



THE NEGATIVE IMPACT OF INSTITUTIONALIZATION ON CHILDREN 0 – 3 YEARS



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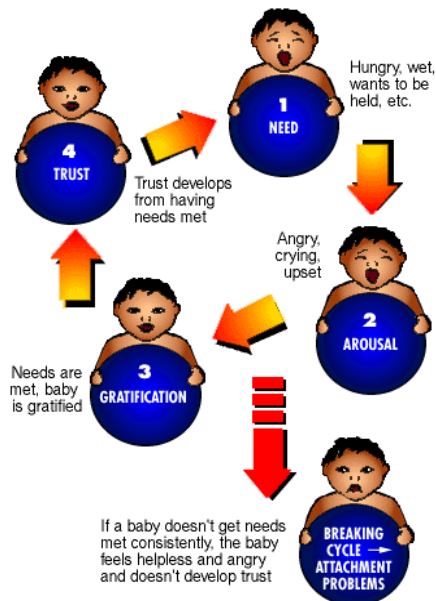
Eighty years of research worldwide has shown the negative impact of institutionalization on children's health, development and life chances, as well as a high risk of abuse. Babies growing up in orphanage suffer extreme emotional neglect. In reaction, they produce high levels of the stress hormone cortisol that damages the architecture of their brains at a crucial stage in their development. That is the reason why the younger the child enters an orphanage, the more profound the damage to the child's developing brain. As a consequence, children raised in orphanages experience delays in terms of IQ, language, speech and vocabulary. A meta-analysis of 75 studies covering over 3,800 children in 19 countries found that children raised in orphanages had, on average, an IQ 20 points lower than their peers who were growing up in foster care. They also experience delays in physical growth – including height, weight and head circumference. Analysis of growth data from a variety of orphanage systems in Romania and China has shown that children lose one month of physical growth for every three months spent in an orphanage.

Another consequence for those children is the struggle to form positive relationships/bonds with other people. Residential homes are especially damaging for very young children (0 – 3 years), as they do not provide the child an opportunity to bond with one constant (primary) attachment figure. Exposure to silence at a young age can have devastating

McLaughlin, KA; Zeanah, CH; Fox, NA & Nelson, C. (2012) Attachment security as a mechanism linking foster care placement to improved mental health outcomes in previously institutionalized children. *Journal of Child*

IQ of Children Growing Up in Children's Homes. A Meta-Analysis on IQ Delays in Orphanages. Marinus H. van IJzendoorn. Maartje P. C. M. Luijk. Femmie Juffer. Leiden University, MERRILL-PALMER

consequences for children’s physical and cognitive development and their future life chances. If children are not hug, they internalise their pain. A silent child isn’t always a happy one.

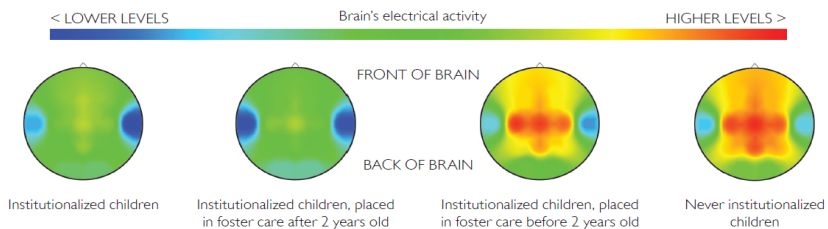


The negative consequences of institutionalization are not limited to children under 3. As children grow in an orphanage, researches also claim that they experience higher levels of apathy, restlessness, disobedience, hyperactivity, anxiety, depression, attention-seeking, sleep disorders, eating disorders and stereotypical behaviours (e.g. rocking, head banging, self-harming) and lower levels of social maturity, attentiveness, concentration and communication. In other words, they become unprepared for a life outside of the institution. Despite the best efforts of some residential care homes, life skills necessary for successful, independent living are more difficult to learn in this type of living situation. Too many times, those children are more likely to be unemployed, «enter into prostitution», get a criminal record or be a victim of trafficking. Last but not least, children from orphanages are far more likely to have their children placed in orphanages– thus perpetuating the cycle.

The image below illustrate some of the findings of the Bucharest Early Intervention Project, a randomized controlled trial that measured profound impacts of institutionalization on the brain function of children institutionalized at a young age, and the potential for recovery when removed and placed in good-quality family care.

