

PROJECT FACT FOR MINORS

Fostering Alternative Care for Troubled Minors

(JUST/2015/RCHI/AG/PROF/9578)

3RD Steering Group Meeting

16-18 January 2018

Porto



PORTUGAL: 1. DESK RESEARCH: LEGAL FRAMEWORK

YOUTH JUSTICE

- Youth Justice Act (Law n^o 166/99, of 14th of September);
- Youths aged between 12 and 16 years old who have committed facts qualified as crimes;
- **The young person has a specific set of rights through all legal proceedings, among which be assisted by an expert in psychiatry or psychology whenever required for the purpose of evaluating the need for the application of an educational measure;**
- During internment youths have the right to an appropriate hospital and medical care, including regular clinical supervision, such as medical exams, medical treatments, medication, vaccination, and screenings.

PORTUGAL: LEGAL FRAMEWORK

PENAL MEASURES

- Criminal Procedure Code (CPC);
- If a minor has reached the age of 16 – minimum age for criminal responsibility in Portugal – he/she is subjected to the general penal law and is judged as an adult;
- Youths under the age of 18 can be detained and execute a penal measure in an adult prison;
- Health care and medical assistance are guaranteed and are provided in prisons' health units and, whenever is necessary, in outside health facilities. Youngsters can receive information and counselling on health issues, and benefit from an elaborated plan to promote health and to prevent disease, with a particular focus on the reduction of risk behaviours;
- There are two prisons with psychiatry and mental health services in Portugal – ONLY FOR ADULTS

PREVIOUS WORK: PRESENTED @2ND MEETING

KEY ACTORS IN DEPTH INTERVIEW ANALYSIS; FOCUS GROUP; NAB MEETINGS

- JUDGES
- PUBLIC PROSECUTERS
- ACADEMIC/RESEARCHERS
- PSYCHOLOGISTS
- PSYCHIATRIST
- SOCIAL WORKERS
- SOCIAL EDUCATORS
- FAMILY DOCTORS
- TEACHERS
- FOSTERCARE FAMILIES
- OTHER PROFESSIONALS OF CHILD PROTECTION SYSTEM

RESULTS

- **WHAT SEEMS TO WORK:**

- Individual intense psychotherapy
- Therapeutic alliance: Secure attachment with the therapeutic staff (build a strong and consistent relation)
- Medication (behavior control)
- Psychoeducative approach focused on academic and social skills
- Improve the coordination between judicial and health systems

RESULTS

WHAT SEEMS TO WORK:

- Improve coordination between child protection system and juvenile justice system
- Increase Magistrates sensibility/capacity to implement therapeutically measures
- Facilitate professionals communication (**FLUENT NETWORKING**)
- **Improve the relation between the institutions and the family**
- **Improve after care treatment**

PORTUGAL

Concerns

- Priority access to psychiatric appointments;
- Inpatient treatment in acute cases;
- **Poor cooperation between Health and Judicial System;**
- **Effective cooperation between the Educative Center and the Hospital Department** – informal and fluent communication;
- Both staff is strongly motivated to work with young offenders although they assume that some of them are “*chronic patients*” and/or “*in the end of the line*”;
- Lack of intervention with families;
- Negative perspective of Child Protection System intervention;
- Insufficient staff.

PORTUGAL

Additional Concerns

- When the youth commits a crime to which corresponds a sentence until 3 years the prosecutor's office can decide to file the case?
- IS THERE ANY KIND OF EVALUATION IN THESE CASES?
- DOES IT MEAN THE YOUTH DO NOT NEED AN EDUCATIONAL INTERVENTION OR DO NOT HAVE ANY PSYCHOLOGICAL/PSYCHIATRIC PROBLEM?

