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# **THE OVERCROWDING OF RECEPTION FOSTER CARE CENTRES (mainly the ones with migrant children and adolescents)**



## A. INTRODUCTION

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In recent years, the Catalan Ombudsman has carried out several activities regarding the situation of migrant children and adolescents arriving in Catalonia without family relatives.

The administration responsible for children should provide immediate attention to unaccompanied migrant children and adolescents. This immediate attention, if any, occurs in reception foster care centres. The conditions of the attention of unaccompanied migrant children and adolescents in these centres are not adequate to meet their needs.

Currently, the protection system has nearly 20 reception centres to provide this immediate attention, with more than 500 places. Of these centres, 5 are intended mainly for the initial reception of unaccompanied migrant children and adolescents. This indicates a certain crowding of these children and adolescents in some of the centres.



## **B. The overcrowding of centres receiving mainly migrant children and adolescents (1/3)**

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One of the main problems related to the immediate attention of unaccompanied migrant children and adolescents has to do with the overcrowding of the centres where they live. The overcrowding of these centres is of a structural nature and has been increasing, especially in some centres, during the last half of 2015 and first half of 2016.

This situation of overcrowding creates major difficulties for the educational intervention, especially because, with higher ratios of children per professional, it becomes more difficult to provide individualized attention to these children and adolescents, who require an individualized intervention to cover their emotional needs and well-being.

During the visits carried out by the institution, the Ombudsman team has observed weariness among professionals, who sometimes are overwhelmed when fulfilling their functions.



## **B. The overcrowding of centres receiving mainly migrant children and adolescents(2/3)**

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Conditions of residential quality are also affected negatively because overcrowding involves sharing the same space with more people: the overcrowding forced to turn double and triple rooms to six people rooms, sometimes without the necessary equipment for personal use (closet, night stand, etc.), and a serious decreasing of private spaces needed; the capacity of common services (bathrooms, computer rooms, common areas, etc.), sometimes, is not enough.

These conditions are particularly negative for an adequate residential attention according to the high complexity of care needs these children have: most of them are adolescents between 15 and 18 years, with no knowledge of the official languages of Catalonia, often without prior schooling, having undergone a recent migratory journey, without personal linkages to the country and migration projects that include other European countries.



## **B. The overcrowding of centres receiving mainly migrant children and adolescents (3/3)**

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In the last year, this complexity increased because of the social profile of some of the children and adolescents living in these centres: adolescents with disruptive behaviour patterns, challenging or aggressive, consuming toxic substances, suffering from strong emotional stress situations, suffering from mental health problems, frequents flees from the centres, or sometimes engaging in criminal activities that end up hurting not only their careers but also the effective functioning of the centre.

Professional reception centres state that the number of incidents related to internal problems of cohabitation has increased in recent years, partly because of the overcrowding in existing rooms and common areas and the profile of residents.



## C. Too long stay in temporary centres

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Another negative consequence of overcrowded reception centres has to do with the duration of the process of study and formulation of proposals for the most appropriate protective measure for children due to the added workload because of the overcrowding. The law states that the study of the family situation of children and the proposal of protective measures must be carried out within a maximum period of six months. The implementation of the protective measure should be carried out as soon as possible.

Reception centres are temporary residential services for the immediate diagnosis and study of family and personal situation of children and adolescents but the facilities are not designed for long stays. The duration of the stay in this kind of centres is problematic, among other reasons, because they don't offer residential and educational conditions suitable for long periods of time (big centres, big rooms, not personalized spaces and a continuous rotation of residents, etc.).



## **D. Lack of sufficient places in specialised treatment centres and assisted apartments (1/2)**

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The duration of the stay and the overcrowding are caused by the lack of adequate resources to implement the proposals made by the technical teams and the corresponding delay in the implementation of the protection measure formulated.

There are adequacy shortcomings of the available resources in the protective system to meet the protection needs of children. These shortcomings affect the allocation of residential places that fit the specific needs of children and adolescents, especially intensive education residential centres, assisted apartments and therapeutic centres

There is a lack of appropriate places in the welfare system for children and adolescents suffering intensive behavioural disorders and there is also a lack of therapeutic residential resources for children.



## **D. Lack of sufficient places in specialised treatment centres and assisted apartments (2/2)**

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As for the proposals of specialised centres, professionals complain that the allocation of existing places prioritize proposals of adolescents with family, and unaccompanied migrant adolescents can not access easily. The fact that many of these young people are close to reaching legal age do not favour their priority of access.

This means that several teenagers, some of them with a disruptive profile, have no opportunity to shelter in a residential resource that meet their needs. This lack of places threatens the well-being of children and adolescents who require a more intensive care.



## E. Large size centres

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The complexity of the educational intervention not only is affected by the overcrowding of the centre, by the duration of the study or the high rotation of a significant number of migrant children resident in the temporary centre, but also by the size of it.

The convenience of small centres is to ensure real participation of children in the development of their daily lives under more favourable and similar conditions to those of a family environment.

The size of the centres is closely related to the quality of care. Smaller centres show in general best results in quality indicators.



## **F. Risky behaviours and consumption of toxic substances (1/2)**

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The educational intervention in temporary centres is extremely difficult with children and adolescents who flee from the protection system and engage in risky behaviours and consumption of toxic substances, specially glue.

Due to their migration process, these children and adolescents need a comprehensive care that it is not always guaranteed. Lately, one of the manifestations of their precarious situation is the consumption of glue.

It is important to define itineraries based on individualized programs of support for children and adolescents with more difficulties in the protection system to address the needs of support and social integration. Many consumers suffer from physical and mental deterioration and are against any intervention, and this situation is not easily reversible.



## F. Risky behaviour and consumption of toxic substances (2/2)

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An aspect of the therapeutic approach is the difficulty of the professionals in the protection centres to link these children and adolescents to specialized resources for toxic addictions and mental health. Despite the awareness raising done by the professionals of the centre and despite their intervention, availability and willingness of children are vital.

In these cases, the educational intervention is much more difficult as there are many children of the same cultural origin in the same centre. The use of inhalant as a way to escape from reality is very difficult to eradicate in a centre where 99% of residents are migrants and a high percentage of them have consumed more or less regularly this toxic substance during their migration process.

These also are shortcomings in the social integration process of these teenagers when they reach adulthood. The support, training and job protection are essential to ensure their social inclusion.



## G. Recommendations

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- To increase the number of places in intensive educational residential centres, therapeutic centres and supervised accommodation for teenagers in order to be able to apply for the best protection measures for unaccompanied migrant children, adolescents and teenagers.
- To guarantee to all migrant children and adolescents the most appropriate protection measure according to their needs, regardless their age.
- To reduce the average size of the existing residential care resources, also in the case of reception centres for mainly unaccompanied migrant children and adolescents.
- To evaluate the creation of a specific resource for detoxification of those children and adolescents with problems of addiction to toxic substances and linkage difficulties with the existing resources (particularly in periods of inner turmoil).