

FACT SHEET: CHILDREN IN RESIDENTIAL CARE INSTITUTIONS

Quick facts

- Up to 8 million children live in institutions globally, despite the fact that approximately 80% of these children have family who could care for them given the right support.
- Over the last decade there's been a 75% increase in the numbers of orphanages in Cambodia and the number of children living in orphanages has nearly doubled.
- In Sri Lanka, the number of officially registered Residential Care Institutions increased from 142 in 1991 to 500 in 2007. That's a 350% increase over a 16-year period.
- In Zimbabwe, the number of children living in residential care has doubled since 1994.

What is residential care?

Residential care or institutionalisation of children refers to the placement of a child in a Residential Care Institution in order to access any kind of service. Residential Care Institutions are often referred to as orphanages, shelters or children's homes / villages / centres. Child protection stakeholders prefer the term 'Residential Care Institutions' (RCI), as 'orphanage' incorrectly implies that resident children are orphans and have lost one or more parents.

Key aspects of RCI facilities include:

- Providing 24-hour care, including access to shelter, food, clothing and education, facilitated by paid caregivers.
- Separating children from their families, where they are isolated from the broader community and/or compelled to live together in a group arrangement.

Drivers of residential care

Internal drivers:

- Poverty: RCIs fill a niche in providing much-needed social support in developing countries
 with limited access to social services and community support services for vulnerable families.
- Education: Many families believe that an RCI will provide their children with an excellent education that they could not otherwise afford. Research shows that children in RCIs are at high risk of physical, cognitive, and sexual abuse.
- **Disability:** Children with disabilities are at high risk of placement in RCIs due to the lack of support services available for parents.
- Migration: Economic migration is a driver of the institutionalisation of children in countries such as Cambodia, Myanmar, and Thailand, where children are often left in the care of institutions in order for their parents to seek employment.

External drivers:

• **Donations and support:** The significant injection of funds in support of RCIs has given rise to the 'orphanage' industry, turning orphanages into viable businesses. The more RCIs open, the more children are recruited to fill their beds. Volunteer and orphanage tourism are activities that raise significant funding for RCIs – globally valued at over two billion US dollars per annum.



- Active Recruitment: The recruitment of children from poor families occurs by convincing, coercing or even paying parents to give their children away. Many parents are led to believe their children would be better off in care, unaware of the harm that come to children when they're institutionalized.
- No alternatives: The overabundance of RCIs has replaced traditional kinship care systems. With limited alternatives, poor families are led to believe that entrusting their children into the care of a RCI will lead to a path out of poverty to a better life, unaware of the harm that will come to their children when they are institutionalized.
- **Donor driven**: The managers of RCIs are driven by a need to show results to donors, who often consider 'success' to mean an increase in the number of children receiving services, which further incentivizes the recruitment of children from poor families.

Orphanage Tourism and Voluntourism

Orphanage tourism and voluntourism are terms used to define a spectrum of activities related to the support of orphanages and RCIs by individuals who are tourists on vacation.

- Normalise access to vulnerable children: RCIs are a target for those with harmful intentions toward children. In Australia we do not allow unskilled tourists or volunteers unchecked access to vulnerable children. The same standards should apply overseas, and visitor with good intentions normalise the practice of allowing unskilled, unqualified individuals access to vulnerable children.
- <u>Harm children:</u> Children in residential care have already experienced disrupted attachments as a result of being separated from their families, and as a result, are often seeking attachment figures. Short-term volunteers can exacerbate attachment disorders in such children as bonds are quickly formed only to be broken again when the volunteer leaves. Children are left behind to cope with yet another lost attachment figure, and this repeated cycle of attachment and rejection can have a number of long-term impacts on children, including reactive attachment disorders and impaired brain development in small children.
- Contribute to the commodification of children: The majority of volunteers in residential care institutions are unskilled and unqualified to work with children, particularly children from another culture, who often have highly complex needs and have experienced some form of trauma. Volunteering in a residential care institution contributes to the commodification of vulnerable children where they are seen as something to be 'experienced', despite the well-documented negative impacts on them. Child protection specialists have also raised concerns about the presence of short-term foreign volunteers in residential care institutions and the potential for them to create confusion around identity and culture.

