

Professional Judgments and Decisions on Placement in Foster Care and Reunification in Portugal

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Abstract

This study aims to analyse professional judgments and decisions made in the Portuguese child care system in face of a case vignette of child maltreatment. Using the approach proposed by Benbenishty et al. (2015), we assessed the decisions of professionals, such as to place the child in foster care or reunify her with her family, on the basis of a series of judgments (e.g. substantiation of alleged abuse and neglect, risk assessments), that are influenced by the characteristics of the case, the decision making context, and mother's and child's wishes. We conclude that there are different approaches to the case based on different professionals' attitudes that can be classified in two groups: one more pro-removal and other anti-removal. These groups presented different risk assessments and intervention recommendations, and their decisions were significantly influenced by the mother's and child's wishes. Furthermore, we have done comparisons with studies made in other countries, concluding that the country context can be an important factor that leads to different outcomes. Implications for both practice and research are presented.

Keywords: Foster care; Reunification; Assessment; Child abuse; Child care policy and practice

Introduction

Judgments and decisions made by professionals of the child care system are extremely relevant since they have a major impact on the lives of children and young people at risk and their families. Professionals' judgments in this area cannot just rely on unequivocal empirical evidence of outcomes achieved by their decisions. For instance, studies of neglected and abused children show that both those who were kept at home and those who were removed suffered from a wide range of similar psychological, social and cognitive impairments (e.g. Davidson-Arad, Englechin-Segal, & Wozner, 2003).

Furthermore, the decision on the most effective interventions cannot be completely derived from global professional theory and practice, because they need to vary based on the local context (Benbenishty et al., 2015). There is also evidence that within the context of each child care system, judgments and decisions made by professionals are influenced by guidelines and expected attitudes of the system they are integrated in (Davidson-Arad & Benbenishty, 2010; Martin, Peters, & Glisson, 1998). Given these circumstances, it is important to examine how professionals in different country contexts make these important judgments and decisions in relation to in and out home placement. In recent years it has greatly increased interest in comparative work in the area of social research, recognising the multiple benefits of this practice (Baistow, 2000), namely as a stimulus for creativity and reflection on what can be improved in different contexts.

This study focuses on professionals of the Portuguese child care system that worked directly or indirectly with children at risk, and examines how their attitudes are associated with their judgments and decisions on foster care and family reunification, given the particular country's legal framework. The findings of this study are also compared with those reported in other countries.

Child care in Portugal

In Portugal, the main objective of the child care system is to promote the rights and protect children and young people, putting an end to situations that might affect their safety, health, and education, in order to ensure their well-being and integral development (Law No 147/99, 1st September).

The chosen intervention will depend on each case and context, however will always take into account the best interest of the child. Intervention with the parents and the child while they live together is a priority, nevertheless in some cases the intervention may imply temporary or permanent removal of the child or young person from their life context, as happens with foster care (placement with a family without any biological ties) and residential care (placement in an institution with other children or young people). The latter intervention is reserved for the most severe cases, as a last resort, since the intervention should only interfere with the life of the child and their family when it is strictly necessary.

Professionals are instructed to consider the actual situation of the child or young person, through the evaluation of their closest relationships, life habits, and the ability to adapt to change, in order to identify the possible solutions that best reconcile the various legitimate interests at stake, never losing sight of the priority to safeguard the best interests of the child (Carmo, 2010; Delgado et al., 2013; Gersão, 2014).

Any decision about the placement of a child or young person into foster care or residential care is made by Children and Young People Protection Committees, if there is parental consent, or by the Court of Law, if that consent does not exist. In this case, the judicial powers are exercised taking into consideration the interests of the child, regardless of the absence of family consent.

In Portugal, the use of residential care continues to grow, in contrast to the international trend. Presently less than 5% of the children and young people in care are in foster care (Instituto Segurança Social, 2015). This situation has no parallel in care systems of countries with an industrialised or post-industrialised economy (Del Valle & Bravo, 2013; Eurochild, 2010; Gilbert, Parton, & Skivenes, 2011). The institutionalisation trend has been even more pronounced in recent years, a situation that has received criticism from a growing number of experts and Portuguese organisations, and from international organisations such as the Committee on the Rights of the Child. Hence, it is important to understand how Portuguese professionals decide regarding the case of a child or young person at risk.

