Quality Assessment in Day Care Centers in Cantabria: A Program for at-risk Children and Adolescents

Evaluación de la calidad en centros de día en Cantabria: un programa para infancia y adolescencia en riesgo de desprotección

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Abstract

Background: Day Care Centers for Children and Adolescents (CDIA) are a resource widely used by Social Services to support at-risk families, promote children's well-being and keep them in their family context. The aim of this study was to delve into these programs by means of a quality assessment project. Methods: For this purpose, 357 participants involved in one of the 16 Day Care Centers in Cantabria (Spain) were interviewed using an adaptation of the ARQUA system (Pérez-García, 2019), including children, adolescents, families and practitioners. Results: The results highlighted great satisfaction with the service, especially regarding the positive impact perceived in children and families derived from a relationship-based intervention delivered in a safe space. **Discussion:** Moreover, opportunities and potential areas for improvement are discussed regarding these services, which can be considered useful and effective in preventing risk factors for families and children.

Keywords: Day Care Centers for Children; social risk; child welfare system; prevention; quality assessment

Resumen

Introducción: Los centros de día para infancia y adolescencia (CDIA) son un recurso frecuentemente utilizado por los Servicios Sociales para apoyar a familias en situación de riesgo, promoviendo el

bienestar y el mantenimiento de la infancia en su contexto familiar. El objetivo de esta investigación fue evaluar la calidad y funcionamiento de estos programas. Material y métodos: Para ello, se entrevistó a 357 participantes entre niños/as, adolescentes, familias y profesionales involucrados en la red de 16 centros de día de Cantabria utilizando una adaptación del sistema ARQUA (Pérez-García, 2019). Resultados: Se pone de manifiesto una alta satisfacción de todos los informantes con la calidad del servicio, destacando el impacto positivo en niños/as y familias de una intervención basada en las relaciones significativas en un entorno seguro. Discusión: Además, se discuten potenciales ámbitos y oportunidades de mejora del servicio de CDIA, confirmándose la utilidad de este tipo de programas para la prevención de los factores de riesgo y desprotección.

***Palabras clave**:* Centros de Día para Infancia y Adolescencia; riesgo social; Sistema de Protección Infantil; prevención; evaluación de calidad.

INTRODUCTION

The family can be considered the basic unit of coexistence in society, playing a significant economic, social, and political role in social cohesion and sustainability (Pastor, 2021). In Spain, Organic Laws 1/1996 and 8/2015, as well as Law 26/2015 on child protection, emphasize the role of family as the primary context of care and socialization for children. Similarly, the Organic Law 8/2021 on the Comprehensive Protection of Children and Adolescents Against Violence (LOPIVI) highlights the importance of the family, in all its forms, as the natural environment in which children and adolescents thrive, establishing the need to support families in their educational and protective roles to prevent risk factors and strengthen resilience.

It is important to note that, in some cases, situations of risk or lack of protection for children may originate within the family itself, leading, in the most extreme cases, to out-of-home care arrangements (Ramírez-Plata et al., 2024; Sarasa-Camacho & Robles-Abadía, 2025). However, legislation clearly emphasizes the need to combine these measures with more preventive approaches that address situations of mild and moderate risk, allowing for the preservation of the family context whenever possible and in accordance with the child's best interest (Besada & Puñal, 2012; Capella & Navarro-Pérez, 2021; De Paúl et al., 2015; Molina et al., 2019).

To this end, it is essential to continue promoting policies and programs that support adequate parenting processes and enhance families' parental skills. These actions have greater long-term effectiveness and cost-efficiency, positioning early intervention within family systems as the best alternative to prevent situations of neglect (Arruabarrena & De Paúl, 2012). In Spain, there has been an increase in programs aimed at promoting positive parenting through regional child welfare services. However, the challenge remains to ensure that these programs are effective and meet

international quality standards (Amorós et al., 2016; Hidalgo et al., 2023; Sánchez-Sandoval, 2024).

The present study aims to expand the available evidence on the quality and functioning of a preventive program for children and families in Spain, the Day Care Centers for Children and Adolescents (hereinafter, CDIA). CDIAs are a widely used resource within social services to support at-risk families in their educational responsibilities, promote their children and adolescents' well-being and prevent situations of abuse and neglect.

Finding a standard definition of CDIAs is challenging in Spain. In fact, CDIAs are not explicitly mentioned in the Social Services Reference Catalogue (2013), although there is a section that defines the provision of "socio-educational care for children and adolescents" within the area of family intervention and support. However, the common characteristics of most of these programs can be summarized as follows: (a) preventive approach, (b) daytime care (after school, Monday to Friday), (c) group-based settings, (d) individualized intervention, (e) focus on creating an educational space for support, care, and supervision, and (f) a goal of reducing the level of risk for child neglect (Capella & Navarro-Pérez, 2021; Hidalgo et al., 2018; Jiménez, 2016; Sánchez-Ramos, 2011; Yagüe, 2009).

