



hope and homes  
for children

Ending institutional care

Questions & Answers



# Introduction

Institutional care is a type of residential care for large groups of children. It is characterised by a one-size-fits-all approach according to which the same service is provided to all children irrespective of their age, gender, abilities, needs and reasons for separation from parents. The service provision is depersonalised and strict routines are followed to enable a small number

of staff to deliver basic services. Children living in institutions, also known as orphanages, are isolated from the community, often far from their place of origin and unable to maintain a relationship with their parents and extended families. Siblings are often separated and children are segregated on the basis of age, gender and disability.

**Hope and Homes for Children's mission is to be the catalyst for the eradication of institutional care across the world. We work together with governments, civil society organisations, and funders and in partnership with children, their families and communities to develop institution-free child protection systems. We achieve this by strengthening child protection mechanisms, building the capacity of local professionals, developing services to support families and providing family-based alternatives for children who cannot remain with their own parents.**

**We also work with governments and civil society to influence policy and legislation to protect and promote children's rights.**

**Hope and Homes for Children recognises that there is no traditional or limited concept of family, and understands that different types of family ties exist. We do not discriminate or favour any particular family form in our work.**



## Why do you think it's necessary to move children out of orphanages?

Institutional care has a devastating impact on children's lives.

In order to develop, children need the one-to-one care, love and attention that only a family can provide.

Decades of research show that institutional care simply cannot replace this. Deprived of the possibility to develop a healthy attachment to a primary caregiver, children growing up in institutions suffer severe impairments. The damaging effects of this environment can last a lifetime. Without the protection of a family, children in orphanages are highly vulnerable to abuse and neglect and are among the most marginalised in society.

Ending institutional care of children must also be considered a human rights priority. Institutionalisation violates children's rights to development, protection and survival.

Almost all countries in the world have ratified the UN Convention on the Rights of the

Child (UNCRC) and have an obligation to fulfil children's rights. The UNCRC is clear in recognising that children should grow up in a loving family environment.

Furthermore in 2009 the United Nations General Assembly has approved a set of principles specifically focusing on the rights of children who are unable to live with their parents (UN Guidelines for the Alternative Care of Children). The Guidelines set a clear overall objective to phase out institutions as a care option.

Yet, with an estimated eight million children already warehoused in orphanages (Save the Children, 2009) and several million more at risk we face a truly global problem. Child rights organisations, UN agencies, governments, universities, practitioners and committed individuals are joining forces across the world to put an end to institutional care and ensure all children have equal rights with respect to family life.

A young child with dark skin is sitting on a swing set, seen from behind. The child is wearing a yellow and white patterned sweater and pink sandals. The swing set is made of metal chains and a wooden seat. The background is a blurred outdoor setting with a wooden fence and a building.

## So, what is wrong with orphanages?

Condemning children to institutional care is a grave injustice. Researchers have documented structural and functional changes in the brains of children who grow up in this environment. The kind of neglect that is associated with institutional care leads to a build-up of toxic stress, which in turn significantly inhibits the development of the brain. This situation is particularly damaging for children under the age of three. Institutionalisation during these early years is devastating.

We know that the synaptic connections which develop crucial brain functions in a baby are triggered by the kind of stimulation provided by a parent lovingly interacting with them. The vast majority of these connections are established during the first two years of life and form the basic architecture of the child's brain, in large part, as a consequence of this kind of loving nurture. Research shows that institutions, even the well run ones, can never provide this. As a result children's physical, cognitive and emotional development is severely damaged.

Catastrophic mortality rates have been associated with institutional care for over a century. Prior to interventions from Hope and Homes for Children, some institutions we are working to close had mortality rates exceeding 80% per month. Children in orphanages also experience

exceptionally high levels of physical and sexual abuse, including cases of extreme violence such as torture and rape. Children often grow up lacking birth registration or even a name - deprived of their own identity. This is especially the case in developing countries where many institutions are privately run and unregistered, with little or no oversight from the state. In some locations in Central and Southern Asia, Latin America and in many African countries, we simply don't know how many institutions exist and what the population of children confined to them is.

The damage does not stop at children. Failure to tackle this problem delivers a heavy cost for families and communities. When children leave institutional care as young adults, they have no support network and lack the basic skills they need to live a fulfilling, productive and harmonious life at community level. They continue to be more vulnerable to abuse and exploitation throughout their adult life. According to some studies, up to one in three children who leave institutional care become homeless and one in five ends up with a criminal record. As adults they are far more likely to be separated from their own children and confined to an institution, thereby contributing to the intergenerational transmission of the problem.

