Residential childcare:
A new educational perspective
Le comunità per minori:
Una nuova prospettiva educativa

Paola Bastianoni
Università di Ferrara – paola.bastianoni@unife.it

ABSTRACT

In this article we discuss the possibility to consider residential childcare context – just like other families characterized by the absence of biological generativity – as a family group, an educating family, when meaningful caregivers in a professional context guarantee parental functions to those children and adolescents who cannot have the opportunity to stay in their family of origin because of situations of deprivation, neglect or abuse.

To define "residential childcare" as a "family" implies the assumption of an interpretative perspective whereby we consider all the family pluralities existing today, structured by the discontinuity between generativity, parenthood, conjugality and other variables, whose interconnection deconstructs the traditional idea of "natural" family (Fruggeri, 2007).

In the light of these reflections, we can appreciate the complexity of the challenges which residential childcare is called upon to deal with, by configuring itself as one of the possible types of family.

In questo articolo si discute la possibilità di considerare la comunità residenziale per l'accoglienza di bambini – al pari delle famiglie caratterizzate dall'assenza di generatività biologica – come un gruppo familiare, una famiglia educante, quando caregiver significativi, in un contesto professionale, garantiscono funzioni genitoriali a quei bambini e adolescenti che non hanno possibilità di rimanere nella famiglia di origine a causa di situazioni di deprivazione, abbandono o abuso.

Definire la "comunità residenziale" come una "famiglia" implica l'assunzione di una prospettiva interpretative per la quale si considerano tutte le pluralità familiari oggi esistenti, caratterizzate dalla discontinuità tra generatività, genitorialità, coniugalità ed alter variabili, la cui interconnessione soppianta l'idea tradizionale di "naturale" (Fruggeri, 2007).

Alla luce di queste riflessioni, possiamo apprezzare la complessità delle sfide che le comunità residenziali che accolgono i minori sono chiamate ad affrontare, configurandosi, di fatto, come una delle possibili tipologie di famiglia.

KEYWORDS

Residential Childcare Context, Family, Generativity, Traumatized Children, Adoptive Families.
Comunità Residenziali per Minori, Famiglia, Generatività, Trauma Infantile, Famiglie Adottive.

1. Introduction

Residential care for children, in its classic definition as a global therapeutic environment (Winnicott, 1965; Redl and Wineman, 1956; Emiliani, Bastianoni 1993), is a family life form which is shared between adults and children and adolescents not necessarily biologically connected one to the other, or in some cases, only partly connected (on the fraternal axis on the parental axis as regards residential care welcoming mothers and children). However, residential care realities referring to this approach are so few and a few of them are reported as having positive results in the children took in care in so that residential care is considered as «the last chance» both in Italian and international context (Whittaker et al., 2016; Whittaker, Del Valle and Holmes, 2014). This rough evaluation increases the vulnerability of the entire child protection system by disregarding the importance and specificity of complex and highly specialized programs aiming at family traumatized children that only some residential care centers might offer (Stuck, Small and Ainsworth, 2000; Whittaker et al., 2016)

One of the most discussed issues in the international context is that residential care for children is extremely expensive but with few clear important results.

Specifically, it highlights how much the theoretical and scientific knowledge acquired on the protection mechanisms and on the factors that promote positive changes in the developmental achievements of children outside their family are currently far superior to those that, in fact, lead the models and practices of the residential care.

At European level the debate on this issue has been given great evidence (see Eusarf conference in Portugal 2018). The current focus on the definition of general guidelines for residential care aiming at developing children skills (internationally defined as «Therapeutic Residential Care» to distinguish them from a generic Residential Care) has highlighted some critical aspects which have to be reduced and solved, namely:

1) The lack of a precise diagnostic indication for a residential care placement. It enhances a reflection about which kind of problems and disorders are most suitable to be treated by residential care
2) the Intensity and quality of relationships, including an analysis of the attachment relationship for younger clients with adults.
3) Concern for violent behavior both among clients and adults.
4) Acknowledgment of a lack of models and theories.
5) Cost-benefit assessment. This assessment today affects the whole welfare system including early childhood services.
6) The comparison of outcome evaluation tools, enabling to state that the economic costs are justifiable
7) The consideration that the difficult economic situation experienced by all European countries favors less expensive solutions, based on the family, which might be the family of origin or foster families. This solution has some advantages, but it risks to be transformed into an ideological matter.

