

Out-Of-Home Placement of Children: Realities, Effects, and Policy Considerations

The Problem

Nearly 500,000 American children are in out-of-home care. These children, for the most part, have been taken from their parents by the state and placed in foster care or other residential facilities, such as group homes.

Several factors suggest the demand for such out-of-home placement is not likely to decrease in the near future. In 1993, for example, 2.9 million cases of child abuse and neglect were reported in the United States and there are indications that the number will continue to rise.¹

Out-of-home care has also emerged in recent political debate as a possible remedy for the poor outcomes many children raised in poverty experience. U.S. House Majority Leader Newt Gingrich, for example, has suggested that children of women who receive welfare might benefit from being placed in care outside the home, specifically, in orphanages. Use of out-of-home care along those lines is also mentioned in the Republican Party's widely-publicized "Contract With America," which suggests that states might use money saved through cuts in welfare benefits and food stamp programs as tax incentives for adoption or to establish orphanages.²

The realities of out-of-home placement are more complex than these simple funding suggestions imply. This report provides an overview of those realities and the potential effects of removing children from their homes by examining a) the risk factors often found among children who are taken from their parents, b) the complex roles of the children and youth workers or other caregivers as therapist and surrogate parent, and c) public policy implications.

Risk Factors

Children placed outside their homes are exposed to serious psychological and emotional risks and often develop problems even before they are taken from their parents. Once removed from the home, these children are likely to experience multiple placements,³ further complicating their development.

Children At Risk

Recent research identifies the risks that typically confront children who are placed outside their homes.

For example:

- Children placed in care outside the home typically have made extensive use of mental health or other social services before they were taken from their parents.⁴
- Children who reside in out-of-home care often come from neglectful, abusive or otherwise chaotic and dysfunctional homes.⁵
- Parents who have had their children removed from their care often experience emotional and behavioral problems themselves,⁶ and report high levels of stress. It is also not uncommon for them to exhibit patterns of substance abuse.⁷ Poverty and conflicted social support networks are also evident.
- Children of these parents often experience their own emotional and behavioral problems, including chronic aggressive or destructive behavior, suicidal ideation or acting out, and patterns of runaway behavior. Academic problems are also common among these children.
- Poverty is another important factor that influences children's outcomes. Children born to low-income teenage mothers, for example, are likely to confront greater individual and social risks than children of older, middle-income parents.⁸

Placement Risks

Children and youth are removed from their homes for several reasons. In general, removal is due to children being abused or neglected by their parents, or because parents are unwilling or unable to cope with the demands of raising children or their children's conduct.⁹

Removing children from their homes, however, presents its own set of risks. The behavioral

and emotional problems a child shows before removal are often aggravated by the move out of his or her home.¹⁰

Disrupted or conflicted emotional bonds with parents are often accompanied by rage, grief, sadness, and despair. These emotions are even found among children who are physically, sexually, or emotionally abused by their parents.¹¹

The psychological and emotional problems found among children who are taken from their homes and the likelihood their removal will aggravate those problems, present surrogate caregivers with complex issues that require skillful and knowledgeable intervention.

Intervention

The outcome of intervention depends a great deal on surrogate caregivers. Although many factors that determine outcome are experienced by the child prior to placement, the surrogate caregiver has significant influence over children once they are removed from the home.

Caregivers – whether children and youth workers, foster parents or relatives – are cast in the complex role of being both therapist and parent. In addition to supervising the children in their care and ensuring their safety and security, they are asked to help children grow and develop despite the severe trauma many of these children have experienced. As a result, caregivers might assume the roles of coach, cook, advocate, counselor, mentor, task-master, cheerleader, friend, and others.

Surrogate caregivers, in addition, are often asked to work with these troubled children under difficult circumstances, such as financial constraints that limit service options or in settings, such as residential homes, that might not be appropriate for certain therapies.

Caregiver As Therapist

Characteristics and behaviors identified through research as being associated with positive outcomes in therapy overlap with the characteristics that child and youth workers and supervisors use in describing the best child care workers or other surrogate caregivers.

Factors associated with successful treatment outcome, for example, include the establishing of a positive therapeutic bond between patient and therapist. Successful therapy is also associated with the therapist's blend of therapeutic skill and individual characteristics, such as an ability to express understanding, acceptance, and empathy toward the child.¹²

In promoting growth and change among children, the child and youth care worker's capacity for flexibility, empathy, support, acceptance, patience, open-mindedness, self-control, and honesty has been found to be what ultimately heals or harms.¹³

Harmful Behaviors

Along with exhibiting positive characteristics, it is just as important for caregivers to avoid certain behaviors found to be associated with poor outcomes for children. The large body of research on parent and child relationships identifies several parental behaviors and characteristics associated with mental, emotional, and behavioral problems in children.

