Child residential care in the Spanish social protection system

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Abstract

This paper provides an overview of child residential care in the Spanish social protection system. The authors describe the changing paradigms the child welfare system in their country had to deal with (specialisation, normalisation and children's rights) and present recent innovations regarding referral, planning and evaluation of interventions, and training of professionals. Attention is given to the interdisciplinary teams (EAIAs), which play a central role in the social protection system in Catalonia. Finally, challenges for the future of child residential care in Spain are summarized.

Key words: residential care, child care reform, quality care, evaluation

Historical background

Socio-historical and administrative context

The Spanish Constitution adopted on 27 December 1978 established a nation comprising 17 *Comunidades Autónomas* (autonomous regions). This is a unique form of political organisation which is something more than an administratively decentralised government in the usual sense although it does not constitute a federal state.

Each *Comunidad Autónoma* has its own statute of self-government, outlining its specific jurisdiction; after a *Comunidad Autónoma* ratified its statute, central-government ministries began to transfer their jurisdiction to the autonomous government. Each autonomous government has its own popularly elected legislative assembly (parliament) and a Supreme Court of Justice.

Most of the 17 Spanish *Comunidades Autónomas* have strong cultural identities that evolved over the course of centuries. The evolution of social policy safeguarding the rights and well being of Spanish children has inevitably been influenced by this overall process of decentralisation. Self-administration by each culture and region constituting the Spanish state has lead to substantial differences in the organisation and programmes of the individual *Comunidades Autónomas*, and this diversity is naturally reflected in the social services and systems for juvenile protection instituted by each region (Casas, 1994a).

Other systems, such as the education and health systems, and even judicial proceedings for the protection system, are not that different among regions because they are based on national laws. All of these systems have changed considerably over the last 15 years. For example, the new 1990 education Law (LOGSE) changed the school-leaving age from 14 to 16. Children do not start school until they are 6 but all services for children must have an educational focus according to the law, beginning from birth.

University training for professionals is regulated at the national level and, in some cases, has not been undertaken until very recently. For example, a 3-year university Diploma for social educators was instituted in 1994.

By contrast, leisure activities for children are regulated by each individual *Comunidad Autónoma*, and there are big differences here because of the very different traditions. In Catalonia, for example, there is a deep-rooted tradition of having volunteer associations organize educational leisure for children (for example, activities similar to scouts), but there is no such tradition in other regions.

The division of responsibility for overall social policies can be schematically summarised as follows:
Central Government:
- Basic legislation.
- Inter-territorial compensation.
- Promotion programmes.
Comunidades Autónomas (Autonomous Communities, Autonomous Regional governments):
- Administrative responsibilities for child protection. However, the most problematic cases fall within the province of the Judiciary; and the guardianship of any child outside the family is the responsibility of the public Prosecutor.
- Planning.
- Management (including implementation of judicial measures).
- Specialised social services. In some regions, responsibility for specialised services may be delegated to the municipalities or other local governments. This occurs in Catalonia, for example, where interdisciplinary teams (EAIAs) attend to the needs of children in at-risk situations.
Diputaciones provinciales (province local governments) and Comarcas (county local governments):
- Support to municipalities.
- Supra-municipal services.
Municipalities:
- Primary social services.
- Preventive and other services.

Changing paradigms in the child welfare system: the psycho-social context

In a very short period of time, historically speaking, the welfare system in Spain has had to adapt to three paradigms, each with a different focus:
- The specialisation paradigm, focused on the problem and its categorisation.
- The normalisation paradigm, focused on the environmental setting needed to appropriately cope with the problem.
- The paradigm of rights, focused on the perspective of the child and on children's best interests.

The normalisation paradigm involves two main, complementary aspects (Casas, 1988):
- Normalising the environment in which the child lives: any child should live in a physical environment as similar as possible to that where most children from the same culture live. This environment includes the size and make-up of the household, its location, and the location of the school and other services which the child may use. It also includes the social context, e.g., the composition of the groups of adults and children who live together or come into contact with each other every day.
- Normalising the dynamics of everyday life in which children are immersed: Everyday life should allow for the development of interpersonal relationships similar to those enjoyed by the majority of other children of the same age; that is, relations with neighbours, with peers of different gender, with adults of both sexes, shopping in the neighbourhood, attending church services, participating in community activities, and so on.

