

PROCEDURE AND CRITERIA FOR ASSESSMENT AND INTERVENTION WITH FAMILIES AND CHILDREN IN THE AREA OF CHILD PROTECTION

M^a Ignacia Arruabarrena Madariaga
University of the Basque Country

This paper reviews the procedural manuals of some Spanish Child Protection Services in order to describe the intervention process implemented on receipt of reports of suspected child abuse and neglect. The principles and criteria for decision-making at different intervention stages are reviewed, with special attention to the issue of placement in out-of-home care. Finally, we review the current situation, goals and design of family preservation programmes in Spain and briefly discuss their results.

Keywords: child abuse and neglect, research, assessment, family preservation

El artículo revisa los manuales de actuación de algunos Servicios de Protección Infantil de nuestro país para describir el proceso de intervención de estos servicios una vez que tienen conocimiento de la existencia de un niño, niña o adolescente que puede estar siendo víctima de desprotección en su familia. Se revisan los principios y criterios establecidos para las distintas tomas de decisión a adoptar en estos casos en los diferentes momentos del proceso de intervención, con especial atención a las decisiones relacionadas con la separación del niño, niña o adolescente de su familia. Por último se revisan la situación actual en nuestro país, los objetivos y el diseño de los programas de intervención familiar, con una breve reseña sobre sus resultados.

Palabras clave: desprotección infantil, investigación, evaluación, intervención familiar

The detection of child abuse and neglect situations is not easy. First of all, and in contrast to the case of other psychosocial problems, those directly involved in this type of situation –be they children or adults– do not tend to report it to the Child Protection Services and ask for help. The reasons for this are numerous: the children’s very helplessness and incapacity to contact support services, fear of the consequences of reporting the situation –reprisals from adults, intervention from the authorities, possible family break-up, etc.– or indeed a lack of awareness that such a situation constitutes a problem, since it forms part of the usual family dynamic and way of life. Thus, it tends to be other people from the family context who detect the problem. Even so, such detection is far from straightforward. Child abuse and neglect occur in the intimacy of the family home, usually without witnesses, and in many cases there are no clear and specific indicators of it. Added to this is a general lack of knowledge among many people – including relevant professionals– of what child abuse and neglect are, and of their typologies and markers

(especially the less visible ones), together with false beliefs about the problem, such as that it affects only families in marginal environments, with low socio-economic and educational status, or adults with mental health problems. In other cases, a person or professional detects a problem related to the care of a child or adolescent but wrongly perceives its severity, underestimating its consequences or interpreting it as a cultural custom or pattern that should be respected.

For the Child Protection Services to initiate a process of assistance for children and adolescents affected by abuse or neglect situations and their parents it is necessary, moreover, not only for the situation to be detected, but also for it to come to the attention of these services. And here we find a second barrier related to a lack of knowledge about the role of Child Protection Services and about how and to whom to report suspicions, uncertainty over what might happen after the reporting, fear of reprisals from parents or other adults, or of criticism or rejection for having reported the situation, fear of what might happen if the suspicions are not confirmed, lack of confidence in the Child Protection Services, lack of faith in one’s own capacity to solve the problem. On the other hand, many citizens and professionals are unaware of the legal obligation to report this type of situation, as set

Correspondence: M^a Ignacia Arruabarrena Madariaga. Departamento de Psicología Social y Metodología de las Ciencias del Comportamiento. Facultad de Psicología. Avenida de Tolosa, 70. 20018 San Sebastián. España.
E-mail: ignacia.arruabarrena@ehu.es

down in Article 13 of the Child Protection Law of 1996 (*Ley Orgánica de Protección Jurídica del Menor*), which states that “any person or authority, and especially those in the relevant professions or positions, who detects a risk situation or possible actual case of child abuse or neglect shall report it to the authority or its most immediate agents, as well as providing the necessary immediate help”, adding that “authorities and persons who by virtue of their profession or function become aware of the case shall proceed with the appropriate degree of caution”.

