

Reconnecting Child Development and Child Welfare

Evolving Perspectives on Residential Placement

THE ANNIE E. CASEY FOUNDATION



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Foreword

CHILDREN NEED FAMILIES, NOT RESIDENTIAL CARE

As a former state commissioner of child and family services and current vice president at the Annie E. Casey Foundation, I have a special place in my heart for children who are struggling to find their way despite histories of abuse and neglect. Certainly, I have seen some of these children find a foothold and stride confidently into adulthood. But more often — as national statistics indicate — too many children who exit the child welfare system are derailed by their experiences with maltreatment and the system itself.

While for many children the journey through the child welfare system is complicated in the best of circumstances, in particular, I worry about the children I meet in residential settings. Yes, I recognize that residential placements are required components of child welfare systems. But could I have endured as an 8-year-old living in a shelter, or a 16-year-old in a residential facility hundreds of miles from home?

As child development experts emphatically state, kids in child welfare placements need more than food, clothes and a safe place to stay to develop into self-sustaining adults. Children of all ages need long-term, supportive parenting relationships — permanence, in child welfare parlance. They need the sense of belonging that comes from permanence and family living.

For the past decade, the foundation has advocated against placing maltreated children in group settings unless they need short-term, crisis treatment. Too often, Casey's Child Welfare Strategy Group (CWSG) found children unnecessarily placed in residential settings that offered no treatment, provided services that were ill suited to their individual needs or failed to build family connections to support the children in their care. These on-the-ground experiences as consultants to child welfare systems have shaped the foundation's thinking about the appropriate use of residential placements.

To be clear, the foundation believes there is an ongoing need for residential services. But evidence indicates these facilities are too often being used as long-term placements rather than short-term therapeutic interventions. And data suggests real developmental harm can be caused by this mismatch.

The foundation began to ask: Why are an estimated 17 percent of children who are removed from their parents placed in residential placements when experts believe the number who can benefit from short-term therapeutic interventions is significantly smaller?

To answer this question, the foundation embarked on a multi-phase learning process. First, the foundation investigated whether decreasing the inappropriate use of residential settings in city,

county and state child welfare systems is possible. The answer is yes. In state after state, the foundation has helped systems identify children who would be better served in family settings. Because of this public and private leadership, in Virginia, Maine, Louisiana, New York City and elsewhere, hundreds of children have safely gone home to their parents, to extended family members (a grandmother, uncle or cousin) or to permanency-focused foster homes.

Second, we asked international child development experts to describe what the evidence says about the developmental needs of children and how best to meet these needs when foster care is necessary. Conference participants' recommendations are timely, sparked by exponential growth in research fields from neuroscience and cognition to attachment and child well-being. These recommendations complement important work by the Children's Bureau to boost the social and emotional competencies of children in the child welfare system.ⁱ

The experts who participated in the conference recommend that residential placements be reduced dramatically in favor of family-based care. They suggest limiting residential placements to children who truly need emergency, short-term treatment. They also recommend ensuring that, in whatever setting children reside, adults understand child development, children's need for family connections and the effects of maltreatment. In that sense, parents, concerned family members, caseworkers, child welfare directors, policy makers, the courts and residential care providers all can play important roles in ensuring that children, including teens, grow up in family settings with "good enough" parenting to meet their developmental needs. A crucial message from these experts is that the value of partnering with and engaging families cannot be underestimated.

Next, the foundation plans to ask, what barriers do agencies, providers and families experience as they try to help maltreated children — and what leads systems and agencies to place so many children in residential settings? What services are missing in community settings? How can Casey collaborate with public and private providers to ensure that the right type of family-focused, short-term residential services are available while downsizing residential offerings overall? Finally, how can we work together to increase the availability of effective child and family supports in the community — the types of community supports that allows us to keep children out of unnecessary residential placements?

Stay tuned. This journey by the foundation, in partnership with the Youth Law Center, holds real promise to help children find, in family settings, the resilience and relationships they need to grow.

Teresa A. Markowitz
Vice President
Center for Systems Innovation
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Conference on Child Development and Child Welfare Placements

INFUSING LESSONS FROM CHILD DEVELOPMENT INTO CHILD WELFARE

Introductory Remarks, New York City, August 9, 2012

The fields of child development and child welfare have been out of sync for some time, yet vital connections can be made in the name of better outcomes for children. This conference on the developmental needs of children in foster care is a first step toward reconnecting these fields.

