PROFESSIONAL PARENTING IN INSTITUTIONAL FOSTER CARE: PROPOSAL TO IMPROVE CARE OF CHILDREN FOSTERED IN CHILD PROTECTION CENTRES

Parentalidad profesional en el acogimiento institucional: Propuesta para mejorar la atención a los niños acogidos en centros de protección

Parentalidade profissional no acolhimento institucional: Proposta para melhorar a atenção às crianças recebidas em centros de proteção

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ABSTRACT: The studies conducted about children fostered in child protection centres find delays and issues in the majority of developmental areas which hamper their wellbeing and transition to independent living. These adverse effects have been partly attributed to the impoverished upbringing common in residential settings compared to family life. In this article, we propose a reconceptualisation of the role of the social educator as a professional parental figure as a way to overcome some of the limitations associated with institutional foster care. Through a literature review, the most important contributions supporting this proposal are examined. In the first part, the difficulties faced by fostered children and adolescents are analysed, along with the role played by residential foster care in these difficulties. After that, we explore the most significant functions of the professional parental figure, such as protection and stimulation of development, reparative affective bonds and guidance in resilience processes, and we compare them with the way institutional foster care has developed them. We propose replacing the concept of professional distance with that of optimal proximity, in which the social educator’s personal experiences become teaching resources in their educational undertaking.
1. Introduction

In Spain, the public administration is the guardian of 6 out of every 1,000 children, protecting them from extremely vulnerable situations such as neglect or abuse. According to the portal of the Ministry of Health, Consumer Affairs and Social Welfare, Children in Figures, 48% of these children are fostered in institutions, while 52% are fostered in families. Social educators are the professionals in charge of raising children whose protective measure is institutional foster care. Thus, social educators are in charge of accompanying the children through their daily hygiene and feeding routines, assisting them at school and extracurricular activities, accompanying them on trips to the doctor, caring for their emotional wellbeing, etc. Although it is true that social educators work in educational teams and the children see several social educators over the course of the day as shifts rotate, just one social educator takes on the role of a specific child’s guardian to thus create a more individualised space of care with the child. Guardians develop the individualised education plan of the children they oversee and draft the respective follow-up reports. Even though social educators are in charge of several children or adolescents during their workday, they also have individualised spaces where they can work more intensely with the children or adolescents whose guardian they are. These spaces tend not to exceed one hour weekly per child or adolescent.

Through a narrative review of the academic literature (Ferrari, 2015), we shall examine the current state of several debates around the impact that family or institutional foster care has on the development of these children, and we shall propose several avenues of intervention to improve their care. To do so, first we shall focus on the impact that both kinds of foster care have on the children, and then we shall analyse the possible reasons for the shortcomings observed in the development of children who are fostered at residential centres. We shall particularly focus on the upbringing at the centres and social educators, assuming that they have to provide the upbringing needed for the physical, psychological, social and moral development that the parents should have provided in the course of their work.

Many international studies have been conducted on the development and evolution of these children. These studies reveal difficulties in areas like education, job placement, income, access to housing, mental health, suicidal behaviours, substance abuse and criminal behaviours. The data show this population’s high level of vulnerability, with lower results than those of children from poor families (for a survey, see Gypen, ...

Similar results were observed in studies of the Spanish population (Bernal & Melendro, 2014; Bravo & Fernández del Valle, 2003; Martín, Muñoz, Rodríguez, & Pérez, 2008; Montserrat, Cases, & Bertran, 2013; Oriol-Granado, Sala-Roca, & Filella, 2014, 2015; Sainero, Del Valle, & Bravo, 2015; Sala-Roca, Jariot, Villaba, & Rodríguez, 2009).

