Commentary

Thoughts on public policy to increase family-based care and decrease institutional care

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ABSTRACT

Many countries are in the earliest stage of reforming the care sector. Reformers face challenges as they develop public policy to expand family-based care and shrink institutional care. To mention a few: installing the keystone component of care reform – a system to monitor and support children post-institutionalization; enabling children to grow up where they belong, in families; meeting children’s basic needs where they should live, in their own communities; meeting children’s basic needs where many actually live, in institutions; strengthening the social service workforce; and elevating the political priority of poor and vulnerable children through evidence-based advocacy. Care reform must be sold in the political marketplace. Evidence-based, tactical advocacy is key to reforming care policy and winning the public resources needed to gear-up programs for the care, protection and development of vulnerable children.

Counting vulnerable children is a good thing, a form of recognition, a sign of interest and concern, a signal that children matter – that they count. The featured article in this special section, Estimating the number of children in formal alternative care: Challenges and results, provides a much-needed estimate of the size of one group of vulnerable children – children who live outside family care in institutions. Thanks to UNICEF we have a better sense of the “magnitude of the issue” and many country partners have baselines with which to track their progress reducing the number of children in institutional care.

The effort to do a basic headcount appears to have been arduous and, according to UNICEF, likely undercounts the actual number of children in institutional care. Countries that do not have a good sense of the number of children in institutions are, no doubt, in the earliest stage of reforming the sector. Such countries face the challenge of building and selling an affordable family-based care model while re-modeling – or dismantling – institutional care. To borrow a cautionary phrase from the debate on U.S. health care reform, architects of care reform need to replace and repeal, not repeal and replace, in other words, a Plan B must be in place – in this case, a Family B – before summarily scrapping what exists.

Reformers face challenges as they develop policy to move from Plan A to Plan B, policies that expand better family based care and shrink institutional care. To mention a few:

1. Installing the keystone component of care reform – a system to monitor and support children post-institutionalization

A policy of deinstitutionalization is well supported by the “relatively large body of literature documenting the adverse impacts of institutionalization on children’s developmental outcomes and well-being.” Other literature underscores the need for such policies to include, at their core, a system to monitor how children are faring in families post-institutionalization. As we know, families too can

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have adverse impacts on children. Poverty and other stresses render many families fragile and some downright dangerous. A 2016 synthesis of data from 96 countries estimated that over a billion children experienced serious types of physical, emotional, or sexual violence in 2014. Most of this violence occurred in homes and communities. A 2015 synthesis of data from 70 countries estimated that 230 million children live in households with a high-risk of dysfunction and failure.

UNICEF’s review found that many countries lack administrative systems to accurately and regularly count children living in institutions and in foster care – never mind monitor their well-being. This finding underlines the system building challenge as children are moved from hundreds of institutions to thousands of families. The challenge must be met. Automatically assuming all children are better off upon joining a family is, of course, a leap of faith we cannot afford to make in care settings where poverty and violence are endemic and families beleaguered. A system to keep track of children after they exit institutional gates may well be the keystone component in care reform. The establishment of such systems should be a prerequisite for closing institutions.

Some institutions are undoubtedly beyond reform. They need to be closed and their leadership shown the gate. To enable this triage, UNICEF’s recommendation that all alternative care providers be officially registered and regularly inspected should be a top policy priority.

2. Enabling children to grow up where they belong, in families

Many families cannot provide adequate care, they need care. Strengthening family capacity to care for and support their children is the strategy on which the contraction of institutional care depends. It enables children to rejoin a family stronger than the one they left, enables children without a family to become part of one, and, helps prevent children from family separation in the first place. Policy should direct that deinstitutionalization be incremental and calibrated to the development of sufficient family-based care capacity. Much work has been done on family strengthening and much is known about how to do it. Little is known, however, about how much it costs to enable a family to provide quality care over the long haul – safe to say, a lot.

