Children in Haiti: from institutions to families

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Ending the Institutionalisation of Children in Haiti

On 26 June 2015, Lumos, the Ministry of Social Affairs and Labour (MAST), l'Institut du Bien-Être Social et de Recherches (IBESR) and USAID co-hosted a high-level seminar focusing on the challenge of the institutionalisation of children in Haiti. By bringing together policy makers, major donors and NGOs, the seminar aimed to:

- Raise awareness about the harm caused by institutionalisation and the specific situation in Haiti;
- Identify concrete steps to develop a plan to ensure a shift away from institutions towards the provision of family support and family based care;
- Reflect on efficient and innovative uses of funding to advance the rights of Haiti's most vulnerable children.

This report, first distributed at the seminar, provides some background information on the effects of institutionalisation as well as the particular situation in Haiti, and draws on existing international legal and policy frameworks in favour of the transition from institutions to community-based services. It includes recommendations on how all stakeholders could work together to implement lasting change for many thousands of children.

Summary

- There are approximately 32,000 children living in orphanages or institutions in Haiti. More than 80% are not orphans. According to the available information, the majority are separat ed from their families and placed in institutions because of extreme poverty and a lack of access to basic health, education and social services.

- In spite of the best intentions, scientific evidence demonstrates that institutions seriously harm the health, development and future life chances of children.

- Institutions in most cases are more expensive to run than community-based services.

- Institutions are unnecessary – better alternatives exist.

The harm caused by institutions

An estimated eight million children[1] worldwide live in residential institutions and so-called orphanages that deny them their rights and that cannot meet their needs[2]. More than 80% of these children are not orphans and have at least one living parent[3]. For institutionalised children in Haiti, a similar percentage have living parents. Around the world, children are placed in institutionalised care because their parents face extreme poverty; because the children have physical and intellectual disabilities; or because they are from socially excluded groups[4]. In spite of the best of intentions in setting up institutions, more than 80 years of research from across the world has demonstrated the significant harm caused to children in institutions, who are deprived of loving parental care and who suffer life-long physical and psychological harm as a consequence[5].

Babies in particular fail to develop as they should without one-to-one parental interaction, and research demonstrates the severe impact of institutionalisation on early brain development. According to numerous studies[6], children who are removed from institutions after the age of six months often face severe developmental impairment, including mental and physical delays. They are likely to suffer from poor health, physical under-development and a deterioration in brain growth[7]. The cognitive development of children who grow up in institutional care is noticeably poorer compared to their non-institutionalised peers[8]. Early psychosocial deprivation has profound effects on brain activity in young children. Put simply, children need families to flourish.

Other research has found that babies with disabilities are particularly vulnerable. They require close sustained adult engagement to help them develop – including skills such as learning to eat properly. One study found that babies in institutions with disabilities were 100 times more likely to die in the institution than babies without disabilities[9].

There is insufficient research following up on young adults who were raised in institutions, but one research study of young adults who were raised in institutions found that they are 10 times more likely to be involved in prostitution as adults, 40 times more likely to have a criminal record, and 500 times more likely than their peers to commit suicide[10]. Another found that young women raised in institutions were ten times more likely than their peers to be trafficked for the purposes of sexual exploitation[11].

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Barriers to change – the cost of institutionalisation

Institutionalisation not only seriously harms the health, development and future life chances of children; it is in most cases considerably more expensive than community-based services. The myth persists that ending institutionalisation for children in lower-income countries is not possible because these countries cannot afford the change. The reality is that, in spite of best intentions, institutional care cannot meet the needs of children, who do not flourish outside families. But orphanages are expensive to run compared with community-based services that are more cost effective and are likely to deliver better outcomes for children.

Analysis of children of all ages in Romania, Ukraine and Russia show that institutional care is approximately six times more expensive than providing social services to vulnerable families.[12] In Cambodia, Moldova and Bulgaria, supporting children to stay with their families' costs 10% or less than the cost of an institutional placement.[13] From Lumos' experience, most children can live safely with their families, if provided with the right support. For those who cannot, the next best solution is a supportive, loving alternative family, where possible, in the community of origin.

