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Child protection in Italy and Spain: Influence of the family supported society

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ABSTRACT

The analysis of the historical development of child protection in Spain and Italy shows remarkable common aspects. There has been a strong tradition of using residential care by means of large institutions, mostly run by catholic religious organizations, in both countries, and both have had to face the challenge of changing the tendency of this institutional care to a family based care. On the other hand, both countries share a Mediterranean culture where the family has been the main provider of personal and social wellbeing, although the welfare state has achieved a high level of development with large health, education, and social services coverage in the last decades. The current financial crisis of these countries is jeopardizing these recently attained advances and again the importance of family support is becoming crucial. The article reviews the historical development of out-of-home care in both countries and compares foster family and residential care, as well as the main research contributions to these topics in both countries.

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La protección a la infancia en Italia y España: La influencia de la sociedad apoyada en la familia

Palabras clave:
Protección a la infancia
Medidas de separación familiar
Acogimiento familiar
Acogimiento residencial

RESUMEN

El análisis de la evolución histórica de la protección a la infancia en España e Italia muestra importantes aspectos comunes. En ambos países ha existido una gran tradición del uso del acogimiento residencial mediante grandes instituciones, mayormente gestionadas por organizaciones religiosas católicas, y ambas han tenido que afrontar el reto de cambiar la tendencia del acogimiento institucional por el familiar, más acorde con los tratados internacionales y los derechos del niño. Por otra parte, ambos países comparten una cultura mediterránea en la que tradicionalmente la familia ha sido el principal proveedor de bienestar personal y social, aunque en las últimas décadas ha alcanzado un alto grado de desarrollo el Estado del bienestar con amplias coberturas de salud, educación y servicios sociales. La actual crisis económica de estos países está poniendo en riesgo estos avances recién conseguidos y de nuevo la importancia del apoyo familiar está siendo decisiva. El artículo revisa el desarrollo histórico de las medidas de protección con separación familiar y compara los datos de acogimiento familiar y residencial, así como las principales aportaciones de la investigación a estos temas en ambos países.

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When Gøsta Esping-Andersen (1990) worked on his book, *The Three Worlds of Welfare Capitalism,* to distinguish the different welfare systems, he identified three main types of welfare regimes in which modern developed capitalist nations cluster: liberal, conservative-corporatist, and social democratic. The traditional examples of the three types of welfare states are the United States (liberal), Germany (conservative-corporatist) and Sweden (social democratic). "Mediterranean model" is a label for Italy, Spain or Greece, where the family network is important to provide welfare solutions.

He did not use homogeneous categories for differentiating the models, partially considering the funding (fiscal, corporatist, insurance-based) of welfare provisions (for example, the Italian welfare system is mainly tax-financed, so it is structurally equivalent to those in the Scandinavian countries). He partly favoured cultural differences rather than structural differences, related to financing and supplying welfare provision. In this way, Spain, Italy, and Greece are assimilated under the idea that the main subject of the welfare system is represented by the family instead of the institutions. If we

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look at the evolution of the Italian and Spanish welfare, this is not the case, since in the last 50 years welfare solutions have been based on the support provided by both institutions and families.

As it will be seen throughout this review, both countries share a recent past in which institutionalisation was considered as practically the only available measure for children in care. Many different children were looked after for problems arising mainly from poverty and the social marginalisation of their families. This was done by religious institutions or managed by state organisations with limited professionalism. It was not until the 1970s in Italy and the 1980s in Spain that attention to cases of mistreatment, the adoption of family separation measures which ensured the interest of the child over that of the family, and the development of more community-based measures as alternatives to institutionalisation began to appear.

Although opposition to institutionalisation began to spread in Italy during the end of the 1960s, a change in the management model and child protection legislation had to wait until the 1970s and coincided with the transfer of responsibilities for these matters to local authorities.

In the case of Spain, this change of model was delayed even more by the impact of the Spanish civil war and the dictatorship which was in place before 1978. The transition to the new model occurred in Spain in the 1980s, when responsibilities were also transferred from the state to the autonomous communities.

Nevertheless, outside the political context, what really unites these countries is the value of their culture, which is characterised by the importance given to the family when dealing with the needs of its members. Strong family ties have caused, among other things, some aversion and slowness in consolidating foster family care as an alternative for out-of-home-care (OOHC), leading to the prevalence of high rates of the use of residential care or the adoption of alternatives within the extended family (kinship care).

The article examines the historical development and legislative framework in the area of child protection in both countries and goes on to show the key data on children in care and the use of OOHC measures. Finally it explores the most important lines of research being carried out at the moment and the current challenges facing professionals, legislators and researchers.

Child protection in Spain

Child protection framework

The recent history of child protection in Spain is closely linked to the political situation which existed after the civil war (1936-1939) and the subsequent dictatorship which lasted until the Constitution of 1978 and the return of a functioning democracy to the Spanish state. During the almost forty years of dictatorship, social services, and in particular child protection, underwent a return to the charitable practices of the beginning of the 20th century. In this model, large children's homes, ran mainly by religious orders, had a prominent, almost exclusive, role in child protection. These institutions housed not only children who had been abandoned or mistreated, but also a large number of children from poor families, or families with serious problems such as alcoholism, mental illness or prostitution, who were sent into the care of these institutions without any other course of action being taken regarding their families.

This exceptional political and social situation makes it understandable that it would take until 1987, and the first large-scale legislative reform of child protection, for family foster care measures to be regulated in Spain. It was introduced as the most desirable method of out-of-home placement, consistent with child protection practices in other developed countries and therefore, it was almost as late as the 1990s before it was put into practice. As it will be apparent from this article, this lag in child protection practice still has consequences in the difficulty in the establishment of family foster care as a widespread cultural practice. There are still few Spanish families who take part in these kinds of programmes and there are vast differences between the Spanish autonomous communities.

Following the constitution of 1978, Spain was divided into 17 autonomous communities, all with their own parliament and government, as well as the responsibility for administering the main services (education, health, social services and so on). During the 1980s, the autonomous communities began drafting their own social services laws, with support from central government regarding both financial and technical aspects, so that there was some degree of harmony across the different communities. In an effort to overcome the charitable and institunalising model from the dictatorship era, a child care system has been developed in Spain over the last 30 years based on the general social services model of the welfare state.

These new social services systems were designed around the newly-established responsibilities of the autonomous communities. As discussed above, all autonomous communities had responsibility for drawing up their own social service legislation between 1982 and 1991. Given that there are two levels of administrative organisation (municipalities and autonomous communities) in Spain, there are two separate levels of social services. These are:

Community social services. Run by municipalities and based on the community model. The types of services offered to children and families include prevention programmes and the identification of risk situations, family support programmes, and social integration programmes aimed at individuals who are socially excluded.

