

## CHILD CARE INSTITUTIONS: A LAST RESORT



**All children thrive in a safe family environment and no child is placed in harmful institutions**

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**Four out of five of children in childcare institutions across the world today have parents who could care for them<sup>1</sup> - making the term ‘orphanage’ outdated and inaccurate.** Although often well-intended, the mere presence of a child care institution can encourage child abandonment and divert much needed resources away from more positive care options, while creating opportunities for profiting from the exploitation of children (e.g. through child trafficking).

There are at least 2 million vulnerable children worldwide living in poor quality institutional care that is harmful to their physical, social and intellectual development, especially for those children who are under the age of three.<sup>2</sup> A recent longitudinal study of children in Romania found that institutionalisation of young children is one of the biggest threats to early brain development, with effects similar to that of severe malnutrition, lead poisoning and drug use during pregnancy.<sup>3</sup> These children are also much more vulnerable to neglect, violence and abuse. In addition, countries with a long history of institutionalisation have also seen problems as children try to reintegrate into society as young adults (e.g. experiencing homelessness, aggression, difficulties finding employment, criminal activity, and depression leading to high rates of suicide).<sup>4</sup> Yet, despite all the evidence, the emphasis in too many countries continues to be on supporting child care institutions rather than supporting families to care for their own children.

**Save the Children believes that children are best cared for in either their own families or in a family-based setting in their own communities and that placing children in a child care institution, especially under the age of three, is hazardous to their health and development.**

We believe that all governments should adopt and use the *Guidelines for the Alternative Care of Children*, ensuring that its contents are reflected in national legislation, strategies, budget allocations, and human resource development plans with priority given to children under the age of three.

Families and communities should be supported to help to care for their own children<sup>5</sup> and institutionalisation should be seen as a last and temporary resort, only appropriate for a very small minority of children.

We call upon governments, corporate, NGOs and donors to divert resources away from support to institutional care and towards family based care.

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<sup>1</sup> Brown, K. (2009). *The Risks of Harm to Young Children in Institutional Care*. Better Care Network.

<sup>2</sup> Csaky, C (2009). *Keeping Children out of Harmful Institutions: Why we should be investing in Family-Based Care*, Save the Children.

<sup>3</sup> Nelson, C., Zeanah, C., Fox, N. (May 2009). *The Effects of Early Deprivation on Brain Behavioural Development: Bucharest Early Intervention Project*. Oxford University Press.

<sup>4</sup> Tobias, D. *Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the former Soviet Union*. The World Bank. 2000. P.33.

<sup>5</sup> This could include: home visits, social protection or cash benefit schemes, preschool/nursery care, community based support for children with disabilities, eliminating school fees and hidden costs for health care, parenting information and education, respite care, counselling, vocational training.

### Why are children in institutions?

- **Poverty & separation:** Children are separated from their parents for a wide range of reasons - many of which are linked to extreme poverty and insecurity. They include family destitution, the death or chronic illness of a parent, family breakdown because of divorce or domestic violence, and separation from their families in natural disasters and conflict. For many parents lacking other forms of support, putting their children into institutions may seem the best way to help them access basic services such as education and health care.
- **Access to Education:** In some countries, parents feel that the only way that their child can get an education is to be placed in a child care institution, either to get an education through the institution or to be closer to school which is otherwise inaccessible from their home.
- **Discrimination:** Children from ethnic minorities (e.g. the Roma in south east Europe) and other stigmatised groups of children including children with disabilities, children living with HIV and children born out of wedlock, are more likely to be placed in institutions.
- **The lack of support for alternative family-based care:** Institutions are often the only alternative to living on the street for children who have been abandoned, orphaned, separated from their families or abused. Limited support to kinship care and/or the absence of fostering or adoption services may leave placement in an institution as the only option.
- **The ‘business’ of institutions:** Once investment is made in an institution, it becomes a fixed resource – even when the alternatives are more cost-effective. When child care is not regulated and anyone can set up an institution, it can also become a business – by capturing donor funds or organising international adoptions. The danger is that institutions lose focus on the best interests of the child and are driven much more by the best interests of the institution.<sup>6</sup> Save the Children has had numerous reports of institutions that actively recruit children because they are paid based on the number of children in their facilities. The recent phenomena of volunteering in child care institutions can also generate a business opportunity for more institutions and for more children to be recruited to fill them.
- **Public support for institutions:** After a natural disaster or, for example, in relation to the HIV/AIDS crisis in sub-Saharan Africa, many institutions are created by foreign organisations looking to help “orphans”, even though the majority of AIDS orphans and those separated in a disaster are usually taken care of by their extended family. Foreign funding also means that the institutions are often the best funded form of care which can attract more parents to send their children there.