For the Annie E. Casey Foundation, this is one of several meetings aimed at developing a policy statement on the use of residential child welfare placements. We believe evidence indicates an overuse of such placements. Agencies must do a better job narrowing the use of generic residential facilities to the task at which some excel: providing short-term, family-focused therapeutic interventions targeted to children's specific needs.

At this conference, participants will identify important themes in child development and articulate how this knowledge relates to determining appropriate living situations for maltreated children. Casey seeks to understand when residential care is being used appropriately and when it may not be. We also want to understand how evidence available in the child development field could inform a foundation policy statement on when residential care should and should not be used for child welfare placements.

What we are looking for today are clear statements, supported by the research, that articulate the developmental needs of children and identify how those needs are best met by different living situations. We want clear statements about the ability of children with severe behavioral and mental health issues to succeed in different placement settings — and how children may be harmed when placed in inappropriate residential settings. Finally, we want clear statements about why the common arguments used to support residential care are or are not valid.

The discussion today is designed to allow child development researchers to talk to one another. Once participants have heard from these experts, I will ask those of us from the child welfare and foundation fields to ask questions and share ideas. It is my hope that the process will help this group identify how best to incorporate child development research into child welfare placement policies and practices so that child welfare systems and providers can better partner with families to care for children where they belong — in family homes.

Tracey Feild

Director

Child Welfare Strategy Group, Center for Systems Innovation

The Annie E. Casey Foundation

“It turns out that there is a particularly effective antidote to the ill effects of early stress, and it comes not from pharmaceutical companies or early childhood educators but from parents. Parents and other caregivers who are able to form close, nurturing relationships with their children can foster resilience in them that protects them from many of the worst effects of a harsh early environment. This message can sound a bit warm and fuzzy, but it is rooted in cold, hard science. The effect of good parenting is not just emotional or psychological, the neuroscientists say; it is biochemical.”

– Paul Tough, from *How Children Succeed: Grit, Curiosity and the Hidden Power of Character* (2012)

Recommendations

In August 2012, nine international researchers joined staff and consultants from the Annie E. Casey Foundation, Youth Law Center and other organizations to review the research on child and adolescent development, with an eye toward helping child welfare agencies and providers improve the life chances of children and adolescents in their care. In particular, researchers sought to develop practical, evidence-informed recommendations that could shape child placement practices, keeping in mind that 17 percent of children removed from their parents in 2010 spent some time in residential settings. Fourteen percent ended up in group settings as their first placements. In 2010, 40 percent of children ages 13-17 were placed in residential settings.ⁱⁱ These settings vary from shelters, family-style group homes and large campus settings to psychiatric and residential treatment facilities — any situation in which a child is not living in a family.

Conference participants spent hours discussing children's developmental needs and the ability of residential facilities to meet those needs. The vast majority of the research pointed in the same direction. Residential care lacks sufficiently parent-like adult relationships to be long-term placements for maltreated children; these facilities also mirror too closely aspects of maltreatment that set children up for lifelong developmental challenges.

Out-of-home child welfare settings vary tremendously. Recognizing the shortcoming of the term, this paper uses “residential” to describe what others may call institutional, group or congregate care; it refers to shelters, group homes, residential treatment and psychiatric facilities — any out-of-home child welfare placement setting that is not a family-based foster home.

Conferees underscored that children of all ages need long-term, committed adult connections in order to develop. Indeed, relationships are a core component of human development; without them, all of us struggle.ⁱⁱⁱ

THEMES

By the end of the conference, participants identified three themes that run throughout their work.

Family care: A developmental intervention

Perhaps the conferees' most intriguing finding was that family care in and of itself can be a crucial developmental intervention for maltreated children.

All children have developmental needs, the experts noted. But for maltreated children, abuse, neglect and trauma have the potential to substantially hinder development, as can certain aspects of living in residential settings.

A saving grace, according to researchers, is that developmental injuries caused by maltreatment and long-term residential placements can often be mediated by positive parenting relationships

and supportive family environments. Not perfect parenting relationships and family settings, but “good enough” ones, in which adults respond to children as individuals and hang in there with them over time. Without these responsive relationships and the social, emotional and developmental protection they provide, children feel alone, with ill effects.