As a consequence of the above, and in spite of the fact that, as noted in elsewhere in this special issue, the number of child abuse or neglect cases reported to Child Protection Services in Spain has increased in recent years, it can be confidently stated that at the present time a substantial portion of such cases remain hidden within the family itself. Many go undetected, and where they do come to light, they are not always reported to Child Protection Services. It would be too speculative to talk of the percentages of child abuse/neglect cases known to Child Protection Services in relation to the overall figure. The published figures are estimations made on doubtful bases. What is indeed certain is that in our country: (1) these percentages vary from one Autonomous Region to another, and even among smaller regions or municipalities, depending on the efforts made in these contexts by Child Protection Services to raise social awareness, to increase detection and early reporting of the problem, and to improve inter-institutional coordination, and (2) the cases that come to the attention of Child Protection Services constitute a “biased” portion of the real figure: they tend to involve older children – there are increasing numbers of reports referring to pre-adolescents and adolescents–, to be those of a more serious nature, to be based on physical indicators – especially in cases of neglect–, to be associated with severe behavioural problems in the children, and to occur in socio-economically and educationally disadvantaged families.

Thus, achieving early detection and reporting of all child abuse and neglect cases currently constitutes one of the challenges faced by Child Protection Services throughout Spain, and this task requires the collaboration and active involvement of the general public, of other sectors of public administration, and of all professionals working in the field of child and family welfare. We shall continue by considering the criteria and procedures underlying the work of Child Protection Services on their being notified of

a child who may be the victim of abuse or neglect, according to a review of the procedural manuals used in different Autonomous Regions (Ayuntamiento de Madrid, 2008; Diputación Foral de Álava, 2004; Diputación Foral de Bizkaia, 2005; Diputación Foral de Gipuzkoa, 2003; Gobierno de Cantabria, 2006, 2007a, 2007b; Gobierno de Navarra, 2003; Gobierno del Principado de Asturias, 2003; Junta de Andalucía, 1999; Junta de Castilla y León, 1995).

CONFIRMATION OF AN ABUSE OR NEGLECT SITUATION

The paternal grandmother of Jorge and Luis, aged six and four, goes to the Child Protection Services to tell them she is worried about the situation of her grandchildren. They live with their mother. The father, a drug-addict, died two years ago. The grandmother says that the mother is not looking after her children properly. She claims they have told her that their mother regularly goes out at night with her new partner, leaving them at home alone. She points out that the children are usually dirty and often have nothing to eat, and that the younger one has a serious skin problem that has gone untreated. She says that they seem sad, and have told her that their mother “shouts at them a lot and hits them”. She says that her relationship with her daughter-in-law is very poor, and that she denies all the claims made. The grandmother says she herself is unable to intervene.

The school attended by Ramón, aged 8, reports to the council social worker that a teacher caught him in the school toilets with two younger children. On being questioned by the teacher, the two smaller children confirm to her that Ramón suggested playing a game in which the loser had to “suck his willy”. Ramón denies this, but the following day, questioned by the same teacher, he admits that what the other children had said was true. Ramón says he had seen these things in films at home, and that his father takes him out of his bed and into his own when his mother goes off to work early. When the parents are called in to talk to Ramón’s form teacher about these matters, only the mother turns up. She reacts angrily. She says her son is always accused of being “the baddie”, and that she and her husband are fed up with this situation. She does not consider what has happened to be too important, saying that it is nothing more than “a children’s game”. The school confirms that Ramón is a boy with problems: he has low self-esteem, appears excessively introverted, has considerable difficulty in



expressing his feelings, has language difficulties, performs poorly in class and frequently fails to do his homework. The school's relationship with the parents is problematic. The father does not usually come to meetings with the form teacher. The mother tends to dismiss the child's problems as unimportant, and despite assurances that she will follow the school's recommendations, she tends not to do so.

