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IMPROVING THE MENTAL HEALTH OF ABANDONED CHILDREN

- Experiences from a Global Online Intervention

Intro. the emergence of global psychologist mindsets

Global communication inspires international cooperation and innovations in applied psychology. Virtual technology enables us to cooperate instantly and design interventions to reach large audiences in need of our services. Applications have emerged from dyadic long-term therapy, over short-term and group therapies, to international cooperations between research teams, care organizations, and major target groups. This expansion is mirrored in the author's path from clinical work in a Danish institution for severely deprived Danish children, to the global outreach of the Fairstart Foundation. Its mission is to support the formation of local care expert networks, by entering long-term partnerships with organizations in need of staff educations and group training programs for caregivers of out-of-home placed children. At present, five hundred staff from NGOs and government agencies in 26 countries graduated in virtual classrooms as Fairstart Instructors. During their six-month curriculums, they have trained groups of foster parents and orphanage staff who provide daily care for some 40.000 children and youth. Students apply training programs in 20 languages from Swahili to Bahasa, each adjusted to local culture.

Such expansions challenge our mindsets. In this case: how to design the path from theory and research, to help underprivileged caregivers improve the mental health of children in their care? To inspire further discussions on how research can be applied by digital media to upscale interventions, the text describes the author's steps from idea to current program design. In the light of online innovations spurred by the Covid-19 pandemic, these experiences and considerations may be of

general interest. To provide a general overview of a complex project, only studies deemed representative of current research are used.

Professional experiences inspiring the project

After publishing a handbook in 12 language versions about practical therapy with deprived and maltreated children (Rygaard 2005), a world tour followed for lectures and studies of orphanage and foster care systems. The author was impressed by observing the poor mental health of out-of-home placed children, and the struggle in NGOs and public organizations to design and finance staff education. Also, by meeting isolated caregivers and leaders with no workplace development, supervision or training, outnumbered by scores of severely disturbed children. For example, when speaking for 150 orphanage leaders in Mexico, a visit to a Tijuana orphanage demonstrated two caregivers working around the clock to meet the needs of 28 newborn babies. Or, in a cooperation with the Polish Foster Care Coalition, several foster mothers reported hosting up to 14 former orphanage children. Decades of research in care for high risk children seemed to have little effect on the mindsets and care practices of underprivileged orphanage staff and foster parents. The gap between growing numbers of children and the need for large scale interventions was obvious. Further studies confirmed the scale of the challenge.

Global migration and urbanization accelerate due to climate change, conflicts and economic inequality. The relocation process is radically transforming world demography, and changes traditional care cultures in the process. Children are often left behind during migration, immigration, or are abandoned in the transition from rural to urban environments. In his paper “Refocusing our Priorities in 2020”, Khalil sums up numbers for 2018. 153 million children were orphaned, 8 million lived in institutional care, and 70.8 million people had been forcibly displaced from their homes, over half of whom are under 18. One in four of the world’s children live in a conflict or a disaster zone, and 37.000 people are forced to flee their home every day (Khalil 2020).

By nature, the exact numbers are difficult to determine, and studies vary from 3 to 8 million in orphanages. In particular, developing countries lack basic statistics and research in this area.

How can intervention designs bridge the gap?

Dialogues with colleagues inspired the idea of offering government agencies and NGOs low cost educations for their staff, in how to train local groups of orphanage staff and foster families in attachment-based care practices. Lessons learned from former interventions presented a number of caveats (McCall et al. 2014). Many projects are short term and leave no lasting imprint. They are often limited to specific areas or target groups, or address single topics in a complex culture. Western intervention designs are frequently transferred without alignment to local cultures, and require low income organizations to pay for expensive foreign experts and transportation to seminars for students. These findings set the basic criteria for the design. A low-cost education, allowing partner staff to study from their daily workplace. As part of their education, students should train local caregiver groups in session meetings with training programs in local versions, adjusted to language and culture.

Developing the program design

From 2006, six consecutive steps were planned and performed. Each step is regularly updated according to developments and requests from partners.

1. Invite an international network of researchers to define quality care practices.
2. Make a database of shared studies, to transform care recommendations into staff educations and group training programs.
3. Consider how attachment theory may be applied in non-parental care systems.
4. Analyze how global migration and urbanization affects traditional care cultures, causing parental stress and subsequent placement or abandonment of children.
5. From this analysis, derive the general requirements for quality care systems.
6. Make a pilot with European Union partner organizations to evaluate the design.

7. Develop blended learning versions in long term partnerships with global NGOs and government agencies.

Research to define quality in care

The project idea was to build on decades of child-in-care research available. From 2006, the author further expanded dialogues with international researchers¹, who generously shared and discussed outcomes of their studies, and recommendations for out-of-home care organization. To prevent cultural bias, researchers from all continents were invited. Their contributions were categorized by the author in a cross-scientific database of epigenetic, child brain development, caregiver-child relational, group dynamic, organizational, and intercultural studies. These were interpreted to define “quality in care for children and youth without parental care” from micro- to macro levels. The process inspired a number of conclusions and re-interpretations of applied theory.

