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Kinship Care in the Portuguese Law: Meanings and Challenges

O Acolhimento Familiar no Direito Português: Significados e Desafios[1]

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ABSTRACT: Policies regarding Kinship Care (KC) constitute a distinctive aspect of the Portuguese child protection system, as the placement of children with extended family members is not formally recognized as out-of-home care. KC is officially designated as "Support from Another Family Member" (SAFM). SAFM has been largely invisible in national statistics, raising concerns regarding the adequacy of professional assessment, supervision, and the protection of children's rights and well-being. This study aimed to characterize family and child profiles in SAFM and identify the primary needs and challenges faced by children and caregivers. A quantitative approach was employed with professionals from the Commissions for the Protection of Children and Youth. Findings indicate that many children in SAFM present specific health or behavioral needs, yet technical support for caregivers remains severely limited, with minimal access to formal training. In addition, families often face high socioeconomic vulnerability. Despite these challenges, children demonstrate notable improvements in psychological well-being, behavior, and school performance. Moving forward, the recent legislative reform provides an opportunity to address financial disparities, but it remains critical to formally recognize SAFM as out-of-home care and to ensure ongoing supervision and mandatory caregiver training to safeguard children's rights, stability, and development.
KEYWORDS: Kinship Care; Foster Care; Out-of-Home Care; Law for the protection of children and young people at risk; Law; Portugal.

RESUMO: As políticas relativas ao Acolhimento na Família Alargada (AFA) constituem um aspeto distintivo do sistema português de proteção da infância, uma vez que a colocação de

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crianças com familiares não é formalmente reconhecida como acolhimento fora do lar. O AFA é oficialmente designado como "Apoio Junto de Outro Familiar" (AJOF). O AJOF tem sido em grande parte invisível nas estatísticas nacionais, suscitando preocupações quanto à adequação da avaliação profissional, da supervisão e da proteção dos direitos e do bem-estar das crianças. Este estudo teve como objetivo caracterizar os perfis das famílias e das crianças em AJOF e identificar as principais necessidades e desafios enfrentados pelas crianças e pelos cuidadores. Foi utilizada uma abordagem quantitativa com profissionais das Comissões de Proteção de Crianças e Jovens. Os resultados indicam que muitas crianças em AJOF apresentam necessidades específicas de saúde ou comportamentais, contudo, o apoio técnico aos cuidadores permanece bastante limitado, com um acesso mínimo a formação formal. Além disso, as famílias enfrentam frequentemente uma elevada vulnerabilidade socioeconómica. Apesar destes desafios, as crianças demonstram melhorias notáveis no bem-estar psicológico, no comportamento e no desempenho escolar. Olhando para o futuro, a recente reforma legislativa oferece uma oportunidade para abordar as disparidades financeiras, mas continua a ser crucial reconhecer formalmente o AJOF como acolhimento fora do lar e garantir a supervisão contínua e a formação obrigatória dos cuidadores para salvaguardar os direitos, a estabilidade e o desenvolvimento das crianças.
PALAVRAS-CHAVE: Apoio junto de outro familiar; Acolhimento familiar; Acolhimento fora do lar; Direito; Lei de proteção de crianças e jovens em perigo; Portugal.

1. Introduction

Compared with other countries, Portugal has one of the highest rates of children placed in residential care. The latest available national data indicate that among all children in out-of-home care (*N* = 6,349), only 6% (*n* = 361) were placed in family foster care[6] (ISS, 2025). This situation violates current Portuguese law and international child protection recommendations[7-8] and has been described by experts[9] as the "Portuguese Child Protection Anomaly" since the international child protection conference EUSARF 2018, held in Porto, Portugal. Graphic 1 compares the number of children in institutional and foster care across countries, highlighting this distinctive trend.

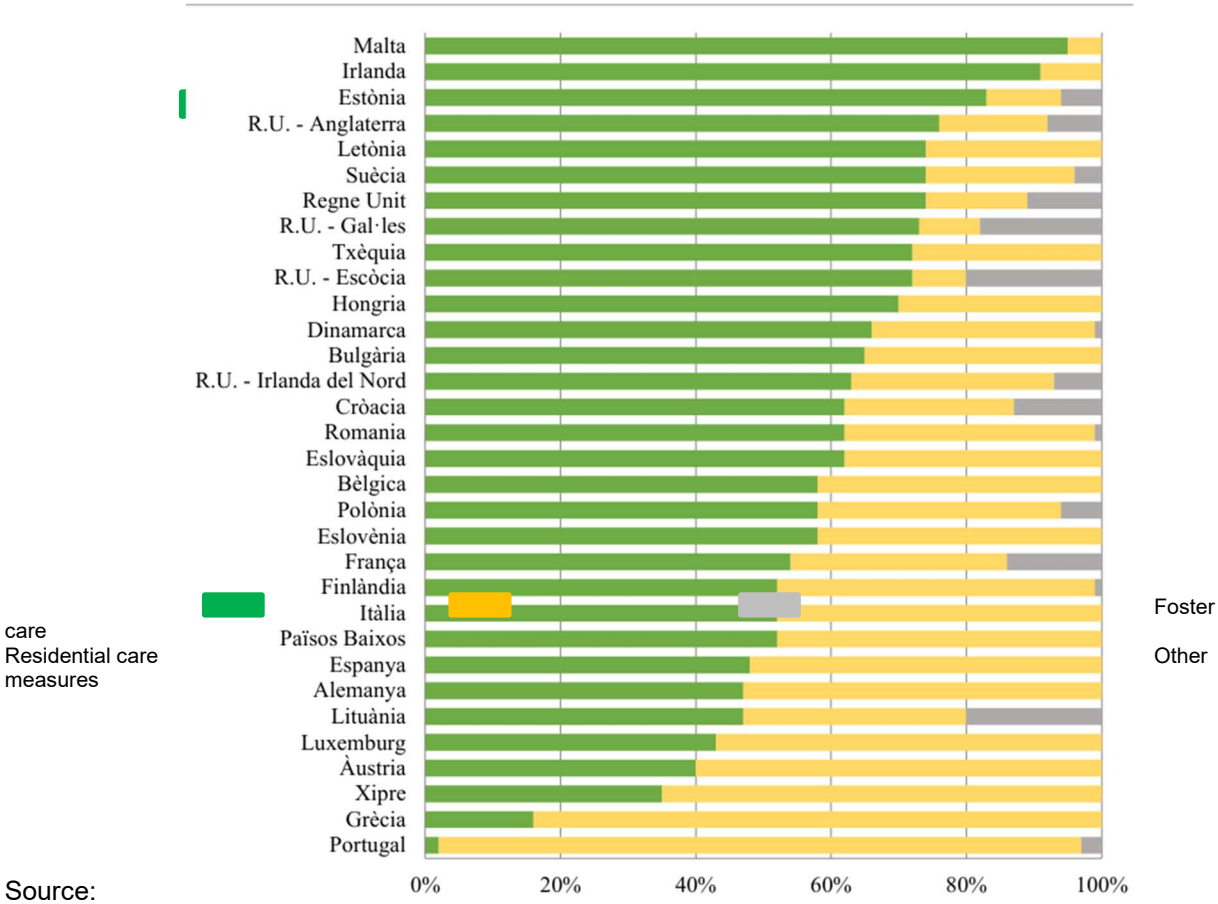
[6] ISS – Instituto de Segurança Social, I.P., 2025. CASA 2024: Caraterização anual da situação de acolhimento de crianças e jovens. Lisboa: ISS, I.P. Available from: https://www.garantiainfancia.gov.pt/documents/37502/0/Relat%C3%B3rio+Casa+2024/d672f9d9-ef67-474c-8b78-65dee1f040bb

