



When family care is the right intervention

Nearly one in five children involved in the child welfare system spends time in a residential facility. Yet, research indicates that these residential settings do not prepare kids to develop needed family relationships to guide their social and emotional development. To support better outcomes for kids, experts propose limiting the use of residential placements to short-term therapeutic treatment that engages families and targets kids' specific needs.

Residential facilities need to become highly skilled emergency rooms instead of long-term living arrangements.

The following research-based recommendations resulted from an August 2012 conference of international child development experts convened by the Annie E. Casey Foundation and Youth Law Center. Researchers presented evidence on a wide range of topics, from children's developmental needs to the ability of residential facilities to meet those needs. After much discussion, conference participants recommended three types of actions to improve child outcomes: expand child welfare practice knowledge of child development and permanence; decrease use of residential care as a living arrangement; and build a more accessible toolbox of rigorous, evidence-informed interventions that address the relational needs of children and parents.

ACTION STEPS

Placement

- Substantially decrease the number of children placed in residential settings.
- Substantially expand the continuum of family-based services and supports for children and families in the child welfare system.
- Ensure that children's first child welfare placements are not in group care or other residential settings.
- Do not use shelter facilities or assessment centers as child welfare placements for children of any age.
- Develop clear criteria for continuously monitoring children's progress to ensure that stays in residential treatment settings last only as long as the therapeutic benefit.

- Address children’s relational needs while in out-of-home care through family finding and engagement, relationship- and permanency-focused services and therapies, and training to help kin and foster family caregivers develop supportive relationships with children in their care.

Practice

- Develop and install child welfare interventions that rely on family care as the first and most responsive intervention to keep more children safely at home, with kin or in family foster care.
- Install or purchase effective, evidence-informed services that address children’s need for family and allow children to grieve and understand loss of family, and repair and build sustaining relationships with important adults.
- As part of the placement process, provide preparation and aftercare supports to children and their families to help them understand what is happening to them.
- Develop a continuum of coordinated services that allow children with behavioral or other needs to receive proven, effective services while living in a family.
- Help adults understand children’s developmental and relational needs through outreach and peer training to birth, kin and foster parents, caseworkers, service providers, judges, therapists, teachers and others.
- Use well-being indicators that correspond to children’s developmental and relational needs to assess, track and evaluate children’s outcomes, placements and services.

Building a better toolbox

- Develop more, and more effective, child- and family-focused home-based interventions, especially “one-stop shopping” models that address child, parent and family needs.
- Disseminate information on programs, services, therapies and partnerships that meet children’s developmental and relational needs, along with information on how to install, evaluate, finance, contract for, staff and supervise such approaches.
- Work with child welfare agencies, providers and stakeholders to develop measures, models and policies in support of these recommended policies and practices.

Participants in the August 2012 conference included Mary Dozier, University of Delaware; Judith Smetana, University of Rochester; R. Rogers Kobak, University of Delaware; Thomas G. O’Connor, University of Rochester; Stephen Scott, King’s College, London; Avi Sagi-Schwartz, University of Haifa, Israel; Marinus van Ijzendoorn, Leiden University, the Netherlands; Joan Kaufman, Yale University; and Charles Zeanah, Tulane University.