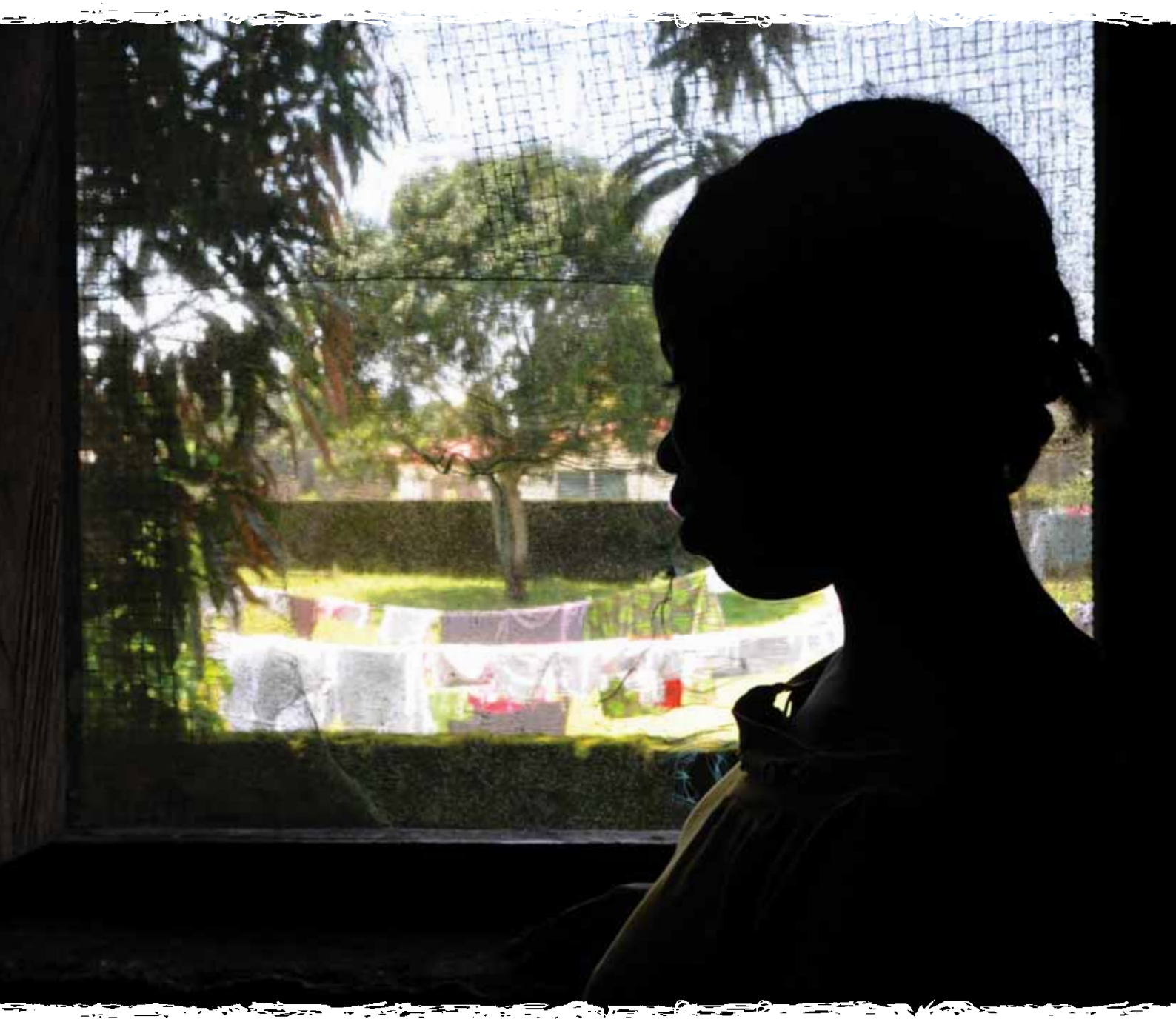
Keeping Children Out of Harmful Institutions

Why we should be investing in family-based care



Save the Children

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Why we should be investing in family-based care

Save the Children is the world's leading independent children's rights organisation, with members in 29 countries and operational programmes in more than 120. We fight for children's rights and deliver lasting improvements to children's lives worldwide.

This report was written by Corinna Csáky, Chair of the Save the Children Child Protection Initiative Task Group on Appropriate Care.

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Foreword

Poverty, disease, disability, conflict, disasters and discrimination are resulting in children being separated from their families and placed in orphanages and so-called homes. This is still happening, even though we know that many institutions have an appalling record of abuse and neglect.

One of the biggest myths is that children in orphanages are there because they have no parents. This is not the case. Most are there because their parents simply can't afford to feed, clothe and educate them.

For governments and donors, placing children in institutions is often seen as the most straightforward solution. And it's a way of sweeping out of sight the poorest and most discriminated-against children with the biggest problems. Encouraging parents to place their children in care is even used as a means to make easy money by some unscrupulous and unregulated institutions.

But, with the right kind of support, most families would be able to keep their children. And when it's just not possible for a child to live with his or her parents, there are other family and community-based options where they can be cared for and protected. Institutional care should only be used as a last resort, and only then if it is of a high standard and in the best interests of the individual child.

Supporting families and communities so that they can look after their children themselves might seem more complicated in the short term. But in the long term, it pays enormous dividends. Not only are individual children more likely to thrive and go on to be better parents, they are more likely to contribute to their communities and to their country's development. We at Save the Children have witnessed this through our work with governments and local organisations that are already putting it into practice.

This report challenges all governments, international donors, NGOs, faith-based groups and others to put an end to the unnecessary and harmful use of institutional care. We are calling on them all to develop alternatives that enable families and communities to provide the care that gives every child the chance to thrive, and that is every child's right.

Jasmine Whitbread
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Glossary

Child
Any person under the age of 18

Institutional/residential care
Care provided in any non-family-based group setting. This includes orphanages, small group homes, transit/interim care centres, children's homes, children's villages/cottage complexes, and boarding schools used primarily for care purposes and as an alternative to a children's home[1]

Family-based care
A form of alternative care that involves a child living with a family other than his/her birth parents.[2] This includes kinship care, foster care, adoption, kafala (an Islamic form of adoption), and supported child-headed households

Orphan
A child, both of whose parents are known to be dead[3]

Small group home
A type of residential care in which six to eight children live in a house that is almost indistinguishable from others in the neighbourhood, and are cared for in an environment that is as family-like as possible[4]

UNCRC
United Nations Convention on the Rights of the Child

Summary

The UN estimates that up to 8 million children around the world are living in care institutions.[5] However, the actual number is likely to be far higher, owing to chronic gaps in information. It is also likely to rise with the increasing impact of conflict, climate change and the HIV and AIDS pandemic on the poorest and most vulnerable families.

In many institutions, the standard of care is poor. Many children are abused and neglected. Children under three, in particular, are at risk of permanent developmental damage by not being cared for in a family setting. For all children, long-term stays in institutions can have a lasting negative impact. The harm that can be caused to children by institutional care has been documented since the early 20th century.

Most children in what are known as orphanages or children's homes are not in fact orphans. At least four out of five children in institutional care have one or both parents alive.

Poverty and social exclusion are two of the main reasons why children are unable to live at home. Families often feel that placing their children into care is the only way to ensure they get an education and enough food and other essentials. Discrimination and cultural taboos also mean that in some countries a disproportionate number of girls, disabled children and children from minority ethnic groups are relinquished or abandoned into care institutions. With support, the parents and extended families of many of these children could care for them.

