

CRISIS AND REVIEW OF RESIDENTIAL CHILD CARE. ITS ROLE IN CHILD PROTECTION

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Residential care continues to play an important role in Spain in the provision of care for children and adolescents in situations of abuse or neglect. Some newly-emerging issues, such as the arrival of unaccompanied asylum-seeking children, the increase in child-to-parent violence, or the need for therapeutic attention in children with emotional and mental health problems, have given rise to substantial changes in the structure and objectives of children's homes. Currently, child care work in children's homes is focused on intervention with adolescents and the new problems described. Although resources for younger children continue to exist, these tend to disappear as foster care becomes adequately established. Since the 1990s, the specialized child care model involving differentiated resources has been implemented in a highly inequitable way across Spain's different Autonomous Regions. As will be discussed in the present article, there remain many difficulties to overcome and challenges to be met in the area of residential child care.

Keywords: *Child protection, residential care, children's homes, child abuse.*

El acogimiento residencial en nuestro país sigue cumpliendo una función esencial en la protección de niños, niñas y en especial, adolescentes, en situación de desamparo. La necesaria atención a problemas emergentes como la llegada de menores extranjeros no acompañados, el incremento de los casos de violencia familiar ejercida por los hijos, la necesidad de atención terapéutica a niños con problemas emocionales y de salud mental, entre otros, han provocado un importante cambio en la estructura y objetivos de los hogares de acogida. Hoy en día, el trabajo de los profesionales se ha especializado en la intervención con adolescentes y problemáticas como las descritas. Aunque siguen existiendo unidades dedicadas a los más pequeños, éstas tienden a desaparecer a medida que el acogimiento familiar recibe el impulso necesario. Desde los años 90, el modelo de atención especializado configurado por recursos diferenciados se ha ido implantando de manera muy desigual en las diferentes comunidades autónomas. Ahora bien, como se verá a lo largo del artículo, aún son muchas las dificultades y los retos por alcanzar en los hogares de protección.

Palabras clave: *protección infantil, acogimiento residencial, hogares y centros de protección, maltrato infantil.*

Despite the advances made in other types of child protection measure in Spain, residential care continues to play a fundamental role in attention to children, and especially adolescents, in situations of abuse or neglect. This is an undeniable reality if we analyze the trends in figures for the use of different child protection resources in our country (Del Valle & Bravo, 2003; see the article on foster care in this special issue), and it reflects, among other things, the need to promote alternatives such as foster care, which in other countries are much more well developed and established, as discussed in the article referred to above.

However, and as will be deduced from the analysis of the child population currently placed in residential care of all different types, the function it fulfils could scarcely be met by family-based alternatives. On the one hand, due

to the complex needs of those requiring specialized attention, and on the other, due to the difficulties of finding foster families with sufficient levels of ability, training and dedication to cover the needs of this child population.

But the purpose of making this point is not to enter into a debate over the appropriateness of one type of measure or another, but rather to acknowledge the necessary role of residential care in the current child protection system, rejecting its consideration as an option to be used only when there is absolutely no alternative. In today's society there are adolescent profiles for which there is no other option, and for such cases residential care is proving to be a highly effective resource. It is certainly true that better recruitment and training of foster families, the promotion of national adoption for children with special needs and a commitment to parental support and training programmes could help to reduce the numbers of children in residential care, or at least reduce the length of stay of

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those who remain in children's homes for periods beyond the limits of best practice. Even so, it is unlikely that the number of children being placed in residential facilities would change drastically, since the functions of this type of care are not easily fulfilled by other available options, given the current state of our child protection system.

HISTORY AND EVOLUTION OF RESIDENTIAL CARE. MODELS OF INTERVENTION

The history of residential care is a very long one, given its involvement in attention to abandoned and vulnerable children over many centuries, appearing in a range of guises, including foundling home, mercy home, *casa cuna* ("cradle home") or orphanage. Indeed, for a long time, the care of abused, neglected, abandoned or orphaned children was based on a single and universal response: their placement in an institution that could cover their most basic needs in substitution of a family, be it because they lacked one or because the one they had was inadequate in its provision of care.

