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Out-of-Home Care for Children at-Risk in Israel and in Spain: Current Lessons and Future Challenges

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A B S T R A C T

This article compares the out-of-home care (OOHC) systems for children at-risk in Spain and Israel. Both countries share a strong tradition of placing children at-risk mainly in large residential care settings rather than familial solutions, and both face the challenge of the deinstitutionalization of care, including the tendency to substitute family-based solutions for institutional care. This article follows the historical development and current status of out-of-home care systems, as well as the main research contributions on these topics in both nations, revealing a great similarity. Both countries share a Mediterranean culture, in which the family ties are dominant in providing personal and social well-being. The strong family ties are assumed to be related to the slower consolidation of foster family care as an alternative for out-of-home placement. In Spain it has led to a high prevalence of kinship foster care, while in Israel this has led to high use of residential care settings. The challenges Spain and Israel face given this structure of public child care are discussed.

La acogida a niños en riesgo de separación familiar en Israel y en España: lecciones actuales y retos futuros

Palabras clave:
Israel
España
Cataluña
Niños en acogida
Acogimiento
Acogimiento familiar

R E S U M E N

Este artículo compara los sistemas de separación familiar de niños en riesgo en España e Israel. Ambos países comparten una fuerte tradición de dejar a los niños en riesgo principalmente en grandes dispositivos asistenciales residenciales en vez de recurrir a soluciones familiares; ambos hacen frente al reto de la desinstitucionalización de la asistencia, así como la tendencia a sustituir las soluciones centradas en la familia por la acogida institucional. Este artículo sigue el desarrollo histórico y el estado actual de los sistemas de separación familiar y las principales aportaciones de la investigación principal sobre estos temas en ambos países, que muestran una gran semejanza. Ambos países comparten la cultura mediterránea, en la que predominan los lazos familiares en la prestación del bienestar personal y social. Se supone que la fortaleza de estos lazos familiares tiene que ver con la lenta consolidación del acogimiento en una familia como alternativa a la separación familiar. En España esto ha dado lugar a una elevada prevalencia del acogimiento en la familia extensa, mientras que en Israel se han utilizado dispositivos de acogida residencial. Se discuten los retos que afrontan España e Israel ante esta estructura de acogida infantil pública.

The biological family is a child's natural environment. However, in every country in the world there are children unable to live with their biological families, who therefore may be placed in public care. This is frequently due to inadequate parental care, such as abuse and neglect. Long-term public care settings mainly comprise residential treatment and family foster care. In recent decades a clear trend among many OECD countries is to reduce residential care facilities and move towards familial solutions for children at-risk (for a general review see Ainsworth & Hansen, 2009; Bullock & McSherry, 2009; Gilligan, 2009; King, 2013).

Both Spain and Israel have a history of placing children at-risk in residential care settings, mainly in large institutions. Hence, both countries now face the challenge of replacing institutional with family-based care (Attar-Schwartz, 2014; Del Valle, Canali, Bravoa & Vecchiato, 2013). In Israel 74% of children in out-of-home placements live in residential care. In Spain this percentage is considerably lower with 40.2% living in residential care and 59.8% of children living with foster families (mostly kinship foster care). Yet, 40.2% in residential placements is still high for the European Union. A further similarity is that both Spain and Israel are recognized as part of the *extended*

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family of Mediterranean welfare states in which the family is the main provider of personal and social well-being (Esping-Andersen, 1990; Gal, 2010). Sharing similar social and familiar characteristics, Spain and Israel make an ideal case study for cross-national comparison.

This article compares the characteristics of out-of-home care (OOHC, mainly foster care and residential care) in Spain and Israel, briefly describing their historical development and historical stepping stones, their major challenges, and the main research contributions related to these topics in both countries. This comparison may deepen our understanding of the mechanisms shaping the public care systems and the different ways they cope with similar challenges. A comparison can also reflect on the strengths and weaknesses of each system. Such reflections can have implications for child welfare practitioners, researchers, and policymakers. We first describe the current state of the OOHC system in each country, then its historical development and the legislative framework of policy and services, focusing on residential care and family foster care. We then delineate the most significant research on to OOHC in each jurisdiction. Finally, we compare the challenges in both countries and reflect on possible strategies to face them.

The Current State of Out-of-Home Care in Spain

In 2014 in Spain 0-18 year olds made up 18% of the total population. Data issued by the Spanish Ministry of Health, Social Services, and Equality reveal that 42,628 children (0-18 years) received support from child protection services in 2015, a rate of 511.3 per 100,000 children. This rate has remained stable in recent years with a slight downward trend; 33,768 of these young people were placed in residential or family foster care, while the rest were still in the process of assessment or in the care of the child protection teams in the community. Of the children in OOHC 40.2% live in residential care, 38.1% in kinship care, and 21.7% in non-kinship care (MSSSI, 2017).

Historical and Current Context of Out-of-Home Care in Spain

The national authority responsible for child protection is currently the Ministry of Health, Social Services, and Equality (MSSSI). Following the decentralization of the system in 1987, the central government reduced its responsibility in the administration of this area to judicial aspects, the legislative and regulatory framework and generating statistical data. Responsibility for care services is now carried by the governments of the 17 autonomous regions of Spain. Each government must designate an administrative body responsible for child protection in their region and for coordination with the other autonomous regions.

Since the end of the dictatorship (1975), and especially in the 1980s and 1990s, there has been a move away from the charity-based welfare model, characterized by large institutions, long stays, and services lacking coordination. Instead, the tendency is toward a social services network promoting smaller residential settings and family foster care as better solutions for out-of-home placement within the child protection system (Casas, 1994). Changes in the protection system were initially based on the Normalization Principle (Casas, 1998), which defends keeping children in their home environment or, if this is not possible, trying to provide a family setting as similar as possible to that of children in the general population. Despite all efforts, the fact that 40.2% of out-of-home placements are still in residential care reflects the difficulties of the system in fulfilling this principle. That slightly more than half of the Spanish children at-risk are placed in family foster care is due to the formalization of kinship care, with its strong cultural ties, relatively low cost, and more positive results than expected.

Each autonomous region has a public department responsible for child and adolescent protection, which is authorized to issue protection orders for children at-risk. These orders involve the administration committing to assume guardianship of the child or adolescent. This implies either suspension of the birth parents' parental rights or ordinary care guardianship and parental responsibilities for the duration of the order. In Spain, nationally, 84.6% of children in OOHC are under guardianship, while 15.4% are in voluntary OOHC (voluntary out-of-home care, as opposed to guardianship, is a protective measure requiring the authorization of the birth parents, who retain all their rights) (MSSSI, 2017). The child protection system in Spain is no longer judicial. These measures are administrative and not issued by a judge. Only when parents object does the court intervene to decide between the administrative ruling or the parents. Until the judge delivers a verdict, the administrative ruling prevails.

When a case is detected, a process starts with assessment by the basic social services, which are decentralized and are the responsibility of each municipality. If the child is at great risk and this risk cannot be alleviated by an intervention of the social services, the case is referred to specialized childcare services. For example, In Catalonia these services are the EAIA (Child and Adolescent Care Teams) distributed over the region (Casas & Montserrat, 2002). The teams comprise psychologists, pedagogues, social workers, and social educators, and their work includes case evaluation, protection proposals, treatment, monitoring, and finally case closure. Options for the birth family may be voluntary OOHC or guardianship, kinship or non-kinship foster care, residential care, or adoption, in which case a court order is required.

Legal and Procedural Frameworks of OOHC in Spain

The national law 26/2015 of 28 July, 2015 aims at reforming the child protection in three main aspects: (i) giving priority to stable placements over temporary placements, (ii) prioritizing family foster care over residential care, and (iii) prioritizing placements agreed to by parents and services over enforced placements. Barring exceptions, children under 3 years are not permitted to be placed in residential care, while children under 6 years should not be placed in this type of care if possible. On a national level, the law differentiates among the various situations of risk and lack of protection and simplifies the kinship foster care process, making it faster. The administration is now legally obliged to support young people leaving care by providing training in independent living skills, without an age limit. The conditions for dealing with children with behavior problems in residential care are also regulated, as is the right of the child to be heard in judicial proceedings.

