The Waiting Children: Pathways (and Future) of Children in Long-Term Residential Care

Mónica López* and Jorge F. del Valle

Abstract

There is an international consensus about the need to avoid prolonged stays in residential care and a preference for family-based interventions for those children who have been separated from their families. Nevertheless, Spanish statistics show a high number of children entering residential placements and little development of non-kinship family foster programmes. This article analyses the factors which influence the intensive use of residential placements and the reasons which lead to many children spending long periods of their lives in residential facilities. These questions are investigated through a study of 238 children aged twelve and under in residential foster-care, who had spent at least a third of their lives in that situation. The case information was obtained through collaboration with social workers who supplied data about the profile of the children, their families, their care histories and prospective outcomes. Certain characteristics of the children (age, physical and psychological problems) and the family of origin (serious psycho-social problems) seem to explain the long stays of these children in residential care. The article concludes with a discussion of the practical implications these results have for the improvement of child protection systems’ response to these challenges.

Keywords: Child protection, long term, residential care, outcomes

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Introduction

In Spain, the predominant solution for children at risk until the middle of the 1980s was residential foster care (Bravo and Del Valle, 2009). A new system of child protection was laid out with the introduction of the 1987 Foster Care and Adoption Law (Ley de Acogimiento y Adopción), which established a child’s upbringing within a family as a fundamental principle, by remedial help to develop good parenting skills on the part of the families (with family intervention programmes and material support) or by placing the child with another family or by adoption. This legal reform was intended to turn residential care into a transitional or emergency resource, for those cases which needed time for evaluation, family recovery or preparation for placement in a new family. The development of family placement programmes became a priority.

Nevertheless, after more than twenty years of this approach, the balance of evidence suggests that it has failed in the face of alternatives to family care. According to national statistics (Ministry of Health and Social Policy, 2012), there were 8,405 new residential placements in 2011 while, in family care, there were 3,055 new cases. If, instead of the new placements, we look at the number of children in each type of placement at the end of the year (2011), we see that there were 14,059 cases in residential care and 21,446 cases in family foster care. So, each year (and the indicators for previous years are very similar), many more children enter residential care than family foster care. However, on any given day, there are more cases in family foster-care than in residential care. This apparent paradox is due to the fact that, in Spain, kinship care accounts for 80 per cent of foster-care and the majority of those children are fostered from an early age until adulthood. Even when we look at foster-care with non-relatives, the stay is very long (Del Valle et al., 2009).

In relation to the number of annual referrals, residential care is very frequently employed and it is clear that, in Spain, it continues to be an often-used resource which can last for long periods of time (Del Valle et al., 2008). So we can see that, despite the clear message about the importance of counting on, and feeling part of, a family for the well-being of children in care (Triseliotis, 2002; Schofield, 2003; Sinclair et al., 2004), fostering with non-relatives represents a very small percentage of out-of-home placements.

This concern about the growing number of children in long-term placements is not exclusive to Spain (Drake et al., 2002; Knorth, 2002; Schofield et al., 2007). In other countries, such as the UK, this worry has been reflected by the development of regulations such as the introduction of the No Delay principle (1989 Children Act in England and Wales and 1995 Children Order in Northern Ireland). Parallel to this, research plans demonstrate an interest in finding out the impact that the length of interventions have on children (Beckett and McKeigue, 2003; McSherry et al., 2006), especially in terms of the construction of a sense of permanence (Schofield et al., 2007).
In recent years, residential placement has been researched much less than family placement (Schofield et al., 2007; Bravo and Del Valle, 2009) and what research has been done has dealt with it as a child protection alternative which is risky and difficult (Knorth and Smit, 1995; Hellinckx, 2002). However, there are very few recent studies which analyse the results of long-term stays in this kind of placement (see Roy et al., 2000), those which stand out are studies of children who have been adopted internationally after spending long periods in institutions in their countries of origin (Rutter et al., 2000; Palacios et al., 2011).

The objective of this article is to analyse the circumstances of those children who remain in residential foster-care for what we have defined as long-stay (at least a third of their life). We will include aspects related to the characteristics of the children, their families of origin, the intervention process and their future prospects. In light of the results, the obstacles to putting in place permanent family-based alternatives will be analysed providing food for thought for those in social work with children and families.