[7] BARBOSA-DUCHARNE, Maria and SOARES, Joana, 2022. Residential care for children and youth in Portugal: A change as necessary as urgent. In. Revitalizing Residential Care for Children and Youth. Cross-National Trends and Challenges, pp. 256-272, Oxford University Press. Available from: http://dx.doi.org/10.1093/oso/9780197644300.003.0018

[8] DELGADO, Paulo, 2023. Foster care in Portugal: Outcomes, needs, and challenges for deinstitutionalization. Pedagogía Social. Revista Interuniversitaria, 43, pp. 107–119. Available from: http://dx.doi.org/10.7179/PSRI_2023.43.07

[9] PALACIOS, Jesús, GILLIGAN, Robbie, 2018. Crianças portuguesas maltratadas pelas suas famílias e pelo Estado. Público, 12 de dezembro de 2018. Available from: https://www.publico.pt/2018/12/12/sociedade/opiniao/criancas-portuguesas-maltratadas-familias-estado-1853533

Graphic 1. Distribution of CY across different countries, by type of care provided.



Source:
Based on data published by UNICEF & Eurochild.[10]

At the same time, unlike what is observed internationally, the placement of children "in custody" with carers with whom they have a family relationship (such as grandparents, uncles, or siblings) is not considered Kinship Care (KC) under current Portuguese legislation. Instead, such placements are named as "Support from Another Family Member" (SAFM). A similar situation arises with the protection measure called "Placement with a Suitable Person" (PSP), in which children are placed with a trustworthy adult, such as a friend or neighbor, with whom they have social or emotional relationship but no family ties. For this reason, SAFM remains largely unknown and has been included in the annual national report on children in out-of-home care only in the past two years.

This limited visibility makes it difficult to understand the scope of SAFM in Portugal and leads to an underestimation of the official figures for children in foster

[10] UNICEF and EUROCHILD, 2021. Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries. Florence: UNICEF Europe and Central Asia Regional Office. Available from: https://eurochild.org/uploads/2022/02/UNICEF-DataCare-Technical-Report-Final-1.pdf

care. Children may be placed in SAFM either by the Commissions for the Protection of Children and Youth (in Portuguese called Comissões de Proteção de Crianças e Jovens [CPCJ]) or by the Courts. In 2025, these institutions placed 4,701 children in SAFM, 630 in PSP, and 361 in foster care, totaling 5,692 (48.7% of all children in out-of-home care).[11] Considering SAFM and PSP as types of Kinship Care, out-of-home placement would therefore significantly increase the proportion of children in care in Portugal, highlighting the need for accurate classification and further study. In most child welfare systems, kinship care is considered a form of foster care, and that is how we define it in this study.

The foster care regulation law (Decree-Law no. 139/2019, September 16th) has undergone significant reforms that provide foster carers with a more qualified and supportive framework across financial, social, fiscal, and employment dimensions. It also establishes rights and duties for foster families. However, most of these rights are not granted to carers under SAFM, even though they are expected to provide the same level of service, time, and dedication as foster carers,[12-13] unlike what happens in other countries such as Ireland.[14-15] Furthermore, the duties and obligations imposed on foster carers are not required of SAFM carers, thereby increasing the risk of less rigorous assessment and weaker monitoring of these families. This situation raises concerns about the protection of children's rights and the promotion of their well-being (Connolly et al., 2017).[16]

In Spain, Montserrat found that this type of care is characterized by a lack of economic, educational, and psychosocial support.[17] Such support is likely to be limited

[11] ISS – Instituto de Segurança Social, I.P., 2025. CASA 2024: Caraterização anual da situação de acolhimento de crianças e jovens. Lisboa: ISS, I.P. Available from: https://www.garantiainfancia.gov.pt/documents/37502/0/Relat%C3%B3rio+Casa+2024/d672f9d9-ef67-474c-8b78-65dee1f040bb

[12] CHENG, Tyrone and LO, Celia, 2021. With their children placed in kinship care, did parents get the services they needed? Children and Youth Services Review, 121, 105850. Available from: http://dx.doi.org/10.1016/j.childyouth.2020.105850

[13] FARMER, Elaine and MOYERS, Sue, 2008. Kinship care: Fostering effective family and friends' placements. London: Jessica Kingsley Publishers.

[14] GILLIGAN, Robbie, 2019. The family foster care system in Ireland – Advances and challenges. Children and Youth Services Review, 100, pp. 221–228. Available from: https://doi.org/10.1016/j.childyouth.2019.02.008

[15] HILL, Louise, GILLIGAN, Robbie and CONNELLY, Graham, 2019. How did kinship care emerge as a significant form of placement for children in care? A comparative study of the experience in Ireland and Scotland. Children and Youth Services Review, 117, 104368. Available from: https://doi.org/10.1016/j.childyouth.2019.06.003

[16] CONNOLLY, Marie, et al., 2017. A kinship care practice framework: Using a life course approach. British Journal of Social Work, 47, pp. 87–105. Available from: http://dx.doi.org/10.1093/bjsw/bcw041

[17] MONTSERRAT, Carme, 2014. Kinship care in Spain: Messages from research. Child & Family Social Work, 19, pp. 367–376. Available from: http://dx.doi.org/10.1111/cfs.12028

or even non-existent in Portugal, and the economic impact of fostering on families also remains unknown. Research has supported the relevance of initial and ongoing training in foster care for both kinship and non-kinship carers.[18,19,20] However, in some international child protection systems, kinship carers are exempt from initial training to expedite placement processes,[21] despite several studies identifying these families' need for training, monitoring, and supervision.[22,23,24] Other studies have likewise concluded that it is essential to prepare carers for contact with children's birth parents, equipping them to manage these complex, relational, challenging, and unique processes.[25] Skoglund et al. found that children in kinship and non-kinship care had similar overall levels of contact with their birth parents, as both groups of parents were comparably available.[26] Furthermore, kinship carers are less likely to use formal support services than non-kinship foster families,[27] underscoring the need to train carers and ensure they are aware of their role and rights, particularly in communication

