



CATÓLICA  
FACULDADE DE EDUCAÇÃO  
E PSICOLOGIA

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PORTO

# FAMILY FOSTER CARE IN PORTUGAL: PERCEPTIONS OF CHILD PROTECTION PROFESSIONALS

Dissertação apresentada à Universidade Católica Portuguesa  
para obtenção do grau de mestre em Psicologia

- Especialização em Psicologia Clínica e da Saúde -

*Maria Ana Teixeira Aranha Furtado de Mendonça*

Porto, julho de 2019



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Trabalho efetuado sob a orientação de

Professora Doutora Mariana Negrão e Professora Doutora Elisa Veiga

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And to all those who crossed my path and eased the way,

Thank you.

*“And let thy feet, millenniums hence, be set in midst of knowledge”*

- Lord Tennyson

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## **Abstract**

Several years after changes were made to the Portuguese law that protects children and young people at risk, it seems little has been done to implement and prioritise Family Foster Care (FFC) in cases when children and young people need to be placed in out-of-home care. In this regard, the main goal of this study is to understand the perceptions of professionals involved in the foster care system, concerning FFC placement. The *Family Foster Care Perceptions Questionnaire – Version for Professionals*, was filled out by 101 participants, between the ages of 20 to 58, from different professional backgrounds and child protection contexts. Main findings show that 69.3% of respondents seem to be familiar with FFC and about 50% consider it to be an adequate measure. Professionals also seem to value its child-centred approach and ability to promote child development and healthy attachment relationships, due to the benefits of a family environment. As barriers and as necessary conditions for placement success, respondents identified similar issues, mainly regarding regulations and procedures, relating to selection, evaluation, training, monitoring and support for foster families. Main conclusions emphasise the importance of professionals' perceptions, as they inform about necessary changes to the child protection system.

**Key words:** Family Foster Care; Perceptions; Development; Child protection professionals.

## Resumo

Decorridos alguns anos após as alterações à lei portuguesa de Proteção de Crianças e Jovens em Perigo, estas parecem não ter surtido efeito, continuando o número de colocações em acolhimento familiar (AF) abaixo do esperado e a medida a não ser prioritária nos caso de retirada da criança à família. Neste sentido, este estudo teve como objetivo conhecer as perceções dos profissionais do sistema de proteção de menores, relativamente à medida de AF. Assim sendo, o *Questionário sobre Perceções acerca do Acolhimento Familiar – Versão para Profissionais*, foi preenchido por 101 profissionais, com idades compreendidas entre os 20 e 58 anos. Os principais resultados mostram que 69,3% parecem estar familiarizados com o AF e cerca de 50% consideram-no uma medida adequada. Os profissionais parecem valorizar o facto de ser centrada na criança e promotora de seu desenvolvimento e de relações de vinculação de qualidade, devido ao contexto familiar. Relativamente às barreiras e condições essenciais para o sucesso da colocação, foram assinalados problemas semelhantes, ao nível da regulamentação e procedimentos, nomeadamente seleção, avaliação, formação, monitorização e apoio às famílias de acolhimento. As principais conclusões prendem-se com o contributo das perceções dos profissionais, para informar sobre as mudanças necessárias no sistema de proteção.

**Palavras-chave:** Acolhimento Familiar; Perceções; Desenvolvimento; Profissionais do sistema de proteção de menores

## **I. Introduction**

Family foster care (FFC) is one of the out-of-home placement measures applicable to children and young people at risk. The benefits of growing up in a family environment are widely recognised and, due to its child-centred approach, FFC provides ideal conditions to promote overall child development and healthy attachment relationships.

As of 2015, in Portugal, changes made to the law protecting children and young people at risk prioritised family foster care as the measure that should be considered and applied, in place of residential care, especially in cases where children are under the age of six (Decree no. 142/2015 of September 8<sup>th</sup>, art. 46, no. 4).

In reality, efforts to implement this measure do not reflect the recommendations present in the afore-mentioned law or what is being achieved in other European countries (Eurochild, 2014). So much so, that data from 2017 shows that only 3% of children in care were placed in FFC (Instituto de Segurança Social, ISS-IP, 2018).

The aim of this study is to understand the perceptions of professionals involved in the foster care system, regarding family foster care placement, since there is scarce research relating to professionals' perceptions of FFC, particularly in the Portuguese context.

The hope is that the professionals' perceptions will inform on potential reasons for the low number of placements in FFC and provide an insight into recommendations to help improve practices and stimulate change.

## **II. Literature Review**

### **Family Foster Care: Implications for Child Development**

Family foster care is an international phenomenon (Berrick & Skivenes, 2012) and its aim is to protect children and young people at risk that cannot continue to live at home, with their biological families, by placing them with foster families. This setting is considered the most adequate for the development of children and young people (Berrick,

1998; Delgado, 2010), by safeguarding the child's integration into a family and ensuring the child's well-being and education needs are met, through adequate care, in order to promote the child's overall development (Buehler, Rhodes, Orme, & Cuddeback, 2006; Decree no. 142/2015 of September 8th, art. no. 46).

It is well established that in order to grow and develop, children and adolescents have the need and the right to be brought up in a family environment that is stable and loving and that has at least one adult that can serve as a trusting caregiver (Dozier, Kobak, Sagi-Schwartz, Shauffer, IJzendoorn, Kaufman, O'Connor, Scott, Smetana & Zeanah, 2014; UNICEF, 1989). The Convention on the Rights of the Child states that children have the right to be protected from any forms of abuse, but also have the right to a family and to live in a family environment (UNICEF, 1989). In cases where children suffer from abuse and it is in their best interest to be taken from their biological family, family foster care offers an alternative means that is most suited to ensure the child's overall development, as it is the closest to living as a family (Barber & Delfabbro, 2004; Moreira, 2017).

Early childhood is a period in the life of a child that is fundamental for his/her development, and the impact of an inappropriate environment can have serious consequences to the child's overall development (physical, cognitive and emotional) (Chipungu & Bent-Goodley, 2004; Eurochild, 2014; Harden, 2004). It is important to consider the role of attachment and its relevance towards a child's development, especially in early childhood, as children can quickly form attachments to new caregivers, giving them the opportunity to form new secure attachments, even if they come from situations of abuse (Bowlby, 1969/1982; Zeanah, Shauffer & Dozier, 2011).

