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THE INTERVENTION OF THE PSYCHOLOGIST IN CHILD AND FAMILY SOCIAL SERVICES: EVOLUTION AND CURRENT CHALLENGES

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En este artículo se revisa la situación de los psicólogos y su papel en la intervención social en el sector de familia e infancia. Para ello se repasarán algunos de los momentos clave para la incorporación de estos profesionales, tanto en el nivel comunitario, de competencia municipal, como en el desarrollo de los servicios especializados autonómicos como el acogimiento familiar, residencial o de adopción. Se hará particular énfasis en lo que ha supuesto la reforma realizada en julio de 2015 de la Ley Orgánica 1/96 de Protección Jurídica del Menor, que plantea muy importantes retos al trabajo de los equipos interdisciplinarios característicos de este sector. Se comentarán sus implicaciones para los psicólogos del nivel comunitario al abordar situaciones de riesgo, así como los cambios en el nivel especializado referentes a novedades como los centros específicos para problemas de conducta, la necesidad de usar el acogimiento familiar con los niños más pequeños o la posibilidad de realizar adopciones abiertas.

Palabras clave: Protección infantil, Intervención en familia e infancia, Menores en riesgo, Intervención social.

In this article we review the situation of psychologists and their role in social intervention in the child and family sector. In order to do this, some of the key moments in the incorporation of these professionals will be reviewed, both at the community level, in charge of the municipal authority, and the specialized regional services such as foster care, residential care or adoption. Particular emphasis will be placed on the reform implemented in July 2015 of Organic Law 1/96 on the Legal Protection of Minors, which poses very significant challenges to the work of the interdisciplinary teams that are typical of this sector. The implications for psychologists at the community level will be discussed when addressing risk situations, as well as changes at the specialized level referring to novelties such as therapeutic residential care for behavioral problems, the need to use family foster care with younger children, or the possibility of carrying out open adoptions.

Key words: Child Protection, Child and Family Intervention, Children at risk, Social intervention.

This article will refer to social intervention in the field of child and family care, or what until recently was called child protection (more precisely the protection of minors). The change of name arises with the revolution caused by the reforms introduced with the law 21/87 of reform of the civil code on matters of adoption. In it, there are a number of principles that frame the intervention with children in their family context, breaking with the charitable interventions that since the eighteenth century had used large institutions as a way to protect children. As we have said on other occasions, a "rescue" intervention was carried out in which the child left his family indefinitely and often until he came of age, understanding that, far removed from his harmful and/or deficient family environment, the child would develop better. Obviously, the family was not an objective for the institutions of child protection, since the institutionalization "solved the problem" and in any case these organisms, as the name indicated, were not dedicated to adults.

The movement of large institutions that developed in Spain with the laws of beneficence since the eighteenth century, of which

hospices were the best example, remained until the end of the Franco regime. The charitable law of 1849 was not repealed until 1992 and the hospices themselves were not closed until the last part of the dictatorship, in the sixties, giving way to children's centers belonging to the local authorities, still with a macro-institutional model that would remain until the 1980's.

The specific legislation on child protection during the Franco era was the Juvenile Court Law of 1948, in which the reformatory authorities, for taking action with juvenile offenders, united with the protective authority, for intervention with parents that do not fulfill their obligations of care and education of their children. The protective measures for the minors through this last authority, exercised by means of the Work of Protection of Minors, consisted almost exclusively of internment in macroinstitutions.

On the other hand, since the beginning of the civil war, "Auxilio Social" (Social Assistance) was also developing an extensive network of residential centers for minors that in 1974 were integrated into the National Institute of Social Assistance, remaining under this agency until the transfers to the autonomous communities in the eighties.

In summary, we are trying to say that the protection of at risk or "deficient" children, as they were labelled in many texts of the time, was based on institutionalization, with a triple network of

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establishments that had developed: charities managed by the local authorities, establishments of the Work of Protection of Minors, and those of Social Assistance (later INAS). There were many centers for minors throughout Spain and this trend only changed with the great reform effected by the aforementioned Law 21/87.

In the seventies, in the terminal phase of Francoism, we could observe this panorama of macro-institutional resources, many of them sheltering hundreds of children. At the same time, in the university the first licensed psychologists are appearing who, little by little, are emerging from the set of qualifications of the Faculties of Philosophy and Humanities as a differentiated discipline. It is not surprising that the residential child care centers were one of the first places of practice for recent graduates given the enormous number of children and young people sheltered at the time and the variety of their problems. Many psychologists were part of the staff of the residential centers of the local authorities and other institutions in the seventies and some, as happened in Catalonia, together with the new pedagogues, began the transformation of macro-institutions into the model of small foster homes of family characteristics (which for a time were called functional homes).