Greater political and financial commitment is needed to tackle the poverty and social exclusion that drives families to give up their children, and to help build parents' capacity to care for their children. In addition, greater priority must be given to developing good-quality family-based care options – such as foster care and adoption – for children who need alternative families.

Experience shows that where there is political will, children can be well cared for and protected. For example, Indonesia has embarked on a process of widespread reform to improve the quality of care in institutions and to shift policies and resources towards supporting children in their families. Sierra Leone has reunified many children with their families and is addressing its use of care institutions. Croatia has achieved important structural and legal changes to ensure that family and community-based care is given greater priority. South Africa has built social protection and other mechanisms to strengthen families and prevent unnecessary separation. Unfortunately, such examples are few and far between.

The new international *Guidelines for the Appropriate Use and Conditions of Alternative Care for Children*,[6] which were finalised in 2009 after several years of consultation with governments and experts around the world, should be adopted and implemented as a matter of urgency.

The design and delivery of national and local childcare and protection systems must be transformed to enable families to look after their own children and to ensure that children have access to positive care alternatives where necessary.

This will require a new era of political leadership to ensure that positive childcare and protection practices are pursued at every level. To this end, we are calling for:

Every government to make a long-term commitment to building family support services and family-based alternative care, and to tackling the overuse and misuse of residential care, in line with the *Guidelines*. This should be reflected in budget allocations, national strategies, and laws and policies that prioritise the prevention of family separation and ensure that children have access to good-quality family-based care alternatives where necessary. Particular priority should be given to ensuring that children under the age of three can stay with their own families or have access to family-based alternative care.

Governments to ensure that all forms of alternative care adhere to the principles and standards set out in the *Guidelines* by:

- creating and enforcing national minimum quality standards through certification, inspection and monitoring
- taking legal action against unregistered or unlawful care institutions
- building an effective cadre of social workers capable of supporting and monitoring the care of children, including re-training institutional care providers where necessary
- creating coordination mechanisms at every level so that government, care providers and donors can work together effectively to prevent and respond to care and protection concerns.

Donors to ensure that funding is directed at preventative community and family support and at family-based alternative care by:

- supporting deinstitutionalisation efforts and the development of good-quality family-based care alternatives
- promoting the training and accreditation of social work professionals
- initiating or expanding social protection programmes
- developing community-based services that support families to care for their children.

UN agencies, NGOs and faith-based organisations to raise awareness of the importance of family and community-based care for children. This should include information campaigns to:

- educate public and private donors
- make children and families aware of their rights with regard to support services
- encourage adults to engage in fostering and adoption programmes.

The UN Special Representative on Violence against Children and the UN Special Representative on Children and Armed Conflict to prepare a joint report on the care situation of children without adequate family care in development and conflict situations.

Introduction

The millions of children who live in orphanages and other forms of residential care are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. Children under three, in particular, are at risk of permanent developmental damage as a result of the lack of family-based care. And for all children, long-term stays in institutions can have a lasting negative impact.

Most children in residential care are not orphans, but have one or both parents alive, as well as other relatives who could care for them. They are likely to be separated indefinitely from their families and communities. Children are primarily placed in residential care by their families because they are too poor to look after them. Families often feel it is the only way to ensure that their children get an education and enough food and other essentials. This is linked to the social exclusion experienced by many vulnerable families, which prevents them accessing services, employment and other tools to raise, care for and protect their children.

Discrimination and cultural taboos also mean that in some countries a disproportionate number of girls, disabled children and children from minority ethnic groups are relinquished or abandoned into care institutions.

When are institutions the right option?

Save the Children believes that family-based care should always be used as the first option for children who require alternative care. With the right support, most vulnerable children are best cared for within their own families and communities. Where it is not possible for a child to live at home, kinship care, fostering, adoption and other family-based care alternatives should be explored before institutions are considered. This is especially important for children under the age of three, since their development is most likely to be damaged by a lack of family care.

We recognise, however, that some forms of care institutions have a role to play in providing short-term care for vulnerable children who require specialist services or who are waiting for a suitable longer-term alternative – eg, older teenagers or children with severe disabilities. Where residential care is in the best interests of the individual child, it should be based in a small group home where no more than six to eight children are cared for by consistent adults in a family-like setting within the community.

The harm caused to children by institutional care has been widely documented since the early 20th century.[7] Furthermore, alternative options already exist. Several successful models of family and community-based care have already been developed and there is consensus amongst many child protection practitioners around how children should be properly cared for and protected.

Despite this, institutional care is still a first-choice response in many countries around the world. The very existence of institutions encourages families to place their children into care, and draws funding away from services that could support children to thrive within families and communities.

Poverty and social exclusion, and the lack of political and financial priority given to building the capacity of vulnerable families to care for and protect their own children, are driving factors behind the abandonment of children into institutions. Furthermore, the lack of priority given to children requiring out-of-home care is perpetuating the inappropriate use of institutional care over more positive family and community-based alternatives, as well as sustaining the poor care standards found in many institutions.

This report sheds new light on the use of institutional care for children. It examines new evidence of the harm its long-term use can cause to children and the impact this has on their overall wellbeing. It explores why governments and donors continue to prioritise institutional care, despite the harm it can cause. And finally, it looks at what action must be taken to address the harmful institutionalisation of children.

Above all, this report challenges governments, UN agencies, donors, non-governmental organisations (NGOs), faith-based organisations and others associated with the use of institutional care to review their own strategies and take urgent steps to care for and protect some of the world's most vulnerable children.

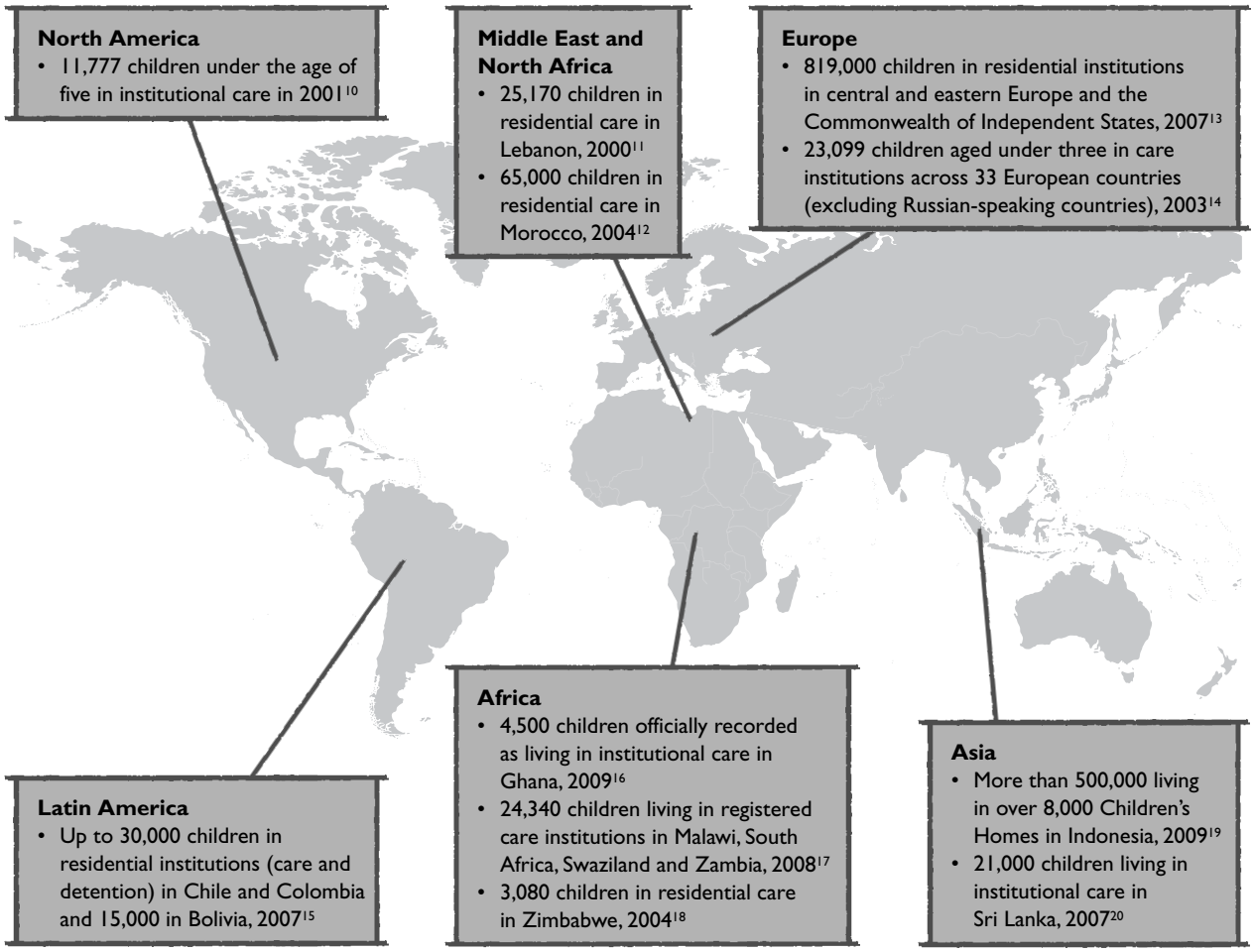
1 Where and why are children placed into care institutions?