Establishing secure attachments becomes harder to achieve when children and adolescents are placed in care, and especially in a residential care setting (Dozier et al., 2014; Eurochild, 2014; Zeanah, Shauffer & Dozier, 2011). Literature regarding residential care points to characteristics that can negatively influence child development, as they differ greatly from the desired family setting. Some of the characteristics include: depersonalisation, rigidity of routine, social distance, emotional and geographic isolation (Dozier et al., 2014; Eurochild, 2014). Also, attachment becomes difficult to establish, both with adult figures, due to turnover, or with peers, due to group instability (Dozier et al., 2014). In contrast, in family foster care the family setting provides the possibility for attachment to a parental figure and, being in a child-centred model, caregivers are emotionally invested in the child. They ensure the child's basic needs are met and

provide the affection and attention needed to create secure attachments, which children and adolescents can benefit from into adulthood (Barber & Delfabbro, 2004), in caring for their own children (Dozier et al., 2014) and when establishing intimate relationships (Bowlby, 1969/1982; Palmer, 1996).

Nonetheless, due to family foster care's expected temporary nature, this can pose a risk to the child's wellbeing, as young children have no way of understanding why they are being moved to a different environment, with different caregivers. It is therefore, important that placement disruption be kept to a minimum, occurring only if there is strong evidence that remaining in the foster home will be harmful to the child. Otherwise, stability should be sought out and maintained as much as possible, as a means to protect children from discontinued relationships (Negrão, Moreira, Veríssimo e Veiga, 2019; Zeanah, Shaffer & Dozier, 2011). Though discontinued relationships can have a negative impact on children and adolescents, research has shown that it is preferable to have discontinued relationships, than to have never had experienced attachment (Howe, 1995, as cited in Delgado, 2010a). Furthermore, the establishment of attachment relationships occurs throughout one's life and does not have to cease due to previous discontinued relationships (Delgado, 2010a; Negrão, Moreira, Veríssimo e Veiga, 2019). Another aspect that can influence placement stability and the child's wellbeing is the ongoing contact with his/her biological family, when reunification is a possibility. This interaction should be carefully planned and conducted, in order to safeguard the child's emotional wellbeing (Barber & Delfabbro, 2004; Delgado, 2010a).

### **Family Foster Care: European and Portuguese Panorama**

There is a general consensus regarding the need to reduce placement in residential care and prioritise family foster care placements (Eurochild, 2014; Del Valle, 2015). The use of family foster care as an out-of-home placement measure varies considerably across different countries (Ilinca, Leichsenring, Zólyoni & Rodrigues, 2015), but in the last decades there has been a considerable decline in residential care placements and a rise in placing children in family foster care (Colton, Roberts & Williams, 2006) in countries such as Australia, the United States, United Kingdom, Norway and Sweden (Del Valle, 2015).

Figures regarding family foster care placement in 2017 presented high rates in countries such as the United Kingdom (England, 78%; Northern Ireland, 89%; Scotland, 75% and Wales, 90%) and Norway (7 in 10 out-of-home placements) (Department of Education UK Government, 2018; Department of Health, Social Services and Public Safety UK Government, 2018; Scottish Government, 2018; Statistics of Norway, 2018; Welsh Government, 2018). Spain, Hungary and Romania placed about 60% of children and young people in family foster care (Ilinca, Leichsenring, Zólyoni & Rodrigues, 2015) and, in France, data from 2013 showed that family foster care was the privileged measure of out-of-home placement (53,3%), compared to 38,6% placed in residential care (Observatoire national de l'enfance en danger, ONED, 2013). Though there has been an increase in the number of placements in family foster care in several European countries, residential care is still considerably expressive in some central and southern Mediterranean countries (Del Vale, 2015). Due to the growing number of unaccompanied asylum seekers in several European countries, some have seen their numbers in residential care placement rise. This is the case with Sweden where residential care figures are on the rise, even though the preferred placement measure is family foster care, 72% in 2010 (Ilinca, Leichsenring, Zólyoni & Rodrigues, 2015).

In Portugal, family foster care placement measures do not reflect what is being done in other European countries (Eurochild, 2014). The current law regarding the protection of children and young people (Decree no. 142/2015 of September 8<sup>th</sup> – second amendment to the Protection of Children and Young People in Danger<sup>1</sup>) underwent significant alterations in 2015, prioritising family foster care as the measure that should be considered and applied, instead of residential care, especially in cases where the child is under the age of six (art. 46, no. 4). However, the Portuguese annual report on the foster care system in 2017 (ISS-IP, 2018) reported that there were 7 553 children and young people, between the ages of zero and 20, placed in out-of-home care. Among these, 6 525 (87%) children and young people were placed in residential care and only 246 (3%) were placed in family foster care. The remaining 10% were placed in other measures, such as therapeutic communities and specialized homes.

Family foster care was first institutionalised in Portugal in 1979 (Decree no. 288/79 of August 13<sup>th</sup>, art. no. 1<sup>2</sup>; Delgado, 2010), and was defined as the temporary

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<sup>1</sup> Decreto-Lei n.º 142/2015. *Diário da República*, 1ª série – N.º 175 - 8 de Setembro de 2015; p. 7198-7232;

<sup>2</sup> Decreto-lei n.º 288/79. *Diário da República*, Série I- N.º 186 - 13 de Agosto de 1979;

placement of a child whose biological family is unable to fulfil its duties in regard to the child's upbringing. This temporary placement should provide a family environment that ensures the child's safety, affection and respect, safeguarding his/her personality, name, origin and identity (Decree no. 288/79 of August 13<sup>th</sup>, art. no. 1). The law suffered several alterations and in 2008 an amendment was added, limiting family foster care to people or families that are non-kinship and that are not adoption candidates (Decree no. 11/2018<sup>3</sup>; Delgado, 2010), breaking from the Mediterranean tradition of family support, still present in countries like Spain, Italy or Romania (Ilinca, Leichsenring, Zólyoni & Rodrigues, 2015). The current law defines family foster care as the attribution of trust of a child or young person to a singular person or family, qualified for this purpose, that can ensure the child's integration into a family and provide adequate care, regarding to the child's needs, wellbeing and education, necessary for their overall development, especially for children under the age of six (Decree no. 142/2015 of September 8<sup>th</sup>, art. 46, no. 4), since child development and the establishment of trusting and secure relationships is greatly influential in this period of a child's life (Shlonsky & Berrick, 2013; Zeanah, Shauffer & Dozier, 2011).

### **Professionals & Family Foster Care**

Considering what is known about child development and the advantages of growing up in a family environment and its implications towards the establishment of secure attachments, it is important to understand the perceptions that professionals in child protective services (CPS) have regarding family foster care, in order to better understand how these can influence the choice of placement measures. Since the aim of this study is to understand the perceptions and attitudes of professionals involved in the foster care system, concerning family foster care placement, it therefore seems important to understand whom these professionals are.

