New Directions in Orphan and Vulnerable Children Policy and Research: A Focus on Supporting "Suitable" Institutions When Placement Is "Necessary" for a Child

AQ: au Hy V. Huynh

Clemson University

In 2004, UNICEF estimated that 143 million children in the world were orphaned or vulnerable. The majority of children in this circumstance live in sub-Saharan Africa and Southern and Southeastern Asia, particularly in countries with low and medium rankings on the 2009 Human Development Index. The number in South and Southeast Asia (more than 82 million) is especially stunning. In addition, more than 14 million children in sub-Saharan Africa have lost one or both parents to AIDS.

As Nathan Theilman and colleagues established, the countries with the highest rates of orphanhood are also among the economically poorest and most underresourced. These countries are poorly equipped to meet the social, educational, and health care needs of orphans, which include adequate shelter, education, nutritional and psychosocial support, and health care.

There are numerous negative effects of being an orphaned or vulnerable child in a resource-poor country. Poverty and economic deprivation extend into all areas of children's lives and keep children from having the security and structures required to grow, thrive, and develop. Meeting the needs of orphaned or vulnerable children is becoming more and more difficult as the number of potential caregivers is shrinking because of increasing age-adjusted mortality. Orphaned or vulnerable children are in need of living environments that promote their well-being.

Given the extensive evidence on the negative effects of poverty, the principal response of the international community has been the creation of various alternative care institutions (i.e., orphanages, residential shelters, and children's homes). Although the use of institutional care continues to rise in many countries with the increasing impact of conflict, natural disasters, and the HIV/AIDS pandemic, in 2006 the United Nations estimated that only approximately 8 million children were living in institutional care. The total number of children being cared for by care institutions is certainly miniscule compared to the number of children in need.

Unfortunately, several influential studies have concluded that institutional care is damaging to the development of young children relative to foster care. Institutional care across countries and continents has commonly been characterized by high child-to-caregiver ratios, low compensation for caregivers, regimented and nonindividualized care, and a lack of psychological investment in the children.

As many studies have indicated, inadequate institutional care hampers children's development, especially in early childhood. A study in orphanages in Europe established that children (under the age of 3) placed in orphanages were at risk of harm in terms of attachment disorder, developmental delay (i.e., reaching developmental milestones and fine motor skills), and neural atrophy in the developing brain. Children raised in inadequate orphanages often suffer from severe behavior and emotional problems, such as antisocial development and aggressive behavior, and can potentially become adults with psychiatric impairments. Furthermore, children living in inadequate

orphanages are more likely to have health problems and are at increased risk of infectious diseases.

Accordingly, global policies now recommend that institutional care be used as a last resort and that children in such care

ment's own failure to provide adequate and appropriate support to enable the family to remain together.

Moreover, while other articles in the CRC serve to protect family privacy and the rights of the parents in bringing up

> 2. States parties shall in accordance with their national laws ensure alternative care for such a child.
> 3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Article 20 of the Convention on the Rights of the Child clearly contains the obligation of states to protect children from a potentially harmful family environment

be moved to an alternative form of care as quickly as possible. When it is not possible for a child to live at home, it is now recommended that kinship care, fostering, adoption, and other family-based care alternatives should be explored before institutions are considered.

Priority of the Family Environment in International Law and Policy

It is apparent that one of the basic tenets of the Convention of the Rights of the Child (CRC) is the "right of the child, as far as possible, to be cared for by his or her parents" [Article 7(2)], in the context of the family as "the fundamental group of society" (Preamble). The family is perceived to be the most natural environment for children's care. Article 20 of the CRC deals with States Parties' obligations toward all children that seem themselves denied ("deprived of") this fundamental right to live in a family environment. This group of children is considered particularly vulnerable and in need of support.