Additional Concerns:

PORTUGAL: COLLECTION OF SUCCESSFUL MODELS

THERAPEUTIC CARE: INTERVENTION IN INSTITUTIONAL ENVIRONMENT

RELEVANCE

- Institutional treatment programs have generally shown positive impact on recidivism

MORE EFFECTIVENESS

- Behavioral programs are more effective than psychodynamic or cognitive-behavioral approaches
- Institutional programs are most effective when they are:
 - applied to individuals with more risk factors
 - sensitive to the specific needs of their targets
 - structured in a specific way, also taking into account the type of crime

LESS EFFECTIVENESS

- Strategies based on non-directive/humanist inspiration group counseling
- Poorly structured programs
- Programs that do not include assessment needs

PORTUGAL: COLLECTION OF SUCCESSFUL MODELS

THERAPEUTIC CARE: INTERMENT IN EDUCATIONAL CENTERS – PORTUGUESE CASE

KEY INTERVENTION INSTRUMENTS

- P.I.E. (Educative Intervention Project)
- R.I. (Intern Regulations)
- General pedagogical guidelines
- P.E.P. (Personal Education Project)

AUXILIARY INTERVENTION INSTRUMENTS

- Models of technical intervention support
- Youth's individual dossier

EDUCATIONAL AND THERAPEUTIC PROGRAMS (contemplated on P.I.E.)

- School training program
- Vocational guidance and professional training program
- Socio-cultural and sports entertainment program
- Health education program
- Therapeutic and delinquent special needs satisfaction program

