



Structural neglect of children living in institutional settings

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Invited talk to the Evidence for Impact Working Group,
Transforming Children's Care Global Collaborative Platform

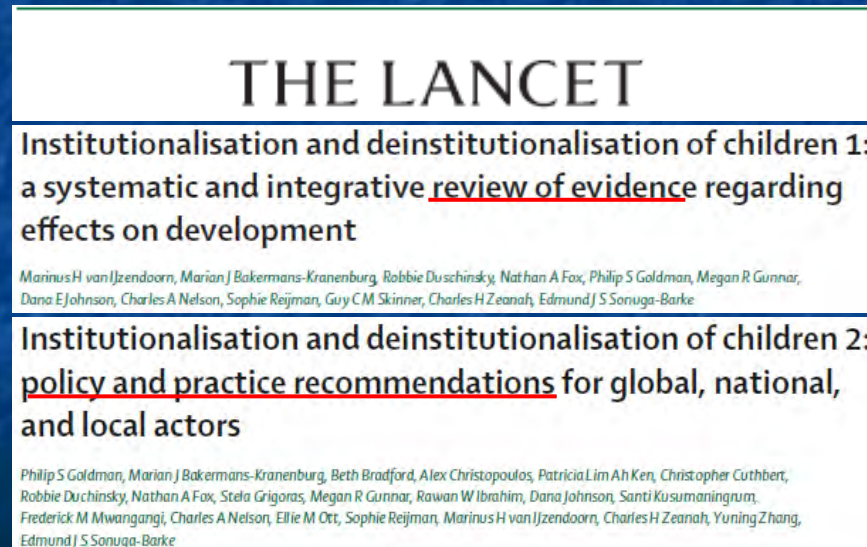
November 18, 2020

Structural neglect of children living in institutional settings

Lancet Group Commission on the institutionalisation and deinstitutionalisation of children



Edmund
Sonuga-Barke



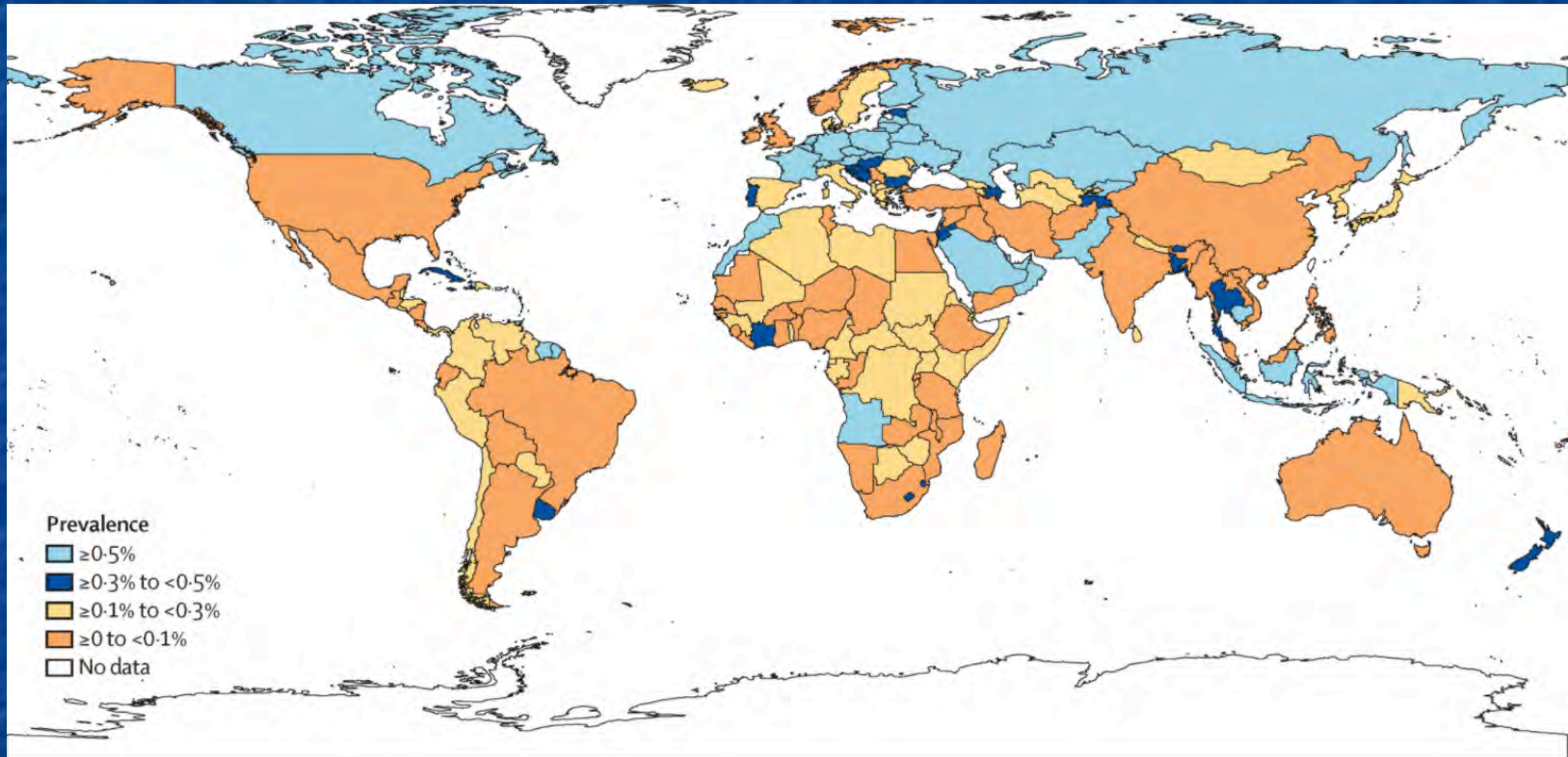
Philip Goldman

Aims

- To present some evidence that institutionalised settings are bad for children despite all good intentions
- To show that de-institutionalisation can help most children to get back on track (kinship; foster; adoption; kafalah)
- To raise doubts about gap-year volunteers working in orphanages: voluntourism industry instead of children's rights

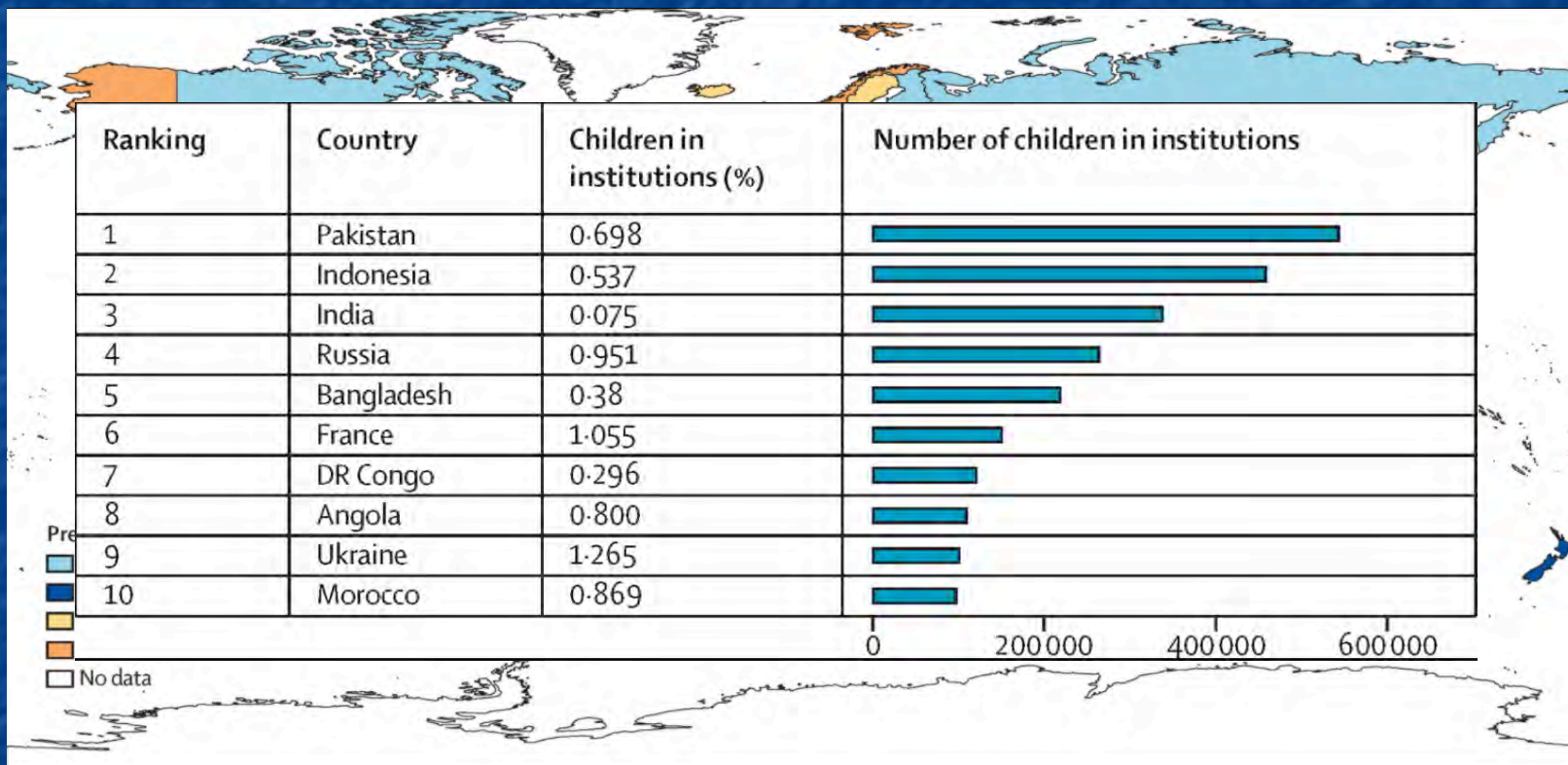
- Credentials:
 - Research on adoption research, and on child maltreatment
 - Research on institutionalisation in Greece, Ukraine, India, Netherlands
 - Advising the Dutch Parliament on voluntourism to orphanages

