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A MONITORING SYSTEM FOR PROGRAM EVALUATION IN FAMILY FOSTER CARE

Summary

In this paper the author analyzes the system of child care in Spain and development of fostering, which even 25 years after its implementation still faces a numerous difficulties due to traditional use of institutional care and lack of foster families culture. Author presents research project which goal was to create evaluation system for foster families SERAF (spanish abbreviation for a foster recording and evaluating system). In this paper is represented a structure of instrument, or a faze in process of intervention which it covers, as well as guidelines for its use. SERAF system is piloted in several autonomus communities in Spain and evaluation of instrument is expected in 2014. year.

Key words: child protection, fostering, Spain, monitoring system, evaluation

1. THE CONTEXT OF CHILD WELFARE IN SPAIN

Until the 1980s the Spanish child welfare system was based on a charity model in which large residential care institutions were the only response when it was necessary to separate children from their families[1]. The Constitution of 1978 restored democracy in Spain and laid the basis for a welfare state model founded on a system of social services characterized by territorial decentralization and the community paradigm, the opposite approach to that represented by large institutions. As a result of this decentralization Spain was divided administratively

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1) Jorge Fernández Del Valle, "Spain", In: *Young people'stransitionsfromcare to adulthood. International research and practice* (eds. M. Stein, H. Ward, & E. Munroe), Jessica Kingsley Publisher, London, 2008, pp. 173−184. Jorge Fernández Del Valle & Ferran Casas, "Child residential care in the Spanish social protection system", Internacional *Journal of Chile & Family Welfare*, 5(3), 2002, pp. 112−128.

into 17 autonomous regions (Comunidades Autónomas), each with its own government, its parliament and a range of administrative powers, including personal social services.

As far as child welfare is concerned, 1987 saw the passing of the reformed Civil Code, which gave the regions responsibility for child protection, at the same time as establishing a community approach to intervention with families, with the goal of prevention, and advocating a highly restricted use of residential care. Thirdly, it officially created the concept of foster care, which had never been defined in Spain's Civil Code, and established adoption processes (also previously very difficult to apply) as a protective measure. Although foster care was indeed present in Spanish society as an informal social practice, this legislation facilitated and recommended its use as a preferential protective measure for cases of out-of-home care.

Thus, foster care has just 25 years of practice in Spain and its implementation has faced many difficulties due to the traditional use of residential care and the lack of a foster family culture in our society.

2. FOSTER CARE IN SPAIN

Data about child care in Spain can be obtained from national statistics (Observatorio de la Infancia). The evolution of data in the last decades 1990-2010 shows that at the outset there is a great predominance of residential care, with almost four times more admissions than cases of foster care. Subsequently, the trend was toward growth of the new alternative of foster care and an initial reduction in residential care up to 1999, when it began a tendency for growth which is still maintained. The doubling of foster care cases in 15 years represents a very low rate of growth; furthermore, this data covers both kinship care and non-kinship care, without the possibility of its being broken down, so that we do not know which type of care was responsible for this growth.

The study by Del Valle and Bravo[2] was the first to provide national data on the number of cases of the different out-of-home care alternatives. In December 31st 2002 there were 14,211 cases of residential care (45.3%), 14,670 (46.8%) of kinship care and 2487 (7.9%) of non- kinship care. The proportions for foster care were 85.5% of kinship care and just 14.5% for non-kinship care. That study also showed that kinship caregivers lack the necessary support, as reflected in the remuneration they receive, which was 150 € per month on avera-

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[2]   Jorge Fernández Del Valle & Amaia Bravo: *La situación del acogimiento familiar en España,* Ministerio de Trabajo y Asuntos Sociales, Madrid, 2003.

ge, compared to the 240 € received by non-kinship caregivers; indeed, some autonomous regions do not pay foster parents at all if they are relatives of the child. This lack of resources and the negative conditions in which kinship care takes place have been reported in the scarce research carried out in Spain[3].

This presentation will show a recent research project trying to design a program evaluation system for family foster care, funded by the local authority of Diputación of Guipúzcoa in the Spanish Autonomous Community of Basque Country. This tool is a monitoring system able to record relevant information to allow program evaluation and it is a further development of the original system SERAR (Spanish acronym for recording and assessment system for residential care) devoted to the field of residential care. In this paper an adaptation of this system to the field of family foster care will be presented: SERAF (Spanish acronym for recording and assessment system for foster care).

3. A MONITORING SYSTEM TO EVALUATE FAMILY FOSTER CARE: SERAF

Since the middle of the 1990s, a systematic approach to residential care has been developed in Spain with the aim of helping social educators to plan the interventions (individualised intervention plan) that each child may need. This includes evaluating the progression towards objectives, any resulting changes and producing monitoring reports which are the basis for decision making regarding children in residential care.