PORTUGAL: CAPACITY BUILDING CONTEXT

CENTRO EDUCATIVO DE SANTO ANTÓNIO

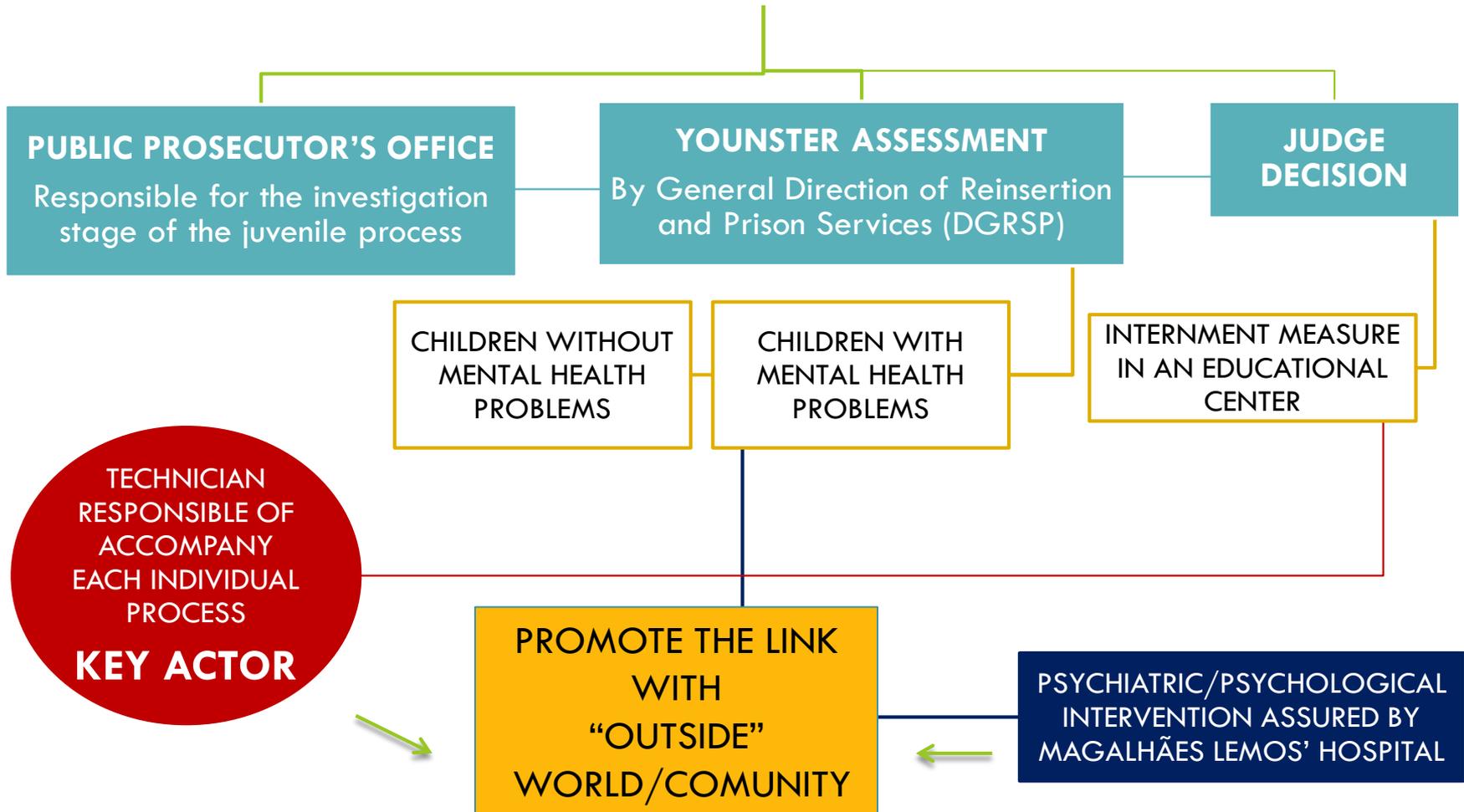
CONTEXT CHARACTERISTICS

- 25 boys;
- Aged between 12 -16/18 years old:
 - Bipolar Disorder/Attention Deficit/Hyperactivity Disorder/Conduct Disorder;
 - Depression/toxic consumption/mood disorder without further specification;
 - Borderline personality structure/disturbance of opposition and behavior;
 - Cognitive deficit of slight degree and without mental/mental retardation changes;

PORTUGAL: MODEL FOR CAPACITY BUILDING

SIGNALING

Act qualified as crime by the penal law committed between 12 and 16 years old (exclusive)





PORTUGAL: MODEL FOR CAPACITY BUILDING

PUBLIC PROSECUTOR'S INTERVENTION

- Assumes the investigative role and conducts the interrogations.
- May request information from the **auxiliary body of the judiciary administration** concerning the enforcement of juvenile justice measures – **General Direction of Reinsertion and Prison Services (DGRSP)**.

PORTUGAL: MODEL FOR CAPACITY BUILDING

JUDGE DECISION

- Juvenile justice intervention is the responsibility of the specialized Family and Youth Courts.
- The young person could also be assisted by an expert in psychiatry or in psychology whenever required for the purpose of assessing the need to apply any educational measure.
- A juvenile offender who faces a custodial measure and has mental health problems will receive psychiatric and/or psychological treatment during detention.
- The placement of a young person in specialized centers or units and their enrolment in such therapeutic programs depends on the court's approval.

PORTUGAL: MODEL FOR CAPACITY BUILDING

YOUNG PERSON'S ASSESSMENT BY DGRSP

- The DGRSP is responsible for providing a young person's social report and when there is the option for the imposition of a custodial measure in an Educational Centre in the **open or semi-open regime**, this **report must include a psychological assessment**, and in the cases of a **closed regime psychological assessment in a forensic context is mandatory**.
- DGRSP is responsible for managing the implementation of public policies of crime prevention and the social reintegration of young and adult offenders, as well as managing the prison services.

PORTUGAL: MODEL FOR CAPACITY BUILDING

YOUNG PERSON'S ASSESSMENT BY DGRSP

- The DGRSP staff, in local teams or in custodial institutions, is responsible for assisting the youth courts and the public prosecution services concerning the juvenile proceedings.
- DGRSP provides technical and specialized counselling to the youth courts, psychosocial support to young people and adults involved in lawsuits, in conjunction with the competent public entities and individuals, and promotes the connection between justice administration and community agencies.

Is there the figure of single case manager?