Even as recently as the 1980s, institutionalization was the prevailing response in Spain. The organizations involved in child protection at that time, just before the assumption of responsibility by the Regions and the setting up of a system of public social services, were characterized by their considerable investment in institutions. Up to that time, such organizations overlapped to a large extent, and it was difficult to discern the limits between their respective functions (for a more detailed discussion, see Del Valle & Fuertes, 2000).

Once the social services system had been introduced and child protection responsibilities taken on by the Regions, the situation changed radically. Indeed, at least two transitions in residential care can be identified since that time:

a) First transition: 1980s. From the institutional model to the family model

Until the transfer of powers to the regional authorities, the institutional model was the only alternative for the care of children lacking an adequate family context (due to financial want or situation of serious abuse). The residential institutions themselves (Del Valle & Fuertes, 2000) were characterized by being closed-off and self-sufficient (incorporating schools, medical facilities, cinemas, sports facilities, etc.), covering only the most basic needs, and having non-professional care staff. Reasons for admission were extremely varied, and not

necessarily related to what we understand today as abuse or neglect. Children could spend their entire childhood in such institutions, the majority of which housed hundreds of boys and girls.

From the 1970s on, the principles of the community model began gaining ground, not just in the area of mental health but also in that of social intervention. Its advocates began to endorse the setting up of alternatives to the large institutions, based on the idea that children who could not stay with their families could live in a family-style context, in close-knit and stable upbringing environments. The model was based on the creation of such family-style units, where possible in flats located in contexts that facilitated integration in the community: with the children attending schools in the community and sharing spaces with other children from the neighbourhood (concepts closely linked to the principle of normalization).

By the end of the 1980s the growing popularity of this model had brought about changes to the large institutions, whose numbers and capacity decreased. Many of them were restructured, creating differentiated spaces within them, with units of around 8 or 10 children to which their own carers were assigned. Currently, residential care offers basically two possible structures: the family-type home (whether in flats or small houses) or larger residences but divided up inside into family-size units or apartments, the whole residential facility housing a maximum of 30 to 35 children (unfortunately, with the inevitable exceptions).

This family model laid the basis for a highly necessary change in approach: in order to be given a proper upbringing, it was considered that children needed family-style, comfortable spaces with affective warmth, and with stable adults of reference with whom they could form significant affective relationships. But what was important about the family model was that it was founded on the objective of care consisting in providing an alternative upbringing for children without families, or with inadequate family contexts. It was a case of creating environments to substitute families in order to raise these children for as long as it was necessary, in many cases from early infancy to adulthood.

This objective, though, was soon to be reviewed and rejected by a new child protection system. Both the 1987 legislation (*Ley 21/87*) and that of 1996 (*Ley Orgánica de 1996*), referred to in previous articles of this special issue, stipulate that intervention measures must prioritize



the child's upbringing in a family environment. Hence, children, and especially their families, should receive support so that in cases of separation they could return to their real family home as soon as possible (with the help of family intervention programmes). Where a return was not viable, children should be taken in by a new family (using the resources of foster care and adoption). In sum: residential care ceased to be a measure for the upbringing of children without a home, to become a temporary care measure pending the definitive solution of family reunification or fostering. This idea of a definitive solution within a real family as a child protection goal influenced the design of child protection measures in the USA through the introduction of the "permanency planning" concept (Maluccio, Fein & Olmstead, 1986), which later spread to Europe, confirming the goal of child protection intervention as the child's integration in a family context, be it that of his or her own family or a foster family.

