CHAPTER II
CHAPTER II

Literature Review


This study focuses on the current status of institutional care for children with a specific focus on the process of rehabilitation. The historical background of institutionalization of children shows how the concept and practices of care in institutions have evolved and how views differ regarding the benefits of institutionalization. The researcher has organised the relevant literature into the following subtopics - legal framework, institutional care for children, the standards of care, life/activities in the institution, role of caregivers, effects of institutionalization, process of rehabilitation of children in institutions and the developmental needs of adolescents and young adults.

Legal Framework

Internationally, children are protected by the Convention on the Rights of the Child (1989). For Thailand, there are laws governing children and child welfare institutions such as the Constitution of the Kingdom of Thailand B.E. 2550 (2007) and the 2003 Child Protection Act. These laws include the principles of the Convention on the Rights of the Child (CRC).


The Convention of the Rights of the Child was established in 1990, giving priority to human dignity without any distinction of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Thailand became a signatory to the Convention of the Rights of the Child on 12th February, 1992 and it became effective in Thailand from 26th April, 1992.

The CRC defines “a child” as “any human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.” (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx).

Thailand focuses on the following four basic rights of children: Right to life: Every child has the inherent right to life. States Parties shall ensure to the maximum extent possible, the survival and development of the child.
1. **Right to be protected**: A child whose parents or guardian cannot provide caring, instruction, welfare assistance and welfare protection, shall immediately receive the rights from the government and the competent authorities, irrespective of the child’s race, color, nationality, religion, social and ethnic origin.

2. **Right to be developed**: Every child shall be cared for, instructed and developed by his or her parents or guardian or shall be provided proper welfare according to local tradition and culture but not lower than the minimum standard as specified such as the four requisites, education and medical care.

3. **Right to participate**: Every child is entitled to health care, education, recreation and vocational training, counseling and training in order to enhance proper behaviour, safety and responsibility towards society and participation in social activities. (Khamhom 2006 p. 131-132).

There are many factors that need to be taken into consideration with regard to the protection of children’s rights. The key concept of the Convention on the Rights of the Child is based on the concept of human rights. It upholds the principles of equal dignity and worth of the human being in terms of freedom, justice and peace by considering the best interests of the child.

**To serve children well, without any discrimination.** The principle of non–discrimination is another basic concept of child rights. It means that any action or any activities conducted for the child must be based on non-discrimination, irrespective of the child’s nationality, race, colour, religion, socioeconomic status, sex, language or social origin. The importance of traditions and cultural values shall be taken into account for the protection and harmonious development of the child. The family’s responsibility shall be to protect, assist and develop the child to be prepared to live well in society. Children who are living in exceptionally difficult conditions need special attention. The importance of international co-operation shall be given for the improvement of the living conditions of children in every country and in the developing countries in particular (www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx).

According to the Convention on the Rights of the Child, every child shall be cared for and protected from the time the child is in his/her mother’s womb. The child must be provided warm attention, safety, proper welfare such as being cared for by a loving family, being instructed in traditions and culture, being able to live in society happily and peacefully, being provided good nutrition that enhances the child’s physical, intellectual and emotional development. Importantly, apart from the mentioned child care and protection, the best interests of the child should be the basis of any child welfare practice. The child is to be treated with equality and non-discrimination. Moreover,
the rights of the child need to be considered (www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx).


In addition to the Convention on the Rights of the Child, Thailand is committed to take care of its children and youth as evident in Sections 51 and 52 in the 2007 Constitution.

Part 9 of the Constitution of the Kingdom of Thailand B.E. 2550 (2007) prescribes in Sections 51 and 52 the Rights to Public Health Services and Welfare provided by the State:

1. **Section 51** - A person has the right to receive public health services from the State, which shall be provided thoroughly and efficiently. A person shall enjoy an equal right to receive public health services which are appropriate and of high quality, and the indigent shall have the right to receive free medical treatment from public health centres of the State. A person has the right to be appropriately protected by the State against harmful contagious diseases, and to have such diseases eradicated, without charge and in a timely manner.

2. **Section 52** - Children and youth have the right to survival and the right to receive physical, mental and intellectual development in accordance with their potential in a suitable environment, giving prime regard to their participation. Children, youth, women and family members shall have the right to be protected by the State against violence and unfair treatment and shall also have the right to receive rehabilitation in the event of such circumstances. Imposition of any interference with and restriction on the rights of children, the youth or family members shall not be made except by virtue of the law specifically enacted for preserving and maintaining the status of the family or optimal benefits of such persons. Children and youth with no guardian shall have the right to receive appropriate care and education from the State.


The Child Protection Act B.E. 2546 (2003), aims to provide protection for children from all forms of abuse, exploitation, violence and gross negligence by stipulating that any child below the age of 18 is protected by the State. It stipulates that a person is forbidden to force, threaten, induce, encourage, consent to, or act in any other way that results in the exploitation of a child or constitutes an act of torture, physically or mentally, against the child. (http://www.mfa.go.th/humanrights/implementation-of-un-resolutions/78-answer-to-questionnaire-on-the-protection-of-children-from-sexual-exploitation)
According to the 2003 Child Protection Act, there are eight types of children who are eligible for welfare assistance as stipulated in Section 32: street children or orphans; abandoned or lost children; children whose guardians are unable to care for them for whatever reasons (for example, being imprisoned, detained, disabled, chronically ill, impoverished, divorced, deserted, mentally ill or neurotic); children whose guardians have inappropriate behaviour or occupations, which might affect the physical or mental development of the children under their guardianship; children who have been unlawfully brought up, exploited, abused, or subjected to other conditions, which are likely to cause them to behave in an immoral manner or suffer physical or mental harm; disabled children; children in difficult circumstances and children in situations warranting welfare assistance as stipulated in the ministerial regulations:

1. The government shall be empowered to intervene in the authority of a child’s guardian to provide welfare assistance;

2. In case of a competent official or person having the duty to protect a child’s welfare according to Section 24 having been notified by persons according to Section 29 or having found a child warranting welfare assistance according to Section 32, he or she shall consider the most appropriate ways and means of providing assistance as follows:

   2.1. to provide assistance and welfare to the child and his or her family;

   2.2. to submit the child into the care of an appropriate person who consents to provide care for the child for a period as deemed appropriate but not exceeding one month;

   2.3. to facilitate the adoption of the child by a third person in accordance with the law on child adoption;

   2.4. to send the child to be cared for by an appropriate foster family or nursery, a remand home, a welfare centre or a development and rehabilitation centre, with the consent of the child’s guardian. In cases where the guardian of the child refuses to give consent without appropriate reason or is unable to give consent, the Permanent Secretary of the Provincial Governor, as the case may be, shall be empowered to send the child for welfare assistance in the above mentioned places (Child Protection Act B.E. 2546 (2003).

According to the last paragraph of Article 33 under the 2003 Child Protection Act, when a person receiving welfare assistance has reached eighteen years of age but is still in a condition warranting further assistance, the Permanent Secretary or the Provincial
Governor, as the case may be, may order such a person to be granted further assistance until he or she reaches twenty years of age. However, if, due to a compelling reason, the provision of welfare assistance to such a person must continue, and such a person has no objection, the Permanent Secretary or the Provincial Governor, as the case may be, may order the continuation of such assistance as necessary and appropriate, but which in any case shall not extend beyond the date when such a person reaches twenty-four years of age.

**Policies with regard to Institutional Care**

There is no explicit national policy toward institutional care of children in Thailand. Since the nuclear family pattern has become popular in big towns and cities, especially in the Bangkok metropolitan area, and due to industrialization and urbanization, there is an acceptance of government intervention in a parent-child relationship if it is deemed essential and appropriate for the child’s security and well-being. Formerly, child welfare services were centralised. Later, only local governments were given the authority to deal with child welfare needs in the provinces. For example, the provincial governors are assigned the responsibilities of promoting and subsidizing private institutions.

