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Contact in Foster Care: Bridge or Collision between Two Worlds?

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Introduction

The multiple interactions that take place during foster care must not only highlight the relationship between the foster child and the biological family but also the impact it has upon the development of the child. This may sometimes generate a set of relationships that may enable or hamper the child's ability to share values, experiences and advice concerning both realities. This contact with biological family refers to a relational process marked, at times, by ambivalence, crisis, advances as well as setbacks, which may lead either to complementary and cooperative behavior or to rivalry and misunderstandings.

Thus, the aim of this study is to describe how the contact through visits by biological families is established in cases of Foster Care in Portugal, and make some comparisons with other countries.⁹⁻
^{11,29} This study identifies the person responsible for the visit, the place of contact, the frequency of visits and the emotional and behavioral reactions that a child manifests after the visit(s).

Contact constitutes an intense emotional experience not only concerning all the parties involved but also the places, problems, and dilemmas that have no predefined answers.⁶ In fact, there are no predefined formulas therefore each case must be assessed according to the risks and benefits regarding each child.⁷

Contact with the biological family is compatible with the development of bonds between the child and the new carers.⁶ Nevertheless, if contact causes extreme anxiety and strong emotional distress to the child, this might hinder attachment, which is essential to ensure safe integration and healthy development.⁸ On the other hand, if carers assume a posture of distrust or denial towards the biological family, the child might be left with an uncomfortable feeling of emptiness due to being separated from the most important adults of his/her life.⁹ This research concluded that more than half of the child carers (55%), who maintained contact with the families, struggled with these visits. Moreover, the main problems felt by carers regarding visits were: the failure to comply with agreements; the behavior of parents; the child's distress after the visits and disruption of routines established by foster families (e.g., extending visits and inappropriate arrival times or tardiness).

Carers support and promote contact if they have had training, understand the purpose of the contact, have a good relationship with the child, and feel supported.¹⁰ This study attempted to determine the changes made in the contacts resulting from the recent Children's Act (1989). Stability, contact level, behavior and well-being of the foster child were the main factors used to assess the results and effects of the contact. From the carers' point of view, contact presents three types of problems: parents demand too much time from carers to

satisfy their needs; parents “influence” children against carers; and visits are sometimes erratic or unfulfilled.

Despite the setbacks, contact has an ethical legitimacy and so, discontinuing it would be wrong unless contacts are proven to be dangerous to the child.¹¹ Contact promotes the feeling of safety when “the child feels physically and emotionally secure before, during and after the contact” and it is risky when “it is associated with unacceptably high levels of anxiety, uncertainty or, in some cases, fear for the children”.¹² What makes the difference, apart from the mere existence or frequency, is the quality of the experience, and the fact that it is suitable for those involved, particularly the child. As was noted,¹³ social workers have a vital role in influencing the model and quality of the contact with the child.

Although there is little research on the subject of child protection, the Portuguese Scientific Community has privileged other situations of socio-educational interventions, such as adoption or the problem of violence.¹⁴⁻²²

Additionally, in recent years, there has been an increased interest in international research concerning the contact between the child and the biological family in the context of the foster family. Despite the numerous different studies,¹⁻⁵ very little attention has been given to the reality of southern European countries. Most studies pertaining to this area have been written in Anglo-Saxon countries.

Thus, this has contributed decisively to defining research methodologies and assumptions, clarifying the main characteristics of contact in foster care as well as developing policies and programs for child protection. Nonetheless, Latin countries, and specifically Portugal, have explicit cultural characteristics and policies that question the application of the results of such studies to their context and reality, so this consequently emphasizes the importance/need of developing their own research projects.

The Portuguese Child Care System

There is a classification that puts Portugal along with Spain, Italy, and Greece in the Meridional Model or in Southern Europe.²³ The main traits that characterize this model are the role of the family as a social means of support, the division in social security between skilled and non skilled employees, and the fact that its social system is built on a single foundation of public, binding, and defined contribution.²⁴ These countries also show a difference between north/south and/or rural/urban geographic regions, poor institutional and administrative maturity, a strong centralist tradition with long periods of dictatorship, a strong presence of the Church, and a delayed adherence to Social Security.²⁵ Thus, it is possible to identify specificities of the Portuguese reality in this model. The prominent level of organic integration of the system relates to the socio-democratic model despite the privileges

held by specific groups and the unequal distribution of benefits, which resemble the characteristics of the Corporatist Model.²⁶

The child protection system in Portugal was reformed in the late twentieth century. Subsequently, in 1999, the protection system was divided into two main groups: promotion and protection measures integrated in the Protection Act for children and youth in danger (Law no. 147/99 of September 1st 1999), and punitive-educational measures associated with the crimes under the Educational Guardianship Act (Law no. 166/99 of September 14th 1999). The purpose of the protection measures is to ensure the physical, psychic, and moral development of the child, according to the age and socio-cultural context that relates to him/her.

