0 . Introduction

From an ethical and legal point of view, the Constitution of the Portuguese Republic (articles 67, 69 and 70) assigns to the society and to the State the duty to protect family, children and young people, with a view to its integral development, and grants a special right for the protection of orphan children, abandoned or deprived of a normal family environment. Thus, there are 3 levels of intervention for different types of institutions, which will be indicated below, each with different and/or common responsibilities.
Within the essential aspects for the implementation of Intervention Programs, we are working on the basis that "... family is the first child's development and learning context, thus being of central interest in the field of Early Intervention in Childhood (IPI)…» (Sanguinho, 2011), which is why there are more and more national early intervention programs (IP) being implemented. Any national or regional entity that promotes or participates in Intervention Programmes that include children or young people have to obey to the nine (9) principles underlying any initiative, as follows:
1. The best interests of the child and young person, as first reference of the action, without prejudice to the due consideration to other legitimate interests; 2. Privacy, related to the respect for intimacy and image rights of the child or young person; 3. The intervention, as early as possible, that should be implemented as soon as the risk situation becomes known; 4. The minimum intervention, safeguarding that only the agents necessary for the promotion of rights and protection of the child or young person at risk are involved; 5. Proportional and current intervention, ensuring that its implementation takes place in accordance with the principles of reasonableness and at the immediate moment to the decision-making, producing a minimum impact in the life of the child, the young and its family; 6. The exercise of parental responsibility, being the intervention triggered so that the parents assume their respective duties towards the child or the young people; 7. Mandatory information, bearing in mind that the child, the young person, the parents, the legal representative or the person who has the respective custody must be informed of their rights, the reasons that determine the intervention and the way it takes place; 8. Participation in the actions and in the definition of measures and the compulsory hearing are ensured for the child or young person from 12 years of age, the parents, legal representatives or those with the custody; 9. Subsidiarity in the intervention, which should lie, in the first instance, with the competent entities in matters of childhood and youth, in second instance to the National Committees for the Promotion of the Rights and Protection of Children and Young People (CPCJ) and, in the third instance, to the Courts.
This is the set of essential and global care that the detection and support measures respect, being considered to be of crucial importance by all the institutions in this field.

General background information - Something about Portugal
Portugal, is officially the Portuguese Republic, and is an unitary sovereign country located in southwestern Europe, whose territory lies in the western part of the Iberian Peninsula and in archipelagos in the North Atlantic. The Portuguese territory is delimited to the

north and east by Spain and to the south and west by the Atlantic Ocean, comprising a continental part and two autonomous regions: the Azores and Madeira archipelagos.
Portugal is the westernmost nation on the European continent. The name of the country comes from its second largest city, Porto, whose Latin-Celtic name was Portus Cale.
Portugal is a developed country, with a Human Development Index (HDI) considered as very high. The country ranked 19th in quality of life (in 2005), has one of the best health systems in the world and is also one of the most globalized and peaceful nations in the world. It is a member of the United Nations (UN), the European Union (including the Eurozone and the Schengen Area), the North Atlantic Treaty Organization (NATO), the Organization for Economic Co-operation and Development (OECD) of Portuguese Speaking Countries (CPLP). Portugal also participates in several United Nations peacekeeping missions.
The official language of the Portuguese Republic is the Portuguese, adopted in 1290 by decree of King D. Dinis. With more than 210 million native speakers, it is the fifth most spoken language in the world and the third most spoken in the Western world. It is the official language of Angola, Brazil, Cape Verde, Guinea-Bissau, Mozambique and Sao Tome and Principe, and official language along with other official languages in Timor-Leste, Macao and Equatorial Guinea. It also has official status in the European Union, the Union of South American Nations (UNASUR), the Common Market of the South (Mercosur) and the Common Market of the South (Mercosur) and the African Union. At the level of religion, the Portuguese Constitution guarantees religious freedom and equality between religions, despite the Concordat that privileges the Catholic Church in various dimensions of social life.
Talking about cities, Lisbon (about 500,000 inhabitants - 3 million inhabitants in the region of Lisbon) is the capital since the thirteenth century (taking the place Coimbra), the country's largest city, main economic hub, holding the main seaport and Portuguese airport. Other important cities are those of Oporto (about 240,000 inhabitants - 1.5 million in Greater Porto), the second largest city and economic center, Aveiro (sometimes called the "Portuguese Venice"), Braga ("City of Archbishops"), Chaves (historical and millenarian city), Coimbra (with the oldest university in the country), Guimarães ("City-crib"), Évora ("City-Museum"), Setúbal (third largest port), Portimão (a port of cruises and headquarters of the AIA), Faro and Viseu.

1. Description for situation of parents of children with special needs

Family is not an essential focus of attention, diagnosis and intervention. In fact, in Portugal, actions at the level of families, especially of children with NE, start from – in all institutions that in isolation or in multidisciplinary teams – actions that signalize, follow, protect and intervene in the children of these families. This process is developed as presented in the following chapters.

1.1. National statistics

Because of the methodology adopted and for ease of understanding, the statistics presented here are recent and based on Portuguese institutions that have responsibility to protect children and young people at risk, i.e. the CPCJ.