Historically, the tradition of social intervention follows a supportive paradigm. The Catholic Church and secondly the State have the responsibility of caring for the most vulnerable, replacing the families and the community. Currently, the network of institutions covers the entire national territory and provides enough places for all children and young people that are removed from their birth family, which difficult the growth of foster care. For these reason and because the development of foster care implies the investment on organisational, human, and financial resources, it has been given preference to residential care (Delgado, 2015). There is little awareness campaigns and information about foster care, the selection of new foster carers is almost non-existent, it lacks basic training for foster carers applicants, and the majority of the existing foster carers in Portugal is characterised by having a low economic and educational level, and by not being properly monitored and supported (López, Delgado, Carvalho, & Del Valle, 2014).

Considering the 8,470 children and young people that are in care, it can be noted that 68.6% has 12 years or older. A high proportion has behaviour problems (25.5%)

and educational problems (30.2%), apart from different mental health problems, mental disability, physical disability, or drug use (Instituto Segurança Social, 2015).

Professionals' decisions on removal and reunification

This study focuses on two important decisions: whether to place a child in foster care and whether to reunify a child placed in foster care with her family.

One must be aware of the negative outcomes in cases of failure to remove a child from home when the child should have been removed, or removing a child from home when it was not necessary (Courtney, 1994; Davidzon-Arad & Benbenishty, 2010; Gambrill, 2005; Schuerman, Rossi, & Budde, 1999). In the first case, children remain strapped and exposed to maltreatment at home, being abused or neglected, emotionally or physically. In the second case, they suffer a sudden and unjustifiable break of family ties, with strong emotional impact on the child and their parents.

Evidence also suggests that children who are reunified with their families prematurely, when both the child and the family were not ready, had to be removed again, which led to more harm, than if they had remained in care. Conversely, failing to return a child to their family may condemn the child to stay for many years away from the birth family, and this may lead to drifts in care with very negative outcomes (Farmer, 2009; Sinclair, 2005). Reunification, therefore, can be considered as a success only when it leads to a stable and secure life with the birth family, avoiding the negative impact of multiple placements (Kimberlin, Anthony, & Austin, 2009). In fact, Bellamy (2008) concluded that reunification after long term placement has no direct positive effect on behavioural outcomes.

Davidson-Arad & Benbenishty (2008) argued that current child care philosophy highlights the importance of involving parents in the decision making process relevant

to their family, including the decision of whether or not to remove the child. In several countries, there is a formal requirement to promote parents' participation in decision committees regarding their children (Gilbert, Parton, & Skivenes, 2011). Child participation in decisions about their lives is a key point of the UN Convention on the Rights of the Child, the basis of child welfare and care in most countries, including Portugal. Despite these clear guidelines, there is evidence that the voices of parents and children may be heard but do not have an impact on the decisions reached by professionals (Delgado et al., 2013; McLeod, 2010).

Finally, we examine how the attitudes and characteristics of the professionals making the decision may be associated with their judgments and decisions. Specifically, their attitudes on issues that are central to the child well-being, such as whether out of home placement should be used in abuse and neglect cases, the comparative merits of foster and residential care, and the importance of hearing the parents and children.

There is not much research on the impact of professionals' characteristics, whom are responsible for child care decisions (Davidson-Arad & Benbenishty, 2010). Nevertheless, there is evidence to suggest that when decision makers address the same cases there is variability among professionals with different professions, status and roles (Britner & Mossler, 2002; Evans, 2011; Friedson, 2001; Mandel, Lehman, & Yuille, 1995; Rose & Meezan, 1996), and from different countries (Benbenishty et al., 2015; Gold, Benbenishty, & Osmo, 2001). Also, there is an important strand of research on front line practitioners that act as 'street-level bureaucrats' (e.g. Lipsky, 1971, 1980; Evans, 2011, 2015), brings up the concept of discretion, which can be defined as 'the latitude that front-line bureaucrats possess to interpret rules when implementing programs, making them de facto bureaucratic policymakers' (Stensöta, 2012, pp.554-555). There is a debate about the relationship between proliferation of rules and

regulations, control, and discretion, as well as how discretion should be considered: as a valuable professional attitude or a road for abuse of power (Evans & Harris, 2004). Evans (2011) concluded that the freedom to make decisions should be evaluated not only on a situation basis but considering professionalism, and examining manager-worker relations in social work practice. More, he argued that discretion may be a process to fulfil the implementation gap created by senior managers (Evans, 2015). Aronson and Smith (2010, 2011) questioned the managerialism that dominates the neo-liberal contemporary management discourses, and observed how workers in social and health services try to resist to the de-politicisation of the practices and find strategies to defend what they consider the interest of clients and communities.