Additionally, CDIAs frequently serve as liaisons and coordinating agents between social services and families, schools, healthcare centres, local authorities, the justice system, and other services (García-Mínguez & Sánchez-Ramos, 2010; Jiménez, 2016; Sánchez-Ramos, 2011).

According to their typology and intervention criteria, CDIAs can be classified into three distinct types in Spain: community-based, primary care, and justice-related (Table 1). Primary care and community-based CDIAs are similar. However, in primary care CDIAs, families must be receiving intervention within the child and family social services system. In contrast, community-based CDIAs, while they may aim to improve the well-being of children and adolescents, operate on a voluntary and open-access basis, depending on the discretion of the entities providing these services. Additionally, these models may be combined within a single program, as is the case with *Centres Oberts (Open Centers)* in Catalonia (FEDAIA, 2006). On the other hand, justice-related CDIAs are used exclusively for the enforcement of juvenile judicial measures. Unlike the other types, they do not have a primarily protective and preventive approach, though they do maintain a socio-educational focus.

Table 1

Types of CDIA according to their characteristics in Spain

Name	Target population	Requirements	Purpose
Community-based CDIA	General or at risk	• Agencies determine who can participate • Voluntary	Socio-educational and leisure projects/programs to improve the quality of life of children and adolescents from a community-based approach.

Primary care CDIA	At risk (mild or moderate)	• Open case in social services • Case worker decision • Compulsory	Reduce risk or neglect through a safe socio-educational and leisure space, supporting family preservation
Justice-related CDIA	Juvenile offenders (14-18 years old)	• Court ruling with a judicial measure • Compulsory	Socio-educational approach with a focus on crime prevention from a formative and social perspective

Note. Own elaboration.

In the present study, we focus on *primary care CDIAs* as a measure adopted by Social Services, assuming the definition established by Region of Cantabria (Spain), where this study was conducted. According to its *Framework Project for Day Care Centers* and Cantabria's Law 8/2010 on Child and Adolescent Care, CDIAs are defined as a "resource within Primary Social Care Services (PSCS) that provides daytime care from Monday to Friday, during after-school hours and holiday periods, for children and adolescents (aged 6 to 17) whose families are unable to fully meet their care, supervision, and educational needs." These programs aim to provide children and adolescents at risk of neglect with a safe and enriching environment that addresses their needs through an educational space and creative leisure activities.

Several circumstances justify the relevance of researching CDIAs. First, there is a scarcity of scientific literature on these programs in Spain, with only a few regional studies conducted. Some describe CDIAs role and functions in the region of Valencia (Ferrero, 2012; Capella & Navarro-Pérez, 2021), while others analyze their transformative impact in reducing social risk indicators among children and adolescents, highlighting differing perceptions among social agents in the province of Barcelona (Cónsola et al., 2018). Additionally, research has documented the positive impact of CDIAs on the quality of life of children and adolescents in the city of Seville (Hidalgo et al., 2018), demonstrating significant improvements in their adjustment and development. These programs have been shown to enhance physical and psychological well-being, autonomy, relationships, and social skills, while also reducing internalizing problems in children and adolescents. The remaining studies mainly consist of academic works (e.g., undergraduate and graduate theses) that have not extended beyond the educational sphere and, therefore, have not undergone a peer-review process.

Secondly, there is a lack of national legislation to define and standardize the CDIAs as a service, with the exception of the justice-related CDIAs (Organic Law 5/2000 on the criminal responsibility of minors). This is partly due to the delegation of duties in the area of social services to the autonomous communities, which creates discrepancies in legislation, coverage, funding, and intervention models across the country (Pastor, 2020).

Finally, the term *Day Care Center* presents some complications, as it is not a unanimous designation

and may lead to confusion if the target population is not specified (Sánchez-Ramos, 2011). This, coupled with its complex translation into English, often confusing it with "nursery school" services, hinders the identification of studies and experiences of similar programs in other countries. These three factors prevent a thorough understanding of the service, its identification, distribution, and variability across Spanish territory, as well as its comparative study with other similar international experiences.

For all these reasons, the aim of this research was to assess the quality of the 16 CDIAs for children and adolescents in Cantabria, considering the opinions and experiences of all the stakeholders involved: staff, families, children and adolescents. Specifically, special attention was given to evaluating the perspective of the children and adolescents, as the literature indicates that although the promotion of children's participation in the child protection system has gained attention and is recognized as essential (Pérez-García et al., 2019), it remains insufficient (Collins et al., 2021; Toros, 2021; García-Andrés et al., 2024).

METHODS

Participants

A total of 357 individuals participated in this study, all of whom were involved in the CDIA network of the Region of Cantabria (Spain), which consists of 16 CDIAs. Table 2 describes their distribution by group and gender. The first group consists of 71 children aged 6 to 11 years, with a mean age of 8.58 (*SD*=1.4). The second group comprises 91 adolescents over the age of 12 (*M*=14.12; *SD*=1.8). In these two groups, an inverse gender distribution is observed, with the children's group being predominantly male (59.2%) and the adolescent group predominantly female (58.2%).

