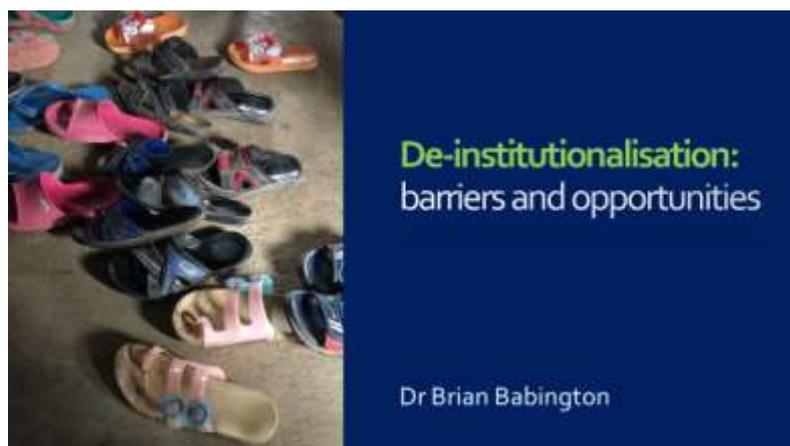# CHILDREN'S INSTITUTIONS IN THE GLOBAL SOUTH: OVERCOMING BARRIERS TO DEINSTITUTIONALISATION

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Address to Save the Children forum,
Phnom Penh, Cambodia, 23 February 2016

Thank you for the invitation to talk about the de-institutionalisation of children's institutions. I would like to reflect on barriers to the closure of children's institutions, such as orphanages, from the perspective of latest de-institutionalisation research and my recent doctoral research in Indonesia.

As this is my first trip to Cambodia I need to issue a strong disclaimer. I hope that you will forgive my lack of in-country knowledge. Nonetheless, my career has largely been one that has focussed on community development both in Australia and internationally, especially in Asia.

As a young diplomat, I managed Australia's official aid program in Burma. Later on, I deepened my involvement in international community development through work at the UN and with Plan International. In Australia, to help improve the wellbeing of the most marginalised families and children, I have been Chief Executive Officer of Families Australia since 2005.

I first became concerned about the plight of children in institutions through Families Australia's work to support adult survivors of children's institutions in Australia. We believe that there may have been around 500,000 children in institutions in Australia during the 20th century.

From that work, I became puzzled about why Western governments, like Australia's, took so long to close institutions in the face of scientific evidence that amassed in the course of the 20th century that showed conclusively that institutionalisation had wide-ranging negative effects on children, both in childhood and in later life.

Also, I noted how deinstitutionalisation was proceeding very slowly in developing countries in the present day despite the strong deinstitutionalisation messages contained in the UN Convention on the Rights of the Child (UNCRC) and advocacy by the UN and many international non-government organisations (INGOs). So, I set about trying to understand why deinstitutionalisation was proving so difficult to achieve. I turned to the case of Indonesia for doctoral research through the Australian

National University. I selected Indonesia because the Indonesian Government had, in the course of the 2000s, adopted a policy to deinstitutionalise a particular form of children's institution called *panti asuhan*.

My aim was to understand why, and on what terms, the Indonesian Government adopted this new policy. I thought that there might be lessons that could be applied elsewhere.

Let me, first, provide some background about Indonesia's children's institutions. By some estimates, there are around 500,000 children living in around 7,000 *panti asuhan*. That is a significant number when seen against the estimates that there may be between two and eight million children who are today living in institutions globally.

In the 2000s, the Indonesian Government declared that it would adopt a deinstitutionalisation policy toward *panti asuhan*. This was, to quote, the Indonesia Government a 'paradigm shift' in the care of children previously in alternative (non-family) care.

The new policy was to have several features, including the introduction of national standards for alternative care, the registration of *panti asuhan*, and additional measures to support families so they were less likely to relinquish their children into *panti asuhan*.

The prevailing explanation offered for the policy shift was that it was to better align Indonesian practice with the provisions of the UN Convention on the Rights of the Child. Also, it was claimed that INGOs, in particular, Save the Children, had played a key role in advocating for policy change (which it did do).

My research showed that the reasons for the policy change were far more complex than portrayed to date in the public literature. From numerous interviews, I found that policy change occurred as a result of a complex interplay between what I term 'pro-reform' and 'anti-reform' forces.

Pro-reform advocates urged a change in official policy for reasons that included reducing the financial impost on government of subsidising *panti asuhan*, and improving Indonesia's international reputation.

Anti-reform forces claimed that policy change was not needed. They argued, *inter alia*, that *panti asuhan* enjoyed broad societal and religious support.

