DECISION, RISK AND UNCERTAINTY WITHDRAWAL OR REUNIFICATION OF CHILDREN AND YOUNG PEOPLE IN DANGER?

DECISÃO, RISCO E INCERTEZA RETIRADA OU REUNIFICAÇÃO DE CRIANÇAS E JOVENS EM PERIGO?

DECISIÓN, RIESGO E INCERTIDUMBRE RETIRADA O REUNIFICACIÓN DE LOS NIÑOS Y JÓVENES EN PELIGRO?

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ABSTRACT: This study aims to better understand what influences and determines decisions in contexts characterized by complexity and uncertainty, and contributes to the development of recommendations for practice. Based on the work of Davidson-Arad and Benbenishty (2008, 2010), we intended to understand how students from higher education, in scientific areas related to professions involved in decision making processes of children and young people at risk individual care plan, would decide in the presence of a specific case with different scenarios. Participated in the study 200 university students from different regions of Portugal. We used a factorial design (2×2) that involved a questionnaire vignette with four versions. The questionnaire describes the case of a child suspected of being a victim of violence and requires the students to make a decision about the kind of intervention that should be applied in that moment. In addition they must also decide, if the child was removed from her home, whether or not the child should be reunited with the biological family after two years. Among the key findings we highlight the fact that students recognized the risk posed to the child as suffering significant physical and emotional harm. Nevertheless, most decided in favour of an intervention with the biological family, avoiding the removal of the child from their life context. However, in the case of a decision favouring foster care, the majority of the students considered that the child should remain with the foster family when they were asked to reassess the case after two years. It is noted, with statistical significance, that the decision was influenced at first by the agreement or not of the mother to withdrawal and secondly by the child’s desire to be reunited or not with the birth family. We concluded that the development of professional evaluation criteria and decision making should be addressed by including in the curriculum of higher education programmes in the field of child protection, the study of the criteria for the withdrawal, the conditions for the reunification and the advantages of involving the child and the biological family in the intervention.

PALAVRAS-CHAVE: serviços sociais abuso de crianças avaliação de risco

RESÚMEO: Este estudio visa compreender melhor o que influencia e determina as decisões em ambientes caracterizados pela complexidade e pela incerteza, e contribuir para o desenvolvimento de recomendações para a prática. Com base nos trabalhos de Davidson-Arad e Benbenishty (2008, 2010), pretendia-se saber como é que estudantes do ensino superior, em áreas...
categorías relacionadas con las profesiones envueltas en el proceso de decisión sobre los proyectos de vida de niños y jóvenes en situación de riesgo, tomarían decisiones sobre los proyectos de vida de niños y jóvenes en situación de riesgo, tomarían decisiones ante un caso concreto, en diferentes escenarios. El estudio participaron 200 estudiantes universitarios de diferentes regiones de Portugal. Se utilizó un diseño factorial (2×2), donde implicaba una encuesta de cuatro versiones, que describe el caso de un niño con sospecha de ser víctima de violencia, y en el que se evalúa que decisión debe tomarse en el momento y, en el caso de que sea retirado de su familia biológica, si debe o no reunirse dos años después de esa decisión. Entre los principales resultados destacan que los estudiantes reconocen el riesgo de que el niño esté sufriendo un daño físico y emocional significativo. Su decisión mayoritaria fue a favor de una intervención con familia biológica, evitando la retirada del menor de su contexto de vida. Sin embargo, ante una decisión que favorece acogimiento familiar, consideran que el evaluación del caso después de dos años, también en su mayoría, que el niño debe permanecer con la familia de acogida. Es de señalar, con significación estadística, que la decisión fue influida, al principio, por el acuerdo o no de la madre con la retirada, y la segunda vez por el deseo o no de la reunificación del niño con su familia biológica. Se concluye que el desarrollo de criterios de evaluación profesional y la toma de decisiones, implica la integración en el currículo de la educación superior en el área de protección de la infancia, del estudio de los criterios para la retirada, del estado de la reunificación, de las condiciones para la reunificación y de las ventajas de la participación del niño y la familia biológica en la intervención.

