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EVIDENCE BASE FOR AVOIDING FAMILY SEPARATION IN CHILD WELFARE PRACTICE

An analysis of current research – JULY 2019

Commissioned by Alia

Completed by Erin Sugrue, Ph.D., LICSW

"There is one thing stronger than all the armies of the world, and that is an idea whose time has come."

– Victor Hugo

Foreword

Through my experience developing and sharing the Family Finding approach, I have for decades seen first-hand the effects of being separated from family. It is clear that the factor most closely associated with positive outcomes for children is meaningful, lifelong connections to their families.

Many of us have spent our lives working to make the so-called "child welfare" system better, and I believe that each of you are no less committed to or passionate about this critical issue. Yet gaps in our knowledge prevented us from seeing that our underlying ideas were based on a false set of assumptions underestimating the critical importance of lifelong family connections.

Consider the findings of this research analysis commissioned by Alia. The current data on outcomes related to removal and kin care demonstrate that as a systemic approach, (stranger) foster care shows meager to no evidence of increasing wellbeing for children or families.

Still, the promise of a safe, healthy, and promising future for children affected by early life adversity has never been closer than today!

In the same way that social and societal dangers are transcribed onto our genes, positive experiences are also written and transcribed on the very genetic code that shapes our future health, mental health, and possibilities.

We hold the knowledge today to construct a hope-filled, evidenced-informed, and *just* approach to the healing and recovery with families and their children. We can move from old ideas of family, community, and cultural separation and dismemberment as a temporary guarantee of child safety, to connection, inclusion, and remembering practices resulting in enduring safety, strengthened child development and increased family wellbeing.

There are two threats to building a new way—one is dismissing or making small the evidence we have for 25 years said we needed. We have the evidence. The second worry is the comfort of incremental change.

The evidence supports a leap into the future not a decades long intention to change. We have all the tools we need; *let's build*.

Kevin Campbell
Founder,
Family Finding model and Center for Family Finding and Youth Connectedness

There is a difference between *feeling* safe and *being* safe and children develop in healthy ways only when *both* are true.

For decades child welfare systems have assessed risk of physical safety and made decisions based on the probability of physical harm *(being safe)*, without fully considering the effects psychological and emotional harm *(feeling safe).*

When we worry that children are unsafe, we often remove them from their families, place them in unfamiliar settings and provide treatment only to the child. However, feeling safe comes from the love and belonging children receive from their families, and separation undermines this critical piece of the two-part safety equation.

Ancient wisdom across cultures matches what we are seeing here now in academic research: *children develop in healthy ways when they remain safely connected to their own families and communities.*

In early 2019 Alia published the first-of-its-kind report on foster care demonstrating the social return on investment of foster care funds spent. We see, in fact, there is a significant negative return. (https://hiddencostsoffostercare.aliainnovations.org/)

The most up-to-date academic research analyzed in this report shows that across a list of key measures, child removal to stranger foster care offers either the same or worse outcomes, while kin care leads to the same or better outcomes for children.

Further, the effects of removing children from their families endures generations beyond. Since children and families of color are engaged disproportionately by the child welfare system, we can expect to see disproportionate levels of negative outcomes experienced in communities of color. This disparate approach inflicts deeper and longer-lasting cultural harm than we can see or imagine, and we cannot continue this practice and believe it supports the welfare of children.

When a child is at risk of not *being* safe, this report fortifies the call for alternative interventions that strengthen rather than undermine the sense of *feeling* safe, which family connections provide.

The GHR Foundation funded the publication of this research brief and we are thankful for their partnership. Our values are deeply aligned, and their global strategy for supporting families to keep their children safely at home and out of institutional care runs parallel with our approach domestically.

We are also grateful for our reviewers whose critical feedback made this a better piece. Thank you for your effort.

Team Alia

Team Alia

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REVIEWER COMMENTS

"This report provides the research basis for an urgent call to action: that we shift the focus of child welfare from family separation to supporting families to prevent kids from experiencing the trauma created by foster care."

Vivek Sankaran, JD
Director of Child Advocacy Law Clinic and Clinical Professor or Law,
University of Michigan Law School

"This report reveals the painful reality of what the child welfare system has produced. After reading, each of us should be empowered to un-learn all that we've been taught about child protection and re-structure how we facilitate child safety and family wellbeing. It is impossible to ever truly track the negative outcomes that our system has set in motion. But, we can build a new system; a system that will prioritize family connection and make every effort to keep a nuclear family together. In the rare occurrences where removal is necessary, it is my hope that this report has also re-emphasized the dire importance of placing children with their kin."

Dr. Jessica Pryce
Director,
Florida Institute of Child Welfare, Florida State University

"This research brief acknowledges that our current child welfare practice undermines the work it takes for children and their families to heal and overcome their struggles. It challenges us to ensure that our actions, no matter how big or small, align with what our values should be: that every child deserves the chance to be with his or her family."

Tiffany Allen
Research Director,
ChildFocus

"More focused and longitudinal research is needed to determine if, when, and how child removal is the best course of action, yet the research conclusions here demonstrate an urgency in child welfare practice to strongly favor approaches that increase family protective factors rather than utilize child removal."