The psychologists of social intervention in child protection were fundamentally (almost exclusively) those who worked in the large residential centers. They played a fundamental role in psychological assessment, as befitted the time, with an eminently psychometric model, producing reports on the intellectual development and personality profile of children and youth so that they could serve as guidance to the staff that attended them (the term educator did not appear until the mid-eighties).

Thus, the background of the work of psychologists in the social intervention of child and family care is found in the residential institutions, which, as we have seen, were managed by various agencies and their work was more in the scope of clinical or psychometric assessment than in social intervention as we know it today.

THE REFORM OF THE CHILD PROTECTION SYSTEM

With the publication of Law 21/87 on the reform of the civil code regarding adoption, a great revolution was launched in the way of understanding child protection. In addition to the reform of the adoption processes, facilitating their use as a protection measure, family foster care was introduced with the intention that this is the measure to be used rather than institutionalization in cases of family separation. In addition, an agile system of intervention was established for cases of children in a situation of severe vulnerability, which the reform itself calls "desamparo" (cases of abuse and neglect), forcing the pertinent administrations to intervene to assume the immediate guardianship of these minors.

This legal reform was an attempt to make up for lost time and place Spain in a situation similar to those that existed in the protection of children in advanced countries. It was about

overcoming a past marked by beneficence, paternalism and the indiscriminate institutionalization of children from "deficient" families (as they were called then), while there was a marked lack of mechanisms for detection and intervention in cases of child abuse.

Subsequently, this philosophy was embodied and extended in Organic Law 1/96 on the Legal Protection of Minors, which constitutes the basic reference standard for work in the child and family care sector. It is a law that defines the child as a subject of rights and not only as an object of protection, at the same time as it goes a step further in its protection, introducing the need to intervene, not only in situations of abuse and neglect as established by law 21/87, but also in situations of risk. These are cases in which children are insufficiently cared for by their parents or guardians, but they do not have the necessary severity to declare "desamparo". Faced with these situations of risk, the administrations have to devise a plan of family intervention whose objective is precisely to prevent the situation from deteriorating and ending up in "desamparo".

The legislative framework was gradually completed with the regional laws of social services and the specific laws on the rights and protection of minors. The most important development in recent years has been the important reform of Organic Law 1/96, which was carried out in July 2015 and which, among many other issues, establishes the following:

- ✓ the promotion of family foster care by simplifying its procedure and making it compulsory for children under six years of age (and especially for those under the age of three), with only very justified exceptions, thus preventing these children from going into residential care.
- ✓ the details of what is understood by situations of "desamparo", a definition that was previously very general and gave rise to interpretations with relatively broad margins.
- ✓ the need for situations of higher risk to be addressed through a formal declaration of the situation, with an explicit intervention plan for family intervention.
- ✓ the definition, in the area of residential care, of the specific centers for serious behavioral problems with their entry requirements and characteristics of intervention.
- ✓ the obligation to continue to provide the necessary support when children under protection measures reach 18 years of age, giving rise to programs to support independence or transition to adult life that until now depended on the goodwill of each public entity.

THE GREAT CHALLENGE OF DECISION MAKING IN CHILD PROTECTION

Although the psychologists who work in the family community teams with children must recognize and assess all kinds of situations of vulnerability, they usually operate in situations of risk, in which it is possible to continue working with the children and their families without measures of separation. On the other hand, when the cases reach the specialized level, often derived



by these community teams, it is because protection measures are requested for very serious situations, often of “desamparo”. In these cases it is necessary to assume the guardianship of the minors and separate them from their families, at least temporarily, and to propose a custodial measure in residential or family care, as well as preparing an intervention plan with objectives, resources and interventions.