Specialised social services. Responsibility for these services lies with the autonomous community administration. Specialised services in the field of child protection include residential child care (both for welfare and judicial reasons), foster care and adoption services, as well as coordination and support for community programmes.

The municipal and regional levels (autonomous communities) have complementary roles in terms of social services. In the field of child protection, the main responsibilities of municipalities lie in the areas of prevention, early detection, and family intervention. On the other hand, regional social services are responsible for child protection files, legal decisions, and specific programmes such as residential child care, family foster care and adoption.

The recent development of the legal framework with respect to child care provision can be summarised as follows:

Foster care and Adoption Law, 1987. This law reformed the civil code in Spain, facilitating foster care and adoption. This same law also established new responsibilities and a new model of child care.

The constitutional Child Protection Law, 1996. This law constitutes the main legislative framework for child protection, enhancing all aspects of children's rights and treating children as citizens. It also established different types of foster care and introduced an important concept into child care practice: the consideration of the interests of the child as paramount in all decisions taken with regard to his/her welfare. In addition to the above, each autonomous community has developed its own social services laws and its own child protection laws.

At the present time, the Spanish parliament is drafting a reform of this law to update it and to adapt it to current needs. The reform will address dealing with unaccompanied asylum seekers, therapeutic residential care, professional foster care and streamlining adoption measures and protection in general.

Child care figures

Spain has a population of 46.8 million, of which 17.8% are under 18. It has one of the lowest birth rates (1.36) and the general ageing of the population is a major concern.

There is a significant problem in monitoring child protection statistics, as it is the responsibility of the autonomous communities, so there are 17 administrations, each one managing its own data. Although

the state government publishes a national statistical bulletin each year (Observatorio de la Infancia, 2012), the system is largely dependent on the way information is recorded in each community and there are significant gaps in the final product, as will be seen later.

Looking at the data from 2011 (latest published data) in Spain, 35,505 children were found to be in OOHC (the data refers to December 31st that year), that represents a ratio of 45.7 per 10,000 minors in the population. Of those, 60.4% were found to be in foster care and the remaining 39.6% in residential care. Comparing these data with those ten years earlier, a slight decrease in residential care can be seen (in 2000 it was 44%), although the data is generally quite similar (Table 1).

Tabla 1
Children in out-of-home care (OOHC) in Spain

	2000	2011
OOHC: Residential versus foster care		
Residential care	15,207	14,059
Foster care	19,426	21,446
Total OOHC	34,633	35,505
Rate of OOHC per 10,000 children	49,9	45,7
Foster care: Kinship and non-kinship care		
Kinship care	80%	75%
Non-kinship care	20%	25%
Adoption		
National adoption	964	775
International adoption	3,062	2,573
Total adoption	4,026	3,348

Data seems seem to indicate a slight predominance of family over residential programmes. Nonetheless, it is important to bear in mind that foster care includes both kinship care and non-kinship care. The national statistics do not give complete data about the proportion of those types of care (as not all of the autonomous communities make it possible) and, for that reason, that data is not presented in the table. This alarming lack of precision in the data continues to be a significant problem in national statistics. A study carried out some years ago showed for the first time that the large majority of cases (80%) are kinship care (Del Valle & Bravo, 2003) and taking the national statistics from 2011 from those communities which do provide this differentiation, the percentage is still 75% today.

The question is more if we bear in mind that many cases of kinship care are situations in which there was already informal kinship care and where we are not dealing with a case of mistreatment or negligence as in the rest of the residential care or non-kinship foster care measures. This introduces a significant bias in the OOHC statistics in Spain. If one were to consider only the ratio of residential care and non-kinship care, the proportion would be approximately 73% residential care (for an examination of the foster care situation in Spain see Del Valle, López, Montserrat, & Bravo, 2009; Palacios & Amorós, 2006).

Consequently, despite what the data in Table 1 seems to indicate, one of the major challenges for child protection in Spain is to increase foster care (with people from outside the family) compared to residential care, the use of which remains very common. One example of this anachronism in protection measures and of the imbalance of priorities outlined in the law is the existence of residential care for children under 3 in all autonomous communities. The new national law, currently being drafted, is expected to state that children under 3 years old cannot be placed in residential care, as a way of implementing obligatory family placement for the youngest children.

Adoption in Spain is thought of as a measure which is promoted for cases of looked after children who are not going to be able to return to their families. A large part of the child protection legislation has dealt with streamlining the process of adoption so that the children do not stay for too long in residential care or in foster care in provisional, indefinite situations. Unfortunately, recent research has shown that in practice this problem is far from resolved (Del Valle et al., 2009; López & Del Valle, 2013) and that national adoption is relatively rare. Nonetheless, international adoptions have been relatively common in Spain, three times more frequent than national adoption, although this has declined in recent years owing to many countries closing their borders preventing the exit of children being adopted. Nevertheless, international adoptions have been so numerous that some authors have called it a "tsunami" for the child protection services (Palacios, 2009) because of the need for resources to deal with it. Many administrations have been forced to reorganise their resources due to the very high demand for suitability evaluations for adoption, monitoring, and other formalities.

It is important to highlight that, although this article does not refer to family preservation programmes, these kinds of programmes are run by municipal administrations and there are no national statistics for them. Data only appears in the activity reports of some autonomous communities, being often partial and not very rigorous. These types of child protection interventions are not included in monitoring nor in programme evaluations as they should be, despite being a cornerstone of the system.

Research review

Research on residential care in Spain has been scarce and carried out by only three or four research groups. The first publications with any impact referred to the need to carry out programme evaluations in this area (Del Valle, 1992), and extended to the development of a monitoring system for residential child care programmes (Bravo, Del Valle, & Santos, in press; Del Valle, 1998; Del Valle & Bravo, 2007), the current version of which, called SERAR, is used in half of the Spanish autonomous communities. The system allows the evaluation of achievement of objectives for each child and some researchers have used it to evaluate the level of children's social integration in residential care (Bravo & Del Valle, 2001; Martín & Dávila, 2008) and their school integration (Martín & Muñoz, 2009; Martín, Muñoz, Rodríguez, & Pérez, 2008). The interest in the evaluation of these children's social integration included work on their social support networks (Bravo & Del Valle, 2003), which showed a much weaker structure and functionality compared to other children of the same age.