Annette Semanchin Jones, PhD
Associate Professor of Social Work,
University at Buffalo School of Social Work

INTRODUCTION

There is a large and growing body of research that demonstrates that early experiences of adversity can have harmful impacts on children's physical, neurological, and psychological development, with effects that can persist into adulthood (see: Berens, Jensen & Nelson, 2017; Bick & Nelson, 2016; Felitti et al., 1998; McLaughlin, Sheridan & Nelson, 2013; Pechtel & Pizzagalli, 2011). Although the research on adverse childhood experiences (or ACEs) has developed only over the last two decades, the question of how to best protect children from adversity and harm has been a major social and political question for generations.

One type of adverse childhood experience that has received significant public attention in the U.S. has been child maltreatment, in the form of abuse or neglect by a primary caregiver. One response to addressing child maltreatment that has been in practice in the U.S. for over 150 years has been to remove maltreated children from the care and custody of their abusing parent(s) and place them in a different home or institution (National Foster Parent Association, n.d.). This practice is commonly referred to as foster care or out-of-home placement. In 2017, 690,548 children were involved in the foster care system across the U.S. (U.S. Department of Health and Human Services, 2018).

In recent decades, questions have arisen as to whether or not removing children from their primary caregivers (who are frequently their biological parents) is an effective strategy for protecting and promoting their physical and mental health and overall wellbeing. The research on attachment that has occurred over the last 50 years has demonstrated the importance of early attachment relationships to primary caregivers for life-long health and wellbeing (Bowlby, 1982), suggesting that disrupting those relationships could have harmful short and long-term consequences. Rather than serving as an intervention that protects and promotes the wellbeing of maltreated children, could foster care itself be considered an "adverse childhood experience?" Does out-of-home placement cause more harm than good?

This report will present an overview of the current social science literature related to the impact of out-of-home placement and family separation on the wellbeing of children who have experienced maltreatment. **The following questions were addressed:**

1. ***What is the impact of out-of-home placement on the wellbeing of children who have been maltreated?***
2. ***In cases when children must be removed from their biological parents, what is the impact of being placed in a foster home with their kin versus being placed in a foster home with strangers on their wellbeing?***

SUMMARY OF FINDINGS

Although current research attempting to isolate the impact of out-of-home placement from the impact of maltreatment is limited, preliminary conclusions can indeed be drawn. One conclusion is that **for children who have experienced maltreatment, out-of-home placement provides little to no measurable benefit in terms of cognitive or language outcomes, academic achievement, mental or behavioral health, or suicide risk.**

Further, for children who have experienced maltreatment, out-of-home placement may cause additional harm by increasing their risk of juvenile and adult criminal behavior, increased risk of Reactive Attachment Disorder, and increased risk of early mortality.

Also from the research, conclusions can be drawn relating to impact of foster care with kin versus with non-kin. **Children placed with kin are shown to have greater placement stability, fewer emotional and behavior problems during placement, a lower incidence of Reactive Attachment Disorder, and more connections to their biological families and social-cultural communities.**

Although the current empirical literature on the impact of out-of-home placements is relatively small, these initial conclusions strongly support the idea that we must find alternatives to non-kin out-of-home placements if we want to not only "protect" children, but promote their lifelong wellbeing. The epidemiologists Susan Marshall Mason and Dunia Dadi, have argued that we must develop practices and policies in child welfare that acknowledge the "interdependence of children with their families and communities" and "shift our focus from 'protecting' children toward equitably protecting and investing in families" (2019). **The results of the studies summarized in this report demonstrate the dire consequences for our children and ultimately our communities if we fail to make this shift.**

Isolating the Impacts of Out-of-Home Placement

Although a rich body of research has shown that children who have experienced out-of-home placements are at higher risks for many negative physical, mental, behavioral, and social outcomes, the majority of this research has not isolated the impact of the out-of-home placement from the impact of the maltreatment that led to the out-of-home placement (Winokur, Holtan, & Batchelder, 2018). Thus, questions remain about whether the negative outcomes are a result of being removed from one's family or are a result of the maltreatment experienced prior to the removal. When making decisions about whether or not out-of-home placement is an effective intervention to protect and promote the wellbeing of maltreated children, it is important to be able to isolate the specific impacts of out-of-home placement from those of maltreatment itself. Over the past 15 years, some researchers have begun to use more advanced statistical methods to isolate the specific impacts of out-of-home placement on various measures of child wellbeing. Although the research is still emerging, and the number of studies are limited, some initial conclusions can be drawn. The following section will summarize the current findings.

Out-of-Home Placement and Criminal Behavior Outcomes

One of the earlier researchers to attempt to statistically separate the impact of out-of-home placement from the impacts of maltreatment was MIT economist Joseph J. Doyle, Jr., who published three studies (2007; 2008; 2013) that examined the impact of foster care placement on juvenile and adult criminal behavior. To isolate the impact of out-of-home placement, Doyle used a measure of the removal tendency of child protection investigators to identify what he referred to as "marginal cases." "Marginal cases" are cases in which investigators might disagree about the recommendation for removal – depending on who the investigator is assigned to the case would likely vary the placement decision. Thus, children in these cases would be considered "on the margin of placement" – the case is neither a clear removal nor a clear non-removal (2007; 2008; 2013).