It is important to bear in mind that this change of direction destroyed the preconceptions of many institutions and authorities which had tried to develop programmes so that children could live in residential care facilities as their own home for as long as necessary, and which continued to prioritize the goals of long-term upbringing in those contexts. Indeed, long stays remained characteristic in residential care in Spain until well into the 1980s (Del Valle, Bravo, Álvarez & Fernanz, 2008).

a) Second transition: 1990s. The specialized model: diversification of the network

Over the last 15 years, the profile of the population attended in children's homes and the intervention needs in this context have undergone considerable changes. Today, in most Autonomous Regions of the country there is no longer any such thing as the traditional children's home providing a general and indiscriminate service. Local authorities are attempting to develop networks of diversified and specialized residential care services for attention to different needs. A range of different factors have led to the development of this new intervention model:

- The *emergence of new problems*, such as the arrival of unaccompanied asylum-seeking children or child-to-parent violence, which have challenged the established residential care approach.
- The need for a more therapeutic approach to respond to the needs of *young people with mental health prob-*

lems. While the principle of normalization represented considerable progress toward sweeping away the stigmatization and segregation to which such minors were subjected, the family care model introduced in children's homes has not proved sufficient as a resource for tackling problems that require a more therapeutic working context.

- The evolution of the child protection system and the assumption of a principle of the "permanency planning" type have led to the adoption of family-based measures as a priority for all children, but most especially for the youngest of them. This has meant that the population in residential care is becoming increasingly older, converting it into an intervention context dealing basically with adolescents and children with characteristics that make them unsuitable for foster placements (Dale, Baker, Anastasio & Purcell, 2007).
- Finally, the very process of intervention in the child protection system has led to the demand for greater specialization in intervention in residential care. Thus, and in order to fulfil the functions involved in different care plans (the term used to denote the individual care intervention plan for a child and his/her family, which includes goals, ultimate objective, resources to be employed, etc.), the residential care network tends to be made up of the following alternatives (Del Valle & Bravo, 2007a):
 - a) *Care homes for children aged 0-3*. It is common to find institutions specializing in the care of babies and very small children. The needs involved in this type of care are clearly different from those of the others, and it is one of the most characteristic specialized resources provided by local authorities, though it is currently showing a decreasing trend, with the prioritizing of foster care for the youngest children. Nevertheless, given the insufficiency of foster care resources in Spain, institutional care for this sector of the child population, anachronistic as it may be, remains a distinct reality.
 - b) *Emergency shelter homes*. These are institutions for the reception of emergency cases, when it is necessary to separate the child from the family and place him or her temporarily in a protected environment. The purpose of such facilities is to cover the child's most urgent needs and to make an assessment of the case so as to implement a more long-term measure as soon as reasonably possible.
 - c) *Children's homes*. This is the term we might use to



refer to different types of facility that provide care based on the idea of children of different ages living together, basically in an attempt to create a family-style, protective environment for as long as the minor needs to be in residential care.

- d) *Supervised homes for adolescents.* These are facilities, usually in the form of an apartment within the community, in which a small group of adolescents prepare for the transition to independent life. These are cases in which it is impossible or inadvisable to return to the family, and given the proximity of adulthood it is opted to give these young people support in developing the skills necessary for starting life on their own. The adolescents live together in these homes, taking responsibility for domestic organization and cohabitation with peers, with only basic contact and support from child protection personnel.
- e) *Homes and units for adolescents with emotional or behavioural problems.* In response to an increase in cases of adolescents who, in addition to being in neglect or abuse situations, have severe problems for living with others, and especially where they pose a serious risk to themselves or others, specialized institutions have been introduced. These are normally residential facilities situated in more open environments or small, independent houses, some with farms, workshops or other resources for various activities, housing a small number of adolescents and boasting considerably more professional staff and psychotherapeutic support than the rest. There are various terms for denoting this type of facility, such as socialization homes or special regime facilities. Some regional authorities also run so-called therapeutic centres, which work with the population with serious mental health disorders.
- f) *Residential homes for unaccompanied asylum-seeking children:* designed for attention to minors who arrive in Spain from other countries –principally north Africa– without family. Their growing presence has led to the creation of specific resources, with staff who are familiar with their language and customs.

NEW PROFILES IN THE CHILD CARE POPULATION: THE NEED FOR A SPECIALIZED CARE MODEL

The nature and needs of the current population of children's homes is the basic reason for the commitment to consolidating a specialized residential care model. To

summarize, typical cases found in residential care today include: adolescents without prospects of a return to the family home, children with emotional, behavioural and/or mental health problems, adolescents with a history of violence toward their own family, young offenders with care orders, and asylum-seeking children from abroad, both accompanied (but with negligent parents or inappropriate parenting) and unaccompanied.

