

Research on Institutional Care of Vulnerable Children

The purpose of this document is to give a brief overview of the key findings of academic research into the effects of institutional care for vulnerable children. We selected studies that used scientific sampling techniques, and the studies that are included used standardized measuring tools, comparison groups, or long-term tracking of subjects. We chose a literature review that examined the children served by group care, outcomes, cost, and policy implications. Other literature reviews examined the mental health implications of group care.

Early studies documented the adverse effects that long-term institutional care had on young children's emotional, social, and cognitive development (Goldfarb, 1945; Bowlby, 1951; Provence & Lipton, 1962; Spitz, 1965).¹ Today, studies continue to affirm that orphanage care is an unsatisfactory option for young children who cannot remain with their own families.

Serious questions remain unanswered about the suitability of institutional care for foster children and youth. Child welfare researchers and professionals have observed that residential treatment or group care of foster children is best used sparingly for children with serious problems, preferably for time-limited periods. Studies note that group care placement criteria remain ill-defined and inconsistently applied. The questions, "How long?" and "What type of treatment for whom?" have yet to be answered. Future group care research should use standardized measures, large comparison groups, and statistical analysis. Treatment variables and their effect on residents with different conditions and needs should be isolated and followed over time.

The chart below provides an overview of scientific studies and literature reviews that describe the effects of institutional care for vulnerable children, and compares institutional care with other forms of care.

Representative Findings

- "Residential care is now seen as an unsatisfactory long-term option when children cannot be looked after by their own parents. Stable placement through adoption or fostering is much preferred in order that a child may have a chance to form the long term affectionate relationships that are now generally seen as important for normal social development." — David Quinton
- "In the long term, institutionalization in early childhood increases the likelihood that impoverished children will grow into psychiatrically impaired and economically unproductive adults." — Frank, Klass, Earls, and Eisenberg
- "Even holding conduct disorder in childhood constant, the fact of being reared in an institution (a variable that indexed a range of adversities) increased the risk of pervasive social dysfunction in adult life." — Zoccolillo, Pickles, Quinton, and Rutter
- "The children we interviewed did not like living in institutions, and their comments included criticism of institutions for the absence of some essential qualities of parental care. The children clearly preferred other forms of surrogate care, which scored considerably higher on those prized qualities. Their comments indicate a wide gap between the blueprint for institutions found in professional writing and the reality of institutions as the children perceived it." — Malcolm Bush
- "This review indicates that there is virtually no evidence to indicate that group care enhances the accomplishments of any of the goals of child welfare services: it is not more safe or better at promoting development, it is not more stable, it does not achieve better long-term outcomes, and it is not more efficient as the cost is far in excess of other forms of care." — Richard Barth

