INSTITUTO
UNIVERSITÁRIO
DE LISBOA

# Re-entries into Residential Care: An Ecological Analysis from the Professionals' Perspective

Carolinne Afonso Marques

Master in Community Psychology, Protection of Children and Youth at Risk,

Supervisor:
Ph.D. Joana Isabel Soares Baptista, Assistant Professor,
University Institute of Lisbon (Iscte-IUL)

Co-Supervisor:
Ph.D. Eunice Vieira Magalhães, Researcher,
University Institute of Lisbon (Iscte-IUL)

October, 2023

CIÊNCIAS SOCIAIS
E HUMANAS

Department of Social and Organizational Psychology

# Re-entries into Residential Care: An Ecological Analysis from the Professionals' Perspective

Carolinne Afonso Marques

Master in Community Psychology, Protection of Children and Youth at Risk,

Supervisor:
Ph.D. Joana Isabel Soares Baptista, Assistant Professor,
University Institute of Lisbon (Iscte-IUL)

Co-Supervisor:
Ph.D. Eunice Vieira Magalhães, Researcher,
University Institute of Lisbon (Iscte-IUL)

October, 2023

*No society can long sustain itself unless its members have learned the sensitivities, motivations, and skills involved in assisting and caring for other human beings.*

Urie Bronfenbrenner and Pamela Morris

*To all that have the courage to take action in make a small difference day to day.*

# Acknowledgements

I do not want to take for granted all the help and privileges that made it possible for me to be here today.

First, I want to thank God for the privilege of life and for being with me every moment. I thank You for being my strength till here.

I want to thank my parents for every effort they made, every example they gave, and every encouragement they sent. I love you more than everything.

I want to thank my grandparents, those who stayed and those who have already gone. You will always be my example of determination and persistence.

My sisters for making me laugh every time that I needed to.

My beloved boyfriend and now fiancée for being on my side on the ups and downs and always encouraging my academic and professional journey; thank you.

My dear friend Luísa, for the shoulder, when I needed a place to cry, for the infinite revisions, but especially for helping me believe in myself, sending me hope and positive feelings that everything would be all right, and it is!

All my other friends for believing in my potential, in my work and for being here through this journey, making that path more colourful.

I also want to thank the best teacher I ever had. She is a brilliant woman who inspired me with her amount of knowledge, her unstoppable desire and action to contribute to a better world, her highly accurate sense of ethics, science, and attention to detail, and her even bigger heart. Despite all the titles and wisdom, a humble person who understands what life is about, and that is people. Thank you, Professor Joana, for guiding me in this journey, accepting me, opening your arms to me in difficult times, and helping me evolve. I will always be grateful for having you in my life.

I want to give a special thank you to my co-supervisor, Professor Eunice, who showed me the secret to continuing to work in such a brutal and demanding area: using humour to soften the hardness; and to return to science to illuminate and guide the practice continually.

Finally, thank you to all the women who believed in and participated in this project and for sharing your experiences with me. Without you, none of this would have happened.

# Resumo

As disrupções e interrupções nos cuidados podem impactar negativamente o desenvolvimento de crianças e jovens. Este trabalho visou contribuir para o aprofundamento do conhecimento sobre as reentradas de crianças e jovens em acolhimento residencial, segundo a perspetiva de profissionais do sistema de proteção, considerando três domínios: os efeitos da sua ocorrência; os fatores que podem potenciar ou prevenir o mesmo de ocorrer; e sugestões de melhoria no sistema para prevenir as reentradas.

A 20 profissionais do sexo feminino (26-54 anos) de comissões de proteção de crianças e jovens em perigo e casas de acolhimento, foi administrada uma entrevista semiestruturada desenvolvida no âmbito deste trabalho. A partir da entrevista, foi realizada uma análise temática, emergindo um total de 14 temas e 42 subtemas considerando os três domínios estudados e incluindo diferentes níveis ecológicos (i.e., criança/jovem, família, sistema/comunidade).

Os resultados apontam para efeitos negativos das reentradas na criança/jovem, família e sistema, que parecem ser explicados for múltiplos fatores situados em diferentes níveis: criança/jovem (e.g., saúde mental), família (e.g., parentalidade) e sistema (e.g., supervisão). De acordo com as profissionais, diferentes estratégias podem ser implementadas para prevenir as reentradas, como a avaliação cuidadosa e não precipitada na saída do primeiro acolhimento, o trabalho prolongado e de proximidade com os pais, em meio natural de vida durante e após o primeiro acolhimento, assim como com as crianças/jovens quanto às expetativas de retorno à casa e gestão comportamental. Este estudo alerta para a complexidade da reentrada em acolhimento residencial e para a necessidade de investigação.

*Palavras-chave*: Acolhimento Residencial; Disrupção nos Cuidados; Sistema de Promoção e Proteção

***Categorias e Códigos de Classificação PsycINFO:***

**2956** Criação e Cuidados Infantis

**3373** Serviços Comunitários e Sociais

# Abstract

Disruptions and interruptions in care could negatively impact children and youth development. This work aimed to contribute to a better understanding of children and youths' re-entries into residential care facilities, according to the perspective of child protective services system professionals in three domains: the effects of its occurrence; factors that can promote and prevent this from happening; and system improvements' suggestions to prevent re-entries.

Twenty professionals participated in this study (26 to 54 years old; all female) from *CPCJ*s (Portuguese child agencies) and residential care facilities, to whom a semi-structured interview developed within the scope of this study was administered. From the interview, a thematic analysis was conducted, emerging 14 themes and 42 subthemes considering the three domains studied (i.e., effects, explicative factors, improvements), focusing on different ecology levels in each of them (i.e., child/youth, family, system/community).

The results point to negative effects of re-entries on child/youth, family, and system, which appear to be explained by multiple factors situated in different levels: child/youth (e.g., mental health), family (e.g., parenting) and system (e.g., supervision). According to the professionals, different strategies could be implemented to prevent re-entries, which they highlighted as a careful and not-premature assessment before leaving residential care, a prolonged and proximal intervention with the parents in natural contexts, during and after the first removal experience, and also with the child/youth regarding their expectations of returning home and behavioural management. This study highlights the complexity of the phenomenon of re-entries into residential care and emphasises the need for further investigation.

*Keywords*: Residential Care; Disruptions in Care; Child Protective Services

***PsycINFO Classification Categories and Codes*:**

**2956** Childrearing & Child Care

**3373** Community & Social Services

# Index

# Glossary of Acronyms

**CAFAP** – *Centro de Apoio Familiar e Aconselhamento Parental*

**CNPDPCJ** – *Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens*

**CPCJ** – *Comissão de Proteção de Crianças e Jovens*

**CPS** – Child Protection System

**ECMIJ** – *Entidades com Competência em Matéria da Infância e Juventude*

**LPCJP** – *Lei de Proteção de Crianças e Jovens em Perigo*

**RC** – Residential Care

**RCF** – Residential Care Facilities

**TBMHD** – The Bioecological Model of Human Development

# Introduction

This master's dissertation focuses on young people's re-entries into Residential Care (RC). Young people who had a first removal experience into RC, and after that return to families' environments, and then re-enter into Residential Care Facilities (RCF) could present negative impacts on their development in several domains, such as emotional, and behavioural problems, as well as social challenges in their interaction with others (Almas et al., 2020; Dregan & Gulliford, 2012). In Portugal, during the 2021-year, 1.879 young people entered out-of-home care, of those 116 re-entered (Instituto da Segurança Social, 2022). The numbers concerning re-entries into RCF have been oscillating during the last few years, and little is known in the national and international literature about this phenomenon regarding its impact on young people or the factors that could contribute to or prevent it from happening.

The main objective of this study is to comprehend the re-entries into RC through a bioecological approach to human development, recurring to the perspective of professionals from the Child Protection System (CPS). This study aimed to explore three domains with a thematic analysis' qualitative approach of semi-structured interviews: (1) the perceived effects of RC re-entries, (2) the factors associated with its occurrence, and (3) the improvements at the CPS that could prevent re-entries from happening. Furthermore, it aims to contribute to a more profound understanding of this theme nationally and internationally, which could help to guide and improve young people's care practices.

This dissertation starts with a conceptual framework that explores how the Portuguese CPS is structured, frames the statistics and data about the scenario of RC in Portugal, highlights some findings about the impacts of RC entries and re-entries on young people, and brings the ecological perspective to understand this phenomenon and the factors associated with it. The second chapter, The Method, conceptualises how this study was conducted, describing the participants, the measures, the procedure, and the data analysis process. In the third chapter, the results are described, and in the following one, the results are discussed, as well as some implications for the practice. This dissertation finishes with a brief conclusion.

CHAPTER 1

# Conceptual Framework

## 1.1. The Portuguese Child Protective Services System

The Portuguese CPS is structured by the 147/99 Law, September 1st, and their further alterations (the last one from 2018, July 5th), also known as Lei de Proteção de Crianças e Jovens em Risco (LPCJR). The LPCJR aims to organise the necessary conditions to promote the healthy development of young people in the country. The LPCJR legitimates an intervention considering three scenarios: when the legally responsible for a child or youth has put them at risk; when the primary carer has not opposed whether the child puts him/herself at risk; or when the primary carer has not opposed whether others put the child or youth at risk (3rd art., 147/99 Law).The LPCJR also enumerates, through eight paragraphs, the cases in which the responsible entities can intervene, explaining the situations that the Law considers putting a child or youth's life at risk. For instance, maltreatment and abandonment of the young people (number 2, 3rd art., 147/99 Law).

The LPCJR describes the principles that orient the interventions over eleven paragraphs (4th art., 147/99 Law). One of them is subsidiarity, which means that when intervening with young people and their families, it is recommended to only recur to indispensable entities, starting with the most basic and proximal institutions as Entities with Competence in Matters of Childhood and Youth (*Entidades com Competência em Matéria da Infância e Juventude*; ECMIJ), then, in more complex situations, successively advance to Commissions for the Protection of Children and Youths (*Comissão de Proteção de Crianças e Jovens*; CPCJs), and only recur to the court as the last alternative. Schools, health facilities, free time programs, social-work facilities or others that establish activities for young people have been considered ECMIJ; these facilities should do preventive work to promote activities to diminish the risk to the young people they follow (7th art., 147/99 Law). Those institutions have been considered the CPS first-line intervention. They have been responsible for acting in a preventive way but also being alert and indicating to CPCJ when a situation seems odd or whether they demand a higher level of assistance. When CPCJ receives a signal (from an ECMIJ, the police force or anyone in the community), the objective is to comprehend the case through a profound analysis and to promote a measure of promotion and protection of the children and youths' rights. The CPCJ staff is formed by technicians, presidents, and secretaries, from different institutions and fields: city/parish, school social security, education, and health representatives, and, if possible,

from social work, psychology, Law, education, and health areas. If the family does not agree with the CPCJ intervention or when it is a high-risk situation, the process proceeds directly to the public ministry. Finally, the court judges according to the facts and promotes a judicial intervention.

The LPCJR provides intervention measures that the court or the CPCJs can apply before a risk situation; those measures aim to remove the children from danger as well as to promote conditions for their development (34th art., 147/99 Law). The Law describes seven measures (35th art., 147/99 Law) divided and classified between measures at the child life contexts and out-of-home measures. “Parental Support” and “Other Family Member Support” (e.g., to members of the extended family), have been considered home measures. “Foster Care” and “Residential Care” have been considered out-of-home measures, but the RC was the most applied considering this type of measure in the past years as the National Commission for the Promotion of the Rights and the Protection of Children and Youths *(Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens*; CNPDPCJ) reported (CNPDPCJ, 2023).

## 1.2. Residential Care in Portugal

RC is one of the CPS measures described by The Portuguese law as follows: "*The residential care measure consists in the placement of a child or youth to the care of an entity that has facilities, equipment of care and permanent human resources, duly dimensioned and qualified that guarantee them adequate care*." (LPCJP, 49th art.). The main purpose of an RC measure is to separate the child or youth from the risk, allowing the promotion of conditions for health development and well-being; in other words, it must be temporary: prepare the child or youth for returning to his/her birth family, whether it is not possible to reunite children or youth and birth family, the child or youth’s protection plan involves preparing the child or youth to adoption or life autonomy (2nd and 3rd art., 164/2019 Decree Law). While young people live in an RCF, a case manager from the CPCJ or the court is responsible for continuously evaluating and planning the child or youth’s protection project (7th art., 164/2019 Decree Law). The RCF staff includes a director, a technical team, an educational team, and a support team. The technical team includes a psychologist and a social worker. They evaluate the young people placed in the residential care setting and execute what the CPCJ or court defines. They must be listened to by the case manager (54th art., 147/99 Law).

There are different types of facilities according to their primary objective: the children and youths' placed profile (164/2019 Decree Law). They can be generalists or specifics (e.g., emergency placement, therapeutic facilities for children with special needs, autonomy apartments).

### 1.2.1. Prevalence of Children in Residential Care and Other Characteristics

RC is the most used out-of-home measure worldwide (Zeanah & Humphreys, 2020). Data deriving from 142 countries estimated that 2.7 million young people, up to 17 years old, were living in RCF to the date (Petrowski et al., 2016). Other sources, encompassing statistics from 191 countries, estimated that three to nine million young people could be living in RCF, above all concentrating in South Asia (Desmond et al., 2020). The United Nations Children's Fund (UNICEF), in turn, reported that around 2.9 million young people from 125 countries were living in RCF, especially in Eastern Europe and Central Asia (UNICEF, 2022).

In 2022, in Portugal, almost 10% of young people whose families were being accompanied by CPS ended up being placed in RC, the third most applied measure in the country, only lagging the "Another Family Member Support" measure, 23.7%, and the "Parental Support" measure, 61.3% (CNPDPCJ, 2023).

In Portugal, 94.7% ($n$ = 5638) of young people placed in alternative care were living in RCF at a specific point in time between 2018 and 2020; only 2.4% ($n$ = 144) were in foster care (UNICEF & Eurochild, 2021). This scenario differed from other European countries. For the majority (17 countries, 63%) of European countries, the number of out-of-home young people placed in RCF varied from 20% to 50% (UNICEF & Eurochild, 2021). In 2021, most of the young people in RC (84.8%) were living in generalistic RCF, 2.5% were placed in specialised RC, and 2.2% were living in autonomy apartments in Portugal (ISS, 2022; for more details, see Appendix A).

Moreover, in Portugal, in 2021, 70% of the out-of-home young people were placed in care due to neglect (e.g., 35% lack supervision and family accompaniment, 20% from academic neglect); for 62%, families had previously received parental support from the CPS; most young people were males (52%) and had more than 12 years of age (65.8%) (ISS, 2022).

In 2021 a total of 6.369 children were in out-of-home care in Portugal, and 31.4% of those had experienced a facility or house change, that is, a disruption in care; 8% once, and 23.7% two or more times (ISS, 2022). In the same year, among the young people who were placed in out-of-home care (i.e., 1879 young people), 116 re-entered (ISS, 2022) – that is, a new placement measure has been applied after the young people have returned or been placed in a

permanent family environment (e.g., birth family, adoption). Re-entries in RCF are less explored in the literature than re-entries in foster care. However, similar challenges are expected, with major changes occurring, sometimes in a non-expected way. Re-entry in foster care has been defined as a change in a child's protection project, from a temporary to a permanent, then a temporary measure again. According to Shipe and colleagues (2017), *"Re-entry in foster care occurs when a child who has been reunified with his or her family of origin returns to foster care"* (p. 256). Another broader definition is presented by Finster and Norwalk (2021): *"Removals from home refer to removals from a placement that was intended to be permanent, and may include failed reunification with birth families, failed adoptions, or breakdown of guardianship placements with subsequent re-entry into foster care"* (p. 2).

The number of young people re-entering an RCF in Portugal has been oscillating over the years. In part because of the need for more clarity and conciseness of the term on reports. Data about re-entries only started to appear as an absolute value in the 2013 CASA Report (ISS, 2014) and as a percentage in the 2016 CASA Report (ISS, 2017). In the 2011 CASA Report, a brief mention of re-entry occurred but only for a specific group of young people (i.e., children that did not have an applied measure in 2011), indicating that only a part of the data was expressed, but not the total amount (ISS, 2012). The 2014 and 2016 CASA Reports (considering the young people who in 2014 and 2016 were in care) have differentiated between those who re-entered an RCF over the past years (i.e., a sum of the re-entries in the past years) and those who only re-entered that specific year (ISS, 2015, 2017). From the 2017 CASA Report, the data only considered the re-entries in the respective year. In the last six years, since the reports started to consider re-entries in the respective year, the average of young people that re-enter an RCF is 190 (from a median of 2.189 young people entering), a percentage of 8.3% of the entries (ISS, 2017, 2018, 2019, 2020, 2021, 2022).

## 1.3. Residential Care (Re-)Entries and Its Impact on Children

A robust meta-analysis conducted by van Ijzendoorn, and colleagues (2020) showed that young people in RC present deficits in several developmental domains, compared with young people with no history of RC. The most impaired areas, described in that study, were delays in physical growth, brain functioning, and cognitive development. Another domain also impaired, but less than the first three, was attention. The least impaired domains were health and socio-emotional development, but the authors underestimated these last results because of the measures used in the studies (i.e., some studies collected responses a year after the child had been out of an RC

setting and did not use specific scales). Although the overall score of socioemotional development impairment was low, the results of attachment, a significant component of socio-emotional development, appeared to be less positive. A higher percentage of young people in RC had insecure attachments (76% in out-of-home young people versus 38% young people with no history of RC) and disorganised attachments (57% in out-of-home young people versus 15% with no history of RC). The authors also showed that the most injured domains – growth, cognition, and attachment – presented the most considerable improvements after integration in a permanent family solution (van Ijzendoorn et al., 2020).

Other literature reviews corroborated these findings but added an elevated risk for indiscriminate social behaviours (Dozier et al., 2012) and anti-social conduct (Browne, 2009) among those young people. Browne (2009) and van Ijzendoorn et al. (2020) emphasised under-stimulation in RCF, high staff-child ratio, high employee turnover and under-staff training as some of the factors contributing to those difficulties. Smyke and colleagues (2002) in their study considered high staff turnover, the inadequate staff-child ratio, and staff working by shifts as types of inconsistencies in RC leading to negative effects on development, as reactive attachment disorder and indiscriminate social behaviours.