The international literature is very rich on these aspects (see for example Tausendfreund, Knot-Dickscheit, Schulze, Knorth and Grietens, 2016).

In Italy, the Unified State Regions Conference approved Guidelines for the acceptance of residential care for children on December 14th, which follow those for foster care dated 2012.

These guidelines are based on the following three dimensions:

A) the meaning and implications of residential care with particular attention to the relational rights of children: compliance with children primary need of meaningful relationships, their right to a highly tailored educational program to achieve their emotional stability, global growth and a steady progressive independence;
B) care conceived as an integrated and diversified «system» of answers based on the individual specific needs and supported by appropriate organizational and educational tools.

The «Guidelines» are actually divided into six points: the clarification of «Children's rights and care», the identification of «Institutional subjects and actors» to clarify the necessary collegiality for a correct management of the responses to the residential needs of children out of their family; attention to the phases and processes of «Residential care pathways»; the description of a possible «range» of «Residential care services for children and adolescents»; managerial and governmental necessary procedures for «Residential care system», and finally, attention to specific situations which should not be considered as an appendix, but as the necessary completion of a «framework» of a unified and at the same time constantly evolving care system.

2. When and how can the residential childcare context be configured as an educating family?

It is possible to consider residential childcare context - just like other families characterized by the absence of biological generativity - as a family group, an educating family, when meaningful caregivers in a professional context guarantee parental functions to those children and adolescents who cannot have the opportunity to stay in their family of origin because of situations of deprivation, neglect or abuse (Bastianoni, 2020)

To define "residential childcare" as a "family" implies the assumption of an interpretative perspective whereby we consider all the family pluralities existing today, structured by the discontinuity between generativity, parenthood, conjugality and other variables, whose interconnection deconstructs the traditional idea of "natural" family (Fruggeri, 2007). To situate residential childcare within the multiformity of the present-day affective realities that perform the parental functions, it is important to describe the main structural variables that distinguish them according on their composition (Formenti, 2014).

Looking to these structural variables, residential childcare can be considered like families on the grounds of three principal aspects: a) the *absence of generativity*: the absence of biological bonds between children and adults allows the relationship into residential childcare to be equated with foster and adoptive families; b) the *transience of the cohabitation*: residential childcare offers a transient stay to the children and adolescents within a context of life that is qualified as a familiar daily ambiance. According to this variable, residential childcare contexts differ from the adoptive families, but not from the foster families and separate and reconstituted ones; c) the *substitution of the functions of daily care* exercised by the non-biological parents.

Historically, the process of de-institutionalisation was decisively to making the

shift of the residential childcare from being assistance "institutions" of mere detention and containment to places of family care group, characterised by intimate relationships between adults and children or adolescents (Bastianoni, Emiliani, 1998).

Fundamental studies and research works have highlighted the crucial importance of *relationships* in the developmental processes of children and adolescents deprived of their original family contexts (Bowlby,1951; Winnicott, 1965; Spritz, 1965; 1987). The direct and concrete consequence of these studies was the closure of totally "anonymous institutions," the reduction in the number of children and youths in relation to the reference caregivers, and the diffusion of the first small facilities such as family groups (Emiliani, Bastianoni, 1993; Bastianoni, Taurino, 2009).

Nevertheless, the shift from the *assistance-based* to a *family* model cannot only correspond to a structural transformation in the setting (in terms of numbers of caregivers compared to child or adolescent one), but to a specific diffusion of a "relational culture" within the residential contexts capable of modifying the adult's approach to the minors they care for.

Residential childcare contexts, just like the other family constellations, are called upon to offer children a day-to-day mental and relational space able to qualify the context of life as reliable, recognisable, predictable, reassuring and as such a "familiar" one.

Within this theoretical approach, the model that exalts the function of the daily life of residential childcare in the structuring of meaningful relationships is centred on the construct of the *Global Therapeutic Environment* articulated within an interactive-constructivist developmental framework (Emiliani, Bastianoni, 1991; 1998).

The core of this theoretical proposal is represented by the rejection of the juxtaposition between the care-giving functions of daily life and the individual therapeutic intervention, and, on other side, by the attention paid to the real and contextual life, that is considered as the result of the dynamic equilibrium between internal setting (the individual psychological and representational world) and external setting (the tangible space of relationships), which is realized through the presence of a stable and regular device of training and supervision, according to an integrated educational and psychological approach.