These are typical examples of how a possible child abuse or neglect case comes to the attention of Child Protection Services. In general, situations of this type are detected by people or professionals working within or close to the family context—relatives, neighbours, teachers and other school staff, health professionals, etc.—, though it is becoming increasingly common for Child Protection Services to receive applications from parents themselves for the admission to child protection centres of adolescents or pre-adolescents with serious behavioural problems or personal, family and/or social maladjustment.

Apart from coming from different sources, the report of a possible child abuse or neglect case to Child Protection Services can be made in different ways: by means of a written report, in person, by telephone, and so on. Although ideally it is made in writing and the person reporting identifies him/herself, Child Protection Services are obliged to investigate all the reports they receive, whatever the form in which they are received, whether the source is identified or not, and even if there are doubts over the credibility of the information provided. False reports are indeed received, but they are uncommon, and despite a lack of data in this regard, it would seem that a substantial portion of false reports occur in situations of conflictive divorce or separation processes, of dispute over custody, or of conflictive family relations.

Also, while there is a percentage of reports in which the information provided is sufficient for clearly identifying a situation of child abuse or neglect, in the majority of cases the report only indicates suspicion. This means that Child Protection Services must first initiate an information-gathering process aimed at:

1. verifying the existence of abuse or neglect, and
2. assessing its severity to determine whether the child or adolescent is in danger and it is necessary to take urgent protective measures.

This phase of the intervention, called *investigation*, is carried out by technical teams from municipal or specialist Child Protection Services, according to the case and to the allocation of responsibilities in each Autonomous Region

(Spain is divided into 17 of these). This phase must be completed rapidly, ideally in the space of ten to fifteen days, though in cases of greater apparent urgency—where there is a suspicion that the child or adolescent is in serious danger—it should be completed immediately. In this phase the Child Protection Services should collect information focused on the situation of the suspected child or adolescent victim and on the behaviour of the parents or guardians, without overlooking that of siblings or other children living in the family home, particularly younger ones.

The procedure to be followed by Child Protection Services professionals in this phase involves:

1. Confirming whether there are previous reports of child maltreatment in relation to the child or adolescent or his/her family.
2. Reviewing the information provided in the report, and where necessary, interviewing or making further contact with the source for expanding upon it or clarifying it.
3. Determining what additional information it is necessary to obtain, which sources of information will be accessed, and in which order and form the contact will take place. This process involves contacting the parents or guardians and other relevant sources of information, and talking to the child or adolescent if necessary.

Wherever possible, it is preferable that the first people contacted by the Child Protection Services in the investigation are the parents or guardians, in order to inform them of the authorities' legal obligations, tell them about the information they already have and the process under way, obtain information directly from them, and notify them of the steps intended to be taken. It is recommended to visit the parents or guardians at the family home where possible, particularly in cases of suspected neglect.

Subsequently, if necessary the Child Protection Services should also obtain information from:

- Witnesses to the abuse/neglect situation, where available.
- All services or professionals that can provide information on the family and the child's situation: health services, mental health services, schools, kindergartens, police, etc. The collaboration of other professionals and services is essential in this phase of the process.
- Child Protection Services from other municipalities in which the family has previously resided.
- Other members of the immediate family, relatives or family friends who can provide relevant information.

In some cases it may be necessary for Child Protection



Services professionals to obtain information directly from the child or adolescent. This does not apply to all cases, but rather only when abuse/neglect or its severity could not be verified through indirect sources, leaving the child's testimony as an essential element.

It is important to bear in mind that Child Protection Services professionals should not interview or make direct contact with children without the explicit consent of their parents or guardians. Access to a child or adolescent without such consent can only be justified in accordance with the principle of "the best interests of the child". Such a situation must be totally exceptional –where, for example, it is essential to make such contact due to lack of information from other sources, and where there is suspicion of a situation of serious abuse or neglect.

Traditionally, the task of investigation –like the rest of the tasks in the intervention process in such cases– has been carried out by social workers. The progressive incorporation of psychologists into this context has meant that it is more and more likely, even though the practice is not universal, to find social workers and psychologists working together in this area, in either public or private services.