Another example of updating legislation is the legal framework in Catalonia. The law 14/2010 on the Rights and Opportunities of Children and Adolescents is innovative in that it not only focuses on children at high social risk, but also takes a proactive approach towards the child and adolescent population in general. At the same time, it provides new support mechanisms so that children and adolescents can take part in the decision-making that affects them. The law in Catalonia regulates the support provided for 16-21 year olds leaving care more extensively than the national law.

Out-of-Home Services for Children at-Risk in Spain

The types of OOHC services are: (i) *kinship foster care* with a member of the extended family, (ii) *non-kinship foster care* with caregivers not related to the child's family, and (iii) *residential care* in residential centers. The legislation gives priority to kinship foster care when possible, non-kinship placement in second place. Non-kinship foster care may be divided into: a) emergency foster families,

b) simple, c) permanent or d) specialized placements (although these are still not well established). Residential care is provided in *public or private care homes.* Children can also go to an emergency care home, where they only stay long enough for their case to be assessed and an action plan to be proposed. Various regions also have specialized residential centers for special needs: adolescents with behavior problems, severely disabled children, adolescents diagnosed with severe mental illness, drug dependence, and maternity centers. In Catalonia, there is also supported housing for care leavers in their transition to adulthood. Children who are more likely to be reunited with their families can be placed in residential homes where intensive training in parental skills is given to the parents.

Table 1 shows the distribution of children and adolescents by age and type of OOHC in Spain. Residential care accounts for most children, followed by kinship care. In third place are non-kinship foster care placements which, despite having begun in the 1990s, are not as successful as expected (Casas & Durán, 1996). As a result, many children remain in residential care, most of them in the residential centers, awaiting foster families (López, Del Valle, Montserrat, & Bravo, 2010).

Table 1. Children in OOHC in Spain, by age group, 2015

Age	Total		Residential care		Family foster care (kingship[1] and non-kinship[2])	
	N	%	*N*	%	*N*	%
0-3	3,568	10.5%	654	4.8%	2,914	14.4%
4-6	4,044	12.0%	951	7.0%	3,093	15.3%
7-10	7,393	21.9%	2,288	16.8%	5,105	25.3%
11-14	9,590	28.4%	4,201	30.9%	5,389	26.7%
15-17	9,173	27.2%	5,502	40.5%	3,671	18.2%
Total	33,768	100.0%	13,596	100.0%	20,172	100.0%
% of total OOHC		100.0%		40.2%		59.8%

[1]38.1% in kinship foster care.
[2]21.7% in non-kinship foster care.
Source: MSSSI (2017).

There are no official statistics on length of stay in each type of OOHC. Some studies indicate that the average stay in residential care is five years (García Barriocanal, Imaña, & de la Herrán, 2007; Silva & Montserrat, 2014), 4.8 years in kinship foster care, and 3.4 years in non-kinship foster care (Del Valle, López, Montserrat, & Bravo, 2009). A more recent study found that adolescents of ages 11-16 in Catalonia had been in OOHC for more than four years (Montserrat & Casas, 2017).

Residential child care for children at-risk. There are 1,058 residential care homes in Spain, the majority (82.7%) run by private organizations, with only 17.3% state-owned (MSSSI, 2017). There are no national figures for the number of children per residential care. In Catalonia, for example, the majority of residential care homes have a ratio of three to four children to every caregiver. Workers in residential care homes in Catalonia are social educators with a university degree, but this is not so in all regions.

The system is overburdened; the number of children exceeds the number of places in some residential centers. This is partly due to the lack of other resources, such as foster families. The figures confirm a growing trend in recent years to create residential homes with capacity for more than twenty residents. That is, the increasing need for out-of-home placements is being addressed by increasing the number of places in residential homes, affecting the caregiver–to-child ratio, staff turnover, etc.

Characteristics of children in residential care for children at-risk. Official data on the characteristics of children in residential care are not available, apart from age, gender and country of origin. Three studies indicate some of the characteristics of children in residential care (Llosada-Gistau, Casas & Montserrat 2016; López et al., 2010; Montserrat & Casas, 2017). López et al. (2010) found high percentages of alcoholism and drug addiction with rehabilitation problems among birth parents of children in residential care. In addition, 78% of the sample had at least one sibling in OOHC, 52% were in the same residential care as one or more siblings. The largest group was made up of boys of 9 -12 years. In general there are more boys in residential care than girls, and these often show psychological problems and learning difficulties. Two-thirds of the children had been in previous out-of-home placement, mainly residential care, and so were more reluctant to leave their current placement.

Montserrat and Casas (2017) found that 54% of all the 12-16 year-olds in OOHC they studied in Catalonia (N = 4.424) had been in residential care for three consecutive school years. These young people were older and more were foreign-born than adolescents in family foster care. More had entered the care system more recently than those in foster care (45.4% had been in OOHC for 4 years or more) and their placement was less stable than those in kinship foster care (47% had resided in only the one residential center), 71.1% attended public schools (similar to the number of children in non-kinship care). Those in residential care tended to go to special education schools (11%) compared with approximately 1% for the general population; 78.5% attended school regularly, while 13.9% had unauthorized absences and 7.6% were absent. Around 50% of students in residential care did not have behavior problems, approximately 30% had minor behavior problems, and 20% had more serious problems that required disciplinary action by the school – a much larger percentage than for those in family foster care.

Twelve to fourteen year old girls in residential care in Catalonia displayed worse subjective well-being scores in all areas of their lives than girls in family foster care, as did older children and those who opposed their placement. Several factors influenced their subjective well-being: the type of placement, changing schools, satisfaction with their school, their friendships and leisure activities. All these can serve as compensating or complicating factors (Llosada-Gistau et al., 2016).

Family foster care for children at-risk. We have to consider the following foster care modalities.

Non-kinship foster care. The non-kinship foster care program was launched in the 1990s with the aim of becoming one of the basic pillars of the child protection system. But this has not been the case. The figures were concealed for many years by publishing only the total number of children in family foster care without distinguishing between kinship and non-kinship care. Yet, now we know that this published figure basically corresponds to kinship foster care placements. Non-kinship placements have increased only very modestly over the last years. This modest increase remains insufficient to cover actual demand.

From an organizational perspective, most autonomous regions have specific bodies responsible for providing information for caregivers, recruiting and training them, evaluating and assigning children and following up the out-of-home placement. This job is carried out by NGOs specialized in this field and the biological parents are monitored by the public child protection teams.

Kinship foster care. Spain has the highest number of kinship foster care out-of-home placements in the European Union. Since the beginning of the 21st century these placements have significantly increased, such that they now equal those of residential care. This increase has not been the result of a pre-planned national program, nor a clearly pre-established objective within the protection system, but it has attracted the attention of researchers, experts and policy-makers (Montserrat, 2014).

Procedures for kinship foster care placements differ from those for non-kinship placements. Kinship foster care can be established

either because the child's relatives have taken the first step towards providing care for the child or because the child protection teams have searched for and proposed a relative from the child's family network. In both cases, if the child is at risk of neglect or abuse by the birth parents, the authorities assume legal guardianship of the child and grant OOHC to the child's relatives. Basic requirements for selecting the relatives are their willingness to accept a child in foster care, and willingness of the child if she/he is over 12 years of age, as well as the ability of the foster caregivers to ensure education. These selection criteria are more open and flexible than for non-kinship foster family selection. The child protection teams are responsible for following up from the case evaluation onwards and they should follow up not only on the biological parents, but also on the child and the foster family. Kinship foster caregivers receive an allowance in almost but not all autonomous regions. In Catalonia, since 2005 this amount has been about 400€ per child per month, always for child-related costs. This sum cannot be increased to meet a child's specific needs.

