



THE QUALITY OF RESIDENTIAL CHILD CARE IN PORTUGAL AND THE EXAMPLE OF ITS DEVELOPMENT IN SPAIN

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This article describes the historical development of residential care for children and young people in Portugal and reviews current research in this field. Institutional care in Portugal has changed and is still changing, but the improvements made are not based on sound criteria and broad service quality evaluation. In comparison to the situation of Spain, a research review in Portugal revealed the lack of studies on the quality of care and the scant information about how far the available services meet the real needs of children and young people. These findings highlight the importance and urgency of carrying out extensive research on care quality, which would permit the assessment of its current status, measurement of the suitability of services and the extent to which institutional care meets the clients' real needs. A proposal for nationwide assessment of the Portuguese residential care system is made, which would be based on the assessment of institutionalized children's needs and of the quality of the services the institutions offer. Such a broad study would serve to support national-level policy decisions about structures, methods, mechanisms and resources, contributing to a greater degree of specialization and, ultimately, permitting comparison of the state of residential care in Portugal with the reality in other countries.

Key words: Residential child care, Needs assessment, Quality evaluation, Children at risk.

Este artículo describe el desarrollo histórico de los hogares para niños y jóvenes en Portugal y lleva a cabo una revisión de las investigaciones actuales sobre el sistema portugués de acogimiento residencial. Se apunta la necesidad de cumplir con criterios de calidad en los servicios prestados a los niños y jóvenes y se analiza el concepto de calidad en este contexto. Confrontando la realidad portuguesa con la española, se destaca el limitado número de trabajos de investigación sobre la calidad de los hogares de acogida portugueses y su adaptación a las necesidades de los niños y jóvenes. Se concluye que el acogimiento residencial de menores en Portugal ha ido evolucionando, y sigue funcionando, sin ningún apoyo real en un programa de evaluación amplio y exhaustivo de la calidad de sus servicios. A continuación, se describe un programa de evaluación de la calidad del acogimiento residencial en Portugal cuya implementación permitiría orientar las decisiones políticas y la definición de las prácticas profesionales que respondan a las necesidades de los niños y los jóvenes en acogimiento.

Palabras clave: Acogimiento residencial, Calidad de los servicios, Evaluación de necesidades, Menores en riesgo.

Residential child care is one of the measures for the support and protection of children and young people at risk enshrined in Portuguese national legislation, and accounts for over 90% of child placements in Portugal. In contrast to the case of Spanish law on child care and adoption (Ley 21/1987) and the legal protection of minors (Ley Orgánica 1/1996), where the term employed is actually "residential care" (in a clear break with the historical tradition of "institutional charity"), the Portuguese legislation uses the term "institutional care", as defining "the placement of a child or young person in the care of an institution equipped with permanent facilities and qualified staff that ensures attention to his or her needs and provides the appropriate conditions for his or

her upbringing, well-being and comprehensive development" (art. 49 of the *Lei de Protecção de Crianças e Jovens em Perigo*, LPCJP; Law for the Protection of Children and Young People at Risk) (Decreto Lei n° 147/99).

Since 2004, gradually but steadily, the number of children placed in institutions has decreased year on year (Comissão Nacional de Protecção de Crianças e Jovens em Risco - CPCJR, 2010). However, comparison of the data from Portugal's Department of Social Welfare (Instituto da Segurança Social, IP, 2012) for 2011 with those for 2010 reveals a reduction of just 1.5% in the use of this measure, while the use of foster care has fallen by 12% over the same period.

In stark contrast to the situation in Spain, the percentage of under-threes placed in foster care in Portugal is just 0.7%, so that the vast majority of babies taken away from

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their families for their own protection are assigned to institutions. This situation is wholly out of line with the international recommendations.

