Revista de cercetare și intervenție socială

The Perception Adolescents in Kinship Foster Care Have of their Own Needs

*Ainoa MATEOS; M. Àngels BALSELLS, Mari Cruz MOLINA,
Nuria FUENTES-PELÁEZ*

The Perception Adolescents in Kinship Foster Care Have of their Own Needs

Ainoa MATEOS[1]; M. Àngels BALSELLS[2], Mari Cruz MOLINA[3], Nuria FUENTES-PELÁEZ[4]

Abstract

This article presents the most important findings concerning the social-educational needs as expressed by adolescents in kinship foster care (KFC) in the study carried out I+D SEJ-02657[5] in Spain between 2005 and 2008. The data for the study was collected from discussion groups with adolescents in kinship foster care AFE (n=57) from different autonomous communities in Spain. In the needs assessment the data was collected in the following categories: characteristics of Foster care in kinship family; family history; foster family and foster child; biological family and foster child; self-awareness; healthy family life; free time; the future after fostering. In the results found the following needs stand out: emotional family stability; overcoming problems related to the generation gap with the Foster family, greater openness and clarity dealing with family history, establishing norms and limits, increasing the frequency and quality of parents visits, finding ways of aiding relationships between the foster family and the

---

[1] Departamento de Métodos de Investigación y Diagnóstico en Educación. Facultad de Pedagogía. Universidad de Barcelona, P. de la Vall d'Hebron 171, 08035 Barcelona, SPAIN; Email: amateos@ub.edu

[2] Departamento de Pedagogia y Psicologia. Facultad de Ciencias de la Educación. Av. de l'Estudi General, 4. 25001 Lleida, SPAIN; Email: balsells@pip.udl.cat

[3] Departamento de Métodos de Investigación y Diagnóstico en Educación. Facultad de Pedagogía. Universidad de Barcelona, P. de la Vall d'Hebron 171, 08035 Barcelona., SPAIN; Email: cmolina@ub.edu

[4] Departamento de Métodos de Investigación y Diagnóstico en Educación. Facultad de Pedagogía. Universidad de Barcelona, P. de la Vall d'Hebron 171, 08035 Barcelona, SPAIN; Email: nuriafuentes@ub.edu

[6] An autonomous community (CC.AA) is a territorial área which comes under the political constitution of Spain.

biological parents, providing support and resources to the foster family, affronting in an educational way subjects such as sexuality, drug addiction, pro-social activities and lastly preparation to face the future after foster care. Incorporating these elements in the support programme for adolescents in KFC can contribute in a positive way to the cognitive, emotional and behavioral development of these adolescents.

Keywords: foster care in kinship family; adolescent foster children; social-educational needs; social-educational inclusion;

Introduction

Child protection, especially those at risk, is a commitment in the current policies of the Spanish State (Spanish Constitution 1978, 1/1996 Child Protection Law) and its autonomous communities in all institutions and professionals related to child care. The Catalan-Spanish law of children's and adolescents rights and opportunities (DOGC, 2010) shows a change of focus in respect to child porotection in that it focuses on both normalized children and adolescents as well as those at risk, understanding that they all have rights and opportunities.

When a child's needs are not met or his/her safety is at risk (physical, psychological, emotional, etc.), is when a way is made for the family intervention programmes (Balsells, Amorós, Fuentes-Pelaéz & Mateos, 2011).

There are various alternatives for the protection of children and adolescents at risk in Spain. When a child is found in a situation of ill-treatment or abandonment there is the possibility of remaining with the biological parents (who are then monitored) or the separation from the biological family. In the latter case the alternatives are fostering in residential homes, foster care (in kinship or non kinship families) or adoption. In the first two cases the separation from the family nucleus is expected to be a temporary measure (temporary foster care). However, in the third case (pre-adoptive fostering and adoption) the recovery of the biological parents is not expected so the legal process for the permanent separation of the child from the his/her family is started. In recent years studies have been done taking taking the perspective of an appreciative inquiry, based on the positive, constructionist, simultaneous and poetic principle (Cuyvers, 2010). In the field of child protection some studies which follow in this direction stand out for pointing out the aspects which help lead to the well running of the organization and the relationships between families in situations of fostering or adoption.On the other hand, with no lack of respect, the less positve aspects which should be dealt with are presented by Bushe (2007). These are shown in studies about family preservation (Rodrigo, Martín, Maiquéz & Rodríguez, 2006; Cojocaru & Cojocaru, 2011), residential foster homes (Del Valle, Sainero & Bravo, 2011; López, Del

Valle, Montserrat, Bravo, 2010) kinship foster care (Balsells, et al, 2011; Balsells, Fuentes-Peláez, Mateo, Mateos & Violant, 2010; Del Valle, López, Monserrat & Bravo, 2009; and adoption (Fuentes, 2009; Fuentes & Amorós, 2008).