The third group consists of family members (*n*=139), with an average age of 44.3 years (*SD*=10.2) and a majority of women (84.9%). Lastly, the fourth group includes staff in the CDIA services, subdivided into program coordinators (n=18) and regular staff (n=38). In both subgroups, the female presence predominates, representing 66.7% among program coordinators and 89.5% among regular staff.

Table 2

Distribution of participants

		Children	Adolescents	Families	Program Managers	Regular Staff
		n(%)	*n*(%)	*n*(%)	*n*(%)	*n*(%)
Gender	F	29(40,8)	53(58,2)	118(84,9)	12(66,7)	34(89,5)
	M	42(59,2)	38(41,8)	18(12,9)	6(33,3)	4(10,5)
N		71(19,9)	91(25,5)	139(38,9)	18(5,1)	38(10,6)

Note. Own elaboration. M=Male; F=Female

Instruments

The instrument used in this study was the ARQUA-CDIA, an *ad-hoc* adaptation explicitly developed for this research based on the ARQUA system (Residential Care and QUAlity), which assesses the quality of residential care programs for children and adolescents (Pérez-García, 2019). The ARQUA system was designed using the EQUAR quality standards for residential care, published by the Spanish Ministry of Health, Social Services, and Equality (Del Valle et al., 2012). Given the absence of specific quality standards for CDIA, the Child and Family Research Group (GIFI) at the University of Oviedo developed the ARQUA-CDIA instrument by selecting 16 standards from the EQUAR framework (Table 3), removing the four that were exclusively related to residential care. Based on these standards, 66 items were formulated and administered to different informants according to their role (see Table 4), generating a specific version of the instrument for each respondent group (children and adolescents, families, regular staff, and program managers). The items use a 5-point Likert scale to assess the degree of agreement or disagreement (1 = "strongly disagree"; 5 = "strongly agree") for all respondent groups except children aged 6–11, for whom a 3-level scale was used (1 = "no"; 2 = "sometimes"; 3 = "yes"). Each item is accompanied by an open-ended question that allows participants to contextualize or expand on their responses.

The standards from which the items are derived are organized into four general categories: (1) Resources, (2) Basic Processes, (3) Needs and Well-being, and (4) Management and Organization (see Table 3), following the structure of the EQUAR framework (Del Valle et al., 2012; Fernández-Sánchez et al., 2023).

Table 3

Classification and Definition of Quality Standards in ARQUA-CDIA

Category	Standard	Definition	Items
(1) Resources	A. Physical Structure and Equipment	Comfortable, safe, and accessible spaces, with aspects such as location, capacity, equipment, and maintenance being valued.	A1-A8
	B. Human Resources	Sufficient, qualified personnel with ongoing training, evaluating aspects such as initial supervision, periodic training, and internship/volunteer programs.	B1-B3
(2) Basic Processes	C. Referral and Admission	Admissions based on rigorous assessments and communication of the intervention plan to children, adolescents, and their families.	C1-C3
	D. Initial Needs Assessment	Use of appropriate tools to conduct psychological and socioeducational assessments.	D1-D4
	E. Individualized Intervention Plan	Clear objectives following the initial assessment, reviewed periodically.	E1-E3

	F. Discharge and Transition to Adulthood	Advance planning of discharge and support for the autonomy of young people.	F1-F3
	G. Family Support	Family educational guidance in coordination with other programs, evaluating the relationship between families and staff.	G1-G6
(3) Needs and Well-being	H. Safety and Protection	Guarantee of a safe and supportive environment based on respectful treatment and appropriate protocols.	H1-H9
	I. Respect for Rights	Consideration of cultural identity and grievance management.	I1-I3
	J. Development and Autonomy	Educational context that facilitates learning and overcoming difficulties.	J1-J2
	K. Child Participation	Mechanisms that incorporate the opinions of children and adolescents in the Individual Intervention Plan (IIP) and the case plan.	K1-K3
	L. Use of Educational Consequences	Positive reinforcement and fair consequences to strengthen relationships and learning.	L1-L3
(4) Management and organization	M. SERAR	Use of the Residential Care Assessment and Recording System (SERAR).	M1
	N. Leadership and Social Climate	Role of coordination, effectiveness of meetings, and working conditions.	N1-N4
	O. Work Organization	Schedules and shifts that optimize care for children and adolescents.	O1-O2
	P. Staff Coordination	Communication and joint work with social services, educational services, or other community-based services.	P1-P4

Note. Own elaboration.

Lastly, a series of open-ended questions are included under the section (Q) Others: Strengths and Weaknesses, allowing children, adolescents and their families to provide an overall assessment of their experience with the service (items Q1-Q3).

Ethical considerations

The study has been approved by the Ethics Committee for Research Projects of the University of Cantabria (code 5/2020).