1. Introduction

In recent years there has been an increased interest in comparative study of decision making in the child protection systems. Studies are focused on the ability of a person or a group to interpret the information and analyse and reflect on the factors, the criteria and the procedures that surround the decisions related to the prevention, monitoring, evaluation, withdrawal or reunification of the child with the family of origin (Benbenishty, Osmo, & Gold, 2003; Davidson-Arad & Benbenishty, 2008, 2010; Gold, Benbenishty, & Osmo, 2001; Regehr, Bogo, Shlonsky, & LeBlanc, 2010). The assessment and in particular, the subsequent decision, has a huge impact on the lives of the children and adults involved. It is for this reason that these are the areas that give rise to the most difficulties when a decision is taken.

The prevention and the family support, which is enshrined in the Convention on the Rights of the Child (1989), together with the child’s recognised status as an independent being with strong individual rights, have in recent years, accentuated the importance of working with the child and the parents in the community, thus keeping coercive and police intervention to a minimum. (Gilbert, Parton, & Skivenes, 2011). However, it is not enough for the family to prevent the damage, in fact the parents have the duty to bring up their children by providing them a childhood that leads to their development and well-being (Lindsey & Shlonsky, 2008). It should be considered that more than being part of the family or being considered as property, children are individuals and citizens of the present, with the right to participate and to give their opinion on matters that concern their lives (Gilbert, et al., 2011).

In Portugal, according to the legal framework, the decision to remove a child as well as the reunification decision with the family of origin may be made by the
Protection Committees of Children and Young People (Comissões de Proteção de Crianças e Jovens). In order to do this they must obtain the consent from the biological family, the legal representative, or the child’s custody holder. In addition, the decision must no be opposed by the child or young person aged 12 years or older. Law No. 147/99 of September 3rd, which establishes the protection of children and young people in danger, defines those Committees as official institutions non-judicial which aim to promote the rights of children and young people and prevent or put an end to situations that may affect their development. In the absence of consent or if, for another reason, the Committee can not act, or if their efforts are not effective, the competent Courts will conduct the proceedings of promotion of the rights and protection, and apply the necessary protective measures.

The protective measures are generally temporary, and are intended to give time and space to intervene in the family context, with the ultimate aim of reunification. However, children who are in institutions or in foster families tend to stay in the system (Social Security Institute, 2014), usually until they reach majority. Reunification cases are rare, so this field is very relevant to the Portuguese Child Protection System, and to the foster children’s individual care plans, namely to improve their definition and re-evaluation (Delgado, Carvalho, & Pinto, 2014).

Risk assessment and recommendations for intervention are the key points in the cases of children and young people at risk (Davidson-Arad & Benbenishty, 2010). This is because professionals are repeatedly faced with various factors that introduce uncertainty into the case risk assessment. Benbenishty et al. (2003) identify lack of information about the case, the impossibility of direct observation and the existence of conflicting information as some of the factors that contribute to the complexity of decision making proceedings. It gets worse in the current social context with the presence of a “guilt culture” which leads to public outcry and high profile accusations of incompetency from the media, directed at the individual social workers or the team when results of cases have tragic consequences.

The need for a carefully considered decision, without haste, clashes with the urgency caused by the child’s potentially physical or psychological danger. The situation gets more complicated when the available information is scarce, ambiguous or nonexistent, and requires a decision to be taken in a scenario characterized by uncertainty (Casas, 2010; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010).

This study, which reproduces an environment, characterized by complexity and uncertainty, aims to understand how higher education students would take a decision in the presence of a specific case, in different scenarios, regarding the individual care plan of children and young people at risk. 200 higher education students from the social sciences area were involved. They answered a questionnaire vignette, with four versions, which describes the case of a child suspected of being a victim of violence, they were asked to decide what the best course of action would be at the time. They were also required to decide whether or not the child should be reunited with the biological family two years after the initial decision.

2. Personal and environmental factors that influence the professionals in decision making

The answer to such questions; as to whether it is possible for a decrease in the risk of mistreatment to occur in the family after a period of time has elapsed, or if the parents will be able to improve their parenting skills whilst the children are placed outside the home, do not have an obvious answer. As Taylor (2013) observes, “a key issue is who is at risk and who is taking the risk of the decision with regards to the intervention plan” (p.11).