- Yes, there is
- As described in our proposed model of 'Capacity Building', there is a key person inside the Educational Centre – an educational technician – who accompanies each case individually and contacts with professionals of other services involved with children who are executing an educational measure, namely internment measures (e.g., health system, justice system).
- Within the new multiagency model the case manager should have a broad and central role in the coordination of the actions/decisions taken by the different professionals/entities.

Is there a shared training course for the case manager?

- Currently, there isn't a shared training course for every case case managers in all the country.
- Each Educative Center has different training courses, which depend generally of individual protocols with universities, research centers and other national state institutes

Are there shared opportunities to reflect on “capacity building”?

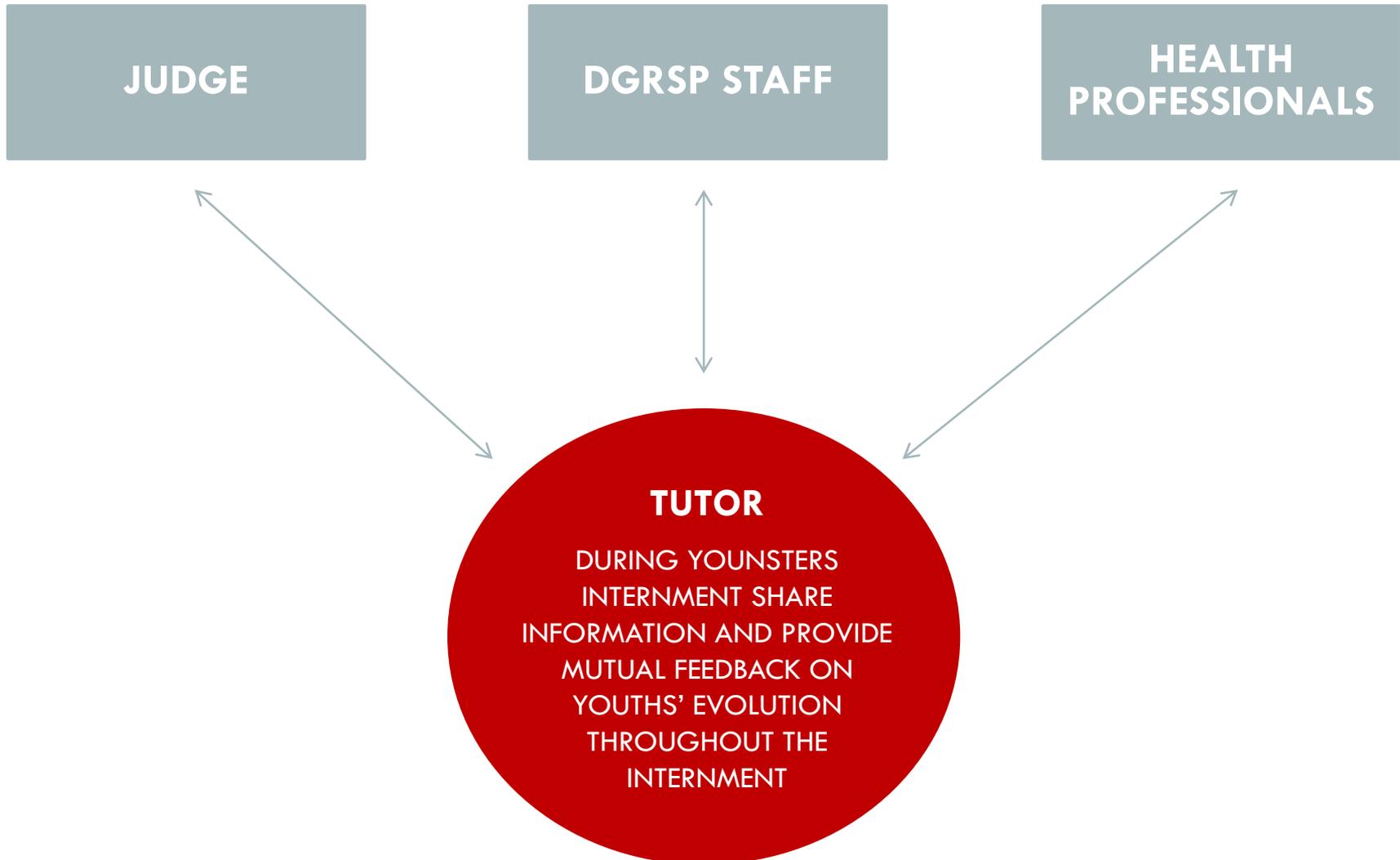
- We had perform 2 Focus Group – The results were presented at Barcelona (2nd meeting).
- We had perform 18 in-depth interviews with key actors and stakeholders (february-october)