The paradigm of rights, with respect to children's rights, has been said to be based on three "P" principles:
- Provision.
- Protection.
- Participation.

However, from a quality of life perspective, two additional "P" principles must be taken into account (Casas, 1997b):
- Prevention.
- Promotion.

The promotion of children's rights and child welfare is considered important for the quality of life of Spanish society. However, consensus that children do have rights seems to be accompanied by the idea that the rights of other people's children should be safeguarded by their parents and are not the responsibility of society as a whole. In other words, children are thought to belong to the private world of family life; their rights are therefore not a matter for public policy.

In the decades following the Spanish Constitution of 1978 an effort was made to organise and set up a coherent network of social services in relation to child protection. Regional governments took charge of current facilities and started to change and modernise them. The most important changes can be summarised as follows:
- Criticisms of large institutions: an immediate aim was to close or reduce the size and capacity of large institutions.
- Residential childcare services were restructured into the social services system by the regional governments (with some exceptions in the case of residential homes for young offenders) with the aim of simplifying administrative and organisational structures.
- Defining a new target population: residential protective care was to become defined as a resource for children who needed to be removed from home due to abuse or neglect or because they were living in a high risk situation. In addition, allowances would be given to those with financial difficulties and residential child care, as a child protection intervention, would only be used as a last resort.
- Normalisation: the principle of normalisation in residential childcare was adopted as common practice. In other words, an effort was made to ensure that residential facilities resemble family home environments. Normalisation also encourages the use of community resources rather than providing education, medical assistance, and so forth, on site, so that children can be integrated into community life.
- Professional development: at the beginning of the 1990s a new professional qualification was created, leading to a career as a social educator. It involves three years of study covering such subjects as psychology, pedagogy, and sociology at the university level. It leads to a

professional qualification similar to that of a social worker or primary school teacher. Social educators play an important role in residential child care, as well as in their work in residential care for the elderly and in community programs.

- Focus on children's rights: the United Nations Convention on the Rights of the Child was adopted in Spain in 1991. Children's rights were acknowledged as important principles needed to guide organisation and practice in residential child care services.

Ongoing processes

Methods of referral to care

At present, in Spain, welfare services function at two different levels: community and specialised social services. Community social services are also known as primary assistance centres and are run by municipalities. The main aim of these services is to provide for the social needs of citizens at a community or local level. Some essential objectives are prevention, detection of child abuse or neglect, the collection of information, and intervention.

In the field of childcare, local or community social services have responsibility for preventive programs and detection systems for abuse. When a situation of child abuse is discovered, community social services are obliged to investigate and make an evaluation of the case. Where abuse has occurred, local services provide a variety of family support and intervention programmes to try to help families to overcome the crisis. These programmes usually involve psychologists, social educators and social workers.

Specialised social services operate at the regional level (Autonomous Communities) and run programmes to help groups of people with particular social needs. Such programmes include those for the elderly, families and children, the disabled, women, and so on. In the field of child protection, where the case cannot be resolved by the community social services, or the abuse is very severe, specialised social services become involved. Regional social services have the power to remove the child from the family, assume guardianship and place him or her in residential or family foster care. Residential and foster family care are administered by regional services, as are some adoption procedures. With regard to adoption processes, specialised social services have responsibility for evaluating applicants and certifying their suitability to adopt a child.

Hence, community and specialised social services complement each other. Community social services must investigate, evaluate and offer help to families and children. If the case requires further intervention aimed at protecting children, it is referred to specialised social services in child protection at the regional level. Once the child is under the protection of the regional government, professionals must compile an individualised case plan. There are four essential decisions that can be made:

- Family preservation: the child can stay at home with parents but under the supervision of a family intervention programme. This is regarded as an appropriate intervention when the neglect or abuse has not been severe and there are some guarantees that such situations will not reoccur; for example, when neglect is due to a lack of parenting skills and the parents are willing to learn.
- Family separation with the objective of returning the child: when the abuse has occurred as a consequence of family crisis the child can be removed and community social services continue working with the family to overcome particular problems with the aim of eventually returning the child to the home.

