The Portuguese Adoption System and the Role of the Multidisciplinary Team: Potential and Challenges

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ACRONYMS

ABEI – Associação para o Bem-Estar Infantil
IPSS – Instituições Particulares de Solidariedade Social
MSESS – Ministry of Solidarity, Employment and Social Security
SCML – Santa Casa de Misericórdia de Lisboa
UNCRC – United Nations Convention on the Rights of the Child

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Abstract

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This dissertation project has as its main objective the analysis of the contribution of the multidisciplinary team (Social Workers, Psychologists, Jurist and Social Educator) in the measures that promote the well-being of children in situation of adoption, within the Santa Casa de Misericórdia de Lisboa (SCML) and Associação para o Bem Estar Infantil (ABEI). The specific objectives are, then, to characterize the Santa Casa de Misericórdia de Lisboa, Associação para o Bem Estar Infantil and their multidisciplinary team; to analyse and describe the adoption program at Santa Casa de Misericórdia de Lisboa, Associação para o Bem Estar Infantil and their contribution to the matter of adoption; to gather specific legislation about adoption; to gather information about the difficulties and achievements of families who are in the adoption process, in the Metropolitan Region of Lisbon; to identify the social policies within the adoption theme and to analyse the methodological intervention of the multidisciplinary team in the adoption program.

Key words: Adoption, Children, Portugal, Multidisciplinary Team

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Introduction

This dissertation project has as its main objective the contribution of the multidisciplinary team (Social Workers, Psychologists, Jurist and Social Educator) in the measures that promote the well-being of children in situation of adoption, within the Santa Casa de Misericórdia de Lisboa (SCML) and Associação para o Bem Estar Infantil (ABEI).

This study was carried out in Lisbon, Portugal. The methodology used for the elaboration of this work was carried out through documentary and bibliographic research, apart from internet researches. The main data collection method was a semi-structured interview and this data was gathered over the course of six days between March and April 2016, where visits were made to the Santa Casa de Misericórdia de Lisboa and Associação para o Bem-Estar Infantil. At SCML the semi-structured interview was conducted with 06 professionals: a Jurist, Social Workers and Psychologists. At ABEI it was conducted with 01 professional of Social Education. The entire study was conducted over four months, between February and June 2016.

It has two main research questions: How the practices of the Multidisciplinary Team (Social Workers, Psychologist, Jurist and Social Educator) assist the children in the adoption situation? Moreover, which experiences do the children face in the adoption situation? Last January I started to search and comprehend the experience of children in adoption situations throughout history, being observed that there are many bad situations experienced by them. In addition to providing greater visibility about children in adoption situations, it will point out the importance of critical and interventionist character of the multidisciplinary team in this theme, for their performance to pursuit of equity and preservation of the rights of individuals.

1. Adoption in Portugal

With the fall of Nicolae Ceauşescu regime in Romania, in 1989, became public the conditions and severe deprivation of experiences that children institutionalized in that country were exposed to, many from early childhood. This extremely worrying and atypical of extreme adversity standpoint found, led to a humanitarian response involving the international adoption of many of those children, by families in Western Europe and North America (Rutter et al., 2009). Taking into consideration Portugal, the levels of inequality and the extent and intensity of poverty have a structural nature in the country. Deeply inscribed in the main institutions and resulting long-term historical processes which cross atavism resulting from a past off underdevelopment with modernization dynamics which, on the one hand, generate marked improvements in the living conditions of the people and, on the other hand, simultaneously produce new social contrasts (Capucha, 2007). According to the census made by the National Statistical Institute of Portugal (NSI) in 2011, the population in Portugal was compound by 10.562.178 people, against 10.356.117 in 2001. The NSI also informed that after staying below the 100.000 babies in 2011, the number dropped to less than 90,000 in 2012 and fell in 2013 to 82,367.

Aragón (2010), specialist in Clinical Psychology and mediator and family therapist, once said that adoption is one of the ways to acquire filiation, and become part of a particular family. It is a new family relationship equated absolutely biological, since it involves the breaking of all personal, family and legal relationship between the adopted child and its natural or biological parents, and the birth of rights and obligation that establish a bond between parents and adoptive children identical to those arising from biological filiation. The adoption has constitutional consecration (Article 36, paragraph 7 of the Portuguese Constitution), where the State is obliged to provide children deprived of a normal family environment - abandoned, abused or neglected an alternative family space.

The United Nations Convention on the Rights of the Child of 20th of November 1989 expressly recognizes that:

> Exhausted the possibilities of the child to enjoy a happy and healthy growth
> within their biological family, with the support of the State and society, or
> with the use of extended biological family, adoption comes up with a possible
> and satisfactory answer.

1.1. Adoption and legislation

Adoption in Civil Law is the legal act in which an individual is permanently assumed as a child by a person or a couple who are not the biological parents of the adoptee. When this happens, the responsibilities and rights (such as parental authority) of parents in relation to the adopted are transferred wholly or partly to adopters. Psychologically, it is the process of assigning the son/daughter of place to a child/adolescent who is not descended of the same story that the couple is, it is the possibility of integrating the family dynamics to a person who comes from another life story. It also takes much affective investment and large caring capacity.

When it comes to terms of who can adopt, the Social Security states that two people can adopt if they are married (and not legally separated from persons and property or de facto) or living in de facto union for more than four years, if both are more than 25 years old. One

person can adopt if the person is over thirty years old (or over 25 years old if the person wants to adopt the child of the spouse). From the age of 60 adoption is permitted only if the child is daughter/son of the spouse or if the child has been entrusted to the adopter before he/she has turned 60 years old. The age difference between the adopter and the adoptee must not exceed 50 years (except in special situations). The adoption law has recently changed in Portugal (29 February 2016) and according to Article 3 of the Law nº 9/2010 (that allows the civil marriage between people of the same sex) "the regime introduced by this law implies the legal admissibility of adoption, in any of its forms, for married people with spouses of the same sex."

It is known that children or young people can be adopted according to the following situations:

- In some situations, through an administrative trust (applied by Social Security);
- In most cases, through measures applied within the process of promoting the rights and child protection. (Applied by the Court)
- Children of the spouse of the adopter.

This can happen since the process of entry in the Court:

- They will not be over 15 years old;
- They will be under 18 years old (if they are children of the spouse of the adopter or if they are not emancipated and have been entrusted to the adopters or one of them with age not exceeding 15 years old)

The number of adoptions in Portugal is increasing and according to the Social Security reality, there are two adoption procedures, the Full Adoption and Restricted Adoption.

In Full Adoption, the child or young adopted:

- Becomes child of the adopter and becomes part of their family, for all legal purposes, including the succession;
- No longer has family ties with the family of origin;
- Lose their original surnames and acquires the surnames of the adopters;
- Can, in some situations, change their own name (if the adopter requests and the Court agrees).

This adoption is definitive and cannot be revoked, not even by agreement between the adopter and the adoptee.

In Restricted Adoption, the child or young adopted:

- Becomes son/daughter of the adopter, but retains all rights and duties in relation to the family of origin (except for some restrictions established by the law);
- Can receive the surname of the adopter, but maintains one or more surnames from the family of origin;
- The adopted, or their descendants, and the adopter's relatives are not heirs of each other or are mutually obliged to pay maintenance.

The Restricted Adoption still has the following features: it can, in certain circumstances, be repealed and; may at any time, by court order, be converted into Full Adoption, at the request of the adopters and provided they meet the respective requirements.

To apply to adopt a child it is necessary to contact the Adoption Team in the body of the Social Security of the respective area of living, if the residence area is the city of Lisbon then the person/couple need to contact the Santa Casa de Misericórdia de Lisboa. In Açores, they need to contact the Institute of Social Security of Açores, in Madeira they need to contact the Institute of Social Security of Madeira and in the rest of the country it is necessary to contact the District Centre of Social Security. After this it is required to attended to the Informational Session (called Session A) of the Training Plan for Adoption, where candidates are informed about the objectives of adoption, what is needed to be able to adopt (general requirements and conditions to be met) and the adoption process (including the application process, forms and required documents). Thereafter they will fill out the forms, attach all required documentation and give the application to the adoption services of the Social Security agency in the area where they live, when the candidates are delivering the application they receive a certificate of application. The entity that received the application will do a mandatory social and psychological evaluation of the candidate, where there will be interviews (one of those at the candidate's house) and the application of social and psychological instruments of assessment.