Procedure

After obtaining authorization from the Government of Cantabria, all CDIA centers were contacted to inform them about the objectives and characteristics of the study and to request informed consent from the legal guardians of underage participants. Subsequently, the CDIA centers were asked to create a coding system to identify participants and organize data collection anonymously. Interviews were conducted with all informants using the corresponding version of the ARQUA-CDIA instrument,

each lasting approximately one hour. These interviews were carried out by members of the GIFI research group, which is composed of professionals in psychology and social work with specific training in the application of the instrument. The research team was responsible for presenting the questions to participants, recording their quantitative responses to each item, and documenting their answers to the open-ended questions accompanying each item in a password-protected database. Prior to participation, all participants had been informed about the purpose and characteristics of the study and were aware of the voluntary nature of their involvement, as well as the confidentiality guarantees and secure handling of the information. The interviews were conducted between May 2021 and June 2022.

Data Analysis

Central tendency and dispersion measures were used to analyze the scores for each item (items A1-Q3) using the SPSS statistical software (v.27). Participants' comments on each item were utilized to illustrate the results descriptively. Additionally, a SWOT analysis (Sisamón, 2012) was conducted based on the verbatim responses recorded for items Q4-Q6, which assessed the strengths and weaknesses of the service as a whole. To achieve this, after familiarizing themselves with the data, the research team generated a series of thematic categories under which the comments were coded. Themes mentioned most frequently by participants ($n \geq 10$) were incorporated into the SWOT analysis (Figure 1) under the corresponding category.

RESULTS

The following section presents the results of the evaluation of the standards, grouped into the four previously described categories: (1) Resources, (2) Basic Processes, (3) Needs and Well-being, and (4) Management and Organization (Table 4).

Resources

This category receives a positive evaluation in CDIA, both in terms of physical infrastructure and human resources. Regarding equipment, participants highlight its quality and suitability, with families assigning particularly high scores to the well-mantained and tidy state of the center ($M_{A8\text{-}F}$=4.88). However, the educational team identified areas for improvement, such as accessibility ($M_{A4\text{-}PM}$=3.56), as not all CDIA have the necessary physical adaptations to accommodate children and adolescents with reduced mobility. Additionally, they considered that the high child-to-professional ratio ($M_{A3\text{-}RS}$= 3.37) may hinder individualized intervention. Concerning human resources, program managers highly valued the supervision of interns and volunteers ($M_{B3\text{-}PM}$=4.85). However, the staff expressed the need

for more specific and frequent training to address better the profiles of the children and adolescents they serve ($M_{B2\text{-}RS}$=2.85). They suggested that training should cover a broader range of topics, particularly the use of risk assessment tools for child neglect, intervention strategies for children and adolescents with specific difficulties, issues related to sexual and gender identities, and the role of social media.

Basic Processes

The assessment of the case referral and admission processes was positive. The staff expressed satisfaction with their knowledge of case plans ($M_{C1\text{-}PM}$=4.72), highlighting fluid communication with social services. However, adolescents reported uncertainty regarding the objectives and duration of their involvement in the CDIA ($M_{C2\text{-}A}$=3.87 y $M_{C3\text{-}A}$=2.11). Some stated that they understood what aspects they would receive support in improving, but they were unaware of the specific reasons for their placement and the exact length of their stay at the CDIA. Although the initial assessment of children and adolescents is positively rated in terms of the time allocated to it ($M_{D3\text{-}PM}$=4.13), program managers considered that it lacked specific procedures to address the psychological and socio-educational needs of children and adolescents, relying primarily on direct observations. Meanwhile, Individualized Intervention Plans were considered valuable but impractical due to their complexity and the limited time available for their implementation.

The promotion of children's and adolescents' autonomy emerged as a key aspect. Despite the absence of clear procedures, professionals highly valued their cross-cutting approach ($M_{F3\text{-}PM}$=4.28). However, challenges were highlighted in ensuring that adolescents over 16 years old can access information about Cantabria's care leaving support service (SAJPA, in Spanish), which most of them were unaware of ($M_{F2\text{-}A}$=1.35). The standard that assesses family support received very high ratings, particularly regarding the relationship between staff and families ($M_{G5\text{-}F}$=4.88), with families reporting feeling well-supported and heard. However, the lack of structured protocols to foster more consistent contact is noted as an area for improvement.