In this article attention is focused on adolescents in kinship Foster care. These adolescents live away from the nuclear family due to circumstances with their birth parents which have made it difficult for them to perform their parental roles correctly. In these cases the children move temporarily away from home and live with other members of their extensive family (normally grandparents or uncles and aunts), awaiting the recovery of their parents and family reunification. Kinship foster care is one of the alternatives of child care which has proved especially beneficial to the development of children and adolescents as it helps maintain the links with family members and reduces the trauma of the situation (CWLA, 1994; Ehrle & Geen, 2002). The fostering is continued better and there are fewer interruptions than with fostering in non- kinship families (Balsells et al. 2010).

This Foster care alternative has been brought about by a change in the model of intervention of child protection services in Spain as a consequence of the Law 21/ 11th of November 1987, changing certain articles of the Civil Code and the Civil Procedure rules(BOE, 1987). Kinship foster care took priority over residential foster care as defined by Del Valle, Bravo and López (2009:33) "*a situation in which the child enjoys full participation in the life of the Foster family and they in turn have to look after him/her, be with him/her, feed, educate and try to give him/her an all-round education (the same obligations which are inherent to parental guardianship)*"

Social-educational needs of adolescents in Foster care

Adolescence is a period of change during which risk situations may arise making this a period of vulnerability, in which love relationships, peer relationships provoke new experiences. Para Zavala, Valadez & Vargas (2008 say that changes related to social acceptance is especially important, expressed through popularity, indifference or rejection by peers.

The adolescents in kinship family care who form part of our society are a group with social-educational needs the same as other adolescents but with differences in some aspects due to their personal and family circumstances. This is group is bigger than generally expected and it is important to point out, their social-educational needs so they can be covered from an all-round educational view facilitating their inclusion at all levels, social, family, educational, etc. As these adolescents in kinship foster care have special needs they require special attention. However, there is very little research literature which considers these needs (Wilson, Sinclair, Taylor, Pithouse & Sellick (2004) and existing studies as

mentioned by Balsells et al. (2010), are mainly based on the incorporation into the workplace.

There is also very little research which takes into account the opinion of the adolescents themselves, although there is full agreement about the importance of the children's and adolescents participation in the research process. As Fuentes (2011) points out, their participation in research allows them to express their right to voice the things which worry them most and have, as yet, not been voiced. In fact, the children's participation in the processes that affect them most is one of the main changes being experienced in research on children (Cojocaru, 2009; Robin, 2009). Of what we know about adolescents in Foster care, and what makes this a group at risk or in a vulnerable situation (and what should be made known to child welfare staff) is that they have suffered a painful and dramatic family experience, difficult for them to accept, a separation from their biological family, and an adaptation to foster families where they receive the care their own parents could not provide (Altshuler, 1999).

These additional problems with the usual adolescent problems become accentuated in adolescents in Foster care, questions about their past (family history), their present and their future, (on reaching legal age what will happen to the Foster situation) .They must know who they are, their personal and family history, to be able to build their own identity. Adolescents in foster care sometimes reach adolescence with limited or distorted information about themselves and their past. These special characteristics brought about by the Foster situations make this stage of life even more complex, in which the adolescents try and build and rebuild an identity, looking for new experiences, relationships and peer group acceptance.

Apart from these characteristics, some authors such as Wilson et al (2004) point out specific educational needs brought about by their precarious situation previous to Foster care: a normalized family life, encouragement and motivation (approval), respect, basic information about their rights, a good education, the choice about contact with their own families as well as expressing their opinions about the length of fostering and what they expect of it. It is important to point out, as done by the same author, that despite their early difficulties, children in child protection care can lead a happy life and be healthy and productive in adulthood. Their vulnerable situation does not predetermine them to being a social failure. When they are given adequate attention by a foster family or centre, while their parents recover, they live a more normal life and can get over this period of vulnerability. It is therefore important for all social workers, teachers etc to work towards satisfying the specific needs of adolescents in Foster care, as the kinship Foster families have more formal resources than informal (and which can be passed on to the Foster children (Rodrigo, 2007).

Methodological approach

The study presented is a participative investigation plan (IÂD SEJ-02657), carried out in Spain between 2005-2008, in which the study group members GRISIJ, child protection staff and adolescents in kinship family Foster care became active subjects of study. The child protection staff had a double role during the study, as informers but also part of the study team. The adolescents have participated as informers and their contributions have been of crucial importance to our study, allowing us to contrast what they express their needs to be with what the staff understands by them.