In this regard, it matters to reflect on the relevance of professionals' attitudes, because there is evidence that individuals' beliefs, values, and attitudes give rise to intentions that determine their behaviour, and therefore their decisions and judgments (Fishbein & Ajzen, 1975). Professional judgement about clients' needs and risk is assumed as a practitioner's obligation in decision making (Evans, 2011). Furthermore, research shows that people selectively look for evidence that confirms, rather than disproves their views, and apply different standards for the quality of information depending on whether the information confirms or challenges their views (Munro, 1996). It seems that people regard as more relevant the aspects that are consistent with their overall attitudes (Beckstead, 2003). Moreover, the impact of pre-existing attitudes may be even stronger in the present context, because professionals do not have firm guidelines based on strong empirical evidence and because this is an emotionally laden task (Horwath, 2007), usually carried out under conditions of high ambiguity and uncertainty. These findings suggest that workers' attitudes may impact their judgment and decision processes, and we intend to investigate this in Portugal.

Methodology

Our study is based, to a large extent, on the Judgments and Decisions Processes in Context (JUDIPC) model, developed by Benbenishty & Davidson-Arad (Benbenishty et al., 2015). According to this model, decisions (such as whether to remove or reunify a child) are based on a series of judgments (substantiation of alleged abuse and neglect; risk assessments), that are influenced by the characteristics of the case (child and family characteristics and wishes) and the decision making context (decision maker attitudes; regional or national child care systems).

In order to allow comparisons with other countries, we followed the footsteps of an international study that examined judgments and decisions in four countries, namely Israel, Northern Ireland, Spain and the Netherlands (Benbenishty et al., 2015).

We used a quantitative strategy with an experimental design that was developed by Rossi and Nock (1982). This methodological approach has been used and considered as appropriated to study decision-making in several contexts (Taylor, 2006). The method to collect data was a vignette (case scenarios) applied between July and December 2014, which allowed a randomised factorial survey. Vignettes are considered an effective method for the assessment of participants' judgements, very similar to the judgments they would do in real situations (Benbenishty, 1992; Taylor, 2006). The main advantage of the vignette is the experimental control over the case characteristics. This allowed for testing the effects of 'within case' characteristics by presenting to groups of participants, cases that differed only in one variable, experimental manipulation (e.g. mother's consent/opposition to child removal), allowing for direct causal inferences as to the effect of the manipulated variable. Furthermore, in the context of cross-country comparative studies, such as the present one, the vignette approach provides the level of control required to ensure a relevant comparison, as the 'case' is identical, across

different countries. It is therefore possible to infer that differences between participants from different countries do not stem from differences in the type of cases handled in the different child care systems, but rather, differences in the ways the same cases are treated. This approach has been used in a wide range of studies on child care judgments (e.g. Britner & Mossler, 2002, Davidzon-Arad & Benbenishty, 2008; Drury-Hudson, 1999; Mandel et al., 1995), as well as in many other decision context (for recent examples see Greenberg & Smith, 2016).

The data collection was made in person at the workplaces of all participants of Oporto and Lisbon, and by internet with the participants of other regions. Data analysis was performed with the IBM-SPSS 20.

Design

This study is based on an international project (Benbenishty et al., 2015), and it is focused on the evaluation of a case vignette of alleged child maltreatment by Portuguese professionals, who are responsible for providing case assessments and recommendations for interventions in the Portuguese child care system.

The vignette describes in detail the case of ‘Diana’. This is a composite derived from authentic files that has been used in a number of studies (Davidson-Arad & Benbenishty, 2008; Benbenishty et al., 2015), and has been translated and slightly adapted to the Portuguese context.

Briefly, the family described in the vignette consists of a couple and their three young children. The local authority receives a phone call from a primary school teacher who is worried about Diana (age 7). She reports that Diana has worrying physical marks and previous injuries.