Article 20 applies to situations where the parents', family's or state's obligations regarding children have already failed to produce a suitable environment for the child's well-being and development. Government obligations under Article 20 to ensure alternative care for a child come into effect when it is fundamentally impossible for that child to be cared for by his or her parents—because of parents' death, absence, or incapacity, or the govern-

their children, Article 20 clearly contains the obligations of states to protect children from a potentially harmful family environment ("cannot be allowed to remain in that environment") and to ensure that there are suitable alternative care options for children that guarantee a minimal disruption in their emotional, physical, and personal development.

The wide variety of reasons for which children find themselves living outside their family environment and in alternative institutional care, as well as the numerous shapes and structures of alternative care institutions available, make Article 20 of the CRC a particularly difficult obligation for states. The vagueness of Article 20's provisions for orphaned or vulnerable children leads some to believe there is a need to translate its concepts into more inclusive, consistent legal provisions and policies.

Text of Article 20 of the Convention on the Rights of the Child

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

Variability in Institutions

One issue of concern is that Article 20(3) of the CRC neglects to explain what constitutes an institution. Institutions are the only nonfamily-based form of care listed, and no mention is made of any of the numerous intermediate care options that lie between the drafters' conception of institutions and family-based settings that were operating at the time the CRC was developed. These forms of alternative care include small residential units, such as family-type homes or group homes. The question posed, then, is the extent to which *institutions* was intended as a synonym for *residential care*.

Indeed, Dr. Kathryn Whetten and colleagues note that most of the studies available during the CRC's drafting that compared children living in institutions to children in community-based settings had explored a variety of community-based settings but neglected to consider the variability in institutional care. Institutions vary across many dimensions, including the number and age of children, and the gender distribution of the children they housed, including all-female, all-male, and mixed institutions. They vary by the length of time that they have been in operation and by the characteristics of the caregivers. They also vary in space and funding, and consequently, have different levels of quality and meet different standards of care.

Whetten et al. found that, on average, modern-day institutions look very different from institutions included in most of the early studies that compared the outcomes of children in

flect the drafters' thoughtful choice to refer to institutional care as a "last resort." Indeed, one can assume that large, influential development organizations' guidelines that have referenced

necessity for the child. Certainly, ongoing breakdowns in foster placements are but one indication that it is not suitable for some children. Thus, if an institution can be deemed "suitable" and the child's placement there is "necessary," there is no reason why this alternative care option should be automatically referred to as a last resort. The state should be assessing the potential suitability of every placement whether it is with the extended family, in a family-based foster placement, or in a residential facility such as institutional care.

The use of the term *if necessary* and the last position of institutions as an alternative care option does not support the idea of establishing a range of care options, all of whose "suitability" and "necessity"' are to be determined by the specific circumstances, needs, and wishes of children at a given time in their life. Instead, it implies a predetermined hierarchy where institutional care is an inferior, second-class option. Certainly, the "last resort" language does not create a constructive way of approaching potential alternative care solutions for children.

Without providing a more nuanced explanation of what constitutes an institution, policymakers may be shutting down some of the most important care structures for children in underresourced countries

institutions versus those in community settings. For example, the findings that many caregivers live at the institutions, work long hours, and may be paid only in room and board is important. They note that many institutions grew out of the community to meet the need of caring for the increasing population of orphaned children and are a part of the community in a way that perhaps institutions in early studies were not. These institutions are not family-style community care and they are not foster care, but they also do not look like the institutions described in the early studies. They comment that if this represents a new kind of care structure that minimizes the harm demonstrated in early studies, then researchers and policymakers need to protect organic care structures from blanket policies on institutions. Indeed, without providing a more nuanced explanation of what constitutes an institution, policymakers may be shutting down some of the most important care structures for children in underresourced countries.

". . . or if Necessary Placement in Suitable Institutions for the Care of Children"

The position of institutions in Article 20's list of options is noteworthy. Institutions are the last example of alternative care options given, as well as being the only option qualified by the term *if necessary* before it. This seems to re-

institutional care as a last resort were first introduced to this notion through the CRC.