**Methodology**

**Sample**

The sample for this study is made up of 238 children, from 198 families, who were in residential care facilities in seven Spanish autonomous communities (Catalonia, Castilla y León, The Canary Islands, The Balearics, The Basque Country, Galicia and Cantabria). These communities carry out approximately 43 per cent of residential placements in Spain and are representative of both the rural and the urban experience. The requirements for sample selection were that the child be no more than twelve years old and in residential care continuously for at least a third of their life, or four months, in the case of children under one year old. With these criteria, although it is always a debatable point, we have tried to define a long-stay relative to a child’s age and to place a lot of importance on the time in residential care for the youngest children. It is important to emphasise that the sample comprises all of the children in the above territories who met the criteria.

**Variables and procedure**

We created a data-collection tool to examine various aspects of the profile of the child (age at the time of study and at the beginning of the intervention, gender, country of origin, health problems, treatments received, school performance and behavioural problems in this setting); the family of origin (psycho-social difficulties in father and mother, family structure, number of children); the intervention process (time in placement, reason for protection,
previous interventions, changes or breakdowns, family contact and its conse-
quences; and the prospects for the future (forecast outcome, caseworker as-
essment, case plan, child availability for a family placement, expected
placement duration initially and at the moment of the study).

We requested the assistance of case workers in each autonomous com-
nunity to complete this information, following the agreement of each regional
government in the collaboration.

All of the information was collected following the current regulations con-
cerning data protection in Spain. The study was approved by the ethics com-
mittee of the Faculty of Psychology in the University of Oviedo and the
participants gave verbal consent.

Analysis

We examined each group of variables via frequency analysis (for categorical
variables) and measures of central tendency and dispersion (for quantitative
variables). To analyse the difference between the gender and age variables,
we used the $\chi^2$ test. We grouped the children according to age—infnats:
from birth to age three; early childhood: between four and eight; and pre-
adolescent: between nine and twelve. The level of significance used in all of
the analyses was $p < 0.05$.

Results

Characteristics of the children in long-term residential care

Age, gender and origin

First, we looked at the age of long-stay children in residential care at different
times in the process. The mean age at the time of the study was 7.61 (SD =
3.61). The ages ranged from four months old to twelve years old (as required
by the study criteria). The mean age at the beginning of intervention was 3.56
(SD = 2.60). The mean age at which the current residential placement began
was 4.6 (SD = 3.05).

At the time of the study, around half of the children were between nine and
twelve (46 per cent), whereas a third of the sample were between four and
eight (34 per cent). The birth-to-three age group was the least numerous
(20 per cent). It is important to state that more than half of the sample
were under three years old when their protection case was opened; therefore,
they would normally be treated as early-detection cases but, for various
reasons which we will attempt to analyse, they are in fact very prolonged
intervention cases.

Slightly more than half of the sample (59 per cent) were boys. These data
are similar to the results reported by Schofield et al. (2007) in their study of
long-stay looked after children in which they highlighted the increased probability that girls would be fostered into a family or adopted.

Sixteen per cent of the sample came from other countries, the most common being Morocco, followed by Ecuador and The Dominican Republic. A significantly higher number of foreign children were found in the birth-to-three and four-to-eight age groups ($\chi^2 (3, 292) = 23.40, p < 0.001$) which is consistent with the relatively recent appearance of immigrant families as an important focus of attention for child protection in Spain.

**Health, psychological well-being and special needs**

Forty-two per cent of the children had undergone or were undergoing psychological treatment (Table 1). This was more common in the pre-adolescent group (58 per cent) than in the four-to-eight group (41 per cent) ($\chi^2 (1, 190) = 5.31, p < 0.05$); none of the children in the birth-to-three group had or were having treatment. This figure is much higher than other recent studies carried out in Spain (26 per cent of all children placed in care homes according to Sainero, Bravo and Del Valle, in press), which could suggest that this prevalence of psychological problems is related to the long stays in residential care.

Eighty per cent of the children receiving or having received psychological treatment were boys, while 20 per cent were girls—a significant difference [$\chi^2 (1, 238) = 9.88, p < 0.001$].

