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Group Care and Young Children

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Journal

Social Service Review, 71(2)

ISSN

0037-7961

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Publication Date

1997-06-01

DOI

10.1086/604250

Peer reviewed



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Source: *Social Service Review*, Vol. 71, No. 2 (Jun., 1997), pp. 257-273

Published by: [University of Chicago Press](#)

Stable URL: <http://www.jstor.org/stable/30013021>

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Group Care and Young Children

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The average age of children residing in foster care has declined considerably in recent years because of the large influx of infants and very young children into care. The large majority of these young children are placed in foster family homes or with kin, but a not insubstantial number are placed in group care settings. We review group care for young children in California against the standards of child welfare philosophy: to protect children and promote permanence. Compared with a primary placement in foster homes, group care for young children results in less stability, lower rates of adoption, and a greater likelihood of remaining in care.

Young children account for a large proportion of all children entering out-of-home care in most large states. Data from 1993 indicate that fully one-quarter of all children entering state-supervised care in five large states were under the age of 6.¹ With increasing numbers of young children entering care, the child welfare system has come to be dominated by very young children. These young children are usually placed in foster homes or with kin, but some are placed in congregate

Social Service Review (June 1997).
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0037-7961/97/7102-0005\$02.00

care settings.² About 14 percent of all children now in group care in California were placed before age 6.³

The number of very young children placed in group care, while limited compared with children placed in foster care, is a significant matter from a philosophical and fiscal standpoint and of consequence to the children in these placement settings. The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) laid out certain principles for developing child welfare practice, among which was the use of the least restrictive, most family-like setting when making a foster care placement. Kinship foster care clearly fits within these guidelines. Foster family care is the second-best alternative for those children who do not have able or willing relatives. However, congregate care stretches conventional notions of what is "least restrictive" and "family-like," particularly when very young children are involved.

Scholars and professionals in the child welfare community have noted that group care is best used sparingly as one of several placement alternatives for adolescents, seriously emotionally disturbed children, and for children who are otherwise difficult to place.⁴ The conditions under which very young children might be placed in group care are less clear. Group care has often been used at times of placement crises, for example, after wars or epidemics have orphaned large numbers of children.⁵ Today, the crisis for very young children is generated not by war or epidemic but by concern that the child welfare system is leaving too many youngsters in unsafe or unsuitable biological parent or foster parent homes.

California provides an important setting for studying young children and group care. From January 1988 through December 1994, the total number of children in out-of-home care increased by about 53 percent, from 56,957 to 87,387 children.⁶ The proportion in group care was relatively stable across this period, averaging approximately 9 percent of total placements annually. As might be expected, the majority of children in group care were adolescents, ages 13–17. A surprising number of young children, however, were placed in group care settings during this same period. Alerted to the use of group care for young children, California passed legislation in 1993 (Assembly Bill 1197, Chapter 1088, Statutes of 1993) placing modest limits on the use of group care for children under age 6. The bill directed counties to minimize use of group care for very young children and provided guidelines regarding length of stay. Although a full analysis of the effect of that legislation is beyond the scope of this article, the law does not yet appear to have had a substantial effect on the numbers of young children in group home care.

As figure 1 indicates, the growth in the use of this placement alternative for young children peaked in 1990, decreased, then held steady for the remainder of our study period. Combined, children under the

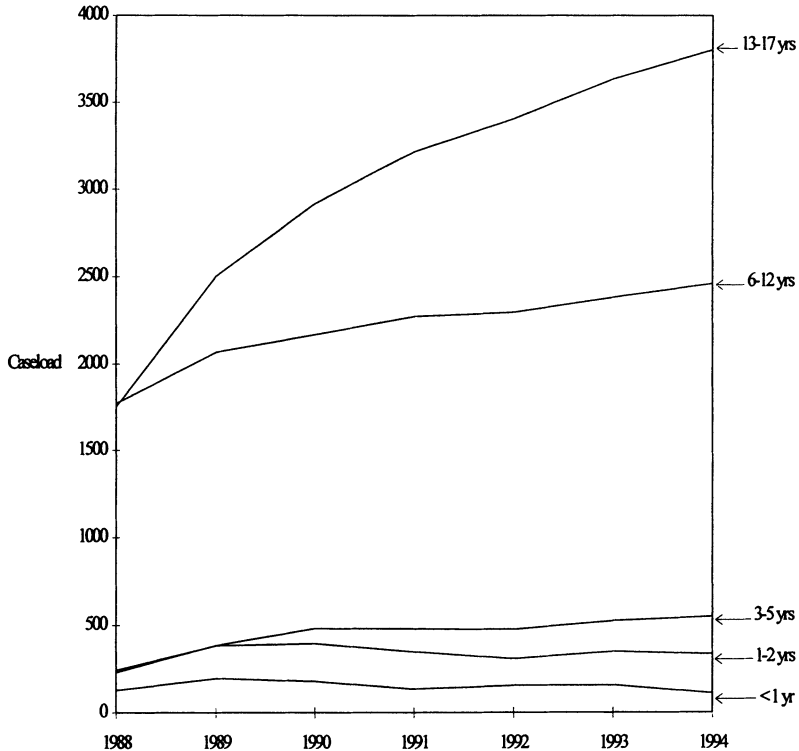


FIG. 1.—1988–94 group care caseload by age. Note: Age indicates age of child on July 1 for each given year.