The Portuguese law states that, in CPS, professionals from different backgrounds, who are trained and equipped to deal with the issues regarding children and young people

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<sup>3</sup> Decreto-Lei n.º 11/2008. *Diário da República*, 1ª série – N.º 12 - 17 de Janeiro de 2008.

at risk, take part in the decision-making processes concerning their removal and subsequent placement in out-of-home care (Law 147/99 of September 1<sup>st</sup>, art. no. 5<sup>4</sup>).

In the literature review conducted, not many studies regarding professionals' perceptions of family foster care emerged, but the ones carried out with samples of CPS professionals included: social workers; psychologists; social educators; medical doctors; judges; lawyers; representatives of local authorities; representatives of child care associations (Britner & Mossler, 2002; Davidzon-Arad & Benbenishty, 2008) and, in a recent Portuguese study conducted by Delgado, Pinto e Carvalho (2017), professionals belonging to the Children and Young People Committees were also included.

Regarding professionals' perceptions, studies such as those conducted by Delgado, Pinto e Carvalho (2017) and by Davidzon-Arad e Benbenishty (2008) came to similar conclusions, that professionals seem to be more anti-removal, but their results gave little indication about what these professionals think about family foster care, or why they regard as an equally good measure as residential care. Furthermore, in the study conducted by Delgado, Pinto e Carvalho (2017), with a sample of professionals and university students, the authors found that the participants' opinions regarding placement measures (family foster care or residential care placement), showed that there were no significant differences between the opinions of professionals and students, and that both groups thought either measure would contribute to the development and well-being of the child or young person.

However, Poso e Laakso (2014) conducted a study in Finland regarding children in out-of-home placement and found that, in one of the focus groups, the social workers were critical of the prioritisation of family foster care as the preferred placement measure, as suggested in the guideline for a good placement set by the country's child welfare legislation. The social workers believed that this placement measure was not always the best option, since they considered it didn't always meet all the child's needs and that it was difficult to find adequate foster homes for children with certain characteristics (e.g. delinquent and violent adolescents).

With scarce literature regarding the professionals' perceptions of family foster care, one aspect to consider is the role of barriers and enablers in the placement process. Zeijlmans et al. (2018) found that in the matching process, which follows the decision to place a child in family foster care, some of the constraints to child placement are:

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<sup>4</sup> Lei n.º 147/99. *Diário da República* n.º 204/1999, *Série I-A - 1 de Setembro de 1999*.

pressure or lack of time; lack of options, such as insufficient number of families or families that are not suited to the child's needs; incomplete information about the child and their case. One of the issues with family foster care is the risk of a negative placement experience, often a consequence of lowering the bar regarding the quality of the matching, due to an insufficient pool of foster families to choose from (Zeijlmans et al., 2018). Another aspect brought forward is the notion of a "social workers' collective memory" (Forkby & Höjer, 2011), which comprised individual experiences in foster care placement, serving as a means for professionals to decide on placement with a certain family, based on their own placement experience with that family, or based on another team member's experience with a possible family (Poso & Laakso, 2014).

Considering the implications and effects of out-of-home placement on a child's overall development and considering what is known about the benefits of growing up in a family environment, family foster care seems to be the most adequate placement measure, especially for young children under the age of six. It is, therefore, important to understand the professionals' perceptions of this measure in order to better understand why it is not more widely implemented.

### **III. Method**

The main goal of this study is to understand the perceptions of professionals involved in the foster care system, regarding to family foster care placement, looking specifically to:

1. Identify the perception of familiarity and adequacy of the FFC placement measure;
2. Identify the perception of which child protective measure (FFC or residential care) is better when a child is at risk;
3. Identify the perception of good reasons for FFC placement;
4. Identify the perception of barriers to FFC placement;
5. Identify the perception of necessary conditions for FFC placement;
6. Identify the perception of positive effects and risks of FFC placement.

## Sample

The sample consisted of 101 participants, with a mean age of 38.6 years ( $SD = 9.2$ ), ranging from 20 to 58 years of age, the majority being female (91.1%). Of these, 58% reported having a Bachelor's degree and the majority (43.4%) a background in psychology, followed by social services (32.3%) and social education (13.1%). Regarding their workplace, 52.7% reported working at a residential care institution, while 18.3% at the CPCJ. As for the job title, 32.6% reported being a director, followed by psychologist (23.2%) and social worker (11.6%) and the average number of years of work experience with children and youth at risk was of 10.7 years ( $SD = 6.75$ ), ranging from no experience to 28 years (see Table 1). Participants came from all over Portugal, including the islands, but the majority were from the north of Portugal (89.8%).

Table 1

*Socio-demographic characteristics of the sample*

	<i>n</i>	<i>%</i>
Age		
20 to 30 years of age	15	17
31 to 40 years of age	38	43.2
41 to 50 years of age	26	29.5
51 or more years of age	9	1.1
Qualifications		
Secondary school	1	1
Bachelor's degree	58	58
Master's degree	36	36
Doctorate	5	5
Field of Study		
Psychology	43	43.4
Social Service	32	32.3
Social Education	13	13.1
Law	4	4
Education	4	4
Other	3	3
Workplace		
Residential care institution	49	52.7
Other	24	25.8
CPCJ	17	18.3
EMAT	3	3.2
Job title		
Director	31	32.6
Other	26	27.4
Psychologist	22	23.2
Social worker	11	11.6
Social educator	5	5.3
Number of years of experience		
None to 5 years	22	28.4
6 to 10 years	23	24.3
11 to 15 years	22	23.2
16 to 20 years	17	10
More than 21 years	6	6.4

Geographical location		
North	88	89.8
Centre	5	5.1
South	2	2
Portuguese Islands	3	3
Total (N=101)		

## Instrument

*Family Foster Care Perceptions Questionnaire – Professionals’ Version* (Negrão, Veiga, Veríssimo, Moreira & Mendonça, 2019)

As previously mentioned, there is a lack of studies regarding professionals’ perceptions of family foster care. The questionnaire used in this study is based on that developed by Negrão, Veiga, Verrísimo e Moreira (2019), created to assess the general population’s perceptions of the foster care system and family foster care and was adapted to the specific target group present in this study (child protection professionals).

The original questionnaire consisted of two parts: a socio-demographic questionnaire and four dimensions assessing: (1) knowledge about FFC, (2) perception of positive and negative effects of FFC, (3) perceptions of conditions, motivations and barriers to FFC and (4) commitment to FFC.