# If institutions are so damaging, why are they so widespread?

There is a general lack of understanding of the impact of institutional care, in spite of conclusive evidence demonstrating the damage caused to children.

In developing countries, progress has been slow partly because of a lack of resources but also because most institutional care is provided privately, with little government oversight.

As a result, the systems are often decentralised and there are many different actors who need to be sensitised to the damage of institutional care.

Extreme poverty is a significant underlying reason for children ending up in institutions across the world. Many families struggle in providing food, housing, medicine and access to education for their children. The high levels of domestic violence, alcoholism and drug abuse that are frequently associated with poverty can also be a threat to a child's safety and lead to children running away, often to live on the streets.

Orphanages provide a perception of safety and access to basic services for children. Consequently, they are often used as an easy and one-size-fits all solution to much deeper societal problems.

In some cases, where mechanisms for protecting children's rights are weak, institutions have been and continue to be used as a deliberate attempt to isolate highly vulnerable groups of children such as those with disabilities or those born out of wedlock.

Establishing orphanages is also a common reactive response to perceived or real crisis situations such as war, natural disasters, and health crises such as the HIV/AIDS pandemic. In these circumstances many children lose their parents, but most children who end up in orphanages are actually displaced and separated from their families and communities rather than orphaned.

Unfortunately, numbers of orphans are often over-reported in the media. Due to the sudden availability of emergency assistance funds and the immediate perceived benefits of 'keeping children safe' orphanages quickly proliferate – which in reality diverts attention from family tracing and reunification.

This creates a permanent structure of institutions, which is subsequently very hard to dismantle. In the long term, the availability of institutional care facilities in a country leads to poor families using them to access health care or education for some of their children.



## **But aren't orphanages still needed to care for orphans?**

The simple answer to this is no.

Contrary to popular belief, most of the children confined to institutions are not orphans but have one or even both parents alive, who could care for them with the right support. Research across the globe demonstrates that typically between 80% and 96% of children confined to institutional care have at least one living parent. Nearly all children confined to institutions have extended family alive. In most cases, parents or relatives can be helped and empowered to care for them.

In many countries, institutions are the only option available for children who cannot remain with their own families and the minority which are orphaned. The absence of a range of family strengthening and alternative services creates a vacuum which will continue to see children needlessly placed in institutional care where their development will be delayed.

If the resources invested in institutional care were spent more wisely in interventions supporting children in their own families or in alternative family care, there would be no need for orphanages at all.

**Between 80% and 96% of children confined to institutional care have at least one living parent**

# But how can parents who abandoned their own children be trusted to take care of them?

Priority should be given to supporting children within their own families and children should only be separated where it is not in the child's best interest to remain with his or her own parents.

If family strengthening services are in place, most parents in difficulty can be supported to provide the loving and caring environment their children need to develop to their full potential.

These services aim to prevent the separation of children from their parents in the first place by helping them to overcome the challenges they face. This might include livelihoods support, counselling and psychological support, positive parenting skills, early childhood development services and crisis intervention. There are cases, however, when children's parents may die or they may need to be separated from their children because of neglect and abuse. For orphans or for those children whose parents – even with support – are unable to properly look after them, quality alternative care options should be available.

Quality alternative care is characterised by stable, nurturing and loving relationships between children and their carers.

Informal family care – provided by members of the extended family or a non-related family identified by the community or the child – is already widely used across the world as an alternative to orphanages. With additional support when needed, informal care will continue to be an important solution for children who cannot remain with their parents.

Family-based alternative care can also be formal and regulated by the State. This includes different solutions, such as kinship care – when children are supported to live with other relatives – as well as foster care, group foster care, guardianship and arrangements specific to an Islamic context under the principle of Kafala.

Small scale residential care designed to replicate a family environment (family-like alternative care) can also be an option as a last resort and for limited periods of time or where children's specific needs require it – for instance, to provide therapeutic care or treatment for children who have suffered trauma or severe abuse or neglect, or to enable large sibling groups to remain together. In this case children live in group homes integrated in the community with one or more specialist carers, under conditions that resemble a family environment as much as possible.

For most children, all forms of alternative family care will be a temporary measure either while support is provided to enable them to return to their own family or while a more permanent solution such as domestic adoption is found. According to international norms, inter-country adoption should be treated as a last resort when all other avenues have been exhausted.