Other reported health problems were: maturative delay (21 per cent) and serious illnesses (6 per cent): lung disease, epilepsy, cardiopathy and

<table>
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<td><strong>Children’s profile (n = 238)</strong></td>
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<td>--------------------------------------------------------</td>
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<tr>
<td><strong>Boys</strong></td>
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<td><strong>Difficulties</strong></td>
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<td>Mental disorder</td>
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<td>Substance abuse</td>
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<td>Domestic violence</td>
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encephalopathy among others). In addition, 6 per cent of the sample had intellectual disabilities, 4 per cent had sensory disabilities and 3 per cent had physical disabilities. The high figure for maturative delay may be due to a large number of cases which evinced some indications of disability but which had not yet been diagnosed formally.

**School performance**

Forty per cent of the children over nine had repeated at least one school year. Recent research into a Spanish sample found that, by the age of twelve, 16 per cent of children had repeated at least one school year (Arregi et al., 2009); in the case of our sample, at twelve years old, this figure was 22 per cent.

Thirty-two per cent of school-aged children showed some kind of behavioural problem in an academic context. These problems were more frequent in boys (42 per cent) than girls (14 per cent), which is a significant difference ($\chi^2(1, 187) = 14.59, p < 0.001$).

**Characteristics of the families of origin**

The results in this section are based on the study of the sample of families ($N = 198$) and not the children ($N = 228$). Although siblings are present in the sample, the family data are only presented once per family.

**Family psycho-social adjustment**

We confirmed that severe economic difficulties were the most common problems for these families (38 per cent), followed by alcoholism (31 per cent), mental health problems (28 per cent), drug dependency (27 per cent) and incarceration (18 per cent). Twenty-six per cent of the mothers had been subject to violence from their partner. These data are particularly relevant given that the exposure to domestic violence in infancy is related to diverse behavioural and emotional problems (Kelly, 1994; Jasinski and Williams, 1998; Wolfe et al., 2003; Evans et al., 2008).

**Family structure and composition**

We found few cases in which a child’s parent had died (6 per cent); all of the deceased were fathers. The most common civil status of the parents was separated (52 per cent), followed by married or being a stable couple (29 per cent). The mean number of children in these families was 3.21 (SD = 1.8), which is unusual for Spain given that the birth rate is 1.38 children per woman according to the National Institute of Statistics.
Children’s placement history

*Time in placement*

We were able to calculate the exact time children spent in residential placement in 194 cases (Table 2). The mean stay for the whole group was forty-three months (three and a half years; SD = 2.48). The means for each age group were: fifteen months for the birth-to-three group, thirty-eight months for the four-to-eight group and five years for the nine-to-twelve group. In this last group, one in four children had spent more than seven years in care homes. It is clear that every group has very prolonged stays in residential placement.

*Reasons for placement*

The primary reason for protective intervention was physical neglect (50 per cent), which is as expected (Palacios, 1995; Del Valle and Bravo, 2002; Devaney, 2009), followed by abuse or emotional neglect (41 per cent). There is a slight increase in the incidence of physical abuse (15 per cent) and sexual abuse (3 per cent) compared to recently cited data on the incidence of maltreatment which could indicate that these situations lead to couples deciding to separate, which reduces the chances of reunification.

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<td>Return to family</td>
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<td>Family foster placement</td>
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<td>Until reaching adulthood</td>
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<td>Case assessment or study</td>
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<td><strong>Expected length</strong></td>
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<td>Indeterminate</td>
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<td>Until meeting case goals</td>
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Previous interventions, changes and breakdowns

Sixty-one per cent of the sample had experienced some type of previous intervention from the child welfare services. The most common intervention was another residential placement (38 per cent), although, most frequently, this was in a short-stay centre in order to evaluate the child’s situation. Tallying the number of residential placements each child had, we calculated a mean of 1.4 homes (SD = 0.69). Nevertheless, we should stress that 62 per cent had not had any change of placement, suggesting that residential placement appears to provide a certain permanence and stability. This seems to contrast with the British situation, where one of the major challenges is to minimise the number of changes of placement, in both foster-care and residential care (Ward et al., 2005; Sinclair et al., 2007).