With the entry into law of the LPCJP in 1999, residential child care in Portugal took on two forms, and this situation still persists: long-term care provided in the *Lares de Infância e Juventude* (LIJ; Children's and Young People's Homes), where it is expected that the youngsters will remain for longer than six months, and short-term care as provided by the *Centros de Acolhimento Temporário* (CAT; Temporary Care Centres), where their stay shall not exceed six months. Even so, in the legislation it is stipulated that the length of stay in this second case can be extended for special reasons – pending a diagnosis of the youngster's situation, for example, and a decision on the most appropriate measure for him or her. This blurring, in practice, of the difference in length of stay between those receiving care in LIJs and CATs has led to some confusion of the nature of these two types of institution and the services they provide. Indeed, it is currently argued to be in children's best interests for them to stay where they were first placed (even if it is a CAT) until the most appropriate long-term plan has been decided upon. The length of this period should be established in line with his or her needs, with the aim of reducing the number of changes of institution the youngster has to go through. It should be pointed out that in Portugal nearly 7% of children placed in care in 2011 were obliged to move from one residential care home to another.

This practical state of parity between LIJs and CATs implies a need for changes to the Portuguese legislation; in addition, it will be necessary to modify intervention approaches and care placement responses (ISS.IP, 2012).

Portuguese legislation stipulates that institutional care should be a last resort, to be used for as short a period as possible. However, when the case plan deems it appropriate for the child or young person to return to his or her family of origin, the law does not set a time limit for a decision regarding whether or not the family is sufficiently stable for taking the child back. This legal vacuum often means that no alternative plan is defined, and perpetuates beyond the recommended period the youngster's stay in the institution. In Spain, on the other hand, since the entry into force of the International Adoption Bill in 2007 (*Ley de la adopción internacional*; Ley 54/2007, de 28 de Diciembre), once the child has been taken away from his or her family due to a situation

of neglect, the family has two years to show that the conditions which caused such neglect and suffering have improved sufficiently. Should this not be so at the end of the two-year period, the authorities with custody of the child have a freer hand to take definitive decisions, such as arranging an adoption.

In Portugal, the vast majority of residential care homes (LIJs and CATs) are so-called *Instituições Particulares de Solidariedade Social* (IPSS; Private Institutions for Social Solidarity) with a cooperation agreement with the state authorities and supervised by district social welfare units, under the auspices of the *Instituto da Segurança Social* (ISS. IP).

In accordance with Portugal's Adoption Bill from 2003 (*Lei da Adoção*; Lei 31/2003, de 22 de Agosto), these institutions also receive children whose custody they are given by the courts pending adoption by a suitable and interested family. In the case of children who are older, with health problems, with mental or physical disabilities or with siblings, waiting times tend to be even longer, and adoption may not even be an option, thus prolonging the length of the child's stay in residential care.

Regardless of the reasons why the *Comissões para a Proteção de Crianças e Jovens* (CPCJ; Committees for the Protection of Children and Young People) or the courts decide that residential care is in the best interests of the youngster, even when such long stays are involved, it is essential to understand how such institutions achieve their objective. It should be pointed out that, according to ISS.IP data from 31st December 2011, the residential child care network in continental Portugal included 207 LIJs housing 5923 children and young people, and 127 CATs, which were home to another 2218, making a sum total of over 8000 youngsters in institutional care.

The aim of the present article is to analyze the development of residential child care and the current state of research in this field in the Portuguese context, compared to the case of Spain. We shall highlight the urgent need to evaluate the quality of care services available to Portuguese children and young people in these types of institution.

HISTORICAL DEVELOPMENT OF RESIDENCIAL CHILD CARE IN PORTUGAL

For a better understanding of the historical (and technical) development of residential child care in Portugal, our description of the process of change involving these institutions has been organized in three



stages, characterized by the predominance of a particular type of care: the institutional model, the family model and the specialized model, following the perspective of Bravo and Del Valle (2009a, 2009b). This will permit us to better clarify the similarities and differences between the Portuguese and Spanish cases with regard to this process of development. We should point out that although these phases generally correspond to a sequence over time, the models may also coexist in the same period. Furthermore, this process of change takes place at a different pace from one society to another, highlighting the differences between child care systems across different countries, or even different regions of the same country. Each of these models is rooted in principles and values about child care that reflect the evolution of the society itself.