Within the family, for example, expression of criticism, hostility, and emotional over-involvement has been shown to predict relapse in previously hospitalized schizo-phrenics.¹⁴ Parental disorder and marital discord have also been associated with psychological problems in children, such as depression, schizophrenia, and personality disorders.

Several characteristics that child care workers, supervisors, and program directors use to

describe the worst surrogate caregivers are the same, or are similar to, parental factors associated with psychopathy in children.¹⁵ These characteristics include caregivers being critical, coercive, hostile, rigid, inconsistent, selfish, and setting inappropriate boundaries.

Obstacles

For several reasons, embracing positive characteristics and avoiding behaviors that tend to harm is especially important to those who care for children who have been placed outside the home.

Patients whose therapy results in successful outcomes are often those who are more able to form a meaningful relationship with their therapist. However, since many children in residential care have been placed there involuntarily, trust is not easily established. An effective surrogate caregiver must be able to create a bond with these children who might mistrust or resist forming an emotional connection.¹⁶

Surrogate caregivers of children removed from their homes often work under financial constraints that might prevent them from obtaining professional mental health services for every child.

As a result, caregivers often must assume the responsibility of being the person who works most directly and therapeutically with the child, often in less than optimal settings.

It is also common for treatment interventions for a placed child to take place on an as-needed basis within a residential home. Such settings might not be appropriate for certain therapies, preventing adherence to some basic tenets of clinical practice, such as structured sessions in a consistent environment. Treatment might also have to be done on the spot during times of crisis or conflict.

Policy

An understanding of the complex realities of surrogate care and the potential effects of removing children from their homes is necessary if policy regarding out-of-home placement is to be in the best interest of children.

First, the assumption that out-of-home placement will benefit a child is not necessarily supported by the experiences reported by children and adults who have spent time in the care of others outside their original home.

On one hand, there is evidence that out-of-home placement has helped some of the children who have experienced it. Several testimonials reported in the popular press,¹⁷ for example, show that some who were in residential care feel they were better off because of it, or that a certain child and youth worker had transformed their lives. Some children, for example, feel that placement has helped them make sense of their painful past experiences, and group home experiences might improve some children's self-esteem.

On the other hand, out-of-home care is not immune to abuse, neglect, and exploitation. Along with the negative testimony about out-of-home placement that has been reported in the press,¹⁸ there is evidence that mild to severe abuse and neglect does occur in some foster care, group homes, and other out-of-home placements.¹⁹

Once removed from their homes, children are greatly influenced by their surrogate caregivers, who can heal or do harm. As both therapist and surrogate parent, these caregivers are required to possess the characteristics associated with good therapy, while avoiding harmful characteristics, such as hostility, criticism, and giving mixed messages. Unless consideration is given to carefully selecting, adequately compensating, and training caregivers for the roles of surrogate parent and therapist,

policy that expands out-of-home placement risks creating a new set of problems for these children.

Attachment

Removing a child from his or her home poses its own risks, which need to be considered in the debate over policies regarding out-of-home placement.

Severing the bond between parent and child is not inconsequential. A physical and emotional connection with others, often a parent, is a basic need of children and is especially important to their early development. Severing the parent-child bond, even if the parent is abusive or neglectful, might have profound implications for a child's development. Also, unless children are removed from their home at infancy, the bond between parent and child is likely to grow stronger, making it more difficult for a surrogate caregiver to establish an equivalent emotional connection.²⁰

Breaking the bond between parent and child is also an important consideration in the debate over placement policies in which family reunification is a possible goal. In the case of family problems that have accumulated over years, it is not uncommon for anger to mingle with relief that "the problem" is over when a child is removed from the home. Such a response to placement might result in a parent being reluctant to resume a relationship that had been riddled with problems and pain, making reunification of the family more difficult and more unlikely.²¹

The risks of severing the parent-child bond raises the question of the necessity of removing a child from his or her home. Placement is usually regarded as preferable for a child who is being physically abused, seriously neglected, or sexually abused at home. However, there is significant evidence that families in conflict can be preserved and strengthened with appropriate home-based intervention, and that family preservation can be more clinically effective and less costly than out-of-

home placement.²²

Out-of-home placement has become a widely-debated topic in the search for policies to address improving the outcomes of children living in poverty and difficult family situations. Given the risks of severing parent-child bonds and the uncertainties surrounding the possible outcome of children placed in surrogate care, the fundamental question is not whether out-of-home placement is good or bad, but whether it is in the best interest of the individual child.