age of 6 composed from 13–18 percent of the total group care caseload across these years. Group care placements were most heavily used in Los Angeles County, one of the largest metropolitan child welfare authorities in the country.⁷ In 1994, 996 children under age 6 were placed in group care settings in California; 81 percent of these placements were in Los Angeles County. In 1994, the median monthly payment for young children in group care was \$4,091; the standard rate for young children in foster family care was approximately \$360.

If young children are to be placed in group care settings, the advantage should be a more effective arrangement than foster family care for protecting children's physical well-being, supporting their growth and development, and offering stability of caregiving. Group care should also be judged by its ability to facilitate permanence for young children—through more rapid reunification, expedited adoptions, and lower rates of reentry to care. If group care is not a demonstrably better place for young children, child welfare professionals should not place them there.

Effects of Group Care

Supporting Growth and Development

The best research on the effects of group care on the development of young children is the work by Jill Hodges and Barbara Tizard.⁸ They undertook a prospective study of a group of infants placed in residential nurseries until at least 2 years of age. In most respects, the nurseries provided a high-quality environment, but there was high staff turnover (children averaged nearly 10 caregivers per year). At 2 years of age, children were found to be more clingy and diffuse in their attachments than children brought up in birth families. These children also vocalized more and displayed less friendliness toward others. Residential children had a mean "mental age" about 2 months below the norm. At 4 years, they were still less likely than controls to show deep attachments to their caregivers and more likely to be attention seekers. At age 8, they continued their attachment patterns and were also restless, disobedient, and unpopular at school. Even at 16 years of age, as Hodges and Tizard note, the children sought more adult attention, had more difficulties with peers, and had fewer close relationships than a control group, indicating some long-term effects of their early institutional experience.⁹

Although care within an orphanage should not be directly compared with current practices in group care settings, earlier studies of children reared in orphanages did not uncover positive results. Harold Feinberg found orphanage children in the United States to have lower standardized school achievement test scores than foster children and children reared by their birth parents.¹⁰ Thomas Ferguson also showed that children placed in residential care performed worse in school and employment.¹¹ William Golfarb compared institutionalized and noninstitutionalized children, noting "retarded" intellect and conceptual skills in children not transferred from the institutions prior to age 4.¹²

As with much research in this area, it is very difficult to determine whether the differences found in these children are the result of having spent some portion of their lives in group care or whether these differences would have been found among these children as a result of preexisting behavior problems or other environmental factors. This problem of interpretation may be somewhat mitigated for studies of young children, however, because preexisting behavior problems generally are not long-standing.

Long-Term Outcomes

Data on the long-term outcomes of children reared within the child welfare system are sparse. No studies have been conducted that defini-

tively describe differences in outcomes based on placement type. As in the above studies, research on outcomes of children placed in group care as opposed to conventional foster family care often does not consider the different levels of behavioral, emotional, or psychological problems the children had upon entering care. Similarly, the data do not describe the types of home environments or the type of abuse the child sustained before placement.¹³

Comparing children placed in group care and foster family care, Trudy Festinger found that children placed in group care completed fewer years of education, were more likely to have been arrested or convicted of a crime, and were more likely to have drug or alcohol problems as adults.¹⁴ Group care children were less likely to have close friends and were also less likely to have developed informal support networks.¹⁵ They were more likely to live alone as adults, to be single parents, and to be divorced. Interviews with respondents also revealed less satisfaction with their personal situation.¹⁶ Children from group homes appeared to be less satisfied with their financial situation, they were less "optimistic" about their future, and their overall assessments of their lives were more negative than those from foster homes.

