



Universidade do Minho
Instituto de Educação

José Miguel Fernández Arizmendi

**Family Reunification and Residential Child
Care in Northern Portugal: A Multi-Informant
Report of Participants' Needs for
Successful Interventions**



Universidade do Minho
Instituto de Educação

José Miguel Fernández Arizmendi

**Family Reunification and Residential Child
Care in Northern Portugal: A Multi-Informant
Report of Participants' Needs for
Successful Interventions**

Dissertação de Mestrado
Mestrado em Estudos da Criança
Área de Especialização em Intervenção Psicossocial com
Crianças, Jovens e Famílias

Trabalho realizado sob a orientação da
Professora Doutora Ana Maria Tomás de Almeida

Acknowledgements

This work has been a great opportunity to learn, research and reflect about family intervention and Residential Care. But it also helped me to mature. Many people contributed to make this happen.

Gostaria de agradecer a todos os pais/mães, crianças/jovens e profissionais que participaram e colaboraram neste estudo a abertura, disponibilidade e sinceridade que mostraram. Igualmente, agradeço o trabalho e apoio do Núcleo de Infância e Juventude do CDSS Braga, que proporcionou os contactos e colaborou no desenvolvimento do projeto.

Quero agradecer também o apoio e dedicação da minha orientadora, a Professora Doutora Ana Maria Tomás de Almeida. Valorizo especialmente a sua sabedoria, o seu trabalho contínuo e abnegado, e o modo em como soube guiar-me com paciência. Ela conseguiu oferecer a cada momento as experiências de aprendizagem adequadas.

También quiero tener unas palabras para todo el equipo del GRISIJ (Grup de recerca en intervencions socioeducatives en la infancia i la joventut). De forma especial quiero agradecer el apoyo y dedicación de Maria Angels. Su experiencia, cercanía y sencillez me llamaron la atención desde el principio. Pero también la amistad de Edu, Aida, Alicia, Eva y Laura. Aprendí un montón con vosotros.

Mi familia también ha sido un gran apoyo, a pesar de la distancia. Aita, Ama, Aitor y Mariam siempre han estado interesados en los pasos que iba dando y me han animado. Y aunque un poco más lejos, sé que Amama también puede estar orgullosa.

Gostaria de agradecer do coração às pessoas com que partilho o meu trabalho e missão pelo apoio diário. Javier, César, Roberto, Paula, Óscar, Sílvia, José, Joaquim, Luís, Guillermo, Jorge, Arsenio... A fraternidade é um tesouro que dá vida. And the valuable contribution and help of John Guasconi also shows that distance does not matter when we are brothers.

E quero dedicar este trabalho às crianças e jovens que estão em Casas de Acolhimento, especialmente àquelas com que trabalho a diário, às suas famílias e aos profissionais. Não é um trabalho fácil nem reconhecido. Por vezes resulta enormemente desgastante e cansativo, mas ver crescer a semente compensa os esforços.

Abstract

In Portugal, 2703 children and young people with a temporary placement measure are expected to return to their biological families. This return involves a complex process which begins even before the child's entrance into a Residential Care home and continues after the family reunification, consolidating it. The reunification process can be understood from the family resilience approach. Family strengths can help family members to overcome the initial problems and the obstacles which may appear during the process. The resilience approach also presupposes a new look upon the family's needs assessment.

The research aims at combining the perspectives of children, parents and professionals about family reunification. This multi-informant approach also tries to identify the needs, behavior, procedures and attitudes experienced by participants, as well as their awareness of changes.

The sample was composed of 45 participants (27 Residential Care professionals, 7 parents and 11 children and young people who children were next to be reunited with their families or left Residential Care homes during the last year), distributed in 6 focus groups and 8 semi-structured interviews. Given the qualitative design of the research, data were analyzed using computer-assisted software ATLAS.ti for the content analysis of data.

Results showed different specific needs across the different stages of the reunification process. Families experience a mix of feelings during the process depending on their awareness about the problems and the measure. These variables affect their collaboration with professionals, even when the child's return remains as the main motivation. Professionals can also experience a lack of resources and their intervention may remain centered on children.

Moreover, results also point to the importance of empowering families through socio-educative interventions to fulfill family needs through the different reunification stages (separation, visits, reunification preparation and reunification follow-up) as well as to providing specific support after leaving Residential Care homes.

Keywords: family reunification; resilience; residential care; child welfare

Resumo

Em Portugal, 2703 crianças e jovens que usufruem de uma medida de acolhimento perspetivam regressar para a família biológica. Este regresso supõe um processo complexo que começa antes da entrada da criança no Acolhimento Residencial e continua após a reunificação familiar, consolidando-a. O processo de reunificação pode ser compreendido desde o enfoque da resiliência familiar. As forças da família podem ajudar aos membros da família a superar os seus problemas iniciais e os obstáculos que possam aparecer durante o processo. O enfoque da resiliência também pressupõe um novo olhar sobre a avaliação das necessidades familiares.

A investigação procura combinar as perspetivas das crianças, dos pais e dos profissionais sobre a reunificação familiar. Esta perspetiva multi-informada também tenta identificar as necessidades, comportamentos, procedimentos e atitudes experimentados pelos participantes, assim como a consciência que têm das mudanças.

A amostra foi composta por 45 participantes (27 profissionais de Casas de Acolhimento, 7 pais e 11 crianças que estavam próximas de reintegrar as famílias ou que saíram do acolhimento durante o último ano), distribuídos em 6 grupos focais e 8 entrevistas semiestruturadas. Dado o desenho qualitativo da pesquisa, os dados foram analisados usando o programa informático ATLAS.ti para analisar o conteúdo.

Os resultados apresentam diferentes necessidades específicas ao longo das diferentes etapas do processo de reunificação. As famílias experimentam uma mistura de sentimentos durante o processo dependendo da consciência dos problemas e da medida. Estas variáveis afetam a colaboração com os profissionais, mesmo quando o regresso da criança para casa se mantém como a principal motivação. Os profissionais também experimentam uma falta de recursos e a sua intervenção pode ficar focada na criança.

Ainda, os resultados apontam para a importância do empoderamento das famílias através de intervenções socioeducativas para satisfazer as necessidades das famílias nas diferentes etapas da reunificação (separação, visitas, preparação da reunificação e seguimento após a reunificação) ao igual que pela provisão de suporte específico após a saída das Casas de Acolhimento.

Palavras-chave: reunificação familiar, resiliência, acolhimento residencial, proteção da infância

Table of contents

| | |
|--|-----------|
| Acknowledgements | ii |
| Abstract | iv |
| Resumo | vi |
| Table of contents..... | viii |
| List of figures | xi |
| List of tables | xii |
| Glossary..... | xiv |
| <i>Introduction.....</i> | 1 |
| <i>I. Theoretical framework</i> | 3 |
| 1.1 Main concepts and reunification rates | 4 |
| 1.2. Family resilience process: a path towards reunification | 6 |
| 1.2.1. Measuring communication and separation | 9 |
| 1.2.2. Visits and contacts after separation | 11 |
| 1.2.3. Preparing the reunification | 13 |
| 1.2.4. Reunification Follow-up | 15 |
| 1.3. Family assessment: the awareness of changes | 17 |
| 1.3.1. Changing focus: from a deficit view to a resilience assessment..... | 17 |
| 1.3.2. A resilient view of awareness, focused on family strengths..... | 20 |
| 1.4. Current study..... | 22 |
| <i>II. Methods</i> | 23 |
| 2.1. Research design | 23 |
| 2.2. Aims of the study and hypothesis definition | 23 |
| 2.3. Portuguese and Bracarense context..... | 24 |
| 2.4. Rationale for sample recruitment | 25 |
| 2.4.1. Criteria for recruitment of professionals..... | 25 |
| 2.4.2. Criteria for recruitment of children..... | 25 |
| 2.4.3. Criterion for recruitment of families | 26 |

| | |
|---|------------------|
| 2.5. Sample | 26 |
| 2.5.1. Characteristics of participating professionals | 26 |
| 2.5.2. Characteristics of participating children | 27 |
| 2.5.3. Characteristics of participating parents..... | 28 |
| 2.6. Instruments | 28 |
| 2.6.1. Focus group methodology and scripts | 28 |
| 2.6.2. Semi-structured interviews and scripts | 29 |
| 2.6.3. Socio-demographic questionnaire..... | 30 |
| 2.7. Procedures | 30 |
| 2.8. Reliability and credibility..... | 31 |
| 2.9. Ethics | 32 |
| <i>III. Results</i> | <i>34</i> |
| 3.1. Awareness | 36 |
| 3.2. Feelings..... | 42 |
| 3.3. Collaboration..... | 44 |
| 3.4. Coordination with CPCJ/EMAT | 47 |
| 3.5. Support at the RC home | 49 |
| 3.6. Informal social net support | 51 |
| <i>IV. Discussion</i> | <i>53</i> |
| <i>V. Conclusions</i> | <i>57</i> |
| References..... | 59 |
| Appendix I..... | 68 |
| Appendix II..... | 72 |
| Appendix III..... | 76 |
| Appendix IV..... | 80 |
| Appendix V..... | 84 |
| Appendix VI..... | 88 |
| Appendix VII..... | 92 |
| Appendix VIII..... | 93 |

| | |
|------------------|----|
| Appendix IX..... | 94 |
| Appendix X..... | 95 |
| Appendix XI..... | 96 |

List of figures

| | |
|--|----|
| Figure 1-1: Stages of family resilience, from Lietz & Strength (2009, p. 206) | 8 |
| Figure 1-2: Stages at reunification and resilience processes from Balsells, Pastor, Amorós and collaborators (2015) | 9 |
| Figure 1-3: Tri-dimensional framework for assessment by the Department of Health (2000, p. 17) | 18 |
| Figure 2-1: Percentages of children in care in Braga compared with Portugal..... | 24 |

List of tables

| | |
|--|----|
| Table 2-1: Characteristics of the professionals | 26 |
| Table 2-2: Characteristics of the children | 27 |
| Table 2-3: Characteristics of the parents | 28 |
| Table 2-4: Focus groups and interviews conducted for each group of participants | 31 |
| Table 2-5: Intercoder Reliability (ICR) analysis results | 32 |
| Table 3-1: Definition of Categories | 34 |

Glossary

| | |
|-------|---|
| CASA | Caracterização Anual da Situação de Acolhimento das Crianças e Jovens |
| CDSS | Centro Distrital da Segurança Social |
| CEUM | Comissão de Ética da Universidade do Minho |
| CPCJ | Comissão de Proteção de Crianças e Jovens |
| CPS | Child Protection Services |
| EMAT | Equipa Multidisciplinar de Apoio aos Tribunais |
| FACNF | Framework for the Assessment for Children in Need and their Families |
| ICR | Intercoder Reliability |
| LAC | Looking After Children |
| M | Mean |
| PSEI | Individual Socio-Educative Plan |
| RC | Residential Care |
| SD | Standard Deviation |
| SECSH | Subcomissão de Ética para as Ciências Sociais e Humanas |

Introduction

This exploratory study about the family reunification process aims at combining the perspectives of children, parents and professionals about family reunification. It is divided in five chapters to explain: 1) the theoretical framework; 2) the methods; 3) the results; 4) our discussion about findings; and, finally, to offer 5) our conclusions.

Balsells and colleagues (2014, p. 811) defined reunification as “the process through which children who have experienced abandonment, neglect or abuse return to the home of their birth families after a mandated separation period”. In Portugal, the case plans of 2703 children and young people (Instituto da Segurança Social, I.P., 2016) aim the return to their biological families. These families can be considered as challenged and they need professional support to overcome their initial problems and difficulties but also those that appear during the reunification process. In spite of this, family strengths can help them to reduce their risk and achieve success in this process, rebounding from adversity. This ability was defined as family resilience by Walsh (1996) and analyzed as a five-stage process by Lietz (2006, 2007; Lietz & Strength, 2009).

Our study looks at family needs in the four critical moments that can be identified during reunification: 1) measure communication upon the child withdrawal resulting in family separation; 2) visits and contacts during the RC phase; 3) preparing for the family reunification; and 4) follow-up on the reunification. We also focused on family awareness. The Framework for the Assessment for Children in Need and their Families (Department of Health, 2000) allowed us to study family intervention from an ecological approach.

So, our research tries to identify the needs, behavior, procedures, awareness of changes and attitudes experienced by families during the reunification process through the analysis of the discourses of 45 participants, who took part in focus groups and semi-structured interviews.

The second chapter includes the methodological considerations and the third chapter offers the results in a six-categories organization of topics: 1) awareness; 2) feelings; 3) collaboration; 4) coordination with CPCJ/EMAT; 5) support at the RC home; and, 6) informal social net support.

The fourth and fifth chapters discuss the findings and concludes that family show specific needs during the reunification process, highlighting the importance of socio-educative interventions to empower them to overcome difficulties. Furthermore, in Portugal, guidelines, strategies for practice and policies can strength family intervention in Residential Care context.

I. Theoretical framework

This first chapter aims at providing a conceptual approach regarding the processes of family reunification in line with Portuguese legislation and current practices carried out by Child Protection Services (CPS). The topic is seen as a matter of concern. According to the annual official report, CASA 2015 (Instituto da Segurança Social, I.P., 2016), family reunification shows a breakdown, and this represents a flaw in recent governmental policies.

The scientific literature gives empirical evidence to the family reunification claim in the context of Residential Care (RC). Theoretically, family reunification will stimulate resilience of individuals and families as a whole. Consequently, a model of resilience in the context of family reunification is deemed important. Suiting our interest in viewing family reunification through the lens of a strength approach, a resilience approach also highlights the importance of explaining the challenges experienced by young and adult family members as overtly resilient processes.

By definition, family reunification supposes different stages including the homecoming processes experienced by families whose children were fostered in RC homes. These processes pinpoint two critical key moments in out-of-home care: child withdrawal and separation at the time of institutionalization and family reunification. In this regard, practices, feelings and behaviors described in literature can be looked on as protective or risk factors in four phases: 1) measure communication upon the child withdrawal resulting in family separation; 2) visits and contacts during the RC phase; 3) preparing for the family reunification; and 4) follow-up on the reunification.

The resilience approach also presupposes a new look upon the family's needs assessment. The traditional models of assessment focused on deficits evolved into more complex designs that account for the ecological system and transactions across systemic levels.

In the European context, this shift of paradigm significantly is owed to the work commissioned by the Social Care Group of the UK Departments of Health, Education, Employment and Home Office in 2000. Aiming at a more comprehensive and timely response to the different types and levels of children and family needs, the UK program of work developed guidance for social and child protection services. The Guidance on Assessment Framework (Department of Health, 2000) condenses the government's key policy objectives in children's services and, most important, it ensures knowledge and understanding on the requirements for its effective implementation. The Assessment framework allows a wider vision about the

complexity of interventions, including re-elaborations of the assessment frame that might have been built by other family-centered programs.

Besides, CPS professionals cannot work alone in reunification processes, so that family involvement becomes a need. The family's awareness of their strengths and problems make possible their commitment with professionals and with their own family plans to achieve reunification.

1.1 Main concepts and reunification rates

RC is defined by Portuguese law (Lei n° 142/2015, de 08/09, art. n° 49) as the "placement of a child or young person in an entity prepared with the appropriate installations, equipment and human permanent resources for basic care". Conditions must be provided for satisfying basic physical, psychological, emotional and social needs, as well as promoting rights, education, well-being, development and integration in a socio-family safe context.

During the last decades, Portugal experienced an important transformation in these services. Until the end of the 1980s, Portuguese RC placements were focused on a permanency model to provide basic needs, their change tended to familial and specialized professional units (Rodrigues, Barbosa-Ducharne, & Del Valle, 2013). Nowadays, in most cases, placement in either of these types of placements is temporary and aims at family reunification with the biological family.

In this context of study, another main concept is reunification. Maluccio, Fein and Davis (1994) defined it as the reconnection of children in out-of-home care with their biological families instead of full reentry to include partial contact or periodic visiting. But, according to Balsells and colleagues (2014, p. 811), reunification is considered "the process through which children who have experienced abandonment, neglect or abuse return to the home of their birth families after a mandated separation period", and contacts are only a small part of this work.

Children are not to be seen as the property of their biological parents, but reunification should remain the primary goal of CPS and should indeed remain the most common ending for children in out-of-home care (Wulczyn, 2004). When designing a reunification case plan, intervention must focus on the child's return to the birth family in a short period of time, providing the parents with resources to perform their parental roles, reducing the risk of recurrent out-of-home placements and repairing the aftermaths caused by mistreatment (Gobierno de Cantabria, 2008).

The new Portuguese law, in its guiding principles (Lei n.º 142/2015, de 08/09, art. n.º 4), indicates that interventions must be in the best interest of the child or young person, helping their parents to assume their responsibility, maintaining their significant relationships and the prevalence of the family. The Convention on the Rights of the Child (The United Nations, 1989) also considers the relevance of the family, particularly because of the importance of keeping the family together and of the parents responsibility in promoting the child's well-being. In this context, reunification processes for children in RC have become a priority for Portuguese Social Services.

The last official data reported by the Instituto da Segurança Social, I.P. (2016) shows that 8500 children were in care during 2015, of which 7544 (87,7%) were in RC. According to Portuguese guidelines (Instituto da Segurança Social, I.P., 2007a, 2007b), any out-of-home placement entails the design of a case plan (the Life Project) so that it allows professionals to orient their intervention. 2703 children and young people, about 31.4% of the population in RC, were expected to return to their biological families. But according to that report, although 1291 did return to their birth families during that year, 824 children and young people experienced a reunification breakdown, so they re-entered in care.

To prevent such negative outcomes, in the 2015 report by the Instituto da Segurança Social, I.P., changes in case plans, inter RC home transfers and geographical displacement are described as the main difficulties for working with families and strengthening the relationship between the family and the child or young person.

These data do not differ significantly from other European countries. A longitudinal study of 149 cases of English children evidenced a great number of reentries into care 6 months after reunification, and even higher 4 years after going back to their families (Biehal, Sinclair, & Wade, 2015). A study by Ubbesen, Petersen, Mortensen and Kristensen (2012) of cases in Denmark showed 22% of children reentering care after being reunited with their families.

These rates of reunification breakdown show that return to birth family is, in many instances, controversial, particularly considering the potential negative impact on children when it fails (Montserrat, 2014). There are two frameworks: an adoption model (developed in the USA and UK), which favors the child's stability versus a reunification model (upheld in the Netherlands and Sweden), which foresees family rehabilitation and the need to empower birth parents in their parental role (Del Valle & Bravo Arteaga, 2013). In the case of Portugal, as described, nowadays policies seek the reinforcement of the reunification process.

1.2. Family resilience process: a path towards reunification

Resilience is defined by Luthar, Cicchetti and Becker (2000, p. 543) as “a dynamic process encompassing positive adaptation within the context of significant adversity”. In the conceptual frame of developmental psychopathology, Luthar (2006) considers it as a construct that simultaneously accounts for protective and vulnerability factors in the multiplicity of psychological, emotional, social and psychiatric domains of functioning throughout the life cycle. Foremost in importance is to guarantee wellbeing and positive development that are secure attachments and support, which are identified as family protective forces.

Additionally, resilience is defined as “the ability to withstand and rebound from adversity” (Walsh, 1996, p. 262). Rebounds are especially frequent in vulnerable family contexts and intervention with these family systems needs to consider how to strengthen families and couples to face disruptive challenges. From this point of view, intervention focuses on strengths as a way of reducing risk and vulnerability in adversity and family crises (Walsh, 2002).

Also Lietz (2007) considers resilience a construct tied into family systems. This relationship between resilience and family systems is becoming more and more common in research and intervention (Balsells et al., 2013, 2014; Balsells, Pastor, Mateos, Vaquero, & Urrea, 2015; Lietz, 2006, 2007; Lietz & Strength, 2009; Martín, Almeida, Cabrera, Miranda, & Rodrigo, 2014; Thomas, Chenot, & Reifel, 2005).

For instance, in a first survey study, by Lietz (2006), including 182 participants recruited at community associations in Phoenix, Arizona (USA), answered the Family Inventory of Live Events & Changes (FILE) and the Family Assessment Device (FAD). Results clearly evidenced that family strength was a stronger predictor than risk. Higher levels of family strength were associated with higher level of family functioning, and higher levels of risk predicted lower levels of functioning.

A subsequent study (Lietz, 2007), consisting of in-depth semi-structured interviews to a subsample of 6 families from those initial 182 participating in the quantitative research, identified five different stages of response to difficulties: a *survival* point, an *adaptation* stage, an *acceptance* stage, a *growing stronger* stage and, finally, a *helping others* moment.

In the first stage, the goal was just to survive the stressor, helped by social supporters, morality and/or spirituality. In the second stage, families needed to make significant changes to accommodate the difficult situation. At that moment, main strengths were creativity for finding

solutions, and boundary setting to unhealthy situations and communication. In the third stage, families accepted what happened and the new reality, and they felt the ability for achieving a new insight, humor, communication and morality and/or spirituality (as strengths). In the fourth stage, they revealed that the problem faced helped them to grow stronger and identified a new appraisal or way as the main strength to attach to their experience. In the fifth and final stage, families expressed the desire of helping other people in those situations and the family strength was associated with social support. The novelty in this fifth and final stage was that families expressed the need to give social support and the aim was no longer to receive social support.

A further study conducted by Lietz & Strength (2009) reproduced the previous research with a sample of 15 families (19 participants) who achieved reunification and continued to function well after an out-of-home placement. To study family resilience theory, the FAD and a sociodemographic questionnaire were administered as well as the in-depth interviews with open-ended questions. Different family strengths were identified at five diverse stages of the reunification process. Results were similar to the findings in the previous work.

In the first, *survival* stage, the family tries to get through the separation and experiences the crisis moment with adverse feelings. At this point, spirituality and social support received from peers and extended family resulted as protective factors. Research highlights the important function of spirituality in resilience (Lietz & Hodge, 2011; Walsh, 2002).