One important aspect at the time of assessing the possibility of a family placement for these children is the fact of having experienced a previous foster-care breakdown. In the sample we studied, we found that 14 per cent had experienced a breakdown and, in the majority of these cases (77 per cent), it was initiated by the foster family, the most common reason given being the problematic behaviour of the child (48 per cent).

Family contact and its consequences

Sixty-four per cent of the sample maintained family visits (Table 3). Most commonly, contact was kept with the mother (35 per cent) followed by both parents together (30 per cent). Only 7 per cent had visits just from the father. In the main, these visits were weekly (35 per cent) and most commonly held in the foster home (52 per cent). Sixty-six per cent of the visits were made under supervision, which was mainly provided either by teachers or residential home personnel.

Additionally, half of the sample had home visits with a member of their family, including nights outside the residential centre, mostly during weekends and holidays. Most commonly, these visits were to both parents together (28 per cent) or just the mother (26 per cent); 14 per cent of the visits were to just the father.

In 34 per cent of cases, the respondents considered that the consequences of the child having contact with his or her biological family were negative, especially the following: unacceptable behaviour on return to the centre, nervousness, sadness, anxiety, irritability, aggressiveness, confusion, psychosomatic issues, false expectations about returning to the family and worry about the family’s situation. Positive consequences were reported (21 per cent) by the care professionals, especially: happiness, calmness, emotional stability, stronger ties to parents and siblings, and better understanding of family problems. Both positive and negative consequences were reported in 11 per cent of cases.
This section considered the children’s development during their residential placement with respect to health, academic achievement and behaviour, which was evaluated by their social workers. In the same way, these professionals provided a general assessment of whether the objectives of the residential placement had been met.

When it came to the health of the children, the evaluation of those cases which had an initial health problem (48 per cent) indicated that, in 56 per cent of those cases, there was an improvement during the residential placement, while 37 per cent showed no change and only 8 per cent got worse.

On evaluating the children’s school progress, we observed that 62 per cent had an improvement in academic terms, 24 per cent showed no change and 14 per cent showed a decline.
If we look at the behavioural development of the children, of those that demonstrated some behavioural problems at the beginning of the stay, 58 per cent showed an improvement during their placement, 28 per cent showed no change and, in 14 per cent of cases, behavioural issues worsened.

Finally, looking at the general evaluation of the residential stay with respect to achieving its objectives, the study respondents reported that, in half of the cases, they had achieved some measures of success, while 37 per cent were considered successful. Only 9 per cent of cases had a negative evaluation.

The children’s future horizon

In this section, we analysed the future prospects for the child, bearing in mind the current case plan and the planned duration of the placement. The most common case plan, in more than one in four cases (29 per cent), was family reunification, whereas a goal of adoption applied to 25 per cent and foster-care to 20 per cent. We should note that, in 21 per cent of the sampled cases, there was no specific case plan and the end point was adult independence, which is surprising given that we are dealing with children under twelve.

It is important to mention that, from the point of view of the study respondents, regardless of the case plan, 42 per cent of the children were found to be readily available for family placement. In 29 per cent of those cases waiting for family placement, there was a requirement to place children with their siblings, which could present challenges in finding a suitable family.

With respect to the duration of the placements, we looked at the planned duration at the beginning of the intervention and, at the time of the study, in order to examine the changes which had taken place during the process. The planned duration at the beginning of the residential placement was short (up to one year) in 44 per cent of cases, and indeterminate in 39 per cent. However, if we compare the initial forecast with the prognosis at the time of the study, we can see some important changes. At the time of the study, the most common plan for the duration of placements was indeterminate (47 per cent), followed by the category ‘until the objectives are achieved’ (whether it is family reunification or fostering or adoption) in 26 per cent of cases. Short-duration plans (up to one year) also accounted for 26 per cent.

Discussion and implications for practice

The objective of this study was to explore the characteristics, the pathways and future options of the children who are in residential care for long periods of their lives. From the analysis of the results, we can confirm that certain variables seem to explain, in large part, the long stays these children experience in residential placements.
In the first place, looking at age at the time of the study, we see that the nine-to-twelve age group is the most representative of the children in long-stay placement. This group has a mean of five years in placement. Research in Spain has demonstrated that the probability of family fostering breakdown is higher when the child is fostered between nine and twelve years old (López et al., 2011) and, at this age, the prospects for family reunification are reduced when the children are fostered with families (López et al., 2012). These data support the idea of intensifying the intervention in its early stages and trying to avoid the children reaching this age in residential care, after which they have drastically reduced chances of benefitting from a family alternative.