Few psychologists’ working environments are subject to pressures as strong as the decision of whether or not to separate children from their parents and to propose the most appropriate measures for their needs and the best interests of the child (as indicated by the law). Evaluating situations of lack of protection involves assessing their level to discern whether it is a risk situation (which allows us to keep the child with the family) or “desamparo” (which requires separation). To this end, an interdisciplinary assessment is carried out in which psychologists must evaluate the damage to the child’s development as a result of the experiences of lack of protection, their affective bonding with the parents, as well as their risk and protection factors. In the family, many other aspects must be evaluated, such as the factors causing the lack of protection, often problems of addictions, but also of conflict, lack of resources for raising children, etc. These are very complex evaluations that, ultimately, should lead to a decision of immense importance for the lives of children and their families. To this is added, of course, the need to have this whole procedure carried out according to the law, taking into account the requirements that the new legal framework establishes (see an excellent review in Moreno-Torres, 2015).

This great responsibility for the professional work of the entire interdisciplinary team has not been accompanied until very recent times by objective or rigorous measuring instruments. One of the most important advances in our sector has been the development of manuals for evaluating situations of vulnerability with detailed criteria, operationally defined and in the form of instruments whose reliability and validity can be measured. In particular, the Balora system, published as a Decree of the Basque Government (Decree 152, 2017) on which the authors have carried out reliability studies (Arruabarrena & De Paúl, 2011, 2012), is being extended in many Spanish communities.

A serious professional problem in this regard is the fact that no specialty has been recognized for working in these teams. Situations are occurring in which professionals (not only psychologists, but also social workers, educators, etc.) become part of these teams as substitutions for individuals on leave of absence or other reasons without having received any training in this field. Finding a serious case of child abuse, assessing the level of vulnerability and making proposals for protective measures that can be transcendental for the lives of children and their families cannot be done without prior training. It should be an essential requirement for working in these teams and, in general, in family and child care services, to have a master’s degree that qualifies people for such delicate and complex tasks.

THE PSYCHOLOGIST OF CHILD AND FAMILY SOCIAL INTERVENTION IN COMMUNITY SOCIAL SERVICES

Based on our Constitution, social services, like other welfare systems, are the responsibility of the Autonomous Communities. Subsequently, these fields are developed with regional social services laws, which in many territories today are on their second version. In these social services laws, although with different nomenclature, it has been agreed to establish a double level of services similar to what happens in healthcare, with a level of general social services (primary, basic, community care, etc.) and a specialized level by sector (family and childhood, elderly people, disability, etc.). The first level is managed by the local administrations and the second by the autonomous administrations themselves (or, at times, another level of administration such as the provincial councils in the case of the Basque Country).

The role of psychologists in community social services of child care, at the municipal level, is relatively recent because it was not developed practically until the end of the 1980s. The basic law on local government of 1985 was a big step as it included the obligation to provide social services for municipalities of more than 20,000 inhabitants (this being the responsibility of the local authorities in the smaller localities). However, the definitive impulse came from the Concerted Plan for basic services in local administrations in 1988. Until that date, as we have explained in the previous section, our profession’s presence was almost exclusively in the residential institutions of minors and only carried out a few more specific tasks, such as the task of selecting adoptive families linked to mother-infant homes.

The Concerted Plan defined the basic services that should be specific to the municipal centers of social services and the basic programs to make them effective. In this sense, a program of “family and coexistence” was designed that included, together with home assistance, a “psycho-social treatment of family support” whose objectives included reinforcing motivations for change and elaborating projects of family education to develop skills that improve family relationships. Similarly, another program called “social insertion” was proposed, bringing together services aimed at groups or collectives in what we would call today the risk of social exclusion (interventions aimed at the group of Roma families, for example, were typical at that time). Again in this case “psychosocial treatments for people and families in a situation of uprootedness or vulnerability” were included. In the model of organization of the social service centers that the Concerted Plan (García, 1988) would develop, the figure of the psychologist was included “*especially necessary for carrying out the psycho-social treatments of family support and social integration*” (p. 106).

It was therefore with the implementation of the municipal centers of social services, practically in the 90s, that our profession was integrated into community family interventions. In fact, psychologists increasingly devoted their efforts to cases of minors at risk, trying to avoid family separation, an idea that



was decidedly driven by the Organic Law of 1996 which defined risk as a situation of obligatory intervention. Having teams of psychologists and social educators who, together with the social worker, can carry out an interdisciplinary intervention in these situations facilitated the fulfillment of this first basic level of intervention in family and child care.

Over time, what was the family and coexistence program was taking shape as specific teams of family intervention in situations of risk. A negative consequence of this specialization in family and child care was that the role of psychologists in social insertion interventions (that the Concerted Plan envisaged) with minorities or groups at risk of social exclusion, was greatly reduced at the municipal level.