Family strengthening and quality alternative care deliver much better outcomes for children and make institutional care unnecessary. The objective is to build an institution-free child protection system, to ensure that every child grows up in a safe and loving environment.

# What about children with disabilities or very complex special needs?

All children have the same rights, without exception. Children with disabilities are particularly vulnerable to the negative effects of institutions, as this type of care does not respond to their needs and enable them to develop their full potential. Despite this, evidence suggests that children with disabilities are over represented in institutional care across the world.

It is a legal obligation and a shared responsibility to ensure that children with disabilities enjoy equal respect for family life and have access to alternative family care when required.

First and foremost, all efforts should be made to allow children with disabilities to grow up with their biological families. To prevent abandonment, neglect, segregation and the hiding of children with disabilities, States should

provide early and comprehensive information, services and support to children with disabilities and their families.

Experience shows that a range of measures (e.g. education, psychological and material support, equipment to enable life in the community, etc.) can be very effective in ensuring children with disabilities are able to grow up in their families and communities. States should also engage in public campaigns to combat stigma and discrimination against children with disabilities.

When the immediate or extended family is unable to care for the child, it is a responsibility of the State to undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.





## Isn't all this very expensive?

It is actually a common myth that orphanages are cheaper than family care. In Romania, the World Bank calculated that professional foster care cost USD\$91 per month per child compared to between USD\$201 and USD\$280 per month per child for the cost of institutional care. In Tanzania, research identified that the annual cost for one child in institutionalised residential care was more than USD\$1,000, compared to approximately \$180 for supporting a child in foster care. In South Africa, institutional care was found to be six times more expensive than family-based care.

Moreover, institutional care is a poor investment in the long term because it fails children, their families and communities. While children are in orphanages their families and siblings are not receiving any support, their communities have no development opportunities. With the funding used to warehouse children in institutions, many more children and families can be helped to become self-reliant and contribute to society.

Across the world, the consequences of institutional care on millions of children lead to poor educational and health outcomes, which in turn affect a child's ability to earn an income when they become adults. This is a significant driver of poverty and fosters increased dependency on already overstretched families and communities.

In every case, the services designed as a result of a deinstitutionalisation process should be locally led and take account of the needs of the local community as well as the community's existing resources, including those invested in institutional care.

Additional resources will be needed during the transition period, until the resources locked in running institutional care can be used to support children in their families and communities.

**There is a strong role to play for governments and institutional donors to provide this transitional funding through overseas aid.**

# **Governments already face many challenges - what makes you think this should be a priority?**

Investing in eradicating institutional care and the transition from institutions to families and communities is also helping to tackle child poverty.

Families affected by poverty are more vulnerable to separation. Protection systems that depend on institutional care deal with the symptoms of separation and are divorced from the causes and effects of poverty in a household. In such circumstances poverty persists and the reasons why children become separated are left unaddressed.

However, strategic investment in a child protection system with families at the centre can have a substantial impact on linking education, health, social care and other relevant services at grass roots level, with significant economic benefits. This approach focuses

on ensuring the general population's access to basic services, coupled with targeted support for the most vulnerable individuals and groups.

If we look closely at the key factors pushing children into institutional care across the world (e.g. extreme poverty, disability, discrimination of ethnic minorities, lack of community services in rural areas, incidence of HIV/AIDS, etc.), they provide crucial information about the gaps in service provision within a country.

By focusing efforts on fulfilling human rights and social justice, this approach can provide an excellent entry point for broader reforms. This can significantly help reducing poverty, strengthening social welfare systems and empowering local communities.

## What can I do to help?

It is the State that is ultimately responsible for children's rights. However, private and institutional donors have a key role to play by reallocating development assistance to support the transition from institutional to family-based care.

It is quite common for well-intentioned people to finance orphanages with the hope of offering children a better future. These private funds should stop going into institutions and be re-directed towards helping children and their families in the community. Donations can be reinvested to finance school fees and other type of educational support, access to health care, the development of community-based services and resources for early intervention, youth engagement, adult learning and economic development, local volunteer services, etc.

Organisations can also take the courageous step to join the movement for family care. A vibrant civil society is the key to persuade governments and state authorities to embark on comprehensive reforms.

**Ultimately, everyone can help. Join the movement to eradicate institutional care, raise awareness and spread the word: together we can create a global groundswell of commitment and achieve long-lasting change.**

**[www.hopeandhomes.org](http://www.hopeandhomes.org)**





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