In his initial study, with a sample of over 15,000 children in Illinois between the ages of 5 and 15 years old who experienced a first investigation of abuse between July 1990 and June 2001, Doyle (2007) compared outcomes for marginal cases in which maltreated children were placed in foster care and those in which maltreated children remained in the home. Results demonstrated that **children in marginal cases who had experienced maltreatment and were placed in foster care had three times the juvenile delinquency rate of children in marginal cases who remained at home.** This effect was stronger for children who were older (between the ages of 11 and 15) at the time of the initial investigation. Similar results were found in a follow-up study (Doyle, 2013), in which **children in marginal cases who were placed in foster care had two times the rate of juvenile delinquency in their later adolescence than those who remained at home.** To examine even longer-term effects on criminal behavior, Doyle (2008) looked at the relationship between foster care placement and adult criminal behavior. Using a sample of 23,000 children in Illinois who had first investigations of parental abuse or neglect between 1990 and 2003, and the same analytic strategy to identify marginal cases, Doyle (2008) found that, in marginal cases, **children who were placed in foster care were two to three times more likely to enter the criminal justice system as adults than those who had stayed at home.**

In a recently published meta-analysis, Yoon, Bender, & Park (2018) examined 11 published articles that addressed the question of whether maltreated youth who are placed in out-of-home care demonstrate higher levels of criminal behavior than those who remain at home. **Nine of the 11 reviewed studies (82%) found a higher risk of criminal behavior (both juvenile or adult) for maltreated youth who had been placed in out-of-home care**. One study found that maltreated youth remaining at home had a higher risk of adult offending, and one study found no significant difference in the rates of criminal behavior for maltreated youth who were placed in out-of-home care and those who remained at home.

The results of these studies support the conclusion that out-of-home placement is not an effective intervention for protecting children from future engagement in criminal behavior. In fact, **in terms of juvenile and adult criminal system involvement, maltreated children may have better outcomes if they stay at home with their families**. The next section looks more broadly at the impact of out-of-home placement on measures of mental health and social wellbeing.

Out-of-Home Placement and Mental and Behavioral Health

One of the earlier studies that attempted to isolate the impact of out-of-home placement on children's wellbeing was done by Catherine Lawrence, Elizabeth Carlson, and Byron Egeland from the University of Minnesota (2006). In this longitudinal study, the researchers compared the existence of problem behaviors among children who had experienced maltreatment and been placed in foster care, to those who experienced maltreatment but remained at home, and to those who did not experience maltreatment. **The researchers found that children placed in foster care demonstrated a greater increase in problem behaviors from time at placement to time at release from foster care as compared to the rates of problem behaviors during this same time period for maltreated children who stayed at home** (Lawrence et al., 2006). The authors stated that these findings suggest foster care placement itself may contribute to negative outcomes for children's wellbeing beyond what is associated with maltreatment alone.

In 2016, two review articles were published that attempt to synthesize the current data on the impact of out-of-home placement on the mental health and wellbeing of children: a systematic review by Australian and British researchers, (Maclean, Sims, O'Donnell, & Gilbert, 2016) and a meta-analysis by Dutch researchers (Goemans, van Geel, van Beem, & Vedder, 2016). Although the authors of these articles hail from Europe and Australia, the majority of the studies they reviewed used data from the U.S.

MacLean et al. (2016) examined 31 articles from 11 data sets that covered 15 developmental health or wellbeing outcomes. The authors concluded that **there were no consistent significant differences between the outcomes for maltreated children in out-of-home care and maltreated children who remained at home in terms of cognitive and language outcomes, academic achievement, mental health outcomes, or suicide risk.** Goemans et al. (2016) conducted a series of meta-analyses on data from 13 articles that examined the cognitive, adaptive, and behavioral functioning of children in foster care compared to children who are at risk of removal but remain with their biological parents. The authors found **no significant differences between measures of cognitive functioning and behavior problems for maltreated children who were placed in foster care with maltreated children who remained at home.**

The results of these two empirical reviews suggest that out-of-home care may not cause additional mental health harm to maltreated children, **but that it also provides no mental health or developmental benefits**. Children who have experienced maltreatment are often removed from home for the primary reason of protecting their physical safety, but also with the expectation that their mental health, cognitive development, and social and behavioral skills will improve in a different home environment. These results contradict that assumption.