During this evaluation period the candidate will also be invited to take part in a second action of the Training Plan for Adoption, called Session B (in groups of 6 to 8 candidates), and several training sessions. Within 6 months the candidates will be informed if their application has been selected or rejected and if the professionals consider that the application should not be accepted, and before taking the final decision, they communicate the intention to reject the application, giving the opportunity to consult the process and submit new documents or arguments. According to Santa Casa de Misericórdia de Lisboa (SCML), once selected, the applicants will go to the waiting list at national and SCML level, waiting to propose them a child with the desired profile. Desirably, before being made an adoption proposal, it will exist the Sessions C, which prepare the integration of the child to change of the family context. When the child is introduced to the candidate, there is a period of contacts to meet and see if they will accept each other and if this phase goes well, the child is entrusted to the candidate, starting the pre-adoption situation where the child goes through a follow-up for 6 months (this time may be longer depending on the case). During this period, the Adoption Service may also carry the Session D of Parental Training, to support the new family in their roles, helping to strengthen the emotional ties and family relations. Then the adoption service makes a report that the applicant sends, along with the adoption application, to the competent Court (Court of Family and Children of the area of residence) and when the Court utters judgement, the adoption process is completed.

1.2. Legislation

The Best Interest of the Child

As explained by Barroso (2015) adoption it is not more than the realization of the child's right to an alternative family than the one he or she was born. Already in 1994, Year of the Family, the United Nations understood by family: two or more people who share resources and responsibilities for decisions, shared values and objectives and have a commitment to other long-lasting type, regardless of blood ties, adoption or marriage (definition currently considered unsatisfactory). Evolved towards the family is increasingly the result of the will of its members and not social charges or legal. There is an obligation to continue to promote the

children's rights for them to grow responsibly and to become capable adults and, thus, also promote the rights of families. Marriage, kinship, affinity and adoption are stated as sources of legal family relations (Article 1576.º from the Civil Code).

The adoption implies a total and definitive break with the biological family. Children may only be separated from their parents against their will when parents do not fulfil their duties and always by judicial decision, as the Portuguese Constitution requires. Therefore, in no case, even in emergency situations the child can be removed from their parents against their will, without a court immediately confirm the withdrawal. The Court, the judge, can only undertake that court in the case of full adoption proffering an irreversible decision, if the circumstances that the law determines are checked, that is, they must not exist or are seriously committed themselves affiliation links.

As stated by Leandro (2014), the best interests of the child as a legal principle must be expressed as its imposition in Article 3, paragraph 1, of the United Nations Convention on the Rights of the Child (UNCRC), which states: "in all actions concerning children taken by public or proven institutions of social protection, courts of law, administrative authorities or legislative bodies, shall be a primary consideration the best interests of the child". Taking into account what is set out in Article 4, paragraph a) of the Law for the Promotion and Protection of Children and Young People in Danger (which was approved by Law No. 147/99, 1/9) about the best interest of the child as a guiding principle of intervention: "the intervention should serve primarily the interests and rights of children and youth, without prejudice to the consideration that is due to other legitimate interests within the plurality of interests present in this case".

It is important and necessary the recognition of the child, not only in terms of ethics, culture and politics, but also of international and national law, as an autonomous subject of rights (common and specific) founded its eminent dignity; impose consideration of interest already autonomously, although in correlation with other interests. Adoption is a source of family legal relationship, namely membership (and corresponding parenting), and Article 1576.º and 1586.º of the Portuguese Civil Code. And according to Article 1974º: The adoption will only be imposed when present real advantages for the adoptee, merges into legitimate reasons, does not involve sacrifice unfair to other children of the adopter and may reasonably be expected between the adopter and the adoptee will establish a similar link to the membership. Thus aiming to perform the best interest of the child.

Are well known the need and the advantages of respect for that "timely child", to be determined by the specific circumstances of the situation of each one, known as the extremely importance of early intervention, either in an attempt of taking or recovery of parental role or, if not obtained, the referral to the adoption, when diagnosed or indicted as feasible, as stated by Leandro (2014:85). For the adoption to be likely to achieve the best the interests of the child the quality it is very important, with all the titles, that they should be substantial answers the promotion and protection of children in danger, before being effectively entrusted to adopters and be ordered to adoption. A long-standing and positive route has been taken in this direction by temporary reception centers, in cooperation with the courts, the commissions of protection of children and young people, social security, health, education, municipalities and other entities with competence in field of childhood and youth that stand out the IPSS (Private Institutions of Social Solidarity), charitable institutions (as Misericórdias) and other NGOs.

For the success in the prosecution of achieving the goal, through adoption, the best interests of the child, the quality of procedures to the study of personal, social and legal situation of the child, and the consequent proposal for development and implementation of project of life is crucial.

1.3. Empowerment theory, ecological model, strength perspective and resilience theory

In this section the concepts of strength perspective, ecological model, empowerment theory and resilience will be introduced as the theoretical concepts used to interpret and explore my empirical data. The theoretical framework aims to highlight the research questions and the objectives from different perspectives and contribute to a richer comprehension and analysis of the collected data.

Empowerment theory

When we talk about the Empowerment theory, it remind us what was said by Rapapport (1981,1984) about being a construct that links competencies and individual strengths, natural helping systems, and proactive behaviours to social change and social policy. On its most general sense, the empowerment relates to the capacity of people to acquire control and comprehension over personal, economic, social and political forces to be able to fight for life improvements. Considering that inside the children and youth field, it is notable that after the UN Child Convention 1989 and the Children Act 1989 in the UK a new impetus to children's participation was given. The Brazilian educator Paulo Freire (author of the book *Pedagogy of the Oppressed*) made a rich definition of the word "empowerment", even though the word already existed in English meaning "to give power" to someone to perform a task without needing permission from others. The empowerment concept by Paulo Freire follows a different logic, for him, the person, group or institution empowered is that one that accomplishes, by themselves, the changes and actions that lead to evolution and strengthen. Paulo Freire points out that even though the individual empowerment or the empowerment of some students, or the feeling of having changed, not enough regarding to the transformation of society as a whole, it is an absolutely necessary process for social transformation. Therefore, "the critical development of these students is critical to the radical transformation of society. His curiosity, his critical perception of reality are fundamental to social transformation, but are not by themselves sufficient "(Freire & Shor, 1986, p. 71).

In social work, Abrams and Moi (2009), "have traced the development of such discourses, noting that while cultural competence – and its predecessor 'cultural sensitivity' – was originally coined in response to the need to work in a culturally appropriate way with minority ethnic groups, over time, ideas about cultural competence have evolved to incorporate all groups at risk of social exclusion with reference to disability, sexuality and a range of other identity markers". According to Laird (2008), to fight against 'unintended racism' it is important that social workers learn about other cultures, being also a way of knowing better their clients and to be able to empower them. This approach to social work practice, for example, emphasises holistic empowerment of oppressed groups.

Ecological model

The Ecological model was developed by the Russian-born American psychologist Urie Bronfenbrenner. He would state as his initial theory that in order to understand human

development, the entire ecological system in which growth occurs needs to be taken into account. This perspective conceives the ecological environment as a set of structured structures at different levels, where each of these levels contains the other. Bronfenbrenner calls these levels the Microsystem, the Mesosystem, the Exosystem, the Macrosystem and Chronosystem. Based on Bronfenbrenner, the authors Papalia, Olds & Feldman (1998) explain them:

- The Microsystem is an immediate level in which the individual (usually the family) develops. It is the child's first system, where she/he receives the basic care essential to her/his development.
- The Mesosystem comprises the interrelations of two or more environments in which the developing child participates actively, for example home-school or family-neighbors.
- The Exosystem is composed of broader contexts that do not include the child as an active subject but the child undergoes indirectly the influences (which affect her/his development).
- the Macrosystem is shaped by the culture and subculture in which the child and all individuals in her/his society develop, for example the cultural patterns, values, beliefs, ideologies, etc.
- The Chronosystem adds a new dimension, the temporal one, which considers the influence of change or stability (changes in family, place of residence, work, changes in society, etc.).

Some institutions in Portugal are based on the Ecological Model, believing that in order to understand a child's situation, they must take a holistic approach and analyze many factors including the child's needs, the parental capacity and the environment. Bronfenbrenner (1979) also took into account the different systems (family, school, neighborhood, culture, law, etc.) when evaluating the child's needs and making a diagnosis leading to an intervention-life plan. They believe in the strength of the individual and building capacity in their clients by using their existing knowledge and skills.
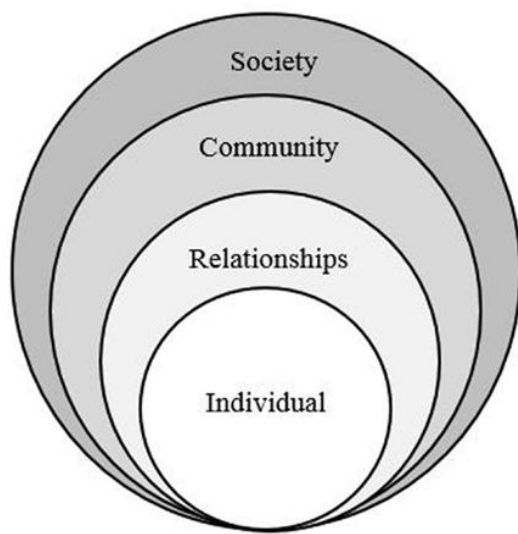
Individual	Individual characteristics that influence behavior, such as biological, knowledge, attitudes, beliefs, and perceptions.
Relationships	Interpersonal interaction and primary groups including family, friends, classmates, co-workers that provide identity, support and role designators.
Community	Community settings such as health department, media, non-profit organizations. Influence of organization system that include such groups as schools, workplace, etc.
Society	Social/cultural norms, along with health, economic and educational policies along with local, state, and federal laws.