- Family separation and placement in alternative family: in cases where it is not possible to return the child to the family the child will be placed for foster care or adoption, depending on age and other characteristics.
- Family separation and preparing for independence: where the age of the young person coupled with other related factors makes both returning to the family home as well as placement with a new family difficult, a plan to prepare the young person for independence might be considered. Such a plan focuses on areas such as learning autonomy and social skills, how to access particular social resources, employment and accommodation issues, and so on.

Whatever the case plan, it must be made by the staff in specialised social services (regional government department of social services for family and children) and must be reviewed every six months. The Minors Attorney must be informed of final decisions made with regard to every child as well as biannual revisions of plans. The Minors Attorney has the responsibility for supervising child protection arrangements and similar cases in the juvenile justice system.

Interdisciplinary teams: EAIA teams in Catalonia

EAIA teams were created in Catalonia (a *Comunidad Autónoma* with a little more than 6 million inhabitants) as a part of a major Programme for children in high risk situations. The Programme comprised three projects:
- Project to improve the support to primary social services in order to appropriately help families with children in at-risk situations.
- Project to develop the network of EAIAs (*Equips d'Atenció a la Infància i Adolescència*) This is a task-force for children and adolescents.
- Project to improve the education and sensitivity of citizens in relation to children's needs and problems in Catalonia.

EAIA functions were established as:
- Individualised attention to children and families with children.
- Community support to develop preventive activities.
- Institutional co-operation with the different levels of public administration and with NGOs.
- Support to other practitioners.

The most outstanding characteristics of EAIAs are:
- They comprise interdisciplinary teams with a minimum of three professionals (psychologist, social pedagogue, and social worker, with the support of a lawyer) devoted to children and adolescents in a high social risk situation in a specific geographical area.
- They take care mainly of cases coming from primary social services, but also coming from judges, prosecutors, the police, and other services and administrations.
- They constitute a network of interdisciplinary technical teams responsible for ensuring the adequacy of and adherence to procedures and methodology in the best interests of the child.

Common responsibilities of all EAIA members, as interdisciplinary teams, are:
- To make and report an evaluative synthesis of the case situation.
- To propose decisions to be taken (by regional administration or by the judge).
- To develop a plan of action (Improvement Plan) and follow it up.
- To co-ordinate the implementation of the action plan with other services within their area.

Planning and evaluation of interventions

Regional governments are more and more concerned with ensuring that good practices are maintained within the field of residential childcare. During the last decade some arrangements have been put in place with the aim of controlling procedures and practices in order to improve the quality of services provided. These are summarised as follows:

- Educational report: during the 1980s the scope of child residential care in Spain was redefined. In the past, the charity model implied that children were placed in residential facilities primarily for economic reasons. During that decade, the focus in residential care was on educational intervention. Therefore, residential facilities were required to emphasise the educational content of their services. Currently, a written educational report is required by some of the social service departments in different *Comunidades Autónomas*. These reports must be submitted by each residential establishment and usually include the following points: residence background, target population, objectives with accompanying rationale, the kind of services to be developed, the available resources (building and equipment, etc.), methodology of intervention, staffing requirements, organisation and management, and program evaluation.
- Individual educational programs: the provision of individual educational programmes for every child living in residential care facilities was also a very important development. Residential childcare workers have to tailor a set of objectives to each child's specific needs. They must also identify and develop particular strategies, activities, and resources designed to achieve these objectives. The introduction of these individual educational programmes involves a commitment to the principle of individualisation in child residential care, aiming to address the needs of each individual child in a different way. In addition, the current system, whereby an individual educational programme for each child has to be submitted to local authorities every six months, means that the work being carried out with each child is closely and continuously monitored.
- Residential care inspections: during the past 10 years systems have been developed to help guarantee minimum standards in residential childcare. Regulations introduced with regard to residential childcare provision specify, for instance, the minimum resources required to run a residential facility (and to be registered by the regional government as a collaborator agency), including capital resources, resources with regard to equipment, qualifications of staff, and so on. The role of the Inspectorate Services is to monitor compliance with these Regulations in residential childcare practice.
- Programme evaluation: some regional governments have undertaken programme evaluations of their child residential services (for instance, Andalucía, Principality of Asturias, Navarra, Castilla y León, Canary Islands, and Basque Country). Residential services have been evaluated in a formative way, with the main aim of informing the future development of child residential care practices and services. These evaluations were carried out following a design developed by Fernández del Valle (1992, 1997), based on an environmental assessment model.