Characteristics of children in family foster care. Del Valle et al. (2009), examining a sample of kinship and non-kinship foster care cases, found a similar number of boys and girls in foster care. Gender did not affect any important aspect analyzed, nor did it affect profiles, processes, or results. Similar results were obtained from children in a study on subjective well-being (Llosada-Gistau et al., 2016).

The average age on entering non-kinship foster care was approximately seven years, although the majority were already in the child protection system and had been in residential care (between 35% and 50% waited in residential care for at least one or two years for their family foster care placement). This was not the case for children in kinship foster care; almost half were placed in family foster care before they were one year old (Montserrat, 2014; Palacios & Jiménez-Morago, 2007). One third of the children in non-kinship placements were more than nine years old when they entered foster care.

According to case file information basically provided by the foster families (Del Valle et al., 2009), 6% of the children had some kind of recognized disability; there were twice as many cases in non-kinship as in kinship foster care, and the disability tended to be more serious. There was also a higher incidence of health or behavior problems in non-kinship placements; for example, almost 10% of non-kinship foster care cases had serious illnesses, almost double the number of cases in kinship foster care.

The evaluation of the practitioners was very different from that of the foster families. They found more problems in the children generally and, in some aspects, more problems in children in kinship care. For example, practitioners reported that 36% of children in non-kinship care had health problems compared to 44% in kinship care; 63% in non-kinship care had school problems compared to 65% in kinship care, and 57% had behavior problems both in non-kinship and kinship foster care.

Seventeen percent of children in non-kinship care had lost their father and 6% their mother; in kinship care, 13.5% of children had lost their father and 12.4%, their mother. A high rate of parental drug abuse was observed especially among parents of children in kinship care (33% of fathers and 40% of mothers), as well as imprisonment, alcoholism, violence against women and delinquency. Around 20% of mothers had mental health problems and nearly 10% practiced prostitution, while a greater number of the fathers were in prison or involved in crime. On average, the children were from families with more children (close to 3), though slightly less for children in kinship foster care (Del Valle et al., 2009).

Various figures are given for the number of grandparents who were caregivers: 73.5% (Montserrat, 2014), 70.3% (Molero, Albiñana, Sabater, & Sospedra, 2007), 60% (Del Valle et al., 2009), and 55% (Palacios & Jiménez-Morago, 2007). There were twice as many kinship placements with relatives of the child's mother as with relatives of the child's father.

Two of three children in non-kinship placements had previously been in residential care, compared to one-fifth of children in kinship care; 20% of children who had already been in residential care had been in more than one care home. One key fact is that over 50% of children in kinship care had already been in provisional foster care, which only occurred in 16% of non-kinship placements.

In almost half the cases where a child left non-kinship foster care, this was due to a transfer decision by the social services. In a quarter of the cases transfer followed disruptions or breakdown. In almost a quarter of cases the child had reached majority. In contrast, the most common cause for leaving kinship care was reaching majority (44%), a transfer decision (36%), or disruptions (17%). Disruptions are therefore more likely to occur in non-kinship placements, whereas children can more easily remain in kinship care with the extended family until reaching majority (Del Valle et al., 2009).

Of the kinship foster care placements, 30.4% returned to their biological family when the caseworker decided to terminate the placement, compared with 18% of non-kinship placements. Terminating family foster care placements means, in the majority of cases, returning to residential care, more so than for kinship placements; 23.4% of non-kinship placements ended in adoption, mainly by the foster family; 93% of youth aging out of kinship foster care continued to live with their foster family and only 5% started living independently; 3% returned to their birth family. The majority of youth in non-kinship care also continued to live with their foster family (65%) or were adopted by the family on reaching the age of majority (13.5%), and 13% had to start living independently, while 8% returned to their birth family.

Research on Children and Youth in Care and After Leaving Care in Spain

Children's adjustment and quality of life while in care. The 21st century has seen an increasing number of studies on various aspects of children in foster care, especially from research teams in the universities of Oviedo, the Basque Country, Seville, Tenerife, Barcelona, and Girona. Research has focused on both kinship and non-kinship family foster care (Del Valle et al., 2009; Palacios & Jiménez-Morago, 2007), or solely on kinship foster care (Bernedo, Fuentes & Fernández-Molina, 2008; Fuentes-Peláez, Balsells, Fernández, Vaquero & Amorós, 2014; Montserrat, 2014). All these studies show better results for children in kinship and non-kinship foster care than for those in residential care. Kinship care shows the lowest failure rate, greatest stability, and most extended stays after reaching 18 years of age. Yet, kinship foster caregivers receive less training and support and have greater economic difficulties.

Residential care is also being studied. Bravo and Del Valle (2003) evaluated the social support networks of youth in residential care; the young people confided more to friends from their residential care home and adult friends (educators, supervisors, etc.) than to friends from school or associations. Martín, Muñoz, Rodríguez, & Pérez (2008) found that children in residential care were chosen significantly less often to carry out academic tasks and were rejected more by their school mates.

García Barriocanal et al. (2007) also analyzed good and bad practices in residential care homes in Madrid. Negative aspects included: issues related to the process of separation from the family, instability due to frequent placement moves or changes in the child's situation, staff turnover, negative attitudes of some educators, some punishments carried out at the home, and the lack of preparation and follow-up on leaving care. Positive practices included: small-scale homes, educator stability, the educator's personal qualities (availability and support, understanding and affection) and good preparation and follow-up on leaving residential care. Similar results were obtained by Silva and Montserrat (2014) investigating success factors for children in residential care in the region of Girona.

López et al. (2010) examined children waiting for placement. In some autonomous regions children up to 12 years of age in residential care tended to be sibling groups, children who had previously

experienced a failed placement, or those with some kind of problem which, together with the lack of available foster families in Spain, had made family foster care impossible.

The schooling of children and youth in residential and family foster care has also been studied. Especially children in residential care, but also those in family foster care, face problems at school, both socialization and academic difficulties (Del Valle et al., 2009; Martín et al., 2008; Palacios & Jiménez-Morago, 2007). A longitudinal study over 5 years of an in-care population aged 11-16 years exposed the lack of educational opportunities available to these children (Montserrat & Casas, 2017).

A newer field of study is the subjective well-being of the population in foster care (Llosada-Gistau et al., 2016), and comparisons have been drawn with the general population using the tool of Children's Worlds (www.childrensworlds.org) with a few adjustments. Children in family foster care (kinship and non-kinship) reported better subjective well-being in every area of their lives than those in residential care, with average scores in the first group similar to those of the general adolescent population.

Mental health issues among the population in residential care are also being examined. There is a high rate of mental health issues among children in residential care (Sainero, Del Valle, & Bravo, 2015) making clear the need for cooperation among mental health systems and child welfare services (Timonen-Kallio, Pivoriene, Smith, & Del Valle, 2015). Emotional and behavior problems are linked with subjective well-being among youth (11-18 years) in residential care (González, Bravo, Arruabarrena, & Del Valle, 2016). Mental health indicators may also be linked with subjective well-being, both in the case of internalizing disorders and satisfaction with different areas of one's life, and with externalizing problems.

Research on outcomes of youth leaving care. Among the first studies in Spain on the outcomes of youth leaving care was an analysis of outcomes of youth in Asturias who had aged out of residential care after stays of 1-9 years (Del Valle, Bravo, Álvarez, & Fernanz, 2008). Their integration into working life, social integration and incidence of marginalization and social exclusion issues were assessed. Only 5.8% of the interviewees continued studying and 1.9% worked and studied at the same time; 60% of youth leaving residential care returned to their families, where there had been few changes in the circumstances leading to their out-of-home placement years before. After leaving residential care the youth depended mainly on their families and on social welfare services but became more independent over time. Social exclusion affected 15% and a quarter continued to depend on the support of the social services. The variable most linked to later social problems was the number of placement changes they experienced as children. One year later, Sala Roca, Jariot, Villalba, and Rodríguez (2009) obtained similar results in a sample of youth leaving residential care in Catalonia.