Figure1. Social ecological model levels

The way people position themselves in the contexts will depend on the way they interpret the contextual information. The position that each one occupies is specific to each individual as well as the way they interact with their social networks and meanings they build. Even when the elements of the context are repeated, the setting is not the same for each one, each person lives in their environment that share with others but that is configured only in the influence it has for each one. The participation and interaction in the contexts alter not only by the ways of being of individuals but also allows the change of contexts and relationships in it and with them are established. People interact with the environment and with other human beings, set themselves to them and vice versa. The relationship between individual and context is dynamic, the result of the personal development depends on how its features interact.

Strength perspective and resilience theory

The strength perspective is client-led, with a focus on future results and strengths that people bring to a problem or crisis. It does not attempt to ignore the problems and difficulties. Instead, it tries to identify the positive basis of the person's resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems. The strengths approach also reduces the power and authority barrier between person and professional by placing the social worker, for example, in the role of partner or guide. Also because when people act as experts on solving the problems of others, they deny to them the possibility of facing the problem, not giving the opportunity to participate, take control and learn. As stated by the psychologist Lisa (2012):

> Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the

relationship that develops between those providing and being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.

Bringing the meaning of Resilience from the Oxford Dictionary, it is known that it is the capacity to recover quickly from difficulties. Aragón (2010:68) says then:

> Researches, in the field of human knowledge, have evolved and advancing ideas and concepts to shape a concept, which opens the way to thinking and, above all, prevention; this term is Resilience, which comes from the Latin word "resilio or resilium" which means to go back, back to the initial state. It is a term used in physics to describe origin in a substance with elastic qualities, and plasticity; is the ability of a material to recover its original shape after undergoing a deforming pressure. This term has migrated, in an initial emphasis since its first application to children, to other stages of the life and family cycle, including other fields that concentrate currently interest such as school, psychosocial field, prevention and research.

There are other definitions of resilience, as Cyrulnik (2002) defined as the ability to develop some human beings to overcome the psychological trauma and severe emotional wounds, such as bereavement, rape, torture, deportation, or war, as well as the psychological and moral violence to which they are exposed millions of people in the world today. Alternatively, even the definition made by Gordon (1996) where Resilience is the ability to grow, mature and increase competition, facing adverse circumstances and obstacles, using all resources, both personal and environmental. It is important to identify characteristics or behaviours associated with a risk, to intervene on those who may be modified, either by deleting a risk factor or strengthening a protective factor.

1.4. Social policies

The policies for children and family are part of a whole three compelling principles contained in the Constitution but also under international law that Portugal agrees: the best interests of the child in that has to deal with the primacy of this principle in decision-making, the family as a fundamental unit of society, in general, and in the generative function, in particular and, finally, the principle of equality, in recognition of common rights and obligations to parents and, consequently, the right to protection in parenthood. The policy measures for children and family, who then identify, correspond to the intervention area of social security, alone or in partnership with other Ministries, not running out the same, then, any intervention of the Portuguese State. The presentation of the same corresponds to the adopted systematic by the Social Security from the respective legislation, having been chosen only for their brief characterization, without specifying its content and evolution, which necessarily refer to more specific legislation and update.

The main measures to support families correspond to the measures to support responses to parental duties or address specific needs of the child or regarding the reconciliation of professional and family life, developed through the public, private profit and solidarity sectors. The *Sistema Nacional de Intervenção Precoce na Infância* (National System of Early Childhood Intervention) it is a response that aims to ensure children's developmental conditions with changes in body function or the structures that limit the personal and social development and their participation in typical activities for their age, as well as children with serious risk of developmental delay. It follows the relationship between three Ministries: Solidarity, Employment and Social Security, Education and Health. Its objectives are to ensure children to protection of their rights and develop their skills. Detect and signal all children with risk of changes or changes in the functions and structures of the body or serious risk of developmental delay. To intervene after the detection and signalling of those situations, depending on the needs of the family context of each eligible child, in order to prevent or reduce the risk of delays in development. Moreover, to support families in the access to the services and resources of the Social Security systems, Health and Education, involving the community by creating articulated mechanisms of social support. According to Ministério da Solidariedade, Emprego e Segurança Social (Ministry of Solidarity, Employment and Social Security) - MSESS

The *Ama* it is an activity carried out by qualified persons which, on their own and by retribution, take care of one or more children up to 03 years old that are not their relatives for a period of time corresponding to work or incapacity of the parents (or the person who has the custody). Its objectives are to support families through childcare, keep children safe and provide, in a family environment, the right conditions to the integral development of the child. The *Creche* (Day care center) it is a social response of a socio-educational nature, to accommodate children up to 03 years old during the period of impediment of the parents or the person who has their custody. Its objectives are to provide, through individualized care, well-being and integral development of children in a climate of security on emotional and physical levels. To collaborate with family in sharing care and responsibilities in the development of children and to collaborate in the early diagnosis of any inadequacy or deficiency ensuring their proper referral. The *Estabelecimento de educação pré-escolar* (Preschool education establishment) it is a targeted social response to the development of children between the age of 03 years old and the age of entry into primary school, providing to them educational activities and family support activities. Its objectives are to promote personal and social development of the child and provide to them well-being and safety conditions. To contribute to equal opportunities in access to education, the success of learning and development of expression and communication, as also to stimulate curiosity and critical thinking. To outwit inadequacies, deficiencies and precocious behaviours for a better orientation and guidance of the child. To encourage the participation of families in the educational process and to establish collaborative relationships with the community, also to support the family by providing meals to children and to extended hours with youth work activities, as stated by the MSESS.

The Ministry of Solidarity, Employment and Social Security explains that the *Centro de atividades de tempos livres* (Center of leisure activities) it is a social response that provides leisure activities for children and young people from 6 years, on the periods available from school responsibilities, developing through different intervention models, including monitoring/insertion and practice of specific activities. Its objectives are to create a favourable environment for the development of each child or young person and collaborate in the socialization of each child or young person through participation in group life. Encouraging

the relationship between family, school, community and property, with a view to appreciation, utilization and monetization of all environmental resources and provide integrated activities in socio-cultural animation project. To improve the social and educational situation and the quality of life of children, as to strengthen interaction and social integration of children with disabilities, at risk and social and family exclusion. The *Centro de Apoio Familiar e Aconselhamento Parental* (Family Support Center and Parental Guidance) it is a social response, developed through a service dedicated to the study and prevention of social risk situations and support to children and young people in distress and their families, brought into their community, through multidisciplinary teams. In this sense, according also to MSESS, this answer aims to family qualification skills by acquiring and strengthening parenting skills in the various dimensions of family life and to understand different levels of educational and psychosocial nature of intervention, that according to the characteristics of the families, integrate the following modalities:

• Family Preservation (aims to prevent the removal of the child or young person from their natural life);

• Family Reunification (aims the return of the child or young person to their family environment) and;

• Family meeting point (it is constituted as a neutral and suitable space that aims to maintain or restore family ties in cases of interruption or serious disruption of family life, particularly in parental conflict and marital breakdown situation).

2. Methodology

Social work methodologies are based on empirical knowledge derived from research and practice evaluation, including specific knowledge inherent to specific local contexts. Social work takes into account the complexity of the interactions between humans and the environment around them and their ability although affected by this, be prepared to modify the factors including the biopsychosocial framework. As a Social Worker, it is clear that the profession is dedicated to the pursuit of social justice and the well-being of oppressed and marginalized individuals and communities. According to Gil (1999), a good researcher needs, in addition to subject knowledge, curiosity, creativity, intellectual integrity and social awareness.

In this research, the contact was established with the institutions to check the availability for the elaboration of the thesis along with them. In both contacts with the institutions, I had the support of the master programme coordinator Dr. Maria Guerreiro for it to be achieved. The first contact was with the SCML, where we spent around an hour in direct contact, by telephone, with the then director of the adoption sector until we succeeded to start the interview process. Before going in person to conduct the interviews, the interview guide was sent to the director of adoption. The first interview took place on March 1st of 2016, I had an introduction to the adoption sector at SCML with the director and then I conducted the first interview of the thesis with the Jurist. The rest of the interviews with the other professionals were scheduled soon after that first meeting.

The same contact was necessary with the director of ABEI in Vila Franca de Xira so I could conduct an interview there. Via email, we scheduled a date for me to go there to carry out the interview with the Social Educator (the interview took place on April 26th, 2016). In the end of the interview, the director also was present and spoke about a child's case with the Social Educator too.