In the second stage, *adaptation*, the family feels the need of making changes and readjusting their lives. Both initiative, boundary setting from negative influences and creativity to find multiple solutions were identified by participant families as strengths.

Acceptance was considered the third stage and supposed a change in their motivation (from obligation to a worthwhile cause), developing commitment with services, creating a new insight and an increased communication about the family situation.

The fourth stage, *growing stronger*, was a period for recognizing and experiencing reinforcement, feeling the family's advancements. In this stage, families value the experience and the transformation experienced and they show a positive appraisal of their familial course.

Finally, in the fifth stage the family shows a desire to help other people, trying to communicate the positive reunification experience as well as providing social support for other families with children in welfare.

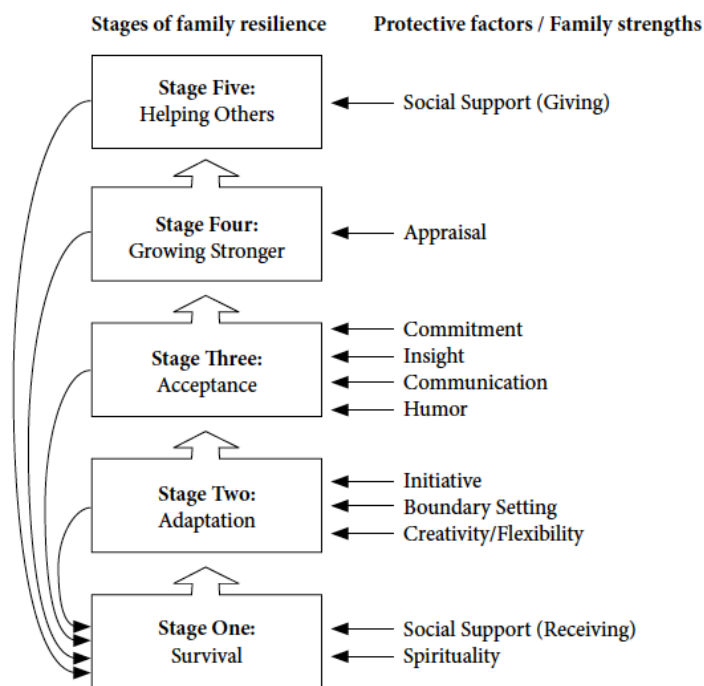


Figure 1-1: Stages of family resilience, from Lietz & Strength (2009, p. 206)

Regardless of the similarities between the crisis response cycle and the family reunification process, the latter is far from being a linear process and the five stages do not mirror or correspond to the way families progress with ups and downs: they experience different strengths and weaknesses depending on the moment and their own characteristics (Lietz, 2007).

Looking at the model of professional work and practices of intervention in RC, it would be useful to adjust those stages and timings. This need becomes central when considering that the goal of child removal is reunification. In this, two moments are crucial: family separation and reunification. These events create four critical stages both before and after key moments.

The first stage, temporal, is located before the child leaves the birth family home, when the measure is communicated. The second phase, after separation and integration in the RC resource, the child-parent relationship is resumed with contacts such as telephone calls and visits. In the same way, there is a period before family to prepare for the return to the family home. And, after homecoming, a subsequent stage to reunification can still be when they reintegrate their family routines.

In its theoretic framework, the program “Walking in Family” (Balsells, Pastor, Amorós, et al., 2015) provides a correspondence between the family resilience stages explained by Lietz and Strength (2009) and its key fostering moments.

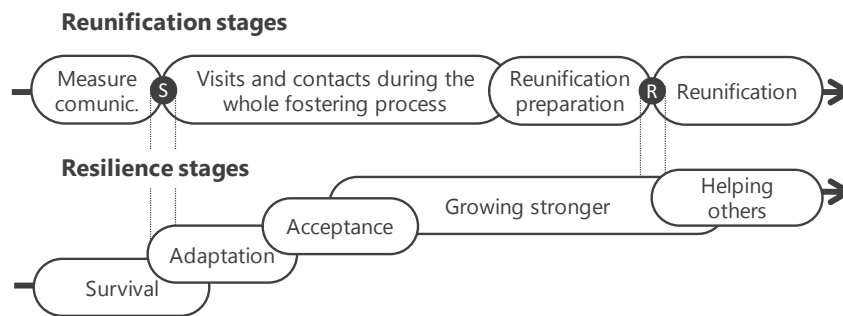


Figure 1-2: Stages at reunification and resilience processes from Balsells, Pastor, Amorós and collaborators (2015)

1.2.1. Measuring communication and separation

According to Portuguese law (Lei nº 142/2015, de 08/09, art. nº 38), Commissions for Protection of Children and Young People (CPCJ) and Multidisciplinary Teams for Court Support (EMAT) are in charge of decision making, communicating and applying measures for child protection. Regardless of the service, a Case Coordinator is designated (art. nº 82) and must do an evaluation, refer the situation with the recommendation to an out-of-home placement, integrate the child into a RC resource (art. nº 57a), and accompany the ensuing process.

Normally, a previous interview between RC professionals and the family is advised, as well as a visit to the unit before the entry (Gobierno de Cantabria, 2008). Procedural handbooks of the Instituto da Segurança Social, I.P. (2007a, 2007b) take into account six key routines during the fostering phase: 1) designation of the internal RC case coordinator, 2) customization of the child space, 3) acquaintance with common spaces in the RC resource, 4) with peers and 5) professionals, and 6) information about the RC home rules for the child and his family. Yet, these guidelines do not consider other psychosocial interventions to provide a quality adaptive process for children and parents.

From a resilience approach, integration in the RC home can be associated with a survival stage. Such a perspective allows one to give meaning to the efforts made by families to get through the circumstances of the separation and the overwhelming feelings experienced when they are not prepared to accept their new reality (Lietz, 2007; Lietz & Strength, 2009).

Children are leaving their birth family home and parents will not share their children's daily routines. Both parents and children need to deal with material, emotional and cultural losses, and experience a process of grief (Del Valle & Zurita, 2007; Lázaro Visa, 2009). It supposes different phases, with diverse feelings towards separation. At an initial shock stage parents can appear uninvolved and only afterwards do they show different attitudes, such as

expressing their anger, annoyance, aggressiveness and protests, promising a radical change, and losing interest in their children or avoiding contact with them (Del Valle, 2009; Del Valle & Zurita, 2007).

According to previous research, Balsells and collaborators (2014) alert to this critical period, when parents experience that state of shock which may jeopardize the real reasons for the removal measure they, on the contrary, emphasize contextual factors such as joblessness or homelessness. On the other hand, those parents who assimilate the reasons for the separation have a wider vision of the problems and can identify some of their parenting skills needs.

When the separation happens, parents may also be afraid of losing their child completely. Even considering that RC can help their child, most parents find it difficult to accept this new situation (Amorós & Palacios, 2004). They can feel insecure and fearful (Balsells, Pastor, Mateos, et al., 2015) or as parents 'who failed' and lost control of the situation, which is now under the guidance of the CPS (Department of Health, 2000).

Most families in this context have a history with professional social services. However, request for and provision of social support supplies instrumental or material needs (such as food, medicine, financial...) rather than socio-emotional needs common in dysfunctional relationships or present in poor parental skills (Matos & Sousa, 2004). Research by Rodrigo, Martín, Máiquez, & Rodríguez (2007) showed that at-risk mothers had a wider social support net which involved not only family, friends and neighbors but also social services, with a tendency to use these services both for their child's problems as well as their personal problems.

In this context, there is a risk of transferring the family responsibility to fostering services, which is also at stake when the family is not called to participate in the design of the case plan and collaborate in its implementation guided by the professionals (Balsells, Amorós, Fuentes-Peláez, & Mateos, 2011; Rodrigo, Máiquez, & Martín, 2005). Actually, this family involvement and participation in making decisions becomes a key point when the case plan aims at reunification with the biological family because voluntary acceptance is the basis for intervention (Amorós & Palacios, 2004).

In the case of children, entering the system is commonly remembered as a traumatic experience (between 66.7% and 73.4% depending on studies) for a number of reasons including its sudden and unanticipated manner, lack of or little information, absence of consultation, especially for children who passed through an emergency center with rigid rules and other

problematic children (Montserrat, 2014). In fact, emergency cases are associated with failure in the reunification process (Connell et al., 2009).

Nonetheless, there are also other factors which influence the child's reaction towards separation: age, previous separation experiences, understanding of the causes, preparation before removal, messages at the moment of the separation, placement environment, child and RC service characteristics (Del Valle & Zurita, 2007).

1.2.2. Visits and contacts after separation

After entrance into a RC home, when contacts are restored, a second stage begins. Contacts are usually organized in three formats: indirect (such as phone calls); direct visits (in or outside the RC home); and, overnight stays. Contacts have been one of the most common and primary practices in child welfare (Davis, Landsverk, Newton, & Ganger, 1996; Déprez & Wendland, 2015; Leathers, 2002; León & Palacios, 2004) and, traditionally, the basic intervention and interaction between RC services and the family (Del Valle, 2009). Its contributing role to family reunification is nonetheless discussed because "it is hard to find any clear evidence that it is contact *per se* that brings reunification" (Biehal, 2007, p. 814).

As regulated by Portuguese law, excluding situations when the Court decides the opposite, parents can visit their child in accordance with schedules and functioning in the RC home (Lei n° 142/2015, de 08/09, art. n.º 53.3). The visit regime is regulated in the case plan with the Case Coordinator and it includes the people, frequency and duration of visits (art. n° 57b).

Although literature has different points of view about the benefits of visits, these contacts aim to assess, maintain and grow the relationship between the family and child in a RC plan, as well as reduce the child's feelings of being abandoned (Amorós & Palacios, 2004; Carnochan, Lee, & Austin, 2013; Déprez & Wendland, 2015; Sen, 2010; Sen & Broadhurst, 2011). The worth of visits is well theorized in attachment theories (Ainsworth, 1985; Bowlby, 1973). Comparing adolescents in care to those living with biological families, research in Spain showed lower scores in quality relationships for the first group, when considering bonds with parents, siblings, friends and other supportive networks (Bravo Arteaga & Del Valle, 2003).

One of the first investigations in parental visiting, made with 624 children, showed that, among other variables, un-visited children used to remain in care, which led the researchers to recommend that agencies keep a log on visitation (Fanshel, 1975). More recently, in a study by

Davis and collaborators (1996) with a sample of 865 children and their parents, visits, at a recommended level, were considered as the stronger predictor for family reunification among five variables. Results were especially significant in mothers, a common point with another research based on 230 teenagers in care (Leathers, 2002).

Another investigation with 235 children showed that there was a link between reunification and family contact and that 85% of social workers assessed family contact as positive (Delfabbro, Barber, & Cooper, 2002). A longitudinal study by León and Palacios (2004) with 91 families whose children were in placement agreed on the importance of visits: 85% of children maintained contacts or visits, in 86.2% of the cases they were positively valued by professionals and 75% of the visits used to be in a public area or at the home of their birth family. In another study of 305 closed processes, frequent visits maintained with the birth family seemed to be a factor associated with family reunification, specifically in cases of voluntary foster care in non-kinship relationships (López, Del Valle, Montserrat, & Bravo Arteaga, 2013).

But in some cases, professionals may appear hesitant to encourage visiting because some families are often considered as a burden because children react in an anxious, stressed or disappointed way (Palmer, Durham, & Osmond, 2014). A study with 19 social workers, who were interviewed or participated in focus groups, revealed that professionals maintain a risk-based conception of contact, being worried about renewed abuse or inappropriate messages (Sen, 2010).

Taking as a reference the dialogical nature between the reunification process and resilience strengthening as shown in the above diagram (see figure 1-2), families can be at different stages in this phase. Some of them remain in the survival stage, others can be in the adaptation or acceptance stage, still others are trying to grow and collaborate with CPS.

Similarly, parental feelings can differ in each case. According to Del Valle (2009), some families feel the new relationship between caregivers and children as a competition of affective bonds and fear losing their children. It can happen also in foster family care, thus becoming a risk factor (Balsells et al., 2011). This will tend to happen more often when parents are only just visitors and not considered for decisions regarding their. In many cases, visits are an opportunity for contact between the family and RC workers and evaluating evolution in the family microsystem and relationships that are supportive or toxic (Del Valle & Zurita, 2007; Déprez & Wendland, 2015; Gobierno de Cantabria, 2008). Therefore, it is highlighted that parents shall not be just visitors but instead, whenever necessary with the help from RC professionals, become

engaged with routines and thus avoid the status of spectator regarding their child's growth (Del Valle, 2009).

Contacts and visits are intrinsically connected with communication. According to Balsells and collaborators (2014), professionals and parents interviewed considered that good relationships with children helped them to continue striving for reunification. In that mix of feelings, the child feels that the relationship with the parents is not broken, thereby providing security and calm to the child or young person (Del Valle & Zurita, 2007). This exchange gives a sense of reality both to child and parents, reminding the latter of their parental responsibilities while offering an opportunity for training. From a socio-educational point of view, the inclusion of family leisure experiences during visits provides benefits in terms of quality visits and satisfaction, empowering families from a positive parenting approach (Navajas & Balsells, 2016).

1.2.3. Preparing the reunification

Until this point, most families with children in RC experience these previously described different stages. But reunification is only possible when the whole family has undergone changes to make sure and safe the return to the biological family home (Del Valle & Zurita, 2007). Research by Fernandez and Lee (2011) showed that factors such as parental substance abuse, abuse/neglect issues and domestic violence were related to slower reunification processes.

Portuguese law makes explicit that “the cessation of the measure is always decided when its continuation seems unnecessary” (Lei n° 142/2015, de 08/09, art. n° 62.5) and according to the following article in the Law, it happens when the child or young person is moved away from the dangerous situation (art. n° 63.1e).

To achieve this goal, the progressive involvement of parents seems to be decisive (Del Valle, Bravo Arteaga, & López, 2009; Leathers, 2002). It is important to show the family that reunification is not determined by the system or time, but is conditioned by changes in their family functioning (Balsells et al., 2013). In fact, parents have an important role in the vicissitudes of this process and, above all, in their children dealing skills.

The Committee of Ministers of the Council of Europe (2006, sec. 1) defined positive parenting as a “parental behavior based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child”. Providing parents the resources and support for empowerment, adjusting levels of parental support to parents' needs has been widely

considered as most important (Amorós et al., 2010; Balsells, 2007; Balsells et al., 2011; Bravo Arteaga & Del Valle, 2009; Carnochan et al., 2013; Del Valle, 2009; Gobierno de Cantabria, 2008; Rodrigo, 2010; Rodrigo, Almeida, Spiel, & Koops, 2012; Rodrigo et al., 2005; Vila, 1998).

This should also guide a family-centered RC practice providing a greater commitment on the part of parents in their child's routines by inclusive practices such as attending school conferences, doctor's appointments, and clothes shopping (Del Valle & Zurita, 2007; Leathers, 2002). Unfortunately, research shows that, although contacts and visits are a strength in RC intervention, there is an important lack in working with families regarding their permanency plans, especially in the case of teenagers (Bravo Arteaga & Del Valle, 2001).

According to the diagram of the familial resilience process, families are at this moment in the *growing stronger* stage. On one hand, their engagement with services is clear and they accept those changes which contribute to preparing a safe return (Balsells et al., 2014). On the other hand, family can value the transformation experience with a new view about their progress (Lietz & Strength, 2009). Although parents can feel successful because of all the obstacles overcome, the child is not often included in this acknowledgment, even when it could help to build and strengthen the family's identity (Balsells et al., 2013; Balsells, Pastor, Amorós, et al., 2015).

Before leaving the RC home, many different feelings make this period difficult both for the child and parents. Their expectations are not free of uncertainties and these are often matched with feelings of grief, loss, fear, anxiety, stress, pressure or sadness (Wulczyn, 2004). Parents particularly seem more prone to idealizations of their child's return home with non-realistic expectations (Balsells et al., 2014). Therefore, some professionals consider that experiencing fears of the child's reactions, fears of changes in adolescence or fears of failing again are not negative as it shows that parents are not idealizing the child's return (Balsells, Pastor, Mateos, et al., 2015).

Fears are nonetheless a symptom of difficulties in managing negative emotional moods. For instance, parents often fear the changes that the child undergoes during care. Parents might fear failing, not being able to maintain modifications and repeating past mistakes which might cause the child to re-enter welfare care services (Balsells et al., 2013, 2014; Balsells, Pastor, Mateos, et al., 2015; Del Valle & Zurita, 2007).

Although preparing the reunification is usually considered an easy process, it must be seriously prepared. Visits and contacts should increase in time and frequency during the last few

months, and settings should be prepared for the child to say goodbye to professionals and peers in the RC unit in order to cope with the farewell and the return home. Thus, the joy of going back to parents is nurtured at the same time that the child can keep some belongings and souvenirs (Del Valle & Zurita, 2007). RC service must also provide extensive information about the child's development to parents and contribute to creating the adjusted expectative experience referred to above, reducing anxiety and possible problems in the movement from RC to the family home by helping parents in the necessary capabilities of resuming their roles (Balsells et al., 2014; Del Valle, 2009; Del Valle & Zurita, 2007).

1.2.4. Reunification Follow-up

The reunification process does not finish when the child returns to their birth family home. In fact, this stage is important to maintain the changes undergone during foster-care. Problems can appear when the child moves to their birth family. After the family intensive support program, it is necessary to ensure a child's well-being for the support of both the child and the parent (Biehal, 2007; Knorth, Knot-dickscheit, & Thoburn, 2016).

Actually, just after coming back to the biological family home, the parents and the child can experience the typically called *honeymoon* phase, described by Balsells and colleagues (2014, p. 817) "as a stage in which family members are optimistic and ignore the natural conflicts of daily life". These *honeymoon* moments are consistently described in other research and publications, as are the risks of possible crises because of day-a-day relationships, especially in the case of teenagers (Balsells, Pastor, Mateos, et al., 2015; Del Valle & Zurita, 2007).

As explained before reunification, the parents and the child also can experience at this stage a mixture of feelings ranging from happiness to insecurity or fear. Being apart from each other during foster care might instill a feeling of strangeness and unfamiliarity during the first days (Balsells et al., 2014; Balsells, Pastor, Mateos, et al., 2015; Jorge Fernández Del Valle & Zurita, 2007).

Another possible conflict situation could be with the child's desire of keeping in touch with the RC home professionals and peers. It can be confusing for parents, who expect their child to be happy because of their coming back home. And indeed the child is. But after being removed from their family, a child spent months or years in foster-care, so the child becomes attached to people met in the RC resource and the experience is now part of their history and

identity. According to different authors, the child may grieve because of this new loss, especially if it is communicated in a short period of time (Balsells et al., 2013; Del Valle & Zurita, 2007).

According to the resilience and RC stages diagram above, this post-reunification stage is linked to social support. Festinger (1996) described the lack of parenting skills and social support as a factor associated to reentry in care. Further research by Lietz, Lacasse and Cacciatore (2011) tried to identify, from the resilience perspective, the concept of social support and its importance in the processes of reunified families. They used qualitative methods analyzing narrative interviews. Their results revealed three different areas: 1) the external social support, 2) intra-familial social support and 3) given social support. The first area focuses on the practical or emotional help given by the extended family, friends, neighbors, support groups, faith communities and child welfare workers. The second area includes the encouragement and help coming from within the family unit. The third area shows that families expressed their desire to give back what they received, experiencing a new role.

Research seems to be consistent considering social support. Evolving from the informal support network, it strengthens abilities in the family and prevents feelings of loneliness, frustration, misunderstanding and isolation (Balsells et al., 2013). In another work, it was clear that both informal and formal support helped the families to express their feelings and maintain the changes (Balsells et al., 2014). According to Terling's (1999) findings, after investigating CPS data about reunification outcomes in Houston, Texas (USA), social support becomes a protective factor, and isolation and negative relationships are predictors of reentry.

In regard to institutional support, according to Portuguese law (Lei n° 142/2015, de 08/09, art. n° 63.2), after the measuring of out-of-home placement, the CPCJ or EMAT must communicate and articulate with those entities with competences in child welfare (referred in art. n° 7), to guarantee the accompaniment of the child or teenager and the family, during the necessary time. Parents need orientation and advice during this follow-up phase.

So, RC professionals who worked with the case and created a trust relationship should be responsible for the integrating the child in the family, cooperating with other social workers in the welfare system, visiting the family home and providing interviews to supervise the process (Del Valle & Zurita, 2007). But research reveals that this track and support is not necessary in quality and quantity, from the family's point of view (Balsells et al., 2014; Balsells, Pastor, Mateos, et al., 2015). In a study of mothers suffering from drug abuse, Maluccio and Ainsworth

(2003) reinforced the need of innovative practices, the collaboration of agencies, parental skills teaching and support groups.

But, as introduced a few paragraphs above, at this point of the family reunification process, not only does the family need to receive social support but it can also be proactive in offering support to other families. After overcoming difficulties and stressors, the family expresses a desire to help other people in those circumstances (Lietz, 2007; Lietz et al., 2011; Lietz & Strength, 2009). In a study by Balsells and colleagues (2013), with 135 participants (72 of whom were children or parents), results showed that it helped families strengthen their awareness about the reunification process. In a later publication, it was also highlighted that professionals considered it a positive contribution not only for reunified families, but for those who had begun the process (Balsells, Pastor, Mateos, et al., 2015).

Research on peer parenting mentorship is a significant contribution and shows that parents who experienced child removal can collaborate with CPS, after training, in helping other birth parents seeking reunification by sharing their experiences and providing support (Berrick, Cohen, & Anthony, 2011; Berrick, Young, Cohen, & Anthony, 2011; Enano, Freisthler, Perez-Johnson, & Lovato-Hermann, 2016).