[18] BARBOSA-DUCHARNE, Maria and SOARES, Joana. 2021. Abordagem ecológica da formação em acolhimento familiar [Ecological approach on foster care training]. In. Acolhimento familiar de crianças e jovens em perigo: Um manual para profissionais [Family foster care: A handbook for professionals], pp. 61-82, ISBN: 978-989-693-128-5. PACTOR - Edições de Ciências Sociais, Forenses e da Educação.
[19] HALLETT, Nutmeg, GARSTANG, Joanna and TAYLOR, Julie, 2023. Kinship care and child protection in high-income countries: A scoping review. Trauma, Violence, & Abuse, 24(2), pp. 632–645. Available from: https://doi.org/10.1177/15248380211036073
[20] JAMES, Melissa, 2025. The changing face of Australian foster care: Critical steps to ensure kinship works. Australian Social Work, 78(4), pp. 515–520. Available from: https://doi.org/10.1080/0312407X.2025.2510292
[21] CWIG – Child Welfare Information Gateway, 2018. Home study requirements for prospective foster parents. State statutes: Current through February 2018. Washington, DC: Children's Bureau. Available from: https://www.childwelfare.gov/resources/home-study-requirements-prospective-foster-parents/
[22] BERNEDO, Isabel and FUENTES, Maria. 2010. Necesidades de apoyo y satisfacción en los acogimientos con familia extensa. Anales de Psicología, 26(1), pp. 95-103. Available from: http://www.redalyc.org/articulo.oa?id=16713758012
[23] DEL VALLE, Jorge F., BRAVO, Amaia and LÓPEZ, Mónica, 2009. El acogimiento familiar en España: Implantación y retos actuales. Papeles del Psicólogo, 30(1), pp. 33–41.
[24] MATEOS, Ainoa, et al., 2012. The perception adolescents in kinship foster care have of their own needs. Review of Research and Social Intervention, 38, pp. 25–41. Available from: https://www.rcis.ro/images/documente/rcis38_02.pdf
[25] BARBOSA-DUCHARNE, Maria and SOARES, Joana. 2021. Abordagem ecológica da formação em acolhimento familiar [Ecological approach on foster care training]. In. Acolhimento familiar de crianças e jovens em perigo: Um manual para profissionais [Family foster care: A handbook for professionals], pp. 61-82, ISBN: 978-989-693-128-5. PACTOR - Edições de Ciências Sociais, Forenses e da Educação.
[26] SKOGLUND, Jeanette, MABILLE, Geraldine and THØRNBLAD, Renee, 2024. Contact with parents from childhood to adulthood – A longitudinal study of children in kinship care and non-kinship care. European Journal of Social Work, 27(3), pp. 464–477. Available from: http://dx.doi.org/10.1080/13691457.2023.2208768
[27] COLEMAN, Kanisha and WU, Qi, 2016. Kinship care and service utilization: A review of predisposing, enabling, and need factors. Children and Youth Services Review, 61, pp. 201–210. Available from: http://dx.doi.org/10.1016/j.childyouth.2015.12.014

with the child's school context.[28]

A lack of training, resources, follow-up, and professional support that empower carers to manage children's emotional, behavioral, and physical difficulties can undermine the success of SAFM/KC.[29,30] Nevertheless, recent international research has identified SAFM (or KC) as the "top of the hierarchy of out-of-home care",[31] ensuring high levels of permanency.[32,33] When carers are adequately assessed and supported, KC provides a physical and relational context that is familiar to the child, facilitates contact with birth parents, and promotes a sense of identity and belonging within the family culture.[34] Research has consistently reported positive results associated with KC, namely, lower placement disruption rates, greater stability, higher levels of children's agreement with and participation in placement decision making, continued family ties after the age of 18, higher academic achievement, and better developmental outcomes among care-leavers.[35,36,37,38] Other research has

[28] GARCÍA-BERMEJO, Tania and FUENTES, Juan L., 2023. La orientación escolar con familias en riesgo psicosocial: Análisis de la alianza educativa con acogimientos en familia extensa. Revista Complutense de Educación, 34(2), pp. 461–470. Available from: http://dx.doi.org/10.5209/rced.83671

[29] DELAP, Emily, et al., 2024. How to support kinship care: Lessons learnt across the world. Institutionalised Children Explorations and Beyond, 11(2), pp. 224–231. Available from: https://doi.org/10.1177/23493003241259530

[30] TRUBEY, Rob, et al., 2024. Effectiveness of mental health and wellbeing interventions for children and young people in foster, kinship, and residential care: Systematic review and meta-analysis. Trauma, Violence, & Abuse, 25(4), pp. 2829–2844. Available from: https://doi.org/10.1177/15248380241227987

[31] JEDWAB, Merav, XU, Yanfeng and SHAW, Terry, 2020. Kinship care first? Factors associated with placement moves in out-of-home care. Children and Youth Services Review, 115, 105104. Available from: http://dx.doi.org/10.1016/j.childyouth.2020.105104

[32] BELL, Tessa and ROMANO, Elisa. Permanency and safety among children in foster family and kinship care: A scoping review. Trauma, Violence & Abuse, 2017, 18, pp. 268–286. Available from: http://dx.doi.org/10.1177/1524838015611673

[33] WINOKUR, Marc, HOLTAN, Amy and BATCHELDER, Keri, 2018. Systematic review of kinship care effects on safety, permanency, and well-being outcomes. Research on Social Work Practice, 28, pp. 19–32. Available from: https://doi.org/10.1177/1049731515620843

[34] HASSALL, Alison, et al., 2021. Does kinship vs. foster care better promote connectedness? A systematic review and meta-analysis. Clinical Child and Family Psychology Review, 24(4), pp. 813–832. Available from: https://doi.org/10.1007/s10567-021-00352-6

[35] MONTSERRAT, Carme, 2014. Kinship care in Spain: Messages from research. Child & Family Social Work, 19, pp. 367–376. Available from: http://dx.doi.org/10.1111/cfs.12028

[36] BELL, Tessa and ROMANO, Elisa. Permanency and safety among children in foster family and kinship care: A scoping review. Trauma, Violence & Abuse, 2017, 18, pp. 268–286. Available from: http://dx.doi.org/10.1177/1524838015611673

[37] LÓPEZ, Mónica, et al., 2010. El acogimiento en família ajena en España. Una evaluación de la práctica y sus resultados. Journal for the Study of Education and Development, Infancia y Aprendizaje, 33(2), pp. 269–280. Available from: https://doi.org/10.1174/021037010791114616

[38] WASHINGTON, Tyreasa, et al., 2018. Psychosocial factors and behavioral health outcomes among children in foster and kinship care: A systematic review. Children and Youth Services Review, 90, pp. 118–133. Available from: https://doi.org/10.1016/j.childyouth.2018.04.030

consistently shown that KC promotes children's well-being, safety, and permanence,[39] and may be protective against behavioral difficulties.[40,41]

Some studies have shown that children in family foster care and KC report higher subjective well-being than those in residential care.[42,43] These findings reinforce the need to continue promoting family-based care and to recognize the positive outcomes associated with KC. A recent study by Fuentes-Peláez et al. found more favorable results for placement stability in KC, although less favorable outcomes for the education and employment levels of kinship carers.[44] Kinship carers reported greater ease in caring for the fostered child and higher satisfaction with the placement than non-kinship carers. However, they were less satisfied with the financial support provided.[43]