Specific training in this area is currently deficient or nonexistent. Furthermore there is a dearth of criteria to guide the decision in a defined range of situations like these, and to allow the standardization of the decision outcomes, in order to assess whether the removal is in the interests of the child or if it would be preferable to keep the child at home. Nevertheless, a highly bureaucratic system can impair the flexibility and speed of the process. Gambrill (2008) identifies some criteria that are regularly used to make decisions in these circumstances, such as “tradition (which is usually done within the team), consensus (which is how most people believe it should be done), popularity (what most people do) and scientific (which research suggests to be the most likely to lead to the desired results)” (p.176). The situation is similar to the reunification decision.

The need to analyse and understand the factors that influence professionals in their decision making is emphasised in situations where none of the decision alternatives is evidently preferable; both with advantages and disadvantages, and none of them constitute an obvious choice. Factors such as professional age, experience, degree of self-confidence, stress levels to which they are subject to, and self-perceived ability to involve the family members in the intervention, are referred by Regehr et al. (2010) as striking in professionals’ decision making.
Other authors emphasise the influence of workers’ personal characteristics, such as personality and temperament, as well as their beliefs in the decision making, which are evident in some studies as especially important in the interpretation of relevant information and situation assessment (Davidson-Arad & Benbenishty, 2010). Professionals’ individual factors such as fear of parents’ reactions, fear of making the wrong decision, feelings of guilt for breaking trust, or sympathy for the families with whom the intervention is to be made were also identified by Horwath (2006).

Moreover, the mother’s behaviour is referred to as a factor that has a significant impact on professionals’ decisions (eg Gold et al., 2001; Regehr et al., 2010).

Davidson-Arad and Benbenishty (2010) point out that professionals’ role in decision making also depends on their type of professional group, their level of expertise, and the country where they work.

The identification and analysis of factors that determine the process of professional decision making can contribute to a more informed decision. Particularly, if the decision is supported by effective supervision and peer sharing, formal or informal, in moments of conversation, or training spaces that promote and nurture reflection on the practice (Davidson-Arad & Benbenishty, 2010).

Based on the results that underline the implicit subjectivity in the decision making process, it has been suggested the investment in the professionals critical thinking developing and encouraging, as a key contribution to strengthening their professional performance (eg Davidson-Arad & Benbenishty, 2010; Regehr et al, 2010). Teaching professionals to explore the more subjective elements of risk assessment instruments will be a contribution of significant relevance to their initial and continuing training (Benbenishty et al. 2003; Regehr et al., 2010).

This is not to prescribe best practices in the area of decision making but, in the area of Social Judgment Theory (Dalgleish, 1988; Hardman, 2009) to disclose and to explain how the decision makers can use the information differently, by giving a broad value to the same type of information. These process models allow us to identify a cause or to predict an outcome, showing how different cues can influence judgments (Hardman, 2009). As this author points out; “people may be inconsistent while process models never are” (p.11).

This approach provides information that allows us to assess whether decisions are consistent with the available knowledge and the socially recognized values or, on the contrary, have significant deviations, which should be discussed and perhaps modified (Davidson-Arad & Benbenishty, 2010).

The child protection field is associated with subjective interpretations of reality and concepts, such as child maltreatment, which remain under discussion in the scientific field. The prediction depends on a number of factors, the available elements and the importance attributed to it. Thus serving the probabilistic analysis of alternative scenarios to mitigate or reduce uncertainty, never to ensure a predetermined outcome. Decisions in the context of risk and uncertainty are associated inevitably with the probability of error, since the judgments are not infallible (Munro, 2008a).

The safest predictions may not materialize since certain phenomena are unpredictable, even with all the relevant information gathered, it will generate outcomes that are different and reducibly related to the prevision. Therefore, the outcomes may not be the only test to assess the prediction and decision’s quality, and a bad outcome can arise after a reasoned decision, in the same way, a good outcome does not necessarily mean that a good decision has been taken. (Taylor, 2013). It is essential in this area to distinguish the outcome from the processes (Gambrill, 2008) and to evaluate the prediction quality “on how they were achieved, i.e., decision making procedures” (Taylor, 2013, p.158).

