Children in institutional care are at risk of attachment disorder and developmental delay, but Europe

Kevin Browne, Catherine Hamilton-Giachritsis, Rebecca Johnson, Mikael Ostergren

child abuse

large institutions 25 or more children, regardless of age. More than three months without a primary care giver. Small

with 11 or more children, where children stay for more

were defined as residential health or social care facilities

restricted to countries in transition and was common

However, institutional care of young children was not

influenced by political, economic, and social changes.

been offered have changed over time and have been

in a family environment. National child protection

programmes to uphold the child’s right to grow up

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More than 50 years of research provides convincing
evidence that institutional care is detrimental to the
cognitive, behavioural, emotional, and social

development of young children. Improvements are seen in
cognitive ability when children are removed from insti-
tutional care at an early age and placed in a family. However, institutional care has a lasting impact on

behavioural and social development, even when a child

is later placed in a supportive family. Children in institutional care rarely have the

opportunity to form an attachment to a parent figure/
Analysis and comment

The hidden extent of institutional care

Despite the importance of this issue, few data are available on the numbers and characteristics of young children in institutional care, although reports to the World Health Organization (WHO) and UNICEF state that 38 of the 52 countries in the European region have child protection services. A search of EMBASE, Medline, ISI Web of Science, SOSIG, and Science Direct up to 2003 yields little information. However, EU/WHO and UNICEF have offered official statistics from governments relating to children under 3 raised in institutional care (table). These results have several limitations including incomplete data, the use of data from before 2002 in four countries, and the need to estimate population figures for children under 3 from figures for children under 5 in 15 countries. Pearson product moment correlations were performed on 11 countries that appeared in both surveys. The correlation between the two data sources (r=0.633, P<0.04), suggests that reasonable estimates can be made.

The data from both surveys were averaged and the overall numbers and rates per 10 000 children under 3 in institutional care were calculated for countries in the WHO European region where data were available (not FYR Macedonia, Israel, Luxemburg, Monaco, San Marino and Switzerland). It was estimated that 43 842 children under 3 resided in institutional care within 46 countries. With an estimated total population of children under 3 of 30 521 197 in these countries, the overall rate of institutionalisation was 1 44/10 000.

The five countries with the highest numbers of children under 3 in institutional care were Russia (10 411), Romania (4564), Ukraine (3210), France (2980), and Spain (2471). However, when considered as a proportion of the population under 3 in each country, the five countries with the highest rates of institutionalisation of young children were Bulgaria (69/10 000), Latvia (58/10 000), Belgium (56/10 000), Romania (52/10 000), and Serbia and Montenegro (50/10 000). Although institutional care for children in need is generally seen as most prevalent in eastern Europe, other European countries have a high number of young children in this form of care.

Countries that spend less on community health and social services are more likely to have higher proportions of institutionalised children. When parent support services (such as mental health and alcohol or drug addiction services) are absent young children are likely to remain in institutional care for long periods. This is particularly important for children under 3, for whom a six month institutional placement represents a large proportion of their early life experience. EU/WHO sponsored research in Denmark, France, Greece, Poland, Hungary, Romania, and Slovakia showed that the average length of stay for infants was 15 months, with a mean age of 11 months on admission and 26 months on departure.

Alternatives to institutional care

Countries in transition have used international adoption as an alternative to the long term institutional care of children. However, adoption is not always in the best interests of the child and article 21 of the UN convention states that it should be considered only as a last resort. Services should be offered to parents and surrogate parents before adoption is considered, but this rarely happens with international adoption. Furthermore, adoption agencies and the
parents they represent often assume that many children in residential care are orphans, a myth propagated by the term "orphanages." In fact, only 4% of young children in residential care have no biological parent living. Ironically, some economically developed countries that "import" children have high numbers of children in their own residential care institutions (France and Spain, for example). This indicates that parental rights are better respected and defended in these countries than in others, sometimes at the expense of children's rights.

Therapeutic foster care and rehabilitation services have been introduced in Iceland, Norway, Slovenia, and the United Kingdom (table) to prevent institutional care of young children. This approach is urgently needed in those European countries with high proportions of young children in institutional care, such as Bulgaria, Latvia, Belgium, and Romania. Only a few countries use foster care therapeutically to provide treatment for the child or a role model for parents in difficulty as a part of family rehabilitation. Those countries in transition that are developing foster care (for example, Latvia and Romania) provide care only until the child is adopted, with little attempt at rehabilitating parents in difficulty. Parents may object to foster care when its purpose is unclear, often preferring the anonymity of institutional care and not understanding the potential damage to their developing child.

Education and training for policy makers and practitioners is urgently needed on the appropriate care and placement of young children facing adversity. Any education and training for policy makers and practitioners is urgently needed on the appropriate care and placement of young children facing adversity. An estimated 43 842 (14.4/10 000) children under 3 are in institutional care within 46 countries of the WHO European region

Summary points

Institutional care for young children is not restricted to countries in transition but is common throughout the WHO European region of 52 countries

An estimated 43 842 (14.4/10 000) children under 3 are in institutional care within 46 countries of the WHO European region

Education and training for policy makers and practitioners is urgently needed on the appropriate care and placement of young children facing adversity

Children who move from institutional into family care before the age of 6 months will probably recover their physical and cognitive development

In life threatening circumstances emergency institutional care may be essential, but the child should be moved into foster care as soon as possible

Conclusions and recommendations

Young children who are institutionalised experience developmental delay, although those who are placed in a caring family environment by the age of 6 months will probably recover and catch up on their physical and cognitive development. However, difficulties with social behaviour and attachments may persist, leading to a greater chance of antisocial behaviour and mental health problems. Children less than 3 years old, with or without disability, should not be placed in residential care without a parent. When institutions are used as an emergency measure, the child should be moved into a foster family as soon as possible. In all countries in Europe, child protection legislation and interventions to deal with abusive and neglectful parents should be developed in parallel with community services and alternative family based care for children.

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