Subsequently the case presentation, the participants were asked to provide a series of assessments, to share their judgments, and to give a case recommendation, namely if the child should stay with the family or be removed. In the following part, the participants were presented with a follow-up section that exposed the same case and indicated that the child was placed in foster care, made progress in care, and now, two years later, there was a need to make a decision whether to reunify the child with her birth family or not, as well as to assess the risk if the child could return home.

The vignette included two sections that were manipulated. Each participant saw only one randomly selected version of the manipulation.

A. Mother's wish towards removal: In one version of the vignette the mother had strong objection to the child's removal and placement in a foster family. In the alternative version the mother was not against removal.

B. Child's wish regarding reunification: In one version of the story the child stated that she was not interested in returning to her birth family. In the other version, the child said that she was interested in returning to her birth family, despite the fact that she felt good with the foster carers.

Sample and procedure

The sample consisted of 200 practitioners (50 per each version, randomly assigned). The study participants were professionals that worked directly or indirectly with children at risk. We used a sample dispersed in the main regions of Portugal (Braga, Oporto, Coimbra, Lisbon, and Faro).

Analysing the sociodemographic characteristics of the sample, we can see that almost all respondents were women (92%). Their age distribution was: 20–24 years (15 cases); 25-29 years (34 cases); 30-34 years (47 cases); 35-39 years (26 cases); 40-45

years (33 cases); and more than 45 years (45 cases). Most of them were married (64%) and 110 professionals had children. The majority (75.5%) was catholic, but 70.2% did not practice catholic rituals. Their professions were distributed as follows: Social workers (23%), Psychologists (20%), Social educators (12.5%), Medical doctors (1%), and others (43.5%), such as Judges, Lawyers, Representatives of Local Authorities, Representatives of Child Care Associations, and Children and Young People Protection Committees professionals. There were 198 professionals that had a higher education degree (158 a Bachelor, and 40 a Master or PhD degree), and just two only completed Secondary School. Their professional experience in years ranged between six months and 40 years ($n=177$; $M=13.54$; $SD=9.23$), and they had experience working directly with children at risk within a range between three months and 36 years ($n=164$; $M=6.93$; $SD=5.92$). The average number of years working in intervention at the national care system was 6.49 ($n=79$; $SD=5.15$), and they had worked with 218 cases on average ($n=62$; $SD=407.5$).

Measures

Ethics. Participation was anonymous and voluntary. The study procedures were reviewed and approved by the ethics boards of the first two authors' high education institutions.

Personal and professional background. Each participant completed a demographic section that included questions about background and professional experience.

Attitudes. The 'Child Welfare Attitudes Questionnaire' was used in previous studies (e.g. Benbenishty et al., 2015). The questionnaire consists of 50 statements covering six content areas. In each of these areas both positive and negative attitudes were included. Respondents were asked to indicate their agreement with each item on a five-point scale, from 1=strongly disagree, to 5=strongly agree. The following attitudes were

included: Against removal from home of children at risk ($\alpha=.734$); Favours reunification and optimal duration of alternative care ($\alpha=.675$); Favours children's participation in decisions ($\alpha=.779$); Favours parents' participation in decisions ($\alpha=.762$); Positive assessment of foster care to promote children's development and well-being ($\alpha=.700$); and Positive assessment of residential care to promote children's development and well-being ($\alpha=.679$).

Maltreatment substantiation. Based on their reading of the case vignette, participants were asked to substantiate the maltreatment suspicion and assess whether the child has been maltreated at home. The types of maltreatment were: emotional neglect, physical neglect, emotional abuse, physical abuse and sexual abuse. It was used a five-point scale: 1=strongly disagree; 5=strongly agree.

Risk assessments. Participants were asked, based on the information presented to them, how would they assess the level of risk of physical and emotional harm to the child if she stayed at home. It was used a five-point scale: 1=no risk; 5=very high risk.

Intervention decisions. Study participants were asked to recommend an intervention to this case. They were presented with six alternative options (see Table 4).

Reunification risk assessment. Participants were asked, based on new information that was presented to them, how would they assess the level of risk of physical and emotional harm to the child if she returns back home. It was used a five-point scale: 1=no risk; 5=very high risk.

Reunification recommendation. Study participants were asked to recommend whether to reunify the child with the birth family or not.

Findings

The attitude that professionals supported most was the importance of children's participation in the decisions concerning their individual plan care (Table 1).