Differences between boys and girls placed in group homes and foster homes were also found. Girls from group homes were somewhat more likely to have problems with drugs or alcohol.¹⁷ Girls were also more likely to be receiving public aid as adults than girls placed in foster homes, and they were more likely to become pregnant as teens. Boys placed in group homes had higher arrest rates than boys placed in foster homes.¹⁸

Festinger's follow-up study of adults who had been in foster and group care found that, for men who had been discharged from group care settings, older age at the time of initial placement was associated with a stronger sense of well-being. In contrast, men discharged from foster homes had a stronger sense of well-being if placed there at a younger age. Thomas McDonald and colleagues have noted that early placement in the right setting can be beneficial and that placement at a young age in an inappropriate setting may be damaging.¹⁹

Although child welfare agencies charged with the responsibility of temporarily rearing children may not be able to provide an optimal alternative to a caring parent, they should at least reduce the likelihood that the child's development will be harmed. Stability and relationship-building are critical for children who have already experienced a significant disruption in their family relationships. Group care, which offers shift-parents and regularly changing caregivers, cannot be expected to provide adequate stability to vulnerable youngsters.

In the day-care literature, some have argued that the critical developmental milestones of early childhood may be compromised by multiple alternative caregivers.²⁰ Research has shown that infants who fre-

quently change caregivers are less “socially competent” as toddlers, preschoolers, and as young school-age children.²¹ Some group care settings may provide high-quality care for young children; however, because of high turnover rates, the vast majority cannot ensure that children will experience the predictability of a single, stable caregiver.²²

To examine whether and to what extent placement in group care supports children’s opportunities for experiencing stability while in care and the likelihood of establishing a permanent, legal relationship, we examine administrative data from California. These data do not provide a window into the personal circumstances or family situations of children in care, but they are an important point of reference for measuring conventional child welfare outcomes.

Methods

To study the dynamics of placement for young children in group care, we used data from California’s Foster Care Information System, housed at the University of California, Berkeley, as part of the California Children’s Services Archive. The archive includes all children in foster care in California since January 1988 and is updated quarterly. The data have been reconfigured into a longitudinal, relational database that allows analyses of children’s placement experiences in and out of care. The database indicates the reasons for the child’s removal from home (physical abuse, sexual abuse, and various forms of neglect including severe neglect, general neglect, and caretaker absence or incapacity), the age of the child at placement, the setting in which the child was placed, and the reason for the child’s exit from care (reunification, adoption, legal guardianship, or other). For each spell in out-of-home care, the child may experience one or more placements. We examined the reason for protective intervention that brought these children to group and foster care and then explored three indicators of permanence in our analyses: the number of placements in the first spell in care; length of stay in care; and status 4 years after entry, including reunification, adoption, or remaining in care.

We defined children’s placements as “foster care” or “group care” depending on where they spent the majority of their time during their first spell (i.e., their primary placement while in care). Children were coded as being in group care if they had a placement designation of “group home” and could be identified as *not* residing in a specialized foster home operated by a group care agency.²³

Findings

Findings are presented on four dimensions: reasons for placement in care, placement stability, length of stay, and exits from care.

Reasons for Placement

Analyses of administrative data show that the large majority of children taken into protective custody in California are placed because of reasons associated with neglect or caretaker absence or incapacity. Age is related to reason for placement. Younger children are more likely to be placed because of neglect (75.4% of those in group care and 74.8% of those in foster family care). For older children, ages 13–17, neglect is the reason for 46 percent of group care placements and 47 percent of foster care placements. As children age, they are more likely to be removed for reasons associated with physical abuse—about 9 percent of infant placements are for reasons of abuse compared with 16 percent for 13–17-year-old teens placed in group care and 21 percent for teens placed in foster care. The proportion of children removed for reasons of sexual abuse also increases.

Available data are limited on the extent to which the category of neglect may mask other factors. For example, the data do not indicate the extent to which children may be medically compromised because of prenatal drug exposure or other medical conditions, so we cannot determine whether children placed in group care settings are more fragile, on average, than children placed in foster family homes and, therefore, possibly in need of a higher level of protective supervision afforded by around-the-clock staffing. But, it is unclear whether medically needy infants and young children are necessarily better served in group care than they are in well-trained or specialized foster family homes.

Stability of Caregiving

Some evidence suggests a link between early and prolonged residential care and later breakdowns in foster placements.²⁴ We examined this link by tracing placement stability in an entry cohort of young children (ages 0–5) placed in group care ($N = 521$) between 1988 and 1990 and a cohort of their peers who were placed in foster homes ($N = 5,588$). The data suggest that children placed in group care settings experience greater placement instability than children placed in foster homes. (Kinship care settings were not studied because previous research has demonstrated the greater stability afforded by kinship foster care compared with foster family care.²⁵) For those young children still in group care after 4 years, a relatively large proportion had experienced three or more placements (see table 1). Forty percent of young children primarily placed in foster homes experienced three or more placements compared with 54 percent of children placed in group care. Differences among preschoolers are especially striking. About 48 percent of preschoolers placed in foster homes were moved to three or more settings while in care; the rate for preschoolers placed in group care was 75 percent.