2.2. Method

Scientific research depends on a "set of intellectual and technical procedures" so that its objectives are achieved, that are the scientific methods, according to Gil (1999). From the point of view of the form of addressing the problem it may be a Qualitative research or a Quantitative research. For this project a qualitative methodology was deemed appropriate, meaning that there is a dynamic relationship between the real world and the subject. It is an inseparable link between the objective world and the subjectivity of the subject that cannot be translated into numbers. The interpretation of the phenomena and ~~the~~ attribution of meaning are basic in the qualitative research process. The natural environment is the direct source for data collection and the researcher is the key instrument. It is descriptive and the process and its meaning are the main focuses of approach, as said by Silva and Menezes (2001). Scientific research would therefore be the concrete realization of an investigation planned and developed in accordance with the standards established by scientific methodology. Scientific methodology ~~it~~ is understood as a set of neatly arranged steps that it is important in the investigation of a phenomenon.

From the point of view of technical procedures (Gil, 1991), and used in this project, it contains a literature review, elaborated from already published material, consisting mainly of books, journal articles and currently with material available on the Internet on the aforementioned theme. Also case collections to help on deep and thorough study of the theme, in a way that allows its broad and detailed knowledge.

The case study is a research strategy used in the social sciences quite regularly. We can say that is the most used strategy when you want to know the "how" and "why" (Yin, 1994). Also when we try to understand, explain or describe events and complex contexts in which are simultaneously involved several factors.

2.3. Universe and sample

For this project a non-probabilistic sampling was used, which is used when we do not have access to the complete list of the individuals who makes up the population (sample mark) and they serve to polls without inferential purposes. Used, then, a convenience sample. After that a partnership with two organisms were made as part of the Study group, to conduct the research as well as an initial characterization of the group to be studied: Santa Casa de Misericórdia de Lisboa and Associação Para o Bem Estar Infantil (ABEI). Six professionals from SCML were interviewed, between a Jurist, Psychologists and Social workers and one professional from ABEI was interviewed.

Empirical Field

On behalf of the privileged partnership that Santa Casa da Misericórdia de Lisboa (SCML) has with the MFamily program since the beginning the partnership allows students to do their

internships at the institution since the first semester, also ensuring support in gathering information for the dissertation development process. The agency Santa Casa da Misericórdia de Lisboa was founded on August 15th 1498 with the goal of finding solutions to the serious health and social problems that existed in the city at that time. According to its mission statement that it can be found on their website, Santa Casa works in the areas of social action, health, education and teaching, culture and the promotion of quality of life. It is committed to promoting the improvement of people's well-being, particularly those who are most disadvantaged in Lisbon, Portugal. The public agency is located throughout Portugal, but plays a very special role particularly in Lisbon where it acts as the city's most influential support. In other cities in Portugal, Santa Casa does not receive similar funding and does not have the same level of influence or scope as it does in the capital city.

Santa Casa da Misericórdia de Lisboa receives most of its funding through the lottery or gaming system in the city. About 90% of the agency's total funding comes from this method of support while the other 10% comes from community donations as well as the money earned from the buildings they own, for example the profit from the São Roque Museum. The city of Lisbon is divided into four social welfare areas, based on location, and Santa Casa follows this by ensuring they have a main office in each of the areas. Through my key informant interview, I was told that employees at Santa Casa make every effort to follow an empowerment and strength perspective. Their guidelines, mission statement and vision are all very clearly focused on the strengths and capacity of the individual client. Noticing that in order to achieve change in the lives of disadvantaged individuals, employees of Santa Casa appear to make every effort to build strong, genuine relationships with their clients and to involve them in the process that take place within the agency.

The Adoption team of Santa Casa is part of the Adoption Unit, Civil Mentoring and Family Reception (UAACAF), and it is compound by five Social Workers, five Psychologists, one Jurist and one director (that is also a Jurist). The Adoption Service of SCML has the following competences:

- Register, to study and evaluate candidates for adoption resident in the city of Lisbon, with a view to their selection to adopt;
- Forward, integrate and monitor pre-adoption children with an adoption life project and adoptability decision, accepted in the institutions of Lisbon;
- Make in all phases of the adoption process the Parental Training for adoption;
- Ensure a permanent Service and Information to the general public and support families formed after the adoption if they express desire and / or need for such monitoring.

In 2016, to date, twenty-two children were signalled to the SCML (including one case of two siblings) and in 2015, forty-two children were signalled to SCML (including five cases of two siblings). Also in the year of 2015, about 26 adoptions of children were enacted in pre-adoption by SCML or signalled to the SCML, which came out of the city of Lisbon. In relation to the Parents candidacy list, currently SCML has one hundred eighty-nine candidacies, of which one hundred twenty-four are couples and sixty-five are single candidates. While asked if there it was any case of children returning to the system, the adoption director stated: "We are not aware or have registration of adopted children situations that have returned to the promotion and protection system". When asked about adoption by homosexual people, it was said: "We have no record of how many gay people have adopted in

the last three years", mainly because it was not on the law that they could adopt like nowadays.

Similarly, and although it is not a formal partner entity with MFamily program, the Associação para o Bem Estar Infantil (ABEI) was always willing to collaborate to host masters students for internships and providing information related to the activities of the institution. The institution has always been extremely available for the entire data collection process.

The agency Associação para o Bem Estar Infantil (ABEI) was set up in 1975 (shortly after the end of the dictatorship and Salazar regime) with the support of a group of parents and citizens oriented to the prevention and resolution of problems associated with childhood. The institution is a Private Non-profit Institution of Social Solidarity (IPSS, in Portuguese). ABEI is today a reference in the municipality of Vila Franca de Xira, in social responses of Daycare, Preschool Education, First Cycle of Basic Education and Leisure Time Activities, as in supporting children and youth in danger. In the city of Vila Franca de Xira ABEI is the only agency working with adoption but in the municipality of Vila Franca de Xira there are two Temporary Residences (CAT) working with children between 0-12 years old. One of those two institutions of the municipality has a higher number of adoptions in comparison to the other.

At ABEI there are two Temporary Residences (CAT) which are centers that receive children after being removed from their families by Court or the Youth and children protection Commission (CPCJ) in order to find a suitable long term care. Together the Temporary Residences have thirty vacancies divided in two buildings: where fifteen vacancies are for children between 0-12 years old and other fifteen vacancies for youth between 12-18 years old. Their stay in the residence is up to six months, but there are some exceptional cases where they stay up to a year. ABEI's professional team that evaluates and makes the diagnosis consists of a Social Worker, Psychologist, Social Educator and a Director. They work together with nine Educators per age group and a support team (i.e. driver, cleaner, cook, etc.)

Their mission is to manage the child's future living situation thorough adoption, institutionalization or family reunification/ reintegration and ensure their protection and coverage of basic needs. All the processes and decisions made are based on the perspective that the stay of the child should be as short as possible, because is a temporary place. According to the technical team, the core value present in all interventions is to serve the best interest of the child. All the processes and decisions made are based on the perspective that the stay of the child should be as short as possible. The social competences are stimulated by the bonds created between the staff and the children but reminding them constantly that their stay is transitory. In this way they establish a base of stability and protection that will be developed further when their life plan is carried out.

ABEI's interventions follow the values of solidarity, fraternity, social justice and integrity, which match the International Federation of Social Work (IFSW). The approach used in every case is the Ecological model where the professionals take into account the different systems (family, school, neighborhood, culture, law, etc.) when evaluating the child's needs and making a diagnosis leading to an intervention- life plan. Regarding the

participatory perspective, the team works with the family by evaluating the circumstances over the first two months of the child's stay and then each member's competences.

As ABEI is short term residential care, the focus is put on finding the appropriate long term care that will meet the child's needs, meaning its approach is problem focused. They observe the child and take into account the family visits and contacts, as well as the extended families capacities and then, make a diagnosis on the child's problem-needs that should be addressed as soon as possible. The fulfilment of these needs involves that the child would stay in a protective and stable environment where the empowerment can start. In Portugal the law considers that the best way to promote the child's well-being is by maintaining it in the family. However, sometimes while evaluating the care capacities of parents or extended family members it is maybe seen that his/her well-being is not ensured in the family context and alternatives options should be found, such as long term institutionalization or adoption. This arises an issue of the need of the law to change and become less familiaristic putting the individual-child's well-being first. While the children are in the care of ABEI, the team that has the expert power, writes a report which with the court team's report help the judge reach a decision. It is inevitable that the families feel the power that the social workers report has over the outcome of the case and are on their best behavior trying constantly to prove that they are fit for providing the care needed. Also the staff has power over the children during their stay in the residence that is translated in rules and authority that is a good reference for them making the environment healthy and stable.

The Social Worker observes the child and take into account the family visits and contacts, as well as the extended families capacities and then, make a diagnosis on the child's problem-needs that should be addressed as soon as possible. The fulfillment of these needs involves that the child would stay in a protective and stable environment where the empowerment can start. The approach used in all cases is the Ecological model.