STUDIES ON CHILDREN AND YOUTH IN INSTITUTIONAL CARE

Authors	Information about the Study	Key Findings
<p>Altshuler, S., & Poertner, J. (2002). The child health and illness profile-adolescent edition: Assessing well-being in group homes and institutions. <i>Child Welfare, 81</i>(3), 495-513.</p>	<p>The Child Health and Illness Profile-Adolescent Edition (CHIP-AE), a new standardized instrument, was administered to 63 adolescents living in group homes or institutions in Illinois. The CHIP-AE measured overall health and self-concept, emotional health and disorders, and achievement of social expectations in education and/or employment.</p> <p>The authors note that the sample size of this study was too small to generalize the findings to all children in group homes/institutions in Illinois, and that the study did not intend to evaluate specific group homes or institutions or to examine variations between programs.</p>	<p>“Youths living in group homes or institutions take more risks, have more threats to achievement, and have poorer peer influences.”</p> <p>“The apparent inability of the system to provide this critically important function and protective factor [a helpful adult]...in the absence of the youths’ parents is of concern. It is crucial to help these youth connect with an adult who can provide needed support and guidance as these youth transition into the community. It is disturbing to think that the environments in which these youth live are not providing them with such adult guidance....”</p> <p>Youths in the study appeared to be doing well in terms of resilience and problem-solving skills, and feelings of safety.</p> <p>Study youths reported having little involvement with their families.</p>
<p>Chamberlain, P., & Reid, J. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. <i>Journal of Consulting and Clinical Psychology, 66</i>(4), 624-633.</p>	<p>The authors studied 79 boys aged 12-17 years with histories of previous out-of-home placement and serious and chronic delinquency. The boys in the study were referred for community placement and randomly assigned to either multidimensional treatment foster care (MTFC) or group care.</p> <p>Multidimensional treatment foster parents were trained to use structured behavior management techniques, to closely supervise the boys’ whereabouts, and to be in contact with school staff. Each boy participated in weekly individual skill-building therapy, and the boy’s biological</p>	<p>“Boys ran away less frequently from MTFC than from group care, completed their programs more often, and were locked up in detention or training schools less frequently. MTFC boys had fewer criminal referrals than boys in group care from the time they were placed through the year after discharge from the programs.”</p> <p>“The linchpin in the MTFC intervention is not a therapist or social skills trainer but the foster parent. The foster family is carefully selected, trained, and heavily supported to monitor the youngster closely and continuously in the home, at school, and in the community.”</p> <p>“On the basis of our findings...it is becoming clear that developmentally appropriate, intensive, and individualized family focused treatment is both feasible and superior to group care at any point in the developmental trajectory of antisocial youngsters.”</p>

	<p>family or another caring adult was involved in the program. Case managers were on call 24 hours per day, 7 days per week to help MTFC foster parents with questions, concerns, or problems.</p> <p>Group care programs had from 6 to 15 youths in residence and used shift staff. The majority of group care boys attended individual and group therapy, and most attended in-house schools.</p>	
<p>Berrick, J., Barth, R., Needell, B., & Jonson-Ried, M. (1997). Group care and young children. <i>Social Service Review</i>, June, 257-273.</p>	<p>Data was used from California's Foster Care Information System, University of California, Berkeley, with the records of up to 52,613 children examined. The archive includes all children in foster care in California since January 1988. The study focused on children under age six.</p> <p>Group homes in this study included child-caring institutions with six or more beds, including residential treatment, but excluding hospitalization.</p>	<p>"Compared with a primary placement in foster homes, group care for young children results in less stability, lower rates of adoption, and a greater likelihood of remaining in care."</p> <p>"Given that placement into group care costs much more, provides less stability of caregiving, and does not increase the likelihood of adoption, very young children should not be placed in group care."</p>
<p>Colton, M. (1992). Carers of children: A comparative study of the practices of residential and foster carers. <i>Children & Society</i>, 6(1), 25-37.</p>	<p>Compared 12 children's homes to 12 specialized foster homes. Study focused on children 12 years old or older.</p>	<p>"Residential caregivers were found to make far greater use of inappropriate and ineffective techniques of control than special foster parents."</p> <p>"The children's homes were generally found to be markedly less child-oriented than the special foster homes."</p> <p>"Such findings appear to confirm that the role of residential caregivers involves a heavy emphasis on control and supervision; they further suggest that a greater degree of familiarity, reciprocity and social closeness characterized relations between special foster parents and foster children than existed between residential caregivers and the youngsters they looked after."</p>
<p>Zoccolillo, M., Pickles, A., Quinton, D.,</p>	<p>Compared 171 people who had been in group-cottage children's homes to 83 in a comparison group. Comparison group</p>	<p>"...even holding conduct disorder in childhood constant, the fact of being reared in an institution (a variable that indexed a range of adversities) increased the risk of pervasive social dysfunction in adult life."</p>