(Table 1)

In order to identify different types of professionals on the basis of their attitudes towards key issues involved in removal and reunification decisions, we carried out cluster analyses of the scores on the attitudes measures. We chose a two-cluster solution as the most parsimonious and effective (effect size: $\eta^2=.663$) approach.

A MANOVA was carried out to compare these two groups of professionals, which showed a significant and meaningful difference in the various measures ($F=63.26$; $p<.001$), indicating that indeed, these are two distinct groups. Means, standard deviations, and t values for univariate tests are presented in Table 2. As can be seen, the professionals in the first cluster (anti-removal) are characterised by a greater tendency to object to removing the child from abusive or neglectful homes; show more support of all possible efforts to reunify the child; have less inclination to agree to long stays in out of home care; have more negative assessments of the quality of residential and foster care to promote children's development and well-being; agree more with child participation in decisions; and are more favourable to the participation of parents in decisions. The professionals who fit the first pattern constitute 32% ($n=64$) of the sample. Those who fit the second pattern (pro-removal) constitute 68% ($n=136$) of the sample. The professionals of this group are more pro-removal; more favourable to accept that foster care and residential care are good to the well-being of the child; agree less with the reunification; agree less with child participation in decisions; and are less favourable to the participation of parents in decisions.

(Table 2)

We examined the relationships between cluster membership and the demographic and professional characteristics. There is no significant relationship with any of these variables: gender ($\chi^2_{(1)}=1.403$; $p=.236$), age group (K-S-2=1.104; $p=.175$), religion ($\chi^2_{(3)}=4.591$; $p=.204$), marital status ($\chi^2_{(2)}=1.043$; $p=.594$), having children ($\chi^2_{(1)}=0.004$; $p=.951$), education level (K-S-2=0.206; $p=1$), and profession ($\chi^2_{(4)}=7.219$; $p=.125$).

Maltreatment Substantiation and Risk Assessment

We examined maltreatment substations and risk assessments made by the professionals, and analysed their relationships with mother's wish towards potential removal (Table 3).

We performed two MANOVA analysis in relation to the judgements of substantiation and risk assessment as dependent variables, and the child welfare attitude cluster membership and mother's wish towards removal as independent variables.

(Table 3)

The first multivariate analysis yielded non-significant differences between the two clusters ($F=1.304$; $p=.264$); in relation to mother's wish towards removal ($F=0.453$; $p=.811$), and in the interaction ($F=1.091$; $p=.367$). Univariate tests show that there is only statistically significant difference between professionals with different attitudes towards removal with regards to substantiation of physical abuse. Professionals with more pro-removal attitudes tended to substantiate more physical abuse.

The second multivariate analysis yielded significant differences between the two clusters ($F=6.442$; $p<.01$); and in the interaction ($F=3.509$; $p<.05$). In relation to mother's wish towards removal, there is a non-significant difference ($F=0.11$; $p=.896$).

Univariate tests show that there are statistically significant differences between professionals with different assessment of risks of physical and emotional harm. Professionals with more pro-removal attitudes tended to assess higher both risks.

The interaction effect appeared in the assessment of the risk of emotional abuse ($F=6.716$; $p<.05$). When exists mother's consent, the pro-removal group agreed significantly more with the existence of the risk of emotional abuse ($M=4.879$; $SD=0.097$) than the anti-removal group ($M=4.433$; $SD=0.068$).

Intervention Recommendations

In terms of placement recommendations (Table 4), none of the professionals recommended to refrain from intervention nor to directly intervene without providing further services, and only very few recommended indirect intervention through other professionals. About half (45.5%) recommended a direct intervention of social workers, with additional services, like placing the child in a community facility that provides all-day care until the evening hours while working with the parents, and 53% recommended removal in a voluntary basis (36.5%) or without parents' consent (16.5%).

(Table 4)

Due to the small number of recommendations to use indirect interventions we combined it with the recommendation for direct interventions (without removal) and conducted chi square tests to examine whether recommendations differed among professionals with different attitudes, or between cases in which mother consented to the removal or not.