1.3. Family assessment: the awareness of changes

When a maltreatment or neglect case is detected and before the entry into RC service, the family is evaluated by CPS workers. Assessment practices have changed during the last decades. Nowadays, some CPS workers use a new model to evaluate families which aims to involve families with social workers for a family-centered intervention.

1.3.1. Changing focus: from a deficit view to a resilience assessment

Traditionally, research and education have focused in studying children's characteristics to explain their development in different areas such as cognitive, psychomotor or moral domains. Although they are important to perceive changes produced, Bronfenbrenner offered a new ecological model and defined it as the "scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between this setting, and by the larger context in which the setting is embed" (Bronfenbrenner,

1979, p. 21). It included the family and other social networks such as work, neighborhoods, community and governmental policies (Bronfenbrenner, 1979, 1986).

After considering the importance of families for children’s development, a model was necessary to assess them. As it was described by Martin, Almeida, Cabrera, Miranda and Rodrigo (2014), the first models to analyze families were focused on deficits, providing risk profiles to classify families for intervention. For example, research by Sameroff, Seifer, Barocas, Zax and Greenspan (1987) with a sample of 215 children investigated the relationship between verbal IQ scores and risk factors. They posited that the effect of risk factors was cumulative, increasing the probability of affecting child development.

Family assessment experienced a shift when not only the risks but also the strengths were evaluated. Of critical importance to this new paradigmatic change, the Looking After Children (LAC) program tried to develop in the United Kingdom an assessment model for children in seven areas, which offered good results, but it did not include an emerging area: work with families (Léveillé & Chamberland, 2010). Then, guided by needs, the Department of Health (2000) established a framework to understand the children’s complex development called Framework for the Assessment for Children in Need and their Families (FACNF).

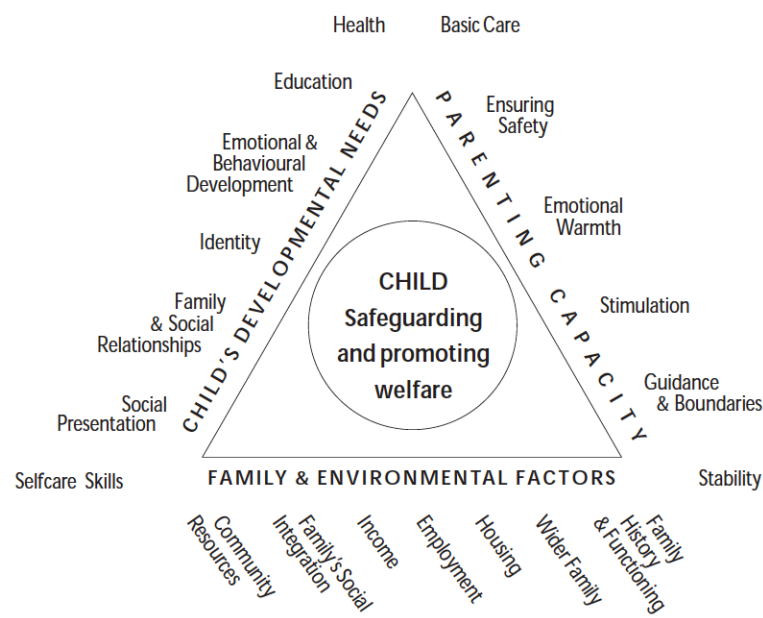


Figure 1-3: Tri-dimensional framework for assessment by the Department of Health (2000, p. 17)

It includes three main categories: 1) the developmental needs of children; 2) the capacities of parents to respond to those needs; and 3) the impact of wider family and environmental factors.

The first domain comprises the areas and characteristics worked in the LAC program: health (physical and mental wellbeing); education; emotional and behavioral responses; identity (abilities, self-image and self-esteem); family and social relationships (affective relationship with parents and siblings); social presentation (appearance, dress, hygiene and behavior); and self-care skills (independence).

The second domain considers the parental skills and it is composed of six areas: 1) basic care providing (provision of food, drink, clothing and hygiene); 2) ensuring safety (protection from harm or danger); 3) emotional warmth (emotional needs and affectionate relationships); 4) stimulation (cognitive development and social opportunities); 5) guidance and boundaries (behavioral regulation and moral values education); and 6) safety (stable family environment).

Finally, the third domain includes environmental factors areas: family history and functioning; wider family (related and non-related persons); housing (suitable to child's needs); employment (persons working in the household); incomes; the family's social integration (in the neighborhood and community); and community resources (services of health, schools, worship, leisure and transport).

According to Léveillé and Chamberland (2010) this FACNF model is disseminated in over 15 countries such as Australia, Sweden, Ireland, Ukraine, Canada, New Zealand and France, adapting the model to each sociopolitical context.

In Spain, for example, Martín, Cabrera, León and Rodrigo (2013) developed the Parental Competence and Resilience Scale for parents in at-risk psychological contexts, validated in a sample of 498 families. The scale has 44 items and, after factorial analysis, five factors were found: 1) household organization; 2) educational competence; 3) personal development and resilience; 4) support seeking; and 5) community integration.

In Italy, the "Intervention Program for Prevention of Institutionalization" (P.I.P.P.I.) used an eco-systemic multidimensional model called "The World of the Child", which also includes three categories (Milani, Serbati, Ius, Di Masi, & Zanon, 2013). The first one, about child development, is composed of learning, relationships, social competence and health. The second category is about the needs of those who take care of the child and includes basic care,

effectiveness, rules, leisure, education and values. The third one, about the context, embraces kinship family, informal support, employment / housing and community resources.

Other programs are also based in FACNF, developing an ecological and evolutionary model. As explain by Balsells (2013) this framework allows practitioners and researchers to assess a set of needs in child development linked to parental competencies and environmental factors. It does not only consider their weaknesses but also lets parents exercise their skills. The “Waking in Family” program (Balsells, Pastor, Amorós, et al., 2015) uses a three-dimension model including children’s needs, parenting skills and context. In the first dimension, the program embraces: health and growth; identity and self-esteem; emotions, beliefs, communication and behavior; autonomy; familial and social relationships; learning; and leisure. The parental skills dimension concerns the provision of basic care, safety and protection; warmth, effectiveness and emotional stability; orientation, values and rules; and stimulation/motivation. Finally, the contextual dimension looks at relatives and friends; social integration; employment and financial situation; housing; and connection with school and other community resources.

1.3.2. A resilient view of awareness, focused on family strengths

The ecological models described above value strengths and protective factors rather than weaknesses. So, families’ resilience can nurture their empowerment and mobilize the potential to overcome the odds (Martín et al., 2014; Rodrigo et al., 2005).

According to Walsh (1996), the resilience approach does not share the family pathology perspective, based on a mythologized problem-free family ideal, but prefers considering the family as challenged instead of damaged. The *normal family* pattern presumes as dysfunctional families which differ from the norm, even if they are functional in their specific situation.

In a later publication, Walsh (2002) explained that the family’s resources are more important than therapist techniques, emphasizing the importance of a shared work. More individual and therapeutic intervention usually are focused on deficits, but a strength perspective is more favorable for a family group intervention (Bass, Shields, & Behrman, 2004). But, although there is a shift in family intervention for a strength-based and family-centered practice, theoretical adherence is not consistent among practitioners and it supposes more attention, training and supervision (Lietz, 2011). Families also demand not to feel judged (Geurts, Boddy, Noom, & Knorth, 2012).

So, a multi-systemic assessment becomes a key factor to identify, enhance and build family strengths in a resilience-promoting practice (Wulczyn, 2004). Families can develop their awareness about the stressors/challenges and strengths.

In an investigation by Rodrigo, Camacho, Máiquez, Byrne and Benito (2009), researchers analyzed 418 files from CPS in Spain looking for factors influencing the resilience process in families. Their findings were similar: awareness of the problems, motivation for changes and collaboration between family and professionals were protective factors narrowly linked with resilience.

A qualitative study with 57 adolescents in kinship foster care, aged 13 to 18, showed that they wanted to know the reasons for removal because they lacked knowledge about duration or implications, although there is more awareness when they are fostered in their extensive family (Fuentes-Peláez, Amorós, Balsells, Mateos, & Violant, 2013).

Other research already mentioned, with 135 participants, about resilience and families' reunification processes revealed important findings about the family's consciousness about their progression.

In a first publication, Balsells and colleagues (2013) noted difference between the awareness of the problem and the awareness of the progress towards reunification. In the beginning, parents are not prepared to understand the problem and the causes of removal. It involves gradual awareness and problem comprehension. In the case of children, it depends on the causes of removal. At the end, when children go back to their birth home, awareness about progress becomes a protective factor which contributes to consolidate the reunification. And it is reinforced when families provide social support to other people, as was discussed above.

A second publication (Balsells et al., 2014) highlights that when separated from children, parents would blame environmental factors. This insight of problems changes during the reunification process, and they express a gradual evolution in their consciousness of parenting skills as a factor which facilitated reunification. They felt that they improved their abilities but not all of them knew how to guarantee their children's well-being after they returned to their biological home.

A third one (Balsells, Pastor, Mateos, et al., 2015) focusses on the awareness that families have on their progress, especially on the development of parenting competencies such as supervision, communication, leisure, educational responsibility, satisfaction with the parental role and self-evaluation. They can perceive the changes and be proud of them.

1.4. Current study

As discussed in the previous sections, exploratory research is needed to understand the needs of the reunification process in Portugal. The policies of the CPS underline the importance of enabling secure and stable family reintegration. A cost analysis of strengthening the family program to achieve reunification of 262 children's families showed that it was cheaper than traditional interventions (Johnson-Motoyama, Brook, Yan, & McDonald, 2013). Even with the program costs, children spend about 190 fewer days in placement: \$1 invested saved \$9.83.

From a family-centered model, not only is intervening with children necessary, but also involving and engaging parents in the work, from the initial phases of care until the aftercare process (Del Valle & Zurita, 2007; Geurts et al., 2012).

II. Methods

2.1. Research design

This research aims at understanding the needs in the family reunification processes of the children, parents and professionals who are involved in RC measures in Portugal. Although there are some publications about this topic (Balsells et al., 2013, 2014; Balsells, Pastor, Mateos, et al., 2015), no previous studies were conducted in this country to discuss this issue. The exploratory design “is carried when the aim is to examine a low-explored question” (Hernández Sampieri, Fernández Collado, & Baptista Lucio, 2006, p. 100) and provides a more in-depth knowledge of the question at this exploratory level.

It also allows a more inductive approach, linking the most consistent topics (Almeida & Freire, 2008) and tries to analyze the way people understand the world accessing their experiences, beliefs and interactions by means of their meaningful expressions (Barbour, 2013).

Although the qualitative approach, more interpretative, has been criticized by positivists as lacking laws, rules, control and predictive outcomes, hermeneutics provide a focus on interaction, language and understanding of situations through the participants’ eyes, expressing meanings and intentions (Cohen, Manion, & Morrison, 2007). From its beginnings, qualitative research studied social and anthropological issues, and during the last decades, it improved the role of participants, the ethics and the methodological issues of validity and reliability (Chizzotti, 2003). So, procedures of investigation will be important to guarantee the quality of the research.

2.2. Aims of the study and hypothesis definition

In our research, the main objective will be to:

- Combine the views and perspectives of children, families and professionals involved in RC processes about family reunification and about factors which facilitate the child’s return to the biological home.

Additionally, three secondary objectives follow the above which is to:

- A. Identify the participants’ needs over the different phases of separation and reunification, agreeing with the different stages of the resilience process described above.
- B. Identify the behaviors, procedures and attitudes which facilitate or make difficult the reunification processes of families whose children are in RC services.

- C. Identify the participants' awareness of changes about children's developmental needs, parental competencies and family context.

Because this is exploratory research there are no hypotheses, but it is expected to corroborate Balsells and colleagues's findings (2013, 2014, 2015), although with differences because of Portuguese CPS and RC unit procedures.

2.3. Portuguese and Bracarense context

Braga is a district in Northern Portugal. Last official data (Instituto da Segurança Social, I.P., 2016) revealed that, in the Braga district, there are 607 children in child care (either in RC homes, family foster homes or other placement resources) and that 195 children left child care during the last year. In addition, the report shows that 69 children (11,4%) came from other Districts and this is due to the irregular distribution of care resources in the national territory, despite the best efforts made by the vacancies management model. The next diagram provides a perspective about the evolution during the last 5 years.

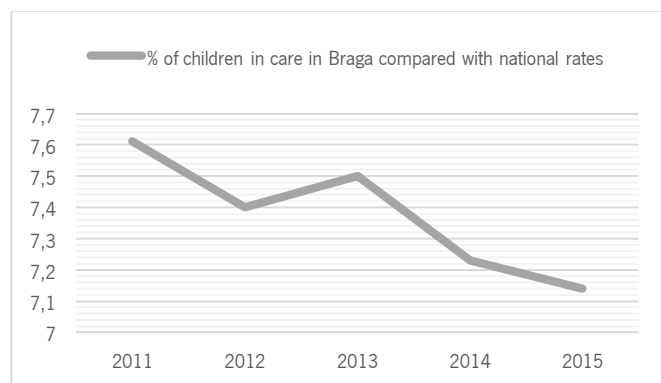


Figure 2-1: Percentages of children in care in Braga compared with Portugal

Official data (Instituto da Segurança Social, I.P., 2012, 2013, 2014, 2015, 2016) shows that during this period, since 2010, fewer than 438 (5%) children were in care in Portugal. Moreover, during these five years, the Braga district reduced by 73 (10,7%) the number of foster-care children, passing from 7,61% to 7,14% of Portuguese children in child-care. It shows a general effort, but especially in the Braga district, to reduce the number of children placed in RC units and to provide family permanency measures and reunification plans, as disposed by legal guiding principles (Lei n.º 142/2015, de 08/09, art. n.º 4).

Nevertheless, although there was a reduction of children moved from their birth families' districts to Braga between 2010 and 2012 (Instituto da Segurança Social, I.P., 2012, 2013), in 2015 the percentage increased until 11,37% of foster care children were again to be found in Braga (Instituto da Segurança Social, I.P., 2016). As explained in those reports, when thinking in terms of reunification plans, geographical displacement “hinders an intervention that requires agility e and very good articulation between the teams involved” (Instituto da Segurança Social, I.P., 2012, p. 37) to reinforce parents' responsibilities.

Finally, about the CPS in all 13 municipalities of the Braga district, both CPCJ's and EMAT's can provide services to assess and follow plans, as established by the law (Lei n.º 142/2015, de 08/09, art. n.º 38). There are 31 RC units in different cities of the district (Gabinete de Estratégia e Planeamento, 2016). As described by Rodrigues and colleagues (2013), most of them belong to religious organizations and their sizes differ: more traditional RC units are bigger (between 20 and 40 children in care) and newer and more familial RC units have a more reduced number (for about 8 to 10 children).

2.4. Rationale for sample recruitment

Research aims to provide a multi-informant view about family reunification processes by different participants in foster-care and family reintegration. Criteria for recruitment was similar to that developed by Balsells and colleagues (2013, 2014, 2015). Then, some inclusion criteria were described for professionals, children and parents.

2.4.1. Criteria for recruitment of professionals

Three criteria were defined for workers to participate in the study: 1) they had to work in RC homes; 2) they had to belong to either the RC technical team (psychologists, pedagogues and social workers) or the RC educational team (educators); 3) they had to work in the RC unit for at least 6 months.

2.4.2. Criteria for recruitment of children

It was established that children: 1) were between 8 and 19 years old; 2) had mental disability; 3) were reunified with their birth families during the last year or will soon be reintegrated with their biological families.

2.4.3. Criterion for recruitment of families

Just one criterion was defined in the selection of families: 1) participants were parents (mother or father) of the selected children.

2.5. Sample

A total of 45 persons from 6 different RC homes (27 professionals, 11 children and 7 parents) participated in the study. Their characteristics are presented in different sections.

2.5.1. Characteristics of participating professionals

This sample was composed of 27 professionals, mostly women (85,2%). RC staffs were between 24 and 59 years old ($M = 38,3$; $SD = 8,91$) and worked in RC homes for 4 to 22 years ($M=11,63$; $SD=5,49$). When the Spearman correlation test was given, a significant positive correlation was found between roles and qualifications ($r_s = .692$, $p<.001$). There was an important undergraduate group (44,4%), mostly associated with educational roles, and another group having at least a university degree, usually in technical roles or RC coordination. The most common fields of study were education (22,2%) and psychology (25,9%).

Table 2-1: Characteristics of the professionals

| <i>Characteristics</i> | <i>Professionals (N=27)</i> |
|-------------------------|-----------------------------|
| Gender | |
| Male | 4 (14,8%) |
| Female | 23 (85,2%) |
| Age | |
| 20-29 | 5 (18,5%) |
| 30-39 | 9 (33,3%) |
| 40-49 | 10 (37,0%) |
| 50-59 | 3 (11,1%) |
| Labor seniority (years) | |
| 1-5 | 6 (22,2%) |
| 6-10 | 7 (25,9%) |
| 11-15 | 7 (25,9%) |
| 16-20 | 6 (22,2%) |
| 21-25 | 1 (3,7%) |
| Qualifications | |
| High school | 12 (44,4%) |
| Degree | 10 (37,0%) |
| Post-degree | 1 (3,7%) |

| | |
|------------------|------------|
| Master | 4 (14,8%) |
| Area | |
| Education | 6 (22,2%) |
| Psychology | 7 (25,9%) |
| Social work | 3 (11,1%) |
| Other | 7 (25,9%) |
| Non-defined | 4 (14,8%) |
| Roles at RC unit | |
| Educator | 14 (51,9%) |
| Technician | 8 (29,6%) |
| Coordinator | 5 (18,5%) |

2.5.2. Characteristics of participating children

The sample was composed of 11 children, 7 of whom (63,6%) were boys and 4 of whom (36,4%) were girls. They ranged in age from 11 to 19 years old ($M = 14,18$; $SD = 2,71$) and entered RC homes when they were between 7 and 15 years old ($M = 11,07$; $SD = 2,47$). Looking at the measures, 8 (72,7%) children were next to be reunited with their families and 3 (27,3%) left RC homes during the last year. Among the sample, 6 (54,55%) children had spent more than two years in RC services before returning to their homes.

Table 2-2: Characteristics of the children

| <i>Characteristics</i> | <i>Children (N=11)</i> |
|----------------------------|------------------------|
| Gender | |
| Male | 7 (63,6%) |
| Female | 4 (36,4%) |
| Age | |
| 11-13 | 6 (54,5%) |
| 14-16 | 3 (27,3%) |
| 17-19 | 2 (18,2%) |
| Age when foster-care begun | |
| 7-9 | 3 (27,3%) |
| 10-12 | 4 (36,4%) |
| 13-15 | 4 (36,4%) |
| Family situation | |
| Ready to be reunited | 8 (72,7%) |
| Reunited | 3 (27,3%) |

2.5.3. Characteristics of participating parents

Although the sample of parents was the smallest, 7 persons participated in the study. The sample included 2 (28,6%) men and 5 (71,4%) women ranging in age between 25 and 52 years old ($M = 37,71$; $SD = 9,55$). In most of the cases, parents were divorced (71,4%) or were step-parents (the biological progenitor had a relationship). In all one-parent case families, the progenitors were divorced mothers.

Table 2-3: Characteristics of the parents

| <i>Characteristics</i> | <i>Parents (N=7)</i> |
|----------------------------|----------------------|
| Gender | |
| Male | 2 (28,6%) |
| Female | 5 (71,4%) |
| Age | |
| 25-34 | 2 (28,6%) |
| 35-44 | 3 (42,9%) |
| 45-54 | 2 (28,6%) |
| Marital status | |
| Single | 2 (28,6%) |
| Divorced | 5 (71,4%) |
| Family structure | |
| One-parent family (mother) | 3 (42,9%) |
| Stepfamily | 4 (57,1%) |
| Family situation | |
| Read to be reunified | 6 (85,7%) |
| Reunified | 1 (14,3%) |

2.6. Instruments

A mixed method was used to collect data with focus groups as were semi-structured interviews because they can provide complementary views, guarantee the confident contribution of different participants and allow data collection where it was not possible to recruit enough participants for a discussion group (Barbour, 2013). Participants also answered a socio-demographical questionnaire for sample description.

2.6.1. Focus group methodology and scripts

Focus groups are a research instrument used to collect data about group interaction when discussing a specific topic. Its origin dates back to the 1930s and it was used to analyze

political propaganda prior to the World War II. Since the 1980s it has been utilized for scientific and commercial purposes (Barbour, 2013; Gondim, 2003). It means that, rather than a group interview (where the investigator's role is more directive and focused on each participant, comparing their answers), this research technique pays attention to the collective view and allows data to emerge from the interaction between participants by carefully listening to the different opinions and dynamics of the group (Barbour, 2013; Cohen et al., 2007; Gondim, 2003; Hernández Sampieri et al., 2006).

Although there is not a clear consensus, the ideal number of participants should include 3 or 4 persons as a minimum and 8 to 12 persons as a maximum (Barbour, 2013, p. 92; Cohen et al., 2007, p. 377; Hernández Sampieri et al., 2006, p. 605).

For the current research, three different scripts with five parts were developed: four of them were related to different stages of the reunification processes (questions about measure communication and separation, visits and contacts, home return preparation and follow-up process) and another part about the family's awareness of changes. Each script was designed to adapt the topics and questions for the different profile of participants: professionals (Appendix I), children (Appendix II) and parents (Appendix III).

According to their profile, participants took part in different focus groups, rather than creating a common and completely heterogenic group. This division was preferred to avoid participants feeling constrained and helped them to express and share their opinions in a more confident way.

2.6.2. Semi-structured interviews and scripts

Interviews are a useful and flexible tool for data and research-relevant information collection in an interchange context about a given topic (Cohen et al., 2007). In the particular case of semi-structured interviews, they permit an increased possibility of introducing additional questions to the reference script about key topics, allowing for a clearer, more precise attention on the issue being studied (Hernández Sampieri et al., 2006). It also allows the respondent to answer spontaneously and freely about feelings (Cohen et al., 2007).