In Portugal, until the late 1980s there was a single model of children's homes; they housed large numbers of children and employed no or very few specially qualified members of staff. Their sole purpose, in line with the prevailing institutional care model, was to meet the most basic needs (guardianship, essential care, food, hygiene and health) of the children and young people, even if in some cases this stretched to preparing them for the transition to adulthood when they were eligible for leaving the institution.

We should make it clear that, in contrast to the case of Spain, children's homes in Portugal never reached the proportions of the "macro-institutions" housing several hundred children typical of the 1970s, and rarely provided more than what could be considered basic care, with no great investment in areas such as leisure activities, non-formal education or mental health care. In this sense, it would seem that children in these types of institution in Portugal, more so than in Spain, lived quite differently from those growing up in a family home. Even so, the origins of these establishments and the way they evolved over time in the two countries have a good deal in common. As in Spain, the majority of these children's homes were run under the auspices of religious organizations, which imbued them with the Catholic tradition of charity for the abandoned and neglected.

In 1980, by Ministerial Order, the existing care homes were reorganized and normalized family-style micro-homes set up (Calheiros, Fornelos & Dinis, 1993). At the same time, other types of residential care institutions would emerge. The year 1986 sees the formal recognition of the legal status of the *Lares de Infância e Juventude* (LIJ; Children's and Young People's Homes), defined as a type

of response providing child care conditions as similar as possible to those of family life (Martins, 2004). The orientation of child care becomes more temporary, the number of children per unit begins to decrease, there are more foster care placements, and measures facilitating adoption are introduced.

In 1990, the UN Convention on the Rights of the Child, ratified by Spain and Portugal the following year, commits the signatories, in accordance with articles 3 and 20, to ensuring that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

Little by little, institutionalization began to be understood in Portugal as part of a child protection system, whose articulation involves an obligation to guarantee a professional response that meets the needs of vulnerable children (Martins, 2005a). Residential child care becomes one of the responses included in this system.

In the last two decades, as had occurred in Spain, residential institutions for Portuguese children and young people have undergone substantial structural and functional changes. Gradually, the social services institute (ISS. IP), which exercises guardianship, began to assume greater control over the care institutions. The LPCJP bill, published in 1999, set out to formalize the regulations for these institutions and normalize their functioning. The entry into law of this bill in 2001 and the gradual incorporation of specialists in these institutions (largely as a result of the Plan referred to as DOM – *Desafios, Oportunidades e Mudança* [Challenges, Opportunities and Change; Despacho N^o 8393/2007]) have contributed to the practical application of a family-type model in Portugal's child protection system. Some of these institutions thus began to concern themselves more systematically with the comprehensive needs of the youngsters in their care, with their socialization and with their emotional well-being, and to attempt to draw up some kind of medium- or long-term plan for their future.

RESIDENTIAL CARE IN PORTUGAL TODAY

Although the institutional care model is becoming less and less common, the renewal process in Portugal is slow, and this model has not disappeared completely. Its replacement by the family-style format, based on small units more akin to a real family home – and often complemented by specialized care – is taking much



longer than would be desired. This is particularly the case in the larger LJs, where the application of family-style models comes up against structural problems, such as those related to the architecture and size of the buildings in which they are housed, or resistance from those responsible for the management of the LJs to changes in their organization and functioning. A further factor that has greatly impeded acceptance of the changes necessary for a transition to the family model concerns the financial costs, which are obviously higher in the case of care institutions with smaller units.