Two additional studies published in the last two years, after publication of the Maclean et al. (2016) and Goemans et al. (2016) reviews, have found evidence of out-of-home placement having additional negative impacts on children's mental health and wellbeing, beyond the impact of the initial maltreatment. Côté, Orri, Marttila, and Ristikari (2018) used data from Finland to examine the risk of psychiatric disorders among adults who had experienced their first out-of-home placement between the ages of 2-6 years and among adults who had similar sociodemographic characteristics, but who had never been removed from their homes as children. Results showed that **those who experienced out of home placement had two times the risk of psychotic and bipolar disorders, depression and anxiety, and substance-related disorders compared to their matched peers.**

Baldwin et al. (2019) examined the impact of out-of-home placement on the mental health of children who had involvement in England's child welfare services. The researchers used the Strengths and Difficulties Questionnaire (SDQ) to measure the incidence of common mental health problems in children, and the Relationship Problems Questionnaire (RPQ), to measure the incidence of Reactive Attachment Disorder (RAD). The results of the analyses showed no statistically significant differences in mental health problems, as measured by the SDQ, between maltreated children currently in out of home care and maltreated children who had never been placed in care. **However, the odds of a child having Reactive Attachment Disorder (RAD) were nearly two times higher for children in out of home care than those who had never been in care.** Reactive Attachment Disorder is characterized by a "consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers" (American Psychiatric Association, 2013) and can include "minimal social and emotional responsiveness to others; limited positive affect; and episodes of unexplained irritability, sadness, or fearfulness" (American Psychiatric Association, 2013). The DSM-V cites "repeated changes of primary caregivers that limit opportunities to form stable attachments" (American Psychiatric Association, 2013) as a condition that leads to the development of RAD. Given that children who are placed in out-of-home care have experienced at least one significant change in their primary caregiver, it makes sense that these children would have a higher risk of RAD. Research has shown that RAD and other attachment problems in childhood can impact mental health and social relationships into adulthood (e.g. Bowlby, 1982; Liotti, 1999; Milkulincer & Shaver, 2007) rendering a higher risk for RAD a particularly troubling outcome of out-of-home placement.

In contrast to the previous studies, Conn, Szilagyi, Jee, Blumkin, & Szilagyi (2017) found that **maltreated children who remained in their homes had an increase in mental health symptoms over 18 months, while maltreated children who were placed in a *stable* out-of-home placement, demonstrated a decrease in mental health symptoms**. However, it is important to note that in this study a **"stable" out-of-home placement meant that the child remained in the same placement for the entire 18 months** – a situation that is not often common in out-of-home placement. Additionally, when the authors broke down the sample by age, they found that **the decrease in mental health symptoms only occurred for children ages 6-10 years-old. In contrast, preschool-aged children (ages 3- 5 years) showed an increase in mental health problems. No significant differences in mental health problems were found for children younger than 3 years or older than 11 years.**

Out-of-Home Placement and Early Mortality

There is growing body of epidemiological literature on the relationship between child maltreatment and significant physical health problems in adulthood (see: Rich-Edwards et al., 2018; Mason, Flint, Field, Austin & Rich-Edwards, 2013). A recent epidemiologic study by Gao, Brannstrom, & Almquist (2017) is the first to look at the specific effects of out-of-home placement on adult mortality. Using data from the 1953 Stockholm Birth Cohort, the researchers looked at whether exposure to out-of-home placement between the ages of 0-19 increased the risk of all-causes of mortality between the ages of 20-56. The study compared mortality risks for individuals who had experienced out-of-home placement due to maltreatment with the risks for individuals who had experienced maltreatment but remained at home. Results showed that **children who had been placed out-of-home had an over 1.5 times higher risk of mortality between the ages of 20-56 than those who had experienced maltreatment but remained at home.**

Out-of-Home Placement Impacts and Race

In the U.S, African American and Native American children are disproportionately represented among children in out-of-home placement (Child Welfare Information Gateway, 2016). Given the racialized nature of the child welfare context, when considering the impacts of out-of-home placements on children's wellbeing, it is important to examine if these impacts vary by the race of the child. None of the previously reviewed studies reported any relationship between the child's race and the impact of out-of-home placement. Four of the studies (Baldwin et al. 2019; Coté et al., 2018; Gao et al., 2017; Lindquist & Santavirta, 2014) used data from either the United Kingdom, Finland, or Sweden, and thus U.S. racial categories were not applicable. Across all 13 U.S.-based studies, authors did not report any wellbeing outcomes from out-of-home placement that varied by the race of the child.

Limitations

When drawing conclusions from the previously reviewed research, it is important to keep in mind that **there are currently only a small number of studies who have attempted to isolate the impact of out-of-home placement on maltreated children**. Much more research is needed to determine if these findings are stable and replicable across geographic areas, populations, and types of maltreatment. One limitation inherent in any attempt to compare maltreated children who have been placed in out-of-home care with those who have remained at home is the possibility that these two groups of children have salient differences that may play a significant role in the differences in outcomes. A number of studies (e.g. Baldwin et al., 2019; Côté et al., 2018; Doyle, 2007, 2008, 2012; Wu et al., 2015) used statistical methods to control for potential group differences, increasing the confidence of their findings. However, some studies, such as Lawrence et al. (2006) and Gao et al. (2015) did not. In these studies, although both groups of children had maltreatment histories, it is unclear if the maltreatment experienced by the children in foster care was more severe (hence their removal from home) than for those children who remained at home or if there were additional risk factors for the children in foster care that may have contributed to their higher rates of negative outcomes.