Table 1

NUMBER OF PLACEMENTS AFTER 4 YEARS BY AGE AT FIRST PLACEMENT: STILL IN GROUP CARE VS. STILL IN FOSTER CARE

	AGE AT PLACEMENT							
	<1 Year		1-2 Years		3-5 Years		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Group care:								
One placement	62	33.0	32	24.6	19	9.4	113	21.7
Two placements	62	33.0	34	26.2	31	15.3	127	24.4
Three placements ...	36	19.2	33	25.4	49	24.1	118	22.7
Four or more placements	28	14.9	31	23.9	104	51.2	163	31.3
Foster care:								
One placement	985	35.8	365	27.8	425	27.9	1775	31.8
Two placements	887	32.2	324	24.7	363	23.8	1574	28.2
Three placements ...	445	16.2	267	20.4	276	18.1	988	17.7
Four or more placements	435	15.8	356	27.1	460	30.2	1251	22.4

Length of Stay

Many providers maintain that group care facilities for very young children enable short-term assessments. In fact, many children experience extended stays in group homes. The sample used to analyze children's length of stay in care included all children under 6 who entered care between January 1, 1988, and December 31, 1994 ($N = 52,613$). The sample was divided into two groups based on children's primary placement (as described above, the placement in which children spent the majority of their days in care). Survival curves were constructed for length of stay. For purposes of this analysis, "surviving" denotes remaining in care and, therefore, not being reunified, adopted, or otherwise exiting care. Figure 2 and table 2 provide survival curves and cumulative probabilities of children remaining in foster care. The data indicate that after 1 year in placement, the cumulative probability of remaining in care was .55 for children placed in group care. This was similar to children placed in foster homes (cumulative probability of .59), suggesting that the probability of exiting from group care is not appreciably greater than it is for children placed in foster care. For a large percentage of young children placed in group care settings, their stay in care is not particularly brief, as many providers maintain.

Exits from Care

Although the primary goal of the child welfare system is insuring a child's safety and protection, the system is charged with a more challenging goal as well. Child welfare services must be designed to facili-

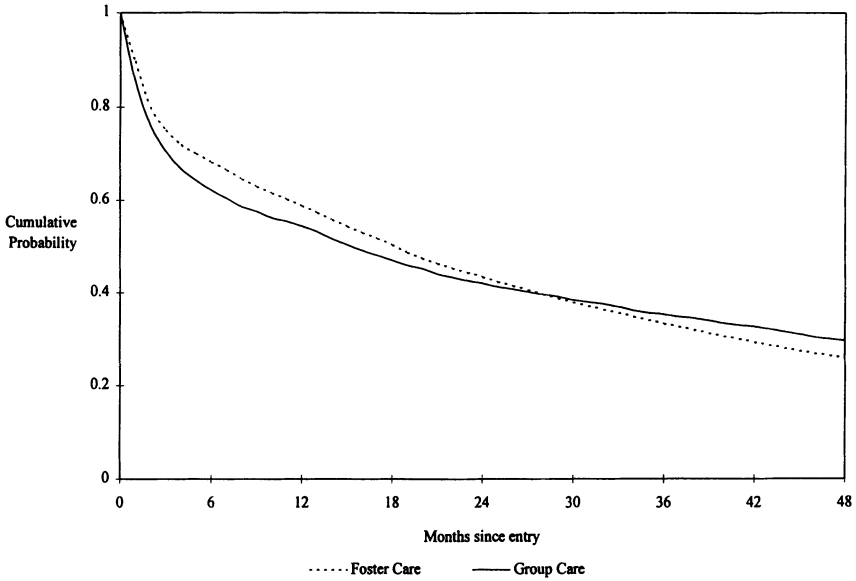


FIG. 2.—Cumulative probability of continuing in care, group care vs. foster care, children ages 0–5. Note: *N* for group care = 4,032, for foster care = 48,581. Number of cases leaving care by end of observation period (December 31, 1994) were group care, 2,545, and foster care, 31,581.

tate reunification between the child and his or her parent when possible. For very young children, who are developing early relationships with adults, rapid and stable reunification may be especially important. When children cannot be safely returned home, adoption is the next most desirable goal.