If we took a **brief look at the household** of the young people monitored we can notice two things:

• The high proportion of young people belonging to single-parent (36.5%) or reconstituted (13.4%) families was well above the existing percentage on the national resident population;

• Although this number has been decreasing, the percentage of caregivers (parents/family) whose incomes depend on the income support allowance (14%) or unemployment benefit or pensions (12.8%) was very high when compared with the general population.

The number of monitored children has grown systematically since 2007 and only was registered a slight decrease between 2010 and 2011. In the year under review were monitored less 2339 children than in 2015, corresponding to a decrease of 3.2%.

Communications/signalling made to the CPCJ – what are the special needs that arise?

In 2016 were communicated to the CPCJ 39 194 situations of children and young people at risk. The signalling was made by public and private entities and citizens. It should be noted that there was a **decrease of 148 cases of physical abuse and 101 of sexual abuse** compared to 2015.

Comparing the evolution of the main situations of risk signalled *over the last six years (2011-2016)*, we highlight the following:

• The most identified situation of risk as of 2012 was the *ECPCBEDC (Exposure to Behaviours that May Compromise the Welfare and Development of the Child)*, which has had an exponential growth, rising 12 percentage points in the last six years;

• Negligence, which until 2012 was the most identified situation of risk, has been decreasing in proportion, but in absolute numbers have increased slightly since 2014;

• The *SPDE (Situations of Risk on the Right to Education)* has decreased significantly in percentage values since 2014;

• The situation of risk CJACABED has increased in percentage and absolute values.

However, there are two aspects that worth's mentioning:

2) In the fourth most identified category, *CJACABED (Child/Young person that had Behaviours that Affect their Well-being and Development)*, the subcategory "serious anti-social and/or indiscipline behaviours" corresponded to 1492 files (25.1% of the total) and there were identified 440 situations of bulling (7.4% of the total).

Protection of children: Diagnostics and measures implemented

In 2016, after the evaluation of the CPCJ, were diagnosed 35 950 situations of risk which substantiate the implementation of a promotion and protection measure.

Situation of disability or impairment

On the profiling of children there are two specific groups which are particularly vulnerable, the children with disability or **impairment** and children with **mental health** problems. This special attention is in line with the recommendations of the Committee on the rights of the child of the Council of Europe, on the third and fourth periodic reports of Portugal, concerning the importance of the support of non-discrimination and social inclusion of children with disabilities and of children with mental health problems, finally, 980 (1.4%) out of every 71 016 monitored children, were identified as having a disability or impairment.

Table 1* - Children and young people studied by type of disability

Type of disability	Total	%
Mental/Intellectual	345	35,2
Other	128	13,1
Speech Problems	110	11,2
Other Psychological Disorders	65	6,6
Cerebral Palsy	56	5,7
Multiple Disabilities	55	5,6
Hearing-impaired	48	4,9
Physical Disability	41	4,2
Visual Impairment	40	4,1
General, Sensory and Other Functions Impairment	29	3,0
Musculoskeletal Disorders	27	2,8
Without Information	19	1,9
Other Organs Impairment	14	1,4
Aesthetic Impairment	3	0,3
	980	100,0

- In CPCJ. (2017). ***Relatório de Avaliação da Atividade das CPCJ – 2016***. Maio 2017

1.2. Inclusion policies in Portugal

In Portugal, 2 new laws on childhood and youth, which do not exclude parents and family, have been passed in 1999 by the Assembly of the Republic:
- ***Law on Protection of Children and Young People at Risk*** (LPCJP) (Law Nº 147/99, of 1st September, Ministry of Labour and Social Solidarity, as amended by Law Nº 31/2003, of 22nd August), and
- ***Law on Educational Guardianship*** (Law Nº 166/99, of 14th September, Minist. of Justice. These two legal instruments entered into force on 1st January 2001. In these two laws, the concepts of "child and young person" arise representing a new approach in the field of law, since this law provides for that a *child or young person is "a person under the age of 18 years or the person under 21 years who requests the continuation of the intervention initiated before reaching age 18"* (article 5 of the LPCJP). Based on these laws - and particularly on the LPCJP - the *promotion and protection measures* in Portugal are:
a) close support of parents; b) close support of other family member; c) trust to a reliable person; d) support for life autonomy; e) foster home; f) host institution; g) trust to a person selected for adoption or the institution with a view to future adoption (the latter as defined in law No. 31/2003 of 22nd August).
In terms of practical implementation, and having regard to the Law on Protection of Children and Young People at Risk (LPCJP), it is crucial that the protection of children and young people and the promotion of their rights are the legal responsibility of 3 entities:
1. **Entities with Competence in the Field of Childhood and Youth (ECMIJ);**
2. **Committees for the Protection of Children and Young People (CPCJ);**
3. **Courts.**

1. The entities with competence in the field of childhood and youth **(ECMIJ)** must, within the framework of its mission, to promote primary and secondary prevention actions, in particular by defining local plans of action for children and young people, aimed at the promotion, defence and implementation of the rights of children and young people

(article 6 of the LPCJ). How do they intervene? They assess, diagnose and intervene in situations of risk and danger; Implement necessary and appropriate intervention strategies to decrease or eliminate risk factors; Accompany the child, young person and their family within the execution of the intervention plan defined (article 7 of the LPCJ). In addition, they also perform the material acts inherent to the promotion and protection measures applied by the Protection Committee or by the Court, and shall draw up and keep updated a register that should bear the summary description of the proceedings performed and the respective results.