The UN estimates that up to 8 million children around the world are living in care institutions.[8] The actual figure is likely to be much higher, due to the proliferation of unregistered institutions and the lack of data on vulnerable children. For example, a government study in January 2009 concluded that only eight of the 148 known orphanages in Ghana were licensed.[9]

As Figure 1 shows, care institutions are used in low-, middle- and high-income countries.

In many countries, the use of care institutions continues to rise, despite recognition of the harm it can cause (see Chapter 2). For example, throughout central and eastern Europe and the former Soviet Union, the rate of placement of

Figure 1: Estimated numbers of children in institutions in selected countries



children in institutions rose by 3% between 1989 and 2002.[21] And in the countries with the highest rates of children in institutions, the rate continued to grow even after this date.[22] In Sri Lanka, the number of officially registered children's institutions increased from 142 in 1991[23] to 500 in 2007.[24] In Zimbabwe, 24 new care institutions for children were built between 1994 and 2004 and the number of children in residential care doubled.[25] In Ghana, the number of homes has increased from ten in 1996 to more than 140 in 2009.[26] In Indonesia, the number of homes at least doubled within the last decade, and may even have quadrupled.[27] Some of these increases are due to the persistent use of institutional care within the formal child protection system, while other increases are due to the proliferation of unregulated and unlicensed institutions.

Who supports care institutions?

In both developed and developing countries, care institutions are financed and run by both government and private providers, including local and international NGOs, faith-based organisations, private businesses and concerned individuals. In some countries, while some of these providers may be registered with the State, others operate independently and may even be unknown to the authorities.

Many supporters operate on the misguided assumption that institutional care is the most appropriate response for children affected by poverty or HIV and AIDS. This is compounded by widespread misconceptions about the 'orphan' status of children in institutions, many of whom

The over-use of residential care in Aceh following the 2004 tsunami[28]

In the immediate aftermath of the December 2004 tsumani, it was feared that an exceptionally high number of children had become separated from their families, and that many children had lost one or both parents. No actual figure was available, but many news media misreported tens or even hundreds of thousands of 'tsunami orphans'.

In order to respond to the perceived needs of vulnerable children, the Indonesian government, with international assistance, invested in institutional care. The proliferation of institutional care in post-tsunami Aceh was compounded by the fact that it had been the primary intervention for vulnerable children in Indonesia at the time. Many children's homes (Panti Sosial Ashuhan Anak) were built, and support to existing institutions was increased. Children's homes received more than US$5.43 million in international aid between 2005 and 2007 – a four-fold increase from previous levels. As of March 2006, there were 207 children's homes caring for 16,234 children, 16% of whom were there because of the tsunami. At least 17 new childcare institutions were established in the province after the disaster.

Closer analysis revealed that the majority of children affected by the tsunami had not lost their parents. Nearly all (97.5%) 'tsunami orphans' living in institutional care were placed there by their own families in an effort to ensure they received an education – something families were no longer able to afford due to poverty caused by the tsunami. For the majority of these children, their placement in residential care could have been avoided if funding had been directed at helping families and communities directly.

have one or both parents alive. Institutional care has also been prioritised as a way of responding to the impact of rapid onset emergencies caused by conflict or natural disasters. For example, between 2005 and 2007, US$5.43 million of aid was allocated via the Indonesian government to children's homes in Aceh after the 2004 Indian Ocean tsunami.[29]

Why are children abandoned into institutions?

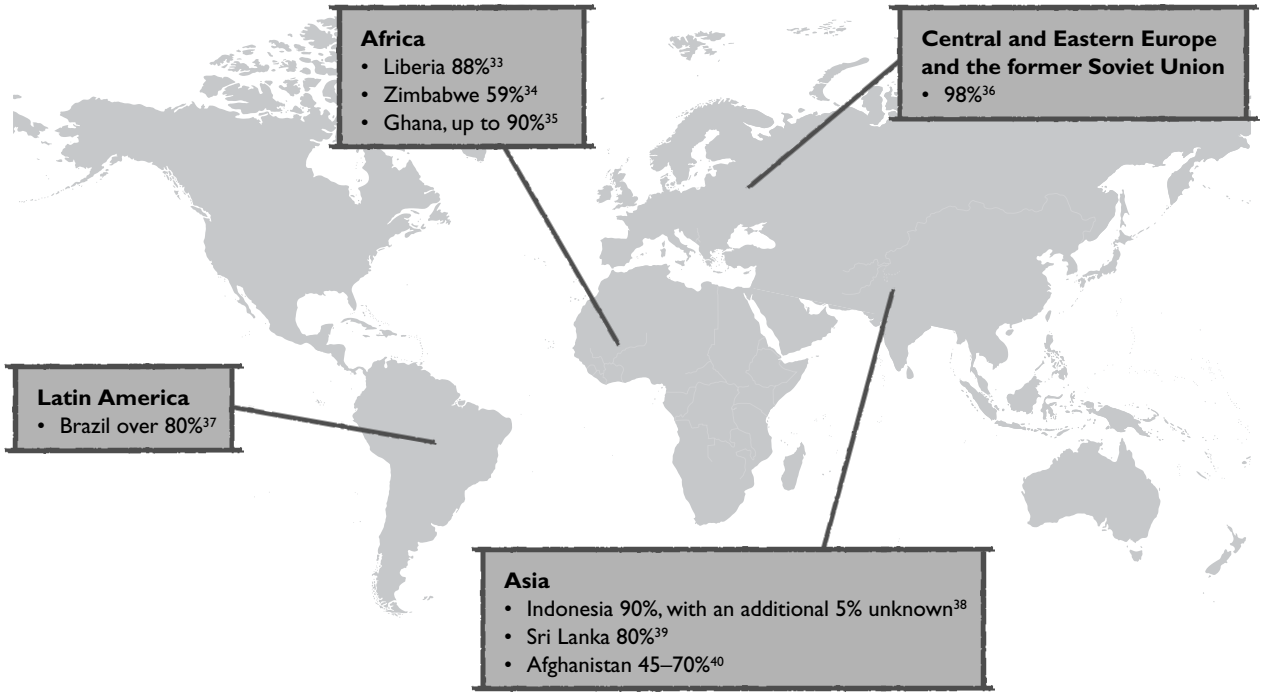
Contrary to common assumptions, the overwhelming majority of children (at least four out of five) in care institutions have one or both parents alive (see Figure 2). With support, these parents could look after their own children.