We examined outcomes for young children placed in group care and foster family care to determine whether very young children in group care were reunified or adopted more often than young children in foster care. Data include all young children who entered care for the first time in 1988–90 (*N* = 23,791). Four years after their initial placement, we examined the number and proportions of children who were reunified with their parents, adopted, had other outcomes (including legal guardianship), or who were still in care. We provide two perspectives on reunification. The reunification rate includes all

Table 2

CUMULATIVE PROBABILITY OF CONTINUING IN CARE, GROUP CARE VS. FOSTER CARE, CHILDREN AGES 0–5

	MONTHS SINCE FIRST ENTRY				
	6	12	24	36	48
Group care62	.55	.42	.35	.30
Foster care68	.59	.43	.33	.26

children who were returned to their birth parents following a stay in out-of-home care. The adjusted reunification rate is the proportion of cases that were in their birth home from the time of reunification to the end of the 4-year period, excluding those that had reentered foster care.

Reunification.—Children in group care were reunified within 4 years somewhat more often than children in foster family care. However, for adjusted reunification, these differences narrowed. For example, the reunification rate from group care for all children under age 6 was 59 percent compared with 53 percent for young children placed in foster care. Accounting for children’s later reentry to out-of-home care, however, the adjusted reunification rate for young children in group care was 44 percent and 40 percent for foster care (see fig. 3 and table 3).

From event-history analyses of reentry (not shown), we found that, 3 years after returning to their birth parents, between 25 and 30 percent (depending on their age) of young children had reentered care. The likelihood of reentry for infants whose primary placement was a group home was highest, with a cumulative probability of .31, compared with a cumulative probability of .28 for infants placed in foster care. The rate of reentry across 3 years was also roughly similar, with the greatest likelihood of reentry occurring during the first year after returning home.

Reunification rates between children in group care and foster care were roughly similar, but the findings are difficult to interpret. Given the limitations of the data, we cannot know the family circumstances or

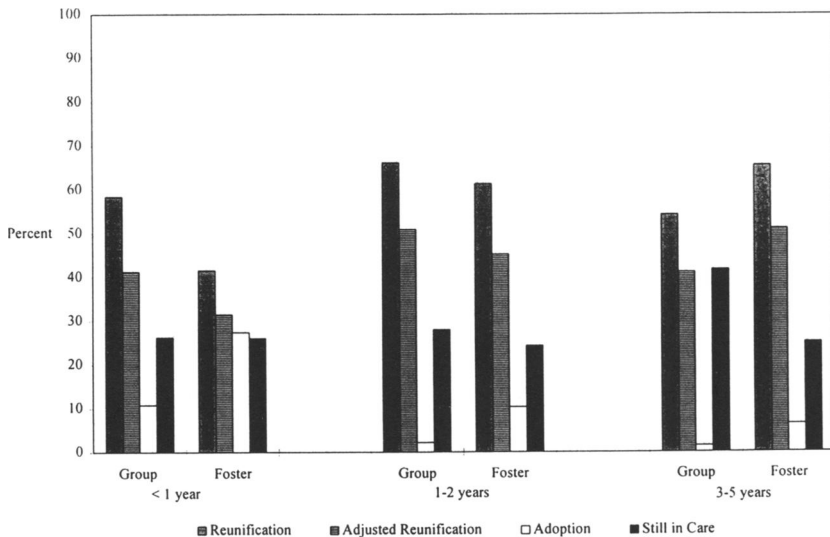


FIG. 3.—Outcomes after 4 years: Children ages 0–5 at entry placed in group care or foster care.

Table 3

OUTCOMES AFTER 4 YEARS: CHILDREN AGES 0-5 AT ENTRY PLACED IN GROUP CARE OR FOSTER CARE

	REUNIFICATION		% DISRUPTED		ADJUSTED REUNIFICATION		ADOPTION		STILL IN CARE		OTHER	
	N	%	N	%	N	%	N	%	N	%	N	%
Age at placement in group care:												
<1 year	421	58.5	124	29.5	297	41.3	78	10.8	189	26.3	32	4.4
1-2 years	307	66.2	71	23.1	236	50.9	10	2.2	130	28.0	17	3.7
3-5 years	264	54.2	64	24.2	200	41.1	7	1.4	203	41.7	13	2.7
0-5 total	992	59.4	259	26.1	733	43.9	95	5.7	522	31.2	62	3.8
Age at placement in foster care:												
<1 year	4,402	41.6	1,062	24.1	3,340	31.5	2,898	27.4	2,766	26.1	527	5.0
1-2 years	3,331	61.3	876	26.3	2,455	45.2	560	10.3	1,319	24.3	221	4.1
3-5 years	3,991	65.5	885	22.2	3,106	51.0	388	6.4	1,527	25.1	190	3.1
0-5 total	11,724	53.0	2,823	24.1	8,901	40.2	3,846	17.4	5,612	25.4	938	4.2

the characteristics of children placed in either setting. The somewhat stronger reunification rates for children in group care may be explained by the greater services and supports offered in many group home placements, although other reasons are equally plausible.

