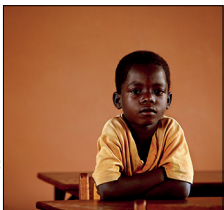


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Institutionalisation and deinstitutionalisation of children: the Executive Summary from a *Lancet* Group Commission



H460/0530

This *Lancet* Group Commission advocates global reform of the care of separated children through the progressive replacement of institutional provision with safe and nurturing family-based care. It provides essential information on both the global scale of institutionalisation and its physical, social, and mental health consequences. It presents a pragmatic roadmap for carefully managed change. Here we outline the ten key messages from the Commission.

1. Institutionalisation affects millions of children around the world. In 2015, it was estimated that 5.09–6.10 million children were living in institutions worldwide, the majority being in low-income and middle-income countries. Factors leading to institutionalisation include poverty, social deprivation and poor parenting skills, carer and child illness and disability, natural and human-made disasters, and child abuse and neglect.

2. Meeting a child’s sanitary and nutritional needs is not enough. Institutional care is typically inconsistent, being delivered by staff with poor pay and training. There is often a high turnover of staff, which limits effective relationship building, and creates insufficient time to provide a basic standard of care. Children might also experience maltreatment from peers and staff. Institutional care denies children and adolescents access to kinship networks that have a major role in many societies.

3. Institutionalisation often has a profound effect on a child’s physical and psychological development and can be associated with long-term mental health problems. The greatest effects are on physical growth and cognitive development: at least 80% of institutionalised children were below the mean of comparison groups in these domains. Institutionalised children are also at greater risk of attachment problems. Longer stays in institutions lead to more problems, and exposure between 6–24 months of age might be especially damaging.

4. When children leave institutions and are placed in family-based alternatives (adoption, kinship, or foster care), the situation rapidly improves—striking catch up is seen across all domains. Moreover, even children who have been exposed to severe deprivation can develop secure attachments with their new parents from adoption or foster placements.

5. The last 100 years have seen a significant shift towards family-based care for children in North America and most of Europe. The same shift elsewhere in the world is urgently needed. In December 2019, some 265 organisations, including UNICEF, endorsed comprehensive recommendations to implement the 2019 UN Resolution on the Rights of the Child, including measures to progressively replace institutions with family-based care.

6. Moving children from institutions to families requires the coordination of an integrated set of global, national, and local initiatives. Only a combined effort that links national and international policies and resources with local knowledge and practices can create meaningful, sustainable change. Global development, governmental, donor, faith-based, and volunteer agencies need to work together to transform care systems, address the drivers of institutionalisation, support child protection, and end child trafficking. Policy makers should reconsider incentives for supporting institutions, such as tax breaks for donations and other financial transfers through voluntourism to children’s institutions.

7. National frameworks for the progressive elimination of institutions as part of the continuum of care for children are needed. Countries should develop and budget for care reform with the ultimate goal of safe, sustainable, and nurturing family-based care for every child. This should include family strengthening, family-based alternative care, and progressive elimination of institutions, situated within a broader child protection

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system. Good quality data collection is also essential to monitor both service provision and children's health and developmental outcomes.

8. Local knowledge and local action are essential. It is important to understand local knowledge, attitudes, and practices when engaging in a dialogue on improving the care of children. Agencies can identify families with children at risk of separation, and provide pre-emptive material, health, psychosocial, and parenting support. They can also assist in the process of progressively eliminating institutions by both overseeing child welfare during transition and training the institutional workforce for new professional roles supporting family care. The movement of funding from institutions to family-based care must occur in a deliberate, phased, and safe manner that prioritises child protection.

9. Children's voices must be heard. According to the UN Convention on the Rights of the Child, children have a right to participate in any matter that affects them. Throughout this process, and at every level, the opinions and needs of children and young people themselves must be actively sought out and respected. The strategy must also be inclusive of key risk groups such as children with disabilities.

10. These goals are both realistic and necessary. Examples such as the *Tubarerere Mu Muryango* (Let's Raise Children in Families) programme in Rwanda demonstrate that with political will, closely monitored targets and timelines, and mass media campaigns, large-scale movement of children from institutions into family care is possible.

The global intent to provide optimal care for separated children has never been greater. Momentum to move children from institutions and into families is building, led by welcomed evidence and practical leadership from many sectors within child health, child protection, and social welfare. It is essential that governments, voluntary organisations, and health and social care professionals work together so that action is not taken precipitately, with potentially unintended adverse consequences, but is instead timely, sustainable, and child-centred.

We declare no competing interests.

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Children in institutional settings

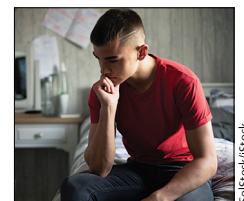
It is difficult to imagine now, but during the 1970s there were nearly 40 000 children living in institutions in England. The experience could be horrific for children. The reports of the abuse and maltreatment of many of those children that took place are widespread and led to a marked decline in the use of institutional homes for children and a drive towards fostering for most children entering care.¹

The number of children living in institutions has reduced substantially, down to just 6500 in England, or 9% of all children in care. Those children's homes that do still exist are very different to the institutions of the past—on average, they are only registered to care for four children at a time, and guidance is clear that settings should be as homely as possible. Children's homes tend to be used only for those children with the highest needs, rather than as a default option.

For most children, the preference will always be for them to live with their own families, in situations in which that is safe, or in family environments whenever possible. But for older children and for children with specialist needs, a children's home might still be the best environment. As the number of older children going into care in England has soared in recent years, there has been a growing demand for places in children's homes.

Until vulnerable teenagers with complex needs get help earlier, before the downward spiral of disruptive behaviour, exclusion from school and, too often, exploitation takes hold, the number of teenagers being placed in care will continue to grow, and with it the increasing demand for residential homes.²

Those children's homes do not always provide the nurturing and supportive environment that children with complex needs require. There are some excellent children's homes, but it is always hard to avoid the



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