In order to reflect the target group, questions were added and others removed, while some were altered. For example, in the “reasons for placement in this measure”, items such as these were added: *because all children have the right to a family and because it promotes quality-bonding experiences*. In the case of “barriers”, items such as *the lack of definition of the selection and evaluation criteria for foster families and demanding level of support from professionals to foster families* were also added. A question regarding “necessary conditions to ensure a successful placement” was added to this version of the questionnaire and includes items such as: *demanding level of the selection and evaluation process of candidate families, quality of training provided to the foster families and selection of foster families be based on their financial and housing resources*.

The final questionnaire used in this study also consists of two parts: a socio-demographic questionnaire and another one with five groups of questions on the respondents’ perceptions of the FFC placement measure, covering: (1) *familiarity and*

*adequacy of FFC and the perception of which is the best measure when a child is at risk, (2) good reasons for placement in FFC, (3) barriers to placement, (4) necessary conditions to ensure a successful placement (5) and positive effects and risk of placement in this measure.*

Both familiarity and perception of adequacy of FFC, were assessed using a 7-point likert scale, ranging from: *not at all familiar* to *very familiar* and *not at all adequate* to *very adequate, respectively*. The perception of which is the best measure consisted of a two-part question, where respondents were asked to identify the best measure and give reasons for their choice. Respondents could also submit their own reason(s).

Positive effects and risks of FFC were assessed on a 5-point likert scale, assessing the respondents' level of agreement (ranging from *completely disagree* to *completely agree*), regarding 12 items relating to positive effects and risks of FFC.

The last three questions revolve around good reasons for placement in FFC, barriers to placement in FFC and essential conditions to ensure placement success. For each question, respondents could choose up to three reasons from the options available.

## **Procedures**

The research team contacted, via e-mail, professionals and institutions involved in Child Protective Services (both public and private). These included professionals from: residential care homes/institutions; child protective services (CPCJ<sup>5</sup>), court advisory teams within the child protective services (EMAT<sup>6</sup>) and other non-profit organisations or professionals that play a role in child protection. The data collection was done online using Google Forms. This allowed us to reach a greater pool of respondents from various geographical areas (Lefever, Dal & Matthíasdóttir, 2007) of Portugal, including the islands. A snowball effect was expected, as respondents were encouraged to share the questionnaire with colleagues. The participation was voluntary and respondents were informed of the objectives of the study and all ethical implications, such as consent and confidentiality, were safeguarded.

After the data had been collected, it was treated and analysed using *SPSS – Statistical Package for the Social Sciences* version 25. Descriptive statistics were carried

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<sup>5</sup> Comissão de Proteção de Crianças e Jovens;

<sup>6</sup> Equipas Multidisciplinares de Apoio Técnico aos Tribunais.

out as well as some inferential statistics, through parametric and non-parametric tests, which included, a Pearson's correlation and an Independent Samples T-test, a Spearman's correlation and a Mann-Whitney test.

## **IV. Results & Discussion**

### ***Perception of familiarity and adequacy of the FFC placement measure***

In terms of the degree of familiarity with the FFC placement measure, respondents' answers ranged from "not at all familiar" to "very familiar". Results displayed in Table 2, show that even though the majority of respondents reported being, to a greater or lesser degree familiar with FFC (69.3%), 11.9% reported being unfamiliar with this placement measure. This may come as a surprise, since FFC was first introduced in the Portuguese law in 1979 (Decree no. 288/79 of August 13<sup>th</sup>, art. no. 1; Delgado, 2010) and in 2015 the law that protects children and young people at risk underwent significant changes and FFC was considered the preferred choice for out-of-home placement (instead of residential care), especially for younger children (Decree no. 142/2015 of September 8<sup>th</sup>, art. 46).

By making FFC the preferred out-of-home placement measure, one would expect the number of placements to increase, as seen in other countries such as Great Britain and Northern Ireland and Norway, with placement rated in FFC of around 78%, 89% and 70%, respectively (Department of Education UK Government, 2018; Department of Health, Social Services and Public Safety UK Government, 2018; Statistics of Norway, 2018). This was not the case in Portugal, since in 2017 only 3% of children and young people in the foster care system were placed in FFC (ISS, 2018). Portugal does not seem to follow the tendency of other European countries, despite law changes. Also, the "lack of a FFC culture" and a tradition of institutionalisation (Delgado, Lopéz, Carvalho & Del Valle, 2015), could be contributing to the 11.9% that seem to be unfamiliar with the placement measure, as 52.7% of the sample consists of professionals working in residential care. However, this fact alone doesn't explain their lack of familiarity regarding FFC.

Table 2

*Degree of familiarity with the FFC placement measure*

	%	%
Not at all familiar	2	
Very little familiar	3	11.9
A little familiar	6.9	
Neither familiar nor unfamiliar	18.8	18.8
Familiar	19.8	
Quite familiar	26.7	69.3
Very familiar	22.8	
Total (N=101)		

Bearing this in mind, results regarding the adequacy of the FFC measure reveal that about half of the respondents ( $n = 50$ ), consider this to be at least an adequate measure (see Table 3). Therefore, professionals' perceptions of the adequacy of FFC alone do not explain the low rates of placement. It is, however, interesting to note that about 30% of respondents do not show a clear positioning, having answered *neither adequate nor inadequate*. This neutral positioning could possibly be tied, once again, to a "lack of a FFC culture", since there is little investment in campaigns to make the general public aware of the measure (Delgado, Lopéz, Carvalho & Del Valle, 2015), leading to a shortage of foster families, making it difficult to recruit new families and retain existing ones. This in turn gives professionals little leverage in the matching process, which is an important element for placement success (Sinclair & Wilson, 2003; Zeijlmans et al., 2018). Also, and until now, there were no clear regulations and criteria for FFC, other than the 2015 alterations to the law that protects children and young people at risk. Regulations are currently being discussed, but have yet to be approved (Preliminary Draft of the Decree-Law of the diploma that establishes the enforcement regime of Family Foster Care, 2019<sup>7</sup>).