The literature is not so vast considering the effects of the re-entries into RC on development and functioning. The few studies that mentioned RC re-entry compared it with foster care re-entry and other inconsistencies in care, but most of the literature lay in foster care disruption. According to Finster and Norwalk (2021) *"The term placement disruptions refer to temporary changes in care such as moves between foster homes, group homes, kinship care, and other placements that are not legally intended to be permanent"* (p. 2). The comparison studies between RC and foster care re-entry and other inconsistencies in care highlighted that transitions within the system of care (i.e., change or dislocation of foster home or facility setting), as well as re-entries (i.e., change of a child's protection project, that can be a first removal from a family environment and going to out-of-home care; returning to the birth family, migrating to relatives or friends' house, or adoption; and then going back to foster or RC), impacted child development. Some domains included education, health, and emotional development (Ward, 2009), physical development of height and weight (Johnson et al., 2018), loss of friends and neighbours, academic difficulties, alcohol and drug use, delinquency, school dropout, and status offenses (Herrenkohl et al., 2003), lower IQ scores, and more externalising and internalising behaviour problems (Almas et al., 2020), reduced response inhibition and attentional control but enhanced cognitive flexibility (Fields et al., 2021). Dregan and Gulliford (2012) studied the effects of foster care and RC childhood inconsistencies experiences on 30-

year-old adults. They found negative consequences in such areas: higher criminal offence levels, smoking habits, low self-efficacy, life dissatisfaction, and depression. They also showed that the effects are more intense when the number of placements increases. Furthermore, the authors showed that RC disruptions appear to have a more negative impact than disruptions in foster care. Nonetheless, when children experienced both types of out-of-home measures, which was another disruption in care, they seemed to present higher adverse effects at 30 years old.

More studies focused on disruptions and re-entries in foster care instead of comparing it with RC re-entries. They added effects such as emotional disturbance (Finster & Norwalk, 2021), adverse effects on brain electrical activity as lower alpha and greater theta power (Debnath et al., 2019), internalising and externalising symptoms, and attention-deficit hyperactivity disorder (Humphreys et al., 2015), socio-emotional problems and difficulties in inhibitory control abilities (Lewis et al., 2007), and internalising, but mostly, externalising behaviours (Newton et al., 2000). Rubin and colleagues (2007) also emphasised instability as a great predictor of behaviour problems. Villodas and colleagues (2016) also showed the impact of unstable placements on physical health concerns and mental health problems as symptoms of depression, anxiety, aggression, conduct disorder, oppositional defiant, and rule-breaking behaviour.

Considering the Portuguese scenario, we have few studies about the impact of RC entries on young people and fewer about the re-entries impact. Delgado and colleagues (2019) showed that young people in RCF presented lower subjective well-being than those in foster care and never placed. Campos, Barbosa-Ducharne, Dias, Rodrigues, Martins and Leal (2019) revealed that, adolescents in RCF presented higher levels of emotional and behavioural problems, low school achievement, and social support networks than non-institutionalised teenagers. Also, in their sample, females reported higher scores on internalising scales, and males on oppositional defiant and conduct problems. Adolescents living in RCF showed higher levels of behaviour problems, diagnosed mental health disorders, and the need for psychiatric medication (Morais et al., 2022). Another study (Campos, Barbosa-Ducharne, Dias & Rodrigues, 2019) with a sample of placed young people with previous experiences in other RCF, showed that young people in RCF presented mental health problems at clinical levels for internalising and externalising problems. They also indicated that girls had more internalising problems than boys, and younger children had more mental health problems than older children.

## 1.4. An Ecological Perspective to Understand Disruptions in Residential Care

As detailed in the last section, RC entries and re-entries could impact young people's lives in different domains. Nevertheless, little research focused on an integrative approach considering the impact of the re-entry phenomenon on other instances beyond the child, such as the family or the CPS. Many theories and areas of knowledge, such as Attachment Theory (Ainsworth & Bowlby, 1991), Cultural Psychology (Cole, 1998), Community Psychology (Sarason, 1974), Social Psychology (Lewin, 1939) and many others, brought light to the discussion that the context impacts and are impacted by one's development. The Bioecological Model of Human Development – TBMHD (Bronfenbrenner & Morris, 2006) is a great and robust theory that considered the development of a person through different angles and lenses.

This methodological design focused on the person's development outcome impacted by four properties: Process, Person, Context, and Time. Process is the relationship a person takes and receives from others and the environment; Bronfenbrenner highlighted the importance of bidirectionality on this property. TBMHD version of 2006 redirected their focus from Person and Context properties (Bronfenbrenner, 1979) to Process property, considering it the basis of the model; and the other three properties as influencing the proximal process of an individual. Person characteristics can also impact developmental outcomes by considering three factors: Force, Resources and Demands. Before explaining each of these factors, Bronfenbrenner and Morris highlighted that Person characteristics appear twice in TBMHD, firstly as an element that influences the development and secondly as an outcome; and can be considered developmentally generative or disruptive in the first case and in the second case as competences or dysfunctions. In both cases, the developmentally generative or competence can be interpreted by characteristics that positively impact a person's development and the developmentally disruptive or dysfunction by characteristics that impact negatively. Force characteristics directly impact proximal processes through action or absence; for instance, Force characteristics such as aggressive, apathy and curiosity can facilitate or difficult proximal process with others. Resource characteristics indirectly impact proximal processes because these characteristics do not involve action, such as weight and physical/cognitive disability. Demands characteristics also do not involve action per se but invite or discourage people from relating with them, for example, attractiveness and hyperactivity.

Context is the model's third property and consists of four different environments from a proximal to a distal perspective that can influence a person's development. The Microsystem is

the first and immediate environment in which a person can be in a relationship with others; it is a setting with its structure, roles, and rules that the person can integrate into simple activities that can progress to more complex ones. Family, school, and peers are considered significant Microsystems in a child's life. Mesosystem is the relationship that different microsystems establish. Exosystem is a system that the person does not belong to but influences their life, for instance, the workplace of a child's parents. Finally, the macrosystem, which is not mentioned in the latter version of the model but has had great importance on the original and subsequent theories (Bronfenbrenner, 1979), considers culture, politics, values, and beliefs structures as development shapers. It is important to note that, although the word macrosystem was not referred to in the 2006 chapter, Bronfenbrenner and Morris discussed how different cultures and socioeconomic statuses could impact proximal process. Context is an important property because, as the authors explained (Bronfenbrenner & Morris, 2006), recurring to the well-established attachment theory (Bowlby, 1969, 1973; Sroufe, 1990, as cited in Bronfenbrenner & Morris, 2006), it is where a person creates a sense of self, creating intern working models through similarity or differentiation to others. To conclude, Time can impact development through Microtime, that is, continuity or discontinuity of proximal processes; Mesotime refers to the periodicity of proximal processes; and Macrotime refers to a larger scale of time, as historical events.

This model also had two propositions. The first one said that the experiences of an individual may occur progressively from a simple to a more complex activity. For that, they must occur on a regular basis and over extended periods of time. The second proposition showed that the proximal processes that impact a person's development are influenced by the person's characteristics, the context, and the time one is living, that is, the interrelations of the four properties. To conclude, TBMHD was created due to a lack of methodological designs in real-life settings, and a few decades after its dissemination, investigation in natural environments became more common than before, and public policies from evidence-based interventions were facilitated (Bronfenbrenner & Morris, 2006).

### 1.4.1. Reasons for Re-entries into Residential Care

As was exhibited in section 1.3 concerning the effects of RC experiences on young people, most of the literature lay on foster care re-entries and disruptions in care experiences. When exploring the literature regarding the factors that could be related to RC re-entries, an analogous situation occurred; that is, many studies focused on the reasons associated with instability or disruption in care rather than a specificity on re-entry. The studies in this section showed

reasons and related factors for increasing or diminishing RC re-entries, but primarily disruptions in care and foster care re-entries, for instance, the child experiencing multiple types of care (e.g., transiting between living with biological family, living with relatives, adoption, and other inconsistencies in care) and moving from one facility/context to the other (transiting between foster care homes, and in RCF).

**Child Factors**

Many studies exhibited that some child characteristics correlated with foster care re-entry, such as age, sex, race, and health problems. However, the direction differed depending on the study.

Older children were at a higher risk of re-entry in some studies (Finster & Norwalk, 2021; Jedwab & Shaw, 2017; Smith et al., 2001; Yampolskaya et al., 2011), and younger children in others (Brown et al., 2020; Courtney, 1995; Frame et al., 2000; Vreeland et al., 2020; Yampolskaya et al., 2007; Yampolskaya & Callejas, 2020), with a literature review (Kimberlin et al., 2009) and a systematic review (Jones & LaLiberte, 2017) showing that some age groups were at risk, such as infants, pre-teens and teenagers. The same happened with race, with children of colour (Finster & Norwalk, 2021) or multi-race children being in higher risk of re-entries (Brown et al., 2020), while other studies showed that Caucasian (Yampolskaya et al., 2007; Yampolskaya & Callejas, 2020) and African American (Courtney, 1995; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Yampolskaya et al., 2007) children were at higher risk. Sex had significant correlations with re-entry in few studies, with girls showing higher risk of re-entry than boys (Jedwab & Shaw, 2017; Smith et al., 2001; Yampolskaya & Callejas, 2020).

Considering health problems, children that experienced mental health problems (Jones & LaLiberte, 2017; Kimberlin et al., 2009; Yampolskaya & Callejas, 2020), such as behaviour/externalising (Brown et al., 2020; Finster & Norwalk, 2021; Hawk et al., 2020; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Jedwab & Shaw, 2017; Shipe et al., 2017; Vreeland et al., 2020; Yampolskaya et al., 2007) and emotional/internalising problems (Vreeland et al., 2020; Yampolskaya et al., 2007) were at greater risk of re-entry at foster care, while those who experienced physical health problems were at lower risk to some (Jones & LaLiberte, 2017; Yampolskaya et al., 2011) and higher risk to others (Courtney, 1995; Kimberlin et al., 2009; Yampolskaya & Callejas, 2020). An interesting study from Fisher and colleagues (2011) also showed that the more behaviour problems a child presented, higher were the chances of disruption in care; nevertheless, the power of behaviour problems to predict re-entry ceased when intervention with foster caretakers was conducted; or when mental health services were

provided (Yampolskaya & Callejas, 2020). School difficulties were also correlated to disruptions in care (Jones & LaLiberte, 2017; Vreeland et al., 2020).

## Environmental Factors

### *Family Characteristics*

Finster and Norwalk (2021) showed that some parents' variables were related to a higher re-entry rate, such as parent death and abandonment. Parent inability to cope was also related to a greater chance of re-entry (Finster & Norwalk, 2021; Jedwab & Shaw, 2017; Jones & LaLiberte, 2017; Kimberlin et al., 2009), as well as parent alcohol and substance abuse (Frame et al., 2000; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Yampolskaya & Callejas, 2020).

Other studies contributed to this literature revealing that the type of maltreatment (higher risk levels mostly of neglect but also of abuse) correlated with higher rates of re-entry (Brown et al., 2020; Jones & LaLiberte, 2017; Kimberlin et al., 2009) and that those better predicted re-entries than child and family demographic characteristics (Brown et al., 2020). However, according to Yampolskaya and colleagues (2011) findings, neglect was not associated with re-entries. Young people from single-parent families had higher chances of re-entries (Yampolskaya et al., 2011) as well as having more than one child in care (Jedwab & Shaw, 2017; Jones & LaLiberte, 2017; Shipe et al., 2017) and, finally, parents' criminal history was also mentioned as a factor correlated with re-entry (Frame et al., 2000; Jones & LaLiberte, 2017).

### *Child Protective Services System Characteristics*

Considering contextual variables, where the child was placed was a relevant factor, with children placed in residential or foster care exhibiting a higher probability of returning to out-of-home care after reunification than children who went live with relatives (Brown et al., 2020; Courtney, 1995; Frame et al., 2000; Jones & LaLiberte, 2017; Osborne et al., 2021). The type of residential care was also relevant, and therapeutic RCF presented higher levels of placement stability than more common RCF providing care as usual (Sunseri, 2005). Those studies agreed with other findings, which showed that children who lived in more structured and less natural or family-based environments as RCF (Jedwab & Shaw, 2017; Shipe et al., 2017) or group foster care (Kimberlin et al., 2009) were at greater risk of re-entry. On the other hand, Magruder and Berrick (2023) showed that children reunified with their parents were more likely to re-enter foster care than those living with relatives, and this latter group had more prominent rates

of re-entry than adopted children. Reunifying with biological parents was the more significant predictor for re-entry, considering a list of different risk factors regarding child demographic characteristics and some parents and CPS characteristics (Yampolskaya et al., 2007).

Considering other case-related characteristics, some authors (Brown et al., 2020; Courtney, 1995; Finster & Norwalk, 2021; Jedwab & Shaw, 2017; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Shipe et al., 2017) showed that not only re-entries at foster care (i.e., previous entries into foster homes) but also prior involvements with CPS predicted future disruptions in care. Planned discharges from out-of-home care presented higher levels of placement stability in family settings (Sunseri, 2005), in line with other studies that showed that reunification against CPS recommendations (e.g., when the court determined) increased the number of re-entries (Jedwab & Shaw, 2017; Shipe et al., 2017). Other studies concerning the decision-making process showed correlations with re-entries, such as anticipated reunification before addressing families' problems (Jones & LaLiberte, 2017; Kimberlin et al., 2009) and a discordant decision (concerning the type of first placement) between caseworkers and the one instructed by a decision-making tool (Epstein et al., 2015). Considering administrative perspectives, a lower budget per child and contracting services out of the case management increased the chances of re-entry (Yampolskaya et al., 2011), as well as high turnover rates and a significant number of cases (Kimberlin et al., 2009). Finally, caseworkers visiting the family decreased the chance of re-entry (Jedwab & Shaw, 2017; Shipe et al., 2017).

#### *Other Environmental Characteristics*

Poverty (Courtney, 1995; Jones & LaLiberte, 2017; Kimberlin et al., 2009), number of family problems (Frame et al., 2000; Jones & LaLiberte, 2017; Kimberlin et al., 2009), and lack of social support (Jones & LaLiberte, 2017; Kimberlin et al., 2009) were also related to higher risks of re-entries into foster care.

### Process Factors

The young people's relationship with other elements, such as parents, peers, teachers, or caretakers, was not commonly measured. However, some studies highlighted that young people's problems in relating with others (e.g., peers and adults) correlated with a higher risk of foster care re-entry (Vreeland et al., 2020), while child-parent positive attachments were protective factors (Jones & LaLiberte, 2017), as well as a focus on improving the young people-foster caretakers' relationship through intervention was correlated with placement stability

(Hawk et al., 2020). Katz and colleagues (2018) also showed that constant communication between foster caretakers and caseworkers decreased the rate of young people's care instability.

**Time Factors**

As Time characteristics, lower periods in out-of-home care predicted re-entries (Brown et al., 2020; Courtney, 1995; Jedwab & Shaw, 2017; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Shipe et al., 2017; Smith et al., 2001; Yampolskaya et al., 2007). The period between returning home and re-entering an out-of-home care was also correlated with re-entry: higher rates of re-entry were found briefly after reunification, comparatively with longer periods after reunification (Jedwab & Shaw, 2017).

## 1.5. The Present Study

Considering the lack of international and national literature about re-entries into RC, the main aim of this study was to explore which factors could be contributing to or preventing young people re-entries into RCF in Portugal. This qualitative study considers different levels of the Bronfenbrenner's bioecological model and includes the perspective of the CPS professionals (from CPCJs and RCF).

Besides that, this study also aimed to explore the CPS professionals' perspective regarding the effects of young people re-entering RCF in three spheres, considering different levels of Bronfenbrenner's bioecological model: effects on young people, on the families and on the system. Finally, one last objective was to comprehend, considering different levels of Bronfenbrenner's bioecological model, whether CPS professionals had suggestions for improvements in the system to prevent re-entries.

CHAPTER 2

# Method

## 2.1. Participants

Twenty women participated in this study. Their age varied from 26 to 54 years (*M*=39.35, *SD*=8.45 years old). Considering the level of education, ten participants (50%) had a bachelor's degree, eight (40%) had a master's degree, and two (10%) had a postgraduate degree. The participants' fields of study were Psychology (*n*=14; 70%) and Social Work (*n*=6; 30%).

Three people worked in the north region of Portugal (districts of Porto and Bragança), three worked in the centre region (districts of Aveiro, Coimbra, and Viseu), and three were from the Alentejo region (districts of Santarém and Évora). Eleven worked in the Lisbon metropolitan region (districts of Lisbon and Setúbal). Regarding the participant's workplace, the sample was equally distributed, with ten participants from RCFs and ten from CPCJs. The period in the current workplace varied from two to 21 years (*M*=8, *SD*=5.59 years), and the total amount of years working for child protective services ranged from 2.5 to 30 years (*M*=11.58, *SD*=6.92 years).

## 2.2. Measures

In the present study, two measures were used: a sociodemographic questionnaire and a semi-structured interview.

### 2.2.1. Sociodemographic Questionnaire

A sociodemographic questionnaire was developed in this study to collect sociodemographic (i.e., age, sex, academic education) and professional data (i.e., current workplace, number of years in the current job and functions, number of years working in the child protective service).

### 2.2.2. Semi-Structured Interview

A semi-structured interview was developed for this study, containing four main sections: Introduction, Factors, System Needs and Conclusion. This interview design derived from a bioecological perspective (Bronfenbrenner & Morris, 2006), based on the assumption that factors explaining re-entry phenomenon could be distributed at different ecology levels: the individual, the family and the system or community.

The first section, the introduction, briefly explained to the participant the construct of re-entry (i.e., a child that goes to an RCF, after a while, leaves this place, returning, for example, to the birth family's house, and then, returns one more time to an RCF). This section also displayed the number of children that experienced a RC re-entry in Portugal according to the 2020 CASA Report. The main objective was to evaluate whether the participant knew the phenomenon, whether he/she has ever followed any case and, finally, comprehend the consequences of a re-entry through the participant's perspective. This first section of the interview, was composed of three questions: (1) "In your professional journey, have you ever had any contact with a child's or youth's case that came back to a residential care facility, a child that experienced multiple residential cares?", and, if the answer was yes, "how many cases did you follow?"; (2) "In your perspective, which effects does the experience of going back to a residential care facility could have on a child or youth?"; and (3) "What other effects the re-entry of a child or youth could bring to the families or the residential care facilities?"