The intervention for promoting the rights and protection of child and young person at risk occurs when parents, the legal representative or whoever holds their custody, endangers their safety, health, training, education or development, or not manifest opposition in order to adequately remove the danger resulting from action or inaction of third parties or of the child or young person itself. All decisions taken by courts, administrative authorities or legislative bodies concerning children that are implemented by public or private social protection institutions ought to have as a primary consideration the best interest of the child.

The system reveals a great number of children who are looked after and accommodated for long periods. However, there is a continuous process of deinstitutionalization, since there are fewer children who enter the system than those who leave: 12,245 in 2006 compared to 8,938 in 2011, thus representing a decrease of 27%.²⁷

Contact with the biological family is particularly important in child care systems such as the Portuguese, because the child is accepted for long periods, often until they reach adulthood or independence. Therefore, the identification of patterns and outcomes of contact with the biological family definitely contributes to promote, change or even terminate that relationship, according to what is most appropriate for the development of foster child.

Foster care was first legislated in Portugal by Decree-Law no. 288/79, of August 13th, which was subsequently replaced by Decree-Law no. 190/92, of September 3rd. During the term of this Decree-Law, the Law of Protection of children and youth in danger, Law no. 147/99 entered into force, which integrates the measure of foster care in the cast of measures of placement, listing the types of foster families and foster care arrangements.

According to Article 46 of the Protection Act, Foster Care consists of assigning the child or adolescent to an individual or family who is qualified for such purpose. This should enable the harmonious integration of children within the family unit thus providing them with the

appropriate care for their needs and well-being along with the education necessary for their full development.

Since the approval of the new enforcement regulations of Foster Care, stated in Decree-law no. 11/2008, January 17th, kinship carer is no longer legally classified as Foster Care but instead, it is considered to be a condition which takes place in the natural environment of the child's life.

The existing legal framework distinguishes between fostering in foster family or in professional foster care; the latter is for children and youth with problematic issues and special needs, requiring particular training and technical expertise.

Among the selection requirements the obligation to exercise foster care as a primary or secondary professional activity is underlined, conferring the right to receive a benefit by the fostering services and a maintenance allowance for child and young person. The monthly amount paid for the provided services has a 100% plus in the case of children and youth with problems and special needs.

In regards to children who are looked after and accommodated, there were in 2011 a total of 5,834 children in Children and Youth Homes; 2,144 at Temporary Care Centres intended, in theory, for short periods of stays; and only 485 living with foster families. The remaining children were distributed in terms of other significance/criteria, though all residential in nature, like emergency homes or apartments to

encourage autonomy. In short, there is a mono-centred protection system based on residential care which hosts close to 95% of children, including the majority of children aged 0 to 3. This is a tendency that has risen in recent years and thus reveals a negative image that is unequal to any other European Union country.²⁸

Methodology

The data were collected in May 2011 through a questionnaire answered by Social Workers members of Foster Care Teams responsible for the follow-ups after placement. They are the most credible source of information because they have all the records about children, parents, and foster families. We have used a convenience sample, but sufficiently large, constituted by 289 children, representing 52% of all family placements of children in Portugal.³⁰ All foster care cases in this study followed planned administrative or judicial intervention, and are concentrated in Porto District.

The collected data concerning contact with the biological family were obtained using closed questions, aiming to know among other subjects: the characteristics of children, the duration of foster care, whether visits exist or not, who does the visits, where the visits take place, their frequency and results, and the parents' current life status. To better assess the results of the visits, we used the open question:

“Which emotional and behavioral reactions are manifested by the child after the visit? (both positive and negative)”.

The statistical analysis was conducted with the use of PAWS Statistics 18 Software. As this study is mainly descriptive, we use statistics like mean, standard deviation, absolute and relative frequencies, and Chi-square tests to assess the distribution of a variable in one case, and the association between two variables in other two situations, along with Cramer’s V to measure the intensity of those associations. A content analysis was also carried out regarding the emotional and behavioral reactions of the children.