After a review of numerous studies, Kääriälä and Hiilamo (2017) state that the deficits found have three possible origins. First, the personal conditions and accumulation of adverse experiences prior to entering the protection system may have caused a deterioration of such a magnitude that it cannot be offset by the protective measures. Secondly, another cause could be that the protective measures themselves may have a negative influence on children’s and adolescents’ development. This possibility is extremely worrisome because it would imply that the protective measures may even further harm their beneficiaries. Thirdly, the support they receive in their transition to independent living when they reach adulthood may be inadequate or insufficient. These three factors are joined by the lack of stable resources, in their foster families and at school, which not only limits the continuity of the work performed by the different stakeholders but also entails the accumulation of experiences involving loss (Gypen et al., 2017).

It is difficult to compare the different impact of institutional and family foster care because although they do have different results – generally in favour of family foster care – the severity of the issues and the age of the children in institutional and family foster care are not equivalent. There is a higher concentration of children and adolescents with behavioural or mental health problems in institutional foster care. Furthermore, the mean age of children who do not have access to family foster care is higher, and therefore prior to the protective measures they have accumulated adversities over a longer period of time. On the other hand, a larger proportion of children with normal cognitive development enter family foster care compared to institutional care (for a survey, see Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016).

Despite the limitations we have just cited, the majority of researchers believe that institutional foster care may be damaging, and that the preferable option is family care. Some even believe that it may be preferable to leave the child with their biological family before fostering them in a residential centre. One of the arguments used is that many of the problems observed in children who are in institutional foster care disappear after they are adopted, which would prove that a family environment has a reparative power that institutions do not. Another argument that would uphold this thesis is that when they are fostered in centres, children experience added delays in many developmental parameters, plus there is a positive association between these delays and the amount of time they spend in the centre. In this same vein, it is found that delays in the development of attention and executive functions may only be observed in institutionalised children (Dozier, Zeanah, Wallin, & Shaffer, 2012; Quiroga & Hamilton-Giachritis, 2016).

The majority of countries consider family foster care the preferable option (Fernández del Valle & Bravo, 2013). In Spain, the protection model is mixed, as half the children are in family foster care (52%) and the other half in institutional foster care (48%) (data on children from the Ministry). This is partly because there are not enough families in Spain willing to foster children, and many of the children that enter the protection system are between puberty and adolescence, ages when foster care processes are more difficult. However, it is also important to bear in mind that a significant percentage of foster situations (26%) fail (López, del Valle, Montserrat, & Bravo, 2011), and that the residential option may better fit the needs of these children and adolescents. So, residential centres are an indispensable resource in the protection of children and adolescents within the protection system and will remain so in the future.

Residential centres seek to offer an alternative nurturing environment to the nuclear family in which the child can feel safe, can recover from experiences of negligence and trauma, can develop and, when the time comes, can prepare for independent living. To achieve this, the children fostered in centres need to be provided with a safe environment and the comprehensive upbringing that they should have received in the family setting from which they were removed. Major efforts have been made to improve the quality of residential care (Del Valle, Bravo, Martínez, & Santos, 2013), but greater efforts are needed to ensure that residential foster care can offer the support and stimulus that a family could. The initial hypothesis of this review is that residential foster care is highly limited by an excessively technical conceptualisation of the social educator and by a misinterpretation of professional distance, which can be a good instrument to protect against burnout while leading away from the reparative affective bond that these children need. These factors would be limiting and undermining the nurturing functions and potential impact of the nurturing functions and potential impact of the nurturing functions and potential impact of
the social educator. For this reason, we propose the concept of professional parenting in order to resituate the role of the social educator as a comprehensive nurturer and to overcome some barriers which this professional figure has faced in the transition from the care model to the socioeducational model. By professional parenting we mean the pedagogue or social educator taking on the family roles in the foster care at a residential centre, although this figure already exists in professional family foster care.

2. Family upbringing in the transition from the care-based model to the socioeducational model of child protection

In the 1990s, after numerous studies which revealed the negative impact of institutionalisation on development, different reports were issued stating the need to change these large institutions for more family-sized residences, with lower stay times, higher foster care ages, teams of specialised professionals and socioeducational programmes that go beyond mere care (e.g., The Quality of Care, Home, 1992; Acommodating Children, 1992). In consequence, reforms were undertaken in the protection systems, with major divergences among countries. Thus, in some countries the majority of institutions were closed and the children were fostered in families; in others, such as Spain, the resources were diversified while maintaining most of the structures and adapting them to the recommendations (Fernández del Valle & Bravo, 2013). In these three decades, regulations have been adopted aimed at gradually attaining family-sized centres and more individual and nurturing interventions. Thus, the old institutions are gradually reorganising their buildings to have smaller sizes, and they are professionalising their teams and development programmes, projects and educational evaluations.