The second section aimed to explore the explicative factors that the participants attributed to a child or youth re-entering RC or to prevent a child or youth from re-entering RC considering individual and contextual (proximal and distal) levels of the ecology. There were two open and three closed questions; we only used the last ones if the participant did not mention them in his/her answer. The two open questions were: "In your perspective, what are the factors that explain a child or youth re-entering residential care facilities in Portugal?" and "And the cases that go well? In the cases that children and youth were in residential care but did not return to this context, what factors explain this success?". In each of these questions, if the participant did not mention one of the bioecological model factors (individual, family, or system/community levels), a closed question was asked: "Besides these factors, do you think that could exist factors at the child level? And at the family? Or at the child protective services system or the residential care facility?"

In the third section, we evaluated the participants' perceptions about the child protective services' needs for improvement through the question: "In your viewpoint, which improvements should be implemented in the child protective services system to prevent children and youths' re-entries at residential care facilities?". Finally, in the ultimate section, aiming to conclude the interview, a final question was presented: "Beyond what you said in this interview, would you like to add any idea or comment?".

## 2.3. Procedure

The Ethics Committee of Iscte-IUL approved this study (case file 130/2021) on 2021 December 20th. Once approved, the recruitment process started on 2022 January 31st and lasted till May 5th of the same year. An invitation was sent by e-mail to CPCJs and RCF from different regions of the country, inviting practitioners who fit the criteria to participate in this study. CPCJs' contacts were gathered through the website of the National Commission for the Promotion of the Rights and the Protection of Children and Youths (CNPDPCJ, 2023). RCF's contacts were available through the website of the Gabinete de Estratégia e Planeamento (GEP) from the Ministry of Labour Solidarity and Social Security (GEP, 2023). In the invitation, we clarified the objectives of the study, the procedure, and the expected duration of the interview.

Once an invitation e-mail was answered with a manifestation of interest in participating, a second e-mail was sent asking about the availability for an interview via Zoom. In this second online correspondence, we attached the informed consent, which presented the objective and description of the study, the fact that participation was voluntary, participants could withdraw at any time, and the data would be audio recorded but treated anonymously and confidentially. Informed consents from all participants were first obtained before data collection. The inclusion criteria were to be 18 years old or more; to have worked for at least two years in a CPCJ or RCF as a member of the technical team, RCF director or at the CPCJ presidency; to speak Portuguese; to have followed or known cases of RC re-entry. Two participants were excluded from the sample because they did not fit the last criteria. The final sample was composed of 20 participants.

The online meetings occurred through the Zoom Platform [Version: 5.14.11 (17466)] between February 8th and June 6th. At this session, the primary investigator briefly remembered the informed consent, highlighting the study's objectives, that data would be confidential and anonymous, and that the participant could drop at any time. At this moment, the investigator explained that the session audio would start to be recorded, as explicit in the informed consent. Firstly, the sociodemographic questionnaire was verbally asked, and then the semi-structured interview was conducted.

## 2.4. Data Analysis

The interview duration varied from 25 to 75 minutes ($M$=47.7, $SD$=14.53 minutes). All interviews were audiotaped and transcribed verbatim using pseudonyms. The qualitative analysis used the thematic analysis strategy described by Braun and Clarke (2012), which

included six phases: *i.* “Familiarizing yourself with the data”, consisted of listening to the audio files, reading the transcripts, and making notes about ideas that came up; *ii.* “Generating initial codes”, encompassed coding every idea that seemed important; *iii.* “Searching for themes”, included trying to group codes with similar ideas based on the research question; *iv.* “Reviewing potential themes”, consisted of checking whether themes and their excerpts were aligned and whether different themes were aligned with each other; *v.* “Defining and naming themes”, encompassed trying to be unique and specific about the denominations; *vi.* “Producing the report” included presenting the results in a logical construction that answered the research question (Braun & Clarke, 2012). MAXQDA Software supported the analyses (Version MAXQDA Plus 2022 for Windows).

For this study, trustworthiness and reliability of data analysis was ensured by a systematic discussion and reflexion about the coding process. Two investigators participated in the codification process. The first coder generated initial codes using a data-driven strategy, coding semantically related ideas from the data without referring to a previous theory; then, the codes were organised based on the TBMHD (Bronfenbrenner & Morris, 2006) levels of ecology. The second investigator discussed and revised the codes/subthemes and potential themes with the first coder along the process. All the interviews were reviewed twice.

CHAPTER 3

# Results

Considering the thematic analysis of the interviews with the CPS professionals, the results could be divided into three topics: (1) the effects of re-entries into RC (see Appendix B); (2) the explanatory factors of (non) re-entries into RC (see Appendix C); and (3) the suggested improvements to prevent re-entries into RC (see Appendix D). Each topic focused on the young people, the family, and the CPS levels. Different themes and subthemes emerged from each topic, which will be presented in this chapter.

## 3.1. Effects of Re-entries into Residential Care

Considering the first topic regarding the effects of re-entries, five themes emerged. Two at the young people level (i.e., child: relations and adaptation to contexts; and child: psychological distress); one at the family level (i.e., family: reaction to removal); and two at the system level (i.e., system: reaction to removal; and system: removal response).

### 3.1.1. Child: Relations and Adaptation to Contexts

A re-entry into the RC could impact the relationship that young people establish with others and their adaptation to the different contexts in that they live. 18 participants mentioned this theme, and 69 excerpts were coded (*n*=18; *f*=69). Three subthemes emerged in this theme: (dis)satisfaction with re-entry (*n*=14; *f*=33); (r)establishment of the relation (*n*=11; *f*=19); and readaptation to contexts (*n*=9; *f*=17).

In the *(dis)satisfaction with re-entry* subtheme, the participants cited that most young people that re-enter into RC presented a dissatisfaction at coming back to an RCF because they would have preferred to stay with their families and had expectations about it – *e.g., "re-entering the RCF and realizing that what they wanted failed and often having to go back and meet friends who stayed here and having to face the fact that what they wanted was not what happened"* (Alice). However, some participants mentioned that some young people felt relieved on returning to the RC setting because the environment at home was less organised than the RCF environment.

*(R)establishment of the relationship* showed the difficulty that children had in establishing a relationship of trust after a second experience of removal – e.g., *"because there is a second*

*chance that fails again, and it is effectively very difficult to establish relationships of trust with these young people; it is very difficult to repair this maltreatment that remains"* (Olivia).

*Readaptation to contexts* subtheme highlighted the hardship of young people in adapting one more time to a new context – e.g., *"there is the impact of returning home, the children return home, to their room, to their routine, their space, their school, and after 2/3 months they are already leaving* [their house] *again"* (Kiara). Some participants also referred the importance of returning to the same RCF, once it is a place the young people already know which could contribute to some stability in their life.

### 3.1.2. Child: Psychological Distress

A re-entry into the RC could impact the psychological health and well-being of these young people (*n*=20; *f* =89). Six subthemes emerged in this theme: re-traumatisation (*n*=14; *f*=22); loss, abandonment, and rejection (*n*=12; *f*=22); emotional problems (*n*=13; *f*=21); self-blaming (*n*=10; *f*=12); behavioural problems (*n*=5; *f*=8); and other mental health issues (*n*=3; *f*=4).

*Re-traumatisation* subtheme highlighted that re-entry into an RCF could lead again to new traumatic experience, worse than before due to its repeated nature – e.g., *"I would say that most of the time it is more difficult to re-enter than to enter* [an RCF for the first time]*"* (Dalva).

*Loss, abandonment, and rejection* subtheme demonstrated the feelings experienced by young people when re-entering into an RCF, namely that no one cares about them, neither their family (adopted or biological) nor the system, and that they are alone – e.g., "*these are very negative effects, young people feel that they are not loved by anyone"* (Paula).

Considering the *emotional problems* subtheme, young people could exhibit sadness, anger, and hopelessness after the re-entry into RCF – e.g., *"I think there has been an emotional imbalance … a lot of anger, a lot of lack of motivation at the school level"* (Rosa).

According to the professionals, another effect of re-entering into RC could be *self-blaming*; the young people believe that returning to an RCF was their fault.

*Behavioural problems* subtheme highlighted the presence of externalising behaviours exhibited by the young people upon re-entry into an RCF – e.g., *"it is difficult to work with these children at this stage, precisely because … they will reject everything, they will not accept anything, they will maintain inappropriate behaviours, they will defy the authorities, they will defy the rules"* (Julia).

Finally, *other mental health issues* subtheme pointed to the emergence of clinically significant mental health problems after a re-entry – e.g., *"we already had situations of minors*

*in this situation, and after that, a behavioural disturbance begins, serious emotional disturbances, very serious, and they are very challenging"* (Dalva).

### 3.1.3. Family: Reaction to Removal

According to the participants, re-entry into the RC could lead to reactions in the family as well (*n*=16; *f*=29). Three subthemes emerged in this theme: compliance with re-entry (*n*=13; *f*=14); frustration: focus on the family (*n*=8; *f*=9); frustration: focus on the system (*n*=6; *f*=6).

The *compliance with re-entry* subtheme expressed family conformity with the re-entry. The participants mentioned that some families did not feel frustrated when their son or daughter re-entered an RCF because the family members had already passed through a removal experience before and knew the intervention process. Besides that, some families exhibited conformity with re-entry because they were the ones who solicited it from caseworkers – e.g., *"there are families who want to get rid of young people. If their children are very problematic, there are families who even ask us to let them go* [back to an RCF]*, and therefore it may be a great relief"* (Georgia).

The other two subthemes in this theme highlighted the family's frustration with the re-entry. On the one hand – i.e., *frustration: focus on the family* – the family members directed these feelings, especially sadness, to themselves, as their attempts to make improvements to maintain the child at home failed. On the other hand – i.e., *frustration: focus on the system* – the frustration was addressed to the system, with family members blaming the professionals for the re-entry.

### 3.1.4. System: Reaction to Removal

Re-entry into the RC could lead to negative reactions by the system (*n*=12; *f*=31). The CPS staff members are disappointed with themselves because the protection plan, they had planned for the young people failed and resulted in a new exposure of the young people to a separation experience – e.g., "*I think* [a re-entry] *is always negative because it is a sign that that objective was not achieved, right? Because if the child or young person returns* [home] *and after a short time has to be reintegrated* [in an RCF] *again, it's because something has failed"* (Quesia).

### 3.1.5. System: Removal Response

Re-entry into RC could require challenging responses from the system (*n*=14; *f*=21). Two subthemes emerged in this theme: preparedness (*n*=11; *f*=15); and caseworker-family relationship (*n*=5; *f*=6).

The *preparedness* subtheme refers to the RCF's preparation level to care for young people who have been placed multiple times. Some participants highlighted that it was challenging for RCF to deal with externalising and anger behaviours – e.g., *"In a residential care facility, the job turns out to be very difficult because there they are with this angry child showing inappropriate behaviours, a child that somehow is fragile by all this, completely disorganised psychologically and emotionally, and who does not accept this return* [to the RCF] *well. These children have already been through this* [a removal experience] *before, and it was very complicated. I think it is difficult to work with these children"* (Julia). In contrast, some participants mentioned that RCF are prepared for re-entries.

The second subtheme in this theme, *caseworker-family relationship*, referred to the difficulties of working with families that do not trust the professionals – e.g., "*I think that in terms of trust, it must be zero, don't you think? I don't know if I would trust the caseworker. That same caseworker who gave me the son is taking him away again"* (Neide).

## 3.2. Explanatory Factors of (Non) Re-entries into Residential Care

Considering the second topic regarding the reasons for re-entries, six themes emerged: two at the young people level (i.e., child: development and adaptation; and child: history); two at the family level (i.e., family: family functioning and parenting; and family: change), and two at the system level (system: evaluation and intervention with families; and system: general functioning)**.**

### 3.2.1. Child: Development and Adaptation

Re-entry into the RC could be explained by factors at the young people level regarding their development and adaptation (*n*=11; *f*=27). Three subthemes emerged in this theme: developmental challenges (*n*=10; *f*=19); academic achievement (*n*=2; *f*=4); and autonomy (*n*=3; *f*=4).

Participants reported that *developmental challenges* could be a factor that increased re-entries, such as defiant behaviours at the adolescence stage – e.g., *"then the kids have already been 2 or 3 years placed, maybe they came here at ten* [years of age], *and then they come home*

*at 13, at the beginning of adolescence, with personality issues, with mental health issues, very difficult to control … if those parents were not capable of protecting those children when they were ten years old … even less so at 13 when they bring much more experiences with them"* (Beatriz).

Participants also reported that positive *academic achievements* could be a protective factor against re-entries; besides that, some CPS professionals argued that investing on the definition of a protection plan aiming for young people's *autonomy*, that is, to live independently, instead of returning to the family, could also diminish the chances of a re-entry to occur.

### 3.2.2. Child: History

Re-entry into the RC could be explained by factors at the young people level considering previous experiences in their lives before re-entries (*n*=18; *f*=51. Two subthemes emerged in this theme: child history: origins (*n*=5; *f*=12); and child history: mental health (*n*=17; *f*=39).

In the first subtheme, *child history: origins*, the participants stated that when the past history was not considered during the intervention, particularly in adoption cases, the chances of re-entry were higher – e.g., *"after some time, any family realised that denying this girl's life story was not the best solution ... and the other family insists that he* [her brother that another family adopted] u*nderstands his life story, his roots and where he has been living. I think this is very important when we intervene with a teenager, but when this is denied, these situations* [re-entries] *happen*" (Alice).

The *child history: mental health* subtheme highlighted how mental health problems showed by the young people could contribute to re-entry – e.g., "*These kids bring baggage and experiences with them. People often think that because they are small, they don't remember things and, therefore, it's okay, let's start from scratch, clean slate, and that's not true, right? These kids have a trauma, right? They were abandoned and, therefore, they want to confirm that these families will be there for them, and they will test them and will want to understand if the families will stay in good times and bad times*" (Olivia).

### 3.2.3. Family: Family Functioning and Parenting

Factors at the family level could explain re-entry into the RC (*n*=20; *f*=135). Five subthemes emerged in this theme: parents' characteristics (*n*=15; *f*=27); parenting skills (*n*=17; *f*=53); quality of parent-child relationship (*n*=9; *f*=22); support network (*n*=8; *f*=11); stressors (*n*=11; *f*=22).

*Parents' characteristics*, such as cognitive limitations, substance abuse (drug or alcohol), low level of motivation, some personality traits and other mental health issues, were considered by the participants as factors that could increase the chance of a young people's re-entry into an RCF.

*Parenting skills* were the second subtheme in this theme. The CPS professionals mentioned how some parenting skills, such as discipline, were linked to a re-entry – e.g., *"in a residential care facility, considering the pros and cons, children experience different things they probably no longer have when they arrive home. They live with many other children, with other adults, and have rules set that perhaps they no longer had in such a clear and defined way at home"* (Heloisa). Furthermore, the participants referred to parents' lack of knowledge about the child's limitations, needs, and effects of trauma as contributing factors for re-entry to occur – e.g., *"In the case of adoption, I think that what explains the re-entry may be families' unrealistic expectations ... These kids who are adopted bring their past and experiences with them that most families, fortunately, for being in more normative contexts, have no idea and are not prepared to deal with these kids' baggage"* (Olivia).

The *quality of parent-child relationship* subtheme highlighted that a connection between a parent and a child marked by a lack of affection, fragile attachments, and poor quality of interactions could contribute to re-entry into RC – e.g., *"there is a mother who knows that for her son to spend the weekend at home, she has to comply with the visits and make the phone calls on the days of the phone calls, but then the content does not exist; it is a one-minute phone call, of 'Hello, did you behave well?'. There is no connection or affection"* (Isabel). Those challenges could be elicited by the distance from the previous removal experience, bringing conflicts to the family environment – e.g., *"perhaps these families feel lost again with a child, whom they no longer had for some time, whom they were not able to be the figure of authority or having such a strong relationship. And the children also grow up certain that those parents were not their figures of reference during a period. I think that all this can justify some re-entries"* (Heloisa).

The *support network* subtheme referred to the importance of formal or informal support to help the family care for the young people, but also realizing who to ask for that help could contribute to preventing a re-entry.

In turn, the *stressors* subtheme was cited by the participants as unpredictable or multiple situations that added stress to the family environment and could lead to a re-entry, for instance, unemployment, death of a family member, or the COVID-19 pandemic – e.g., *"families are multi-stressed, right? I think the more problems that coincide, the more difficult it is to*

*reorganise the family. Therefore, if there are families with more specific problems, they are probably families where we have achieved a more successful intervention"* (Dalva).

### 3.2.4. Family: Change

Factors at the family level could lead to changes in the family environment, explaining non-re-entries in the RC (*n*=17; *f*=85). Three subthemes emerged in this theme: insight (*n*=10; *f*=19); motivation and engagement to the intervention (*n*=12; *f*=29); and achievements and its maintenance (*n*=12; *f*=37).

The first subtheme, *insight*, was mentioned by participants as a family's lack of insight concerning their problems and reasons for the removal, even though CPS professionals alerted them of it – e.g., *"Parents have no idea … sometimes* [because of] *cultural issues, they have no idea that this is a dangerous situation, that one should not do it because they were raised that way or because it has always worked in the family that way"* (Paula).

In the *motivation and engagement to the intervention* subtheme, the participants expressed that could be protective factors against re-entry family members wanting to have the child back home and committing to the work developed by the CPS – e.g., *"availability, and openness to intervention, are very important factors, if not the most decisive ones, because only through this is it possible to establish a relationship of trust with the caseworkers who are intervening, and this is all in a chain. Only through a relationship of trust is it possible to facilitate this change process, right?"* (Carmelinda).

The last subtheme in this theme, *achievements and its maintenance*, is explained by the participants as the ability of the families to change, that is, diminish the risk factors in their functioning and keep those changes over time. Some professionals mentioned that several families know how they should act in order to have the young people back, although after the reunification, they returned to previous behaviours – e.g., *"these are cycles that are never interrupted; there are problems that exist when they exist, well, when there is technical supervision, when, for example, in the first six months, when there is an intervention closer to a Centre of Family Support and Parental Counselling* [i.e., *Centro de Apoio Familiar e Aconselhamento Parental; CAFAP*, a Portuguese facility which intervenes with parents and families at risk mainly to promote better parenting practices], *families are more compliant, they try to do things to please, to fulfil the objective for having their children with them again, right? After that, we often notice that families return to their previous functioning"* (Dalva).