The results which we present reflect the opinions of adolescents in Foster care, as we consider it very important to understand their perception of their needs to allow us to provide a better social-educational solution.

Participants

Professionals form the Child Protection service (PSPI) and adolescents in kinship Foster care from different autonomous communities (CC.AA.)[6] in Spain: Asturias, Canarias, Castilla la Mancha, Extremadura, Galicia, Islas Baleares, La Rioja and Madrid were asked to take part in the study.

Of these autonomous communities 10 teams were formed, one from each community, except in the Canarias and Castilla La Mancha, where for geographical reasons 2 groups were formed.

The heads of the Child protection service chose the professionals according to the following criteria: 1) Professional dedication to the child protection service at the time of the study 2) Qualifications 3) Experience in kinship foster care 4) Willingness to participate in the study.

Each team of professionals selected the adolescents based on the following criteria: a) aged between 12 and 16(in some cases adolescents over 16 were included as their opinions and experience were considered interesting in detecting learning needs); b) those in kinship family Foster care placements at that moment.

The child protection staff of each autonomous community held personal meetings with those responsible for the study, making previous contact by telephone and sending information by electronic mail throughout the whole process. In total 79 staff and 57 adolescents in kinship Foster care participated.

Means

The techniques used to collect information from the adolescents in kinship Foster care from the different autonomous communities were the following: 1) Identification file with basic social demographic facts (age, sex, relationship with

the Foster parents and length of fostering); 2) question guide to develop the discussion group (table 1), and 3) file summarizing the discussion group in which they are registered a) positive aspects noted about Foster care ; b) difficult or negative aspects of Foster care c) themes to study, arguments and proposals to improve the different situations found in Foster care d) evaluation and proposals to deal with matters related to foster care f) other aspects related to the group development; motivation, cohesion, atmosphere , group dynamics and other questions.

Table 1. Question guide for discussion goups with adolescents in kinship foster care

---

Context

- This script will be used for each of the discussion groups with the Foster children. This script forms part of the documentation produced by the group GRISIJ and is provided to all the groups about "Methodology of group discussions" which explains in detail all the stages of group development.

Objectives

- To look at the needs as expressed by the adolescents in Foster care about different aspects of family fostering.
- To find out what interest the adolescents have in producing and later using a programme.
- Other aspects come up from these general aspects which are used in the script for the discussion groups.
- The amount of knowledge they have of family fostering.
- The analysis of advantages and drawbacks from their experience in family foster care, and from these the factors which they mark and the importance they give to them.
- Knowledge and understanding of the causes which brought about this situation.
- Proposals to improve the situation.
- The possibility to deal with these in dynamic groups.
- To find out other subjects of general interest for the adolescents.
- To consider the methodology which the adolescents consider appropriate and motivating.

Questions

- From your personal experience how would you explain to another person what is family Foster care?
- What advantages and disadvantages do you see in it?
- From what they say, the moderator should then encourage them to go into more depth on the subject.
- Why do you think this situation occurred?
- How do you think it could be improved?
- Would you like to do similar sessions with other young people in Foster care?
- What other subjects would you like to talk about?
- How would you like this to be done?

The discussion groups were started with the idea of knowing the experience the adolescents had in their Foster care situation. It was decided the discussion in group should last between an hour and an hour and a half, giving the coordinator flexibility to adjust this. The meetings were both audio recorded and in written form to provide a summary and evaluation of the discussion. The audio recording was later transcripted for further study.

Procedure and analysis

The investigation group GRISIJ, by means of the coordinators of the autonomous communities centralized the data of the discussion groups with adolescents in kinship Foster care (10 groups, 57 adolescents) for later study. The decision to hold the discussion groups on the premises of the Child Protection Services meant that the families with older children consented to them participating. In line with the ethical principles of the study, all the contributions were anonymous. The study of the content of the literal transcriptions taken from the discussion groups with adolescents in kinship foster care was carried out using a computer programme Atlas ti- v.5.0. *software* QDA (qualitative data analysis). The *Hermeneutic Unit Editor* was created which included the data (p*rimary documents*), codes and memos.

The *network* (conceptual) was made to analyze the information on the basis of the connections established between the elements of the hermeneutic unit and the scientific literature about adolescents in kinship foster care.