In order to assist both educators and managers in residential care, a model to assess children and design individual educational programmes was implemented in several autonomous communities (Fernández del Valle, 1998a). This theoretical model establishes the following set of objectives in residential childcare:

I. Development
   1. Intelligence and cognitive development
   2. Affective and motivational development
   3. Instrumental development (social and self-care skills)
   4. Physical and health development
II. Adaptive integration into social contexts
   1. Family

2. School
3. Residence
4. Community
5. Work

This system permits educators to design individual educational programmes by using a model which includes a tool to assess children's needs, program instruments to set up individual objectives for every child, and a report format to inform child protection authorities about follow-up on every child. The model also includes a monitoring system to record all relevant data about each child (for example, family, school, residential or medical aspects). The model has the following advantages:
- It allows for the systematic collection and storage of information.
- It permits the collection of data for programme evaluation.
- It facilitates decision-making on the basis of follow-up reports.
- It facilitates the assessment of each child's individual needs.
- It facilitates a programme of specific intervention for each child.
- It makes it possible for children to access the record of their own history.

Training professionals

Until the 1990s no special training was required in Spain to work with children outside school. In some Spanish regions, it was traditional to train professionals to work in residential care, following the French tradition of training *éducateurs spécialisés*, and also to train them to participate with children in leisure activities (*monitores de tiempo libre*). Such training had a private status, with no official recognition.

At the beginning of the 1990s all Spanish universities which so desired were permitted to organise a 3-year training course leading to an official university Diploma of *educador social*.

During that decade there were (and still are in some regions) two major problems. The first problem, in two related parts, was how to officially recognize professionals with many years experience and no official training and how to effectively team them with trained people with little experience. The second problem was how to persuade local and regional governments to accept the new trained professionals who, legally, had to receive higher salaries because of their university education.

The present state of the art

General statistical data available

In recent years, the Ministry of Work and Social Affairs has published an annual bulletin of statistics on child protection in Spain. Information is collected from every Autonomous Community on a biannual basis, regarding the kinds of arrangements made in child protection cases. An analysis of data from 1990 to 1997 is presented below.

Figures 1 and 2 outline the developments that have occurred in residential care and in family foster care. It is clear that residential care has maintained a level of stability regarding the rate of referrals, while the number of children referred to foster care has increased, particularly be-

tween 1990 and 1995. Since 1995 however, it seems that referrals to foster care have slightly decreased.
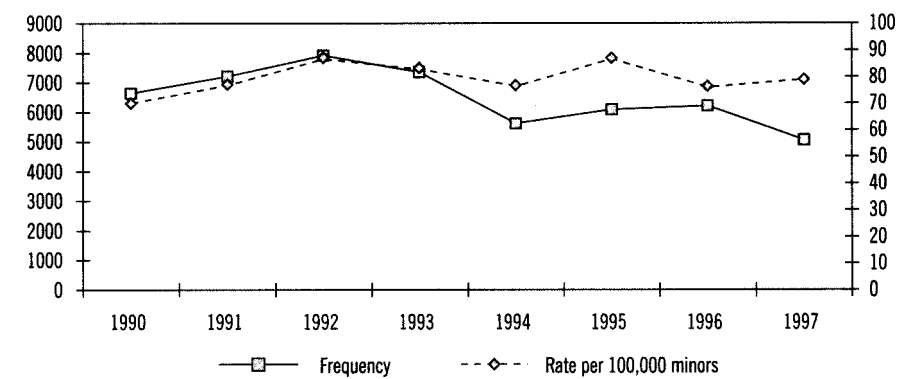
Figure 1
Evolution of referrals to residential care in Spain
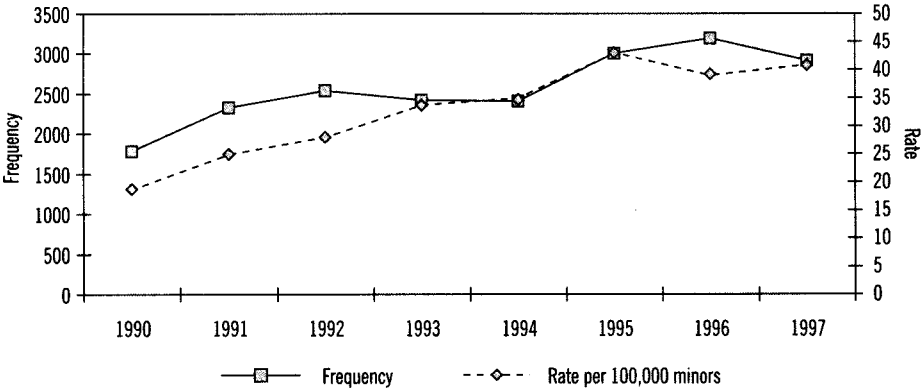
Figure 2
Evolution of foster family care referrals in Spain