2.4. Data collection

As said by Harrell and Bradley (2009), Researchers use interviews for a variety of purposes and can further be used to gather background information or to tap into the expert knowledge of an individual. For this project the data collection it was used was a semi-structured interview, which Bryman (2007) states that semi-structured interview typically refers to a context in which the interviewer has a series of questions that are in the general form of an interview schedule but is able to vary the sequence of questions. The questions are frequently somewhat more general in their frame of reference from that typically found in a structured interview schedule. Also, the interviewer usually has some latitude to ask further questions in response to what are seen as significant replies. The guide was compound by seventeen questions to the multidisciplinary team (Social Workers, Psychologists, Jurist and Social Educator) from the core of adoption of Santa Casa de Misericórdia de Lisboa and Associação para o Bem Estar Infantil, to understand the practice of these different professionals. Other seven questions were made to ask the professionals about specific cases of children on the adoption system. The guides can be found on the appendix part of this project. Being a Lusophone speaker and sharing the language of my informants helped me to conduct the interview. Sometimes when something was not quite clear on the question, for example, I repeated the question on a different way to make it easier for them (with also the advance of speaking the same language).

The interviews were conducted in person and they were conducted on seven days on the abovementioned agencies. The table below shows the date, institution and profession interviewed.

Table 1. Interview Schedule

Date	Institution	Profession
01/03/2016	Santa Casa de Misericórdia de Lisboa	Jurist
11/03/2016	Santa Casa de Misericórdia de Lisboa	Psychologist
11/03/2016	Santa Casa de Misericórdia de Lisboa	Social Worker
16/03/2016	Santa Casa de Misericórdia de Lisboa	Social Worker
21/03/2016	Santa Casa de Misericórdia de Lisboa	Social Worker
21/03/2016	Santa Casa de Misericórdia de Lisboa	Psychologist
26/04/2016	Associação para o Bem Estar Infantil	Social Educator

3. Results

To contextualize the data collected in this dissertation I started to present my observables: adoption services professionals and cases of children that I will dwell in, reminding that my specific objectives on this are:

- To characterize the Santa Casa de Misericórdia de Lisboa, Associação para o Bem Estar Infantil and their multidisciplinary team;
- To analyse and describe the adoption program at Santa Casa de Misericórdia de Lisboa, Associação para o Bem Estar Infantil and their contribution to the matter of adoption;
- To gather specific legislation about adoption; to gather information about the difficulties and achievements of families who are in the adoption process, in the Metropolitan Region of Lisbon and;
- To identify the social policies within the framework of the adoption and to analyse the methodological intervention of the multidisciplinary teams in the adoption program.

3.1 Professionals interviewed at SCML and ABEI

Here we have the professionals interviewed, taking also into consideration how long they are working on the Portuguese adoption system. These professionals are quite experienced on the adoption thematic. Two Social Workers are the ones working longer on this sector, both of them with 13 years of experience. The names of the professional have been changed to keep anonymity.

Nomenclature	JT01	PT01	SW01	SW02	SW03	PT02	SE01
Institution	SCML	SCML	SCML	SCML	SCML	SCML	ABEI
Academic Education	Jurist	Psychologist	Social Worker	Social Worker	Social Worker	Psychologist	Social Educator
Years working on the Adoption System	02	04	13	13	07	08	07
Factors/causes/problems that lead to adoption	I do not study the child, my role here is more focused on laws and the work more 'secreted', but of course, I deal with the process of children. The situations are probably larger neglects.	Abuse (physical and psychological), severe negligence, very dysfunctional families and mental health problems of parents.	The neglect, abandonment, parents' inability to organize themselves, social misery.	Strong negligence by the biological family's part and disability of the that biological family to ensure the child's welfare.	There is never a single factor. In terms of family history it has a lot to do with drug addiction, psychiatric background of diseases, social weaknesses and neglect.	Most of the cases have to do with neglect and maltreatment.	Always neglect, whether physical abuse, psychological, lack of care or parental incapacity.
Problems that the children arrive at the institution		Violence and abuse.	They enter with difficulties at various levels, as developmental delays, for example.	Severe deficiency on emotional, physical and psychological terms. Also health issues, arriving often in a	It depends on the age the child arrives at the institution but, if we look globally, these children	Many children arrive with attachment disorders.	Most of it is the lack of personal and social skills.

					have a developmental al delay (because they were not sufficiently stimulated).		
Aspects identified that correspond to situations where children are deprived of well-being	These situations of neglect, such as leaving the children alone, let the children take care of themselves, lack of food or have rules for whatever... All these things are, as I said, generational and, therefore, people have been taught so because they grew like that.	Can be multiple indicators, for example a child who bring visible marks on the body.	Lack of care on levels since hygiene, health and food. They are not going to school, they are seen on the streets late at night.	Sometimes they do not realize that families are already in the system (local Social Action) and, for example, there is no more direct action for the child to be removed earlier from these families.	When we realize that happened mistreatment and sexual abuse to those children, for example.	When you notice the neglect towards them and the absence of familiars elements that can take care of this child.	There is an impairment of rights at many levels, such as the issue of lack of identity for example, children that arrive without any documentatio n at the institutions.
The historical trajectory in Portugal to ensure the welfare and rights of children	I think that mainly the vision of who adopts has changed. [..] And there is already a sign of some progress in relation	There is a lot, as the inclusion of psychology in interdisciplinary teams, teamwork in various valences for a more	We have a fantastic law which is a highly evolved law, that greatly	There is a growing concern in preparing the child for new parents. It has also	Adoption it is seen differently from how it was 20 years ago. Since 2011 an	I think it has been done a great job, as changes to the legal level for psychosocial term, to be	We had increasingly significant progress. I think that with the changes the

	to adoption, not as a simple replacement of biological filiation but lives just for the sake of having a child, to have a foster child and do good to a child who has a family and therefore gives you a family.	thorough evaluation, closest to the child's reality.	protects children and serves in the adoption area, the problem then is the interpretation of the law itself.	evolved in terms of awareness with technical team in relation to articulation between the different adoption services.	education training is made with the candidates for them to be more prepared to receive a child.	able to make the intervention.	law has been undergoing, the rights of children are safeguarded above all.
Contributions of Social Work/Law/Psychology/Social Education	The recent fact that now homosexual couples can adopt, for example.	The improvement of teamwork, which is essential.	It was not only a contribution from Social Work, it was a multidisciplinary one. All of them working together made the rights of the children better.	This union with the other areas, I believe to be a natural evolution. There is respect between the areas and we seek to see the whole picture.	I think the Social Work has evolved, as well as the look of society has also evolved and I think the work in a multidisciplinary approach is the key.	I think that psychology deals with human relations and people seek psychology when they have relationship problems. In the case of adoption it is fundamental a look of psychology because the adoption deals with relationship, so	To do this bridge: work the family with the child until he/she can leave the center and start a pre-adoption process.

						I think that is the basic discipline to think about adoption, with all social intervention as well.	
Perspectives about adoption by homosexual couples	Same as we always had with heterosexual couples. By changing the law, maybe there are candidates who will convert from single adoption to joint adoption for this reason.	It is a right. We have all the same rights and I think being in the law also greatly facilitates our study (and especially the child's preparation).	Provided that they have good characteristics and meet the needs of children. The law has now given guidance in this sense, that everyone has the same right, then surely the study will be made.	We do not have much experience yet. I think people have to be evaluated and have the skills to raise the children to the similarities of the other families.	Previously legally we could not accept. I believe that adoption has to do with people, with situations, with the relationship. We here do not study the sexuality of the people, we study the stability of them.	I see no benefit in the child's perspective, even though it understands that on the perspective of equal rights for the adult, it can be discussed.	I have not gone through this experience in my profession yet but I consider again an advantage and progress of the law.
Main difficulties related to the respective	Cooperation with the Court.	The delay in implementing the measures.	I see no difficulty.	The greatest difficulty it is regarding	The time. On the law they talk a lot	I believe it is a matter of the legal system.	Getting adoption to be decreed

professions on the adoption system				the Court and the time it takes to take a decision.	about the child timely and the best interests of the child, but that in practice, it does not happen.	We have children who can stay in institutions for 4,5 years waiting for an answer. This is very serious.	by the Court is a more difficult process.
Suggestions/opinions from the professionals to improve the adoption system	To improve the service for the child. You have to find a family for the child, not a child to the family.	That the Court lawsuits be decided in faster way.	That Court decisions were quicker.	That the Courts are faster with the situations of children, because children end up growing in the institutions this way.	I think this look of judges for children. I am not saying about all of them (some are fast), but the majority has a lot of difficulty to make this cut with the biological family, and to look at adoption as a viable alternative.	A more direct connection with the Courts, a closer dialogue.	The relation with time, making it shorter. Making evaluations in shorter time and more concrete.