The Negative Impacts of Institutionalization on Brain Function

The images illustrate some of the findings of the Bucharest Early Intervention Project, a randomized controlled trial that measured profound impacts of institutionalization on the brain function of children institutionalized at a young age, and the potential for recovery when removed and placed in good-quality family care.³²



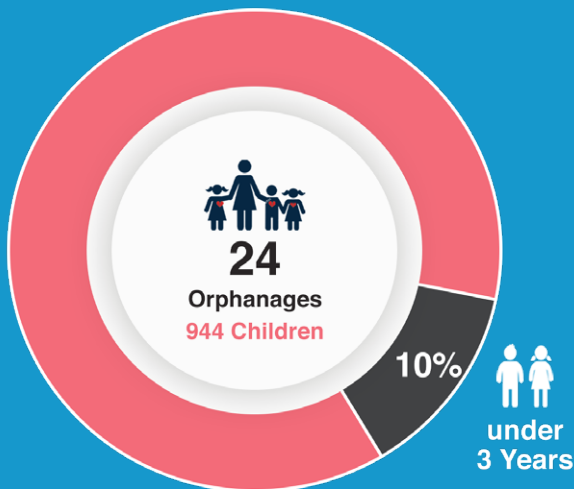
The study included 136 children in Romanian institutions, half of whom were placed in high-quality foster care, some before they reached age two and others after that age. A cohort of children who had never been institutionalized served as a comparison group. The figure illustrates at eight years of age their respective levels of brain activity, with red, orange, and yellow indicating higher levels of activity. By age eight, those who went into foster care before they turned two or who were never institutionalized showed markedly higher levels of brain activity. “The Deprived Human Brain: Developmental deficits among institutionalized Romanian children—and later improvements—strengthen the case for individualized care,”



Nelson, Charles, et al. “The Deprived Human Brain: Developmental deficits among institutionalized Romanian children—and later improvements—strengthen the case for individualized care,” *American Scientist* (97): 222. 2009.

RESIDENTIAL HOMES FOR CHILDREN IN GHANA

According to the 2018 Mapping of Residential Homes for Children in Ghana, in a sample of 24 orphanages, 10% of the 944 children were under 3-years.



‘Orphanages’, are assumed to be there to support orphans, but it has been found that over 80% of children living in orphanages have a living parent, including children in institutions in Ghana.

Poverty is the main driver of child institutionalization in Ghana. Parents who cannot afford to feed, clothe or send a child to school often believe they have little choice but to send their children to an orphanage where they can access food, shelter, education, health and other basic services.

In Ghana children with disabilities, or children with special needs often ends up in an orphanage, because families do not have access to the right support services or because there is lack of inclusive education across the country.



CARING FOR CHILDREN IN GHANA

- Although some residential care homes are well-resourced with dedicated staff, they cannot replace a family.
- Due to the usually high ratio of caregiver to child, residential home caregivers can only care for children by feeding, dressing and washing.
- Caregivers are unable to give enough attention and respond to the emotional needs of children.
- As a result, babies can be left alone for long periods of time as caregivers have many children to take care of.
- If toddlers lay quietly awake in their cots, this does not mean they are “good” children or content. Their silence means they have given up asking for their needs to be met.
- In many residential homes for children across Ghana, babies have learnt not to cry because they realized no one will comfort them. They’re ignored. Forgotten. Silent. And many children are also sitting by themselves rocking.



- Children raised in residential homes experience delays in terms of IQ, language, speech and vocabulary.
- Research has shown that a baby's brain can form more than 1 million new connections every single second- a paced never repeated again.
- Every moment matters, which is why the right food, stimulation and care are essential to the baby's brain development in the first 1,000 days of life.
- Children make those connections through stimulation, interaction with an adult who can give them loving and individualized care.
- Without human interaction, without early exposure to all the different sights and sounds that caring parents offer to soothe or engage their babies, children's brains fail to develop in the way that they should.

THE CARE REFORM INITIATIVE

Ghana has over the past few years witnessed a large increase in the establishment and use of Residential Homes for Children (RHC) popularly called orphanages for the care of children. In 2006, an assessment of the RHC across the country revealed a big leap from about 10 in 1996 to 148 in 2006, involving close to 5,000 children, although over 80% of these children have at least one living parent. The study further revealed that less than 10% of these RHC had a license to operate.

To ensure the rights of children to grow in a safe and caring family, the Government of Ghana with support from UNICEF and the NGO Orphan Aid set up the Care Reform Initiative (CRI) within the Department of Social Welfare (DSW) in 2007. Its prime objectives have been to de-emphasize on the over-reliance on institutional care, regulate the establishment and running of these RHC, promote and support Family Based Care in lieu of residential care of children.

The specific objectives include:

- ❖ Promote the importance of children living with their families
- ❖ Promote the deinstitutionalization of children and to ensure that such children are never readmitted.
- ❖ Encourage the use of institutional care as a means of last resort.
- ❖ Raise awareness of the consequences of sending children to the residential homes.
- ❖ Generate an advocacy machinery to curb the establishment of more residential homes.
- ❖ Mobilize public support for the closure of some of the existing orphanages, with unacceptable care standards.
- ❖ Galvanize the public to support poor families to take care of their children.

The Care Reform has, over the years, achieved some results including the reform of the legal and policy framework (Children's (Amendment) Act, the Foster Care and Adoptions Regulations, Case Management Standard Operating Procedures for children in need of care and protection, Standards for Residential Homes for Children, etc), the establishment of stronger gatekeeping mechanisms to prevent the unnecessary separation of children with their families, the development of family based care alternative – foster care – in lieu of residential care, stopping the establishment of new residential care facilities, the capacity building of the social welfare workforce around these issues and improved collection of data and evidence to improve policy and program.



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