When searching for the best alternative care option for orphaned or vulnerable children, few would deny that opportunities within the extended family or in other family-based settings should be primarily considered. However, there is a fundamental difference between examining the options on a scale from best to worst, and that of evaluating options in terms of how each might correspond to the child's needs at the time.

It is widely recognized that, in some cases, a family- or community-based setting is either not an option or possibly a worse option than living in an institution, therefore rendering some family-based options as "unsuitable." For example, in some cases, family placement is neither available nor the best option for some children because of previous abuse, mental health concerns, or other special needs. In addition, many extended family support systems that are taking care of orphaned children are under severe pressure and in many instances have become overwhelmed, increasingly impoverished, and rendered unable to provide adequate care for children. This pressure has negative impacts on both the orphans taken in and the caretaker's biological children.

In the same vein, adoption and foster care are held to similar standards of assessment as to their suitability and

Methodological Problems With Influential Studies

Several researchers have investigated the validity of the widespread claim that children who grow up in institutions differ in adult life from people who grew up in family-based care options. David Macarov's review of the professional child care literature from 2001–2008 and John McCall's review of studies from 1990–1999 revealed almost a hundred comparisons between institutionalized children and noninstitutionalized children. However, Macarov and McCall noted methodological problems with most of the studies. Issues included failure to explain size, staff–child ratio, staff training, the type of institutional sponsorship, as well as the reasons for children's admissions and their history. In addition, studies thus far have been limited to institutions characterized by high levels of malnu-

trition and lack of active experiences, which means that studies rarely compare well-run institutions with family-based care options. Of the research that has been published since, the conclu-

Some researchers argue for a focus beyond the dichotomized choice set of community- versus institution-based care toward an analysis of the specific characteristics of alternative care options that are associated with improved child outcomes

sions regarding the negative impacts of institutional care did not seem justified by the procedures.

There is almost no research that individualizes children in long-term care institutions and compares them with children in families. There are also very few longitudinal studies of the aftereffects of institutionalized childhood. Studies that rigorously compared outcomes for youth in foster family care and institutional group care are also scant. In the most extensive (and perhaps only) longitudinal study of the outcomes among children who spent their childhoods in such institutions, Richard McKenzie found that, "As a group, the 'orphans' have outpaced their counterparts in the general population by significant measures on practically all social and economic measures covered, not the least of which are education, income, and attitude toward life."[1]

Fn1

Empirical Evidence

More Rigorous Methodologies

Only recently has research shifted to include more rigorous methodologies as well as a focus on orphaned and vulnerable children. Although limited, there are recent studies that may provide fur-

ther direction and substantiation for more constructive research on orphaned and vulnerable children and the institutions in which they live.

Whetten et al.'s article, "A Compar-

ison of the Well-Being of Orphans and Abandoned Children Ages 6–12 in Institutional and Community-Based Care Settings in 5 Less Wealthy Nations," contrasts sharply with the majority of early institutional care research that associated institutions with poorer health and well-being of orphaned and vulnerable children. Their results showed a similarity of distributions in child well-being in community and institution-based children, which suggests that institutional care should not be categorically described as damaging or inappropriate for all children. Moreover, there was substantial variation in average child well-being across institutions and across community settings, explaining more of the variation in child outcomes than differences between institution and community-based care settings.

Caution should be exercised when interpreting these findings, however, because the study was of older children and cannot be compared to other age groups, particularly the very young where much of the robust evidence demonstrating the detrimental effects of institutions on child development has been shown. It is possible that the negative effects of institutional care that have been found in past studies do not hold for older children.

Additionally, the countries included in this study may have poorer community settings where caregivers are not able to provide adequate care. It is pos-

sible that when communities are poor and lack resources (as indicated by the HDI scores for this study), differences between institutional care and family style care are diminished. In such communities, positive institutions may provide a place where children can focus on their own needs rather than supporting their families. When the latter circumstance is true, then institutional care may be better than the community alternative.

