



**INVISIBLE  
CHILDREN  
VISIBLE  
HARMS:**

**THE SCALE AND EFFECTS OF  
CHILD INSTITUTIONALISATION**



## INTRODUCTION

Three major new papers published in the Lancet with the support of Lumos shed new light on the situation of children living in institutions globally and make important recommendations for donors, governments, civil society and individuals to help ensure every child can grow up in a safe, supportive and loving family and have the best chance in life.

One paper, commissioned by Lumos and published in the Lancet Child and Adolescent Health in March 2020, examined what is known about the global scale of institutionalisation of children. The paper reports an estimate of 5.4million<sup>1</sup> children still living in institutions globally, but stresses that there is a great deal of uncertainty as their existence remains largely off the radar in many countries around the world. Much more and better-quality data needs to be collected to fully understand the scale of the problem and ensure children are adequately protected.

In June 2020, two papers were published by the Lancet Institutional Care Reform Commission Group: a meta-analysis analysing 65 years of research into the effects of institutionalisation on children's development, which makes the harms of institutionalisation clearer than ever, and a set of policy and practice recommendations, co-authored by Lumos, that provide concrete steps to help global, national and local actors address this issue.



**“ I LIVED IN AN INSTITUTION FOR 3 YEARS... YOU ARE NOBODY THERE, YOU EXIST ONLY ON DOCUMENTS. GOVERNMENTS SHOULD SUPPORT COMMUNITY SERVICES; THE PLACE OF EVERY CHILD IS IN A FAMILY ENVIRONMENT. ”**

**Mihaela,**  
Youth Advocate

## UNDERSTANDING THE SCALE OF THE PROBLEM: RESEARCH INTO THE GLOBAL NUMBER OF CHILDREN IN INSTITUTIONS

The picture of how many children are living in institutions globally has been characterised by uncertainty and gaps in data. Lumos and others have been working to raise awareness of the need to collect more and better data on children outside family care, and globally the issue is gaining recognition. In 2019, the UN General Assembly, in its Resolution on the Rights of the Child, urged States to improve data collection systems related to children without parental care to close data gaps and ensure that quality data guides policymaking.<sup>2</sup>

New research<sup>3</sup> commissioned by Lumos and published in the Lancet Child and Adolescent Health in March 2020 carried out the most systematic attempt to estimate a global number of children in institutions so far.

**AN ESTIMATED  
5.4 MILLION  
CHILDREN  
ARE LIVING IN  
INSTITUTIONS  
GLOBALLY.**

The research team conducted a comprehensive review of peer-reviewed publications, care transformation databases, surveys and grey literature, allowing them to compile a dataset of 344 data points from 136 countries. Even after this extensive review, the researchers still found substantial numbers of missing data points from countries with no – or no recently – available figures. The researchers developed multiple statistical models to account for missing data. They report a median estimate of 5.4m children world-wide living in institutions.





## GAPS IN DATA ON CHILDREN LIVING IN INSTITUTIONS PERSIST.

One clear finding from the research is the uncertainty regarding the number of children living in institutions globally. This is largely due to the limitations of the available data. Lack of an agreed definition of institutional care means that data is hard to compare between countries or even studies within a country. There are significant gaps in official data on the number of children in institutions due to a range of issues such as the presence of unregistered institutions, as well as limited data collection capacity in some countries. A lack of data from countries with large child populations such as Nigeria, China and India has a significant impact on the overall estimate. As a result of these gaps in the data, the estimates reported in the study varied widely depending on the assumptions in the different statistical models.

**Whilst there is uncertainty regarding an exact figure, the research makes it clear that millions of children continue to live in institutional care, despite the known harm it causes to their development.**

## KEY IMPLICATIONS:

### GLOBAL DEFINITION:

- A standard global definition of institutional care needs to be developed, which should encourage disaggregation by age, gender, disability and type of institution.

### DATA COLLECTION:

- There is a pressing need for improving data collection systems that monitor the number and profile of children in institutional care, to ensure these children are not left behind.
- Greater investment should be made for data collection and validation efforts to improve the availability, reliability and comparability of official data on children living in institutional care.
- Data collection on children without parental care should be standardized at national level and collected annually using an agreed methodology. Children living outside households and/or without parental care should be included in current mainstream data collection processes, which rely on household-based surveys.

### MONITORING:

- The SDG indicator and monitoring framework should include the development of indicators and methodologies to measure progress for children without parental care, including children living in institutions.
- National Governments should use and encourage use of the [Tracking Progress Tool](https://trackingprogressinitiative.org/dashboard_bcn/welcome/welcome.php)\* on the UN Guidelines for the Alternative Care of Children.