The National Plan for Early Intervention is set up within this context of Entities with Competence in the Field of Childhood and Youth (ECMIJ): in other words, the Law No. 281/2009 introduces in Portugal the **National System of Early Intervention in Childhood (SNIPI)**, regarding a "*organized set of institutional entities of family nature, with a view to ensuring conditions for the development of children with body functions or structures that limit their personal and social growth and their participation in typical activities of their age, as well as of children with serious risk of developmental delay*". This is an integrated support **measure that focuses on the child and the family through the implementation of preventive actions** within the framework of education, health and social action.

What is exactly this national plan?

- Is a set of actions, consisting of Multi-professional teams and Intervention Sites (ELI) and aimed at families with children from zero to six years, that aims to ensure the conditions for proper development.

The **Early Childhood Intervention Program (IPI**) aims to create conditions that facilitate the overall development of the child; to create conditions for the interaction between child/family, strengthening their skills and abilities; to support children and families in a systematic way, optimizing the existing resources in the community and creating formal and informal support networks.

It should be noted that parental involvement is the key for the child's development, given that family must participate in all phases of the intervention process, focusing on the skills of their children and creating perspectives for the future.

2. The **CPCJ** are non-judicial official institutions with functional autonomy to promote the rights of the child and young person or put an end to situations likely to affect their safety, health, training, education or full development. The functioning of the CPCJ is governed by Law No. 147/99 of 1st September.

Therefore, and according to the law, the CPCJ had the responsibility – whenever it is not possible to the ECMIJ – to intervene in order to avoid danger, to prevent or put an end to situations likely to affect the security, health, training, education and integral development of the children (Law No 147/99, of 1st September, articles 8 and 12).

In Portugal, 309 Committees for the Protection of Children and Young People are already in operation, and more six committees will become operational soon, in order to achieve full coverage of the national territory.

The national care system of children and young people at risk is organised in a structure that includes, in accordance with the law, three distinct levels: 1) emergency care; 2) temporary care, and 3) extended care.

The ***National Plan of Action for Social Inclusion (PNAI)*** was defined within the framework of the European Social Inclusion Process, reference document for guiding the intervention required in the national process of social inclusion. In this context, the elimination of situations of social exclusion which affect children was initially established as a goal, becoming the promotion and protection of their rights one of the priorities to be achieved. In order to make childhood a national priority, the XVII Portuguese Government established the Initiative for Childhood and Adolescence (INIA), through which it sought to define a plan of action for the protection of the universality of children's rights.
Among the measures specifically targeted at the institutional care system in the last decade, it should be noted:
- **Manual of Best Practices** - A guide to the *residential care of children and young people to leaders, professionals, children, young people and their family*, CID (2005).
- **Plan DOM** – Challenges Opportunities and Changes (2007)
- **Plan SERE +** (to Sensitize, to Engage, to Renew, to have Hope, MORE) (2012)

1.3. Support programs for parents in Portugal

The Calouste Gulbenkian Foundation has taken the children and young people at risk at the top of its priorities. During a period of four years (2008/2011) priority has given to the support for families with children and young people at risk or in danger, through the execution of projects of parental education, understood as a preventive measure to institutionalization.
Portugal is currently "performing actions of awareness and prevention", as for example the actions under the PTP (Project *Tecer a Prevenção*) or MPMTI (Month for the prevention of child maltreatment).
In order to create at the national level moments and practical sites that serve to inform, sensitize and reflect – comprehensively and with great impact – all those involved in education, since the institutions to parents and educators, the development of several activities with the participation of 1263 entities/institutions at the national level took place during this year, with emphasis on the high participation of Municipalities, Schools, IPSS and health services.
<u>Promotion of rights and risk prevention</u>
The activities in the field of promotion of rights and risk prevention, developed by all the CPCJ of the country in the exercise of the powers conferred to it in Article 18 of the LPCJP, are to a large extent the implementation of the Project *Tecer a Prevenção* (PTP) and the *Month for the Prevention of Child Maltreatment* (MPMTI), since 2008 and 2010, respectively, with a growing acceptance on the part of the CPCJ.
In 2016, the CPCJ monitored 34 497 children and young people under promotion and protection measures, which corresponds to 47.8% of the total number of children and young people monitored.
The ***measure "close support of parents" was the most applied***, with 27 060 cases (78.4% of total measures). *Measures "close support of other family member"* followed with 3427 (9.9%) and the measures "residential home" were applied on 3242 cases (9.4%).
The analysis of the measures implemented at national level, as presented in Table 2, shows that the measure ***close support of parents*** (78.4%) was the most applied. The

following are, in descending order, the support to other family members (9.9%), the residential care (9.4%), trust to a reliable person (1.4%), support for life autonomy (0.6%) and the foster home (0.3%).