The increasing age of the residential care population is one of the changes identified from the early 1990s onwards in European child protection systems (Colton & Hellinckx, 1993), Spain being no exception, with around 70% aged 13 years and over (Bravo & Del Valle, 2001). Work with adolescents from families where the problems are chronicized, or where there is a history of failure in family preservation interventions, has meant that preparation for independence has emerged as the principal target of individualized intervention. At the same time, the increased age of the population in question makes the upbringing task more difficult, given the greater intensity of the conflicts arising and patterns of inadequate learning that are more consolidated and resistant to intervention.

As regards the greater numbers of behavioural problems, it is common for professionals to demand new intervention strategies for dealing with them. However, there is very little research showing the true prevalence of such problems. In a study carried out a few years ago by our team with the aim of assessing the needs in the residential care network of a particular Autonomous Region, we collected data on the presence of emotional and behavioural problems in the relevant population. In that study, problems of anxiety or feelings of unhappiness and depression emerged as the most common, at least 65% of children's home residents presenting (according to the care worker's criterion, rather than a diagnosis) a problem of this type; conflict-related problems, such as the use of violence, criminal behaviour, substance use and running away, accounted for 35% of the sample. At that time, then, there was clearly greater prevalence of problems related to personal suffering than to conflict or aggression.

In a more recent study (Llanos, Bravo & Del Valle, 2006), based on the application of the *Child Behavior Checklist*, CBCL (Achenbach, 1991) in a sample of 330 young people in residential care, we came to the same conclusions as in 2002, but observing a marked accentuation of conflict-related problems, which were



making cohabitation more and more difficult, generating distress and insecurity in the residences and demanding greater efforts from residential care staff. But our research also endorsed the importance of therapeutic work with psychological problems that were not expressed through defiance and conflict, especially on finding that the longer the children spend on care programmes, the higher the incidence of emotional problems such as anxiety, depression and isolation (Llanos, Bravo & Del Valle, 2006).

Returning to conflict-related problems, though, their increase in residential facilities can also be attributed in part to the emergence of a new social problem: cases of violence by children against their own parents. Although one might consider this to be outside the remit of a review on child protection (since it would appear that those who need protection here are the parents), the truth is that there are an increasing number of cases of adolescents displaying such behaviour who are reported by their parents and end up being attended to by the child protection system. The lines of intervention in response to this type of violence are diverse, and the differences emerge even more sharply if we analyze the responses developed in each Region. Without going into detail with regard to these distinctions, the admission to residential care of a young person with this type of behaviour may be the result of:

- A request by the parents to the child protection system, citing the impossibility of controlling their child's behaviour. All family support and family preservation resources having been exhausted, the authorities can temporarily assume custody of the child in a residential facility. After the requisite assessment of the family situation and the adolescent, the care resource to which he or she is referred is required to provide a care plan appropriate to his or her needs (e.g., therapeutic model or socialization).
- The parents reporting the child to the police or judicial authorities for an offence categorized in the penal code as "family violence", which can lead (depending on the seriousness of the offence) to the young person being admitted to a juvenile detention centre (under the auspices of the juvenile justice system) or to the issuing of a *restraining order* on the minor to stay away from his or her family, such an order usually being accompanied by a measure of placement in a family or children's homes. In some Regions such measures are applied at units run by the judicial system, whilst in others the

young person is referred to a residential care facility within the child protection system.

But whatever the reason for their admission, the fact is that there has been an increase in the number of young people presenting this type of violent behaviour and requiring a plan of intervention from the child protection system. Given the nature of the problem, it is likely that the success of such interventions would involve reinforcing community social services through the development of preventive, mediation and even crisis-intervention programmes, since this is the ideal context in which to bring influence to bear on the actual family and social environments of children and adolescents.

