UNITED NATIONS COMMITTEE ON THE RIGHTS OF THE CHILD DAY OF GENERAL DISCUSSION 2005

Submitted by Children's Rights, New York, NY

Overview of Institutional Care in the United States

Children in the United States who are separated from their parents because of maltreatment are often placed in institutional care. Of the 532,000 children in foster care in September 2002, 19 percent (99,936 children and youth) were living in group homes or institutional settings (US DHHS, 2004). In some states in the U.S., more than 25 percent of children in foster care are placed in institutional settings. Institutional care in the United States takes many different forms. One prevalent form are residential treatment centers or facilities, broadly defined as "settings that provide a full range of therapeutic, educational, recreational, and support services by a professional, interdisciplinary team" (CWLA, 2004). These care and treatment settings generally accommodate large groups of children and may or may not focus on services for children and youth with specific emotional or behavioral problems. Another form of institutional care is group homes which typically house 10-15 children and youth and purport to offer home-like environments. Group homes are generally not designed for children with special needs, but children placed in these settings nonetheless often have emotional, behavioral, and developmental problems. Emergency shelter care also is used extensively in the United States. Depending on geographic location, shelters may serve over a hundred children and youth of all ages. Although emergency shelters are intended to provide services to meet children's basic needs for safety, food, shelter, clothing, education, and recreation on a short-term basis, children's stays may be as long as a month or even a year. Institutional care of all types in the U.S. is considerably more expensive than family-based care, but, more importantly, these

environments may negatively affect children's safety, stability, and ability to establish nurturing, permanent relationships with caregivers.

The Problems With Institutionalization in the U.S.

1. Safety. Safety is paramount when considering placement options for children and youth without parental care. There is professional consensus that institutional care, in general, offers a less safe environment for children when compared to family-based care. In studies examining reports of maltreatment by children in out of home care in the U.S., it was found that abuse rates in residential treatment centers were six times higher than abuse rates for foster homes, and children in group care in the United States are almost four times more likely to experience sexual abuse (27%) than children who reside in family-based care (Barth, 2002). The safety of children in emergency shelters is reported to be highly variable among facilities, with growing concerns about the elevated risk of abuse and neglect in emergency shelters (Oakes & Freundlich, 2005). Younger children in institutional care often are at risk of abuse by older children, particularly when juvenile offenders are placed with other non-offending dependent children in the same facility.

2. Stability and Family Connections. Institutional care seriously undermines children's opportunities for stable homes and consistent caregiver relationships. The nature of institutional care compromises the development of stable and trustworthy relationships. "Children in group care almost certainly have fewer interpersonal experiences that support their well being, including the chance to develop a close relationship with a significant individual who will make a lasting, legal commitment to them" (Barth, 2002, p. i). Children in group homes are almost four times as likely as those in non-kin foster homes and ten times as likely as those in kinship care to report that they do not like the people with whom they are living, and they are more likely

to report never seeing their biological father or mother as well (Barth, 2002). Institutions frequently have high turnover rates among staff, and, as a result, children experience unstable relationships with caregivers and often lack opportunities to forge connections with caring adults in their lives.

Of growing concern in the U.S. is the fact that many institutions operate as "de facto" orphanages, articulating values related to children's connections with family but not actually engaging in affirmative efforts to reunite children with their families nor seeking new families for them through adoption. Many institutional care facilities view themselves as substitutes for families on a long-term basis, and they do not promote children's connections with their birth families or work to find new families for them through adoption. Research also makes clear that the very decision to place children into institutional care settings significantly lessens their chances for permanency, particularly their opportunities to be adopted, given the fact that approximately 60 percent of children adopted each year from the U.S. foster care system are adopted by their foster parents (Barth, 2001; US DHHS, 2004).

3. Long Term Developmental Implications. Research has shown that institutional care has negative long-term effects on children's psychological, social and behavioral development. Research consistently demonstrates that these negative effects continue over an extended period of time, resulting in long term psychosocial and developmental deficits for many children. Children placed in family-based care have significantly better developmental (motor and mental) outcomes than children placed in group or residential care (Barth, 2002). Further, children placed in family-based care tend to function better as adults than those who spent at least some of their time in institutional care. "Young adults who have left group care are less successful than those who have left [family foster] care" (Barth, 2002, p. ii). Adults who were placed in family-based

care as opposed to institutional care, attain higher levels of education; have a lesser likelihood of arrest or conviction; report fewer substance use problems; have a lesser likelihood of dissatisfaction with the level of contact they have with biological siblings; and, as adults, are less likely to move, to be living alone, to be a single head household, and to be divorced (Barth, 2002). They are also more likely to have closer friends, stronger informal support networks, to report higher satisfaction with their income levels, have more optimism about their economic future, and have more positive assessments of their lives (Barth, 2002).

Institutionalization as a Last Resort

Given the drawbacks of institutional care and the benefits of family-based care, institutionalization should be used as a placement option only when no other placement opportunities exist. Institutional placements should provide temporary, treatment-focused care for children with emotional and/or behavioral needs that require a more intensive treatment environment. Whenever children are placed in institutional settings, the focus must be on identifying longer-term, stable arrangements with parents, kin, or foster families.