During the decade of the 90s we can say that the work of psychologists at the community level of family and childhood services was consolidated and stimulated. The high specialization that was increasingly required to work in situations of risk of child vulnerability meant that in some territories these teams were located at the municipal level, as staff of the municipality, but funded directly by the autonomous community. This is a way of guaranteeing that there is intervention in situations of risk at the local level and that the autonomous community can devote its efforts mainly to cases of "desamparo" or very serious risk.

Today there are many psychologists who work in family and child care at the community level, forming teams as we have mentioned, with social educators and social workers to carry out family interventions. Although there are many differences depending on the territory concerned, their usual tasks typically include:

- ✓ the development of programs to prevent child vulnerability (a term we use to cover all situations of maltreatment, neglect, abuse, exploitation, etc.). Among these programs, parenting skills and the development of positive parenting stand out for their implementation and growth (see a review in the special issue of the journal *Intervención Psicosocial [Psychosocial Intervention]* dedicated to the topic, coordinated by Rodrigo, 2016).
- ✓ the detection, investigation and evaluation of situations of vulnerability in their territory, assessing their level and, therefore, whether they are of community or specialized competence.
- ✓ carrying out interventions in situations of risk through family intervention programs, especially when a risk situation is formally declared, in accordance with the modification of the Organic Law 1/96 of 2015. These interventions are intended to improve the skills of parents in raising their children, offer support through intervention in crisis situations, and work with adolescents and parents who have serious problems of relationship and conflict, etc.
- ✓ at the community level, supporting the monitoring of cases of vulnerability that have completed specialized protection measures, such as family reintegration after a residential care

measure, or some types of foster care such as those carried out in extended families.

It is precisely in the development of family interventions of risk cases where today there are the most doubts about the effectiveness and efficiency (cost-benefit ratio). While at the specialized level residential and family care measures, as well as adoption, have a national statistical monitoring, published by the Ministry responsible for social services through a statistical bulletin, at the community level there are no national figures. It is possible to know how many minors are fostered or have been adopted, even with the recent improvements made to the bulletin, one can find out descriptive data of age, sex, nationality, etc., all with time series going back several years that allow us to evaluate trends and changes.

In the case of family interventions none of this is possible, although some territories can provide local figures, often in the form of reports. Consequently, there are few possibilities to detect changes early in the needs of children and families, to analyze in depth the profiles of risk cases and, especially, to evaluate the effectiveness and efficiency of family intervention programs.

This lack of data and evaluations does not allow us to analyze which models or approaches are being followed in family intervention programs, despite the complexity they involve. The objectives have to do with motivational aspects, awareness of change (often to make families become aware of their problems and accept to be referred to certain treatments or community resources), parenting skills for the different stages (care of babies, children and, especially, conflict with adolescents) and skills for domestic organization. All of this can be done through different approaches, but there is the added complexity of designing and distributing the tasks to be carried out by the different professionals in the team. The role of psychologists can vary greatly from one program to another, from those who work primarily designing objectives and strategies for intervention with the family, to those who perform psychological support tasks and even therapeutic work sessions with parents and children that require it.

What has been a breakthrough in recent years is the development of specific programs for the development of parental skills, as we have already mentioned. Although they can be worked on in the abovementioned family intervention programs, their most widespread application is at the primary and secondary prevention levels. In this case, each program has its theoretical justification, its design of sessions and contents with families and even studies evaluating the results. Given the crisis that seems to exist in terms of family education: the problems of limits, authority, control and the serious social problem of adolescents out of their parents' control and even those that behave violently towards them, these programs seem to have a particularly important function. Regarding the care of younger children, these programs have a very important purpose in avoiding situations of negligence.



Another of the most promising advances that has taken place in our country in terms of the community level of family intervention is the implementation of evidence-based programs. These are family intervention programs, often with a marked preventive nature, with acknowledged evidence of results (through experimental and longitudinal studies), as well as studies of costs and efficiency, usually developed in the United States (see a review in the special the journal *Intervención Psicosocial [Psychosocial Intervention]* dedicated to this subject and coordinated by De Paúl, 2012). Recently two of these programs have been implemented in the Basque Country and are in the evaluation phase (De Paul, Arruabarrena, & Indias, 2015).