Over these years, interventions have become more technical, yet the evidence provided by studies on the impact of institutional foster care are nonetheless worrisome. If we consider the results, it seems that the efficiency of the interventions are still far under the interventions of non-professional adults who take on the upbringing of these children as foster parents (Dozier et al., 2012; Gypen et al., 2017). This has led many countries to choose to limit residential foster care to children with serious mental health problems or disabilities. However, this policy also shows significant problems, especially with adolescents, who do not always accept the imposition of a foster family. This may lead to multiple ruptures and failures and constant family changes, which even further deepen their trauma (Vinnerljug, Sallnäs, & Berlin, 2017). In this vein, in recent years some researchers have noted that residential centres can offer greater stability for children and adolescents for whom foster families are not appropriate or desired (Holmes, Connolly, Mortimer, & Hevesi, 2018). For this reason, having a protection model with different options in terms of the type of measures and centres enables children and their needs to be placed at the core of the decision. However, this does not eliminate the need to explore strategies ensure that residential centres have a more positive impact on children's development, but instead it makes it even more urgent.

If we analyse the evolution of institutional and family foster care in recent decades, we find that the improvement strategies seem to have pursued different routes. While in family foster care the main efforts have focused on empowering and training in parental habits, both to improve the process and its results (Balsells et al., 2015) and to prevent vulnerability (Orte et al., 2016), in residential foster care the efforts have primarily been focused on setting quality standards in resources and interventions from a more technical-educational standpoint. However, the relationship with the social educators is the crux of the children’s and adolescents’ perceived wellbeing (Llosa-da-Gistau, Casas, & Montserrat, 2017).

In residential foster care, it is assumed that the centres are the children’s homes; however, in the educational regulations and projects no reference is made to family upbringing, thus ignoring its importance in child and adolescent development. Although it is true that working plans on the communicative, social and school aspects are included in the educational plans, family upbringing is broader and requires one adult to take over the parental functions, and this implies an affective bond and the organisation of times according to the children’s needs, which can be difficult to combine with the social educators’ aspirations and job demands.

Also it is possible that caution and professionals’ and centres’ fear that the original family may view professional parenting as an attempt to usurp their figure and downplay their bond with the child have generated a kind of self-censure from taking on parental functions (Holmes et al., 2018). The original family will always be a fundamental referent for children and adolescents (Gradaille, Montserrat, & Ballester, 2018); however, we are living in a society when alloparental care is becoming more widely accepted (Holmes et al., 2018). Children need a parental figure present who meets their needs and guides them in their learning. This figure is taken on by foster parents in the
family foster care measure, and it should be provided by social educators in a residential setting. It is logical that the social educator may not feel the natural motivation conferred by attachment to make these intense efforts, but their motivation should emerge from an understanding of the child's needs and the awareness of the impact of their intervention. This is why it is essential for the professional to understand the extreme importance of their intervention, not only in the present but also assess its impact on the future life of the child or adolescent.

In countries like Spain, with extremely high rates of youth unemployment, the family is the lifesaver for the majority of youths, who do not become independent until quite advanced ages. However, youths who are in the protection system do not have a family with this protective potential. There is very little assistance to deal with the transition to independent living without relying on the nuclear family, and they do not always match the youths' profiles and needs (Comasolivias, Sala-Roca, & Arpón, 2018). Therefore, the most effective intervention consists largely in developing skills and personal and social resources during childhood and adolescence which will be needed for the transition to independence, as well as finding support in the different life stages. These lessons and resources cannot be provided within the span of one year, which is the time usually allotted in exit plans; instead, they must be provided since early childhood. For example, certain basic employability competences which begin to be developed before puberty are needed to secure a job (Arnau-Sabatés, Marzo, Jariot, & Sala-Roca, 2014), as are a good educational level which is grounded upon basic school learning (Cassarino-Perez, Crous, Goemans, Montserrat, & Sarriera, 2018).