Moreover, this perspective allows us to redeem the residential settings from a reductive, yet widespread vision, which has identified residential childcare as the last measure for the protection and safeguarding of minors (Frensch, Cameron 2002), and, indirectly, as an antithetical response to the chance to guarantee a child's right to have a family (Tibollo, 2017). According to the proposed model, instead, residential childcare contexts can be considered as a specific family configuration, not to be chosen within the rationale of substitution or as the last resort among the possible transitory interventions, but as necessary and integrated environments capable of responding efficaciously to the developmental needs of the children that cannot be guaranteed otherwise. Within this conceptual perspective, everydayness, characterised by the presence of meaningful adults, is the pivotal dimension in which the caregiving functions are fulfilled, starting from the tutoring and the scaffolding one (Emiliani, Bastianoni, 1991).

The protective processes activated by residential childcare are configured as a set of elements aimed at generating a meaningful process of change and evolution, because : a) they reduce the time of exposure to the risk factor for children (all those situations that cause stress, maladjustment and impairment), promoting

a change in the meaning attributed by the minors themselves to their unfavourable condition of abuse, neglect or deprivation; b) they limit the chain and the evolutive damage caused by negative reactions (passive-defeatist responses, underachievement at school, undermining of the relationships, etc.); c) they create a welcoming place where it is possible to construct relationships characterized by stability and regularity capable of making the "others" (e.g. the educators) a "safe haven" (Bowlby, 1989). A meaningful adult, in a residential childcare, is a reference person for the children, capable of carrying out and performing tutoring and care-giving functions, undertaking tasks and promoting future projects that contribute to positively reinforcing self-esteem and a sense of personal efficacy. Above all, the educator is the person able to be or to become a *familiar and meaningful person*, deeply impacting on the children's life stories and offering minors the chance to experience new and alternative relational models compared to the previously experienced ones.

In particular, according to the interactive-constructivist development model, the regulatory and structuring everydayness promotes the function of *scaffolding, format and tutoring*: the "meaningful" caregivers who operate in a context of residential everyday life are called upon to realize supportive actions, such as to generate those conditions to give the minors the opportunity to acquire specific and functional tasks and competencies, to overcome critical moments, to reach a mature knowledge not attainable otherwise.

In this perspective, the everydayness is characterized by a relational setting in which the adult's actions are performed in a regular, repetitive and constant manner, making the life atmosphere predictable, familiar and reassuring, impacting the children's disorganised, unstructured, and incomplete developmental experience. The adults who are called upon to carry out these functions offer a relational space where there is the symbolic possibility to negotiate the meanings of the shared rules that substantiate routines and rituals within the residential context.

From this point of view, the relational orientation that underlies the organisation of everydayness is a challenge: the regulatory function takes on meaningfulness and efficacy only if the whole set of rules that structure the daily routine are not finalized to the domineering, punitive containing (according to a universalistic model of institutional assistance), but rather a meaningfulness that can be understood as the outcome of the shared co-construction and the reciprocal negotiation of meanings of the actions and interactions. In this light, the rules could be respected only as a result of a relational recognition based on the belief that the caregiver is accessible. To be "a meaningful person" means offering the child the experience of support, guaranteeing the regulatory and reflexive functions, reading and decoding the needs of mirroring and reassurance, giving trust and security, protection aimed at autonomy, but also responding to the request (often implicit), of bridging deep affective shortcomings. The adults who are capable of managing this type of experiences provide concrete opportunities for positive *perturbation*.

The positive perturbation arises where the educators involved in a significant relationship manage all emotional and cognitive conditions to modify the children and adolescents' internal working models (IWM) precociously internalised because of the experiences of dysfunctional interactions and/or relational contexts at risk (characterised by traumatic situations, etc.).

Residential childcare acts as a driver of change, re-elaboration, redefinition of the children's negative internalized experiences. So, in conclusion, residential

childcare can be considered as a familiar place when the educator becomes a peculiar and relevant person who supports a special pathway of change, self-redefinition, recovery of the situations of disadvantage, progressive acquisition of a responsibility, self-determination and self-adjustment.