Table 2* - Measures implemented and/or running by age group

Supports	N/R	0 a 5 y	6 a 10 y	11 a 14 years	15 a 21 years	Total	%
Close Support of Parents	274	4942	5588	6308	9948	27060	78,4
Close Support Other Family member	22	760	696	769	1180	3427	9,9
Trust to a Reliable Person	3	71	78	122	193	467	1,4
Support for Life Autonomy	4			1	202	207	0,6
Foster Home	1	12	17	26	38	94	0,3
Residential Home	19	483	377	682	1681	3242	9,4
	323	6268	6756	7908	13242	34497	100

- In CPCJ. (2017). ***Relatório de Avaliação da Atividade das CPCJ – 2016***. Maio 2017

The analysis of the 27 060 measures of ***close support of parents***, by age group, shows that the number of measures applied increases in direct proportion with the age increasing of children and of the young people. The age group of 15 to 21 years - 36.8% of the total of this measure - stands out in contrast to the age group of 0 to 5 years, which corresponds to 18.3%. In the distribution by gender, the children and young of the male gender predominate (56.3%; 15 225).
Overall, this is the image of the Diagnostic and Intervention Projects, in terms of Parents and Children with Special Needs.

2. Empirical study - PSI-WELL

We started from the outcomes in literature showing pertinent statistical relationships about the experience of parenting of children with or without special needs. For exemple, Smith, & Grzywacz, (2014) in findings about Health and Well-being in Midlife Parents of Children with Special Health Needs, verified that parents with a child with special health needs have significantly lower ratings of overall self-rated mental health and significantly higher levels of depressive symptoms as compared to parents without a child with special health needs.
Even other researches, mainly conducted with mothers, shows that families parenting a child special needs experience higher levels of emotional distress compared to families with children with a typical development (DeLambo, et al, 2011; Lecavalier, et al, 2006, Lee, 2013). In those kind of context, other authors consider sociodemographic variables as the main predictors of Subjective Well-being (Jesus, 2006; Diener, Suh, Lucas & Smith, 1999), despite in other studies results indicated that variables as gender, age, marital status and schooling explain a small percentage of the variance of subjective well-being (Galinha, 2008; Tkach & Lyubomirsky, 2006; Diener & Lucas, 2003; Lima, Simões, Vieira , Diener, Suh and Lucas (1999) and Diener, Suh and Oishi (1997). A sociodemographic variable considered protective for these parents seems to be marital status: it's is

assumed as an important factor, because it is related to social support, one of the main explanatory variables of Subjective Well-Being. (Galinha, 2008; Argyle, 2003).
After the bibliographic research for the development of a theoretical construct, around our object of study and the variables that we eventually found associated, we created a methodological rationale, starting from the following previously proposed objectives:
1) to analyze the associations between parental stress, coping, negative emotions, emotion regulation, social support, family communication and parents' psychological well-being; 2) to evaluate the influence of individual variables (coping strategies, negative emotions, emotion regulation) on family outcomes (family communication and parents' psychological wellbeing); 3) to investigate the moderating role of parents' socio-emotional competence and social support in the association between stress and parents' psychological well-being. This is the first empirical research (to our knowledge) that will be conducted involving both parents of a child with special needs from Portugal.

2.1. Research methodology

To achieve these goals we developed an exploratory, quantitative – descriptive and correlational - and cross-sectional study, conducted between March and July of 2017.

2.1.1. Procedures of data collection

The collection of this snowball sample with 274 parents, was achieved through the distribution of questionnaires in two ways: one and more frequent, was through filling by Health professionals and PSI-WELL team, with parents with low literacy; the other form was through virtual questionnaires by self-filling for parents with good level of literacy and clear understanding about the issues presented. The procedures started from **3 methodological strategies**, such as the following:
1. The first methodological strategy - Protocol between IPB and ULSN (Local Health Unit of the Northeast, Bragança): A specific agreement between the institutions was established on 10 March of 2017 to define the implementation and development conditions of activities related to PSI-WELL, namely: awareness and involvement of all health professionals of Bragança district health institutions; find a team with health professionals who served as a bridge between schools and health centers.This connection took place at PSI-WELL's publicity events at educational institutions in the district of Bragança; mobilizing health and education professionals to help find potential elements for the PSI-WELL sample; and to boost the initial phase of the Project publicity
2. The second methodological strategy - Public Project Presentation (PSI-WELL Team):
- Event created by IPB's PSI-WELL team, inviting: the local and regional institutions and the media (we had a Radio Interview, and a RTP Interview). At the institutional level, were invited the Municipality and staff, the directors and presidents of all the institutions that provided health, education and social assistance and legal action of the District of Bragança, as presented by follow:
2.1. Every institutions considered in the interaction of the Protocol between IPB and ULSN (Local Health Unit of the Northeast, Bragança):

a). - ULSN - Bragança District Health Centers (11): Familiar Health Unities including the Support Nucleus for Children and Young People at Risk (NACJR) and National System of Early Protection and Intervention (SNIPP); b). Schools: Groupings of Schools on the North and the Center of Formation of the Association of Schools Bragança North; (CFAEBN); c). Comitties for the Protection of Children and Young People (CPCJ); d). Bragança Municipality (ONG's and Public Social Associations); e). Family Courts and Minor - Prosecutor of the Bragança Public Ministry.