<p>Rutter, M. (1992). The outcome of childhood conduct disorder: Implication for defining adult personality disorder and conduct disorder. <i>Psychological Medicine</i>, 22, 971-986.</p>	<p>subjects had parents with mental health problems and came from inner city neighborhoods similar to the ones where former children’s home residents had lived.</p>	
<p>Triseliotis, J., & Hill, M. (1990). Contrasting adoption, foster care, and residential rearing. In D. Brodzinsky & M. Shechter (Eds.), <i>The Psychology of Adoption</i>, (pp. 107-120). New York: Oxford University Press.</p>	<p>Studied 124 adults reared in adoptive, foster, and residential care. Focus on older, hard to place children. The residential group had been cared for in institutions for an average of 11 years.</p>	<p>“Those who were adopted and, to a somewhat lesser extent, those formerly fostered experienced more intimate, consistent, caring, and closer attachment to their caregivers compared with those who grew up in residential establishments.”</p>
<p>Hodges, J. & Tizard, B. (1989). IQ and behavioral adjustment of ex-institutional adolescents. <i>Journal of Child Psychology and Psychiatry</i>, 30(1), 53-75.</p>	<p>Studied 39 of the formerly institutionalized children (now adolescents) from the 1975 & 1978 studies. Compared each ex-institutionalized adolescent with a comparison 16-year-old who was matched based on sex, one- or two-parent family, occupational classification of primary income earner, and position in family.</p>	<p>“There was evidence that, as a group, ex-institutional children had more behavioural and emotional difficulties than comparison children.”</p> <p>“Children who had spent at least the first 2 years of their life in residential care were likely at age 16 to have more social and emotional problems than other children, and more disruptions in their lives.”</p>
<p>Cohen, N. (1986). Quality of care for youths in group</p>	<p>Cohen examined the quality of care in 33 Los Angeles group homes for adolescents. He looked at issues such as the</p>	<p>“Quality of care becomes more difficult to assess as one moves beyond basic care. A particularly troubling problem for group homes is the availability and retention of qualified, caring, and competent staff. The reported low</p>

<p>homes. <i>Child Welfare</i>, 65(5), 481-494.</p>	<p>normalization of youths, institutionalization, treatment goals, continuity of care, and the qualifications of group home staff.</p>	<p>salaries and the highly demanding nature of the work with little opportunity for advancement appear to be the primary causes of the high turnover rate.”</p>
<p>Quinton, D., Rutter, M., Liddle, C. (1984). Institutional rearing, parenting difficulties and marital support, <i>Psychological Medicine</i>, 14, 107-124.</p>	<p>Studied 81 adult women who had been institutionalized, most before age 5, compared in research with 41 women never admitted into residential care.</p> <p>The ex-institutionalized women had been raised in cottages with 15 to 20 children, mostly school-aged, under the care of a housemother, her deputy, and an assistant.</p> <p>The institutionalized women had been admitted into care due to their parents’ inability to care for them, rather than due to any problem behavior of the child. The comparison group was a quasi-random sample from the general population whose parents had some form of psychiatric disorder.</p>	<p>“The institutionally-reared women showed a markedly increased rate of poor psychosocial functioning and of severe parenting difficulties in adult life.”</p> <p>25% of the institutionalized women developed personality disorders, while none of the [non-institutionalized] women exhibited personality disorders. Institutionalized women were predisposed to lives of poverty more than the non-institutionalized women.</p>
<p>Bush, M. (1980). Institutions for dependent and neglected children: Therapeutic option of choice or last resort. <i>American Journal of Orthopsychiatry</i>, 50(2), 239-255.</p>	<p>370 dependent and neglected children, aged 10 to 18, randomly selected from the population of such children in a large metropolitan area.</p> <p>Stratified sample, with a heavy oversampling of children who had once lived or who currently lived in institutions. 269 of the 370 children surveyed had lived in an institution at some point, representing 100 different institutions.</p>	<p>“The overwhelming pattern the tables describe is that children do not consider institutions supportive places to reside. The children who were living in institutions at the time they were interviewed felt less comfortable, loved, looked after, trusted, cared about, and wanted than children in any other form of surrogate care or than children who had been returned to their original families.”</p> <p>“To the extent that dependent children are seen as essentially normal children who require surrogate parents, and not as patients or delinquents who require treatment, these data strongly suggest that institutions are the least adequate form of substitute care.”</p> <p>“The children we interviewed did not like living in institutions, and their comments included criticism of institutions for the absence of some essential qualities of parental care. The children clearly preferred other forms of surrogate care, which scored considerably higher on those prized</p>