Although most of the studies controlled for the race of the child in their statistical analyses and found that outcomes did not vary by race, these results should be interpreted cautiously. It is important to note that a number of the studies were conducted outside of the U.S., and thus U.S. racial categories were not applicable. Given the complex role that race and racism play in the child welfare context in the U.S., more research is needed that more explicitly examines the potential moderating impacts of the race of the child, the caseworker, the biological parents, and the foster family on child wellbeing outcomes.

Another significant limitation of the current research is that many of the studies do not differentiate among the types of out-of-home placement (e.g. institutional care, kinship care, or non-kin care). Given what we know about attachment theory and the importance of significant caregiver relationships, one could hypothesize that the impact of out-of-home placements with known kin and those with unknown strangers might differ. The following section reviews the current literature on the impact of kinship and non-kinship placements on the wellbeing of children who have experienced maltreatment.

Kinship vs. Non-kin Placements

Although the previously reviewed literature suggests that in many cases, children do not benefit from being removed from their biological parents, there are some cases, particularly in terms of sexual abuse and severe physical abuse, when children must be removed from their homes. In those cases, it is imperative that children are placed in foster homes in which they will experience the least amount of harm and the most amount of potential benefit. The following section will examine the research on the differences in outcomes for children placed in kin and non-kin foster homes.

Placement Stability

Research has shown that placement instability, or the unplanned termination of a foster care placement, is associated with a host of negative outcomes for children, including those related to physical development (Johnson et al., 2018), cognitive development (Va Rooij, Maaskant, Weijers, Weijers, & Hermanns, 2015), attachment disorders (Strijker, Knorth, & Knot-Dickscheit, 2008) and behavioral wellbeing (Rubin, O'Reilly, Luan, & Localio, 2007; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Andries, 2012). Konijn and colleagues has referred to these outcomes of placement disruption as a "negative spiral" (p. 484) – due to the trauma of placement disruption, children become less able to build new secure attachments to new foster parents, display increasing behavioral problems, and then their risk for another disrupted placement increases. Hence, decreasing the chances of placement disruption is critical for the long-term wellbeing of maltreated children.

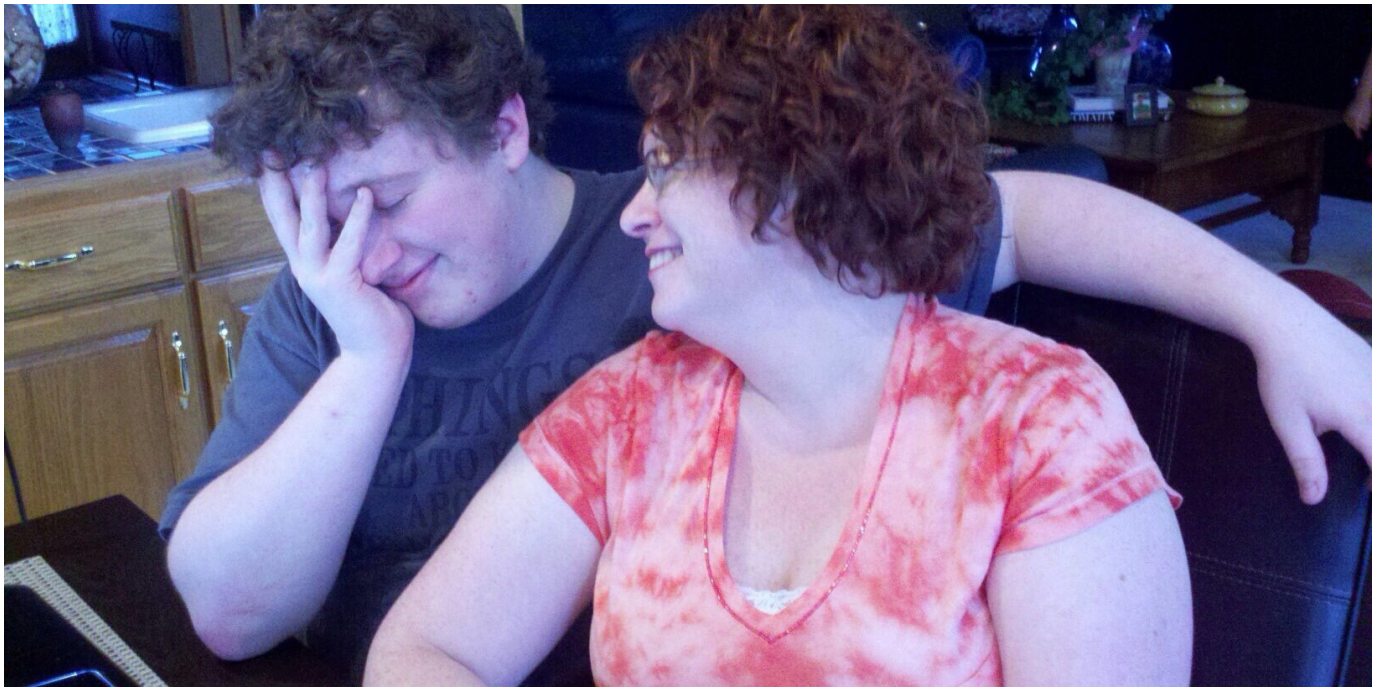
In a 2005 study of 214 children, ages 4-13, who were in state custody in Norway, researchers found that the **children placed in kinship care had fewer foster placements than those placed with non-kin** (Holtan, Ronning, Handegard, & Sourander, 2005). Additionally, the researchers found that **biological parents were far less likely to appeal the out-of-home placements when their children were placed with kin**, which likely contributed to less placement disruption for their children (Holtan et al., 2005). Additionally, **children in kinship placements had more contact with their biological parents**, which the researchers suggested may have helped to make the out-of-home placement more successful (Holtan et al., 2005; Konijn et al., 2019). Similar results were found in a multi-state review of possible kinship effects, including data from Arizona, Connecticut, Missouri, Ohio, and Tennessee, in which **maltreated children who were placed with kin had lower rates of initial placement disruption and a lower likelihood of having three or more placements within a single year** (Koh, 2010).