Although focus groups are a good instrument to give voice to specific collectives for expressing their opinions, interviews can provide a privileged and confident context to build and share personal stories and experiences (Barbour, 2013).

From the described scripts for focus groups, another three scripts were built to interview professionals (Appendix IV), children (Appendix V) and parents (Appendix VI). In those cases there were not enough people for a focus group or respondents preferred a more private context.

2.6.3. Socio-demographic questionnaire

Finally, three different forms were built to collect demographic data about participants. The professionals' questionnaire (Appendix VII) included short-answer questions about gender, age, labor seniority, qualifications (and area of studies) and role at the RC home. In the same way, children answered questions (Appendix VIII) about gender, age, age at RC entry, age at RC departure (in cases of reunified families), district and family situation. In the case of parents (Appendix IX), socio-demographic questions included gender, age, family situation, marital status and family structure.

2.7. Procedures

A first meeting was arranged with the Technical Staff of the Center for Childhood and Youth, the coordination department of Portuguese CPS in Braga, dependent on the Instituto da Segurança Social, an agency of the Ministry for Solidarity, Employment and Social Security, which is in charge of promoting the social inclusion of citizens. After introducing the goals and design of the study, the Technical Staff approved the investigation and completed a screening of the RC units in the Braga district with reunification cases according to the rationale for sample recruitment described above.

The Staff contacted 8 RC homes, of which 7 answered favorably for a first interview between the main researcher and RC coordinators. After sending formal letters each one of them requesting permission to conduct research and explaining the objectives and methods to coordinators, one RC unit left the project because of an internal staff restructuring process.

The other 6 RC homes contacted children and parents fulfilling the recruitment criteria and invited their staffs to participate in the research. Thereafter, 6 focus groups and 8 interviews were planned with the professionals, the children and the parents. Focus groups and interviews were audio recorded with the agreement of the participants.. Then, the recordings were transcribed using F5 software.

Table 2-4: Focus groups and interviews conducted for each group of participants

| <i>Research tool</i> | <i>Professionals</i> | <i>Children</i> | <i>Parents</i> |
|----------------------|----------------------|-----------------|----------------|
| Focus groups | 5 | 1 | - |
| Interviews | 1 | 3 | 4 |

The outcomes were examined by a mixed and integrative top-down and bottom-up content analysis model, using Atlas.ti 1.0.51 software. Considering the theoretical framework about reunification, researchers defined categories and codes using the coping theory for each stage. Coping is defined as the “cognitive and behavioral efforts to manage psychological stress” (Lazarus, 1993, p. 237). The response can be analyzed by studying the cognitive appraisal, the regulation of emotions and problem resolution skills (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). As described, the four stages show specific challenges which can be faced from this three-level analysis.

But the content analysis was not closed and code definition was flexible for including new items as such emerged from the research, as suggested by Gibbs (2012).

2.8. Reliability and credibility

Although not all academics agree about the need of criteria to guarantee quality in qualitative designs, it is highly recommended to use reliability and credibility parameters (Gibbs, 2012; Hernández Sampieri et al., 2006; Riffe, Lacy, & Fico, 2005).

When designing the research, the choice for including a multi-informant perspective from the different participants in the reunification processes (professionals, children and parents) aimed at providing a triangulation criterion to offer different views about this fact (Cohen et al., 2007).

Then, after scripts for focus groups were built following the theoretical background, they were reviewed by two senior researchers. Next, the script for each participants' profile was showed to two RC workers, two children and one mother, all of them different from those who were participating in the study. With their suggestions, some minor changes were made for better language understanding.

When focus groups and interviews were conducted, field notes and registers were taken as back-up support for audio records. Transcriptions were reviewed by a supervisor researcher to guarantee accuracy.

After a first exploration of transcriptions and units of analysis, codes and categories were built and, then, reviewed. A continuous process of code comparison was carried during the content analysis process, as recommended by Gibbs (2012) and Barbour (2013) to find patterns of uniformity, precision or difference.

To ensure quality in the codification process an Intercoder Reliability study (ICR) was developed, it is defined as “a measure of agreement between multiple coders about how they apply codes to the data” (Kurasaki, 2000, p. 179). Krippendorff (2004) studied seven different agreement coefficients and explained that it could not be measured with association statistics (such as Pearson’s correlation or Cronbach’s alpha) and proposes a Krippendorff’s alpha, although he also accepts other kinds of statistics such as the Cohen’s kappa. On the one hand Krippendorff’s alpha measures disagreement versus Cohen’s kappa, which measures agreement; but on the other hand, Krippendorff’s alpha is computationally more difficult than Cohen’s kappa (MacPhail, Khoza, Abler, & Ranganathan, 2016). This handicap was overcome with the SPSS macro built by Hayes and Krippendorff (2007) for computing Krippendorff’s alpha reliability estimate for subjective judgments.

To perform the ICR, transcriptions were randomly selected: 3 (50%) from RC workers (W1, W2, W3); 2 (50%) from children (C1, C2); and, 2 (50%) from parents (P1, P2). Two junior researchers were trained about codes and given a code sheet to complete with their analysis. Then, data were compared with the researcher’s results by analyzing them with SPSS. Although scores on Krippendorff’s α were not too strong, they permitted a good enough level of ICR.

Table 2-5: Intercoder Reliability (ICR) analysis results

| <i>ICR</i> | <i>W1</i> | <i>W2</i> | <i>W3</i> | <i>C1</i> | <i>C2</i> | <i>P1</i> | <i>P2</i> |
|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Krippendorff’s α | .678 | .730 | .627 | .812 | .798 | .724 | .646 |

2.9. Ethics

Ethics contributes to the quality of the analysis by reducing risks and maximizing the benefits given the sensitivity of qualitative data in terms of privacy and confidence (Gibbs, 2012). Cohen and colleagues (2007) highlight the importance of participants’ rights and proposes several methods to guarantee them. In this research, there is also an additional circumstance: some participants are children who are integrated in RC units and are considered an at-risk population.

The University of Minho Ethics Commission's (CEUM) opinion was requested about the research project. Its Subcommittee of Social and Human Sciences (SECSH) gave approval (Appendix X) although, in an initial contact, a written informed (Appendix XI) consent was recommended instead of the prepared oral version. It was read, clarified and signed by all the participants (minors needed the authorization of their legal guardian). They kept a copy with researcher's contact e-mail to request further information or to access/modify their data.

All respondents took part voluntarily in the study and they did not receive any remuneration. They have the right to access the results of the study with an adapted report for each participant profile.

Anonymity and confidentiality were also guaranteed. Audio records were deleted after transcription, which although reliable, did not include any name. Participants were referenced with an alphanumerical code known only by the main researcher. Both participants and researcher agreed not to divulge any data or content beyond the research procedures.

Finally, investigators declared not having any conflict of interest.

III. Results

Content analysis is considered as a transformation of data from a hermeneutic and interpretative approach, providing a conceptual structure to understand data (Gibbs, 2012; Hernández Sampieri et al., 2006). A detailed analysis allows key topics to emerge from the data.

In our data set, some issues are transversal appearing in the different reunification stages and those issues are the common organizing nucleus in the discourses of the three different groups of participants (professionals, children and parents).

Combining both top-down and bottom-up strategies of analysis, our model considers the conceptualizations and findings in other previous studies. So, the initial framework of topics envisions a series of guiding constructs that shed light on the reunification processes. Whenever needed, this framework was adjusted in the process of integrating the participants' discourses and their subjectivity and heterogeneity. Thus, the conceptual frame below, describes this rationale throughout the set of categories and subcategories, where each of them points to the main issues of our study (i.e., family reunification) and how they are circumscribed according to the participants roles and the reunification stages, as described in the following table.

Table 3-1: Definition of Categories

| <i>Categories and subcategories</i> | <i>Description</i> |
|-------------------------------------|---|
| Awareness | Awareness is focused on in different features of the process. Discourses show different focus of awareness depending on the participants and stages of reunification. |
| Measure and needs | Initial perception and comprehension of family needs. These pertain mainly to efforts made by professionals to make families understand the causes and accept the measure. |
| Time | Measures are subscribed for a definite intervention length, creating expectations both in children and parents. In most out-of-home placements, measure is prolonged and it triggers different reactions. |
| Intervention | Visits and contacts have different objectives for each group (affective, technical supervision...). Intervention is focused on progressive involvement. |
| Return home | Return home is experienced as a new stage, there are difficulties in the follow-up of family progress. All participants consider it important but not necessary or a 'must have' for themselves. |
| Changes | Awareness of changes is almost limited to child's |

| | |
|---------------------------------------|--|
| | domains, especially in behavior, school and rules. Some changes are also noted in parents. |
| Feelings | Feelings describe the emotional responses and reactions to different stages in the reunification process. The focus was on those feelings expressed by parents and children. |
| Shock and grief | Parents express an initial shock when children integrate the RC home experience and they, as parents, experience feelings of learned helplessness or lack of control. Crying is a common reaction on the first visit. |
| Fears | Parents feel fear and are preoccupied with the child's well-being. They do not want to lose their child or feel that they are being substituted. This fear of losing their child again is also expressed when reunification occurs. |
| Attachment | The child loves the parents despite recognizing their difficulties, they want the child back. Emotional ties are also identified in relationships with caregivers and colleagues at RC homes. |
| Collaboration | It depends on awareness, measure acceptance and the relationship established with professionals. It becomes central for the family reunification process. |
| Upheavals in RC entry | Although there is an effort to integrate families in RC homes, at the beginning parents have other worries and may feel upset because of the child's removal. |
| Building a relationship | It becomes easier if parents ask for the CPS' help. Even so, deficits in communication can endanger the relationship. Recovering their child is the main motivation for collaboration. |
| Supervision | Professionals intervene and try to supervise visits and contacts, usually in a more informal way. Supervision guides process development. Families may try to satisfy the expectations of professionals. |
| Responsiveness | When they are close to reunification, families show a better acceptance to the advice of professionals. |
| Coordination with CPCJ/EMAT | Official agencies designate Case Managers who supervise the family processes. They make decisions about the process and accompany the families externally. |
| Monitoring role | Family monitoring is usually accomplished and progress is evaluated but it is a recognized lack in primary intervention, before foster care. Yet, intervention depends on the relationship between professionals whose influence is felt in decision-making. |
| Follow-up after out of home placement | Although professionals consider that these agencies are mainly responsible for follow-up after RC, there are not enough resources and reunification can fail. |
| Support at RC home | The RC home is the main reference for intervention with |

| | |
|--|---|
| | children and parents. Participants identify important issues that promote a sustainable reunification process. |
| Integration | Mainly focused on the child's adaptation to the RC home, it includes new relationships and routines, different from those at the biological family's home. |
| Support for visits | RC homes oversee visits and contacts and provide material and psycho-educational support for meetings. Visits in the RC home are the most difficult ones. |
| Non-formal support after out of home placement | Relationship with RC professionals continues beyond the family reunification but not in a formal way. Families appreciate this support and prefer rather a more formal intervention by RC professionals after reunifying. |
| Informal social net support | Supportive relationships in the community provide a net to overcome difficulties during the process and after reunification. |
| Primary network of support | Relatives are the most important elements for support, especially the closest ones. There are also families who find support at their work setting. |
| Real involvement | Professionals evaluate this domain, although they do not trust its long-term effectiveness. |

3.1. Awareness

Families are conscious that they are involved in a process whose origin was in their needs. But the insight that they have about these needs differs from the view of the professionals. These latter feel that, when children enter the RC units, parents know that they need support but they cannot identify any specific domain.

“They know before us! And they know it without knowing that they know! But they know it indeed.” (RC Coordinator)

“They almost never have it [that consciousness]. From my point of view, I think that they do not have that real awareness about their problem and that their children need to leave the... the family environment. I think that, in many cases, they even finally accept, trusting the technicians, that the situation will be solved, but they hardly have the perception that children cannot remain with them. It is a work that technicians must do, isn't it?” (RC Technician)

So, one of the main initial efforts made by professionals is informing families and making them understand the causes and accept the measure, justifying it. In spite of that effort,

participating parents mainly described external causes or identified another person as the problem (ex-husband or ex-wife, children...). But during the focus groups or interviews most of the families admitted that they needed to improve their parental skills.

According to participating professionals, children also need support to understand the causes of the measure. But their awareness was different and they could identify two main situations. On the one hand, those suffering from abuse or violence easily focus the problem on their parents. On the other hand, other children identify their behavior as the main cause of the problem, considering themselves as guilty, instead of providing a wider view of a more complex system of reasons.

Because many, many children come to colleges [RC homes] because of the mistakes that parents make. Like his mother, like my parents... like many parents. Usually, people see that children come here, but it is... it isn't because of children's mistakes. Some of them, yes, it is; others, it's because of parents" (Young boy)

Problem solving needs time. Awareness about the duration of the measure is another important issue. Usually, measures are defined for 3 or 6 months, as explained by most families and professionals. But professionals know that it is almost never real and measures are extended. Some professionals admit that measures provide a feeling of transience.

"That which is explained to families is that the measure is for six months, isn't it that true? But I think that it is a way of showing that it is a transitory situation and that they have that time to... change their posture. After, our experience is that six months are... are too little time to modify all their habits and a measure will hardly be just for that time, isn't it true?" (RC Technician)

"Measures are implemented for either 3 months or 6 months. And they come very deceived about that... that... that time. And sometimes it is a delusion, because it is necessary after those 3 months, another 3 months, or maybe more like one year, or even two years, depending on the case. (...)Then they began to understand that, that more time is needed and, in fact, that they were cheated". (RC Educator)

This is experienced as a frustration by children, whose perception of time is different from that of adults. They created some expectation about their process and this triggers different affective reactions, which can influence their commitment to their case plan.

“They said... First, they told me a thousand and one things... The police officer who brought me here told me that it was just for one night. After, they said that it was just for a week. Then, for three months. And I remained here.” (Young girl)

“Because if they... they, in the Court, promise that we just stay here for six months... But then, when it is time to go there again and we must stay for other six months. And many people feel revolted with that. At least, I felt.” (Young boy)

Usually, a short time after separation, in cases where the plan aims for reunification, children and parents usually resume contact. Families easily identify different supports (phone calls, visits to the RC home, overnight stays...) and associate them to progress and as a consequence of their collaboration and commitment. As expressed by families and professionals, when there is evidence that contacts work, visits become more frequent and longer. Professionals try to integrate parents in medical visits or school interviews.

Family contacts are set in dialogue between professionals and parents. But distance and time can make this difficult for them. Although RC professionals show flexibility, visits are usually set on weekends in order not to interfere with the RC home's routines and schedules.

The objectives of a visit are perceived differently by families and professionals. RC workers mostly consider the technical perspective, where visits and contacts are an indicator of intra-familial relationships, maintain parental responsibilities, and provide emotional stability to children.

“And still maintain a little bit the parental functions that they can still perform. (...) And it is important, let's say, to maintain parents active and attentive to issues related to their children to keep the few parental functions that they had, isn't it that so? And, and... and they don't lose them completely.” (RC Technical)

That which we always do, with every family, is technical supervision. Visits, visits are a moment when we can observe them and, sometimes, even without been noticed, without being seen. We can observe the family interaction with children, and see if they are

focused on the child. (...) We want to know families and to know children. We talk with them, bring them here, interview them, register information... But also by knowing a little bit from what they show, the interaction itself.” (RC Coordinator)

On the other hand, the parents value visits because they can verify that the children are fine and it makes them feel calm. Children consider contacts as a way not to lose their families, and visits let them leave the institutional context for a time.

“Because I miss him so much. We see physically that he is fine. Just arriving here and being received with a smile leaves me calm. To know that he is OK...” (Mother)

“And it was good because... I didn't lose my family completely” (Young boy)

“It was good having visits. So, on Sundays, when I interact with [parents]... It makes things get better. And it helps me to leave a little bit this environment. And... it is good having visits. If I had not got visits, maybe... it would be worse.” (Young girl).

Professionals explained that when the family environment is considered safe enough and / or problems are solved, children can return to the family home. Both parents and children seem to be conscious that the decision depends on the Case Manager from CPCJ or on the Court. Also, children who reach the legal age can decide to leave the RC home. Our sample had both cases. Despite the process, families feel that this new stage is also a challenge.

“I have to get used to things there [at home], because it is difficult to leave a rhythm and to go to another one. And I think that I must... It's going to be different.” (Young girl)

When the children are at home, they feel that a stage is finished in a certain way. But participating families are also aware that although some things changed, they still have needs, even being at home. For example, participating parents and children identified the need of maintaining the new rules and routines in their new context. Both families and professionals also are conscious that all previous work can fail. In fact, two participants experienced reunification breakdown after returning to their families.

“I think that it is very relative because, by rule, even by rule, parents who achieve it [reunification] have little time with their children and after, it happens again another thing and they are again reintegrated in the institution. There are exceptions... Which is in fact very strange.” (Young boy)

But even when some families expressed needs, there is a lack of awareness of individual necessities and support is considered important for the other family members, and not for oneself.

“It [support] would be for my mother, not for me. Because I can deal with my problems. (...) But [support] for my mother, that’s what matters, who was the person who, in this case, was suffering more than me... She should have support. But...” (Young boy)

“But I don’t want to be helped. I want to walk on my own, exactly. (...) But I believe that yes, if I need it, I would be helped.” (Young boy’s mother)

Professionals express a more in-depth awareness of families’ needs after the children have left RC homes and highlight the importance of a formal follow-up to support families.

“That accompaniment would be useful. I don’t say for a long time, but for two or three months... So, in that sense of, of... People finish the technical accompaniment and it would be positive for a better integration of that teenager in the familial context”. (RC Technician)

To understand all this evolution in families’ awareness, we asked participants to consider specifically the changes they experienced when exposed to RC resources. Professionals focused their answers on children’s developmental changes: biological, affective, behavioral and scholar domains were referred to the most.

“Usually, children who come here are emotionally needy indeed. They are children who didn’t... From an affective point of view, in many cases, they are children who... who suffered from a huge emotional and affective negligence. When they come to this home, as we say, that which is... is essential is working with them on issues such as protection... safety, affection. It makes that child create, in fact, other resources, and it supposes other new exigencies from an emotional view.” (RC Coordinator)

“Rules, behavior... school... these are, for example, some examples about what happens” (RC Educator)

“Listen, you come here and you’ve got... R. who never went to school, ok? Even in the other place where he was. And he arrives here and, at least, he goes to school. That makes you feel... (...) You then look and say... Ok, there are children who finished High School and, at home, they wouldn’t have even finished Elementary School. And we are conscious of this”. (RC Coordinator)

Parents mainly considered changes in their children’s behavior and their parental skills to set rules and routines at home, even if they were difficult to maintain. Some of them also explained other contextual changes, especially in their jobs.

“She changed the way of behaving with some situations that happen... Rules changed, they earned some rules” (Stepfather)

“Ok, I used to give more chances to my children and now I don’t...” (Mother)

“It is like this... his behavior, while he was here, he changed. But when he went back home it was again the same. (...) But, ok, I am also, I am also a bit silly... in those things. Also... I am a mother hen, I must say... And then, I make his life easier. I shouldn’t do like that... Doctors [social workers] would tell me off if they heard me tell this. Because... it shouldn’t be like that.” (Mother)

Finally, children have a wider view and they express awareness of changes in several domains about: their behavior, their school proficiency, their relationship with parents, the affective support received from them, and about new friends made during the time in the RC home.

“I really changed my personality, my maturity. I grew completely. That’s a good thing in institutions, they make people grow quickly, they make people understand faster what the life is, what the college [RC home] is... We understand what we lived, what we can improve... They make us grow.” (Young boy)

“At school, I changed. I changed, I improved. I’m not bad at school, it was a pity not going to school before. (...) Before, I didn’t use to go to school. I even left the school. And... and now I changed a lot, this year. I improved my marks... I think now it’s better. (...) And I made friends quickly. I love my classmates. They are really cool.” (Young girl)

“My mother also changed herself. She is not the same person, she is better. I think we really needed to come here.” (Young girl)

3.2. Feelings

During the reunification process parents and children experience many different feelings which can be confusing at many different moments. Their emotional response, which changes during the different stages, will also affect their commitment with professionals.

For example, when the separation happens, according to professionals, reactions are very different: some families seem to be suffering although others don’t. But participating parents expressed a great initial shock. Even when they were conscious that they needed any kind of help, the separation from their children in this context is experienced with impotence and feelings of failure in their parental role.

“It’s horrible, just horrible. I never was separated from my son. And, of course it was... Look... Even I don’t know how it was... it was, it was, it was horrible, really. It was horrible. And I was guilty. It was my fault.” (Mother)

“It’s a double feeling: we think that they are going to help us and we feel helpless, with... In fact, we feel betrayed because they are taking away our children, don’t we? That which I felt was the impotence of not being able to do my role. And I felt sad because of that.” (Mother)

On the other hand, children also experience confusing feelings. They feel rage against their parents but they feel that they love and miss them. Children experience grief. They state that even when they feel loved at the RC home, it is difficult to substitute a mother and the attention they receive now is divided between more children.

“When I left my mother’s home, my eyes shined because I missed her and I loved her, but at the same time I felt rage...” (Young boy)

“The first day I arrived here... God! I cried all the day and the night!” (Young boy)

“It was almost living... on our own, let's say. Here there are workers, there are... people more attentive to us, but without that strength of a mum, of a dad... it becomes a bit more difficult.” (Young boy)

Parents and children also recognized having cried at the first visit.

Most of the participating parents also expressed fear and preoccupation with their children. RC homes are an unknown social service and carry a stigma. Both professionals and families agree that the image of RC homes changes for families after they know about it as a resource. At this initial point, parents' fears are related to their children's well-being. At the same time, they fear being substituted by new caregivers and losing their children completely.