Attachment theory was selected as a pivot in the program for its role as a common denominator in research. Also, for the simplicity of its basic concepts and terms (i.e., “the caregiver as a secure base”, “separation anxiety and exploration behavior”, “the internal working models of caregiver and child”, a.o.), making it equally understandable for instructor students and uneducated caregivers. Furthermore, attachment research centers on traumatic responses to separations, highly relevant for understanding the behavioral and emotional characteristics of children in care (Cassidy et al. 2013).

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Applying attachment theory in the program required some adjustment, to target groups of non-parental caregivers in foster and group home settings. One important design question was: how can attachment theory be transferred from Bowlby's dyadic mother/child setting, to group care provided by non-relatives – including the challenge of promoting attachment-based care practices in other cultures (Keller 2013)?

Selecting attachment theory as the core program element

Inspired by Darwin's theory of evolution, Bowlby defined child attachment behaviour as an inborn alarm response to avoid separation from the parent, generated in the evolution of mammals (Bowlby 1979, 1973, 1980). If separated, the infant's attachment behaviors evoke a constant provision of nurture and protection from the parent. If the infant's need for a secure parental base is fulfilled, the child will respond with frequent exploration behaviors: play, socialize with peers, and learn. The postponement of infant brain development (delayed gratification) allows complex individual brain development via mother-child interactions, enabling human adjustment to almost any specific environment. However, this dependence on long-term nurture makes mammal - and human offspring in particular - very vulnerable to separations (Howes 2008), (Narvaez et al. 2012).

To understand how infants and toddlers respond to separations, Ainsworth (Ainsworth 1970) designed the Strange Situation lab experiment, to categorize how children develop secure and insecure internal representations (working models), depending on the mother's ability to provide a secure base. Three infant behaviour patterns aiming to elicit maximum care and attention from the parent were extracted, and described as secure, anxious-avoidant and anxious-ambivalent. Later, Main identified a fourth group, classifying an infant attachment behavior as disorganized (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990). The empirical foundations of the original theory and the widespread applications of Ainsworth's lab experiment have been

debated, and their limitations underscored (Zilberstein 2013). Even so, these basic concepts influence much of today's child research and professional applications. The importance of early attachments – or to be precise, of frequent social-emotional interactions between caregivers and children - were further explored from the 1980ies and forward, by the growing discipline of developmental child neurology.

Orphanage care and child brain development

Our knowledge about early brain development and separation responses stems from a long tradition. From Bowlby's study of hospitalized infants and toddlers, over Harlow's studies of isolated rhesus monkey pups in the 1960ies, to studies in substandard Eastern Europe orphanages by several international teams of researchers in the 1990ies. Harlow conducted studies of experimentally isolated and touch-deprived infant monkeys. After three months in isolation, one in six died shortly after "release", and all "showed various abnormalities such as blank staring, stereotyped repetitive circling in their cages, and self-mutilation" (Harlow 1962). If isolated longer, their brains and other internal organs were small for age, due to a lack of growth hormone production, causing stunting and reduced head circumference and brain tissue volume. Their social skills when re-united with mothers were chronically impaired, and as adult mothers they were unable to provide care and nurture for their offspring.

These animal study outcomes are practically identical with child development studies in substandard orphanages in Romania, Bulgaria, and Russia. In the Bucharest Intervention Study (Zeanah et al. 2003), orphanage children were compared to similar groups in the local community. High mortality rates and arrested body growth (stunting) was common in orphans. EEG studies across brain regions in both groups demonstrated significantly lowered brain activity, and reduced neural network growth in the orphanage group. Fully developed attachment behaviours were found

in all control group children, and only in 3.2 % in the orphanage group. 10 % showed no signs of any attachment-related behavior (Sheridan et al. 2019). When moved to adoptive families, the most persistent symptoms (if present at adoption) after two years were ADHD and autistic behaviours – only one in ten had recovered. From stereotype, aggressive and indiscriminate contact behaviors, 3 in ten had recovered. CNS-activity related symptoms, such as sleep-, eating- and apathy problems, were more responsive to improved care – two thirds of children had recovered. The Michael Rutter group's follow-up studies of Romanian orphans placed in foster family care link recovery rates to time spent in an orphanage (Rutter 1998).

The decisive element. constant and sensitive social-emotional interactions

One of the most detailed studies from this period (SRDC 2008) sums up conclusions from this intervention and other orphanage studies. Among all variables (the quality of the physical and nutritional environment, family or group care placement, etc.), the uniform conclusion from orphanage child studies is clear. Early physical, psychological and social-emotional rhythmic interactions with a few stable daily caregivers, in small groups, are by far the most important variables in children's long-term development, especially in early years. How could this be trained and practiced by daily caregivers?