The recommendations made by pro-removal professionals were significantly different from their peers ($\chi^2_{(2)}=19.98$; $p<.001$) – they tended to recommend more

removal. As seen in Table 4, 9.6% of professionals who had negative attitudes towards removal recommended that the child should be placed even without parental consent, whereas 31.2% of professionals who belonged to the pro-removal cluster, made this recommendation. In contrast, while 53.7% of the anti-removal professionals recommended direct social work intervention with the provision of additional services, only 28.1% of the pro-removal made this recommendation.

The same analysis in relation to mother's wish towards removal, showed that recommendations made when the mother consented to the removal were significantly different than when the vignette indicated she was against removal ($\chi^2_{(2)}=13.74$; $p<.001$). Namely, 61% recommended removal when the mother was not against it, whereas only 45% recommended removal when the mother was against it.

Finally, the professionals who assessed the child as more at risk were also inclined to recommend a more intrusive intervention, both regarding physical harm ($r=0.313$; $p<.001$) and emotional harm ($r=0.197$; $p<.01$).

Reunification decision and risk assessments

In the second part of the study, we asked the participants to decide whether to reunify Diana with her family, after being in foster care for two years. We first examined professionals' risk assessments and compared them between the two groups (pro and anti-removal), and between the vignettes in which the child expressed an interest in staying in care or in returning home (Table 5). We conducted a MANOVA on risk assessments with professionals' attitude and child's wish as independent factors. The analysis indicates that there are significant effects in relation to professionals' attitude ($F=3.189$; $p<.05$), and with regard to the child's wish ($F=3.814$; $p<.05$); and there is no significant interaction effect.

As can be seen in Table 5, assessments of physical harm are higher for the pro-removal group, and when the child is against reunification. There are no statistically significant differences with regard to emotional harm, nevertheless the comparative results, between the groups under analysis, follow the same trend as regarding physical harm.

(Table 5)

We examined the decision whether to reunify the child with the birth family or not. Only 8% of the professionals recommended that the child should return home: 9.6% among those with anti-removal attitude and 4.7% among pro-removal ($\chi^2=1.403$; $p=.236$); and 15% when the child is for reunification and 1% when the child is against it ($\chi^2=13.315$; $p<.001$).

Discussion

The present vignette study examined judgments and decisions made by Portuguese professionals with regard to child removal from home to a foster care placement and reunification with the family after two years in foster care. Based on the JUDIPC model (Benbenishty et al., 2015), the study examined how clients' wishes (mother and child) and professionals' attitudes impacted a series of judgments and decisions. We will discuss the findings in regard to the Portuguese child care system and findings obtained in four other countries that used similar research design and instruments.

Apart from the general concordance at the level of the risk, more than half of the professionals thought the child should be removed from home. Comparing with other countries, an interesting pattern emerges – the proportion of professionals' recommendation for removal in Portugal and Spain are identical (53%) and is much higher than in other countries (25% in Israel, 33% in the Netherlands, and 40% in

Northern Ireland). The explanation lies on the fact that both Iberian countries share a similar historical and cultural matrix, based on a model that is focused on family care. However, the child care system started with the implementation of large institutions that remained in operation until almost the end of the XX century. This led to a culture of children and young people's institutionalisation, and a slow and difficult progression of foster care (Del Valle, López, Montserrat, & Bravo, 2009; Delgado, López, Carvalho, & Del Valle, 2015). Thus, the background of each child care system is determinant for these different results. In Iberian countries professionals choose with higher percentage the removal of the child, compared with the other countries, expressing their preference for an out-of-family supportive approach.

We would expect that the decision on remove the child would be shared by a higher percentage of professionals, since in each country they follow a national legal framework. Nevertheless, this means that professionals tend to use some discretion when they assess a case like this, what is aligned with what was find in other studies (e.g. Evans, 2011). We did not study the relation of these judgements and decisions with what could be the pressure of the managers of these professionals, but it is not difficult to suspect that there may be some kind of managerialism based on the regulations of the child care system.

With regard to reunification decision, we found that only about 8% thought the child should be reunified with her family, after being in a successful placement for two years. This figure is similar to recommendations made in all other countries participating in the comparative study; in all of them the percentage was below 10%. This consensus may reflect a professional attitude that if a child thrives in a placement, the stability should not be disrupted. Concerns about unsuccessful reunifications that may result in placement re-entry may be underlying this cautious approach. However, it

is important to raise the issue of reunification in the professional discourse in Portugal, which should examine the implications of long term placements, and perhaps find ways to ensure earlier and more successful reunifications that would contribute to the child's attachment to the family.