Over the last two years, three review articles have been published which examine the impacts of kin vs. non-kin foster placements. Bell and Romano (2017) conducted a scoping review to determine the impact of kin placements on child safety and permanency. Of the 23 studies reviewed that addressed placement stability, **65% found that children living with kin had fewer placement disruptions than those in non-kin foster placements**. Winokur, Holton, & Batchelder (2018) conducted a systematic review that included 102 quasi-experimental studies examining the impacts of kinship vs. non-kin placements. The authors concluded that, across studies, **maltreated children placed with kin had less placement disruption than those placed in non-kin homes** (Winokur et al., 2018). Konijn et al. (2019) recently published a meta-analysis of foster care placement instability. After examining 42 studies, the authors found that children placed with non-kin were more likely to experience placement disruption. **This finding was especially pronounced for younger children** (Konjin et al., 2019). The authors suggested that these findings could be explained by the fact that kinship foster parents may "be more dedicated and personally involved than non-kinship foster parents" (Konijn et al., 2019, p. 489). Previous studies of kin foster care providers have found that they tend to "offer care unconditionally, and feel a sense of binding duty to the relative in their care" (Konijn et al., 2019, p. 489). The researchers concluded that **kinship care serves as a protective factor against the risk of placement disruption** (Konijn et al., 2019).

Emotional, Social, and Behavioral Wellbeing

A number of studies have attempted to look at the impact of kin vs. non-kin foster placements on children's emotional, social, and behavioral wellbeing by using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001), a widely used standardized measure of emotional, social, and behavioral problems in children ages 6-18. In Holtan et al. (2005)'s study of 214 Norwegian children in state custody, **those in kinship placements had fewer emotional and behavioral problems**, as measured by the CBCL, than those in non-kin placements. Those in non-kinship placements were more likely to score above the clinical/borderline cut-off point for the CBCL than those in non-kin placements (Holtan et al., 2005), suggesting a higher risk for more significant emotional, social, and behavioral problems. The researchers suggested that these differences in the socio-emotional outcomes for children in kin vs. non-kin placements may be due to the "sense of personal and cultural identity" (Holtan et al., p. 204) that kin placements provide for children. Children who are in kinship care are generally placed within a class and cultural context that is familiar to them. The authors explain, **"living with relatives may reinforce the sense of identity and self-esteem that flows from knowing family history and culture, and may be one explanation for the lower association with psychiatric problems in the kinship placement groups" (Holtan et al., 2005, p. 204).**

Interestingly, Holtan et al. (2005) also found that **children who were placed in foster homes (either kin *or* non-kin) that were located outside of the municipality in which their biological parents lived, were also more likely to score above the clinical/borderline cut-off on the CBCL** (Holtan et al., 2005). This finding was echoed in another Norwegian study, a decade later, this time with 111 children, in which **higher CBCL scores were found for children in a foster placement outside of their parents' municipality** (Vis, Handegard, Holtan, Fossum, & Thornblad, 2016). Researchers have suggested that the significance, in terms of children's social, emotional, and behavioral wellbeing, of being placed in a foster home within the same geographical community as one's parents may be due to children having easier access to their biological parents while in out-of-home care as well their ability "to maintain contact with friends, leisure activities, school and other relatives after placement may reduce some of the burdens associated with living in foster care. **The geographical location of the foster care may be a prerequisite for continuity in social relations outside of the family sphere**" (Vis et al., 2016, p. 565).