3. The relationship between residential childcare and the family of origin: challenges between belonging and identity

Residential childcare is only one of the environments in which children and adolescents spend their own time: school, family of origin, spaces for gathering during leisure time also constitute important contexts in the minor's life. Adopting an ecological perspective, many of the protective processes that a residential childcare can implement in favour of children and adolescents are positioned at the level of the external relationships and their connections (Palareti, 2003). Considering the whole system of relationships that directly or indirectly involve children and adolescents, residential childcare performs an action of *accompaniment*, according to the idea that the least favourable condition for human development is "the one in which the connections between the different situations" are deficient or "are completely lacking, that is when the mesosystem is scarcely connected" (Bronfrenbrenner, 1979). The function of accompaniment becomes a quality indicator, at the moment when everyday life is placed in connection with a temporal *continuum*, capable of accounting for the provenance of the children and adolescents and their discharge (Bastianoni, Taurino, 2009).

A peculiar aspect concerns the relationship between the caregivers in residential childcare and the children's family of origin (Maria, Fusi, Barbero Avanzini, 2010).

When there is the disavowal of the interdependence between the different relational systems which children or adolescents are involved in, starting from natural family, the outcomes of the rehabilitative interventions are negative and dysfunctional. The "substitution model" is the mostly observed in the operative practices in residential childcare in relation to the natural family. According to this model, the family is not to be considered a resource to increase or integrate, but as an inadequate or even harmful agent to be offset. To reduce this influence, the children or adolescents are placed in an environment suited to their needs, while the family is asked, more or less explicitly, not to take initiatives that go beyond the interventions devised by the operators.

From a socio-constructivist perspective any intervention enforced by a welfare service, even if in favour of a single person, besides producing the effects on him/her, will have implications on his/her meaningful bonds, acquiring the significance of an event capable of influencing the familial nucleus as a whole. Indeed, each intervention aimed at successful outcomes, requires that all the partners involved in the educative or rehabilitation process should be integrated within the intervention, which implies the mandatory involvement of the families of origin in the fostering processes (Sellick, 2006). Hence, the operator must be aware that he/she is not in a dyadic relationship with the child/or adolescent in childcare context, but rather moves within a *system of relationships* in which he/she is only a constituent part that is not substituted.

The so-called "co-evolutive" model is founded upon this principle: the operator organises his/her own action on the grounds of what is deemed useful to the user as a member of a family system because "only what results to be evolutive in

the context of a person's meaningful relationships is evolutive for the person him/herself" (Bastianoni, Taurino, 2012).

Foster care undoubtedly raises the dilemma and the consequent conflict of belonging, experienced first and foremost by the child in care (Bastianoni, Taurino, 2009; Aronsson, 2006; Cfr. Adnopoz, 2007; Garelli, 2000; Monaco & Monsignore, 1999; Bramanti, 1991; Saglietti, Zucchermaglio).

The situations of childcare rekindle complex, painful and muddled unconscious symbolic questions in a child; a sort of silent narrative that seems to be asking: "What do I belong to? What are my roots? Who am I that I am deprived of roots and that I am forced to undertake a transplantation that I cannot choose? Who is welcoming me? Who can gather up and contain a pain that is difficult to recognise? Who are you, who are welcoming me?". The functionality of the interventions is to be anchored to the adequacy of the answers to these kinds of implicit questions, by the all people involved the educational and rehabilitation processes.

Foster care also raises the dilemma of the relations between educators of the residential childcare or foster family and the family of origin. For instance, the collusive alliances enacted by the educators are frequent, generating a sort of latent conflict between their possible representation to be the alternative parents replacing the biological ones, who inevitably, for this form of exclusion, could create a dysfunctional and conflictual triangulation in which the child could be involved in. Or, on the other side, the representation of the "ideal of family, natural, loving and welcoming" (which can also be embodied by the foster family), can determine the excessive stigmatisation of the children's family of origin who, in being multi-problematic, are deemed incapable of adhering to the ideal model of family. This dynamic can determine in children and adolescents a situation of internalisation of a sense of guilt. In these cases the children's narrative could symbolically be as follows: "If the educators care for me and my parents also care for me (as the idea that the parent does not care is too dissonant and devastating thereby generating the psychological mechanism of *defensive exclusion*), then if I experience the separation from my biological family the blame is all mine, because I am bad." Hence, identity construction set upon such a symbolic process reinforces and enhances the children's dysfunctional internal parts (Bastianoni, Taurino, 2012).