Most children in institutions come from poor families and/or those that are discriminated against, although the link is not always straightforward. A 2005 survey of 1,836 children living in institutions in north-east Sri Lanka, for example, found that 40% had been placed into care due to poverty.[30] Many families give up their children to institutions because they cannot feed them or afford healthcare. Many institutions attract children because they provide the only source of free education. Poor parents are also more likely to migrate to find work, leading them to abandon their children into residential care. Some poor families are coerced into giving up their children in exchange for money by unscrupulous institutions and adoption agencies hoping to profit from either the residence or trafficking of children.

> **"Someone came and told me that if I gave the baby to an orphanage, they'd give me money. I cried when I gave away the baby. I cried."**
>
> (Cambodian mother)[31]

Discrimination against certain groups of children – children with physical and/or mental disabilities, children from minority ethnic groups, children of single mothers and those from broken families – leads to these children being disproportionately represented in institutions. In some countries, more girls are abandoned into institutional care than boys. For example, in 2007 the India Human Rights Commission reported that 90% of the 11 million abandoned or orphaned children in India are girls.[32]

Figure 2: Percentage of children in institutions with one or both parents alive, in selected countries



2 The harm caused by institutional care

Save the Children recognises that not all care institutions are harmful to children, and that small group homes, in particular, can sometimes play an important role in meeting the needs of certain groups of children. However, we are concerned that institutional care in general is rarely provided appropriately, to a high enough standard and in the best interests of the individual child.

This section summarises new and existing evidence of the harm caused to children by institutional care, and it considers the impact on those children and on society as a whole.

Developmental damage

The detrimental effects of large-scale institutional care on child development have been documented since the early 20th century.[41] New evidence suggests that children under the age of three are particularly vulnerable.[42]

Most recently, the Bucharest Early Intervention Programme[43] is the first scientific study comparing the developmental capacities of children raised in large-scale institutions with non-institutionalised and fostered children. It took random samples of 208 children (with a mean age of 22 months) spread across these three care arrangements in Romania. It then followed their physical growth, and cognitive, brain, emotional and behavioural development over several years.

The findings of this study are a shocking testimony to the harm institutional care can cause. Compared with children raised at home or in foster families, the institutionalised children:

- were far more physically stunted. For every 2.6 months spent in a Romanian orphanage, a child falls behind one month of normal growth
- had significantly lower IQs and levels of brain activity – particularly children who entered institutions at a young age
- were far more likely to have social and behavioural abnormalities such as disturbances and delays in social and emotional development, aggressive behaviour problems, inattention and hyperactivity, and a syndrome that mimics autism.

These findings are compounded by further new research into the conditions inherent in most large-scale institutions that lead to developmental delays.[44] It shows how the lack of human eye contact and visual and physical stimulation means that essential neurological processes within the brain are sometimes never triggered, causing brain stunting and low IQs.[45] The lack of toys, play facilities and developmental education also leave many children with reduced motor skills and language abilities. Physical stunting is the result of poor nutrition and sickness caused by overcrowding, poor hygiene and a lack of access to medical care. For example, soiled clothing is often left on babies and infants for long periods of time. Finally, poor bottle-feeding practices – where babies and infants are fed lying on their backs in their cots in order to minimise time expended and disruption – prevent children from learning to feed properly and experiencing physical contact, both of which cause physical, behavioural and cognitive problems.

Even well-run care institutions can have negative developmental effects on children. For example, the distress caused by being separated from parents and siblings can leave children with lasting psychological and behavioural problems. A lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills, including those necessary for positive parenting.[46]

> **"We never had any affection. We had all the material things – a bed, food, clothing. But we never had any love."**
>
> (Child in residential care in El Salvador)

Abuse and exploitation

The closed and often isolated nature of institutional care, together with the fact that many resident children are unaware of their rights and are powerless to defend themselves, make institutionalised children significantly more vulnerable to violence. Various studies have recorded a wide range of abuses against children in institutions. These include systematic rape and other forms of sexual abuse; exploitation, including trafficking; physical harm such as beatings and torture; and psychological harm including isolation, the denial of affection and humiliating discipline. Children with disabilities are at an increased risk of such abuses.[47]

> **"You have to help us… I was placed here for protection because I was living on the streets. But boys like me are mixed with bad boys and we can't even bathe or sleep properly because we're scared of getting stabbed, assaulted or something like that."**
>
> (12-year-old boy, in institutional care, Fiji)[48]

Psychological damage – an example from Serbia[49]

The poor caregiver-to-child ratio in many institutions affects the way staff respond to children's needs. This can significantly influence a child's behaviour, as these examples from a Serbian children's home (regarded as a National Centre of Excellence) show. The centre has two staff and 16 children per room.

An 18-month-old boy quickly learned that when he hit other children he would get attention – albeit negative – from the staff. As any attention is better than none, his aggressive behaviour was unwittingly being encouraged by the staff. His hitting became such a problem that he was kept away from both staff and children. His attempts to get individual attention resulted in him being isolated and prevented from developing healthily.

A two-year-old girl with suspected learning difficulties learned that scratching herself and pulling her hair quickly got the attention of staff. The more this happened the more she scratched herself and pulled out her hair. Pain was preferable to being neglected. Given that each member of staff had seven other children to care for, they managed the situation by tying the child up in her own bed clothes to prevent her self-harming. The child's natural need for individual attention resulted in her physical abuse and neglect, a practice that was condoned by senior management.

> **"Once I went to the toilet without knowing that it was time for the head count. When I came out the supervisor hit my head against the wall many times."**
>
> (Child in an institution, Mongolia)[50]

It is difficult to assess the scale and nature of violence in institutional care because it is largely hidden. However, evidence suggests that this abuse is widespread, it exists in developed and developing countries, and affects boys and girls of all ages.

- A 2002 study in Kazakhstan found that 63% of children in children's homes had been subjected to violence.[51]
- A survey in 2000 of 3,164 children in residential institutions in Romania found that nearly half confirmed beating as routine punishment, and more than a third knew of children who had been forced to have sex.[52]
- A 2009 study in Ireland identified 800 perpetrators of physical and sexual abuse of 1,090 children in residential institutions between 1914 and 2000.[53]
- A 2007 government survey of 2,245 children living in institutions in India found that 52% were subjected to beatings and other forms of physical abuse.[54]
- Children across the Middle East and North Africa highlighted violence in institutions as a key concern for them in the 2005 Regional Consultation for the UN Study on Violence against Children.[55]
- A 2002 study in North America found that violence against children in residential institutions is six times more prevalent than violence in foster care.[56]

While it is especially difficult to obtain statistical data on the exploitation and trafficking of children in institutions, there is evidence to suggest this is a widespread and growing concern.[57] Some children placed in institutions are, in effect, then 'trafficked' under the guise of intercountry adoption. Children, including those with parents, are being recruited into institutions for the purposes of financial gain via intercountry adoption. Unscrupulous adoption agencies collude with care institutions to coerce or deceive parents into giving up their children so that

Trafficking in Liberia[58]

The recent rise in the number of orphanages in Liberia has sparked concerns over the proliferation of child trafficking. In 1989 there were ten known orphanages. By 2008, the Liberian Ministry of Social Welfare recorded 114, although many believe the actual number to be much higher. With the dramatic increase in the number of orphanages, intercountry adoption to the USA, Canada and Europe has increased. For example, in 2004 there were 89 intercountry adoptions to the USA. In 2008, there were 249. The circumstances around many of these adoptions have led many to conclude that children are being trafficked – a conclusion corroborated by a UN assessment of intercountry adoption in 2007.[59] Since then, the government of Liberia has put a moratorium on adoptions to the USA. Meanwhile, the US government has signed up to the Hague Convention – an international protocol on good practice regarding international adoption – and issued a warning on adoptions from Liberia on the State Department website.

they can be adopted overseas. Many parents are persuaded to give up their children in the hope that they will be given the opportunity of education or a better life. Others believe their children will be returned to them once they reach 18. Few are made aware that they are giving up their legal rights to their children. Often the adoptive parents will not know the true situation of the children they are receiving.