Child Behavior Checklist (CBCL)

- Originally developed by Thomas M. Achenbach in the 1980's
- Most widely used standardized measure in child psychology for evaluating maladaptive emotional and behavioral problems
- 113 questions, scored on a 3-point Likert scale (0 = absent, 1 = occurs sometimes, 2 = occurs often)
- Measures internalizing behaviors (i.e. anxious, depressive) and externalizing behaviors (i.e. hyperactive, non-compliant, aggressive)
- Scale is completed by a child's primary caregiver

Using data from the U.S.'s National Survey of Child and Adolescent Wellbeing II, Wu, White and Coleman (2015) looked at CBCL scores for 1024 children in out-of-home placement (584 in kin placements; 470 in non-kin placements). Data was collected at a baseline period between March 2008 and September 2009, and then repeated 18 months later. **Results showed that children in kinship care had total CBCL scores that were 5.1 points lower than children in non-kinship care ($p < 0.05$)** at follow-up, while controlling for any score differences at baseline. Interestingly, when the researchers separated the participants by age, with younger children ages 0-5 years and older children ages 6+ years, the results for the younger children group was non-significant, suggesting that the impact of kinship care on social-emotional-behavioral wellbeing is especially relevant for older children (Wu et al., 2015).

In Winokur et al.'s (2018) systematic review of kinship care effects, the authors found that **children in non-kin foster care were 1.6 times more likely to display internalizing and externalizing behavior problems and 2 times more likely to experience mental illness as compared to children in kinship care**. Xu & Bright (2018) also published a systematic review of the association of kinship care and non-kinship care with children's mental health outcomes. However, in the six studies included in this review (none of which were included among the six in Winokur et al. [2018]), **the authors found that the results varied significantly across studies depending on the research designs and what statistical models were used** and declared that "a simple conclusion cannot be made that kinship care has better effects on children's mental health than non-kinship care or not" (p. 259).

Kinship Care Impacts and Race

African American children are more likely to be placed in kinship care than children of other races (Rufa & Fowler, 2016). This trend may be related to historical and cultural practices of extended kin networks of care within the African American community (Brown, Cohon, & Wheeler, 2002). None of the previously reviewed studies reported any interaction between the race of the child and the impacts of kinship vs. non-kinship placements. Four of the studies used data from outside the U.S., including the Netherlands (Konijn et al., 2019), Norway (Holtan et al., 2005; Vis et al., 2016), and Belgium (Vanschoonlandt et al., 2012), making U.S. racial categories irrelevant. The remaining four studies using U.S. data included children across racial categories, but did not report any racial differences in outcomes (Bell & Romano, 2017; Koh, 2010; Wu et al., 2015.; Zu & Bright, 2018). Rufa and Fowler (2016) examined the impact of kinship vs. non-kinship care on the mental health of an exclusively African American sample of youth. **The authors found no mental health differences between African American children placed with kin and those placed with non-relatives, when controlling for other developmental and contextual factors**. Ryan, Hong, Herz, and Hernandez (2010) did find racial (and gender) differences for the relationship of kinship care to future juvenile delinquency. **African American and white male youth in kinship placements were more likely to engage in juvenile delinquency than those in non-kin placements. However, Latino male and female youth in kinship care were less likely to engage in juvenile delinquency than those in non-kin placements. No differences in juvenile delinquency rates were found for African American and White female youth in kin and non-kin placements.**

Limitations

Similar to the research on the impact of out-of-home placement, a limitation of the kinship literature is the fact that many studies do not control for differences in children who are placed in kinship care compared to those placed in non-kinship care at the time of initial placement (Winokur et al., 2018). It is possible that children placed in kin homes may enter care with fewer mental health and emotional or behavioral problems than those in non-kin homes, which would contribute to both placement stability and lower scores on measures like the CBCL during placement (Holtan et al., 2005). Also similar to the research on out-of-home placement impacts, studies of the relationship of child's racial identity to the impact of kinship placements are limited and more research is needed before any firm conclusions should be drawn. Finally, the current research is limited by the measures of child wellbeing. The Child Behavior Checklist, though possessing good statistical reliability and validity, is only one form of measurement of wellbeing. The CBCL is a measure completed by caregivers, not by the children themselves. The CBCL does not measure more complex concepts related to wellbeing, such as cultural identity, sense of belonging, and social capital. Future research will need examine the longitudinal impacts of kin vs. non-kin placements and include multiple measures of wellbeing.

CONCLUSION

At the beginning of this report, the question was posed of whether out-of-home placement, instead of protecting and promoting the wellbeing of maltreated children, could itself be considered an "adverse childhood experience" that contributes to emotional, psychological, and physical problems that last into adulthood. By placing children outside of their families, are we doing more harm than good? The current data suggests that, for certain outcomes, we may be doing more harm and we are certainly doing little good.

1. What is the impact of out-of-home placement on the wellbeing of children who have been maltreated?

From the current limited research available that attempts to isolate the impact of out-of-home placement from the impact of maltreatment on maltreated children, the following **preliminary conclusions** can be drawn:

- **Out-of-home placement provides little to no measurable benefits to children who have experienced maltreatment, in terms of:**
  - Cognitive and language outcomes
  - Academic achievement
  - Mental health outcomes
  - Behavior problems
  - Suicide risk

- **Out-of-home placement may cause additional harm to children who have experienced maltreatment in terms of:**
  - Increased risk of juvenile and adult criminal behavior
  - Increased risk of Reactive Attachment Disorder
  - Increased risk of early mortality

2. In cases when children must be removed from their biological parents, what is the impact of being placed in a foster home with their kin versus being placed in a foster home with strangers on their wellbeing?