With regard to the total number of children in residential care, comparisons can be made with data from 1989 (Defensor del Pueblo, 1991) and 1997 (Ministerio de Trabajo y Asuntos Sociales, 1999) (Table 1). Although the total number of children living in residential care significantly decreased (by almost 5,000) during this period, the rate of young people under 18 years being referred to residential care was very similar in 1989 and 1997.

Table 1
Children and young people in residential care in Spain

	1989		1997	
	Frequency	Rate per 100,000 minors	Frequency	Rate per 100,000 minors
	18,468	194.84	13,892	184.86

There are very little data about more specific characteristics of residential care in Spain. However, some results have been yielded by regional reports, such as the research on a sample of 270 cases in the Principality of Asturias (Fernández del Valle, Alvarez & Fernánz, 1999). Table 2 presents the percentage of reasons for admission in residential care drawn from this study. Percentages do not add to 100 because children may be admitted for more than one reason. As Table 2 shows, neglect and abandonment are the most frequent causes of placement in residential care and these data are consistent with the results of other research studies from other regions in Spain.

Table 2
Reasons for admission to residential care (Fernández del Valle, Alvarez & Fernánz, 1999)

Reasons for admission	Percent
Neglect	60.3
Emotional Abuse	41.2
Physical Abuse	41.1
Labour exploitation	5.5
Behavioural problems	11
Abandonment	51.1
Sexual Abuse	9.6
No other carer (orphan, etc.)	37.1

With respect to referrals to care, the total number of children and young people looked after in residential care in December 1997 (Ministerio de Trabajo y Asuntos Sociales, 1999) is outlined in Table 3. The proportions of children cared for in residential care compared with family foster care are very similar. Although Figures 1 and 2 show that the number of new residential placements per year is higher than the number of new family foster care placements, the child's situation in family foster care is more permanent than in residential care and, as a result, the cumulative number of children in each arrangement is similar.

Table 3
Children looked after by regional authorities in residential and family foster care in December, 1997

Type of placement	Frequency	Rate per 100,000 minors
Residential care	13,892	194.84
Family foster care	13,143	188.12
Total	27,035	382.96

Spanish laws and Spanish statistics include three different kinds of fostering in their definition of foster care for children: kinship foster care, pre-adoptive foster care and simple family foster care (temporary fostering in a non-kinship family). The spectacular increase in foster care placements seen during the last decade refers only to the first kind of fostering.

Data from interdisciplinary teams in Catalonia

The number of cases supervised by the 36 EAIA interdisciplinary teams in Catalonia in May 1998, under judicial measures, were:
- in residential care: 2.053
- in family foster care: 311
- in pre-adoptive care: 494
- in kinship care: 1.674
- in the natural family: 566
- Total under judicial measures: 5.098

Overall EAIA activities on cases in Catalonia, according to official records, in May 1998, were:
- Pending assessment: 1.690
- Cases in process of assessment: 1.887
- Cases of family under supervision (without administrative measures): 2.061
- Cases under administrative or judicial measures (with EAIA supervision): 5.098
- Total cases attended by 36 EAIAs: 10.736

Relevant research and inquires

There are few research studies on child residential care in Spain. During the 1970s and 1980s, some studies focused on describing the population of children and young people living in residential care. Most of these studies worked from the psychological perspective, assessing the personality and development of children. As it is usual in this kind of research, results showed a poor level of development and some personality problems related to self-control, emotional behaviour, social skills and so on. Since their purpose was descriptive, these studies were generally not useful for understanding and improving practice.