\* [https://trackingprogressinitiative.org/dashboard\\_bcn/welcome/welcome.php](https://trackingprogressinitiative.org/dashboard_bcn/welcome/welcome.php)



# THE HARMS OF INSTITUTIONALISATION ON CHILDREN'S DEVELOPMENT

A group of experts in child health and mental health undertook a meta-analysis<sup>4</sup> of 65 years' worth of research on the development of children raised in institutions, to consolidate the evidence base about the harms institutionalisation can cause children, and provide a basis for policy recommendations on what should be done to ensure the best care.

## The research set out to answer two questions:

1. Does growing up in an institution negatively impact children's development compared with growing up in a biological, kinship, foster, or adoptive family?
2. Does moving from institutional to family-based care lead to recovery?

The meta-analysis included both quantitative and qualitative data from over 300 studies, carried out in over 60 countries, and including more than 100,000 children, of whom almost half have lived or are currently living in institutions.



*After living in an institution for children with disabilities, Isus was fostered by Dima. He put on weight and developed emotionally.*

## KEY FINDINGS:

### 1 INSTITUTIONALISATION IS HARMFUL

across multiple domains of child development. Growing up in an institution is strongly linked with negative impacts on children's development, especially their physical growth, cognition, and attention, as well as their ability to form attachments. It is also linked with negative impacts on socioemotional development and mental health.

### 2 MOVING TO FAMILY-BASED CARE

can help repair some of the harm done by institutionalisation. Leaving institutions for family or foster care is associated with significant recovery for some developmental outcomes (such as growth and cognition). Even children who have experienced severe deprivation can develop secure attachments with their new families from adoption or foster placements. However, some negative impacts, such as those on attention, can be long-lasting.

### 3 TIMING IS CRITICAL

The longer children spend in institutional care, the greater the likelihood of negative impact and the smaller the chance of recovery. The analysis also suggests that the earlier in life children are removed from institutional care, the more likely they are to recover and the fuller their recovery is likely to be. The period between 6 and 24 months of age was identified as a particularly critical period for development, during which institutionalisation is likely to have a greater impact.



*Institutions can negatively impact a child's development in multiple ways*

## KEY RECOMMENDATIONS:

### PREVENT INSTITUTIONALISATION:

- Because institutions are associated with strong risk of harm to development, and the duration of stay in an institution matters, every effort should be made to prevent a child entering institutional care in the first place, and for those in institutional care, the length of stay should be as short as possible.

### STRENGTHEN FAMILIES:

- Efforts to strengthen families and prevent family separation and institutionalisation should therefore be a priority.

### SEEK FAMILY-BASED ALTERNATIVE CARE WHEN NECESSARY:

- When this is not possible, care alternatives that are family based should be supported, including extended kinship networks, adoption, and stable, high-quality fostering.



## POLICY RECOMMENDATIONS FOR CHANGE

Given the findings from the two previous papers, it is clearer than ever that action is needed to support families and prevent institutionalisation of children around the world.

The need for action is gaining increasing global recognition. In December 2019, the UN General Assembly adopted a Resolution on the Rights of the Child which emphasises the importance of growing up in a family environment for children's development. It calls on States to take action to prevent the unnecessary separation of children from their parents, to redirect resources to family and community-based services, and to progressively transition away from institutionalisation.

In light of both the research findings and the growing global momentum, a group of experts including Lumos developed a set of comprehensive policy recommendations<sup>5</sup> to promote family-based alternatives to institutionalisation at global, national and local levels. They include detailed, evidence-based recommendations for strategies, implementation and monitoring and evaluation.

**We encourage national, local-level and specific global actors such as faith-based organisations and donor governments to read the full recommendations. Some general key recommendations from the paper are highlighted opposite.**

## KEY RECOMMENDATIONS:

### GLOBAL

- **Global actors** such as UN agencies, multilateral and bilateral donor agencies, faith-based organisations and international NGOs should mobilise resources and influence to support families, promote family-based care and the progressive elimination of institutional care.
- A **joint global initiative** should be launched to ensure a coordinated effort to implement the 2019 UNGA Resolution on the Rights of the Child – this could follow the model of similar multilateral collaborations in other sectors (such as the Global Partnership for Education).
- International agencies should promote and support **improved data collection, monitoring and reporting** on children outside of family care, including in international monitoring mechanisms such as those linked to the SDGs.
- **Donors and volunteers** should redirect their funding and efforts to community-based and family-based programmes.