### 3.2.5. System: Evaluation and Intervention with Families

How the CPS designed its intervention could potentialize re-entries (*n*=20; *f*=144). Three subthemes emerged in this theme: supervision of the family (*n*=17; *f*=61); parenting skills training (*n*=17; *f*=36); and assessment upon leaving residential care (*n*=15; *f*=47).

In the first subtheme on this theme, *supervision of the family*, the participants highlighted how the lack of technical monitoring from different services at the CPS to the families, marked by a superficial and distant intervention and caseworkers that did not visit the family's natural contexts, could potentialize re-entries – e.g., *"sometimes they have CAFAPs, but we are talking about a job that is done every 15 days, which is less proximal, and therefore, I often think that the monitoring that is done in a natural environment is not enough either for what are the needs of the families and, therefore, a new re-entry can take place"* (Laura). And also, an intervention that did not continue through time, could be another factor that explain re-entries – e.g., *"they need to continue to be monitored in natural contexts, and if these kids go home and the families are left to their own, I think it becomes very difficult to reorganise themselves for the challenges that these kids also present as they grow up"* (Olivia).

In the second subtheme in this theme, *parenting skills training*, the participants highlighted the importance of intervening with the family while the young people lived in RCF to prepare these parents for when the young people returned home; otherwise, that lack of understanding and skills could increase the chances of a re-entry. According to the CPS professionals, the work with the families should consider guiding them on two aspects: (1) how to do things differently so as not to put the young people at risk one more time, and (2) to understand the challenges young people could present as they have been through traumatic experiences.

Lastly, the third subtheme in this theme, *assessment upon leaving residential care*, showed as factors to prevent re-entries a focus on systematic and evidence-based assessments before young people leave RCF and not to hast young people return to family environments – e.g., *"we warned and said that those children shouldn't go home; we weren't certain* [that it was the best decision]. *It's just that sometimes, our fears and suspicions cannot show that impact, so only after this* [a dangerous situation against young people] *happens again they give us a reason to take the children back* [to an RCF*]. It's frustrating because it is difficult; we already know the families, we know that it is a cycle that will happen again, but we cannot read the future and prove that it will happen in the future"* (Beatriz).

### 3.2.6. System: General Functioning

How the CPS is organised could increase re-entries (*n*=16; *f*=60). Two subthemes emerged in this theme: limited or ineffective resources (*n*=13; *f*=35); and preference for (biological) family (*n*=10; *f*=25).

The first subtheme in this theme, *limited or ineffective resources*, highlighted how the lack of resources at the CPS could contribute to re-entries, for instance, CPS professionals' caseload, few community services to provide a holistic and proximal intervention, lack of services to offer young people supervision during school holidays or the shortage of alternative care availability – e.g., *"And once again, I think that the reduction of caseload … the caseworkers have to be more available in terms of time to work with all the families in a more complete and available way"* (Heloisa).

Finally, the *preference for (biological) family* subtheme exhibited how some professionals, namely the judicial system, sometimes favoured and gave multiple chances for the family interests instead of the young people's, which could contribute to re-entries increase. The participants mentioned that on certain occasions, professionals from CPCJs, RCF or other ECMIJs feel invalidated by the judicial system professionals when the court promotes a measure contradicting what they had evaluated and proposed. For instance, the court favoured the return of young people's to biological families even when caseworkers mentioned that this return should wait or be considered an alternative care protection plan as adoption – e.g., *"we removed her from her household, we placed her in an RCF, the family was intervened, the child was intervened, there was a protection project of family reintegration, an intervention plan was made to accomplish that, the family cooperated. At the court, we explain to the judge that everything is working, but there are still things and issues that are not well clarified, and we still need some time. But the judge says, 'no, no, if the mother and father made that move, it is because they are interested'. The child returns home, and sometimes, after three months, the situation is worse than it was the first time ... and we will have to remove that child again"* (Kiara).

## 3.3. Suggested Improvements to Prevent Re-entries into Residential Care

Considering the final topic, regarding suggested improvements in the CPS to prevent re-entries from happening, three themes emerged: one at the young people level (i.e., action with the child); one at the family level (i.e., action with the family), and one at the system level (i.e., action in the community and the system).

### 3.3.1. Action with the Child

Acting with the child could prevent re-entries (*n*=09; *f*=17). Two subthemes emerged in this theme: intervention with the child (*n*=8; *f*=15) and specialised hearing of the child (*n*=2; *f*=2).

According to the professionals, the intervention with the child should consider helping young people to deal with their unrealistic expectations of what they will come across when they return home and strategies to manage their behaviours – e.g., *"to prepare both the family and the youth for this reintegration"* (Rosa).

The second subtheme on this theme, *specialised hearing of the child*, showed that judges should hear young people, helped by mental health professionals who have the skills to evaluate young people's motivations for going home.

### 3.3.2. Action with the Family

Acting with the family could prevent re-entries (n=12; f=19). One subtheme emerged in this theme: *intervention with the family* (n=12; f=19) that referred to the need for caseworkers to help the families acquire the skills they need in order to have the child back – e.g., *"work with the family in order to overcome the situations that led to the danger factors that determined the removal"* (Carmelinda). Furthermore, promote, at a slow pace, the family's autonomy so they do not need to activate support services.

### 3.3.3. Action in the Community and the System

Acting in the community and in the system could prevent re-entries from happening (*n*=20; *f*=93). Six subthemes emerged in this theme: ECMIJ (*n*=16; *f*=29); CPCJ and court (*n*=5; *f*=7); alternative care (*n*=11; *f*=16); investment in mental health (*n*=7; *f*=8); collaborative teamwork (*n*=13; *f*=20); and specialisation (*n*=6; *f*=13).

According to the participants, a focus on a first-line intervention is necessary to prevent re-entries, and the first subtheme, *ECMIJ*, showed how a proximal intervention with the parents in their natural environments is essential – e.g., *"I think it's always in the same area of proximity services, in the first line, in the family support teams, a proximal follow-up, maybe these families have to be very closely monitored during a certain period"* (Heloisa). The participants also mentioned which entity should be responsible for this work – e.g., *"But I think that the work done with families in the context of the families themselves is decisive, and I think it has to be a work of proximity. We often see that this role falls to the CAFAP because the EMAT and CPCJ, with the volume of work they have, are unable to have close monitoring, so either they have the CAFAP, or there is none"* (Laura).

In the second subtheme on this theme, *CPCJ and court*, the participants argued that the number of caseload professionals had to deal with compromised the psychological availability to give to each family. To solve that, the participants emphasised the need for more professionals from the judicial system, but especially for more CPCJ caseworkers to work with these families and the young people in order to prevent re-entries.

The *alternative care* subtheme highlighted the importance of decision-makers in choosing alternative care protection plans for young people who have families that persistently do not show signs of change (for instance, adoption), but also the system's responsibility to structure some of these responses, that are not widespread in the country, as the civil sponsorship and foster care.

The fourth subtheme on this theme, *investment in mental health*, showed that the Portuguese health system should implement changes to diminish the waiting list time to access mental health services for children and adults (parents) and the period between appointments.

The *collaborative teamwork* subtheme showed that all parties working with children and families should be integrated to prevent re-entries regarding sharing ideas and pieces of information and working together to achieve the same objective, which is in the best interests of young people.

Lastly, in the *specialisation* subtheme, the participants mentioned how specific training in different areas of knowledge, that is, specificity to deal with each situation a family could present, is relevant to prevent re-entries and should be more disseminated.

CHAPTER 4

# Discussion

This study aimed to explore the perspective of Portuguese CPS professionals regarding three topics considering the lack of national and international studies on this theme: (1) the effects of re-entries into RC, (2) the explanatory factors of re-entries into RC, and (3) the suggested improvements to prevent re-entries into RC. Considering each topic, the principal results described in the last chapter will be discussed. At the end of this chapter, the limitations of this study were also considered, and future directions were addressed.

## 4.1. Effects of Re-entries into Residential Care

The literature regarding the impact of re-entries and disruptions mainly focuses on the effects on young people instead of also considering the impacts on the families or the system. The participants of the present study also mentioned the effects of RC re-entry on young people more than on other spheres. Overall, the participants mentioned similar effects considering those described in the literature on RC re-entry, foster care re-entry and other inconsistencies in care.

According to the participants, the majority of young people who had been placed would prefer to stay with their biological families after the reunification instead of returning to RCF. This preference was also found in some studies (Frimpong-Manso et al., 2022), while in others (Fox & Berrick, 2007), namely with foster care experiences, young people presented a wider diversity of wishes; e.g., with young people feeling safe, loved, and cared in foster homes, but also wanting to have more contact with their biological families. In the present study, the participants reported that some young people wanted to return to RCF but were a minority, in line with findings from Dunn and colleagues (2010), showing that group settings were the environment that young people mostly referred to wanting to return to their birth families. The same authors showed that this preference could be related to the type of maltreatment, with young people who suffered emotional or sexual abuse appreciating more to have lived in out-of-home care (Dunn et al., 2010). The participants of our study also mentioned that the decision-making process of a second placement is complex considering all factors and participants involved, but when it happens, they aim for the young people's best interests; however, young people would prefer to stay with their families and when that not happen they feel frustrated; something that Chambers and colleagues (2018) also found in their interviews with adults with

previous foster care disruptions, that they were not considered and heard during decisions of their process. The Council of Europe (2011) adverts and shows practical implications to listen and inform young people about their process as their right, which was also established by the United Nations (1989) in the Convention on the Rights of the Child that young people should have their opinion taken into judicial and administrative subjects related to them.

The dissatisfaction level could directly affect someone's subjective well-being (Oishi et al., 2018). The effects of RC re-entry on psychological well-being were the most mentioned theme by the participants and are in line with international research considering disruptions and re-entries in out-of-home care, in terms of mental health impact – i.e., internalising and externalising problems (Almas et al., 2020; Dregan & Gulliford, 2012; Finster & Norwalk, 2021; Herrenkohl et al., 2003; Humphreys et al., 2015; Newton et al., 2000; Rubin et al., 2007; Villodas et al., 2016; Ward, 2009). The participants of this study also mentioned the impact of RC re-entries on re-traumatisation. Kor and colleagues (2021) showed that even if removal from home tends to remove young people from the risk, the intervention process after that in RC could re-traumatise these young people, especially if it involves disruptions in care. Parry and colleagues (2021) stated *"vulnerable children and young people who have experienced multiple traumas and relational losses are at risk of further instability and re-traumatisation"* (p. 992).

Regarding one other effect described by the participants (i.e., feelings of loss, being rejected or abandoned), Canham (1998) discussed how removal experiences could emerge feelings of loss, abandonment, and separation, which could impact young people lives regarding insecurities on permanency. A qualitative study which interviewed relatives of young people placed in RC showed how stability in care and feeling loved by others were significant factors that could impact young people's well-being and future hope (Kelly et al., 2021). Stott and Gustavsson (2010) also showed in a literature review how young people who experienced instability in care had expressed feelings of loss and loneliness and could not count on others. Interviews with adults who had experiences with multiple foster care placements also expressed the feeling of being unloved and unwanted and blaming themselves for these inconsistencies (Chambers et al., 2018; Unrau et al., 2008).

Considering young people relations to others and their adaptation to contexts, the participants mentioned that these young people present a marked difficulty in adapting to a new environment, losing their routines, friends, house, and family for the second time. The loss of friends and neighbours was also mentioned in RC and foster care re-entry and disruptions literature (Herrenkohl et al., 2003). Adam (2004) reviewed how residential moves could impact

young people's well-being due to the loss of their routines, familiar physical facilities, and social support networks. Moreover, one other study showed families' perspectives on removal experiences and inconsistencies in RC, such as placement moves, and how that could impact the feeling of physical and emotional loss and the self-concept (Kelly et al., 2021). Adults with previous experiences with foster care disruptions also mentioned the difficulty that every disruption brought in adapting to a new, unfamiliar environment (Chambers et al., 2018) and the impact of losing belongings and emotional bonds to other people on not creating a sense of where is their home (Unrau et al., 2008).

Instability in RC environments, such as staffs' turnover, young people residents' changes, and work by shift, could impact young people attachment, emotional and behavioural functioning and predict future care disruptions (Bollinger, 2017). The participants also mentioned the impact that re-entry into RC could have on the quality of relationships with others regarding trust. In another study, families mentioned the impact of instability due to disruptions in care on their relationship of trust with their children (Kelly et al., 2021). Interviews with adults who had experienced multiple placements in foster care also showed how the abrupt rupture of relationships impacted their ability to trust and count on others during the placement period and later into adulthood (Chambers et al., 2018; Unrau et al., 2008). Despite the adverse effects of the instability in care, many young people develop resilience in this scenario (Chambers et al., 2018; Unrau et al., 2008). Due to the many changes in their lives, some young people could also enhance their cognitive flexibility (Fields et al., 2021).

Regarding the effects of the RC re-entry phenomenon on families, they can react in three different ways, according to the participants: (1) accept, (2) do not accept and blame themselves, and (3) do not accept and blame others (i.e., the system). Whether the family complies with the re-entry, with some soliciting to caseworkers get young people back to RCF, they could accept this situation more and fight less to have this child or youth back home, considering that passive coping strategies or styles, such as avoidance and helplessness – i.e. rely on others to solve the problem (Carroll, 2013) are related to lower engagement levels to situations, interventions, and relationships (Bandler et al., 2000; Mauno et al., 2014). In the second scenario, the families' self-blame for a re-entry episode could one more time demotivate the families to engage in an intervention aiming for the young people's return to home, as self-blaming is considered one type of disengagement and passive coping and could lead to psychological distress (Nielsen & Knardahl, 2014). Denial is also considered a type of passive coping strategy (Nielsen & Knardahl, 2014), and the third reaction described by the participants mentions that the families attribute the responsibility to a re-entry episode entirely on the CPS

and their caseworkers instead of reasoning their parcel in it. An external locus of control could also diminish the parents' engagement in young people's treatment interventions (Morrissey-Kane & Prinz, 1999). So, in all three scenarios, it is essential to adjust the families' expectations and try to redirect their focus to young people's best interests to engage these families in an intervention.

About the effects re-entries could cause on the system, the results did not differ from the effects on the families. The CPS professionals also blame themselves for the occurrence of a child or youth re-entry into RC, and that could also demotivate them to continue the work that involves an angry child or youth living in a place they did not want to be and a demotivated family. Public services employees' frustration towards work could directly impact their productivity (Ingraham, 2005; Moynihan & Pandey, 2007). Therefore, a caseworker who comprehends their intervention's primary focus is crucial to working in an environment that may potentiate feelings of frustration, him or herself included.

## 4.2. Explanatory Factors of (Non) Re-entries into Residential Care

When considering the results regarding the effects of re-entries into RC, the participants focused on and mentioned more effects on the individual level; that is, most of the effects of the re-entries lay on young people. However, when considering the explanatory factors for re-entries, the participants mentioned that most of the reasons for re-entries lay on factors beyond the individual, such as the family or the system.

Regarding the factors at the individual level, it stood out that the child history, that is, the previous experiences that these young people had already faced, could result in challenges and effects on their mental health, which could be factors that explain re-entries. Several authors showed young people’s mental health (i.e., internalising and externalising problems) as a predictor of residential and foster care re-entry and disruptions in care (Brown et al., 2020; Finster & Norwalk, 2021; Fisher et al., 2011; Hawk et al., 2020; Jedwab & Shaw, 2017; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Shipe et al., 2017; Vreeland et al., 2020; Yampolskaya & Callejas, 2020; Yampolskaya et al., 2007). Some authors mentioned that previous disruptions in care could predict new future disruptions (Jedwab & Shaw, 2017; Kimberlin et al., 2009). According to the participants, these previous difficult experiences could be from the risk factors and maltreatment that led to the first removal experience (World Health Organization, 2022), the first removal episode (Sankaran et al., 2019) and the first placement (van Ijzendoorn et al., 2020), or the risk factors that led to the second removal experience (White

et al., 2015). Or even an accumulation of all these adverse experiences and instabilities in care (Solomon et al., 2016). Therefore, the results of this present study bring light to this theme and show that young people's mental health history could contribute to the increase of RC re-entries.

It is interesting to note the importance given to young people's mental health considering the explanatory reasons for re-entries because the re-entries effect, mostly mentioned by the participants, was also the impact on young people's well-being. Some authors (Jones & LaLiberte, 2017; Kimberlin et al., 2009) highlighted that some age groups could have higher chances of experiencing a foster care re-entry, and the present study's participants mentioned that teenagers were at a higher risk of RC re-entry precisely due to the developmental challenges and behavioural problems that can follow this stage in line with Kimberlin and colleagues (2009) review showing that this result could derive from parent-child conflicts. Besides that, Bronfenbrenner and Morris (2006) also emphasised the importance of the continuity of relations to make these relations more complex, so the young people develop optimally. When young people experience re-entries, the progress of complexity gets interrupted by what other subtheme (i.e., quality of parent-child relationship) also described with the period of parents and young people being apart negatively affecting their relationship. This aligns with some authors discussing mother-infant dyadic interventions to prevent instability in foster care through behaviour adjustment (Hawk et al., 2020).

Moreover, that can be related to other factors mentioned by the participants of this present study considering the reasons for re-entries at the family level, namely the lack or difficulty of parenting skills considering the behaviour and emotional problems of these young people when they return home from the first placement experience, which was also found by other studies concerning foster care re-entries (Finster & Norwalk, 2021; Jedwab & Shaw, 2017; Jones & LaLiberte, 2017; Kimberlin et al., 2009). Besides that, the participants also mentioned, at the system level, a gap in the interventions with the families and the need to orient these parents regarding risk behaviours and how to deal with these young people who faced traumatic experiences. A study which analysed the impact of conducting a basic trust intervention (i.e., video feedback intervention to develop secure attachments through positive parenting and self-regulation techniques) and treatment foster care (i.e., addressing young people behaviour problems, training these young people with social and problem-solving skills, and present to parents how to manage behaviour problems) with parents and children showed a decreased risk in foster care disruptions rate (Konijn et al., 2021). Another study showed prominent results in conducting an intervention to decrease the foster care disruption rate; the intervention included

behaviour management skills, positive communication, and self-regulation training, which negatively impacted young people's trauma behaviour symptoms (Hawk et al., 2020). A meta-analysis showed that foster parent training – covering themes such as defined rules, child development and positive parenting – can reduce young people's problematic behaviours and, therefore, diminish the risk for foster care disruptions (Solomon et al., 2017).

