

TOWARDS A STATEMENT ON RESIDENTIAL GROUP CARE FOR CHILDREN AND YOUTH: A SUGGESTED FRAMEWORK

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Abstract: This contribution to the FICE35 Special Issue was constructed in the form of a draft statement, offering potential elements for organizations that may wish to counter the current movement opposing residential care for children and youth, which is now evident across Europe, North America and, increasingly, around the globe. The framework presented in this article was developed in response to a presentation by representatives of UNICEF at the FICE35 Congress in Split, Croatia, as well as the ongoing international campaign being waged against all forms of residential care for all ages of young people by UNICEF and a number of European and North American organizations, some of which are mentioned at the start of the article. The dimensions of quality for alternative care put forward in this document were also presented and discussed at a plenary panel on Quality in Alternative Care at the FICE35 Congress.

Keywords: residential care, quality in alternative care, framework for residential group care, fundamental standard of care, developmental themes

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We realize that some readers may not be very familiar with residential care as a service for children, youth, and families, nor with the current debate on its efficacy and appropriateness. With this in mind, we are including here a succinct summary of key issues and impacts of residential care on young people and their families drawn from the Abstract of a recent article by Henderson (2025):

The modern bias against residential care comes largely from research on infants and young children reared in extremely unstimulating environments. Sources of support for residential care as an option come from alumni surveys, direct comparisons of residential care with alternative forms of care, and evidence of increased psychological well-being while in care. Children and youth who have been in multiple family foster care placements can experience stable relationships with adults, peers and educators in good residential care and can have a respite from the constant change of home and neighbourhood so typical of the world's child welfare systems. In good residential care, children and youth have access to adults who have therapeutic and educational expertise they need. Most children and youth do not need to be in residential care for many years, but a time in high-quality residential care can make it more likely they make successful transitions back to their families of origin, to adoption, to life in a foster family, or to independent living. (p.1)

The simple fact is that around the world there are many residential care sites of various kinds — children's homes, group homes, ranches, boarding schools, and other forms as well — that provide stable relationships with caring adults and supportive peers. Those sites meet the accreditation standards set by child welfare organizations and governments. Residential care is expensive and must be used judiciously but should be available to some children and youth for a period in their lives. Data from research on poorly conceived and poorly run residences should not be generalized to mischaracterize well-run residences or to denigrate those who work in them. Readers wishing a more detailed review of arguments for and against residential care are referred to two recent publications by Henderson (2024, 2025).¹

One of the authors of this article, Anglin, has researched and documented the elements and dynamics of well-functioning residential group homes (Anglin, 2002), while Henderson has been engaged in observing the functioning of a good residential program over many years, and has published an extensive review of the evidence related to what we really know about the effectiveness of residential care internationally (Henderson, 2024).

¹ For a statement of the contrary position, see Bakermans-Kranenburg & van Ijzendoorn (2024).

As a result of our extensive experience and research, we are familiar with many instances of good residential programs, and have witnessed positive transformations in the lives of young people as a consequence of their experiences in good residential environments. We therefore have a combination of first-hand anecdotal and broad-based scientific research evidence for our propositions regarding the actual and potential benefits of well-functioning residential care.

We regard it as evident that if all residential care were eliminated, we would be depriving many young people requiring out-of-home care of important opportunities for stability and needed resources at key stages of their lives.

A Suggested Framework

In recent years, there has been a growing and vocal lobby calling for the elimination of all forms of residential group care for all ages of young people. Statements to this effect have been issued by the American Orthopsychiatry Association (Dozier et al., 2014), the Annie E. Casey Foundation and Casey Family Programs (Fathallah & Sullivan, 2021), The Lancet (Boyce, 2020), and UNICEF (2024). These organizations do good work but appear to have a blind spot with regard to residential care. A number of authors (e.g., Cappa et al., 2022; Haskins, 2017) have assumed the anti-residential care position based on these statements and on the findings of the Bucharest Early Intervention Project (BEIP; Wade et al., 2022).

In brief, the problem with these statements is that they (a) hold unrealistic aspirations for the provision of quality family-based alternative care²; (b) inappropriately interpret research on infants and young children in extreme environments, generalizing the findings to all residential settings³; and (c) do not acknowledge the findings of credible research on the positive impacts of various forms of quality residential group care⁴.

