

Features of non-kinship foster care children with birth family contact in Andalusia

María Portillo Lobillo, Lucía González Pasarín, Isabel María Bernedo Muñoz, María D. Salas Martínez, María Ángeles Fernández-Gómez, Miguel Ángel García-Martín

Department of Developmental and Educational Psychology. University of Málaga (Spain).

The aim of the presentation is to describe the personal features of non-kinship foster care children who have visits with their birth family in Málaga, Granada and Jaén (provinces of Andalusia, Spain). This study was funded by the research project *Application of a psychoeducational intervention program to improve visits between foster children and their biological families* (Reference EDU2016 77094-P). SPSS v.21.0 was used to carry out the descriptive and frequency analysis of socio-demographic information collected by the *Child File Summary Form* designed for this study. There are 212 non-kinship foster care children who have visits with their birth family. Their mean age is 8.09 years old ($SD= 4.73$). The more frequent types of foster care are both long-term and short-term placement (30.7%, respectively), followed by specialized long-term foster care (20.3%), urgency placement (10.8%) and specialized short-term foster care (7.5%). The period of time they have been into the Child Protection System is on average 4.08 years ($SD= 3.88$) and into the current placement is on average 2.53 ($SD= 2.95$). Thus, 44.8% of foster children were in residential care and 30.2% were in previous foster care. The latter could have been with the current foster care family. Also, 41.0% of foster children were placed at least with one sibling. It is important to know the features of foster children in order to apply the main principle of “the best interests of the child” to the whole decision-making process about the child’s protection and welfare. In our project, these decisions concern foster care placement and birth family contact to maintain and strengthen family affective bonds and child’s identity formation. Our findings contribute to develop: (a) initiatives to improve children’s well-being; (b) support and social resources required by families; and (c) socio-educative tools for the social workers.