“And so, I knew that he was in a good place, didn't I? That he wasn't, he was... I... I knew that he was treated well. He himself said that this looked more like a hotel than a... (...) Despite all this, for me, it was... Yes, I used to leave this place lighter, more... more smiling. In spite of my son being here... But I left more... I left much better than when I arrived”. (Mother)

“I think that visits usually have two different stages. At the beginning, they [parents] react to people in the institution and to their intervention. I mean... Parents usually see technical staff as someone who, who... who... who are not trustworthy, they react to them, they are hostile, and most of times they are extremely critical... You feel it a lot, don't you? They ask them [RC educators] about their... their competencies, about the care they give to their children. It is a way of defending themselves even from the affection that they perceive that children feel for people in the home. Because even if we try to empower that interaction [between children and parents], children themselves show some resistance, they don't want to attend, they don't want to be in the visit with their parents, they prefer to go back to the home, they prefer to stay in the activities with the... the workers, and parents have, in fact, some difficulties to understand this.” (RC Coordinator)

But when children go back home, fears don't disappear. Parents don't want to lose their children again and it becomes one of their main preoccupations. Participating families express more fear about having to separate again rather than about the failure itself.

I, I feel fear again, I feel a bit scared, don' I? Because at the minimum... isn't it so? Because I'm labeled, aren't I? They... Of course, if I do something wrong... So... something that could harm my son, then they take him away again, and then maybe I don't see him again until he will be eighteen. And I don't want that, so I try to be ok..."
(Mother)

But, after some time in care, and when families experience that RC workers can support them and help them to reunify, parents feel gratitude for those people who took care of their children. Children and young people also develop emotional ties with RC workers and with other colleagues.

"Because... for me, they [RC workers]... they were great, and really great in spite of all the silly things I did, they always treated me well." (Young boy)

"I became very close with a boy who was here... He left [the RC home] too. He helped me to relax." (Young boy)

3.3. Collaboration

Collaboration will influence the whole reunification process and evidence show that it is based on a relationship with the professional that begins with the first intervention. According to professionals and families, this relationship is based on family awareness about the problem and the way they feel. Families who show that they are conscious of their needs, even if they could only point to a few of them, were more receptive to collaborating with professionals. In fact, some of the families took the initiative to request CPS support.

"And I was in such despair because I didn't know what to do, and I went myself to ask for help to Children Protection Services because I had no way to control him."
(Mother)

Furthermore, RC workers try to involve families in the RC home. But, despite the efforts, families may not be able to accept this process affectively, even if they agree with it.

"In fact, with the family, there is an effort to invite them to be in the [RC] home, invite them to know the house, know the place where the child is going to be, make

them... Make them feel that they will be present, that they don't lose their parental role, that our work with their child will involve them". (RC Coordinator)

"And if they agreed with the entry... with that measure, because sometimes it doesn't happen, does it? Sometimes it is compulsory, isn't it? And in some cases they agree but, despite the agreement... from an emotional point of view there isn't much... acceptance, there's a resistance. Isn't it true? It's what happens most of times." (RC Coordinator)

Professionals also explained that in some cases, even if families can distinguish between the Case Manager and the RC workers, parents can project on the latter their feelings and identify them as the ones responsible for the separation.

"Sometimes, we are seen, in some cases, we, the institution, and sometimes even in a personal way, as the ones who remove them [their children] and we... we even look like the ones who went to look for them at their homes and who retain them here." (RC Educator)

"We are the fostering institution. We are in the position of receiving. No, we are not in charge of the removal. And when they understand that we are just the fostering institution, not the institution who removed them, things get calmer. And they are appeased. At the beginning, it is a bit confusing because information is not clear." (RC Coordinator)

Both families and professionals agreed that this relationship is built by sincere communication. Sometimes, decisions taken by the professionals without the parents or a lack of communication can disappoint parents and produce a crisis in the relationship.

"And there was a time when I felt betrayed. (...) They [my son and his girlfriend] ran away from the institution. And then I felt... Because my son had never run away from my home. (...) They notified me the next day. He had already spent the night outside. And I know that I couldn't do anything... Then... I know that I couldn't do anything but I wanted to have been informed at that time." (Mother)

On the other hand, as it was referred to above, parents experience a fear of losing their children and even if they trust the professionals, they can hide details due to fear. Professionals

are conscious of this, and they state that some families may try to satisfy their expectations, rather than solve their problems.

“For example, I used to go to my mother’s home... For example, I go for a walk. And I went... But I always went to my mother’s home and I stayed there. Without the workers knowing. (Young boy)

“And see if everything was ok... Yes, it was ok, he behaved well, he made his homework, he went out, he played... That’s all. And there are others who say everything was ok and people know after... one day, two days, three days, four days after that, people know that they just did the opposite of what the mother told.” (RC Educator)

“And we see that many times there is no will, from parents, in receiving their children at home. Even because, we contact other family members who live in the same house, and the story they tell is not the same as the father’s. So, at the end, the things that the child said, they weren’t a lie, ok? And they leave us thinking.” (RC Coordinator)

This attitude can be understood in the context of their main motivation: the children’s return. As explained by professionals and families, children do want to go back home, and even in the worst settings, they love their parents. Participating professionals seem to be conscious of this.

“It’s [children’s return] good, isn’t it? Of course it is. I want to have my children with me.” (Mother)

“Because they can even be the most negligent parents in the world, but in spite of being, let’s say, the worst parents in the world, they are their parents. And they are the best ones for them. (...) They want to be with them, ok? Even if living in dirt or in poverty ... But they are their parents.” (RC Coordinator)

In spite of it all, all children want to go back with their families. Yes, everyone. It doesn’t matter who they are.” (RC Educator)

But participants also showed that children feel attached to caregivers and peers, and when leaving the RC home this loss implies a new grief.

“But I also left here children who suffered a lot... Now I am with my mother, but they aren’t.” (Young boy)

“When I left this college [RC home] and I went with my grandparents, I cried because of the college [RC home], because of the people who were here, because I loved them.” (Young boy)

Then I react well, but now I begin to think... I like to be here. Now, I get used to it and it isn’t so bad. Now I’ve got people that I love, and it’s going to be bad leaving them...” (Young girl)

When reunification is indeed successful, families value the efforts and the work accomplished by the professionals during the time of foster care.

“I think that at this moment [just before the children’s return], they listen to everything. Because they know that they are in the, in the... in the final stretch. They are so, so close to exiting, that they hear everything and they absorb everything.” (RC Coordinator)

“And she [the RC Coordinator] helped us indeed, five stars. Here... here, the monitors [the RC Educators] are five stars too. I have no complaints, not about the college [the RC home].” (Mother)

“At the end, this year was positive... It was positive at the end. We were, we were accompanied... to understand things which were worse. And to improve those which were better. Good things even got better... And they [children] begun a cycle and ended a cycle. It was positive.” (Stepfather)

3.4. Coordination with CPCJ/EMAT

Almost all participating families referred to have been accompanied during a first stage by these official agencies and almost every child met their Case Manager. Some professionals explained that previous interventions usually fail. In fact, a RC technician who also was collaborating with a CPCJ explained that these professionals inform the families but that they do not have sufficient resources to work with them.

“So, I think that families are informed even if there are some gaps. One of the lacks is the reduced number of technicians who can do effective work and they only complete a social evaluation with the families... they just have few resources to work with families. They have little available time.” (RC Technician)

In spite of these limitations, participating parents seemed to be satisfied with their Case Manager’s support and commitment.

“She helped a lot. (...) Because she was engaged with our case until the end.”
(Stepmother)

When the RC home is distant from the biological family’s home, RC homes can work in conjunction with local CPCJ or EMAT staffs.

“When they come from far away, it is very difficult for us to work with the family and we work with the technical team from the EMAT in that region, so that they do their work there in conjunction with the family. If families are from Braga, we can coordinate with the EMAT technicians, and we work together.” (RC Technician)

According to professionals, the work overload endured by technicians in CPCJ and EMAT is again noticed in the follow-up with families when children leave the RC home. All participants agree that it is important to establish a new measure and an intervention to supervise the return and support the family if there is any need.

Sometimes, the processes are archived and there no measure is taken to support the families. In other cases, there is, but as explained by the professionals, the lack of resources makes CPCJ or EMAT’s intervention difficult.

“When it [the measure] is a support to parents, we also see that measures are not accompanied. Because in most cases, information is looked for when there is a request, and technicians go there and... and collect that information at the home, at the school, even at the doctor’s office, but there is no effective work.” (RC Technician)

Families also feel that there is not much work done after leaving the RC home. Although they can identify some support given by professionals, there is also a feeling of helplessness.

“No... I think that CPCJ and the home, to be sincere, they talk, talk a lot... They talk but they don't do anything. They said that we were going to be forwarded, or something like that, to a man who would help us with our problems... Never. (...) I think that they talk too much but they don't keep their promise.” (Young boy)

3.5. Support at the RC home

Considering the reunification process, most of the work done during placement is related to these professional teams and the resources they have. The first stage is the children's integration in the new home. Participating RC professionals focus on their work for children by becoming acquainted with the house, peers and workers. Both for parents and children, RC workers try to create a confident and secure climate.

But for participating children, this adaptation is not easy and it takes some days. Although they say that they feel welcomed, they state that the new rules and routines are the most difficult things to adjust to in their new context. These are different from those in the homes of their biological families and the RC schedules are more strict.

“It was difficult for me because I was a free boy.

- Mum, I'm going out.

- Ok, you can go.

Here that stopped. Here it was not possible any more, I had to be on time at that time.” (Young boy)

As described in other process interventions, participating RC workers also feel responsible for helping the families in their needs. Some of the professionals explained that they had some experiences with group sessions on improving parental skills, but they were not successful. So, professionals took advantage of visits and overnight stays to evaluate, supervise, advise and intervene with families.

Although visits were already presented in previous sections, RC homes can be identified through interviews and focus groups as a singular context for visits. On the one hand, some RC professionals consider that the rooms for visits could be improved. On the other hand, children stated that indoor visits were much harder for them. They highlighted the lack of intimacy and the difficulties involved in talking for such a long time in such a neutral environment.

“I didn’t want visits there inside. I preferred outdoors... So, people could not think that I was in there suffering, but they could see that I was... that I was outside the college [RC home] and that I was amusing myself. (...) Because you don’t have any privacy. Because there are always people who come next to you and listen to your conversations.”
(Young boy)

“That depends, because I was there for an hour. And that hour, I was there, inside, closed in a room talking with my mother... I think that’s very bad. The best thing was being with mum, with dad, and be [with them] for that one hour but outdoors, in an open space, because in a closed room it is very bad. (...) Because we lose the subject, and... Then there are no more things to talk about, we haven’t got anything to talk about. And if we go outside on the street, we see a tree and we remember... “Look, in the school a friend of mine hit that”. But here inside.... no, here inside... The picture, the lights... There is nothing to talk about”. (Young boy)

As explained before, the relationships created during the placement become important for the children. And even when children leave the RC home, they maintain informal contacts with the home. Participating professionals highlighted that the legal relationship with the home ended, but the affective bonds created during placement remain. In some cases, they stated that children are invited back to have lunch or dinner at the RC home and visit their friends.

When asked, some families also explained that if they could choose, they would prefer the RC technicians to accompany them in the follow-up stage, after leaving the RC home.

“Who knows me... it’s the [RC] home, and they know my bad and good moments, my worst things and my best things, and I talk with them... The CPCJ knows me... about the things which were written about me, but who really knows me... it’s the home.” (Young boy)

“Children go home, but they could still be accompanied by this psychologist [the one in the RC home], because she worked with them during this year and she knows them.” (Stepfather)

“I think it would be better here [in the RC home], because they already know... the good and bad points in her [the daughter]. Now she goes to another one... But thinking about the adaptation, I think it can be a bit difficult.” (Stepmother)

But participating RC workers explain that the RC homes do not have enough human resources to do that follow-up work, even if they also consider that it could be the ideal option for those families with whom they worked during placement.

“Work done by the institution [RC home] finishes, and I think that’s a big mistake. But it is also true that, maybe, the institution [RC home] does not have the resources to accompany the young people or their families after they leave the home. But it would be useful.” (RC Technician)

3.6. Informal social net support

Finally, participants revealed that social support seemed to be important to overcome the obstacles at the beginning of the process, but it would be also a key pillar during the placement before and after leaving the RC home.

Families mainly pointed to close relatives (sisters, grandparents, husband, godparents...) as their main supports. In other cases, friends or job colleagues could be a help for them. RC workers considered that there is no direct approach that could involve relatives and friends in the process: they usually just evaluate that support when the family is prepared for reunification but there still some needs exist.

They also don’t seem to feel confident about the support given by this net, because their experience shows that it disappears progressively, even when at the beginning there was a real interest in helping the family.

“We verify that at the time of the reintegration everybody wants to help and after... of course, they are no longer in the process. We verify that most of the people disappear.” (RC Technician)

So, professionals direct their efforts to a progressive involvement of other community resources such as schools or health centers, as explained before.

Social support can also be offered by families who experienced reunification, and children seem to be especially interested in advising other young people to profit from the opportunities and resources given at the beginning of the protective measures.

“After leaving, they [young people who left the RC home] say to those who still are there... Benefit from this, when I was here, I didn’t want it, I also thought like you, I

didn't want to come here, because it is this or that, and I didn't want to obey, I didn't want to do this or that... But listen, this is good. You don't know what you'll find outside." (RC Educator)

"I would advise them! So they don't have to come here if they begin to behave themselves." (Young girl)

IV. Discussion

Family reunification processes are experienced as a real challenge. It is appraised in the discourses of young people in RC, parents and professionals. In fact, as discussed by Lietz (2007), both parents and the child can live ups and downs in their progress. This evolution is linked to their appraisal about the process itself, their feelings and their communication and commitment with professionals. Although spirituality / morality were not considered as important by participants, the other strengths theorized by Lietz and Strength (2009) clearly appeared in the discourses of participants.

Our findings showed that participating families feel that they need help but are unable to develop an accurate awareness of their problems. According to their discourses, these needs are often misunderstood at the initial stage, when separation happens. Families reported feelings of despair and dealt with grief. Our findings are consistent with those by Balsells and colleagues (2013, 2014).

In fact, reunification processes can be triggered prior to the entry of the child in the RC home (Del Valle & Zurita, 2007). Interventions carried by external CPS can play a key role to a primary prevention work (Rodrigo, Máiquez, & Martín, 2010). Nevertheless, participating professionals consider that available resources just allow a primary family evaluation, rather than an intervention. In spite of this, participating families showed satisfied with the work carried by professionals.

Both for parents and the child, the will of reunifying seemed to be the main motivation to overcome obstacles in this process, and it enhances the collaboration between families and professionals. But, participating parents also expressed a clear fear of losing the child. This feeling goes across all different stages of the reunification process and always appears as a threat. Balsells and collaborators (2013, 2014, 2015) also highlight these feelings of fear and insecurity.

It can affect the relationship between parents and professionals. So, RC workers try to build a confident relationship with families. But the relationship can also be broken, for example, when time expectations are defrauded. Participants explained that, rather often, renewals make the return home to be adjourned. Particularly, in Portugal, according to the annual report on foster care, CASA criticizes interventions which last over 4 years (Instituto da Segurança Social,

2014). When this adjournment happens and it is experienced with rage or as a new failure, families can consider that the reunification goal is too distant and can give up engaging.

During placement, professional work with families is mostly centered on contacts and visits (Déprez & Wendland, 2015). Our findings show that these moments are looked in different ways by professionals and families. For parents and children, visits are a privileged moment to keep in touch and know that each other is fine. For professionals, contacts and visits are a tool to supervise the interaction, provide guidance or counseling to parents about their skills and to integrate parents in some routines, especially at school interviews and medical visits.

According to RC professionals, the child is progressively prepared to return to the biological family, excepted when there is a sudden decision, such as in some Court sentences. Professionals consider these unexpected decisions as a difficult circumstance for a progressive and stable intervention either at child removal or at reintegration in his or her biological family.

As mentioned by participants, in some cases, the return to the family home is not seconded with a new follow-up measure. This is coherent with official data, which show that 1 in 3 children do not have a subsequent measure (Instituto da Segurança Social, 2016). Furthermore, professionals claim that the lack of human resources to follow up family reunification can threaten the process. Again, families showed their worries about possible future crises (and a subsequent return to a RC service) and are conscious that they need some help. Balsells and colleagues (2013) also describe these feelings experienced by families.

Finally, we also considered the awareness of changes in all participants. In most cases, attention is focused on the child. Usually, they identified changes about behavior, improvements in compliance to rules and school performance. But even when professionals declare to make efforts to strengthen families, less changes were identified in parental skills.

We also found some limitations in our research. First, because of its design, participants belong to a nonprobability convenience sample. So, results are limited to participating families and professionals, circumscribed in a culture and guided by specific policies and procedures in family reunification process. Consequently, our findings cannot be extrapolated (Almeida & Freire, 2008; Cohen, Manion & Morrison, 2007; Hernández Sampieri et al., 2006) for all the reunification case plans.

Second, the sample itself has some limits. The number of participating families is reduced and some parents belonged to the same household. Furthermore, most of parents and

children had not reunified yet, which limits their view about the final stage. Despite this limitation, saturation in content analysis was achieved.

In the social research context, the access to families is difficult and it becomes especially challenging when they abandon the CPS after reunification and the measures close. As a non-formal contact continues with RC homes, participating families were recruited by RC professionals, which supposes a good enough relationship between them. Although resilience approach focuses on strengths, the experience of other families whose reunification process failed could also be valuable.

Professionals sample also shows some limitations. Even when our research was focused on the interventions in RC homes, technicians from CPCJ and EMAT would be also important. Two professionals belonged to a CPCJ, but it would have been useful to include a focus group with these professionals and obtain a more accurate perception about the work done before separation and after reunification.

Third, to guarantee a higher level of validity and credibility, triangulation between professionals, parents and children became central. In spite of this, a quantitative analysis of reunification process and the case files could be useful for a deeper understanding.

We consider that further research is necessary in this area in Portugal. According to our findings, investigation can focus on the interventions before family separation, in view of family strengths and resilience abilities. It could also be important considering the reunification follow-up. Both quantitative and qualitative analysis about the support received by reunited families can help to delineate policies to provide more stable outcomes.

The quality of interventions made by RC professionals could also be assessed analyzing child's Individual Socio-Educative Plans (PSEI) with both quantitative and qualitative tools.

Finally, our findings suggest two domains which could be strengthened by implementing socio-educative programs. First, it seemed necessary to promote parental skills through the reunification process and family collaboration with professionals, looking at family needs in the different stages. The "Walking in Family" (Balsells, Pastor, Amorós, et al., 2015) program can be a valuable tool.

Second, resilience can be promoted by social support. So, peer parenting support from those who leave the CPS measures could be useful for those who begin a reunification process. The "Parent Partner" (Cohen & Canan, 2006) program can orient family collaboration with CPS.

V. Conclusions

Our research aimed at combining the perspectives of children, families and professionals about family reunification. This multi-informant approach allowed us to identify the needs, behavior, procedures and attitudes experienced by participants. We also considered the awareness of changes during the placement.

The content analysis of their discourses showed that families have different and specific socio-educational needs at the different stages of the reunification process. These needs can be grouped in a three-level framework.

First, awareness allows families to identify their initial strengths and problems, but it also helps them to understand the different stages of the process. Although this awareness increases during the reunification process, participants showed that families need support at this point.

Second, the reunification process is affectionately demanding and families can feel confused. Sadness, fear, rage or impotence can coexist with love, missing each other, success or gratefulness. Both parents and children seemed to need support to deal with all these experiences, especially in key moments during the reunification process. Children's return to family home is the main motivation not to give up during the placement.

Finally, both formal and informal support were important to overcome obstacles and fulfill needs in each stage at the reunification process. Although professional actions can be more informative at the beginning, a confident relationship between families and CPS appears as catalyst of an effective intervention. But in spite of this positive collaboration, professionals consider that it can be threaten by the lack of resources. It becomes more critical during the reunification follow-up.

Our research highlights the importance of socio-educative interventions to empower families at the different stages of the reunification process, considering their specific needs. Also, further investigations can expand the knowledge and understanding about family reunification case plans in Portugal to provide guidelines and strategies for practice and policies.

