence and child abuse, a manual and training: Detecting and reporting domestic violence and child abuse for housing corporations and the development and use of instruments for the detection of child abuse and neglect and risk assessment. Also, more investments are made in the training of professionals regarding the detection and reporting of child abuse and neglect.

According to the 'Dutch Safety Board', the government is in the current circumstances not able to fulfil its responsibilities for the safety of young children between 0 and 12 in their families. When reports of child abuse have been made and even when injury seems to be the case, the 'Child and Youth Social Care' professionals give priority to cooperation with the parents too long, according to the 'Dutch Safety Board'. The responsibility taken by the government is unsatisfactory. Furthermore, other professionals who provide care services for the family, like doctors, social workers, professionals in mental health care are not obliged to cooperate in the investigation of the 'Child and Youth Social Care', when there is a suspicion of child abuse and neglect.

According to more than fifty percent of the respondents in the RAAK evaluation, there are new or other services to prevent or combat child abuse and neglect compared to before the RAAK approach. Almost one third of the new services is focused on the detection of child abuse. The coordinators of the regions confirm this. They state that there is a growth in the use of reporting codes and protocols by organizations in the regions. Nevertheless, in most regions a reporting code or protocol and an accompanying training are used only in a part of the region or by a part of the organizations, according to the coordinators.

#### *Treatment services*

Quick and effective care was one of the general spearheads of the former 'Ministry for Youth and Family'.

The reduction of the harmful consequences of child abuse and neglect was also the fourth goal of the action plan 'Children Safe at Home 2007-2011' from the former 'Ministry for Youth and Family'. If an 'Advice and Reporting Centre' (AMK) determines that there is indeed a case of child abuse, the centre will attempt to ensure that appropriate action is taken. In the case of child abuse and neglect, most referrals will be made to the specialized 'Child and Youth Social Care', the youth mental health care and the youth protection.



Important organisation on the level of treatment are the child and youth trauma centres . The child and youth trauma centres provide care services for traumatised children, youth and their parents (and/or other important people in their surroundings).

Good practices on the level of treatment services are: the child and youth trauma centres, the implementation of the 'Signs of Safety' approach and 'Kindspoor'. Other important products are: regional inventories of the treatment services after child abuse and neglect, the development of new specific treatment services and the academic cooperation centre child abuse and neglect . In that cooperation centre a university and the child and youth trauma centre work together to develop new treatment services for abused children and to improve the existing services.

Nevertheless, the treatment services for victims of child abuse are in the Netherlands still inadequate, both quantitative and qualitative.

There is not enough capacity of the services, the treatment services are not always specific for abused children and the treatment services are not enough used and/or are not always known by other professionals. This leads to insufficient use of the services. To be sure, in some regions good developments are taking place, but still a lot has to be done to improve the treatment services for abused children.

### *Integrating services*

In the Netherlands, there are several initiatives for the integrating of services, for example: the 'Youth and Family Centres', the 'School Care and Advice Teams', a national system of a digital child file, a 'Reference Index for Youth at Risk', the development of regional action protocols and 'Safety Houses'.

Not much research has been done to the results of these initiatives. The regional action protocols have been evaluated. The evaluation of the RAAK approach state that the use of the regional action protocols leads to an improvement of the quality of services: professionals find each other better and faster, through which the child and the family receive the help they need. Nevertheless, the results of the other initiatives are not (yet) known.

There are two main bottlenecks in the Netherlands in working together in the social welfare system. The first bottleneck is the barrier between the adult care and the 'Child and Youth Social Care'. There's not enough clarity about the role of the youth care agency between them.

The second bottleneck is the difficult information exchange between the adult care and the 'Child and Youth Social Care'. The one does not always know about the other what they do and for whom. Wrong expectations of each other can lead to frustration.

### *Education and training of professionals*

Research of 'TNO', the 'Netherlands Youth Institute' and 'Movisie' (2007) showed that there was hardly any attention to child abuse and neglect in the initial educations for professionals working with children. Since, a lot work has been done through the action plan 'Children Safe at Home'. Nevertheless, the recent state of affairs with regard to the attention for child abuse and neglect in the relevant educations is unclear. Concerning training, the 'Netherlands Youth Institute' supported the development of a regional education plan on a regional level, containing periodical training for professionals. They also developed and disseminated competences and quality criteria and a national overview of training programmes on child abuse and neglect is published on the website of the 'Netherlands Youth Institute' to increase the reach of training programmes.

Good practices concerning education and training are: the national training for combating child abuse and neglect (*Landelijke Training Aanpak Kindermishandeling – LTAK*) developed by the national platform for the tackling of child abuse (*Landelijk Platform Aanpak Kindermishandeling – LPAK*), the national network of reporting code consultants (*Landelijke Vakgroep Aandachtsfunctionarissen Kindermishandeling – LVAK*), e-learning by the Next Page and the database on the website of the ‘Netherlands Youth Institute’ with a national overview of training programmes concerning child abuse and neglect (<http://www.nji.nl/kindermishandeling>).

The evaluation of the *RAAK* approach shows that mainly the expertise of the professionals has improved, both on the level of prevention and intervention.

This is in accordance with the focus of the education plans: stimulating the expertise of professionals in both detecting and acting when they have suspicions of child abuse and neglect. But, there are still some bottlenecks: the lack of attention to child abuse in the initial education and the shortage of budget of organizations for periodical training.