Results

The study of the content of the discussion groups with adolescents found social-educational needs which can be grouped into the following groups and subgroups: 1) Characteristics of family Foster care (concept of family Foster care; duties and rights of the welfare staff, duties and rights of the families and the children; 2) Family history (Information which the Foster child has and which is needed about Foster care, understanding/acceptance of the family history, who informed them and how they were informed about foster care, causes and consequences of knowing their origins); 3) Foster family and Foster child (process of adaptation; communication channels, family life and upbringing); 4) Biological family and Foster child (emotional relationship between the biological family and the Foster child, relationship between the Foster family and the biological family, contact and visits.); 5) Self-awareness(personal evaluation and definition –Self-esteem – emotional aspects towards others, the situation of Foster care and the situation prior to fostering , aims and hopes, real and emotional needs of the

Foster child; 6) Healthy family life (the prevention of drug consumption, sexuality as a positive experience, attitudes and habits favorable to happy family life); 7) Free time (pro-social activities –social relationships with peers, decision taking; well-being and health, physical activities; 8) Future: after foster care, the future (preparation for new changes, continuity of relationships, academic education, career advice and ways to enter the workforce.

Characteristics of kinship Foster care

The adolescents in kinship Foster care agree about the definition of the Foster family based on their experience: "*Being with people who care about you and can help you*" (Asturias); "*Somebody who instead of living with their parents lives with others*" (Baleares); "*My parents had problems and my grandparents took me in*" (Castilla La Mancha). They understand the concept on a practical level but not all the elements of kinship Foster care, such as duties and rights of the child and the family, the roles of the social workers and the state etc.

When considering the advantages of being fostered in the family the adolescents value the emotional aspect, greater stability, affection, trust, support, friendship etc. They value very positively the fact that they live with their own family, not with strangers or in a centre, as well as the stability that this gives to their lives.

To quote some contributions which illustrate this, *"living with your family"* (Asturias); *"they bring you up and mark limits"* (La Rioja); *"an improvement"* (Baleares).

As far as disadvantages to the fostering situation, the adolescents highlight the differences in generation between the Foster parents, normally grandparents, and the Foster children "*I think my grandparents are very old*" (Asturias); "*my grand-mother does all she can but she can't do more, she's very old*" (Extremadura).

They also talk about economic difficulties and the little help that the foster families receive from the child protection service, "*my uncles and aunts have had to look after me, without any help from anyone*" (Extremadura).

Also mentioned in various discussion groups is the fact that they have to talk about the subject of fostering in public, both in bureaucratic processes and at school, "*they ask you too much about your parents and you have to explain that they had problems and now you live with your aunt and uncle*" (Madrid).

Some adolescents are also afraid that they are seen as having the same problems as their biological parents "*The neighbors who know that my mother had problems with drugs think that I'll be a drug addict too*" (Castilla la Mancha).

The adolescents also feel that although they are fine with their Foster family and they want to live with them, the visits with their biological parents are scarce

and not as they would want them to be. There may also be a bad relationship between the Foster family and the birth parents about visits, "*I see my parents very little and when I do it doesn't work*" (Galicia); "*I can't have as many visits as I would like*" (Castilla la Mancha).

Family History

The adolescents expressed a wish for frankness and clarity in the information concerning their family. They relate this lack of information both with the incomplete information that the Foster family have as well as their incapability to talk about the subject with them, *"I want to know more about my parents but I don't dare ask"* (Galicia); "*not knowing when this foster care will end*" (Castilla la Mancha).

When discussing their situation in public, although they think it should be considered a normal situation, they have some difficulties in approaching the subject. Two different attitudes can be seen among the adolescents: those who prefer not to talk about it unless they have to and those who choose to hide the information about their family past. Some hide it due to lack of information about their family past and others because they do not accept their past or their Foster situation. "*having to explain and not being understood*" (Canarias); "*lots of problems when you have to do official documents and things like that*" (Canarias); "*they ask you too much about your parents and you have to explain that you parents had problems and you live with your uncle and aunt*" (Madrid); "*you have to get over this because you're always going to be asked questions like that*" (Madrid).

All the groups agreed on the limited, inaccurate and even inexistent information about their family foster care situation. It is expressed frequently and also as a petition to be talked about as they find it difficult to ask the Foster families for this information. For this reason "family history" is included not only as a real need but also as a theme to be worked on.

Among the reasons why Foster care was necessary, they insist that they want to know the truth and the reasons behind it,: "*that they tell you the truth and explain why your parents had to leave you"* (Asturias); "*I don't like being tricked not knowing the truth about my situation"* (Extremadura); "*I don't know the truth as I've been in foster care since I was very young. They told me my parents left but I don't really believe it"* (La Rioja).

Some who know why, talk about the reasons which lead to them being fostered, "there were always problems, my parents couldn't look after me, but there's always someone there" (Madrid); "I understand that my mother died, but my father was still alive" (Canarias); "my parents were ill and couldn't look after me "(Castilla la Mancha).