Results

Characterization

The 289 children came from 214 biological families and were placed in 168 foster homes. These foster care families have no family bonds with the children, contrary to what happens in other countries (eg, Spain), where kinship carers foster the majority of the children.

Gender distribution was 141 females and 148 males whose age range varies between 2 and 22 years old, with an average value of 13.72 (SD = 4.37 years).

Duration of Foster Care

The tendency in Portugal is for the extension of the period of foster care. In most of the cases (85.8%) it is predicted that it will last until the autonomy of the youngster. Today, only 20.4% of children are in foster homes for a period less than three years. The remaining children have been in foster care for more than three years, 55.4% of whom have been in foster care for more than eight years, revealing a model which points to the permanence of placements.

Who Does the Visits?

The most common and compulsory form of contact is face-to-face meetings, which will be called *visits* hereinafter, since these allow children to “gain knowledge and have feelings without the filter of time or third parties. The more people know about each other, the greater their understanding, tolerance and compassion is likely to be”³¹. Visits are distinguished from other forms of contact due to their relevance.

In the district of Porto, the number of foster children who do not have any visits is significant (122/289 = 42.2%); this reflects a foster care process that is, in most cases, long-term or substitution-like. In the group who had deceased parents (37) or with no data (17), only a minority of children (20/54 = 37%) received visits from their biological families. This also happened (6/26 = 23.1%) in the case of deceased mothers (21) and with no data (5). Furthermore, there are 68 children

who have a father and a mother but do not receive any visits from their biological families. Thus, only 167 (57.8%) children receive visits from biological families.

Table 1 shows that the mother visits the child in 71.3% of the cases either alone or accompanied by the father, while the father only visits the child in 42.6% of the cases. Moreover, visits made exclusively by other family members are much rarer (13.8%). However, if one observes that the father and mother, together or individually, conduct 86.2% of visits, this implies that the planning and follow-ups of the contacts must be essentially centered on the parents.

Table 1. Who Does the Visit(s)?

	Total	%
Both parents together	34	20.4
Father and mother, individually	12	7.2
Only the father	25	15.0
Only the mother	73	43.7
Other relatives	23	13.8
TOTAL	167	100

Surprisingly, there are no references regarding visits conducted by friends, in spite of its strong influence on the self-esteem of adolescents in foster care.³²

Visits by parents, carried out either together or individually, seem to have a relation with the current marital status of the couple, as mentioned in Table 2. Thus, we associate this status to the visits and conclude that parents who visit a child together are, naturally, married

or living in common-law (Adjustment Chi-square test: $\chi^2 = 87.58$; $p < .001$). Additionally, when parents are separated or divorced or have never been a couple, visits are conducted individually, by both or just by one parent (the mother, in most cases). The separation between the couple causes a separation of the fulfilment of parental responsibilities and an estrangement by the father, who consequently stops visiting in 75% of cases. Visits by other family members happen essentially in cases of separation or divorce. If the couple is still married or together, such visits are residual.

Table 2. Relationship between the Status of the Parents and Who Does the Visit(s)

Current status of parents	Who does the visit(s)					TOTAL
	Both parents together	Father and mother, individually	Only the father	Only the mother	Other Relatives	
No data	0	0	0	9	3	12
Married/Common Law	33	1	2	5	2	43
Separated/Divorced	1	9	19	40	11	80
Were never a couple	0	1	3	13	1	18
Widower	0	0	1	0	2	3
Widow	0	0	0	6	3	9
Both deceased	0	0	0	0	1	1
Separated, living in the same house	0	1	0	0	0	1
TOTAL	34	12	25	73	23	167

Furthermore, if both parents have new partners, the mother conducts approximately two thirds of the visits alone or accompanied. The collected data allow us to conclude that, when there is a new partner, the father tends to become estranged and conducts fewer visits than the mother. Other family members are given a greater role when the father lives with a new partner.

The ratio between the age of the child and visits reveals that as children become older they receive fewer visits ($V = .257$; Chi-square test: $\chi^2 = 19.1$; $p < .001$). Table 3 shows that the group of children aged up to three, only 12.5% of them have no visits. This number rises to 28.6% with children aged from four to 11; then to 42.7% with children and teenagers aged 12 to 17; and to 63% with 17 year olds or older.

