

THE PSYCHOSOCIAL INTERVENTION TO FAMILY DEPRIVATION AND/OR SOCIAL DISABILITIES

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ABSTRACT

This paper reviews the current panorama of the situation of children at risk of social exclusion, disadvantaged and other existing problems in their families. This is essentially displaying the different possibilities offered to this collective, displaying the improvements that have been doing along the last two decades and how it raises the future and possibilities for them.

To make possible this review, we will go around the possibilities in intervention with sector professionals, specific intervention programs existing, how to assess situations of vulnerability and finally see the latest trends in residential care and in family foster care.

Key Words: *Intervention programs, family foster care, residential care, vulnerability situations.*

INTRODUCTION

The care and protection of children is one of the challenges of modern society. Changes experienced in our society and in childhood require adaptation and optimization of some programs that can meet the current needs of our children and youth.

In this sense, family deprivation and the problem of child abuse, as a result, has begun to play a role as social disability, which has given rise to a social response and the current social policies on child protection and disabled who are abused designed to create social resources or adapt to the changing needs of children and their families. The care and family intervention, admission centers, family foster care, adoption, education, social resources are responding to the principles of individualization and standardization in the field of providing family foster care and adoption, for example, a family to those children who for various reasons can't live with their own family.

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This child protection measure provides the opportunity to live for a time in a family atmosphere complementary to home, where they can receive care and education to facilitate harmonious development of their personalities.

INTERVENTION

The technical intervention must be completed with the need to “wake up” in our society a culture of solidarity, that encourages other families to engage directly with social issues and problems of children at risk, enabling their difficulties can be attended from a **standard resource**, as indeed are offered by different Psychosocial Intervention Programs.

It is commonly found in the literature on abuse and deprivation, a variety of terms that, while alluding to sociocultural deprivation, not fully defined. Sociocultural deprivation, poverty, marginalization, hostile environment, and sociocultural deficits cause in most cases the called “social disability” and some special educational needs in schools.

So when we talk about poverty, marginalization, hostile environment, sociocultural deficit, we do not only refer to environmental factors that are linked sociocultural deprivation, we also refer to social maladjustment, dysfunctional, conflict, abuse, and all this combined with SEN presents the child in the school and / or social, we mean factors that frame the social maladjustment and school failure, or what is the same: Social Disability.

In order to intervene, it is necessary:

- Conceptually delimit sociocultural deprivation.
- Understanding the factors that shaped the sociocultural situation of deprivation and how they affect the development of the child.
- Identifying special educational needs arising from this situation.
- Designing where, when and how we can intervene.

At the school level, it is essential that schools who help the students to be masters of themselves, freely and responsibly, facilitating the acquisition of knowledge, skills and attitudes necessary for the development of their personalities. Hence the great importance that can and should be the school, especially for these people.

Teachers at the school are the mediators in the learning process of the students; they play an important and decisive role in the lives of their students. One of its main functions is to motivate, understanding that if there is no motivation, and there will be no significant learning or personal development and satisfaction in doing homework.

The methodology of intervention programs, are the starting point set of goals to be achieved, the steps that need to be done to get them and ways to assess. These programs should have an open perspective and flexible to provide us to respond to the diverse needs, interests and motivations of the person and their context, on which we want act.

INTERVENTION PROGRAMS

Among the resources implemented by social policies, we have several options, but we will focus on Family Foster care programs and the always controversial resource reception centers that somehow, we understand that responds to the principles of standardization and individualization that conform the basic lines of the current policies on abused children, both domestically than internationally.

Current Tendencies in intervention programs

The interest of the child is a priority in intervention programs. In this sense the action lines tend to favor:

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- The child can stay with his own family, for it is structured family preservation programs offering assistance and guidance to families and children to prevent separation.
- When the separation is necessary, it is posed for the shortest time possible, to do so if the child is placed in family foster care or residential care are designed and implemented reunification plans that contemplate child care and intervention about family conflicts that have caused the separation. All with the goal of returning.
- When reunification with the family is not possible or appropriate, it seeks to provide services to assist the child to be adopted or placed in permanent family foster care plan.

These tendencies, together with the standardization process and support to families, are causing an increase of children in family foster care, leaving residential care for children who have serious problems and need specialized attention.