Are there shared opportunities to reflect on “capacity building”?

Number of shared cases discussions (with who)

- 2 meetings with national advisory board
- 2 focus group
- 1 international seminar with 40 persons (researchers, practitioners from juvenile justice system and child protection system)
- 2 meetings with the Educative Center
- 1 meeting with the local government about the possibilities of including these project in the “Municipal Health Policies”
- 1 national seminar at a Public Hospital
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PORTUGAL: MODEL FOR CAPACITY BUILDING



PORTUGAL: MODEL FOR CAPACITY BUILDING

TUTOR AS A KEY ACTOR

- Each youngster has a social reinsertion technician – Tutor – of reference who manages the entire educational and therapeutical process during the execution of internment measure;
- Technicians assigned to accompany each individual process contribute to behavioral modeling;
- The proximity in the relationship between the Tutor and the youngster has a positive value and works as a driving force for change, contributing to the success of the intervention;

PORTUGAL: MODEL FOR CAPACITY BUILDING

TUTOR AS A KEY ACTOR

- Therapeutic alliance: positive and secure attachment with the therapeutic staff (build a strong and consistent relationship);
- Tutor has a privileged knowledge about young people, their adherence to the measure and their institutional evolution;
- Privileged position to have a central role in the coordination of the actions/decisions taken by the different professionals/entities;

PORTUGAL: MODEL FOR CAPACITY BUILDING

TUTOR AS A KEY ACTOR

- Can improve the coordination between Judicial and Health systems, providing important information about youths' performance;
- Can increase magistrates' sensibility/capacity to implement therapeutic measures, contributing for more informed judicial decisions;
- Relational dimension facilitates youths' learning process – Tutor advises youths throughout the compliance of the measure, evaluates their behavior and gives feedback on their performance.

PORTUGAL: TOWARDS A NEW MULTIAGENCY MODEL...



...the implementation of a **NEW MULTIAGENCY MODEL** would avoid the hierarchical model currently established between entities which contact with these youths...

...youths' follow-up by the Tutor after the internment would contribute to consolidate and boost the intervention conducted and to facilitate their social reintegration, when they return to their natural environment and the responsibility of both the Educational Center and the judicial system is extinguished...

PORTUGAL: TOWARDS A NEW MULTIAGENCY MODEL...

...to organize informal and regular meetings with professionals involved in each process in order to discuss individual cases (e.g., Tutor, public prosecutor/psychiatrist/psychologist/social worker/professor, other significant professionals)...

...to create specific training opportunities for professionals within the Justice System on the therapeutic and intervention needs with young people with psychological/psychiatric problems who are executing internment measures...

...to raise awareness among professionals of the Justice System about the important role that the Tutor can assume in the process of intervention with this population.

PORTUGAL: CONCLUSIONS

- ❖ The current legislation and the hierarchical model established between different entities represents an obstacle for the implementation of a new multiagency model to the whole national context;
- ❖ Our context for Capacity Building process has developed and currently maintains an effective articulation with professionals within the Health System who accompany youths with psychological/psychiatric problems;
- ❖ It would be interesting to disseminate the proposal to other similar contexts in Portugal.

THANK YOU!

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