In terms of clients' wishes, our findings indicate that professionals were influenced by the mother's wish towards the removal of her child and by the child's wish whether to return home from foster care. Also, they tended to agree more than disagree with children's and parents' participation in the decisions, showing the importance of considering all points of view, besides the approach of technical and legal teams. These data underline the importance and need to assure the existence of a place that offers the possibility to children and parents to comment on the decisions in early processual phases. This does not mean that their wishes should be accepted in all cases. One might expect that when parents are extremely abusive, clearly cannot be trusted to have the best interests of their child in mind, professionals need to 'overrule' the parents' wishes so the child is protected. In the present study, it seems that professionals weighted the mother's wish, especially regarding to physical harm. There was an influence of the mother's consent only in combination with the pro-removal group, where the levels of agreement about existence of emotional harm risk was significantly higher.

These findings differ markedly from those obtained in Israel, Northern Ireland, Spain and Netherlands, showing that the decision whether to remove the child was not affected by the parents' wishes (Benbenishty et al., 2015). Perhaps the policy directives and professional socialisation in Portugal emphasises this aspect of attending to the clients' wishes more than in other places. Consequently, we highlight the importance of promoting, in each professional, critical skills to ensure the effective participation of the

various stakeholders and to analyse the different points of view, by always taking into account the best child's interest. The possibility of continuous training and cooperative work within and between teams, as well as working with models that promote cooperation with foster and birth families, can contribute to the development of the professionals' skills.

Interestingly, there is evidence to suggest that despite the very strong tendency to decide against reunification of the child with the family (less than 10%), the few cases of a positive decision to reunify the child, were when children expressed an interest to go back home. This seems to be related to the very high risk for physical abuse assigned by professionals' when the child did not want to return home. Only one percent of the professionals decided that despite the child's reluctance to go home the child should nevertheless be reunified. More research is needed to assess whether professionals listen to children more than to their parents, or trust children's judgment regarding the dangers they face with their parents, or perhaps the nature of a reunification decision is different than the removal decision, because removal is done without knowing who is the foster family, whereas in reunification decision, both sides of the equation are known personally.

Our findings also indicate that Portugal is very similar to Israel in having a more negative view of foster care, compared to residential care. This pattern may be explained by the fact that in both countries the dominant out of home placements is residential care facilities. Foster care placements are available, but are used in fewer cases: in Israel only 15-20%, and in Portugal only 4-5%. The current efforts in Portugal to increase the proportion of children placed in foster care should take into account the existence of professionals that have negative views of foster care, besides policy directives that 'forces' professionals to utilise more residential care.

Conclusion

As a whole, the pattern of findings is in line with the JUDIPC model, showing that professionals' decisions are associated with their judgments of risk, which are associated with case characteristics (client's wishes), and with workers' characteristics (attitudes). In addition to all other factors, the country context made a difference, i.e., the same case is seen differently in different countries. Further, there seem to be an indication that some child care contexts may be more similar than others, such are the cases of Spain and Portugal.

The findings show that it is possible to characterise with statistical significance the professionals in two different groups – anti-removal and pro-removal – and that there exists a significant influence of mother's and child's wishes in professionals' decisions.

From a practical point of view, it is important to disseminate these findings to policy makers and practitioners in Portugal and promote a critical discussion thereof. There is plenty of evidence that decision makers may not be aware of their decision strategies, and need to get cognitive feedback that summarises their actual strategies, which may be quite different from what they think they do (Chapman & Elstein, 2000). Social Judgment Theory postulates that a powerful way to improve decisions under uncertainty, is to present the decision makers with a model, derived from their own behaviour (bootstrapping), so that they can critically examine their practice and see if they should adjust the way they use information (Harries, Tomlinson, Notley, Davies, & Gilhooly, 2012).

There are study limitations like the use of only one vignette. Although this vignette was judged in several countries as representative of many similar cases, it obviously cannot represent the full spectrum of cases dealt by these professionals. The sample represents only the professionals available to respond to this type of

questionnaire. And there are low Cronbach alphas of two of the content areas (quality of residential care, reunification) of The Child Welfare Attitudes Questionnaire.