However, there is an official policy that supports the rights of the child to live in his/her own home wherever possible. The government has a right to intervene only if the parents are unable to provide adequate care or if the child violates adult laws or norms governing child behaviour. For delinquent, wayward, disturbed, retarded and handicapped children, residential care is often the option. For the dependent and/or neglected, Thailand, like some other countries, prefers family assistance measures, guardianship, and, if away from home care is needed, then foster homes and adoption. Institutionalization is the last resort, and breaking up institutions into smaller units so that the children can be given more individual help and attention tends to be emphasised.

**Mission of Child Welfare Institutions**

The Bureau of Woman and Child Welfare Protection under the Department of Social Welfare and Development is responsible for providing social welfare and social work services covering welfare protection, prevention, rehabilitation, development of the quality of life of children facing social problems, and promoting and supporting welfare protection for children and supervision of work performed by agencies under the Bureau. The agencies are the Child Welfare institutions providing institutional care for boys and girls from birth to eighteen years of age who are street children or orphans or those who are eligible for institutional care. The highest goal of the standards on the promotion of welfare service provision for children, according to the 2003 Child
Protection Act, is that all children under institutional care of the Department of Social Development and Welfare gain opportunity for self-development equally. The problems that occurred in the past can be managed so that all children are well developed physically, intellectually, socially, mentally, emotionally, and linguistically. Moreover, they can adjust and live happily with others in society.

**The Objectives of the Standards Formulation**

- To build and develop standards, measures and indicators of social welfare provision for children in homes for children according to the 2003 Child Protection Act
- To establish standard guidelines to be used by the agencies providing social welfare services for children for self-evaluation and organisation development to achieve quality services.

**The Elements of the Standards are**

1. An index of groups/topics needed to set the service standard
2. Elements or the working process including input factors, procedures, outputs, results which include what needs to be done in accordance with an index
3. An indicator referring to the detail of action/implementation which will lead to the results as well clients’ needs or satisfaction, which is to link with the agencies’ vision and the necessity to evaluate whether the mentioned results meet the agencies’ vision
4. The criteria of the reference value/figure definition to measure the indicator depending on the content detail in terms of percentages whose component framework generally depends on the feasibility, budget, support, personnel, and capacity of resource and community coordination.

**Developments Leading to the Standards and Implementation Guidelines**

According to the 2003 Child Protection Act, the implementation according to the standards on service provision for the child targeted group needs to be done in two parts.

**Part 1: The seven steps of practice in compliance with the standards are as follows:**

**Step 1.** Build an understanding of the standards, indicators and the evaluation criteria among the personnel in the agencies
Step 2. Review the mission according to the standards framework

Step 3. Plan the steps of implementation in accordance with the standards, indicators and data collection

Step 4. Set up a working group for plan implementation

Step 5. Evaluate the activities/projects and collect data based on evaluating criteria

Step 6. Make a participatory self-evaluation report to submit to an internal agency and its original affiliation

Step 7. Improve the service provision based on the evaluation results to increase the effectiveness of the standards application.

Part 2: Self-evaluation Guidelines. After the agencies have implemented their programmes based on the steps of practice in compliance with the standards, they have to do an evaluation in order to understand their status and to gain updated data that can be applied to performance quality improvement. A successful self-evaluation is based on the three basic concepts of self-evaluation:

First, building awareness of service provision is needed so that satisfaction or need to exercise self-development can be measured.

Second, an individual must want to achieve the objective of self-development by using the criteria based on accuracy and goodness.

Third, an individual must view all experiences as learning to improve the work to increase effectiveness by using the criteria of consideration and identification rationally.

The Conceptual Framework of the Standards Setting

The standards setting is regarded as the key mission of the Department of Social Development and Welfare with emphasis on the development of service quality by focusing on the children who need to be provided assistance, protection in the welfare institution, reception home, Welfare Protection Institutions and Development and Rehabilitation Institutions so that they can develop fully according to their potential and their ability to live in society peacefully, while having the same rights and honour as the other children in society. The basic concept of the standards setting is derived from a set of guidelines of social welfare provision according to the Promotion of Social Welfare Act B.E 2546, the Child Protection Act B.E.2546, the National Child and Youth Development Promotion B.E. 2550, the Convention on the Right of the Child B.E. 2553 and Age and Child
Institutional care refers to the facilities and services offered by an established organisation to a group of people with special needs, here, to children who are orphaned, destitute or those whose families cannot afford to care for. Various definitions of ‘children’s institution’ and ‘institutional care’ offer different perspectives and facets of the concept and practice.

Alfred Kadushin, in his book, *Child Welfare Services*, defines an institution as a “place like a boarding home” as it provides temporary substitute care, and in some cases, it can be a place of permanent care like an adoptive home. Kadushin goes on to say that an institution is unlike either a boarding home or an adoptive home, in that it offers group care. A children’s institution is defined by Kadushin as “a group of unrelated children living together in the care of a group of unrelated adults” (Kadushin 1974: 617).

Another description of children living in an institutional or a residential care home is by K. Browne in his book, *The Risk of Harm to Young Children in Institutional Care*, - “A group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of adult carers,” who are often not adequately and properly trained to do their work well. Because institutional care has an “impersonal structure,” young children in institutional care usually do not get warmth, affection, and attention from professional staff, who are emotionally detached from the children in their care (Browne 2009:1).

According to the Child Protection Act of 2003, as translated by Mr. Pornchai Danvivethana, Ministry of Foreign Affairs, and edited by Ms. Ramaimas Warjorvaara, under the commission of UNICEF Office for Thailand, Bangkok, March 2004 (http://www.refworld.org/pdfid/46b2f91f2.pdf), the phrase “welfare centre” means a place providing care and development for over six children in need of assistance. The researcher defines the phrase “welfare centre” as an “institution or Home for children”. Therefore, the researcher will use the phrase “institution or Home for children” in this study.

**Life and Activities in Children’s Institutions**

After having been in institutional care for a long time, young people who are about to venture outside the confines of their institution feel insecure and apprehensive. Therefore, social work agencies and residential care staff must work together to establish
guidelines for assisting young people and providing them appropriate training pro-
grammes. There are research studies that address the issue of preparation.

A research study titled, ‘Preparation for children in institutions before leaving for so-
ciety outside: the case of Rajvithi Home for Girls’ by Nipa S. Tumonsuthorn and Nongluk
Empradit (1991) aimed at learning the children’s viewpoints and suggestions concerning
their needs and development, education, vocational training and activities provided by the
institution and suggesting a set of guidelines for the improvement of curriculum design
and activities in the institution so that the children would be prepared effectively for a life
in society outside. This research revealed that the children were residing in the institution
due to poverty, departure of parents, and broken homes. The children coming from poor
families wanted to have some educational opportunity. Regarding the need of activities
in the institution, the study revealed that the children required additional activities in-
cluding improvement of exercise and sporting equipment, study tour, camping, music,
Sunday lessons on Buddhism, vocational training, extra tuition, home visit and relatives’
house building. The special services the children required before leaving the institution
were counseling, employment, knowledge preparation, a farewell party as well as reunion
party between the discharged children and the children residing in the institution.

A research study titled, ‘Multidisciplinary team’s Preparation for children and
Youth in institutions before leaving for society outside,’ conducted by Bhumichai Plon-
gaon (1999), aimed at studying characteristics of a multidisciplinary team in providing
activities to the children and youth in welfare agencies before they go out to live in
society. The study covered the problems and obstacles encountered in the process to
develop the children and youth before they leave the welfare institutions for the outside
world. The research study revealed that the multidisciplinary team who worked in the
welfare institutions were female, married, over fifty years of age with a bachelor’s de-
gree and five years of working experience. They received little training and information
to prepare them to work with children and youth. In terms of activities prepared for
the children and youth, medical and educational facilities, and other facilities for basic
needs were offered. Psychological services to boost the self-confidence and morality of
the children and youth were also provided. The children and youth were provided with
recreational activities, social and psychological counselling, group interaction activities
and community participation. Job arrangements were made for children aged eighteen,
who were ready to work outside the agency. With regard to practical training, there
was cooperation among the government and private sectors. The team agreed that the
children need to be prepared emotionally, morally, physically and intellectually. They
agreed to have a plan and a policy on this issue. However, there was a lack of skills on
the part of the administrators, and the budget allocated on this issue was limited.
A study on “Problems and needs of the children in the institution under the Department of Public Welfare: Case of the children in Chiangmai Home for Boys” (Social Studies and Planning Division, Department of Public Welfare, 1991) found that the children’s needs included affection, understanding, intimacy, high education and life stability. The kinds of problems that the children faced were behavioral, psycho emotional and educational.