The role of psychologists in this investigation phase is important. First of all, their intervention in the investigation of suspected child sexual abuse is crucial. Such cases have a series of specific characteristics that make them extremely complex, requiring trained specialists to deal with them in the appropriate manner with all the necessary guarantees. In these cases, confirmation of the abuse often hinges exclusively or mainly on the testimony of the child or adolescent. The difficulties of obtaining this testimony, especially at certain ages or in children or adolescents with special characteristics, the need for extreme care in obtaining the testimony (avoiding leading questions or suggestion), the frequent occurrence of retractions, etc. make this task an enormously demanding one which only specially-trained psychologists are equipped to carry out properly. Although there is abundant documentation from other countries on how to conduct investigation in such cases, published work on this aspect in Spain is scarce. Nevertheless, some of it is notable for its currency and quality (Intebi, 2008; Juarez, 2006).

Child Protection Services psychologists also play an important part in the face of the resistance and even opposition shown by families in their first contact with these authorities. Hostility, anger and resistance are

common reactions at these initial stages, and must be understood as defensive responses to the perception of Child Protection Services intervention as a threat and an invasion of their privacy. Psychologists' role as crucial in dealing with these difficulties and/or in the provision of advice and guidance for other professionals on how to manage such situations appropriately, avoiding the wrong kind of reactions or responses that might even exacerbate the conflict and strengthen the family's resistance.

As regards psychologists working in other types of service –such as schools, mental health services or family mediation services– or in the private sector, their collaboration with Child Protection Services professionals in this phase is highly important. Their relationship with the child or adolescent and/or the family gives them access to information that may be crucial in allowing Child Protection Services to assess the family situation adequately and propose the action appropriate to each case. Psychologists may sometimes be reluctant to place certain information in the hands of Child Protection Services, especially when asked for it in writing, on considering that this may involve a betrayal of trust and confidentiality. This is a complex but far from uncommon situation. The solution to it most probably involves psychologists (regardless of their working context) giving priority to the child's interests, maintaining a clear and honest position vis-à-vis the patient or person –be they an adult or a child– about whom Child Protection Services are requesting information, and trusting in the work of the Child Protection Services themselves.

Apart from the above, psychologists from outside the Child Protection Services can play a fundamental role in facilitating Child Protection Services professionals' contact with the family and collaborating with them in information-gathering processes, analysis of the information and decision-making on the action to be taken.

The investigation phase can lead to different courses of action. Where the existence of an abuse or neglect situation is confirmed, the action by Child Protection Services will depend on its severity. In cases in which it is necessary to protect the child or adolescent urgently from serious danger, the Child Protection Services will adopt the most appropriate emergency measures before moving onto the assessment process. In general, emergency protection measures in our country involve the child's separation from the family. In cases in which abuse or

neglect is confirmed but the child or adolescent is not in immediate danger, the Child Protection Services – municipal or specialist, depending on the case and the distribution of roles in each Autonomous Region– will continue with the assessment phase, which is described below. Another possibility is that the investigation fails to confirm abuse or neglect but does not rule it out, so that suspicion remains. In such cases the Child Protection Services should implement a specific plan of action to reveal in more depth what is happening in the family with regard to possible abuse or neglect. Finally, the investigation may conclude that there is no abuse or neglect. In this case, and depending whether or not the family has other types of need, the Child Protection Services will provide the appropriate help and support or refer the case to other services and close the file.

ASSESSMENT PHASE

The *assessment phase* follows that of investigation and constitutes, like the previous one, a period of information-gathering. It is implemented in confirmed cases of abuse or neglect. At this stage the information to be obtained by the Child Protection Services is more extensive, given that the aims are to:

1. Identify the individual, family and social factors that may be associated with the origin and maintenance of the abuse/neglect situation, as well as the positive aspects of family functioning.
2. Assess the consequences of the abuse or neglect for the child's physical, cognitive, psychological and/or social development processes.
3. Determine the treatment and support needs of the child or adolescent and his/her family.
4. Make a prognosis about parental support and treatment options

The areas to be explored in order to meet these objectives include:

- History of the case with the Child Protection Services. Socio-economic situation of the family: housing, financial situation and employment situation of family members.
- Situation of the parents, guardians or adult figures in the family: personal history and family antecedents, educational level, physical health, psychological functioning and emotional situation, social relationships, etc.
- Situation of the children or adolescents: physical health, school and cognitive functioning, emotional situation and behavioural characteristics, social relations, etc.