Despite this evidence, it remains unclear whether SAFM in Portugal yields similarly positive outcomes or, conversely, whether the lack of support, resources, supervision, training, or empowerment for carers predicts the (un)success of these placements. To address this gap, we designed this study, called the KCPORT project, aiming to characterize the placement of children who cannot grow up with their birth parents and are placed with members of the extended family (SAFM in Portugal; internationally referred to as kinship care). By examining this under-researched type of care, this study will explore an important area that has remained invisible within the Portuguese Child Protection System. It will contribute to a deeper understanding of family-based care in Portugal, ensuring that these families and children are not overlooked and that they receive the psycho-pedagogical and social support

[39] AKIN, Becci A., et al. 2019. Randomized trial of PMTO in foster care: Six-month child well-being outcomes. Research on Social Work Practice, 29, pp. 206-222. Available from: https://doi.org/10.1177/1049731516669822

[40] BAI, Grace J., et al. 2016. The protective effect of kinship involvement on the adjustment of youth in foster care. Child Maltreatment, 21, pp. 288–297. Available from: http://dx.doi.org/10.1177/1077559516669043

[41] VIS, Svein A., et al., 2016. Social functioning and mental health among children who have been living in kinship and non-kinship foster care: Results from an 8-year follow-up with a Norwegian sample. Child & Family Social Work, 21, pp. 557–567. Available from: http://dx.doi.org/10.1111/cfs.12180

[42] DELGADO, Paulo, et al., 2019. The subjective well-being of Portuguese children in foster care, residential care and children living with their families: Challenges and implications for a child care system still focused on institutionalization. Child Indicators Research, 13(1), pp. 67–84. Available from: http://dx.doi.org/10.1007/s12187-019-09652-4

[43] LLOSADA-GISTAU, Joan, CASAS, Ferran and MONTSERRAT, Carme, 2019. The subjective well-being of children in kinship care. Psicothema, 31, pp. 149–155. Available from: http://dx.doi.org/10.7334/psicothema2018.302

[44] FUENTES-PELÁEZ, Nuria, et al., 2024. Differences in the evaluation and satisfaction with foster care between kinship and non-kin foster carers. Journal of Family Studies, 30(2), pp. 304–323. Available from: http://dx.doi.org/10.1080/13229400.2023.2223185

necessary to promote their well-being. Moreover, this study will enable Portugal to participate in international research on KC, thus contributing to meaningful international comparisons.

To contextualize these gaps, the next section reviews the most recent Portuguese legal framework governing SAFM (or, internationally, KC). The article is then subdivided into sections on methods, results, discussion, and conclusions.

2. Evolution of the Legal Framework Related to SAFM/KC in Portugal

A decade after the United Nations adopted the Convention on the Rights of the Child,[45] Portugal approved the Law on the Protection of Children and Young People at Risk (Law no. 147/99, September 1st – Lei de Proteção de Crianças e Jovens em Perigo). This new regulatory framework represents a profound reform of the child protection system, introducing and distinguishing the concepts of risk and danger, moving away from welfare-based interventions characterized by high rates of institutionalization, and prioritizing the best interests of the child in decisions concerning their life plans.[46] Prior to Law No. 147/99, foster care was classified as a social action measure. Under Decree-Law No. 190/92, of September 3rd, children could be placed with relatives or godparents, who received financial compensation for providing care. With the entry into force of Law No. 147/99, these situations were reclassified as Support from Another Family Member (SAFM) or placement with a suitable person (PSP). Although legally coherent, this shift created practical challenges, since these measures offer less financial support than foster care and are limited in duration. According to Article 40 from Law no. 147/99, SAFM consists of placing a child or young person under the guardianship of a family member with whom they already reside or to whom they are entrusted, accompanied by psycho-pedagogical and social support and, when necessary, economic assistance. The extent to which this support is effectively provided remains unclear. The broad formulation of the measure is also noteworthy: it applies both to situations in which the child or young person already lives with a family member and to cases in which the child is newly entrusted to that relative. In practice, this situation constitutes KC, since it implies a transition, a change of context, or a placement within the extended family. As such, kinship care is when a child is cared

[45] UNITED NATIONS, 1989. Convention on the Rights of the Child. Available from: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
[46] DELGADO, Paulo and GERSÃO, Eliana, 2018. O acolhimento de crianças e jovens no novo quadro legal. Novos discursos, novas práticas? Análise Social, 226, pp. 112–134.

for by family members or trusted individuals who already have a close bond with them, rather than by their parents. These caregivers may include grandparents, aunts, uncles, older siblings, godparents, or close family friends. This type of care often takes place when parents are unable to provide proper care for a short or long period due to circumstances such as illness, imprisonment, substance abuse, neglect, abuse, or death. In this study, we consider only formal kinship care, in which arrangements are approved or supervised by child welfare agencies or courts.

In 2006, the Parliamentary Committee on Constitutional Affairs, Rights, Freedoms and Guarantees decided to evaluate the systems of care, protection, and guardianship of children and young people. The issues justifying corrective intervention included the high number of institutionalized children, long periods of institutionalization, and concerns regarding the functioning of institutions responsible for the care of children at risk and in danger. According to the data presented in the same report,[47] in 2004, there were 8,001 children and young people in residential care, 1,682 in temporary care centers, and 4,213 placed in foster families up to the age of 17, in addition to 834 young people aged between 18 and 25 remaining in the same care arrangements. Among the vulnerabilities identified and the priorities assumed, the Committee emphasized the importance of developing "the deinstitutionalization paradigm to combat the dominant institutionalizing and depository tendency," arguing that "the personalized relationship is fundamental and family-based intervention should be prioritized".[48] It also highlighted the need to manage the child's attachment processes, avoiding situations in which strong emotional bonds are encouraged only to be abruptly severed, leaving the child “in a void".[49] At that time, 14,730 children and young people were in out-of-home care (residential care, foster care, SAFM, PSP, according to Law no. 147/99), more than double the number in 2025, which highlights the downward trend in placements over the last two decades. Notably, family foster

[47] SIO – Subcomissão de Igualdade de Oportunidades, 2006. Relatório das audições efectuadas no âmbito da avaliação dos sistemas de acolhimento, protecção e tutelares de crianças e jovens, p.9. Lisboa: Assembleia da República. Available from: https://www.oa.pt/upl/%7Bfb8145aa-a76b-4e10-9413-ed5f50d12481%7D.pdf

[48] Idem, p.24.

[49] SIO – Subcomissão de Igualdade de Oportunidades, 2006. Relatório das audições efectuadas no âmbito da avaliação dos sistemas de acolhimento, protecção e tutelares de crianças e jovens, p.25. Lisboa: Assembleia da República. Available from: https://www.oa.pt/upl/%7Bfb8145aa-a76b-4e10-9413-ed5f50d12481%7D.pdf

care accounted for 34.2% of placements.[50]

The regulation of foster care was amended in 2008 with Decree-Law No. 11/2008 of January 17th (Implementation Regime of Family Foster Care), introducing legislative changes that raised several concerns. According to its preamble, "the foster care now regulated only admits as foster carers persons or families who have no kinship relationship with the child or young person and are not candidates for adoption." As a result, foster care within the extended family ceased to be recognized as a foster care measure, thereby reinforcing its decline in use until 2022. This scenario is unprecedented among industrial or post-industrial countries with similar cultural and social realities. Family foster care also becomes conditional upon the predictability of the child's or young person's return to their birth family, which depends on that family's capacity to perform the parental role and parental responsibilities. The 2008 regulation reflected a lack of political will to invest in family foster care, thereby departing from international standards and practices. Moreover, the subsequent management of the protection system produced a negative multiplier effect, contributing to a sustained decline in the use of family foster care. Decree-Law No. 11/2008 established more rigorous criteria for the assessment of candidate foster families and for placement monitoring, without a corresponding investment in the human and material resources required to support this increased level of qualification.