Further, the study results cannot be generalized to wealthier communities and areas where orphaning and institutional care are less prevalent. The "invisibility" of a majority of institutions in less wealthy nations may be one significant reason why the results of this study contradicted those reported in previous studies. The authors suggest that locally run institutions may have characteristics that are more conducive to positive child outcomes—such as family-like caregiver–child relationships—than the more formal and visible institutions that were typically assessed in previous orphaned or vulnerable children related research.

As the number of orphaned or vulnerable children increases in medium and low HDI countries, it is important not to discount institutional care as an option before conclusively assessing whether these structures have systematic negative impacts on the millions of children for which they provide care. Instead, some researchers argue for a focus beyond the dichotomized choice set of community- versus institution-based care toward an analysis of the specific characteristics of alternative care options that are associated with improved child outcomes.

Intervention Research in Institutions

As previously noted, early research documented the potentially devastating effects of inadequate institutional care. However, what has been less well established is (a) the extent to which institutional life can be improved through

[1]Richard B. McKenzie, 1997. Orphanage alumni: How they have done and how they evaluate their experience. *Child and Youth Care Forum, 26,* 87–111.

systematic training of staff and the addition of resources, and (b) whether this investment will significantly improve children's social, emotional, and cognitive outcomes. Joseph Sparling and colleagues believe these are important issues, because adoption has traditionally moved children out of orphanages at a slow rate and because many children are spending lengthy periods of their young lives in institutional care. In addition, these research studies could potentially alter the conclusions of policymakers and provide meaningful findings that support the improvement of institutional care.

As key stakeholders have called for more baseline data for orphan and institutional care research, there has been a growing body of literature that focuses on documenting and evaluating intervention programs for orphaned and vulnerable children and institutional care. Two themes are highlighted in this section to represent two main interventions found in the orphaned or vulnerable children and institutional care literature: caregiver training and structural change.

Caregiver Training

Most developmental theories such as Vygotsky's social-cultural theory, Bandura's social learning theory, and Bowlby's attachment theory emphasize the importance of early opportunities to experience human relationships for typical social and mental development. In particular, attachment theory focuses specifically on early experience with a few warm and socially emotionally responsive adults in the child's life as the foundation of appropriate social-emotional development and long-term mental health. Theoretically, an infant with a warm, responsive caregiver develops an internal working model of expectations for nurturing reactions

Within the past decade, there have been studies, primarily of children over the age of 3, that show positive outcomes for institutionalized orphaned or vulnerable children under good structural conditions

from that caregiver. The infant comes to trust this model of expectations and uses it as a secure base from which to explore the physical and social world. Such experiences tend to promote the development of a sense of worth and self-esteem and appropriate long-term social-emotional development and health. Without the early experience of such an adult, long-term development may be compromised.

Despite the theoretical importance of good caregivers and the substantial evidence supporting them, few studies have demonstrated that good caregiving can play a causal role in producing healthy social-emotional outcomes or when during early development such experiences are needed. One study by Christina Groark et al. validated that very limited caregiver–child social-emotional interactions and the lack of opportunity to develop this type of relationship can be responsible for delays in most major domains of development in institutionalized children.

In Groark and colleagues' intervention study, a caregiver training intervention was introduced in orphanages for children birth to 48 months in St. Petersburg in the former Soviet Union. The orphanages were primarily deficient in the children's social-emotional experience and opportunity for adult–child relationships. The primary purpose of this training was to provide information on child development and practical aspects of care and education of young children, as well as to encour-age caregivers to be more socially responsive in their interactions with children.

Children's physical, mental, and social-emotional development improved substantially for both typical children and especially for those with a variety of disabilities, who improved the most (35%–63%). In addition, the more positive social-emotional experience given to children and the longer they spent in the interventions, the greater the developmental gains. These results validate the potential for positive development of institutionalized children through early social-emotional interventions in the adult–child relationships.