A particularly relevant topic in current international research is that of the processes of transition to adult life or leaving care (Stein & Munro, 2008), that is, the time when young people who as minors were under the protection of state care, have to assume their independence as adults. Some long-term follow-up studies have been carried out in this area (Del Valle, Álvarez-Baz, & Bravo, 2003; Del Valle, Bravo, Alvarez, & Fernanz, 2008) on young people who had spent long periods in residential care. The results showed complex situations, influenced as they were by the time that had passed since the exit from residential care. In any case, the studies allowed us to conclude that although all of the young people had problems in their transition to adult life, only a small group (15%) had had a very negative outcome, related to addiction or delinquency. Nonetheless, a relatively large group continued to be dependent on social assistance to survive and the level of qualifications was very low. The most significant prognostic indicator was the number of placement changes in residential care, as well as the detection of behavioural problems in adolescence.

Other groups have made recent contributions along the same lines (Sala, Jariot, Villalba, & Rodríguez, 2009; Sala, Villalba, Jariot, & Arnau, 2012) about entering work, showing the relationship bet-

ween variables such as the type of children's home, gender, placement changes, social abilities etc.

In recent years the focus of research in residential care has been directed towards the growing emotional and behavioural problems of these children and young people and the problems an adequate treatment poses. Data from international literature shows a large incidence of these types of problems and the difficulty of good detection, referral, and treatment (Burns et al., 2004; Pecora, Jensen, Romanelli, Jackson, & Ortiz, 2009). The first Spanish research to provide data on the prevalence of these problems in residential care was carried out in the autonomous community of Extremadura (Sainero, Bravo, & Del Valle, 2013), and showed that 27% of the children between 6 and 18 years old were having psychological treatment. However, when objective screening techniques such as the CBCL and YSR (Achenbach & Rescorla, 2001) were used, the proportion of children with a clinical score on some scale rose to 45%. The data confirmed the existence of a good number of children who were not being treated despite presenting indicators which suggested a high probability of disorders. One particularly relevant group, albeit one which is scarcely visible in the scientific literature (Trout et al., 2009), is children with intellectual disabilities in residential care. A study was carried out on that group in the aforementioned sample from Extremadura. The results showed that these children represented 18% of children in care, that 45% were receiving psychotherapy (Sainero, Del Valle, & Bravo, 2013), and that some of those children formed part of the group with the greatest need for intensive intervention in therapeutic residential care. One consequence of these studies was the production of a guide for the detection, evaluation, and intervention of mental health problems in residential care (Del Valle, Sainero, & Bravo, 2011). More recently, another study was carried out which demonstrated the importance of emotional and behavioural problems in long-stay cases in residential care and the obstacles that they presented for other measures such as family foster care or adoption (López & Del Valle, 2013).

In recent years, the other main focus of attention, together with mental health, has been on educational performance and academic qualification of children and young people in residential care. Professor Casas' group has done extensive work (Montserrat, Casas, & Malo, 2013) on young people aged between 18 and 22 who had been in residential care, in order to evaluate their education, employability, and qualifications. This study, which can be considered to be within the area of leaving care and transition to adult life, showed that young people in residential care are at a very high risk of social exclusion owing to their limited qualifications. The results showed that this problem is related to the low priority that is given to schooling by managers and professionals in the child care system, the low expectations that the adults have for the children and adolescents in their charge, the invisibility of the specific support needs of this population within the education system, and the additional difficulties that these young people encounter in their transition towards adulthood. There are also studies which demonstrate the difficulties these children have with linguistic skills (Moreno, Garcia-Bahamonde, & Blázquez, 2010) and how that impacts their educational performance.

In the area of family fostering, a large part of the research and publications before the year 2000 was directed towards the creation of educational materials for training foster families, work which was carried out by the group led by professor Amorós (Amorós, Fuentes, & García, 2004; Amorós, Fuertes, & Roca, 1994). This group has continued doing strong work in research about specialised family fostering (Amorós, Freixa, Fuentes, & Molina, 2001) and adolescents' perceptions of their needs (Mateos, Balsells, Molina, & Fuentes, 2012).

From a descriptive point of view, some work has been done which has demonstrated the profiles of fostered children, foster caregivers, and the characteristics of the processes (Del Valle et al., 2009). The results showed that foster care in Spain has a breakdown rate of 25% when it is provided by non-kin and 17% when dealing with kinship care. The work concludes that the stays are overlong, there is little clarity in the case plans, and that a high percentage of cases remain living with their fosterers until reaching majority (95% in kinship care and 65% in non-kinship care). Later studies have analysed the factors which produce family reunification or a split (López, Del Valle, Montserrat, & Bravo, 2011, 2013). One recent study specifically tackled the transition to adult life for those young people who had lived in kinship care (the majority with grandparents) which showed the difficulties in overcoming the death of their carers in a high percentage of cases, but, in general, showed better indicators of social integration than is seen in youngsters in residential care (Del Valle, Lázaro-Visa, López , & Bravo, 2011). Other researchers have dealt with questions such as problem behaviour in adolescents in extended family care (Bernedo, Salas, Fuentes, & García, 2012; Fuentes & Bernedo, 2007) and an instrument to measure children's adaptation within a foster family (Balluerka, Gorostiaga, Herce, & Rivero, 2002).

With regard to adoption, the pioneering research group in Spain is led by professor Palacios, who has not only collaborated on diverse family fostering studies, but also developed educational materials for training prospective adoptive parents (León, Sánchez-Sandoval, Palacios, & Román, 2010) and guides on evaluation and selection for international adoption (Palacios, 2008). In recent years this group has published numerous pieces of work following up adopted children, including aspects such as parental stress (Palacios & Sánchez-Sandoval, 2006; Sánchez-Sandoval & Palacios, 2012), attachment representations (Román, Palacios, Moreno, & López, 2012), and social skills (Palacios, Moreno, & Román, 2013). Other research groups have produced work on conflict in adoptive families (Bernedo, Fuentes, & Molina, 2005), parental socialisation strategies (Bernedo, Fuentes, Molina, & Bersabé, 2007) and on waiting time in the adoption process (Berástegui, 2008).

Future challenges and innovations

In general, it can be seen that the most worrying issues have been those of behavioural problems, which, in family fostering and adoption, present an important obstacle to staying with the family or family relations (in adoptions) and which, in residential care, is an area where there are significant gaps in detection, evaluation, and treatment, and a lack of objective, reliable procedures.

It is particularly worrying that two of a child's important, first-order needs, like health (particularly mental health) and education are two areas that the research shows as having the largest gaps in the resources and procedures necessary for those needs to be adequately met. There are many children with emotional and behavioural problems that are undetected and untreated, even though we know that there are indicators which predict a transition to adult life with a high probability of social exclusion. Equally, we know that low academic achievement and poor qualifications are instrumental in increasing this risk. Hence the existence of two important research centres trying to come up with new approaches and innovations to meet the needs of children and young people in OOHC in terms of psychological wellbeing and education. One of the suggestions being tested was specialist, "therapeutic", residential care, about which there are still no studies in Spain. In fact there is no data beyond one piece of research carried out by the Ombudsman (Defensor del Pueblo, 2009) which highlighted the enormous gaps that exist and even detected situations of excessive behavioural control and coercive practices which failed to respect the young people's basic human rights. At the initiative of the Ministry of Health, Social Services and Equality, some quality standards have been published for residential care in our country, which include a version for therapeutic programmes, with the hope of standardising some criteria (Del Valle, Bravo, Martínez, & Santos, 2013).