About 7.52 million children living in institutions (in 2015; 95%CI: 7.48 - 7.56; 0.39%)



Desmond et al. (2020). The Lancet Child & Adolescent Health
Median estimate of all estimates: 5.37million, bit conservative
My preference: smallest RMSE for countries with missing data: 7.52 million

About 7.52 million children living in institutions (in 2015; 95%CI: 7.48 - 7.56; 0.39%)



We need better prevalence data in most countries to make more precise estimates and to monitor the success of de-institutionalisation

Combined worldwide prevalence rates of child maltreatment derived from informant studies

- Sexual Abuse = 0.4%
- Physical Abuse = 0.3%
- Emotional Abuse = 0.3%

Child Abuse Review(2014)
Published online in Wiley Online Library
(wileyonlinelibrary.com) DOI: 10.1002/car.2353

The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses

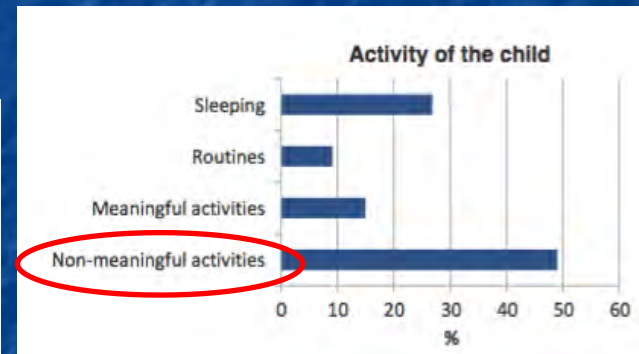
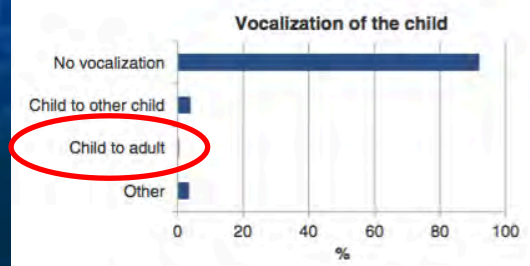
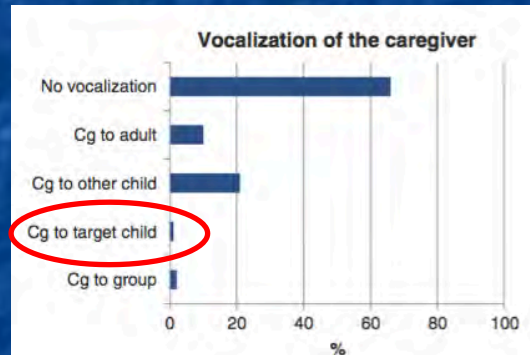
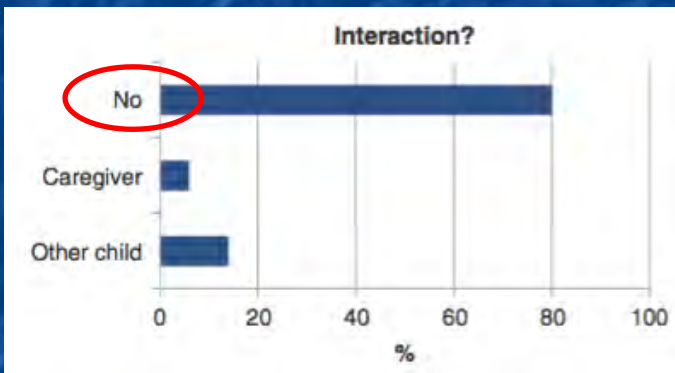
Marije Stoltenborgh
Marian J. Bakermans-Kranenburg
Lenneke R. A. Alink*
Marinus H. van IJzendoorn

- Structural neglect = 0.4%
- Structural neglect needs to be added to the catalogue of types of child maltreatment

Daily life in institutions

■ India

9 am - 2 pm, videotaped spot observations (every 10 mins) of one child

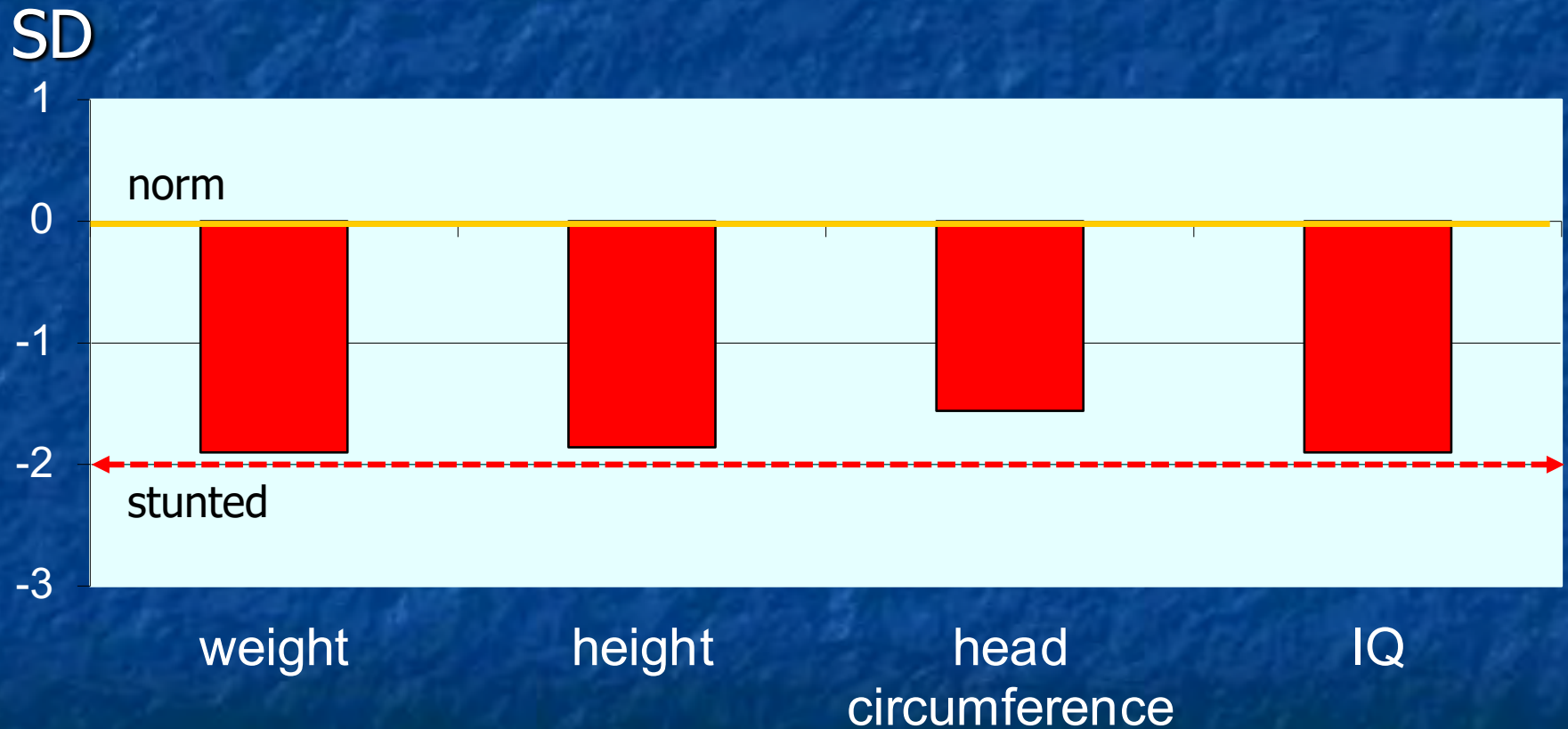


620 observations for 20 children



Femmie Juffer

Serious developmental delays in institutionalized children in India



Institutionalized care in Ukraine

- Caregiver-child ratio 1:3 to 1:7
- Many changes in caregivers
 - After 3 yrs > 50 caregivers
- Sufficient medical care and food
 - Benefits for HIV-infected children?