If we extend these reflections to older youngsters who enter residential childcare when they are already adolescent, we should observe that they are indeed often the ones who have undergone a history of reiterated refusals by the foster or adoptive families. The risk is the affirmation of the processes of individualisation and naturalisation of the relational problems encountered, as well as the attribution of every responsibility to the youngster and the consequent abandonment of the idea of his/her possible change. These are the cases in which the responsibility for the failure should be shared, attributing the failure itself not only to the residential childcare microsystem, still characterised by an insufficient social and cultural commitment in the promotion of a systematic, mindful and regular supervision work.

In the complexity of fostering dynamics, the operator should understand to what extent he or she contributes to the process of social construction of the child/adolescent reality, contributing to the enhancement of the problems, making them susceptible to change (Bastianoni, Taurino, 2009).

4. When the residential child care is prefigured as the best possible answer to the specific challenges of belonging, identity and parenthood

The main challenges that all the "non-biological parents" have in common, as discussed above, can be considered the theme of belonging, identity and the capacity to offer parental functions, which are adequate to the different needs of young children and adolescents.

The modalities by means of which these "normative" challenges are faced, depends on the family context in which the minors are welcomed in relation to the specific histories and themes that characterise them. The consideration as to how the communities/residential care contexts deal with these challenges allows us to understand the specificity of these residential realities, to grasp their relative potential, differentiating them from the foster and adoptive families.

To understand which variables (i.e. substitution of the structuring parental functions in the everyday; belonging; identity) the residential childcare contexts, the fostering and the adoptive families have in common and to differentiate them, we can start from an overall vision, which is summarised in Table 1:

Challenges	Residential child care	Custodial families	Foster families
Substitution of the structuring parental functions in the everyday	X	X	X
Belonging		X	X
Identity		X	X

Table 1. The systematic challenges to the children and adolescents removed from their families of origin

The parental functions are common to all the reference adults for the children and adolescents who are separated from their own natural family, i.e. residential childcare, the foster families and the adoptive families. Residential childcare, like the foster and the adoptive families, are called upon to carry out the parental functions in lieu of the biological parent on an everyday level.

The educator as parent is not the one who has generated, but he/she is the one who performs the parental functions of primary care-giving, substituting the biological parents in every respect, offering regular routines that are structuring for the minors. Nonetheless, the substitution of the biological parents in everyday life and the challenge for the non-biological parents does not consist, as discussed above, in their symbolic negation or exclusion. On the other hand, educators have to offer an inclusive mental space to respond children's questions concerning their belonging. These responses are necessary for the integration of their identity. The latter two themes are the ones that differentiate the mandates of the foster and the adoptive families from those of the residential childcare contexts, because the latter cannot act as a substitute for the family of origin. While the theme of familial belonging in the foster and adoptive families can be resolved "internally" by means of the realization of the integration of the co-belonging of children and adolescents (real in the foster families and symbolic in the adoptive families, in which the coexistence of the biological family is realised at the memory level), in the residential care contexts this process frequently risks failure, because the so-

cial and cultural stigmatisation to which these realities are submitted tends to reject the recognition of these family realities. Such processes impose upon the children and adolescents the negation of their own current belonging that is reflected though the deployment of defensive strategies or 'social lies'; e.g.: the narrative way of the minor who says: "My aunt (not the educator) is coming to fetch me from school...etc.". The denial of belonging to a context not socially recognised as a family, although the daily ambiance is fundamental and structuring for the hosted minors, it can cause heavy repercussions and fractures on the level of the integration of the Self and identity, which are exposed to processes of social influence (Tajfel, *et al*, 1985; Mead, 1972; Turner *et al.*, 1987). The stigmatisation borne by the children and adolescents is the outcome of a socially shared representation of residential childcare, not in the sense of family, but as a place of "detention" alternative to the families unsuited to the reconstruction, even transitory, of an adequate sense of belonging (Tibollo, 2017). This theme leads directly to the third axis of the discourse: familiar and personal identity, central to understanding when and how the residential childcare is the most adequate response to be offered among the possible responses to satisfy children and adolescents' special needs.

The theme of identity, which for the adoptive family is realised in the integration of the roots and for the foster family with the symbolic and real integration of the contexts of belonging (in that it envisages the integration of two real families: two mothers, two fathers), for residential childcare the discourse becomes complex and diversified.