On the other hand, there are some initiatives, which are still in their early stages, about professional family fostering for adolescents with behavioural problems in the Basque Country, although no evaluations have been carried out yet.

One of the most important issues which has affected residential care in Spain is unaccompanied foreign minors. As can be seen from this review, there is practically no research in this area in high impact scientific journals, although there are some reports on the situation (Bravo, Santos, & Del Valle, 2011). Those young people who have arrived in Spain illegally, largely from North Africa, represent 50% or more of the minors in residential care in some Spanish autonomous communities. The figures grew throughout the first decade of the century but, maybe due to the economic crisis or agreements between countries on border control, in the last five years there has been a significant decrease in the numbers of these young people arriving. Many resources had to be directed towards dealing with these young people which posed a challenge for socio-educative work, particularly in terms of cultural and work integration. Unfortunately almost no research exists about their needs or the evaluation of any interventions.

Currently there is a movement in favour of the development and support of evidenced-based programmes and initiatives (see the special issue of this journal edited by De Paúl, 2012) which, although largely aimed at family and community interventions, also includes family fostering such as in the case of Multidimensional Treatment Foster care and some programmes promoted in residential care like the Multifunc in Scandinavian countries (Andreassen, in press). Although the impact of this movement on child welfare policies in the autonomous communities is limited, it is one of the big challenges, given the scarcity of analysis of effectiveness up to now and the spread of models and practices.

In more overall terms, there is a great concern to try and intervene in the most effective way in the first moments of detection, with family intervention and preservation programmes, trying to avoid OOHC placements as much as possible. Once that becomes necessary, the concern is to develop much more widespread use of family foster care measures (with non-relative caregivers) as opposed to residential care, despite the difficulty in finding foster families and the current financial problems in these programmes (as in all areas of the welfare system). This is particularly true for the smallest children, under 9 years old, and a radical change for children under three, as proposed by the draft reform of the national law. Currently, this new law represents a stimulus and a perspective which allows us to harbour certain hopes for the improvement of the protection system as a whole and OOHC measures in particular.

Child protection in Italy

Child protection framework and its evolution in the last 50 years

The welfare provisions for children and adolescents during the decade 1960-1970 are closely connected to the institutionalization due to maladjustment, delinquency, poverty, other different problems, neglect, maltreatment, or loss of parents. Interventions and services were run by national bodies and religious institutions specialized in providing support for several problems. During that decade, the main laws for promoting the rights of children were enacted, in particular the law on the universal access to middle school (1962) and the law on adoption (1967).

Near the end of the 1960s the first boost towards "de-institutionalization" emerged: on the one hand, there was a clear need to find urgent solutions to the social problems raised after the war; on the other hand, a careful analysis was made of the adverse effects of institutional care on children's development. This analysis was initiated by the authorities responsible for the provision of services to delinquent youngsters, led by the Ministry of the Juvenile Justice. Also social workers played a key role in this analysis, highlighting the problems which characterised the post-war institutions based on a system of substitute care and stimulating the search for community alternatives (Canali & Vecchiato, 2011; Palmonari, 1991; Vecchiato, 1993).

In 1970 the Law 81/1970 established the regions: progressively they assumed competences in legislation and in the organization of services for children and families. At the local level, the provinces were in charge of illegitimate children, blind and deaf children, and children with psychological problems.

In the following decade (1971-80) further changes were introduced, namely, the overcoming of the national bodies, the transfer of responsibilities from the state to local authorities, the overcoming of special schools, or the transition from institution to the community level.

These years were a very fertile time for developing community-based residential settings: during this period, as in other European countries, a fundamental debate took place on the nature and role of child welfare provisions, including the debate on institutional care (Colton & Hellinckx, 1993). Institutions were acknowledged to be somewhat less depersonalising than it was formerly the case, but the reforms undertaken did not reduce the perception that institutions had an adverse impact on the development of children (Palmonari, 2008).

The community homes ("comunità familiari") had a therapeutic impact, not only in meeting the child's immediate, day-to-day needs, but also in seeking to compensate the child for earlier deprivations. Moreover, it was believed that life in these communities would have positive long-term effects on children's development. Their characteristics can be summarised as follows: children lived in small groups, they were living in homes that were part of the local life, and they had access to services available to all children, such as schools, leisure activities.

These innovations occurred during a decade when important changes in the health and social services were being considered: the decrees for implementing the regions were approved in 1972, the Presidential Decree 616/1977 transferred to local municipalities the functions and the responsibilities of delivering social services (before, the state was in charge of this function) and the Law 833/1978 established the National Health Service. These laws shifted the responsibility for social and health services from central government to regional departments and local authorities. The regional departments were given overall control and administrative responsibility, legislative powers, and responsibility for programme planning, whilst the local authorities became responsible for service delivery at local level. This led to the creation of new social and health care departments, which contributed to the development of services for children, adolescents, and their families, including residential and family foster care for separated children.

The new social and health care departments had to work in very difficult circumstances: on the one hand, many of the children who remained in residential care required specialised forms of help; on the other hand, it was necessary to extend the services for families in order to rehabilitate separated children with their birth families and to prevent the need to receive other children into care. In addition to this, the increase in marital breakdown, together with the growing problem of drug addiction, affected the limited resources of these departments. In Italy, the European debate was synthesised in some major conferences that represented important milestones in those years: Turin, Milan, Padua… became important places for discussing these issues.

A new service was established with the Law 405/1975: the "Consultorio familiare" [Family Counselling Service]. The Family Law (151/1975) modified the concept of parental responsibility for both parents, overcoming the concept of "paternal authority". The Law 118/1971 (New rules in favour of disabled people) allowed people

with non severe physical and mental disabilities to attend the regular schools and the Law 517/1977 started the integration for all disabled children in primary schools; with the Law 772/1972 on moral objection and civil service as an alternative to military service, many young people could be involved in services that represented an alternative to institutions. The Law 180/1978 abolished the psychiatric asylums, where many children were accommodated (the so-called "legge Basaglia"). All these laws led to new provisions, such as family foster care and residential communities, also due to the collaboration of the juvenile courts with local authorities for the development of interventions for children and adolescents (De Carolis, Moro, Petrella, & Sgritta, 1979).