Conference participants believe that child welfare systems and providers are too quick to use residential placements. They noted the difference between a brief, therapeutic stay in a residential setting and living in one.

Meeting participants referenced a paper on the “pernicious effects” of residential care on young children, describing the developmental deficits that ensue and the potential for recovery. A similar paper on older children and young adults would be a boon to the field.^{iv}

Throughout the meeting, researchers were most challenged when thinking about the needs of older children because the research is relatively scarce although older children make up a greater percentage of children who live in residential settings.

Participants agreed that some adolescents clearly have challenging problems (mental illness, behavioral disturbances, etc.) that require limited, short-term treatment in residential settings. Even so, the most troubled children and the most difficult to manage teens need treatment in the context of responsive, long-term adult relationships. This suggests that child welfare agencies, providers, advocates and families need to keep residential placements for adolescents to a minimum and work harder to keep children and teens connected to the important people in their lives, no matter their living arrangement. The question is not how to make residential or group settings more like family homes but to be rigorous in ensuring that these residential facilities are used only in the narrow circumstances in which their services have proven to be effective.

The question is not how to make residential care more like family homes but to be rigorous in ensuring that these facilities are used only in the narrow circumstances in which their services have proven to be effective.

Practice, parents and frontline workers

Solutions that involve sending children to facilities several states away are seldom the answer, conference participants agreed. Neither are shelters, assessment centers or group homes — even the best ones. What *can* help are evidence-informed approaches that help children grieve, repair and build sustaining relationships with important adults in the context of family. Parents, caseworkers, judges, service providers, therapists and teachers also need the tools to respond to children’s developmental and relational needs.^v

This translates into considerably more attention to frontline child welfare practice. Specifically, conferees discussed the need for greater attention to preparing children for all the changes that

happen during the child welfare placement process and providing long-term aftercare once they have returned to their parents or to kin, foster or adoptive homes. Treatment models are needed that focus on repairing relationships, addressing trauma, helping parents and building new relationships when family is unwilling or unavailable. Agencies also need support to identify service providers that understand their crucial roles in children's development.

Such practices would refocus agencies and providers on the needs and outcomes of children. Conferees listed the benefits of such a child- and family-focused approach:

- decreasing attachment interruptions and maintaining familiar, positive and lasting connections with safe and supportive adults;
- reducing the use of residential settings to brief, treatment-focused stays, with treatment defined as urgently needed mental health or behavioral services that respond to child, family or public safety concerns and cannot be provided in a family setting;
- decreasing children's and staff members' exposure to maltreatment within child-serving residential care facilities;^{vi} and,
- replacing inflexible placement decision making with processes that are responsive to children's individual needs and situations.

Said one meeting participant: "We need to bring providers to the table to talk about these issues." Some providers were lauded for their efforts to downsize their residential settings and add family-focused care, especially evidence-based programs. Other providers were described as presenting "frank resistance" to addressing the problems that residential care can create and exacerbate. Strategies for reducing financial incentives for admitting kids who should not be in residential placements were also discussed.

Participants agreed that more can be done to improve public and private child welfare placement processes and services. Said one participant: Group facilities "don't necessarily think about attachment, trust and one-on-one relationships." Said another, "We need to help them use what we've learned from family settings" about attachment and meeting children's individual needs.

Meeting children's developmental needs

Participants noted the many benefits that developing within a family confers on children. Their recommendations for developmentally responsive child welfare placement practices include recognizing that the following offer children of any age the best chances for recovery from maltreatment and trauma:

- Children's needs are met in their own homes and families when possible.

- Parents have access to needed services and address problems that interfere with their parenting.
- Adults, especially parental figures such as birth, foster and relative caregivers, understand their formative influence on children's life chances.
- Children live in family settings, not group or residential care, when they can't live at home.
- Children are helped, if necessary, to build strong, lifelong relationships with important adults in their lives — relationships not stipulated or controlled by social welfare organizations.
- Children, their parents and other important adults are given opportunities to heal relationship rifts and address trauma, since broken family relationships can impede child development.

Crucially, researchers pointed out that stable, long-term parenting relationships are exactly what even the best residential care cannot provide. Children who lack these relationships and the social, emotional and developmental protections they provide often face lifelong educational, occupational and interpersonal challenges, which include struggles to parent their own children.