In order to further expand our knowledge, it is important to continue the study of judgments and decision making in child care with multiple methods and among a representative sample of cases and professionals. We also recommend documenting, in structured ways, all cases that are presented to the child care systems, as well as the characteristics and attitudes of the professionals, who make the decisions. It could also be relevant to follow a more qualitative approach in order to flesh out the knowledge base of these practitioners and the meaning they give to it. A detailed analysis of these cases could help identify patterns connecting the characteristics of decision makers, cases, judgments, and decisions. Collaboration among several countries may also provide significant insights on what is unique in each country and what are the patterns that reflect cross context agreement.

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Table 1 Means and S.D.'s of Child Welfare Attitudes

	Mean	Standard deviation
Favourable to maintaining children at risk at home	2.652	0.793
Foster care does not promote children's development and well being	2.585	0.582
Residential care does not promote children's development and well being	2.530	0.541
Favourable to reunification	2.954	0.755
Favourable to children's participation in the decisions	3.710	0.645
Favourable to parents' participation in the decisions	3.095	0.796

Table 2 Means and S.D.'s by Child Welfare Cluster

	<u>Anti- removal</u> N=64		<u>Pro-removal</u> N=136		t
	Mean	SD	Mean	SD	
Favourable to maintaining children at risk at home	2.86	0.34	2.21	0.38	12.200***
Foster care does not promote children's development and well being	2.64	0.44	2.46	0.41	2.733**
Residential care does not promote children's development and well being	2.66	0.42	2.27	0.41	6.195***
Favourable to reunification	3.16	0.38	2.52	0.47	10.215***
Favourable to children's participation in the decisions	3.82	0.46	3.48	0.46	4.859***
Favourable to parents' participation in the decisions	3.29	0.44	2.68	0.44	9.183***

** $p < .01$ *** $p < .001$

Table 3 Means and S.D.'s of the Professionals' Assessments by Child Welfare Attitudes, and in Relation to Mother's Wish towards Removal

	<u>Professional's Attitude</u>				<u>Mothers Wish</u>			
	<u>Anti-removal</u>		<u>Pro-removal</u>		<u>Against removal</u>		<u>Not against removal</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Substantiation of:								
Emotional abuse	4.46	0.67	4.64	0.48	4.56	0.54	4.48	0.69
Physical abuse	3.89	0.87	4.19*	0.75	4.02	0.79	3.95	0.89
Emotional neglect	4.61	0.61	4.69	0.50	4.61	0.60	4.60	0.62
Physical neglect	4.26	0.73	4.42	0.66	4.36	0.70	4.27	0.72
Sexual abuse	2.39	0.78	2.50	0.71	2.35	0.83	2.50	0.67
Risk for:								
Physical harm	4.07	0,80	4.48***	0.67	4.20	0.79	4.21	0.77
Emotional harm	4.54	0.61	4.77**	0.46	4.64	0.54	4.58	0.61

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 4 Percentages of Recommendations by Professionals' Child Welfare Attitudes and Mother's Wish towards Removal

	Overall (%) N=200	Anti-Removal (%) N=136	Pro-Removal (%) N=64	Mother not against removal (%) N=100	Mother against removal (%) N=100
Refrain from further intervention	0	0	0	0	0
Indirect intervention through other professionals who are already in contact with the child (e.g. teacher)	1.5	2.2	0	2.0	1.0
Direct social work intervention without the provision of additional services	0	0	0	0	0
Direct social work intervention with the provision of additional services (e.g. after-school care for the child; attendance at family centre)	45.5	53.7	28.1	37.0	54.0
Place the child with a foster family on a voluntary basis (i.e. with parental agreement)	36.5	34.6	40.6	49.0	24.0
Place the child with a foster family following the granting of a court order (i.e. without parental agreement)	16.5	9.6	31.2	12.0	21.0

Table 5 Means and S.D.'s of the Professionals' Assessments by Child Welfare Attitudes, and in Relation to Child's Wish towards Reunification

	<u>Professional's Attitude</u>				<u>Child's Wish</u>			
	<u>Anti-removal</u>		<u>Pro-removal</u>		<u>Against reunification</u>		<u>Not against reunification</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Physical harm	3.99	0.86	4.28*	0.68	4.26	0.77	3.91**	0.82
Emotional harm	4.43	0.65	4.58	0.59	4.57	0.64	4.38	0.62

* $p < .05$ ** $p < .01$ *** $p < .001$