Applying attachment theory in non-parental care settings

Bowlby's theory of attachment was based on personal childhood experiences, observations of hospitalized post-war children's responses to separation from mothers, and studies of early care in young criminal offenders (Ezquerro 2017). At the time, the nuclear family was dominant in Britain, and biological mothers-at-home played the vital role as children's main attachment figures. Thus, attachment theory focuses on studying the mother-child dyad. Later research demonstrated that children may develop secure and insecure attachments towards either parent, as well as towards foster and adoptive parents, and to the still more significant external

daytime caregivers outside home (Colin 1991, CFCA 2016). Also, attachment patterns developed early in life are highly susceptible to later positive or negative experiences with significant others, enabling a change of attachment security across the lifespan (Howes 2008).

Defining the Secure Base Caregiver Group

For non-parental caregiver group training, basic attachment terms were reformulated and applied at the caregiver group level. When Fairstart students are educated to train a group of foster parent or group care staff, their task is to help caregivers develop a mindset, to perceive themselves as important parental attachment figures, who cooperate to learn the practices of social-emotional relations work. Another goal is to improve caregiver wellbeing by enhancing mutual cooperation, to reduce caregiver stress and conflicts. Children are very sensitive to the quality of relations between caregivers they depend on. In research, positive or negative caregiver relations instantly trickle down to children's feelings and perceptions of a secure or insecure environment. To enhance the gradual development of group cooperation, the "secure caregiver group" is defined as a group where "All participants (including the instructor) share and compare personal experiences of separation and loss in their own childhood, to better understand and respond empathically to the behavior and mental state of children in their care, who suffer from separations and trauma. After group discussions of a session topic presented by the instructor, each participant plans how to adjust interactions with their specific children between training sessions. Outcomes are discussed at the start of the next session. In the course of session meetings, the instructor enhances the formation of a secure internal workplace model – a group mindset where caregivers perceive themselves as important emotional attachment figures and substitute parents".

To help students enhance mutual trust and efficient group performance, three work group development theories were included in the staff education. To determine work group performance efficiency and best cost/benefit ratios, a group of Gallup social science researchers

examined a database of one million employee scores on 200 questions (Wagner 2006). Only a cluster of high scores in 12 questions - describing positive social relations among leader/staff and among staff members – significantly predicted high customer satisfaction, employee motivation, and task performance efficiency. Second, Bion describes group dynamic resistance towards learning, and methods to enhance active group participation and motivation to learn (Bion 1961). Students learn to interpret initial resistance and reservations as a relevant response to preserve the group's culture, before new learnings can be explored. Third, William Schutz' research in work group interpersonal relations (Schutz 1966) provides a sequential phase model for ongoing group dialogues to negotiate member inclusion, a clear role and authority distribution, and emotional confidentiality and openness. In Schutz' research, this social process is a premise for efficient task performance in work groups.

Designing the interface between research and local culture

The next question was how to embed this model in local partnerships? A basic assumption was: the faster a culture is exposed to radical change in environments, the more will its adaptation and coping systems tend to fail, and result in stress, trauma, and the breakdown of care culture. From the cross-disciplinary database survey, it seemed reasonable to assume that human adaptation systems (immune, genetic, epigenetic, attachment, and cultural systems) each require time to mobilize an adequate survival response, in order to adapt successfully to change in the environment. In this understanding, stress and trauma represent a failure in mobilizing adequate response strategies. Adaptation is developed in long term adjustments to a specific environment, and compromised by sudden shifts to another (such as a moving from village life to suburb slums).

Traditional family organization and child care mindsets tend to remain constant and adapt slowly to environmental change. For partner and caregiver accept of the trainings, it was important to create an interface between care recommendations from research, and their integration

with local tradition. One design objective was to provide caregivers with inspiration to develop new adaptation strategies, in the clash between traditional and modern life. This required an in-depth analysis to understand the transformation of care cultures caused by rapid migration and urbanization, and the resulting stressors separating children from parents. From an evolutionary point of view, environments for providing constant stable child care and attachments have changed in still shorter periods. From observations and ethnology literature, the author observed three general care cultures and mindsets, formed in the history of human development: the hunter-gatherer group culture, the extended family culture, and the urbanized family culture. Program designs should adapt to the strengths and challenges of their respective mindsets.

Hunter-gatherer group care mindsets and stressors

For some 200.000 years, children were raised in small migrating hunter-gatherer tribes while spreading across the globe. In a partnership requested by Greenland government's Board of Prevention and Health from 2017, pre- design interviews showed that traditional family mindsets refer to the group as a whole, without differentiated roles or terms for "parents" and "children". The traditional Inuit mindset tended to be a "we" ("Inuit" simply means "humans"), working to survive together. In this culture, children were not physically disciplined, shamed or excluded. Instead, they learned to behave by avoiding the wrath of an ample number of mythological spirits. This externalization of aggression probably served to avoid internal conflicts in a highly interdependent group, where open disagreement was a risk for survival. Today, these populations are often traumatized in general, by urbanization and the meeting with Western colonization. Past deportations, prohibitions of local religion and language, industrialization and high unemployment rates have created an identity void, and traumatized many families. Greenland statistics show that 40 % of the age span 15-64 years depend on long-term social welfare. Seven percent of children are placed outside home, and very few pass the 9th school grade

(Statsministeriet, 2000). When lecturing in Canada, officials and NGOs reported similar challenges for indigenous people. European gypsies represent another, still migrating group.