One of the most notable characteristics of these children is the many behavioural and emotional problems they present, confirmed by the fact that 42 per cent of them have had or are having psychological or mental health treatment. This percentage is much higher than the 26 per cent found in a Spanish study on the incidence of disorders in child residential care (Sainero et al., in press). Furthermore, this is a factor in reduced probability of family reunification (López et al., 2012) and increased probability of family fostering breakdown (McAuley and Trew, 2000; Sallnäs et al., 2004; Farmer et al., 2005).

In a school context, we have confirmed the enormous educational difficulties that these children face—something which has always characterised minor children and young people in care (Cook, 1994; Jackson, 2001; Harker et al., 2004; Courtney and Dworsky, 2006; Berridge, 2008; Fernandez, 2008). These problems lead to low levels of qualifications in adulthood and a significant challenge to access the world of work and maintain a stable job (Biehal et al., 1995; Reilly, 2003; Miller and Porter, 2007; Del Valle et al., 2008; Sala et al., 2009).

In short, these children demonstrate various problems which affect their health, development and school achievement. This is consistent with other research which has analysed the profile of long-stay children (Schofield et al., 2007). Although child development research usually attributes these difficulties to long-term stays in residential care, in this study, as in the vast majority of research on this population, the study design does not allow us to correlate the problems with the stays in residential care; we do not know the state of the children when they enter care, whether there are genetic or organic factors which explain the problems we find, nor do we know what would have happened if they had stayed with their families or in a different situation. The hypothesis that a prolonged stay in a care home (especially at a very early age) can give rise to serious developmental problems is more than plausible, but, unfortunately, we do not know exactly how it happens nor the effects it has on the child. This deficiency is due to the lack of rigorous evaluations of children, both when they begin their placement and during it. What does seem evident, looking at the information provided by the care professionals about the children’s development, is that the residential placement can compensate for
background deficits in some crucial areas, such as academic achievement (with 58 per cent showing improvement).

Serious psycho-social problems in parents are another factor related to these children’s long stays in care. This coincides with the findings in Spanish studies about family fostering interventions (Del Valle et al., 2009) and residential placement (Sainero et al., in press) as well as international studies (Devaney, 2009). We are facing families with multiple problems—what Farmer (1997) called ‘harder to help’—which have profiles that make family intervention much more difficult and lead to situations of chronic risk for the children. The low incidence of the more active forms of abuse, such as sexual or physical abuse, may be related to the long stays, in the sense that these situations may encourage permanent removal from the family and adoption for very young children. On the other hand, physical or emotional neglect could be less serious, but probably more chronic, leading social services not to look for permanent separation, but neither to seek family reunification.

Mothers who have mental health issues or intellectual disabilities usually present significant problems in care interventions. Intellectual disability may lead to situations in which the attachment between the mother and child is very strong, and the mother may have a strong desire to keep the child with her despite the fact that difficulties in learning and meeting child-care standards may result in serious neglect. These kinds of situations lead to social services taking decisions not to permanently separate the family despite reunification seeming improbable. This may end up with the child lingering in residential care.

Equally, when it comes to mothers with mental health issues, the often cyclical nature of some of these disorders and the possibility of a cure mean that family reunification may remain an option for a long time. Strong emotional ties between the mother and child can once again delay the decision to implement a permanent separation. In addition to affecting decision making, mental health problems in mothers appear to have direct implications for the well-being of their children and are associated with an increased risk of abuse and neglect (Sheppard, 1997), and with significant difficulties in family intervention (Sheppard, 2002). The investigation has also demonstrated that children of mothers with mental health problems have an increased probability of developing insecure attachments (Manassis et al., 1994; Cicchetti et al., 1998), of being less emotionally open and of having fewer adaptive coping strategies than children whose mothers do not suffer from these types of problems (Walsh et al., 2009).