In a similar study Inglés (2005) evaluated two European projects, Mentor 15 and Ulises, aimed at supporting youth leaving residential care in various autonomous regions. The projects aimed towards the youth achieving independence and integration in their work-life and socially. A good practices handbook was also provided; 18.3% of youth involved in the projects were furthering their studies and the remaining 81.7% were not. A quarter of those studying were also working. The students mainly lived in supported accommodation or with their extended families.

The level of social integration of youth leaving residential care in Madrid was evaluated by García Barriocanal et al. (2007) who examined employment situation, place of residence, with whom they were living, etc., to compare these results with data from the general population; 38% had graduated from compulsory secondary education while in residential care and 8% had started pre-university programs. Once they had left care, those who continued to study mainly opted for professional studies.

The participation of Catalonia in the YIPPEE Project (Jackson & Cameron, 2014; Montserrat & Casas, 2014) boosted the number of studies on youth leaving care focusing on 18-22 yearolds who had been in foster care before reaching majority. Factors negatively influencing whether these young people completed compulsory education and continued in post-compulsory education were basically: (i) professionals not prioritizing the education of children in care, (ii) low expectations among caregivers and teachers, (iii) the invisibility of this population within the educational system, and (iv) difficulties on leaving care (Montserrat & Casas, 2014).

Montserrat, Casas, and Sisteró (2015) evaluated interventions carried out by post-care support services in Catalonia from 1994 to 2012. The results were positive: half of the young people who had taken part in the program had satisfactorily reached emancipation goals.

Examining the lives of youth formerly in kinship foster care, Del Valle, Lázaro-Visa, López, and Bravo (2011) found that only 9% of the young people interviewed had serious social exclusion issues, whereas 70% had highly stable lives, working or studying; better results, therefore, than for youth leaving residential care (Del Valle et al., 2008), 12% of youth leaving kinship care in this sample attended university compared to 1% of those leaving residential care. However, some young people formerly in kinship care reported that they had left school at an early age to work to help their grandparents, and they called for more support for people in similar situations.

The Current State of Out-of-Home Care in Israel

In 2015, 2.8 million children and youth (aged 0 -18 years) comprised 33% of the Israeli population. One of six children was in contact with social services, mostly (82%) as a result of direct familial risk (NCC, 2015). Unlike many other Western countries, the majority of children removed from home were placed in a residential facility and only about 25% were placed with foster families (2,369 of 9,143 children in 2014) (Ministry of Social Affairs and Services, 2014; NCC, 2014; Service for Children and Youth, 2014). Table 2 shows the distribution of children and youth in OOHC. The probability of being placed in residential care in Israel is 1 to 100 children and only 0.2% children are placed with a foster family.

Table 2. Children in OOHC in Israel

	2005		2014	
	N	%	*N*	%
Residential care	6,623	79.9%	6,774	74.1%
Foster care	1,661	20.1%	2,369	25.9%
Total OOHC	8,284	100.0%	9,143	100.0%
Rate OOHC per 10,000 children		35.6%		33.9%
Foster care				
Kinship care	664	40.0%	948	40.0%
Non-kinship care	997	60.0%	1,421	60.0%
Total Foster care	1,661	100.0%	2,369	100.0%

Over the past decade there had been a slow but steady increase in the use of foster care services in Israel (Sorek, Szabo-Lael, & Ben-Simon, 2014; Zemach-Marom, Halavan-Eilat, & Szabo-Lael, 2012). While in 2008 about 19% of at-risk children in public care were placed in foster care, by 2014 this rate had risen to 26% (Committee for the Development and Extension of Foster Care, 2014; NCC, 2014). Furthermore, between 2005 to 2014 the number of children in OOHC for children at-risk increased by 9.4% (from 8,284 in 2005 to 9,143 in 2014) while the number of children at- risk who received treatment in the community grew 40% (from 37,569 in 2005 to 52,611 in 2013) (Ministry of Social Affairs and Services, 2014).

In Israel most children in family foster care are placed in non-kinship foster care. In 2014 of 2,750 children and youth who lived with foster care families, about 40% were in kinship care, and the rest in non-kinship care (Committee for the Development and Extension of Foster Care, 2014). This proportion has been relatively stable since 1989 (Mosek & Adler, 2001; Oyserman & Benbenishty, 1992).

Historical Context and Current Status of Out-of-Home Care in Israel

There are two parallel systems of residential care: (a) educational residential care, also known as 'youth villages', mostly designed for young people from underprivileged families who wished them to have better education. A large proportion of the youth here are from immigrant or poor families, divorced-parent families and families with other difficulties (Zeira, Arzev, Benbenishty, & Portnoy, 2014; Zeira & Benbenishty, 2011). These settings are overseen by the Ministry of Education. In 2014 about 20,000 young people, mainly from the age of 13, were placed in such facilities. The second system is residential care facilities for children and youth at-risk supervised by the Ministry of Social Affairs and Services. These children are removed from their parents' home mostly due to their parents' inability to meet their developmental needs. They are removed from home by a court decree or with parental agreement. Below we focus mainly on the welfare system of residential care.

The unique status of public care in Israel compared to other Western countries can be explained by the historical context in which the policy and services for children living outside their parental homes were designed over the years. Based on Western European social work and social pedagogical perspectives in the 1930s and 1940s (the period of the "Jewish Settlement" before the establishment of state of Israel in 1948), out-of-home placement was seen as a desirable solution for treating children whose parents could not adequately meet their needs. Consequently, children considered neglected, abandoned, showing criminal behavior, or generally related to "dysfunctional" families, were often removed from home and placed in institutions (Razi, 2010). An estimate is that in the 1930s, 30-50 % of children known to the social welfare services in Tel Aviv were removed from home (Razi, 2010). Many residential care settings were established during these years. In addition, the Jewish settlement movement (Zionism) had a clear ideology, seeing boarding schools and youth villages as an important tool for socialization and acculturation of youth in the process of establishing a new society. These were usually considered elite institutions (especially the youth agricultural villages), which have yielded some of the important leaders in Israel (Dolev, Ben-Rabi, & Zemach-Marom, 2009). Also, the special historical-ideological circumstances of Israel, including the need to absorb massive waves of immigration over a short period and the arrival of thousands of Holocaust orphans, shaped the out-of-home system (Jaffe, 1978). These circumstances explain to some extent the legitimacy and acceptability of residential care placement in Israel (Dolev et al., 2009).

The tendency towards residential care continued throughout the 20th century. However, the growing awareness of the disadvantages of institutions in the mid-1990s, the recognition of the importance of living in a familial context, and the acknowledgment of parents' rights and their need to rehabilitation and empowerment, led Israeli policy makers to rethink public care (Zeira, 2004). This has led to the implementation of the "Towards the Community" reform, which mainly aims to provide more effective community-based services to children and youth at-risk and their families and to generally limit the length of stay in public care to four years (Zeira, 2004). The reform aims to transfer funding from OOHC to preventative community-based care for children returning from OOHC to the community (Dolev et al., 2009).

Over the years, this and other reforms and programs (for a full review see Zemach-Marom et al., 2012) have reduced the proportion of children removed from home; e.g., in 2000 about 9,675 children were in care (38 children per 10,000), in 2014 there were 9,143 children in care (34 children per 10,000). This decrease is especially remarkable in view of the increasing number of children at-risk in Israel. In 2000, 4.8% of children at-risk were in public care, in 2010 this had fallen to 2.8% and about 2.6% in 2014 (NCC, 2014; Zemach-Marom et al., 2012). The Ministry of Social Affairs and Services has invested considerable resources to develop community-based services for children at-risk (e.g., after-school child care settings, multi-purpose day care centers, multidisciplinary centers for parents and children). These efforts have not only reduced the number of out-of-home placement of children at-risk but have also changed the profile of the child population in care (Zemach-Marom et al., 2012). This profile is now more complex, with a more difficult family background and more problems in functioning (Service for Children and Youth, 2014).

