



300 N. INGALLS, 10TH LEVEL  
ANN ARBOR, MI 48109-0406  
TEL: (734) 764-2443  
FAX: (734) 936-9288  
<http://www.chgd.umich.edu>

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

Katherine Rosenblum, Ph.D.  
Select Committee on Children  
February 22, 2011

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

I am a clinical and developmental psychologist and am currently an Assistant Research Scientist at the University of Michigan's Center for Human Growth and Development and Adjunct Clinical Professor in the Department of Psychiatry. In Psychiatry I direct the Parent-Child Relational Clinic, the specialty clinic that serves children under 6 years old and their families. In addition, I am the Psychologist Consultant to the Child Advocacy Law Clinic at the University of Michigan School of Law, where I lecture and offer consultation regarding developmental issues pertaining to child welfare. The testimony I am submitting today reflects my professional opinion based on my clinical and developmental expertise, and does not necessarily reflect the opinion of the University of Michigan.

My research and clinical work focus on relationship disruptions in early childhood, interventions to support parent-child relationships, and the special needs of young children in the context of adoption and foster care. My own research, consistent with the abundance of current evidence, underscores the critical role of an emotionally available caregiver for infant and young child social and emotional wellbeing (see Rosenblum et al., 2006; Rosenblum et al., 2009). My work has demonstrated that even very young children are attuned to the presence and emotional availability of their primary caregiver. Young children are biologically hardwired to expect an environment that provides a committed, stable primary caregiver. Indeed, the commitment of a foster parent to his or her child has been identified as a critical feature of the foster caregiving environment, and reflects the degree to which the caregiver is emotionally and psychologically committed to, and invested in, their child (e.g., Dozier & Lindhiem, 2006). An important recent study using a rigorous experimental design demonstrated that children previously placed in congregate care settings who were subsequently moved to foster homes showed significant improvements across a number of important developmental domains (e.g., Smyke et al, 2010). It is likely that one of the reasons young children in the congregate care setting fared poorly relative to children in foster homes was that shift care workers, no matter how well intentioned, were understandably and inherently less likely to commit and emotionally invest *as a parent* to the young child, and thus failed to meet critical child needs. Given the heightened emotional needs of young children who enter foster care, the availability of a caregiver who can meet these needs is most critical. Infants and young children experience a different sense of time, and particularly at a time of heightened emotional need even a few days in congregate care is likely to represent added hardship at a time of marked vulnerability.

**I therefore strongly support S.B. 981, which prohibits the Department of Children and Families from placing children under the age of six in congregate care facilities** except in a few unusual circumstances. Young children are developmentally hardwired to bond to a primary caregiver. Congregate care, by its very nature, does not involve a consistent caregiver and therefore is inappropriate for the developmental needs of young children. Even short-term placements in congregate care facilities can have long-lasting social and emotional effects.

Although DCF acknowledges that family care is almost always better for very young children, the Department continues to put children under 6 - including infants and toddlers - in temporary congregate care facilities with some regularity; overstays are not uncommon. In 2009, 248 children under 6 were placed in congregate care settings in Connecticut. There are reasons to believe that DCF will continue to institutionalize abused and neglected children unless the practice is expressly prohibited. This legislation follows the model of several states that are beginning to codify prohibitions on congregate care for very young children, bringing their laws in-line with a century of knowledge about developmental psychology.

S.B. 981 reflects the consensus among experts in child development, which is that children under the age of six should be cared for in families, not in institutions. I therefore respectfully ask that you support this important piece of legislation, which would improve the lives of Connecticut's most vulnerable young children.

Respectfully submitted,

Sincerely,



Kate Rosenblum  
Clinical Assistant Professor of Psychiatry  
Assistant Research Scientist, Human Growth and Development

## References Cited

Dozier, M. & Lindheim, O. (2006). This Is My Child: Differences Among Foster Parents in Commitment to Their Young Children. *Child Maltreatment*, 11, 338-345.

Rosenblum, K.L., Dayton, C., & McDonough, S.C. (2006). Communicating feelings: Links between mothers' representations of their infants, parenting, and infant emotional development. In O. Mayseless (Ed.), Parenting Representations: Theory, Research, and Clinical Implications. New York: Cambridge University Press, pp. 109-148.

Rosenblum, K.L., Dayton, C., & Muzik, M. (2009). Infant social and emotional development: Emerging competence in a relational context. In C. Zeanah (Ed.) Handbook of Infant Mental Health, 3<sup>rd</sup> Edition. New York: Guilford Press, pp. 80-103.

Smyke, A. T., Zeanah, C.H., Fox, N.A., Nelson, C.A., Guthrie, D. (2010). Placement in Foster Care Enhances Quality of Attachment Among Young Institutionalized Children, *Child Development*, 212–223.