Table 3. Relationship between the Age Group of the Child
and Visits by the Birth Family

Age groups	Biological family visits		TOTAL
	Yes	No	
<i>Till 3</i>	7	1	8
<i>From 4 to 11</i>	50	20	70
<i>From 12 to 17</i>	90	67	157
<i>Over 17</i>	20	34	54
TOTAL	167	122	289

Table 4 shows other relevant data that may influence the existence of visits: the duration of foster care. We tried to seek if the extension of the stay implies a decrease in visits. The first line for each category of the variable “Duration of foster care” shows the absolute frequency, the second the percentage of birth families that whether visit or not the child, and the third the percentage of “yes” and “no” along the age categories.

Table 4. Relationship between the Duration of Foster Care and the Existence of Visits

Duration of foster care	Biological family visits		Total
	Yes	No	
Till 3	52	7	59
	88.1%	11.9%	100%
From 4 to 7	31.7%	5.6%	20.4%
	49	21	70
From 8 to 11	70.0%	30.0%	100%
	29.3%	17.2%	24.2%
From 12 to 15	27	36	63
	42.9%	57.1%	100%
Over 15	16.2%	29.5%	21.8%
	32	29	61
Total	52.5%	47.5%	100%
	19.5%	23.4%	21.1%
Total	7	29	36
	19.4%	80.6%	100%
Total	4.3%	23.4%	12.5%
	167	122	289
Total	57.8%	42.2%	100%
	100%	100%	100%

There is a moderate association ($V = .399$) between the duration of foster care and whether or not the child has visits with statistical significance (Chi-square test: $\chi^2 = 54.72$; $p < .001$). The longer the duration in foster care, the percentage of children who receive visits from their biological family decreases, however the group ranging from 12 to 15 years of age is an exception.

Frequency of Visits

In Portugal, visits are more sporadic: weekly visits occurred only in 22.2% of cases. Notwithstanding, if one sums up the frequency of weekly, biweekly, and monthly visits, the total comes out to 59.4%.

There is a significant percentage of children who are isolated from their relatives (36.6%), are only seen during vacation (13.8%), or receive sporadic visits which occur more than a month between them (22.8%). This situation is quite harmful to the stability and well-being of the foster child. Furthermore, it is relevant to highlight that 122 children have no contact with their relatives. This may be a consequence of a feeling of the inability to maintain visits, or reflect the biological family's decision to visiting or ending all contacts completely; however this excludes the cases where such contact is prohibited. The withdrawal by the biological family may happen either gradually throughout time or in an instant abandonment when the child is placed in foster care. There are other cases in which children, often teenagers, affirm they no longer want any contact with one or more relatives.

The system reveals a reduced variation in the frequency with which the child sees the biological family over the previous years. The frequency increased in 27 cases (15.9%), decreased in 25 cases (14.7%), and remained identical in the remaining 118 cases (69.4%), thus indicating continuity and weak variability in the frequency of visits.

Venue for Visits

Visits occur primarily in foster homes (54.4%). With a reduced significance, only 6.9% of the cases use other locations for visits in the district of Porto, such as community centers, educational centers, and

the facilities of the foster teams, which are not frequently used as meeting points. Contrarily, Spain has recently created specific spaces to host supervised contacts where there are appropriate conditions for adults and children. One also observed that there is a similar distribution of a child's age group to a specific location (foster home and/or biological family home).

The prohibition of contact with relatives happened in 14 placements out of the total 283 answers collected, thus representing only 4.9% of cases.

Results of the Visits

The data collection form contained an open question, which asked to identify the emotional and behavioral reactions manifested by the child after the visit(s). Consequently, 116 valid answers were registered and different answer patterns were identified: positive reactions (53.4%), negative reactions (14.6%), both positive and negative (mixed) reactions (18.1%), reveal indifference or a reduced appreciation for visits (13.8%).

Positive emotional and behavioral reactions are associated with the development of emotional bonds, with the feeling of identification with the family and of belonging, as well as the feeling of happiness and well-being. As such, typical answers include, the child "likes to visit the mother and maintains the adequate behavior after returning" or

“returns happily and well-kept after socializing with the mother”. In one case, the child returned happily and “transferred to the mother some positive habits and competences acquired from the foster family”. In such cases, the foster child becomes a support to the family, thus helping the family acquire competences concerning the organization in the house or the management of resources.