ACTION STEPS

Participants also identified three action steps agencies and systems can take to reduce inappropriate placements in residential settings. In discussing action steps, participants stated that reducing residential placement is a priority. Said one,

"Today, nationally, something like 17 percent of children in the child welfare system are in residential care. That needs to be 5 percent or less — and probably 2 percent down the road, when more family-based services are available." Said another, "If a child is not receiving treatment for a specific need, why are they in residential care? There is a difference between being treated in a residential facility and living there; most children should not be living in residential placements." Treatment, several of the conferees' pointed out, consists of more than removing a child from an abusive setting. It includes clinical interventions carefully calibrated to children's high-level mental or behavioral health issues so that they can return to live and develop within a family.

"There is a difference between being treated in a residential facility and living there — children should not be living in residential placements."

Participants note that birth, kin and foster parents can help children recover from maltreatment and trauma in the context of relationships. Frontline staff members and agency leaders can, too, by decreasing residential placements and ensuring access to effective family-based services. They also can embed in practice those services and approaches found to be effective in keeping children on track developmentally and moving toward permanence. Improving interventions with families and improving foster care must remain practice priorities. "Any enhancements to foster care beats business as usual," says one conferee.

After much discussion, conference participants recommended three types of actions, presented below, to improve child welfare placement practices: improve child welfare practice knowledge related to child development and permanence; decrease the use of residential care for child welfare placements; and build a more accessible toolbox of rigorous, evidence-informed interventions for helping adults respond to the relational needs of children, teens, young adults and parents.

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, understand, 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 high-level 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.

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, including infants and teens.
- Develop clear criteria for using short-term therapeutic placements for continuously monitoring children's progress to limit placement length.

- Address children’s relational needs in family and residential settings through family finding and engagement, relationship- and permanency-focused services and therapies, and training for paid and family caregivers on helping children develop supportive adult relationships.

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.

Overview: Presenters, Presentations and Papers

Prior to the conference, presenters shared hundreds of pages of research that targeted the developmental needs of children and adolescents and the effects of residential placements on children. The conference began with brief presentations by each researcher, with the bulk of the conference devoted to discussing recommended child welfare placement practices. A bibliography can be found at the end of this paper. The following are brief snapshots of the nine researchers and their conference presentations.

MARY DOZIER

Dozier is professor, Amy E. DuPont Chair of Child Development, and director of research, Early Learning Center, University of Delaware.

Scope of work: Dozier is a co-author, with three conference participants, of a 2012 journal article on the inadequacy of institutions for meeting children's developmental needs. Throughout her career, Dozier has examined the physiology of attachment; the role of attachment, parenting and caregiving in supporting foster children; the effects of early foster care on children's later lives; and a range of topics related to difficulties faced by children, from rejection to poverty to learning difficulties. Her research interests include mental health, neurobiology and biobehavioral indicators. A licensed psychologist, Dozier is the developer of the Attachment and Behavioral Catch-up (ABC) Intervention, which helps foster and birth parents expand the relational skills of young children who have experienced neglect and/or foster care.

Conference presentation: Rather than presenting original work at the conference, Dozier was asked to frame the task of the conference. "What let this group of people to come together?" she asked. "It's because we are all committed to reducing congregate care for older kids."

Dozier continued, "A lot of what we researchers do is stuck in academia. Through this conference, we have a chance to make a difference for real kids in the community. I look forward to a partnership that allows researchers to help Casey and the Youth Law Center shape policy that will help children of all ages, especially teens."

JUDITH SMETANA

Smetana is professor of psychology and pediatrics and director of the doctoral program in developmental psychology at the University of Rochester.

Scope of work: Smetana's career has focused on child and adolescent development. Her recent work has looked at the relational interplay between parents and adolescents. Another research interest is children's moral judgment development as distinct from social conventions.

Conference presentation: Smetana discussed the research on various modes of parenting. She described the two classic dimensions of parenting — control and acceptance/warmth — putting them in the context of a frequently used grid (see below) that expresses more and less adaptive parenting styles. Developmentally appropriate parenting styles consider teens’ developmental needs for both relationships and autonomy. Parents need to be responsive and adjust as children grow; they need to accommodate teens’ developing need for privacy, independence and self-regulation.

Children with maltreatment histories need “precision parenting” — parenting that is custom fit to the needs of the child.