The Effects of Institutionalization on Children

According to various studies on the effects of institutionalization on children reviewed by Dozier et al. (2012), children in institutional care “have significant developmental deficits across every domain that has been examined” and their “social and interpersonal development is impaired, physical growth is retarded, and cognitive and language development is delayed”. With regard to attachment, many studies have found that “the attachments of the majority of institutionalized children are incompletely developed or even absent”, and that many of these children develop “disorganised attachments” and “indiscriminately sociable behavior,” which is described as “children’s lack of reticence with unfamiliar adults, willingness to approach and engage strangers, and failure to maintain proximity to attachment figures in unfamiliar settings”. Their physical and cognitive development is also delayed. The longer they are institutionalized, the lower their cognitive ability (Dozier et al. 2012).

Studies on children from orphanages pointed out that the children experience growth and developmental delays caused by lack of stimulation, insufficient prenatal care and an inadequate diet. Psychological problems including depression, attachment disorder, post traumatic stress disorder, sensory integration disorder, increased impulsivity, behavioural problems and cognitive delays have also been reported among institutionalized and post-institutionalized children (http://www.nacac.org/policy/research-chart.html).

According to a panel discussion at the high-level conference on deinstitutionalization, ‘Ending placement of children in institutions’ - UNICEF Montenegro 2013, (http://www.unicef.org/ceecis/media_24378.html), foster family care and adoption are two of the three main substitute care services available for children who, for one reason or another, cannot be cared for in their own homes temporarily or permanently. Institutional care is the last resort when existing child welfare services cannot serve the best interests of the child. Thus, this service is still needed due to reasons such as difficulties in the family situation, problems of parents or the child, or a lack of suitable resource in the community, which prevent the child from having the proper care or treatment she/he requires while living in her/his own home. Placing children under the age of three
in institutions harms them as they suffer delay in early brain development, and their physical development is slower than of children who live within a family environment. Thus, there is a growing feeling that institutional care is considered the last resort for disadvantaged children. The following studies revealed the effects of institutional care on all aspects of children’s development.

**The Effects of Institutional Care on Children’s Physical Development**

Browne (2009), Carter (2005), and Mulheir and Browne (2007) revealed how institutionalization impacted children’s physical development negatively. In *The Risk of Harm to Young Children in Institutional Care*, Kevin Browne (2009), professor of forensic psychology and child health, underscores the fact that many young children throughout the world who are currently in institutional care are “more likely to suffer from poor health, physical underdevelopment and deterioration in brain growth, developmental delay and emotional attachment disorders”. In comparison with those living in a normal family, these institutionalized young children’s “intellectual, social and behavioural abilities” will not be as fully developed as those of their counterparts (Browne, 2009:1). According to Carter (2005), Mulheir and Browne (2007), and Smyke et al. (2007), children in such institutional environments experience physical and mental development delays as a result of malnutrition, lack of stimulation and emotional comfort. They have learning disabilities, poor health and low immunity to diseases.

Citing Nelson et al (2007), Browne maintains that young children under four years in institutional care do not receive the necessary attention and care from caregivers because of unfavourable conditions –“overcrowded, clinical environments with highly regimented routines, unfavourable caregiver to child ratios, and unresponsive staff who see their roles more related to nursing and physical care than to psychological care”. Browne refers to Maclean’s study (2003) to reiterate that children in controlled environments tend to stare at the walls and are deprived of normal activities. Being in such restricted environments can negatively affect their physical development and motor skills.

**The Effects of Institutional Care on Children’s Intellectual Development**

Dozier et al. reiterate the fact that many children, the world over, have been abandoned, maltreated and orphaned; as a result, institutional care has become their refuge. They believe that institutional care “is structurally and psychologically at odds with what young children need” and that it “does indeed have pernicious effects on the development of children” because of which “we should work to develop alternatives for orphaned and abandoned children”( Dozier et al. 2012). Therefore, they recommend “fos-
ter care, adoption, or keeping families intact as preferable alternatives”. Even though they are fully aware of the shortcomings of foster care, they still believe that foster care has “greater potential for reducing developmental harm than institutional care, especially for the youngest children and most vulnerable children”.

Dozier et al. (2012) consider Bowlby’s attachment theory crucial to their understanding of developmental issues regarding young children. According to Bowlby, in order to survive, infants of any species need to “form attachments to primary caregivers”, who are normally their parents. Their primary caregivers help them develop “regulatory capabilities”. They learn to form “selective attachments to primary attachment figures” and to develop “the abilities to regulate physiology, attention, and behavior”. Institutionalized children, are not likely to “develop clear, classifiable attachments to their parents and age-appropriate behavioral and physiological regulation”.

According to various studies on the effects of institutionalization on children reviewed by Dozier et al. (2012), children in institutional care “have significant developmental deficits across every domain that has been examined” and their “social and interpersonal development is impaired, physical growth is retarded, and cognitive and language development is delayed”. With regard to attachment, many studies have found that “the attachments of the majority of institutionalized children are incompletely developed or even absent, and many of these children develop “disorganised attachments” and “indiscriminately sociable behavior,” which is described as “children’s lack of reticence with unfamiliar adults, willingness to approach and engage strangers, and failure to maintain proximity to attachment figures in unfamiliar settings”. Their physical and cognitive development is also delayed. The longer they are institutionalized, the lower their cognitive ability.

The Effects of Institutional Care on Children’s Cognitive Development

The negative effect of institutional care on the “development of the mind” has been elaborated upon by a number of studies. Beckett et al. (2006), Johnson et al. (2006), and Smyke et al. (2007) studied the effects of institutional care on children’s cognitive development. According to Beckett et al. (2006), “Children who had been institutionalized for more than 6 months showed lower cognitive functioning than children who had been institutionalized less than 6 months”. Johnson et al. discovered that children in institutional care had “poor cognitive performance and lower IQ scores” than those raised in family-based care. Children in institutional care are affected not only cognitively, linguistically, and physically but also neurologically.

Smyke et al. studied the caregiving context in institution-reared and family-reared infants and toddlers in Romania. They maintained, “Children raised in institutions dem-
Jean Piaget’s Theory of Cognitive Development

In “Piaget on Childhood,” written in celebration of Jean Piaget’s 100th anniversary of his birth, Robert Siegler and Shari Ellis (1996) stress the significance of Swiss psychologist Jean Piaget’s contributions: “Piaget’s ideas remain central to current understanding of development during childhood”. In 1970 Piaget proposed four stages of development and posited that the quality and quantity of “knowledge and understanding” differ.