The situation in Haiti

Following the earthquake in January 2010, understandably, the number of orphanages in Haiti increased significantly. However, there are considerable challenges with this system of care. According to research carried out by IBESR in 2013, there are approximately 760 institutions (orphanages) in Haiti. Less than 15% of these are officially registered with the Haitian authorities. These institutions house approximately 32,000 children and over 80% of these children have at least one living parent. The primary reason for their admission to institutions is poverty and a lack of access to basic health, education and social services. [14]

The orphanages in Haiti are predominantly privately run, and funding is, for the most part, provided by foreign donors – often small foundations, NGOs, or individuals.

Whilst the construction of institutions is an understandable response to natural disaster, research increasingly demonstrates[15] this is not the best approach and that institutions, once established, proliferate long after the disaster. Their existence can act as a 'pull factor', where parents place their children into orphanages in order to access basic services.

Anecdotal evidence from discussion with families, community members and NGOs in Haiti suggests that many children could be at home with their families if basic health and education costs were covered. But there is a need for documented evidence.

The international human rights framework in support of deinstitutionalisation

Haiti was among the first countries to sign the United Nations Convention on the Rights of the Child (UN CRC) – when it opened for signatures on 26 January 1990 - and ratified on 8 June 1995. The CRC provides that children have the right, as far as possible, to know and be cared for by their birth families and not to be separated from their parents (UN CRC, Article 7 and 9) [16].

Parents have the primary responsibility to raise their children and it is the State's obligation to support parents so that they can fulfil that responsibility (UN CRC, Article 18). At the same time, children have the right to protection from harm and abuse (article 19), to an education (article 28) and to adequate healthcare (article 24), all of which they should be able to enjoy while living in their family. Where their family cannot provide the care they need, despite the provision of adequate support by the State, the child has the right to substitute family care (article 20).

The UN Guidelines on Alternative Care elaborate on the interpretation of the UN CRC and set out recommendations towards its implementation, focusing in particular on the importance of families and parental care, the need to prevent family separation and promote family reintegration, as well as the importance of effective social protection mechanisms [17].

Moreover the Convention on the Rights of Persons with Disabilities (CRPD) emphasises the rights of children with disabilities to be raised in their families and included in their schools and communities alongside their peers.[18]

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Momentum for change: Deinstitutionalisation in Haiti

The Haitian government has recognised the serious risks to children in institutions and the importance of making the transition away from institutions to the provision of community-based services that support children to thrive in families. In spite of many competing priorities, the government has demonstrated strong political will to address institutionalisation in Haiti and it is included as a priority in the new Child Protection Strategy.

At the same time, a number of international donor agencies that work in Haiti, including the EU, US government and the World Bank are prioritising programmes that strengthen communities and should ensure children can be raised in their families. For example, the US Government's Action Plan on Children in Adversity (APCA) seeks to make investments internationally that enable children to thrive in families and communities.

Many NGOs in Haiti are engaged in family and community strengthening programmes and a number have already begun to address the specific needs of children in institutions. In addition, a number of organisations that are running institutions are also shifting their focus to the provision of family and community based support.

However, developing a systematic national approach will require a significant investment in the capacity and resources to manage a major process of change – and to ensure the change is safe for children and sustainable for communities.

The process of ending institutionalisation is complex and needs to be carefully planned. If undertaken in an insufficiently resourced or an unplanned way, the process itself can be harmful to children and can place them at risk [19]. Therefore, a comprehensive plan to move away from a reliance on institutional care towards community-based services is required.

This involves:

- Developing systems and services that prevent the separation of children from their families;
- Actively planning and developing appropriate alternative placements for all children currently in institutions;
- Actively dismantling the institutions so that they cannot admit other children;
- Transferring resources spent on institutions to community-based services, to ensure sustainability of the new services and systems.

For this to happen, the following is required:

- Sufficient resources (financial and human) to manage a complex process of change;
- Sufficient professional capacity to address the complex needs of vulnerable children and their families;

- A shift in attitude, policies and practices on the part of government, professionals, donors, families, institution directors and proprietors, as well as and society in general;
- Empowering children and families to take a lead role in designing and implementing the process of change.