Foster care was used in cases in which the child did not require specialised treatment, thanks to a substitute family. But this occurred also in cases of mental illness of one or both parents, parental conflicts, immigration, and unemployment that led to a crisis within the family, with the subsequent need for social work intervention. In such conditions, the placement in an alternative family can be an option in order to safeguard the child's wellbeing, as a means of helping the birth family to overcome the temporary difficulties by relieving parents of their responsibility for the child.

In this decade, residential care developed more rapidly than family foster care. Foster care was the focus of many debates, but little progress was made with regard to expanding foster care services and this was due also to cultural factors: birth parents often had difficulty in accepting the idea of being separated from their children, even for temporary period; they were afraid of the social stigma associated with parental failure. Moreover, it was generally hard to come to terms with the idea of sharing responsibility for the care of children with others; they were also inclined to be fearful that fostering would result in the break-up of their families, and they might ultimately lose their children. Consequently birth parents were usually more willing to give their approval for residential care rather than consent to their children being placed with alternative and, as they saw it, "rival" families. This issue stimulated new thinking about the nature and role of foster care, led by several associations aimed to promote foster care and adoption (Vecchiato, 1993).

The framework of services for children, adolescents and families was strengthened. It was finally recognised that, because of its affinity with the family, the community model was able to take into account the individual's fundamental psychosocial needs for its sense of identity and belonging, love and intimacy, and for the contact with people of all age groups. The term "community home" is the commonly used expression to denote community based residential child care provisions. Community homes are places in which adolescents and adults share the common experiences of daily living and were often established on the basis of humanistic and religious principles (Fondazione Zancan, 2011). Much energy was devoted to ensuring that their internal life was not defined or constrained by the needs of external, bureaucratic, administrative structures.

The expansion of this model of services led to the definition of common standards of care, and also to the need of the coordination among services involved in the support of children and families. This led to a shift from the original concept of community homes as "autonomous bodies", to the idea of community homes as part of a local community that provides general services for all children and families. This was an important achievement and the community homes became part of the social services system. The Law 616/1977 made explicit this role (Vecchiato & Busnelli, 1986) and the relationship between public and private bodies was mediated through agreements or contracts which established the responsibilities of each subject in relation to finance, inter-agency co-operation, quality of care, monitoring, criteria for the admission, and discharge of children and the qualification requirements for professionals.

In the years 1981-90, the focus of attention moved more and more to the local community and to the new professions to develop, for integrating their ability to provide services.

The attention to the rights of children with disabilities was strengthened (with the Law 18/1980 on the extension of school attendance to all disabled people and the Law 270/1982 on the teachers for special need children supporting school integration). The Law 184/1983 promoted new forms of family care and educational residential facilities.

In the following decade (1991-2000) independent bodies for child protection were developed and important legislation was enacted: the Law 216/1991 on preventing the involvement of children in organized crime activities, the Law 104/192 on the integration of students with disabilities, the Law 285/197 for the promotion of local plans for children, and the Law 476/98 on international adoption. The National Observatory on childhood and adolescence was established by the Law 451/1997. The Law 328/2000 on social services made a common framework of the previous forty years.

In the last 12 years (2001-12) the Law 149/2001 updated the Law 184/83 concerning foster care. The "amministratore di sostegno" (court-appointed guardian for physically or mentally disabled people) was introduced (Law 6/2004) and the joint custody (Law 54/2006) on care continuity with shared parental care even if "without a family".

In 2006 institutions were closed. The Ombudsman for children (introduced by the Law 112 in 2011) represents the institutional responsibility to better manage the promotion of children's rights and make every child a citizen (at national and regional levels).

At the end of 2012 the national government published the national guidelines on foster care [Linee di indirizzo per l'affidamento familiare] that need to be implemented and monitored.

Foster care as stated in Law 184/1983

The Law 184/83 contained two important provisions. The first dealt with the conflict between the birth parents' right to look after their child and the child's right to live in a family which is able to respond to his/her needs. Law 184 made it possible to limit the parental power in situations where children are at risk and need to be placed with a foster family or in a community home or in a residential institution. As regards the second one, the law recognised that children, as well as adults, have human rights and stated that the family and the wider community are responsible for ensuring that children's developmental needs are met. In operational terms, this meant that a strong investment had to be made with regard to expanding family support services, increasing the number of foster care placements available and improving the quality of residential and semi-residential provision (Vecchiato, 1997).

The law stated that foster care is provided as a short-term measure when birth families are temporarily unable to care for their children. Applications to place a child in foster care are made to the court by the local social care department in agreement with the child's parents or guardians. A ruling on the case will then be made. Where parents or guardians withhold their consent, the cases will be referred to the juvenile court. In Italy, foster care includes placements with families, single people or family-type communities. The duration of the foster care placement should be specified in the foster care decree made by the court. The placement ends when the birth family's difficulties have been resolved or when continuation of the placement appears to jeopardise the child's wellbeing. Foster care placements can be also be discontinued if the child is adopted or when the child reaches the age of majority and becomes responsible for his/her own welfare.

The responsibilities of the foster family include providing for the child's material, emotional, social, and educational needs (both at home and school). Foster parents should also help to maintain the links between foster children and their birth parents, unless

otherwise directed by the juvenile court, and co-operate with the local social care department in working towards the child's rehabilitation with his/her original family.

Foster care programmes are managed by local social and health care departments within the framework of the services they offer. In addition to the normal range of social provisions, this includes psychiatric and psychological services and family consultancy. Support to children's families (birth and foster) is also provided through primary services such as day nurseries, schools, health services, and educational welfare services. Financial help may also be given to foster families. In addition, foster parents derive support from attending meetings with other foster parents, at which participants share their experiences. Individual foster families can also gain access to specialist help for particular problems through the foster care services.

During the foster care placements, periodic evaluations are undertaken concerning relationships within the foster family, relations between the birth family and foster family, and between the child and both families. The programme of help provided to birth family is also monitored.

This was the framework envisaged by the Law 184/1983. Its actual implementation was however marked by diverse, sometimes contradictory, outcomes. Therefore, further regulations were required. The need to better achieve the original recommendations was outlined by the Law 149/2001, which revised some of the content of the Law 184/1983 and added methodological recommendations for professionals and judges: they should not act bureaucratically, but rather follow a decision path that requires more careful attention in managing relationships with children and birth parents. Also foster families and professionals are included in this decision path. In this way, recommendations become a guideline for working in real life, even if in complex and difficult situations to manage.