The extended family culture and stressors

As hunter-gatherer tribes became farmers, agricultural village settlement began to prevail some 8000 thousand years ago. This created the extended family care culture. Adapting to organize agricultural life, child-caregiver relations were formed in myriads of small self-sustaining villages. Farming gradually created a differentiation of work domains and gender roles, spurred by the necessary division of labor. Ownership and family authority hierarchy emerged (often favoring the eldest son). The need for ownership of arable land and ensuing family clan feuds (for example the Italian vendettas) made bloodline kinship and strategic marriages vital for family inclusion and care. Starvation due to failed harvests and epidemic diseases were now major causes of child mortality, making numerous offspring important to ensure the constancy of the next generation. Production and reproduction took place in the same environment, allowing children to participate in daily work and form long term relations - not only with their mothers, but also with neighbors, peers and relatives. This care organization was observed particularly in Asia, Africa, and other societies where life in villages were predominant until recently. The following example was researched to prepare an East Africa program for SOS Children's Villages (hence. SOSCV).

Stressors in extended families. absent fathers, single mothers

Extended families offer strong protective social networks, where family clans provide mutual care. E.g., the East African Muslim Kefala code of conduct obliges anyone to take in the children of deceased or poor relatives. A case from research in Rwanda: a poor rural kinship care woman cared for three of her own children, three from her brother killed in the Hutu conflict, and three from a sister who died from AIDS. In spite of her exhaustion, she obliged to this code. The closure of villages and migration to slums tend to weaken these networks, in particular by severing

the bonds between fathers and their children. A survey of studies in African fatherhood was conducted to design an additional Fairstart training session for family reintegration of fathers (Fairstart 2019). For large numbers of unemployed men, it is shameful to be unable to provide for the family, and others have to work at long distances. Consequently, many go from divorce to social exclusion, followed by social demise and substance abuse. They frequently remarry elsewhere and sometimes form serial families (Ramphela 2002). One third of children in Tanzania and Kenya grow up without their father (Posel and Devey 2005). In a household survey, 35 % of children reside with an adult male who is not their father (STATS SA 2018). This lack is partly compensated by the extended family's flexibility. In many African cultures the term for father, "Baba", still pertains to any male heading the household including elder brothers, cousins or uncles, as long as they are relatives or even second husbands (Morrell 2006). In our interviews with East African fathers in the slums, their most common statements were the undermining of paternal authority, and a lack of respect for elders and traditional social responsibilities. Fewer young men abide to tradition and often leave a pregnant woman. This endangers the growing numbers of single mothers, in societies where a male head of the household is a protective factor, also for daughters.

A similar example from the Asian extended family culture. When producing a care system analysis for SOSCV in Cambodia (Fairstart 2015), the Fairstart team observed that foreign companies buy out thousands of rural farmers, who then migrate in large numbers to the suburbs of Phnom Penh, causing a general extended family network breakdown. To survive, most teenagers drop school to work illegally in Vietnam, and parents are forced to work apart around the clock as far away as Dubai. Identical movements were observed globally in and around Shanghai, Mumbai, Cairo, Los Angeles, Istanbul, Lima, Paris, etc.

Post-industrial family culture and stressors

In only a few decades, massive in-country migration from villages to cities, and waves of migration between continents have happened – from Africa to Europe, and from Latin America to the US. By 2050 projections, 68 % of the world population will live in a major or mega-city, growing at one billion per 13 years (UNDEA 2019). For example, 40 % of the rural Chinese population migrated to new cities in a few decades, leaving 60 million children behind with village grandparents, and nine million in cities without legal access to school (The Economist 2015, Ziwei 2019, Shengjie et al. 2020). This transition creates new post-industrial family types, living in impoverished rural areas and densely populated cities, surrounded by slums and suburbs. How do they adapt?

Social disorganization in migrant and urbanized families

At the Chicago school of social psychology, Levine first introduced the term “social disorganization” to describe the traumatizing effects on Mexican migrant family culture when urbanized (Lewis 1963). This term is well suited to describe the general responses to stressors caused by migration and urbanization. In this tradition, observed high levels of stress and increased psychopathology are interpreted as caused by a loss of control and parental authority due to separation from the culture of origin, and to social isolation caused by the alien urban environment.

Rural and urban family stress responses

Patnaik defines stress as the individual’s coping response, resulting in “a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioral changes that are directed either towards altering the stressful event or accommodating to its effects”, and that long-term stress “can lead to physical, emotional, and mental health risks for problems such as migraine headaches, relationship issues, or substance use disorders” (Patnaik, 2014).