- Family relations: marital relationship, parent-children relationship, relations between siblings, relations with extended family.
- Support available to the family.
- Awareness of the problem and motivation for change in parents or guardians.

In this phase of intervention the procedure to be followed by the Child Protection Services professionals involves:

1. Studying the information already obtained in relation to the case.
2. Determining what additional information is required, which sources it is necessary to contact and in which order and in what form the contacts should be made. In this phase the members of the family –adults and children– constitute an essential source of information. Moreover, as in the investigation phase, Child Protection Services professionals will request the collaboration of other professionals or persons in contact with the child or adolescent and their family to obtain the required information.
3. Unless it is unadvisable, the conclusions and proposals arising from the assessment should be discussed with the parents or guardians (and with the child where appropriate). This is of great importance, since it helps the professionals to get to know and take more account of the parents'/guardians' point of view, it provides an opportunity to assess and increase their level of awareness of the problem and motivation for change, it can help to reduce mistrust, and it reinforces their perception of being respected.

In general, the period necessary for carrying out this task is between nine and twelve weeks. However, some cases are referred to what is known as "assessment in intervention", where the periods involved are longer, since the assessment is completed after a brief intervention phase –around six months– that permits more exhaustive and in-depth information-gathering and a more accurate prognosis in relation to parental support and treatment options.

The need for the intervention of psychologists in the assessment process in child abuse or neglect cases is evident –even more so, indeed, than in the investigation phase. In Spain, this need is now clearly acknowledged, and it is becoming more and more common to find multidisciplinary teams made up of social workers, psychologists and sometimes social educators, and set up especially for this assessment process in both municipal and specialist Child Protection Services. In some cases

these teams carry out both the investigation and assessment tasks, though it is not uncommon for each task to be taken on by different professionals or teams. It should be borne in mind that there are cases in which the type of relationship between the professionals and the families in the investigation phase, especially when there are conflictive situations, may make it difficult for the professionals to reconstruct a relationship of trust and support with the family, so that a change of professionals is recommended. Nor is it uncommon in Child Protection Services contexts for the tasks of assessment and treatment to be carried out by different teams, though it is also quite acceptable for them to be applied by a single team.

In the assessment phase, Child Protection Services psychologists have two basic missions. One of these involves gathering information and rating the personal functioning and emotional situation of the child's parents or guardians, the personal functioning and developmental level of the children or adolescents in the different areas and the characteristics of the family relations, with a view to identifying the possibilities for change and treatment needs. For these purposes, psychology professionals have access to the general methodology and instruments pertaining to their discipline, as well as specific instruments designed for use in this type of case (Arruabarrena & De Paúl, 1994). Another role of psychologists, no less important than the first, involves working together with other team members to minimize the resistance of family members to the intervention by Child Protection Services and establish with them a positive and supportive relationship that encourages their subsequent involvement in the intervention plan.

It is important to bear in mind that the assessment phase is not only a period of information-gathering, but also forms part of the actual intervention process. In addition to identifying with the family its difficulties, positive aspects and needs in order to set the goals of the subsequent intervention, assessment must redefine these difficulties, positive aspects and needs in a way in which the family can accept them. Assessment sets out not only to identify the family's problems: it must also be used to prepare the family to become involved in a subsequent process of change. However, in the majority of cases the intervention carried out in this phase will be insufficient for the family members to become aware of the problem and motivated enough to ensure their active involvement in this process. Therefore, in a large percentage of cases,

working on these aspects should constitute an initial treatment goal.

