Placed Children's Relocations

Published 09.09.2025 Magasin P, The Danish Psychological Association
By *Inger Thormann, psychologist, formerly employed at Skodsborg Observation and Treatment Home for 30 years*

Professional column:

Mia was not allowed to say goodbye to her foster parents, with whom she had lived for seven years

The column expresses the author's own experiences and views.

Today we have extensive knowledge

Today we know a great deal about what it does to a vulnerable person to be moved from one lifeworld to another.
We also know how important it is that every person knows their story and is helped to maintain this knowledge.

We not only have our experiences—we also have laws stating that the child and young person must ensure continuity in their upbringing, and that every child has the right to know their history and to maintain contact with attachment figures.

Experiencing coherence in life

Children have a profound need to experience coherence and continuity in their lives. Harsh breaks in continuity—where the child loses contact with emotionally close people can harm the child's sense of identity.

The child may feel guilt and abandonment, rooted in the fact that the original attachment figures are no longer there. The people the child once mirrored themselves in are gone. As adults, we are not vulnerable in the same way to breaks in continuity, and therefore we are inclined to overlook how pressing this need is for children.

If we wish to preserve a holistic perspective in work with placed children, we must strive for continuity in their lives. Concretely, this means ensuring that the attachment figure does not simply disappear from the child's life after placement.

Without anchors in earlier important relationships, without acceptance and affirmation from the original caregiver—the child faces society's expectations of forming new emotionally significant bonds with adults. But the lack of contact with the original attachment person locks the child's emotional resources, making it more difficult to attach to others. The risk is high that the adaptation many children do achieve in new relationships will remain a surface-level adjustment.

Skodsborg Observation and Treatment Home for Small Children

For 30 years (1982–2012), I worked as a psychologist at Skodsborg Observation and Treatment Home for small children. Most of the children were brought directly from the hospital where they were born, and they stayed at home for about a year on average.

Each child was observed, treated, and supported until strong enough to move on. Most went to foster families. Throughout the child's stay, contact with parents and other important family members—siblings and grandparents—was maintained.

When a foster family had been found, we visited them together with the child's parents, recognizing how important it was that the parents gave their approval of this family for THEIR child.

The child's primary pedagogue, with whom the child had established an emotional bond, was also key in supporting the transition. The child was "allowed" to bond with new people, which strengthened the sense of identity. The child was "permitted" by those they had previously attached to biological family and the primary pedagogue from Skodsborg.

An attachment must be transferred—and that takes time

The relocation of placed children must never be rushed. Transitions must go slowly. An attachment must be transferred, and that takes time. At Skodsborg, we considered three weeks to be a good timeframe for transition.

Many have argued it is much easier to carry out a quick handover. Easier for whom, I ask? Not for the child, not for the parents, not for the foster parents from whom the child is being moved. Perhaps only for the authorities and the caseworker responsible for the relocation. It can be painful for a caseworker to stand in a situation where the child's pain is so palpable. It is time-consuming and, at times, unbearable.

A child's attachment to a primary pedagogue at Skodsborg could be transferred to the foster mother the child was moving to after leaving the home. But this required both time and professionalism.

Example: Mia (not her real name)

Mia was placed in a foster family at eight months old, with parental consent. Mia had a permanent disability. She attended kindergarten for three hours daily and later a special school.

During the seven years she lived with her foster family, Mia thrived. Her parents were satisfied with the placement and accepted that Mia called her foster parents “mom” and “dad.”

But there were repeated difficulties between the foster parents and the municipality: meetings canceled or rescheduled endlessly, poor communication, and a sense from the foster parents that they were not being heard or respected.

Eventually, a meeting was called where the foster parents were told it had been decided that Mia would move to another foster family. When they asked the head of the family department what she thought this would mean for Mia, the answer was that Mia’s emotional challenges were such that she would not be harmed by being moved.

The very next day, Mia was picked up directly from school. The foster parents received a call from the caseworker informing them that Mia would not be coming home from school—she had been taken straight to another foster family. They were told to pack her clothes and toys but were not allowed to include anything that could remind Mia of them—not even photographs.

The body remembers

The example speaks for itself. The body remembers everything it has experienced, regardless of whether the individual has reduced resources or is intellectually disabled. This is something we now know through evidence-based research.

As a protective measure, children must be supported in holding onto their life stories—through photos, drawings, spoken and written words. The body remembers, but it is crucial that memory aligns with the factual truth of what happened.

Conversation with the child is an absolute necessity

No one spoke with Mia. No one told her about the decision. She was denied the chance to prepare, to pack, to say goodbye. She was treated in a degrading and offensive way. She was betrayed by the very system that was supposed to protect her.

Fortunately, more municipalities now use **Infant Therapy** and its methods when important matters must be communicated, and many caseworkers apply it during mandatory child interviews.

In Infant Therapy, one speaks directly to the child about reality: *Life looks like this. These decisions have been made. This is how it is. It may be hard for you, but I will help you.*

When we move children as if they were parcels, it is like digging up a plant without roots and replanting it. We may think it will grow again—but it cannot. Without roots, it cannot absorb nourishment and will wither and die.

Every time we fail to tell a child essential parts of their story, we strip away part of their life force. In misguided care, we impose psychological challenges — challenges that often follow them throughout life.

References

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