Legal and Procedural Frameworks of Out-of-Home Care in Israel

Social services in Israel are delivered locally via over 250 social welfare departments around the country. These are also responsible for child protection and well-being, including the referral to OOHC. The legal framework for removing children from their homes is based on the 1960 Youth Act (Treatment and Supervision). Placements of children at-risk in Israel are made by ad hoc interdisciplinary decision committees. These locally-based committees usually include a child protection officer, a family social worker, a representative of the community, and the parents. According to their assessment of the needs and family background of the children, the committees refer at-risk children and youth to community-based services or to out-of-home services (Zeira, 2004). The latter include mainly family foster care or the residential care settings described below. The committees are directed to involve the parents as much as possible in decisions on removal of children from their homes outside the courts and to obtain consent where possible. Consequently, about 56% of all out-of-home placements in Israel are made with parental approval (NCC, 2014) and do not involve the court. Nevertheless, the 1960 Youth Act is activated both when parents disagree with the decision to remove the child, requiring a court order and when there is imminent risk and the child urgently needs to be removed even without a court decree.

There is growing concern about how parents and children participate in the decision committees and the disempowerment of the parents. Recently a special committee (Silman Committee) recommended preparing the parents for participation in the committee and to provide them with legal representation if necessary. Although new regulations for the operation of the interdisciplinary decision committees were published in early 2017, the recommendations of the Silman committee have not yet been fully implemented.

Until 2016 there was no bill regulating the issue of foster care in Israel, which functioned only according to regulations. The new "Foster Amendment" (2016) aims to affirm the rights of foster children, as well as fixing the state's obligation to ensure the welfare and rights of these children according to the Convention on the Rights of the Child. The bill regulates the rights and status of the foster parents, the foster children and their relationship with their biological parents. Among its innovations is licensing for foster families, the obligation to set up an Ombudsman for children in care to investigate the complaints of children in out-of-home placement, and to favor kinship foster care, etc. As the bill is new, there is no information about its effect on the foster care system, but it brings a new spirit to the field of foster care in Israel.

Out-of-Home Services for Children at-Risk in Israel

Residential child care for children at-risk. The Ministry of Welfare supervises more than 300 residential care settings for children at-risk in various forms and levels of connection with the community, ranging from 15 to 300 children per facility (Zemach-Marom et al, 2012). The settings may adopt different institutional structures to accommodate young people at-risk. The main structures are traditional group institutions, clusters of group homes, small family-like units, and mixed institutions combining residential groups with family-like units. *Traditional group institutions* provide care to large numbers of youth who reside in small groups. Each group has a social worker and institutional caregivers who provide care in changing shifts. *Clusters of family homes* (familial settings) are located in a shared facility. In each of these family homes, a married couple with its own biological children cares for a small number (up to 10) of at-risk children who share the same family unit. Other settings include *combinations of residential groups and family-like units* (mixed) in the same structure and *a family-like home* in the community where children at-risk stay with a family (Children and Youth Service, 2005). The traditional group institutions are the most common (Attar-Schwartz, 2014).

The three main types of welfare residential care settings meet the different treatment needs of the children: a) traditional group institutions for children and adolescents at-risk; b) rehabilitative, therapeutic, and c) post-hospitalization care (Attar-Schwartz, 2014; NCC, 2014; Service for Children and Youth, 2014). *Rehabilitative care* serves children and adolescents with satisfactory developmental potential who are removed from their homes because of their parents' inability to cope with their emotional and educational needs. This form of care is currently provided to about 30% of all children and youth in welfare residential child care. *Therapeutic care* is designed to treat young people with extreme family problems, personal needs, and adjustment problems and serves approximately 40% of all children and youth placed in welfare residential child care. *Post-hospitalization placements* serve youth suffering severe psychiatric problems (about 12% of children in welfare residential care). Additionally, about 7% of children are placed in *educational welfare settings* which, as noted above, primarily serve youth from underprivileged backgrounds whose parents choose this option to provide their child with good quality education. Finally, about 10% of children in residential care reside in day-care facilities. These facilities accommodate the children's needs from early morning to late evening. At night, however, as well as on weekends and holidays, the children return to their biological families (see Service for Children and Youth, 2014; Zemach-Marom et al., 2012).

Characteristics of children in residential care for children at-risk. The majority of children residing in welfare institutions for children at-risk in 2013-2014 were boys (61%). The majority of the children are 13-18 years, with the rest 6-12 years. About 44% of the children are placed through court decrees, while the rest are placed with parental consent. The average length of stay in residential care is 2.8 years. About one quarter (27%) of the children study in a special education setting. About 17% are not Jewish Israelis (Service for Children and Youth, 2014). Finally, the biological parents of most children are divorced or separated (58%), only one third have married biological parents (33%), and about 9% have lost at least one parent. The children are reported to have a high rate of parents with problems; e.g., approximately 50% of the children have at least one unemployed parent, 7% of the children have at least one parent in prison, 14% of the children have at least one parent addicted to drugs or alcohol, and about 18% of the children were reported to have at least one parent with mental illness (Service for Children and Youth, 2014).

Family foster care for children at-risk. Family foster care is typically more prevalent with children under the age of 6 (88%). The decision committees make every effort to place the younger children in family foster care, where possible in kinship care. There are two types of foster care In Israel, *regular foster care* for children aged 0 to 18, and more intensive foster care in terms of therapeutic inputs, which are called *post hospitalization foster care* for children after psychiatric hospitalization, or as an alternative to such hospitalization for children aged 0-12. This form of foster care offers intensive care for children who have experienced early childhood trauma whose parents are unable to provide them the necessary emotional and physical care. In 2013 about 85% of the children in family foster care were in regular foster care, 13% were in the more intensive therapeutic form, and 2% were temporarily placed in an emergency foster care family until a longer term placement was found (NCC, 2014).

In 2001 the foster care system in Israel was partly privatized, so today foster care services are delivered by not-for-profit NGOs. These organizations are responsible for recruiting foster families, preparing them to take in a child, and supporting them as needed thereafter. The Ministry continues to supervise the quality of care and to transfer monthly payments to the foster families as well as payments for special expenses.

Another recent innovation is the development of programs aiming to retain and reinforce contact between the foster children and their biological parents. These programs are based on the recognition that, parallel to the removal of the child from home, efforts should be invested to increase the possibility of reunification with the biological family. These programs are still in early stages, but they mark a new direction in the care of foster children.

Kinship versus non-kinship foster care. 40% of Israeli foster children live with a member of the extended family (kinship foster care) and 60% live with caregivers who have no relationship with the child's family (non-kinship foster care). A recent study among 431 foster children revealed some differences between these two forms of foster care (Sorek et al., 2014). The rate of single parent families giving kinship care is twofold higher (25% vs. 12% among non-kinship foster families); the education of parents giving kinship foster care is lower and their economic status is worse (16% reported being in a difficult financial situation compared with 2% among the non-kinship foster families). Also, a lower percentage of kinship than non-kinship foster care parents participated in some training before entering foster care (44% vs. 66%).

Differences were also found in the children's characteristics. There were more orphaned children in kinship foster care (41% vs. 16% in non-kinship care) and there were more children aged 6-18 in kinship foster families. There were also some differences in the children's status: a lower percentage of kinship foster parents reported improvement in the child's state than non-kinship foster parents (66% in kinship vs. 80%). Children in non-kinship foster families had higher rates of conforming to rules for proper behavior, better self-esteem and self-confidence, and better relationships with other responsible adults, and showed improvement in keeping daily routine. These results indicate some difficulties that kinship foster parents are facing. At the same time, more children in kinship foster care had close contact with their biological parents (once a week or once in two weeks) than children from non-kinship foster families (62% vs. 45%).

Characteristics of children in family foster care. In 2012, there were almost equal proportions of boys (52%) and girls in foster care in Israel. The population of children in foster care is younger than that in residential care, their average age being 10.6 years with about 14% of the children up to the age of 5, about 46% 6-12 years old, the remaining 40% 13-18 years old (Sorek et al., 2014). The average length of stay in family foster care for children at-risk is 6.3 years (Ministry of Social Affairs and Services, 2014), which is much longer than the length of stay of children in residential care (2.8 years). About 60% of the children in foster care are placed through court decrees and the rest are placed with parental consent. This

rate is higher than with placement in residential care (44%). In 2012, about 25% of the children in family foster care had lost at least one parent (Sorek et al., 2014), compared with 9% of children in residential care.

