Young children in institutional care at risk of harm

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CRD summary
This review demonstrated that institutional care did not facilitate the optimal development of the child, and that longer periods in such care result in significant risk of harm to physical and psychological development. Although a number of methodological issues were identified with the review, it provides a useful synthesis of the evidence on the harms of institutional care.

Authors' objectives
To consider the impact of early institutional care on neural development, attachment, social and/or behavioural development and cognitive development.

Searching
EMBASE (1996 to 2003), MEDLINE (1996 to 2003), ISI Web of Science, SOSIG and ScienceDirect (all 1998 to 2003) were searched; the search terms were reported. The reference lists of relevant articles were hand checked and publications from authors known in the field were sought through contact with experts.

Study selection
Study designs of evaluations included in the review
To be eligible, the studies needed to have a comparison group.

Specific interventions included in the review
To be eligible, the studies needed to assess children exposed to residential care in an institution, who were under 5 years of age and without a primary caregiver for varying lengths of time. The comparator needed to be children exposed to family-based care with a primary caregiver for varying lengths of time. Institution characteristics were often not described in the included studies but, where described, conditions were often very poor and included low staff-to-child ratio and overall high levels of deprivation.

Participants included in the review
The studies needed to be of children aged 0 to 17 years of age. The included studies evaluated samples of children from Romanian or Russian orphanages, UK residential nurseries, or children's homes or institutions in the UK, Greece and the USA. Samples of comparator groups varied.

Outcomes assessed in the review
To be eligible, the studies needed to assess child-to-primary caregiver attachment patterns, social and behavioural development or cognitive development.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.
Methods of synthesis
How were the studies combined?
The studies were combined in a narrative summary.

How were differences between studies investigated?
The studies were grouped according to their focus on attachment, social and behavioural development or cognitive development.

Results of the review
Twenty-seven unique comparator studies (n=1,663) were included. Some studies contributed to all three domains of enquiry: 12 studies reported on attachment (n=680), 17 on social and behavioural development (n=975) and 13 (n=636) on cognitive development. The studies covered a large timeframe from 1944 to the present day.

Of 12 studies on attachment in children raised in institutional care, only one found no evidence for an increase in attachment difficulties. Nine studies reported specifically on indiscriminate friendliness, overfriendliness and/or disinhibited behaviour. Eight reported that children raised in institutional care exhibited these features of disordered attachment more than controls or children who were admitted to institutional care after the age of 2 years. The studies appeared to show that even apparently 'good' institutional care can have a detrimental effect on a child's ability to form relationships later in life.

Of 17 studies on social and behavioural development, only one found inconclusive evidence in relation to age of exposure to institutional care. All other studies reported some negative social or behavioural consequences for children raised in institutional care compared with controls or children who had spent less time in institutional care. The severity and duration of difficulties varied greatly across the studies, reflecting the different situations and experiences of the children studied.

Of 13 studies on cognitive development, all except one reported a poorer cognitive performance associated with institutional care. Degree of cognitive and language delay appeared to vary depending on the standard of care provided by different institutions.

Authors' conclusions
The evidence clearly showed that institutional care did not facilitate the optimal development of children, and that longer periods in such care result in significant risk of harm to physical and psychological development. Returning the child to a family by the age of 6 months is important for subsequent development. However, the quality of the subsequent family environment is an important factor in the outcomes of institutionally reared children.

CRD commentary
The review had stated inclusion criteria for the participants, interventions, outcomes and study design. The search strategy included attempts to identify literature that might be hard to locate, such as older studies and those conducted in Romania. However, it was unclear if unpublished material was eligible for inclusion in the review; this leads to the potential for publication bias. Study quality was not assessed and some further detail on the strengths and weaknesses of the studies, as well as the appropriateness of the comparator groups used, would have been helpful to allow an assessment of the reliability of the evidence presented. It was unclear if the review process included measures to address bias, such as the use of two reviewers to select studies and extract the data. Study details such as characteristics of the institutions were not always described, but this was due to missing data in the original (often old) studies, rather than a fault of the review itself. Despite the above points, this review provided a useful synthesis of the evidence on the harms of institutional care.

Implications of the review for practice and research
Practice: The authors stated that infants who are placed into residential care will suffer harm to their development if not moved to family-based care by the age of 6 months. Countries with young children in institutional care must develop
alternative strategies such as foster care and adoption. Rehabilitating children to their families of origin is an option, but this needs to be adequately supported and monitored. The international community is encouraged to support the development of family-based care alternatives.

Research: The authors stated that research is needed to identify good practices for the deinstitutionalisation of children in residential care. Alternative forms of family-based care should be evaluated to identify the advantages and disadvantages for the child, as well as factors related to successful or unsuccessful placements.

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