During the last decade some new trends in research have appeared with a focus on evaluation of outcomes and practices. Evaluative studies have been conducted in a number of regions. The main findings of these evaluations can be summarized as follows (Artamendi & Fernández del Valle, 1999):
- There has been a remarkable transition from large buildings to small homes integrated within ordinary neighbourhoods. However, old buildings are sometimes still used to house small groups of children. This practice results in high expenses to maintain the old premises and very poor service to children.
- Some of these old buildings are situated a long way from public amenities, making it very difficult to implement social integration activities.
- There is confusion over the category and function of residential workers in public residential care due to the increasing number of labour categories.
- Charity agencies usually run flats with little groups of children (children's homes). These agencies often have problems in maintaining an adequate level of training and qualifications among their staff of residential workers.
- The most important problem found in del Valle's (1999) evaluation was the lack of co-ordination between the Department of Social Services (responsible for cases of child abuse) in the Regional Government and residential centres. There were some gaps and co-ordination

problems with respect to: admission (i.e., little information was available when the child arrived at the centre); maintaining an adequate follow-up of the case (i.e., maintaining visits to the family by the social workers in charge of the case; maintaining a close relationship between the professionals intervening in the case, etc.); and even discharge decisions, which sometimes occurred too quickly, leaving no time to prepare the child.
- There is general consensus about the need to make individual intervention plans for every child. Most residential care units work within the individual framework.
- Children and young people have a good opinion of residential care and evaluate it in a very positive way. They feel supported and encouraged by educators and have a good opinion of their residential placements.

Another important area of research is outcome evaluation, in terms of assessing the long-term effects of residential care. Fernández del Valle, Alvarez-Baz and Fernanz (1999) carried out a study with the aim of exploring the current situation of young people who had been discharged from residential care. A sample was taken of 270 young people aged between 19 and 29, to look at their current socio-economic situation, health, employment, family relations, social integration, substance abuse or delinquency problems, and so on. The results of the study showed that most of the young people were doing well, though 13% had problems with drugs or delinquency. Figure 3 shows percentages concerning the level of social integration achieved by males and females in the sample. One of five possible levels was assigned to each participant on the basis of criteria such as housing, job, health, social network, and so on. The levels were defined as follows:
- Level 1: Marginal. People living on earnings from delinquency or prostitution, drug dependent, in prison, etc.
- Level 2: Need help. People receiving some help from social services, charity organisations, etc.
- Level 3: Medium. People leaving level 2, living without help and trying to be independent but at risk of returning to the previous level.
- Level 4: Good. People with permanent accommodation. They have a job and a good attitude but the job is temporary.
- Level 5: Excellent. People with a permanent job and accommodation who have good relationships with relatives and good social support.
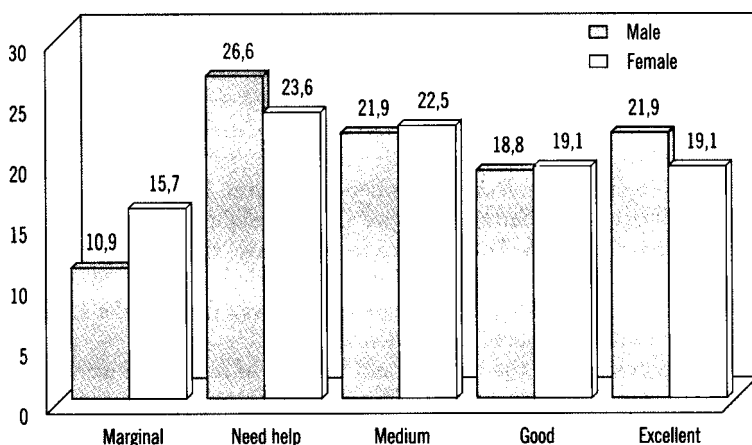
Figure 3
Level of social integration in a follow up study of cases discharged from residential care (Fernandez del Valle, Alvarez-Baz, & Fernánz, 1999)

The outcomes found in this study with respect to social integration seem to be better than overviews of residential care presented in the literature would suggest.