Research on Children and Youth in Care and after Leaving Care in Israel

Young people's adjustment and quality of life while in care. Studies on outcomes of children in care in Israel have typically focused on children in residential care, mainly examining their quality of life while in care, explanatory variables of their emotional, behavioral and educational functioning, and their relationship with their parents and siblings. In line with international studies (e.g., Connor, Doerfler, Roscano, Volungis, & Steingard, 2004; Vinnerljung, Öman, & Gunnarson, 2005) they have shown that children in public care in Israel are a high risk group for psychological, behavioral, and social problems compared with children living with their biological families (e.g., Attar-Schwartz, 2009; Pinchover & Attar-Schwartz, 2014).

Yet, studies in Israel and internationally also show that there is a great variation in psychosocial and educational outcomes of children in care that must be explained. There are multiple factors at both the personal and the institutional level within which the children are embedded. Personal risk factors associated with poorer functioning among children in residential care are, e.g., gender, age, length of stay in the institution, cause of referral. In line with the assumptions of social- ecology theory (Bronfenbrenner, 1979), risk factors emanating from the institutional level include the size of the institution, its structure and the concentration of other children with adjustment difficulties (e.g., Attar-Schwartz, 2009).

Those studies have highlighted the need to examine children's experiences while in care as important factors in their well-being, rather than focusing only on their personal characteristics (see Attar-Schwartz, 2014). The Social Climate Study conducted among about 1,300 adolescents in Israel is unique in including the young people's perspectives and in asking them specific questions about acts of violence directed towards them in the care setting during the last month. It has highlighted issues of maltreatment by staff (Attar-Schwartz, 2011) and various forms of victimization by peers (Attar-Schwartz, 2014; Pinchover & Attar-Schwartz, 2014). These are worrisome phenomena among the young people in residential care related to higher rates of runaway behavior (Attar-Schwartz, 2014) and poorer adjustment (Pinchover & Attar-Schwartz, 2014).

Studies in Israel also have been concerned with young people's contact with their biological parents (e.g., Attar-Schwartz, 2009; Oyserman & Benbenishty, 1992) and siblings while in care (e.g., Davidson-Arad & Klein, 2011) These studies have usually shown that these are major factors in children's well-being and self-image.

Another body of research focuses on comparing the outcomes of children removed from home with those of children living under similar conditions who were not removed from home. Maltreated children usually fare better in OOHC than with their biological families (e.g., Davidson-Arad, 2005) and they have a higher quality of life (Davidson-Arad, Benbenishty, & Golan, 2009). Thus, removing children at risk from abusive or neglectful homes can improve their quality of life. Prospective and comparative studies such as these are quite rare in Israel.

Finally, there is some research comparing children's well-being in kinship versus non-kinship family foster care settings (e.g., Mosek & Adler, 2001). Those studies usually show a more positive self-concept of young people in kinship care (e.g., Mosek & Adler, 2001; Sorek et al., 2014).

Research on outcomes of youth leaving care. Research on outcomes of care leavers in Israel is relatively new and still developing. Efforts have been made to describe the status of care leavers in various life domains and to identify factors contributing to better adjustment. In Israel, the transition to adulthood, particularly for care leavers, is of special interest because of military service at age 18. Readiness to leave care of adolescents in their final years of out of-home placement have been examined among youth in foster care (Benbenishty & Schiff, 2009), youth villages (Zeira & Benbenishty, 2011), and in other residential care settings (Benbenishty & Zeira, 2008; Refaeli, Benbenishty, & Eliel-gev, 2013). These studies have generally shown that young people on the verge of leaving care are not ready for independent living and need considerable help to prepare for coping with the challenges of this transition (Benbenishty & Schiff, 2009; Benbenishty & Zeira, 2008; Cohen, 2007).

The adjustment of care leavers to various life domains (e.g., higher education, employment, financial security, normative behavior) has been examined. Some studies followed care leavers through their transition to independent living (e.g, Dinisman & Zeira, 2011; Schiff & Benbenishty, 2006), while others compared outcomes of care leavers from different forms of care (e.g., Shimoni & Benbenishty, 2011; Zeira et al., 2014). Overall, compared with young people in other countries, the different groups show positive transitions to independent living (Sulimani-Aidan, 2014), particularly, a few years after leaving care (Zeira & Benbenishty, 2011). Nevertheless, young care leavers experience difficulties, and their initial transition experience impairs their ability to cope later on in life (Sulimani-Aidan, 2014).

Conclusions

This article reviews the state of the child public care systems in Spain and Israel, both Mediterranean countries whose social and welfare culture share a number of features. The comparison raises interesting similarities as well as challenges.

Similarities between Child Public Care Systems in Israel and in Spain

At first glance the situation in both countries appears different. In Israel residential care settings are used much more than in Spain, where there is a high prevalence of kinship foster care. Yet, a closer look at these figures reveals a greater resemblance between the two countries. In Spain, many cases of kinship care are situations in which children were already living with their relatives prior to legally entering the care system. This means that relatives protect them from neglect or abuse before the intervention of the care system. This may cause a certain bias in the OOHC statistics (Del Valle et al., 2013). Comparing only the ratio of residential care to non-kinship care in Spain gives approximately 61.9% children in residential care, much more similar to Israel. Also, the rates of non-kinship foster care in both countries are 21.7% of all children in OOHC in Spain and 17% of all children in OOHC in Israel.

This structure of OOHC in the two countries may be due to two similar cultural and social similarities. First, in both countries the more extensive use of institutional placements than non-kinship foster care can be explained by the strong heritage of large institutions. In Spain, the Catholic tradition of helping the poor has created a wide network of residential homes. These have gradually been taken over by third-sector organizations that also provide help, although not within religious parameters, and which have fortunately become professionalised. In Israel, the strong tradition of the Zionist settlement movement seeing boarding schools as an important tool for socialization resulted in a large number of residential facilities.

Second, the high rates of residential care are related to strong family bonds in the Mediterranean culture shared by Spain and Israel. Foster family care is not a favorite alternative in OOHC system because

birth families perceive foster families as rivals in their relationship and attachment to their child. Consequently, birth families do not trust non-kinship families.

In Spain, strong family ties have led to the frequent use of the extended family as kinship foster caregivers. When parents are unable to take care of their children, the families perceive the least traumatic means of providing greater well-being for them is to entrust their care to a relative in their own family network. Birth families may feel that they have less influence when their children are in non-kinship foster care than when they are with their grandparents or other relatives or in residential care. This deeply-rooted tradition in Spanish culture has ensured that kinship foster care has become a firmly established part of the Spanish child protection system.

In Israel the strong family ties have led to a greater use of institutional placements. Many families prefer to place their children in residential homes where educators do not replace the birth family and pose less of a threat to their image as good parents (Del Valle et al., 2013; King, 2013). In addition, because residential placement is tagged as an educational opportunity for the child, it is less stigmatized, thus reducing parental objections (King, 2013).

The similarity between Israel and Spain can also be seen in the procedures and regulations in the child protection system. In both countries there are major efforts towards minimizing court interventions. In Spain the new law for child protection aims to increase placement by administrative measures outside the court. In Israel, the directive is to decide on removal of children from home outside the courts, with as much parental involvement as possible; more than half the out-of-home placements are made with parental consent. This indicates that in both countries the social welfare systems rely on professional discretion.

Challenges and Future Directions

This review of the OOHC systems in Spain and Israel presents the enormous efforts made by both countries to change the strong tradition of out-of-home policies based on institutionalization. In Spain slightly more than one half the children at-risk are placed in family foster care. In Israel the rates of children in residential care versus foster care have dropped over the last decade. In addition, both countries have recently passed new legislation to meet the OECD targets in the new trend of recognizing the rights of children and their parents. The new laws in both countries emphasize the importance of using foster care over residential care. Nevertheless, both countries need to invest further efforts to achieve this goal. In Spain the main challenge is to increase non-kinship foster care rates versus residential care, and in Israel the challenge is to increase the rates of children in all forms of foster care.