As well as the difficulties the Foster families have in explaining to the children about their family history and the reasons why they are in Foster care, the adolescents also express a real difficulty in asking them about their situation. This is linked to a conflict of loyalty to the Foster family, "*sometimes my grandmother wants to tell me about it but it's difficult for her and she starts crying*" (Asturias); "I think they don't tell you because they don't know how *to go about it"* (Asturias); "*I don't dare ask about it "* (Asturias).

Foster family and Foster child

In this section the emotional and communicational relationships between the Foster child and Foster family are looked at as well as the change and adaptation process to family life.

Concerning the relationship between Foster child and Foster family there are problems of different types: inter-generational, communicational (due to the age difference), making rules and timetables (although in general this is common to all adolescents), etc.: "they are very old so often they don't understand me*"* (Asturias); "p*roblems with timetables"* (Castilla la Mancha); "*if only they were more communicative"* (La Rioja).

Despite the fact that the age difference comes up when discussing different themes they insist they have a good relationship with the foster families defining it as affectionate, protective, stable, and an overall improvement, "*my grand-parents are affectionate"* (Baleares); "*I live with my grandmother and I'll go on living there, I feel better living with her*" (Canarias); "*my uncle and aunt look after me better"* (La Rioja).

When talking about the changes they had to adapt to living with the Foster families, some say they were not very significant as it is their own family, but they mention some changes they had to make to their habits and rules (because the previous situation was different or simply because they never had any rules): "*I've lived all my life with my grandparents"* (Canarias); "th*ey bring you up and set limits"* (La Rioja); "*you have to change your way of life. You change home* "(La Rioja).

Biological family and Foster child

They define their relationships with their biological parents in terms of visits and the quality of those visits "*I see my parents on visits and I like it"* (Asturias); "*my parents are always aggressive when I see them on visits and we argue"* (Baleares); "*I like seeing them on visits but sometimes they don't turn up. Thy arrive late and there are days when they say they'll come and they don't"* (Bale-ares); "*my mother's visits are good but we have to see each other out of the house*

because otherwise she and my grandparents argue" (Castilla la Mancha); "*they had problems with my grandparents and now they don't speak to them or me*" (Galicia); "*normal visits both with my mother and my father*" (La Rioja).

The relationships between the foster parents and the biological parents are diverse and complex. The type of relationship established between them influences the visits one way or another and the relationship between the Foster child and his/her parents.

Those who have no relationship is mainly for two reasons: 1) the biological parents have no contact with their children 2) There is no relationship because there is rivalry between the foster parents and the biological parents.

Those who have a satisfactory relationship would like the visits to be more frequent and do not understand why they cannot see their birth family as often as they want.

The perception the adolescents have when comparing their lives before with their biological parents and how they are now with their foster families is one of improvement in their personal and family well- being. Those who are in doubt say they do not know what life with their parents would be like because they have never lived with them or only when they were very young, "*I'm better now than I was with my parents*" (Canarias); "*if I had lived with my parents I probably wouldn't be who I am now, maybe better, maybe worse, I don't know*" (Canarias); "*I can see a difference between living with my grandparents and living with my parents*" (Galicia); "*I've lived all my life with my aunt, I don't know if I would be better living with my parents*" (Canarias).

When talking about the difficulties in their relationships with their parents and the organization of visits, they were asked how this could be improved. Their suggestions can be separated into four groups 1) emotional (increase in affection parents show them): "*They told me they talked about me a lot but they never show any affection2* (Baleares); "*they should make a bit more effort*" (Baleares); 2) Resources, economic, health and counseling: "*the child protection service should help them*" (Castilla la Mancha); "*they should increase the economic help given to the families*" (Extremadura); 3) Communication: "*set some days to speak and clear things up*" (Madrid); "*I have felt very lonely thinking about these things, I would have liked to have been able to speak to someone who understands*" (Extremadura): 4) Relationships with brothers and sisters: "*it could be better, my grandparents look after my brothers and sisters and I'm with uncle and aunt, we're separated*" (Canarias); "*my brothers and sisters were with my mother but she had problems, now I don't see them*" (Canarias).

Self-awareness

The adolescents in Foster care expressed needs related to their self-awareness, a personal definition and evaluation of themselves, their self-esteem. Emotional aspects related to their Foster situation, hopes and aspirations (although these are mentioned less in the discussion groups) as well as real and emotional needs.

The emotional affects brought about by their previous situation and the consequent Foster care situation is expressed by all the adolescents in the discussion groups. They particularly value affection and family support and they refer to feelings of guilt, as seen in the following opinions. *"in my case, as all my brothers and sisters are with my mother, I thought it was my fault"* (Canarias); *"my grandparents are affectionate but my parents are very aggressive and when I see them on visits we argue"* (Baleares).