The following table included in Feldman’s Understanding Psychology (1996) contains the four stages and their characteristics.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Approximate Age Range</th>
<th>Major Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensorimotor</td>
<td>Birth -2 years</td>
<td>Development of object permanence, development of motor skills, little or no capacity for symbolic representation</td>
</tr>
<tr>
<td>Preoperational</td>
<td>2-7 years</td>
<td>Development of language and symbolic thinking, egocentric thinking</td>
</tr>
<tr>
<td>Concrete operational</td>
<td>7-12 years</td>
<td>Development of conservation, mastery of concept of reversibility</td>
</tr>
<tr>
<td>Formal operational</td>
<td>12-adulthood</td>
<td>Development of logical and abstract thinking</td>
</tr>
</tbody>
</table>

*Source: Feldman. 1996:419*

In the first stage, the sensorimotor stage, children are not yet cognizant of what surrounds them. They lack what Piaget calls “object permanence,” which is “the awareness that objects and people continue to exist even if they are out of sight”. During the ages of two to seven, or the preoperational stage, children begin to use language to describe “people, events, and feelings”. They even become preoccupied with their own worldview. According to Piaget, children are absorbed in their “egocentric thought”. To
them, everyone else shares their perspective. Children at this stage cannot understand “the principle of conservation, which is the knowledge that quantity is unrelated to the arrangement and physical appearance of objects”. In other words, they “do not know that the amount, volume, or length of an object does not change when its shape or configuration is changed”. Between the ages of seven and twelve, during the concrete operational stage, their logical thinking in terms of “concrete, physical reality of the world” begins to develop. Their ability to think in “abstract, logical, and formal” terms does not begin until they reach the formal operational stage during the 12-adulthood period. At this stage, individuals are able to deal with problems “systematically”.

**The Effects of Institutional Care on Children’s Behavioural Development**

Institutionalized children seemed to exhibit “a much increased level of emotional/behavioural disturbance”. Roy et al. (2004) explored “the extent to which this [emotional/behavioural disturbance] derives from genetic risk, adverse experiences before receiving substitute care, or from risks associated with substitute care experiences”. After examining the data, Roy et al. point out that “to a very considerable extent, the high level of hyperactivity/inattention found in so many children being reared in institutions is likely to be a function of the pattern of rearing rather than their biological background or experiences in early infancy”. These institutionalized children were more vulnerable to hyperactivity/inattention than children in foster care or in biological families.

In 1978, Tizard et al. conducted a study on “The effect of early institutional rearing on the development of eight-year-old children”. The study suggested 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. It seemed 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. Ex-institutional children in this study had problems of a particular kind in school more often than children adopted in infancy, and an explanation simply in terms of the effects of maternal stress before and after the child’s birth did not seem adequate. Significant differences were found between institutionalized/ previously institutionalized children and their non-institutionalized counterparts on total problem behaviours and anti-social scores. Deviations included restless behaviour, poor peer relations, disciplinary problems and disruptive attention-seeking behaviour.

**Lawrence Kohlberg’s Theory of Moral Development**

Lawrence Kohlberg helps us understand how children develop their socialising skills. In *Moral Development: A Review of the Theory*, Lawrence Kohlberg and his co-author Ri-
chard H. Hersh (1977) describe the three levels and six stages of the Kohlberg’s theory of moral development. The terms used by Kohlberg to identify the three levels are the preconventional level, the conventional level, and the postconventional, autonomous, or principled level. At the first level, the preconventional level, children, recognising the rules and being able to distinguish between good and bad and between right and wrong, tend to respond to such rules and labels in terms of reward and punishment. The two stages at this level are the “punishment-and-obedience orientation,” when children obey the rules in order to avoid punishment, and the “instrumental-relativist orientation,” when children follow the rules because of the benefits they can gain, not because of their sense of “loyalty, gratitude, or justice”. At the second level, or the conventional level, individuals consider others’ expectations and wish to be accepted as members of society. The first stage of this level is the “interpersonal concordance or ‘good boy-nice girl’ orientation”. At this stage, individuals do what others expect of them because they desire to be approved by others. At the second stage, or the ‘law and order’ orientation, individuals observe and follow society’s rules strictly; they behave properly by “doing [their] duty, showing respect for authority, and maintaining the given social order for its own sake”. At the final level, or the postconventional, autonomous or principled level, individuals try to define their own sense of morality that goes beyond what society has established. The first stage of this level is called the “social-contract, legalistic orientation”. Individuals at this stage regard what is right in terms of “general individual rights and standards which have been critically examined and agreed upon by the whole society”. In addition, they also consider “the right [as] a matter of personal ‘values’ and ‘opinions’”, and they feel that laws can change to benefit society as a whole. The second stage of this level is the “universal-ethical-principle orientation”. At this stage, individuals view what is right as “defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency”. In short, these principles are universal.

The Effects of Institutional Care on Children’s Social and Emotional Development

Browne (2009) and Quinton et al. (1984) studied the social and emotional impact on children in institutional care. According to Browne (2009), an institutional care or residential care home for children as “a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of adult carers,” who are often not adequately trained to do their work well. Because institutional care has an “impersonal structure,” young children in institutional care usually do not get warmth, affection and attention from professional staff, who are emotionally detached from the children in their care. Browne cites the studies done
by Balbernies (2001), Schore (2001a, 2001b) which revealed that children under three
years of age who are in institutional care may suffer long-lasting effects on their brain
development which consequently impact their “social and emotional behaviour”.

Quinton et al. (1984) conducted a study, ‘Institutional rearing, parenting difficulties
and marital support’. It was found that institutionally-reared women showed a mark-
edly increased rate of poor psychosocial functioning and of severe parenting difficulties
in adult life. While 25 per cent of the institutionalized women developed personality
disorders, none of the [non-institutionalized] women exhibited personality disorders. In
addition, institutionalized women were predisposed to lives of poverty more than the
non-institutionalized women.

Erik Erikson’s Theory of Stages of Psychosocial Development

In ‘Understanding the Youth Development Model’, the US Department of Education,
describes youth development as “the stages that all children go through to acquire
the attitudes, competencies, values, and social skills they need to become successful
adults”. A renowned psychologist Eric Erikson (1902-1994) identified the eight stages
of development that all children must go through - trust, which he linked to positive
emotional relationship with caring adults, a strong sense of self-sufficiency, ability to
exercise initiative, confidence in one’s ability to master skills and navigate one’s world,
a well-formed sense of personal identity, a desire to be productive and contributing for
future generations, the ability to experience true intimacy and a strong sense of personal
integrity.

In his book, Understanding Psychology, Robert S. Feldman explains that “each of
Erikson’s eight stages is represented as a pairing of the most positive and most nega-
tive aspects of the crisis of the period”. The first stage called “the trust-versus-mistrust
stage” covers the birth to one and a half years period, when infants learn to build their
trust if their physical and psychological needs are fulfilled and their “interactions with
the world are generally positive”. The second stage, or “the autonomy-versus-shame-
and doubt stage,” is when children between one and a half and three years learn inde-
pendence; therefore, they should be encouraged to explore freely. At this point, parents
or caregivers must exert the right amount of control. If there is too much control, the
children will not be able to develop their own sense of control. From three to six years,
children go through “the initiative-versus-guilt stage,” and at this stage they want to
initiate activities on their own even though they feel a sense of guilt that “comes from
unwanted and unexpected consequences of such activities”. The fourth stage, or “the
industry-versus-inferiority stage,” covers children aged six to twelve years. At this
point, a positive outcome of their development can be seen in their competency in so-
social and academic areas. Erickson identifies the fifth stage experienced by adolescents as “the identity-versus-role confusion stage”. During this period, adolescents try to find out who they are, what their strengths are and what their roles are. In short, they try to discover their own identity. Their peers become more influential. The fifth stage, according to Erickson, is “a pivotal point in psychosocial development, paving the way for continued growth”. As they enter adulthood, which extends from ages eighteen to thirty, they have to deal with a sense of isolation and intimacy characteristic of the sixth stage, or “the intimacy-isolation stage”. The next stage is called “the generativity-versus-stagnation stage”. At this point individuals want to make contributions to their “family, community, work, and society as a whole”. The positive outcome leads to their feelings of pride and satisfaction with their lives. The final stage, or “the ego-integrity-versus-despair stage,” is characterized by” a sense of accomplishment” without any regrets.