Cronin (Cronin 2015) finds two interdependent sources of parental stress: stress produced from challenges in being a stable provider (e.g. being unemployed while having to pay for school, food, etc.), and stress induced by challenges in the upbringing of children (discipline or comfort children, handle a moody teenager, etc.). Studies suggest that stress as a provider is related to elevated stress in parent-child relations, especially when challenges are cumulative, outside the influence of the parent, and long-term. Several researchers find that parents who experience economic stress also experience greater parenting stress, resulting in maladaptive care behaviors. Economic pressure can lead to harder discipline practices, and divorce also increases maternal stress. Elevated maternal provider stress seems to increase insecure attachment style parenting and negativity (Mills-Koonce 2011).

Drug abuse as one indicator of rural parental stress responses

Rural and urban parental stress responses are very different. In depleted areas drug abuse prevails, while parent and child mental instability is more common in cities. There are few studies of parental stress and area deprivation as an independent variable. In a Dutch questionnaire study of a random sample of 9,453 parents living in less, medium or very deprived areas, deprivation was linked to high parenting stress levels (Spijkers et al. 2011). Deprived area parents scored higher in the child behavior Strengths and Difficulties Questionnaire (SDQ 2020), indicating a higher frequency of child and teenage adverse behaviors. In the US, rural area drug abuse is now 50 % higher than in cities. According to Mack, the impact of the opioid crisis faithfully follows the spread of poverty and unemployment, crippling thousands of parents and newborns (Mack 2017). Opioid overdosing caused the death of half a million Americans since 2000 (Ghertner and Groves 2018), and one out of five pregnant American women use opioid medication in pregnancy. (Desai 2014). Drug abuse accounts for one third of American children placed outside home. “All told, about 274,000 children entered foster care in the U.S. last year. A total of 437,000 children were in

the system as of September 2016” (Levine, 2018). The crisis is so severe - with a 32 percent spike in drug-related cases from 2012 to 2016 - it reversed a trend that had the foster care system shrinking in size. The stress in social welfare systems caused one out of five teenagers in care to experience six to ten shifts in placement (Hornby et al.1981), and almost one in seven teenagers experienced three or more replacements (Children’s Bureau 2020). Other studies link serial replacements to disrupted attachments, poor school performance, and the loss of friends and peers (Waid 2016).

Urban stress responses: unstable parent and child mental health

Gong conducted a systematic review of studies in urban psychological stress (Gong et al. 2015). For the mental health of parents and children, an array of psychological and psychosomatic ailments prevails in urban settings including schizophrenia, psychosis and depression. Bulimia Nervosa is 5 times more prevalent in urban than in rural settings, whereas Anorexia and Orthorexia (obsession with healthy food and exercise) increase in all settings (Van Son, G. et al. 2006). In a global survey, Gruebner (2017) reports a high prevalence of anxiety disorders in urban environments. Urban upbringing has been associated with a 2-fold adulthood psychosis risk. This association replicates for childhood psychotic symptoms, most prominent in areas with low social neighborhood cohesion and crime victimization, affecting child brain function (Lambert et al. 2016).

Continuity in family systems and attachment figure relations

The abovementioned examination (updated in this paper) of three general family cultures and their major stressors provided a first insight in how to adjust training programs to local culture. From an attachment point of view, it also left the impression of a general tendency of reduced continuity and strength in family networks and attachment to parents. Albeit not very

explicitly, Bowlby seemed to assume that secure attachment requires continuity in the relation between parent and child. In today's urbanized environments in particular, children tend to be separated at an earlier age from parents in the daytime, experience more separations between important attachment figures, and more shifts between external caregivers.

Early separations and shifts in external caregivers

The effects of early age daytime separations on child attachment security are not well studied. A major NICHD daycare study found that daycare did not affect the quality of engagement from the mother. However, infants younger than two who spend many hours in daycare tend to develop more behavioral problems (NICHD 2003). Similarly, in a survey of seven studies, Vermeer found significantly elevated levels of the stress hormone cortisol in children younger than 36 months in daycare, compared to those cared for at home. (Vermeer 2006). This has been replicated in studies of children in foster care (Dozier et al. 2015).

Denmark holds a European record. 66 % of children younger than three spend 30 hours or more per week in nursery institutions (EUROSTAT 2020). The average length of service for caregivers and school teachers has dropped to three years, and for social worker child placement managers to nine months in urban areas. From an attachment point of view, this early separation from parents - combined with frequent shifts in caregivers and growing divorce rates – present a risk for long term secure attachments and separation from parents. How long do parents stay together, and how does this affect child development?