Smetana underscored that differences between parents and teens about issues such as control, personal freedom and privacy are normative, as are arguments related to such topics. Finding ways to negotiate differences over time lays the groundwork for solid future relationships. What’s needed is for all parents, and especially for parents of children with histories of maltreatment, to provide “precision parenting” — parenting that is custom fit to the needs of the child.

Smetana described precision parenting as an always changing, developmentally appropriate give-and-take process that involves parents in setting controls over moral, conventional and prudential issues while allowing autonomy over personal issues. The goal is to “create a warm, trusting relationship where teenagers are willing to share information with parents, and where parents and teenagers are able to negotiate disagreements.” By definition, this relationship-specific process can’t take place in the context of group homes or other residential settings, given their rigid schedules, rotating staff and behavioral point systems.

“Parents and children need to be able to negotiate disagreement,” Smetana says. “For teens, monitoring isn’t enough; responsive relationships between parent and child” are necessary to help adolescents achieve critical developmental milestones, especially those related to feeling supported while also developing autonomy.”

Parenting styles

	Accepting, responsive	Rejecting, Unresponsive
Demanding, (Assertive) Controlling	Authoritative	Authoritarian
Undemanding, Uncontrolling	Indulgent, Permissive	Rejecting, Neglecting

Source: Maccoby & Martin, 1983

Smetana concludes that research now provides a detailed understanding of how parenting influences healthy child and adolescent development, allowing for adequate behavioral control without an overabundance of psychological control. She believes that flexible, developmentally

appropriate parenting practices respond to children as individuals and set appropriate boundaries while allowing for increasing autonomy.

R. ROGERS KOBAK

Clinical psychologist Kobak is professor of child-clinical psychology at the University of Delaware.

Scope of work: Kobak's work focuses on different facets of adolescence, from adolescents' experience with attachment to their reactions to and recovery from stress, trauma and emotional disturbance. He is interested in the intersection between emotions and adolescents' ability to learn, manage economic and other deprivations, and form romantic and family relationships.

Conference presentation: Kobak explored adolescents' experiences with attachment, describing how even those with strong peer attachments struggle if they do not have an enduring parental attachment figure. He used attachment hierarchies and interviews of people important to teens to investigate whether foster care puts kids at greater risk of early reliance solely on peer attachments and/or riskier behavior. Discussion following his presentation focused on the length of time it takes for attachments to grow, with participants noting that frequent changes in peers and caregivers in residential settings make it hard for teens to build and sustain attachments.

"Kids may like being in some congregate settings because they are surrounded by peers," said one meeting participant, "but the fact that these settings are so peer-focused may be one reason these facilities are not developmentally appropriate."

When adolescent relationships focus too early only on peers, one participant stated, developmental problems may ensue. "Kids may like being in some congregate settings because they are surrounded by peers," said one meeting participant, "but the fact that these settings are so peer-focused may be one reason these facilities are not developmentally appropriate."

Kobak's primary findings and conclusions include the following:

- Disengagement from parents and affiliation with risky peers interact and reinforce each other. Disengagement and affiliation may be augmented or reduced by the type of out-of-home placements that children experience.
- A relationship with a parent figure can reduce an adolescent's susceptibility to risky peer influences. Parenting adults can provide resources and supports not available from peers, such as monitoring, structure and supervision. Parenting adults can also work with teens to safely negotiate increasing autonomy, provide academic and other encouragement, and model and support future planning.

- An adolescent's bond with a parent figure provides a context for the adolescent to develop adult competencies; adolescents who fail to develop a bond with a committed caregiver and/or identify peers as their primary attachment figures are more likely to rely on peers and engage in riskier behaviors than if they had stronger relationships with a parenting adult.
- Interventions designed to enhance adolescents' relationships with a foster parent can make a significant contribution to reducing risky behavior and increasing school competency.
- Monitoring the stability and consistency of adolescents' attachments, particularly the strength of their relationships with adults, provides a way to test the effects of various placement alternatives on their adjustment and well-being.

THOMAS G. O'CONNOR AND STEPHEN SCOTT

O'Connor is a professor of psychology at the University of Rochester, a professor of psychiatry at the University's Medical Center, and director of the Medical Center's Wynne Center for Family Research.