Family HIV +

Family HIV -

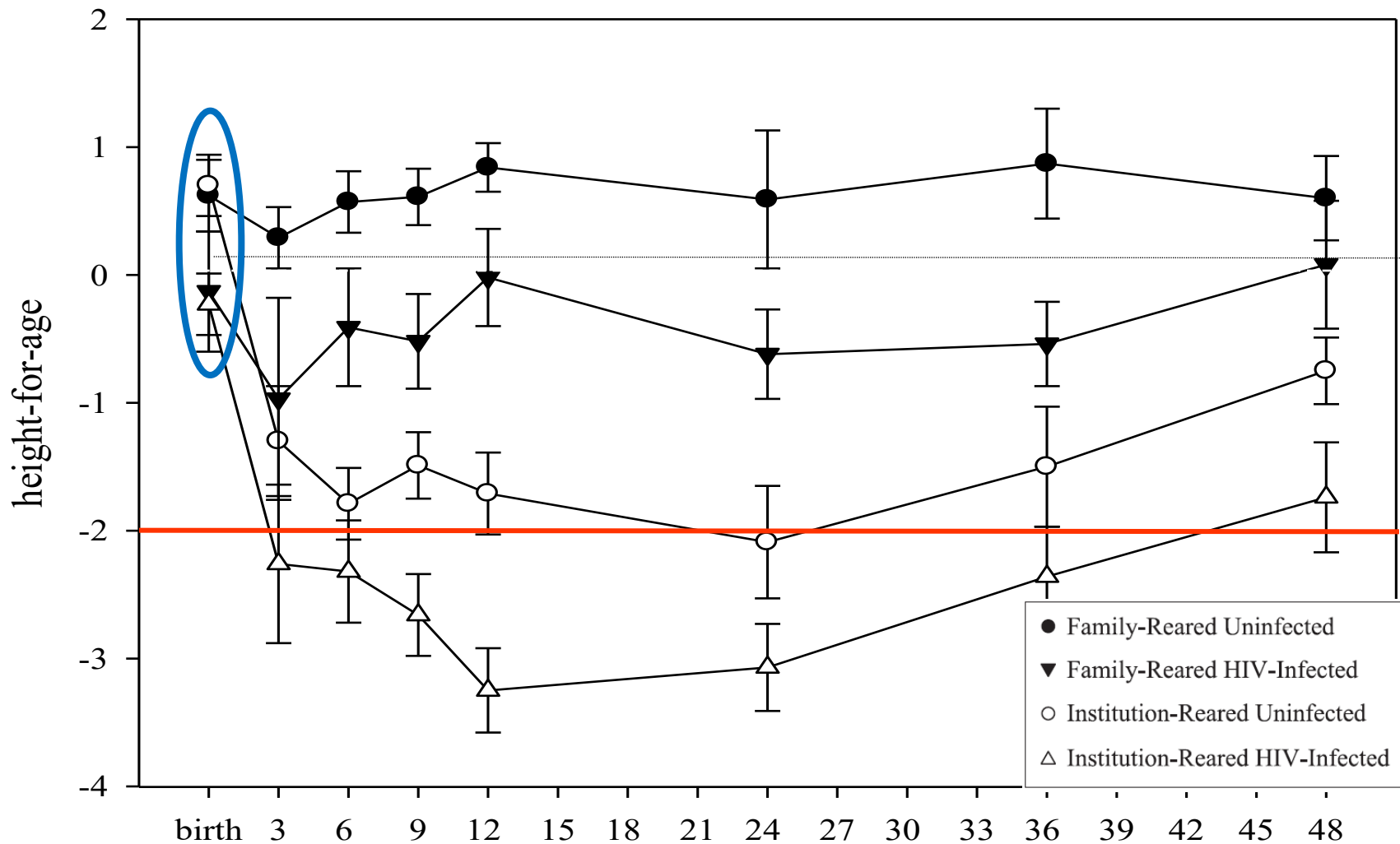
Institution HIV +

Institution HIV -

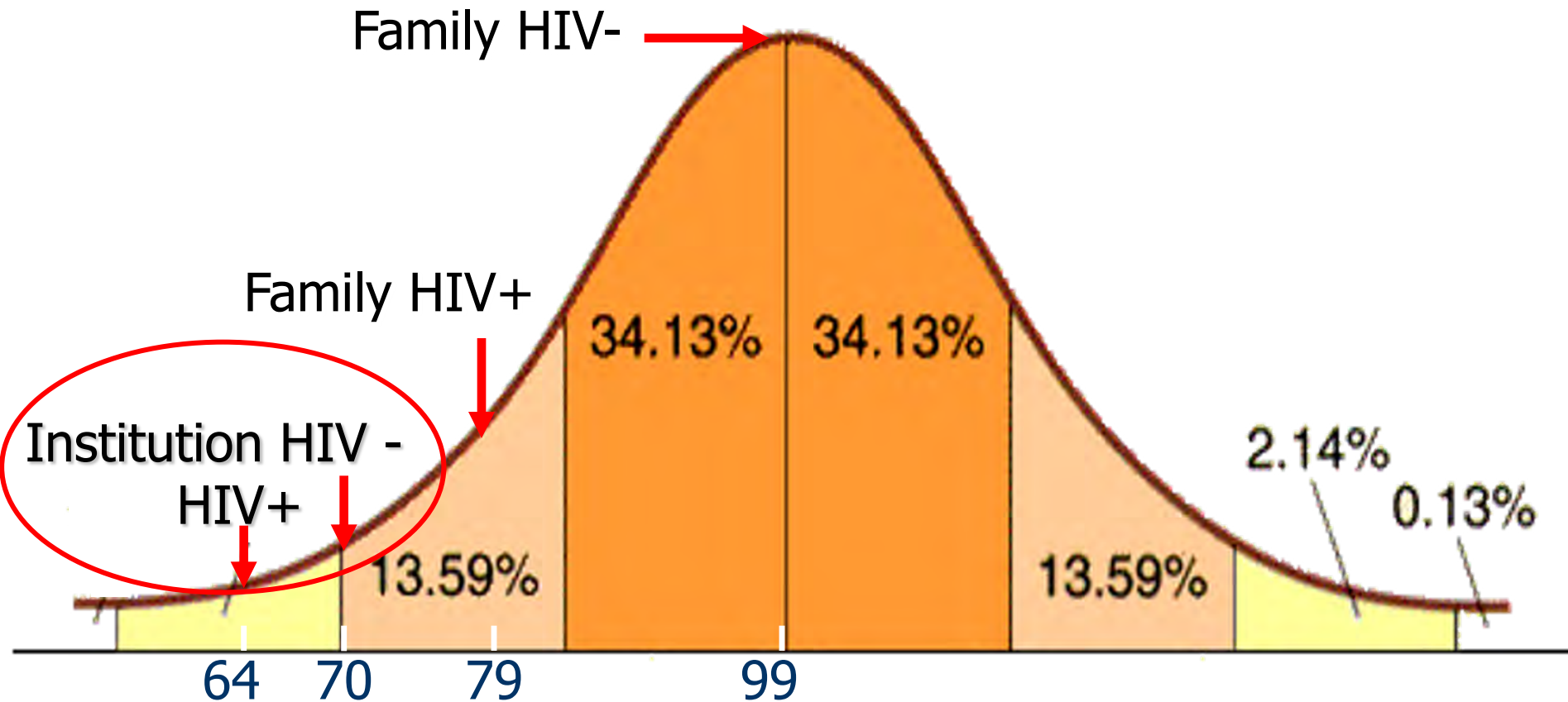


Natasha Dobrova-Krol

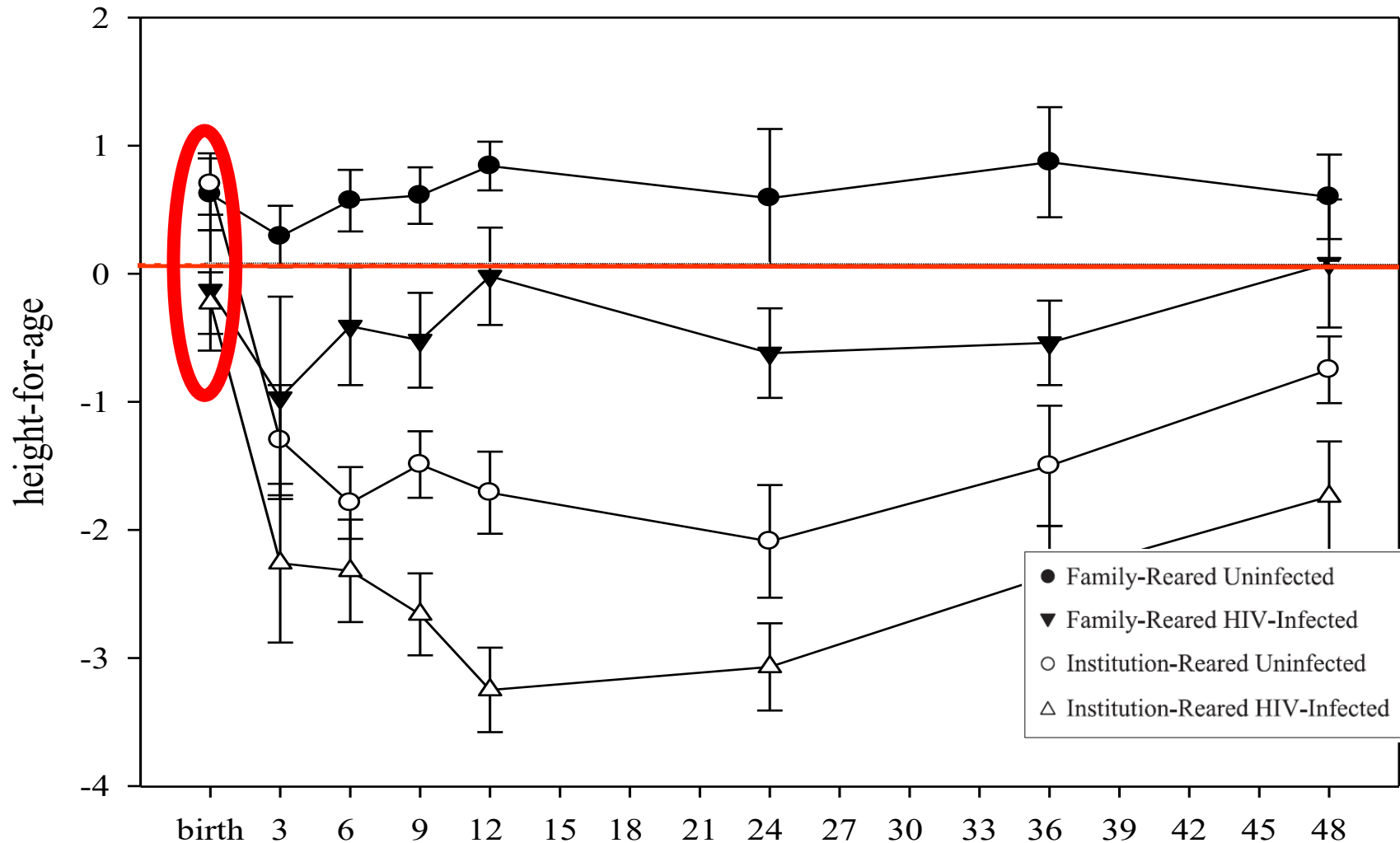
Height-for-Age



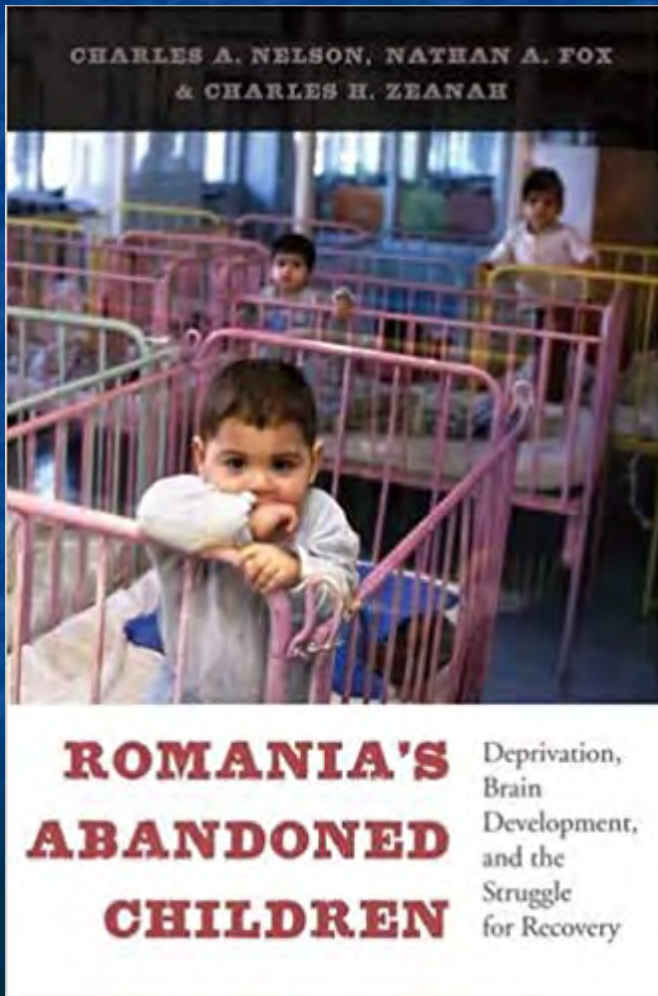
IQ



Pre-existing differences between children going into institutions vs staying in families?



The Bucharest Early Intervention Project (BEIP) Unique Randomised Controlled Trial of Orphanages versus Foster Care



Nelson, Fox, Zeanah

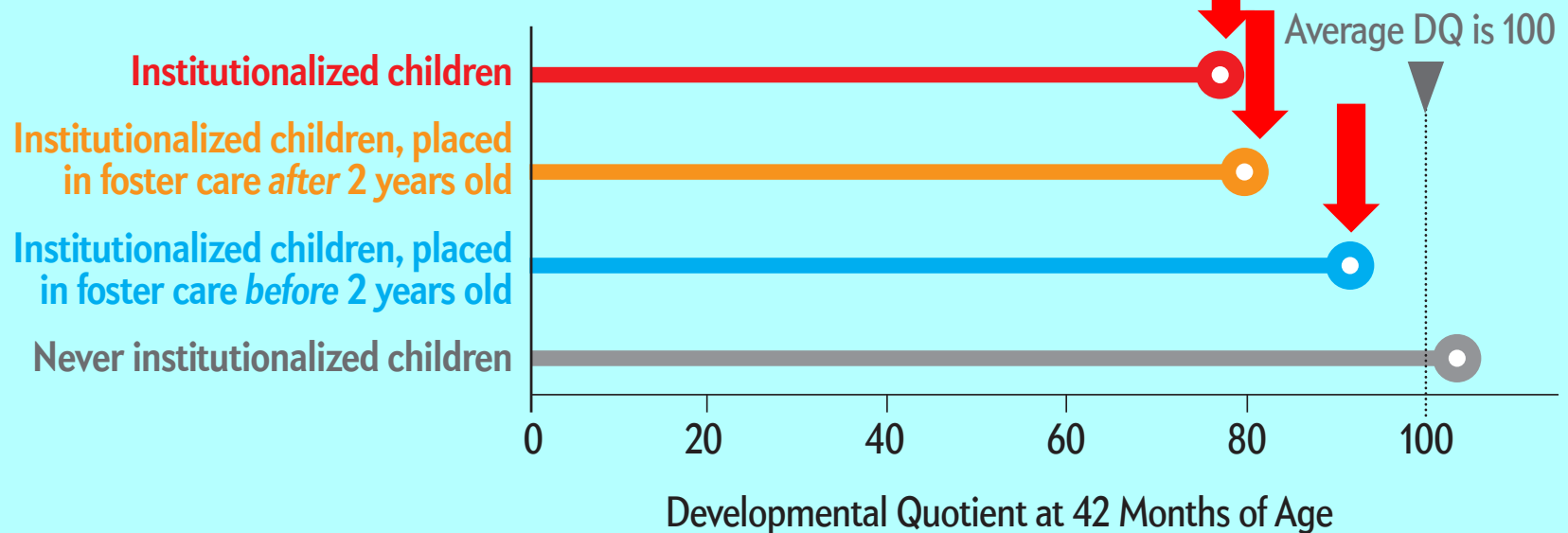
The Bucharest Early Intervention Project