Main indicators or figures about the system

In 1962, in Italy almost 250 thousand children were placed out of their families, in different types of institution. The number had decreased to approximately 91 thousand by the end of the seventies. At the end of the eighties, out-of-home children were about 45 thousand. Between 1998 and 1999, the National Centre for Children and Adolescents identified about 15,000 children placed in institutions (12% foreigners) and 10,200 in family foster care. Altogether, 25,000 children were thus in out-of-home care (2.5 per thousand of the total child population). In 2008, children placed out of their family were 32,400 (16,800 in foster care and 15,600 in residential facilities). By the end of 2010, there were estimated to be 29,309 children out of their family (2.9 per thousand of the total child population).

In Italy, children in out-of-home care range from 1.6 per thousand in the region Abruzzo (Centre-South) to 4.7 per thousand in the region Liguria (North), with rather marked differences. The average figures, according to Istat, are 3.1 per thousand (north-west), 2.9 per thousand (north-east), 3.0 per thousand (centre), 1.6 per thousand (south), and 3.5 per thousand (islands). Unfortunately, official data does not allow a classification of placements on the basis of children problems and needs and cross-regional differences cannot be explained on the basis of needs and their social epidemiology. The presence/absence of a professional infrastructure and the availability of local services may play an important role.

As represented in Figure 1, the choice between family foster care and residential care differs by the age of children: 82% of teenagers aged 14 to 17 are placed in residential community, whereas only 18% are in foster families. The ratio is very different for younger children: 73% of children aged 0-2 are in foster families, only 28% in residential community, and values for children aged 3-5 remain similar (77% in foster families and 23% in residential community). The turnaround starts from age 10.

Table 2
Children aged 0-17 in out-of-home care (estimates and rate) by territorial areas, December 31st, 2010

Territorial areas	Children and adolescents in out-of-home care at 31.12.2010	Children and adolescents in out-of-home care per 1000 residents 0-17 y.o.
North-west	7,929	3.1
North-east	5,520	2.9
Centre	5,650	3.0
South	4,075	1.6
Islands	4,135	3.5
Italy	29,309	2.9

Source: Centro nazionale di documentazione e analisi per l'infanzia e l'adolescenza (2013).

Table 3
Children in out-of-home care (OOHC) in Italy

	1998-1999	2010
OOHC Residential versus family foster care		
Residential care	14.495[1]	14.781
Foster family care	10.200[2]	14.528
Total OOHC	24.695	29.309
Rate of OOHC per 1,000 children	2.5 per 1,000	2.9 per 1,000
Kinship/non kinship family foster care		
Kinship	52,0%	44%
Non kinship	45,8%	56%
Not known	2,2%	-
Total family foster care	100%	100%
Adoption		
National adoption	1,078 (2000)	1,016 (2011)
International adoption	1,796 (2001)	3,106 (2012)[3]

Note. Kinship includes relatives up to the fourth grade.
[1] Data refers to 30.6.1998
[2] Data refers to 30.6.1999
[3] 4,022 in 2011 (28% less than 2012)
Source: Centro Nazionale di documentazione e analisi per l'infanzia e l'adolescenza (1999, 2002); Servizio Statistica (2012); Bernicchi and Manieri (2012).

For the 40% of children and adolescents in foster care, *this is not the first experience*: some of them are living with relatives, friends or acquaintances, other children come from other placements (another foster family, residential facilities, residential health settings, and juvenile detention centre).

The critical issue is the high rate of *placement changes* (1/3 of the cases considered). Only 1/3 goes back to the birth family.

The "unaccompanied foreign children" under a protection decree are placed in residential settings (85% vs. 48% of others) rather than in foster families. According to Anci (National Association of Italian Municipalities), in 2010 unaccompanied foreign children were 4,558 (Anci, 2011).

Considering foreign children (with parents, thus excluding unaccompanied ones) in out-of-home care: 57% are placed in residential community compared with 47% of Italian children.

The presence of disability does not seem to affect the placement choice (49% in foster families, 51% in residential community). However, the subdivision by type of disability highlights some evidence: the 71% of children and adolescents with mental disabilities are placed in residential community, while the 70% of their peers with physical problems are in family foster care.

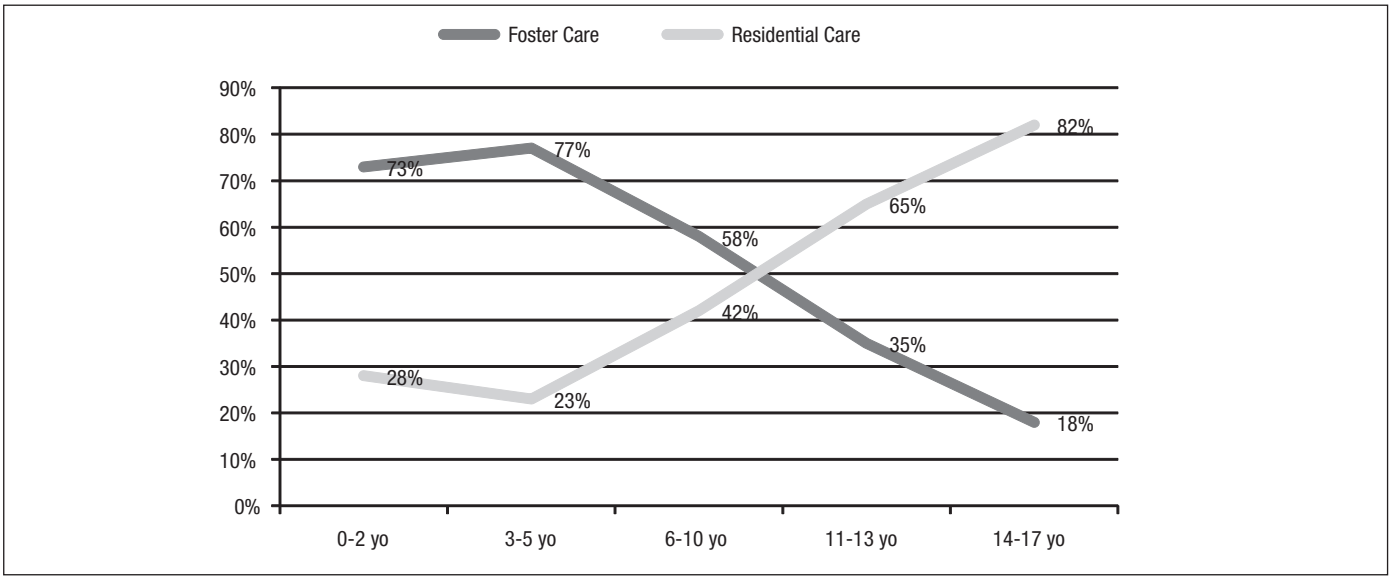

Fig. 1. Children aged 0-17 in out-of-home care at the end of 2010, by age at admission into placement and type of placement (foster family care or residential community). Source: Centro nazionale di documentazione e analisi per l'infanzia e l'adolescenza (2013).