The evaluation of this theme must indeed be made by reflecting specifically on the single situations of the children and adolescents to whom residential childcare is addressed, as compared with the following family typologies:

a) *Very young children awaiting the assessment of the parental competencies for which a subsequent adoption pathway can be made in the event of a reduction in parental responsibilities with the start-up of the adoptive process.* The children need someone to take care of them, even transitionally, starting from the primary care functions, which underlie the structuring of the attachment bonds and the internalised representational models relating to the relationships with oneself and with the others (Bowlby, et al.).

b) *The numerous siblings (extended siblings)*: parental belonging is asserted in these cases along the horizontal axis and not the generative one. In conditions of familial inadequacy evaluated as being transitory, when the siblings are numerous and foster families willing to host them cannot be identified, the siblings are not separated because this approach it is a strong resource for the maintenance of familial identity. So in this case they are placed in the residential childcare contexts that are called upon to reinforce their cohesion and relational roots.

c) *The adolescents and the children who come from interrupted paths of adoption or fostering.* In this case we are talking about of those children and adolescents who have experienced the reiteration of abandonment, rejection and separation caused by the foster or adoptive parents (and not only by the biological ones). These children and adolescents have internalised a grave sense of responsibility for their bad conditions of life, taking the blame to justify the parental incapacity, otherwise inexplicable and in itself inadmissible. They have developed a self-perception hinging upon the sense of inadequacy and incapacity, as the outcome of the repeatedly experienced rejections. These minors' identity cannot be resolved within another family, to avoid possible reiterations

of the abandonment responses, as predictable outcomes within a process in which the minor's identity preliminarily calls for an incisive redefinition. Precisely because the identity of these minors moves starting from the attribution of the blame and from the theme of the self-identification as being blameworthy - symbolically: "I am a bad child, so I deserve the rejection" - as the motive for the separation, being placed in a new family can involve the further activation of important experiences of abandonment and the reiteration of behaviours and acts coherent with the minor's stereotypical self-image as being blameworthy, difficult to contain by the foster families. For the minors who have repeatedly experienced abandonment, then, fostering or the adoption are not to be deemed momentarily as effective responses, in the absence of preventative disruptive processes, implemented by the residential childcare contexts through specific interventions targeted to these themes, capable of creating a strong redefinition of the minor's inner experience, starting from the redistribution of the responsibilities and an overall re-signifying of the events. Above all in adolescence, in which the dilemma of belonging is central, residential childcare is a functional response, in that it places the adolescents in a situation in which there is the chance to recover new trust in the adults: to prevent the possibility of a traumatic reactivation there is the "neutral" familial organisation that does not hark back to the classical idea of a family constituted by a couple with children, cohabitation and so on (Mereguici, 2001).

d) *Abused children and adolescents.* These children and adolescents generally tend to reify the violence suffered by means of strongly eroticised behavioural and interactive patterns. These behaviours tend to undermine the familial equilibrium. The adoptive and foster families, often, are not adequately supported by the welfare services' supervision in order to cope with these complex and dysfunctional children's or adolescent behaviours. So they risk remaining isolated and alone in the management of problematic children and adolescents who require important processes of reparation from the trauma and self-re-signification. This isolation could create the conditions for the failure of the fostering or adoption pathway. To interrupt the chain of evolutive failures, it is necessary for these children to be introduced within protected contexts, in which they are enabled to work specifically on the trauma by way of psychotherapeutic pathways, and on their disorganised identity by the precocious conflictual and dysfunctional experiences; experiences which are at the basis of the structuring of a self-image "which exists only as a sexual object." This pathway is necessary not only to be able to let children or adolescents access foster or adoptive families, but also to interrupt the reiteration/transmission of the trauma on an intergenerational level. The re-actualisation of the abuse can be configured as a risk if a strong discontinuity is not created. So it is necessary for a strong reparative work to be done on the precocious experiences of suffered abuse that often leads the children to become potentially abusive adolescents and adults in the future. On the identity axis, for these children or adolescents residential childcare is called upon to act on three grounds: the reparation of the trauma, the self-resignification of the life experience and the reinstating of the trust towards a supportive, predictable, safe adult world, as opposed to the neglectful, abusive, unpredictable and unreliable world they comes from, so as to have access in the future to other possible reassuring relationships.

5. Final considerations and remarks based on the Italian context

In the light of these reflections, we can appreciate the complexity of the challenges which residential childcare is called upon to deal with, by configuring itself as one of the possible types of family.