Case Study in the Ethics of Mental Health Research

Charles H. Zeanah, MD, Nathan A. Fox, PhD,† and Charles A. Nelson, PhD‡*

(J Nerv Ment Dis 2012;200: 243–247)

IQ of institutionalized children lags behind (IQ=80), but children placed in foster care before age 2 yrs show large catch-up (IQ=95)

Early Entry into Foster Care Resulted in Higher Average Intelligence ...



The first 2 years: a sensitive window?

No catch-up growth transiting into foster care after 2 yrs of age

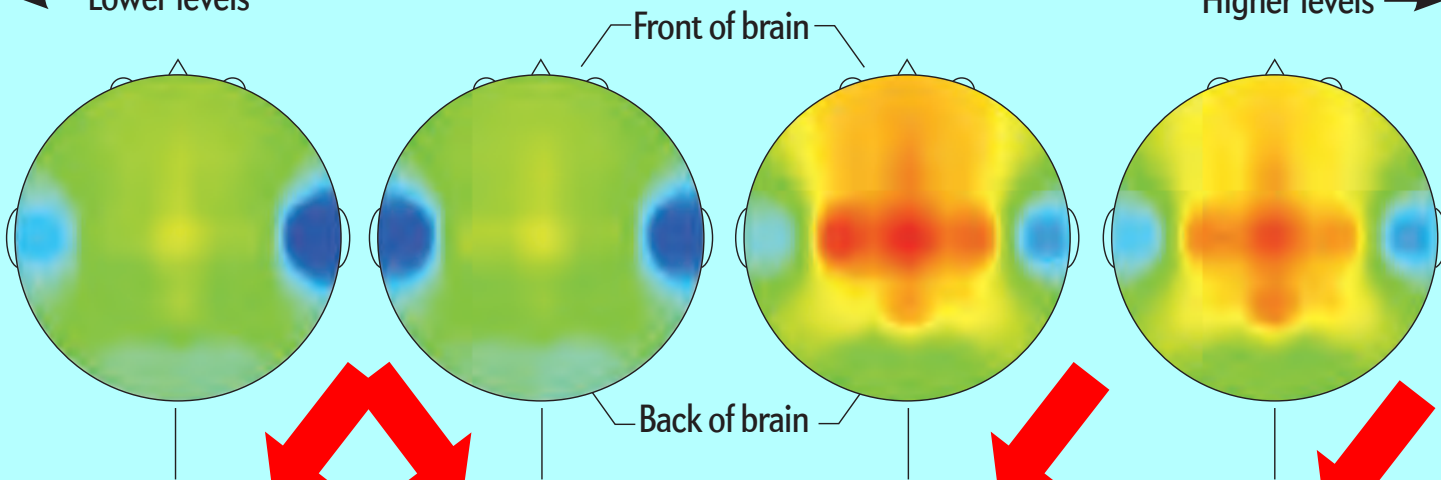
**... and Brain Functioning at Age 8 Almost Matched
That of Never Institutionalized Children**