**TABLE 2.2**

**Erikson’s Stages of Psychosocial Development**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Basic Conflict</th>
<th>Important Events</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (birth to 18 months)</td>
<td>Trust vs. Mis-trust</td>
<td>Feeding</td>
<td>Children develop a sense of trust when caregivers provide reliability, care and affection. A lack of this will lead to mistrust.</td>
</tr>
<tr>
<td>Early Childhood (2 to 3 years)</td>
<td>Autonomy vs. Shame and Doubt</td>
<td>Toilet Training</td>
<td>Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.</td>
</tr>
<tr>
<td>Preschool (3 to 5 years)</td>
<td>Initiative vs. Guilt</td>
<td>Exploration</td>
<td>Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.</td>
</tr>
<tr>
<td>Stage</td>
<td>Basic Conflict</td>
<td>Important Events</td>
<td>Outcome</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>School Age (6 to 11 years)</td>
<td>Industry vs. Inferiority</td>
<td>School</td>
<td>Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.</td>
</tr>
<tr>
<td>Adolescence (12 to 18 years)</td>
<td>Identity vs. Role Confusion</td>
<td>Social Relationships</td>
<td>Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.</td>
</tr>
<tr>
<td>Young Adulthood (19 to 40 years)</td>
<td>Intimacy vs. Isolation</td>
<td>Relationships</td>
<td>Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.</td>
</tr>
<tr>
<td>Middle Adulthood (40 to 65 years)</td>
<td>Generativity vs. Stagnation</td>
<td>Work and Parenthood</td>
<td>Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.</td>
</tr>
<tr>
<td>Maturity (65 to death)</td>
<td>Ego Integrity vs. Despair</td>
<td>Reflection on Life</td>
<td>Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness and despair.</td>
</tr>
</tbody>
</table>

*Source: [http://psychology.about.com/library/bl_psychosocial_summary.htm](http://psychology.about.com/library/bl_psychosocial_summary.htm)*

In their article titled, ‘Personality Development from Adolescence to Emerging Adulthood: Linking Trajectories of Ego Development to the Family Context and Identity Formation’ Moin Syed and Inge Seiffge-Krenke (2013) reiterate Erik Erikson’s definition of identity as “an internal sense of continuity and coherence across time.
and life domains”. They summarize James E. Marcia’s two key elements in youth’s identity development, “exploration and commitment”. As youth go through the process of exploration, they consider a variety of identity choices. When they decide to adopt a certain identity, their status is known as the “achieved” status. Those who have explored their identities but have not committed are known to be in the “moratorium” status. Those who make a commitment without going through an exploration process are called “foreclosed” while those who are “neither exploring their identities nor committed to an identity are diffused”.

The Effects of Institutional Care on Children’s Psychological Development

Children in institutional care are likely to develop psychological problems.

In their article titled, ‘Psychiatric symptoms of adolescents reared in an orphanage in Ankara’, Nuray Kanbur, Zeynep Tuzun, Orhan Derman (2011) discuss their study on psychiatric symptoms in two groups of male adolescents. The researchers used “Brief Symptom Inventory” to measure the subjects’ psychiatric symptoms—“anxiety, depression, negative self, somatization, and hostility”. The data revealed that adolescents in an orphanage had more “internalized problems” than those raised in normal family environments.

Sigmund Freud’s Theory of Personality Development

According to Freud, our personality has three related aspects: “the id, the ego, and the superego”. Operating in accordance with the “pleasure principle,” the id, present from birth, is “to reduce tension created by primitive drives related to hunger, sex, aggression, and irrational impulses” and to increase a sense of “satisfaction”/happiness. Libido, or “psychic energy,” is what propels/fuels the drives. To negotiate between the “realities of the objective, outside world,” Freud identified the second aspect of our personality: the ego. The ego is capable of dealing with the world in a realistic manner while the id tends towards pleasure. Feldman explains that the ego “makes decisions, controls actions, and allows thinking and problem solving of a higher order than that the id can achieve”. The superego, composed of “the conscience” and “the ego-ideal,” is that part of our personality which allows us to make a distinction between right and wrong. As children learn about rights and wrongs from their parents, teachers and others around them, they infuse these lessons into their own sense of society’s moral standards and principles. The two parts of the superego help us behave properly in society because we are restrained from doing something morally wrong by the conscience while we are encouraged to do good things by the ego-ideal. Since the three aspects of our personality do interact, “the ego, then, must compromise between the demands of the superego
and the id, thereby enabling a person to resist some of the gratification sought by the id while at the same time keeping the moralistic superego in check so that it does not prevent the person from obtaining any gratification at all”.

In *Understanding Psychology*, Robert S. Feldman (1996) discusses Sigmund Freud’s famous “psychoanalytic theory” (Feldman). In the Freudian psychological framework, the unconscious “contains *instinctual drives*: infantile wishes, desires, demands, and needs that are hidden from conscious awareness because of the conflicts and pain they would cause if they were part of our everyday lives”. The unconscious plays a tremendously significant role in our behavior. According to Freud, to understand one’s action fully, we must get to what lies in the unconscious.

Feldman points out that Freud also gave us a theory of personality development which describes each stage in terms of a biological function. He notes that, according to Freud, individuals develop defense mechanisms or ways to cope with anxieties and problems in order to protect themselves. They resort to repression by ignoring the problem, regression by using infantile behavior to deflect problems, displacement by taking out frustrations on someone less powerful, rationalization by explaining what occurs away to protect one’s self-esteem, denial by refusing to accept what happens, projection by “attributing unwanted impulses and feelings to someone else,” and sublimation by turning “unwanted impulses into socially approved thoughts, feelings, or behaviors”.

**The Effects of Institutional Care on Attachment Disorder**

An attachment disorder is another detrimental impact of institutionalization on children. Browne cites John Bowlby’s theory of attachment (1969), which emphasizes the tie between a mother and her child and the negative effects of institutional care on children’s developmental process. Some institutionalized children experience attachment disorder compared to those raised in a normal family environment or those “admitted to institutional care after the age of two years” according to Wolkind (1974) and Rutter et al. (2007) cited by Browne. Browne also refers to the discovery found by the studies done by O’Connor et al. in 1999 and 2000: “The presence of attachment disorder is more common in children who have spent more of their infancy in institutional care”.

As suggested in the aforementioned studies, institutional care affects children’s intellectual, emotional, cognitive, and behavioral development negatively. The studies show that children in institutional care also suffer from attachment disorder, depression, low self-esteem, low confidence, anxiety, hyperactivity, inattention, emotional and social behavioral disorders.
Youth’s Psychological Engagement and Motivation Theories

Being involved in productive activities can help young people develop a positive behavioral pattern. To get young people engaged in various activities is a challenge. In ‘How Youth Get Engaged: Grounded-Theory Research on Motivational Development in Organised Youth Programs’, Nikki Pearce Dawes and Reed Larson (2011) draw on various theories as they discuss the issue of youth’s psychological engagement and motivation. The first theory referred to is a “flow theory” developed by M. Csikszentmihalyi, K. Rathunde, and S. Whalen (1993) in Talented Teenagers: The roots of success and failure “suggests that deep engagement (the subjective state of flow) occurs when a person experience(s) the challenges in the activity as matched to his or her skills”. Suzanne Hidi and K. Ann Renninger (2006) maintain that youth become interested and engaged in activities when those activities are personally meaningful to them. If an individual does not have any stake in an activity, he or she is not likely to develop a sustained engagement, as suggested by Ryan and Deci (2000) in their article, ‘Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being’. Dawes and Larson reaffirm the significance of youth’s psychological involvement in activities when they see how the activities can help them develop “a sense of personal competence,” and how they can connect with a purpose that goes beyond the self. Nickki J. Pearce and Reed W. Larson (2006), in their article, ‘How Teens Become Engaged in Youth Development Programs: The Process of Motivational Change in a Civic Activism Organisation’ also find motivational and interest theories very useful as they address the issue of youth’s engagement.