Knowledge of the error and learning from the experience contribute to the development of mechanisms that allow a better understanding of decision making process and better practice in decision making in general. Munro (2008b) proposes a typology that identifies common mistakes in decision making, making them more visible and therefore more easily avoidable. The reluctance to be decisive; avoiding decisions, is the first; tunnel vision is the second, when workers “consider only a narrow range of options (...) in an attempt to save time and effort” (p.195); myopia is the third, when the decision favours the immediate consequences and omits what may have long-term success; and finally, Post Hoc, when the decision is made first, and only then the justifications for the decisions are considered, opting for “a decision that is «good enough», above a certain level, but not necessarily the best” (p.196).

The theory of probabilistic models tells us “that people seek a good reason to make a decision and stop seeking other information at the time that the good reason is identified” (Hardman, 2009, p.9).

This leads to the reflection, the evidence that the implementation of the decision is as important as the decision. The decision may be good, but if poorly implemented could lead to outcomes that do not enhance, as much as might be possible, the child’s well-being. The decision, per se, can be de-
layed or even not be made, or change along the process. For example, if the final decision rests with the court, the competent court may depart from the perspective defended by the professionals in their reports or testimonies, and make a decision that produces different outcomes from the desired one.

The ecological approach (Baumann, Dalgleish, Fluke, & Kern, 2011; Baumann, Kern, & Fluke, 1997) has shown that decisions in this area are influenced by a diverse set of elements. These include: case characteristics, organizational factors such as professional team size, training and resources; factors associated with decision making, such as process guidelines and experience; and external factors such as legal framework, critical events or community involvement. Benbenishty et al. (2014) note that decisions are made according to hierarchy and, contexts intersection related to the person, the professional team, the political and legal framework, the region or country, and the cultural and historical context. However, this process is continuous, since with the mere passage of time the situation under analysis is subject to changes which require the process of new information and reconsideration of the initial assumptions (Gambrill, 2008). Despite all efforts, some features may have a negative impact, such as recent experiences, tiredness or boredom, which can influence the judgments and “get them to fall short of the optimum outcome” (Hardman, 2009, p.11).

All of these studies have been conducted with professionals. However, it is important to consider their prior training higher education level, that prepare them for this decision making process. As such, we decided to study the perceptions of students in higher education in order to try to analyse their preconceived ideas regarding a case of violence against a child in her family environment.

3. Methodology

This study is framed within an international project coordinated by Haruv Institute, of the University of Jerusalem, and involves several countries such as Germany, Israel, Netherlands, France, Sweden, Denmark, Norway, Northern Ireland, Spain, Italy and Portugal.

We used a factorial design, in which two levels of the first factor (foster care proposal with or without the mother’s approval) are crossed with two levels of the second factor (reunification with or without approval of the child), allowing the existence of four history versions, and providing a cross-analysis of the attitudes of students. Questionnaire vignette method was used, which is classified as an effective method, since participants can perform very similar judgments to which they would do in real life situations (Taylor, 2005). In this way, the “Diana” case was presented, which was developed based on real cases of the Israeli protection system (Davidson-Arad & Benbenishty, 2008; Benbenishty et al., 2003), and later adapted to the Portuguese context.

4. Participants

Based on a convenience sample in different regions of Portugal (Braga, Porto, Coimbra, Lisbon and Faro), the four versions of the questionnaire vignette were distributed randomly, making up a total of 50 responses for each version.

Data collection took place between April and June 2014 and statistical analysis was performed using IBM SPSS-20.

200 higher education students participated in this study, of which 85 were in the final year of their undergraduate and 115 were doing a master’s degree. They were all registered on courses run within the relevant scientific area of promotion and protection of children and young people. It is therefore, highly likely that they may apply for a job in this area in the future. Most (76%) were studying Psychology (61 students). Other students were from Social Education (58) or Social Work (33) and those from less representative areas included, Sociocultural Animation (4 students), Education and Social Intervention (10) Special Education (17), Child Studies (8), Psychological Intervention, Education and Development (2), and Psychosocial Intervention (7).