Need for immediate closure

IBESR research identified approximately 140 institutions (of the 760) that require 'immediate closure' due to the extremely poor conditions in the institution that place children at risk of severe harm [20]. However, the scale of the problem and the lack of sustainable alternatives in the community mean that there is nowhere appropriate to move the children. Immediate closure is therefore not a realistic option – it could cause more harm than good. In order to respond to this situation, an emergency response programme should be set up. Experience of similar challenges elsewhere suggests that implementing a realistic deinstitutionalisation programme is possible.

The emergency response programme should be managed by the government and implemented by leading NGOs in Haiti. With the right commitment and resources it would be possible to safely transfer children from these high-risk institutions back to families and communities, setting up family support services. This could be completed within a three to four year period. This would result in approximately 3,000 – 5,000 children being supported to move to family environments that meet their needs and respect their rights. It would also lay the basis for a system of community-based services that would enable the long-term transition from institutions to community based services.
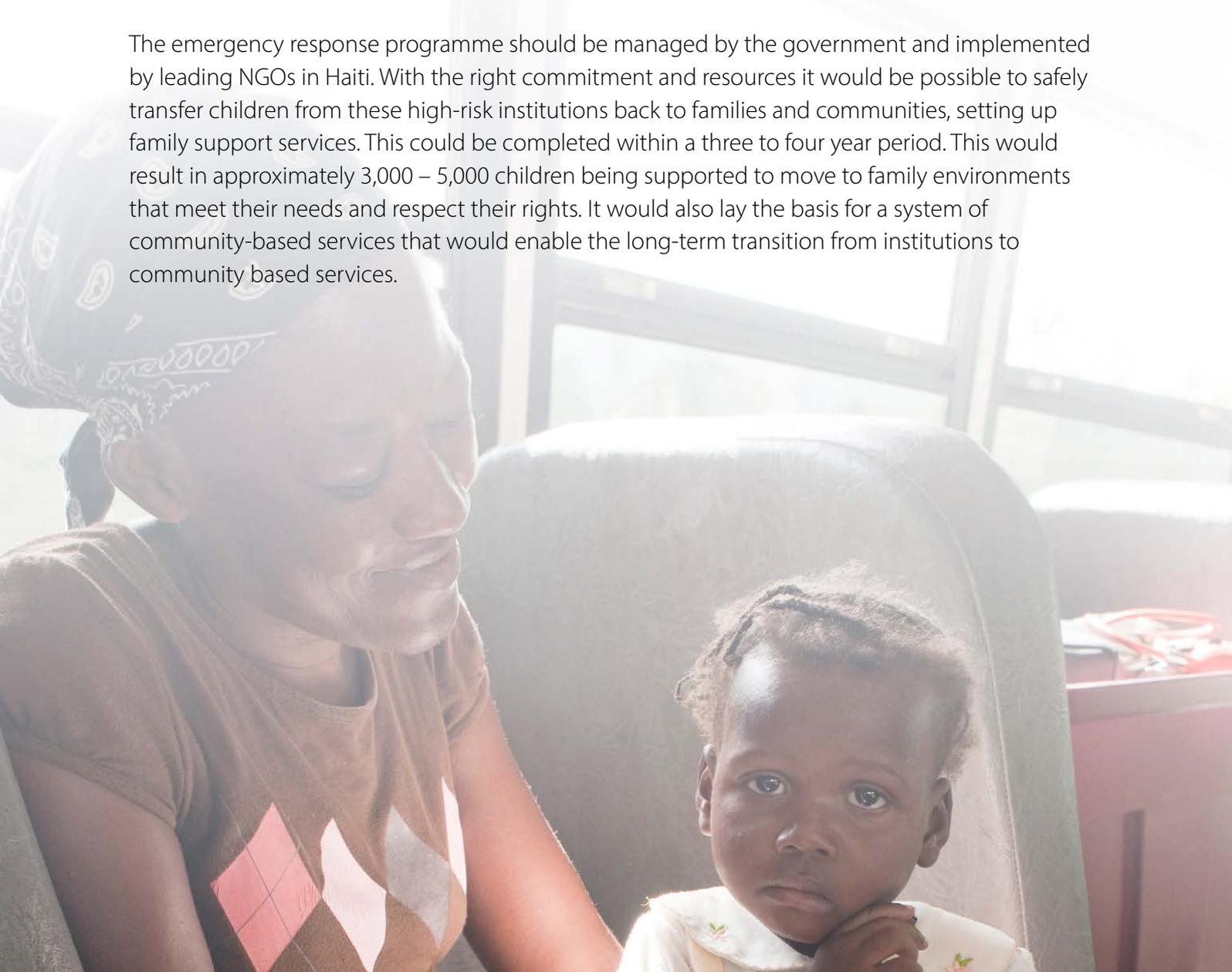
Recommendations: The transition from institutions to family and community-based care in Haiti