Mixed reactions add other positive ones and the pleasure throughout the visit may be transformed into grief due to separation. In other cases, happiness is mistaken for “the concern and anxiety to solve some family issues which come to the foreground during the sporadic visits to the mother’s house”. Happiness during the visit is associated with sadness “after perceiving the mother’s living conditions, because she doesn’t want to change her life” or of fear “when the mother is drunk”. Visits may also trigger anxiety regarding the child’s relationship with the carers, as highlighted by the following statement: “the child likes to be with the mother and to visit the maternal grandparents whom the mother lives with, however the child is always asking to return to the foster home, and consequently tells the carers that they are missed”.

The negative consequences of the visit(s) result, right from the start, in the intermittence of the contact. This is what happens with a teenager who “enjoys her father’s visits and going to his home when he is out on compassionate release and then becomes very disappointed

when he, after being released, does not contact her". Reactions may also be manifested in behavior; in some cases, there are difficulties in complying with the carers' rules after visits, as highlighted by the statement of a child, who returns, "with different habits, regarding hygiene and language". Even more evident is the account that "the child becomes very anxious, which consequently has a negative repercussion on her health (cold) and rejects the parents". Other reactions include aggressive behavior, inappropriate language, sadness, anguish, anorexia, deficient or unbalanced eating habits, ignoring personal hygiene, nervousness and becoming ill or disobedient. Hence, visits may trigger the fear of a new abandonment. This is what happens with a child who "does not react very well to her mother's presence so she cries, because she is afraid of losing her foster family".

The fourth answer pattern may be exemplified with statements such as "the child enjoys the mother's visits, but does not value them" or "the child enjoys the visits made by parents and siblings, but does not manifest any sign of anxiety or suffering towards their absence". Such indifference reflects the absence of bonds towards the parents. A decrease in contact is played down, as may be seen in the following affirmation: "contacts mean little to the child, since these are scarce and the mother is quite weak. When reviewing the measure/program, the mother complains that she does not see her child enough, but fails

to arrange other encounters, despite being given full availability for such”.

Discussion

According to the Portuguese legal framework, Foster Care is transitional, since the measure is primarily based on the idea that the child will return to the biological family. Long-term or permanent foster care is not provided for. The data collected from the district is contrary to the law in force, since in a significant number of cases there is no form of contact between the foster child and the biological family (42.2%), and subsequently making the return quite difficult.

The duration of the foster care period reinforces the trends to continue with placements, since 55.4% of the children have been in foster care for more than eight years, revealing a model which points to the permanence of placements, and thus also makes the return to the biological family rather complicated. One also observes that, longer period of time in foster care imply that fewer children receive visits from the biological family, and the older the children get, the fewer visits they have.

Parents have the leading role during visits in a significant majority of cases, particularly mothers. If parents are still together, visits are generally conducted together so other relatives are seldom involved. In the event of separation or divorce, relatives participate

more, especially if the father has a new partner. This data allows one to emphasize the need for foster teams to maintain up-to-date information on the organizational changes of the biological family. The planning and supervision of the visits should be centred firstly on the mother, who is the main bond to these children. In fact, apart from being the person who visits the child more often, there are a greater number of mono-parental families composed of mother and children, and subsequently separation and divorce reduce or stop visits by fathers in a significantly greater proportion than that of mothers. Secondly, visits should be centred on both parents, though one must not overlook the need to involve other relatives, such as siblings, with whom the contact may be particularly beneficial.

Foster care, which is particularly prolonged depending on the district in question, is also reflected in the continuity of the frequency of visits. The frequency of visits is low, when compared to the results of studies conducted in other countries. Sinclair et al,¹¹ with nearly half the sample of carers (44%), indicated that children saw one relative (parents, grandparents, uncles/aunts, stepparents) at least one or more times per week. Approximately 69% saw them on a monthly basis or even more frequently. About 30% were more isolated from their family members, since they did not see any of them every month. Finally, only 11% had no contact with their relatives. In our study, weekly visits occurred in 22.2% of cases, which reveals a lower frequency than that

ascertained by Sinclair et al.¹¹ In Portugal, visits are more sporadic. Notwithstanding, if one sums up the frequency of weekly, biweekly, and monthly visits, the total comes out to 59.4%, which is quite close to 69% of children who, on the aforementioned study, receive visits every month or more frequently. However, this highlights the interest in identifying the difficulties that parents, children and carers feel when conducting visits, particularly regarding expenses, transport and organization. Similarly, it is vitally important to understand the causes behind the remaining 122 cases without family contact so as to improve the management and follow-up of new and future placements.