During the last few years, the research team at the University of Oviedo has undertaken other major studies in residential care (Fernández del Valle, 1992, 1993, 1997, 1998a, 1998b; Bravo & Fernández del Valle, 2001). The major focus has been programme evaluation but also the development of instruments for social educators in residential care.

There are some other research groups in Spain that have produced interesting studies in this field. Casas (1985, 1988, 1993a, 1993b, 1993c, 1994b, 1995, 1997a, 1998) as an individual researcher, but also as present co-ordinator of the Catalan Network of researchers on children's rights and children's quality of life (XCIII), has been productive in the general field of child protection in Spain. He has undertaken several studies in child residential care, has produced a number of reviews of the Spanish child protective system, and has also participated in several international research projects (Colton, Casas, et al., 1997).

Panchón (1997, 1999; Panchón, et al., 1999) has also undertaken studies in residential care. She was the director of a very important analysis of the situation of adolescents in residential care funded by the Ministry of Work and Social Action. Her research describes this group of 16-18 year olds and assesses their special needs, particularly with respect to integration into the labour market. The research results show the need for programmes to support young people who are coming out of their minority, including after-care programs to continue working with this age group.

Fuertes (1991, 1992, 1997; Fuertes & Sánchez Espinosa, 1997; Fuertes & Fernández del Valle, 1996) has explored another major trend in child residential care research. This author has worked on the topic of standards of good practice and also on children's needs in the field of child protection. He is one of the authors of the only handbook about child residential care in Spain (Fernández del Valle & Fuertes, 2000).

Other relevant publications include the Educator's Handbook (Costa & López, 1991), which is a very good tool for social workers in their daily practice. Another handbook to guide good practice was written by Redondo, Muñoz and Torres (1998). This book, developed with the collaboration of practitioners, suggests standards of good practice.

There are many more researchers in Spain who have investigated child residential care if studies in the more general field of child abuse and neglect are included.

Some present challenges

Improving child protection system versus improving economy

One of the most serious problems in most of the Spanish *Comunidades Autónomas* is the lack of priority given to social policies concerning children in the political arena. Policies concerning the elderly are frequently a matter of public debate. However, policies around children seem to have disappeared from the arena except when a spectacular case of sexual abuse or the case of a very young offender excites media attention.

Apart from professionals in the child protection system, no-one else in Spain has any idea about the number of children in residential care or the number of families with children sup-

ported by the social services network. Politicians and journalists have largely succeeded in convincing public opinion that social policies supporting children are in direct opposition to a healthy economy. Consequently, budgets have decreased or been maintained at the same level during the 1990s in most regions. The number of children in residential care has slightly diminished in many regions. Family foster care has slightly increased and kinship foster care has greatly increased in most regions. The major point here is that the overall number of cases in the social services system has not diminished during a period in which Spanish fertility rates have fallen dramatically, to the point of being the lowest in the world.

Social representations of childhood and of children's social problems

From a psychosocial point of view it is obvious that, in Spain, childhood is still viewed by most citizens as a private family affair, not as a community and public responsibility. As different European authors have pointed out, the view of the majority is that children represent a potential rather than an actuality and so need not be the focus of social policy. The idea that they are "the future" allows people to forget that they are also the present and are citizens with their own rights (Casas, 1998).

The result of this popular view is that many of the problems of children, or of families with children, are not considered social problems. Of all the countries in Europe, Spain has the lowest allocation of benefits to families with new-born children. It is also the only country in the European Union where a father can ask for paternity leave only if the mother relinquishes her own maternity leave. Since most citizens are poorly informed about such problems and do not consider them to be social problems in any case, there is little pressure on politicians to invest more money in the child-care field.

To use an expression coined by the European observatory of Poverty, Spain is a clear example of the infantilisation of poverty and of social problems. Improving residential care and the overall child protection system is a task that seems to have been delegated to the professionals directly involved in the system and to the very few active research teams in that field: to a marginalised minority, in fact, who still believe that they must continue to meet the challenge.