Structural Change

Within the past decade, there have been studies, primarily of children over the age of 3, that show positive outcomes for institutionalized orphaned or vulnerable children under good structural conditions. In a 2005 study by Groark and colleagues, the main purpose of the structural change intervention was to complement the caregiver training intervention by supporting the development of more intense and persistent relationships between the caregivers and children. Structural changes to the institutions included reducing the number of different caregivers, increasing their stability in the lives of the children, and making several other employment, physical, and procedural changes that would promote caregiver–child social-emotional relationships and attachments and create a "family" rather than "institutional" culture.

In contemporary Russian orphanages, group size was reduced from 12–14 children into two smaller subgroups of 6–7 children, groups were integrated by age and disability status, and additional furniture and equipment were given. In addition, the number of different caregivers was reduced, therefore providing fewer and more stable caregivers, by creating a new position called *primary caregiver*, and assigning two primary caregivers exclu-

sively to each subgroup. This intervention, which was more deliberately focused on improving the children's social-emotional relationship experience, produced increased child attach-

Yemin Orde Youth Village

The Yemin Orde Youth Village in northern Israel is home to more than 500 orphans and immigrant children

At the Yemin Orde Youth Village, children live and learn according to a balance of principles: healing, self-respect, and serving the community

ment ratings made by the caregivers themselves compared with children in the traditional institution.

A handful of recent studies also assessed the short-term effectiveness of small group homes that attempt to cultivate a familial atmosphere. These studies included several from Eritrea that compared various short-term outcomes and anecdotal observations from children placed in a variety of residential settings, including large institutions, small group homes, foster families, and biological families. In general, these studies present a complicated picture, showing better outcomes for children in residential care in some areas and, in others, better outcomes for those living in foster care or reunited with family members. Likewise, two studies from China reported "better" or "similar" quality of life for orphans in group homes vs. those under kinship care.

Nonempirical Evidence

Currently, the number of residential care institutions in the world that are producing positive outcomes for institutionalized children is increasing. These institutions vary in shape and size and look much different than the institutions documented in the early orphanage research, but ultimately demonstrate that institutional care can be a suitable care option for orphaned or vulnerable children.

from more than 20 countries. The children have all suffered considerable trauma in their lives, including experiences such as abandonment, separation from families, and neglect. These children are among the 360,000 children in Israel deemed to be at risk of dropping out, turning to crime, or becoming victims of violence, unemployment, or homelessness.

At the Yemin Orde Youth Village, children live and learn according to a balance of principles: healing, self-respect, and serving the community. The ethics, values, and traditions of Judaism inform and enliven every aspect of the Village. Yemin Orde sees children as individuals, addressing any learning gaps and promoting each child's strengths. In addition, a specially trained and diverse staff is deeply sensitive to the emotional needs of the children. The Village encourages children to explore their talents and to celebrate their native land and culture.

A recent Haifa University study of the Yemin Orde Youth Village found that 90% of its graduates indicated high self-esteem and satisfaction with life and more than one third held academic degrees and achieved a higher level of education compared with Israel's national average. Thus, in 2006, the Ministry of Education urged Yemin Orde to find a way to help other youth villages share in this success, and Yemin Orde Educational Initiatives (YOEI) was launched. With its interventions, workshops, teacher training, and other special programs, YOEI's resources are

now lauded throughout Israel as a model of excellence. Indeed, Emmanuel Grupper suggests that the residential education and care network in Israel is a very important social instrument for coping successfully with complex educational and social challenges, and they have proven to be an important asset in reintegrating detached youth in high-risk situations. He argues that residential programs should not be seen as the last resort but, on the contrary, the preferred option for those who need it and can take best advantage of it.