Furthermore, some of the attempts to introduce the family model in Portugal have been only partial, insofar as they have persisted with practices such as segregation by sex and by age/developmental level, strict and inflexible discipline that is inappropriate for these children and young people (Martins, 2005b), and the inclusion of staff without specific training, which goes totally against the model's very philosophy.

It should be noted that today almost half (48%) of residential care institutions in Portugal are segregated by sex – and this figure rises considerably if we take into account only adolescents or older young people, for whom separation by sex is much more common, so that institutions which accept only youngsters in this age group are generally segregated.

However, many of these institutions have shown greater openness to the community than they did in the past, working more closely with the youngsters' birth families, bringing experts into the staff teams and giving the necessary attention to issues related to the children's emotional welfare.

The family model, as applied in Spain, is based on an intervention philosophy that stresses the importance of the children's role, respect for their individuality, and the principle of normalization. In Spain today, the vast majority of residential care institutions, in line with the family model, are characterized by being small in size, housing few children (8 to 12 per unit) and using resources from the community (schools, technical schools, sports centres, health services, etc.), in accordance with the normalization paradigm (Del Valle & Fuertes, 2000). Another important feature of the care provided in these homes is the inclusion in their staff of qualified community workers specializing in child care, which permits technical and therapeutic intervention focused on the youngsters' comprehensive bio-psycho-social development. Participation by the children's families is

encouraged, and great emphasis is placed on a dynamic and systematic approach to the children's care plans (towards adoption, family reunification or the promotion of independent adulthood) (Del Valle & Bravo, 2007a).

The specialized model, for its part, emerged as a complement to the family model. It is the driving force behind the new paradigm, characterized by the creation (or adaptation) of care homes specializing in certain needs among young people. Such specialized institutions typically cater for adolescents with serious behaviour problems, but there are also homes focusing on preparing and supporting older adolescents as they make the transition to adulthood.

The CATs established in Portugal after the entry into force of the LPCJP were already coming closer to the family model, and after the full application of the so-called DOM Plan, a combination of the family and specialized models was advocated, as part of an initiative to profoundly transform the situation of residential care in Portugal. The principal objective of the DOM Plan was the reclassification of the LJ network, with a view to promoting the rights and protection of children in care, particularly as regards their preparation for citizenship and de-institutionalization in the relatively short term.

At that time, Portugal's rate of child institutionalization was higher than the European mean; moreover, residential child care was at the centre of public attention in the wake of the so-called "Casa Pia" case, a scandal in which Portuguese public figures were implicated in allegations of sexual abuse of children in care homes.

The urgency of moving forward with the modernization of the child care context led to the incorporation in LJs of multidisciplinary teams made up of community workers, psychologists and social workers. The specialist training of the members of these teams would equip them to become closely involved in the project and highly familiar with the authorities' guidelines, and to respond more effectively to the everyday challenges in LJs. The DOM Plan also made provision for changing, in the medium term, the cooperation agreements with the LJs, with a view to their gradual modernization and conversion into smaller units, housing fewer children and adolescents. The aim of these changes was to give this child care context a more human touch, with greater focus on the youngsters' needs and in a more family-like atmosphere, at the same time as offering specialist services.

However, the economic crisis and its worldwide financial consequences prevented the proper development of this



project and sowed uncertainty about the continuity of the multidisciplinary teams in LIJs.

In September 2011, the DOM Plan was suspended; as a result, over a hundred specialists had to leave the institutions. Nevertheless, after it had been announced that it was being discontinued, and with no guarantees of reinstatement for the specialists that had been made redundant, the DOM was given an extension. The Portuguese government's decision was based on an assessment of the plan's results; however, it gave no clear indications about the future of this initiative beyond June 2012. This scenario represents an enormous setback in the process of change that was under way in Portugal, and which permitted the de-institutionalization of a significant proportion of children and young people.