They express the need to feel loved and understood and the need to show their feelings to the people around them. This could be attributed to their situation prior to fostering, their feeling different to other adolescents not in Foster care and the role conflict among their Foster parents(grandmother, uncle etc.): *"The most important is to be with someone who loves you"*(Baleares); *" to have someone who loves and cares for you"* (Castilla la Mancha).

Healthy family life

This section refers to themes that the adolescents mentioned that they would like to talk about related to a healthy way of life. They include themes such as the prevention of drug consumption, sexuality as a positive experience and habits which promote a healthy way of life. The adolescents concentrated mostly on sexual relationships and drug use partly because they are subjects of general interest in adolescence, *"drugs and sex"* (Castilla La Mancha); "s*ex"* (La Rioja); *"girls"* (Baleares); *"timetables"* (Castilla la Mancha. The category *"life style"* is not of particular importance to them.

Free time

In this discussion there were two sub-dimensions: pro-social activities and those related to well-being and health. The adolescents in kinship family foster care felt the need to work on these pro-social activities but not those of well-being and health. They wanted to discuss subjects associated with their age group, not about free time, *"girls*" (Baleares); *"timetables*" (Castilla la Mancha), etc.

Future: the future after foster care

The biggest worry about the future for adolescents in Foster care is what will happen when they reach 18 years of age (end of foster care as they enter adulthood): "*what will happen when foster care finishes*" (Asturias); "*what will happen when I'm 18″* (Canarias); "*what will happen when foster care ends*" (Castilla la Mancha). In second place are their concerns of an academic nature, "*to learn to do something to be able to work after*" (Asturias); *"study"* (Galicia); "*I'm going to study a course*" (Asturias)

Discussion

Kinship Foster care has shown to be very beneficial for the development of the Foster children as it maintains the relationship with the biological family and is not such a traumatic alternative (CWLA, 1994; Ehrle & Geen, 2002).However, it is true that it is also one of the protective measures which receives less help (economic, companionship, training etc.) despite being that which needs it most (Amorós, Fuentes, Pastor, Lozano, Comellas & Molina, 2008; Bernedo & Fuentes, 2010; Del Valle et al. 2009)

This study shows that adolescents in kinship foster care are aware of this lack of resources and help for their Foster families (usually grandparents or uncles and aunts). They identify the difficulties their extensive families have looking after them while their own parents recover and until family reunification is possible

They expressed among these difficulties the limited and inaccurate information they have about their present foster situation and their family's past. They realize that this could be because their own families do not know everything about the past, but also in cases in which it is known, it is difficult to transmit as their foster parents do not know how to deal with this past.

Some educational programmes for the extensive families such as suggested by, Amorós, Jiménez, Martín, Molina, Pastor, Cirera, Fuentes et al. (2005) try to solve the problems in kinship Foster care expressed about their Foster parents

Thus, to promote a positive adaptation for the foster children and the extensive family who foster them, despite the advantages (living with people they already know reduces the trauma of the situation, it reinforces their feelings of identity and they can continue their family history, it favours the relationship with brothers and sisters, they fall back on their own family as a resource, there are fewer break ups etc.) this measure could be more successful . Our study, through the opinions of the adolescents, detected certain needs which should be taken into consideration for future training programmes, aimed at all those involved in fostering (Foster

children, Foster parents, biological parents and professionals of child protection service): to provide clear and precise information about the Foster care situation and its implications, to guarantee and promote the quality of parents visits (as these maintain the emotional relationship between them); to know about and manage the support resources (formal and informal) which the families can count on (both foster and birth); to provide educational and communicative tools to get over the difficulties caused by the generation gap in the extensive families, affront subjects of interest for the healthy development of the adolescents (especially drug addiction and health); give an idea of a project for the future.

The needs expressed by the adolescents in Foster kinship care in our study added to the those taken from research literature in this field (Balsells, Del Arco & Miñambres, 2009; Balsells, 2007; Gil Roales-Nieto, Moreno, Vinaccia, Contreras, Fernández, Londoño et al., 2004; Rodrigo & Martín, 2009), confirm the importance of two types of educational programmes through the design, development and implementation of social –educational programmes based on evidence. (Smith et al., 2010). Firstly, programmes aimed at families in a situation of risk, to promote positve parenting (Amorós, Balsells, Fuentes-Peláez, Mateos & Pasotor, 2011; Molina, Pastor & Violant, 2011; Rodrigo, Martín, Maiquez, Álvarez, Byrne, Rodriguez, González, Guerrero, Montesdeoca & Rodriguez 2011), as for example the programme "Educational programme for kinship Foster families" (Amorós et al. 2005), "Birth preparation: maternal education" (Amorós, Fuentes, Mateos, Molina, Pastor, Pujol, Violant, et al. 2010) y "Learn together, growing in a family" (Amorós, Fuentes, Mateos, Pastor, Rodrigo, M.J., Byrne, S. et al. 2011). Secondly, programmes aimed at adolescents in kinship Foster care to favour their healthy development and increase their resilience (Fuentes-Peláez, Amorós, Balsells & Pastor, 2010) for example "Educational programme for adolescents in kinship Foster care" (Amorós, Balsells, Molina, Fuentes-Peláez, Mateos, Pastor et al. - documento inédito aquí yo incluiría a todo el grupo-).