3. Professional parenting in institutional foster care

The family is essential in human development. It covers basic needs; it provides protection and physical and emotional wellbeing; and it is the main source of stimuli to develop instrumental, communicative, cognitive and socio-emotional skills. The family is the first space of socialisation, where we learn to interact with others; we build our self-esteem and evaluative emotions within the family. Likewise, the family also provides us with cultural and social capital, conveying knowledge about the environment and fostering the relationships which we need in order to positively integrate into society.

Taking on the care and upbringing of a child or adolescent who has suffered from neglect or abuse entails several responsibilities. This is why in residential foster care the parental function must not solely address basic needs and stimulate and guide development and learning while ensuring and advocating for the child's wellbeing and interests, but it should also provide spaces and experiences to overcome the imprint that this neglect or abuse has left. Within this context, the social educator should not only care for and stimulate the child in the absence of their parents; they must also become a resilience guardian.
3.1. Protective function

Among the different functions entailed in professional parenting, the protective function is the one on which all professionals concur. Certainly, many children feel relieved when they enter residential foster care because it offers them a stable place to live, where they access the basic services and food is secure. The professionalization of caregivers and the oversight of the administration has led to a drastic decrease in the abuse that may have happened in these institutions in the past. Today, the main security risks may come from the youths at the centres or their environs, which are models of risk due to drug consumption or criminal activities. Much work remains to be done in this sphere, given that fostered youths are 50 times more likely to enter a juvenile justice centre than their non-fostered peers, and almost all these youths come from institutional foster care measures (Oriol-Granado et al., 2015). The inadequate models is a problem also faced by many families living in neighbourhoods with high crime rates, and addressing it means investing efforts in moral development and getting the child or adolescent involved in sports or activities that not only prevent them from having too much idle free time but also improve their self-esteem. In this area, few youths have fun spaces that they share with their social educators, important experiences for their education and development (Sala-Roca et al., 2012).

Another no less important problem which social educators have to address is cases of rejection, moral harassment and bullying which many children fostered in centres face at school (Martin, Muñoz, Rodríguez, & Pérez, 2008; Vacca & Kramer-Vida, 2012). Social educators, just like any parent, should be attentive to detect possible situations of bullying which the children under their charge may be experiencing outside the centre and intervene when this happens. Even though these experiences are extremely harmful for all children, they are even more so for children who have already experienced traumatic experiences, without close friends or a family who can provide them with emotional security.

3.2. Reparative bonding

One of the most important functions of professional parenting is creating a reparative affective bond. The attachment bond stimulates socioemotional development and imprints the mental representation of social relations and what can be expected of the people around us.

Many fostered children have insecure attachment (Vorria et al., 2003). It is calculated that children who have suffered from abuse are 80 times more likely to develop insecure, anxious, ambivalent or disorganised attachment (for a review, see Sutton, 2019). Their baggage of traumatic experiences and abuse is often further weighted down by the experience of being separated from their home, friends and classmates or neighbourhood mates, family and acquaintances. It is common for these children to experience different changes at
the centre, with the destruction and uprooting of new social circles which they may have been able to create. This will even further magnify their difficulties building trusting relationships and bonds like the ones needed for friendship.

Anxious bonds tend to lead to affective dependencies and fear of rejection (Lecannellier, 2002), while episodes of anger and hostility characterise ambivalent bonds (Kerr, Melley, Travea, & Pole, 2003). When parental behaviour is very distorted, with conduct such as abandonment, or fear-inducing or sexualised behaviours, as in disorganised attachment, the response expectations built in this relationship are tinged with aggressiveness, sexuality or indifference (Hawkins-Rodgers, 2007). However, the greatest difficulties will be faced by children who never manage to construct an affective bond in their first few years of life and show a reactive disorder in this bond. There is a high prevalence of this disorder among fostered children, and it is associated with experiences of serious abuse and entry into centres in their early years of life (Minnis et al., 2013).