Most of the foster families are at their first foster care experience (78%). Approximately one in four families (23%) has more than one foster child, often siblings.

Among foster families, 58% are parental couples with children, 14% are single-parent families, and 28% are parental couples without children.

It is interesting to highlight the percentage of children placed into families of the same culture: this is the case of almost one quater (24%) of the foreign chidren who are placed under the foster care, mostly within their extended families (64%).

Overall, almost half of the foster care placements (44%) occur within the extended families. An important role is played by the juvenile justice system, since around three quarters of foster care placements (76%) have got a judicial decree (44% in non kinship family).

Foster care interventions are guaranteed by municipalities in cooperation with the National Health Service (so as to integrate social and health perspectives).

In Italy, the share of social protection expenditure for children and family is lower than the average across European countries. In 2010 it averaged 8% in the Eu-15 and Eu-27 countries, while in Italy it was 4.6%. Very large differences and inequalities exist among Italian regions in the allocation of social expenditure for families in difficulty, affecting also foster care interventions.

Regarding adoption, it is important to note that the number of adoptions is lower than the number of families available: in 2011, the number of children adopted was 1,016 and the families available for adoption were 9,795. Historically, the knowledge of data related to the evolution of adoptions has always been a difficult issue, because different norms overlapped in relation to different forms of adoptions. This problem should now be overcome because a new national database of adoption has been established (February 2013). This result has been achieved also thanks to the advocacy action of organisations that adhere to the Italian NGO Group for the CRC (Gruppo CRC), a network composed of NGOs and associations that have been working for a long time for the promotion and protection of children's rights in Italy.

Research review

The main sources of data and information on interventions and expenditure for children is represented by Istat [Italian National Institute of Statistics] and the "Centro nazionale di documentazione e analisi per l'infanzia e l'adolescenza" [Italian National Childhood and Adolescence Documentation and Analysis Centre] that is based in Florence, at the Istituto degli Innocenti. It is worth highlighting the report on the Law 149/2001 (concerning family foster care), prepared for the Italian Parliament (Belotti, 2009). The report comprises a series of studies which, through survey data and qualitative research, focus on the ways of executing the law, good practices, critical issues, and expectations of institutional bodies. Further research has been carried out since 2001. Among these research contributions, two publications in 2001 allow comparison between the north (Turin) and the south (Bari) of Italy.

Data from the research conducted in Bari by Cassibba and Fiore (2004) highlights the information gathered from the families on their motivation for foster care. They focus on the family structure, the individual life history and the couple history, and the family dynamics. A remarkable gap emerged between data that is necessary to know and data actually gathered. Garelli (2001) consider 276 non-kinship foster families. Findings describe the profile of these families, their structure and history, their perceptions related to foster care, and specific aspects of foster care. The employment rate of women is high, with a higher-than-average participation of the male parent in the family life, especially in those activities related to the care of the foster child. It emerged that the foster care experience is strictly related to pre-existing significant relationships.

A recent publication (AA.VV., 2009) compares the cities of Genova, Milan, Parma, Ravenna, and Venice as regards unaccompanied foreign children and other foreign children with their own family. The research confirms that combing two cultures can be a problem and a risk of stigma but also an opportunity. Experiences describe foster care of foreign children and foreign families, without considering the possibility to place also Italian children with these foreign families, or the contrary.

Another research was conducted by the group guided by prof. Augusto Palmonari, from the University of Bologna (Emiliani & Palareti, 2007; Palmonari, 1991, 2008; Sarchielli & Zani, 2005; Speltini, 2005). These authors mainly focus on residential placements, the effects of peer group, and the psychosocial development of children who experienced an inadequate care. Palareti, Berti, and Bastianoni (2006) highlighted that residential communities for children need to identify shared instruments of assessment, that are able to meet the external demands of social recognition, transparency, and visibility, and the internal goal of evaluating the effectiveness of the work it-

self. The authors suggest using methods that analyse the process of change in children and adolescents, making clear the assumptions underlying the different residential interventions.

The Risc research on preventing placement of children and outcome-based interventions (Canali & Vecchiato, 2011, 2012) helped to identify the risk thresholds for placing children and better manage separation. The involvement of six regions and the experimental characteristics of the study gave a strong support to professionals dealing with families in difficulty (Canali & Vecchiato, 2007).

In general, researches conducted in Italy are more descriptive, based on observations without sound evaluation. Also, these studies come from local experiences that do not allow comparisons at the national and international level. Evaluative studies are more and more important and necessary for understanding what works and for supporting professionals in their decisions. This issue clearly emerges also considering the Italian contributions presented at the International Eusarf-Iaober Conference held in 2008 on "Assessing the evidence-base of intervention for vulnerable children and their families" and the International meeting on "Foster care in Europe: what do we know about outcomes and evidence?" held in 2013, as indicated in the next section.

Main current needs and challenges

The debate across Europe regarding foster care (including foster family care and residential care) is summarized by Canali and Vecchiato (2013). The discussion about the Italian situation highlights the difficulties in moving from an "ideal" foster care to different forms of foster care, depending on needs and problems. Also, it highlights the high percentage of placements with a judicial decree. There also seems to be a need to work more on parental competences with birth families, so as to meet the requirements of the legislation. This represents a huge challenge, related to the length of foster care: Italian law states that family foster care should not last more than 2 years, but the duration of placements is usually longer than that, sometimes until children turn 18 years old.

Another issue is related to the difficulties in engaging foster families: without them, effective foster placements are not possible. A final issue is the need of working with professionals and managers for developing the theme of outcome-based evaluation (Zeira, Canali, Vecchiato, Jergeby, & Neve, 2008).

These are recurring questions for professionals and researchers. Other issues are emerging also for the advocacy action of many associations (about 20) that aim to protect children's rights in Italy (Gruppo CRC, 2013): these associations add specific questions related to immigrant children or children born during the immigration path. Many migrant mothers are confined in the CIE (Centre for Identification and Expulsion), waiting for repatriation, even if they have minor children. These associations propose that social services are enabled to provide an administrative foster care placement of the child, a residency permit is provided to these children, the juvenile courts authorize the entry or stay of these mothers in Italy for protecting the children, as stated in the Law 286/1998 (that allows mothers to stay in Italy for taking care of a minor child) and the Law 62/2011 (aimed at avoiding the imprisonment of mothers with children), using foster care placement in protected family-based settings.