No one wants to support poor quality care for young people, whether family-based or group-care based. The central question appears to be: How do we assess the needs of each individual child, and ensure each one is placed in an appropriate, nurturing, and safe living environment (Anglin & Henderson, 2024)? Whenever a family of origin provides an environment conducive to an individual's positive development, that is where a child should reside. However, because there are periods in some children's development when that is not possible, a quality group care setting can be a valuable option (Whittaker et al., 2023a).

² Sometimes the challenges of providing family reunification services, quality foster care, and permanent adoptions have been underestimated. See Bombach et al. (2018), Riley (2021), Williams et al. (2023), Brodzinsky & Smith (2019), and Chambers et al. (2018).

³ The overreliance on the BEIP and other research on children raised in stark environments from infancy is common in this literature. See Porter et al. (2020, p. 42).

⁴ For a sample of such research, see Lee (2020), Portwood et al. (2018), and Henderson (2023, Ch. 5).

The authors of this statement bring a combination of many years in direct service, administration, research, and policy development in the field of residential group care with children and youth. The goal of this statement is to promote a shift in the current conventional narratives on residential group care. Based on an extensive assessment of credible research findings, as well as decades of experience within various systems of out-of-home care, we conclude that a variety of forms of out-of-home care are required in a comprehensive child welfare system (Holmes et al. 2018).

We value family support services designed to keep children and youth in their own families. We value timely adoptions and foster care placements (including in kinship care) where this is the best alternative for a child. At the same time, we value a range of group care settings that can effectively respond to a range of young people's developmental and therapeutic needs and preferences.

Critical Developmental Themes That Inform Good Residential Care

Child development is not just growth or maturation. Development involves changes in complexity, and those changes have relevance for the provision of all forms of out-of-home care. We see the following four developmental themes as especially important in the provision of residential care.

Theme 1. Age-appropriate care. Residential care is suitable for those in need during middle childhood through early adulthood, not for infants, except in emergency situations (Dozier et al., 2014).

Theme 2. Children and adolescents are active explorers and creators of their own environments and identities. Their explorations of the physical environment are increasingly focused on particular interests. Their explorations of their social environments increasingly focus on peers, and their explorations of their changing personal identities continue into adulthood⁵.

Theme 3. The adult–child relationships that best nurture cognitive, social, moral, and emotional development are characterized by high levels of warmth and communication; reciprocal, and increasingly democratic, interactions; and firm, authoritative (not authoritarian) guidance (Baumrind, 2013).

Theme 4. Children and adolescents need to be challenged. With age, children and adolescents need rich social and educational environments that provide increasing, individually appropriate, psychological and educational challenges. The CARE model provides a strong theoretical base in Vygotsky's theory for the role of challenge (Holden, 2024). Vulnerable children, including most

⁵ For a sampling of research on child and adolescent development in these areas, see Harter (2012), Laursen & Veenstra (2023), Low et al. (2005), Renninger & Hidi (2019), and Rubin et al. (2006).

children and youth in out-of-home care, need meaningful social–emotional and educational supports to balance those challenges (Lerner, 2011).

We offer for consideration the following framework to guide debate on future developments in alternative care for children and youth.

A Fundamental Standard of Care for Quality Residential Settings

We suggest eight key elements to what can be called “the fundamental standard of care”⁶. If these eight elements are in place, and are experienced on an ongoing basis by children, youth, and families, then agencies will in all likelihood be providing quality care. The eight elements, or principles, are:

1. First, do no harm;
2. Ensure children and adolescents are safe, and feel safe;
3. Act in the best interests of each child;
4. Create warm, healthy, and positive relationships between adults and children, and amongst the children;
5. Create and maintain a “culture of care” that is welcoming of diversity, inclusive, and provides fairness, kindness, compassion, and an atmosphere of deep humanity;
6. Such a culture of care requires staff with skills, knowledge, and ways of being that promote quality care interactions and experiences;
7. Ensure reflective practice and active self-awareness by staff members;
8. Honour the children’s family ties and promote healthy family relationships.

If programs and services demonstrate these eight elements on an ongoing basis, we suggest that they will have a strong and necessary foundation for the provision of quality care.

Propositions Guiding Implementation of an Alternative Care System for Children and Youth

Evidence from decades of research supports the following propositions for creating and maintaining an effective alternative care system for children, youth, and their families.