However, it should also be borne in mind that the parents' request for intervention tends to follow years of conflict that has done considerable damage to the relationship. The chronification of the problem affects the expectations for change and motivation of each one of the parties involved: parents and children. Therefore, we may encounter resistance to proposals for intervention of a mediatory and conciliatory nature that would appear in principle to be the best alternative given the nature of the problem. On some occasions, the parents' request comes already with the intention of seeking separation, and even the admission of the adolescent to a therapeutic or rehabilitative facility.

In cases where neither prevention nor collaboration by the family is possible, the only alternative is some kind of separation measure involving the placing of the young person in a context appropriate to his or her needs. This function of respite, on the one hand, and rehabilitation, on the other, may be fulfilled by so-called *socialization* facilities (with controlled duration of stay) or by the use of *therapeutic* foster families.

The approach described, however, differs considerably from the current reality in Spain. On the one hand, the scarce development of community interventions means that there is more use of measures involving separation, most commonly residential care facilities. And on the other, the dearth of specialized programmes for these types of behaviours results in these young people being admitted to residences within the basic network or kept in children's shelter facilities, on being unable to be referred to facilities offering an intervention model suited to their needs.

A factor that highlights the need to develop specialized residential care programmes is the increase in child protection files opened as a result of a request from the



Public Prosecutor. Various articles of the 2000 Youth Justice Act (*Ley 5/2000 de Responsabilidad Penal Juvenil*) refer to the possibility that adolescents alleged to have been involved in criminal activity should be admitted to the care of public authorities in accordance with the stipulations of the 1996 Constitutional Child Protection Law (*Ley Orgánica 1/96 de Protección Jurídica del Menor*). This fact, together with the direct referral of all cases in which the child is under age 14, has led to an increase in the number of files open with the child protection services. Moreover, in some cases the child will end up in a residential facility after an investigation of the acts committed and of the family context has revealed a situation of parental abuse or neglect. Attention to these children and adolescents presenting risk behaviours for social exclusion requires the development of specific programmes that involve effective preventive action.

Finally, a review of the new profiles present in the residential care population should not overlook the increase in the number of accompanied immigrant children. As a natural consequence of the migratory processes of recent years, the immigrant population in Spain has grown significantly, producing a greater proportion of child protection cases involving immigrant families.

In this population, there are two main reasons for opening a child protection file:

- The detection of *child neglect situations*: these cases are associated with the same factors presented by users who up until recently had been the most regular uses of social services (large families, lack of parenting skills, lack of social support, unemployment, etc.). With this new population we see a re-emergence of the risk factors associated with child neglect that were targeted by the first intervention models based around the design of family support and parental skills training programmes.
- *Parental inability to control the child's behaviour*: conflicts emerge in the parent-child relationship especially where family re-unification has arrived late. Difficulties for recovering the parental role after a long separation during which these functions have been delegated to other figures are combined with the culture shock and problems of adaptation experience by these young people on their arrival. If family reunification occurs close to adolescence, during the construction of the identity, the possibility of conflict is increased.

In any case, attention to this new group does not involve approaches different from those already described for

covering within residential care the needs of children coming from situations of neglect or who present behavioural or socialization problems.

As regards the role of residential care in relation to unaccompanied asylum-seeking children, given their special relevance and the marked differences between the characteristics of this phenomenon and those of other child vulnerability situations, we devote the following section to this issue.

THE ARRIVAL OF UNACCOMPANIED ASYLUM-SEEKING CHILDREN: THE ROLE OF CHILDREN'S HOMES

One of the problems that is currently having most impact on child protection systems, and especially on children's homes, is the arrival of Unaccompanied Asylum-seeking Children (henceforth, UASCs) requiring the kind of attention normally provided in situations of abuse or neglect. Given the marked inequalities in the processes, numbers and timing of their arrival in each area, the responses offered by Spain's various Autonomous Regions differ considerably.

This is a phenomenon which, far from declining, has begun to grow markedly in parts of Spain which up until now had not received its greatest impact (such as those in the northern part of the country) (Lázaro, 2007; Proyecto CON RED, 2005; Senovilla, 2007). This has led in the majority of the Regions to a need for considerable increases in the amount of resources and places available for this population.