Brain's electrical activity



← Lower levels

Higher levels →



Institutionalized
children

Institutionalized
children, placed in foster
care after 2 years old

Institutionalized
children, placed in foster
care before 2 years old

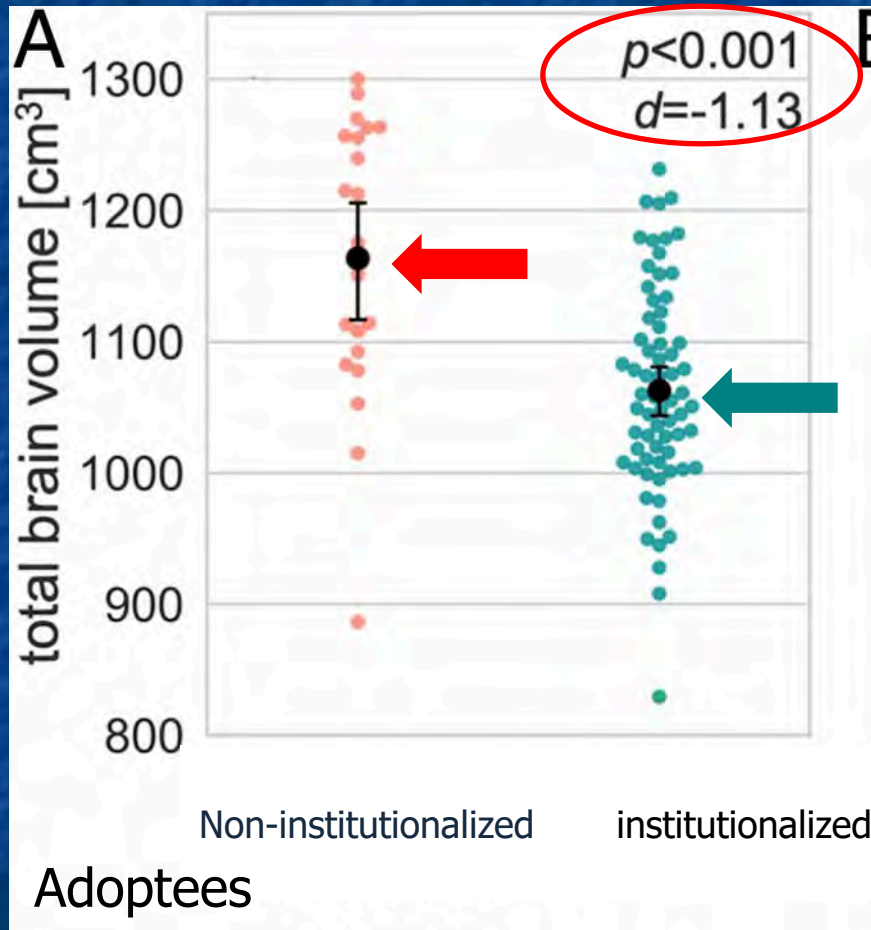
Never
institutionalized
children

The English and Romanian Adoptees (ERA) Study



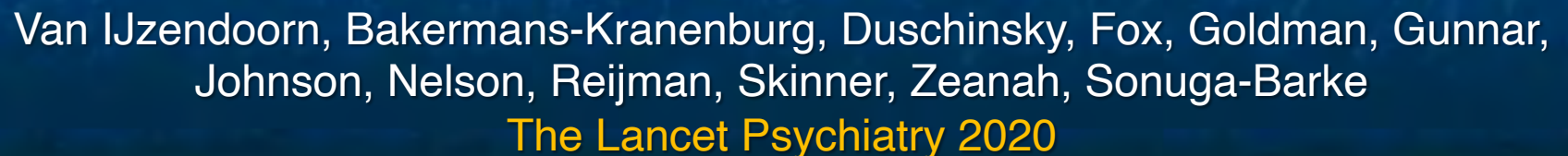
Michael Rutter

Long-term consequences at age 25 yrs for smaller total brain volume



Institutionalization predicted brain volume, which in turn predicted IQ

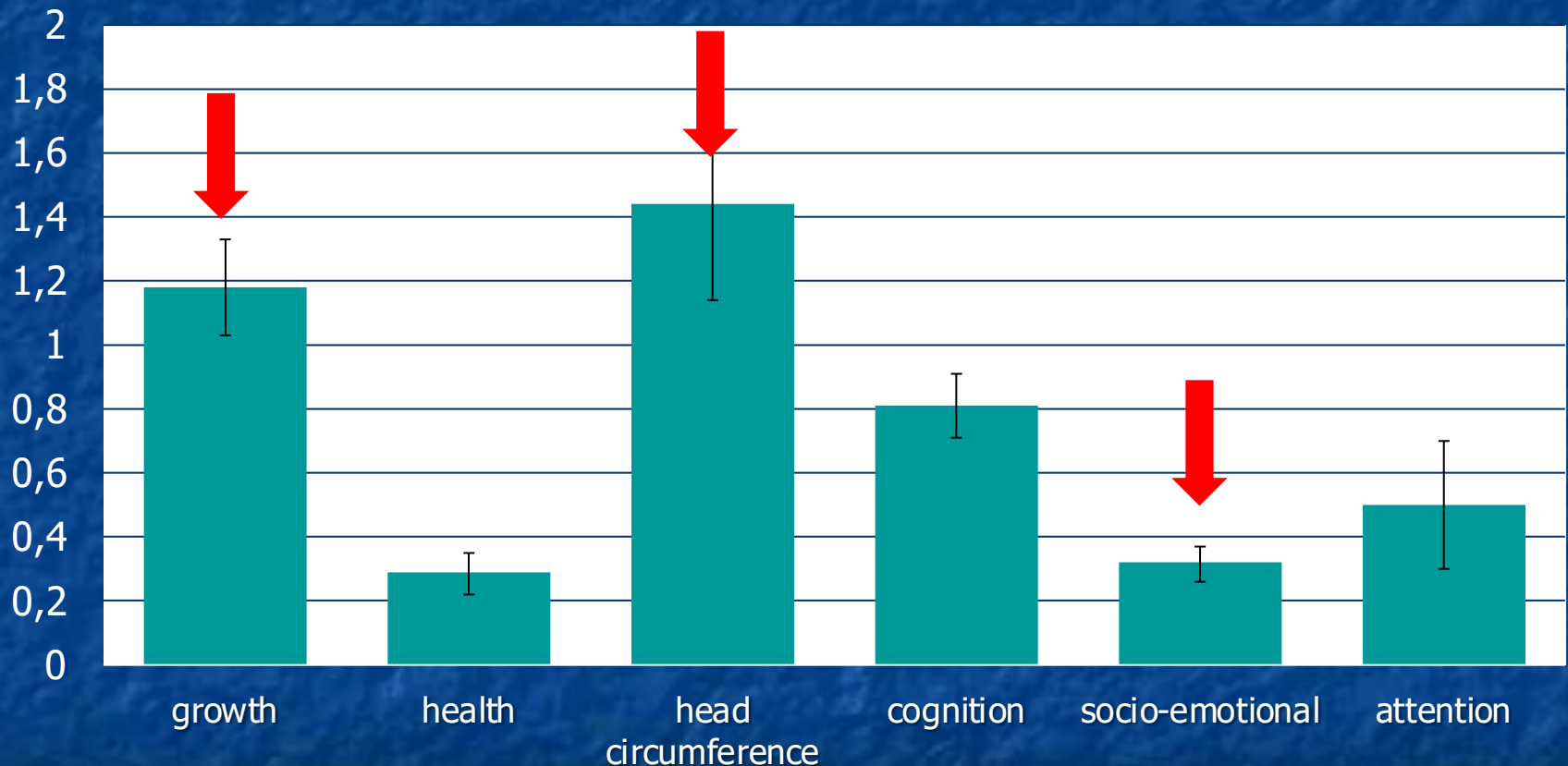
Combining and analyzing all available studies on the effects of institutionalization and de-institutionalization