According to the latest available information, the DOM Plan is to be substituted by a new project called SERE + (*Sensibilizar, Implicar, Renovar a Esperança*; Raising awareness, Involving, Renewing hope), which will continue the work done up to now by the DOM teams. The project will have a pilot phase, and will eventually lead to the establishment of three types of LIJ: general (for children and young people in general), specialized and therapeutic (for the care of children with mental health problems, developmental disorders or serious cognitive deficits), and care homes for children with behaviour problems (pre-delinquents, situations of deviant behaviour, etc.).

In Spain, over the last 20 years, different types of institutions have emerged: apartments for independent living, socialization units, therapeutic units, units for unaccompanied foreign minors, etc. The residential care system has had to become more specialized in response to the emergence of new profiles of the youngsters entrusted to it (Del Valle & Bravo, 2007).

In Portugal, however, such specialization is still just beginning, with only a few recent initiatives involving emergency units, apartments for independent living or LIJs providing specialist care for youngsters aged 12 to 18 with severe behaviour problems. These institutions are still very few in number, and are trying out intervention models that have yet to be consolidated (Simões, 2011).

The increasing age of the population entering care and remaining there until adulthood, or even beyond age 18, is one of the changes that can be seen in child protection systems in Europe in general (Colton & Hellinckx, 1993), and Portugal and Spain are no exceptions. Hence, the residential care population is becoming older and older,

converting LIJs into intervention contexts dealing primarily with adolescents and pre-adults with characteristics that make their placement in a family context difficult (Dale, Baker, Anastasio & Purcell, 2007), and this creates a demand for urgent responses, including helping them with the transition to independence. For this reason, and in line with the specialized model, there have been calls for the setting up of specific units where the youngsters can live semi-independently and prepare for adulthood. Nevertheless, despite acknowledgement of the importance of such initiatives, and as occurred with the plans to create specialized care provisions, the economic crisis has led to a restriction of funding, bringing to a halt some of the potential cooperation agreements in this area, with the result that, until now, only eight such care units have been created in the whole of continental Portugal.

The growing numbers of children and young people with mental health problems, developmental disorders, cognitive deficits, special educational needs, substance dependence or severe behaviour problems entering these LIJs have created a demand for specialized care with the appropriate facilities, teams and technical resources for addressing the characteristics and needs of these youngsters, and providing them with the necessary supervision and treatment. In this regard, recent Portuguese legislation (Decreto-Lei 8/2010) made provision for the creation of the *Rede de Cuidados Continuados à Saúde Mental* (RCCSM; Network of Ongoing Mental Health Care), a residential care response involving the combined resources of the Health Ministry and the Social Security Department. However, to date only the pilot phase has been implemented, and given the current economic climate, there are no guarantees of this network's progress in the near future.

RESIDENTIAL CHILD CARE SERVICES: ADAPTING TO THE CHILDREN'S NEEDS AND SPECIALIZATION

The failure of residential care to adapt to the needs of children and young people (Bullock, Little & Milham, 1993; Calheiros, Lopes & Patrício, 2011; Casas, 1993, Del Valle & Casas, 2002; Del Valle & Zurita, 2000), together with a lack of proper attention to the promotion of their personal and social competence, represent specific limitations as regards the quality of this type of care. This insufficient orientation to the specific needs of the youngsters (failure to take into account their opinion and genuine interests) means that they often leave the care context without the psychosocial resources they need



for a proper transition to independence (Colca & Colca, 1996).

Although the specialization paradigm has been under discussion in Portugal for more than 10 years, the majority of institutions are still lacking any kind of specialization, having failed to adapt their services to the needs of the care population. They need support and encouragement for improving their responses, or new specific services, flexible and differentiated, created to fit the characteristics, needs and developmental stages of their users (McCoy, McMillen & Spitznagel, 2008).