In this specific context, visits occur primarily in foster homes. This is true in more than half of the cases (54.4%) in Portugal, unlike what happens in the United Kingdom and Scotland,^{9,10} where approximately 23% and 30% of visits occur in foster homes. The 38.8% of visits, which take place in the biological family home, is higher according to Cleaver,¹⁰ with only 24% in UK and Scotland. However, it is lower than the one presented by Triseliotis et al,⁹ with about 44%.

Thus one may question: what opinion do they have about this location? And is it a positive decision for the child to see the important adults of his/her life together? In relation to the parents who have been replaced in their parental role: is the foster home a place of proximity or a time to relive feelings of loss and guilt? Regardless of the answers to these questions, one should highlight the need to include, while training

carers both initially and continually, special attention concerning the organization and follow-up of the family contacts, so as to properly comprehend advantages and risks.

The use of other locations to conduct visits is yet another area to explore in the future. Community and educational centers or spaces specifically designed for family contacts, as in Spain,²⁹ may provide controlled proximity and an easily supervised environment, shorten geographical distances between the biological and the foster families, provide a properly equipped and comfortable location, and organize days and visiting times so as to minimize artificial circumstances in which the family and child have to relate to.

Visits are beneficial in most cases in the district under analysis. This positive result is not estranged from the fact that a significant part of children have ceased the contact with their biological family. Nevertheless, the positive expression of such family contacts must not overlook visits that have had negative results. Visits are an opportunity to assess both the interaction between the child and the biological family and to consider the progress, stagnation, or regression of the problem that caused the child to be placed in foster care.

Conclusion

The evolution of models of foster care acknowledged in the recent decades follows the global trend of specialization and individualization,

in the social, economic and cultural sector. In recent years, depending on the country, there was only one type of fostering, regardless the estimated duration of the placement, the characteristics of the child, the skills of the foster parents, or the goal of the placement. Once removed from its natural context of life, the child was placed where there was a vacancy, implying that foster parents would “take care of the child,” which meant, in many cases, to play a role in replacing the biological family, who was kept away and ignored in the intervention process.³³ The recognition of their rights and the principle of prevalence of the family, the need to improve the quality of response and to reduce the cases of rupture, to improve the integration and educational background of the foster children,¹⁹ has progressively led to recognize the importance of contact with foster children’s families, with the purpose of seeking the most suitable placement for each case.

The changes undergone in many Western countries concerning the disappearance of large residential care homes towards the option of individual and proximity foster care, still to occur in Portugal. It is necessary to develop a culture of foster care, promote the dissemination of the measure, as well as carry out recruitment and selection processes of new carers. Moreover, it is also essential to invest in the necessary resources for continuous and rigorous supervision of foster families. It is imperative to change the priorities of the policies regarding child protection, thus taking advantage of the

opportunities and resources that characterize our culture and Social Security model, in which paradoxically the family plays a determinant and supplementary role in State intervention.

In this study, we have presented and identified not only the main issues but also a set of variables that must be taken into account when designing and developing Foster Care Programs. It is particularly relevant to dismiss the causes that lead to the interruption of family contacts or the maintenance of a contact that brings negative emotional and behavioral consequences or indifference to the foster child.

The overview of the family contact requires continuous information, thorough up-to-date follow-ups and careful consideration, whenever possible, with all carers, foster children and relatives involved. Only then will it be possible to prevent clashes between cultures, affection, and ways of being; to prevent interference concerning the stability and well-being of the foster child; and to ensure the quality of the experience.

It is essential to ensure that the social workers of the district of Porto have the specific skills to manage contacts with the biological family, therefore they should learn and understand the real desires of the foster child and know when to step in if the relationship between carers and the foster child begins to deteriorate. This specialized preparation must become a priority when training foster teams, so as to

ensure, whenever possible, the maintenance of family contacts and to potentiate positive results. Greater commitment, closer follow-ups and the use of more accessible and functional meeting places are strategies that must be adopted further in the future.

According to this study, there is no rule of thumb to predetermine whether or not contacts will be beneficial or harmful. Within the collected data regarding approximately half of the foster children, family contacts cease or go wrong. However, in almost the same number of cases, these visits preserve the family ties between the child and the family. Family contact is not unquestionable, particularly in long-term foster care but it should always produce benefits. In other words, family contact is not good *per se*, however it is a potential resource to protect the child if it promotes emotional stability and feelings of safety. Hence, one needs to identify how often, where who can and should conduct the visit(s) so as to ensure that the contact will bridge the gap between both worlds present in the child's life.

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