- Under this Protocol we were able to work with the nurses of the Health centers teams (A) and in schools (B), with the CPCJ professionals, and with the professionals of the NGOs related to Social Security and Municipality.

3. The third methodological strategy - Other Public PSI-WELL Presentations:

f). Professionals from health, social, legal and educational systems: After the first public presentations, our work of dissemination in schools, health centers and institutions of social character, made that other professionals offered themselves to collaborate in collecting the data, on a voluntary basis. This set of people placed in some institutions, made it possible to access more parents for our sample. In global, we had **14 voluntaries researchers' statute** (educators, teachers, nurses, doctors, psychologists, families lawyers, social assistances, social educators, social animators) who collaborated in PSI-WELL data collection.

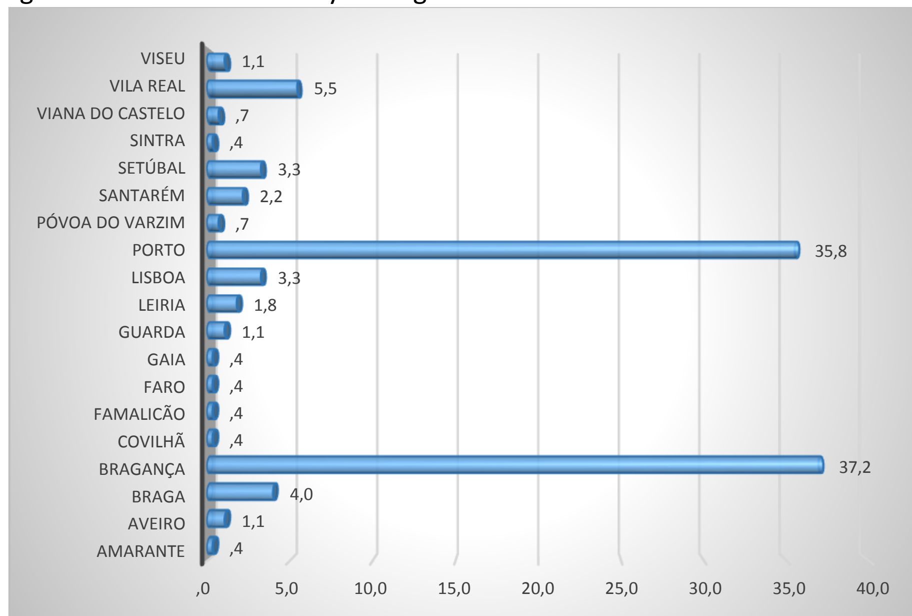
2.1.2. Sample

The methodology for collecting data allowed to obtain a sample consisted of 274 both parents of children with special needs (SN) from Portugal. The survey was conducted between March and July of 2017 in Bragança, Oporto and other cities of Portugal, with the following Selection Criteria:

The General **Inclusion criteria**: Parents of children with special needs, inborn or acquired, living with their own children. In data collection the concept "special needs (SN) was considered: biological, psychological, social or cultural disability perceived (for educational, social or health professional) or diagnosed; children with no satisfaction of one or more Basic Human Need. The **Exclusion criteria**: Parents with Institutionalized children, or living in an institution in long term; Parents of foreign origin; with psychiatric diseases or under age.

The Figure 1 presents the distribution of data collection across the districts of Portugal, and as we can see, the largest number of parents comes from Bragança with 37,2% of sample (102 parents) followed by the district of Oporto with 35,8% of sample (99 parents). The districts of Vila Real with 5,5%, Braga with 4,0% and Lisboa and Setúbal with 3,3% respectively, collect sample minorities, while the remainder have insignificant sample numbers, but in any case representing a country's contribution.

Figure 1 – Data Collection by Portuguese Districts of Parents of Children with SN



2.2. Final Data Collection Instrument (DCI)

Between January and March 2017 there was intense communication between the European project coordinator and the other partners to exchange our points of views and make decisions on important methodological aspects of research. The six partners together thought and made decisions about the sociodemographic variables to be included in the study, and each one of us analyzed the Scales/Questionnaires proposed to apply in each country. So we then developed the following procedures:
- We have prepared the Portuguese version (respondents language) of sociodemographic variables for the characterization of the sample; in a Discussion group, Scales/Questionnaires were selected to be included in the Final Data Collection, in order to achieve the Objectives; After knowing these scales, we selected the versions of these scales that had already been studied and validated for the Portuguese population. Authors' authorization for application these DCIs was submitted to the authors. The final questionnaire was constructed with the according of all other partners.
The DCI form, in its final version, consisted of the Informed Consent, the set of sociodemographic variables for the characterization of the sample and the set of Scales, Inventories and Questionnaires that inserted the study variables, as presented in the Study Objectives. Data consisted of parents´ responses.