I concluded that the new policy represented a fragile compromise between these two main forces. This meant that the new policy was established without a strong, unified political and social consensus.

Officials were not given clear, strong authority in terms of allocating resources and driving results, for example, in terms of reducing numbers of children living in *panti asuhan*.

Probably as a result of this policymaking compromise, as at 2015 we find that fewer than 250 (of the estimated 500,000) children in *panti asuhan* were reunited with their parents nine years after the policy was first announced.

Meaning
- As a result of discourse contestation, new policy was a compromise, fragile consensus for change
- Outcome: lack of firm direction for officials, authorising environment isn't robust.
- Consequently, rate of reunification poor 9 years on (<250 children)
- Yet, efforts continue – Save the Children's leadership

This finding is relevant to other countries, not just Indonesia. Earlier research into the closure of institutions for the mentally ill in Western countries suggested that the effectiveness of deinstitutionalisation policies was linked to the clarity of the policy mandate to undertake deinstitutionalisation in the first instance.

In other words, deinstitutionalisation tended to work poorly in the implementation phase when initial policymaking was motivated by factors such as cost-saving on the part of government.

Knowing the motivations of players, including government, is therefore important in understanding why deinstitutionalisation proceeds well or poorly. The Indonesia case tended to confirm this view.

Thus, knowing more about the factors that drive policy outcomes can help to guide actions to identify, address and perhaps overcome roadblocks to successful deinstitutionalisation implementation.

Why does this matter?
- Research suggests reasons for reform governs progress/effectiveness
- Knowing more on policy drivers can help guide actions to overcome roadblocks to de-institutionalisation implementation

My research yielded some hypotheses about the optimum conditions for deinstitutionalisation policy change to occur. These were: the presence of a champion or champions for policy change within government; having authoritative research about the problem that was ready to be deployed in support of policy change; utilising moments when policy change appeared to be most likely (such as major political or economic upheaval); and, advancing policy options that can help to address non-child problems (such as a budget deficit), as well as child-related problems (such as the need to observe children's rights obligations).

I wonder to what extent these conditions are present in other countries of the Global South?

Hypotheses about optimum conditions for de-institutionalisation policymaking & implementation

- Champions for change
- Authoritative research ready to go
- Policy 'windows' opening, often responses to non-child crises
- Helps fix other problems unrelated to children, often economic and reputation
- Are these things similar/different in Cambodia?

Hypotheses about why de-institutionalisation progress is slow

- So, in policy development and implementation, it's all about change with little certainty about end-point
- Human behaviour studies: change usually implies loss
- Loss: usually resisted, comfort zone preferred, fight/flight/freeze
- De-institutionalisation requires everyone to shift out of comfort zone to a new ambiguous goal, and some to give up more than others

Another aspect of deinstitutionalisation is to consider the generic behavioural problems associated with change.

For those with vested interests in children's institutions, contemplating, let alone undertaking, deinstitutionalisation represents a major change in ways of doing business. Since change usually implies loss, there can be a natural sense of resistance and discomfort involved.

Strategies for leading change

- So, how can we lead?
- Building a holding environment for adaptive learning
- Key approaches:
  - listening to those we don't like to dance with (they have most to lose)
  - analysing discourses (what do people mean and what do they fear?)
  - strategising (roadblocks and ways to overcome)
  - evaluating (create learning culture – capacity for courageous conversations)
  - responding (version 2.0 giving work back to people)
- What can be done in Cambodia that's different?

How, then, can deinstitutionalisation practitioners help people to cope with the discomfort of change? Here, I draw on work at the Harvard Business School and the Harvard Kennedy School (Linsky & Heifitz;

George) about adaptive learning and leadership. In short, they argue that it is important to create a 'holding' environment in which all players are supported as they undergo the difficult process of change. That means listening to those with the most to lose in a post-children's institution environment and analysing what they say and what they mean. It is about strategising how to overcome the roadblocks to deinstitutionalisation and creating a 'learning environment' which supports players during the transformation process.

The Indonesia case demonstrated that change was (and probably remains) resisted by those with business, cultural, religious and other interests in the perpetuation of children's institutions. My research showed that, by carefully analysing what people said and analysing these discourse using secondary data, it was possible to better comprehend the roadblocks to progress.

Going forward, this suggests that INGOs are well advised to invest in building up their capacities to understand the overt and hidden complexity of the deinstitutionalisation policymaking environment. Such an investment should improve prospects of overcoming roadblocks and speed the important work of ensuring that as many children are raised in their family setting as possible.

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