Young people can succeed with the support of caring adults and peers. Peter C. Scales, Peter L. Benson, and March Mannes (2006), in their article, ‘The Contribution to Adolescent Well-Being Made by Nonfamily Adults: An Examination of Developmental Assets as Contexts and Processes’, found that assets are factors that are beneficial to successful youth development. The more assets youth “experience,” the more they can flourish. The forty assets identified by Search Institute are organised “‘external’ assets,” which include “Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time,” and “‘internal’ assets,” which include “Commitment to Learning, Positive Values, Social Competencies, and Positive Identity”. The internal assets are values and skills young people develop themselves as a result of their relationship with adults and peers who provide them with the external assets. Nonfamily adults who are caring can afford to give young people many developmental assets such as “support, empowerment, and boundaries and expectations assets” and contribute tremendously to youth’s well-being and success. The authors also point out that the external assets provided by nonfamily adults “contribute to socialisation processes, such as guidance, affection, modeling, monitoring, belongingness, and norm setting” that can help youth avoid “engaging in patterns of high-risk behaviors”.

40
Syed and Seiffge-Krenke (2013) reiterate Erikson’s definition of identity as “an internal sense of continuity and coherence across time and life domains”. They summarise James E. Marcia’s two key elements in youth’s identity development “exploration and commitment”. As youth go through the process of exploration, they consider a variety of identity choices. When they decide to adopt a certain identity, their status is known as the “achieved” status. Those who have explored their identities but have not committed are known to be in the “moratorium” status. Those who make a commitment without going through an exploration process are called “foreclosed” while those who are “neither exploring their identities nor committed to an identity are diffused”.

The aforementioned theories offer social workers and agencies responsible for children and young people in institutional care a basic understanding of the challenges faced by the children and young people in their care. With that understanding they can find ways to provide the children and young people with proper care that enhances their cognitive, psychological, moral, and social development processes.

**Urie Bronfenbrenner’s Bioecological Theory Of Human Development**

Urie Bronfenbrenner gave an innovative theoretical framework to the combination of nature and nurture components in human development.

In “The Vision of Urie Bronfenbrenner: Adults Who Are Crazy About Kids” Reclaiming Children and Youth, Larry K. Brendtro (2006) reiterates Bronfenbrenner’s point that children are influenced by people who are in their immediate surroundings such as family, school, and peers. Brendtro states, “A child’s behavior reflects transactions within these immediate circle of influences. One can only gain an accurate understanding of a child by attending to transactions within the family, school, peer group, and neighborhood”. He further explains that the relationship between a child and other influences is a “reciprocal transaction”. In other words, they influence each other. “In the family, a parent influences a child, but the child also influences the parent. Once a child enters school, the teacher impacts the student, but the student also has an effect on teacher behavior. By adolescence, the peer group can rival and sometimes surpass the family and school as an agent of influence”. According to Bronfenbrenner, Brendtro points out, children are happy with themselves and others when the ecological influences are in balance. If the ecology is bad, then children will experience “conflict and maladjustment”.

In “Nature-Nurture Reconceptualised in Developmental Perspective: A Bioecological Model,” Bronfenbrenner and Ceci (1994) acknowledge that there is a relationship between nature and nurture: “Underlying the biocological model is a cardinal theoreti-
cal principle emerging from research on theories of genetic transmission, namely, that genetic material does not produce finished traits but rather interacts with environmental experience in determining developmental outcomes”. They add that the psychological processes are “about something” and that “something,” or “psychological content” includes “people, objects, and symbols” that “exist only in the environment”. Therefore, the authors note that “development involves interaction between organism and environment”. Bronfenbrenner and Ceci then offer three defining properties of the bioecological model:

Proposition 1: Especially in its early phases, and to a great extent throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to henceforth as proximal processes. Examples of enduring patterns of these processes are found in parent-child and child-child activities, group or solitary play, reading, learning new skills, problem solving, performing complex tasks, and acquiring new knowledge and know-how.

Proposition 2: The form, power, content, and direction of the proximal processed effecting development vary systematically as a joint function of the characteristics of the developing person, of the environment—both immediate and more remote—in which the processes are taking place, and of the nature of the developmental outcomes under consideration.

Proposition 3: Proximal processes serve as a mechanism for actualising genetic potential for effecting psychological development, but their power to do is also differentiated systematically as a joint function of the same three factors stipulated in Proposition 2.

In ‘Toward an Experimental Ecology of Human Development’, Urie Bronfenbrenner (1977) describes the ecological environment as “a nested arrangement of structures, each contained within the next”: a microsystem, a mesosystem, an exosystem, and a macrosystem. According to Bronfenbrenner, a microsystem is “the complex of relations between the developing person and environment in an immediate setting containing that person (e.g., home, school, workplace, etc.)”. A mesosystem, or “a system of microsystems” is composed of “the interrelations among major settings containing the development person at a particular point in his or her life”, while an exosystem is simply “an extension of the mesosystem embracing other specific social structures,
both formal and informal, that do not themselves contain the developing person but impinge upon or encompass the immediate settings in which that person is found, and thereby influence, delimit, or even determine what goes on there”. Both the mesosystem and exosystem embrace “the major institutions of the society” such as “the world of work, the neighborhood, the mass media, agencies of the government (local, state, and national, the distribution of goods and services, communication and transportation facilities, and informal social networks”. Finally, a macrosystem, as defined by Bronfenbrenner, is “the overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exo-systems are the concrete manifestations”. The macrosystems are in essence “‘blueprints’”.

Bronfenbrenner’s bioecological theory of human development reconfirms the relationship between a person’s genetic traits and his or her environment. A child’s development is affected by those immediately close to him or her and by increasingly diverse types of influences as he or she grows up. Being aware of these environmental factors that interact with the child’s genetic traits, parents or caregivers can understand and properly address issues concerning different aspects of the child’s physical, psychological, social, and behavioral development and needs. When all the environmental influences are in harmony, the child will develop normally, and he/she will be happy as he or she grows up. This theory is most appropriate for planning rehabilitation strategies.

**Institutionalized Care vs. Foster Care**

Institutionalized children are often compared with children in foster care (Roy et al.(2004), Aldgate (1978), Browne (2009), Colton (1992), Hodgins (2010), Ghera et al. (2009) and Kanbur et al. (2011), Penny Roy, Michael Rutter, and Andrew Pickles (2004) in their study, *Institutional Care: associations between overactivity and lack of selectivity in social relationships*. (2004), maintain that children in institutional care showed “a marked lack of selective attachment relationships with caregivers” and their peers. Roy et al. note that “a lack of selective relationships was associated with inattention and overactivity”. Only boys in institutional care tended to exhibit “a pattern involving inattention, overactivity and a lack of selective relationships to peers and/or caregivers”. This finding, Roy et al. indicates, “was unexpected”.

In addition to physical danger, the children have to endure psychological adversity. Browne cites Goldfarb (1944, 1945) and Bowlby (1951) who underscore the “emotional, behavioural, and intellectual impairments” evident in children growing up in institutional care. Compared to children living in foster families, the institutionalized children are intellectually challenged in the areas of language and social development.
Since they do not have a mother-figure to relate to, they tend to have difficulties in relating to others emotionally.


The findings of the study are:

1. Residential caregivers made far greater use of inappropriate and ineffective techniques of control than special foster parents.
2. The children’s homes were markedly less child oriented than the special foster homes.

These findings confirmed that the role of residential caregivers laid emphasis on control and supervision.

Hodgins’s study (2010) focuses on the preference of primary caretakers for orphans in Yako, Burkina Faso with regard to institutional care and family-based care. The findings reveal that “the majority (54 percent) of caretakers would prefer the sponsored child to live in an orphanage” while “40 percent preferred the child to stay with the family”. In Burkina Faso, children contribute to their family’s economic welfare. Even though many orphanage directors work toward moving orphans into family-based care, many people still view “the orphanage system more positively than the alternative of children remaining in the family”. She concludes that in Yako, Burkina Faso, “the extended family, and other community-based forms of care are the best options for helping orphans and vulnerable children, with orphanages providing care in exceptional circumstances, such as abandonment of parents who are mentally ill”.