Variables in Study
To study the **Parenting Style**, we selected the *Parenting Style Inventory* (PSI - Gomide, 2006): This instrument assesses the parental style, that is, strategies and techniques used by parents to raise their children, through seven educative practices; five of them related to antisocial behavior development: negligence, inconsistent punishment, lax discipline,

negative monitoring and physical abuse; and two of them related to pro-social behaviors: moral modeling and positive monitoring. We used six items, which were divided into Positive and Negative Communication, and the mean and median values of the Global Scale were calculated.

To study the ***Coparenting*** we use a set of 3 items not inverted of 1-5 averages of parenting, and the mean and median values of the Global Scale were calculated, and a single dimension was obtained.

To study **Dyadic Coping** we apply the *Dyadic Coping Inventory* (DCI, Bondenmann, 2008 adapted and validated to the Portuguese population by Vedes et al., 2013), All items are measured in a five-point Likert scale, in which 1 is "very rarely" and 5 is "very frequently". Ten of the 37 items of the original scale were used. These 10 items were divided into two dimensions: Own Coping and Coping of the Other and then the mean and median values of each dimension were calculated.

Parental stress regarding **parenting** was assessed using the ***Parental Stress*** *Scale* of Berry & Jones (1995), adapted to Portuguese by Mixão, Leal, and Maroco (2005, published in Leal & Maroco, 2009). It is a 17-itens Likert-type questionnaire with scores from 1 to 5, which measure the degree of stress experienced by parents according to 4 subscales: a) Parental concerns, b) parental satisfaction, c) Lack of control, and d) Fears and anxieties. It addresses aspects related to the proximity to the child, satisfaction in their role as parents, positive and negative emotions related to parenting, and the difficulties associated with the parental role. Participants are asked to respond to each item according to their degree of agreement or disagreement, based on their personal parental experience. Higher results indicate higher levels of parental stress.
We used 18 items and making the Inversion of 8 items (1,2,5,6,7,8,17 and 18). To obtain the Calculation to classification of global Stress we used the sum of the descriptive statistics assuming between 18-40 - low level of parental stress; between 41-66 - intermediate; and between 67 to 90 – high level of parental stress.

To study the level of **Stress in couples**, we use the *Multidimensional Stress Questionnaire for Couples (MSF-P)* with 4 not inverted items of 1-5 averages and to the calculation we added the items, and we calculated the mean and median of the Global Scale.
In order to assess the level of general **satisfaction in the relationship** established with the partners, we use the Portuguese version of *Relationship Assessment Scale* (RAS, Hendrick, 1988 adapted and validated by Santos et al. 2000). We used 6 of the 7 items. The mean and median values of the Global Scale were calculated and it was rated satisfied if the mean is equal to or more than 3.5; and dissatisfied, if mean is equal to or less than 3.5.

To study the **subjective well-being**, we used the *Comprehensive Inventory of Thriving* (CIT, Su, Tay & Diener, 2014). The CIT includes 18 subscales with 54 items in total, covering a broad range of well-being components. We used 6 subscales and 18 items grouped into

6 dimensions. The mean and median of the 6 dimensions were calculated to have the value of the Global Scale of subjective well-being of our sample.

To study the variable **Satisfaction with life**, we used the Portuguese version of the scale *Satisfaction with life* (ESV, Simões, 1992). The statistical study gave rise to a single factor and the mean and median values of the Global Scale were calculated, rating 3 levels of satisfaction: between values 5-14 - dissatisfied; 15 - neutral or indifferent, 25 – Satisfied. **Family resilience**, was measured, by Portuguese version of *The Resilience Scale* (Wagnild & Young, 1993): The Resilience Scale for Adult Portuguese Population (FRAS) adapted for the Portuguese population by Martins, Matos, Faray, Rocha, & Sousa (2013). With 23 variables grouped in 4 factors: I – Perseverance; II-Sense of life; III-Serenity; IV Self-reliance and self-confidence. From a total of 23 item, we only used 18.

To study the **Emotion Regulation**, we used the Portuguese version of *Difficulties in Emotion Regulation Scale (DERS*) (Kim L. Gratz & Lizabeth Roemer, 2004) adapted by Coutinho, Ribeiro, Ferreirinha & Dias (2010). This Portuguese version of Emotional Regulation Difficulties Scale (DERS) comprises six areas: non-acceptance of negative emotions, inability to engage in behaviors driven by goals when experiencing negative emotions, difficulties in controlling impulsive behavior when experiencing negative emotions, limited access to regulatory strategies perceived as effective, lack of emotional awareness and lack of emotional clarity. In this study not all items were used (we only used 18 from a total of 36 items, on a scale 5-point Likert of 1 (never) to 5 (almost always).