References

- Ainsworth, M. D. S. (1985). Attachments across the life span. *Bulletin of the New York Academy of Medicine*, 61, pp. 792–812.
- Almeida, L. S., & Freire, T. (2008). *Metodologia da Investigação em Psicologia e Educação* (5.ª ed.). Braga: Psiquilibrios.
- Amorós, P., Balsells, M. À., Fuentes-Peláez, N., Molina, M. C., Mateos, A., & Pastor, C. (2010). La atención integral a las familias en situación de vulnerabilidad. *Rivista Italiana di Educazione Familiare*, 2, pp. 37–44.
- Amorós, P., & Palacios, J. (2004). *Acogimiento familiar*. Madrid: Alianza Editorial.
- Balsells, M. À. (2007). Orientaciones para promover acciones socioeducativas con familias en situación de riesgo social. *Guía para la gestión de centros educativos*, pp. 1–12.
- Balsells, M. À. (2013). El centre és el nen, el focus és la família: treballant les competències parentals. *Butlletí d'Inf@ncia*, 73, pp. 1–10.
- Balsells, M. À., Amorós, P., Fuentes-Peláez, N., & Mateos, A. (2011). Needs analysis for a parental guidance program for biological family: Spain's current situation. *Revista de Cercetare si Interventie Sociala*, 34(1), pp. 21–37.
- Balsells, M. À., Pastor, C., Amorós, P., Fuentes-Peláez, N., Molina, M. C., Mateos, A., ... Vázquez, N. (2015). *Caminar en familia: Programa de competencias parentales durante el acogimiento y la reunificación familiar*. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad.
- Balsells, M. À., Pastor, C., Amorós, P., Mateos, A., Ponce, C., & Navajas, A. (2014). Child Welfare and Successful Reunification through the Socio-Educative Process: Training Needs among Biological Families in Spain. *Social Sciences*, 3(4), pp. 809–826. <http://doi.org/10.3390/socsci3040809>
- Balsells, M. À., Pastor, C., Mateos, A., Vaquero, E., & Urrea, A. (2015). Exploring the needs of parents for achieving reunification: The views of foster children, birth family and social workers in Spain. *Children and Youth Services Review*, 48, pp. 159–166. <http://doi.org/10.1016/j.childyouth.2014.12.016>
- Balsells, M. À., Pastor, C., Molina, M. C., Fuentes-Peláez, N., Vaquero, E., & Mundet, A. (2013). Child welfare and successful reunification: Understanding of the family difficulties during the

- socio-educative process. *Revista de Cercetare si Interventie Sociala*, 42, pp. 228–247.
- Barbour, R. (2013). *Los grupos de discusión en Investigación Cualitativa*. Madrid: Morata.
- Bass, S., Shields, M. K., & Behrman, R. E. (2004). Children, Families, and Foster Care: Analysis and Recommendations. *The Future of Children*, 14(1), p. 4. <http://doi.org/10.2307/1602752>
- Berrick, J. D., Cohen, E., & Anthony, E. (2011). Partnering with Parents: Promising Approaches to Improve Reunification Outcomes for Children in Foster Care. *Journal of Family Strengths*, 11(1), pp. 1–13.
- Berrick, J. D., Young, E. W., Cohen, E., & Anthony, E. (2011). «I am the face of success»: Peer mentors in child welfare. *Child and Family Social Work*, 16(2), pp. 179–191. <http://doi.org/10.1111/j.1365-2206.2010.00730.x>
- Biehal, N. (2007). Reuniting children with their families: Reconsidering the evidence on timing, contact and outcomes. *British Journal of Social Work*, 37(5), pp. 807–823. <http://doi.org/10.1093/bjsw/bcl051>
- Biehal, N., Sinclair, I., & Wade, J. (2015). Reunifying abused or neglected children: Decision-making and outcomes. *Child Abuse & Neglect*, 49, pp. 107–118. <http://doi.org/10.1016/j.chiabu.2015.04.014>
- Bowlby, J. (1973). *Attachment* (2.ª ed.). New York: Basicbooks.
- Bravo Arteaga, A., & Del Valle, J. F. (2001). Evaluación de la integración social en acogimiento residencial. *Psicothema*, 13(2), pp. 197–204.
- Bravo Arteaga, A., & Del Valle, J. F. (2003). Las redes de apoyo social de los adolescentes acogidos en residencias de protección. Un análisis comparativo con población normativa. *Psicothema*, 15(1), pp. 136–142.
- Bravo Arteaga, A., & Del Valle, J. F. (2009). Crisis y revisión del acogimiento residencial. Su papel en la protección infantil. *Papeles del Psicólogo*, 30(1), 42–52.
- Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U. (1986). Ecology of the Family as a Context for Human Development: Research Perspectives, 22(6), pp. 723–742. <http://doi.org/10.1037//0012-1649.22.6.723>
- Carnochan, S., Lee, C., & Austin, M. J. (2013). Achieving Timely Reunification: Performance Pointers. *Journal of Evidence-Based Social Work*, 10(3), pp. 179–195.

- <http://doi.org/10.1080/15433714.2013.788948>
- Chizzotti, A. (2003). A pesquisa qualitativa em ciências humanas e sociais: evolução e desafios. *Revista Portuguesa de Educação*, 16(2), pp. 221–235.
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research Methods in Education* (6.ª ed.). Oxon: Routledge.
- Committee of Ministers of the Council of Europe. (2006). Recommendation 19. Obtido de https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805d6dda
- Connell, C. M., Vanderploeg, J. J., Katz, K. H., Caron, C., Saunders, L., & Tebes, J. K. (2009). Maltreatment following reunification: Predictors of subsequent Child Protective Services contact after children return home. *Child Abuse and Neglect*, 33(4), pp. 218–228. <http://doi.org/10.1016/j.chiabu.2008.07.005>
- Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18(4–5), pp. 363–382. [http://doi.org/10.1016/0190-7409\(96\)00010-2](http://doi.org/10.1016/0190-7409(96)00010-2)
- Del Valle, J. F. (2009). Cómo potenciar la reunificación familiar desde los Centros y Hogares de Protección. Em J. F. del Valle & A. Bravo (Eds.), *Intervención socieducativa en acogimiento residencial* (pp. 117–132). Santander: Gobierno de Cantabria.
- Del Valle, J. F., & Bravo Arteaga, A. (2013). Current trends, figures and challenges in out of home child care: An international comparative analysis. *Psychosocial Intervention*, 22, pp. 251–257. <http://doi.org/10.5093/in2013a28>
- Del Valle, J. F., Bravo Arteaga, A., & López, M. (2009). El acogimiento familiar en España: Implantación y retos actuales. *Papeles del Psicólogo*, 30(1), pp. 33–41.
- Del Valle, J. F., & Zurita, J. F. (2007). *El acogimiento residencial en la protección a la infancia* (3.ª ed.). Madrid: Ediciones Pirámide.
- Delfabbro, P. H., Barber, J. G., & Cooper, L. (2002). The Role of Parental Contact in Substitute Care. *Journal of Social Service Research*, 28(3), pp. 19–39. http://doi.org/10.1300/J079v28n03_02
- Department of Health. (2000). *Framework for the Assessment of Children in Need and Their Families*. London: The Stationery Office. <http://doi.org/10.1111/1475-3588.00313>
- Déprez, A., & Wendland, J. (2015). La visite parentale chez l'enfant placé, une revue de la littérature. *Annales Medico-Psychologiques*, 173(6), pp. 494–498. <http://doi.org/10.1016/j.amp.2013.07.009>

- Enano, S., Freisthler, B., Perez-Johnson, D., & Lovato-Hermann, K. (2016). Evaluating Parents in Partnership: A Preliminary Study of a Child Welfare Intervention Designed to Increase Reunification. *Journal of Social Service Research*, pp. 1–10. <http://doi.org/10.1080/01488376.2016.1253634>
- Fanshel, D. (1975). Parental Visiting of Children in Foster Care: Key to Discharge? *Social Service Review*, 49(4), pp. 493–514.
- Fernandez, E., & Lee, J.-S. (2011). Returning Children in Care to Their Families: Factors Associated with the Speed of Reunification. *Child Indicators Research*, 4(4), pp. 749–765. <http://doi.org/10.1007/s12187-011-9121-7>
- Festinger, T. (1996). Going home and returning to foster care. *Children and Youth Services Review*, 18(4–5), pp. 383–402. [http://doi.org/10.1016/0190-7409\(96\)00011-4](http://doi.org/10.1016/0190-7409(96)00011-4)
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of personality and social psychology*, 50(5), pp. 992–1003. <http://doi.org/10.1037/0022-3514.50.5.992>
- Fuentes-Peláez, N., Amorós, P., Balsells, M. À., Mateos, A., & Violant, V. (2013). The biological family from the perspective of kinship fostered adolescents. *Psicothema*, 25(3), pp. 349–54. <http://doi.org/10.7334/psicothema2013.22>
- Gabinete de Estratégia e Planeamento. (2016). Carta Social - Rede de serviços e equipamentos. Obtido 15 de Setembro de 2015, de <http://www.cartasocial.pt/index2.php>
- Geurts, E. M. W., Boddy, J., Noom, M. J., & Knorth, E. J. (2012). Family-centred residential care: the new reality? *Child & Family Social Work*, 17(2), pp. 170–179. <http://doi.org/10.1111/j.1365-2206.2012.00838.x>
- Gibbs, G. (2012). *El análisis de datos cualitativos en Investigación Cualitativa*. Madrid: Morata.
- Gobierno de Cantabria. (2008). *Manual Cantabria vol 5. Modelo de Intervención en Acogimiento Residencial*. Santander: Dirección General de Políticas Sociales.
- Gondim, S. G. G. (2003). Grupos focais como técnica de investigação qualitativa: desafios metodológicos. *Paidéia*, 12(24), pp. 149–161.
- Hayes, A. F., & Krippendorff, K. (2007). Answering the Call for a Standard Reliability Measure for Coding Data. *Communication Methods and Measures*, 1(1), pp. 77–89. <http://doi.org/10.1080/19312450709336664>
- Hernández Sampieri, R., Fernández Collado, C., & Baptista Lucio, P. (2006). *Metodología de la*

- investigación* (4.ª ed.). Mexico D.F.: McGraw-Hill.
- Instituto da Segurança Social, I. P. (2007a). *Manual de Processos-Chave: Centro de Acolhimento Temporário*. Lisbon: Instituto da Segurança Social, I.P.
- Instituto da Segurança Social, I. P. (2007b). *Manual de Processos-Chave: Lar de Infância e Juventude*. Lisbon: Instituto da Segurança Social, I.P.
- Instituto da Segurança Social, I. P. (2012). *Casa 2011 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens*. Lisbon: Instituto da Segurança Social, I.P.
- Instituto da Segurança Social, I. P. (2013). *CASA 2012 - Caracterização Anual de Situação de Acolhimento das Crianças e Jovens*. Lisbon: Instituto da Segurança Social, I.P.
- Instituto da Segurança Social, I. P. (2014). *CASA 2013 - Caracterização Anual da Situação de Acolhimento das Crianças e Jovens*. Lisbon: Instituto da Segurança Social, I.P.
- Instituto da Segurança Social, I. P. (2015). *CASA 2014 - Caracterização Anual da Situação de Acolhimento das Crianças e Jovens*. Lisbon: Instituto da Segurança Social, I.P.
- Instituto da Segurança Social, I. P. (2016). *CASA 2015 - Relatório da Caracterização Anual de Situação de Acolhimento das Crianças e Jovens*. Lisbon: Instituto da Segurança Social, I.P.
- Johnson-Motoyama, M., Brook, J., Yan, Y., & McDonald, T. P. (2013). Cost analysis of the strengthening families program in reducing time to family reunification among substance-affected families. *Children and Youth Services Review*, 35(2), pp. 244–252. <http://doi.org/10.1016/j.chilyouth.2012.11.008>
- Knorth, E. J., Knot-dickscheit, J., & Thoburn, J. (2016). Supporting children when providing services to families experiencing multiple problems. *International Journal of Child and Family Welfare*, 1(March), pp. 2–10.
- Krippendorff, K. (2004). Reliability in content analysis: Some common misconceptions and recommendations. *Human Communication Research*, 30(3), pp. 411–433. <http://doi.org/10.1111/j.1468-2958.2004.tb00738.x>
- Kurasaki, K. S. (2000). Intercoder Reliability for Validating Conclusions Drawn from Open-Ended Interview Data. *Field Methods*, 12(3), pp. 179–194. <http://doi.org/10.1177/1525822X0001200301>
- Lázaro Visa, S. (2009). Resiliencia, factores protectores y necesidades en niños y adolescentes acogidos en Centros de Protección. Referentes para el diseño de estrategias de intervención psicoeducativa en contextos residenciales. Em A. Bravo & J. F. Del Valle (Eds.), *Intervención socieducativa en acogimiento residencial* (pp. 53–73). Santander: Gobierno de

Cantabria.

- Lazarus, R. S. (1993). Coping theory and research: Past, present, and future. *Psychosomatic Medicine*, 55, pp. 234–247. [http://doi.org/0033-3174/93/5503-0234\\$03.00/0](http://doi.org/0033-3174/93/5503-0234$03.00/0)
- Leathers, S. J. (2002). Parental visiting and family reunification: Could inclusive practice make a difference? *Child Welfare*, 81(4), pp. 595–616.
- León, E., & Palacios, J. (2004). Las visitas de los padres y la reunificación familiar tras el acogimiento. *Portularia*, 4, pp. 241–248.
- Léveillé, S., & Chamberland, C. (2010). Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF). *Children and Youth Services Review*, 32(7), pp. 929–944. <http://doi.org/10.1016/j.childyouth.2010.03.009>
- Lietz, C. A. (2006). Uncovering Stories of Family Resilience: A Mixed Methods Study of Resilient Families, Part 1. *Families in Society: The Journal of Contemporary Social Services*, 87(4), pp. 575–582. <http://doi.org/10.1606/1044-3894.3573>
- Lietz, C. A. (2007). Uncovering Stories of Family Resilience: A Mixed Methods Study of Resilient Families, Part 2. *Families in Society: The Journal of Contemporary Social Services*, 88(1), pp. 147–155. <http://doi.org/10.1606/1044-3894.3602>
- Lietz, C. A. (2011). Theoretical adherence to family centered practice: Are strengths-based principles illustrated in families' descriptions of child welfare services? *Children and Youth Services Review*, 33(6), pp. 888–893. <http://doi.org/10.1016/j.childyouth.2010.12.012>
- Lietz, C. A., & Hodge, D. R. (2011). Spirituality and child welfare reunification: A narrative analysis of successful outcomes. *Child and Family Social Work*, 16(4), pp. 380–390. <http://doi.org/10.1111/j.1365-2206.2010.00752.x>
- Lietz, C. A., Lacasse, J. R., & Cacciatore, J. (2011). Social Support in Family Reunification : A Qualitative Study. *Journal of Family Social Work*, 14(1), p. 3.20. <http://doi.org/10.1080/10522158.2011.531454>
- Lietz, C. A., & Strength, M. (2009). Stories of Successful Reunification : A Narrative Study of Family Resilience in Child Welfare. <http://doi.org/10.1606/1044-3894.4102>
- López, M., Del Valle, J. F., Montserrat, C., & Bravo Arteaga, A. (2013). Factors associated with family reunification for children in foster care. *Child and Family Social Work*, 18(2), pp. 226–236. <http://doi.org/10.1111/j.1365-2206.2012.00847.x>

- Luthar, S. S. (2006). Resilience in Development: A Synthesis of Research across Five Decades. Em D. Cohen & D. Cicchetti (Eds.), *Developmental Psychopathology: Second Edition* (Vol. 3, pp. 739–795). Hoboken: John Wiley & Sons. <http://doi.org/10.1002/9780470939406.ch20>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. *Child development*, 71(3), pp. 543–562. <http://doi.org/10.1111/1467-8624.00164>
- MacPhail, C., Khoza, N., Abler, L., & Ranganathan, M. (2016). Process guidelines for establishing Inter-coder Reliability in qualitative studies. *Qualitative Research*, 16(2), pp. 198–212. <http://doi.org/10.1177/1468794115577012>
- Maluccio, A. N., & Ainsworth, F. (2003). Drug Use by Parents: A Challenge for Family Reunification Practice. *Children and Youth Services Review*, 25(7), pp. 511–533. [http://doi.org/10.1016/S0190-7409\(03\)00042-2](http://doi.org/10.1016/S0190-7409(03)00042-2)
- Maluccio, A. N., Fein, E., & Davis, I. P. (1994). Family Reunification: Research Findings, Issues, and Directions. *Child Welfare*, 73(5), pp. 489–504.
- Martin, J. C., Almeida, A. M. T., Cabrera, E., Miranda, C., & Rodrigo, M. J. (2014). La evaluación de riesgos y fortalezas en Parentalidad Positiva. Em M. J. Rodrigo, M. L. Máiquez, J. C. Martín, S. Byrne, & B. Rodríguez (Eds.), *Manual práctico de parentalidad positiva* (pp. 45–65). Editorial Síntesis.
- Martin, J. C., Cabrera, E., León, J., & Rodrigo, M. J. (2013). La Escala de Competencia y resiliencia parental para madres y padres en contextos de riesgo psicosocial. *Anales de Psicología*, 29(3), pp. 886–896. <http://doi.org/10.6018/analesps.29.3.150981>
- Matos, A. R., & Sousa, L. M. (2004). How Multiproblem Families Try to Find Support in Social Services. *Journal of Social Work Practice Psychotherapeutic*, 18(1), pp. 65–80. <http://doi.org/10.1080/0265053042000180590>
- Milani, P., Serbati, S., Ius, M., Di Masi, D., & Zanon, O. (2013). Programma di Intervento Per la Prevenzione dell'Istituzionalizzazione. Rapporto finale. *Quaderni della Ricerca Sociale*, 24.
- Montserrat, C. (2014). The Child Protection System from the Perspective of Young People: Messages from 3 Studies. *Social Sciences*, 3(4), pp. 687–704. <http://doi.org/10.3390/socsci3040687>
- Navajas, A., & Balsells, M. À. (2016). Benefits and challenges of promoting family leisure experiences during the visits in the Child Welfare System. Em J. F. Del Valle, A. Bravo, & M.

- López (Eds.), *Conference: XIV EUSARF International Conference. Shaping the future: connecting knowledge and evidence to child welfare practice* (pp. 351–352). Oviedo: Asociación NIERU.
- Palmer, S., Durham, D., & Osmond, M. (2014). Therapeutic Visiting in Treatment Foster Care. *Child Welfare, 93*(4), pp. 25–52.
- Riffe, D., Lacy, S., & Fico, F. G. (2005). *Analyzing Media Messages* (2.^a ed.). New Jersey: Lawrence Erlbaum Associates.
- Rodrigo, M. J. (2010). Promoting positive parenting in Europe: New challenges for the European Society for Developmental Psychology. *European Journal of Developmental Psychology, 7*(3), pp. 281–294. <http://doi.org/10.1080/17405621003780200>
- Rodrigo, M. J., Almeida, A., Spiel, C., & Koops, W. (2012). Introduction: Evidence-based parent education programmes to promote positive parenting. *European Journal of Developmental Psychology, 9*(1), pp. 2–10. <http://doi.org/10.1080/17405629.2011.631282>
- Rodrigo, M. J., Camacho, J., Máiquez, M. L., Byrne, S., & Benito, J. M. (2009). Factores que influyen en el pronóstico de recuperación de las familias en riesgo psicosocial: El papel de la resiliencia del menor. *Psicothema, 21*(1), pp. 90–96.
- Rodrigo, M. J., Máiquez, M. L., & Martín, J. C. (2005). *Buenas Prácticas profesionales para el apoyo a la parentalidad positiva*. Madrid: FEMP.
- Rodrigo, M. J., Martín, J. C., Máiquez, M. L., & Rodríguez, G. (2007). Informal and formal supports and maternal child-rearing practices in at-risk and non at-risk psychosocial contexts. *Children and Youth Services Review, 29*(3), pp. 329–347. <http://doi.org/10.1016/j.childyouth.2006.03.010>
- Rodrigues, S., Barbosa-Ducharme, M., & Del Valle, J. F. (2013). La calidad del acogimiento residencial en Portugal y el ejemplo de la evolución española. *Papeles del Psicólogo, 34*(1), pp. 11–22.
- Sameroff, A. J., Seifer, R., Barocas, R., Zax, M., & Greenspan, S. (1987). Intelligence quotient scores of 4-year-old children: social-environmental risk factors. *Pediatrics, 79*(3), pp. 343–50.
- Sen, R. (2010). Managing contact in Scotland for children in non-permanent out-of-home placement. *Child Abuse Review, 19*(6), pp. 423–437. <http://doi.org/10.1002/car.1139>
- Sen, R., & Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends networks: a research review. *Child and Family Social Work, 16*(3), pp.

- 298–309. <http://doi.org/10.1111/j.1365-2206.2010.00741.x>
- Terling, T. (1999). The efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse and Neglect*, 23(12), pp. 1359–1370. [http://doi.org/10.1016/S0145-2134\(99\)00103-9](http://doi.org/10.1016/S0145-2134(99)00103-9)
- The United Nations. (1989). Convention on the Rights of the Child. *Treaty Series*, 1577.
- Thomas, M., Chenot, D., & Reifel, B. (2005). A resilience-based model of reunification and reentry: implications for out-of-home care services. *Families in Society*, 86(2), pp. 235–243. <http://doi.org/10.1606/1044-3894.2458>
- Ubbesen, M. B., Petersen, L., Mortensen, P. B., & Kristensen, O. S. (2012). Out of care and into care again: A Danish register-based study of children placed in out-of-home care before their third birthday. *Children and Youth Services Review*, 34(11), pp. 2147–2155. <http://doi.org/10.1016/j.chilyouth.2012.07.014>
- Vila, I. (1998). Intervención psicopedagógica en el contexto familiar. Em M. J. Rodrigo & J. Palacios (Eds.), *Familia y desarrollo humano* (pp. 501–520). Madrid: Alianza Editorial.
- Walsh, F. (1996). Family resilience: A concept and its application. Crisis and challenge. *Family Process*, 35, pp. 1–14. <http://doi.org/10.1111/j.1545-5300.1996.00261.x>
- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51(2), pp. 130–137. <http://doi.org/10.1111/j.1741-3729.2002.00130.x>
- Wulczyn, F. (2004). Family reunification. *Children, Families, and Foster Care*, 14(1), pp. 94–113.

Appendix I

GUIÃO FOCUS GROUP PROFISSIONAIS

OBJETIVOS E DINÂMICA DO FOCUS GROUP

Objetivos:

- 1) Identificar as necessidades dos intervenientes no processo de reunificação ao longo das diferentes fases do mesmo.
- 2) Identificar os comportamentos e atitudes que favorecem e dificultam os processos de reunificação familiar para jovens com medida de acolhimento residencial.
- 3) Identificar a perceção das mudanças sob a análise das necessidades da criança, das competências parentais e do contexto da família.

Dinâmica

A duração da dinâmica está prevista em 1h30min, envolvendo uma atividade de partilha. Em todo momento será garantida a confidencialidade e o anonimato dos participantes.

Antes do desenvolvimento é preciso preparar os materiais.

A dinâmica está dividida em momentos.

- 1) Apresentação da investigação e consentimento informado.
- 2) Questões, divididas em sete pontos: quatro em relação às fases do processo de reunificação familiar, e outros três pontos referentes à perceção da evolução do sistema ecológico da família.
- 3) Síntese final, despedida e agradecimento.