A large majority of respondents were female (91.5%). The sample shows some dispersion at the age level, since 131 students are between 20 to 29 years, 36 are between 30 to 39 years, 27 are 40 or more years and, the smallest group being the age group of under 20 years with only six students. It is noteworthy that, in Portugal, the personal investment in higher education is valued, regardless of the person’s age.

Approximately 67.5% of students were single, and 24% of the respondents already had children. 38 of these students were already in the labour market, mainly working in the social area, namely 18 social educators, 14 social workers and six psychologists. Among these, 12 reported as having had experience working with children and young people at risk, 5 are currently working for the Institute for Social Security, IP in the childhood and youth area. The number of years of professional experience ranges from one to 20 (M = 7.22, SD = 6.06).

At the religious level, the majority (77.5%) is Catholic, although 67.7% claimed to be non-practicing. A minority, 17.5% identified themselves as...
atheists or nonreligious and 5% as followers of other religions.

5. Instrument

We used a case vignette to analyse the decision making process. A text was presented, which described the case of “Diana”, a six year old child who lives with her unemployed father aged 31, and her 25 year old mother, a housewife. Also in the family there are 2 brothers of four and two years old. It is suspected that the child is the victim of violence and it is considered the withdrawal from her biological family. The case of “Diana” was presented to the participants with slight variations, with two of the vignette sections – the possibility of withdrawing the child from her biological family and the possibility of reunification after two years – presented differently, resulting in four different questionnaires. The AA questionnaire, where the mother contests the withdrawal at the beginning and the child shows no interest in returning after two years; AB, where the mother contests the withdrawal at the beginning and the child shows interest in returning after two years; BA, where the mother does not dispute the withdrawal at the beginning and the child shows interest in returning after two years; BB, where the mother does not dispute the withdrawal at the beginning and the child shows interest in returning after two years.

The differences between the four versions exist only on a text level, since the same questions are presented to all participants, which are divided into five thematic sections:

1. Opinion on whether the child was maltreated: abused at an emotional or physical level; neglected at an emotional or physical level; and/or sexually abused (1 - strongly disagree, 2 - disagree, 3 - neither agree nor disagree, 4 - agree, 5 - strongly agree).

2. Risk assessment of the child suffering significant physical and emotional harm, if she remains with her biological family (1 - no risk, 2 - low risk, 3 - moderate risk, 4 - high risk, 5 - very high risk).

3. Decision making in relation to the type of intervention that should be recommended, giving six possibilities:
   - Avoid intervention;
   - Indirect intervention through other professionals who are already in contact with the child or young person (i.e. teacher);
   - Direct intervention of Social Services without providing additional services;
   - Direct intervention of Social Services, providing additional services (i.e. support for after school, monitoring in family centre);
   - Placement of the child or young person in foster care, on a voluntary basis (i.e. with parental consent);
   - Placement of a child or young person in foster care, following a court order (i.e. without parental consent).

4. Child’s risk assessment of suffering significant physical and emotional harm if the child returns to the biological family, five-point scale from “no risk” to “very high risk”.

5. Decision making in relation to the type of intervention that should be recommended after the child has been two years in foster care:

### Table 1. Types of maltreatment assessment

<table>
<thead>
<tr>
<th>Type of Maltreatment</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>Frequency</td>
<td>1</td>
<td>6</td>
<td>17</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0.5</td>
<td>3</td>
<td>8.5</td>
<td>37</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Frequency</td>
<td>5</td>
<td>4</td>
<td>45</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>2.5</td>
<td>2</td>
<td>22.5</td>
<td>54</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>Frequency</td>
<td>1</td>
<td>6</td>
<td>13</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0.5</td>
<td>3</td>
<td>6.5</td>
<td>42</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>Frequency</td>
<td>3</td>
<td>6</td>
<td>23</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>1.5</td>
<td>3</td>
<td>11.5</td>
<td>51.5</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Frequency</td>
<td>22</td>
<td>63</td>
<td>108</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>11</td>
<td>31.5</td>
<td>54</td>
<td>2.5</td>
</tr>
</tbody>
</table>
• Recommend the reunification of the child or young person with the biological family, while continuing to work with the foster family, the biological family and the child or young person in the reunification process;
• Recommend the maintenance of the child or young person with the foster family, while continuing to work with the foster family, the biological family and the child or young person.