3.Results

3.1. Social demographic characteristics of the Sample

Our Sample is consisted of 274 parents of children with special needs. As we can see at Table 2 it's mostly female (65% female and 35% male) and married (61,3%) . At the age level 54% is less than 40 years and 46% is more than 40 years old. As regards to the level of Educational qualifications, our parents sample have mostly Higher education (31%), followed by 19,7%, 18,2% and 10,6% with Secondary education, 3rd cycle primary education and still 10,6% with the 2nd cycle primary education. The Professional Situation, presents that mostly of parents, 71,9%, is Full-time employee, 10,9% is Employee Part Time and 7,7% is Unemployed. There are 18,2% of parents without a permanent job, and considering those in employment we found 127 parents with less 40 hours/week, but we found a group of 97 parents working more than 40 hours in a week. The Income level reveals that 31,4% and 29,6% of the parents , receive between one and two minimum national salary and between two and three minimum national salary, respectively. However, we found 41 parents (15%) living with their children with special needs and with less than the minimum national salary.

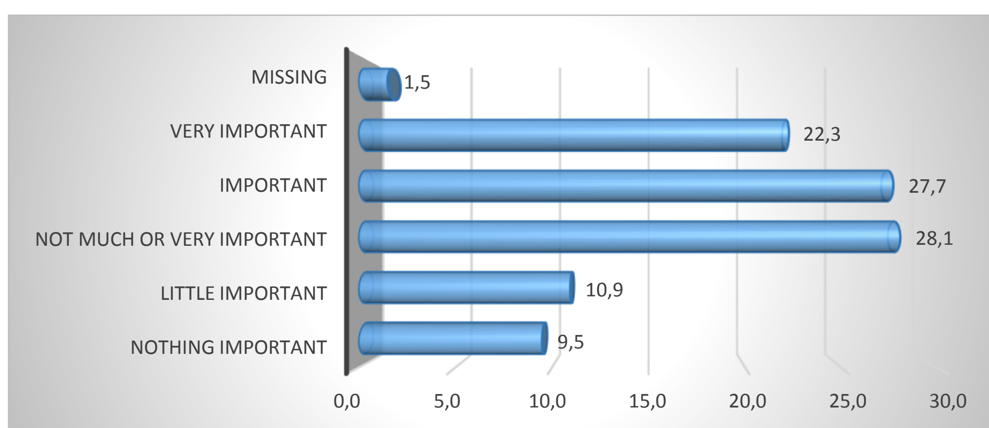
Table 3 – Sociodemographic characterization of Portuguese sample: Parents of Children with SN

Variables	Groups	N	%	Accum %
Gender	**Female**	**178**	**65**	65
	Male	96	35	100
	Total	274		
Age categories	**22-40 Years old**	**148**	**54**	54
	>40	126	46	100
	Total	274	100	
Educational qualifications of parents	I can read and write	5	1,8	1,8
	1st cycle primary education	15	5,5	7,3
	2nd cycle primary education	29	10,6	17,9
	3 rd cycle primary education	50	18,2	36,1
	Secondary education	54	19,7	55,8
	Professional course or vocational educ	26	9,5	65,3
	Secondary and vocational education	10	3,6	68,9
	Higher education	**85**	**31**	100
	Total	274		
Marital status of parents	Single	15	5,5	5,5
	Married	**168**	**61,3**	66,8
	Lives with his/her partner	67	24,5	91,2
	Divorced	19	6,9	98,2
	Widow(er)	5	1,8	100
	Total	274	100	
Employment Status of parents	**Full-time employee**	**197**	**71,9**	71,9
	Employee Part Time	30	10,9	82,8
	Unemployed	21	7,7	90,5
	Domestic	23	8,4	98,9
	Retired	3	1,1	100
	Total	274	100	
Hours of work per week	I do not have a permanent job	50	18,2	18,2
	< 40 hours/week	**127**	**46,4**	64,6
	>=40 hours/weak	97	35,4	100
	Total	274	100	
Income level	< Minimum national salary (<557 euros)	41	15	15
	>1 e <2 Minimum national salary	**86**	**31,4**	46,4
	2 e <3 Minimum national salary	81	29,6	75,9
	3 e < 4 Minimum national salary	50	18,2	94,2
	4 e< 5 Minimum national salary	7	2,6	96,7
	5 e < 6 Minimum national salary	4	1,5	98,2
	>=6 Minimum national salary	5	1,8	100
	Total	274	100	
Number of children	1	104	38	38
	2	**136**	**49,6**	37,6
	3	30	10,6	98,5
	4	1	0,4	98,9
	5	1	0,4	99,3
	6	2	0,7	100
	Total	274	100	
Number of children with special needs	1	**243**	**88,7**	88,7
	2	31	11,3	100
	Total	274	100	

Concerning the Number of children, a majority of parents has 2 (49,6%) or 1 (38%) children, but we have parents with 3 (10,4%) or more children, numbers that reveal that parents of children with special needs have other children too. That's why the number of 243 parents with only one child and the 21 with two children with special needs, have more children as "normal children" in their own family nucleus.