Scott is professor of child health and behavior at the Institute of Psychiatry, Kings College London, and director of Britain's National Academy of Parenting Research. He is also a consulting psychiatrist at Maudsley Hospital, where he heads the National Conduct Problems Team and the National Adoption and Fostering Team.

Scope of work: O'Connor has investigated the role of parent conditions, parent perceptions, genetics and family processes on child development while also looking at the effect of early deprivation and residential placements on child development. His work has looked at fetal, gene and antenatal indicators of children's social behaviors, relationships and intelligence and explored parenting approaches that improve child developmental outcomes.

Scott's research interests include improving the quality of parenting and identifying the mechanisms through which parenting can improve children's attachment security and behavior. He is carrying out a range of randomized controlled trials (RCTs) to evaluate interventions, including Incredible Years parent training for conduct problems, Functional Family Therapy for teenage offenders, Multisystemic Therapy for teenagers at risk of removal from their families, and Multidimensional Treatment Foster Care for foster children.

Conference presentation: O'Connor and Scott presented findings from an observational study of adolescents in foster care in Britain (the SAIL study) and results from an RCT of a revised version of Fostering Changes, a manual designed to help foster parents in the United Kingdom manage their role, develop attachments with their foster children and improve children's educational outcomes. The study also looked at children's ability to form lasting, sustaining relationships with foster parents.

Among the questions they asked: What predicts secure attachments of maltreated adolescents to foster parents? Does attachment reduce any of the symptoms frequently found in adolescents in care, such as delinquency and anti-social symptoms? The London-based SAIL study found that secure attachment relationships could be developed at a later age despite a history of prior maltreatment and multiple placements in the care system. Further, the quality of the attachments that the adolescents formed with their (current) foster parents was associated with the quality of care children received in the foster care home. That is, adolescents with a history of very poor caregiving are nonetheless "open" to forming new and adaptive attachment relationships. Duration of caregiving mattered; longer placement duration was associated with more secure attachment outcomes, although there was no "critical" duration for a new secure attachment relationship to form. While attachment predicted better adjustment and fewer mood symptoms, it didn't completely eliminate disruptive and antisocial behavior in the adolescents.

The good news, they say: Adolescents who have been in the foster care system for several years can benefit from attachments made in later childhood or young adulthood. However, learning how to reduce problem behaviors of the subpopulation of older kids in foster care who have such behavioral challenges remains a challenge.

O'Connor and Scott's findings and conclusions include the following:

- Evidence suggests that adolescents can form secure attachments with foster parents despite a history of abuse and neglect and late placement in foster care.
- Foster parents can benefit from effective parenting interventions; evidence suggests this can also improve foster children's attachment security.

AVI SAGI-SCHWARTZ

Sagi-Schwartz is a professor of psychology and director of the Center for the Study of Child Development at the University of Haifa, Israel.

Scope of work. Sagi-Schwartz has studied attachment, child behavior, child development and the effect of family structure and early trauma on children. He is interested in the role of parenting in child development and assessing parenting intervention programs. Sagi-Schwartz was a principal investigator in the Haifa Longitudinal Study, which investigated attachment relationships in child care arrangements in Israeli kibbutzim.

Conference presentation: Sagi-Schwartz presented information and video clips on the Haifa Longitudinal Study, in which kibbutz

The Haifa study indicated that children without sufficient parental attachment, protection and responsiveness at night had long-term developmental problems, leading to the conclusion that "group care was against nature."

children from very young ages were reared in communal group homes. Children were supervised during the day by regular caregivers; children and their parents spent one or two hours together in the child care setting during the day (the “love hour”). At night, however, children slept away from their parents and regular caregivers in children’s’ houses; they received care from a rotating crew of largely unfamiliar night-time caregivers who were available only when emergencies arose. This arrangement was called collective or communal sleeping.

Sagi-Schwartz described how, over time, parents and children rebelled against this system, recognizing the social, emotional and developmental injuries it was causing. Among problems identified: Children struggled with attachment and social relationships; as adults, they reported having little concept of parenting, little memory of the daily time spent with their parents, and no feeling that family could be a protective, sustaining force in their lives.

The study, Sagi-Schwartz says, offered a chance to see how normative kids — children without behavioral symptoms or histories of maltreatment — responded to life without their parents nearby at night. He notes his belief that not having familiar, responsive adults nearby was the crucial deficit of the approach. While research has repeatedly shown that normative children can meet developmental milestones when they are placed in high quality day care, the Haifa study indicated that children well attended during the day but without sufficient parental attachment, protection and responsiveness at night had long-term developmental problems.