Harms of residential care:

Children who grow up in a RCI are at a significantly increased risk of experiencing attachment disorders, mental illness, and developmental delays. They will frequently experience difficultly reintegrating into society later in life and struggle to form healthy relationships in adulthood, affecting their ability to provide good parenting to their own children. The effects of institutionalisation, therefore, impact upon following generations.

• Family separation: Children in residential care are most often not orphans, meaning that it causes unnecessary family separation.



- Prevents healthy development: There is extensive evidence that children who grow up in RCIs, no matter how good the conditions or caring the staff, are at significant risk of harm in terms of developing attachment disorders, developmental delays and neural atrophy in the developing brain. Children living in RCIs have reported that they miss their families, don't have their basic needs met, lack warmth and love, receive unequal affection from caregivers, feel a lack of freedom, and concern about their futures.
- High levels of abuse: Many of RCIs do not have the best interests of children at heart, and deliberately keep children in poor conditions in order to continue the receipt of financial support from tourists who are eager to help children in difficult situations. In these RCIs, physical, sexual and emotional violence against children is commonplace. Children in RCIs are almost four times more likely to experience sexual abuse than children in family-based care and are therefore at higher risk of growing up to become perpetrators of abuse and violence. Children who grow up in institutions are at higher risk of engaging in self-harm, violence against others, criminal activity, prostitution, and substance abuse.
- **Erodes traditional systems of care**: The rapid increase in RCIs has eroded existing systems of alternative care of orphaned and vulnerable children, who traditionally would have been cared for by community and extended family, known as kinship care.
- Dependency and vulnerability of care leavers: Children who grow up in RCIs can struggle to reintegrate back into society later in life. They are likely to develop dependency issues and face discrimination in their communities. Transition into independence can also cause institutionalized children to experience feelings of abandonment, as they often lack the necessary social skills to adjust back into community life. Young adults who leave residential care are 10 times more likely to fall into sex work than their peers, 40 times more likely to have a criminal record and 500 times more likely to take their own lives.¹

Child Rights

The United Nations Convention on the Rights of the Child² affirms a child's right to be raised in a loving home, by their family whenever possible. In particular, the Convention states that:

- The child, for the full and harmonious development of his or her personality should grow up in a family environment (Preamble).
- The child shall have the right to know and be cared for by his or her parents (Article 7).
- State parties shall ensure that a child shall not be separated from his or her parents, unless such a separation is in the best interests of the child (Article 9).

The UN Guidelines for the Alternative Care of Children 2009³ supplement the United Nations Convention on the Rights of the Child and aim to aid in its implementation. The Guidelines are international recognition of the fact that reintegration is sound, correct and in the best interests of the child. Article 3 states that "the family is the best place for a child and efforts should be primarily directed to enable a child to remain or return to his/her parents or, where appropriate, to other close family members." Article 15 states that: "poverty should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family"

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¹ Lumos, www.lumos.org

² United Nations Centre for Human Rights; UNICEF; United Nations. 1993. Convention on the Rights of the Child. New York: United Nations Children's Fund

³ United Nations. 2010. Guidelines for the alternative care of children. Resolution adopted by the General Assembly, on the report of the Third Committee, A/RES/64/142. Available at: http://www.unicef.org/protection/alternative_care_Guidelines-English(2).pdf (accessed August 26, 2014)



Where to from here?

- Develop a continuum of care options for children. Rather than continuing with the current over reliance on residential care, a full continuum of services need to be developed and made available for children and their families in developing countries. The priority should always be to preserve families where possible as this is generally in children's best interests. Where preserving a family is not possible or not in the best interests of the child, family-based care is always the preferred option for orphans and vulnerable children. Family-based care includes kinship care, foster care, guardianship, or local adoption. Family-based care is also a more cost-effective solution than residential care.
- Scale back the use and prevalence of residential care for orphans and vulnerable children and support the reintegration of children back into families and the transition of RCIs into community support services.
- Redirect funds towards non-institutional services including family based care and family
 preservation and strengthening initiatives. Tackling the root causes of children's placement
 in RCIs is a key factor of success in reducing the incidence of children placed in residential
 care unnecessarily.
- Improve gatekeeping mechanisms so that orphans and vulnerable children are directed towards the services most appropriate to their needs and not placed in alternative care, especially residential care unless it is necessary and deemed suitable.