### NATIONAL


- **National child protection systems** should be grounded in a continuum of care that prioritises the role of families.
- National governments should ensure that all children, including those outside families, are **included in national data collection**.

### LOCAL

- **Local programmes** should address the drivers of institutionalisation and address the specific needs of each child and family.

### CHILDREN AND YOUNG PEOPLE

- The **views of children and young people** must be incorporated in all aspects of care reform, from the individual to the national and global policy levels.



**DIEGO WAS REUNITED WITH HIS MOTHER GERTRUDE AFTER LIVING IN AN ORPHANAGE. HE IS MAKING GOOD PROGRESS AT SCHOOL AND WORKING TO OVERCOME THE TRAUMA HE HAS EXPERIENCED.**



# IMPLICATIONS OF THE COVID-19 PANDEMIC

The COVID-19 pandemic has made the situation of children living in institutions or at risk of institutionalisation even more precarious. Institutional environments, with residents in close quarters, often in very poor conditions, expose children and workers to a high risk of virus transmission. This is compounded by the fact that many institutions house children with vulnerabilities, such as the disproportionate number of children with disabilities in institutions.

Children in at-risk families are also being strongly impacted. Increased poverty, stress, access to food and medical care and the impact on health places strain on vulnerable families, putting them at greater risk of breakdown.

In some cases, children have been immediately removed from institutions without the necessary steps of assessment, preparation, support and monitoring. While overall a shift from institutional to family-based care is a priority, these transitions need to be carefully planned and managed. This rushed approach may put children at risk of greater harm.

It is crucial that governments invest in child protection systems and measures to support families as part of the immediate COVID-19 response. It is also important that the long-term response continues to drive progress in care reform and is based around investing in family and community-based services, and not in the establishment of new institutions.

Various resources and guidance have been produced to help advise governments, families, international agencies and other stakeholders on the best approaches to support children at risk during the pandemic and its aftermath.

- The Lancet Institutional Care Reform Commission Group has written an [article](#)<sup>6</sup> urging authorities to undertake carefully planned measures with respect to deinstitutionalisation in light of the pandemic.
- Lumos, with Hope and Homes for Children and other partners, has published a [Call to Action](#)<sup>7</sup> to protect vulnerable families and children across Europe.
- The Better Care Network has compiled an online bank of resources linked to COVID-19 and children's care, available [here](#).<sup>8</sup>



“THE IMPACT OF CORONAVIRUS WILL BE DISASTROUS FOR HAITI, WHERE PEOPLE ARE ALREADY LIVING HAND TO MOUTH AND THE HEALTHCARE SYSTEM CANNOT COPE.”

Eugene Jr. Guillaume  
Program Director, Lumos Haiti

# CONCLUSIONS

Combined, these three new pieces of research make a compelling case for care reform. It is clearer than ever that growing up in an institution puts children at great risk of developmental harm compared with living in a family. It is also clear that institutionalisation of children remains a global problem – with an estimated 5.4million children living in institutions worldwide – but a hidden one, as so many of them currently go uncounted.

Transforming care is no simple task, and a coordinated effort is needed at global, national and local levels to promote family strengthening, family-based care and the progressive elimination of institutions. Around the world, momentum is building behind this shift, and positive examples of care reform highlighted in the policy recommendations paper show that change is possible. The policy recommendations themselves set out a clear path to change.

The current pandemic is putting vulnerable children at even greater risk, and calls for a carefully managed response anchored in strong family strengthening and social support measures. Over the longer term, it is important that the response to the pandemic does not cause countries to revert to the harmful practice of placing children in institutions. Instead, the challenges presented by the pandemic can be turned into an opportunity to build stronger and more resilient social and child protection systems.

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## ABOUT LUMOS

Lumos Foundation is an international non-governmental organisation, founded by author J.K. Rowling, working to end the institutionalisation of children globally by 2050.

To achieve this aim, Lumos works in partnership with governments, United Nations agencies, European Union institutions, civil society, communities, families, children, and caregivers to transform outdated and ineffective systems that separate families. Together with partners, Lumos replaces institutions with family and community-based services that provide children with access to health, education, and social care tailored to their needs. This support enables families to provide the care their children need to develop to their full potential. Lumos delivers a combination of country programmes; sharing expertise and provision of technical assistance; research and documentation of best practices; advocacy and policy influencing at the highest levels of government, funders and the international community to change attitudes and drive positive change.



For more information visit our website [wearelumos.org](https://wearelumos.org)



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