		<p>qualities. Their comments indicate a wide gap between the blueprint for institutions found in professional writing and the reality of institutions as the children perceived it.”</p>
<p>Tizard, B. & Hodges, J. (1978). The effect of early institutional rearing on the development of eight year old children. <i>Journal of Child Psychology and Psychiatry</i>, 19, 99-118.</p>	<p>Compared 65 of the institutionalized and formerly institutionalized children (from the 1975 study) to a similar group of working class, non-institutionalized children.</p>	<p>“Our study suggests that a policy of allowing parents to leave their children in institutions for a number of years...may not be in the best interests of the child.”</p> <p>“It seems more likely that the common difficulties of many of the restored [reunified] and adopted children were due to their institutional experiences, perhaps in interaction with genetic or biological factors.”</p> <p>“It seems likely that the ex-institutional children in this study more often had problems at school, and of a particular kind, than children adopted in infancy, and that an explanation simply in terms of the effects of maternal stress before and after the child’s birth is not adequate.”</p> <p>Significant differences were found between institutionalized/previously institutionalized children and their non-institutionalized counterparts on total problem behaviors and anti-social scores. Deviations included restless behavior, poor peer relations, disciplinary problems and disruptive attention-seeking behavior among children who had been institutionalized.</p>
<p>Tizard, B., & Rees, J. (1975). The effect of early institutional rearing on the behavior problems and affectional relationships of four-year old children. <i>Journal of Child Psychology and Psychiatry</i>, 16, 61-73.</p>	<p>Studied 65 children whose first years had been spent in residential nurseries. Compared 26 4 1/2-year-olds who had lived in small, well-staffed residences since infancy to a group of 39 working class children and a group of 39 children who were adopted or reunited with birth mothers after 2 to 4 years in an institution.</p>	<p>“Despite great improvements, these institutions have so far been unable to provide children with long-term, stable, affectionate relationship that are essential to later social relations.”</p>
<p>Youngleson, M. (1973). The need to affiliate and self-esteem in</p>	<p>Compared 24 institutionalized children and a matched control group, matched exactly for age, sex, religion, school performance, ordinal position of birth, and</p>	<p>“The data gleaned from the social adjustment inventory confirmed that institutionalized children are less well adjusted and that they manifest less self-esteem compared with a control group.”</p>

institutionalized children. <i>Journal of Personality and Social Psychology</i> , 26(2), 280-286.	parental socioeconomic status. The study's subjects were high school students between ages 15 and 17 who had been in a children's home. All had been institutionalized since early childhood, with the age at which they were separated from their mothers ranging from 21 months to 7 years 10 months.	
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ORPHANAGE ARTICLES/LITERATURE REVIEWS

Author	Details of Article	Key Findings
Barth, R. (2002). Institutions vs. foster homes: The empirical base for the second century of debate. Chapel Hill, NC: School of Social Work, Jordan Institute for Families.	Barth examined the varied role that institutional care plays in child welfare services by reviewing numerous studies and reports, most of them recent. Barth describes children served in group care programs, perceptions of group care, outcomes, placement stability and re-entry, cost, and policy implications.	“This review indicates that there is virtually no evidence to indicate that group care enhances the accomplishments of any of the goals of child welfare services: it is not more safe or better at promoting development, it is not more stable, it does not achieve better long-term outcomes, and it is not more efficient as the cost is far in excess of other forms of care.” “There is no new or old evidence to indicate that shelter care, or group care in general, is a sound approach to caring for most children entering child welfare services. Group care should only be considered for those children who have the most serious forms of mental illness and self-destructive behavior.” “Group care is expensive and restrictive and should be used only when there is clear and convincing evidence that the outcomes will be superior to those of foster care and other community-based services.”
U.S. Department of Health and Human Services. (2000). Report of the surgeon general's conference on	In September, 2000, David Satcher, M.D., Ph.D., Assistant Secretary for Health and Surgeon General, convened a meeting to develop specific recommendations for a National Action Agenda on Children's Mental Health. 300 participants were invited,	“For youth who manifest severe emotional or behavioral disorders, the positive evidence for home and community-based treatments (e.g., multisystemic therapy, intensive case management, treatment foster care) contrasts sharply with the traditional forms of institutional care, which can have deleterious consequences....”