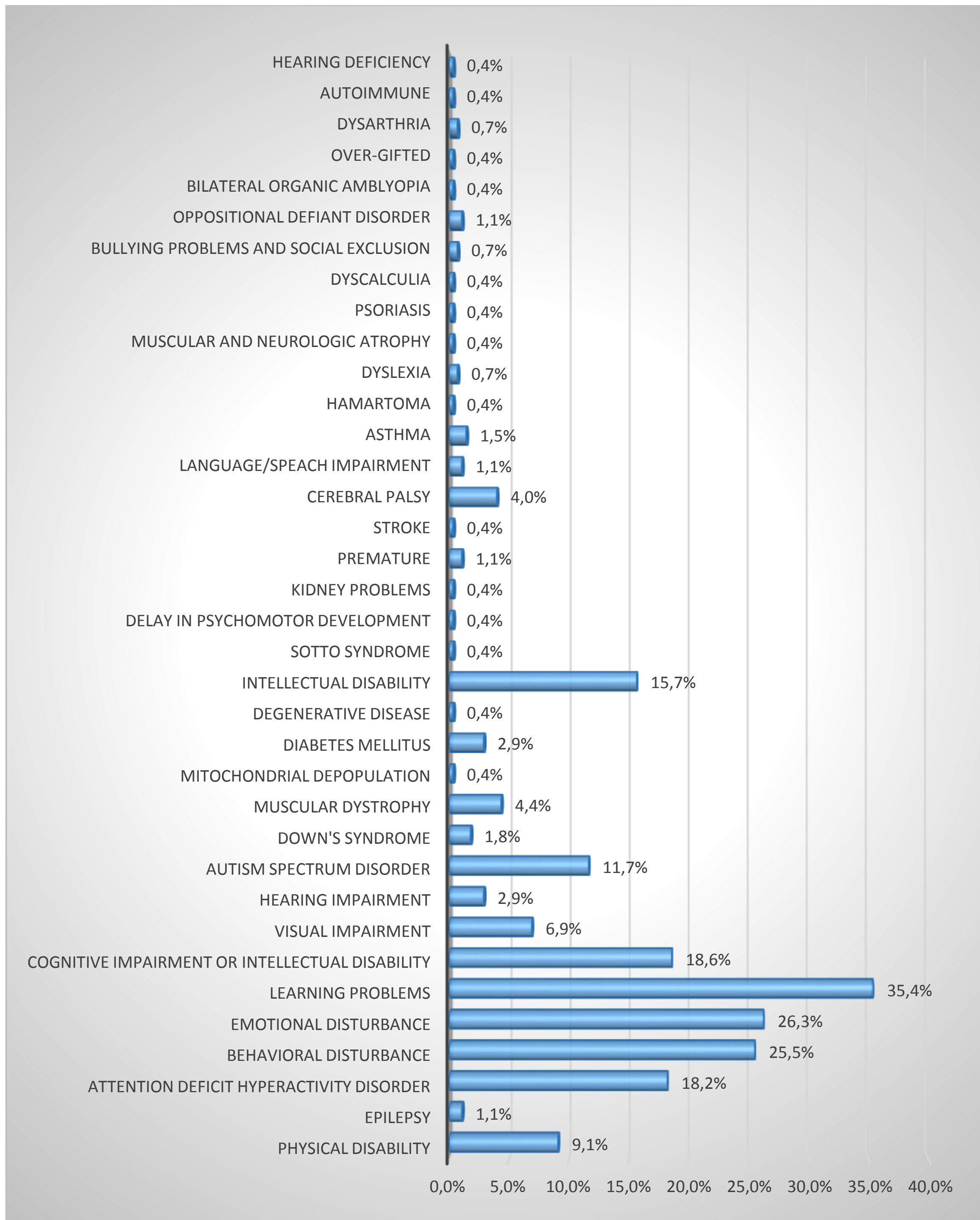
About the Importance attributed to religion by parents, and as we can see in Figure 2, we found that 28,1% and 27,7% of the parents consider religion "not much important", and "important", respectively. However 22,3% consider religion "very important" oppositely to 9,5% that considers religion nothing important in their lives.

Figure 2 - Importance attributed to religion by parents



In this study the children of this sample of parents are also observed.
During the data collection process - whether it was face-to-face interview or in each self-filling, in the case of parents with sufficient literacy and exact knowledge about the child's pathology, disability or problem - each child was identified relatively to the type or types of disability or special need.
In this way, and as we can see in Figure 2, this sample of children presents mainly the situation of *Learning Problems* and *Emotional Disturbance* in 35,5% and 26,3% of children respectively. These two problems are followed by other two special needs of cognitive and behavioral nature, as 25,5% of the children observed, present *Behavioral Disturbance* and 18,6% present *Cognitive impairment*. This set of special needs, although not exactly biological pathologies, are phenomena that cause problems and disrupt the context of learning in school and interpersonal relationships in the family. Furthermore, it is pertinent to note that the special need following more clearly present is precisely *DAHA* in 18,2%, and the *intellectual disability* in 15,7% of children. Appearing in a discreet but worrying way, we can observe that 11,7% presents Autism Spectrum Disorder and 4% presents Cerebral Palsy, special needs that are very disabling and disturbing for caregivers and for children. This set of observations, both at the parents' and children's level, makes evident the pertinence of the application of this Project of Formation of Parents.

Figure 2 – Presentation of Children's Special Needs



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