Years of such care led to the conclusion that “group care at night without the parents was against nature.” Sagi-Schwartz added, “If normative kids end up like this, it’s no surprise that we get worse outcomes with children in fully residentialized situations.” When asked what led to dismantling the communal sleeping system and whether the decision to do so offered any systems-change lessons for child welfare systems of today, Sagi-Schwartz replied, “It is important to help parents be assertive enough to make change.”

Sagi-Schwartz’s primary findings and conclusions include the following:

- Attachment insecurity among kibbutz children in collective sleeping arrangements was substantially higher compared to children in traditional family sleeping arrangements in a variety of other populations. (In a fascinating aside, Sagi-Schwartz noted this outcome was foreseen by the “father” of attachment theory, John Bowlby, after a personal visit to kibbutzim in the early 1950s.)
- Higher rates of insecurity among communal sleeping children were related to inconsistent responsiveness of caregivers at night; parental inaccessibility and non-availability; exposure to numerous unfamiliar adults; and, anecdotally, children’s lack of a sense of family protection.
- “The rise and fall of communal sleep demonstrates the limits of the adaptability of parents and children to inappropriate childcare arrangements,” says Sagi-Schwartz. “This is even more evident in the case of children experiencing severe adversity.”

MARINUS VAN IJZENDOORN

Van IJzendoorn is a professor at the Center for Child and Family Studies, Institute of Education and Child Studies, at Leiden University in the Netherlands. He is also professor of human development at the Center for Moral Socialization, Erasmus University Rotterdam.

Scope of work: Van IJzendoorn's expertise is in attachment across the life-span, the epidemiology and neurobiology of child abuse and neglect, and cross-cultural dimensions of parenting and child emotional development. He is interested in parenting, daycare, temperament, the behavioral and molecular genetics of socio-emotional development, developmental epigenetics and preventive family interventions.

"This study clearly favors foster care, not residential care," says van IJzendoorn. "Institutional child rearing is a kind of maltreatment itself."

Conference presentation: Van IJzendoorn presented results of his recent study on the prevalence of sexual abuse in residential and foster care settings throughout the Netherlands. With his colleagues Lenneke Alink, Marian Bakermans-Kranenburg and Saskia Euser he conducted a self-report and a sentinel study. The sentinel study was similar to the fourth U.S. National Incidence Study (NIS-4). He reports that the Netherlands has about 50,000 children in care, half in residential settings and half in family-based foster care.

"This study clearly favors foster care, not residential care," van IJzendoorn told conference participants. According to his data, "Children in residential care are shockingly abused." Van IJzendoorn's study led him to believe that "residential child rearing is a kind of maltreatment itself." He adds that residential care amounts to "structural neglect, in that it is regimented, it has high child-to-caregiver ratios, and it uses multiple shifts and frequently changing caregivers who receive poor pay and are held in poor regard for their work." He continued, "It is almost inevitable that depriving infants and children of continuous attachment relationships" causes problems with normal development.

Van IJzendoorn proposes a litmus test, asking: "Is residential care able to protect kids against maltreatment, especially kids who are vulnerable because of previous maltreatment?" Given the evidence to the contrary, he proposes family-based care as a better alternative and suggests that efforts to protect attachment and guard against further maltreatment should be focused on family settings. Why the disturbingly high prevalence of sexual abuse in institutions? His best guess: Structural features of institutions create a violent, relationally disconnected setting, not only for children but also for paid caregivers, who indicated that they were victims of physical violence quite often as well. Foster care doesn't fully protect children, he notes; he recommends improving foster care quality and installing more effective permanency practice to move children home to kin or to adoption.

Van IJzendoorn's findings and conclusions include the following:

- Both sentinel and self-report approaches to assessing rates of abuse revealed higher rates of sexual abuse among young people in the child welfare system, with the highest prevalence in residential care.
- Sexual abuse prevalence rates did not differ between young people in foster care and those in the general population.
- Prevalence of self-reported sexual abuse was higher among youth in the child welfare system than in the general population, with the highest prevalence in residential care.
- Residential placements do not protect young people from sexual abuse by peers or staff.
- While foster care does not effectively protect children from sexual abuse, it does a better job than residential care.