Table 3

*Degree of adequacy of the FFC measure*

	%	%
Not all adequate	1	
Very little adequate	5	20
A little adequate	14	
Neither adequate nor inadequate	30	30
Adequate	30	
Quite adequate	12	50
Very adequate	8	
Total (N=101)		

<sup>7</sup> Anteprojeto de Decreto-Lei do diploma que estabelece o regime de execução do Acolhimento Familiar (2019)

Considering the results presented above, inferential statistics were carried out in order to understand whether the number of years of experience was associated with the perception of familiarity and adequacy of the FFC placement measure. Using Pearson's correlation, results showed a significant relationship between the perception of familiarity and perception of adequacy of the measure ( $r = .295, p = 0.01$ ). Through a Spearman's correlation, a significant result was also obtained between the number of years of experience and the perception of adequacy of FFC ( $r_s = .219, p = 0.02$ ). There was no correlation between the number of years of experience and the perception of familiarity with the FFC measure ( $r_s = .066, p = 0.527$ ). Indeed the greater the familiarity, the greater the perceived adequacy of FFC, as results suggest the more experience professionals have – working in the field and contacting with the children and foster families and witnessing the benefits of the measure, on child development - the more they perceive FFC to be an adequate out-of-home placement measure.

***Perception of which child protective measure is better (FFC or residential care)***

Respondents were also asked which measure (FFC or residential care) would be best suited in cases where children at risk need to be temporarily removed from their families, and why. Results show that 73% consider FFC to be the best measure, in contrast to 26.5%, indicating that the view of the professionals is consistent with literature that suggests that a family setting is the most adequate to promote child development (Berrick, 1998; Delgado, 2017).

Table 4

*When a child is at risk and needs to be temporarily removed from his/her family, which is the best measure?*

	%
Measure	
Family Foster Care	73.5
Residential Care	26.5

This is further corroborated by the reasons evoked to support FFC as the best measure. 80% of respondents said *because it promotes the child's overall development* and 63.9% consider *the dynamics better adjusted to the child's needs*. In contrast, the reasons supporting residential care as the best measure show that 50% of responses were

related to *protecting children from new losses/discontinued relationships* and 30.8% believe that this measure *does not confuse the child as to whom his/her family is*. Costs associated with either measure don't seem to be particularly relevant to the decision (see Table 5).

Similar results were obtained in a study conducted by Negrão, Moreira, Veríssimo e Veiga (2019), where the authors explored the Portuguese general public's perceptions of FFC. The majority of respondents (74.1%), considered FFC to be the best measure and 72.5% said that the *dynamics were better adjusted to the child's needs*. Of those who considered residential care the best measure, 70.6% said that it *did not subject children to new losses/discontinued relationships*. Likewise, the Portuguese general public sample also didn't consider costs relevant (1%). Even though similar results were obtained, the samples had quite distinctive characteristics and the general public's knowledge regarding children and youth at risk and child development can't be expected to be equivalent, since professionals should be more aware and better equipped to deal with issues, for example, relating to attachment. In this sense, the reason *protecting children from new losses/discontinued relationships* was highly indicated as a supporting reason for residential care, in both the general public and professional samples (70.6% and 50%, respectively). Because of their background, this response rate seems rather high for the professional sample, as research points out that discontinued relationships are a risk for children in care; however, and as previously mentioned, it is preferable for child development to experience discontinued relationships than to have never had any form of attachment (Howe, 1995, as cited in Delgado, 2010).

Table 5

*Reasons making FFC and Residential Care the best measure*

Reasons	FCC		Residential Care	
	<i>n</i>	%	<i>n</i>	%
Because it promotes the child's overall development	58	<b>80.6</b>	4	15.4
The dynamics are better adjusted to the child's needs	46	<b>63.9</b>	5	19.2
Does not subject the child to new losses/discontinued relationships	15	20.8	13	<b>50</b>
There is more control over the environment the child is in	15	20.8	7	26.9
Other	8	11.1	6	23.1
There is more control over the child	6	8.3	3	11.5
Lower costs	3	4.2	0	0
Does not confuse the child as to whom his/her family is	1	1.4	8	<b>30.8</b>
	Total (N=72)		Total (N=26)	

Respondents were also given the opportunity to offer their own reasons for choosing FFC or residential care as the best placement measure. Results of the responses to the open question were summarised and grouped in Table 6. Respondents who favoured FFC gave reasons that were child-centred (e.g. *individualised care*), while those who favoured residential care focused on the “flaws” or weaknesses in the system, for example: *lack of structure and support for the FFC placement measure* ( $n = 2$ ) and *lack of foster families* ( $n = 2$ ). Further on, we will see how these are considered by our sample as some of the major barriers to placement in FFC.

Table 6

“Other” Reasons making FFC and Residential Care the best measure

FFC	<i>n</i>	Residential Care	<i>n</i>
Individualised care;	3	Lack of foster families;	2
The right to a family and to grow up in a family environment;	1	Existence of previous problems / child’s “baggage”;	1
Greater proximity between child and caregiver promotes the child’s development;	1	Lack of training of foster families;	1
Opinion of the children; Depends on the situation;	1	Child’s age; Depends on the situation;	1
Institutional environment not as beneficial for the child and his/her development;	1		
Total = 9		Total = 6	

### ***Perception of good reasons for FFC***

As for good reasons for placement in FFC, from the eight options presented (see Table 7), those that stand out are: *enables the normalization of the children’s relational and affective lives* with 66%; *gives the child a positive family experience* with 59% and tied at 57% is: *enables the establishment of quality attachment relationships and allows for individualized care*. Several studies (e.g. Delgado, 2010a; Dozier et al., 2014; Harden, 2004 & Britner & Mossler, 2002) indicate that the family setting is the most adequate environment for a child to grow up in. Stable family environments seem to promote resilience and serve as a buffer against the negative impacts of out-of-home placement (Harden, 2004). It is, however, interesting to note that the reason: *it is best suited for younger children*, only accounts for 14% of the answers, when it is contemplated in the Portuguese law, that this should be one of the characteristics of children being proposed for FFC (Decree no. 142/2015 of September 8<sup>th</sup>, art. 46, no. 4; Delgado, 2017). Furthermore, it has been established that younger children benefit from a parental figure

or caregiver with whom he/she can bond and develop quality attachment relationships, since these serve as a basis for their overall development and future establishment of positive relationships (Bowlby, 1969/1982; Dozier et al., 2014; Harden, 2004). Nonetheless, this isn't to say that older children and adolescents cannot also benefit from this measure. Even though the common conception tends to regard adolescents as "unable" to develop meaningful relationships, research on attachment suggests that it may be easier for younger children to develop these bonds, but that attachment doesn't cease in early childhood and is actually relevant throughout one's entire life. Therefore, adolescents, given the necessary conditions, can also develop bonds with their foster families (Delgado, 2010a).