The Lancet Psychiatry 2020

Developmental damage

300+ studies, 100.000+ children, 60+ countries



Total effect sizes (g) for effects of institutionalization



John Bowlby

Not
monotropy

Not
feeding

Not
biological

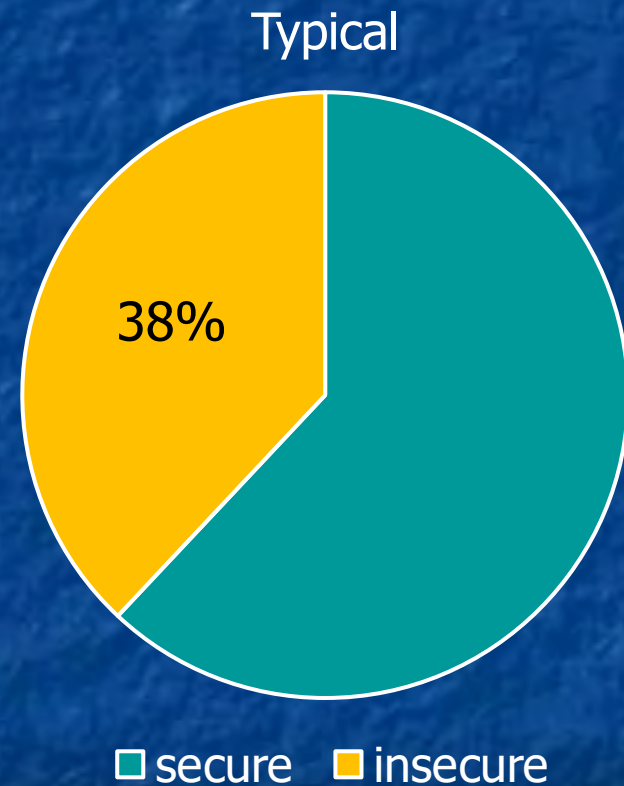
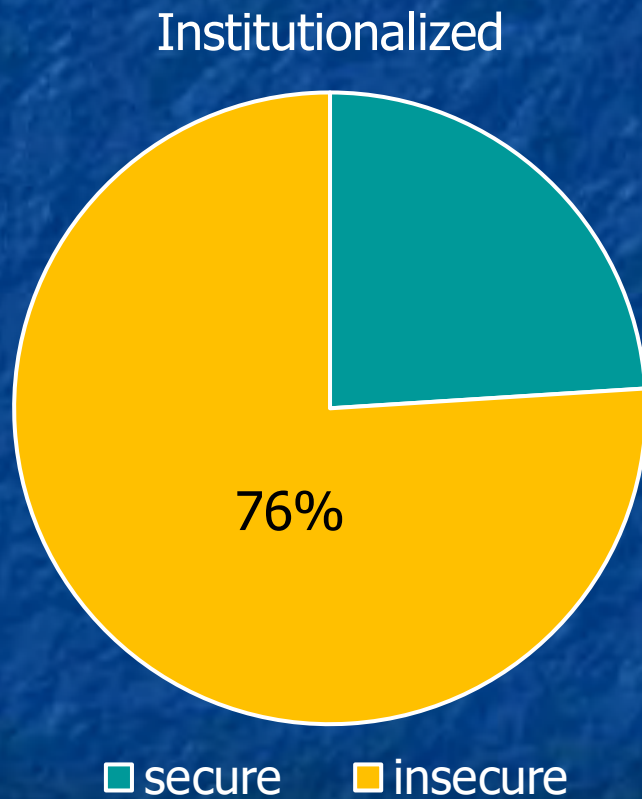
Attachment

one of the foundations of child
development
(social competence, behavior problems)

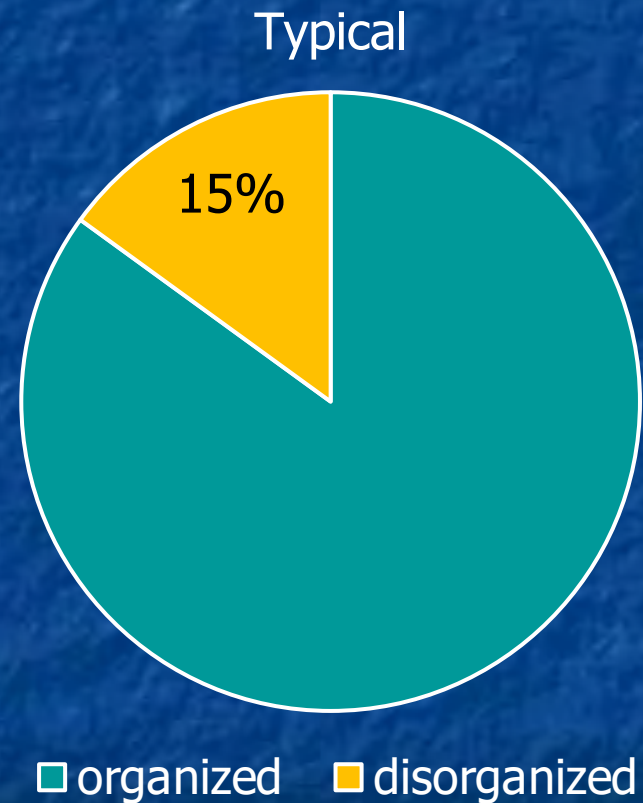
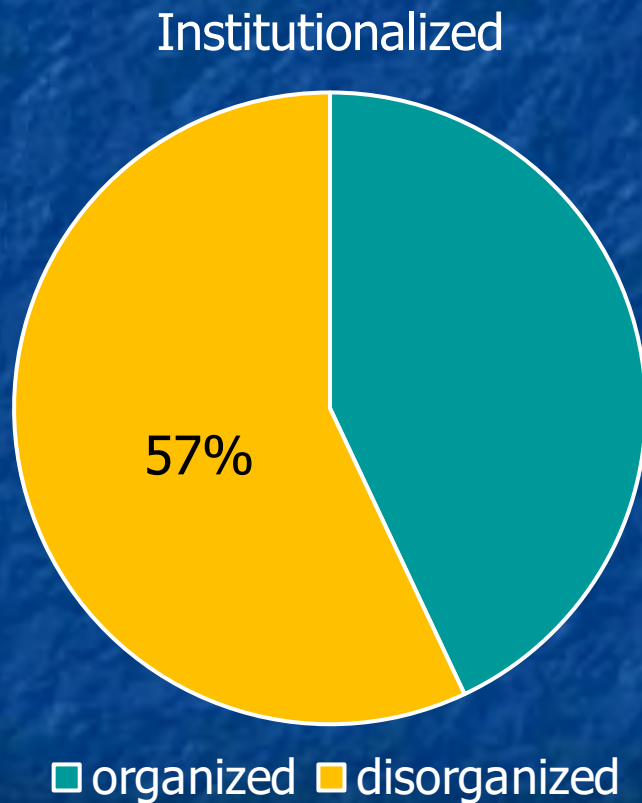
“ To say of a child that he
....has an attachment to
someone means that he is
strongly disposed to seek
proximity to and contact
with **a specific figure** and to
do so in certain situations,
notably when he is
frightened, tired or ill.”
(John Bowlby, *Attachment*, p.371)



Almost two times higher % of attachment insecurity in institutions



Almost four times higher % of attachment disorganization in institutions



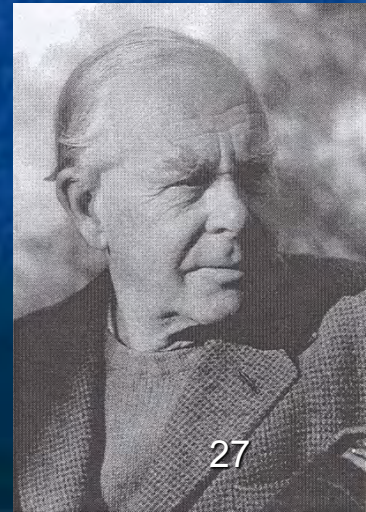
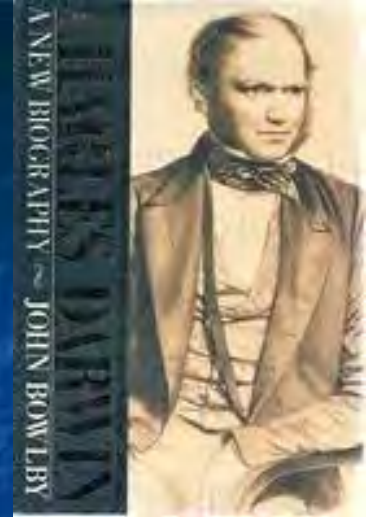
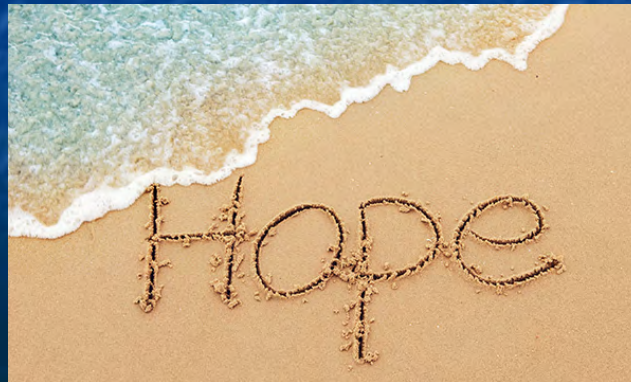
Institution = Structural Neglect

- Institutional rearing falls outside the range of the **environments of evolutionary adaptedness** due to institutions' organization:
 - regimented nature,
 - high child-to-caregiver ratio
 - multiple shifts
 - frequent change of caregivers
- Children become stunted, mentally delayed, and emotionally disturbed
- Older children and handicapped children: increases of **physical and sexual abuse**