What is the current state of residential care in Italy? Undoubtedly there is a lack of structural attention on the political, social, institutional and cultural levels that does not allow for the diffusion, in all the residential contexts, of the suggested operative model, as was observed in the national residential childcare survey conducted by the University of Ferrara in 2015-2017 (http://www.tutelaminori-unife.it/category/tour-comunita/).

The reality of the residential childcare seems to be moving again towards forms of institutionalisation and isolation, both owing to structural shortcomings and the persistent fragmentation of an integrated services system.

There are three essential elements undermining the fundaments of the proposed model at the core:

a) the cut in the fees for the children and adolescents' stay in the residential childcare that directly reduces the resources available to qualitatively guarantee adequate standards to respond the children and adolescents' evolutive needs;
b) the broadening of the number of contemporaneous admissions to residential childcare, whilst the number of qualified staff members remains unchanged;
c) the absence of constant supervision and training to support the professional figures who are exposed to complex emotional and affective experiences.

To conclude, in order to keep alive a model of familial residential childcare that fully adheres to the characteristics of the Global Therapeutic Environment, it is necessary to:

– *Keep the number of children and adolescents low*, a requisite of quality necessary to make residential childcare like "extended" familial realities. The increase in the number of hosted children or adolescents undermines the relational dimension, reproducing an institutional model.
– *Perform the whole range of parental functions* on a daily level without symbolically and factually substituting the family of origin, adopting a coevolutive, non-stigmatising model.
– *Be able to trigger pathways aimed at re-signifying one's self-image and one's own history* in the presence of traumatic situations that leave their mark;
– *Guarantee the predictability, the dependability, the familiarity of the context*, via a setting constructed specifically for the minors on the grounds of rules, routines and supportive rituals underlying an intrinsically relational model;
– *Activate the whole set of the internal and external protective processes* to interrupt any possible form of social or relational risk, which the children and adolescents placed in a residential childcare could encounter;
– *Guarantee a stable and regular setting of supervision and training* for the educators committed to dealing with situations of high emotional stress impact, which can trigger unresolved emotional themes in the relationship with the minors they care for (Bastianoni, Taurino, 2009).

Putting these principles into practice can mean bridging the gap between the charter of services and the daily practices that are experienced by many residential communities for children and adolescents.

References

Bettelheim, B. (1950/1967). *L'amore non basta*. Milano. Ferro.

Adnopoz, J. (2007). Addressing symptoms of depression in foster caregivers may improve the quality of care children receive. *Child Abuse & Neglect*, 31, 291-293.

Aronsson, K. (2006). Doing family: an interactive accomplishment. *Text & Talk*, 26(4-5), 619-626.

Bastianoni, P. (2009). Funzioni di cura e genitorialità. *Rivista italiana di educazione familiare*, *4*(1), 37-53.

Bastianoni, P. Taurino, A. (2009). *Le comunità per minori. Modelli di formazione e supervisione*. Roma: Carocci.

Bastianoni, P. (2020). Le comunità per minori: una famiglia sui generis, *La Rivista del Lavoro sociale,* dicembre, 20-26.

Bowlby, J. (1989). *Una base sicura. Applicazioni cliniche della teoria dell'attaccamento*. Milano: Raffaello Cortina.

Bramanti, D. (1991). *Le famiglie accoglienti*. Milano. Franco Angeli.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Emiliani, F. Palareti, L. (2007). Nuove famiglie e genitorialità simboliche: il caso delle comunità per minori. In Bastianoni, P. Taurino, A. (2007). *Famiglie e genitorialità oggi. Nuovi significati e prospettive* (pp. 69-88). Milano: Unicopli.

Emiliani, F. Palareti, L. (2008). Contesti quotidiani di vita in comune: le comunità residenziali. In *Scenari familiari in trasformazione. Teorie, strumenti e metodi* (pp. 263–272). Roma: Aracne.

Emiliani, F., & Bastianoni, P. (1991). Bambini senza famiglia: un quadro clinico, un problema sociale. In Palmonari, A. (a cura di). *Comunità di convivenza e crescita delle persone*. Bologna: Patron.

Emiliani, F., & Bastianoni, P. (1993). *Una normale solitudine: percorsi teorici e strumenti operativi della comunità per minori*. Roma: Carocci.

Eusarf (2018) Book of abstract Porto 2nd to 5 nd October.

Formenti, L. (a cura di) (2014). *Sguardi di famiglia*. Milano: Guerini.