Another essential discussion lies on the duality of what participants brought up in the interviews between a better need to capacitate the families or to accept their impotence to deal with the young people's behaviours and needs. On the one hand, the participants mentioned the importance of empowering the parents to respond to their young people's needs and that these young people's express a desire to be with their families, especially biological families, themes previously discussed in this chapter. The participants also mentioned some family characteristics which could facilitate the family's change process, such as the role families' motivation and engagement in the intervention could have on the change process. The level of families' engagement with the intervention (e.g., participation, openness to ideas, homework implementation) significantly negatively impacted young people's problem behaviours and foster care disruptions (DeGarmo et al., 2009) and families who do not feel that the caseworker following their process is committed to the case, show less motivation in the intervention (Alpert, 2005), demonstrating the importance of families-caseworkers' relationships of trust. Parents revealed that they engage more in CPS interventions when they perceive caseworkers show higher levels of competence, communication skills, and emotional and concrete support (Schreiber et al., 2013).

The participants also mentioned that another characteristic that could facilitate the families' change process is not only changing – diminishing risk factors – but also maintaining these modifications (i.e., achievements and its maintenance) and how defining real and possible objectives aligned with the reality of these families (Farmer, 2018) could facilitate it through guiding to a family's autonomy (Wilkins & Whittaker, 2017). Alpert (2005) also stresses the need for a better understanding of parents' perspectives, for instance, whether they comply with interventions because they comprehend their importance or to avoid CPS monitoring, an idea mentioned by the participants. Disguise compliance occurs when a family first engage with the intervention; however, this compliance diminishes significantly after the family achieves what they wanted (e.g., favourable review, reunifying with young people) and because of that, is considered a low level of co-operation (Brandon et al., 2009). Hard-to-reach non-voluntary clients exhibit the families' closeness to interventions (Yatchmenof, 2005) and feel underserved and overlooked by the system (Alpert, 2005). Families considering CPS's intervention useful

(i.e., helping alliance) and attending designed services could reduce maltreatment recurrence (DePanfilis & Zuravin, 2002). In an instrument developed to measure non-voluntary clients' engagement with CPS, two subscales – i.e., receptivity and mistrust – show that when clients do not feel validated by caseworkers, they do not engage with interventions (Yatchmenof, 2005). Maintaining a relationship of trust is challenged by the hierarchical power between parents and caseworkers and the obligation that caseworkers must assess and report risk behaviours, which could lead to parental mistrust (Bundy-Fazioli et al., 2009). One more time, showing the importance of relationships of trust between caseworkers and the families to achieve positive outcomes. To prevent the consequences of disguised compliance, caseworkers should consider completing evidence-based assessments and avoid young people's early return to their families to have a broader perspective (Farmer, 2018). Besides that, it is also advisable that whether families do not cooperate, caseworkers should try not to be judgemental about parents and continuously try to maintain positive engagement skills (Brandon et al., 2009).

Finally, the participants highlighted that the family's ability to comprehend their problems (i.e., insight) facilitates the process of change. Some authors show that several parents involved in CPS deny their responsibility for putting young people at risk or even accept that they have been through a risky situation (Miller et al., 1999). Denial is also considered a defensive functioning mechanism to deal with stressful situations that could be maladaptive if it interferes with rational interventions (Landy & Menna, 2009). In these cases, it is recommended to reframe the dangerous situation in other words and perspectives (DePanfilis & Salus, 2003), to encourage parents' therapy focusing on insight (Miller et al., 1999), and to increase parents' capacity for self-observation by caseworkers acknowledging that the situation is emotionally difficult for them, which will only be able through a well-established therapeutic alliance (Landy & Menna, 2009).

Besides that, another factor at the family level arises when parents are often unable to be available for positive and aware parenting due to personal characteristics such as substance abuse, cognitive limitations, or mental health issues. Substance abuse as an indicator of out-of-home care re-entry was also described by some authors (Frame et al., 2000; Jones & LaLiberte, 2017; Kimberlin et al., 2009; Yampolskaya & Callejas, 2020), parents' mental health diagnoses predicted foster care re-entry (Lee et al., 2012) and also that parents' intellectual disabilities could affect CPS workers' decision-making due to the possible inability to comprehend the risk and lack of commitment to interventions (McConnell et al., 2006). In these cases, it is indispensable to activate collaborative work with other facilities (Carnochan et al., 2013), which

sometimes are not integrated into the CPS but need to be mobilized to enable the specific and intense intervention these situations need (Lee et al., 2012).

The participants also described that this work and capacitation of the families should consider better supervision of these families, the most mentioned reason for re-entries into RC according to the CPS professionals. The participants highlighted the need for an intervention that continues through time and happens with more proximity to the families in their natural contexts. Other studies showed that caseworkers' visits after the young people reunification to their families decreased the likelihood of foster care re-entry (Jedwab & Shaw, 2017; Shipe et al., 2017). When youths and families were interviewed about improvements that could be made in the reunification process, they also mentioned the importance of continuation of post-discharge support at the individual and family levels mainly because right after children return home, the conflicts and behaviour problems are controlled (January et al., 2018). Youths mentioned that the caseworkers were models and being apart from them and not receiving advice led to an escalation of problems at home (January et al., 2018). Parents that receive visits on their home have lower chances of maltreatment recurrence (Han & Oh, 2022; Lee et al., 2018). Young people and their families with a higher risk of re-entering out-of-home care should benefit from continuous and closer monitoring (Grath-Lone et al., 2017). When foster caregivers have more contact with caseworkers, sharing information about the placed young people or the caseworker answered calls, the likelihood of successful reunifications and adoptions is higher (Katz et al., 2018). Another study also showed the importance of foster caregivers in the transition plan from out-of-home care to permanent family environments (Huscroft-D'Angelo et al., 2022). That shows the importance of caretakers – considering the RC scenario could be the RCF's staff – impacting permanency of care positively, possibly due to the closeness of these stakeholders to young people during placement periods who could be essential mediators to inform about physical and emotional preferences and challenges that parents will have to deal to prevent child-parent conflicts. This critical outcome could emerge after reunification, as discussed in this chapter.

On the other hand, participants also mentioned another perspective of this scenario described in the last paragraphs. The subtheme preference for (biological) family brings light to this discussion when reflecting on what extent young people should wait for their parents' capability to be improved. The participants highlighted that in some situations, the young people's best interests will be satisfied - as well as a decreased chance of re-entry - separating them from their biological families, and a focus on protection plans such as autonomy and alternative care should be encouraged (Magruder & Berrick, 2023; Yampolskaya et al., 2007).

Besides that, the participants mentioned that in some situations, even after caseworkers consider in their assessments that young people should not return to the family – in that specific moment or to that specific family – court professionals determine different protection projects, increasing the likelihood of re-entries, in line with other authors (Jedwab & Shaw, 2017; Shipe et al., 2017).

Considering all this emphasizes the importance of another highly mentioned subtheme regarding assessing young people and their families before leaving RC. The participants highlighted how evidence-based evaluations are essential for preventing re-entries into RC, but reunification assessment tools should receive more attention in their development and dissemination (Frame, 2002). Partnerships between CPS and universities and research centres could help in these ways. The literature shows that it is also essential to reflect on and delineate the real expectations and goals for each family, where the intervention wants to go, and which behaviours will be considered, not the best, but necessary and sufficient for each family to achieve before a reunification takes place and before close a case, so in that way, the work can be done in a more objective and focused manner (Hélie et al., 2014). Considering this, it is important to highlight instruments such as the North Carolina Family Assessment Scale, which has good psychometric properties, was developed to measure strengths, weaknesses, and adequate behaviours with its 6-point ranging scale, and also has two specific subscales, General Services and Reunification, which address specific needs (Kirk, 2015). Besides that, participants also mentioned that the assessments should consider the appropriate time to start the reunification process once early reunifications can lead to re-entries, according to the participants and in line with other studies (Jones & LaLiberte, 2017; Kimberlin et al., 2009). A shorter period of young people in out-of-home care is associated with better outcomes; however, early reunifications must not be based on unplanned and hasty discharges (Fernandez & Lee, 2011).

To conclude, it is also important to highlight that the results described in this study align with the literature concerning the reasons for re-entries in foster and residential care and other disruptions in care. Besides that, the explanatory reasons could be framed in different ecological levels of TBMHD, considering the four properties of the model: Person, Context, Time and Process, showing a theoretical good fit of the model regarding the Portuguese CPS professionals' perspective.

## 4.3. Suggested Improvements to Prevent Re-entries into Residential Care

Considering the results described and the reflections discussed till this point, all that remains is to operationalize how to intervene in order to prevent re-entries into RC, assuming what the participants mentioned regarding the effects the re-entries into RC could bring and the explanatory reasons for its occurrence. The participants highly mentioned a focus on the first-line intervention, investing in working with the families in their natural life contexts before young people returns to their homes and continuing this intervention after young people's reintegration into families' environments. This work should consider caseworkers promoting practical skills and knowledge about risk factors and developmental targets to the parents (Hawk et al., 2020; Konijn et al., 2021; Solomon et al., 2017), especially recurring to dyadic interventions – parent and child or youth – with direct training and feedback (Benesh & Cui, 2017) but also how to deal with young people who have been through traumatic experiences (Lotty et al., 2020). Foster parents that experienced breakdowns (Khoo & Skoog, 2014) and adoptive parents who experienced adoption disruptions (Lyttle et al., 2021) referred being underprepared and under warned regarding the young people's behaviour problems. On the other hand, the intervention should also contemplate working with these young people, considering techniques for them dealing with their emotions and behaviours, but also prepare their expectations on returning home to a real house, with real parents, with good and bad times, duties, and rights (Rick et al., 2022).

Besides that, collaborative teamwork between professionals to activate other stakeholders (DePanfilis & Zuravin, 1999) from CPS and beyond, especially from mental health areas, could also prevent re-entries into RC. Availability of mental health services to young people and their families is important and scarce. A young people reunification plan to permanent families' environments must address mental health support considering the crucial needs these young people and their families have (Huscroft-D'Angelo et al., 2022; Rick et al., 2022) and as a relevant factor to re-entries according to the participants' perspective. However, to achieve that, protocols between CPS and Health Services should be strengthening once a long time waiting for mental health following (behavioural addressing) and not individualized services provided are common with children in out-of-home care (Hayes et al., 2015). Parents mental health should also receive more attention (Lee et al., 2012) due to the responsibilities they carry in face of young people with specific and demanding needs, as well as some parents' characteristics.

Moreover, some actions (e.g., communication, share information, answer to calls) can impact this collaborative workflow as factors that engage others to a commitment to the intervention (Katz et al., 2018). Regarding other levels of collaborative teamwork, it is important to increase the judicial system articulation to the rest of the CPS and, with that, to think about and consider alternative care protection plans (e.g., adoption, life autonomy, and civil sponsorship), but also to structure those responses to become a more available option (Jedwab & Shaw, 2017; Shipe et al., 2017).

## 4.4. Limitations and Future Directions

This study contributed to a deeper understanding of the re-entries into the RC phenomenon in an exploratory approach according to the perspective of the CPS professionals with technical knowledge, experience, and proximity to the families to contribute to this area. Even if the sample holds professionals from different regions of the country, it is important to expand the recruitment to more regions, especially rural ones. Nevertheless, listening to the people who first-hand experienced the re-entries is crucial to better understanding it. In that way, future studies with young people and their families are necessary to understand this phenomenon from a larger perspective. In addition, listening to professionals from the judicial system would be crucial considering their participation in the ultimate decision-making process of young people's protection projects and also because of some divergences the participants mentioned in this study concerning those resolutions.

This study also used an exploratory approach due to the lack of national and international specific literature regarding re-entries into RC; however, it is vital to continuously study this phenomenon with different methods, for instance, quantitative methodologies, to measure the degree of severity concerning the effects of RC re-entries that the participants mentioned, or to verify the mentioned reasons for re-entries and their correlations to the re-entry rate, or even to formulate and test models with these reasons, for instance the role of young people's mental health in the cycle of disruptions in care.

In addition to all this, this study highlighted several points that, according to the participants, are related to and could prevent re-entries from happening; considering this, randomised control trials could take place to test whether adjustments on the CPS interventions would be significantly effective to prevent re-entries into RC. For instance, train CPCJs, RCFs, and CAFAPs that intervene with families whose young people are placed in RCF about topics mentioned in this study (e.g., assessment, supervision, caseworker-family relationship, mental

health services); then, compare the level of the families' re-entry or maltreatment recurrence to other families from other facilities that did not receive the training.

# Conclusion

This work aimed to contribute to a better understanding of re-entries into RC nationally and internationally. The few existing literature concerning the re-entry phenomenon focuses on foster care re-entry, which is not yet the most common out-of-home care applied in Portugal. Most of the literature regarding inconsistencies in care studied disruptions in care (i.e., movements between out-of-home houses or facilities) and other inconsistencies in care (e.g., moves between relatives' houses). In Portugal, RC is the main out-of-home care measure applied by CPS (CNPDPCJ, 2023). Through the years, a fluctuation has been occurring from the re-entry numbers of young people that after leaving RCF to a permanent family environment (i.e., reunification to birth family or relatives and adoption) return to RC. In 2022, the CASA Report revealed an increase of 42% in the number of re-entries to out-of-home care compared to the previous year (ISS, 2023).

This study intended to explore the perspective of essential stakeholders - who deal with young people and their families - that could inform about the re-entry into RC reality and its decision-making process. Twenty participants from CPCJs and RCF were interviewed. They shared their perspectives regarding three topics: the effects of re-entry into RC, the reasons for this to happen and the suggestions for improvement. It is important to highlight that the theoretical model that structured this study and helped to develop the interview framework was based on TBMHD (Bronfenbrenner & Morris, 2006) due to the results of the literature review concerning the reasons for re-entries and disruptions in care could be integrated into different ecological levels of the model and because this is a robust and prominent holistic model which consider different levels of ecology to impact the development of a human being.

The results showed that the model was adequate, considering that the participants' perspectives could be integrated into the four properties of the model: Person, Process, Context, and Time. Considering, for instance, the results about the explanatory reasons for re-entries into RC, a child characteristic that the participants mentioned that impacted the likelihood of re-entry into an RCF was the mental health of young people, which can be considered a Person's property. Considering Context variables that the participants referred to that could enhance the chance of re-entry into the RC, the participants mentioned family characteristics (e.g., parenting skills) and system characteristics (e.g., supervision of the family). The participants also mentioned Process characteristics that could potentialize re-entries, such as the quality of parent-child relationship. Lastly, the impact of Time was also described, considering early

reunifications on the assessment upon leaving residential care subtheme or the difficulty of families to maintain positive behaviours (i.e., achievements and its maintenance).

Overall, the results from the Portuguese CPS interviews could be divided into three topics: the effects of re-entries into RC, the reasons for it happening, and the improvement suggestions to prevent it. The participants showed the main effects on young people a dissatisfaction with the re-entry and impact on their well-being, such as feeling abandoned and rejected, re-traumatised, and having emotional problems. Besides that, the impact of the re-entry on young people's ability to readapt to new environments and establish relations with others was also affected. These results show the importance of bringing young people to the centre of the decision-making process, informing them about their protection plans decisions and why. Furthermore, it is also crucial to provide mental health services to address these challenges, but also to caseworkers empathise with these young people's pain, letting them process the grief of being apart from their families. Considering the impact of RC re-entry on families and the system, the participants showed that even though parents' reaction to a second removal episode (i.e., compliance, self-focus frustration, frustration focusing on the system) is different to caseworkers' reaction (self-focus frustration) can lead to similar outcomes, which is a disinvestment on the intervention. One more time, the caseworkers' role is crucial to motivate young people, their parents and themselves and focus on young people's best interests.

It is essential to highlight that the prevention of re-entry should not consider extending the placement period of young people in RCF once it has been shown the adverse outcomes of long-term RC setting placements (Dregan & Gulliford, 2012; Humphreys et al., 2015; Ward, 2009). As the participants mentioned, the main strategies should consider working on the main reasons described by the participants and the improvement suggestions. Firstly a focus on the assessment upon leaving residential care, which should contemplate a reunification – or adoption – plan consisting of real and possible objectives for this family to be able to achieve and maintain these enhancements, but also an organised returning to home in order to not rash a merge that the family is not yet prepared to, due to young people's challenging behaviours and parents lack of parenting skills, which could result in families conflicts. Secondly, an investment in front-line services to capacitate these parents on making them aware of the challenges and behaviour problems young people could present due to trauma-related experiences, but also show practical skills to deal with these behaviours, for instance, rule setting. Besides that, interventions with young people are important to show them how to deal with and control their behaviour, as well as to help them manage the expectations of returning home, which, sometimes, are idealised. However, the participants highlighted that these

interventions should take place in the families' houses for caseworkers to have a closer assessment and offer individualised and systemic advice. Thirdly, the participants highly mentioned that the family's supervision after reunification should not be taken lightly. The literature showed that usually, in the beginning, it is easier, with parents and young people applying more of what they have learned with caseworkers. However, as time passes, conflicts start to appear, and, in that time, caseworkers are no longer there.

The participants also mentioned the importance of collaborative teamwork to prevent re-entries into RC from happening, and that means a better articulation between the court, CPCJ, RCF, schools, parents, and any other crucial intervenient. However, it should also contemplate recurring to other services, especially mental health services, considering the distress these young people are under, but also to parents. The participants mentioned that it is well known the importance of offering these services, but the reality of long waiting lists and prolonged periods between appointments makes it not possible. Finally, some parents' characteristics were described as facilitators of the change process. However, when they are not present, they could block the intervention as the families' engagement and motivation to intervention, insight concerning their difficulties and the ability to change and maintain these improvements through time. The literature showed that these characteristics usually relate to poor relationships between parents and caseworkers (Landy & Menna, 2009). Once caseworkers stop focusing on parents' closeness to interventions and redirect their work to connecting and empathising with parents, the outcomes can start going in different directions.

To conclude, this study's results can inform practice to prevent re-entries into RC; however, some results found here were also present in foster care re-entry and disruptions in care literature. The similarities of the results could reveal the possible exchanges of these constructs and inform not only RC re-entry prevention but also foster care re-entry prevention and disruptions in care.