Marital constancy and children's educational success

Parental divorce may be both a cause and a consequence of placement outside home. In a scoping review, Leloux-Opmeer compared the 37 % divorce rate in the Netherlands to child-in-placement parental divorce rates: “The percentage of divorced parents in both foster and residential care is many times higher. In foster care, Scholte (1997) reported a percentage of 84 %. Similarly, in

residential care the percentage of divorced parents was indicated as being between 72 and 80 %” (Leloux-Opmeer et al. 2016).

From 1960 to 2017 global divorce rates increased by 251.8 %. In Catholic Spain today 65 % divorce, in the US 46 %, and in India only 1 %. By major world religion, divorce happens in 37 % of Christian and Catholic families, 20 % in Muslim, and 1 % in Hindu families (Unified Lawyers 2020). These differences in marital constancy are presumably accounted for by the relative strength of extended family religious codes and social obligations in various subcultures. In the author’s Denmark, only 5 % of parents divorced (the majority after ten years of marriage) in 1955. Today 52 % divorce, typically after five years of marriage, and a third of all parents live alone. Other studies indicate a clear link between divorce frequencies, income, and reduced school performance. A Danish longitudinal study of 52.000 children born in 1980 finds that rich and middle-class parents divorce later and much less frequently than low income parents (Holm 2014). For both groups, the child’s educational level at age 32 was doubled if parents stayed together. 37 % of parents with primary school education divorced, while only 28 % of parents with higher education did so.

It is a recurring feature in studies that poverty amplifies the negative effects of individualization and parental stress, reflected in poor children’s lowered school performance and the increased risk of separation from one or both parents. UNICEF and NGO reports state that eight out of ten children in orphanages have live parents, their main reason for placement being parental poverty (BCN 2019). Additional risk factors are: children born out of wedlock in traditional cultures. For example, from Korea’s extended family culture 161.000 children were inter-country adopted between 1958 and 2008 because their mothers were unmarried (Kim 2010). In the West, common causes for placement in alternative care are parent’s alcohol or substance abuse, or psychiatric diseases. In all countries, physical or mental child handicaps increase the risk of being

placed in care. This lack of continuity in children's relations applies also to care outcomes in wealthy countries. For Danish and Swedish children in care, only one third pass the 9th grade and continue to further education, and one third become homeless. In comparison, statistics from international SOSCV director Richard Pichler on 55.000 children growing up in villages show that eight out of ten passed the 9th grade, and 14 % completed academic careers (Pichler 2016). Pichler ascribes this to the continuous care from one SOSCV mother with 4-6 children, offering lifelong attachment bonds, continuing into adulthood after leaving the village. These outcomes of care organization suggest further research into the link between continuity in attachment figure relations, and success in life after care. However, investment policies, emotional media attention, and dry research often have different agendas.

What environments are required for quality care?

Best placement policies are a much-debated subject. In 2009, UNICEF urged all governments to close their orphanages and de-institutionalize care - in favor of foster family placement, family reunion, and community and family strengthening programs. Economically powerful Western aid initiatives (USAID, the LUMOS Foundation, a.o.) tend to focus on the individual child, its individual rights, and the nuclear family as the ideal. While Asian, African, and indigenous cultures are more based on group identity, and loyalty to the extended family that excludes taking in non-relatives. Western aid agendas tend to identify all group care solutions with substandard criminal and trafficking orphanage designs. This ignores the value of a strong family and peer group identity, and the fact that foster family care is alien in many cultures. Besides, studies and author observations in all countries demonstrate a massive shortage of new foster family applicants, including the general aging out of Western foster parents.

In a two-year cooperation with psychiatry professor Kamikado Kazuhiro of Nagano University who translated and adjusted a Japanese program version, he reported a very high

frequency of suicide in young foster care leavers (Rich et al. 2018), causing a halt in de-institutionalization. He ascribed this to Japanese family mindsets excluding non-relatives. A partnership 2010-14 with the NGO React Indonesia revealed a strong village community culture, playing an important role in orphan care. Since industrialization created rural poverty, half a million Indonesian children were in 8000 orphanages in 2010, overseen by 250 social workers (Babington 2015). Like in other Asian countries, group care is a natural solution for raising children, including children in care. This cultural clash creates tensions between Western de-institutionalization and developing country care policies. The fast world closure of orphanages from 2009 has faced unprepared, weak, and deficient public management systems. In consequence, some family reunited children run away to be street children (Pensuelo 2018). This ideological and political discourse leaves little room for culturally balanced international policies, based on research.

How does research define quality care environments?

Studying long-term outcomes of care and risk factors, six general environmental conditions for practicing quality care were extracted.

1. **Continuity in caregiver relations.** A child's long-term secure attachment and relation to a few caregivers. Continuity in caregiver relations applies not only to parents, but also to other daily significant relations, such as caregivers, teachers, etc. Long-term relations can erase the impact of former trauma and improve school performance, even if this work starts in teenage years. Frequent caregiver shifts stall child development (Crockenburg et al. 2008, Vinnerljung 2016).
2. **A long-term peer group membership.** Being an accepted member of a long-term group of peers in childhood. Small child/ youth groups yield the best long-term outcomes regarding social-emotional competence as well as improved IQ at age 16 (Christoffersen et al. 2014). Having a long-term group of peers creates a protective adult network. Staying in care until

age 23, and care leavers living in supervised peer groups after care show increased educational and employment success, as opposed to living alone (Moelholt et al. 2012).