In short, the social intervention of the psychologist in the field of child and family care has managed to consolidate its presence at the community level, which rarely happens with the rest of social services sectors (disability, elderly people, etc.) with whom psychologists usually work at the specialized level. Community social intervention is closely linked to preventive actions and in the case of our field, numerous experiences are being carried out with specific programs of parenting skills, even evidence-based ones, which are a good example.

THE ROLE OF PSYCHOLOGISTS IN SPECIALIZED FAMILY AND CHILD CARE SERVICES

In the introduction we have mentioned that the psychologists in our sector began working in the large residential institutions for minors (committee for the protection of minors, local authorities, etc.). Since the legal reform of 1987, especially with the introduction of foster care and the facilitation of adoption processes for cases of serious irreversible abandonment or lack of protection, psychology professionals have opened up a wide field of work, in this case in the public entities responsible for child protection (normally autonomous communities). The work of psychologists in adoption is one of the few areas that have a legal standard that establishes the obligation to carry out a psychological study and its corresponding report of suitability for candidates ("bidders", as the law currently calls them) for adopting.

However, there are many functions and tasks that psychologists perform in the adoption process. In addition to the suitability assessment, adoption processes have included in their procedure the need to hold previous informative sessions and training on the adoption process itself and the possible needs of adopted children. In addition, and probably the element that has received the most attention in recent years, there is all the post-adoptive support work. This is derived from the problems that are evident in the upbringing and education of adopted children, especially when they reach adolescence, which lead to a worrying number of cases in which there is an adoption breakdown (Palacios, Jiménez, & Paniagua, 2015) and the minor goes on to receive a protection measure. Without going to this extreme, there are many cases that are experiencing

major difficulties and there is a great consensus on the need to carry out adequate monitoring of adoptions and provide the necessary support.

In adoption programs, psychologists have had a huge workload with the rise of international adoptions, especially in the first decade of this century, in which Spain became one of the countries in the world with the most international adoptions. This was, on the one hand, due to the difficulties in carrying out national adoptions (very scarce) and, on the other hand, because of the ease in carrying out adoptions from many Latin American, Asian, Eastern European countries, etc. This strong pressure to expedite the numerous evaluations of suitability was alleviated, at least partially, by the fact that in many autonomous communities collaboration agreements were made, or had already been previously made, with the official psychologist associations in each territory so the suitability evaluations were carried out by accredited professional professionals for this task (the same was done with the social workers through their own association).

What was a saturation in the demand for suitability assessments in the last decade has given way to the current situation of a great shortage of countries where international adoptions can be carried out. On the other hand, the arrival of a large number of children from other countries for adoption in ours, in many cases with experiences of several years in orphanages and institutions with very poor care, is causing many problems of adaptation in families, as has already been said, especially in adolescence. This is one of the main challenges of our protection system at present (see a review on the challenges of adoption in Palacios, 2013).

The other great novelty of the 1987 legal reform was the inclusion in our civil code of the concept of foster care as a preferred alternative to the traditional care in residential centers. Once again it became necessary to set up interdisciplinary teams in all the territories to apply a protection measure that had been implemented for decades in the most advanced countries (particularly in the Anglo-Saxon culture) and that arrived late in our country.

Thirty years later, foster care is present throughout the State, although with very important differences between the communities (Del Valle, López, Montserrat, & Bravo, 2008). There are many psychologists who have begun to work on this measure, the technical requirements of which are very high as guarantees are required for the children and the families. As in adoption, the processes in which psychology professionals intervene are varied: information, training, assessment of adequacy (equivalent to suitability in adoption), coupling and, above all, follow-up and support work throughout the whole time of being fostered in the family. It should be borne in mind that this measure, quite generally in all the autonomous communities, is usually managed by non-profit organizations and that it is therefore in them where the majority of psychologists carry out their work. However, it is usual for foster

care to be developed by these entities, while family kinship care (carried out by relatives) is typically managed by the Administration itself, with much fewer personnel and resources despite the fact that in Spain they account for 70% of all foster care (Observatorio de la Infancia [Childhood Observatory], 2017). The message that these administrations seem to be sending is clear: this type of placement can be carried out without great efforts of personnel or resources. This belief is based on the fact that fostering with relatives with whom the child already had links facilitates the integration and, on the other hand, the hosts in this case have a strong motivation to provide the best care.

The truth is that foster care is much more complex than it seems and many of these are grandparents with low incomes and a generational difference, particularly when their grandchildren reach adolescence, which greatly complicates the educational relationship. Support for these fostering family members is one of the most important roles of psychologists in these programs, both in the orientation of educational guidelines and in working with adolescents themselves.