Another challenge is the development of services for 18 year-olds leaving the care system. Studies in both countries show that young people on the verge of leaving care are not ready for independent living and need considerable help to prepare for coping with the challenges of the transition to adulthood (Zeira & Benbenishty, 2011). Some new programs for care leavers developed in Catalonia are gradually being implemented in other regions of Spain. Some initial small-scale initiatives in this direction can also be seen in Israel. Yet, both countries have not yet established adequate solutions for this population.

Another challenge is how to incorporate children's viewpoints and encourage their participation in decision-making that has a direct impact on their lives, such as about their placement. This is important as the rights of adults (parents and welfare workers) overshadow the children's rights if they are not pursuing the same goal. Finally, both countries are facing the challenge of promoting research on child care systems, particularly evaluation of social policies and programs. Understanding the importance of reliable and useful databases will increase outcome-based assessments and improve services to children at-risk in both countries.

References

Ainsworth, F., & Hansen, P. (2009). Residential programs for children and young people: Their current status and use in Australia. In M. Courtney & D. Iwaniec (Eds.), *Residential care of children: Comparative perspectives* (pp. 139—153). New York, NY: Oxford University Press.

Attar-Schwartz, S. (2009). School Functioning in Residential Care: The contributions of multilevel correlates. *Child Abuse and Neglect, 33*, 429-440. https://doi.org/10.1016/j.chiabu.2008.12.010

Attar-Schwartz, S. (2011). Maltreatment by staff in residential care facilities: The adolescents' perspectives. *Social Service Review, 85*, 635-664. https://doi.org/10.1086/664009

Attar-Schwartz, S. (2014). Experiences of sexual victimization by peers among adolescents in residential care settings. *Social Service Review, 88*, 594-629. https://doi.org/10.1086/679194

Benbenishty, R., & Schiff, M. (2009). Perceptions of readiness to leave care among adolescents in foster care in Israel. *Children and Youth Services Review, 31*, 662-669. https://doi.org/ 10.1016/j.childyouth.2009.01.001

Benbenishty, R., & Zeira, A. (2008). Assessment of the degree of control of young people in care facilities in life skills and their needs on the verge of leaving care. *Mifgash Leavoda Hinuchit Socialit, 28*, 17-44 (Hebrew).

Bernedo, I., Fuentes, M.J., & Fernández-Molina, M. (2008). Behavioural problems in adolescents raised by their grandparents. *The Spanish Journal of Psychology, 11,* 453-463. doi: https://doi.org/10.1017/S1138741600004467

Bravo, A., & Del Valle, J. F. (2003). Las redes de apoyo social de los adolescentes acogidos en residencias de protección. Un análisis comparativo con población normativa. *Psicothema, 15,* 136-142.

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press.

Bullock, R., & McSherry, D. (2009). Residential care in Great Britain and Northern Ireland: Perspectives from the United Kingdom. In M. E. Courtney & D. Iwaniec (Eds.), *Residential care of children: Comparative perspectives* (pp. 20-37). New York, NY: Oxford University Press.

Casas, F. (1994). *Descentralization of services for children: The Spanish experience.* Florencia, Italia: ICDCUNICEF.

Casas, F. (1998). *Infancia: Perspectivas psicosociales.* Barcelona, España: Paidós.

Casas, F., & Durán, S. (1996). Problemas sociales de la infancia y acogimiento familiar como forma de atenderlos: Informaciones, representaciones y predisposiciones de la población catalana. *Bienestar y Protección Infantil, 2,* 23-34.

Casas, F., & Montserrat, C. (2002). Interdisciplinary teams and decision making in child protection systems: The experience of Catalonia. *International Journal of Child and Family Welfare, 5,* 146-158.

Children and Youth Service (2005). Children *and Youth Service: Children in residential care settings 2003–2004.* Ministry of Social Affairs and Services and Brookdale Institute. Jerusalem (Hebrew).

Cohen, Y. (2007). *Readiness for independent living among adolescents in out of home care at "Or Shalom" facility* (Unpublished master's thesis). The Hebrew University. Jerusalem, Israel (Hebrew).

Committee for the Development and Extension for Foster. (2014). *Report: Committee for Development and Extension of Placements in foster care families.* Jerusalem: Children and Youth Service, Ministry of Social Affairs and Services (Hebrew).

Connor, D. F., Doerfler, L. A., Toscano, P. F., Volungis, A. M. & Steingard, R. J. (2004). Characteristics of children and adolescents admitted to a residential treatment center. *Journal of Child and Family Studies, 13,* 497–510. https://doi.org/10.1023/B:JCFS.0000044730.66750.57

Davidson-Arad, B. (2005). Fifteen-month follow-up of children at risk: Comparison of the quality of life of children removed from home and children remaining at home. *Children and Youth Services Review, 27,* 1–20.

Davidson-Arad, B., Benbenishty, R., & Golan, M. (2009). Comparison of violence and abuse in juvenile correctional facilities and schools. *Journal of Interpersonal Violence, 24*, 259-279. https://doi.org/10.1177/0886260508317183

Davidson-Arad, B., & Klein, A. (2011). Comparative well-being of Israeli youngsters in residential care with and without siblings. *Children and Youth Services Review, 33*, 2152-2159. https://doi.org/10.1016/j.childyouth.2011.06.022

Del Valle, J. F., Bravo, A., Álvarez, E., & Fernanz, A. (2008). Adult self-sufficiency and social adjustment in care leavers from children's homes: A long-term assessment. *Child and Family Social Work, 13,* 12–22.

Del Valle, J.F., Canali, C., Bravoa, A., & Vecchiato, T. (2013). Child protection in Italy and Spain: Influence of the family supported society. *Psychosocial Intervention, 22*, 227-223. https://doi.org/10.5093/in2013a26

Del Valle, J. F., Lázaro-Visa, S., López, M., & Bravo, A. (2011). Leaving family care: Transitions to adulthood from kinship care. *Children and Youth Services Review, 33,* 2475–2481. https://doi.org/10.1016/j.childyouth.2011.08.015

Del Valle, J. F., López, M., Montserrat, C., & Bravo, A. (2009). Twenty years of foster care in Spain: Profiles, patterns and outcomes. *Children and Youth Services Review, 31*, 847–853.

Dinisman, T., & Zeira, A. (2011). The contribution of individual, social support and institutional characteristics to perceived readiness to leave care in Israel: An ecological perspective. *British Journal of Social Work, 41*, 1442–1458. https://doi.org/10.1093/bjsw/bcr034

Dolev, T., Ben Rabi, D., & Zemach-Marom, T. (2009). Residential care for children "at risk" in Israel: Current situation and future challenges. In M. Courtney & D. Iwaniec (Eds.), *Residential care of children: Comparative perspectives.* New York, NY: Oxford University Press.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism.* Cambridge, UK: Polity Press.

Fuentes-Peláez, N., Balsells, M. A., Fernández, J., Vaquero, E., & Amorós, P. (2014). The social support in kinship foster care: A way to enhance resilience. *Child and Family Social Work, 21*, 581-590. https://doi.org/10.1111/cfs.12182

Gal, J. (2010). Is there an extended family of Mediterranean welfare states? *Journal of European Social Policy, 20*, 283–300. https://doi.org/10.1177/0958928710374374

García Barriocanal, C., Imaña, A., & de la Herrán, A. (2007). *El acogimiento residencial como medida de protección al menor.* Defensor del Menor en la Comunidad de Madrid.

Gilligan, R. (2009). Residential care in Ireland. In M. E. Courtney & D. Iwaniec (Eds.), *Residential care of children: Comparative perspectives* (pp. 3-19). New York, NY: Oxford University Press.

González, C., Bravo, A., Arruabarrena, I., & Del Valle, J. (2016). *Exploring the relationship between subjective well-being and emotional and behavioural disorders in children in residential care.* Conferencia de la EUSARF. Oviedo.