> "We took them there [to an institution] for the winter because we couldn't afford to feed them. When we came to collect them, we were told they had gone."
>
> (Father in Romania talking about the intercountry adoption of his children)[60]

Social consequences

Institutional care is arguably creating 'lost generations' of young people who are unable to participate fully in society. Many children who enter institutional care at a young age are physically, socially and emotionally underdeveloped. Those who experience severe physical and psychological violence can struggle with lasting developmental problems, injuries and trauma. Children in care typically gain fewer educational qualifications and lower levels of basic literacy and numeracy. Where care institutions are cut off from communities, children are prevented from developing social networks essential for later life. This is often compounded by the stigma associated with having grown up in care.

> "When you grow up in a village, you can get married. If you stay in the orphanage this can't happen."
>
> "When you are too old, they make you leave, but you have nowhere to go."
>
> (Children from Lilongwe, Malawi)[61]

> "We were never taught to live on our own. On certain days we were given soap, a toothbrush, toothpaste, and clothes, usually the same for all. Until the age of 12 we all had the same haircut. It was like living in an incubator."
>
> (Girl in an institution, Russia)[62]

> "Putting someone in institutional care is like sending him to prison. He will follow only the rules, regulations and discipline of that institution. He cannot express his opinion. He cannot go out for his own recreation. It's just like a punishment."
>
> (International aid worker, Pakistan)[63]

All of these problems limit the life chances of children who have grown up in care. After years of following a structured routine in which they exercise little or no choice they may not know how to navigate an independent life. They may not know how to cook, how to handle money, or how to use their initiative. They are especially vulnerable to exploitation and abuse as they are less aware of their rights and accustomed to following instructions without question. They may be less able to find work or to develop social relationships.

The harm caused to children from spending substantial parts of their childhood in care inevitably has consequences for society as a whole. The lack of life options available to children leaving long-term institutional care, in particular, makes them more vulnerable to criminal behaviour as a means of survival. They are also more likely to develop antisocial behaviour, attachment disorders, and to struggle with positive parenting. Generally, children leaving care are more likely to be dependent on the State and other service-providers for their own wellbeing and survival and less able to contribute to economic growth and social development. Research

The long-term impact of institutionalisation[64]

In 2009, the Irish Commission to Inquire into Child Abuse produced one of the few longitudinal studies on the impact of abuse on children. The Commission consulted with 1,090 men and women who reported being physically or sexually abused as children in Irish institutions between 1914 and 2000. They were asked about the nature of their abuse, the effects it has had on them, and to identify how it can be best tackled in the future.

Many of the men and women who had been harmed as children reported that their adult lives were "blighted by childhood memories of fear and abuse". They gave accounts of troubled relationships and loss of contact with siblings and extended families. They also described parenting difficulties, including re-enacting harmful behaviour with their own children. Approximately half said they had attended counselling services. They also described lives marked by poverty, social isolation, alcoholism, mental illness, aggressive behaviour and self-harm. Nearly three-quarters (70%) had received no secondary-level education and, while several reported having successful careers, the majority were in manual and unskilled occupations.

in Russia has shown that one in three children who leave residential care becomes homeless; one in five ends up with a criminal record; and in some cases as many as one in ten commits suicide.[65]

Lack of good quality care

In addition to other concerns, many children in large-scale institutions face additional problems of neglect caused by poor quality standards. This includes life-threateningly poor nutrition, hygiene and healthcare, lack of access to education, and a chronic lack of physical and emotional attention. For example, children may have to share beds or sleep on the floor. They may be given only one meal a day, there may be no space or facilities for play, and they may receive little or no individual attention from staff. For example, in 2008 a government assessment of a sample of 114 orphanages in Liberia found that only 28 met minimum standards of care.[66] A 2007 study by UNICEF and the government of Sri Lanka found that out of 488 voluntary residential homes, only 2% were compliant with standards relating to the individual care of children.[67] Such poor standards are often caused by large groups of children cared for by insufficient numbers of staff. These two factors are the best predictors of good-quality care, and are notoriously difficult to achieve in large institutions.[68]

3 So why are care institutions still in use?

Despite the risks to children caused by care institutions, they continue to be used as the main form of care in many countries. This chapter explores why governments and independent organisations are not investing in supporting families and family and community-based alternatives. It also looks at the political, social and economic challenges to providing children with positive care placements.

Lack of political commitment

At the heart of the proliferation of institutional care lies a lack of political will to invest in the most vulnerable children. Care institutions provide a political safety valve for governments that are unable – or unwilling – to tackle the complex social and economic factors driving families to place their children into care. They provide a hiding place for the worst casualties of poverty, social exclusion and discrimination, as well as for children with specific care needs.

Tackling the poverty and social exclusion that can cause families to place their children into care often means targeting support towards the poorest and most marginalised children and families – those with no political voice. Governments are often unwilling to invest in family support services and community-based care alternatives for those people who need them most, because doing so might jeopardise the government's own political life.

Institutional care also provides a relatively easy, visible and contained 'solution' to the complex problem of separated, orphaned and abandoned children. It provides a neat administrative structure through which funds can be dispersed and accounted for – in essence, somewhere to send a cheque. Care institutions provide a tangible output in exchange for donor support and are, therefore, appealing to donors wishing to help as well as to recipients obliged to report on the use of funds. Conversely, family-based care is seen as more complex and difficult to communicate.

Institutions are also popular with governments, donors and organisations keen to show 'results'. For example, it is easier to count the numbers of children in institutions than to quantify the impact of a communications campaign promoting positive parenting. The latter requires sophisticated impact monitoring, including that associated with prevention – an area notoriously difficult to track. Often it is more politically expedient to demonstrate having responded decisively to a problem, than to have prevented it from happening in the first place.

Supporting family-based care also necessarily takes more time to generate results. For example, setting up a functioning national adoption system can take several years. This is particularly important for governments eager to demonstrate impact within a single political term, and with humanitarian and development agencies keen to report progress back to their donors within a project timeframe.

Some governments, international donors and other organisations are put off by the decentralised and 'messier' structures needed to support family-based care. Many, particularly those operating in fragile states, are overwhelmed by the challenges of

building a completely new infrastructure to support family-based services such as foster care, kinship care, family-tracing and reunification, adoption and social welfare services.

Financial challenges

Many governments are daunted by the potential cost of financing family and community-based alternatives. This is in spite of evidence suggesting that institutional care is a more expensive option. For example, an analysis of care provision in Romania, Ukraine, Moldova and Russia concluded that the cost-per-user for institutional care is six times more expensive than providing social services to vulnerable families or voluntary kinship carers, and three times more expensive than professional foster care.[70] It is true that the initial overhead and structural costs of creating an effective system of support for family and community-based care can also present real financial challenges. For example, paying for the recruitment, training and monitoring of a social workforce to support vulnerable children and families implies significant structural costs. However, these can be offset against the reduction in longer-term costs to the State as more children develop and grow into healthy and productive adults, who are less dependent on State services than children leaving institutional care.

