

Foster Care for Young Children: Why It Must Be Developmentally Informed

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Foster care is a societal intervention for orphaned, abandoned, and maltreated children. In the United States, more than 400,000 children are in foster care, and nearly half of those are younger than 5 years.¹ These children are at substantially increased risk for psychopathology and account for a disproportionate share of public funding for psychiatric services, with spending perhaps 15 to 20 times as much as for low-income non-maltreated children.² Although foster care has a social stigma, research clearly shows that high-quality foster care exists and is a far better alternative than other approaches to caring for abandoned or maltreated young children.³ Nevertheless, there is considerable room for improvement in “business as usual” foster care in the United States, and it is critical that improvements are implemented so that the needs of the youngest and most vulnerable children are met.

We are focusing in this article on a central problem of foster care, which is that it is often not developmentally informed. Our central thesis is that foster care for young children should be a different intervention than for older children. Decades of developmental research on the science of attachment should inform how we design and implement foster care for young children, with young children roughly defined here as younger than 6 years. If foster care is developmentally informed, then crucial features will be more intentionally pursued, as they can and should be. Colleagues in child protection and family courts make complex and difficult decisions daily, and as practitioners and researchers, we must ensure that they have and apply the best available information to inform these decisions.

ATTACHMENT

Attachment describes a young child’s tendency to seek comfort, support, nurturance, and protection selectively from at least one adult caregiver. Human infants are biologically predisposed to form attachments to caregivers. Typically, infants form “selective” attachments in the second half of the first year of life, heralded by the onset of behaviors that are qualitatively distinct from previous behaviors. At around 7 to 9 months of age, infants begin to demonstrate stranger wariness and separation protest, and when they do, they also begin to turn selectively to a small number of attachment figures for comfort, support, nurturance, and protection.

Therefore, when infants reach a cognitive age of 7 to 9 months, they have the capacity to form selective attachments. After this capacity is present, children form attachments within days to weeks of placement with a new caregiver. Nevertheless, to form and maintain attachments, infants must have substantial and sustained contact—literal physical contact—with an adult caregiver. Not until after early childhood are children able to sustain attachments over time and space to caregivers with whom they do not have regular and substantial contact.

Young children’s attachments may be qualitatively different with different caregivers, depending on the kinds of experiences that they have with those caregivers. When caregivers behave in nurturing and sensitive ways and commit to children as individuals, children are most likely to form secure, healthy attachments. Through experiences with caregivers, the young child develops expectations about the dependability of attachment figures to provide comfort, support, nurturance, and protection in times of need. These expectations affect how children experience and behave in intimate relationships and are related to subsequent psychological and



An interview with the author is available by podcast at www.jaacap.org.

social adaptation. For children in foster care, who are at risk for unhealthy attachments, special efforts may be necessary to facilitate secure attachments to foster parents.³

IMPLICATIONS FOR FOSTER CARE IN EARLY CHILDHOOD

In our view, there are two latent models of foster care in the United States: the “extended-respite model” and the “child-centered model.” These models are latent because they are neither formally described nor explicitly advocated, but we see them regularly in our work with young children in foster care. In the extended-respite model, the job of foster parents is primarily to keep the child physically safe and to provide food, clothing, and shelter. In contrast, in the child-centered model, the foster parent’s role is to become an attachment figure for the young child. In addition to providing food, clothing, and shelter, foster parents provide love and attention as if the child were their own. In this approach, psychological safety and security are as important as physical safety. Unfortunately, from our perspective, the child-centered model is too rarely implemented and is serendipitous rather than intentional.

We advocate the child-centered model for children of all ages, but we assert that this approach is absolutely essential for the youngest children in foster care. Young children in foster care need to form attachments to the caregivers with whom they live; they cannot remain attached to biological parents from whom they are physically separated. A few hours of visiting each week is not enough to sustain attachments in young children. In contrast, older children can maintain attachments to their biological parents, even with relatively infrequent contact; they also often feel deep loyalty to their biological parents even if they were neglected or abused by them.

We list challenges and make recommendations that derive from applying attachment research to young children in foster care.

1. Challenge: Young children may spend up to 18 months (or longer) in care. They are unable to sustain attachments to caregivers with whom they have substantial contact.
Recommendation: The foster parent must become not just the primary instrumental caregiver but also the primary attachment figure for the young child. This requires a substantial emotional investment in the young child by the foster parent.
2. Challenge: The quality of young children’s attachments to foster and to biological parents is predictive of the young child’s subsequent adaptation.⁴
Recommendations: Healthy, secure attachments are promoted by parents providing sensitive and emotionally available care. This requires knowing the child as an individual and providing for the child’s need to be loved and valued, such that the child feels safe psychologically and physically. Special training may be necessary to assist foster parents in learning how to respond effectively to challenging behaviors in young children and to help them become more securely attached.^{3,5}
3. Challenge: Young children have no way of understanding “temporary placements” or “respite parenting.” They know only that they need someone who is fully committed to them.
Recommendations: Foster parents must psychologically commit to the child’s well-being, because evidence links commitment with positive child outcomes.
4. Challenge: In “kin” placements, relative foster parents often maintain a sense of loyalty to the biological parents and feel reluctant to usurp the role of biological parents.
Recommendations: Kin foster parents should be educated about the importance of fully committing to the young children in their care and supported in this role. In addition, they should understand that a carefully managed transition back to parents in the future will decrease harm to the child.
5. Challenge: Considerable research has documented the harmful effects of disrupted placements on young children,³ in part because young children have no way of understanding why changes in their placements are occurring.
Recommendations: Stability of placements in this approach should be valued and maintained. Placements should be disrupted only if there are strong reasons to believe that continuing the placement is likely to be harmful and that the new placement is likely to better meet the child’s emotional needs.
6. Challenge: Visits with biological parents are often stressful for young children, particularly if their foster parents (attachment figures) are not present.

Recommendations: Visits between biological parents and young children should be constructed as collaborations among biological parents, foster parents, and child-protection professionals. Foster parents should be present whenever possible to provide support and comfort to the child. Biological parents should be supported as they face the often painful realization that their child is attached to someone else, and foster parents are coached to be team members working collaboratively toward reunification, even as they maintain support for the child.

7. Challenge: Young children who transition back home or to new placements face a potential disruption in their relationships with foster parents.

Recommendations: Transitions from foster care placements should be designed to minimize harm to the child. This means gradually building attachments to the new caregivers and maintaining contact to the former caregivers even after the transition is completed, whenever possible.³

Foster care for young children should be characterized by a child-centered model, with children's needs for forming attachments to caregiv-

ers seen as critical. For child and adolescent psychiatrists who see many young children in foster care in their practices, advocating for child-centered policies on a case-by-case basis and on a systems level is crucial for ensuring that the latest science informs and enhances contemporary policy and practice. &

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