JOAN KAUFMAN

A licensed psychologist, Kaufman is associate professor of psychiatry and child study at Yale University; she also teaches at New York University School of Medicine's Child Study Center.

Scope of work: Kaufman's work has focused on issues of risk and resilience in maltreated children. She has studied epigenetic markers of depression and psychiatric disease and investigated the effects of and treatments for trauma, PTSD, mood disorders and anxiety in children.

Conference presentation: Kaufman investigated whether children with a history of developmental injury related to trauma can recover and whether residential settings help or hinder recovery from trauma. She found that, reviewing the histories of children in foster care, children are able to recover and be resilient. She notes that many behavioral and other problems can be treated more effectively and less expensively in non-residential settings, citing the success of Multidimensional Treatment Foster Care, Multisystemic Therapy (MST), some substance abuse programs, and some sexual offender programs.

Looking at the experiences of children in group care suggests an increased likelihood of delinquency compared to children placed in family settings. Why? She suggests it is related to peer contagion and the greater surveillance that comes with group homes. But she also points to evidence that "all the best professionals do not a parent make," adding, "Things that tip the scales in favor of positive outcomes [for children] all take place in the context of important, stable relationships."

Kaufman distilled her thinking into four points:

- While adolescents in the child welfare system are frequently severely traumatized, they are not permanently “damaged.” Promoting the development of stable, positive caregiving relationships and using evidence-based trauma treatments can tip the scales in favor of positive outcomes.
- Many of the problems for which adolescents are sent to group treatment facilities are more effectively and less expensively treated in the community. The cost of residential and group care is 6 to 10 times the cost of foster care and 2 to 3 times higher than treatment foster care.
- Recent research suggests group care increases the likelihood of delinquency.
- Group care tips the scale in favor of negative outcomes. Group settings decrease the likelihood of youth having a consistent caregiver, a key factor in promoting resilience for maltreated youth. While short-term treatment and stabilization may be needed when a young person is a danger to herself or others, young people should not live in those settings for long periods of time.

CHARLES ZEANAH

Zeanah is professor of psychiatry and clinical pediatrics and the Mary K. Sellars-Polchow chair in psychiatry at Tulane University School of Medicine. He is adjunct professor of psychology at University of New Orleans and visiting professor at two institutions, Bucharest University in Romania and University of Glasgow in Scotland. In addition, at Tulane University School of Medicine, he is chief of the child and adolescent psychiatry section and executive director of the Institute of Infant and Early Childhood Mental Health.

Scope of work: Zeanah has studied child development, attachment, adaptation and response to child maltreatment and residentialization in the United States and Romania. He is a member of the Bucharest Early Intervention Project, which researches the brain, behavior, social-emotional development, attachment, cognition, language development and physical growth of children raised in Romanian institutions to determine how to remediate the negative effects of residentialization.

Conference presentation: Zeanah discussed findings from 12 years of the Bucharest Early Intervention Project. Among findings so far are that social and emotional outcomes are more responsive to interventions than cognitive outcomes and that the ability to form attachments can lead to better outcomes. While attachments are protective wherever a child is, whether in residential or family-based care, Zeanah believes that the development of adequately sustaining relationships is more likely to take place in family settings.

Afterword

KNOWLEDGE TO BRIDGE THE DIVIDE

October 2012

As a long-time advocate for vulnerable children, I was thrilled to take part in the August conference described in this publication. The conference shared important research evidence and sparked fascinating conversations on how best to infuse child development knowledge into child welfare policies and practice.

Since the conference took place last summer, I have repeatedly returned to ideas generated there. In part, that's because the researchers spoke directly to what inspires me and others in the field of child welfare — a desire to help children and families.

On a more practical level, I have witnessed the ongoing collaboration of the nine participating scholars, who are determined to develop and share with their peers a statement of principles that calls for reducing the use of residential settings for child welfare placements. Their research-based statement will describe the developmental needs of maltreated children and why these needs are better met in relationship-rich family settings.

The researchers' statement will be circulated for comment and affirmation in the child development field. The hope is that such a statement will connect the fields of child development and child welfare more closely and result in placement policies and practice that is substantially more in tune with children's needs.

The stakes are significant, and so is our commitment.

Carole Shauffer
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