Services that are designed on the basis of children's real needs are more likely to be efficacious (Axford, Little, Weyts & Morphet, 2005); furthermore, a needs-based approach means that the intervention is more personalized, and favours the use of techniques whose utility is well demonstrated. It should also be pointed out that these types of more specialized units provide specific and appropriate attention to the children and young people (as regards both tangible and intangible assets) in all areas of their lives (Axford & Little, 2004), and this requires not only an understanding of the individual characteristics of the child, but also a sound grasp of his or her needs in different contexts, following a systemic and ecological orientation.

In order to promote a quality service, the care home context should have calm and comfortable spaces, everyday routines similar to those of families, and stable adults of reference with whom the children and young people can establish significant emotional relationships (Bravo & Del Valle, 2009b). The purpose of such provisions is to permit a type of intervention that is personalized and helps the youngsters to attain physical, intellectual and moral equilibrium, facilitating their inclusion in the community and their process of social integration in general (Ward, 2006). This is particularly important for children and young people who have not been able to be assigned to a family-style care context, but it is essential to always take into account the perspective of reintegration in a family (their original family, an adoptive family or a foster family), in line with the concept of *Permanency Planning* (Maluccio, Fein, & Olmstead, 1986), first introduced in the USA and subsequently in Europe.

This change of paradigm requires that children be understood in their context, in an ecological perspective (Colton & Hellinckx, 1993; Del Valle, 1992), taking into account their family of origin and their socio-cultural

environment, with a view to comprehending the child's difficulties as symptoms of a dysfunctional family dynamic, which also has to be understood. The family, considered part of the problem, is also necessarily the object of intervention, as it is seen as an important component of the solution (Martins, 2005a).

Without losing sight of the principles and guidelines enshrined in the Stockholm Declaration of May 2003, which recognize the right of all children to grow up in a family or to remain in a care institution for as short a time as possible (according to the least radical position set down in the Malmö Declaration of 1990), we consider it essential to extend our knowledge in this field and continue with research in this line. While it is true that the attitude toward residential child care in many parts of the world – and particularly Anglophone countries – reflects a clear lack of confidence in them, it is unfortunately far too early as yet to anticipate, in at least the medium term, the end of such institutions (Courtney & Iwaniec, 2009).

The multi-nation comparative study coordinated by Courtney and Iwaniec (2009), who collated data on the situation of residential child care from the five continents, arrived at the conclusion that such institutions continue to play an important role, even though they may differ considerably from one country to another. These authors stress the need to define quality care, since there are still many questions to be answered about the efficacy of such measures and programmes. They also point out the scarcity and inconsistency of research for identifying which characteristics of residential care produce the best results, in which circumstances and for which children.

The need to redouble research efforts in the field of residential child care is perceived by both professionals and researchers (Bravo & Del Valle, 2009b). Over twenty years ago now, Del Valle (1992) noted that research had focused much more on the psychological problems of these children and young people, and that there were very few studies designed to assess the actual environment or context of care institutions themselves.

THE CURRENT STATE OF RESEARCH ON RESIDENCIAL CHILD CARE IN PORTUGAL

In Portugal, the lack of research in the area of residential child care is even more critical; it is a greatly neglected field (Mota & Matos, 2008), with a severe lack of studies and a virtual absence of scientific publications (Pacheco, 2010). Moreover, in the few academic works or theses that do address this issue, the perspective appears to be



confined to historical analyses or social and theoretical surveys, and more oriented to questions of the professional practice of those who work in residential care (Calheiros, Fornelos & Dinis, 1993; Gomes, 2010; Mota & Matos, 2008; Queirós, 2010; Simões, 2011; Vilaverde, 2000) and aspects related to the children's development (Baptista, 2011; Manata, 2008; Pereira, 2008; Prior, 2010). The existing research is not always carried out within the field of psychology, contributions coming from those of other social sciences, such as social work and educational sciences (Pacheco, 2010; Santos, 2010), and it is often restricted to the compilation of statistical and demographic data, using qualitative methods and/or testing samples (Alves, 2007; Carvalho & Manita, 2009; Centro de Estudos Territoriais - CET / ISCTE, 2005; Faria, Salgueiro, Trigo & Alberto, 2008; Morais & Ó, 2011; Quintãns, 2009; Santa Casa da Misericórdia de Lisboa - SCML, 2004), and based on grounded theory, case studies, focus groups, interviews, and analysis of users' or care workers' narratives. The majority of the studies concentrate on specific processes, such as children's attachment in CATs (Soares, Silva, Marques, Baptista & Oliveira, 2010), or child abuse (Reis, 2009), and all too often on areas or topics that highlight the negative effects of this type of social response (Alberto, 2002; Marques, 2006; Pracana & Santos, 2010).