Table 4

Distribution of Standards and Items for Each Informant in the ARQUA-CDIA Instrument

		Children	Adolescents	Families	Program Managers	Regular Staff
		M_C (*SD*) [1-3]	M_A (*SD*) [1-5]	M_F (*SD*) [1-5]	M_{PM} (*SD*) [1-5]	M_{RG} (*SD*) [1-5]
	A. Physical Structure and Equipment					
	A1. Location	2.72(0.62)	4.43(1.00)	4.55(1.01)	3.94(1.00)	4.14(1,11)
1.	A2. Facility				3.72(0.96)	4.18(1,04)

RESOURCES	A3. Capacity				3.83(1.15)	3.37(1,48)
	A4. Accesibility				3.56(1.72)	3.66(1,53)
	A5. Temperature	2.52(0.63)	4.41(0.88)			4.18(1,04)
	A6. Equipment	2.93(0.26)	4.75(0.55)		4.22(1.06)	3.97(0,91)
	A7. Mantenance				4.17(1.10)	3.61(1,31)
	A8. Appearance			4.88(0.42)		
	A9. Schedules	2.58(0.72)	4.15(1.16)			
2. BASIC PROCESSES	**B. Human Resources**					
	B1. Trial period				3.36(1.91)	3.22(2,04)
	B2. Ongoing training					2.85(1,50)
	B3. Internships and volunteering				4.85(0.37)	4.33(1,27)
	C. Referral and Admission					
	C1. Case plans				4.72(0.67)	4.39(1,05)
	C2. CDIA intervention plan	1.81(1.00)	3.87(1.51)	4.59(0.81)	4.06(0.87)	3.75(1,25)
	C3. Scheduling		2.11(1.69)			
	D. Initial Needs Assessment					
	D1. Psychological assessment				1.67(1.19)	2.53(1,62)
	D2. Socio-educational assessment				2.44(1.41)	3.35(1,65)
	D3. Assessment duration				4.13(0.83)	4.00(0,87)
	D4. Operational tools				3.33(0.58)	4.38(0,87)
	E. Individualized Intervention Plan (PII)					
	E1. PII format				4.38(1.36)	4.18(1,42)
	E2. PII review				3.56(1.62)	3.71(1,42)
	E3. PII development				4.07(1.44)	3.48(1,57)
	F. Discharge and Transition to Adulthood					
	F1. Discharge				2.83(0.70)	3.32(1,12)
	F2. SAJPA		1.35(0.93)		2.55(1.81)	2.15(1,82)
	F3. Autonomy promotion				4.28(1.18)	4.09(1,51)
	G. Family Support					
	G1. Families' opinion			4.77(0.64)	4.11(1.13)	4.79(0,48)
	G2. Family meetings			4.67(0.85)	4.11(1.28)	4.36(1,22)
	G3. Staff interest			4.81(0.58)		
	G4. Staff respect			4.92(0.38)		
	G5. Staff availability			4.88(0.52)		
	G6. Adolescents' opinion		4.54(0.85)			
3. NEEDS	**H. Safety and Protection**					
	H1. Staff trained in emergencies				2.29(1.40)	2.39(1.79)
	H2. CYP trained in emergencies				1.40(0.83)	1.62(1.23)
	H3. Abuse protocol				3.17(1.69)	2.77(1.72)
	H4. Preventing inappropriate practices				4.94(0.24)	4.95(0.32)

	H5. Intervention skills				4.61(0.61)	4.41(0.86)
A	H6. Individualized time	2.61(0.68)	4.68(0.65)		3.67(1.03)	3.42(1.27)
N	H7. Positive/nurturing care	2.67(0.54)	4.52(0.82)			
D	H8. Good relationship CYP-staff	2.91(0.33)	4.87(0.48)			
	H9. Engaged staff	2.76(0.63)	4.77(0.64)			
W	**I. Respect for Rights**					
E	I1. Cultural identity				4.72(0.46)	5.00(0.00)
L	I2. Complaints protocol	1.95(1.10)	3.64(1.75)	3.10(1.92)	4.11(1.32)	3.94(1.63)
L	I3. Addressing complaints	2.33(2.23)	4.44(0.93)	3.46(1.41)		
-	**J. Development and Autonomy**					
BE	J1. Improvements		4.56(0.90)	4.43(0.91)		
I	J2. Learning	2.77(0.60)	4.36(1.05)			
N	**K. Child Participation**					
G	K1. Participation mechanisms					4.79(0.47)
	K2. Adolescents' opinion on the PII		2.51(1.84)		3.67(1.63)	3.50(1.53)
	K3. Opinion on the case plan				3.24(1.20)	2.85(1.60)
	L. Use of Educational Consequences					
	L1. Fair consequences		4.49(0.88)			
	L2. Reasonable consequences		4.58(0.91)			
	L3. Rewards		4.08(1.42)			
	M. Program Management					
	M1. SERAR				3.72(1.56)	3.54(1.69)
	N. Leadership and Social Climate					
4.	N1. Adequacy of the program manager					4.19(1.17)
	N2. Team-coordination meetings				4.94(0.24)	4.74(0.60)
M	N3. Staff's opinion					4.63(0.71)
A	N4. Working conditions					4.00(1.25)
N	**O. Work Organization**					
A	O1. Staff schedule					3.11(1.39)
GE	O2. Meeting time					4.97(0.16)
M	**P. Staff Coordination**					
EN	P1. Communication PSCS-SSS				4.39(0.98)	4.19(1.01)
T	P2. School coordination				4.28(0.89)	4.06(1.37)
	P3. Coordination w/other CDIA					1.84(1.22)
	P4. Coordination w/community resources				4.17(1.25)	3.67(1.27)
5.	**Q. Final assessment**					
	Q1. You enjoy attending	2.85(0.45)		4.78(0.65)		
O	Q2. You like the center	2.88(0.37)				
TH	Q3. You have fun	2.85(0.43)				
ER	Q4. Strenghts	●	●	●	●	●

S	Q5. Weaknesses	●	●	●	●	●
	Q6. Other issues	●	●	●	●	●
Items answered by each informant		18	23	15	40	49

Note. Own elaboration.