Proposition 1: Any consideration of care arrangements for children and youth must be grounded in what is in the interests of individual children and youth, in accordance with the developmental themes set forth above.⁷

⁶ Excerpted from a *Statement on Quality in Residential Care*, which was developed as a Working Paper by the Quality in Care working group of FICE-International and presented at the FICE35 Congress in Split, Croatia, Oct. 23, 2024.

⁷ See Anglin (2002).

Proposition 2: The complex nature of development requires the widest possible array of alternative living arrangements for children and youth who cannot live with their families of origin.⁸

Proposition 3: Meeting the developmental and, where appropriate, therapeutic needs of each child, as well as their right to be safe from harm and to live in a state of well-being and happiness, constitute a fundamental obligation of society. Means for doing so should be provided for those whose families are temporarily or permanently unable to meet their needs.⁹

Proposition 4: All relevant and credible evidence concerning the various forms of child and youth care (including families, adoption, kinship care, foster care, group care, residential education, and treatment programs) needs to be assessed to determine the suitability and efficacy of such care placements. The available evidence shows that the quality of the care provided is more important than its site.¹⁰

Proposition 5: Policy, legislation, and service provision decisions must reflect Propositions 1 to 4, and seek both to meet the needs of young people within their purview and to strive continuously to enhance the quality of existing policies, legislation, and services. The diversity of children and their circumstances requires that those decisions consider the widest possible range of high-quality options.¹¹

Proposition 6: All alternative care services must strive to the utmost to maintain and develop positive links and relationships between young people and their families. The nature and quality of a child's relationship with their family while in care is significantly related to their post-care success.¹²

Proposition 7: Because children increasingly create their own environments, the voices and experiences of children and youth of all ages must be invited, encouraged, listened to, and appropriately acted upon at all stages of decision-making about their interests and living situations.¹³

⁸ See Whittaker et al. (2023a).

⁹ The child-friendly version of the UN Convention on the Rights of the Child statement is available at <https://www.unicef.org/child-rights-convention/convention-text-childrens-version>. It is probably the clearest English version.

¹⁰ See Boel-Studt & Tobia (2016), Hermenau et al. (2017), Holmes et al. (2018), Neagu (2021), and Huefner (2018).

¹¹ See Whittaker et al. (2023b).

¹² See Holden (2024) and Li & Julian (2012).

¹³ See Boel-Studt et al. (2023), Brown & Seita (2009), and Narey (2016).

Proposition 8: No quality child and youth care services should be eliminated unless and until more appropriate services of sufficient quality are immediately available to those young people affected by the change.¹⁴

Proposition 9: A central factor in decisions about care for children and youth should be stability. If a site change would not result in an improvement in the quality of care, it should be avoided.¹⁵

Proposition 10: There is a need for a serious discussion in the child welfare discipline about certain myths regarding residential care that have been perpetuated by some organizations and in some academic literature. This discussion should focus on the best interests of the child in the broadest sense.¹⁶

Proposition 11: Field research on what care environments are most appropriate for individual children and youth with particular profiles is needed in order to minimize the occurrence of multiple placements.¹⁷

Conclusion

The intent behind this document is to contribute to a nuanced conversation about ensuring a comprehensive child welfare system that addresses the best interests of all children, youth, and families that it serves, and to ensure that such a system includes appropriate, high-quality, residential group care for those young people and families who need or prefer this option.

¹⁴ The extreme nature of some of the anti-residential care rhetoric has led to simplistic all-or-none conclusions about care. Two examples are Kohomban (2015) and Sixto Cancel in the Foreword to Fathallah & Sullivan (2021). See also Ramaswamy & Seshadri (2020).

¹⁵ Stability may be the single most important but underappreciated factor for children and youth in out-of-home care. See Thoburn (2023) and Chambers et al. (2018).

¹⁶ Central to this discussion should be broader debates about the best interests of the child, the nature of family and home, the concept of the least restrictive environment, and the characteristics of good care in a developmental perspective. The best interests of the child need to be seen in terms of developmental outcomes. Rarely, but for some children, importantly, sometimes a home is not a biological or foster family. The least restrictive environment has been defined in terms of physical space instead of psychological constraints and freedoms. Good care needs to be defined in terms of the stability in relationships provided by the care, and the resources available to make those relationships meaningful. See Huynh (2019).

¹⁷ See the good ideas in Cross et al. (2013), Libby et al. (2005), and Palareti & Berti (2009).

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