6. Presentation and analysis of results

The analysis of the case of “Diana” showed that students presented strong agreement about the level of abuse that the child would have suffered with her family. According to table 1, compliance levels are higher when there exists suspicion of emotional abuse (median = agree; mode = strongly agree), emotional neglect (median = agree; mode = strongly agree), and are lower in relation to physical risk of abuse and neglect (median = mode = agree). In the case of sexual abuse, students have some doubts about the possibility of this occurrence, since a large proportion (42.5%) disagree with this possibility, and only 13.5% validate it (median = mode = neither agree nor disagree).

There is evidence of very high concern among students about the chance of the child being at risk of suffering significant physical and emotional harm if she remains with the biological family (table 2). However, they consider that the emotional risk (median = mode = very high risk) is higher than the risk of suffering physical abuse (median = mode = high risk). It must be pointed out that no student suggested there was no risk and a minority classified it as low.

Regardless of acceptance or opposition of Diana’s mother of her removal and subsequent integration in the foster family, there were no statistically significant differences in risk assessment between the two groups, both physically (KS-2 = 0.141; \( p = 1 \)) and emotionally (KS-2 = 0.707; \( p = 0.699 \)).

Table 2. Risk assessment of the child if she stays at home

<table>
<thead>
<tr>
<th></th>
<th>No risk</th>
<th>Low risk</th>
<th>Moderate risk</th>
<th>High risk</th>
<th>Very high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical harm</strong></td>
<td>Frequency</td>
<td>0</td>
<td>5</td>
<td>28</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0</td>
<td>2.5</td>
<td>14</td>
<td>54.5</td>
</tr>
<tr>
<td><strong>Emotional harm</strong></td>
<td>Frequency</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>33.5</td>
</tr>
</tbody>
</table>

Table 3. Type of intervention recommended

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>The mother contests the withdrawal of the child</th>
<th>The mother doesn’t contest the withdrawal of the child</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect intervention through other professionals who are already in contact with the child</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Direct social work intervention without the provision of additional services</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Direct social work intervention with the provision of additional services</td>
<td>57</td>
<td>43</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Place the child with a foster family on a voluntary basis</td>
<td>13</td>
<td>41</td>
<td>54</td>
<td>27</td>
</tr>
<tr>
<td>Place the child with a foster family following the granting of a court order</td>
<td>24</td>
<td>11</td>
<td>35</td>
<td>17.5</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 61.2 \]
\[ p < 0.001 \]

\[ \chi^2 = 83.2 \]
\[ p < 0.001 \]
In table 3, it can be noted that all students think that some kind of intervention has to be done. The majority (55.5%) is in favour of intervention within the biological family, avoiding removing Diana from her life context. Looking in more detail, 51% of students chose the direct intervention of Social Services, while 4.5% preferred an indirect intervention through other professionals who are already in contact with the case. The remaining 44.5% advocate the removal of the child and her subsequent placement in a foster family, either on a voluntary basis (i.e. with parental consent - 27%), or through a court order (i.e. without parental consent - 17.5%).

A higher percentage of students recommended an intervention in the area of non-withdrawal when the mother does not agree with the withdrawal, and a higher percentage of students suggested the removal of the child when the mother is in favour of it. The adjustment chi-square tests show that the distributions of percentages are statistically significant in both scenarios: when the mother contests the withdrawal ($\chi^2 = 61.2; p < 0.001$), with advantage of direct intervention of Social Services without providing additional services (+ median + mode), and when she does not contest, although the mode is the same, the median changes to placement of the child or young person in foster care on a voluntary basis ($\chi^2 = 83.2; p < 0.001$). So, initially, foster care is not the majority choice (37%) when the mother does not agree with the withdrawal and disputes this social response, but in the case of acceptance, then foster care is the preferred option by students (52%).