Adoption.—Children primarily placed in group care are far less likely to be adopted. Our analyses indicate that 6 percent of young children are adopted out of group care compared with about 17 percent of children in foster care. (Children placed in kinship homes have the lowest rates of adoption and were not included in these analyses.)²⁶ Although not evident in the data, a possible explanation for this difference is that foster parents become attached to foster children and elect to adopt them if reunification fails. One also might surmise that the children placed in group care may be more troubled or medically needy than those placed in foster homes and are, therefore, less adoptable than other children in care. Child welfare workers may also view children in these placements differently and make fewer efforts to explore adoption alternatives. Data from a study of group care and specialized foster care providers support these findings regarding the potential impermanence of group care placements.²⁷ Very few children were identified by these group care providers as likely to be adopted (3%). These findings were in contrast to results from the study of specialized foster parents, many of whom had adopted in the past (18%) or were eager to adopt their current foster child (38%).

Remaining in care.—Although young children in group care were more likely to be reunified from a first spell, children under 6 were more likely to still be in care after 4 years when placed primarily in group care than were children placed primarily in foster care (31.2% vs. 25.4%).

Is Group Care Appropriate for Young Children?

Group care has traditionally been reserved for difficult older children mainly because it has the potential to focus activities on helping to change the conduct of behaviorally disordered youth so that they can be transferred to less controlled, more family-like settings. Group care providers describe the children as those “of action and impulse”²⁸ with records “replete with litanies of behavior so dangerous that one marvels that they have so far survived physically intact. These are children who throw chairs at their teachers, dismantle principal’s offices when sent there, and strike out with fists, rocks, and teeth at other children, at parents, at grandparents.”²⁹ Such descriptions do not typically fit the very young child.

Young children placed in group care settings doubtless have a very high need for services; however, the literature on group homes and

residential treatment does not provide assurance that consistent placement criteria are used in determining whether children will be placed in foster care or group care. Placement criteria for children placed in group care settings have been characterized as "vague," "varying widely across centers," and "defy[ing] categorization."³⁰ Kathleen Wells notes the importance of basing group care placement decisions on general principles, emphasizing placement in the "least restrictive setting possible, in community-based programs, and in family-focused programs appropriate to age and development."³¹ However, she also focuses attention on the importance of "deinstitutionalization and normalization," goals that are not easily met in long-term group care environments.

Determining a minimum age at which group care might be appropriate for children is difficult. Admission criteria developed by the National Association of Psychiatric Treatment Centers for Children suggest a combination of psychobiological, psychosocial, developmental, and environmental conditions that should be taken into consideration but do not specify a minimum age.³² Research on the effectiveness of group and residential care has not clarified whether group care produces a lasting reduction of problem behaviors, and the research has not yet dealt adequately with age.³³

Foster care, especially when foster parents are well trained, has been shown to be at least as effective as group care in reunifying children, although studies on this topic have generally focused on older children. A study with highly disturbed children ages 9–18 who were placed in a state mental hospital clearly shows this effect. Youth who were ready to be discharged from the hospital were randomly assigned to a specialized foster care program or to residential treatment.³⁴ At 7 months, youth who had been placed in specialized foster care were less likely to be re-placed in the hospital than youth who were placed in residential treatment. Although this study population differs from the population of concern in this article, the ability of specialized foster care to stabilize this highly disturbed group of children in the community suggests the likely viability of specialized foster care for younger children.

A study conducted by Richard Nutter, Joe Hudson, and Burt Galaway also sheds light on the possibilities that may exist in specialized foster family care versus group care.³⁵ These researchers found that over two-thirds of specialized foster care agency administrators viewed their services as an alternative to group care for children. Seventy-eight percent noted that about one-third of their clients would have been in residential care and 8 percent would have been placed in a hospital setting if their agency had not taken the children. Forty percent of administrators suggested that their service was designed to prevent or shorten a more restrictive placement, and 30 percent noted

their goal as family reunification. Specialized foster care clearly holds promise as an alternative to group care for infants and small children.

The more general outcome literature on children's treatment indicates a strong relationship between the age of children and treatment success in nonresidential settings. The age of the children is associated with the success of intensive family preservation services.³⁶ In one study of family preservation, children ages 3–9 had an 11 percent placement rate at 1 year, whereas children ages 10–17 had a 19 percent placement rate. A metaanalysis of outpatient treatment of children and adolescents found a similarly powerful age effect.³⁷ For young children ages 4–12, 82 percent who received treatment showed greater improvement than the control group; about 72 percent of older children showed a similar improvement. These findings indicate that the effectiveness of services to young children can be high. If older children, who can present very challenging physical, psychological, and emotional problems, can be maintained and improve in specialized foster care settings without posing a risk to themselves or others, the viability of this placement alternative for very young children deserves special consideration.