Articulating the broader, cross-sectoral importance of family strengthening could lead to greater support for this core reform strategy. Families are the incubators of healthy human and social development. Strengthening the capacity and viability of families should be the cornerstone of national development. Strong, stable families are not just central to care reform but central to other public policy goals as well, such as, promoting social stability, heightening economic growth, ending violence against children, and ending HIV/AIDS.

3. Meeting children’s basic needs where they should live, in their own communities

A lack of basic services within their community compels some parents to place children in institutional care. Relatively service-sufficient institutions pull children out of service-deficient communities. Caring but desperate parents are forced to make rational but painful decisions to outsource the care of children to institutional providers. In institutions, what children may gain from having their need for food, lodging, health care and education better met, may be more than offset by what they lose when their most basic need – to be cherished personally – is unmet.

While some institutions undoubtedly pull children in, bad public policy and state neglect help push them there. Public policy needs to address both forces, both drivers of institutionalization. Closing institutions will not meet children’s basic needs. Civic engagement by children’s champions will. Champions must compete in the political arena to ensure politicians step-up for children and promote child-friendly policies and budgets.

The Sustainable Development Goal (SDG) initiative provides care reformers an opportunity to work with politicians to improve community-based services for children and weaken the pull of institutions. Under the SDGs, governments prioritize and, it is hoped, budget for, their own national SDG targets. Focusing on a handful of SDG targets to improve basic services for children in the most underserved communities could help pull up one of the root causes of institutionalization.

4. Meeting children’s basic needs where many actually live, in institutions

Reform policy should include improving relationship-centered residential care as a key element in the continuum of care. While care reform should be an urgent priority, in some countries, it is not. Where it is, transforming care from an overreliance on institutions to a primary reliance on families is complex and could take years, perhaps decades. In some settings reform may involve raising public awareness of institutional care as a problem, mobilizing political support and public resources to address the problem, strengthening support systems and the workforce, and, scaling-up family-based care and community-based services.

Policy should respond to the needs and rights of children awaiting the rising tide of reform to lift them out of institutions and into loving families. Children have the right to receive the best care possible within the well-known constraints of the institutional setting. Improving institutional care while closing institutions may seem contradictory. As long as children in institutions have no better care option – no Family B – it is not. It is an ethical, pragmatic, child-rights-protecting policy. “Soft” improvements in residential care that

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focus on emotional not material support are likely to facilitate reintegration. The more emotionally healthy and resilient children are upon leaving institutional care, the greater the chance of their successful grafting to a family.

5. **Strengthening the social service workforce**

Social service workers are the intervention for implementing transitions from institutional to family-based care. Social service workers are the prescription and treatment for producing better care. They perform the functions recommended by UNICEF at the conclusion of the featured article – enumerating children outside family care, registering and regularly inspecting alternative care providers, establishing national case management systems, and strengthening gatekeeping systems.

Yet, in many countries, the social service workforce is seriously underfunded. Without significant strengthening, the workforce is ill-prepared to lead and expedite reform. Strengthening this workforce is a challenge. Social service workers – like their poor and politically weak clientele – are not typically high on the agenda of policy makers and purse string holders. In the meantime, to ease the human resource constraint and jump start reform, pockets of social service capacity could be developed relatively quickly by re-tooling residential care workers to become family based care workers.

6. **Elevating the political priority of poor and vulnerable children**

Responding to the needs and rights of children who are emotionally undernourished in bleak institutions, neglected in failing families, abused on mean streets, displaced and terrorized by conflict, deprived of basic rights and services, denied the opportunity to reach their potential, depends on the political acumen of technical people.

Care reform must be sold in the political marketplace. Children’s champions – long on compassion and programmatic expertise – must also be experts in advocacy. There is a slim body of literature on how to do advocacy that generates the “political will” required to boost children higher up on national agenda. Evidence-based advocacy is key to reforming care policy and winning the public resources required to gear-up programs for the care, protection and development of vulnerable children.

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5 For example, see: Shiffman J, Smith S. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. Lancet 2007; 370: 1370–79.