In response to the question: “Reasons for the selected option”, students show different reasons for their decision making. Based on a content analysis of the answers, cross analysis conducted by the researchers, it was concluded that in 24.5% of cases, students defended the need for a systemic intervention with Diana and her family, as well as, specifically only with the birth family (19.7%). It is also important, in the opinion of students, to provide to Diana a loving family (22.4%), and to give her confidence and support (12.9%). However, in 12.2% of responses, students refer to the need to remove the child from home, even if it is only temporarily or to involve the extended family. In the latter group, it is found that 83.3% of students proposed a direct intervention of Social Services, but with additional services, demonstrating that there are students (15) who took a more conservative decision than their justification would suggest.

There is also a significant positive and moderate correlation (Spearman rho) between risk assessment of physical ($r = 0.373; p < 0.01$) and emotional abuse ($r = 0.371, p < 0.01$) and decision making, meaning that students who tend to evaluate the child as exposed to a higher risk choose a more intrusive intervention.

Faced with the possibility of the return of Diana to her parents after two years, students felt that the risks of physical and emotional harm (table 4) remained high (median = mode = high risk).

However, respondents evaluated the case of Diana as lower risk compared to initial assessment, including a student that referred to the absence of risk of physical abuse. The percentage of responses against very high risk lowered in both types of abuse: physical, from 29% to 24.5%; and emotional, from 58.5% to 42.5%. The Wilcoxon test for related samples allow us to conclude that there is a trend towards a decrease in perceived risk by students, with statistical significance, both physically ($z = -3,035; p < 0.01$) and emotionally ($z = -3,915; p < 0.001$).

After two years, in the absence of outcomes from working with the biological family, it is seen that 88.5% of students propose the maintenance of Diana with the foster family. However, there are more students proposing the reunification when the child shows interest in returning (table 5), with statistical significance ($\chi^2 = 11.054; p < 0.01$).

Crossing the risk assessment of physical or emotional harm if the child went back home, with the fact that the child wants or does not want to return home, it turns out that there is no difference in the distribution of the risk of physical damage between the two groups ($KS-2 = 1.344; p = 0.054$).

<table>
<thead>
<tr>
<th>Table 4. Child’s risk assessment in the case of return home after 2 years</th>
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</thead>
<tbody>
<tr>
<td><strong>Physical harm</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

| **Emotional harm** | No risk | Low risk | Moderate risk | High risk | Very high risk |
| Frequency | 0 | 2 | 21 | 92 | 85 |
| % | 0 | 1 | 10.5 | 46 | 42.5 |
in relation to the emotional risk, there exists a statistically significant difference (KS-2 = 2.333; p < 0.001), and the groups where the child does not want to return are those in which the respondents have a higher risk perception.

In response to the question: “Reasons for the selected option”, among the different reasons for the decision making, it was found that in 49.3% of cases the students believe that the child has a stable relationship with the foster family and 39.6% advocate maintaining a systemic work programme with the family. They point out, as major constraints, the biological family resistance to change reported by 27.8% of the students, a high risk to the child if the reunification with the biological family happens indicated by 16% of students, and the fact that the child doesn’t want to return to the biological family, in 11.1% of the cases. Thus, the reasons given by students are mostly in agreement with the decision making. It is noteworthy that even in the pres-

<table>
<thead>
<tr>
<th>Table 5. Type of intervention proposed after 2 years</th>
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<tbody>
<tr>
<td>The child doesn’t want to go back to her family</td>
</tr>
<tr>
<td>Recommend reunifying the child with her biological family while continuing working with the foster family, the biological family and the child on the process of reunification</td>
</tr>
<tr>
<td>Recommend keeping the child with her foster family while continuing working with the foster family, the biological family and the child</td>
</tr>
</tbody>
</table>

$\chi^2$ of independence = 11.054 (p < 0.01)

<table>
<thead>
<tr>
<th>Table 6. Types of intervention, at the beginning and after 2 years</th>
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</thead>
<tbody>
<tr>
<td>Recommend reunifying the child with her biological family while continuing working with the foster family, the biological family and the child on the process of reunification</td>
</tr>
<tr>
<td>Indirect intervention through other professionals who are already in contact with the child</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Direct social work intervention without the provision of additional services</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Direct social work intervention with the provision of additional services</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Place the child with a foster family on a voluntary basis</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Place the child with a foster family following the granting of a court order</td>
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</tbody>
</table>

Teste Wilcoxon: z = -12.337 ; p < 0.001
ence of the proposal for reunification, 70.6% con-

From the table 6, and based on the comparison of the distribution of the recommended types of intervention in this case, at the beginning and after two years, it can be noted that there is a statistically significant difference ($z = -12.337, p < 0.001$), in Wilcoxon test, between the students in favour of the reunification and those who prefer the maintenance of foster care.