References

Altshuler, S. J. (1999). Children in Kinship Foster Care Speak Out: We Think We're Doing Fine. *Child and Adolescent Social Work Journal,* 16(3), 215-235.

Amorós, P. (coord), Balsells, M.A., Molina, C., Fuentes-Peláez, N. Mateos, A. Pastor, C. et al, *Formation programme for adolescents in kinship foster care* (unpublished document).

Amorós, P., Balsells, M.A, Fuentes-Peláez, N., Mateos, A. & Pastor, C. (2011). Aprendre ensemble, grandir en famille. Programme de soutien socio-éducatif. *La revue international de l'éducation familiale*, 30, 61-80.

Amorós, P., Fuentes, N., Mateos, A., Molina, M.C., Pastor, C., Pujol, M.A., Violant, V. et al. (2010). *Educación maternal: preparación para el nacimiento*. Departament de Salut, Generalitat de Catalunya, Barcelona.

Amorós, P., Fuentes, N., Mateos, A., Pastor, C., Rodrigo, M.J., Byrne, S. et al. (2011). *Aprender juntos, crecer en familia*, Fundació "la Caixa", Barcelona.

Amorós, P., Fuentes, N., Pastor, C., Lozano, P., Comellas, M. J., & Molina, M. C. (2008). Néccessités socioéducatives des familles qui effectuent l'accueil familial. *La revue internationale de l'education familiale*, 23, 143-156.

Amorós, P., Jiménez, J., Martín, D., Molina, M. C., Pastor, C., Cirera, L., Fuentes, N., et al. (2005). *Programa de Formació per l'Acolliment en Família Extensa*. Fundació "La Caixa", Barcelona.

Amorós, P., Palacios, J., Jiménez, J., Molina, M.C., Pastor, C., Cirera, L., et al. (2005). *Programa para la formación de acogedores en familia extensa*, Fundació "la Caixa", Barcelona.

Balsells, M.A. (2007). *Orientaciones para promover acciones socioeducativas con familias en situación de riesgo social. Guía para la gestión de centros educativos*. (on line). 4ª actualización. Disponible en: http://www.gestiondecentros.com (consulta: 19/09/2011).

Balsells, M.A., Amorós, P., Fuentes-Peláez, N. y Mateos, A. (2011). Needs Analysis for a Parental Guidance Program for Biological Family: Spain's Current Situation. *Revista de cercetare si interventie sociala*, 34, 21-37.

Balsells, M.A., Fuentes-Peláez, N., Mateo, M., Mateos, A. y Violant, V. (2010). Innovación socioeducativa para el apoyo de adolescentes en situación de acogimiento familiar. *Educar*, 45, 133-148.

Balsells, M.A.; Del Arco, I., Miñambres, A. (2009). *La infancia en situación de riesgo social i sus familias. Guía para el educador familiar*, Editorial París, Lleida.

Bernedo, I., Fuentes, Mª.J. (2010). Necesidades de apoyo y satisfacción en los acogimientos con familia extensa*. Anales de psicología*, 26(1), 95-103.

Boletín Oficial del Estado (BOE), número 275, 1987, *Ley 21/1987, de 11 de noviembre, por la que se modifican determinados artículos del Código Civil y de la Ley de Enjuiciamiento Civil en materia de adopción.*

Bushe, G.R. (2007). Appreciative Inquiry Is Not (Just) About The Positive. OD Practitioner, 39, (4), 30-35. http://www.gervasebushe.ca/AI_pos.pdf

Child Welfare League of America. (1994). *Kinship Care. A Natural Bridge*, CWLA, Washington.

Cojocaru, D. (2009). Challenges of childhood social research. *Revista de Cercetare si Interventie Sociala*, 26, 87-98.

Cojocaru, S., Cojocaru, D. (2011). Naturalistic evaluation of programs. Parents' voice in parent education programs. *Transylvanian Review of Administrative Sciences,* 34E, 49-62.

Cuyvers, G. (2010). Appreciative inquiry as a foundation for quality development. *Revista de Cercetare si Interventie Sociala*, 30, 39-52.

