2

Children in Institutions

The Risks

INTRODUCTION

Residential institutions for children have many names around the world, including **orphanage**, **children's home** and **baby home**.

Regardless of name, size or location, **institutional care** is defined by certain characteristics:

- **Unrelated children live in the care of paid adults.**
- **Children are separated from their family and often their community. In many cases, they do not have the opportunity to bond with a caregiver.**
- **Institutions run according to workplace routines, instead of responding to individual children's needs.**[1]

Although some institutions are well-resourced with dedicated staff, **they cannot replace a family.** Eighty years of research has shown the negative impact of institutionalisation on children's health, development and life chances, as well as a high risk of abuse.[2]

THE RISK TO HEALTH

Some children in institutions suffer from poor health due to detrimental physical conditions, a restricted environment or a lack of interaction.[3] A few examples are given below:

- **Malnutrition** is a common risk for children who need extra time and support to eat. Young children and those with disabilities often become malnourished when support is not given, even though there is plenty of food available.[4]
- **'Toxic stress'** can occur when a young child's anxiety is not relieved by the caregiver, and the brain remains on alert. This reduces neural connections and heightens the risk of poor health in adulthood.[5]
- **The immune system** cannot develop properly if a child is confined to a limited space, seldom leaving the building, or sometimes even their bed. Sickness also spreads easily where there are many beds in one room.[6]
- **Physical and learning disabilities** may be caused and/or exacerbated by the restricted environment and lack of stimulation children receive in some institutions.[7]
- **Hearing and visual problems** sometimes result from poor nutrition or under-stimulation of the senses. These are often left undiagnosed and untreated.[8]

THE RISK TO DEVELOPMENT

Engagement with adult caregivers generates signals and connections in the growing brain, allowing a child to develop intellectual, physical and emotional skills. The more engagement, the stronger the connections.[9] Many children who were placed in institutions at an early age show delays in these areas of development. In some poor quality institutions children may fail to sit, stand, walk and talk by age four.[10]

Berens and Nelson (2015)[11] reviewed research comparing children who were institutionalised at an early age with their peers raised in birth or foster families. The results showed:

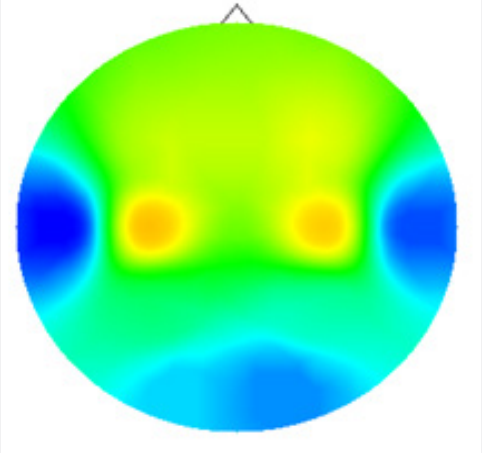
- **Physical stunting**. The Bucharest Early Intervention Project found that Romanian children lost one month of normal growth for every 2.6 months spent in an institution. Other studies in China and Russia found similar results: one month delay for every 3.0 or 3.4 months.[12]

- **Poor social and psychological development.** Studies in several European countries found infants showed insecure attachment to adult caregivers. This was linked to behavioural difficulties and 'internalising disorders' such as depression or anxiety later in life.[13]

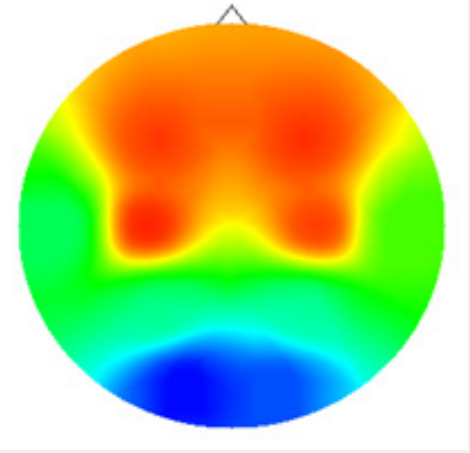
- **Lower IQs and levels of brain activity**. Van Ijzendoorn et al. (2008)[14] analysed data on the IQ of 4000 children in 19 countries:

The average IQ of children raised in birth or foster families was 104
The average IQ of children raised in institutions was 84

These images from the Bucharest Project show the **low electrical activity in an institutionalised child's brain.** Orange and red indicate high activity.[15]



EEG level: An institutionalised child



EEG level: A never-institutionalised child

Other studies have shown further negative effects including poor **self-confidence**, **lack of empathy**, **aggression**, **tendency to self-harm and delayed language development**.[16]

THE RISK OF NEGLECT, ABUSE AND EXPLOITATION

The UN World Report on Violence against Children showed corporal punishment, abusive 'treatments' including **physical restraint** and **electric shocks** used on children in institutions.[17]

One report of a psychiatric facility in Mexico found children with self-harming behaviour (such as banging their head against a wall) were ignored for long periods or **permanently held in physical restraints**.[18] Studies in Europe have shown similarly abusive conditions, especially for children with disabilities.[19]

Increasing staff and funding for institutions may improve conditions, **but does not provide a whole solution**. In addition, it may incentivise longer stays and the placement of more children.