Children as commodities

The institutionalisation of children has become a business in some countries. Children have become commodities within a growing industry. Care institutions and the structures that support them provide employment to a large number of caregivers and other staff, who rely on this model of care for their own livelihoods. They also provide a vital fundraising model for many small and large NGOs and faith-based organisations, which are dependent on donations for their own organisational survival. A reduction in the use of institutional care, or the transformation of institutions to community or family-based care options, could be seen as jeopardising funds. As a result, it is sometimes staff and partners within the care industry itself who are opposed to change. Furthermore, unscrupulous institutions are known to recruit children in order to profit from international adoption and child trafficking.[71] This trend is exacerbated by the fact that many public and private care providers receive funding on the basis of the numbers of resident children in their care. They are, therefore, keen to maintain high headcounts.

Misconceived good intentions

Some humanitarian and development agencies are still unaware of the potential harm that can be caused by the inappropriate use of institutional care. Private donors in particular are often ignorant of the fact that by supporting residential care they are inadvertently diverting essential resources away from more positive family-based care options. The widespread misconceptions about 'orphanages' are in large part due to the failure of humanitarian and development agencies to communicate a more positive message about family-based care alternatives. For example, a brightly-painted orphanage filled with children can often leave a more positive impression with a Western donor than the image of a child in a local foster family living in humble surroundings in sub-Saharan Africa.

4 How we should be caring for vulnerable children

The new international *Guidelines for the Appropriate Use and Conditions of Alternative Care for Children* provide the framework for tackling the harmful institutionalisation of children.[72] They were finalised in 2009 after several years of consultation with governments and experts around the world and contain a checklist of best principles and practices to prevent and respond to the care needs of children.

This section draws from the *Guidelines* as well as Save the Children's *First Resort* series on positive care options,[73] and on the work of other agencies. Importantly, it draws on the experiences of particular countries to highlight key lessons for supporting children to be cared for by their own family and providing positive care alternatives where necessary. This is a summary only. For detailed information on all the care options, see Save the Children's *First Resort* series.[74]

Guiding principles

The new international *Guidelines* outline key principles that should be adhered to in all care and protection options for children. These are:

- Children should not be placed in alternative care unnecessarily.
- Efforts should primarily be directed at enabling children to remain in, or return to, the care of their parents or, where necessary, of other close family members.
- The removal of a child from his or her family should be considered an option of last resort and for the shortest possible duration.
- The State is responsible, for ensuring appropriate alternative care only where the family is unable, even with appropriate support, to provide adequate care for the child.
- Any alternative care placement should therefore be decided and provided on a case-by-case basis, by qualified professionals, and should respond to the best interests of the child concerned, in consultation with the child.
- Alternative care for all children, and especially those under the age of three years, should be provided in family-type settings within the child's community, rather than in residential institutions.
- Residential care should be limited to cases where this setting is specifically appropriate, necessary and constructive for the individual child concerned, and should provide individualised and small group care.
- All care placements must be regularly monitored and should adhere to quality standards.
- All children in care should have a care plan that is subject to formal review.
- Children should maintain contact with their families and, where relevant, be placed with their siblings.

There is growing consensus that 'packages' of protection and care support are required for each individual child and family. These imply a range of responses, which can be combined to meet their individual needs. This approach applies to children in their families and to children in substitute care.

There is also growing consensus that children and families should be provided with care options

relevant to their evolving capacities and situations.[75] In particular, the specific care needs of vulnerable children will change over time, depending on their age and at what stage they are at in any care programme. For example, an infant may require family-based care, while an adolescent may be better suited to supported independent living or a small group home.

The interventions set out below should, therefore, be regarded as a range of options that can be combined into a continuum of individual packages of care and protection for children and their families.

Supporting children to be cared for by their own family

There are many ways in which children can be supported to access appropriate care within their own family. These can generally be divided into two categories: targeted care interventions for vulnerable children, and broader family strengthening activities.

Targeted care interventions

There are many kinds of targeted support to increase parental capacity and prevent the need for children to be placed in alternative care. These include:

- Gatekeeping to ensure only children whose families are unable or unwilling, even with support, to care for their children, are admitted into alternative care
- Care planning to enable children to be placed appropriately and to return home where possible
- Home-visiting services to provide parenting support, referrals for services, advice and information
- Child protection services to prevent and respond to risks to children
- Psychological and social support to children and families to help them overcome personal and interpersonal problems
- Prenatal and parenting education, including for carers of children with special needs
- Drug and alcohol abuse prevention and response services for children and parents
- Integrated services for children and families with disabilities or illness
- Advocacy and legal support to vulnerable families to ensure that children have birth certificates and are accessing basic services
- Family tracing and reunification services, particularly in areas affected by conflict, natural disaster, and where children are living on the streets or in institutions.

Broader family strengthening activities

Many of the services provided under the headings of 'community development' or 'basic services' can be included within this category. Family strengthening should be accompanied by support for community-based monitoring and response mechanisms, to help identify vulnerable children and intervene where necessary. Activities include:

- Ensuring children have access to formal and non-formal education
- Tackling stigma and discrimination that can lead to neglect, abuse and abandonment
- Ensuring children and their families have access to healthcare, including treatment for HIV and AIDS
- Raising awareness of children's rights and child protection issues with children, families and other adults
- Providing daycare facilities, to give parents time to earn a living
- Developing community-based child protection committees and children's clubs, to help support vulnerable families and identify children at risk
- Supporting the material needs of the family
- Strengthening the economic capacity of the family.

Social protection

Save the Children defines social protection as a range of programmes and policies that aim to help poor and vulnerable people to counter deprivation and reduce their vulnerability to risk.[76] Social protection can play a vital role in supporting children to be cared for by their own families. It can help to tackle the poverty and lack of access to basic services driving many families to place their children into institutional care. Social protection programmes may include:

- Cash transfers: predictable, regular transfers of cash to individuals or households by governments for the purposes of addressing poverty, vulnerability and children's development. These include, for example, child benefits, social pensions or disability grants to enable families to care for dependants with recognised additional needs.
- Short-term safety nets to ensure household food security and reduce short-term vulnerability to shocks such as droughts.
- Health and education services that are free at the point of delivery.
- Social assistance, social services and social insurance, designed to address aspects of children's and families' vulnerability, including economic poverty, and to promote social equity and inclusion. Examples of this might be free daycare for children, or social worker support to help connect children and families to services and entitlements.

When implemented effectively, social protection can bring significant benefits to vulnerable children and their families.[77] For example, a recent UNICEF study of care services in southern Africa concluded that social protection schemes can reduce the overall need for alternative care provision, and can assist relatives to care for children where birth parents can no longer do so.[78] In a study of cash transfer schemes in east and southern Africa, Save the Children found that they helped families cope with the burden of caring for ill family members and for children whose parents were ill or had died.[79] And in Brazil, a conditional cash transfer scheme – the *Programa de Erradicacao do Trabalho Infantil* (PETI) – reduced the occurrence of child labour among children enrolled in the programme.[80]

However, experience suggests some lessons about how to ensure that social protection addresses children's multiple needs. First, cash alone is not always the best response. Social welfare services are also necessary as part of a combined package.[81] This can be a significant challenge in countries that lack strong social welfare structures and services, and has, in some countries, led to less investment in other forms of social protection, particularly social and family support services.[82] There is also a risk that the administrative burden of cash transfers takes away from the time and resources available for other forms of social assistance.