Table 2. Professionals Interviewed

When talking about the adoption process in Portugal, SE01 stated: "In accordance the law, the law has also made many changes and it is possible to increasingly feel the technical support, not only in the institutions and the teams responsible for the selection of couples. I think it has made many improvements and in my point of view I think we are on the way to go yet but it is getting better". All of the interviewed professionals mentioned that the main cause that lead to adoption is the negligence factor. SW01 stated, for example:

> The neglect, abandonment, parents' inability to organize themselves and social misery (from the point of view that they are not able to organize themselves even with help) are the main problems. [...] The child was removed from the family because him/her was abused, because she/he is not being cared properly, because was victim of sexual abuse, for example... well, mistreat. Maltreatment can be qualified, which is the most serious one, in which the parents are mistreating and they know that they are mistreating and continue to do so. Or neglect, which are people that they too were abused and repeat the behaviour (which in most cases is what happens) and so that is what creates these problems. In my experience, it has a lot to do with it, so over the years they are always identical.

The historical trajectory in Portugal to ensure the welfare and rights of children shows some point on their views.

- JT01: "I think that mainly the vision of who adopts has changed. [..] And there is already a sign of some progress in relation to adoption, not as a simple replacement of biological filiation but lives just for the sake of having a child, to have a foster child and do good to a child who has a family and therefore gives you a family.";
- PT01: "There is a lot, as the inclusion of psychology in interdisciplinary teams, teamwork in various valences for a more thorough evaluation, closest to the child's reality";
- SW01: "We have a fantastic law which is a highly evolved law, that greatly protects children and serves in the adoption area, the problem then is the interpretation of the law itself";
- SW02: "There is a growing concern in preparing the child for new parents. It has also evolved in terms of awareness with technical team in relation to articulation between the different adoption services";
- SW03: "Adoption it is seen differently from how it was 20 years ago. Since 2011 an education training is made with the candidates for them to be more prepared to receive a child";
- PT02: "I think it has been done a great job, as changes to the legal level for psychosocial term, to be able to make the intervention" and;
-SE01: "We had increasingly significant progress. I think that with the changes the law has been undergoing, the rights of children are safeguarded above all".
Each one of them could share a point of view on how they saw the trajectory, also expressing that it changed for better.

Many are the problems that the children arrive at the institutions, PT02 stated that "many children arrive with attachment disorders", while SW02 says that the children arrive with "severe deficiency on emotional, physical and psychological terms. Also health issues,

arriving often in a pitiable state". This lead to the next point, which are the aspects identified that correspond to situations where children are deprived of well-being. SW01 says that "lack of care on levels since hygiene, health and food. They are not going to school, they are seen on the streets late at night", are a few examples of this fact.

When asked about the advances noticed on the adoption matter PT01 said the she thinks that "the teamwork is essential, there is no doubt. For example: individual interviews had evolved to interviews together (two professionals), now there is more teamwork. There is also research at the national level". When asked about the difficulties faced by them SE01 also said:

> Our main difficulty here as technical staff is not doing the diagnostic evaluation of the situation, in the life project definition. I consider that here, as a reception center, is a very positive matter to do the life project the adoption. Now, to get the adoption to be decreed by the Court… This is a more difficult process.

More professionals have some comment about the Legal part of the adoption too, as we can see by PT02. The professional says "One difficulty that we have has to deal with the juridical system. We have children that can be waiting for an answer from the juridical system for about 04 or 05 years and this is very serious". JT01 stated as a difficulty the cooperation with the Court:

> I know they are complying with the law but those situations where - unfortunately this is not good to say but - I think that those who does not fulfil their obligations, there are rights that should not be given. […] I think that this right of appeal should be signed for those who tried to do something and failed. Now we have the situation of a child who is 6 years old, his father and mother are in prison, they never called and the lawyers just asked the appeal, for example.

The main difficulties related to the respective professions on the adoption system has a direct relation to what can be done for the children. The position of the answers correspond to the order they appear on Table 2:

- "Cooperation with the Court";
- "The delay in implementing the measures";
- "I see no difficulty";
- "The greatest difficulty it is regarding the Court and the time it takes to take a decision";
- "The time. On the law they talk a lot about the child timely and the best interests of the child, but that in practice, it does not happen";
- "I believe it is a matter of the legal system. We have children who can stay in institutions for 4,5 years waiting for an answer. This is very serious" and;
- "Getting adoption to be decreed by the Court is a more difficult process".

It is worth noting that resilience is understood as a dynamic process where the influences, the environment and the individual, interact in a reciprocal relationship that allows the person to adapt, despite adversity. This is what the professionals that see difficulties try to do about it. The adoption always assumes the presence of at least one of the events outlined, such as abandonment, which puts children adopted within the risk population group. However, seeing as anger, risk does not mean to be predestined, adopted is not synonymous of problematic, but implies the need to implement resources of varied origin so that by working together it can become a reality.

3.2. Cases of children (life stories)

As part of the research objectives I dwell on the cases of the children that were shared with me by the professionals interviewed. The names of the children were changed to maintain their anonymity and keep them protected.

Institution	Children	Gender	Age of entry into the Institution (in years)
SCML	Patricia & Paulo	Feminine & Masculine	04 & 03
SCML	João	Masculine	13
SCML	Ruben & Jessica	Masculine & Feminine	04 & 01
SCML	João Paulo	Masculine	01
SCML	Marta	Feminine	04
ABEI	Daniel	Masculine	06

Table 3. Cases of Children

Case 01 – Patricia and Paulo

Nowadays Patricia is 8 years old girl and her brother Paulo is 7 years old. They are in the 3rd and 2nd year of school (they are in the education level expected for their age). They were institutionalized at the age of 4 and 3 years old and were integrated to the adoptive family by the age of 6 and 5.

Unaware of the profession of biological parents, it is known that the children had different fathers (same mother but different fathers) and the mother did not live with their fathers. The team knew recently that, after the children moved to the new family, that the mother had another child. Their biological parents are from another country, they have African background (Cape Verde) but the children were born in Spain. There was no situation of disease in the family, no knowledge of use of drugs either and probably poverty. The children were institutionalized because of negligence, disorganization and lack of capacity from the biological family. The team had no knowledge of physical abuse (in a case like this it is likely that psychological abuse has taken place considering the aforementioned) and there was no more contact with the family. Patricia and Paulo were sent to the adoption service as there was no response at the household level. That is, there was no alternative response to those children but the adoption, since there was no visit by any of the parents and there was no extended family with capabilities to take over.

Both were integrated in the same family, a couple. According to PT01, it was a very difficult situation of adaptation and integration of the children and also for the couple in relation to the children, because when they arrived at the family context they had very different behaviours from those they had at the institution. So they had an extremely complicated behaviour and it was necessary to ask the Court an extension of the monitoring of the pre-adoption period, which is six months but in this case it was a year and a half. It was also a complicated situation because they were siblings, in school age (which often complicates the situation further) and had different race of the candidates. Being different in race from the parents raised too many questions from the children, especially from Patricia who said she was not the same colour as the mother and father and they did not like them (the children) because they are not the same colour. As parents, demystifying this and explain them that this had no importance was very difficult.

Case 02 – João

Nowadays João is 15 years old, but he was between 13 and 14 when his case happened (and he was in his 7th year of school). For many years he was institutionalized (since he was four) because of serious negligence and abuse. He has siblings: one went for adoption, another was at the same institution as he was and the other was already in the independence of home. Their country of origin is Portugal.

For João it has always be endorsed an adoption project after numerous cases, "because there was always an uncle, then there was someone else. Betting on person A, then betting on person B, that is, was always the bet on someone and the point is that it never had results", as SW01 (Paula) stated. So when the adoption is promoted it was late (João was 12 years old already). It was difficult by the age and also by the characteristics he had, because he was a boy with very complicated behaviour, was not an easy child, so the measure of adoptability came late. In his case, he had support from a family friend – so there was a couple with children and was volunteering at the institution where he was (It was a home of the Santa Casa with children that are there to go for adoption, others not), so they were friends. So he

got attached to that family. So he had these friends who gave him support during the weekends, took him for a walk, etc. One day these friends realized that in fact this boy had no answer (they were already friends with him for 3 years, since he was 10 years old) through adoption and then proposed to adopt him. SW01 said:

> They came to be studied by us. We, obviously in our role, have to always alert to the difficulties, we are not here to play and this is a very serious work (because it has to deal with people's lives and the lives of children). And we notice some difficulties that surely would come to happen with a teenager.

The family said that they knew him very well, that they passed through his worst behaviours and that it could be worse, even with the team saying that it could get worse. João was asked to see if he wanted to be adopted by that family and he wanted. The couple had children and the team also spoke to all of the children before the integration of young boy, even to realize the opening to the move from friend to brother. He was very well received and was integrated into the family. The adoption was fast and the integration of the young boy in the family was made with preparation. The process has not reached six months.