Conclusion

In theory, group care could offer continuity of safe care until young adulthood—a phenomenon that we do not always witness in foster care. This would avoid the pitfalls of children living in overburdened foster care, the potential harms of an unsafe reunification, and the frequent replacement of children in foster care as they age. But the current evidence from California's administrative data does not support these notions. Although placement in a group home appears to marginally increase the proportion of children ultimately reunified with their parents, it does not hasten reunification, shorten lengths of stay in care, facilitate adoption, or interrupt reentry to care.

Public Law 96-272 laid out the framework for foster care placement and encouraged placement in the most family-like environment. Group care for young children frequently runs counter to the goals and principles of that law. But facing mounting child welfare caseloads and dwindling resources for foster parent recruitment and retention activities, child welfare agencies may be tempted to look to the group care market to serve its children.

As seen in the California example, without specific prohibitions or clearly defined guidelines for its use, group care placement for children under the age of 6 has the potential to remain a relatively common practice in child welfare services. Rather than assuring permanence in a family-like setting, group care may be increasingly used as a long-term foster care placement for vulnerable children. Although research

on the developmental consequences of placement in group care is not definitive, few data sources, if any, suggest positive outcomes for these children. Given that placement into group care costs much more, provides less stability of caregiving, and does not increase the likelihood of adoption, very young children should not be placed in group care.

Notes

Support for this article was provided by the David and Lucile Packard Foundation and the U.S. Department of Health and Human Services, Children's Bureau and Office of Planning and Evaluation. We wish to thank Tyan Parker for developing the figures and tables.

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2. Group homes in this article refer to the designation identified in the Foster Care Information System (FCIS) in California. Group homes include child-caring institutions with six or more beds, including residential treatment, but excluding hospitalization. This designation also excludes specialized foster care provided through Foster Family Agency (FFA) facilities (see n. 23 below).

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11. Thomas Ferguson, *Children in Care—and After* (London: Oxford University Press, 1966).

12. W. Golfarb, "Emotional and Intellectual Consequences of Psychological Deprivation in Infancy: A Reevaluation," in *Psychopathology of Childhood*, ed. Paul Hoch and Joseph Zubin (New York: Grune & Stratton, 1955), pp. 105–39.

13. Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin, "Assessing the Long-Term Effects of Foster Care: A Research Synthesis," report no. 57-93 (Institute for Research on Poverty, Madison, Wis., February 1993).

14. Trudy Festinger, "No One Ever Asked Us" . . . a Postscript to Foster Care (New York: Columbia University Press, 1983); see also Ferguson (n. 11 above); and Mary Ann Jones and Beth Moses, *West Virginia's Former Foster Children: Their Experiences in Care and Their Lives as Young Adults* (New York: Child Welfare League of America, 1984).

15. Festinger (n. 14 above); Jones and Moses (n. 14 above).

16. Festinger (n. 14 above).

17. Ibid.

18. Ibid.

19. McDonald et al. (n. 13 above).

20. Jay Belsky, "The 'Effects' of Infant Day Care Reconsidered," *Early Childhood Research Quarterly* 3, no. 3 (September 1988): 235-72; Alison Clarke-Stewart, "The 'Effects' of Infant Care Reconsidered: Risks for Parents, Children, and Researchers," *Early Childhood Research Quarterly* 3, no. 3 (September 1988): 293-318.

21. Carollee Howes, "Relations between Child Care and Schooling," *Developmental Psychology* 24, no. 1 (January 1988): 53-57; Carollee Howes and Phyllis Stewart, "Child's Play with Adults, Toys, and Peers: An Examination of Family and Child Care Influences," *Developmental Psychology* 23, no. 3 (May 1987): 423-30.

22. For a description of some of the qualities associated with high-quality infant care, see Carollee Howes, "Infant Child Care," *Young Children* 44, no. 6 (1989): 24-28. Turnover in group care settings can be high. A study of group care providers conducted by Richard Barth, Mark Courtney, Jill Duerr Berrick, and Vicky Albert found that staffing in group homes can be far less than ideal. Administrators noted that they have a number of difficulties locating and hiring qualified staff. Twenty-seven percent of the sample said that there were "very few" qualified workers available to fill positions in residential care. One quarter of child-care workers in this study had been on staff for fewer than 6 months, and another quarter had been employed for more than 6 months but less than a year. The rate of turnover exceeded that noted in the National Child Care Staffing Study. Day-care staff have an annual turnover rate of about 41 percent. A number of day-care studies have noted the diminished quality of care that results from turnover; high turnover within group care settings is likely to have similar effects. See Richard P. Barth, Mark E. Courtney, Jill Duerr Berrick, and Vicky Albert, *From Child Abuse to Permanency Planning: Child Welfare Services, Pathways, and Placements* (Hawthorne, N.Y.: Aldine de Gruyter, 1994); Mary Whitebook, Carollee Howes, and Dan Phillips, "Who Cares? Child Care Teachers and the Quality of Care in America," National Child Care Staffing Study (Child Care Employee Project, Oakland, Calif., 1989); Christine Anderson, Richard Nagle, William Roberts, and James Smith, "Attachment to Substitute Caregivers as a Function of Center Quality and Caregiver Involvement," *Child Development* 52, no. 1 (March 1981): 53-61; and Dan A. Phillips, ed., "Quality in Child Care: What Does Research Tell Us?" research monograph (National Association for the Education of Young Children, Washington, D.C., 1987).

