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**Testimony Supporting S.B. 981: An Act Concerning the Placement of Young Children in
Congregate Care Facilities**

Deborah A. Frank, M.D.
Select Committee on Children
February 22, 2011

Senator Musto, Representative Urban, and Distinguished Members of the Select Committee on Children:

I am a Developmental Behavioral Pediatrician, trained by Dr. T Berry Brazelton and currently Professor of Pediatrics at the Boston University School of Medicine and Director of the Grow Clinic for Children at Boston Medical Center. In addition, I am Founding Principal Investigator of Children's HealthWatch, a non-partisan research center that works to improve child health by bringing evidence and analysis from pediatric care to policy makers and members of the public. My work over the past three decades has focused on the health and development of at-risk children. I write today in support of S.B. 981, An Act Concerning the Placement of Young Children in Congregate Care Facilities.

In 1996, with Dr. Perri Klass, a specialist in infectious disease, and two eminent Harvard Professors of Child Psychiatry Dr. Felton J. Earls, and Dr. Leon Eisenberg, I co-authored an article in *Pediatrics* titled "Infants and Young Children in Orphanages: One View from Pediatrics and Child Psychiatry." Though the article focused in particular on the harms of long-term placement in institutional care, I believe that our findings can inform the current debate in your state over the placement of young children in congregate care in cases of abuse or neglect.

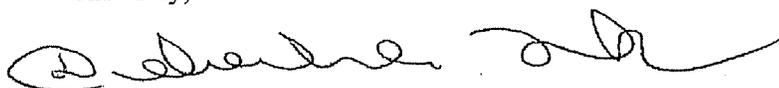
The conclusion among medical and child welfare professionals since the first White House Conference on Children in 1909 is clear: When removal from relatives is unavoidable because of serious maltreatment, infants and young children should be provided with long-term, family-based care. Housing infants and young children in institutions instead of with families goes against over a hundred years of consensus among physicians and child welfare specialists.

Even the best institutional settings are inherently unsuitable for the developmental needs of infants and very young children, exposing them to concurrent risks of serious infection disease and sustained risks to their socioemotional development. As we concluded in our paper, "from a developmental perspective, infants and young children are uniquely vulnerable to the medical and psychosocial risks intrinsic to institutional care."

I do recognize that some preschoolers (age 4 and up) may be so disturbed behaviorally that they need temporary therapeutic congregate care settings. The proposed legislation contains an exemption to allow such placements for children with severe health needs who cannot be served in any other setting.

Simply put, infants, toddlers, or preschoolers without severe behavioral health needs do not belong in institutions. S.B. 981 makes sure that such children would be placed instead with families, a tremendously positive step in improving care for Connecticut's youngest and most vulnerable children. Along with this, I would stress to the Committee the importance of investing the resources to provide adequate supervision and support to foster parents to make sure that the children in their care can thrive.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah A. Frank". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

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