Studies have shown that institutionalized children experience “deficits in the recognition or expression of emotion and attention in social contexts” because they lack “appropriate socio-emotional stimulation within institutions”. Ghera et al. refer to the study done by the Bucharest Early Intervention Project (BEIP), a pioneering study that “examines foster care as an alternative to institutionalization” (Zeanah et al. 2003). Ghera et al. studied the effects of foster care on “attention and emotion expression” among institutionalized Romanian children and found that, “Institutionalized, socially deprived children, when placed into family environments, showed rapid increases in both expressed positive affect and attention in social episodes that were designed to be enjoyable for infants and young children”.

Kanbur et al. (2011) studied psychiatric symptoms of adolescents reared in an orphanage in Ankara. The data revealed that adolescents in an orphanage had more “in-
ternalized problems” than those raised in normal family environments. They suggest that “there is an urgent need to develop alternative care models and routine screening of mental health in children and adolescents in institutional care” (Kanbur et al. 2011: 283). Aldgate (1978) points out that a study of children in different substitute care situations showed that children in residential care were more frequently and more consistently visited than children in foster-family homes.

The studies that compare institutionalized children with those in foster care maintain that compared to their peers raised in foster care, children in institutional care did not form attachments with their caregivers as a result of their inattention and overactivity. Institutionalized children experienced a delay in their linguistic and social development since they did not have a mother-figure to give them warmth and affection. Children in institutional care did not receive as much freedom as their peers in foster care, and they did not form a close relationship with their caregivers unlike those in foster care who found themselves in a warm family environment. Moreover, foster care or family-based care is found to be a better alternative to institutional care with regard to orphans. The family environment could help institutionalized children to respond positively to enjoyable activities. Those raised in orphanages developed more problems than those living in family environments. Children in institutional care were visited more often by their parents than those living in foster care. Institutions are often flexible and have fewer restrictions. In addition, the parents of children in institutional care do not feel that they have to compete with the institution’s staff members.

**Institutional Care vs. Adoption**

Institutionalized children have been compared with adopted children in many studies (Tizard and Hodges (1978), Lee et al. (2010), Robert McCall et al.(2012), IJzendoorn and Juffer (2005), Guler et al. (2012), Wilbargar et al.(2010), Vorria et al.(2006), Gribble (2007), and Rushton (2003).

Tizard, and Hodges (1978) in their study, ‘The effect of early institutional rearing on the development of eight year old children’ suggested that the 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.

It seemed 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. The ex-institutional children in this study more often had problems of a particular kind at school, than children adopted in infancy, and an explanation in terms of the effects of maternal stress before and after the child’s birth is
not adequate. Significant differences were found between institutionalized/previous institutionalized children and their non-institutionalized counterparts on problem behaviour and anti-social scores. Deviations included restless behaviour, poor peer relations, disciplinary problems and disruptive attention-seeking behaviour among children who had been institutionalized.

In ‘Behavioral Development of Korean Children in Institutional Care and International Adoptive Families’ Lee et al. (2010) based their study on the identification of forms of institutional deprivation experienced by children in institutional care as proposed by Gunnar et al. (2000). These forms include “a global privation of health, nutrition, stimulation, and relationship needs that results in massive growth failure”; “a privation of stimulation, opportunities to engage with one’s environment, and relationship needs that contribute to delays in sensorimotor and language development and eventual delays in general cognitive development and intelligence”; “a lack of long-term, stable relationships with consistent caregivers” which “contributes to problems with behavioral and socioemotional development”. Their study revealed that children in institutional care had a harder time dealing with institutionalization; as a result, they developed “internalizing problem behaviors” (Lee et al., 2010). They concluded that adoption was a preferred alternative to institutionalization.

Robert McCall et al. (2012) in their study ‘Development and Care of Institutionally Reared Children: The Leiden Conference on the Development and Care of Children without Permanent Parents’ focused on children while they resided in institutions and after they were placed in “adoptive or foster families”. It is well-known that institutionalized children experience developmental delays in all aspects physically, cognitively, socially, behaviorally, and emotionally. Institutionalized children tend to exhibit “indiscriminate friendliness” more than children raised in normal family settings because they want attention. Research has found that children who are transferred to family-based care at older ages experience more long-term problems than children who move to a family-based environment earlier.

Since adoption has become internationally and domestically popular, we need to examine this option for children and families more closely. Marinus H. van IJzendoorn and Femmie Juffer (2005) underscore the positive impact of adoption on children in their article, ‘Adoption Is a Successful Natural Intervention Enhancing Adopted Children’s IQ and School Performance’. IJzendoorn and Juffer studied the effects of adoption on children’s cognitive development and school performance by comparing adopted children to those in institutional care and those living with their birth families. The researchers found that adopted children who were experienced “preadoption malnutrition, abuse or neglect” did fall “farther behind in school achievement than did
adopted children without such backgrounds, although their IQ scores did not show a corresponding difference”. They also noted that “most adopted children overcome their developmental delays and are able to profit from the educational opportunities offered by their adoptive families and by the schools” (Marinus H et al. 2005).

Guler et al. (2012) in their article, ‘Electrophysiological evidence of altered memory processing in children experiencing early deprivation’. point out that children in institutional care suffer from deficiencies “in the motor, cognitive, linguistic and social stimulation”. The study found that children who were institutionalized for a long time before being adopted, displayed “memory deficits” as a result of “early deprivation”.

Wilbarger et al. (2010) studied internationally adopted children in the eight to twelve year age group, who had lived in institutional care for more than twelve months before being adopted in comparison to those internally adopted children who lived in foster care less than eight months and who had very little or no institutional experience and those living with their birth families. The researchers’ conclusions supported their hypothesis that “the PI [post-institutionalized] children would demonstrate more sensory modulation disruptions on both measures [“a parent-report measure” and “a laboratory assessment”] than adopted but non-institutionalized children and non-adopted children”. In addition, Wilbarger et al., note that “these disruptions appear to persist from infancy into middle childhood” and that there are “implications for long-term function in post-institutionalized children”. Therefore, an early intervention can reduce the negative impact of such deficits in these children.

Vorria et al. (2006) studied children who were adopted after having lived the first two years of their life in institutional care at the Metera Babies Center in Athens, Greece. They claim that theirs is “the first study that investigated the development of children who in residential care had formed either a secure or an insecure type of attachment with their caregiver and experienced a change in their attachment figure when they were removed from the institution to be adopted”. Whether these children would “recover from the initial adverse experiences” after being placed in a “nurturing environment” was the topic of research [Vorria et al., 2006] The findings revealed that the adopted children’s physical development improved and that they became “less shy”, but “at four years of age the adopted children still had lower scores on cognitive development, were less secure, and less able to understand emotions than family-reared children”. They needed more time to develop “an attachment bond”( Vorria et al. 2006).

Karleen D. Gribble(2007) conducted a study, ‘A Model for Caregiving of Adopted Children After Institutionalization’. Gribble reaffirms the findings of studies that underscore the negative impact of institutionalization on children, who were sub-
sequently adopted. Institutionalized children are usually deprived of individual attention because there are not enough caregivers to look after them. Gribble notes that “the most serious deprivation of institutionalization is the lack of a consistent and sensitive caregiver whom the child can trust and for a healthy attachment to”. She stresses the importance of parenting skills that adoptive parents can develop so that they can reduce the adopted children’s traumatic experiences caused by their displacement following an adoption. She proposes that a suitable template for care of “newly adopted children is to seek to replicate many of the early experiences that physiological measures suggest are expected by infants postbirth”. Babies are physically close to their mother from the moment of their birth, hence physical contact is recommended so that the adoptive mother and her adopted baby can form a close physical bond and the baby can feel a sense of security. Such close physical contact can occur through “cosleeping” and “breastfeeding”. If the child is too big, the mother can carry him/her, hold his/her hand, or any other way to keep “a physical connection”. In case breastfeeding is not an option, the mother can feed the child herself because “providing food directly to the child (hand-feeding) or bottle-feeding may assist in replicating somewhat the early-expected experience of nurture through food”. By recreating a situation in which the adoptive and her adopted postinstitutionalized child can form a close physical contact, the child can feel nurtured and secure while growing in a new environment.