Overloaded resources is one of the problems affecting this situation, but not the only one, and often not that which gives most cause for concern.

One aspect that affects the generation of conflict (in some Regions) is that the measures available do not adequately respond to these children's needs. Up to now the resources employed have been those from the child protection system designed to cover the needs of abused and neglected children, but the differences in the type of intervention required are substantial enough to warrant a readjustment of some programmes to fit the needs of this new population.

In spite of all the difficulties involved, our point of departure should always be that these boys and girls are minors, and as such, have rights and should be protected. The factor common to all regulations related to minors is the protection of their best interests in any intervention. Even so, there are often doubts over how this "best interest" priority and the status of these children as



foreigners can be reconciled.

Attempting to describe unaccompanied asylum-seeking children as a single group with common characteristics and needs is a mistake, but one that is in fact quite widespread. Given the variety of their origins, cultures, languages and family situations, not to mention their individual differences, to speak of UASCs as a homogeneous group leads to the common practice of developing non-individualized interventions, reverting to an approach which, in our view, has become obsolete in the modern child protection context.

Undeniably, all such children have some characteristics in common: the uprootedness, the experience of leaving home, the hardships (in many cases) of the journey, the arrival in a foreign culture (leisure, relationships, religion, food, language, etc.), separation from the family, expectations about a future in Europe, and so on. All of this, together with a lack of planning by the authorities for their arrival, has led to the implementation of collective interventions focusing on covering their basic needs, putting their papers in order and preparing them for employment. What is required is a thorough initial assessment of these cases with the aim of drawing up individualized intervention plans, with a view to avoiding merely preparing all of these children for emancipation as a blanket programme because of their status as UASCs.

In the case of younger children, aged 8-12 (though such cases are scarce at the moment), family-based solutions should be sought, either assisting or working towards family unification (when the social report indicates adequate care levels in the child's home environment), or opting for a foster care solution in the corresponding Region. Up to now, kinship care has not been viable in these cases, not so much because of a lack of extended family in the locality in which the young person arrived, but rather because these relatives have usually not consolidated their own process of social/employment integration.

Maintaining the structure of initial reception in children's shelters, there is currently consensus on the need for this care to be provided in facilities designed specifically for immigrants, where there are cultural mediators who can facilitate the intervention with these minors and teams specially trained to deal with situations of interculturality. Likewise, this is the context in which the children should be assessed with a view to offering different itineraries: in the case of the minor being assessed as having a clear objective of integration, to speed up the paperwork and

provide the necessary support for the process; in cases where the objective is not clear, where children tend to follow the advice of others, where they are seeking an adventure, or where there are associated problems, to offer other intervention options. In some of these cases it will be necessary to refer minors to specialized (therapeutic and socialization) programmes, while in others their needs should be covered from the community network (community social educators, social integration programmes, coverage of basic needs from outside the child protection network, etc.).

For those young people whose case plan is the preparation for independence, it should be made possible for them to be placed in residential homes with others in the same situation living in that Region. Mixed programmes could favour the process of integration and adaptation that should form part of the minor's Individual Intervention Plan.

The phenomenon in question is a complex one, which must be confronted not only by the child protection system, but also by other institutions and authorities with responsibility for immigration and social integration issues. The drawing up of clear guidelines and co-ordination between institutions, Autonomous Regions and receptor countries are crucial to the design of interventions that are coherent and in tune with the needs of these young people.

RESEARCH ON RESIDENTIAL CARE IN SPAIN

In spite of the many challenges that have emerged and the numerous changes in its functions and structure, residential care has still not generated a volume of research in our country commensurate with its importance.

As it can be deduced on analyzing the profile of the population currently living in residential care, the difficulties involved in intervention are considerable, and this accentuates the deep-rooted pessimism in relation to the function fulfilled by this measure in the child protection system. This is illustrated, for example, by the debate published in 2003 (Del Valle, 2003; Palacios, 2003) in the wake of a study on the social integration outcomes of young people who had lived in children's homes during the 1990s (Del Valle, Álvarez-Baz & Bravo, 2003). But the current situation is actually less encouraging than it was then, and the results that would emerge from a follow-up study today would probably not be so positive. However, this is not to demonize residential care, which,



as we have stressed, plays an essential role, but rather to support the contribution of this child protection measure and promote its improvement, development and adaptation to the new challenges it faces due to the characteristics and needs of the new profiles to which it must attend.