The original proposal for this system was published by Del Valle[4] to be implemented in one of Spain's 17 autonomous communities (Spain has a much decentralized administrative structure, with 17 autonomous communities or regions, each with its own parliament and government having, among other things, jurisdiction over the organization of all social services). The significant gap which this system plugged led to its rapid application during the following decade in other communities in Spain as well as the development of specific adaptations for children aged between 0 and 6, unaccompanied asylum seeking children and emergency children's homes.

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3)   Jorge Fernández Del Valle, Mónica López, Carme Montserrat, y Amaia Bravo, "Twenty years of fostercare in Spain: Profiles, patterns and outcomes", *Children and Youth Services Review,* 31(8), 2009, 847-853.

4)   Jorge Fernández Del Valle, *Manual de programación y evaluación para los centros de protección de menores*, Servicio de Publicaciones de la Junta de Castilla y León, Salamanca, 1998.

This system was created in an attempt to link educational practice with a theoretical model which substantiated the relevance of the constructs that were to be the target of evaluation and intervention. To that end it began with a conceptual theory based on social learning, in particular, in line with the psychological evaluation model created by Fernández-Ballesteros and Staats[5] and with the ecology of human development[6]. These models permit a clear definition of the different factors which play a part in the explanation of behaviors, as well as placing them in the framework of the development contexts in which they occur. In this way social educators (in Spain, in order to work as a residential worker one must first obtain a degree following four years of study, the qualification is called Educador Social; literally Social Educator) are able to have both a theoretical and practical framework for planning evaluations and interventions.

This is the origin of SERAR (Sistema de Evaluación y Registro en AcogimientoResidencial - Assessment and Recording System in Residential Child Care-), the name that has been used for the system since the publication of the latest version[7] Currently, this evaluation and record system has been implemented in 9 of the 17 autonomous communities in Spain and has been translated and adapted for use in some Portuguese regions.

The system that is going to be presented in this paper is an adaptation to the field of family foster care, maintaining the main theoretical basis and aims. The main aim is facilitating an intervention plan, with specific evaluable objectives and a recording system to allow tracking the process of intervention and main outcomes.

3.1. Structure of SERAF (Assessment and Recording System in Foster Care)

The instruments which make up SERAF allow the systematization of the intervention process. It introduces a basic intervention process (common to other social interventions) which starts with a needs assessment, followed by scheduling an intervention with specific objectives, recording the intervention, three-monthly evaluation of results and monitoring report. In short, this system was created in an attempt

5) Rocio Fernández-Ballesteros & Arthur Staats, "Paradigmatic behavioral assessment, treatment and evaluation: Answering the crisis in behavioral assessment",*Advances in behavior research and therapy*, 14, 1992, pp. 1-28.

6) Urie Bronfenbrenner, *The ecology of human development: Experiments by nature and design,* Harvard University Press, Cambridge, MA, 1979.

7) Jorge Fernández Del Valle & Amaia Bravo, SERAR: Sistema de Evaluación y Registro en Acogimiento Residencial, Nieru, Oviedo, 2007.

to introduce a systematic approach to the work of foster care multidisciplinary teams, facilitating the development of specific schedules and evaluations, based on the needs and strengths of the fostered child, birth family and foster family. These three elements of the foster care intervention must be taken into account to reflect the complexity of the foster care program.

To that end, SERAF covers each of the phases in the intervention process.

– Initial assessment: It is important to have an initial assessment of the strengths and needs of the child, birth family and foster family to begin the intervention and establish objectives. Therefore the system includes an instrument with which the case worker (along with his/her multidisciplinary colleagues) summarizes the information from initial admission reports and data obtained in the first month of placement in the foster home. This collection of information allows the professional to establish a starting point from which to plan the intervention.

– Planning: Once the needs assessment for each child, birth family and foster family is complete and the case plan is understood, the case workers have to produce the intervention schedule. This schedule is reflected in the Intervention Plan, which is produced by the case worker with the help of the rest of the multidisciplinary team (social workers, psychologists, pedagogues or social educators) and with the participation of the children according to their age and level of development and families. This instrument details the following: high priority objectives, strategies and activities to progress, the resources needed and the method of evaluating the results. The schedule must be flexible enough to be adapted to any changes in each case. Furthermore, it must be kept current and revised every three months (by the team with the participation of the children and families again) and be filed together with the rest of the documentation.

– Intervention: The intervention itself is developed by the professionals making use of the visits to the family homes (both birth and foster families), interviews with children and members of families and using the resources of the community. Records of strategies used are kept in the system as are records of any changes made in each development context (this will be explained later).

– Evaluation: From the moment an initial assessment is made and a subsequent intervention process carried out, it is necessary to evaluate any progress. The system recommends a three-monthly review starting with evaluation and registration instruments which cover the life contexts surrounding the children. These evaluations facilitate the creation of the monitoring reports which are given to the regional child care authorities twice a year, as required by law.