Children's scores are assessed on a scale from 1 to 3, while the rest of the informants are assessed from 1 to 5; CDIA = Day Care Center for Children and Adolescents; PII = Individualized Intervention Plan; SAJPA = care leavers' support service in Cantabria; CYP = children and young people; SERAR = Evaluation and Recording System for Residential Care; PSCS = Primary Social Care Services; SSS = Specialized Social Services; ● = Assessed qualitatively only.

Needs and Well-being

In the area of needs and well-being, children and adolescents rated highly the good treatment and the relationship with the staff ($M_{H8\text{-}A}$=4.87), with most agreeing that it is one of the most positive aspects of attending a CDIA. They were also very satisfied with the individualized time educators dedicate to them, perceiving commitment and concern from the staff to help them. On the other hand, the staff highlighted a lack of specific training about responding in emergencies and situations where children and adolescents may experience an emotional or behavioral crisis. Regarding rights-based practices, educators unanimously respected the cultural identity of the children and adolescents ($M_{I1\text{-}RG}$=5.00). However, knowledge of procedures for submitting complaints is limited among children, adolescents and families: most were unaware of how to file a complaint, although many also stated that they did not need to do so. Additionally, another of the best-rated aspects by adolescents is the perception of significant improvements in their behavior, social skills, and academic performance ($M_{J1\text{-}A}$=4.56). However, they point out that, in general, they do not feel involved in the design and development of their intervention plans ($M_{K2\text{-}A}$=2.51).

Management and Organization

Regarding the organization of the programs, the program managers mentioned the use of the adaptation for CDIA of the Evaluation and Recording System for Residential Care (SERAR) for the systematization, documentation and follow-up of the intervention ($M_{M1\text{-}PM}$=3.72), but its full implementation was limited by its complexity and lack of time. Leadership and the work environment were highly rated, particularly the regular team meetings and coordination ($M_{N2\text{-}PM}$=4.94) and the recognition of the staff values ($M_{N3\text{-}RS}$=4.63). However, dissatisfaction persists regarding working conditions and work schedules ($M_{O3\text{-}RS}$=3.11), with demands from the staff for higher compensation based on their professional category and the duties they perform. Coordination with Primary Social Care Services (SSAP) was considered effective ($M_{P1\text{-}PM}$=4.39), although difficulties in collaboration with other CDIA were identified ($M_{P3\text{-}RG}$=1.84), with programs working independently.

Other issues: strenghts and weaknesses

Additionally, the opinions of all the stakeholders were gathered on the main strengths, weaknesses, or any other issues they wanted to raise regarding the CDIA (items Q4-Q7). The most frequently mentioned responses were categorized into a SWOT analysis (Figure 1), dividing the issues based on their internal or external nature and whether they were positive or negative.

A wide range of strengths was identified, particularly the quality of the care and support provided (*n*=121) and the perceived good results and improvements in the children and adolescents (*n*=78). These aspects were highlighted by families and the children, who particularly valued the new friendships and learning gained through the activities and academic support received.

> *"They have helped me manage the situations that came up with my daughter. I was overwhelmed, and they taught me guidelines to correct things. Everything they've advised has been beneficial for us, and my daughter has improved a lot."* [FAM_112]
>
> *"Thanks to them, I've been able to raise my children."* [FAM_19]
>
> *"I like the CDIA because I made my two best friends here, and they've taught me to be polite and organized with my homework. Also, we do a lot of activities, like going to the beach..."* [CHI_43]

Figure 1

Weaknesses, Threats, Strenghts, and Opportunities (SWOT) identified in the CDIA

	Positive aspects	Negative aspects
Internal	**STRENGTHS** • Care and help (*n*=121) • Improvement and well-being (*n*= 78) • Staff (*n*=47) • Attachment and safe space (*n*=38)	**WEAKNESSES** • Care and help (*n*=44) • Improvement and well-being (*n*=41) • Staff (*n*=22) • Intervention model (*n*=10)
External	**OPPORTUNITIES** • Improved family well-being (*n*=18) • Coordination with PSCS (*n*= 14)	**THREATS** • Working conditions (*n*=33) • Coordination with SSS and other programs (*n*=11)

Note. Own elaboration.

Likewise, they also highly value the functioning of the educational teams (values, closeness, atmosphere, etc.), perceiving that the CDIA allow the establishment of positive bonds in an emotionally safe space for the children and adolescents.