Table 7

*Good reasons for placement in FFC*

	%
Enables the normalization of the children's relational and affective lives	<b>66</b>
Gives the child a positive family experience	<b>59</b>
Enables the establishment of quality attachment relationships	<b>57</b>
Allows for individualized care	<b>57</b>
All children have the right to a family	22
It complies with the Child Protection Service's principles	18
It is best suited for younger children	14
It allows families to experience parenthood	2

The result for the Mann-Whitney test with psychologists and non-psychologists show that the only variables with significant values were *enables the establishment of quality attachment relationships* ( $U = 965.00$ ;  $p = .039$ ) and *all children have the right to a family* ( $U = 1006.0$ ;  $p = .039$ ). These results indicate that psychologists seem to give more value to issues relating to attachment (psychologist: *Mean Rank* = 56.52; Non-psychologist: *Mean Rank* = 46.14) and to give less value to *the right to have a family* (psychologist: *Mean Rank* = 45.45; Non-psychologist: *Mean Rank* = 54.16). This view could possibly be linked to the fact that having a family doesn't necessarily mean that the child is being brought up in an optimal environment (where his/her needs are met and his/her overall development is being promoted) and hence, the quality of the interactions (between foster family and child), seems to have greater weight (Delgado, 2010a).

### ***Perception of barriers to FFC placement***

Results presented in Table 8 show that, overwhelmingly, professionals feel that *poorly defined training and monitoring process of foster families* and *lack of definition of*

*the selection and evaluation criteria for foster families*, account for the greatest barriers to FFC placement (90% and 80% respectively) – these were mentioned above as reasons supporting residential care as a better placement measure for children at risk.

Table 8

*Barriers to placement in FFC*

	%
Poorly defined training and monitoring process of foster families	<b>90</b>
Lack of definition of the selection and evaluation criteria for foster families	<b>80</b>
Uncertainty of placement success	<b>44</b>
The foster child’s disturbing effect on the foster family	23
Demanding level of support from professionals to foster families	21
Uncertainty regarding the child’s health and temperament	17
Possible return to biological families	16

These findings are consistent with research conducted with foster families, where foster parents perceived the lack of appropriate training and support from professionals as a stressor, affecting the overall fostering experience (Buehler, Cox & Cuddeback, 2003; Delgado, Lopéz, Carvalho & Del Valle, 2015; MacGreggor, Rodger, Cummings & Leschied, 2006). This perceived lack of support also seems to negatively impact foster family retention (MacGreggor, Rodger, Cummings & Leschied, 2006). Furthermore, the quality of the work and outreach of these professionals can also be affected, due to excessive workload and by services being understaffed (Delgado, Lopéz, Carvalho & Del Valle, 2015). It is therefore, important that the concerns highlighted by professionals are addressed by lawmakers and defined regulations and criteria be put in place for FFC, in order to promote more efficient practices, so as to deliver higher quality services both to children at risk and foster families.

***Perception of necessary conditions for FFC***

Considering what professionals reported on good reasons for placement and barriers, respondents were asked what necessary conditions they believed were needed for placement in FFC. From the options available (see Table 9), 58.4% said the *selection and evaluation process of candidate families should be more demanding*; followed by *quality of training given to foster families* with 52.5%; and 51.5% considered the *quality of the support given to foster families* during the fostering period.

Table 9

*Necessary conditions for placement in FFC*

	%
Demanding level of the selection and evaluation process of candidate families	<b>58.4</b>
Quality of training given to foster families	<b>52.5</b>
Quality of the support given to foster families during the fostering period	<b>51.5</b>
Selection of families be based on their affective and relational qualities	47.5
Support for the child's integration in the foster family	44.6
Foster families be given access to better fiscal, labour and financial benefits	12.9
Contact with biological family	11.9
Possibility of future adoption	8.9
Selection of families be based on their available time to foster	6.9
Selection of families be based on their financial and residential resources	0

Results show that professionals' responses are consistent, since the barriers identified are of the same nature as the necessary conditions reported. As previously mentioned, the necessary conditions for placement in FFC were mostly related to the work carried out by the child protection professionals and, to some extent, to the lack of definition of procedures, still to be defined by the law. Defined selection and evaluation criteria allows for more efficient child-family matches, which is one of the predictors of placement success (Sinclair & Wilson, 2003).

Given these results, a Mann-Whitney test was used to see whether there were differences between the perceptions of professionals in higher and lower-ranking jobs (directors versus non-directors), regarding the necessary conditions for FFC. Results displayed in Table 10 show that there were no significant differences between the perceptions of directors and non-directors. Directors mostly considered the *demanding level of the selection and evaluation process of candidate families* ( $M Rank = 53.21$ ;  $U = 830.50$ ;  $p = .131$ ) and *quality of the support given to foster families during the fostering period* ( $M Rank = 49.55$ ;  $U = 944.00$ ;  $p = .660$ ), while non-directors mostly considered *support for the child's integration in the foster family* ( $M Rank = 50.01$ ;  $U = 863.50$ ;  $p = .236$ ) and *possibility of future adoption* ( $M Rank = 48.45$ ;  $U = 963.00$ ;  $p = .632$ ), as the most valued necessary conditions.

Table 10

*Results Director / Non-director perception of necessary conditions*

	Director (n = 31)	Non- (n = 64)		
	<i>M Rank</i>	<i>M Rank</i>	<i>U</i>	<i>p</i>
Demanding level of the selection and evaluation process of candidate families	<b>53.21</b>	45.48	830.50	.131
Quality of the support given to foster families during the fostering period	<b>49.55</b>	47.25	944.00	.660
Contact with biological family	48.63	47.70	972.50	.780
Quality of training given to foster families	48.02	47.99	991.50	.996
Selection of families be based on their financial and residential resources	48.00	48.00	992.00	1.00
Foster families be given access to better fiscal, labour and financial measures/benefits	47.63	48.18	980.50	.878
Selection of families be based on their affective and relational qualities	47.48	48.25	976.00	.883
Possibility of future adoption	47.06	<b>48.45</b>	963.00	.632
Selection of families be based on their available time to foster	45.50	29.21	914.50	.112
Support for the child's integration in the foster family	43.85	<b>50.01</b>	863.50	.236

Since there were no significant differences amongst the job position of director and non-director, as one might expect, since the two job positions entail distinct responsibilities and, possibly, contact time with children and foster families, further tests were carried out with psychologists and non-psychologists. The results show that the only variable with significant values was *support for the child's integration in the foster family* ( $U = 901.50$ ;  $p = .006$ ), suggesting that psychologists attribute more importance to the support given to the foster child's integration in the foster family, than non-psychologists. This may be due to their background knowledge, which sustains the notion that receiving a new child is a demanding transition period for families and this is no different in the fostering context; therefore, monitoring and support from qualified professionals can ease the integration of the child into the family and contribute to placement stability (Brown & Bednar, 2006; Buehler, Rhodes, Orme, & Cuddeback, 2006).