Another key learning is that, to be most effective, social protection needs to be applied through a child-focused lens.[83] This means understanding and addressing what makes children vulnerable, and can include economic, social, health, education, environmental and cultural factors. Recent evidence from west and central Africa shows how violence, abuse, exploitation and neglect are key drivers of vulnerability and risk, which have historically been under-addressed by social protection policies and programmes.[84] Finally, every care must be taken to ensure that social protection does not have unintended and negative effects, such as encouraging people or organisations to take in children for financial gain.

Family support in South Africa[85]

It is estimated that 66% of children in South Africa (11.9 million) live in income poverty. Up to the age of 13, 84% of these children receive a government child support grant. This is a means-tested payment of R240 (US$26) per month per eligible child. In September 2007, more than 8 million children were receiving this grant. There are other grants to help families care for children with special needs, including those with disabilities. The government, faith-based organisations and NGOs provide other family and community-based services, and the government runs drop-in centres. These are operated jointly by the Departments of Health, Social Development, and Education, and are designed to provide voluntary counselling and testing, home-based care for the terminally ill, anti-retroviral therapy, meals for selected schoolchildren and referrals to social workers for grants.

The government also provides a foster care grant of R680 (US$79) per month to informal and formal foster parents. In order to qualify, the child must be assessed by a social worker and officially recorded as being in need of alternative care. This decision must then be legally approved by a court. Foster placements must be supervised by social workers and reassessed every two years. In 2007, 449,009 grants were paid out, with only 12% going to non-relative foster parents (50,000 children). The majority went to grandmothers (41%) and aunts (30%).

A review of family support services in South Africa conducted for UNICEF concluded that these and other social protection schemes are a positive way of providing support to children who might otherwise be placed in an institution. Through the child support and foster care grants, South Africa financially assists more than 8.5 million vulnerable children.

However, one of the main challenges facing the family support system is South Africa is the time it takes social workers to administer and monitor these grants. Social work staff have reported that the paperwork and administration of grants take up 75% of their time, leaving little time for other core child protection work.

Family-based care alternatives

However comprehensive and high quality the range of preventive services, it is inevitable that some children will not be able to be cared for and protected within their own families. In such cases, family-based care that is well monitored and supported is the best form of alternative care.[86] For adolescents who do not want to be placed in an alternative family, a small group home within the community may be the most appropriate short-term placement.

Placing a child within a substitute family avoids many of the risks of harmful institutionalisation, and it potentially offers individual care and love from a parent figure, opportunities to experience family life, and the chance to be involved with normal activities within the community and wider society. These all make it more likely that the child will enter adulthood better equipped to cope practically and emotionally with independent life. The benefits of family-based care alternatives are also recognised in the UN Convention on the Rights of the Child (UNCRC).

There is a range of alternative family-based care options. These include extended family/kinship care, fostering, adoption, and support for child-headed households. It is important to acknowledge that all forms of alternative care are not without risks to children. For example, experience in the UK shows how the breakdown of foster care placements and the provision of serial short-term foster placements can be damaging to children.[87] All alternative care options must be developed in a sustainable and sensitive manner in order to ensure that they are effective, safe, and prioritise the best interests of the child.

Building family-based care options requires the development of comprehensive systems and services. For example:

- selected and trained substitute families
- legal, policy and procedural frameworks to ensure effective gatekeeping, and to clarify the roles and responsibilities of the carer and the State
- minimum standards and care planning, monitoring and inspection services
- social protection mechanisms to ensure that the substitute family has the financial means to provide for the child
- technical and social support to ensure that the child is cared for and protected
- sufficient professional social work staff to support the child, substitute caregiver, and the child's birth parents.
- campaigning and awareness-raising to ensure public support for family-based care at every level.

Underlying this structure is the need for governments to accept that the care and protection of vulnerable children is one of their fundamental roles. In accordance with the UNCRC, the State must ensure that parents and legal guardians receive the assistance they require to be able to care adequately for their child. The State is also obliged to provide special protection for a child deprived

Family and community-based care in Croatia[88]

The Department for Children and Families in Croatia has 100 social work centres. For over 50 years, these have provided family protection, guardianship, family counselling and compulsory divorce mediation. Each centre consists of a team made up of a social worker, psychologist, educationalist and legal adviser. The team has an integrated approach that emphasises supporting families and community-based care, and acts as a one-stop shop. NGO centres approved by the government work in a similar way. The centres' main tasks include:

- in-home care for children with disabilities, which may also involve social assistance allowances
- working with 14 State and three NGO childcare institutions to arrange family reunification, family placements and foster care
- recruiting, evaluating, training, certifying, supervising and supporting foster parents caring for approximately 2,500 children
- arranging adoptions. There are approximately 125 national adoptions per year. International adoption is limited to five or six per year, although there is external pressure to increase this number. A new government initiative is planned to increase adoptions of children with special needs
- working with 25 institutions for disabled people (housing 6,000–7,000 adults and children) to create small-group homes each for five to six people.

of their family, and to ensure that appropriate alternative care is available. Services and supports provided to birth families should also be available to substitute caregivers, who may be struggling to care for additional children. For example, most orphans in sub-Saharan Africa are living in households that are female-headed, that are larger and that have more dependants than children living with their parents.[89]

It is important to be aware that family-based care alternatives can pose their own risks, and it is important to ensure that monitoring and support is provided to all children in care. For example, a child in a substitute family may not be treated equally with birth children in the same household. In some cases, substitute families may exploit vulnerable children in order to receive social welfare resources or property when the child's parents die.[90] But these risks are no excuse for inaction or for failing to tackle the much greater risks facing children entering institutions.

Improving the standard of care in institutions

Where children are placed in institutional care, every effort must be made to ensure that its use is limited and meets the specific needs of the individual child, that it adheres to quality standards, and that it provides individualised and small group care. It is vital that any work on improving existing institutions does not deflect resources away from supporting families to care for their own children and away from the development of alternative family-based care, such as foster care and adoption.

The new international *Guidelines* set out clear quality standards that should be met by all forms of alternative care. They are universal, based on the UNCRC, and apply to all settings regardless of their culture or financial and political status. These quality standards are set out in more detail in Save the Children's *First Resort* series,[91] and are summarised below.

- The use of residential care should be limited to cases where this setting is specifically appropriate, necessary and constructive for the individual child concerned, and in his/her best interests.
- Alternative care for young children, especially those under the age of three years, should be provided in family-based settings, and not in institutions.
- Where large childcare facilities (institutions) remain, alternatives should be actively developed in the context of an overall de-institutionalisation strategy, with precise goals and objectives, which will allow for the progressive elimination of these facilities.
- States should establish care standards to ensure the quality and conditions that are conducive to the child's development, such as individualised and small-group care, and should evaluate existing facilities against these standards.
- Decisions regarding the establishment of, or permission to establish, new childcare facilities, whether public or private, should take full account of this de-institutionalisation objective and strategy.
- There must be effective assessment and gatekeeping to ensure that institutional care is only used as a last resort and in the child's best interests. This includes effective follow-up to ensure that the child is returned to a family-based setting at the earliest opportunity. For those children already in institutions, their cases should be immediately reviewed, and family-based care provided where possible.
- Siblings should be kept together, and children should be given every opportunity to maintain contact with their own families and communities.
- The particular health, nutritional, safety, emotional, developmental and other needs of all children should be met, regardless of their age, characteristics or abilities. Each child should have his or her own personalised care package.
- There must be a comprehensive set of national laws, policies and standards complemented by clear operational guidelines so that all parties are aware of their roles and responsibilities and can be held to account. Regular monitoring and inspection services should ensure that these are upheld at all times, and that legal or professional recourse is sought for those that violate them.