Quality in child residential care

Residential care is still the main resource in child protection in Spain. Almost 14,000 children and young people are living in residential facilities despite the increase of other alternatives such as family foster care or family intervention programmes. Therefore, residential care must receive more attention from the authorities in order to improve the quality of residential services. Some researchers and agencies are developing standards of good practice in child residential care (Fernández del Valle & Fuertes, 2000; Redondo, Muñoz & Torres, 1998). There are some principles of good practice with a high consensus (Fernández del Valle, 1998b) which may be summarized as follows:
- Individuality: addressing the individual needs of each child.
- Children's rights: showing respect for the rights of children and families.
- Good basic care: food, clothes, comfort, and so on.
- Education: looking for the best choice for each child and supporting study with respect to homework and so on.
- Health: good level of health support and education.

- Normalization: children in residential care must live like other children, within a similar environmental context, using community social resources, with similar dynamics in everyday life.
- Independence and autonomy: a major effort must be made to reinforce and support independence skills as a way to promote success following residential care.
- Supporting families: families cannot be excluded from the picture in residential care. They must be included and educators should work co-operatively with them as partners, sharing responsibility.
- Safety and protection: the first duty of residential care is to create an atmosphere of safety for children. Problems related to bullying or abuse in residential care have became a major challenge in latter years.
- Child-centred collaboration: the complexity of child protection cases requires multidisciplinary interventions. Hence, collaboration among professionals is essential to reach intervention objectives.

These principles of quality (based on Skinner, 1993) have been analysed and converted into specific practice criteria to facilitate both evaluation and good practice.

Summary and conclusions

The state of the art of child protection system in Spain may be summarised through the following points:
- During the last 25 years, child residential care in Spain has changed in many respects. There has been a gradual transition from a charity model characterised by large institutions, long-term placements and uncoordinated services, to a social services system which focuses interventions on families rather than only on children.
- The legislative framework has been established over the last 15 years. It consists of general laws on child protection; specific development of these laws is still underway.
- Currently, residential facilities comprise a cluster of child residential centres catering for groups of 30 children or less, and children's homes with 7 to 9 children. Children are cared for by social educators, who hold a 3-year university diploma, in a more professional way than was formerly the case.
- The Spanish Administration is very complex due to the existence of Autonomous Communities with full responsibility for social regional services. There are differences in practice among different regional governments; hence, there is no such thing as standard practice throughout Spain.
- Residential care remains a major resource for child protection services in Spain. Despite the increasing presence of alternative interventions such as supervision within the family or family foster care, these new programmes are not yet sufficiently developed to replace residential care.
- Some regional authorities have made a great effort to modernise residential care and it can be said that residential care presents a good level of care in general. However, in most regions, practice cannot be monitored due to the lack of standardized procedures and specific guidelines for practice. The implementation of quality assurance procedures is still in its infancy.
- The "statistical invisibility of childhood" (Casas, 1998) is evident in Spain with respect to residential care. Very few data are available and what data there are can only be obtained from a few Autonomous Communities. This paper has provided examples of such data.
- Research in child residential care is sparse and most of the studies in this field have been carried out during the last ten years. There are very few research groups focusing on child residential care in Spain.

- There has not been any inquiry into the incidence of neglect or abuse in residential establishments. Evaluations of residential services show that young people are generally happy with the level of care and support they have received.

Some important key themes in child residential care in Spain today are:
- The increasing problems of violence and conflict in residential establishments due to the increasing number of older adolescents presenting behavioural problems.
- The need for after-care programmes to support young people when they reach the age of 18 and are required to leave residential care. There have been some cases where financial help has been given to rent a flat or young people have been placed in special homes to learn independence skills.
- Residential institutions need to pay more attention to the normalization framework, and the rights paradigm needs more intensive implementation because there are still old practices which need to be replaced.
- A major effort towards collaboration and coordination between residential establishments and social services departments is required. Residential care still sometimes functions as an isolated resource where the child remains for too long a time. Social services departments need to improve services designed to support families and return the child home as soon as possible.
- There are some very interesting reports about standards of good practice in child residential care. This interest must be encouraged and supported by administrations and governments.

Last but not least, some major contextual issues need increasing attention:
- Childhood needs to be viewed as a social challenge and not just as a cluster of private problems. The public needs to be educated so that there is a feeling of collective responsibility towards children in residential settings.
- At the political level, investment in children should not continue to be considered as an expense leading to no economic gain but, instead, should be seen as a social investment in human capital.
- Children rights and the quality of services given to children need to be thought of more and more as an important component of the common quality of life.

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