The revision of the Law on the Protection of Children and Young People at Risk (Law no. 147/99, September 1st) through Law No. 142/2015, September 8th, sought to address recommendations from the scientific and professional community and introduced significant changes to the child protection system. The purpose of intervention, the selection of the foster care measure, and its duration were redefined to prioritize family foster care, the maintenance of affective bonds, and permanence within a family context, whether this occurs in parallel with the existing relationship with the birth family. In short, the 2015 amendment simultaneously reaffirmed the primacy of family-based care, through adoption, family foster care, or civil guardianship. One of the most significant amendments in this area appears in paragraph (g) of Article 35, whereby the legislator establishes that the placement of a child or young person for

[50] SIO – Subcomissão de Igualdade de Oportunidades, 2006. Relatório das audições efectuadas no âmbito da avaliação dos sistemas de acolhimento, protecção e tutelares de crianças e jovens. Lisboa: Assembleia da República. Available from: https://www.oa.pt/upl/%7Bfb8145aa-a76b-4e10-9413-ed5f50d12481%7D.pdf

adoption — previously restricted to a person selected for adoption or to an institution with a view to future adoption — now also encompasses placement with a foster family with a view to adoption. This legal evolution should also be read in conjunction with Law No. 143/2015 of 8 September, which revised the legal framework governing adoption. However, the scope of this new measure, which provides placement with a foster family for future adoption, was not clarified. Furthermore, successive reforms of adoption legislation progressively reduced the possibility for individuals to apply to adopt a specific child, ultimately limiting such possibility to the child of one's spouse. It is regrettable that the new legal regime on adoption, enacted on the same date as Law No. 142/2015, left this matter unresolved. It was necessary to wait until Law No. 37/2025 of 31 March introduced the required legal adjustments concerning adoption, thereby ensuring coordination with the foster care system.

Regarding foster care, placements could now be extended to prepare the young person for independent living when reintegration into a family, particularly the birth family, was not possible.[51] Residential care remained necessary, given the lack of foster families and the need to recruit and train them – an issue already evident in 2015. The second amendment to the Law on the Protection of Children and Young People (LPCJP) also revised the rights of children and young people in foster care (Law no. 142/2015, September 8th). However, this reform did not alter the legal status of SAFM, which remained considered a measure occurring in the child's natural living environment rather than a form of foster care.

The approval of Decree-Law No. 139/2019, of 16 September, introduced a new implementation regime for family foster care, establishing a more favorable and dignified social, fiscal, and labor framework in recognition of the measure's importance. Foster carers became eligible for tax exemptions on financial compensation received and for a monthly subsidy covering both remuneration for services provided and the costs of maintaining the fostered child or young person. This subsidy was increased for children under six years of age and for those with specific needs, such as disabilities or chronic illnesses (an additional 15% of the value), and by a slightly larger amount when both conditions applied (30%). However, this support remains restricted to non-kinship foster families.

[51] CARVALHO, Maria João Leote de, and CRUZ, Hugo. Promoção da Autonomia em Crianças e Jovens em Acolhimento em Instituição. In. AUTONOMIA – Desafios e práticas no acolhimento de jovens em instituição, 2015, pp. 4-15. Fundação Calouste Gulbenkian.

More recently, in March 2025, Law No. 37/2025 of 31 March, unanimously approved by Parliament, introduced significant changes that partially repealed the LPCJP and the foster care implementation regime established by Decree-Law No. 139/2019. This law reinforces the rights of children and young people in foster care, namely the right to have a reference therapist, guaranteed access to nearby early childhood education and schooling, enhanced support for young people attending higher education, and the right to maintain contact with their foster family after the end of placement, where this aligns with the best interests of the child. It also introduced the possibility of foster care candidates being considered for adoption, subject to a specialized technical assessment. All these rights presuppose effective monitoring and follow-up of foster care placements.

Law No. 37/2025, March 31st, also extended financial support to family members or suitable individuals who foster a child or young person. This monthly subsidy ensures the child's maintenance and care. Previously, such support was available only to non-kinship foster parents. However, it is essential that family members caring for grandchildren, nephews, nieces, or siblings, or the suitable individual providing care, also benefit from psycho-pedagogical and social support, in addition to financial assistance. Without adequate resources, monitoring, and training that would enable foster parents to manage children's emotional, behavioral, and physical difficulties, the success of these foster placements may be compromised.

3. Methods

This study aimed to identify all cases of children with a SAFM measure reported on January 31st 2025, and pursued three aims: (1) to characterize the sociodemographic profile of children and their kinship foster families; (2) to characterize the SAFM placements; and (3) to explore professionals' perspectives on SAFM regarding the support available to families, the duration of placements, the average cost of the placement within the caregivers' household budget, satisfaction, and wellbeing.

Specifically, in this paper, the study intends to answer the following research questions:

1. What are the characteristics of children in SAFM (e.g., health issues, siblings, birth family, school)?

2. What are the characteristics of the kinship foster families (e.g., relationship to the child, income, education)?
3. What is the participants' perception about the support provided to kinship families, and its results in children's development?

The KCPORT project is a quantitative, exploratory study using a representative sample of Portuguese professionals working with children under a SAFM intervention. All frontline professionals involved in the SAFM process were invited to participate.

3.1. Authorization and Ethical Issues

At the beginning of the project, collaboration protocols were established with the National Commission for the Promotion of the Rights and Protection of Children and Young People, which oversees the activities of the Commissions for the Protection of Children and Young People in Danger (CPCJ), and the Social Security Institute (Instituto da Segurança Social, IP – ISS.IP). This methodological option ensured public engagement from the outset of the project. However, in this paper, only data collected through the Commissions for the Protection of Children and Young People in Danger were reported. All participants provided informed consent. The present research was also approved by the University's Ethics Committee and the Data Protection Office.

3.2. Questionnaire

Given the lack of prior research in this field in Portugal and the unique characteristics of this child placement (not shared internationally), the research team, in collaboration with the national entities mentioned above that are responsible for SAFM placements, developed a new questionnaire. Thus, the research team developed an ad hoc questionnaire specifically designed for this study, which was tested and validated by experts and professionals.