***Perception of positive effects and risks of FFC placement***

Finally, results from the 12 items related to positive effects and risks associated with FFC are presented in Table 11. The results suggest that professionals seem to agree more with FFC's positive effects, which is reflected in items such as: *FFC allows the child to develop healthy family relationships* ( $M = 4.38$ ;  $SD = .006$ ) and *FFC promotes the child's overall development* ( $M = 4.14$   $SD = .075$ ). Professionals also seem to perceive items related to risks as less significant, for example: *it is impossible for a foster child to establish significant relationships with the foster family, if he/she is still in contact with his/her biological family* ( $M = 1.93$ ;  $SD = .092$ ) and *foster care is upsetting*

for the foster parent's biological children ( $M = 2.08$ ;  $SD = .091$ ). Professionals seem to agree that because FFC is more child-centred, it offers an integrated vision of child development and attachment, outweighing the potential risks. For example, the fact that a child is still in contact with his/her biological family does not mean that he/she cannot develop an attachment and sense of belonging to his/her foster parents. Determining factors towards the establishment of an attachment relationship with the foster family will depend on the planning and monitoring of the interaction with the biological family. Also important is the way in which both biological and foster families help the child manage his or her sense of belonging to more than one family (Barber & Delfabbro, 2004; Delgado, 2010a).

Table 11

*Perception of positive effects and risks*

Item	<i>M</i>	<i>SD</i>
1. Foster care is upsetting for the foster parent's biological children	<b>2.08</b>	.091
2. Fostering has positive effects on the fostering couple	3.62	.067
3. It is impossible for a foster child to establish significant relationships with the foster family, if he/she is still in contact with his/her biological family	<b>1.93</b>	.092
4. FFC allows the child to develop healthy family relationships	<b>4.38</b>	.006
5. FFC is emotionally exhausting for the fostering couple	2.85	.099
6. The older the child is, the more difficult it will be for him/her to be integrated into the foster family	3.41	.105
7. The psychological and emotional impact of FFC on children and young people is positive	3.92	.092
8. FFC promotes the foster families' biological children's overall development	3.82	.072
9. Older children and adolescents are unable to develop meaningful relationships with their foster families	2.25	.119
10. FFC has negative consequences for the children because it is temporary	2.39	.102
11. FFC poses a risk to the fostering couples' relationship balance	3.01	.105
12. FFC promotes the child's overall development	<b>4.14</b>	.075

Bearing in mind the results presented above, we wanted to understand how psychologists and non-psychologists perceived these positive effects and risks. It is interesting to note that the results show that the only variable with significant values was: *FFC has negative consequences for the children because it is temporary* (psychologist:  $M = 2.142$ ;  $SD = .783$ ; non-psychologist:  $M = 2.57$ ;  $SD = 1.14$ ;  $t(98) = -2.089$ ;  $p = .039$ ). This could be due to the fact that psychologists possess background knowledge, which allows them to understand that the duration of a placement isn't the only element that will contribute to the development of healthy relationships. In fact, the quality of the interaction between the foster child and foster parents has greater implications to the establishment of attachment relationships (Delgado, 2010a).

## V. Conclusion

The conclusions that can be drawn from this study are that there are still professionals who report being unfamiliar with FFC - a measure first introduced in Portugal in 1979 - although most of the professionals in the sample were, to a greater or lesser degree, familiar with it and most considered it to be, at least, an adequate out-of-home placement measure, especially those with more years of work experience in this field. Those who don't consider FFC adequate report reasons that relate to the possibility of discontinued relationships and the lack of regulations and consistent procedures, regarding the selection, evaluation, training, monitoring and support given to foster families. Unsurprisingly, the latter are issues that also come up in studies conducted with samples of foster families as reasons interfering with placement success, recruitment and family retention. Issues relating to the level of demand of the above-mentioned procedures for professionals were considered, not only barriers to placement success, but also as necessary conditions for successful placement in FFC.

The other aspect that professionals seem to perceive positively is the fact that FFC is child-centred, allowing for individualised care, and is able to promote child development and attachment relationships, in spite of its temporary nature. Psychologists seem to value aspects relating to attachment, as well as the support given during the child's integration into the family, more than non-psychologists, as it may serve as a way to promote placement stability. There were no significant differences between the perceptions of directors and non-directors, regarding necessary conditions to ensure placement success.

One of the strengths of this study is the fact that most research done in this area focuses mostly on the foster families and their perceptions of FFC and little is known about the professionals' perceptions. Also, the fact that the questionnaire was tailored for the specific target group, allowed for the collection of specific data pertaining to perceptions. On the other hand, this study also presents weaknesses, for instance, half of the sample consisted of professionals working in residential care, possibly making them less aware of FFC and with less experience in dealing with the placement measure. Further limitations associated to potential bias in some responses, may be due to social desirability and/or professional experience (e.g. working in residential care).

It would be of interest and value to continue with this line of research, since efforts are being made in order to establish FFC as a priority out-of-home placement measure, as seen in other countries. Within the Portuguese context, future research could focus on the role of directors and non-directors, which was not made clear. It would be interesting to understand how much direct contact directors (and other high-ranking professionals in child protection) have with the children and foster families, since their job position involves more responsibility and power. Similarly, psychologists only represent 22.3% of the sample and it would be interesting to explore their role within the child protection teams and their input towards placement in FFC. Also, since 11.9% of respondents reported to a greater or lesser degree not being familiar with FFC, and as there was no correlation between the number of years of experience and familiarity with FFC, it could be interesting to explore the source of knowledge (e.g. literature, specialised training or monitoring of cases in this measure) of these professionals, regarding the FFC measure.

From the results obtained, and as mentioned by Rodrigues e Barbosa-Ducharme (2017a), many changes are needed in order for the Portuguese child protection system, as a whole, to improve, and time is of the essence. Family foster care is a placement measure with many benefits to offer children and young people at risk, due to its unique characteristics that enable the promotion of overall child development. However, greater efforts have to be made by politicians and professionals in order to implement and propel the necessary changes, in terms of regulations and procedures, so that child protection services can provide more efficient and timely interventions for these children. An insight into the professionals' perceptions of FFC further contributes to the understanding of what is needed for a wider implementation and prioritisation of FFC, over residential care, especially for younger children, as contemplated in the Portuguese law.