If the scarcity of exhaustive studies on residential child care in Portugal is undeniable, the problem is even more serious as regards the case of LIJs, which have been almost totally neglected by the research community, and should therefore be considered as a priority for scientific study.

Despite the important academic work already done (Martins, 2004; Pacheco, 2010; Queirós, 2010), there is an urgent need for the planning and implementation of wide-ranging studies providing bona fide information about the institutions and the children in their care. Such data would serve as a source of empirical foundation for the practices defended as positive and for seeking practical solutions to improve them, on the basis of well-established scientific criteria.

The last few years have seen the development of some assessment tools adapted to this specific context and this population, including questionnaires for studying the needs of children and young people in care (Calheiros, Lopes, & Patrício, 2011; Patrício, 2009). However, to date, there has been no comprehensive and cross-

sectional research focusing specifically on the quality of the services provided by residential child care institutions in Portugal.

THE ASSESSMENT OF RESIDENTIAL CARE QUALITY IN SPAIN: AN EXAMPLE TO FOLLOW

In contrast to the case of Portugal, Spain has a long history of assessment of the quality of its care institutions and other child protection services.

Several of Spain's autonomous regions (*Comunidades Autónomas*) have opted, in collaboration with universities specializing in this field (such as GIFI, the Research Group on Families and Children at the University of Oviedo), to carry out in-depth studies on the local reality of residential child care, which requires periodical assessment of the quality of services provided by the institutions in question. This approach has served as one of the central planks of the "residential care in family and child social services" reforms within the Spanish context (Del Valle, 1998; Del Valle & Casas, 2002; Del Valle & Zurita, 2000; Del Valle & Bravo, 2007a; Del Valle & Bravo, 2007b). The mentioned authors, on the basis of an ecological model, have developed tools for gathering information and analyzing the functioning of residential child care institutions, as regards both their objectives and the processes they employ, assessing their quality (some of them, such as the SERAR, have been translated into Portuguese, and are being used by certain institutions in Portugal). The research work done in Spain has made it possible to compare different types of interventions in this context (Del Valle & Casas, 2002; Martín, Torbay & Rodríguez, 2007), facilitating decision-making and providing policy options for the definition of criteria and intervention models via procedural manuals based on research results, which help to promote quality and permit regular assessment (Del Valle, 2008).

The Spanish example is paradigmatic in terms of the way in which close and ongoing collaboration between scientific researchers and the political authorities responsible for the management and supervision of residential care can make a difference and promote the development of services that are genuinely more sensitive to the real needs of the children and young people in their care. Basically, in assessing the quality of the services offered by residential care institutions we need to answer the questions: "What works best and for whom?" – but without forgetting "How?" and "Why?" (Palareti & Berti, 2009) – in an effort to understand the relation between



interventions and their results. And this means going beyond merely descriptive research to carry out studies that explore and question the underlying causal mechanisms (Rutter, 2000).

Clearly, in order to carry out a study that provides us with an accurate picture of the needs of these youngsters (and that helps provide an intervention plan tailored to their diverse life contexts), it is essential to explore the situation and gather information of different types and from different sources (Calheiros, Lopes & Patrício, 2011; Palareti & Berti, 2009; Taylor, 2005), making possible an assessment of the adequacy of existing services and proposals for the development of more appropriate services where necessary. Therefore, while the possibility of self-regulation of the services provided by the institution is desirable, the relevant administrative authorities might also act to regulate the activity of these organizations, through policies of control and supervision based on appropriate quality criteria.