Therefore, it is necessary to redouble research efforts, and the truth is that in Spain residential care is not attracting the attention of the research community. In a brief and far from exhaustive review, we can identify groups such as that at the University of La Laguna, which has worked on social networks (Martín & Dávila, 2008; Martín, Muñoz, Rodríguez & Pérez, 2008), the satisfaction of children in care (Martín & González, 2007) and their links with the family (Martín, Torbay & Rodríguez, 2008); or the work begun by C. Panchón in her doctoral dissertation on the organization of residential care facilities (Panchón, 1993) and continued in subsequent publications (Panchón, Del Valle, Vizcarro, Antón & Martín, 1999). In Catalonia we could mention the work carried out on this issue over many years by F. Casas, including his studies that generated important debate as well as some of the most fundamental ideas in relation to changing the residential care model (Casas, 1985, 1988, 1993).

Apart from these groups, only our own (Family and Child Research Group at the University of Oviedo) has a research tradition dating back more than ten years. Over the last decade or so, we have developed two standardized assessment systems: the SERAR (*Sistema de Evaluación y Registro en Acogimiento Residencial*; Assessment and Recording System in Residential Care), published initially in 1998 (Del Valle, 1998) and revised after a validation process in 2007 (Del Valle & Bravo, 2007b), and the ARQUA, a system for the assessment of quality in residential care that is as yet unpublished. The first of these systematizes the process of individual programming and assessment carried out by residential care workers (in Spain 'social educators') with each child, while the second one incorporates the instruments necessary for assessing the functioning of residential care facilities and their adherence to national quality principles (Del Valle, 1999; Redondo, Muñoz & Torres, 1998) and international standards (CWLA, 1991). Also of some significance within this programme assessment context is our work on follow-up studies of young people who have at some time lived in residential care (Del Valle et al., 2003, Del Valle et al., 2008).

In response to the new intervention needs in residential care facilities, our group is also carrying out research on the psychosocial adjustment of the children's home population (Bravo & Del Valle, 2001, 2003), the incidence of emotional and behavioural problems (Llanos, Bravo & Del Valle, 2006), the implementation of crisis-intervention techniques in this context, the satisfaction levels of the minors themselves (Del Valle & Martínez, 2005) and the needs of the immigrant children who constitute one of the principal factors behind the increasing numbers of children in care in our country. Furthermore, some research has been carried out on the profession of social educator and on other practitioners working in this sector, with the aim of reinforcing and improving their role in intervention with children in care (Del Valle, López & Bravo, 2007).

CURRENT CHALLENGES

The review of the structure, functioning and practices currently found in residential care facilities in Spain raises several as yet unresolved questions. It would seem that just when we had managed to establish and accept a care model based on principles such as those of normalization, an individualized approach, professionalization, and so on, residential care has been obliged to adjust to new demands and to modify, or rather to extend, its intervention model. The care model established, based on the creation of a normalized residential and upbringing context far removed from the old "institution for children" concept, continues to be appropriate for some children who require temporary residential care without presenting special intervention needs.

But the truth is that in many cases we find in residential care today this model has its shortcomings. The decision to place a child in residential care may in fact be due to the need to implement more specialized and/or therapeutic types of intervention, which it is difficult to develop in the family context (except in those of professionalized or therapeutic foster care, which have scarcely taken root in our country).

The transformation taking place demands a strong commitment from the child protection system, which, apart from other concerns, must be based on the following lines of work: increased numbers of qualified staff (smaller ratios), the training of social educators in the exercise of functions such as the assessment, programming and application of more therapeutic techniques, the incorporation of adequate clinical care



(not necessarily as part of the internal structure of the institutions) in support of the care and upbringing task, coordination with other institutions (mental health, justice, education, immigration), the creation of new intervention models and the design of appropriate physical spaces.

