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| Learning Table 9 - The Effect of Institutionalised Care |
| AO1 (Knowledge and Understanding) | AO3 (Evaluation) |
| **Rutter** (2011)AIM: To investigate to what extent good quality care could make up for poor early experiences in institutions. PROCEDURE: Studied a group of 165 Romanian orphans adopted in Britain and assessed them at 4, 6, 11 and 15 years old. A group of 52 British children adopted around the same time served as the control group. FINDINGS: When they first arrived: half showed mental retardation and malnourishment. IQ Findings:Age 11: Rate of recovery was related to what age they were adopted (the earlier the better). * The mean IQ for those adopted before 6 months was 102
* Between 6 months and 2 years was 86.
* Those adopted after 2 years 77.

These differences remained at age 16 (Beckett, 2010).Attachment Findings:Those adopted before 6 months – fairly healthy attachmentsThose adopted after 6 months – displayed disinhibited attachment (attention seeking, clinginess and social behaviour directed indiscriminately towards all adults, familiar or not. CONCLUSIONS: The earlier a child is adopted from institutions, the better the chance of a full recovery.  | **Cannot Establish a Cause and Effect**One issue with Rutter’s (2011) research is that we cannot establish a cause and effect between the experiences in the institution and the intellectual and emotional characteristics of the orphans.For example, the children were not randomly assigned to conditions as the researchers did not interfere with the adoption process.This is an issue because it may be that those orphans adopted before 6 months old were more sociable, and of a higher intelligence than those who were adopted later. This is a potential confounding variable which casts doubt over the internal validity of the findings about the effects of institutionalisation.As a consequence, this reduces the credibility of Rutter’s (2011) study and its findings on the effects of institutionalisation.  |
| **Zeanah (2005) - Bucharest Early Intervention Project**Aim: To investigate the effects of institutionalisationProcedure: Using the Bucharest Early Intervention Project, Zeanah assessed attachment in 95 children ages 12-31 months who has spent most of their lives in institutional care. They were compared to a control group of 50 children who had never lived in an institution. Their attachment type was measured using the strange situation. Carers were also asked about unusual social behaviour including clingy, attention-seeking behaviour directed inappropriately at all adults (disinhibited attachment). Findings: * 74% of the control group came out as securely attached in the strange situation, only 19% of the institutionalised group were securely attached.
* 65% were classified as disorganised attachment (lack of consistent patterns of social behaviour).
* 44% were classified as disinhibited attachment with only 20% of the non-institutionalised children demonstrating this.

Conclusions: Institutionalisation can have a negative impact on the child’s ability to form a secure attachment.  | **Low Population Validity**One issue with the research into the effects of institutionalisation on children is that it has low population validity.For example, Rutter, Zeanah and La Mare and Audet all use samples of children who were experienced Romanian orphanages. This is an issue because it is possible that the conditions were so bad that results cannot be generalised to understanding the impact of better quality institutional care. Romanian orphanages have very low standards of physical care and intellectual stimulation which would not be allowed to occur in other more developed countries.As a consequence this casts doubt over the credibility of these pieces of research.  |
|  **La Mare and Audet (2006)**Aim: Aim: To investigate the effects of institutionalisationProcedure: Conducted a longitudinal study of 36 Romanian Orphans adopted to families in Canada. They measured physical growth and health. Findings: The adoptees were physically smaller than a matched control group of age 4.5 year olds. This effect had disappeared by age 10.5 years. The same was true for health. Conclusions: The effects of institutionalisation can be revered on physical health.  | **Real Life Applications**One strength of the research into the effect of institutionalisation on behaviour is that it has valuable real life applications. This is because studying Romanian orphans has enhanced our understanding of the effects of institutionalisation. Such results have led to improvements in the way children are cared for in institutions (Langton, 2006). For example, orphanages and children’s homes now avoid having large numbers of caregivers for each child and instead ensure that a much smaller number of people play a central role for the child. This person is called a key worker. Having a key worker means that children have the chance to develop normal attachments and helps avoid disinhibited attachment. As a result this increases the credibility of the research into the effects of institutional care on attachment.  |