However, the greatest challenge for family foster care professionals is to create a culture in which this modality is recognized and valued socially, so that there are more volunteer families willing to take care of children from other families. In this modality, the figures are still very scarce, although there are important differences between territories. The reform of the legislative framework carried out in 2015 establishes that the youngest children must always be in foster care and the number of foster parents for children of these ages should be increased significantly.

Finally, with regards to residential care, this is still a type of program in which psychologists are very numerous. At present, this measure should be reserved for adolescents who cannot or do not wish to benefit from foster care, often because they have significant profiles of emotional or behavioral disorders. Today, 75% of the cases in residential care are adolescents and it seems that, with the help of the law and on the basis of the scientific and technical consensus that has existed for many years about the need for children to be in foster care, this could become a reality in the next few years (as long as the public entities strive to make it happen).

As the trend is for the cases in residential care to be adolescents, which in themselves represent an educational challenge, and furthermore many have emotional and behavioral problems, naturally the role of psychologists has become much more important in recent years. On this matter, moreover, close coordination must be established between the psychologists of the protection service and those who are in the clinical setting (for an international review of the coordination between mental health care and child protection systems, see Timonen-Kallio, Pivoriene, Smith, & Del Valle, 2015).

Another element, perhaps the most noteworthy of the changes that have occurred in residential care, is that for more than a

decade we have been witnessing the arrival of unaccompanied foreign minors in numbers that are enormously worrying. In the last year, they have been inundating the services of many autonomous communities. Almost all of these minors go into residential care until they come of age and the challenges they pose are enormous, taking into account the needs of their adaptive processes in language, schooling, culture, religion, etc.

To summarize, the challenges of psychologists in residential care have to do with:

- ✓ support to the professionals in the residential centers giving educational guidelines for these ages, handling the dynamics of the group of cohabitation and the resolution of highly conflictive situations.
- ✓ the early detection of indicators of emotional and behavioral disorders for referral to treatment. A recent study (González-García et al., 2017a) shows that practically 50% of adolescents in residential care in Spain are receiving psychotherapeutic support of some kind, so the incidence of these problems is vast.
- ✓ improvement of the school performance and the qualification of these young people who very often do not complete more than very basic studies, so their insertion in the labor market only allows them to access positions with very low qualifications and income. Some studies carried out in Spain have confirmed this problem (Montserrat, Casas, & Baena, 2015, González-García et al., 2017b), which is already well known in other countries around us. In this case, coordination must be carried out with educational psychologists to implement innovative programs to improve academic performance through the use of new technologies, among many other possibilities.
- ✓ The work of cultural, school and labor integration of unaccompanied foreign minors.

To all this we must add a very important challenge that is related to the legal reform of 2015. Therein, a type of residential care is regulated in detail: the "specific centers for minors with behavioral problems", that is, for those cases in which the child's behaviors make cohabitation in a foster home very difficult and for which a specific program has been established with special intervention measures. To enter this program requires judicial authorization based on psychosocial reports from child protection professionals and clearly excludes cases where there is a "mental illness or disorder" that requires specific assistance from mental health services. To begin with, discrimination between behavioral problems and mental health disorders can be a challenge for the psychologists involved in these assessments. On the other hand, professionals of child protection, within the field of social intervention, will have to have knowledge of clinical psychology in order to make these reports. This need for rapprochement between the social and the clinical, for some professionals of specific services such as residential care, is something that has been strongly demanded for years. In the case of these specific centers of behavioral problems, we believe that a psychologist who does not lose sight

of the psychosocial approach or the clinical approach can make valuable contributions. On the contrary, if he or she only has one of the two perspectives they will have very important limitations.

It is necessary, first of all, for the psychology professionals of the family and child care sector to maintain the identity and the theoretical positioning of the social intervention, analyzing and trying to modify the contextual, ecological, relationship and social support elements, etc. However, the needs of children and young people in residential care are very affected by developmental, emotional and behavioral disorders, as a consequence of the serious adverse experiences experienced in their family. To intervene in these cases (at least half of those in residential care) psychologists must have basic knowledge of child and adolescent clinical psychology, both in order to be able to produce the evaluations and reports as mentioned above, and to guide the psycho-socio-educational treatment of minors in residential care in general and in specific centers in particular.