THE ASSESSMENT OF RESIDENCIAL CARE QUALITY IN PORTUGAL

In recent years, the quality of these responses and their adequacy for addressing the real needs of the youngsters has begun to emerge as matter of great concern in Portugal. The *Instituto da Segurança Social* (ISS.IP, 2007a, 2007b), in its manuals for managing the quality of social measures, set down the minimum standards and described the mechanisms for the monitoring of quality. However, neither the extent to which these recommendations have been put into practice nor the degree to which they meet the specific needs of the children have been subjected to any kind of rigorous assessment. We must contribute, therefore, to developing a scientific basis for the interventions that affect the lives of children and young people in Portuguese residential care institutions, given the scarce empirical support for the strategic options published to date, even in the form of manuals, on which the practices and decisions of those who run and work in these institutions are based.

Acknowledging the importance of a needs diagnosis (giving a voice to the children and young people and other relevant actors in the context) and assessing the quality of CAT and LIJ institutions in Portugal would provide a scientific basis for technical decisions and policy options related to the maintenance, development and creation of residential care units and specialized intervention programmes for this specific population, as is

already the case in Spain. But for this, the involvement of Portugal's universities and research community is essential. It is crucial to understand how perceived needs, services provided and children's psychological well-being are all related. The publication and dissemination of the results of Portuguese studies in this field will allow these research efforts to translate into the improvement of child care services.

CONCLUSION

The analysis of the historical development and current context of residential child care in Portugal reveals a considerable lack of knowledge about how such institutions are working today, about the quality of the services they provide, about the extent to which they meet the needs of the youngsters in their care, about the interventions carried out and about how they promote care and activities that can benefit the physical, psychological and social aspects of their clients.

It should be pointed out that, up to now, the decisions made by the responsible authorities and the specific practices of those working in these institutions have been based solely on the extrapolation of what has occurred in other countries and on well-intentioned intuition, without the support of research-based scientific data.

This situation is quite different from that of Spain, where there has been substantial progress in the evaluation of the quality of residential child care, as well as in the drawing up of manuals and guidelines for action.

There is a clear and urgent need, therefore, to gain a better understanding of the reality of Portuguese residential child care through scientific research that can support policy decisions and intervention criteria. Contributions are necessary not only in the area of structural policy decisions, but also in relation to decisions on economic investment, to the development of monitoring strategies, to the evaluation of more effective working practices, to resources for promoting better forms of intervention with this population, to setting assessment and supervision criteria, to organizing standards of institutional self-management, and to ensuring proper procedures for the certification of quality.

The definition of criteria is essential, above all when one considers the fact that so far the majority of decisions taken in Portuguese child care institutions and the procedures recommended and set down by the custody authorities lack a basis in reliable and up-to-date scientific research in this context.



Support for research on residential child care in Portugal is crucial if we are to remedy the current lack of relevant data and permit a comparison of the reality in this country with what is happening in other countries, and particularly in Spain, which, notwithstanding the differences already mentioned, has a comparable history and faces similar problems and future challenges.

The identification of risk factors (which must be eliminated or controlled) and the recognition of protective factors (to be promoted and guaranteed) in the lives of youngsters in residential care could make all the difference when it comes to drawing up plans for their continuing care and transition to independence.

The future of these children depends on the way in which we manage their present and heal the wounds from their past. Children in residential care are, quite literally, those in need of most protection, and for whom, at least temporarily, the doors to a genuine family life are closed. Being aware of, understanding and monitoring the way the authorities and institutions are working to help these youngsters grow and develop are challenges that the Portuguese scientific community cannot and must not renounce.

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