DESIGN OF THE INTERVENTION PLAN

The assessment is completed and serves as a basis for the design of the individualized intervention plan for each family, which should define:

1. Purpose of the intervention plan
2. Where applicable, the legal protection measure to be adopted: type, mode of care (kinship care, foster family care or residential care), timescale of the measure, others (e.g., specific conditions for application of the measure –geographical location, characteristics required of the family/institution taking care of the child so as to respond to his/her specific needs; visiting times for the family and relatives – with/without visits, frequency, presence of external supervision).
3. Objectives, action and resources to be applied. Where applicable, reasons for lack of fit between the ideal resources and those proposed.
4. Estimated time need to implement the intervention plan.
5. Contingency plan, i.e., intervention to be launched if the main plan fails.
6. Agreements with and commitments to the family and other services.
7. Date and place set for review of the plan.
8. Service or professional responsible for coordination of the plan's implementation.

The phase involving the design of the intervention plan is of great importance, though it is not the only one in which Child Protection Services professionals and teams have to make decisions that can have considerable impact on the current and future situation of the children and adolescents involved and their families. In reality, the process of intervention by Child Protection Services constitutes an ongoing decision-making process, not least because the intervention plan requires regular review.

Currently, there is a broad consensus among Child Protection Services professionals in our country with regard to the principles and technical criteria to be followed in making the decisions involved in the design of the intervention plan. Notable among these are the following:

- Intervention by Child Protection Services should be limited to the minimum essential for exercising a compensatory and protective function. Their intervention should be carried out with the least possible



intrusion in the life of the child and his/her family, which implies a preference for interventions as brief as possible and community resources, close to the child and the family.

- The interests of the children and adolescents should prevail over any other legitimate interest that may be involved. In the case of conflict between the interests of parents or guardians and the interests of the child or adolescent, the latter should take priority.
- For the majority of children and adolescents, the ideal environment for covering their basic needs is a family, preferably their family of origin, and failing that their extended family, or as a final alternative, a non-kinship foster family. In cases of child abuse or neglect, the Child Protection Services must consider as a first intervention option the maintenance of the child in his/her family, providing support and treatment for the parents or guardians to equip them to carry out the parental role in a manner that provides the children with adequate care.
- Where parental support and treatment is not viable, the Child Protection Services must assess the appropriateness of alternative long-term supportive interventions, including the use of resources within the family for assuming long-term exercise of the parental functions that the parents or guardians fail to carry out adequately, and/or specific support for the child, aimed at repairing the adverse effects of the abuse/neglect and promoting his or her resilient resources.
- Separation should be proposed only on confirming the impossibility of ensuring the protection and welfare of the child in his/her family environment. When it is considered necessary to opt for separation, work should proceed with family reunification as a priority eventual goal. A separation measure of a stable nature should never be proposed without first having clearly confirmed (and after all attempts through the provision of support and treatment for the family of origin have failed) that the parents or guardians will not be capable of providing the child with the necessary care, and/or that the time they may need to be in a position to do so is not compatible with the child's needs.
- Notwithstanding certain exceptions, when a child under 12 years of age is separated temporarily or permanently from his/family, the ideal alternative is fostering in another family (simple fostering if the separation is temporary, and permanent or pre-

adoptive fostering if there is little prospect of return). Only in exceptional circumstances should proposals for separation in cases of under-12s include the option of residential care. This recommendation should be most strictly adhered to in cases of children under age six. Residential care for such children, except in special circumstances, is strongly advised against, and exceptions must be duly accounted for. Where it is necessary for a child under six to go into residential care, duration of the stay should be restricted (the maximum period advisable being three months), the child passing into the care of a family at the earliest opportunity (where possible, his/her own family).

In cases where the option is for foster care, the Child Protection Services should always consider first of all the possibility of kinship care. If this option is deemed in the interests of the child, taking into account his/her needs, it should take preference over non-kinship foster care. Where non-kinship care is proposed, sufficient evidence should be provided of the non-existence, non-availability and/or unsuitability of care options within the child's extended family.