Anexos

Cada *focus group* está acompanhado duma ficha de recolha de dados do registo e para cada participante será entregue uma ficha de análise sociodemográfica.

APRESENTAÇÃO

Enquadramento

Obrigado por participar neste estudo sobre reunificação e acolhimento residencial. A reunificação familiar é o processo que favorece o regresso da criança ou do jovem para a família biológica, enquanto o acolhimento residencial é uma modalidade das medidas de proteção, fora do meio natural de vida, isto é, do ambiente quotidiano da criança (família, freguesia, escola...).

O objetivo é estudar a reunificação familiar dos jovens em acolhimento residencial sob a perspetiva das necessidades que este processo suscita nos próprios adolescentes, nas famílias e nos profissionais. Isto supõe falar com cada uma das partes intervenientes.

Com esta dinâmica de grupo queremos falar convosco sobre os comportamentos que eventualmente facilitam os processos de reunificação familiar e identificar possíveis necessidades em cada uma das etapas.

O estudo forma parte de uma Dissertação de Mestrado de Estudos da Criança em Intervenção Psicossocial, pertencente ao Instituto de Educação da Universidade do Minho.

Confidencialidade

Qualquer informação e os diálogos decorrentes no grupo serão tratados de forma absolutamente anónima e confidencial. O que for dito não será revelado a terceiros pessoas e a informação unicamente será usada para os objetivos da investigação. O grupo pode ser abandonado em qualquer altura. Os nomes não serão mencionados em nenhuma publicação realizada a partir da investigação.

Gravação

O diálogo que decorrerá na entrevista será gravado, como apoio aos registos pessoais.

Consentimento

Confirma que entendeu o objetivo e concorda com a dinâmica grupal e a investigação? Começamos?

Muito obrigado pela sua colaboração nesta investigação.

FOCUS GROUP BASE

PARTE 1: A COMUNICAÇÃO DA MEDIDA (FASE 1: Acolhimento)

Objetivo P1: *identificar comportamentos e atitudes associados à comunicação da medida, o papel de cada um e a consciência do processo*

Vamos começar nos instantes anteriores à entrada no acolhimento, relembrando a comunicação da medida.

Como é que as famílias souberam da necessidade do acolhimento? Como reagiram? E como lidaram com a separação das crianças? Estavam conscientes da sua situação nesse momento? E sobre o processo? Que negociação fizeram no início? Que outros profissionais também estão envolvidos? Qual foi o papel de cada um?

PARTE 2: VISITAS (FASE 2: Visita e vinculação)

Objetivo P2: *identificar os recursos, apoios, comportamentos e sentimentos no momento das visitas, depois da separação inicial*

Depois da entrada no acolhimento, houve um tempo para recomeçar as relações entre pais e filhos. Podem ter começado por visitas na instituição, telefonemas... Se calhar em algum ponto também o jovem passou o fim de semana ou as férias com os pais.

Que orientações dão para este primeiro reencontro? Como reagem pais e filhos? Como se sentem? E se se encontrassem mais cedo ou mais tarde? Decidiram alguma coisa as famílias ou as crianças e os jovens? Qual é o seu trabalho nesta altura do processo?

PARTE 3: PREPARAR O REGRESSO (FASE 3: preparando a reunificação)

Objetivo P3: *identificar comportamentos e atitudes ao preparar o regresso à família biológica*

Avançamos mais uma etapa. Lembre agora os momentos anteriores ao regresso para casa.

Como é comunicado este passo importante do regresso para casa? Como preparar os pais e as famílias antes da reunificação? E as crianças e os jovens? Como fortalecer os laços entre eles para esta nova etapa que começam? Que precisariam saber antes da reunificação?

PARTE 4: REUNIFICAÇÃO (FASE 4: Após a reunificação)

Objetivo P4: *identificar os comportamentos, atitudes, apoios e o seguimento dado às famílias após a reunificação e as práticas que garantem a estabilidade do processo*

E depois foi o regresso para casa. A criança ou o jovem voltou com os seus pais.

Que apoios é que podem ser dados nesta nova situação? Que ajudas podem ter, quer da parte do governo quer da gente que conhecem e os amigos? Como ajudar a estabilizar a situação destas famílias? Como continuar a manter o contacto com eles?

PARTE 5: MUDANÇAS (As. Framework)

Objetivo P5: *identificar as mudanças da criança/jovem, das competências parentais e do contexto ao longo do processo segundo o triângulo do framework de avaliação da família.*

Ao longo deste processo houve muitas coisas que mudaram.

Que mudanças houve na habitação, nas relações com amigos, com outras pessoas da família, na escola, nos vizinhos? Como era no início e no fim do processo?

Como mudaram as vidas das crianças e jovens ao chegar ao fim do processo? Quais são as mudanças físicas, de gostos, de afeto... que viveram desde o início até ao fim?

E nos pais e mães. Ao chegar a reunificação, será que mudaram nalgum aspeto o seu comportamento, as suas rotinas, os seus hábitos e costumes? Desde os momentos iniciais até agora, que habilidades ganharam para cuidar dos seus filhos? Qual foi o impacto da viagem nas suas vidas? Em que mudaram os pais e as mães, e que ajuda precisaram para isso?

SÍNTESE FINAL, DESPEDIDA E AGRADECIMENTO

TERMINAR

Diálogo e síntese final— 5 min

Para terminar vamos recolher em cinco ideias os pontos mais importantes que falamos.

DESPEDIDA

Muito obrigado pela colaboração e pelo tempo disponibilizado para trabalharmos juntos. As vossas experiências e opiniões resultaram um grande contributo.

Appendix II

GUIÃO FOCUS GROUP CRIANÇAS E JOVENS

OBJETIVOS E DINÂMICA DO FOCUS GROUP

Objetivos:

- 1) Identificar as necessidades dos intervenientes no processo de reunificação ao longo das diferentes fases do mesmo.
- 2) Identificar os comportamentos e atitudes que favorecem e dificultam os processos de reunificação familiar para jovens com medida de acolhimento residencial.
- 3) Identificar a perceção das mudanças sob a análise das necessidades da criança, das competências parentais e do contexto da família.

Dinâmica

A duração da dinâmica está prevista em 1h30min, envolvendo uma atividade de partilha. Em todo momento será garantida a confidencialidade e o anonimato dos participantes.

Antes do desenvolvimento é preciso preparar os materiais.

A dinâmica está dividida em momentos.

- 1) Apresentação da investigação e consentimento informado.
- 2) Questões, divididas em cinco pontos: quatro em relação às fases do processo de reunificação familiar, e outro ponto referente à perceção da evolução do sistema ecológico da família.
- 3) Síntese final, despedida e agradecimento.

Anexos

Cada *focus group* está acompanhado duma ficha de recolha de dados do registo e para cada participante será entregue uma ficha de análise sociodemográfica.

APRESENTAÇÃO

Enquadramento

Obrigado por participar neste estudo sobre reunificação e acolhimento residencial. A reunificação familiar é o processo que favorece o regresso da criança ou do jovem para a família biológica, enquanto o acolhimento residencial é uma modalidade das medidas de proteção, fora do meio natural de vida, isto é, do ambiente quotidiano da criança (família, freguesia, escola...).

O objetivo é estudar a reunificação familiar dos jovens em acolhimento residencial sob a perspetiva das necessidades que este processo suscita nos próprios adolescentes, nas famílias e nos profissionais. Isto supõe falar com cada uma das partes intervenientes.

Com esta dinâmica de grupo queremos falar convosco sobre os comportamentos que eventualmente facilitam os processos de reunificação familiar e identificar possíveis necessidades em cada uma das etapas.

O estudo forma parte de uma Dissertação de Mestrado de Estudos da Criança em Intervenção Psicossocial, pertencente ao Instituto de Educação da Universidade do Minho.

Confidencialidade

Qualquer informação e os diálogos decorrentes no grupo serão tratados de forma absolutamente anónima e confidencial. O que for dito não será revelado a terceiros pessoas e a informação unicamente será usada para os objetivos da investigação. O grupo pode ser abandonado em qualquer altura. Os nomes não serão mencionados em nenhuma publicação realizada a partir da investigação.

Gravação

O diálogo que decorrerá na entrevista será gravado, como apoio aos registos pessoais.

Consentimento

Confirma que entendeste o objetivo e concordas com a dinâmica grupal e a investigação? Começamos?

Muito obrigado pela tua colaboração nesta investigação.

FOCUS GROUP BASE

PARTE 1: A COMUNICAÇÃO DA MEDIDA (FASE 1: Acolhimento)

Objetivo P1: *identificar comportamentos e atitudes associados à comunicação da medida, o papel de cada um e a consciência do processo*

Vamos começar nos instantes anteriores à entrada no acolhimento, relembrando a comunicação da medida.

Como se sentiram no momento em que se afastaram dos pais? Quem comunicou essa decisão?

Como reagiram? O que ajudou nesse instante? O que foi o mais difícil? Que pessoas entrevistaram?

Qual foi o papel de cada um?

PARTE 2: REENCONTRAR-SE (FASE 2: Visita e vinculação)

Objetivo P2: *identificar os recursos, apoios, comportamentos e sentimentos no momento das visitas, depois da separação inicial*

Depois da entrada no acolhimento, houve um tempo para recomeçar as relações com os vossos pais. Podem ter começado por visitas na instituição, telefonemas... Se calhar em algum ponto também passaram o fim de semana ou as férias com eles.

Como se sentiram ao encontrar-se com os pais? Como foi a reação no primeiro encontro? Que poderia ter sido diferente? Quem combinou estes encontros, telefonemas, as visitas, as saídas? O quê é que ajudou neste processo?

PARTE 3: PREPARAR O REGRESSO (FASE 3: preparando a reunificação)

Objetivo P3: *identificar comportamentos e atitudes ao preparar o regresso à família biológica*

Avançamos mais uma etapa. Lembrai agora os momentos anteriores ao regresso para casa.

Como se sentiram ao saber que poderiam voltar para junto dos teus pais? O quê sentiram que deixavam para trás? Como foi a relação durante este tempo de separação? O que ajudou a preparar o reencontro com os teus pais?

PARTE 4: A REUNIFICAÇÃO (FASE 4: Após a reunificação)

Objetivo P4: *identificar os comportamentos, atitudes, apoios e o seguimento dado às famílias após a reunificação e as práticas que garantem a estabilidade do processo*

E depois foi o regresso para casa. Já voltaram com os pais. Que ajudas tiveram à vossa volta? O que pode ajudar a recuperar a normalidade depois do reencontro? De quê sentiram falta? O quê faz com que seja tudo mais calmo? E quê ameaça esta nova etapa?

PARTE 5: MUDANÇAS (Ass. Framework)

Objetivo P5: *identificar as mudanças da criança/jovem, das competências parentais e do contexto ao longo do processo segundo o triângulo do framework de avaliação da família.*

Ao longo deste processo houve muitas coisas que mudaram. Em vocês, nos vossos pais e no vosso ambiente.

Que mudanças conseguem observar em vocês desde que se separaram dos pais pela primeira vez até agora? Cresceram ao longo do tempo? Mudaram os vossos gostos, a forma de expressar o afeto? Como encararam em cada momento a escola? Em que mudaram? O quê é que aprenderam com o passo do tempo?

E que mudanças houve nos amigos, nos outros familiares, na vizinhança? Mudou alguma coisa em casa, no vosso contexto? Que apoios apareceram com o passo do tempo? Como era o vosso entorno no começo e no fim?

E nos pais? Que mudou no comportamento de eles, nas suas rotinas, nos seus hábitos e costumes? O que mudou no trabalho deles? Em que mudou a forma em que vos tratavam? Que sentiram que em eles estava diferente?

SÍNTESE FINAL, DESPEDIDA E AGRADECIMENTO

TERMINAR

Diálogo e síntese final— 5 min

Para terminar vamos recolher em cinco ideias os pontos mais importantes que falamos.

DESPEDIDA

Muito obrigado pela colaboração e pelo tempo disponibilizado para trabalharmos juntos. As vossas experiências e opiniões resultaram um grande contributo.

Appendix III

GUIÃO FOCUS GROUP PAIS E MÃES

OBJETIVOS E DINÂMICA DO FOCUS GROUP

Objetivos:

- 1) Identificar as necessidades dos intervenientes no processo de reunificação ao longo das diferentes fases do mesmo.
- 2) Identificar os comportamentos e atitudes que favorecem e dificultam os processos de reunificação familiar para jovens com medida de acolhimento residencial.
- 3) Identificar a perceção das mudanças sob a análise das necessidades da criança, das competências parentais e do contexto da família.

Dinâmica

A duração da dinâmica está prevista em 1h30min, envolvendo uma atividade de partilha. Em todo momento será garantida a confidencialidade e o anonimato dos participantes.

Antes do desenvolvimento é preciso preparar os materiais.

A dinâmica está dividida em momentos.

- 1) Apresentação da investigação e consentimento informado.
- 2) Questões, divididas em cinco pontos: quatro em relação às fases do processo de reunificação familiar, e outro ponto referente à perceção da evolução do sistema ecológico da família.
- 3) Síntese final, despedida e agradecimento.

Anexos

Cada *focus group* está acompanhado duma ficha de recolha de dados do registo e para cada participante será entregue uma ficha de análise sociodemográfica.

APRESENTAÇÃO

Enquadramento

Obrigado por participar neste estudo sobre reunificação e acolhimento residencial. A reunificação familiar é o processo que favorece o regresso da criança ou do jovem para a família biológica, enquanto o acolhimento residencial é uma modalidade das medidas de proteção, fora do meio natural de vida, isto é, do ambiente quotidiano da criança (família, freguesia, escola...).

O objetivo é estudar a reunificação familiar dos jovens em acolhimento residencial sob a perspetiva das necessidades que este processo suscita nos próprios adolescentes, nas famílias e nos profissionais. Isto supõe falar com cada uma das partes intervenientes.

Com esta dinâmica de grupo queremos falar convosco sobre os comportamentos que eventualmente facilitam os processos de reunificação familiar e identificar possíveis necessidades em cada uma das etapas.

O estudo forma parte de uma Dissertação de Mestrado de Estudos da Criança em Intervenção Psicossocial, pertencente ao Instituto de Educação da Universidade do Minho.

Confidencialidade

Qualquer informação e os diálogos decorrentes no grupo serão tratados de forma absolutamente anónima e confidencial. O que for dito não será revelado a terceiros pessoas e a informação unicamente será usada para os objetivos da investigação. O grupo pode ser abandonado em qualquer altura. Os nomes não serão mencionados em nenhuma publicação realizada a partir da investigação.

Gravação

O diálogo que decorrerá na entrevista será gravado, como apoio aos registos pessoais.

Consentimento

Confirma que entendeu o objetivo e concorda com a dinâmica grupal e a investigação? Começamos?

Muito obrigado pela sua colaboração nesta investigação.

FOCUS GROUP BÁSICO

PARTE 1: A MEDIDA (FASE 1: Acolhimento)

Objetivo P1: *identificar comportamentos e atitudes associados à comunicação da medida, o papel de cada um e a consciência do processo*

Vamos começar nos instantes anteriores à entrada no acolhimento, relembrando a comunicação da medida.

Como surgiu a possibilidade de afastar-se dos vossos filhos? Quem lhes sugeriu esta ideia? Como é que reagiram? E os filhos? Houve alguém que acompanhou este momento da separação? Quem lhes ajudou a perceber a medida? Qual foi o papel de cada um?

PARTE 2: AS VISITAS (FASE 2: Visita e vinculação)

Objetivo P2: *identificar os recursos, apoios, comportamentos e sentimentos no momento das visitas, depois da separação inicial*

Depois da entrada no acolhimento, houve um tempo para recomeçar as relações com os vossos filhos. Podem ter começado por visitas na instituição, telefonemas... Se calhar em algum ponto também passaram o fim de semana ou as férias convosco.

Que sentimentos tiveram? Como foi a reação no primeiro reencontro? Que poderia ter sido diferente? Quem combinou e quando os telefonemas e as visitas? Quem ajudou no meio de tudo este caminho de reencontros?

PARTE 3: PREPARAR O REGRESSO (FASE 3: preparando a reunificação)

Objetivo P3: *identificar comportamentos e atitudes ao preparar o regresso à família biológica*

Avançamos mais uma etapa. Lembrem agora os momentos anteriores ao regresso para casa. Como é que os vossos filhos reagiram perante a possibilidade do regresso? Qual foi a vossa reação? Quais são os vossos sentimentos? Que ajuda a preparar o momento da volta para casa? Como é a relação depois deste tempo de separação?

PARTE 4: O REGRESSO PARA A SUA CASA (FASE 4: Após a reunificação)

Objetivo P4: *identificar os comportamentos, atitudes, apoios e o seguimento dado às famílias após a reunificação e as práticas que garantem a estabilidade do processo*

E depois foi o regresso para casa. Seus filhos já voltaram consigo. Que ajudas encontraram no governo, na família mais próxima, nos amigos e nos vizinhos? Como conseguiram estabilizar a situação depois de reunir-se com os filhos? Que é o que ajuda e que é o que dificulta?

PARTE 5: MUDANÇAS (Ass. Framework)

Objetivo P5: *identificar as mudanças da criança/jovem, das competências parentais e do contexto ao longo do processo segundo o triângulo do framework de avaliação da família.*

Ao longo deste processo houve muitas coisas que mudaram. Em vocês, nos vossos filhos e no vosso ambiente.

Que mudanças viram nos filhos? Cresceram ao longo deste tempo? Mudaram os seus gostos, a forma de expressar o afeto? Como encaravam antes e agora a escola? Em que cresceram, em que mudaram, que foi o que aprenderam?

E convosco, quais foram as mudanças? Em que mudou o vosso comportamento, as vossas rotinas, hábitos e costumes? Que mudou no trabalho? Que aprenderam na forma de tratar os seus filhos? Em que mudaram? De que ajudas precisaram?

E finalmente, uma último olhar para o que lhes envolve. Em que mudou a casa? O que mudou nas relações com os amigos, na escola, com os vizinhos? Como era o vosso entorno no começo deste processo e agora no fim?

SÍNTESE FINAL, DESPEDIDA E AGRADECIMENTO

TERMINAR

Diálogo e síntese final— 5 min

Para terminar vamos recolher em cinco ideias os pontos mais importantes que falamos.

DESPEDIDA

Muito obrigado pela colaboração e pelo tempo disponibilizado para trabalharmos juntos. As vossas experiências e opiniões resultaram um grande contributo.

Appendix IV

GUIÃO ENTREVISTA PROFISSIONAIS

OBJETIVOS E DINÂMICA DA ENTREVISTA

Objetivos:

- 1) Identificar as necessidades dos intervenientes no processo de reunificação ao longo das diferentes fases do mesmo.
- 2) Identificar os comportamentos e atitudes que favorecem e dificultam os processos de reunificação familiar para jovens com medida de acolhimento residencial.
- 3) Identificar a perceção das mudanças sob a análise das necessidades da criança, das competências parentais e do contexto da família.

Dinâmica

A duração da dinâmica está prevista em 1h. Em todo momento será garantida a confidencialidade e o anonimato dos participantes.

Antes do desenvolvimento é preciso preparar os materiais.

A dinâmica está dividida em momentos.

- 1) Apresentação da investigação e consentimento informado.
- 2) Questões, divididas em sete pontos: quatro em relação às fases do processo de reunificação familiar, e outros três pontos referentes à perceção da evolução do sistema ecológico da família.
- 3) Síntese final, despedida e agradecimento.

Anexos

Cada entrevista está acompanhada duma ficha de recolha de dados do registo e para cada participante será entregue uma ficha de análise sociodemográfica.

APRESENTAÇÃO

Enquadramento

Obrigado por participar neste estudo sobre reunificação e acolhimento residencial. A reunificação familiar é o processo que favorece o regresso da criança ou do jovem para a família biológica, enquanto o acolhimento residencial é uma modalidade das medidas de proteção, fora do meio natural de vida, isto é, do ambiente quotidiano da criança (família, freguesia, escola...).

O objetivo é estudar a reunificação familiar dos jovens em acolhimento residencial sob a perspetiva das necessidades que este processo suscita nos próprios adolescentes, nas famílias e nos profissionais. Isto supõe falar com cada uma das partes intervenientes.

Com esta entrevista queremos falar consigo/convosco sobre os comportamentos que eventualmente facilitam os processos de reunificação familiar e identificar possíveis necessidades em cada uma das etapas.

O estudo forma parte de uma Dissertação de Mestrado de Estudos da Criança em Intervenção Psicossocial, pertencente ao Instituto de Educação da Universidade do Minho.

Confidencialidade

Qualquer informação e os diálogos decorrentes da entrevista serão tratados de forma absolutamente anónima e confidencial. O que for dito não será revelado a terceiros pessoas e a informação unicamente será usada para os objetivos da investigação. A entrevista pode ser abandonada em qualquer altura. Os nomes não serão mencionados em nenhuma publicação realizada a partir da investigação.

Gravação

O diálogo que decorrerá na entrevista será gravado, como apoio aos registos pessoais.

Consentimento

Confirma que entendeu o objetivo e concorda com a dinâmica grupal e a investigação? Começamos?

Muito obrigado pela sua colaboração nesta investigação.

ENTREVISTA BASE

PARTE 1: A COMUNICAÇÃO DA MEDIDA (FASE 1: Acolhimento)

Objetivo P1: *identificar comportamentos e atitudes associados à comunicação da medida, o papel de cada um e a consciência do processo*

Vamos começar nos instantes anteriores à entrada no acolhimento, relembrando a comunicação da medida.

Como é que as famílias souberam da necessidade do acolhimento? Como reagiram? E como lidaram com a separação das crianças? Estavam conscientes da sua situação nesse momento? E sobre o processo? Que negociação fizeram no início? Que outros profissionais também estão envolvidos? Qual foi o papel de cada um?