- **Children placed with kin have better outcomes than those placed with non-kin in terms of:**
  - Greater placement stability
  - Fewer emotional and behavioral problems during placement
  - Lower incidence of Reactive Attachment Disorder
  - More connections to their biological family and socio-cultural communities

Although the current empirical literature on the impact of out-of-home placements is relatively small, these initial conclusions strongly support the idea that we must find alternatives to non-kin out-of-home placements if we want to not only "protect" children, but promote their lifelong wellbeing. The epidemiologists Susan Marshall Mason and Dunia Dadi, have argued that we must develop practices and policies in child welfare that acknowledge the "interdependence of children with their families and communities" and "shift our focus from 'protecting' children toward equitably protecting and investing in families" (2019). **The results of the studies summarized in this report demonstrate the dire consequences for our children and ultimately our communities if we fail to make this shift.**

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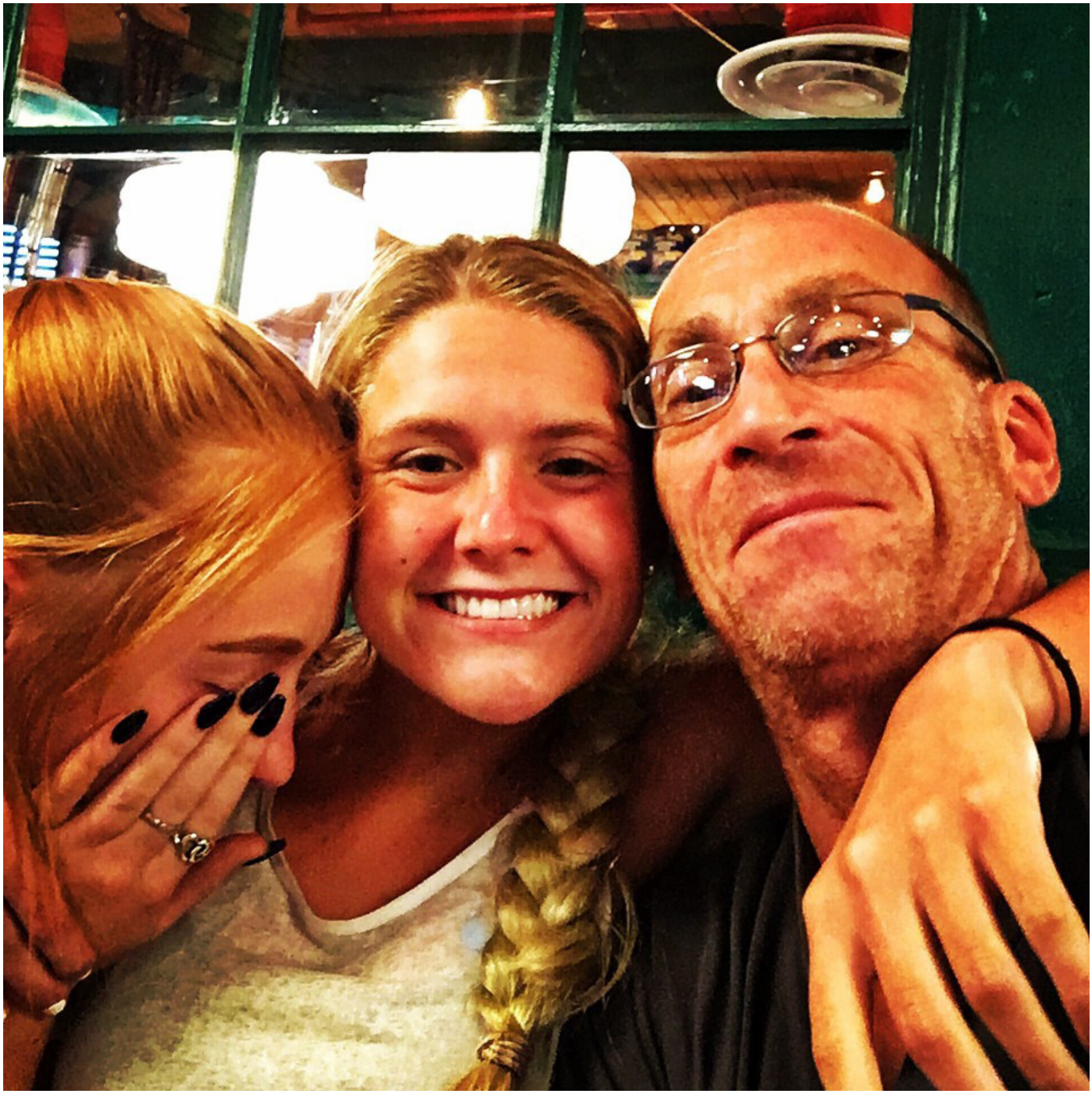

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