Accountability and a Minimum Standard of Care

Accountability in the form of rigorous evaluations of institutional care in the U.S. is lacking. A system of accountability and corrective action is critically needed, including both (1) child sensitive complaint procedures that provide children and youth with safe grievance procedures regarding their care and treatment at institutional facilities and (2) regulatory mechanisms that closely monitor institutional care practice and respond to substandard practice with sanctions or closures of facilities, if necessary. Minimum standards exist in the United States in the form of licensing requirements, and organizations such as the Child Welfare League of America (CWLA) and the Council on Accreditation (COA) provide guidelines regarding

appropriate standards of institutional care. There are, however, no national standards governing the quality of institutional care environments, the services provided, or the outcomes achieved.

Concerns have grown in the U.S. about the quality of institutional care. A recent study on emergency shelter care practices (Oakes & Freundlich, 2005), for example, found marked discrepancies between professional consensus on quality emergency care practice and current practice in emergency shelters. Considerable variation was found among these facilities, either indicating that the standards utilized by different states are dissimilar or that failure to comply with articulated standards goes largely unchallenged.

There are outcomes and indicators that should be utilized in determining the quality of institutional care. These outcomes should include: (1) children must be physically and psychologically safe in their care environments. Positive outcomes for youth are closely tied to sufficient numbers of well supervised and well trained staff; (2) children must immediately receive needed health, mental health, and developmental services when they are placed in institutional care settings and must continue to receive such services, as determined on the basis of an individualized assessment of the child, throughout the child's stay in care; (3) children must be immediately enrolled in appropriate educational services and supported so that they are able to academically succeed; and (4) children's family connections must be sustained.

In the U.S., the absence of regulations that mandate these outcomes has resulted in poor institutional care practice that becomes evident only when problems reach crisis proportions. Several institutions recently have faced investigations regarding the inadequate care of children. In 2003, Maryville Youth Academy in Des Plaines, Illinois faced numerous accusations regarding its handling of a suicide, sexual assaults, and other violent incidents at its 270 bed campus. Among the serious concerns noted was the fact that in 2001, the police had been called

to the facility 909 times. Of particular concern was the revelation that program staff had 'tampered' with reports concerning the suicide of a 14-year-old resident in order to shield the agency from liability. The investigation also revealed that the Des Plaines campus was plagued by "an unruly management, a lack of vision, and poor staff training". Another institution, Florida's SOS Children's Villages, also was rocked with allegations of excessive use of corporal punishment and inadequate supervision of the youngsters in its care. Media accounts revealed that between 1999 and 2001, there were 33 reports filed with the state's child abuse hotline alleging abuse at the facility, of which one-half were substantiated.

Kinship Care: Optimal Option for Children

Kinship care has come to be understood as the optimal type of care for children who cannot remain safely with their parents. Kinship care is any living arrangement in which children live with neither of their parents, but instead are cared for by a relative or someone with whom they have a close emotional bond such as a godparent or family friend (Geen, 2003). Research has shown that children in kinship care have more stability, are more likely to live with siblings, and are more likely to maintain contact with their birth family (Geen, 2003).

Appropriate Ways to Support Informal Foster Care

Informal kinship care can be a valuable resource within families when parents' ability to care for their children is comprised by substance abuse, incarceration, economic hardship, domestic violence, illness, or when parents have died. Informal kinship care, as used in the U.S., is the parenting of children by relatives or family friends as a result of a decision made by the family. A social worker may be involved in helping family members plan for the child, but a child welfare agency does not assume legal custody or responsibility for the child. Informal kinship care offers significant benefits: it permits children to remain with family members;

thereby preserving familial relationships, it may prevent the child from being abused or neglected; and it may prevent the need for court intervention based on child safety concerns and formal placement of children in the child welfare system (Roberts, 2001). Informal kinship care contributes to a child's well-being as these arrangements tend to stable and minimize the trauma and disruption for children.

Informal kin caregivers should have ready access to resources and services to support them in their caregiving roles as well as training opportunities to assist them in dealing with complicated family relations and ensuring the safety of the child when these situations pose challenges. Information, for example, should be available on how to monitor birth parent visitation and how to manage the ongoing relationship that will continue with the child's birth parents (Geen, 2003). In the U.S., policies have not supported informal kinship care to a significant degree. Families providing informal care generally do not have access to the same financial and social support services as do kinship care families who "formally" care for relative children who have been placed in foster care. Informal kinship care providers, in particular, may face financial difficulties as they assume responsibility for the children in their care, as well as other challenges related to their advanced age and health status. Policies and programs are needed in the U.S. to ensure that resources are available to informal kin caregivers and that they can access the financial, housing, counseling and other supports that they need. Informal kinship care has not been widely recognized as a viable alternative to the institutionalized care of children and must be given greater priority.

Recommendations

1. Develop clear policy and practice recognition of the hierarchy of care options existing for children. The hierarchy that should be utilized is: informal kinship care, formal kinship care, family foster care, and group care, as appropriate to the individual needs of a child. Residential treatment should be provided when an individualized assessment establishes the need for intensive services.

2. Provide appropriate support and resources for family caregivers.

3. Develop strong monitoring and accountability systems for all forms of institutional care.

4. Minimize and ultimately eliminate shelter care.

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