PARTE 2: VISITAS (FASE 2: Visita e vinculação)

Objetivo P2: *identificar os recursos, apoios, comportamentos e sentimentos no momento das visitas, depois da separação inicial*

Depois da entrada no acolhimento, houve um tempo para recomeçar as relações entre pais e filhos. Podem ter começado por visitas na instituição, telefonemas... Se calhar em algum ponto também o jovem passou o fim de semana ou as férias com os pais.

Que orientações dão para este primeiro reencontro? Como reagem pais e filhos? Como se sentem? E se se encontrassem mais cedo ou mais tarde? Decidiram alguma coisa as famílias ou as crianças e os jovens? Qual é o seu trabalho nesta altura do processo?

PARTE 3: PREPARAR O REGRESSO (FASE 3: preparando a reunificação)

Objetivo P3: *identificar comportamentos e atitudes ao preparar o regresso à família biológica*

Avançamos mais uma etapa. Lembre agora os momentos anteriores ao regresso para casa.

Como é comunicado este passo importante do regresso para casa? Como preparar os pais e as famílias antes da reunificação? E as crianças e os jovens? Como fortalecer os laços entre eles para esta nova etapa que começam? Que precisariam saber antes da reunificação?

PARTE 4: REUNIFICAÇÃO (FASE 4: Após a reunificação)

Objetivo P4: *identificar os comportamentos, atitudes, apoios e o seguimento dado às famílias após a reunificação e as práticas que garantem a estabilidade do processo*

E depois foi o regresso para casa. A criança ou o jovem voltou com os seus pais.

Que apoios é que podem ser dados nesta nova situação? Que ajudas podem ter, quer da parte do governo quer da gente que conhecem e os amigos? Como ajudar a estabilizar a situação destas famílias? Como continuar a manter o contacto com eles?

PARTE 5: MUDANÇAS (Framework Assessment)

Objetivo P5: *identificar as mudanças da criança/jovem, das competências parentais e do contexto ao longo do processo segundo o triângulo do framework de avaliação da família.*

Ao longo deste processo houve muitas coisas que mudaram.

Que mudanças houve na habitação, nas relações com amigos, com outras pessoas da família, na escola, nos vizinhos? Como era no início e no fim do processo?

Como mudaram as vidas das crianças e jovens ao chegar ao fim do processo? Quais são as mudanças físicas, de gostos, de afeto... que viveram desde o início até ao fim?

E nos pais e mães. Ao chegar a reunificação, será que mudaram nalgum aspeto o seu comportamento, as suas rotinas, os seus hábitos e costumes? Desde os momentos iniciais até agora, que habilidades ganharam para cuidar dos seus filhos? Qual foi o impacto da viagem nas suas vidas? Em que mudaram os pais e as mães, e que ajuda precisaram para isso?

SÍNTESE FINAL, DESPEDIDA E AGRADECIMENTO

TERMINAR

Diálogo e síntese final— 5 min

Para terminar vamos recolher em cinco ideias os pontos mais importantes que falamos.

DESPEDIDA

Muito obrigado pela colaboração e pelo tempo disponibilizado para trabalharmos juntos. A sua / as vossas experiência(s) e opiniões resultaram um grande contributo.

Appendix V

GUIÃO ENTREVISTA CRIANÇAS E JOVENS

OBJETIVOS E DINÂMICA DA ENTREVISTA

Objetivos:

- 1) Identificar as necessidades dos intervenientes no processo de reunificação ao longo das diferentes fases do mesmo.
- 2) Identificar os comportamentos e atitudes que favorecem e dificultam os processos de reunificação familiar para jovens com medida de acolhimento residencial.
- 3) Identificar a perceção das mudanças sob a análise das necessidades da criança, das competências parentais e do contexto da família.

Dinâmica

A duração da entrevista está prevista em 1h. Em todo momento será garantida a confidencialidade e o anonimato dos participantes.

Antes do desenvolvimento é preciso preparar os materiais.

A dinâmica está dividida em momentos.

- 1) Apresentação da investigação e consentimento informado.
- 2) Questões, divididas em cinco pontos: quatro em relação às fases do processo de reunificação familiar, e outro ponto referente à perceção da evolução do sistema ecológico da família.
- 3) Síntese final, despedida e agradecimento.

Anexos

Cada entrevista está acompanhada duma ficha de recolha de dados do registo e para cada participante será entregue uma ficha de análise sociodemográfica.

APRESENTAÇÃO

Enquadramento

Obrigado por participar neste estudo sobre reunificação e acolhimento residencial. A reunificação familiar é o processo que favorece o regresso da criança ou do jovem para a família biológica, enquanto o acolhimento residencial é uma modalidade das medidas de proteção, fora do meio natural de vida, isto é, do ambiente quotidiano da criança (família, freguesia, escola...).

O objetivo é estudar a reunificação familiar dos jovens em acolhimento residencial sob a perspetiva das necessidades que este processo suscita nos próprios adolescentes, nas famílias e nos profissionais. Isto supõe falar com cada uma das partes intervenientes.

Com esta entrevista queremos falar contigo sobre os comportamentos que eventualmente facilitam os processos de reunificação familiar e identificar possíveis necessidades em cada uma das etapas.

O estudo forma parte de uma Dissertação de Mestrado de Estudos da Criança em Intervenção Psicossocial, pertencente ao Instituto de Educação da Universidade do Minho.

Confidencialidade

Qualquer informação e os diálogos decorrentes da entrevista serão tratados de forma absolutamente anónima e confidencial. O que disseres não será revelado a terceiros pessoas e a informação unicamente será usada para os objetivos da investigação. A entrevista pode ser abandonado em qualquer altura. Os nomes não serão mencionados em nenhuma publicação realizada a partir da investigação.

Gravação

O diálogo que decorrerá na entrevista será gravado, como apoio aos registos pessoais.

Consentimento

Confirma que entendeste o objetivo e concordas com a dinâmica grupal e a investigação? Começamos?

Muito obrigado pela tua colaboração nesta investigação.

ENTREVISTA BASE

PARTE 1: A COMUNICAÇÃO DA MEDIDA (FASE 1: Acolhimento)

Objetivo P1: *identificar comportamentos e atitudes associados à comunicação da medida, o papel de cada um e a consciência do processo*

Vamos começar nos instantes anteriores à entrada no acolhimento, relembrando a comunicação da medida.

Como te sentiste no momento em que te afastaste dos teus pais? Quem te comunicou essa decisão? Como reagiste? O que te ajudou nesse instante? O que foi o mais difícil? Que pessoas entrevistaram? Qual foi o papel de cada um?

PARTE 2: REENCONTRAR-SE (FASE 2: Visita e vinculação)

Objetivo P2: *identificar os recursos, apoios, comportamentos e sentimentos no momento das visitas, depois da separação inicial*

Depois da entrada no acolhimento, houve um tempo para recomeçar as relações com os teus pais. Podem ter começado por visitas na instituição, telefonemas... Se calhar em algum ponto também passaste o fim de semana ou as férias com eles.

Como te sentias ao encontrar-te com os teus pais? Como foi a reação no primeiro encontro? Que poderia ter sido diferente? Quem combinou estes encontros, telefonemas, as visitas, as saídas? O quê é que ajudou neste processo?

PARTE 3: PREPARAR O REGRESSO (FASE 3: preparando a reunificação)

Objetivo P3: *identificar comportamentos e atitudes ao preparar o regresso à família biológica*

Avançamos mais uma etapa. Lembra agora os momentos anteriores ao regresso para casa.

Como te sentiste ao saber que poderias voltar para junto dos teus pais? O quê sentias que deixavas para trás? Como foi a relação durante este tempo de separação? O que ajudou a preparar o reencontro com os teus pais?

PARTE 4: A REUNIFICAÇÃO (FASE 4: Após a reunificação)

Objetivo P4: *identificar os comportamentos, atitudes, apoios e o seguimento dado às famílias após a reunificação e as práticas que garantem a estabilidade do processo*

E depois foi o regresso para casa. Já voltaste com os teus pais.

Que ajudas tiveste à tua volta? O que pode ajudar a recuperar a normalidade depois do reencontro? De quê sentiste falta? O quê faz com que seja tudo mais calmo? E quê ameaça esta nova etapa?

PARTE 5: MUDANÇAS (Ass. Framework)

Objetivo P5: *identificar as mudanças da criança/jovem, das competências parentais e do contexto ao longo do processo segundo o triângulo do framework de avaliação da família.*

Ao longo deste processo houve muitas coisas que mudaram. Em ti, nos teus pais e no teu ambiente.

Que mudanças consegues observar em ti desde que te separaste dos teus pais pela primeira vez até agora? Cresceste ao longo do tempo? Mudaram teus gostos, a forma de expressar o afeto?

Como encaraste em cada momento a escola? Em que mudaste? O quê aprendeste ao passar o tempo?

E que mudanças houve nos amigos, nos outros familiares, na vizinhança? Mudou alguma coisa em casa, no teu contexto? Que apoios apareceram com o passo do tempo? Como era o teu entorno no começo e no fim?

E nos teus pais? Que mudou no seu comportamento, nas suas rotinas, nos seus hábitos e costumes? O que mudou no trabalho deles? Em que mudou a forma em que te tratavam? Que sentiste que em eles estava diferente?

SÍNTESE FINAL, DESPEDIDA E AGRADECIMENTO

TERMINAR

Diálogo e síntese final— 5 min

Para terminar vamos recolher em cinco ideias os pontos mais importantes que falamos.

DESPEDIDA

Muito obrigado pela tua colaboração e pelo tempo disponibilizado para trabalharmos juntos. A tua experiência e as tuas opiniões resultaram um grande contributo.

Appendix VI

GUIÃO ENTREVISTA PAIS E MÃES

OBJETIVOS E DINÂMICA DO FOCUS GROUP

Objetivos:

- 1) Identificar as necessidades dos intervenientes no processo de reunificação ao longo das diferentes fases do mesmo.
- 2) Identificar os comportamentos e atitudes que favorecem e dificultam os processos de reunificação familiar para jovens com medida de acolhimento residencial.
- 3) Identificar a perceção das mudanças sob a análise das necessidades da criança, das competências parentais e do contexto da família.

Dinâmica

A duração da entrevista está prevista em 1h. Em todo momento será garantida a confidencialidade e o anonimato dos participantes.

Antes do desenvolvimento é preciso preparar os materiais.

A dinâmica está dividida em momentos.

- 1) Apresentação da investigação e consentimento informado.
- 2) Questões, divididas em cinco pontos: quatro em relação às fases do processo de reunificação familiar, e outro ponto referente à perceção da evolução do sistema ecológico da família.
- 3) Síntese final, despedida e agradecimento.

Anexos

Cada entrevista está acompanhada duma ficha de recolha de dados do registo e para cada participante será entregue uma ficha de análise sociodemográfica.

APRESENTAÇÃO

Enquadramento

Obrigado por participar neste estudo sobre reunificação e acolhimento residencial. A reunificação familiar é o processo que favorece o regresso da criança ou do jovem para a família biológica, enquanto o acolhimento residencial é uma modalidade das medidas de proteção, fora do meio natural de vida, isto é, do ambiente quotidiano da criança (família, freguesia, escola...).

O objetivo é estudar a reunificação familiar dos jovens em acolhimento residencial sob a perspetiva das necessidades que este processo suscita nos próprios adolescentes, nas famílias e nos profissionais. Isto supõe falar com cada uma das partes intervenientes.

Com esta entrevista queremos falar convosco sobre os comportamentos que eventualmente facilitam os processos de reunificação familiar e identificar possíveis necessidades em cada uma das etapas.

O estudo forma parte de uma Dissertação de Mestrado de Estudos da Criança em Intervenção Psicossocial, pertencente ao Instituto de Educação da Universidade do Minho.

Confidencialidade

Qualquer informação e os diálogos decorrentes da entrevista serão tratados de forma absolutamente anónima e confidencial. O que for dito não será revelado a terceiros pessoas e a informação unicamente será usada para os objetivos da investigação. A entrevista pode ser abandonada em qualquer altura. Os nomes não serão mencionados em nenhuma publicação realizada a partir da investigação.

Gravação

O diálogo que decorrerá na entrevista será gravado, como apoio aos registos pessoais.

Consentimento

Confirma que entendeu o objetivo e concorda com a dinâmica grupal e a investigação? Começamos?

Muito obrigado pela sua colaboração nesta investigação.

ENTREVISTA BÁSICA

PARTE 1: A MEDIDA (FASE 1: Acolhimento)

Objetivo P1: *identificar comportamentos e atitudes associados à comunicação da medida, o papel de cada um e a consciência do processo*

Vamos começar nos instantes anteriores à entrada no acolhimento, relembrando a comunicação da medida.

Como surgiu a possibilidade de afastar-se dos seus filhos? Quem lhe sugeriu esta ideia? Como é que reagiu? E os seus filhos? Houve alguém que acompanhou este momento da separação? Quem lhe ajudou a perceber a medida? Qual foi o papel de cada um?

PARTE 2: AS VISITAS (FASE 2: Visita e vinculação)

Objetivo P2: *identificar os recursos, apoios, comportamentos e sentimentos no momento das visitas, depois da separação inicial*

Depois da entrada no acolhimento, houve um tempo para recomeçar as relações com os seus filhos. Podem ter começado por visitas na instituição, telefonemas... Se calhar em algum ponto também passaram o fim de semana ou as férias consigo.

Que sentimentos teve? Como foi a reação no primeiro reencontro? Que poderia ter sido diferente? Quem combinou e quando os telefonemas e as visitas? Quem ajudou no meio de tudo este caminho de reencontros?

PARTE 3: PREPARAR O REGRESSO (FASE 3: preparando a reunificação)

Objetivo P3: *identificar comportamentos e atitudes ao preparar o regresso à família biológica*

Avançamos mais uma etapa. Lembre agora os momentos anteriores ao regresso para casa.

Como é que seus filhos reagiram perante a possibilidade do regresso? Qual foi a sua reação? Quais são os seus sentimentos? Que ajuda a preparar o momento da volta para casa? Como é a relação depois deste tempo de separação?

PARTE 4: O REGRESSO PARA A SUA CASA (FASE 4: Após a reunificação)

Objetivo P4: *identificar os comportamentos, atitudes, apoios e o seguimento dado às famílias após a reunificação e as práticas que garantem a estabilidade do processo*

E depois foi o regresso para casa. Seus filhos já voltaram consigo.

Que ajudas encontra no governo, na família mais próxima, nos amigos e nos vizinhos? Como consegue estabilizar a situação depois de reunir-se com os filhos? Que ajuda e que dificulta?

PARTE 5: MUDANÇAS (Ass. Framework)

Objetivo P5: *identificar as mudanças da criança/jovem, das competências parentais e do contexto ao longo do processo segundo o triângulo do framework de avaliação da família.*

Ao longo deste processo houve muitas coisas que mudaram. Em si, nos seus filhos e no seu ambiente.

Que mudanças viu nos seus filhos? Cresceram ao longo deste tempo? Mudaram os seus gostos, a forma de expressar o afeto? Como encaravam antes e agora a escola? Em que cresceram, em que mudaram, que foi o que aprenderam?

E consigo, quais foram as mudanças? Em que mudou seu comportamento, suas rotinas, hábitos e costumes? Que mudou no trabalho? Que aprendeu na forma de tratar os seus filhos? Em que mudou? Que ajudas precisou?

E finalmente, uma último olhar para o que lhe envolve, antes de entrar em casa. Em que mudou a casa? O que mudou nas relações com os amigos, na escola, com os vizinhos? Como era o seu entorno no começo desta viagem e agora no fim?

SÍNTESE FINAL, DESPEDIDA E AGRADECIMENTO

TERMINAR

Diálogo e síntese final— 5 min

Para terminar vamos recolher em cinco ideias os pontos mais importantes que falamos.

DESPEDIDA

Muito obrigado pela sua / vossa colaboração e pelo tempo disponibilizado para trabalharmos juntos. A(s) sua / vossas experiência(s) e opiniões resultaram um grande contributo.

Appendix VII

FICHA DE CARACTERIZAÇÃO SOCIODEMOGRÁFICA - PROFISSIONAIS

| DADOS BASE | | | |
|---------------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| Sexo | <input type="checkbox"/> Homem | <input type="checkbox"/> Mulher | |
| Idade | | | |
| Anos de serviço | | | |
| Habilitações e área | | | |
| Funções na Casa de Acolhimento | <input type="checkbox"/> Diretor/a | <input type="checkbox"/> Técnico/a | <input type="checkbox"/> Educador/a |

Appendix VIII

FICHA DE CARACTERIZAÇÃO SOCIODEMOGRÁFICA – CRIANÇAS/JOVENS

| DADOS BASE | | | |
|---------------------------------------|--|--|--|
| Sexo | <input type="checkbox"/> Rapaz | <input type="checkbox"/> Rapariga | |
| Idade atual | | | |
| Idade ao entrar no acolhimento | | Idade ao sair do acolhimento | |
| Distrito de origem | | | |
| Situação | <input type="checkbox"/> Família reunificada | <input type="checkbox"/> Em processo de reunificação | |

Appendix IX

FICHA DE CARACTERIZAÇÃO SOCIODEMOGRÁFICA – PAIS E MÃES

| DADOS BASE | | | | |
|--------------------------|---------------------------------------|-----------------------------------|--|--|
| Sexo | <input type="checkbox"/> Homem | | <input type="checkbox"/> Mulher | |
| Idade | | | | |
| Situação familiar | <input type="checkbox"/> Reunificação | | <input type="checkbox"/> Reunificação iminente | |
| Estado civil | <input type="checkbox"/> Solteiro/a | <input type="checkbox"/> Casado/a | <input type="checkbox"/> Separado/a | <input type="checkbox"/> Viúvo/a |
| Família | <input type="checkbox"/> Só pai | <input type="checkbox"/> Só mãe | <input type="checkbox"/> Pãe e mãe biológicos | <input type="checkbox"/> Família reconstituída |

Appendix X



Universidade do Minho

SECSH

Subcomissão de Ética para as Ciências Sociais e Humanas

Identificação do documento: SECSH 010/2016

Título do projeto: *Family Reunification And Residential Child Care In Portugal: A Multi-Informant Report Of Participants' Needs To Successful Interventions*

Investigador(a) responsável: José Miguel Fernández Arizmendi (PG27010), Instituto de Educação, Universidade do Minho

Outros investigadores: Ana Maria Tomás de Almeida, Instituto de Educação, Universidade do Minho (Orientadora)

Subunidade orgânica: Instituto de Educação, Universidade do Minho

PARECER


A Subcomissão de Ética para as Ciências Sociais e Humanas (SECSH) analisou o processo relativo ao projeto intitulado "*Family Reunification And Residential Child Care In Portugal: A Multi-Informant Report Of Participants' Needs To Successful Interventions*".

Os documentos apresentados revelam que o projeto obedece aos requisitos exigidos para as boas práticas na investigação com humanos, em conformidade com as normas nacionais e internacionais que regulam a investigação em Ciências Sociais e Humanas.

Face ao exposto, a SECSH nada tem a opor à realização do projeto.

Braga, 01 de junho de 2016.

O Presidente


Digitally signed by PAULO
MANUEL PINTO PEREIRA
ALMEIDA MACHADO
Date: 2016.06.03 14:44:57
+01'00'

Paulo Manuel Pinto Pereira Almeida Machado

Appendix XI

CONSENTIMENTO INFORMADO DO PARTICIPANTE

O estudo no qual participa – *Family Reunification And Residential Child Care In Northern Portugal: A Multi-Informant Report Of Participants' Needs To Successful Interventions* – faz parte de uma investigação internacional que visa reunir as perspetivas dos jovens, das suas famílias e dos profissionais envolvidos em processos de acolhimento institucional sobre a reunificação com a família após o acolhimento e os fatores que podem facilitar o regresso do jovem ao contexto familiar.

O estudo decorrer no âmbito do Mestrado em Estudos da Criança da Universidade do Minho, estando a cargo de José Miguel Fernández Arizmendi (aluno investigador), sob a orientação científica de Ana Maria Tomás de Almeida, professora do Instituto de Educação da Universidade do Minho e coordenadora do curso.

A duração do grupo focal ou da entrevista dura sensivelmente 1h15min e será realizada uma gravação de áudio, que será destruída após o processo de transcrição dos grupos focais. A informação recolhida é estritamente confidencial, garantindo o anonimato dos participantes. É ainda solicitado que todos os participantes se comprometam a não revelar a identidade dos restantes participantes dos seus grupos focais ou outros dados a eles relativos.

A sua participação é completamente voluntária e a título gracioso, e a decisão de não participar, total ou parcialmente, não lhe trará qualquer prejuízo e poderá desistir a qualquer momento do decorrer da entrevista ou do grupo focal. As instituições e os participantes que assim o desejarem terão acesso à devolução dos resultados da investigação.

TERMO DE CONSENTIMENTO INFORMADO

Declaro que:

- Recebi uma cópia deste documento
- Li e compreendi a informação que consta neste documento e que fui devidamente informado/a e esclarecido/a acerca dos objetivos e das condições de participação neste estudo;
- Tive oportunidade de realizar perguntas e de ser esclarecido/a acerca de outros aspetos;
- Como tal, aceito participar voluntariamente neste estudo e permito a utilização dos dados, que forneço de forma voluntária, confiando que serão apenas utilizados para esta investigação e que os mesmos estarão salvaguardados pelo sigilo e anonimato, conforme a garantia dada pelo investigador.

Data: ____/____/____

O/a participante: _____

Se o participante for menor de idade, serão preenchidos os seguintes campos pelo Representante Legal:

Representante legal: _____

BI/CC N°: _____ Data de validade: ____ / ____ / ____

Grau de parentesco ou tipo de representação: _____

Assinatura: _____

Pela equipa de investigação: _____

Gostaria de ter acesso/conhecimento dos resultados deste estudo? () Sim () Não

Caso indique que deseja ter acesso aos resultados da investigação, queira por favor contactar José Arizmendi para o email pg27010@alunos.uminho.pt

Agradecemos a sua participação.