Insecure attachments have a series of consequences which end up amplifying the impact in the long term. Thus, the limitations that tend to come with insecure attachments in socio-emotional development hinder the children from creating solid, trusting social relations with which they can build their network of social support, which is so essential to dealing with the multiple difficulties that they will face in their premature and forced transition to independent living. Studies concur that the majority of fostered youths have weak support networks (Bravo & Fernández del Valle, 2003; Hook & Courtney, 2011; Martin et al., 2008; Sala-Roca, Villalba, Jariot, & Arnau, 2012). In this sense, youths state that centres are hardly involved in helping them create social networks (Sala-Roca et al., 2012).

Boris Cyrulnik (2002) states that insecure bonding styles can be reconstructed via reparative affective bonds. Youths often show resistance to the nurturing mentoring provided by their foster caregiver (Villalba, 2017). This resistance tends to stem from the unease and mistrust generated by so many experiences of rupture. To overcome them, a reparative affective bond has to be constructed with the professionals, and the latter then become a trustworthy, available person. The adolescent must feel that their social educator has a real, authentic interest in them, and they must find that when they need their social educator’s support, it is given within a reasonable timeframe.

Some youths experience bonds with a social educator that last beyond the time they remain in the centre (Sala-Roca et al., 2012). However, many professionals have misinterpreted the concept of “professional distance”. The youths complain of the lack of closeness with their social educators in the sense that they have access to the youths’ private lives yet never talk about their own (Soldevila, Peregrino, Oriol, & Filella, 2013), thus missing not only a chance to facilitate the bond but also a basic nurturing resource in families. The concept of “professional distance” should be replaced by “optimal proximity”. In fact, empathy and engagement are the aspects that the youths value the most in professionals (Montserrat & Melendo, 2017), and satisfaction with the relationship with the social educator is one of the factors that contributes the most to the youths’ wellbeing (Llosada-Gistau et al., 2017).

As Maturana says, the transformation occurs by living together, and the world to which the child has access expands through language and retelling our experiences (Maturana, 2004). Parents recount present and past experiences as educational parables that enable their children to learn without the need to have had the experience themselves. This is a child-rearing strategy which has shaped the evolution of human beings. A social educator who does not use their life experiences to illustrate the values or lessons they are trying to convey impoverishes their educational potential. Without a doubt, sharing all of this experience would take longer than the amount of time set aside for guidance, so it is necessary to take advantage of moments in everyday life, such as travel, meals, sitting on the sofa, free-time, etc. The use of these everyday times is what shapes the nurturing potential of the family environment. It is a primarily informal, unplanned kind of upbringing, yet it has a great deal of impact and importance.

3.3. Stimulation of development

Many fostered children and adolescents show delays in their development of skills and knowledge. These shortcomings will weave a web of exclusion throughout their lives. Thus, delays in cognitive development (Dozier et al., 2012) are associated with school failure (Montserrat et al., 2013; Sala-Roca et al., 2009), hindering their future job opportunities (Courtney & Dworsky, 2006; Sala-Roca et al., 2009) and paving the way for chronic poverty (Naccarato, Brophy, & Courtney, 2010). This situation is further aggravated by the lower socioemotional skills of these youths (Oriol-Granado, et al., 2017; Zárate-Alva & Sala-Roca, 2019), which lead to poor social networks without any real potential to provide support (Bravo & Fernández del Valle, 2003; Martin et al., 2008).
In some cases, these developmental delays have originated from situations of abuse experienced before foster care, or they may have genetic roots; yet in others, the cause could be the residential environment’s insufficient stimulating capacity (Kääriälä, & Hiilamo, 2017). The high ratios certainly make this task more difficult, but other educational centres, like preschools or schools, have to take on even higher ratios.