Inglés, A. (dir.) (2005). *Aprendiendo a volar. Estudio para el análisis de los programas europeos Mentor 15 y Ulises dedicados al proceso de socialización de adolescentes y jóvenes tutelados que han alcanzado la mayoría de edad o están cerca de ella.* Murcia, Spain: Fundación Diagrama.

Jackson, S., & Cameron, C. (Eds.) (2014). *Improving access to further and higher education for young people in public care. European policy and practice.* London, UK: Jessica Kingsley Publishers.

Jaffe, Y. (1978). Child welfare in Israel: An overview of institution care, foster home care and adoption. *Journal of Jewish Communal Service, 55*, 170-182.

King, M. M. (2013). *Stability and change in institutional out-of-home childcare provision* (Thesis submitted in partial fulfillment of the requirements for the degree of MSc in Comparative Social Policy). University of Oxford.

Llosada-Gistau, J., Casas, F., & Montserrat, C. (2016). What matters in for the subjective well-being of children in care? *Child Indicators Research.* Published on-line. https://doi.org/10.1007/s12187-016-9405-z

López, M., Del Valle, J. F., Montserrat, C., & Bravo, A. (2010). *Niños que esperan. Estudio sobre casos de larga estancia en acogimiento residencial.* Ministerio de Sanidad y Política Social. Madrid, Spain.

Martín, E., Muñoz, C., Rodríguez, T., & Pérez, Y. (2008). De la residencia a la escuela: la integración social de los menores en acogimiento residencial con el grupo de iguales en el contexto escolar. *Psicothema, 20,* 376-382.

Ministerio de Sanidad, Servicios Sociales e Igualdad. (MSSSI) (2017). *Estadística básica de medidas de protección a la infancia. Boletín, núm. 18. Datos 2015.* Observatorio de la infancia. Madrid.

Ministry of Social Affairs and Services. (2014). *Review of social services 2014.* Ministry of Social Affairs and Services. Retrieved from http://www.molsa.gov.il/CommunityInfo/SocialServicesReview/Pages/ReviewOfSocialServicesIn2014.aspx

Molero, R.J., Moral, M.J., Albiñana, P., Sabater, Y., & Sospedra, R. (2007). Situación de los acogimientos en familia extensa en la ciudad de Valencia. *Anales de Psicología, 23, 2,* 193-200.

Montserrat, C. (2014). Kinship care: Messages from research. *Child & Family Social Work, 19,* 367–376. https://doi.org/10.1111/cfs.12028

Montserrat, C., & Casas, F. (2014). Stability and extended support. In S. Jackson and C. Cameron (Eds.), *Improving access to further and higher education for young people in public care: European policy and practice* (pp. 178-214). London, UK: Jessica Kingsley Publishers.

Montserrat, C., & Casas, F. (2017). The education of children and adolescents in out-of-home care: a problem or an opportunity? Results of a longitudinal study. *European Journal of Social Work.* Published on-line. https://doi.org/10.1080/13691457.2017.1318832

Montserrat, C., Casas, F., & Sisteró, C. (2015). *Study of services for young people formerly in care: Development, valuation and challenges for the future.* Departament de Benestar Social i Família. Barcelona, Spain. Col·lecció eines 21.

Mosek, A., & Adler, L. (2001). The self-concept of adolescent girls in non-relative versus kin foster care. *International Social Work, 44*, 149-162. https://doi.org/10.1177/002087280104400202

National Council for the Child (NCC). (2014). *Children in Israel: Statistical abstract.* Israel National Council for the Child. Jerusalem (Hebrew).

National Council for the Child (NCC). (2015). *Children in Israel: Statistical abstract.* Israel National Council for the Child. Jerusalem (Hebrew).

Oyserman, D., & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. *Child and Adolescent Social Work Journal, 9*, 541–544. https://doi.org/10.1007/BF00845413

Palacios, J., & Jiménez-Morago, J. (2007). *Acogimiento familiar en Andalucía.* Junta de Andalucía. Sevilla.

Pinchover, S., & Attar-Schwartz, S. (2014). Institutional social climate and adjustment difficulties of adolescents in residential care: The mediating role of victimization by peers. *Children and Youth Services Review, 44, 393-399.* https://doi.org/10.1016/j.childyouth.2014.07.005

Razi, T. (2010). Wronged childhood: Child welfare in the Jewish community during the British Mandate. *Society & Welfare, 3-4,* 377-395 (Hebrew).

Refaeli, T., Benbenishty, R., & Eliel-Gev, M. (2013). Youth aging out of residential care in Israel: Readiness for independent living and need for help. *Children and Youth Services Review, 35*, 1601–1607. https://doi.org/10.1016/j.childyouth.2013.06.014

Sainero, A., Del Valle, J. F., & Bravo, A. (2015). Detección de problemas de salud mental en un grupo especialmente vulnerable: niños y adolescentes en acogimiento residencial. *Anales de Psicologia, 31*,472-480.

Sala Roca, J., Jariot, M., Villalba, A., & Rodríguez, M. (2009). Analysis of factors involved in the social inclusion process of young people fostered in residential care institutions. *Children and Youth Services Review, 31,* 1251-1257. https://doi.org/10.1016/j.childyouth.2009.05.010

Schiff, M., & Benbenishty, R. (2006). Functioning of Israeli group-homes alumni: Exploring gender differences and in-care correlates. *Children and Youth Services Review, 28*, 133-157. https://doi.org/10.1016/j.childyouth.2005.02.010

Service for Children and Youth. (2014). *The children and youth service: Data on children in residential care in 2013-2014.* Ministry of Social Affairs and Services and Brookdale Institute. Jerusalem.

Shimoni, E., & Benbenishty, R. (2011). *Children victims of abuse and neglect staying in out of home placement: And patients in the community background and Results.* Haruv Institution and the national Bureau of Statistic. Jerusalem (Hebrew).

Silva, L., & Montserrat, C. (2014). Jóvenes que estuvieron en el sistema de protección social a la infancia. Reflexiones a partir de una investigación realizada en Girona. *Psicologia-Reflexao e Critica, 27,* 198-206.

Sorek, Y., Szabo-Lael, R., & Ben-Simon, B. (2014). *Foster care services in Israel: Changing process and a current status.* Jerusalem: Myers-JDC-Brookdale. (Hebrew).

Sulimani-Aidan, Y. (2014). Care leavers' challenges in transition to independent living. *Children and Youth Services Review*, 46, 38-46. https://doi.org/10.1016/j.childyouth.2014.07.022

Timonen-Kallio, E., Pivoriene, J., Smith, M., & Del Valle J. F. (Eds.) (2015). *On the borders between residential child care and mental health treatment in Europe.* Turku University of Applied Sciences. Turku.

Vinnerljung, B., Oman, M., & Gunnarson, T. (2005). Educational attainments of former child welfare clients: A Swedish national cohort study. *International Journal of Social Welfare, 14*, 265–276. https://doi.org/10.1111/j.1369-6866.2005.00369.x

Zeira, A. (2004). New initiatives in out-of-home placements in Israel. *Child and Family Social Work, 9*, 305-307. https://doi.org/10.1016/j.childyouth.2009.07.002

Zeira, A., Arzev, S., Benbenishty, R., & Portnoy, H. (2014). Children in educational residential care: a cohort study of Israeli youth. *Australian Social Work, 67*, 55-70. https://doi.org/10.1080/0312407X.2013.863956

Zeira, A., & Benbenishty, R. (2011). Readiness to independent living of adolescents in youth villages in Israel. *Children and Youth Service Review, 33*, 2461–2468. https://doi.org/10.1016/j.childyouth.2011.08.018

Zemach-Marom, T., Halavan-Eilat, H., & Sabo-Lael, R. (2012). Number of children in boarding schools and their characteristics: Trends in the years 2000-2010. *Mifgash Leavoda Hinuchit Socialit, 36*, 17-38. (Hebrew).