The cycle of the intervention process can be described as a feedback loop such that the evaluation serves to provide new data to revise the initial assessment and therefore modify the Intervention Plan. To put it briefly, it emphasizes that the intervention cycle is always active, that some of the phases lead to the execution of others and that, above all, intervention in a child's life as well as foster and birth families is based on consideration and planning.

In order to assist in compliance with each of the phases of the intervention process, SERAF is made up of the following three instruments:

1. The Cumulative Record. This document is designed to record the most important information about a child, both with respect to the child's background and anything relevant which might be happening during his or her stay in the foster home. It allows all of the information about the child to be compiled in a single document so that it is more accessible, systematically organised and easy to consult, communicate and keep. Also any changes and new relevant information about foster and birth families is recorded. The cumulative record is in fact, a monitoring system, an instrument for permanently collecting information which allows the reconstruction of the procedures followed in the evolution of each case. The structure of the record includes sections to record information about the child's interactions in each of the social contexts they are in, which would be microsystems according to the model of Bronfenbrenner[8]:

– The family is one of the most important contexts (microsystem), as has already been shown in the scientific literature. In the case of foster care we have a complex situation where the child has a double family context: birth family and foster family. With respect to the birth family contact with, and links to the family are essential (unless the interests of the child suggest otherwise), both because of the affective

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8)　Urie Bronfenbrenner, *The ecology of human development: Experiments by nature and design*, Harvard University Press, Cambridge, MA, 1979.

role of these relationships and the need for family coopera-
tion in the process, especially when the end goal is family
reunification. This section is used to record basic family data
and history (employment, housing, family composition, etc.)
and particularly visits and contact with the child. Regarding
foster family also changes about any relevant aspect as well
as recording or visits and support sessions are recorded.

– The school context is relevant to every child, but in the case
of those children who have been abused or neglected, there
are usually numerous problems which hinder their school
performance. This section is used to record academic grades
and information from monitoring visits to teachers (behavi-
or, incidents etc.).

– The community context is essential. One of the specific dif-
ficulties experienced by children in care is the establishment
of a social support network which could facilitate their steps
towards autonomy and social inclusion. Therefore, it is im-
portant to observe these children's relationships with their
peers and with adults outside the care context. This section
records leisure or formative activities in the community and
any other important incidents.

– The work context is only applicable to adolescents who are
getting their first experience in this area or who are receiving
specific training to join the job market within a short time-
frame. This section is used to record their attainment and
qualifications as well as their work experience.

– In addition, a section of the Cumulative Record includes a
place to record all of the incidents and interventions related
to a child's health and development. This is a very important
aspect, considering that the conditions of the previous family
environment will often have provoked physical and psycho-
logical illnesses or disorders which will need treating, not
forgetting preventative care and the check-ups performed on
the general population during infancy and adolescence (vac-
cinations, developmental check-ups, etc.).

2. Intervention Plan. The system includes a model of plan which
supports the phases of initial assessment, planning and evaluation of the
educative intervention. The document is divided into three parts:

– A summary evaluation of development, adaptation and so-
cial integration. Before defining objectives, it is necessary
to assess each child's specific needs and characteristics. This

information comes from two sources: reports from childcare professionals and the foster family own observations during the month after the child is placed. A summary of the results of this evaluation, referring to the individual development dimensions (cognitive, affective, social and physical) and of social adaptation and integration in each of the contexts (foster family, school/training, community and work) is recorded in the first part of the document.

– Objective planning template. This initial evaluation results in the establishment of the objectives which are considered a priority in each case. In the second part of the Intervention Plan there is a table where the multidisciplinary team notes these objectives (in an operational manner) and the resources needed and strategies which will be employed to achieve them (always in accordance with the fundamental guidelines of the Case Plan which come from the regional child care authorities).

– List of three-monthly evaluation of objectives. Finally, the instrument includes a list of objectives, divided by contexts: birth family, foster family, school, community and work (each with its own assessment areas), which must be assessed monthly by each multidisciplinary team (figure 1). The objectives are formulated in an operational manner, so that they may be assessed by the educators through observation, using a five-point Likert scale. This evaluation means a continuous check on each child's progress and allows the establishment of working objectives which support the intervention plan. Because the progress towards each objective is assessed every three months, the professionals are able to periodically revise the plan and any strategies being used in the intervention.

3. Monitoring report. Finally SERAF includes a script for the preparation of monitoring reports which covers the evaluation of each context. This report model is one of the strong points of the system because it makes the systematisation and summarisation of relevant information related to a specific time period much easier. The case workers are required to obtain this information for the regional child care authorities and, where necessary, for other agencies such as the Fiscalía de Menores (a part of the Attorney General's department which is responsible for safeguarding the rights of children in care in Spain) which requires periodic monitoring information about the child and the intervention process.