These approaches require on the one hand the development of some programs with a systematic intervention methodology, with a good organizational structure, objectives, strategies and techniques, as well as some tools and assessment techniques. On the other hand, require continuing education of professionals who need to participate in them.

Family foster care is defined as a social alternative that provides a family atmosphere for the children or young people who can't be cared for properly at home and simultaneously provides an intervention with his family to help resolve situations or difficulties that have caused the separation.

Family Foster care arrangements

Family foster care serves children and their families, which have different characteristics and needs; in this regard we note that there are different forms of family fostering. While many classifications can be made according to the criteria we use, we can talk as general purpose three types of placement:

1. **The placement with estimated return or simple.** This involves placement next to the separation of children performing plans for reunification with his family. Usually these placements involve the acceptance of the child and his family. Families accept placement as a process helps the entire family system. Maintaining emotional ties through contacts and views will be a priority in this form of care.
Within this form of care, and according to their duration, we can make the following classification:
 - *Emergency Foster Care:* It lasts one day to a month. It is a resource for children with immediate separation from their family.
 - *Short term Foster Care:* It lasts one to four months, for children awaiting a diagnostic study of social and family situation, until the final proposal (return to family or adoption).
 - *Medium term Foster Care:* Lasting one to two years to foster care proposals with estimated return.
2. **The foster care without foresight return or permanent.** Is one foster care offering family life a child during the necessary time until their independence or find a suitable alternative. These fosterage are done when return opportunities are not possible or desirable and while the final separation through adoption is not the appropriate remedy. The permanent forestages have to promote emotional, physical and intellectual development, along with a personal and social identity. The climate reduced family group allows the child / youth development feelings of safety, permanency and belonging.
3. **The pre-adoptive foster care.** The purpose of this form is to provide a time of fellowship and adaptation to the child and the foster family before final adoption. Ages, experiences and characteristics of children requiring adoption have changed; some children or young have certain peculiarities they have to be assumed by the adopting families.

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If we keep in mind the **characteristics of the children** we can talk about other forms foster care: the ordinary and specialized foster care.

1. The **ordinary foster care** is used to treat children who do not have special educational needs.
2. The **specialized foster care** is intended to provide a family environment for children who have special educational needs or certain particularities that require more specialized care (Handicapped physical, psychological or sensory, severe behavior disorders, chronic diseases, etc.).

ASSESSMENT OF VULNERABILITY SITUATIONS

One of the most important elements in cases of deprivation and / or abuse is that the reporting and evaluation is made on the basis of a systematic collection of data that provide a decision on foundations as solid and secure as possible.

The detection of cases concerns the whole society, and more particularly to all those professionals who can be related to children and youth more directly: teachers, doctors, family, police, etc.

All assessment process involves gathering information about what you want to evaluate. It is not better to collect as much information as possible, but rather it must be to be relevant and exhaustive as to what is to be evaluated. When specifying the type of information required needs to be determined or set the assessment procedure or technique and choose or create the kinds of instruments that are more suitable. The essential function is now recognized to evaluation is to be instrumental for the continued improvement of the intervention process.

From this perspective it is an instrument of reflection and evaluation of the practice itself, its elements and components in order to assist in making the most appropriate decisions for optimization.

The initial assessment is takes place before the proper foster care and support it decisions based on the Intervention Plan. To carry out this evaluation is necessary to make a systematic collection of data on the most characteristic aspects of the child's family and the minor.

In this sense we see the need of having **two instruments**: a first that meets those basic data to make a first decision and that can be done by the SSB and a second instrument to provide further deepening and can be performed by service technicians.

NEW TRENDS IN RESIDENTIAL CARE IN NATIONAL AND INTERNATIONAL LEVELS

The differences between the systems of protection in each country, the competent authorities, legislative framework, history and typology of resources on offer, have not stopped the existence of some convergence in the direction that are taking residential care in the last decade. Among the common trends observed then describes those collected in the work of Sallnäs, M. (2000) and in the review on the topic by Bravo and Del Valle (2009).

Decrease the number of children attended in residential and foster care increased. The causes of this change is not due solely to the needs presented by these children, or better or worse the adequacy of this resource to their attention but on the contrary, the deterioration of the image of the Centers for Fostering after studies of forties and fifties with other factors, such as the promotion of preventive care and the care of children in their own home. The decline of institutionalization policies, exacerbated by the cost to professionalize the templates, has prompted the development of alternative measures when removal of the children and their families is irremediable, such as foster care and adoptions. The recent incorporation of these alternative measures in our protection system, has caused Spain is an exception among neighboring countries to maintain the highest percentage of children in Fostering Centers.