After a few months the boy began to have a behaviour a little more aloof, to misbehave at school, hide school notifications, missing classes, finally, a number of things. Then the family started to get a little tired and João realized that, and that those who would be his parents were also not quite believing in him. After a year, precisely, this young man was entering into another institution of Santa Casa because the family no longer wanted him. According to SW01, during the pre-adoption time there were team meetings to understand exactly how to do and how to intervene, because this family was the only answer he had (in terms of adoption). However there was not a way for it, so they went to maximum limits, working, guiding, suggesting psychotherapy at a family level and individual to João (which he always refused) and that is it, the situation unfortunately went wrong. He needed parents, not friends, and the friends were never able to go to the level of parents. "I think they wanted but were unable, and not being able the links are not built", as SW01 said.

Case 03 – Ruben and Jessica

Ruben is 8 years old (on the 3rd year of school) and Jessica is 6 years old (about to enter on the 1st year of school) and in education terms they were good children, with good characteristics on the overall. They were institutionalized since 2011, when Ruben was 4 years old and Jessica was 1 year old, because of serious negligence from parents. In terms of characteristics Ruben had a chronic disease and the parents themselves also had chronic diseases. In terms of extended family, they had it but they were not valid alternatives. Jessica to have a history because when she was born she was institutionalized right away, then she went to her family and after she returned once more to the institution. The family requested an appeal during this time of adoptability but they really did not have any conditions and this is a very complicated situation because it causes the children to have visits (and visits with people with whom they have no connection) and in emotional terms, it had a very negative effect on the children.

They have spent five years in the institution before the adoptability situation. SW02 said: "we did a national research and we could not find a family. We went to meet the children before the research, met with the technical team and we believed in these children". They were children with a good profile, resilient and very poor children who wanted a family. It had this situation of the chronic disease with Ruben, then the team decided to call directly to district centers to talk with the colleagues about children and about what they knew. In this case a district center, through a phone call said that there was a couple that was receptive to a siblings situations of two or three brothers. They had applied for a short time ago but with the situation of the chronic disease, the team had doubts that they would accept. The team talked with the candidates, they pondered about the situation (in terms of health they got information with medical specialist) and then they have accepted. After they realized a meeting because in difficult cases like this the team do not want people to decide before this happen:

> Then the family came to Lisbon and they were with us in our service. We had several meetings, we held a meeting where the couple met the children, met the staff of the institution, the director and the educator (who talked directly about the children and their characteristics), so it could be a very mature decision. The family was always very excited about it.

They were in adoptability situation in February 2015, then the biological family tried to appeal and only in July 2015 they have returned to the adoptability situation. The team needed to make the meetings, the reports (which they have ordered from the institution), official reports, educational reports, psychological and were finally able to launch the research for a family in September of 2015. By the end of September the team had no positive response, starting then with phone calls and, in October the children were presented to the couple (where the integration took place late November). So they were in the pre-adoption situation until last May and those who followed the case were the colleagues who live in the city to which children have moved.

Case 04 – João Paulo

João Paulo was born in October 2010, currently he is 6 years old. John was accepted in 2011 and his adoptability situation occurred in July 2013. When he was accepted he was with his mother because his parents were already separated. The mother had cognitive limitations, inability to provide care to João Paulo. Soon after she left the maternity, she was accepted in an institution that has homes where mothers can stay with their children but are being supervised by other people.

The mother herself had been an institutionalized girl, with 12 years old, she studied until the 7th or 8th grade and she had some cognitive limitations. The father is absent and disorganized man. João Paulo was sheltered when he was one year old, he had some apathy, showed an eye to others but almost with a hyper-vigilant behaviour.

He had a generalized hypertension, so it was a child who was very insecure and also had a congenital torticollis (probably because he was always lying on the same side and he was lying down for a long time). He was not being stimulated, because even in these institutions there are not people to look for these mothers and these children for 24 hours. So

he gets to be followed in physiatry and neurology to understand what was going on with him. He also had a cyst, (a genre of a hematoma) that had to be removed in 2013.

João was welcomed because of a request from the institution, who thought that the mother was not able and there was no family they could provide to him. The father disappeared completely and so there was no way for this child to be in the biological family. João Paulo is white, his parents are Portuguese and his diagnosis is not clear, showing a maladjustment. So, when the adoptability was decreed in March 2013, they had no answer for him because there was an impaired development. For example, john is a child who started walking late, talking late, etc. In terms of movement he would fall too much, he needed to have special boots, everything was more difficult than in a linear child but without a clear diagnosis.

On the other hand this child has some capacity in social terms, it is an extremely seductive child and socially he is very competent, so he knows to be around friends. Despite these disabilities, all in terms of movement and even in terms of language, which he cannot keep up with those of his age, he is a socially competent child (he captivates, is nice, sociable, a child who plays and that have good deal with others). However they had no answer but they evaluated a family that would accept children with health problems, among them, this lack of diagnosis. So we thought it might be a chance for John, but always very cautious. They called the family and presented the situation to them, including giving room for them to say "no", because they knew they had little definite things. Although they had accepted that "no diagnostic" framework, the team had some fear, but still ventured.

This foster family has three biological children (10, 14 and 16 years old), religious people who have a very sympathetic character and wanted very much to have another child. They thought they had space to have an adopted child in their family. The male member of the couple was a super open person, for him it did not matter if the child had disease or had not. The female figure was very much afraid of not coming to like this child just as fond of their own children, so the question it was: she preferred a child with some problem because if him/her had a problem, it would be different. She had the view that the future brothers and herself would look at this child in a different way and would enjoy him/her the same way. It was something that made sense to the lady. So, when João Paulo was presented they immediately accepted him, also because in their family history they have a nephew with a similar problem to João Paulo, so they are used to his problem.

He had his adoptability situation in March 2013 and he was integrated into the family in August 2014. A child with this framework, if he had not this health issue, he would have be adopted soon and this delay has to do with it. After a year and a half the team can say that he is completely integrated into this family and things are going very well, being worthy to believe that this family was able to host this boy.

Case 05 – Marta

Marta is currently 9 years old and it is on the 3rd grade. She has been institutionalized for 5 years, thus she was admitted with four years old. When talking about her family history, she had other siblings (also institutionalized), her parents had debilities and their debilities were described in their cognitive skills (this had impact on their emotional level). There was domestic violence, no one knows that it was towards the children, but among adults. An opportunity was given to the parents, a measure was applied and they were unable, did not

cooperate with the intervention. So existed there a big negligence regarding to primary care (food, hygiene, health), being the institutionalization reason of Marta. They could not reorganize themselves, they were making visits to children in the institution and this is one of the things that endures the institutional care, because they would visit several times, being understood that this is a sign of interest.

This neglect made Marta come to the adoption service, the opportunity was given for parents to organize themselves and to have the support of other family members but they did not responded positively to the intervention, they did not recognize their difficulties. Those visits ended up having a poor quality because it had no quality before the institutionalization, so these parents will often take a lot of sweets and toys for the children, but this is what they know. "So this child was sheltered with four years old, was integrated into a foster family with 9 years old. What happened for 5 years? This is very serious." She entered into the adoptability situation in the end of 2015, he joined the family in early 2016. She was accepted in 2011, the intervention of the protection system began in 2010.

Legally the adoption measure was given in October. It is very rare to find families for children with 8 years old (at the time she was still 8 years old). Then it came Christmas and Christmas time is not a good time to make integration into adoptive families throughout the emotional charge that this time of year has. There was another sister in the institution also, so there would be a cut between the two sisters, and – again – Christmas time was not the most appropriate time. The team also took into consideration the school factor, because it did not make much sense to stop the first school year, that begins in September and ends in December (the child would miss two weeks of school to integrate).

By the time of the interview, Marta was still on the pre-adoption situation. The monitoring is frequent, with visits, in-person meetings, phone calls, e-mail exchanges. The frequency of contacts depends from case to case.

Case 06 – Daniel

When he entered at ABEI he was 6 years old and 11 months (in April 2011) and he was on the 2nd year of school but showing a level of the 1st year. (He was in the second year of school but the knowledge he had and learning he had were on the previous level)

Daniel was welcomed at CAT 0-12 Quinta dos Fidalgos and were also welcomed two older brothers who stayed at CAT 12-18, one with 12 years old and the other with 13 years old. They all came at the same time, it was an emergency reception - taking into account that the school was about to finish, therefore they would start the holiday period, at the time of Easter and it was the school that ensured their issues like lunch, for example. The children had only one meal a day, which was the lunch provided by the school, as the school was going to end they would be without the right to the meal they had. So, they were welcomed, not only for this reason but this time mainly for this reason. The mother was unemployed.