Rushton (2003) offers a review of research on adoption of institutionalized children in order to “identify the extent of research based knowledge, to note the gaps in the evidence, and to make broad recommendations for future research”. The review’s scope is limited, for “it does not deal in detail with the specific needs of placed children who have medical conditions or severe physical disabilities or serious learning difficulties, important as these are for the families concerned”. It does not address the issue concerning “adults adopted as children, their need for mental health services, or their experience of searching or reunion with birth families”. Rushton’s review mainly focuses on adoption practices and policies in the UK.

Rushton (2003) explains an adoption policy in the UK and other European countries. Some countries prefer an adoption policy that maintains the relationship between an adoptive family and the birth family, especially “when a child is in need and at risk”. Sweden is one of those countries “that favours the policy of family preservation, or placement with relatives but without adoption”. Rushton notes that the problems of this policy in the UK exist because there is not adequate support for a birth family. For example, a child’s well-being and safety can be compromised if he/she is returned to his/her unstable birth family. At any rate, adoption is still a viable option for children who are in institutional care or in families that are unsafe.
According to Rushton, the UK’s Department of Health has tried to find ways to monitor “adoption disruption/survival rates nationally”. In comparing adoption with long-term foster outcomes, Rushton observes that adoption may seem preferable to long-term foster care because children in foster care often feel insecure and unsettled. Ultimately, adoption is a reasonable option even though “evidence is emerging that adoptions clearly do not ‘work’ for a minority”.

With regard to problems experienced by adopted children, Rushton divides the problems into “behavioural and emotional problems, relationship difficulties and educational problems”. Adopted children feel anxious and fearful, and their emotional problems are related to their behavioral problems such as “non-compliance, aggression, over activity, lying and stealing”. As a result of their emotional stress, it is difficult for them to express affection and feelings. Such a difficulty often prevents them from forming a close relationship with their adoptive parents/families. Rushton credits the attachment theory in helping practitioners and researchers understand “the origin and consequences of insecure attachment”. Adopted children also face many educational problems because of disruptions and deprivations in their life. Therefore, according to Rushton, “New parents may have to cope with a lack of basic skills, slow educational progress, communication and concentration problems and to have to negotiate with schools over reports of difficult behaviour, poor relationships with peers and teachers”. Rushton suggests that more research on adoption services needs to be done and that more “adoption-sensitive interventions need to be developed and standardised and tested for cost-effectiveness”. Though Rushton’s review of literature on adoption in the UK provides an overview of problems related to adoption in the UK, the knowledge gained from this experience can be applied to adoption in other countries.

The aforementioned studies revealed that formerly institutionalized children had more behavioral problems at school than those adopted as infants. Because institutionalized children showed cognitive and behavioral problems, adoption was recommended as an alternative to institutionalization. To minimise the negative impact of institutionalization, agencies should place children in institutional care in family-based environments as early as possible. Domestic adoption is considered a better option than international adoption. Adoption is considered the best alternative for children who need to be cared for. An adoptive family can offer a child love and affection. Adopted children can recover from the negative effects of institutionalization. Children who have been institutionalized for a long time before their adoption do suffer from “memory deficits” (Guler et al.). Children who lived in institutional care before being adopted showed more severe neurological disruptions. In comparison to children living with their birth families, adopted children improved physically, but they still felt less secure in their new environment. To make an adopted child feel secure and nurtured, the adoptive
mother needs to learn how to build a close physical bond with the child. There are many issues to address with regard to adoption placement, problems of adopted children, recruitment of adoptive families and support services after adoption.

**Caregivers**

To provide children in institutional care with quality care services, social work agencies and staff members should receive quality training that enable them to carry out their responsibilities successfully. Studies by Kutkaewwisetkit (2010), Charuwastra (1994), and Kantharak (1997) focused on the performance of caregivers and staff members in institutions.

A research study on the ‘Performance of Babysitters in Babies’ Homes under The Promotion Standards on Child Welfare Management’ was conducted by Miss Panadda Kutkaewwisetkit (2010). The study revealed that their knowledge on the seven aspects of services was at a high level. Their daily-work performance was at a high level; their other performance was at a moderate level. With regard to working problems, the researcher found that the babysitters’ problems on work burden were at a moderate level. The management problem was at a moderate level; the executives provided them insufficient opportunity to express their opinions. In the babysitters’ opinion, their work environment, both physical environment and colleague relationship, was not a problem. In terms of differences between general information and knowledge on performance, the researcher found that babysitters’ different knowledge on routine work led to differences in performance. In terms of differences between general information and knowledge on working problems, the researcher found that the babysitters of different ages, service duration and ages of the children under care had different working problems.

Ratanaporn Charuwastra (1994) conducted a study on ‘Multidisciplinary team working in Babies’ Homes: a case of Babies’ Homes under the Department of Public Welfare in the central region’. The researcher found that all the staff members working in the multidisciplinary team in the Babies’ homes have different roles and responsibilities, and that they should have sufficient knowledge and understanding about not only their own roles and responsibilities but those of others at the same time.

With regard to the development of multidisciplinary performance, the samples of population were fully devoted to their work, were proud of their duties and had an opinion that the staff members in each position applied their different knowledge and ability clearly within their agency. Moreover, a representative of each section was allowed to attend meetings regularly as scheduled. The performance evaluation was also done as scheduled. Note-taking on each section’s practice was included. But the opportunity to
show their knowledge of performance and ability to perform fully was limited often because their knowledge was limited only to their roles.

Namkang Kantharak (1997) conducted a study on the ‘Roles of caregivers in the institutions under Child and Youth Welfare Division, the Department of Public Welfare’. The findings revealed that the majority of caregivers understood their responsibilities and focused on practice to be in line with the regulations. The study revealed that some caregivers practiced in accordance with the agency’s specified roles, some followed what the higher officers assigned or specified in accordance with a job description. Therefore, the practice based on roles was different depending on caregivers’ understanding of the policy and regulations set by the superintendents. The researcher also found that problems and obstacles of practice based on roles arose because of a lack of the caregivers’ qualifications. The caregivers’ problems and obstacles were also due to insufficient number of caregivers. In some institutions, a ratio of a caregiver to children was 1:25. The study also revealed that the caregivers had many problems related to child care and lacked moral support while working. Their performance should be improved in terms of child care and responsibility.

A Successful Transition to Adulthood

To assist practitioners with an implementation of youth development, experts have proposed different models that lead to the same “outcomes”. The five goals necessary for youth to obtain so that they can make a successful transition to adulthood are discussed by R.M. Learner, C.B. Fisher, and R.A. Weinberg (2000) in ‘Toward a science for and of the people: Promoting civil society through the application of developmental science’. These goals are listed as follows:

1. **Competence**: Positive view of one’s actions in specific areas, including social, academic, cognitive, and vocational.

2. **Confidence**: The internal sense of overall positive self-worth and self-efficacy; positive identity; and belief in the future.

3. **Connection**: positive bonds with people and institutions—peers, family, school, and community—in which both parties contribute to the relationship.

4. **Character**: Respect for societal and cultural rules, possession of standards for correct behaviors, a sense of right and wrong (morality), spirituality, integrity.

5. **Caring or Compassion**: A sense of sympathy and empathy for others.

To achieve these goals, young people need support from many sources, “family, friends, schools, and other community institutions”. Young people are to be provided
with basic needs (“physical and psycho-logical health, food and shelter, safety, and other needs”) and “a foundation of well-being”. They should be included in the decision-making process, given opportunities to build leadership skills, “make a difference in their communities”, and “establish a partnership between youth and family, school, and community”. In addition, they should be given support to “overcome mistakes and feel safe emotionally and physically” and encouraged to interact with adults and peers in a positive manner.

The next chapter presents the research methodology.