23. The *facility type* variable that distinguishes group home care from foster family care does not always agree with the Community Care Licensing (CCL) field that distinguishes these placements. In particular, a number of placements coded as group care homes in the FCIS are coded as FFA homes (i.e., specialized foster care homes) according to the CCL. We have recoded FCIS group care placements that appear to be receiving the Aid to Families with Dependent Children-Foster Care rate that is known to be paid to any of the FFAs in California, along with those that are coded as being certified by a FFA.

24. Edward S. Conway, "The Institutional Care of Children: A Case History" (Ph.D. diss., 1957); Mia Lilly Pringle and V. Bossio, "Early Prolonged Separation and Emotional Adjustment," *Journal of Child Psychology and Psychiatry* 1 (1960): 37-48; and Gordon Trasler, "The Effect of Institutional Care on Emotional Development," *Case Conference* 4, no. 2 (1957): 35-40.

25. See Jill Duerr Berrick, Barbara Needell, and Richard P. Barth, "Kinship Care in California: An Empirically-Based Curriculum" (University of California, Berkeley, School of Social Welfare, Child Welfare Research Center, 1995).

26. Ibid.

27. Barth et al. (n. 22 above).

28. Rudolph Ekstein, ed., *Children of Time and Space, of Action and Impulse* (New York: Appleton, Century Crofts, 1983), p. vii.

29. Richard Small, Kevin Kennedy, and Barbara Bender, "Critical Issues for Practice in Residential Treatment: The View from Within," *American Journal of Orthopsychiatry* 61, no. 3 (July 1991): 328.

30. Robert Apsler and Ellen Bassuk characterized criteria as "vague" in "Differences among Clinicians in the Decision to Admit," *Archives of General Psychiatry* 40 (1983): 1133-37; Gerald Marsden, John F. McDermott, and Deanna Minor noted in their article that criteria varied widely: "Selection of Children for Residential Treatment,"

Journal of the American Academy of Child Psychiatry 16 (1977): 427–38; and Anthony N. Maluccio and Wilma Marlow said that placement criteria “defied categorization” in “Residential Treatment of Emotionally Disturbed Children: A Review of the Literature,” *Social Service Review* 46 (1972): 230–50.

31. Kathleen Wells, “Placement of Emotionally Disturbed Children in Residential Treatment: A Review of Placement Criteria,” *American Journal of Orthopsychiatry* 61, no. 3 (July 1991): 339–47.

32. National Association of Psychiatric Treatment Centers for Children, “The Emerging Role of Psychiatric Treatment Centers for Children” (National Association of Psychiatric Treatment Centers for Children, 1990).

33. James K. Whittaker, Edward J. Overstreet, Anthony Grasso, Tony Tripodi, and Francis Boylan, “Multiple Indicators of Success in Residential Youth Care and Treatment,” *American Journal of Orthopsychiatry* 58, no. 1 (January 1988): 143–47.

34. Patricia Chamberlain and John B. Reid, “Using a Specialized Foster Care Community Treatment Model for Children and Adolescents Leaving the State Mental Hospital,” *Journal of Community Psychology* 19, no. 3 (July 1991): 351–62.

35. Richard W. Nutter, Joe Hudson, and Burt Galaway, “A Survey of Specialist Foster Family Care in North America,” *Community Alternatives: International Journal of Family Care* 1, no. 1 (Spring 1989): 53–67.

36. Howard I. Bath, Cheryl A. Richey, and David A. Haapala, “Child Age and Outcome Correlates in Intensive Family Preservation Services,” *Children and Youth Services Review* 14, no. 5 (1992): 389–406.

37. John R. Weisz, Bahr Weiss, Mark D. Alicka, and M. L. Klotz, “Effectiveness of Psychotherapy with Children and Adolescents: A Meta-analysis for Clinicians,” *Journal of Consulting and Clinical Psychology* 55, no. 4 (August 1987): 542–49.