3.3. Participants

The participants in this study were the professionals responsible for implementing SAFM protection measures in 305 entities. They served as direct informants about their needs and challenges in SAFM practice and as indirect informants about families' and children's needs, thereby avoiding direct contact with children and families. National entities that have signed protocols were responsible for inviting the professionals to participate in the study. Participants received a link to LimeSurvey (an online data-collection platform) on which the study's main aims were described, and informed consent was obtained. Each professional completed one

questionnaire for every active SAFM case they were managing at that time. A deadline reminder was sent to all professionals after two weeks. The fully automated, online-collected data were exported directly to an Excel file and then converted to an SPSS file. Quantitative data analysis was performed using IBM SPSS Statistics version 26.

We received 33 responses (a 10.8% response rate), yielding data from 214 open cases. Thirty-one participants were female, and two were male. They were 47.62 years old on average (*SD* = 7.67), with an average of 8.58 years (*SD* = 6.80) in the child protection system and 6.21 years (*SD* = 5.87) with SAFM. One of them held a PhD, 10 had a master's degree, and 22 had a bachelor's degree. Participants were geographically distributed across Portugal: eight in the North, 14 in the Center, five in the South, two in Madeira, and four in the Azores.

4. Results

To characterize the sociodemographic profile of children and their foster SAFM families, we selected the following variables: children's health needs and behaviors, having or not having siblings, schooling, type of birth family, which relatives care for children, kinship families' income, and education level.

In the 214 cases identified, 121 children and youth (56.54%) presented health issues or specific characteristics. These included a need for continuous psychological or psychiatric support (*n* = 45; 37.19%), behavioural problems (*n* = 33; 27.27%), use of psychiatric medication (*n* = 17; 14.05%), occasional psychological or psychiatric consultations (*n* = 9; 7.44%), a clinical diagnosis of mental health problems (*n* = 6; 5.00%), sporadic drugs use (*n* = 3; 2.48%), and a clinical diagnosis of physical disability (*n* = 2; 1.65%).

Moreover, in relation to the characteristics of children in SAFM, participants revealed that in 111 cases, one-third (*n* = 37) of the children did not have siblings, one-third (*n* = 36) had siblings under the same placement measure, and the remaining third (*n* = 38) had siblings without SAFM placement. Information regarding school attendance was available for 83 cases. Of these, 95.2% (*n* = 79) of the children attended school, whereas 4.8% (*n* = 4) did not. About the characteristics of birth families, information was available for 89 cases. Of these, 41.6% (*n* = 37) were single-parent families, 33.7% (*n* = 30) were two-parent families, 16.9% (*n* = 15) were families with both parents and siblings, and 7.9% (*n* = 7) were families with parents, siblings, and other household members.

Information on the kinship relationship between children and the family members responsible for foster care was available in 97 cases. Of these, 54.6% (*n* = 53) involved grandparents, 28.9% (*n* = 28) uncles, 7.2% (*n* = 7) siblings, and 9.3% (*n* = 9) other relatives. Concerning household income in kinship foster families, information was available for only 78 cases. Thirteen families (16.7%) received the State-funded social inclusion income (on average, a mean monthly value of 532.91€), five families (6.4%) reported an income of up to 700€, 39 families (50.0%) reported an income between 701 and 1,000€, 20 families (15.6%) between 1,000 and 2,000€, and one family (1.3%) between 2,000 and 3,000€. No families reported incomes above 3,000€, and in 13 (16.7%) cases, income information was unavailable. Table 1 presents the participants' estimates of the average monthly cost incurred by the extended family when caring for a child, which was 393.94€ per child (*SD* = 185.72€).

We have obtained information about the education levels of the kinship carers in 85 cases: 35.3% (*n* = 30) of the kinship carers had completed the 1st cycle of basic education (four years of schooling) or less, 20% (*n* = 17) had completed the 2nd cycle of basic education (six years of schooling), 21.2% (*n* = 18) had the 3rd cycle of basic education (nine years of schooling), 20% (*n* = 17) had the secondary level of education (12 years of schooling), and 3.5% (*n* = 3) had completed higher education (15 or more years of schooling).

To characterize the SAFM placements, we assessed the reasons for children's removal, the duration of placement, and the types of support available.

Table 1 presents the reasons for the removal of children from their birth parents. Neglect was the most frequently reported reason for removal. When combined with cases of abandonment and temporary absence of parents, these circumstances accounted for 56% of all cases.

Regarding the duration of children's placement, the following distribution was observed: 31.1% of placements (*n* = 28) had lasted for less than six months, 62.2% (*n* = 56) lasted between six months and two years, 2.2% (*n* = 2) lasted between four and six years, and 4.4% (*n* = 4) had lasted for more than six years.

Table 1. Reasons for the removal of children from their birth parents

Reasons	*n*	%
Neglect	47	44.8
Psychological or emotional abuse	21	20
Temporary absence of family support	11	10.5
Deviant behaviours	10	9.5
Physical abuse	7	6.7

Abandonment	6	5.7
Exploitation of child labor	2	1.9
Orphanhood	1	1
Sexual abuse	0	0
Begging	0	0
Committing an act that is qualified as a crime by a minor under 12 years of age	0	0
Bullying	0	0
Total	**105**	**100**

Table 2 presents the results from 188 cases concerning the types of support available to the extended family.

To explore professionals' perspectives on SAFM, we ask participants for their opinions on the support available to families, the average cost of the placement within the caregivers' household budget, the purpose of the protective measure, and the children's developmental level in crucial aspects of their lives resulting from SAFM.

Table 2. Type of support available to the extended family

Types of support	*n*	%
Assessment of the suitability of kinship foster families	48	26.1
Social support (technicians or other professionals)	43	23.4
Educational support for children	35	19
Psychological support for the family (technicians or other professionals)	30	16.3
Financial support for the family	27	14.7
Training of kinship foster families	1	0.5
Total	**184**	**100**

Table 3 presents the participants' opinions on the support provided to the kinship foster families. In most cases, the support provided by the State was considered by professionals to be sufficient and adequate to meet the children's needs (63.8% of cases). However, in 28.6% of cases, no support was provided, or the support was considered insufficient.

Table 3. Participants' opinions about the support provided

Item	Non-existent but necessary	Insufficient	Sufficient/ adequate to needs	No opinion
Psychological support for the family (child and/or foster families)	13	17	31	
Educational support for the child	2	6	28	10
Social support for the foster family	0	16	45	1
Economic support for the foster family	4	0	33	11
Training programs for the foster family	34	4	5	3

Assessment of the suitability of the foster family	2	17	49	1
Availability of professionals	5	5	51	1
Information provided/communication with the foster family	0	3	49	10
Support provided to families of origin	1	14	28	1
Total n	**61**	**82**	**319**	**38**
Total %	**12.2**	**16.4**	**63.8**	**7.6**

Table 4 summarizes the participants' estimates of the average monthly cost of caring for a child in kinship foster care.

Regarding the objectives of the child's rights promotion and protection project, 50.0% of cases (*n* = 42) aimed at family reunification, 42.9% (*n* = 36) involved permanent kinship care until autonomy, and 7.1% (*n* = 6) lacked a defined life plan.

Table 4. Participants' estimates of the average monthly cost incurred by the extended family when caring for a child

Euros	0	250	300	350	400	450	500	600	700	1000	Total
n	2	6	5	1	6	3	6	2	1	1	33
%	6.1	18.2	15.2	3.0	18.2	9.1	18.2	6.1	3.0	3.0	100.0

Tables 5 and 6 present the distribution of children across developmental levels since the beginning of placement, and the results of foster care within the extended family.