The high school failure rates in these children and adolescents (Montserrat, Casas, & Bertran, 2013) is extremely worrisome. A high percentage of children enter centres with a history of absenteeism and school delay. The low academic self-concept that comes with learning delays is an emotional burden which can easily lead to demotivation and absenteeism, with the added risk of hours on the street unsupervised.

Parental involvement has a high impact on school progress, especially when the child has difficulties (for a review, see Spera, 2005). Consequently, the professional parental figure should spend a significant amount of their time helping the child overcoming their difficulties with their studies and seeking additional sources of support. Just as in any family, the social educator too can take advantage of the resources provided by siblings and peer tutoring, with two-way benefits: not only on academic skills but also on the social skills, self-esteem and the moral development of both parties. This is an area which requires a major effort, since the spaces in many centres are not appropriate for concentrating, and there is little educational support (Sala-Roca et al., 2012).

Socioemotional development is another area that professional parents should emphasise, given that socioemotional development is one of the clearest predictors of fostered youths’ social and job insertion (Sala-Roca et al., 2009). Likewise, more than half the children in residential centres show psychological problems (González-García, Bravo, Arruabarrena, Martín, Santos, & Del Valle, 2017), which can lead to disorders without the right socioemotional education.

Parke et al. (2002) state that the strategies that the family uses to promote socioemotional development are: modelling, since the parents are role models of skills; instructions/explanations that adults provide on emotions and regulation strategies; and the regulation that the caregivers provide regarding access to learning opportunities that exist in the milieu. Based on this model, the social educator should create spaces in the centre with positive emotional climates and should be aware of the power they exercise as a role model. Different studies show that the emotional climate at home, parental behaviours associated with children’s emotions and observational learning necessarily affect children’s emotional security and regulation and their social adjustment (for a review, see Morris, Silk, Steinberg, Myers, & Robinson, 2007).

Likewise, as a professional parental figure, the social educator must also provide access to formatative opportunities in the environs, which will allow the children to acquire an essential part of social capital by stimulating their socioemotional development. The social networks of children in foster care at centres are very limited, and in some cases they are even non-existent (Bravo & Fernández del Valle, 2003; Martin et al., 2008; Sala-Roca, et al. 2012). Furthermore, they experience multiple ruptures with their milieus and experiences of uprootedness. The first separation from their family and social environment is coupled with different changes in the centre and/or family, rendering it impossible for them to gain a sense of belonging, thus hindering the construction of a support network and limiting social interactions and the development of socioemotional skills. Childhood social networks are constructed by sharing play spaces. For this reason, many parents encourage them by taking their children to the park, going on outings with other parents who have children the same age, and inviting classmates to play or have a snack at their house, who in turn invite the child to their house. This kind of practice does not occur in institutional foster care. This leads to the child being excluded from complicities and social relations at their schools, and they avoid situations that could reveal that they do not live in a family, as tends to happen if a classmate invites them and they have to ask their social educators for permission. Some centres, aware of the need to create the opportunities needed for the child to build a normal network of friends, encourage the children to invite their classmates to do their homework or eat at the centre. However, these practices are all too rare (Marzo, Sala, Jariot, & Arnau, 2016).

3.4. Educating children to deal with everyday life

Knowledge of the environment, the social relations and the values needed to live in a human society cannot be learned in a classroom. The majority of children learn how the world works by accompanying their parents as they do activities. They get to know their environs (streets, markets, means of transport, etc.) by observing how their parents get around in it. At early ages, they imitate their parents in cleaning and cooking chores, and their parents let them help out in these activities. Even though this may happen naturally in family
foster care, it does not happen in residential foster care in Spain. The children who enter these centres at an early age tend not to have access to all the spaces that any child has at home. The centres tend to argue that it is more convenient to organise the shopping, cooking and washing up without the children present, without being aware of how this is depriving them of stimulation and information. Other times, they refer to safety regulations, which are contradictory with the nurturing mission assigned to the centres but which could be overcome with a bit of ingenuity. In fact, there are centres that are organised so that the children occasionally participate in shopping, cleaning, cooking workshops and household repairs and learn how to use transport autonomously, prioritise and manage budgets, etc. That is, they are organised to allow the children access to family educational spaces to which children in foster care have access. However, these experiences are few and far between (Marzo et al., 2016).