3. **Continued education and supervisor interactions with caregivers.** The workplace satisfaction of caregivers, as well as their knowledge about how to meet disturbed child behaviour, are paramount for their ability to form secure relations with children and youth. In reverse, the more foster families or residential staff are isolated, the higher the frequency of caregiver burnout, abuse and caregiver violence (Rutter, Ijzendoorn, et al. 2008) E.g., in studies of violence and aggression between children in South African orphanages, a clear link to a violent caregiver culture in un-supervised staff groups was found (Hermeneau et al. 2016).
4. **Agreement between those the child or youth is attached to, and those who manage the placement.** Conflicts and contradictory agendas between social workers, local authorities, parents, foster parents, schools, etc. create paralyzing loyalty conflicts in the child, causing serial shifts in placements with deteriorating mental health effects, poor school performance, and increased homelessness for care leavers. Negative consequences have also been observed due to frequent shifts in the child's social case manager (Rygaard 2017).
5. **Adequate funding and legislation for government placement administration.** Close cooperation between NGO and government initiatives is paramount for child-in-care development. In most countries, a severe lack of educated case managers, social workers and mental health experts creates harmful delays in child placement administration.
6. **Standardized instruments for measuring child-in-care and caregiver development.** Designed for non-educated or illiterate caregivers. Easy to apply and register, even in remote environments.

While world aid politics tend to identify continuity with family placement, these six conditions for any care system are likely more significant than the type of placement. Comparative studies between group versus foster care outcomes are poorly documented, and some authors find them to be insignificant (Bryderup 2017, Whetten et al. 2014, McCall et al. 2014). Based on the above analysis and conclusions updated in this paper, a pilot project was developed and implemented.

A European pilot implementation

In two European Union projects 2008-13 - with the author as program designer and the Danish School of Health and Education in Aarhus as project managers - partner organizations from ten European countries were educated in Denmark as instructors, in how to train their local groups. Students were selected from local NGOs (Latvia, Poland, Russia, Romania, Bulgaria, Spain, Greece and Italy) and government agencies (Denmark and Turkey), and research interviews were performed in each partner country. The first project focused on orphanage and group home staff and training in infant and toddler care. A printed handbook for instructors was produced, as well as training sessions. Language versions including English and German were translated by partners, and 15 online training sessions were designed as open source. Scorecards for staff to map infant environments and relations work were designed, including instructor and staff reflections on the outcomes. The project evaluations and analysis of scorecard results indicated improvements in infant development as well as in caregiver knowledge and care practices, and reduced stress levels in staff. Following the shift in international placement policies, the second project added a program version for foster family group instructors, and sessions to cover the age span from zero to leaving care. Both projects were acknowledged by the European Commission for successful project management. At the request of the EU Commission, a final report on recommendations for educational standards for professionals working with out-of-home children was delivered (Rygaard 2013). This design was still expensive in terms of student travels, seminars and accommodations.

Innovations in online based designs offered solutions to meet demands from other continents by developing virtual classrooms for global partnerships. To accommodate demands, the author co-founded the Fairstart Foundation in 2012. Research in e-learning designs suggested blended learning (the combination of physical meetings and interactive online classrooms) as the most efficient way to educate staff – in terms of social inclusion and student commitment, and comprehension of what is learned (Jarvis & de Freitas 2009, Rygaard 2016). In a two-year cooperation with graduates from IT science at Aarhus University, an eight-module blended learning classroom for 20-25 staff was built on the edX software platform from Harvard and MIT for university level educations (Breslow 2013).

Examples of current Fairstart partnerships

The 2009 world policy shift in interventions is reflected in a partnership with SOSCV Denmark, as part of their intervention in East Africa, “Quality in Alternative Care”. After a local research phase to interview stakeholders, parents and children and produce videos for the program, 45 SOSCV staff in Tanzania, Zanzibar, Rwanda and Kenya have been educated, and trained the rural foster and kinship parents of some 5000 children and youth. Training sessions with local video demonstration of care are in English, Swahili and Kinyarwanda versions on a USB. A three-day local start-up seminar introduces 20-25 students to attachment-, learning- and group-development theories, and how to navigate in the classroom. Students follow modules from home or workplace, and invite a local caregiver group for eight consecutive three-hour session meetings. At the end of each session, students help caregivers plan and develop new care practices at home. After each training students perform mutual peer feedback in the module, and Fairstart provides online support and feedback on a daily basis. In each module, instructors read a research summary paper.