They were living with the mother. She was a totally neglectful mother with abuse, the school had already noticed and the Commission of Child and Youth Protection (CPCJ) was also following the case. The school had noticed that there was a difficulty on the feeding level and it was already able to minimally ensure this situation (of feeding Daniel). Although Daniel came to school, for example, with clothes with urine, the brothers would take him to school, the school did not have contact with the mother and they were living in a very tough

neighbourhood in the district of Lisbon. Therefore, Daniel would eventually be handed over to himself and to the brothers because the brothers also had many behavioural problems, in a neighbourhood very characterized by financial difficulties and drugs. They were born in Portugal, but their origin is African: the mother is from Sao Tome and father is from Cape Verde.

They lived in another European country and Daniel was born in another country in Europe because they had immigrated there. And, yet, when Daniel was born his father was deported to Cape Verde for a number of crimes he practiced on that country, so Daniel never had contact with his father and never has father's memories except what people would say about him. Then, his only contact was with the mother.

In the same neighbourhood also lived the grandmother, uncles, etc., but no one who could provide care, so the family was also very problematic. There was no case of disease or drugs that the team had knowledge although in their neighbourhood the drug trafficking is very large. Therefore, there was lots of suspicions, but nothing ever materialized. Then when Daniel got to the reception center he was indeed an example of a child who did not know anything, he did not know what was a shampoo and a shower gel, he did not know what was being combed or to brush his teeth. Eat at the table with other people also had no knowledge of what that was, on the first day he was also very scared because when he arrived he went to the bathroom to take a shower – also for the team to realize if he had marks (of violence) on his the body, etc., and he had severe marks. When he went to the shower, for example, his fear was to find out that the water would be cold (like what was happening at home). Then, little by little with the integration into the center, when he realized that the reality was different from what he was used, he became a very dazed child with everything, with toys, with hot water, food… what would be the approximately basics.

Over the time that he was institutionalized the mother was being present in some visits, at an earlier period, and she verbalized that she wanted the children back and that she would change her life, but then she gradually moved away. She was demonstrating a lack of interest in relation to the monitoring of Daniel and also to his brothers, even because it was clear that she had a preference for one of the children, and it was not Daniel. In a matter of visitation, this was very noticeable: Daniel was very isolated, playing alone, without body contact. So there was no concern expressed in the sense of how his health was or how was school, so it was a process that took some time before the team could define that the life project would be the adoption.

Daniel came in 2011 and he left when he was 10 years and two months old, so he has been here for three years and four months (2014). But in fact the adoption was set a year before and only took a year to find a family until we could find someone who could take Daniel in a way that all had security that would result. The brothers were no longer in the reception center when the adoption concretized, because they had different life projects. During that one year that he was here waiting to materialize the adoption, it gave the team room so that they could work with the mourning of the biological family and prepare him to receive a new family, which they did not know how it was going to be (singular or couple).

After the adoption, the adoption team makes the follow up. In the case of Daniel, the monitoring lasted for more than 6 months, about one year. There was this need to extend taking into account his age and also the fact that the adoptive family is a single family, so a

single woman, without a partner and with a small extended family, so there was here this need for further monitoring.

Conclusion

Going back to the research questions, "How the practices of the Multidisciplinary Team assist the children in the adoption situation?" and "Which experiences do the children face in the adoption situation?", shows that this Multidisciplinary team (compound by Social Workers, Psychologists, Social Educator and Jurist) is there to promote social change, problem solving in human relationships and strengthening the empowerment of people to promote well-being. Using theories of human behavior and social systems, they will intervene at the points where people interact with their environment, not forgetting that the principles of human rights and social justice are fundamental to those professions. The social worker, for example, has the mission to enhance the professional field continuously and this is something I could have seen in every professional (not talking only about Social Work) in the respective institutions. I have noticed a commitment from every one that was interviewed to do their best within their limits and to do the possible to follow an empowerment perspective. At Santa Casa de Misericordia de Lisboa it is possible to notice that all is very clearly focused on the strengths and capacity of the individual client (mission statement, guidelines and vision); At ABEI, even when dealing with children and knowing that they are there momentarily, the opinion of the child is consulted, for example. They, at both institutions, were also focused on the best interest of the child, being easy to perceive a real desire to change the difficult realities. At ABEI, for example, they are focused on the ecological perspective, where this approach is also valuable in orienting intervention in practice, preventing risks and promoting the integration and development of children.

Each professional shared with me what they think it could change/improve on the Portuguese adoption system (also in the order they appear on Table 2):

- "To improve the service for the child. You have to find a family for the child, not a child to the family";
- "That the Court lawsuits be decided in faster way";
- "That Court decisions were quicker";
- "That the Courts are faster with the situations of children, because children end up growing in the institutions this way";
- "I think this look of judges for children. I am not saying about all of them (some are fast), but the majority has a lot of difficulty to make this cut with the biological family, and to look at adoption as a viable alternative";
- "A more direct connection with the Courts, a closer dialogue" and;
- "The relation with time, making it shorter. Making evaluations in shorter time and more concrete".

The Critical thinking, shows how a social worker interprets data obtained not only through interviews, observation and case review but also with an evaluation and diagnosis, for example (interviewing with cultural competence). Critical thinking asks the social worker to consider how his motivations, assumptions, expectations, and biases (self-awareness) shape the lens through which he analyses and draws conclusions from the available data. The investigative approach is supposed to the theory and practice of professional practice systematization, as well as for the definition of strategies and technical tools that enhance the means of fighting social inequality (Abepss, 1996, p. 167). The action is prompted by an investigative attitude and according to Fraga (2010), while the investigative attitude is a

constant movement of searching, questioning, addresses, planning to work in the profession, professional action is a result and, at the same time, grant for this research . Thus, it is interesting to work in a team, because

> The dialogue between the different areas of knowledge is constituted as an internal movement of transformation of sciences, must be open to dialogue, because it does not emerge spontaneously, but requires an uphill struggle to change attitudes, built both on the individual and the collective level, hence the relevance of interdisciplinarity. (Fraga, 2010:59)

People must, then, learn to live with the social differences, not allowing emotional involvement and seeking to permanently between coherence and respect for others; knowing to stick to the essentially social issues, searching the balance and being aware that it is the meeting with other professionals that enables to help each other. It is important that the team, as a whole, propose alternatives for each case, which is unique.

> The moment we live is a time full of challenges. More than ever it takes courage, it takes hope to face the present. It is necessary to resist and dream. It is necessary to feed the dreams and realize them day-to-day on the horizon of new and more human times, fairer, more sympathetic (Iamamoto, 2003:17).

That said by the professionals and taking into consideration the Critical thinking, I raise another questions with future prospects for the continuation of the study: How is it possible to improve the promptitude of the Courts in Portugal? What would be a better practice for this to happen?

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Appendix

App. 1 Declaration of informed consent for fieldwork

Informed consent

The following is a presentation of how I will use the data collected in the interview.

In order to insure that projects meet the ethical requirements for good research I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether they will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for me to document what is said during the interview and also helps me in the continuing work with the project. In my analysis, some data may be changed so that no interviewee will be recognized. After finishing the project, the data will be destroyed. The data I collect will only be used in this project.

You have the right to decline answering any questions, or terminate the interview without giving an explanation.

You are welcome to contact me or my supervisor in case you have any questions (e-mail addresses below).

Student name & e-mail   Supervisor name & e-mail

Emanuelly Vieira   Prof. Dr. Jorge Ferreira

ecvao@iscte-iul.pt   jorge.manuel.ferreira@iscte.pt

Interviewee

App. 2 Interview Guide

<u>About the Professional</u>

- Name
- Academic Education
- Professional category and function performed in the service
- How long have you been working in the Portuguese adoption system?
- How does it is the adoption process in Portugal?
- The adoption has a legal dimension, but has an associated psychosocial dimension. How to articulate these two levels of intervention?
- The adoption has different phases. Which stage intervenes your service? What is the methodology used?
- Factors/causes/problems that lead to adoption
- Which are the problems that the children arrive at the institution?
- What aspects identified correspond to situations where children are deprived of well-being?
- How these aspects are reflected in the lack of fulfilment of the children's rights?
- What was the historical trajectory in Portugal to ensure the welfare and rights of children in the adoption system?
- What were the contributions of Social Work/Law/Psychology/Social Education for this to happen?
- Which the most significant advances that have occurred about adoption in Portugal?
- What are the perspectives about adoption by homosexual couples?
- There are references to cases of children adopted by homosexual families?
- What are the main difficulties related to the different professions (social worker, psychologist, lawyer and social educator) in the adoption system to guarantee the rights of children and their well-being?
- Suggestions/opinions from the professionals (Social Workers / Psychologists / Jurist / Social Educator) to improve the adoption system and its processes?
- There are specific training actions taken or required?

<u>About the Case</u>

- Age and schooling
- Child's family history
- Reason for institutionalization of the child
- What was the reason that made the child come to the adoption of service?
- How was the progress of the case?
- If the child has been adopted, how long it took to happen?
- Is there a current monitoring of the case?