Abundant in this idea of the complementarity of the knowledge of the psychologist in this sector, it is evident that practitioners cannot work with children without a solid base of evolutionary or developmental psychology. Many of the reports that psychologists in this field must present in order to take measures of serious consequences for the lives of children and their families have to do with the assessment of the affective bond between children and parents, and this refers to babies, children or adolescents. It would be difficult to carry out rigorous assessments on this and other aspects without a solid knowledge of the stages of child development and their needs.

Another of the new and highly anticipated aspects of the legal reform of 2015 is the recognition of the need to help young people in their transition to adulthood when they turn 18. Although, upon reaching the age of majority, protection measures cease to be aimed at minors, it is also true that these young people do not normally have the possibility of achieving independence immediately. Many administrations, in fact, have established different types of aid for these young people who have reached the age of majority, especially those in residential care. The problem is that, in the absence of a law that would force the continuity of services, the differences between the territories were enormous and depended on the sensitivity of each autonomous government. It should be mentioned here the great pioneering effort that the Generalitat of Catalonia made in 2010 with its Law of Rights and Opportunities for Children and Adolescents (although services had already begun prior to this) to guarantee a series of services for these young people which included economic benefits and psychological, legal, training, employment, and housing support. The 2015 reform includes an article that obliges public entities to provide support for the transition, with preparation programs starting at the age of 16 and with services that are practically the same as those in the Catalan law just mentioned.

An important line of work, therefore, would be the preparation of young people from the age of 16 onwards trying to acquire skills for autonomous living and to do this, some programs have been published such as the Umbrella program (Del Valle & García-Quintanal, 2006) which has been modernized and updated in a new project called PLANEA (Del Valle & García-Alba, in press) that uses the Internet platform and new technologies. It is very unfair that in Spanish society young people take many years to become independent from their families, with a large percentage remaining in them until they are in their thirties and, instead, these vulnerable young people have to carry out this "accelerated and compressed" process almost immediately upon reaching the age of majority. However given this situation, at least the efforts and resources needed to support this difficult challenge can be found (see a review in López, Santos, Bravo, & del Valle, 2007).

SOME CONCLUSIONS

At the time of writing this article, the sector of social intervention in family and child care is going through a period of great changes and revisions, due to the important legal reform carried out in 2015. The legal development of risk situations and their approach is now more detailed and more formal, so it will have clear implications for the work of psychologists at the community level or general social services. Likewise, at the specialized level, a number of innovations will pose important challenges for the professional teams. One of them is the possibility of setting up professionalized family foster care, for example, for cases that today are very unlikely to be accepted by volunteer families, but which will require very close psychological support.

The legal reform also introduces this very sensitive issue that is the possibility of carrying out open adoptions, that is, in which the adopted child can maintain contact with his or her family of origin and which will also require very rigorous assessments and close monitoring.

The same can be said of the obligation that the law establishes to provide support to young people who reach the age of majority under protective measures, for whom a wide range of interventions is opening, both in terms of training and skills for living independently and in terms of specific benefits in needs such as housing, training, employment, etc. This opens up a space for a type of work that is very different from the traditional work that was aimed at the childhood and adolescence stages of development, since work needs to continue in some cases over the age of 21.

On the other hand, the introduction of specific residential care for serious behavioral problems represents a challenge for which we will have to know how to combine respect for the rights of minors with a highly structured and controlled intervention. For this, it is necessary to introduce accredited effective models for psychosocial treatment, following some good examples of what has been called internationally



"therapeutic residential care" (see a review in Whittaker, Del Valle, & Holmes, 2015).

This review cannot be complete without another call for the need to work on prevention, very often forgotten and relegated. The promising parenting skills programs we have discussed that are taking root in many communities, as well as examples of the introduction of evidence-based international programs, allow us to be optimistic about this.

Finally, at university level it is regrettable that more quality master's degrees are not being developed to prepare psychologists for social intervention in family and child care. While the new design of higher education in Europe makes it clear that professional and specialized training must be developed through this level of master, there are very few that exist that are specifically for intervention in family and childhood, even though in this review we have reviewed the variety, complexity and serious responsibility involved in the work in this sector. The conditions set by universities for the creation of master's studies, with budgets that do not practically allow expert teachers to come from other universities or entities, is leading to very few that exist at present. In all probability it will be necessary that some kind of collaboration from our professional association can be offered to promote this much-needed training, as has been the case in the past.

CONFLICT OF INTERESTS

There is no conflict of interest.

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