References

Shealy, C.N. (1995). From Boys Town to Oliver Twist: Separating fact from fiction in welfare reform and out-of-home placement of children and youth. *American Psychologist*, **50**, 8, 565-580.

This report, written by Jeffery Fraser, is based on the above-referenced article. It is not intended to be an original work, but a summary produced for the convenience of our readers.

References to specific studies mentioned in this report:

¹ Collins, S. (1994, December 19). There are no free lunches. *U.S. News and World Report*, pp. 55-56.

² DeAngelis, T. (1995, February). Calling all data to inform welfare-reform debate. *APA Monitor*, p. 38.

³ Doyle, J.S., & Bauer, S.K. (1989). Post-traumatic stress disorder in children: Its identification and treatment in a residential setting for emotionally disturbed youth. *Journal of Traumatic Stress*, **2**, 275-288.

⁴ Wells, K., & Whittington, D. (1993). Characteristics of youths referred to residential treatment: Implications for program design. *Children and Youth Services Review*, **15**, 195-217.

⁵ Cates, J.A., (1991). Residential treatment in the 1980s: Characteristics of children served. *Residential Treatment for Children and Youth*, **9**, 75-84.

⁶ Bath, H.I., Richey, C.A., & Haapala, D.A. (1992). Child age and outcome correlates in intensive family preservation services. *Children and Youth Services Review*, **14**, 389-406.

⁷ Gabel, S., & Frances, R.J. (1991). Establishing links between residential placement for youths

and prisons for adults. Hospital and Community Psychiatry, **42**, 1203-1204.

⁸ Walsh, A. (1990). Illegitimacy, child abuse and neglect, and cognitive development. Journal of Genetic Psychology, **151**, 279-285.

⁹ Dalton, R., Forman, M.A., Daul, G.C., & Bolding, D. (1987). Psychiatric hospitalization of preschool children: Admission factors and discharge implications. American Academy of child and Adolescent Psychiatry, **26**, 308-312.

¹⁰ Charles, G.P., & Matheson, J.E. (1990). Children in foster care: Issues of separation and attachment. Community Alternatives International Journal of Family Care, **2**, 37-49.

¹¹ Bertrand, J.A. (1984). What might have been – what could be: Working with the grief of children in long-term care. Journal of Social Work Practice, **1**, 23-41.

¹² Strupp, H. (1986). The nonspecific hypothesis of therapeutic effectiveness: A current assessment. American Journal of Orthopsychiatry, **56**, 513-520.

¹³ Shealy, C.N., (1992). The therapeutic parent as a model for the selection and screening of child care workers (Doctoral dissertation, Auburn University, 1992). Dissertations and Abstracts International, **53**, 5997B. (University Microfilms No. AAC93-06589).

¹⁴ Vaughn, C.E. (1989). Annotation: Expressed emotion in family relationships. Journal of Child Psychology and Psychiatry, **30**, 13-22.

¹⁵ Gatewood, R.D., & Field, H.S. (1987). Human resource selection. New York: Dryden Press.

¹⁶ Davis, D.L., & Boster, L.H. (1992). Cognitive-behavioral-expressive interventions with aggressive and resistant youths. Child Welfare, **71**, 557-573.

¹⁷ Dear Abby (1995a, February 6). Some orphanages are step forward. Stars and Stripes, p.20.

¹⁸ Dear Abby (1995b, February 27). Pain from orphanages still fresh. Stars and Stripes, p.20.

¹⁹ Daly, D.L., & Dowd, T.P. (1992). Characteristics of effective, harm-free environments for children in out-of-home placement. Child Welfare, **71**, 487-496.

²⁰ Bowlby, J. (1977). The making and breaking of affectional bonds. British Journal of Psychiatry. **130**, 201-210.

²¹ Hess, P.M., & Folaron, G. (1991). Ambivalences: A challenge to permanency for children, Child Welfare, **70**, 403-424.

²² Berry, M. (1991). The assessment of imminence of risk of placement: Lessons from a family preservation program. Children and Youth Services Review, **13**, 239-256.

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