Del Valle, J.F, López, M., Montserrat, C. & Bravo, A. (2009). Twenty years of foster care in Spain: Profiles, patterns and outcomes. *Children and Youth Services Review*, vol. 31, pp. 847–853

Del Valle, J.F, Sainero, A.M., Bravo, A. (2011). *Salud mental de menores en acogimiento residencial. Guía para la prevención e intervención en hogares y centro de protección de la Comunidad Autónoma de Extremadura*, Junta de Extremadura. Consejería de Sanidad y Dependencia. Servicio Extremeño de Salud, Badajoz.

Del Valle, J.F., Bravo, A., López, M. (2009). El acogimiento familiar en España: implantación y retos actuales. *Papeles del psicólogo*, 30(1), 33-41.

Document Oficial Generalitat de Catalunya (DOGC), número 5641, 2010, *Ley 14/2010, del 27 de mayo, de los derechos y las oportunidades en la infancia y la adolescencia.*

Ehrle, J., Geen, R. (2002). Kin and non-kin foster care. Findings from a national survey. *Children and Youth Services Review*, 24(1-2), 15-35.

Fuentes, N. & Amorós, P. (2008). El reconocimiento de los orígenes en la adopción: implicaciones para la práctica. *Monografías de Psiquiatría*, 20(2), 43-54.

Fuentes, N. (2009). Adoption internationale en Catalogne (Espagne): adaptation et processus d'intégration familiale. *La Revue Internationale de l'éducation Familiale*, 37-62.

Fuentes, N. (2010). Escoltar la veu dels infants i joves: una via de lluita contra l'exclusió social dels joves del quart món. In Balsells, M.A. *Quart món i infància: conceptes, reptes i oportunitats*, Icaria Editorial, Lleida, pp. 99-121.

Fuentes-Peláez, N., Amorós, P., Balsells, M.A., Pastor, C. (2010). A support program addressed to youth in kinship foster care from the resilience perspective. In E.J. Knorth, M.E. Kalbervoer, J. Knot Dickscheit (eds) *Inside out. How interventions in child and family care work*. Garant Publishers, Antwerp-Apeldoorn, pp. 267-271

Gil Roales-Nieto, J., Moreno, E., Vinaccia, S., Contreras, F., Fernández, H., Londoño, X., et al. (2004). Hábitos básicos de salud y creencias sobre salud y enfermedad en adolescentes de España, Colombia y Méjico. *Revista Latinoamericana de Psicología*, 36(3), 483-504.

López, M., del Valle, J., Montserrat, C., Bravo, A. (2010). *Niños que esperan. Estudio sobre casos de larga estancia en acogimiento residencial*, Ministerio de Sanidad y Política Social, Madrid.

Molina, M.C., Pastor, C., Violant, V. (2011). Parental Education as Health Protection Factor in Vulnerable Childhood and Adolescence. *Revista de Cercetare si Interventie Sociala*, 34, 38-55.

Robin, P., 2009, Maltreatment assesment: perspectives of children and youngsters. *Revista de Cercetare si Interventie Sociala*, 25, 63-81.

Rodrigo, M. J., Martín, J.C. (2009). Las Competencias Parentales en Contextos de Riesgo Psicosocial. *Intervención Psicosocial*, 18(2), 113-120.

Rodrigo, M.J., Martín, J.C., Maiquez, M.L., Rodríguez, G. (2006). Informal and formal supports and maternal child-rearing practices in at risk and non at risk psychosocial contexts. *Children and Youth Services Review*, 29, 329-347.

Rodrigo, M.J., Martín, J.C., Maiquez, M.L., Álvarez, M., Byrne, S., Rodriguez, B., González, A., Guerra, M., Montesdeoca, M.A., Rodriguez, E. (2011). Programme: vivre l'adolescence en famille, afin de promouvoir la parentalité positive. *La Revue International de l'Éducation Familiale*, 30, 39-60.

Rodrigo, M.J., Martín, J.C., Maiquez, M.L., Rodríguez, G. (2007). Informal and formal supports and maternal child-rearing practices in at-risk and non at-risk psychosocial contexts. *Children and Youth Services Review*, 29(3), 329-347.

Wilson, K., Sinclair, I., Taylor, C., Pithouse, A., Sellick, C. (2004). *Fostering Success: An Exploration of the Research Literature on Foster Care*. Social Care Institute for Excellence, London.

Zavala, M. A., Valadez, M. D., Vargas, M.C. (2008). Emotional inteligence and social skills in adolescents with high social acceptance. *Electronic Journal of Reseach in Educational Psychology*, 6(2), 319-338.