A child's right to family

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Lancet Psychiatry 2020

Published Online
June 23, 2020
https://doi.org/10.1016/S2215-0366(20)30139-5

See Online/Lancet Group Commission
https://doi.org/10.1016/S2215-0366(19)30399-2 and
https://doi.org/10.1016/S2352-4642(20)30060-2

See Online/Comment
https://doi.org/10.1016/S2352-4642(20)30089-4

"People who say it cannot be done, should not interrupt those who are doing it." This quote by George Bernard Shaw was used as the title of an article about a severely disabled boy in Rwanda with cerebral palsy who made remarkable developmental gains after being deinstitutionalised and placed in a foster family by Hope for Homes for Children,[1] an organisation at the forefront of a growing global movement to eliminate institutional care. The first part of the *Lancet* Group Commission on institutionalisation and deinstitutionalisation of children in *The Lancet Psychiatry* by Marinus van IJzendoorn and colleagues[2] highlights the necessity of deinstitutionalising children, and the second part in *The Lancet Child and Adolescent Health* by Philip Goldman and colleagues[3] provides a blueprint for achieving this goal.

As detailed in the first part of the Commission,[2] research overwhelmingly shows that institutional care is detrimental to children's development, especially with regard to physical growth, cognition, attention, and brain development (assessed head circumference). Significant but smaller negative effects are also found on children's socioemotional development and physical health. Data also show that deinstitutionalisation, during which children leave institutions for foster or family care, is associated with significant recovery in some domains (eg, physical growth, including head circumference, and cognition), but not others (eg, attention), with greater length of time in institutions associated with increased risk of adverse outcomes and diminished chance of recovery.[2]

In both parts of the Commission,[2,3] institutions are defined as any publicly or privately managed and staffed collective living arrangement for children that is not family based, and includes small-scale group homes. Many of these small-scale group homes have similar problems to their larger predecessors, including high child-to-caregiver ratios, multiple rotating shifts for staff to cover constant care, and large turnover rates of underpaid and insufficiently trained staff.[2] Additionally, some of the smaller scale group homes that were created to replace large-scale, grossly depriving institutions have been cited for human rights abuses[4] and have been linked to negative social and behavioural outcomes for adolescents.[5] Institutional care of children, in its many forms and structures, with long or short stays, increases children's risk for physical and sexual abuse,[6,7] multiple forms of exploitation, and a host of negative developmental outcomes.[2]

The UN Convention on the Rights of Persons with Disabilities (CRPD) set for children the core right to live independently, be included in the community, and grow up in a family as a binding standard of international law.[8] The CRPD Committee has argued that large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. Family-like institutions are still institutions and are no substitute for care by a family.[8]

As noted in both parts of the Commission,[2,3] family care can be provided by birth parents, kin, adoptive parents, kafalah, and foster families. In the work of my colleagues and I with children who have experienced abuse, neglect, and a range of other adverse childhood experiences—like many children who are placed in institutional care settings—the availability of a positive, consistent, supportive caregiver is the single most important factor in promoting resilience and recovery.[9] The availability of a positive caregiver decreases risk for children developing depressive disorders, minimises the likelihood of hypothalamic pituitary adrenal stress axis abnormalities, significantly moderates the susceptibility conferred by high-risk genes associated with psychopathology, and reduces the effect of adversity on brain circuits involved in threat processing.[9]

The second part of the Commission[3] calls for the implementation of practices to support families and prevent unnecessary family–child separations, strengthen child-welfare and child-protection systems and services, and promote appropriate alternative family-based care when necessary. Detailed guidelines and resources to achieve these goals are also provided, and it is recommended that international agencies use their resources to develop and strengthen models of practice across the continuum of care, and pilot proof of concept examples to convince national stakeholders that change is achievable, economically sustainable, and will deliver better outcomes for children.[3]

van IJzendoorn and colleagues[2] and Goldman and colleagues[3] call for the progressive elimination of all forms of institutional care for children, but no

timeframe for achieving this goal was set. As in 4 years (2012–2016), Rwanda successfully placed 2338 (70%) of 3323 children living in institutions with their biological families or into foster care,[2] 10 years should be sufficient to achieve the goal of eliminating institutional care for children worldwide. Under international law, there is an obligation to take immediate action to enforce specific rights, such as the child's right to family established by the CRPD, even if progressive implementation is required over time.[4]

With will and commitment, proper resourcing, crucial international and national partnerships, and proper data to monitor progress, the practice of institutionalisation of children could be eradicated by the end of 2030. Existing residential and group care settings can be transformed into community centres offering assessment, case management, physical therapy, mental health treatment, and other needed services; or transformed into family treatment centres where parents can receive substance abuse treatment or other necessary services and supports while staying with their children. Institutional care is not just bad for children's development; group care is substantially more expensive than foster care.[2,10] It is time to make children's right to a family a reality.

I have received grants from National Institute of Health, and personal fees from Pfizer for training investigators to administer the K-SADS child psychiatric diagnostic interview for a clinical trial, and from Otsuka Pharmaceuticals for consultation regarding the design of a paediatric post-traumatic stress disorder clinical trial, outside of the submitted work.

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