> ***"****The staff is excellent both as educators and as people****"*** **[**FAM_99]

> ***"****The best part is the trust with my educator; thanks to her, I feel good here.****"*** [CHI_12]

> ***"****Here, I can talk about how I feel and the problems I've had without anyone judging me, and the educators help me. They always tell me how I can try to solve my problems.****"*** [ADO_23]

These strengths are complemented by other positive external factors, such as the perception, also shared by families, that their situation and well-being had improved (*n*=18), and the positive assessment of the coordination between the CDIA, SSAP, and other community resources (*n*=14). These represent opportunities for more effective and coordinated intervention with families through the PSCS.

> *"Everything seems fine to me; with the help of the professionals, you move forward because, like in my case, I'm alone, so the center has helped me a lot, both the educators there and here, and that's what makes you feel better."* [FAM_73]

> *"We have a good relationship with the program manager and among ourselves. There's also very good relationship with the PSCS, and good referrals are made. We also have weekly meetings with the high school. I think there's really good teamwork"* [STA_17]

However, there are also areas for improvement identified from the external sphere, particularly regarding coordination with specialized services, as well as concerning working conditions (*n*=33). In this regard, there are mentions of the need for more staff, greater stability, and extended working hours to reduce the child-to-professional ratio and improve care.

> *"Lack of staff and the little stability of the staff. In addition, they need to have a full-time schedule. We can't ask them to do things because of their schedules and lack of time. Also, it causes a lot of staff turnover."* [STA_5]

> *"I would like the educators not to change every 6 months."* [FAM_49]

> *"There are educators with a lot of experience, they came from working in a residential program. They have a lot of empathy, good listening skills, they understand the children... We've always invested on them being social educators and for the training... but in terms of work, they have little satisfaction (afternoon shifts, part-time schedule...) sometimes this*

interferes with their work." [MAN_11]

On the other hand, internal weaknesses are identified regarding the care provided (*n*=44), primarily related to requests from the children and adolescents for more activities or for these activities to be more engaging or alternative to school support, as well as occasional issues in relationships with other children and adolescents. Additionally, the remote location of some CDIA centers and the lack of public transportation to access them were mentioned, along with the need for improvements in their infrastructure.

"I would like there to be more activities outside and less focus only on homework." [ADO_46]

"*It's too isolated from the community. It should be a program that is less isolated and more integrated. The children could come on their own, or there should be transportation available to get here.***"** [STA_10]

"*The only bad thing about coming here is that it's very far away, and some kids scream and fight***"** [CHI_7]

"There are issues with the structure of the building, and I think continuous maintenance and adaptation would be necessary." [MAN_2]

Families mentioned difficulty bringing the children and adolescents at the scheduled times (*n*=22) due to the short time available between the time children exit school and need to enter the CDIA.

"*The worst part is the time they give us to come. They leave school at 2:30 p.m. and enter the CDIA at 3:30 p.m."* [FAM_65]

Finally, some professionals pointed out the lack of a defined and effective working model (*n*=10) in terms of documentation or procedures.

"On a documentary level, there's chaos; it's not clear what we have to do and what we don't. There's also a lack of clarity regarding the roles of each professional, each position, and the functions of a CDIA as such" [COR_8]

DISCUSSION

The aim of this study was to evaluate the quality of one of the programs for preventing childhood risk and improving child welfare through family preservation in Spain, the CDIA. This is the first research on the quality assessment of this type of program in Spain, highlighting a high level of satisfaction from all the stakeholders involved and the appropriate capacity of the instrument to identify the most valued aspects or those that could benefit from changes or improvements.

Specifically, three main areas have been identified for discussion based on the analysis of the results from this evaluation. First, issues related to intervention principles (1) will be discussed, including the perceived positive outcomes and impact on families and children, as well as their well-being, the power of affective relationships and the bond between children, adolescents, and professionals, and the participation of children in their own process. Second, results related to the availability and adequacy of human resources (2) will be addressed, meaning the conditions required by the work teams to carry out the intervention. This will include discussions on issues such as the child-to-professional ratio and the availability of continuous training. Finally, issues related to the implementation of clear work models and monitoring of the intervention (3) will be presented, as these are fundamental for tracking the achievement of objectives, with coordination and networking being essential components in this type of program.

Regarding intervention principles and their results (1), data show that both children and families have improved since attending the CDIA. Studies such as that of Hidalgo et al. (2018) affirm that these programs positively impact the quality of life and development of children and young people. It is also noteworthy that one of the most frequently mentioned strengths of the CDIA is the adequate attention and support received from staff. Other evaluations and high ratings also related to the educators' work include the bond, the emotional connection, and the support provided, which aligns with authors who argue that relationships based on involvement, bonding, and affection make educational intervention more effective (García-Mínguez & Sánchez-Ramos, 2010; Navarro-Pérez et al., 2023). Children and adolescents rate the group component of being with their peers very positively. In this regard, studies such as that of Capella and Navarro-Pérez (2020) agree that group intervention in the CDIA supports personal development and resilience.