- All care institutions should be licensed by, and accountable to, the State.
- There must be adequate staff-to-child ratios and all those working in care institutions must be carefully selected, supervised and trained.
- Children should be supported to participate in decision-making around their own care arrangements.
- The welfare of each individual child in institutional care should be closely monitored and supported during their residency and after they leave.

It is the responsibility of every government to establish and implement national-level quality standards for residential and family-based care. This process of local appropriation is essential in order to garner local commitment, and to tailor implementation processes to the local situation. Donors, NGOs and other key people may be needed to provide technical and financial support to the design and implementation of standards.

Getting children out of institutions in Indonesia[92]

Indonesia has 8,000 childcare institutions housing about 500,000 children. Nearly all (99%) are privately run by faith-based organisations and are unregulated. Even though a law was passed in 2003 emphasising family care, the child protection system in Indonesia is almost entirely reliant on residential care. However, a 2007 survey – which revealed that almost 90% of the children living in institutions had one parent alive, and that 56% had both – led to a major shift in government thinking. Most children, it was discovered, had been placed in residential care so that they could get an education, and stayed until that had completed secondary school.

As a result of evidence-based advocacy, the Ministry of Social Affairs introduced major changes. It gave the go-ahead for a regulatory framework for childcare institutions, including National Standards of Care, and the establishment of a regulatory authority and licensing system. The Children's Directorate strategy 2010–14 incorporates the shift to family-based care and services, not only for those without parents, but in all child protection cases.

There has been a shift in financial support from institutions to family care, and family care is being introduced as a priority in the Country Strategic Plan.

The Ministry of Social Affairs has set up a national database on children in alternative care and has directed all district level social authorities to monitor their childcare institutions. Muhammadiyah – Indonesia's second-largest Muslim organisation, which has the highest number of childcare institutions – has put 80% of its institutions on the database. As a powerful community player, it has been encouraged to take a broader role in promoting family care.

Fostering and adoption are being promoted. The National Graduate School of Social Work has set up a pilot centre to show how the prevention of institutionalisation and how family reintegration and permanency planning can be done, and social work training is being shifted to prioritise family support.

Post-conflict de-institutionalisation in Sierra Leone[93]

In 2008, Sierra Leone was bottom (179th) of the UNDP Human Development Index. A quarter (26%) of its 2.8 million children are estimated to be at risk as orphans or vulnerable children. An assessment in 2008 recorded 48 children's homes, only four of which had existed before the civil war. Six more have been set up since the assessment. There were 1,871 children (1,070 boys and 801 girls) living in the 48 children's homes – 52% because of poverty, 30% because their carers had died, 8% because they had been abandoned and 5% because they had been neglected or abused. Of the 1,323 children where there is complete information, 62% were admitted by the staff of the children's home without consulting the local authorities, 28% were referred by parents or relatives and 5% by the Ministry. None were referred by court order.

The Child Rights Act 2007 gives child welfare staff greater responsibility to protect children and requires the Ministry to establish Child Welfare Committees in every village and Chiefdom.

Minimum Standards for Care were drawn up, based on the Act and the 2008 assessment, in collaboration with the children's homes, the Ministry and district councils. A regulatory framework was also developed and staff in the children's homes, Ministry and councils have received training in them. At least one further assessment has been done of each home using an inspection guidance form, which states the improvements they need to make before they can be licensed.

Care reviews of all children in homes were carried out and already 317 children have been reunified with their families, with plans to reunify 250 more children in 2009. An assessment of the reunification process is ongoing. Two homes have decided to change into community care organisations and close down their childcare institutions. Despite these great advances, a major concern is whether there will be the funds to continue this process.

5 Conclusions and recommendations: what needs to change

Millions of children are currently living in harmful institutions. Many more children are being abandoned into them every day. Governments, multilateral organisations, donors, NGOs, faith-based organisations and communities must all take action now to stop the harmful institutionalisation of children.

Some countries have already taken steps to protect and care for their children. Unfortunately, these efforts are too few and far between, and too often lack long-term political and financial commitments.

The design and delivery of national and local childcare and protection systems must be transformed to enable families to look after their own children, and to ensure that, where necessary, children have access to positive care alternatives. The new international *Guidelines for the Appropriate Use and Conditions of Alternative Care for Children* provide the framework for action.

Above all, greater political commitment is required to spearhead these changes. The challenges to creating positive care options for children can and must be overcome. Governments, together with other development actors, must prioritise this issue and put an end to the political apathy, corruption and misconceptions that surround it. This will require a new era of political leadership to ensure that positive childcare and protection practices are pursued at every level.

Save the Children is calling for:

Every government to make a long-term commitment to building family support services and family-based alternative care, and to tackling the overuse and misuse of residential care in line with the *Guidelines*. This should be reflected in budget allocations, national strategies, and laws and policies that prioritise the prevention of family separation, and that ensure that children have access to good quality family-based care alternatives where necessary. Particular priority should be given to ensuring that children under the age of three can stay with their own families or have access to family-based alternative care.

Governments to ensure that all forms of alternative care adhere to the principles and standards set out in the *Guidelines* by:

- creating and enforcing national minimum quality standards through certification, inspection and monitoring
- taking legal action against unregistered or unlawful care institutions
- building an effective cadre of social workers, capable of supporting and monitoring the care of children, including re-training institutional care providers where necessary
- creating coordination mechanisms at every level, so that government, care providers and donors can work together effectively to prevent and respond to care and protection concerns.

Donors to ensure that funding is directed at preventative community and family support and at family-based alternative care by:

- supporting de-institutionalisation efforts and the development of good quality family-based care alternatives
- promoting the training and accreditation of social work professionals
- initiating or expanding social protection programmes
- developing community-based services that support families to care for their children.

UN agencies, NGOs and faith-based organisations to raise awareness of the importance of family and community-based care for children. This should include information campaigns to:

- educate public and private donors
- make children and families aware of their rights with regard to support services
- encourage adults to engage in fostering and adoption programmes.

The UN Special Representative on Violence against Children and the UN Special Representative on Children and Armed Conflict to prepare a joint report on the care situation of children without adequate family care in development and conflict situations.

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Save the Children

Keeping Children Out of Harmful Institutions

Why we should be investing in family-based care

Keeping Children out of Harmful Institutions sheds new light on the use of institutional care for children. It examines the latest evidence of the harm that institutional care can cause to children. It explores why governments and donors continue to prioritise institutional care, despite the harm it can cause. And, finally, it argues for a range of interventions to support children within their own families and communities, and for family and community-based alternatives for those children needing care outside of their own families.

The UN estimates that up to 8 million children around the world are living in care institutions. The real figure is likely to be much higher. This report challenges governments, UN agencies, donors, non-governmental organisations, faith-based organisations and others associated with the use of institutional care to review their own strategies and take urgent steps to care for and protect some of the world's most vulnerable children.

"This report is a timely and well focused publication that offers a comprehensive yet concise overview of the evidence for the harmful effects of institutional care on children's development and wellbeing. It provides a rallying cry for all stakeholders to move beyond the rhetoric and take serious action now to put an end to harmful institutional care. I strongly recommend it to anyone concerned with children who are lacking adequate parental care."

David Tolfree, author of *Roofs and Roots: The care of separated children in the developing world* and *Whose Children? Separated children's protection and participation in emergencies*.