Table 5. No. of children at each developmental level

Aspects	Improved	Remain stable	They got worse	No data
Health	40	32	2	0
School results	38	41	1	2
Behaviour	37	16	2	0
Relationship with parents	18	48	6	1
Psychological well-being	53	16	4	0
Relationship with peers	54	20	3	0
Relationship with carers	55	19	1	0

Table 6. No. of children at each result level of SAFM perceived by the participants

Complete success	Positive results	With some problems	With serious problems
18	56	8	1

5. Discussion

The main aim of the present study was to characterize the Portuguese protective measure – Support from Another Family Member (SAFM) – and to identify its main challenges from the professionals' perspective. Overall, findings confirm that SAFM is, in practice, equivalent to what is internationally defined as Kinship Care (KC).[52,53,54] However, in Portugal, it is not officially categorized as out-of-home care, leading to significant gaps in assessment, monitoring, and support that can compromise children's rights and overall well-being.[55,56]

Investing in research in this area – of which the present study is a pioneer – is particularly important, given national statistics and the higher number of children for whom this protection measure is applied annually, which remains invisible.[57] Although most Western child protection systems treat KC as a form of out-of-home placement,[58,59,60] Portuguese legislation continues to classify SAFM as occurring within the child's "natural life environment." This legal framework renders these placements statistically invisible, excluding them from national statistics until 2023 and depriving them of formal recognition of kinship carers, thereby depriving them of a structured assessment process, training, monitoring and ongoing support throughout

[52] GILLIGAN, Robbie, 2019. The family foster care system in Ireland – Advances and challenges. Children and Youth Services Review, 100, pp. 221–228. Available from: https://doi.org/10.1016/j.childyouth.2019.02.008

[53] HILL, Louise, GILLIGAN, Robbie and CONNELLY, Graham, 2019. How did kinship care emerge as a significant form of placement for children in care? A comparative study of the experience in Ireland and Scotland. Children and Youth Services Review, 117, 104368. Available from: https://doi.org/10.1016/j.childyouth.2019.06.003

[54] WU, Qi, et al., 2023. Strength and resilience for kinship caregivers raising children: A scoping review. Societies, 13(12), 249. Available from: https://doi.org/10.3390/soc13120249

[55] CONNOLLY, Marie, et al., 2017. A kinship care practice framework: Using a life course approach. British Journal of Social Work, 47, pp. 87–105. Available from: http://dx.doi.org/10.1093/bjsw/bcw041

[56] OTT, Eleanor, et al., 2024. What interventions improve outcomes for kinship carers and the children in their care: Systematic review. London: Foundations – What Works Centre for Children & Families. Available from: https://foundations.org.uk/wp-content/uploads/2024/10/systematic-review-kinship-care-practice-guide.pdf

[57] CNPDPCJ – Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens, 2025. Relatório anual de avaliação da atividade das Comissões de Proteção de Crianças e Jovens — 2024. Available from: https://www.cnpdpcj.gov.pt/relatorio-atividades

[58] UNICEF and EUROCHILD, 2021. Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries. Florence: UNICEF Europe and Central Asia Regional Office. Available from: https://eurochild.org/uploads/2022/02/UNICEF-DataCare-Technical-Report-Final-1.pdf

[59] GILLIGAN, Robbie, 2019. The family foster care system in Ireland – Advances and challenges. Children and Youth Services Review, 100, pp. 221–228. Available from: https://doi.org/10.1016/j.childyouth.2019.02.008

[60] CWIG – Child Welfare Information Gateway, 2018. Home study requirements for prospective foster parents. State statutes: Current through February 2018. Washington, DC: Children's Bureau. Available from: https://www.childwelfare.gov/resources/home-study-requirements-prospective-foster-parents/

the placement.

According to this data, two-thirds of children in SAFM presented at least one psychosocial or health-related need, requiring ongoing psychological support. These findings corroborate international evidence that children entering KC or SAFM also present a higher developmental risk, due to their history of stress, adversity, and trauma, and consequently have the same needs for trauma-sensitive parenting and a responsive family context.[61,62] However, in the Portuguese child protection system, the structured assessment and the pre- and post-placement training, which are identified in the literature as essential to ensure placement stability and success, are absent.[63,64,65,66] According to the present results, only 0.5% of kinship carers had access to any formal training, and only 1/4 of cases involved documented suitability assessments.

Although most professionals considered State support, in general, sufficient and adequate to meet the children's needs (63.8% of cases), other results reveal its limitations. For example, psychological support appears insufficient considering the high prevalence of emotional and behavioral difficulties among children. This professional support for kinship carers is therefore essential to prevent secondary trauma, caregiver burnout, and placement drift.[67,68,69]

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[61] BAI, Grace J., et al. 2016. The protective effect of kinship involvement on the adjustment of youth in foster care. Child Maltreatment, 21, pp. 288–297. Available from: http://dx.doi.org/10.1177/1077559516669043

[62] VIS, Svein A., et al., 2016. Social functioning and mental health among children who have been living in kinship and non-kinship foster care: Results from an 8-year follow-up with a Norwegian sample. Child & Family Social Work, 21, pp. 557–567. Available from: http://dx.doi.org/10.1111/cfs.12180

[63] BARBOSA-DUCHARNE, Maria and SOARES, Joana. 2021. Abordagem ecológica da formação em acolhimento familiar [Ecological approach on foster care training]. In. Acolhimento familiar de crianças e jovens em perigo: Um manual para profissionais [Family foster care: A handbook for professionals], pp. 61-82, ISBN: 978-989-693-128-5. PACTOR - Edições de Ciências Sociais, Forenses e da Educação.

[64] JAMES, Melissa, 2025. The changing face of Australian foster care: Critical steps to ensure kinship works. Australian Social Work, 78(4), pp. 515–520. Available from: https://doi.org/10.1080/0312407X.2025.2510292

[65] DEL VALLE, Jorge F., BRAVO, Amaia and LÓPEZ, Mónica, 2009. El acogimiento familiar en España: Implantación y retos actuales. Papeles del Psicólogo, 30(1), pp. 33–41.