The changes necessary are considerable, and each regional authority is implementing them in its own way, leading to inconsistencies. There are still many Regions in which children's shelters are used for "containing" those young people who require specialized interventions, due to the absence of suitable units (therapeutic or specializing in socialization). This perverts the use of such facilities, designed ostensibly as spaces for assessment and initial contact, which is why they should provide the kind of climate of safety and affective warmth that is essential for children and adolescents who have just been separated from their families.

The key procedure for effecting change would be assessment of the needs of the children in care in each Region, with adjustment of resources to the intervention required (as J. de Paúl advocates in the first article of this special issue). The study of this population will lead us to consider as obsolete those networks which still include a high proportion of places for children aged under 12. Child protection intervention for such children should not be based on the use of residential care, except where there is special justification, and in any case the stay should be of short duration. Furthermore, in the case of children under the age of 3, they should always be in foster care, as argued in the previous article in this special issue (this has also begun to be stipulated in the Child Care Plans of several Autonomous Regions for whom our research group acts as consultants).

In today's society there tends to be a need for more programmes for adolescents to prepare their process of emancipation, and this involves setting up a network of special flats, in addition to programmes for adolescents leaving care on reaching adulthood, and those of community follow-up and support (labour-market insertion, community social education, assistance with rent, etc.).

If the demand for attention to immigrant minors is increasing in practically all Regions, it will also be necessary to plan and design the appropriate resources and to train professionals in the new functions they must fulfil. Adolescents with behavioural problems, who are violent towards their parents and out of their control, or with serious mental health problems, have needs which

require much more attention from the child protection system, and for such youngsters it will be necessary to develop specific responses in residential care and good coordination with other systems. It is to this group of adolescents that residential care should be addressed, without overlooking the progress of professionalized foster care, of a therapeutic nature, which can also provide good responses to these types of problem. Unfortunately, and as it can be appreciated from the article on foster care in this special issue, the development of such alternatives is still a long way off.

The truth is that the residential care network will have to demonstrate sufficient flexibility and capacity for adaptation to the new realities within the child protection system, and this is undoubtedly one of the greatest challenges to these types of programme.

Furthermore, the assessment process will have to take into account the opinions of children and young people in care; their voice is key in the development of quality interventions, and without their perspective there is a tendency to overlook essential aspects for achieving successful intervention. There are regrettably few contributions on this issue (Martín & González, 2007; Del Valle & Martínez, 2005), despite the acknowledgment of its importance in various publications on quality standards.

Lastly, the opportunity offered by this special issue of reviewing the different child protection measures has permitted an analysis of how far they depend on each other for the achievement of effective interventions. If the rest of the measures are not implemented or adequately supported, it is unlikely that residential care facilities will be able to properly play their part in the implementation of the case plan. The sound functioning and coordination of family intervention programmes is essential to the achievement of early family reunification for children placed temporarily in residential facilities. The availability of foster families avoids long stays in such facilities for the youngest children, who are particularly sensitive to a lack of stability in the referents of their upbringing context. Finally, in cases where it is impossible to return the child to his or her original family, speeding up the adoption process will also avoid the excessively prolonged use of children's homes, bearing in mind that waiting times are proportionately highly significant in the life of a child.

Residential care, more than ever before, should be oriented to rehabilitation, therapeutic work, preparation for independence and, in general, the coverage of highly



specific needs that are difficult to meet using other resources. Its function pending a family reunification plan or incorporation into a new family should be brief, and focused strongly on recovery and on preparation for the transition. It is our hope that the recent changes made to the legislation on adoption (*Ley 54/2007 de Adopción Internacional*), limiting to two years the period in which parents have the right to appeal against a care order for their children, will have a substantial effect in reducing the long stays many minors currently have to endure in residential care. This could constitute a reasonable time allowance for a family to improve its situation and recover its children.

In sum, a thorough shake-up of the child protection system is necessary if the functions of residential care –or indeed those of any other measure– are to be put back on track, since the interdependence between resources is such that modifications to any of them in isolation are unlikely to bring about significant improvements.

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