Similarly, these findings align with the study on quality in residential foster care programs by Pérez-García et al. (2019), in which one of the most valued aspects is the affective relationship and the support received from educators. This study also highlights the significant room for improvement in ensuring that children and adolescents can effectively participate in the procedures and decisions within their intervention process, as it is common for them to have doubts about the duration of their involvement in the programs or to be unaware of the procedures for making requests or complaints (Toros, 2021).

However, regarding the availability and adequacy of human resources (2), some aspects were less positively rated and could pose a threat to the positive relationship and intervention carried out by the educational team. Human resources are the core and driving force of this intervention, with the potential of the staff being crucial in transforming the social reality and creating opportunities for children, adolescents, and families (García-Mínguez & Sánchez-Ramos, 2010). While the teams and

their skills are among the most valued aspects of the entire study, both by children and adolescents, families, and from their own perspective, the working conditions of educators could interfere with the quality of the intervention. The results highlight the need for more staff, more stability, and longer working hours to reduce the child-to-professional ratios. Authors like Del Valle et al. (2012) argue that direct care professionals should be sufficiently numerous, with interventions planned for each child based on their individual needs and circumstances, considering an initial psychological assessment. Although this is not part of the CDIA's responsibilities, it is perceived as necessary by the professionals involved.

In addition, the scores suggest a demand from the educational team for a greater number and variety of continuous training programs, which aligns with Rueda-Aguilar (2021), who identifies training as one of the key factors in specific intervention with vulnerable children. The specific topics of the requested training (e.g., trauma, emotional management in crises, and family intervention) also coincide with the study by Tarín-Cayuela (2022), which highlights that the training interests of some professionals in the CDIA programs of the Valencian Community focus on emotional management and family intervention.

Finally, regarding the availability of a clear intervention model in the CDIA (3), the educational teams consider that implementing intervention procedures and protocols is a valuable tool for program management (Del Valle & Bravo, 2007), but they encounter difficulties in carrying them out. Furthermore, these protocols are rarely adapted to the specific needs of the CDIA, with some educators highlighting the need for a model of their own.

Another issue that the results highlight is the coordination with other resources. On the one hand, the data show poorer coordination with Specialized Services and other community resources. For example, adolescents report not knowing the leaving care support service (SAJPA). On the other hand, there is a strong coordination with Primary Care Social Services (SSAP), which aligns with studies that defend it as a fundamental principle of CDIA, acting as a mediator between Social Services, families, and other stakeholders (Ferrero, 2012; Jiménez, 2016; Sánchez-Ramos, 2011). In addition, positive feedback is received for the coordination with schools, an aspect that is important and valued as a need, according to Cónsola et al. (2018).

Limitations

This study is not without limitations that may affect the generalization of the results. Firstly, there may be a bias toward positive assessments of the services, as participants that accepted to take part in the study may be those who have a stronger connection with the services or perceive better outcomes. Secondly, by evaluating the CDIA in only one region and considering that these programs are not

configured as a homogeneous resource, it would be expected to identify other strengths or challenges in different areas. Finally, given that this is the first time an ARQUA instrument has been adapted for these programs, it would be necessary to continue studying its validity, adapting it based on this first experience for future research.

Conclusions and Implications for Practice

Implementing and promoting community-based programs by Social Services is essential for preventing and ensuring the protection of children. In this sense, the positive feedback received from users of the CDIA is noteworthy, and their comments confirm that these programs are fulfilling their objectives, as outlined in the Framework Project for Day Care Centers in Cantabria. In this regard, they appear capable of providing a "safe and enriching environment" for children and adolescents, mitigating the risk of neglect through establishing positive working relationships between families and professionals, and promoting habits and skills that positively impact the well-being of children and adolescents. However, the results also prompt reflection on the appropriateness of conducting evaluations to ensure that a quality service is being provided, adapted to needs, with adequate resources, clear pathways for participation for children, adolescents and families, and based on explicit models and quality standards. To achieve this, it is essential to have a highly motivated and qualified professional team, capable of creating a safe space and working from a community-based and networked model.

DATA AND MATERIAL AVAILABILITY

The data is not available in open access to ensure the confidentiality guarantees of the study.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

Generative Artificial Intelligence or AI-assisted technologies have been used to support and improve the translation process from Spanish to English.

CONFLICT OF INTEREST

There are no known conflicts of interest.

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AUTHOR CONTRIBUTIONS

Conceptualization: JB, IS, JRS, and AB. Data curation: JB and IS. Formal analysis: JB and LGA. Funding acquisition: IS and AB. Investigation: JB, LGA, and IS. Methodology: JB and IS. Project administration: IS and AB. Resources: IS and AB. Software: JB and LGA. Supervision: IS, JRS, and AB. Visualization: JB and LGA. All authors contributed to writing, reviewing, and editing the article and approved the submitted version.

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