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<sup>6</sup> See, for example, S T Parwon (2006) *Orphanage Assessment Report*, Ministry of Health and Social Welfare, Government of Liberia.

### What's wrong with Child Care Institutions?

- **All children have the right to family life:** A family is usually the first and most protective environment for a child. Article 9 and other articles of the UN Convention on the Rights of the Child state that children have a right to family relations and to be with their parents unless this is proven not to be in their best interests. Institutions cut children off from their families and take away their critical role in promoting children's long term care and well-being.
- **Most children in institutions would not be there if their parents had adequate support:** The term 'orphanage' is usually not accurate because most children in institutions have one or both parents alive. More than 90% of the children placed in institutions in Indonesia after the 2004 tsunami had at least one parent alive.<sup>7</sup> Globally, four out of five of children in childcare institutions across the world today have parents.<sup>8</sup> A report based on case studies in Sri Lanka, Bulgaria and Moldova found 'that poverty is a major underlying cause of children being received into institutional care and that such care is costly, inappropriate and often harmful response to adverse economic circumstances.'<sup>9</sup>
- **Inadequate standards of care:** Child care institutions usually have too few carers and are unable to provide children with the affection, attention, personal identity and social connections that families and communities can offer.<sup>10</sup> Even carers with the best intentions and training are not able to look after 10 to 20 infants at a time with the same level of support as a family of 5 or 6 children. Research shows that children in institutional care are more likely to have stunted growth and have a lower IQ because they lack stimulation and attention.<sup>11</sup>
- **Institutions put children at significant risk:**<sup>12</sup> Institutions are often unsafe for children. They can leave them vulnerable to neglect, violence and abuse, which often goes undetected and unreported. Countries with a long history of institutionalisation have also seen problems as young adults leave institutional care and try to reintegrate into society, leading to much higher rates of homelessness, aggression, difficulties finding employment, criminal activity, and depression leading to high rates of suicide.<sup>13</sup>
- **Institutions are one of the most costly ways of looking after children:** Residential child care institutions for children are poor value for money compared with other forms of care, being up to ten times more expensive than alternatives based in the child's community.<sup>14</sup>

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<sup>7</sup> The Ministry of Social Affairs and Save the Children UK (2006) *A Rapid Assessment of Children's Homes in Post-Tsunami Aceh*, Jakarta, Indonesia.

<sup>8</sup> Brown, K. (2009). *The Risks of Harm to Young Children in Institutional Care*. Better Care Network.

<sup>9</sup> Bilson, Andy and Cox, P. 'Caring about Poverty'. *Journal of Children and Poverty*, Vol. 13 No. 1, March 2007.

<sup>10</sup> Everychild (2005) *Family Matters: A study of institutional childcare in central and eastern Europe and the former Soviet Union*, Everychild, London.

<sup>11</sup> K Browne (2009) *The Risk of Harm to Young Children in Institutional Care*, Save the Children UK & the Better Care Network (forthcoming)

<sup>12</sup> L Sherr (2008) *Strengthening Families through HIV/AIDS Prevention, Treatment, Care and Support*, technical report, Joint Learning Initiative on Children and HIV/AIDS Learning Group 1.

<sup>13</sup> Tobias, D. *Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the former Soviet Union*. The World Bank. 2000. P.33.

<sup>14</sup> C Desmond (2002) *Approaches to Caring: Essential elements for quality service and cost-effectiveness in South Africa* Evaluation and Program Planning 25:447-458. For a country case study on this see D Larter and E Veverita (2005) *Expenditure on the Residential Care of Children in the Republic of Moldova: A Financial Analysis Based on 2005 Budget Data*

### **What we're calling for upon governments, corporate, NGOs and donors to divert resources from institutional to family based care.**

Support for parents and family members: The most important action that donors, governments and others can take to avoid children being placed in institutions is to directly support parents and families in their care giving role. Families are best placed to care for and nurture children and keep them safe. But families trapped in chronic poverty, surviving on irregular income or suffering other stresses, domestic violence, drug and alcohol abuse, face major obstacles in caring for their children.