For research and follow-up, students electronically register pre- and post-training caregiver group wellbeing and child development. Guided by the instructor, foster parents score a

sad, neutral, or happy smiley for each child in care on five dimensions: the child or teen's emotional state, social behavior, exploration behavior, trust in the caregiver, and ability to endure frustration in task completion. A random sample of 660 children showed an average 20 % progress, notably "trust in the caregiver" improved by 28 % (Fairstart 2016). The four governments have sent staff for education, and now wish to include the design in national programs. SOSCV plans to include the program in their international staff education curriculums.

With Greenland National Board of Prevention and Social Affairs, a cross-professional education for a first class of school teachers, group- and school home staff has been designed and implemented since 2017, to improve school performance for children and youth. The success of this program inspired another for foster family instructors. Educations and sessions are in Inuit and Danish versions.

At present, a MOU has been signed with the Spanish NGO Nuevo Futuro for a two-year program development in Spain, to be continued in later partnerships with Fairstart's network of Latin-American professionals and organizations, if funding is acquired. Five bilingual instructors from Spain, Honduras, Chile and Mexico have graduated as a first test.

In all programs, a set of basic module and session topics are applied, such as "Understanding Basic Attachment Theory", "How to Practice Professional Caregiving", "Insecure Attachment Responses in Children", "Turning pain into resilience by mentalising dialogues", "Teenagers and leaving Care". In partnerships, new session topics are developed on request.

Discussion - reflections and lessons learned

When attempting an overview of how migration and urbanization stress families to the point of giving up their children, uncertainty is caused by the lack of data from developing countries. Lately, this imbalance is addressed by American, British, and other psychologist associations who supervise young developing country researchers. However, the need for concerted international

family and child mental health interventions is evident. In 2019, 196 governments signed the UN Convention on the Rights of the Child, specifying the prevention of parent/ child separations, the right to stay in contact with parents when in care, and that poverty must not be a cause for placement (UN 2019). This provides a window of opportunity for psychologist associations.

From the above studies and observations of demographic and environmental change, a general tendency appears towards reduced relational constancy in family cultures – between parents, between parents and their children, and between children and their external significant others. Poverty seems to set the threshold between families that adapt successfully to new environments and experience increased individual freedom, while low income families in slums and indigenous cultures lose traditional care assets like the Kefala system. Considering the rise in economic inequality (Saez 2018) and further mass unemployment due to COVID-19 lockdowns, the future prospect is worrying. E.g., Rwandan government requested more classes, as the number of street children have tripled after the lockdown. As a member of the EFPA task force for Prevention and Promotion, and the Eurochild group for Alternative Care, the author receives similar reports from colleagues in several countries.

In terms of success and challenges of the Fairstart design's drop in this ocean, important lessons were learned. First, the generosity and experience of contributing researchers and professionals is a resource for future designers. Second, the positive cost/benefit ratio of applying blended learning has been confirmed. The foundation's four staff and a volunteer board have produced the outcomes on a total budget since 2012 of less than one million USD, from foundations and major partners. Compared to traditional education, SOSCV and the Greenland Board estimate a reduction in costs by 80 %, and commend the program's ability to be applied in remote areas.

Merging the best care practices from local tradition with research recommendations create a general effect of the program: to help caregivers solve the dilemmas of cultural transition. As

coined in feedback from an African foster mother. “Before, when my children were disobedient, I used to beat them with a bamboo stick – now, I’ve learned how to be calm, and sit down and talk with them. Today we are like one big family”. Recruiting bi-lingual local partner staff as intermediators - and giving them some space as to how they communicate knowledge to local caregivers - also proved efficient. It is a program principle that all participants from leaders to children are active designers of quality in care. Also, the blended learning approach creates strong mutual support and engagement - only 5 % of instructors and caregivers do not complete the rather demanding six-month curriculum.

Major challenges are created by unexpected high demands, confirming the need for upscaled programs. Several partnerships with minor NGOs (Egypt, Portugal, Estonia, Vietnam, a.o.) have been cancelled due to lack of support from governments, and partner inability to co-finance projects. To support these and individual professionals, all training sessions are free online for interested audiences. More than 100.000 visitors studied the site for longer periods. (A side note: one observation of a general obstacle for our professional knowledge: all users in low income countries are unable to pay for downloading quality research papers, books, or online seminars– can our associations build a free site?).

How to conduct research in outcomes is another reason for concern. With researchers from European and African universities, SOSCV and Fairstart are planning an external study of the East African project, to validate the Scorecard designs for illiterate caregivers. Professor Ask Elklit from Southern University Denmark, Fairstart, and the Greenland Board are preparing translations in Inuit of the Strength and Difficulties Questionnaire screening tool for emotional and behavioral problems (SDQ 2020). This instrument is simple, validated, and available in numerous language versions. A future challenge is the demands for inclusion of the program by governments and international NGOs. This may prevent the monitoring to ensure quality in implementation.

In the hope that lessons learned may inspire further innovations, the author thanks the many psychologist associations, researchers and professionals around the world who contribute to the program.

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