In the majority of the cases, regardless of the type of intervention proposed at first, students in the second phase of the decision considered that Diana should stay with the foster family. Thus, 44.5% of students recommended a placement in foster care but, after two years, 88.5% favoured the maintenance of this social response. It should be noted that among the 100 students that initially recommended “direct intervention by Social Services, providing additional services”, it turns out that 83% defended by the end the maintenance of foster care. It is noteworthy that only one student defended the placement in a foster family in the early stage and later identified reunification as the best option.

7. Data discussion and conclusions

Firstly, we can conclude that the opinions of students converge in the recognition of the risk that Diana is undergoing, significant physical and emotional harm, if she remains with her biological family. No students identified no risk and only a minority classified the risk as low, regardless of the mother’s acceptance or opposition to Diana’s removal and the possibility of subsequent reunification.

This convergence is diluted, however, regarding the type of intervention to be carried out. The preferred choice of most students, that is, the intervention in the life context, or the withdrawal of Diana, with the placement in foster care, is clearly influenced by the mother’s behaviour, for it marks up a higher percentage of students to recommend an intervention instead withdrawal when the mother does not agree, and a higher percentage of students to suggest the removal of the child when the mother is in favour of it. This influence is also evident in terms of placement in foster family following a court order, since a larger number of students refer this option when the mother is opposed to the withdrawn, compared to placement in foster family on a voluntary basis. The data correspond to the findings from other studies (Gold et al., 2001; Regehr et al., 2010), according to which the mother’s behaviour is a factor with a significant impact on the decisions of professionals. In this case, the mother’s opposition to the withdrawal produces practical effects, once the opinion of the students varies according to the assumed attitudes.

Faced with the possibility of Diana’s return to her parents two years after the withdrawal, students still consider that the risk of the occurrence of physical and emotional harm is high, which leads to the vast majority to decide to maintain Diana with the foster family. This is also true of the group that initially advocated the intervention of Social Services in the context of the child’s life. The more conservative and less invasive positions, featuring the process initial stage, had changed given the stability of integration in the foster family and the absence of changes in the behaviour of the biological family. Note, however, that this attitude is influenced by the child’s opinion, similar to the situation regarding the mother’s attitude, since there are more students who propose the reunification when the child shows interest in returning. Given the involvement of parents, work with the families is considered as a very important aspect throughout the intervention.

As regards to the implications for practice, we can conclude that students who are still in the educational process, naturally need to improve their professional evaluation criteria and decision making process in order to gain awareness of the weight of their and others’ attitudes, when formulating judgments and taking decisions. The development of the school curricula should pay special attention to the study of the criteria for withdrawal, and to the conditions for reunification, as well as to the advantages of involving the biological family in the intervention. It is important to promote learning with case studies and to include the presentation of testimonials from professionals within the classroom context.

As mentioned in the literature review, the ecological approach has shown that decisions in this area are influenced by a diverse set of circumstances, including the accumulated experience. And in the case of students, knowledge of the error and learning from their experience contribute to best practice in decision making.

Limitations of this study include the use of a single case for evaluation, and the possibility that the sample only represents students who wish to express their views. The ideal scenario would be to complement the vignette with other real cases, in order to diversify the data collection, as well as to increase the number of higher education students involved in the study. Nevertheless, the instrument has the advantage of presenting the respondent with a specific case, which is based on a true situation, without the urgency that would exist in a real life situation involving the danger to the physical and psychological integrity of the child. It is the case that the decision has to be taken, as happens so often in real life, in a scenario characterized by uncertainty.
References


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