3.5. Resilience guardian

Finally, one of the most complex challenges for the social educator, as well as for any parental figure, is to empower the youths and help them overcome their traumas, thus becoming their resilience guardian (Ciurana, 2016; Melendro, Montserrat, Iglesias, & Cruz, 2016). Studies show that resilience processes and overcoming highly adverse situations, such as the ones the fostered children and adolescents have experienced, should be sought in multiple factors within the children themselves and their environment, and in the transactions between both kinds of factors. In some cases, the goal is to discover talents or utilise social skills, while in others it is finding a purpose in life. The catalysts of the resilience process may be different for each child, although there always tends to be a process of understanding and accepting their own history; an empowerment process; facilitators such as humour, talents, positive self-esteem, social skills, etc.; and support figures such as a social educator, a teacher, an employer, etc. (Kumpfer, 2002). The social educator can become a resilience guardian by guiding the child or adolescent towards understanding and accepting their own history through storytelling and accompanying them in their process of mourning and healing (Cyrulnik, 2002). In fact, many formerly fostered youths state that their guardian was an essential part of their healing process (Sala-Roca et al., 2012). However, there is still a long way to go before we can ensure that a higher percentage of adolescents manage to overcome their traumas and reach adulthood while avoiding the traps laid by their adverse experiences which has led them to live in a juvenile justice centre, or to have substance problems, or to find themselves living on the streets.

4. Conclusions

There are many reasons that can lead a child to be separated from their original family because it is considered deficient for or even damaging to their development. This is a heavy responsibility which is entrusted to social educators who have to care for and raise them in residential centres. The empirical evidence of the shortcomings that these children experience in protection centres raises many doubts regarding the efficiency of the separation measures and even shows that at times they can be harmful (Dozier et al., 2012). On the other hand, studies concur that protection centres are more impoverished environments than foster families and that they do not sufficiently stimulate the children (Gypen et al. 2017). Some centres introduce nurturing practices that incorporate elements of family upbringing; however, they are rare experiences that have not spread to all residential facilities (Marzo et al., 2016).

In this manuscript, we have suggested locating the professional parental figure in the residential foster care centre; we have explored important functions that should be performed, such as establishing reparative bonds, stimulating development and supporting and guiding the resilience processes; and we have reviewed studies that show that there are still some deficits in this regard. This survey enables us to assert that structural changes are still needed to fully work within the socioeducational model. Advances have been made from the methodological standpoint with the design of instruments and procedures, but a change in conceptual positioning is also needed by resituting the role of the social educator as a professional parental figure. The alloparenting framework of family foster care is also possible in institutional foster care. The social educator as a parental figure should guide their intervention towards the principle of “optimal proximity”, create reparative bonds and incorporate strategies which are commonly used in families, such as those noted by Parke et al. (2002): modelling, instruction and regulation of learning spaces and experiences. The social educator’s life experience thus become a meaningful resource in this new role.

Preparation for adult life should begin the first day the child enters the protection system, because the capacities that are needed at that time rely upon their communicative, cognitive,
socioemotional and oral development, as well as their knowledge of the world. This preparation is not possible in a care-oriented model geared towards covering basic needs, nor with professionals who take a fundamentally technical position. The development of the competences needed to deal with life independently require the upbringing that only engaged parents can provide. When the biological family cannot perform this function properly, the parental function must be taken on by proxy by a foster family, or by a professional parent in an institutional environment, or professional family. However, substitute parenting, professional or not, can also be negligent if it does not accept the functions and responsibilities it entails, casting doubt on foster care as a protective measure as opposed to the neglect of the original family.

**Note**

* In order to streamline the text, the masculine form is used to generically refer to both sexes.

**References**


HOW TO CITE THE ARTICLE


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