<p>children’s mental health: A national action agenda. Washington, DC: USGPO.</p>	<p>including mental health researchers and practitioners, professional organizations, health care providers, educators, family members, and others.</p> <p>The Prevention, Early Intervention and Community-Based Services panel examined evidence on the effectiveness of services for youth with mental health needs.</p>	
<p>Frank, D., Klass, P., Earls, F., Eisenberg, L. (1996). Infants and young children in orphanages: One view from pediatrics and child psychiatry. <i>Pediatrics</i>, 97(4), 569-578.</p>	<p>Article explores 100 years’ of pediatric and child psychiatry research covering five areas of potential biologic and social risk to infants and young children in orphanage care.</p>	<p>“The evidence from the pediatric and child psychiatry literature makes clear that orphanages are neither an effective nor a humane mode of assistance to infants and families.”</p> <p>“Infants and young children are uniquely vulnerable to the medical and psychosocial hazards of institutional care, negative effects that cannot be reduced to a tolerable level even with massive expenditure.”</p> <p>“In the long-term, institutionalization in early childhood increases the likelihood that impoverished children will grow into psychiatrically impaired and economically unproductive adults.”</p> <p>“The available data from all sources consistently indicate five areas of risk to infants and young children in orphanage care: (1) infectious morbidity, (2) nutrition and growth, (3) cognitive development, (4) socioaffective development, and (5) physical and sexual abuse in the institution.”</p> <p>“However ‘lavishly funded’ by whatever as yet unspecified mechanism, orphanages would still entail inescapable risks to the short-term physical health and long-term emotional development and social competence of infants and young children.”</p> <p>“Institutions are inherently unsuitable for the emotional needs of human infants, even if one optimistically assumes that physical and sexual abuse of institutionalized infants and young children could be largely prevented.”</p>
<p>Quinton, D. (1987). The consequences of</p>	<p>Quinton reviewed five studies that assessed the early adult adjustment of previously institutionalized children.</p>	<p>“Residential care is now seen as an unsatisfactory long-term option when children cannot be looked after by their own parents. Stable placement through adoption or fostering is much preferred in order that a child may have a chance</p>

<p>care: Adult outcomes from institutional rearing. <i>Maladjustment and Therapeutic Education.</i> 5(2)</p>		<p>to form the long term affectionate relationships that are now generally seen as important for normal social development.”</p> <p>“In both groups [the ex-residential care women and the women who had never been in residential care,] lack of marital support was associated with poorer parenting but this effect was much stronger amongst the women who had been in children’s homes. This suggests that their backgrounds had made them more vulnerable to the effects of <i>current</i> hardships...”</p> <p>“...the ex-[residential] care group appeared much more vulnerable to stress.”</p> <p>“There are virtually no systematic investigations of the outcome from other kinds of institutional care and <i>none</i> comparing two different kinds of children’s homes using established measures of psychological and social functioning in adulthood. Moreover we know nothing about the influences on outcome of sex or ethnic background.”</p>
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¹ Goldfarb, W. (1945). Psychological privation in infancy and subsequent adjustment. *American Journal of Orthopsychiatry*, 15, 247-255; Bowlby, J. (1951). *Maternal care and mental health*. Geneva: World Health Organization, Monograph No. 2; Provence, S., & Lipton, R. (1962). *Infants in institutions: A comparison of their development with family-reared infants during the first year of life*. New York: International Universities Press; Spitz, R. (1965). *The first year of life: A psychoanalytic study of normal and deviant development of object relations*. New York: International Universities Press.