To enable the transition from institutions to community-based services for children in Haiti, Lumos recommends the following:

Emergency response

- Develop and implement an emergency response plan, to close systematically and appropriately the most harmful institutions within a three to four year period, replacing them with community supports to families, foster care and other services to ensure that all children are cared for appropriately in the community.
- Establish a dedicated team within IBESR to oversee the implementation
- Identify a group of NGOs to manage and implement the emergency response plan and build their capacity in managing programmes of deinstitutionalisation.

Changing attitudes and practices

- Develop and implement a communications strategy to raise awareness of a range of stakeholders – about the harm caused by institutions and the better alternatives that exists
- Develop partnerships with donors and institution proprietors to design and implement demonstration programmes that shift their resources away from institutions towards community-based support services for families.

Improving information and knowledge

- Undertake a strategic review and mapping of the system of institutions across Haiti, to establish numbers, reasons for admission, 'push factors' and 'pull factors' for institutionalisation
- Undertake research on the impact of institutionalisation – and of family based care - on children's health and development.
- Monitor the emergency response programme and develop evidence of what works best in Haiti – share the outcomes with all key stakeholders.
- Analyse the financing mechanisms for institutions as well as community-services; identify processes that incentivise institutionalisation and develop strategies to address this.
- Provide training across the country of all relevant professionals on the process of shifting from institutional to community-based services.
- Develop and implement professional tools and training programmes related to the delivery of community-based services.

Improving legislation and regulation

- Prioritise the development of a system for decision-making regarding the placement of children in care, and a system for monitoring and inspecting care services.

- Undertake a comprehensive review of Haitian legislation related to children's services.
- Strengthen government and donor financing of community based services that prevent the separation of children from their families and ensure they can develop to their full potential.

Coordination and management

- Establish a Steering Committee – led by the government and involving all key stakeholders – to design and oversee implementation of the emergency response plan.
- Ensure closer cooperation between major donors – identify ways to work together to fund the emergency response plan.

About Lumos

Lumos is an international non-governmental, non-profit organisation founded by J.K. Rowling. Our mission is, working with many partners, to end the institutionalisation of children by 2050. Lumos works in partnership with governments, UN agencies, civil society, communities, families, children, and caregivers to transform out-dated and ineffective systems that separate families and place children at risk of harm. Together with our partners, Lumos replaces institutions with family and community-based services that provide children with access to health, education, and social care tailored to their needs. This support enables families to provide the care their children need to develop to their full potential. Lumos delivers a combination of direct country programmes; sharing expertise and provision of technical assistance; research, advocacy and policy influencing at the highest levels of government, with funders and the international community to change attitudes and practices and enable lasting change for children.

In the last six years, Lumos has:

- Supported 14,280 children to move from harmful institutions to families or supported independent living
- Prevented 11,000 babies and infants from serious harm or admission to institutions
- Saved the lives of 935 children suffering from malnutrition, severe neglect or a lack of access to medical treatment
- Trained 23,000 social workers, medical professionals, teachers, carers, civil servants and policy makers
- Helped redirect approx. $500 million that was planned to be spent on orphanages and institutions and ensured that it was spent on community-based services instead.

Document References

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2 'Institutional care' is understood to be any residential care where institutional culture prevails. The size of the institution matters, but is not the only defining feature. Children are isolated from the broader community and/or compelled to live together. These children do not have sufficient control over their lives and over decisions which affect them. The requirements of the organisation itself tend to take precedence over the children's individual needs. This usually includes large residential units (more than 10 children) but also smaller units with strict regimes, units for children who have committed minor offences, residential health facilities, and residential special schools. Mulheir G, 'Deinstitutionalisation: A Human Rights Priority for Children with Disabilities', Equal Rights Review, Volume Nine, 2012.

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