Figure 1. Contexts and assessment areas in the
list of objectives in the Intervention Plan

Contexts	Assessment areas
Birth Family	- Relations between child and family - Family cooperation - Work with the family
Foster family	- Relation between child and foster family - Cooperation with case worker
Children School / training	- Social integration - Interest in learning
Children Community	- Integration into the community
Children Work	- Pre-work skills and training - Work

3.2. Method and use of SERAF

Having described the structure and construction of this system, it is important to highlight some guidelines for its use, which are key to ensuring its utility.

In the first place, there must be one instrument per child. Each child must have a SERAF in which all of the information with respect to their case is recorded, including plans and evaluations which are underway. This document will not only permit the child's history to be preserved, but will also allow communication between the different professionals who come into contact with the case.

Although the documents must be available to the entire multidisciplinary team in order for them to understand the guidelines of the intervention and to be aware of the child's needs, only one professional- the child's case worker- should be in charge of maintaining and updating the SERAF.

Another fundamental cornerstone in the development of an intervention plan is that the evaluation must not be carried out solely by the child's case worker, the multidisciplinary team educators working with the child must be present during the evaluation so that the assessment and revision of the plan may be performed by a team.

Finally, children have a fundamental right to participate in the decisions which concern them. In this case the child must be involved in his or her evaluations and in the working goals which are included in the plan. This is especially important in adolescence, where this parti-

cipation can encourage links with the educator and provoke the youngster's own consideration of his or her situation and the decisions which will have to be made about the future. The same applies to the birth family and foster family who must become essential partners in the whole process of intervention.

The SERAF system is being piloted in a couple of autonomous communities in Spain and an evaluation of the tool is expected in 2014. So far, there were no similar monitoring systems for foster care programs in Spain and perhaps this could be one of the main reasons for the scarce practice of program evaluation in this field. Without a system to record relevant data both related to process and outcomes it is really difficult to carry out program evaluations. This problem that was successfully addressed with the SERAR system in residential care since 1998 in Spain is now starting to be faced with the SERAF system. Upcoming evaluation research will let us know if the system becomes useful for this purpose.

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СИСТЕМ МОНИТОРИНГА
ЗА ПРОГРАМ ПРОЦЕНЕ У
ХРАНИТЕЉСКИМ ПОРОДИЦАМА

Резиме

Све до осамдесетих година прошлог века шпански ситем дечје заштите је био заснован на добротворном моделу у којем су велике резиденцијалне институтције биле једино решење када је децу требало одвојити од породице.

У области дечје заштите, 1987. године је донет реформисани Грађански законик, којим је одговорност за заштиту деце пренета на регионе, и истовремено успостављен приступ заједнице интервенцијама са породицама са циљем превенције и заговарања веома ограничене употребе институционалног збрињавања, чиме је и званично створен концепт хранитељства.

У последњих неколико деценија, тачније од 1990. до 2010. године доминирало је институционално збрињавања, са скоро четири пута више пријема него што је то био случај са хранитељством. Након тога је приметан тренд раста нове алтернативе - хранитељства и иницијално смањење резиденцијалног смештаја све до 1999. године када поново почиње раст који се одржава до данас.

Удвостручавање броја хранитељства у 15 година представља веома ниску стопу раста.Упоредо са системом мониторинга и евалуације резиденцијалног смештаја, у оквиру истраживачког пројекта осмишљен је систем вредновања програма хранитељства (СЕРАФ). Главни циљ овог система је олакшавање интервентног плана, са одређеним и мерљивим циљевима чиме би се омогућило праћење интервентног процеса и главних резултата. СЕРАФ покрива сваку фазу у процесу интервенције: иницијалну процену, планирање, интервенцију и евалуацију.

СЕРАФ се састоји из следећа три инструмента:

1. кумулативни досије;

2. План интервенција план, и

3. мониторинг извештај.

Како би се омогућила потпуна поузданост и употребљивост овог инструмента, потребно је имати у виду неколико смерница за његову примену. Пре свега, мора постојати један инструмент за свако детету што значи да свако дете мора имати СЕРАФ у коме

су све информације у вези са његовим случајем, укључујући планове и евалуације које су у току. Потом, иако документи морају бити доступни целом мултидисциплинарном тиму, само један професионалац – дететов водитељ случаја - је задужен за одржавање и ажурирање СЕРАФ-а. Најзад, основно право деце је да учествују у одлукама које их се тичу. СЕРАФ систем је тренутно пилот пројекат у неколико аутономних заједница у Шпанији и евалуација инструмента се очекује у 2014. години. Ово је први мониторинг систем ове врсте за програме хранитељство у Шпанији што уједно може бити један од главних разлога оскудне праксе програма евалуације у овој области.

Кључне речи: дечја заштита, хранитељство, Шпанији, мониторинг систем, евалуација