Families in these situations needs support and this support can take a variety of forms including: home visits by social workers or community workers; social protection including cash benefits; preschool and nursery care; eliminating school fees and charges for health care (including hidden costs for school such as transport, school uniforms etc); parent counselling, information, and education; community-based rehabilitation services for children with disabilities; respite care; child protection services to work with families and communities to address issues of abuse, neglect, violence, and substance abuse; vocational training or economic strengthening.

**Support for Communities:** When things go wrong for a family it's often their local community that steps in to provide support with small amounts of cash, counselling, food and other gifts in kind. Many external agencies seek to channel such spontaneous support into the establishment of community-based groups that monitor the situation of families and children, identify local sources of support, and create links to external services. As long as they are not over-burdened or given responsibilities beyond their competence these groups can often be a vital support to vulnerable families and children. Policy changes and public awareness campaigns should be used to end gender and other forms of discrimination that can result in children from minority groups, children with disabilities, or other stigmatised groups being over-represented in institutions. Special efforts should be made to ensure that both fathers and mothers are reached.

**Action by Governments:** All governments should adopt and use the *Guidelines for the Alternative Care of Children*, endorsed by the United Nations.<sup>15</sup> These guidelines seek to ensure that children aren't placed in out-of-home care unnecessarily. They also stipulate that any out-of-home care provided should be regulated and respond to the specific needs of each individual child. This includes the use of appropriate small scale residential care for the small minority of children for whom this may be the best option. Governments must provide effective regulation and oversight including: ensuring that all institutions are properly regulated and monitored, regardless of whether they are publically or privately financed; ensuring standards of care for child care institutions; regular monitoring and inspection of child care institutions which should be closed if they cannot met basic minimum standards; the regular collection and analysys of statistics of the number of children in care along with research to better understand the causes, scale, and impact of institutionalisation on children.<sup>16</sup>

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<sup>15</sup> The Guidelines for the Alternative Care of Children can be found at:  
[http://www.unicef.org/aids/files/UN\\_Guidelines\\_for\\_alternative\\_care\\_of\\_children.pdf](http://www.unicef.org/aids/files/UN_Guidelines_for_alternative_care_of_children.pdf)

<sup>16</sup> Better Care Network and UNICEF (2009) *The Manual for the Measurement of Indicators for Children in Formal Care*, New York. For an example of research on institutions see Save the Children UK, Ministry of Social Affairs, and UNICEF (2008) *Someone that Matters: The quality of care in childcare institutions in Indonesia*, Jakarta, Indonesia

**De-institutionalisation and reform of the child care system:** One of the biggest obstacles to removing children from institutions and closing them down is the lack of support for other forms of alternative forms of care – particularly family-based care. Encouraging the development of high-quality alternative care options such as kinship care (extended family), fostering and national adoption helps to expand the range of options for children needing alternative care.<sup>17</sup> Achieving this in many countries often means reforming the current child care system, including legal and policy change, retraining care and social work staff, reallocating the budget from institutional to family based care, and recruiting family-based carers. This is best achieved through an overall deinstitutionalisation strategy which is a part of a coordinated policy regarding children in need of alternative care. In many countries this would include building the social work profession.

**Children at the centre:** Children's rights and best interests should be at the centre of every decision about the future care of a child. This includes listening carefully to each child's personal views and experiences – during the decision-making process and at every subsequent review of that decision. It should also mean supporting children's groups to express their views on services developed to help them and to get their recommendations on how the care reform could be most effective. While children continue to live in institutions, it also means ensuring that they have the opportunity to make their views heard and for complaints to be heard outside the institution itself.

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<sup>17</sup> See *Home Truths: Facing the facts on children, AIDS and poverty* (2009) Final Report of the Joint Learning Initiative on Children and HIV/AIDS, Chapter 4. Joint Learning Initiative on Children and HIV/AIDS.