Frensch, K.M, Cameron, G. (2002). Treatment of choice or last resort? A review of residential mental health placement for children and youth. *Child & Youth Care Forum*, 31, 307-339.

Fruggeri, L. (2007*). Il caleidoscopio delle famiglie contemporanee: la pluralità come principio metodologico*. In Bastianoni, P. Taurino, A. (a cura di). *Famiglie e genitorialità oggi. Nuovi significati e prospettive* (41-67). Milano: Unicopli.

Garelli, F. (2000). *L'affidamento. L'esperienza delle famiglie nei servizi* (pp. 1-195). Roma: Carocci.

Gerosa, F. (2002). Crescere fuori dalla propria famiglia. *Animazione sociale*, 8/9, 22-26.

Lee, B. (2019). The Other 23 Hours at 50: Special Section of Invited Commentaries. Residential

Maria, S., Fusi, L. Barbero Avanzini B. (2010). *Minori, Famiglia, comunità. Una relazione complessa. Dall'analisi del contesto agli strumenti operativi*. Milano: Franco Angeli.

Mead, G.H (1972). *Mente, Se e Societa*. Firenze: Giunti-Barbera (ed.or. 1934). Bari: Laterza.

Merguici, G. (2001). Costi interni e costi sociali del fallimento adottivo. In Galli J., Viero F. (a cura di): *Fallimenti adottivi*. Roma: Armando.

Monaco, M. Monsignore, R. (1999). Affido: una rete di relazioni familiari. *Pedagogika*, 10, 13-15.

Nunno, M., Sellers, D., Camp; Holden, M. (2014). Implications of translational research for the field of residential child care. *Scottish Journal of Residential Child Care*, 13(3), 1478-1840.

Palareti, L. (2003). Valutare le comunità per minori. *Psicologia clinica dello sviluppo*, 3, dicembre, 351-384

Redl, F. Wineman, D. (1951/1974). *Bambini che odiano*. Torino: Boringhieri.

Saglietti, M., & Zucchermaglio, C. (2011): Famiglie di origine e comunità per minori: quali interazioni?. In: P. Bastianoni, A. Taurino, F. Zullo (a cura di). *Genitorialità complesse. Interventi di rete a sostegno dei sistemi familiari in crisi*. Milano: Unicopli.

Sellick, C. (2006). From famine to feast. A review of the foster care research literature. *Children & Society*, 20, 67-74.

Spritz, R. A. (1987). *Psychoanalytic Study of a Normal and Deviant Development of Object Relations*. New York: International University Press.

Spritz, R.A. (1965). *The First Year of Life. A psychoanalytic study of normal and deviant development of object relations*. Oxford, EN: International Universities Press, I.

Stuck, E. N., Small, R. W., & Ainsworth, F. (2000). Questioning the continuum of care: Toward a reconceptualtization of child welfare services. R*esidential Treatment for Children and Youth*, *17*(3), 79–92.

Tajfel, H. & Turner, J.C. (1985). The Social Identity Theory of Intergroup Behaviour. In Worchel, S. and Austin, W.G. (Eds.). *Psychology of Intergroup Relations* (7-24). 2nd Edition. Chicago: Nelson Hall.

Tausendfreund, T., Knot-Dickscheit, J., Schulze, G. C., Knorth, E. J. & Grietens, H., (2016). Families in multi-problem situations: Backgrounds, characteristics and care services. *Child and Youth Services*, 37, 1, 1-20

Tibollo, A. (2017). *Le comunità per minori. Un modello pedagogico*. Milano: Franco Angeli.

Turner, J. C. et al. (1987). *Rediscovering the Social Group: A Self-Categorization Theory*. Oxford & New York: Blackwell.

Whittaker, J. K., Holmes, L., Del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J. Camp; Courtney, M. (2016). Therapeutic residential care for children and youth: A consensus statement of the international workgroup on therapeutic residential care. Residential Treatment for Children Camp. *Youth*, 33(2), 89-10).

Whittaker, J.W, Del Valle, J.F., Holmes, L. (a cura di) (2014). *Therapeutic residential care with children and youth: Developing evidence-based international practice*. London and Philadelphia: Jessica Kingsley Publishers.

Winnicott, D.W. (1965). *The Maturational Process and Facilitating Environment. Studies in Theory of Emotional Development*. London: The Hogarth Press and Institute of Psychoanalysis.