# Sources


Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2012). Relatório Anual de Avaliação da Atividade das CPCJ 2011. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+avaliação%C3%A7%C3%A3o+da+atividade+das+CPCJ+do+ano+de+2011/8cec9394-7757-4924-9b5a-6c8a49e0adc9

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2013). Relatório Anual de Avaliação da Atividade das CPCJ 2012. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+avaliação%C3%A7%C3%A3o+da+atividade+das+CPCJ+do+ano+de+2012/540df524-c914-461c-95de-cbad87d4374c

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2014). Relatório Anual de Avaliação da Atividade das CPCJ 2013. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+avaliação%C3%A7%C3%A3o+da+atividade+das+CPCJ+do+ano+de+2013/a166272a-8c1b-43c9-8e2c-534f11b60a1c

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2015). Relatório Anual de Avaliação da Atividade das CPCJ 2014. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+avaliação%C3%A7%C3%A3o+da+atividade+das+CPCJ+do+ano+de+2014/f043d32f-062f-4a5d-a9b1-8c98b18c9c2e

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2016). Relatório Anual de Avaliação da Atividade das CPCJ 2015. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+Avaliação%C3%A7%C3%A3o+da+Atividade+das+CPCJ+do+ano+de+2015/2dabc34f-f651-4709-a4f4-da33a24cead1

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2017). Relatório Anual de Avaliação da Atividade das CPCJ 2016. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+Avaliação%C3%A7%C3%A3o+da+Atividade+das+CPCJ+do+ano+de+2016/d57ca614-35fd-486a-b715-4ef25f5a2eab

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2018). Relatório Anual de Avaliação da Atividade das CPCJ 2017. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+Avaliação%C3%A7%C3%A3o+da+Atividade+das+CPCJ+do+ano+de+2017/01ff3093-58bf-4570-bc95-3864309665b6

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2019). Relatório Anual de Avaliação da Atividade das CPCJ 2018. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+Avaliação%C3%A7%C3%A3o+da+Atividade+das+CPCJ+do+ano+de+2018/226769fb-5fd8-46f3-97b2-07a68e6be39d

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2020). Relatório Anual de Avaliação da Atividade das CPCJ 2019. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+avaliação%C3%A7%C3%A3o+da+atividade+das+CPCJ+do+ano+de+2019/e168c7fb-ddc8-4524-ba20-9511d8a5ae27

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2021). Relatório Anual de Avaliação da Atividade das CPCJ 2020.

https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+da+Atividade+das+CPCJ+do+ano+2020/2a522cda-e8ba-40fe-9389-47fa5966f7ed
Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2022). Relatório Anual de Avaliação da Atividade das CPCJ 2021. https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+da+Atividade+das+CPCJ+do+ano+2021/aba29f21-787d-41fc-8ee8-76d5efa82855
Council of Europe. (2011). Guidelines of the committee of ministers of the council of europe on child-friendly justice. Council of Europe Publishing. https://rm.coe.int/16804b2cf3
Decreto de Lei nº164/2019 de 25 de Outubro da Presidência do Conselho de Ministros. Diário da República: Série I, N.º 206 (2019). Accessed in 2023 March 28th. Available at https://dre.pt/dre/detalhe/decreto-lei/164-2019-125692191
Instituto da Segurança Social, I. P. (2012). CASA 2011 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relatorio_CASA_2011/c813db1e-88b2-4aec-b6c0-715e7928ddf4/c813db1e-88b2-4aec-b6c0-715e7928ddf4
Instituto da Segurança Social, I. P. (2013). CASA 2012 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/CASA2012/f41c4bc4-e2c1-4bbd-806f-15a368a46af1/f41c4bc4-e2c1-4bbd-806f-15a368a46af1
Instituto da Segurança Social, I. P. (2014). CASA 2013 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relatorio_CASA_2013/3f0ccc3a-95a1-4e2f-8d20-6c3278e67478/3f0ccc3a-95a1-4e2f-8d20-6c3278e67478
Instituto da Segurança Social, I. P. (2015). CASA 2014 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relatorio_CASA_2014/1d1ba55c-a987-43c9-8282-e84d31620125/1d1ba55c-a987-43c9-8282-e84d31620125
Instituto da Segurança Social, I. P. (2016). CASA 2015 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relat%C3%B3rio_CASA_2015/f3e06877-ad73-48e4-8395-75b33fedcae0
Instituto da Segurança Social, I. P. (2017). CASA 2016 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relatorio_CASA_2016/b0df4047-13b1-46d7-a9a7-f41b93f3eae7
Instituto da Segurança Social, I. P. (2018). CASA 2017 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relatorio_CASA_2017/537a3a78-6992-4f9d-b7a7-5b71eb6c41d9
Instituto da Segurança Social, I. P. (2019). CASA 2018 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13326/Relat%C3%B3rio_CASA2018/f2bd8e0a-7e57-4664-ad1e-f1cebcc6498e
Instituto da Segurança Social, I. P. (2020). CASA 2019 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13200/Relat%C3%B3rio+CASA+2019/0bf7ca2b-d8a9-44d2-bff7-df1f111dc7ee
Instituto da Segurança Social, I. P. (2021). CASA 2020 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-

social.pt/documents/10152/13200/CASA+2020.pdf/b7f02f58-2569-4165-a5ab-bed9efdb2653

Instituto da Segurança Social, I. P. (2022). CASA 2021 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens. https://www.seg-social.pt/documents/10152/13200/Relat%C3%B3rio+CASA_2021/d6eafa7c-5fc7-43fc-bf1d-4afb79ea8f30

Lei n° 147/99 de 01 de Setembro da Assembleia da República. Diário da República: Série I-A, N.º 204 (1999). Accessed in 2023 March 28th. Available at https://dre.pt/dre/legislacao-consolidada/lei/1999-34542475

United Nations Convention on the Rights of the Child, November 20, 1989. https://www.ohchr.org/sites/default/files/crc.pdf

# References


Adam, E. K. (2004). Beyond Quality: Parental and residential stability and children's adjustment. *Current Directions in Psychological Science, 13*(5), 210–213. http://www.jstor.org/stable/20182955

Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*(4), 333–341. https://doi.org/10.1037/0003-066X.46.4.333

Almas, A. N., Papp, L. J., Woodbury, M. R., Nelson, C. A., Zeanah, C. H., & Fox, N. A. (2020). The Impact of caregiving disruptions of previously institutionalized children on multiple outcomes in late childhood. *Child Development, 91*(1), 96–109. https://doi.org/10.1037/dev0000167

Alpert, L. T. (2005). Research Review: Parents' service experience – A missing element in research on foster care case outcomes. *Child & Family Social Work, 10*(4), 361-366. https://doi.org/10.1111/j.1365-2206.2005.00387.x

Bandler, R., Keay, K. A., Floyd, N., & Price, J. (2000). Central circuits mediating patterned autonomic activity during active vs. passive emotional coping. *Brain research bulletin, 53*(1), 95–104. https://doi.org/10.1016/s0361-9230(00)00313-0

Benesh, A. S., & Cui, M. (2017). Foster parent training programmes for foster youth: a contentreview. *Child and Family Social Work, 22*(1), 548–559. https://doi.org/10.1111/cfs.12265

Brandon, M., Bailey, S. Belderson, P., Gardner, R., Sidebotham P., Dodsworth, J., Warren, C., & Black, J. (2009). *Understanding serious case reviews and their impact: A biennial analysis of serious case reviews 2005-07*. Great Britain. Department for Children, Schools and Families https://www.academia.edu/download/39892196/Understanding_Serious_Case_Reviews_and_t20151111-24758-1x2a9zt.pdf

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). American Psychological Association. https://doi.org/10.1037/13620-004

Bollinger, J. (2017). Examining the complexity of placement stability in residential out of home care in Australia: How important is it for facilitating good outcomes for young people? *Scottish Journal of Residential Child Care, 16*(2), 1-15. https://doi.org/10.17868/strath.00084762

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model of Human Development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 793–828). John Wiley & Sons Inc.

Brown, S. M., Orsi, R., & Chen, P. C. B. (2020). Child, family, and case characteristics associated with reentry into out-of-home care among children and youth involved with child protection services. *Child Maltreatment, 25*(2), 162–171. https://doi.org/10.1177/1077559519869395

Browne, K. (2009). *The risk of harm to young children in institutional care*. Save the Children. https://resourcecentre.savethechildren.net/pdf/1474.pdf/

Bundy-Fazioli, K., Briar-Lawson, K., Hardiman, E. R. (2009). A qualitative examination of power between child welfare workers and parents. *The British Journal of Social Work, 39*(8), 1447–1464. https://doi.org/10.1093/bjsw/bcn038

Campos, J., Barbosa-Ducharne, M., Dias, P., Rodrigues, S., Martins, A. C., & Leal, M. (2019). Emotional and Behavioral Problems and Psychosocial Skills in Adolescents in Residential Care. *Child and Adolescent Social Work Journal, 36*, 237–246. https://doi.org/10.1007/s10560-018-0594-9

Campos, J., Barbosa-Ducharne, M., Dias, P., & Rodrigues, S. (2019). Saúde Mental de Crianças e Adolescentes Portugueses em Acolhimento Residencial. *Configurações, 23*, 105-122. https://doi.org/10.4000/configuracoes.7116

Canham, H. (1998). Growing up in residential care. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community, 12*(1), 65-75. https://doi.org/10.1080/02650539808415133

Carnochan, S., Rizik-Baer, D., & Austin, M. J. (2013). Preventing re-entry to foster care. *Journal of Evidence-Based Social Work, 10*(3), 196-209, https://doi.org/10.1080/15433714.2013.788949

Carroll, L. (2013). Passive Coping Strategies. In M.D. Gellman, & J.R. Turner (Eds.), *Encyclopedia of Behavioral Medicine*. (p. 1442). Springer. https://doi.org/10.1007/978-1-4419-1005-9_1164

Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A., Harper, S. G. G., & Carmichael, H. (2018). "It's just not right to move a kid that many times:" A qualitative study of how foster care alumni perceive placement moves. *Children and Youth Services Review, 86*, 76-83. https://doi.org/10.1016/j.childyouth.2018.01.028.

Cole, M. (1998). *Cultural psychology: A once and future discipline.* Belknap Press.

Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). (2023). *Onde estão.* https://www.cnpdpcj.gov.pt/onde-estao

Courtney, M. E. (1995). Reentry to foster care of children returned to their families. *Social Service Review, 69*(2), 226-241. https://doi.org/10.1086/604115

Debnath, R., Tang, A., Zeanah, C. H., Nelson, C. A., & Fox, N. A. (2019). The long-term effects of institutional rearing, foster care intervention and disruptions in care on brain electrical activity in adolescence. *Developmental Science, 23*(1), 1–9. https://doi.org/10.1111/desc.12872

DeGarmo, D. S., Chamberlain, P., Leve, L. D., & Price, J. (2009). Foster parent intervention engagement moderating child behavior problems and placement disruption. *Research on Social Work Practice, 19*(4), 423-433. https://doi.org/10.1177/1049731508329407

Delgado, P., Carvalho, J. M. S., & Correia, F. (2019). Viver em acolhimento familiar ou residencial: O bem-estar subjetivo de adolescentes em Portugal. *Psicoperspectivas, 18*(2), 1-12. http://dx.doi.org/10.5027/psicoperspectivas-vol18-issue1-fulltext-1605

DePanfilis, D., & Salus, M. K. (2003). *Child protective services: A guide for caseworkers*. (2nd ed.). US Department of Health & Human Services. https://www.childwelfare.gov/pubpdfs/cps.pdf

DePanfilis, D., & Zuravin, S. J. (1999). Predicting child maltreatment recurrences during treatment. *Child Abuse & Neglect, 23*(8), 729–743. https://doi.org/10.1016/s0145-2134(99)00046-0

DePanfilis, D., & Zuravin, S. J. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse & Neglect, 26*(2), 187–205. https://doi.org/10.1016/s0145-2134(01)00316-7

Desmond, C., Watt, K., Saha, A., Huang, J., & Lu, C. (2020). Prevalence and number of children living in institutional care: Global, regional, and country estimates. *The Lancet*

*Child and Adolescent Health, 4*(5), 370–377. https://doi.org/10.1016/S2352-4642(20)30022-5

Dozier, M., Zeanah, C. H., Wallin, A. R., & Shauffer, C. (2012). Institutional care for young children: Review of literature and policy implications. *Social Issues and Policy Review, 6*(1), 1-25. https://doi.org/10.1111%2Fj.1751-2409.2011.01033.x

Dregan, A., & Gulliford, M. C. (2012). Foster care, residential care and public care placement patterns are associated with adult life trajectories: population-based cohort study. *Social Psychiatry and Psychiatric Epidemiology, 47*, 1517-1526. https://doi.org/10.1007/s00127-011-0458-5

Dunn, D. M., Culhane, S. E., & Taussig, H. N. (2010). Children's appraisals of their experiences in out-of-home care. *Children and Youth Services Review, 32*(10), 1324-1330. https://doi.org/10.1016/j.childyouth.2010.05.001.

Epstein, R. A., Schlueter, D., Gracey, K. A., Chandrasekhar, R., & Cull, M. J. (2015). Examining placement disruption in child welfare. *Residential Treatment for Children & Youth, 32*(3), 224-232. https://doi.org/10.1080/0886571X.2015.1102484

Farmer, E. (2018). *Reunification from out-of-home care: A research overview of good practice in returning children home from care*. University of Bristol. https://research-information.bris.ac.uk/files/174570240/web_Reunif_LitRev_12_.pdf

Fernandez, E., & Lee, J. S. (2011). Returning children in care to their families: Factors associated with the speed of reunification. *Child Indicators Research, 4*, 749–765. https://doi.org/10.1007/s12187-011-9121-7

Fields, A., Bloom, P. A., VanTieghem, M., Harmon, C., Choy, T., Camacho, N. L., Gibson, L., Umbach, R., Heleniak, C., & Tottenham, N. (2021). Adaptation in the face of adversity: Decrements and enhancements in children's cognitive control behavior following early caregiving instability. *Developmental Science, 24*(6), 1–8. https://doi.org/10.1111/desc.13133

Finster, H. P., & Norwalk, K. E. (2021). Characteristics, experiences, and mental health of children who re-enter foster care. *Children and Youth Services Review, 129*, 106165. https://doi.org/10.1016/j.childyouth.2021.106165

Fisher, P. A., Stoolmiller, M., Mannering, A. M., Takahashi, A., & Chamberlain, P. (2011). Foster placement disruptions associated with problem behavior: Mitigating a threshold effect. *Journal of Consulting and Clinical Psychology, 79*(4), 481–487. https://doi.org/10.1037/a0024313

Fox, A., Berrick, J.D. A response to no one ever asked us: A review of children's experiences in out-of-home care. *Child Adolescent Social Work Journal, 24*, 23–51 (2007). https://doi.org/10.1007/s10560-006-0057-6

Frame, L. (2002). Maltreatment reports and placement outcomes for infants and toddlers in out-of-home care. *Infant Mental Health Journal, 23*(5), 517–540. https://doi.org/10.1002/imhj.10031

Frame, L., Berrick, J. D., & Brodowski, M. L. (2000). Understanding reentry to out-of-home care for reunified infants. *Child welfare, 79*(4), 339–369.

Frimpong-Manso, K., Agbadi, P., & Deliege, A. (2022). Factors associated with the family reintegration stability for children with a residential care experience in Ghana. *Global Studies of Childhood, 12*(1), 56-69. https://doi.org/10.1177/20436106221077699

Gabinete de Estratégia e Planejamento. (2023). *Carta social*. https://www.cartasocial.pt/inicio

Grath-Lone, L. M., Dearden, L., Harron, K., Nasim, B., Gilbert, R. (2017). Factors associated with re-entry to out-of-home care among children in England. *Child Abuse & Neglect, 63*, 73-83. https://doi.org/10.1016/j.chiabu.2016.11.012

Han, K., & Oh, S. (2022). The effectiveness of home visiting programs for the prevention of child maltreatment recurrence at home: A systematic review and meta-analysis. *Child Health Nursing Research, 28*(1), 41-50. https://doi.org/10.4094/chnr.2022.28.1.41

Hawk, B. N., Timmer, S. G., Armendariz, L. A. F., Boys, D. K., & Urquiza, A. J. (2020). Improving behaviors and placement stability for young foster children: An open trial of Parent-Child Care (PC-CARE) in the child welfare system. *Children and Youth Services Review, 119.* https://doi.org/10.1016/j.childyouth.2020.105614

Hayes, M. J., Geiger, J. M., & Lietz, C. A. (2015). Navigating a complicated system of care: Foster parent satisfaction with behavioral and medical health services. *Child and Adolescent Social Work Journal, 32*, 493–505 https://doi.org/10.1007/s10560-015-0388-2

Herrenkohl, E. C., Herrenkohl, R. C., Egolf, B. P. (2003). The psychosocial consequences of living environment instability on maltreated children. *The American Journal of Orthopsychiatry, 73*(4), 367-380. https://doi.org/10.1037/0002-9432.73.4.367

Humphreys, K. L., Gleason, M. M., Drury, S. S., Miron, D., Nelson, C. A., Fox, N. A., & Zeanah, C. H. (2015). Effects of institutional rearing and foster care on psychopathology at age 12 years in Romania: Followup of an open, randomised controlled trial. *The Lancet Psychiatry, 2*(7), 625–634. https://doi.org/10.1016/S2215-0366(15)00095-4

Huscroft-D'Angelo, J., Poling, D., & Trout, A. (2022). Foster parent perspectives on necessary supports for youth and their families departing foster care. *Journal of Social Work, 22*(3), 824-843. https://doi.org/10.1177/14680173211013735

Ingraham, P. W. (2005). Performance: Promises to keep and miles to go. *Public Administration Review, 65*(4), 390–395. http://www.jstor.org/stable/3542636

January, S. A., Trout, A. L., Huscroft-D'Angelo, J., Hurley, K. L. D., & Thompson, R. W. (2018). Perspectives on factors impacting youth's reentry into residential care: An exploratory study. *Journal of Child and Family Studies, 27*, 2584–2595. https://doi.org/10.1007/s10826-018-1093-5

Jedwab, M., & Shaw, T. V. (2017). Predictors of reentry into the foster care system: Comparison of children with and without previous removal experience. *Children and Youth Services Review, 82*, 177-184. https://doi.org/10.1016/j.childyouth.2017.09.027

Johnson, D. E., Tang, A., Almas, A. N., Degnan, K. A., McLaughlin, K. A., Nelson, C. A., Fox, N. A., Zeanah, C. H., & Drury, S. S. (2018). Caregiving disruptions affect growth and pubertal development in early adolescence in institutionalized and fostered romanian children: A randomized clinical trial. *The Journal of Pediatrics, 203*, 345–353.e3. https://doi.org/10.1016/j.jpeds.2018.07.027

Jones, A. S., & LaLiberte, T. (2017). Risk and protective factors of foster care reentry: An examination of the literature. *Journal of Public Child Welfare, 11*(4-5), 516-545. https://doi.org/10.1080/15548732.2017.1357668

Katz, C. C., Lalayantsa, M., Phillips, J. D. (2018). The role of out-of-home caregivers in the achievement of child welfare permanency. *Children and Youth Services Review, 94*, 65-71. https://doi.org/10.1016/j.childyouth.2018.09.016

Kelly, C., Thornton, A., Anthony, E. K., & Krysik, J. (2021). "Love. Stability. Boundaries." Kinship perspectives of social-emotional well-being of youth residing in out-of-home care. *Children and Youth Services Review, 127*, https://doi.org/10.1016/j.childyouth.2021.106097

Khoo, E., & Skoog, V. (2014). The road to placement breakdown: Foster parents' experiences of the events surrounding the unexpected ending of a child's placement in their care. *Qualitative Social Work, 13*(2), 255-269. https://doi.org/10.1177/1473325012474017

Kimberlin, S. E., Anthony, E. K., & Austin, M. J. (2009). Re-entering foster care: Trends, evidence, and implications. *Children and Youth Services Review, 31*(4), 471-481. https://doi.org/10.1016/j.childyouth.2008.10.003

Kirk, R. S. (2015). *Development, intent and use of the North Carolina Family Assessment Scales, and their relation to reliability and validity of the scales*. National Family Preservation Network. https://nfpn.org/media/8d86bb8bc37491c/ncfas_scale_development.pdf

Konijn, C., Colonnesi, C., Kroneman, L., Lindauer, R. J. L., & Stams, G. J. M. (2021). Prevention of instability in foster care: A case file review study. *Child Youth Care Forum, 50*, 493–509. https://doi.org/10.1007/s10566-020-09584-z

Kor, K., Fernandez, E., & Spangaro, J. (2021). Practitioners' experience of implementing therapeutic residential care: A multi-perspective study. *Children and Youth Services Review, 131*, 1-10. https://doi.org/10.1016/j.childyouth.2021.106301

Landy, S., & Menna, R. (2009). *Early intervention with multi-risk families: An integrative approach* (2nd ed.). Paul H. Brooks Publishing.

Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect, 86*, 55-66. https://doi.org/10.1016/j.chiabu.2018.09.004

Lee, S., Jonson-Reid, M., & Drake, B. (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services. *Children and Youth Services Review, 34*(9), 1825-1833. https://doi.org/10.1016/j.childyouth.2012.05.007

Lewin, K. (1939). Field theory and experiment in social psychology: Concepts and methods. *American Journal of Sociology, 44*(6), 868-896. https://doi.org/10.1086/218177

Lewis, E. E., Dozier, M., Ackerman, J., & Sepulveda-Kozakowski, S. (2007). The effect of placement instability on adopted children's inhibitory control abilities and oppositional behavior. *Developmental Psychology, 43*(6), 1415-1427. https://doi.org/10.1037/0012-1649.43.6.1415

Lotty, M., Dunn-Galvin, A., & Bantry-White, E. (2020). Effectiveness of a trauma-informed care psychoeducational program for foster carers: Evaluation of the Fostering Connections Program. *Child Abuse & Neglect, 102*, 1-13. https://doi.org/10.1016/j.chiabu.2020.104390

Lyttle, E., McCafferty, P., & Taylor, B. J. (2021). Experiences of adoption disruption: Parents' perspectives. *Child Care in Practice*, 1-20. https://doi.org/10.1080/13575279.2021.1941767

Magruder, J., & Berrick, J. D. (2023). A longitudinal investigation of infants and out-of-home care. *Journal of Public Child Welfare, 17*(2), 390-407. https://doi.org/10.1080/15548732.2022.2036294

Mauno, S., Rantanen, M., & Tolvanen, A. (2014). Identifying coping profiles and profile differences in role engagement and subjective well-being. *Journal of Basic & Applied Sciences, 10*, 189-204. https://doi.org/10.6000/1927-5129.2014.10.27

McConnell, D., Llewellyn, G., & Ferronato, L. (2006). Context-contingent decision-making in child protection practice. *International Journal of Social Welfare, 15*(3), 230-239. https://doi.org/10.1111/j.1468-2397.2006.00409.x

Miller, B. V., Fox, B. R., & Garcia-Beckwith, L. (1999). Intervening in severe physical child abuse cases: Mental health, legal, and social services. *Child Abuse & Neglect, 23*(9), 905-914. https://doi.org/10.1016/S0145-2134(99)00059-9

Morais, F., Santos, B., Mota, C. P., Matos, P. M., Costa, M., & Carvalho, H. M. (2022). Adolescência e saúde mental no acolhimento residencial: Retrato de uma década em Portugal. *Psicoperspectivas, 21*(1), 1-13. https://dx.doi.org/10.5027/psicoperspectivas-vol21-issue1-fulltext-2286

Morrissey-Kane, E., & Prinz, R. J. (1999). Engagement in child and adolescent treatment: the role of parental cognitions and attributions. *Clinical Child and Family Psychology Review, 2*(3), 183–198. https://doi.org/10.1023/a:1021807106455

Moynihan, D. P., & Pandey, S. K. (2007). The role of organizations in fostering public service motivation. *Public Administration Review, 67*(1), 40-53. https://doi.org/10.1111/j.1540-6210.2006.00695.x

Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect, 24*(10), 1363–1374. https://doi.org/10.1016/S0145-2134(00)00189-7

Nielsen, M. B. & Knardahl, S. (2014). Coping strategies: A prospective study of patterns, stability, and relationships with psychological distress. *Scandinavian Journal of Psychology 55*, 142–150. https://doi.org/10.1111/sjop.12103

Oishi, S., Diener, E., & Lucas, R. E., (2018). Sujective well-being: The science of happiness and life satisfaction. In C. R. Snyder, S. J. Lopez, L. M. Edwards, & S. C. Marques (Eds.), *Oxford Handbook of Positive Psychology* (3rd ed., pp. 254–264). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199396511.013.14

Osborne, J., Hindt, L. A., Lutz, N., Hodgkinson, N., & Leon, S. C. (2021). Placement stability among children in kinship and non-kinship foster placements across multiple placements. *Children and Youth Services Review, 126*, 1-8. https://doi.org/10.1016/j.childyouth.2021.106000

Parry, S.L., Williams, T. & Burbidge, C. (2021). Restorative parenting: Delivering trauma-informed residential care for children in care. *Child Youth Care Forum, 50*, 991–1012. https://doi.org/10.1007/s10566-021-09610-8

Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse and Neglect, 70*, 388–398. https://doi.org/10.1016/j.chiabu.2016.11.026

Rick, H., Abbott, S., Nilsson, D., Baginsky, M., & Dimond, C. (2022). *Improving the chances of successful reunification for children who return from care: A rapid evidence review*. What Works Centre for Children's Social Care. https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_improving_chances_of_successful_reunification_report_March22.pdf

Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336–344. https://doi.org/10.1542/peds.2006-1995

Sankaran, V., Church, C., & Mitchell, M. (2019). A cure worse than the disease? the impact of removal on children and their families. *Marquette Law Review, 102*(4), 1163-1194. https://api.semanticscholar.org/CorpusID:260863813

Sarason, S. B. (1974). *The psychological sense of community: Prospects for a community psychology*. Brookline Books.

Schreiber, J. C., Fuller, T., Paceley, M. S. (2013). Engagement in child protective services: Parent perceptions of worker skills. *Children and Youth Services Review, 35*(4), 707-715. https://doi.org/10.1016/j.childyouth.2013.01.018

Shipe, S. L., Shaw, T. V., Betsinger, S., Farrell, J. L. (2017). Expanding the conceptualization of re-entry: The inter-play between child welfare and juvenile services. *Children and Youth Services Review, 79*, 256-262. https://doi.org/10.1016/j.childyouth.2017.06.001

Smith, D. K., Stormshak, E., Chamberlain, P., & Bridges Whaley, R. (2001). Placement disruption in treatment foster care. *Journal of Emotional and Behavioral Disorders, 9*(3), 200–205. https://doi.org/10.1177/106342660100900306

Smyke, A. T., Dumitrescu, A., & Zeanah, C. H. (2002). Attachment disturbances in young children. I: The continuum of caretaking casualty. *Journal of the American Academy of*

*Child and Adolescent Psychiatry, 41*(8), 972–982. https://doi.org/10.1097/00004583-200208000-00016

Solomon, D., Åsberg, K., Peer, S., & Prince, G. (2016). Cumulative risk hypothesis: Predicting and preventing child maltreatment recidivism. *Child Abuse & Neglect, 58*, 80-90. https://doi.org/10.1016/j.chiabu.2016.06.012.

Solomon, D. T., Niec, L. N., & Schoonover, C. E. (2017). The impact of foster parent training on parenting skills and child disruptive behavior: A meta-analysis. *Child Maltreatment, 22*(1), 3-13. https://doi.org/10.1177/1077559516679514

Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. *Children and Youth Services Review, 32*(4), 619-625. https://doi.org/10.1016/j.childyouth.2009.12.009

Sunseri, P. A. (2005). Children referred to residential care: Reducing multiple placements, managing costs and improving treatment outcomes. *Residential Treatment for Children & Youth, 22*(3), 55-66. https://doi.org/10.1300/J007v22n03_04

UNICEF & Eurochild. (2021). *Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries*. https://eurochild.org/uploads/2022/02/UNICEF-DataCare-Technical-Report-Final.pdf

UNICEF. (2023). *Children in alternative care: Around 2.9 million children are estimated to be living in residential care worldwide.* https://data.unicef.org/topic/child-protection/children-alternative-care/

Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review, 30*(11), 1256-1266. https://doi.org/10.1016/j.childyouth.2008.03.010

van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Duschinsky, R., Fox, N. A., Goldman, P. S., Gunnar, M. R., Johnson, D. E., Nelson, C. A., Reijman, S., Skinner, G. C. M., Zeanah, C. H., & Sonuga-Barke, E. J. S. (2020). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry, 7*(8), 703–720. https://doi.org/10.1016/S2215-0366(19)30399-2

Villodas, M. T., Cromer, K. D., Moses, J. O., Litrownik, A. J., Newton, R. R., & Davis, I. P. (2016). Unstable child welfare permanent placements and early adolescent physical and mental health: The roles of adverse childhood experiences and post-traumatic stress. *Child Abuse & Neglect, 62*, 76–88. https://doi.org/10.1016/j.chiabu.2016.10.014

Vreeland, A., Ebert, J. S., Kuhn, T. M., Gracey, K. A., Shaffer, A. M., Watson, K. H., Gruhn, M. A., Henry, L., Dickey, L., Siciliano, R. E., Anderson, A., & Compas, B. E. (2020). Predictors of placement disruptions in foster care. *Child Abuse and Neglect, 99*, 1-10. https://doi.org/10.1016/j.chiabu.2019.104283

Ward, H. (2009). Patterns of instability: Moves within the care system, their reasons, contexts and consequences. *Children and Youth Services Review, 31*(10), 1113–1118. https://doi.org/10.1016/j.childyouth.2009.07.009

White, O. G., Hindley, N., & Jones, D. P. (2015). Risk factors for child maltreatment recurrence: An updated systematic review. *Medicine, science, and the Law, 55*(4), 259–277. https://doi.org/10.1177/0025802414543855

Wilkins, D., & Whittaker, C. (2017). Doing child-protection social work with parents: What are the barriers in practice? *The British Journal of Social Work, 48*(7), 2003-2019 https://doi.org/10.1093/bjsw/bcx139

World Health Organization. (2022, September 22). *Child Maltreatment*. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

Yampolskaya, S., Armstrong, M. I., & King-Miller, T. (2011). Contextual and individual-level predictors of abused children's reentry into out-of-home care: A multilevel mixture survival analysis. *Child Abuse and Neglect, 35*(9), 670–679. https://doi.org/10.1016/j.chiabu.2011.05.005

Yampolskaya, S., Armstrong, M. I., & Vargo, A. C. (2007). Factors associated with exiting and reentry into out-of-home care under Community-Based Care in Florida. *Children and Youth Services Review, 29* (10), 1352-1367. https://doi.org/10.1016/j.childyouth.2007.05.010

Yampolskaya, S., & Callejas, L. M. (2020). The effect of child mental health service use on child safety and permanency in substance misusing families. *Children and Youth Services Review, 111*. https://doi.org/10.1016/j.childyouth.2020.104887

Yatchmenoff, D. K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*(2), 84-96. https://doi.org/10.1177/1049731504271605

Zeanah, C. H., Humphreys, K. L. (2020). Global prevalence of institutional care for children: a call for change. *The Lancet Child and Adolescent Health, 4*(5), 343-344. https://doi.org/10.1016/S2352-4642(20)30055-9

# Appendix A

# Children in Portuguese Residential Care Facilities' Statistics

| Year | RC Measure (%) | Children in OOH Care | Number of entries | Number of re-entries (%) [a] |
|---|---|---|---|---|
| 2011 | 9.8 | 8.939 | 2112 | 160 [b] |
| 2012 | 10.1 | 8.557 | 2289 | 697 |
| 2013 | 9.9 | 8.445 | 2253 | 837 |
| 2014 | 10.5 | 8.470 | 2143 | 949/320 [c] |
| 2015 | 9.5 | 8.600 | 2202 | 824 |
| 2016 | 9.4 | 8.175 | 2396 | 897/268 (11) [c] |
| 2017 | 9 | 7.553 | 2202 | 240 (10) [d] |
| 2018 | 9.4 | 7.032 | 2137 | 225 (10.5) |
| 2019 | 9.33 | 7.046 | 2498 | 180 (7) |
| 2020 | 7.2 | 6.706 | 2022 | 111 (5) |
| 2021 | 8.5 | 8.583 | 1879 | 116 (6) |
| *M* | 9.33 | 8009.6 | 2193.9 | 361.63 (8.3) |

*Note*. RC = Residential Care, OOH Care = Out-Of-Home Care

[a] The number of re-entries considers children in residential care switched to a home measure and then returned to a Residential Care Facility (RCF). This data only started to appear as an absolute value in the 2013 CASA Report (ISS, 2014) and as a percentage in the 2016 CASA Report (ISS, 2017). [b] The number from the 2011 CASA Report only shows a part of the data. [c] The 2014 and 2016 CASA Report differentiates between the children that re-entered an RCF in the past years (first number to appear in the cell) and those that only re-entered in that respect year (second number). [d] From the 2017 CASA Report, the re-entries data only considered the re-entries in the respective year.

(CNPDPCJ, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022; ISS, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2021, 2022).

# Appendix B

# Thematic Analysis Concerning the Effects of Re-entries into Residential Care According to Child Protection System Professionals

| Themes | Subthemes | Examples |
|---|---|---|
| **Child: Relations and adaptation to contexts** (n = 18; *f* = 69) | **(Dis)Satisfaction with re-entry** (n = 14; *f* = 33) | “re-entering to residential care and realizing that what they wanted failed and often having to go back and meet friends who stayed here and having to face the fact that what they wanted was not what happened” (Alice)<br>"I remember one case or another that they [young people] felt [re-entering] as a relief. Coming back is felt as a relief in cases where children are more aware [of their situation] and realize that, after having had an experience in the residential care facility in which the environment is organized, where they have their meals prepared, clothes washed, and someone helping to go to school. Then they arrive at an environment that was initially organized, but then easily... It's very fragile, isn't it? There are children who, when they return [to a residential care facility], feel more protected. But this is not the majority" (Dalva) |
| | **(R)Establishment of the relation** (n = 11; *f* = 19) | "because there is a second chance that fails again, and it is effectively very difficult to establish relationships of trust with these young people, it is very difficult to repair this maltreatment that remains" (Olivia)<br>"The brother at this moment refuses any [adoptive] family and does everything to make it go wrong when he has a[n interested] family. Why? Because he lost trust. He prefers to know what he has, and right now, he has an residential care facility" (Maria) |
| | **Readaptation to contexts** (n = 09; *f* = 17) | "there is the impact of returning home, the children return home, to their room, to their routine, their space, their school, and after 2/3 months they are already leaving [their house] again" (Kiara)<br>"And once again the child returns to the residential care facility, is rootless and loses everything again" (Beatriz)<br>"when we know that there is a child who left our residential care setting who will re-enter to residential care, if we have the capacity, we always try, that they come back here again. We also concluded, … that [returning] it is not beneficial, but if it is to a place where they already know the people, it can provide some security and stability" (Alice) |

| | | |
|---|---|---|
| **Child: Psychological distress**<br>(n = 20; *f* = 89) | **Re-traumatisation**<br>(n = 14; *f* = 22) | “I would say that most of the time it is more difficult to re-enter than to enter [an residential care facility for the first time]” (Dalva)<br>"I would say that [the effects of re-entry] are the same [from a first removal] as I said, but in double" (Heloisa)<br>"It's completely destroying what's already been destroyed, isn't it, getting there and breaking up the rest" (Olivia) |
| | **Loss, abandonment, and rejection**<br>(n = 12; *f* = 22) | "regardless of the reasons behind the removal, they are once again faced with this feeling of rejection, of not belonging anywhere" (Alice)<br>"These are very negative effects, young people feel that they are not loved by anyone" (Paula) |
| | **Emotional problems**<br>(n = 13; *f* = 21) | "Emotionally they are broken" (Paula)<br>“I think there has been an emotional imbalance … a lot of anger, a lot of lack of motivation at the school level” (Rosa) |
| | **Self-blaming**<br>(n = 10; *f* = 12) | "so, in a way, I think they attribute it to themselves that they weren't good enough to stay there, and they went back to the residential care facility " (Laura) |
| | **Behavioural problems**<br>(n = 05; *f* = 08) | “it is difficult to work with these children at this stage, precisely because … they will reject everything, they will not accept anything, they will maintain inappropriate behaviours, they will defy the authorities, they will defy the rules” (Julia) |
| | **Other mental health issues**<br>(n = 03; *f* = 04) | “we already had situations of minors in this situation, and after that, a behavioural disturbance begins, serious emotional disturbances, very serious, and they are very challenging” (Dalva) |
| **Family: Reaction to removal**<br>(n = 16; *f* = 29) | **Compliance with re-entry**<br>(n = 13; *f* = 14) | "there are families who want to get rid of young people. If their children are very problematic, there are families who even ask us to let them go [back to an residential care facility], and therefore it may be a great relief" (Georgia)<br>"I don't know if they are more conformed because they already know the reality and maybe less apprehensive because it already happened once, and the child even came back home" (Heloisa) |

| | | |
|---|---|---|
| | **Frustration: Focus on family**<br>(n = 08; *f* = 09) | "in general, for those who feel that they could not give the response that would be necessary, it is quite traumatizing, and it will also cause anguish" (Carmelinda) |
| | **Frustration: Focus on the system**<br>(n = 06; *f* = 06) | "but the frustration must be quite big, right, thinking that 'I was [reunited] with my son, why did they take this child away from me again?'" (Neide) |
| **System: Reaction to removal**<br>(n = 12; *f* = 31) | **Frustration: Focus on the professional**<br>(n = 12; *f* = 31) | "It means that, once again, the system has failed … because it was the system that handed that child over to someone who, once again, was unable to ensure that child's rights" (Beatriz)<br>"for the system and the system, I mean the commission [i.e., CPCJ], it's the feeling that the system is failing because the reopening of a case already makes us think, 'Why is it coming back? Why wasn't the intervention enough?'" (Carmelinda)<br>"I think [a re-entry] is always negative because it is a sign that that objective was not achieved, right? Because if the child or young person returns [home] and after a short time has to be reintegrated [in an residential care facility] again, it's because something has failed" (Quesia). |
| **System: Removal response**<br>(n = 14; *f* = 21) | **Preparedness**<br>(n = 11; *f* = 15) | "I don't think there is exactly a big consequence because the facilities are prepared for that, to receive these children and to welcome them and try to make their context as normative and healthy as possible and to guarantee their development" (Isabel)<br>"In a residential care facility, the job turns out to be very difficult because there they are with this angry child showing inappropriate behaviours, a child that somehow is fragile by all this, completely disorganised psychologically and emotionally, and who does not accept this return [to the residential care facility] well. These children have already been through this [a removal experience] before, and it was very complicated. I think it is difficult to work with these children" (Julia) |
| | **Caseworker-family relationship**<br>(n = 05; *f* = 06) | "I think that in terms of trust, it must be zero, don't you think? I don't know if I would trust the caseworker. That same caseworker who gave me the son is taking him away again" (Neide) |