Where after a separation it is considered that family reunification is impossible or not in the best interests of the child, an alternative and stable family environment should be proposed for him/her, in the form of adoption or permanent foster care. This proposal should be made with the least possible delay, especially in the case of very young children.

Regardless of whether or not the child's return to his/her own family is envisaged, when he or she has already forged emotional bonds with the family of origin, such bonds should always be maintained, as long as they are in the best interests of the child and his/her welfare. Intervention by Child Protection Services should seek to achieve a balance between maintaining these bonds and protecting the child. Emotional bonds include not only those formed between children and their parents/guardians or other adult relatives, but also bonds between siblings. Therefore, except when it is inadvisable for some reason, and as a general guideline, in cases of separation the aim should be for siblings to remain together or in as close contact as possible.

A BRIEF NOTE ON FAMILY INTERVENTION PROGRAMMES AS A KEY ELEMENT IN THE INTERVENTION PHASE

Although the following article in this special section deals



with family intervention, we should like to make a brief comment based on our experience in several Autonomous Regions of Spain. As mentioned earlier, and indeed as set down in the current legislation, in child abuse/neglect cases the Child Protection Services should promote as first-choice intervention option that of providing support and treatment resources to make it possible for the child or adolescent to be adequately cared for in his/her own family and to avoid separation; where separation has been necessary, the target should be family reunification at the earliest possible opportunity.

A review of the resources made available by such programmes at an international level reveals that they share general objectives but show great variation as regards the theoretical model on which their design and implementation are based (Arruabarrena, 2001). Three types of programme can be identified: crisis intervention –as yet scarcely developed in Spain–, family preservation and reunification, and long-term family support programmes. A more detailed description of the specific objectives, recipients and duration of each type of programme can be found in the procedural manuals of the Madrid City Council (Ayuntamiento de Madrid, 2008) and the Cantabrian Regional Government (Gobierno de Cantabria, 2007a, 2007b). Moreover, there are programmes using only individual, family or group treatment resources, and others combining two of these or all three. The intervention resources the programmes use in each treatment modality also vary.

- Individual treatment modalities: These include counselling for adults and children, individual psychotherapy for adults and children, and home visitors.
- Family treatment modalities: Family therapy.
- Group treatment modalities: These include group psychotherapy for adults and children and educational, support and self-help groups for mothers and fathers.

In view of the above, the question is evident: is there a type of intervention, with its corresponding theoretical approach, resources and techniques, which is more effective than others for these types of families? Research carried out in this area suggests that it is probably inappropriate to frame the question in these terms, since families presenting situations of child neglect or abuse do not all experience the same difficulties, and hence do not have the same intervention needs. Despite having certain characteristics in common, they do not constitute a homogeneous group. Therefore, research should focus on

identifying which intervention models (with their corresponding resources and techniques) are most effective for which types of family or problem. In other words, what is sought is specificity of treatment, rejecting the idea of a single model or strategy that is valid for the multiplicity of needs and problems in these types of families.

However, many interventions are not assessed at all, and when they are, they do not always meet the methodological requirements necessary for the assessment data to be considered valid or to be generalized. The majority of family intervention programmes assessed are based on cognitive-behavioural theoretical models. Programmes based on other theoretical models (e.g., systemic, psychodynamic), with only a few exceptions, have not been assessed with even a minimum of rigour (MacDonald & Winkley, 1999).