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Decreased length of stay in the residence. The child's entry into a residence is no longer a solution that ended with the problem, to become a means to achieve a goal directed: the next reunion with family, integration into a new family or preparing for independent living. This new concept avoids that common practice for years to keep the child in the institution until adulthood, while there was no initiative to work with their family or directed one of the objectives proposed above.

Changes in the characteristics of protection of children and adolescents. The average age of children staying at Fostering centers has increased, with the largest stage is twelve to sixteen. The most striking and the most concern to the professionals is aggravation of the family problems of children in care at the Centers. The increase in separation, divorce and dating violence, coupled with the problems of unemployment, poverty, drug abuse, lack of social support, etc., Has caused problems in this population are much more severe. Furthermore, have been studied benefits of this measure to reach teens where they have been through foster care who have failed, or where they are sent to present serious problems that do predict the failure of alternatives (Bravo, 2001). All this brings us to another of the factors discussed below: the diversification of resources, that have to adapt to new needs presented by this population and the development of a model not only educational, but also therapeutic.

Diversification of residential care services and expansion of alternatives to the reception centers. Attention focused on the needs of the target population has favored the diversification of resources tailored to the objectives to be achieved in each case: Residences of first asylum for emergency admissions, the study of children and their families before making a decision; functional homes, where resides a small group of children, households headed for adolescents with a higher level of autosuggestion and preparation for independent living, etc.

Changing the model. From assistance model has been passed to another more educational, which today has a more therapeutic rapprochement to children at risk. Emotional and behavioral problems caused by situations such as physical and emotional abuse or sexual abuse, and even the separation that involves the internment, requires not only attention, care and education, but rather a intervention to address and develop these processes. According Brignoni (2004), the difficulties with increasing frequency presents this population, are emotional and behavioral problems, chronic patterns of aggressive behavior and destructive, behavioral disorders, academic problems, ideas or attempted suicide and escape behaviors. This panorama leads to the necessary technician professionalization.

Professionalism: In the sixties, in many countries of the European Union assistance was based on a rigid daily program of education, work and religion the same for all (Bravo & Del Valle, 2001). The need to respond to the special needs of each child demanded professionalism of staff. In the review of Sallnäs, M. (2000) Spain is characterized as one of the countries with the lowest proportion of qualified staff, although this has been changing since the creation of the Social Education degree.

Reducing the size of the reception centers and change in their architecture and location. Already is not easy to find a situation like that of yesteryear, where hundreds of children were staying at the same institution. The current Fostering centers generally not accommodate more than 30-35 children and also distributed in small households. This reduction and increasing the ratio teachers / children have allowed the personnel leave to attend bureaucratic issues and can serve much more children. The renovation has not only affected their size, but also to own decor and space distribution, more like a real home. Moreover, they are not located in the suburbs and isolated from contact with the community, but rather are installed in urban and rural areas and share the same community services than their neighbors.

Development of the ecological approach that advocates work with families. Protecting a child should not mean breaking neither family ties nor the separation of his friends (classmate, neighborhood friends). Therefore, gradually gives more importance to try to keep the child in their own community, where they might maintain their social relationships and also more contact with their

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family. Meanwhile, the family is gaining an essential role in the intervention in cases of vulnerability, forms part of the problem to be solved and needs to receive the support and treatment necessary in order to provide a home and care necessary for their children. The main objective of protection policies is to procure the welfare of children, facilitating their return home whenever possible.

Development of minimum conditions. Since governments are being developed minimum standards of good practice that should meet all Welcome Centre. The level of quality of care provided to children in the protection residences must necessarily be greater than required for a family, because in fact, the residences are a protective response of society (Martin & Davila, 2008).

Individualized Work. One of the most remarkable characteristics of the attention given in large residencias a decade ago, was overcrowding. Usually the macroinstitutions housed several hundred children in, which led almost inevitably to the need to organize the coexistence and care for children in a collective way.

Just the essence of the great changes we have experienced in the last two decades, has been to consider the needs of each child as the fundamental axis of residential care.

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