# Appendix C

# Thematic Analysis Concerning the Explanatory Factors of (Non) Re-entries into Residential Care According to Child Protection System Professionals

| Themes | Subthemes | Examples |
|---|---|---|
| **Child: Development and adaptation** (n = 11; *f* = 27) | **Developmental challenges** (n = 10; *f* = 19) | "then the kids have already been 2 or 3 years placed, maybe they came here at ten [years of age], and then they come home at 13, at the beginning of adolescence, with personality issues, with mental health issues, very difficult to control … if those parents were not capable of protecting those children when they were ten years old … even less so at 13 when they bring much more experiences with them" (Beatriz)<br>"[re-entries] has not been happening with small children, it has been happening with youths aged 14/15" (Rosa) |
| | **Academic achievement** (n = 02; *f* = 04) | "young people who manage to study, who don't have learning difficulties, who have a good academic motivation, I would say that this also facilitates the parents' work and, therefore, can also facilitate the family reintegration and not returning to residential care" (Dalva) |
| | **Autonomy** (n = 03; *f* = 04) | "sometimes, having already had a residential care experience that may have been positive, they can even want to be placed again and seek to be protected in another way and work on their autonomy" (Carmelinda)<br>"our cases of success are of young people who went to live independently" (Ester) |
| **Child: History** (n = 18; *f* = 51) | **Child history: Origins** (n = 05; *f* = 12) | "after some time, any family realised that denying this girl's life story was not the best solution ... and the other family insists that he [her brother that another family adopted] understands his life story, his roots and where he has been living. I think this is very important when we intervene with a teenager, but when this is denied, these situations [re-entries] happen" (Alice) |
| | **Child history: Mental health** (n = 17; *f* = 39) | "their anger is not against the adoptive family itself, but against the system, against their [biological] families; and the fact that they are in a family often makes them relive very negative situations that could even be dormant, but sometimes living as a family can make them wake up" (Alice)<br>"when we have a child who is in a residential care setting, we know beforehand, even without knowing him, that he already has a very complicated life story, because otherwise, he would never |

| | | |
|---|---|---|
| | | have entered; and emotionally he has to be very well-structured to accept this new or birth family" (Maria)<br>“These kids bring baggage and experiences with them. People often think that because they are small, they don't remember things and, therefore, it's okay, let's start from scratch, clean slate, and that's not true, right? These kids have a trauma, right? They were abandoned and, therefore, they want to confirm that these families will be there for them, and they will test them and will want to understand if the families will stay in good times and bad times” (Olivia) |
| **Family: Family functioning and parenting** (n = 20; *f* = 135) | **Parents’ characteristics** (n = 15; *f* = 27) | "It's like asking a person with a broken foot to go run a marathon. No one is going to do that, right? … So why do we, many times, insist on a person who doesn't have a broken foot but has [low] levels of motivation and energy and a terrible self-esteem? How are we going to ask that person, 'Look, transform your world to stay organized!' … if the person needs care, we can’t" (Dalva)<br>"a person also with cognitive limitations and who is not capable of taking care of the kids, and they put the kids for her to take care of, and therefore, they put people in situations that they are not capable of, right?" (Felicia)<br>"It's the consumption of alcohol and drugs" (Isabel) |
| | **Parenting skills** (n = 17; *f* = 53) | “I think this is what is needed to prevent re-entries; children leave residential care to families that really have the capacity” (Felicia)<br>“in a residential care facility, considering the pros and cons, children experience different things they probably no longer have when they arrive home. They live with many other children, with other adults, and have rules set that perhaps they no longer had in such a clear and defined way at home” (Heloisa)<br>“to see if [the parent] is really putting the child first. Many times, it even seems to be going well, but then we see that it is not the child who comes first; it is something else. And I think that, when you have a son that is removed, if you really want to have him back, that has to be the priority and not other things” (Isabel)<br>“I think it’s all related to the fact of the family not being able to organize and create conditions of security and stability for the child to remain in the family; because if the family could have managed, there would be no re-entry” (Julia)<br>“In the case of adoption, I think that what explains the re-entry may be families’ unrealistic expectations … These kids who are adopted bring their past and experiences with them that most families, fortunately, for being in more normative contexts, have no idea and are not prepared to deal with these kids’ baggage” (Olivia)<br>“parents do not have the strategies to deal with the behaviour of children and youths” (Rosa) |

| | | |
|---|---|---|
| | **Quality of parent-child relationship** (n = 09; *f* = 22) | "they end up being children who came from a place where the relationship with the adult is not very healthy, the models are not very good, … they are children who do not always attach and have the capacity to commit to others to have relationships and healthier emotional bonds, they are often ambivalent, they want and don't want to, and sometimes this is difficult for families" (Felicia)<br>"perhaps these families feel lost again with a child, whom they no longer had for some time, whom they were not able to be the figure of authority or having such a strong relationship. And the children also grow up certain that those parents were not their figures of reference during a period. I think that all this can justify some re-entries" (Heloisa)<br>“In parental visits, we can immediately understand if the dynamic is correct, … if there is affection or not, if there is a tendency to move away or not, who is leading the visit … I said a while ago that parents learn to behave with the RCF, but there are things they cannot change, which are these attitudes. For example, speaking from our own experience, there is a mother who knows that for her son to spend the weekend at home, she has to comply with the visits and make the phone calls on the days of the phone calls, but then the content does not exist; it is a one-minute phone call, of ‘Hello, did you behave well?’. There is no connection or affection” (Isabel) |
| | **Support network** (n = 08; *f* = 11) | "[the families] will always face much greater difficulties in their natural environment and, therefore, or they have a great support network, whether formal or informal, or there is a challenge" (Laura) |
| | **Stressors** (n = 11; *f* = 22) | “sometimes there is no job or there is no stability” (Isabel)<br>“Then, logically, there are crisis that are not … we cannot predict what will happen and, for example, this re-entry of that phratry that I was telling you was from a perspective of civil sponsorship, it was in the context of COVID. With the COVID-19, there were economic difficulties for that family that had to reorganize itself and was no longer available to take care of two children and, therefore, there are situations that are unpredictable and that can lead to a re-entry” (Laura)<br>“I had [re-entries cases], especially during the pandemic. I think that when the pandemic started, there was some rush for some young people to be reintegrated into their families. It wasn't the best reintegration that could have happened, and now … we are proposing a return to residential care” (Rosa) |
| **Family: Change** (n = 17; *f* = 85) | **Insight** (n = 10; *f* = 19) | "And the biological family, they don't know why they're there, the technicians who wanted them to, the technicians who thought they weren't well because [in their perspective] everything was going very well... or they came because it was [the children's] fault because 'they invent, tell lies, because |

| | | |
|---|---|---|
| | | they misbehave, because we [parents] really wanted to, but they don't know, they don't want to, they're used to it'. It's the children's fault again and not the family's" (Alice)<br>"we have many families telling us 'no, no, because I also grew up here, why my children can't grow up in this house?'" (Ester)<br>"I think the key factor is the family knowing that they have a problem, that they need help" (Isabel) |
| | **Motivation and engagement to the intervention**<br>(n = 12; *f* = 29) | "families that want to be worked on and that we realize that they really want to commit and get involved, and really ask for help, really want to be helped, to have their children again" (Beatriz)<br>"There has to be the motivation of the parents, and I think this is the cornerstone" (Ester)<br>"see if they are really putting the child first" (Isabel) |
| | **Achievements and its maintenance**<br>(n = 12; *f* = 37) | "if the parents are resistant, this only promotes superficial changes, changes to fulfil agreements and not exactly intrinsic changes on family dynamics" (Carmelinda)<br>"I think that families have a great ability to show what they want, and I think they manage, not all, but many, manage to deliver, make visible to the services certain characteristics that are not natural and, therefore, when the child returns home, the family returns to the period of crisis and disorganization" (Heloisa)<br>"we must establish a longer timeline to guarantee that the behaviours are being accomplished" (Isabel) |
| **System: Evaluation and intervention with families**<br>(n = 20; *f* = 144) | **Supervision of the family**<br>(n = 17; *f* = 61) | "children no longer have our supervision when they leave residential care facilities … from a CPCJ, an EMAT, a CAFAP, so they no longer have this supervision … what happens is that the circumstances of life deteriorate, the environment becomes increasingly disorganized, and then we return to the same type of situations, dangerous situations" (Dalva)<br>"I think that maybe when there is a family reintegration, there is not always follow-up to the extent that is necessary, in terms of time, intensity, and maybe these families feel lost again with their child" (Heloisa)<br>"[what happens] is a briefer follow-up, even thinking about the situations that the court follows up on; there is, for example, a technician who has many cases in a vast geographical area, maybe she is not able to provide a follow-up. Maybe it should be, I wouldn't say daily, but more than once a week or at least weekly, and this often doesn't happen" (Quesia)<br>"I think the key factor is having a team that follows the families more closely in these difficulties. In the success stories that I remember, a CAFAP was there to give support" (Rosa)<br>"I think that many times this happens because the children return to the family and the family is no longer followed; it cannot happen. You have to continue this work with the family to guarantee, and |

| | | |
|---|---|---|
| | | for as long as necessary, to ensure that things are working, because if not, that's it [a re-entry happens]" (Silvia) |
| | **Parenting skills training** (n = 17; *f* = 36) | "these families have … to have training on knowing a little about these children … they will receive, they are children with challenges. They are not easy children" (Felicia)<br>"these parenting sessions, I think, are very important, and now these Incredible Years projects and all that, I think it's very important because it teaches families to learn strategies, and that's what they need, is to really do things differently" (Georgia) |
| | **Assessment upon leaving residential care** (n = 15; *f* = 47) | "it's one of those situations where we know it's not going to work out, but we don't have anything to tell us, palpable, that would tell us that things weren't going to go so well" (Alice)<br>"That is, sometimes most families have changed, but they are very tenuous, temporary changes, and the teams make decisions based on a reassessment that turns out to be superficial, without giving the time that is sometimes necessary" (Kiara)<br>"Others are situations, as I said, of poorly evaluated adoption, of families who were given as adopters and who ultimately end up not being so" (Paula) |
| **System: General functioning** (n = 16; *f* = 60) | **Limited or ineffective resources** (n = 13; *f* = 35) | “The CAFAP of the [city] at the beginning was working spectacularly well, now it is so overflowed that it almost does not work, that is, they no longer provide the response that would be necessary for the needs” (Georgia)<br>"And once again, I think that the reduction of caseload … the caseworkers have to be more available in terms of time to work with all the families in a more complete and available way" (Heloisa).<br>“I think the lack of resources, and I keep saying that I think it is necessary to invest more in public services that can support families and young people” (Julia) |
| | **Preference for (biological) family** (n = 10; *f* = 25) | "Considering the system… It is related to the opportunities they give to the family, which always put the family first, never put the children" (Beatriz)<br>"And it happens mainly because prosecutors and judges sometimes let themselves go into the parents’ conversation instead of listening to the technicians. Judges often say that technicians are the eyes that they have on reality, but sometimes they don't listen to us, and that ends up having a huge impact on the child and us" (Kiara)<br>"if we didn't have an answer to that child, it was better to send it to the family. I know it is very sad to say this, but it happens" (Neide) |

# Appendix D

# Thematic Analysis Concerning Suggested Improvements to Prevent Re-entries into Residential Care According to Child Protection System Professionals

| Themes | Subthemes | Examples |
|---|---|---|
| **Action with the child** (n = 09; *f* = 17) | **Intervention with the child** (n = 08; *f* = 15) | “Sometimes they [young people] idealize this [return home]. You have to be careful with their expectations because they face the reality that turns out not to be true, and aggressive behaviours with authority figures begin, not wanting to go to school. Many times, the child and youth have to be very well prepared before going home” (Beatriz)<br>“unless we are talking about youths who already assume a series of inappropriate behaviours… In this case, it is necessary to intervene with them, in terms of helping them to overcome the situations, working in their emotional well-being, understanding what makes them behave that way” (Carmelinda) |
| | **Specialised hearing of the child** (n = 02; *f* = 02) | "children should be heard by specialised technicians, not by judges who often cannot have the sensitivity and perception to understand what that child is saying and why they are saying it … many times they will say they want to go home. Of course, they want to go home. No one wants to be in a residential care facility. No matter how bad the house is, it's their family; it's the feeling of loyalty that you must be loyal to your parents and go home, right? If we have someone with the sensitivity to understand that the child wants this, but what are the child's true motivations to go home? We have already managed to understand, and perhaps the system would be different, and we would understand that children say they want to go home, but deep down, they do not want to go home. The child wants to go home, imagining an idealised house" (Beatriz) |
| **Action with the family** (n = 12; *f* = 19) | **Intervention with the family** (n = 12; *f* = 19) | “a work with the family to overcome the situations that led to the danger factors which precipitated the removal” (Carmelinda)<br>“interventions that give more … autonomy to the family … in which we technicians can enhance the autonomy of that family to seek their own way out of this vicious cycle of risk situations, not focusing on what we think is good, but to help the family to discover what is good for them, which also does not jeopardise the well-being of the children. I think it is more a work of thinking with families than making them listen ... of how to reach a certain objective, but it is not a concrete objective that we outline; it has to do with them, what are their objectives, how we can get them there so that they can maintain it themselves” (Dalva) |

| | | |
|---|---|---|
| **Action in the community and the system** (n = 20; *f* = 93) | **ECMIJ** (n = 16; *f* = 29) | "I once again highlight the issue of entities with competence in matters of childhood and youth (ECMIJ); that is, I once again emphasise that my suggestion for improvement for the entire child protection system is to have a solid base, with many resources to be able to do its job; that the child goes up the pyramid [to CPCJs and court] as few times as possible, and that situations of danger and risk are overcome as quickly as possible, still at the base of the pyramid of the child protection system" (Carmelinda)<br>"I think it makes all the difference that there is an intervention close to CAFAPs" (Dalva)<br>"The work on the first line, we have to have many entities that work but work effectively, it has to be a job that is not just from Monday to Friday, from 9 am to 5 pm, because families are not just from Monday to Friday, from 9 am to 5 pm. This is the part where there is no problem; the kids are at school; this is the part where there is no family, as we used to say. The family is from 5 pm to 9 am, on weekends, on holidays, and that is when it is important to intervene" (Paula) |
| | **CPCJ and court** (n = 05; *f* = 07) | "there has to be a constant improvement so that we can really reach everywhere as professionally as possible. And that really includes more technicians at the CPCJ" (Heloisa) |
| | **Alternative Care** (n = 11; *f* = 16) | "there are more people who need an average response; people don't need small or big, it's average … I think that the majority would continue to be family reintegration, but in those situations where this is not possible, and which are the ones that the kids often become autonomous afterwards, they could go to another family and maintain a relationship with theirs, and they would be in a civil sponsoring family instead of being in an RCF or with their family that is not capable" (Felicia)<br>"I think that, sometimes, the pressure to have a protection project, or the difficulty in having alternative protection projects, difficulty in adoptions, difficulty in foster care, difficulty in making a broader assessment of the family and finding other alternatives and, so perhaps the first alternative is to work and believe in these families" (Heloisa) |
| | **Investment in mental health** (n = 07; *f* = 08) | "There has to be regular psychological monitoring; it cannot be every two months or every month; there has to be regular follow-up. Psychiatric appointments often take a long time to access. They are also very spaced. This does not favour integration and the child's emotional stabilization; of course, this is a snowball. For the children and the families" (Dalva)<br>"mental health issues and psychological responses need to be faster; people cannot wait two years for a psychology consultation in a situation that we know is a crisis and it is not easy, but having health support, it can be controlled" (Rosa) |

| | |
|---|---|
| **Collaborative teamwork** (n = 13; *f* = 20) | "to reinforce this idea of a great articulation, between health, I mean mental health, the first-line services, the residential care facilities and technicians, and the courts and the CPCJ's, to have a great articulation" (Alice)<br>"more teamwork" (Neide) |
| **Specialisation** (n = 06; *f* = 13) | "maybe there could be more specialized technicians there [court] too, who could do the interviews with the children" (Beatriz)<br>"I think it's related to offer us more capacitation to work in this field" (Telma) |