In the Czech Republic, many child institutions are very well resourced and operate to high standards[20] with one carer for every five children.[21]

Despite this, a government study found that almost half of the children ran away from the institution at least once.

Over half committed a crime after leaving the institution.[22]

THE RISK TO LONG-TERM LIFE CHANCES

Children living in institutional care often do not develop social networks or skills that are essential in adulthood. It is harder for them to find employment and they are more likely to have **behavioural**, **physical** and **mental health problems**, including high risk behaviours, sexually transmitted infections, alcohol or drug misuse and violence. They are also more likely to be dependent on the state.[23]

Survey data in Russia showed outcomes for children who grew up in institutions:[24]

Children with disabilities often remain in institutions for their entire lives, with no opportunity to appeal the decision.[25]

THE SOLUTION

Institutionalisation of children is not a necessity – it is a choice. There are cost-effective alternatives that allow children to live in a protective family environment.

1

PREVENTING SEPARATION

Services in the community can prevent family separation and stem the flow of children into institutions. Examples include **schools, healthcare, financial and legal support, services for parents and children with disabilities, parenting guidance, child protection and social protection, among many others**.[26] Fortunately, evidence suggests it is much cheaper to support a family with social services than to provide for a child in an institution.[27]

2

REUNITING FAMILIES

80% of children in institutions have at least one living parent and reasons for separation include poverty, disability, access to education and emergencies.[28] Many children can return to live with their birth families when the right community-based services have been put in place. However, it is critical to carefully prepare institutionalised children for the move and to ensure that each child goes to a protective environment that is in their best interests.

3

ALTERNATIVE CARE

Where it is not possible to return to their birth family (including cases of abuse or neglect), children can live in family-based alternative care with relatives, foster families or adoptive parents.[29] **All these potential caregivers must be carefully screened, trained and monitored to ensure the placement is protective and in the best interests of the child**. Small group homes are sometimes necessary for a minority of older children.

THE TRANSITION

Many countries have already set up systems using a family-based model like this. Lumos provides experience and support for governments to divert resources into higher quality and more cost effective care, enabling children to live with a family where they feel loved and needed.

Read more: www.wearelumos.org/the-solution

Further reading:

Keeping children out of harmful institutions (Save the Children, 2009)

Children, Orphanages and Families: A summary of research to help guide faith-based action (Faith to Action Initiative, 2014)

Global Facts about Orphanages (Better Care Network, 2009)

Harvard Centre on the Developing Child

Video from Neil Boothby, US Government's Special Advisor on Children in Adversity

Lumos website

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2 Berens, A., Nelson, C., ***The science of early adversity: is there a role for large institutions in the care of vulnerable children?***, The Lancet, 2015.

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5 Shonkoff, J., et al., E***arly Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health***, American Academy of Pediatrics, 2011.

6 See note 3: Browne, 2009.

7 Ibid. Browne, 2009.

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9 'Key Concepts: Serve and Return,' ***Center on the Developing Child, Harvard University***, 2015 [accessed April 8, 2015].

10 See note 4: Mulheir, Browne, et al., 2007, p32.

11 See note 2: Berens, A., Nelson, 2015.

12 ***Bucharest Early Intervention Project, Caring for Orphaned, Abandoned and Maltreated Children*** (Powerpoint presentation), 2009. Available at: https://www.crin.org/docs/PPT%20BEIP%20Group.pdf [accessed 29 May 2015]

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14 Van Ijzendoorn, M., Luijk, M., Juffer, F., ***IQ of children growing up in children's homes: a metaanalysis on IQ delays in orphanages***, Merrill-Palmer Quarterly, 54, 341-66, 2008.

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19 Mental Disability Rights Initiative, ***The Hidden and Forgotten: segregation and neglect of children and adults with disabilities in Serbia***, Belgrade, 2013.
Mental Disability Rights International, ***Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities***, 2006.

20 Křístek, A. et al. ***Analýza legislativy, řízení a financování systému péče o ohrožené děti.*** Praha: Výzkumný ústav práce a sociálních věcí, 2010.

21 Kuchařová, V. et al. ***Zhodnocení a optimalizace řízení systému sociálně-právní ochrany (ohrožených) dětí a rodin ve vybraných regionech***. Praha: Výzkumný ústav práce a sociálních věcí, 2010.

22 Hodnocení systému péče o ohrožené děti. ***Ministerstvo Vnitra České republiky***, 2007.

23 Csaky, C., ***Why Care Matters: The importance of adequate care for children and society***, Family for Every Child, 2014.

24 Cited in:
Holm-Hansen, J., Kristofersen, L., Myrvold, T., ***Orphans in Russia***. Norwegian Institute for Urban and Regional Research, 2003:1.
Tobis, D., ***Moving from Residential Institutions to Community Based Social Services in Central and Eastern Europe and the Former Soviet Union***, World Bank, 2000, p33.

25 UNICEF, ***Children and Young People with Disabilities Fact Sheet***, 2013.

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27 Carter, R., ***Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union***, Everychild, 2005.

28 See note 26: Csaky, 2009.

29 UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.
For more information on the implementation of the UN guidelines, see: Cantwell, N., Davidson, J., Elsley, S., Milligan, I., & Quinn, N., ***Moving forward: implementing the United Nations guidelines for the alternative care of children***, Centre for excellence for looked after children in Scotland, 2013.