Agahozo-Shalom Youth Village

Modeled after Yemin Orde Youth Village in Haifa, Israel, the Agahozo-Shalom Youth Village (ASYV) in Rwanda was founded in 2006 for orphaned or vulnerable children who survived the Rwandan genocide of 1994. According to a recent report on the Agahozo-Shalom Youth Village, ASYV combines three essential elements in

their model to encourage the healthy intellectual and emotional development of their 500 youth: the loving support of a family, a structured education, and an enriching extracurricular program. The family structure of the village places each youth into residential families of 16. This family environment fosters a "brother" and "sister" dynamic, with a primary Rwandan house mother and a house counselor in each home who is responsible for each child's physical and emotional well-being. Education is also a central part of the village experience, and every child attends a secondary school staffed by trained Rwandan teachers.

Agahozo-Shalom represents an exceptional attempt not only to provide orphans with a multimodal model of support services incorporating housing, health care, education, mental health, sanitation, and nutritional provision, but to do so in an environment where their physical and psychological safety is guaranteed and where they can become increasingly independent and develop their own capacities unthreatened. This has proven especially relevant to orphaned genocide survivors, as many genocide survivors in Rwanda live alongside genocide perpetrators.

Friends of Hue Foundation Children's Shelter

The Friends of Hue Foundation (FHF) Children's Shelter in Hue, Vietnam, was built in 2003 to support disadvantaged children and orphans displaced by the Flood of 1999, the worst flood to hit Central Vietnam in a century. Presently, FHF sponsors a total of 25 children living at the shelter, as well as several children who have been reintegrated within their communities. This strategy is posited on the idea that there are some children who may benefit from living in community-based care options as well as children who may be better off living in a residential care institution that is supportive of their development. Careful screening as well as monitoring and evaluation processes for each

child are used to reach children in the community most at risk, as well as to safeguard and individualize each response so that it is in the best interest of the child.

Beyond food, clothing, shelter, and education, FHF also provides a nurturing family-like environment with dedicated staff, individualized career and educational guidance and counseling, as well as an enriching extracurricular program that encourages creativity and identity development. FHF has also embraced a positive youth development perspective with the children. Central to the positive youth development approach is the idea that a deficit orientation to youth work with a primary focus on problem behavior does not constitute best practice. As Lerner, Alberts, Jelicic, and Smith posit, preventing negative behaviors is not the same as promoting in youth the attributes of positive, healthy development. Instead, the field is predicated on the ideas that every young person, no matter how marginalized or vulnerable, has the potential and possesses the capacity for healthy and positive development.

Thus, FHF employs several positive youth development-based strategies for youth leadership and engagement purposes such as peer-to-peer mentoring, child–adult partnerships, and service learning, as well as multiple entry points for children to develop their leadership skills. In addition, FHF will be piloting a new positive youth development program in summer 2014 called "The Lighthouse: Creative Leadership Program," a project-based leadership program designed to prepare youth with the concepts and practices for being effective change agents in their communities and the skills to design their own solutions so that their community efforts have the most impact. By identifying leadership potential at a young age, instilling values of critical and creative thinking, and teaching tools that can be applied in various work and home situations, FHF believes that disadvantaged youth will be better leveraged for Viet-

Suggestions for Further Reading

Cantwell, N., & Holzscheiter, A. (2008). *Article 20: Children deprived of their family environment* (Vol. 20). Boston, MA: Martinus Nijhoff Publishers.

Groark, C. J., Muhamedrahimov, R. J., Palmov, O. I., Nikiforova, N. V., & McCall, R. B. (2005). Improvements in early care in Russian orphanages and their relationship to observed behaviors. *Infant Mental Health Journal, 26*, 96–109.

Macarov, D. (2008). Families versus institutions: A Global View. *Social Development Issues, 30*, 102–116.

McCall, J. (1999). Research on the psychological effects of orphanage care: A critical review. In R. B. McKenzie (Ed.), *Rethinking orphanages for the 21st century* (pp. 127–150). Thousand Oaks, CA: Sage.