In general, the programmes that have achieved the best results are (a) those with a cognitive-behavioural approach, (b) comprehensive programmes –that is, whose design includes multiple resources (in different formats), flexible with regard to the point in time and intensity of their application, (c) those involving coordinated intervention at three levels: mothers and fathers, children and adolescents, and the family's support network, and (d) those implemented, at least partly, in family homes. In cases of sexual abuse within the family, the interventions indicated are psychotherapeutic, combining individual, dyadic, family and group interventions. Likewise, it is known that the efficacy of this type of programme depends on various factors, notably the point at which the treatment begins (the earlier it is, the greater the possibilities of success), matching the type of treatment to the family's needs (specificity), the type and severity of the family's problems, and the functioning of the other resources and services involved in the case. In general, the efficacy of family intervention programmes implemented up to now in families presenting problems of physical and sexual abuse is greater than the efficacy of programmes with neglectful families, where the figure for the achievement of adequate parenting (through support and training) is no higher than 40% (Arruabarrena, 2001). This and other data show the importance of preventive interventions, especially those based on secondary prevention –see, for example, the article by Trenado, Pons-Salvador and Cerezo in this special section and the work by Rodrigo, Maíquez, Martín & Byrne (2008).



In Spain, family intervention programmes were first introduced in the 1990s. Since then they have become well established in both the municipal and specialist Child Protection Services contexts, though it can be observed that:

- Their coverage is still insufficient
- many of them lack structured designs and intervention procedures
- their design (population attended, resources used, intensity of the resources, etc.) is diverse, so that there is no common definition of the "minimum resources" required by a programme of this type, and
- The majority involve intervention by social workers, social educators and social educators specializing in families, with psychologists involved only in a much more limited fashion.

There is a serious scarcity of research on the results of family intervention programmes developed in our country. Save a few exceptions which are in general associated with collaborative projects between Child Protection Services and universities (e.g., Arrubarrena & De Paúl, 2002; Cerezo, Dolz, Pons-Salvador & Cantero, 1999; Rodríguez, Rodrigo, Correa, Martín & Maíquez, 2004), there is no culture of evaluation. Working with families without evaluating whether that work is effective or not is an ill that is endemic to the Child Protection Services in Spain, at least in the field considered here, as other authors have indeed pointed out (Del Valle, 1995). Evaluation is relegated to a secondary level in professionals' work priorities, and we psychologists are guilty of following this dynamic. The professional responsibility of the psychology community is not confined to clinical and therapeutic activity, but should also involve the evaluation of our own intervention and the programmes in which we participate. Evaluation should be an integral and inseparable part of intervention. Indeed, it is our ethical as well as our professional responsibility, above all in a field of work such as this, where the needs greatly exceed the resources available.

FINAL COMMENTS

In this article we have reviewed the procedure set out in the procedural manuals of some Autonomous Regions of Spain in relation to how Child Protection Services should intervene on being notified of a possible case of child abuse or neglect, and we have briefly considered the current situation of family intervention programmes. As stressed here and in other articles in this special section, there is no doubt over the fact that the quality and

capacity of assistance and support services for child and adolescent victims of child abuse or neglect and their families has improved enormously in recent years, an improvement to which has contributed, among other factors, the progressive incorporation of psychologists. Although there is still a notable difference between how things are done and how they should be done, today this distance is smaller than it was previously. In the course of this process, psychologists have had to adjust and learn to work with people initially opposed to their intervention, often with limited capacity for introspection and verbal expression and with a high tendency to drop out of programmes, sometimes in contexts of coercion, and in conjunction with professionals from a range of other disciplines. Psychologists have also had to create new work frameworks in relation to the confidentiality of information, and to leave the office to intervene directly in the physical context inhabited by children and adolescents and their families. For some professionals with a more clinical training background this adjustment has not been easy, but we can claim that as a professional community we have been able to successfully integrate in this work context. It remains to us now to work in a much more rigorous manner, deciding which type of intervention to develop with each child or adolescent and with each family based on the available scientific knowledge and not on beliefs which may lack even minimal empirical foundation. It remains to us also to continue acquiring the techniques and tools for information-gathering, assessment and intervention in this type of case, and we must be much more rigorous in our evaluation of the results of our intervention. If we work in this way not only shall we be better equipped to help the child and adolescent victims of abuse and neglect and their families, but we shall also contribute actively to improving the overall quality of the system for the protection of children in this country.

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