What seems evident when we analyse the number of children in care from these families is the failure of the social services community and of the mechanisms of prevention to detect these cases early and to intervene with programmes of family planning which would avoid situations of having so many children in such precarious conditions. Sibling groups present more complex challenges to the protection system, not only because there is a
lower probability of finding foster families or adoption places, but also because the structure of care facilities often makes it impossible to keep such a group together (e.g. when there is a big difference in ages and the youngest children have to be placed in infant homes for under-threes).

One of the most notable results from this study refers to the lack of clarity in the objectives of protective intervention. For many years, there has been a consensus about the unavoidable need for every child to have a case plan, which is a stated outcome established as a definite achievable objective. For the children in residential care, these case plans may consist of reunification with their original family, permanent separation and integration in a different family (usually via adoption or permanent fostering), or a plan for adult independence if dealing with older adolescents. After analysing the case plans in our sample, we can see that 21 per cent set adult independence as an outcome—something which should not be possible with such young children (and it means another six years, at least, in care facilities).

The existence of sixty-eight children, waiting for their family’s return, with such long stays as we have shown, indicates that more decisive criteria are required which would put an end to this situation where so much time passes and the family is not recovered. The question of maximum periods for family reunification has recently been debated in Spain. The International Adoption law, 54/2007, establishes a period of two years for the parents to recover from the conditions which led to the removal of their child. While some cases may need more time, and it would be necessary to have a certain amount of flexibility, this criterion could be a powerful instrument to avoid the very long stays which we have seen in this study (although only for those cases which began after this law was introduced; it does not apply retrospectively).

In short, if the future objectives set out for the children in the study are family reunification in 29 per cent of cases, then, in the other cases, the return of the family is not seen as very likely and foster families or adoption should be pursued, depending on the case. This does pose significant problems, bearing in mind two groups of variables: those which have to do with the characteristics of the child and those related to the lack of foster families. As in the study by Schofield et al. (2007), for the majority of the key professionals involved in this study, one of the biggest hurdles for family placement is the scarcity of foster families and, something even more difficult, finding families able to take in sibling groups. The way in which non-kinship family fostering care is practised in Spain, with its long stays and high probability that the young people will remain with the foster family until adulthood, can also make it difficult to make new placements (Del Valle et al., 2009).

The scarcity of foster families might explain why the professionals value the progress during the placements and its positive effects more highly than the fact that it leads to a very long stay given that there is no short-stay option. The question we must ask is whether this stability, defined as
continuity in placement, is really giving these children the sense of permanence (Thoburn, 1994) and security that they surely need (Schofield, 2002).

The reason for these long stays, therefore, has to do with the obstacles to achieving family reunification, adoption and placement, including the time at which they are considered as possibilities or when the children are in an appropriate condition for such interventions. Obviously, the obstacles are very different and it is possible to think that, for adoption, the problems may be to do with the older age of the child, behavioural and health issues or the presence of siblings who do not want to be split up, whereas, for fostering, the problem lies in the scarcity of foster families in Spain (Del Valle et al., 2009) in addition to the factors already mentioned in relation to adoption. Reunification would also have to deal with the aforementioned ambiguous situations with strong emotional bonds but doubtful forecasts for reunification.

To sum up, the group we studied was quite heterogeneous and the reasons for their long stays in care were very different. There are various issues that will have to be tackled to reduce the time children wait in residential placements. On the one hand, the obstacles which lead to the interminable delays that affect children who are waiting for an alternative family (adoptive or foster) need to be overcome. This requires existing resources to be improved: boosting family placements (both kinship and non-kinship) and special adoption, introducing professional foster-care and, of course, improving the quality of residential care — with special emphasis on the objective of stability. On the other hand, it entails improving the family reunification process: developing procedures of decision making and practice frameworks (Connolly, 2007), improving family support programmes (Devaney, 2009), increasing monitoring and treatments beyond one year in returning cases (to avoid re-entry into the system) and introducing the general use of the International Adoption Law defining two years as a reasonable waiting period for family reunification.

Finally, we should reflect that the title ‘The waiting children’ is valid for 75 per cent of the children in our sample, so the remaining 25 per cent are not waiting for a solution other than staying in their placement until adulthood. We should work towards finding solutions for them based on fostering and special adoption where possible or well-designed pathways to independence and support for the transition to adulthood for those nearing eighteen years old.

Acknowledgements

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