Thielman, N., Ostermann, J., Whetten, K., Whetten, R., & O'Donnell, K. (2012). Correlates of poor health among orphans and abandoned children in less wealthy countries: The importance of caregiver health. *PloS one, 7*, e38109.

Whetten, K., Ostermann, J., Whetten, R. A., Pence, B. W., O'Donnell, K., Messer, L. C., & Thielman, N. M. (2009). A comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS One, 4*, e8169.

nam's competitive job and education market, and ultimately will have the ability to enact great change for Vietnam.

Rights-Friendly Approach for State Parties

As illustrated, there is substantial societal and individual variation in children's needs for alternative care options and the nature and quality of institutional care available across the world. In such a context, the most rights-friendly approach for State parties would be to emphasize three actions.

Establishment of Individualized Care Plans for Children in Need of Alternative Care Options

When the state is obligated to ensure alternative care for children, it has to con-

sider which option corresponds best to the situation of each child. The state should assess the potential suitability of every placement, whether it is with the extended family, in a family-based foster placement, or in a residential facility such as institutional care. While it is favorable to develop noninstitutional responses for children requiring alternative care, their use must be deemed suitable in meeting the needs of the child in question. Thus, the suitability and necessity of whichever placement is decided (including anything from adoption to informal kinship care) must be monitored and regularly reviewed by the state, in consultation with the child and his or her guardians.

Regulation of Admission to More Restrictive Placements, With Periodic Reviews

One criterion for determining an institution's suitability is the extent to which it works to ensure children remain there only as long as is necessary. This means that State Parties should both initiate and cooperate with efforts to secure, whenever possible, the children's return to the family under appropriate conditions or move them to a suitable family-based care option. A major problem associated with institutional placements is that in practice they too often become long-term or permanent precisely because appropriate alternatives are not identified for children as their placements proceed and their situations evolve.

Improving Institutions to "Suitability"

According to Article 3(3) of the CRC, standard setting for institutions is

left entirely to the authorities of each State Party. However, there is no indication in the CRC of any basic requirements regarding, for example, the size, location, management, or ultimate goal of a facility that would promote the development and rights of children. Since adoption and foster care are held to similar standards of assessment for their suitability and necessity for children, institutional care should also have "suitability" standards in place. Efforts to determine standards and strategies to improve institutional care to suitability and make them as supportive of children's development and mental health as possible should be explored in collaboration with researchers and practitioners in the field of orphaned and vulnerable children.

Future Directions for the International Community

The international community must contribute the financial support and the technical expertise needed to provide adequate care for children, especially in societies in which conflict, natural disasters, or HIV/AIDS have left many children without one or both parents. In so doing, a strong emphasis should be placed on (a) preservation of personally and culturally important relationships whenever possible, and (b) provision of a standard of living adequate for children's development as full participants in community life.

Conclusion

As the number of children without parental care continues to increase in resource-poor countries, it is important

not to discount institutional care as an option before conclusively assessing whether these structures have systematic negative impacts on the millions of children for which they provide care. An almost universal emphasis and focus on deinstitutionalizing children in the face of the urgent necessity for large-scale measures to care for the global orphaned population puts millions of children at risk of deprivation, degradation, and early death. Deinstitutionalizing children in underresourced countries without alternate systems in place could leave many children behind.

This article proposes an equal assessment of suitability and necessity of all alternative care options, without relegating institutions as a last resort. Institutional care should be considered as no less suitable in certain cases and for certain children than other options, especially when there is a serious need for such an option in some parts of the world. In addition, recent research challenges early conclusions, shows variability in international institutions, and also documents positive effects of interventions seeking to improve institutions.

The CRC and its implicit "last resort" language, as well as subsequent global policies that also use this language, do not create a constructive way of approaching alternative care solutions for any children without parental care. Instead, policymakers and practitioners should establish individualized care plans for all children without parental care, regulate their admission to institutions with periodic reviews of the necessity and appropriateness of their placement, and develop standards for "suitability" of institutions to improve conditions.