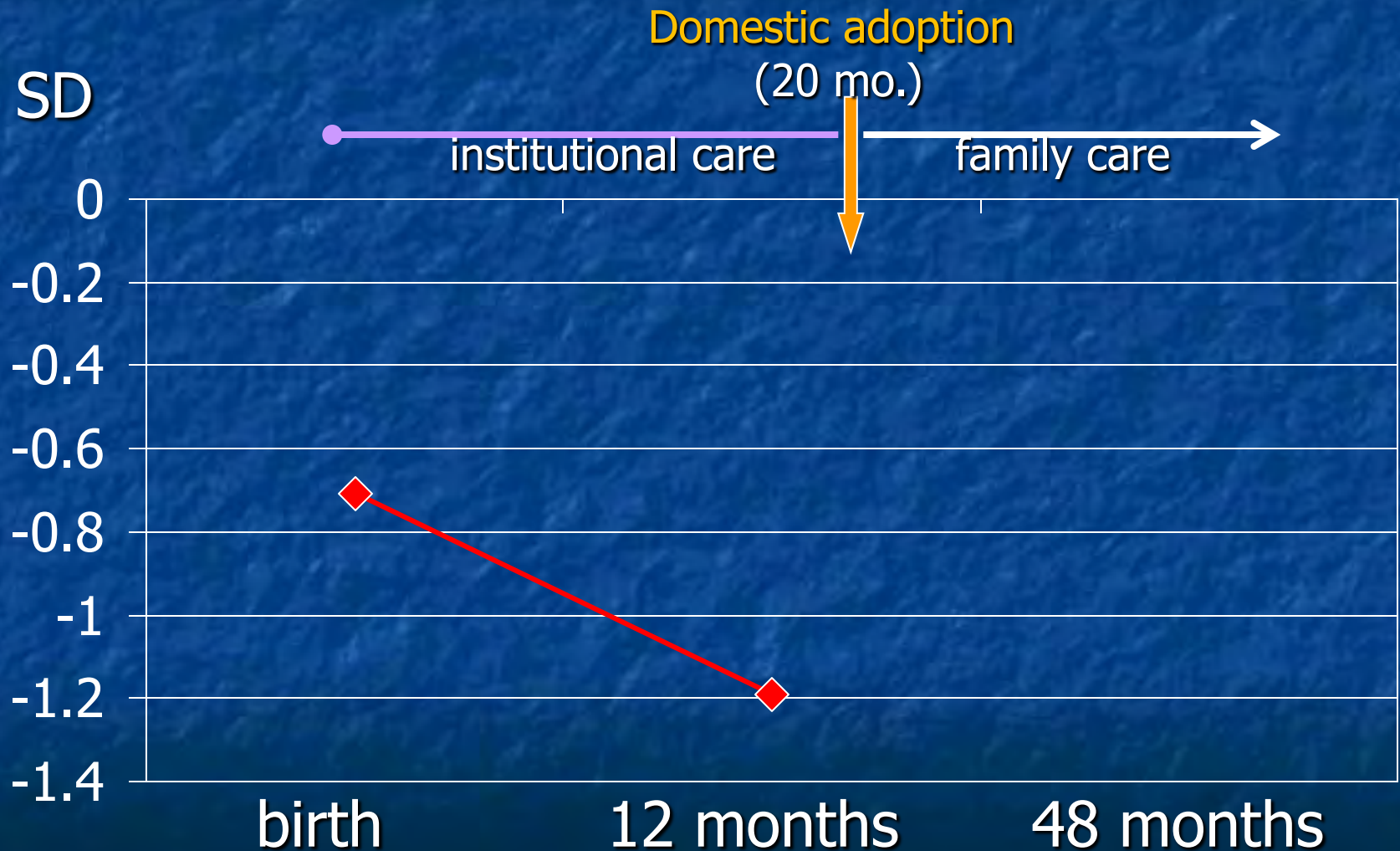
Fragmented and abusive care is pathogenic care

“(...) the more the social environment in which a human child is reared deviates from the **environment of evolutionary adaptedness** (which is probably father, mother, and siblings in a social environment comprising grandparents and a limited number of other known families) the greater will be the risk of his developing **maladaptive** patterns of social behavior.”

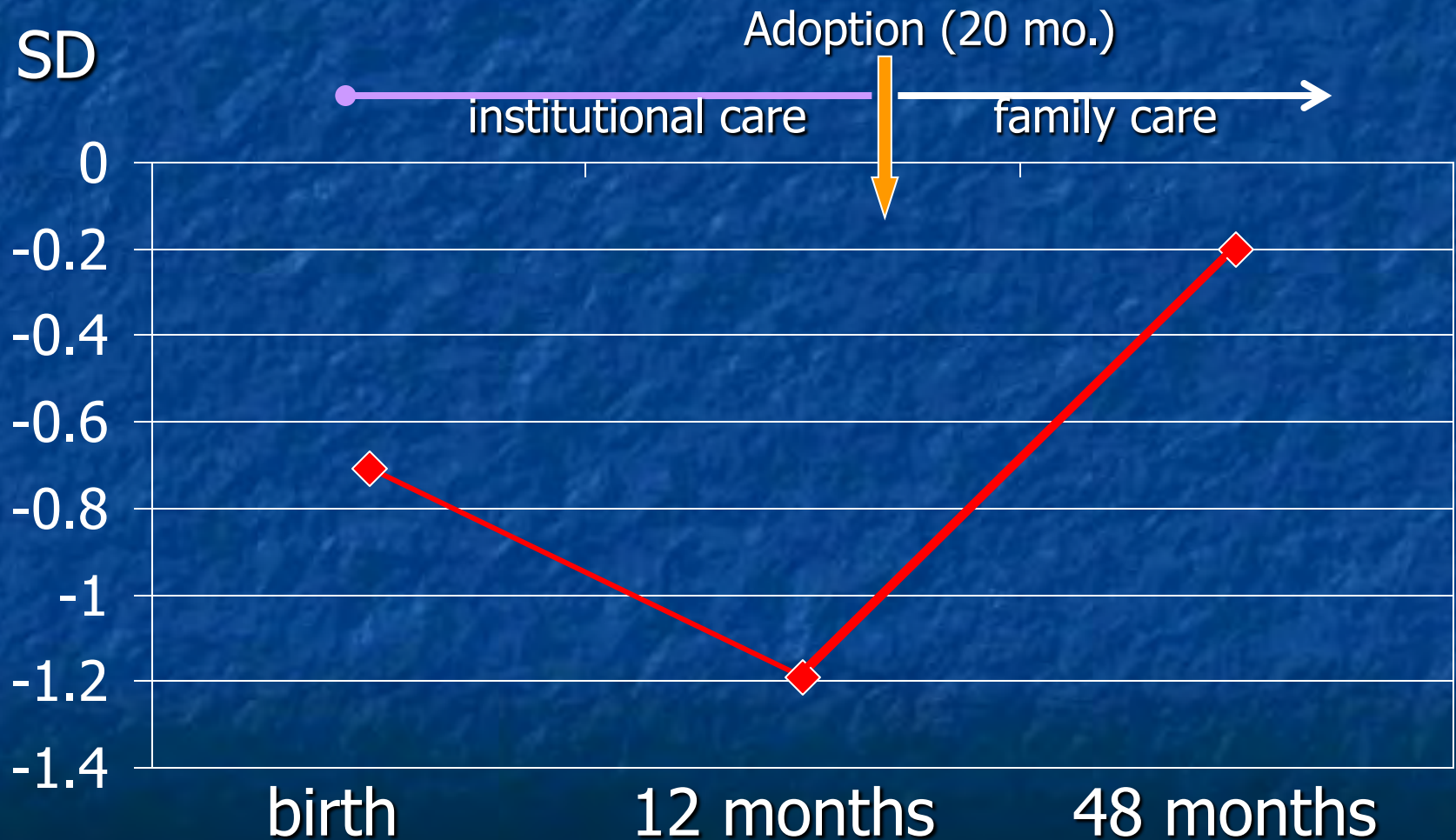
Bowlby (1982, p. 166).



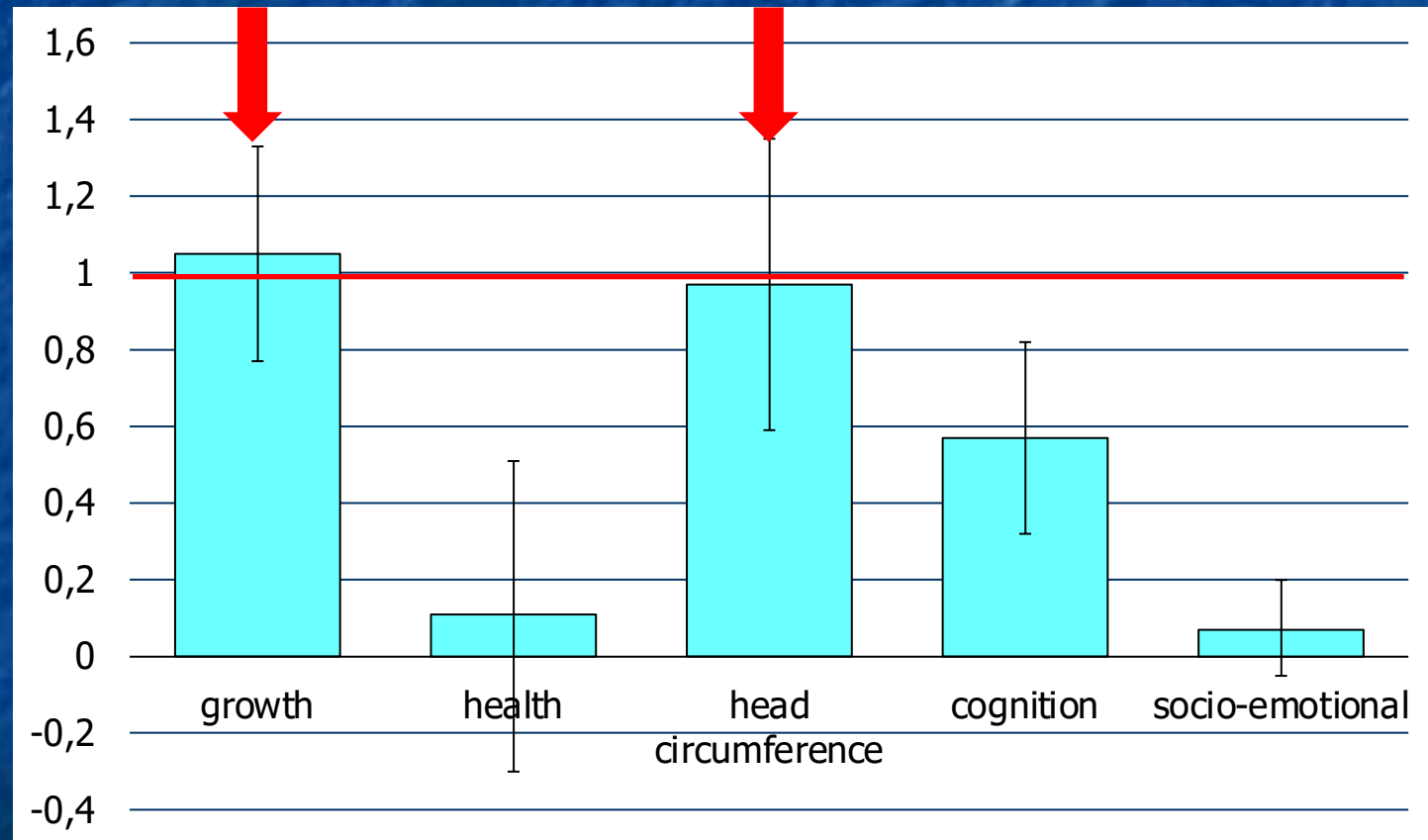
Decline of physical growth in institutionalized infants (Metera, Greece)