[66] DELAP, Emily, et al., 2024. How to support kinship care: Lessons learnt across the world. Institutionalised Children Explorations and Beyond, 11(2), pp. 224–231. Available from: https://doi.org/10.1177/23493003241259530

[67] CONNOLLY, Marie, et al., 2017. A kinship care practice framework: Using a life course approach. British Journal of Social Work, 47, pp. 87–105. Available from: http://dx.doi.org/10.1093/bjsw/bcw041

[68] COLEMAN, Kanisha and WU, Qi, 2016. Kinship care and service utilization: A review of predisposing, enabling, and need factors. Children and Youth Services Review, 61, pp. 201–210. Available from: http://dx.doi.org/10.1016/j.childyouth.2015.12.014

[69] CLARK, Christine and TAYLOR, Emily A., 2026. "Caring for the carers": Compassion fatigue and associated factors in foster and kinship carers. Children and Youth Services Review, 181, 108692. Available from: https://doi.org/10.1016/j.childyouth.2025.108692

Despite children's need for specialized support, most of these kinship care families have economic fragilities. As the findings showed, almost 3/4 of the reported families had a monthly income below €1,000, with some receiving the State-funded social inclusion income. These economic constraints reinforce what has been previously mentioned by other authors, i.e., kinship carers experience financial strain and have limited access to (specialized) support.[70,71] It should be noted that, despite recent legislation (Law no. 37/2025, March 31st) extending financial support to kinship carers, these positive changes, which are more closely aligned with international standards, are not yet reflected in these findings, as the data were collected before this shift in the law. Moreover, the educational levels of kinship carers were very low, with more than 50% having only up to six years of schooling. This finding is also consistent with previous research evidence.[72]

Despite all these constraints, the results showed that children demonstrated positive results due to the SAFM intervention. According to professional participants, children improved psychological well-being, relationships with carers and peers, school performance, health, and behavior. These findings were in line with previous research showing the positive effects of kinship care.[73,74,75]

Most SAFM placements were relatively recent (93% under two years), which aligns with the high proportion of cases oriented towards family reunification (50%) as a life plan. Almost half of the cases (42.9%) had permanence plans within the extended family until autonomy, which is consistent with global trends showing high stability and

[70] MONTSERRAT, Carme, 2014. Kinship care in Spain: Messages from research. Child & Family Social Work, 19, pp. 367–376. Available from: http://dx.doi.org/10.1111/cfs.12028
[71] FUENTES-PELÁEZ, Nuria, et al., 2024. Differences in the evaluation and satisfaction with foster care between kinship and non-kin foster carers. Journal of Family Studies, 30(2), pp. 304–323. Available from: http://dx.doi.org/10.1080/13229400.2023.2223185
[72] FUENTES-PELÁEZ, Nuria, et al., 2024. Differences in the evaluation and satisfaction with foster care between kinship and non-kin foster carers. Journal of Family Studies, 30(2), pp. 304–323. Available from: http://dx.doi.org/10.1080/13229400.2023.2223185
[73] BELL, Tessa and ROMANO, Elisa. Permanency and safety among children in foster family and kinship care: A scoping review. Trauma, Violence & Abuse, 2017, 18, pp. 268–286. Available from: http://dx.doi.org/10.1177/1524838015611673
[74] WINOKUR, Marc, HOLTAN, Amy and BATCHELDER, Keri, 2018. Systematic review of kinship care effects on safety, permanency, and well-being outcomes. Research on Social Work Practice, 28, pp. 19–32. Available from: https://doi.org/10.1177/1049731515620843
[75] HASSALL, Alison, et al., 2021. Does kinship vs. foster care better promote connectedness? A systematic review and meta-analysis. Clinical Child and Family Psychology Review, 24(4), pp. 813–832. Available from: https://doi.org/10.1007/s10567-021-00352-6

long-term commitment in kinship foster care placements.[76,77] However, the relatively short duration of most placement processes contrasts with these life plans and with what is observed internationally in KC. It is important to explore why it happens.

Taken together, these findings highlight that the SAFM measure, despite the absence of structural recognition, resources, and safeguards afforded to foster care, provides good results for children and KC families. The limitations of this study stem from its exploratory approach, which relies solely on professional reports. Nevertheless, this study has important implications for policy and practice, highlighting SAFM as a form of out-of-home care and drawing attention to the crucial role of structured assessment, training, and ongoing support for these families. Finally, the findings emphasize that this measure must be child-centered to ensure stability, permanence and meaningful participation.

6. Conclusion

The Support with Another Family Member (SAFM) measure in Portugal poses a significant challenge: although kinship care appears to offer clear benefits for children's well-being, behavior, and educational trajectories, it remains underpinned by a fragile structural, financial, and technical framework. Until recently, the legal and statistical invisibility of SAFM contributed to the denial of rights and to significant inequalities in comparison with formal foster care, a situation that Law No. 37/2025 has begun to address by extending financial support to these families.

The study also draws attention to the serious gaps in caregiver training, supervision, and assessment, due to the fact that it is not a recognized foster care measure, when these children have the same health, education and behavior needs as other children with State protection. These shortcomings are compounded by the high socioeconomic vulnerability of caregiving families, characterized by low income and limited educational attainment, which restricts their capacity to respond to the complex demands of care.

Thus, the KCPORT project represents a decisive step in making SAFM visible within the Portuguese child protection system. The current context of legislative reform

[76] JEDWAB, Merav, XU, Yanfeng and SHAW, Terry, 2020. Kinship care first? Factors associated with placement moves in out-of-home care. Children and Youth Services Review, 115, 105104. Available from: http://dx.doi.org/10.1016/j.childyouth.2020.105104

[77] LÓPEZ, Mónica, et al., 2010. El acogimiento en família ajena en España. Una evaluación de la práctica y sus resultados. Journal for the Study of Education and Development, Infancia y Aprendizaje, 33(2), pp. 269–280. Available from: https://doi.org/10.1174/021037010791114616

constitutes a historic opportunity to ensure that kinship care effectively operates as the "top of the hierarchy of out-of-home care," rather than as a marginalized and under-resourced alternative, by recognizing SAFM as a legitimate, strengthened, and rights-based form of family-based alternative care centered on children's stability and well-being.

It is imperative that the Portuguese child protection system formally recognizes Support from Another Family Member (SAFM) as a legitimate form of out-of-home care. Such legal recognition constitutes a crucial step to ensure that these families and children are no longer marginalized by the system and can access rights, benefits, and technical support equivalent to those provided in formal non-relative foster care. In addition to financial support, reference may be made, in particular, to the right to receive initial and ongoing training, to have access to all information and documentation concerning the child or young person to be placed, and to benefit from technical supervision and support provided by the supervising institution, as established in Decree-Law No. 139/2019 of 16 September, which sets out the framework for the implementation of foster care.

Furthermore, Portugal should seize the opportunity presented by the recent legislative reform, consolidated by Law No. 37/2025, as a historic chance to correct the current "anomaly" of excessive institutionalization and to recognize family-based care — fully integrating SAFM — as a valuable, consistent, and effective out-of-home placement option. In this regard, prioritizing solutions based on the extended family network is essential, as it helps to break the institutionalization paradigm and promotes both the permanence and emotional stability of children within familiar contexts. Moreover, the long-term success and effectiveness of this measure depend on the rigorous implementation of structured caregiver suitability assessments, the provision of mandatory training (currently almost nonexistent, with only 0.5% of caregivers having received formal training), and ongoing technical and psychological support. Importantly, these interventions must be child-centered, ensuring not only the child's stability but also their active participation in decisions that shape their life plan.

The present study makes a fundamental contribution by bringing SAFM out of the statistical and conceptual invisibility in which it had previously remained within the national context. By identifying the real needs and challenges faced by these families, this research enables Portugal to align with international standards and evidence in child protection, thereby ensuring a care system that is robust, equitable, and genuinely

protective.

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