Along with these issues (which are now less usual than in the past), the debate has focused on the severe lack of resources, especially in the recent years of economic crisis, that is severely compromising the ability of local authorities to assess the risk situations and to provide an immediate intervention. This is also clear from the phenomenon of the late placements of pre-adolescents and adolescents in residential communities, as a result of a court decree. In 2010, only the 24% of family foster care placements were consensual (Gruppo CRC, 2013). Under these conditions, it is much more difficult to work in all cases in which the placement was not planned in advance but arranged by a third party (the court), probably with conflicts, and difficult to be understood by children and parents involved in the cases.

Professionals and researchers call for improving the system of observation and monitoring. Reliable data is not always available for describing the universe of children and young people placed outside of their family, into another family or a residential placement. This lack of knowledge does not facilitate professional and political choices, and allocation of resources. This is reflected also on other useful and necessary information, such as the presence or absence of personalized educational plans (the rate is lower for those in family foster care than for those placed in residential settings, 74% vs. 98%). Also the rate of professionals with a specific training in foster care is not clearly identified. For the 40% of children this is not the first placement, and this highlights the need for monitoring separations and multiple placements in the transition from one placement to another.

The national guidelines on foster care (issued in November 2012) count on operational protocols, training of professionals, integration and coordination of services and associations of families, and involvement of foreign families. These guidelines, already described in the Third National Plan for Childhood for the years 2010-2011, highlight the persistence of geographical inequalities, in particular in the definition of the types of residential communities and their quality standards.

This framework deserves not only adequate attention, as it is occurring in our country, but also some decisions to effectively start addressing the problems after recognising them. The conflict between generations highlights that the dominant attention is given to the needs and interventions for non-self sufficient elderly people, to whom most of the available resources are allocated. This contradiction is hardly dealt with at the political level and its consequences are partly offset by the engagement of the voluntary sector and the associations. The involvement of the voluntary sector is however not sufficient, since the issue represents a structural problem and not only a short-term difficulty. All subjects agree, also from an ethical perspective, on the urgency to deal with this problem, but institutional formalities and laws targeting expenditure at the elderly make it difficult to change, also due to the continuing lack of public resources allocated to families.

This is highlighted also by the data published on the 2012 Report on poverty and social exclusion in Italy (Fondazione Zancan, 2012). The Report shows that Italian local municipalities allocate about one third of social expenditure for people in need to childcare and family. There are proposals to rebalance this expenditure, but the lack of national choices impedes their implementation. This is also the reason why advocacy actions carried out by voluntary organisations and family associations are very important to keep alive the attention on these problems and the possible solutions.

Conclusions

The review of child protection systems in Italy and Spain shows the enormous efforts that had to be made in both countries to overcome a past of child welfare policies based on charity and institutionalisation. Both countries have had to develop a legislative framework more in keeping with international declarations of the rights of the child and move towards a system based on community intervention and the involvement of society through the voluntary work of the foster caregivers.

Both countries have also run into the obstacle of a lack of traditional culture of these placements in non-related families and rejection of the child's need for protection by the children's birth families, accustomed as they were to institutions where the responsibility for bringing up their children lay with an impersonal entity. This has led to a problem in consolidating family foster care in both countries. The strong family roots lead the birth families to perceive the foster

families as rivals in their relationship and attachment to their child and they show a preference for their children to be dealt with in residential homes by educators who don't replace the family bonds. In Italy's case, this rejection has led to this measure being adopted, in large part, judicially, which is to say, against the will of the birth family, the repercussions of which include this measure being less successful, frequent changes of family, and increased probability of breakdown. The Spanish case is somewhat different. The difficult and lengthy development of family foster care has led to the frequent adoption of measures using the extended family, such that kinship care represents 45% of the total measures of OOHF care in Spain which, added to the 40% in residential care, leaves only 15% of children (mostly of very young ages) fostered by non-kinship families.

Another peculiarity of the implementation of this measure in both countries is that despite the fact that the legislation defines family foster care as an essentially temporary measure in support of family reunification, this is achieved in very few cases and is frequently of a permanent character. In the case of Spain, this temporary character is already included in the planning of many placements (especially in kinship care), but, as happens in Italy, during the placement there are failures in factors which would allow reunification, giving the placement a permanent character over time. Therefore, many foster families have only one child or a group of siblings, which makes it difficult to maintain a bank of available families. This presents serious difficulties in finding new foster families (López, Del Valle y Bravo, 2010).

All of this surely has to do with the incredibly strong family bonds in Mediterranean culture, as can be seen in the essential role that the family plays in looking after older people (and the common tradition of grandparents living with the nuclear family), or the support given to young people before they leave home (and the fact that they become independent of their families later than in other countries). The importance of kinship foster care is visible in OOHC, where the grandparents in particular play a large role in looking after unprotected children. Despite receiving little assistance, these kinship caregivers show a motivation and dedication which other, non-relative foster carers, find hard to match. On the other hand, as has been seen in the data from both countries, adolescents with special needs are fundamentally dealt with by residential care, a fact which explains, in part, the continuing high rates of use of this OOHC measure in both countries and the open debate about the necessary specialisation of these programs and the need to monitor and evaluate their results.

In the so-called "Mediterranean model" of the welfare state, Esping-Andersen (1990) emphasised the importance of family networks in dealing with social needs. Nonetheless, as can be appreciated from this article, both countries have conserved part of their cultural family traditions at the same time as developing a welfare state which is in some respects, comparable to other central European or even Scandinavian countries, with a good balance of state and family support.

This balance made important reforms possible, such as the foster care act or the improvement of the services for children. Unfortunately, nowadays the family crisis and the reduced number of families willing to foster care are hindering the goals previously reached. The economic crisis challenges the upkeep of institutional provisions. It is as if the effects of the economic crisis were putting at the same level the European welfare systems, all aware that the lack of family solidarity and the insufficient resources from tax collection cannot address the needs of children. This is not an easy phase to face in Italy and Spain. Also for this reason, foster care solutions represent a way to re-launch the challenge of matching social and institutional solidarity. Without this, the hope for a better protection of children's rights will decrease instead of increasing.

When Gøsta Esping-Andersen published his book in 1990, he did not know that 20 years later he would have published another book, *Incomplete revolution: Adapting Welfare States to Women's New Roles*(Esping-Andersen, 2009), in which he recognises that the problem is not only the re-distribution of resources for reducing inequalities but also "how to re-generate" them. In this perspective he examines the role of women and families as a fundamental component of change that can affect policies, not only those related to children. In order to better understand this potential, a paradigm shift is necessary to identify new solutions in terms of generative welfare. The care of children represents a privileged ground of innovation in order to think about the role of professional and non-professional contribution, as it happens in foster care, so that a better and lasting support is given to children in difficulty.

Conflicts of interest

The authors of this article declare no conflicts of interest.

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