Rapid catch-up of growth in institutionalized infants after adoption (Metera, Greece)



Impressive catch-up after deinstitutionalisation



What is needed for safe development?

Lessons learned from studies on (de-)institutionalization
and relevant for policy

- First, **social interactions** are the motor of development
 - not food, but the innate bias to seek comfort with protective caregivers is essential (**Harlow**)
- Second, **continuity of caregiving** arrangements
 - prevention of fragmented care and of breaking bonds (**Bowlby**)
- Third, a **network** of attachment relationships is needed
 - for a child and for their caregivers to fall back upon (**Hrdy**)

In spite of their altruistic motivation volunteers add to structural neglect

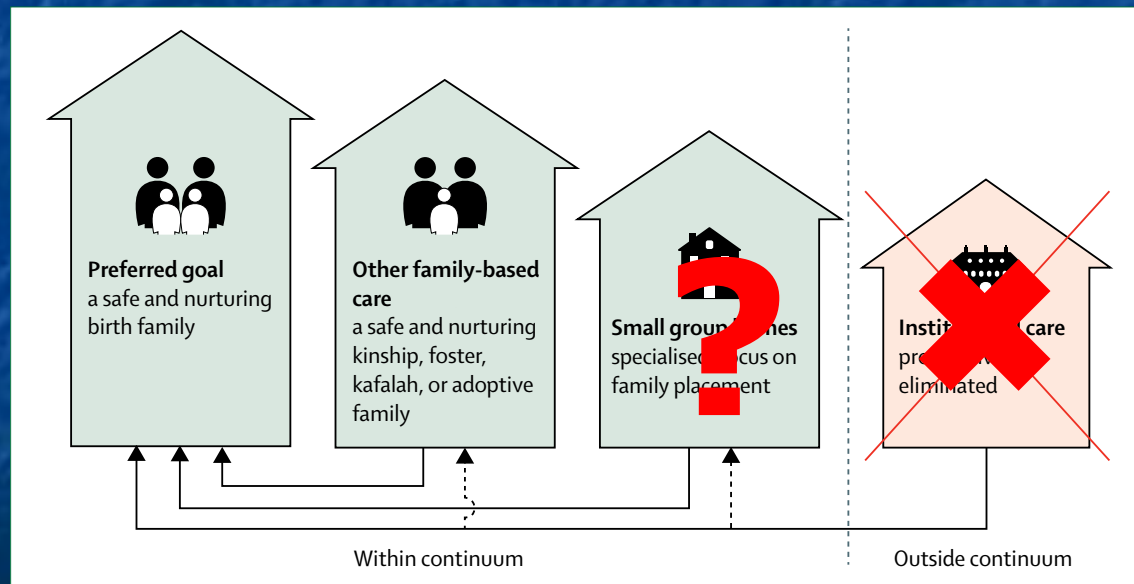
- Most volunteers stay in the orphanage for only a few weeks or months, increasing the **fragmented care**.
- Most volunteers have not been **trained** or certified for caring for children (many with developmental issues).
- Often volunteers pay to the travel agencies and local orphanage directors, creating a profitable '**voluntourist industry**'.
- Through '**selfies**' on social media a **false impression** is created of happy coloured children with white saviours, no collaboration on equal footing.



Most effective family and child development interventions in a care continuum

- Preventive **birth family** support systems
- Monitoring child protection services to support continuity of:

- Kinship care
- Foster care
- Kafalah
- Adoption
 - domestic
 - international



Some vexing questions about small group homes: a personal view

- Is small always beautiful: staff turnover (24/7 care)?
- No network for transition to adulthood?
- Damaging to children of caretakers: who takes care of them?
- Too expensive for general roll-out across a LMIC country?
- Draining funds from building infrastructure for family care?
- Fragmentation of the child care system?
- Almost no efficacy studies, primum non nocere?
 - Lassi et al (2011): no difference between SOS – regular institutions
 - Worku et al (2018): more socio-emo problems SOS vs family ($d=1.22$)
- Small **therapeutic** group homes, similar function as hospitals for seriously ill people?

The influence of COVID-19 on institutionalisation

The implications of COVID-19 for the care of children living in residential institutions

Around the world reports are emerging of numerous residential institutions for children being closed as a result of the novel coronavirus disease 2019 (COVID-19) pandemic. Children appear to be being sent

protection of the children and the caregivers. This support includes the education of staff, parents, guardians, and children on the use and importance of physical distancing measures, on signs of infection, and on proper hygiene measures. Only essential staff should be permitted to enter the institutions and visitors (including volunteers) should be prohibited. Measures to isolate and treat children who become sick should be developed. By

We are concerned that many children will be abandoned or separated from their families as a result of COVID-19 and increased poverty, mortality, poor health, family stress, domestic violence, and other reasons. As the pandemic eases, we urge donors to focus on supporting family-based and community-based programmes and services for children, including those who find themselves orphaned or homeless after the pandemic. By

The implications of COVID-19 for the care of children living in residential institutions

that the best interests of children might not be met by releasing them en masse back to households and communities. We are especially concerned for children's physical, emotional, and social vulnerabilities, with immunodeficiencies that make them susceptible to COVID-19, and those returning to households without the knowledge or resources to support children with disabilities or those susceptible to COVID-19. We fear that this process of abrupt unplanned relocation will lead to unanticipated emotional stress, exacerbated health issues, and lack of education, as well as an increased risk of abuse and being trafficked.

We urge authorities to undertake carefully planned measures with respect to deinstitutionalisation in light of the COVID-19 pandemic. First, institutions that remain operational should follow public health guidelines and have the guidance and support they need to ensure the safety and

measures will be needed to support the children, and what families can expect after distancing measures have been lifted. Systems for monitoring placements should be put in place. When necessary, the use of prescribed therapies and medications should be continued in the receiving household. For reasons of safeguarding, children should not be deinstitutionalised if they cannot be monitored regularly, at least by phone.

Finally, planning should begin immediately on the care and protection of these children after public health measures are lifted. Best practice would be an assessment of the needs of each child, whether in or out of an institution, and the development of a case plan for the child and, where relevant, family or other caregiver. We hope that many of those who have been deinstitutionalised because of COVID-19 will be able to stay successfully in a household with the right services, support, and monitoring.

who are institutionalised during and after the pandemic. An opportunity exists to help institutions close properly or to support the transition to community-based services aimed at strengthening families.

The Better Care Network has compiled a list of useful and comprehensive recommendations from various organisations on COVID-19 and children's care.

We declare no competing interests. Group members in the appendix.

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Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations

Nicole Gilbertson Wilke^{a,*}, Amanda Hiles Howard^b, Philip Goldman^c

More institutionalised children due to poverty and loss of (allo-)parents?
Too rapid de-institutionalisation?

<https://doi.org/10.1016/j.chi.2020.101616> Published online April 21, 2020 <https://doi.org/10.1016/j.chi.2020.101616>

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S2352-4642(20)30130-9

//
IT'S BETTER TO
DIE STANDING
THAN TO LIVE ON
YOUR KNEES

Alexander Lukashenko



- President Alexander Lukashenko dismissing the pandemic as a "mass psychosis" and advising people to drink more vodka, "turn the steam on the bathhouse", "eat more garlic" ... to protect themselves.

- The situation in a Belarus orphanage is "extremely critical" after 23 people contracted COVID-19, children and staff.

The orphanage in Vesnova, near Chernobyl, cares for 174 children and young adults with genetic disorders, severe disabilities and compromised immune systems. It is supported by an Irish NGO.

In wartime and pandemics families are children's safe haven

John Bowlby about 75 years ago

- “nothing is more characteristic of both the public and voluntary attitude ... than the willingness to spend large sums of money looking after children **away from their homes**, combined with a haggling stinginess in giving aid to the home itself”
- **“if a community values its children, it must cherish their parents”**

Thank you!



Femmie Juffer



Marian Bakermans-Kranenburg

and many thanks to the
Lancet Group Commission
on the institutionalisation and
deinstitutionalisation of children