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## **Appendix**

### **Questionário sobre Percepções acerca do Acolhimento Familiar – Versão para Profissionais**

(Negrão, Veiga, Veríssimo, Moreira & Mendonça, 2019)

Em setembro de 2015 a Lei de Proteção de Crianças e Jovens em Perigo passou a determinar que, quando uma criança está em situação de perigo e é temporariamente retirada da sua família biológica, se deve privilegiar a aplicação da medida de acolhimento familiar, particularmente para crianças entre os 0 e os 6 anos.

#### **Consentimento Informado**

O Centro de Investigação em Desenvolvimento Humano da Faculdade de Educação e Psicologia (FEP) da Universidade Católica Portuguesa – Porto está a realizar um estudo com o objetivo de conhecer as percepções sobre o acolhimento familiar de profissionais envolvidos no sistema de Promoção e Proteção. As suas respostas são confidenciais e destinam-se exclusivamente a fins de investigação científica. Não há respostas certas nem erradas, solicitamos apenas a sua resposta honesta.

Depois de ter tomado conhecimento do objetivo do estudo acima referido, eu declaro que aceito participar neste projeto de investigação, dando continuidade ao preenchimento do questionário que se segue.

## Questionário Sociodemográfico

**Idade:** \_\_\_\_\_

**Sexo:**  Feminino  Masculino

**Tem filhos?**  Sim  Não

### Habilitações literárias:

- Ensino Secundário
- Licenciatura
- Mestrado
- Doutoramento
- Outro \_\_\_\_\_

### Área de Formação:

- Psicologia
- Serviço Social
- Direito
- Educação
- Educação Social
- Outro \_\_\_\_\_

### Em que entidade exerce funções:

- CPCJ
- EMAT
- Casa de Acolhimento
- Outro \_\_\_\_\_

### Qual a sua função?

\_\_\_\_\_

### Número de anos de experiência na intervenção com crianças em situação de risco:

\_\_\_\_\_

### Localização geográfica de onde exerce funções:

- Norte
- Centro
- Sul
- Açores
- Madeira

# Questionário sobre Perceções acerca do Acolhimento Familiar

## – Versão para Profissionais

(Negrão, Veiga, Veríssimo, Moreira & Mendonça, 2019)

**1. Por favor, assinale o seu grau de familiaridade com a medida de acolhimento familiar:**

Nada familiarizado/a | 0      1      2      3      4      5      6      | Muito familiarizado/a

**2. Por favor, assinale qual o grau de adequação da medida à realidade das crianças e jovens no sistema de Promoção e Proteção Português:**

Nada adequada | 0      1      2      3      4      5      6      | Muito adequada

**3. Para as seguintes afirmações, sobre o acolhimento familiar, por favor, indique o seu grau de concordância ou discordância.**

	Discordo completamente	Discordo	Nem concordo nem discordo	Concordo	Concordo completamente
Acolher uma criança é perturbador para os filhos biológicos da família de acolhimento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar tem efeitos positivos no casal acolhedor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
É impossível para uma criança construir relações significativas com uma família de acolhimento, mantendo proximidade com a sua família biológica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar dá a oportunidade à criança de criar relações familiares saudáveis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Discordo	Nem concordo nem discordo	Concordo	Concordo completamente	Discordo completamente
O acolhimento familiar é emocionalmente desgastante para o casal acolhedor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quanto mais velha é a criança, mais dificuldade ela terá em integrar-se com a família de acolhimento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar tem um impacto psicológico e emocional muito positivo nas crianças e jovens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar enriquece o desenvolvimento integral dos filhos biológicos da família de acolhimento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As crianças mais velhas e os adolescentes não são capazes de construir relações significativas nas famílias de acolhimento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar tem consequências negativas para a criança pelo facto de ser temporário.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar implica riscos para o equilíbrio do casal acolhedor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O acolhimento familiar promove o desenvolvimento integral da criança.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. De forma geral, quando uma criança está em situação de perigo e tem que ser temporariamente retirada à família biológica, qual a melhor opção?**

- Acolhimento Familiar
- Acolhimento Residencial

**4.1. Porquê?**

- Porque é mais económico
- Porque não confunde a criança acerca de quem é família
- Porque não sujeita a criança a novas perdas/descontinuidades das relações

- Porque existe um maior nível de controlo sobre a criança
- Porque a dinâmica é mais ajustada às necessidades da criança
- Porque permite um maior nível de controlo sobre o ambiente em que a criança está inserida
- Porque promove de forma mais integral o desenvolvimento da criança
- Outro: \_\_\_\_\_

**5. Das seguintes opções quais, na sua opinião, constituem boas razões para a colocação de uma criança na medida de acolhimento familiar? Escolha 3 opções.**

- Para dar à criança uma experiência familiar positiva
- Porque promove o estabelecimento de relações de vinculação de qualidade
- Porque todas as crianças têm direito a ter uma família
- Porque permite um cuidado mais individualizado da criança
- Porque é mais ajustado a crianças de idades mais jovens
- Porque permite às famílias experiências de parentalidade
- Porque cumpre com os princípios básicos do sistema de Promoção e Proteção
- Porque permite uma normalização na vida relacional e afetiva das crianças

**6. Das seguintes opções quais, na sua opinião, constituem barreiras na colocação de uma criança na medida de acolhimento familiar? Escolha 3 opções.**

- O possível retorno das crianças às famílias biológicas
- O efeito perturbador que a criança pode ter na dinâmica familiar da família de acolhimento
- As incertezas sobre a saúde e temperamento da criança
- Critérios de seleção e avaliação das famílias de acolhimento pouco definidos
- A incerteza de sucesso da colocação
- O elevado grau de exigência de acompanhamento dos casos para os técnicos envolvidos
- Processo de formação e monitorização das famílias de acolhimento pouco definido

7. **Das seguintes opções quais, na sua opinião, considera serem as condições essenciais para garantir o sucesso da medida de acolhimento familiar? Escolha 3 opções.**

- A manutenção da proximidade das famílias de acolhimento com as famílias biológicas
- A exigência no processo de seleção e avaliação das famílias candidatas
- A qualidade da formação assegurada às famílias de acolhimento
- A seleção das famílias de acolhimento ser baseada nos seus recursos financeiros e habitacionais
- A seleção das famílias de acolhimento ser baseada no tempo disponível para o acolhimento
- Apoio à integração da criança na família de acolhimento
- A seleção das famílias de acolhimento ser baseada nas suas qualidades afetivas e relacionais
- A qualidade do acompanhamento técnico ao longo do tempo de acolhimento
- Assegurar a possibilidade das famílias de acolhimento adotarem posteriormente as crianças
- O assegurar de melhores garantias fiscais, laborais e financeiras às famílias de acolhimento

**Muito obrigada pela sua colaboração.**