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Report # 55

Reform In Russia's Baby Homes

July 2004

Learning from Russia's baby homes

Children in Russian orphanages thrive under a joint U.S.-Russia project

Young children in Russia's orphanages thrive when the orphanages are made to be more like a home than an institution, a joint U.S.-Russia project is finding.

A family-like atmosphere, some attention, and a stable relationship with a few adults produced marked improvements in the mental, social, emotional, and physical development of children in St. Petersburg orphanages over the first years of the project, which has implications for American children in foster care and the millions who spend long hours in unregulated home care.

Caregivers also benefit from the new approach, saying they experience less anxiety and depression under the new system than when they abided by the traditional rules and procedures.

To create a nurturing environment, experts from the University of Pittsburgh Office of Child Development (OCD), Russia's St. Petersburg State University, Center for Inclusion, and a St. Petersburg orphanage, Baby Home 13, trained caregivers in child development basics and other skills and oversaw changes in the orphanages that, for example, gave children the consistency of having only a few caregivers, rather than as many as 100 over the first two years of their life, as was common under the traditional system.

"The interventions are an attempt to change the culture of the institution from the very business-like, regimented, scheduled, detached care of children to one that allows caregivers to love these

kids, to be like a family," said Robert B. McCall, Ph.D., OCD Co-Director.

Efficient, But Unresponsive

The project, supported by grants from the National Institute of Child Health and Human Development (NICHD) and The Heinz Endowments, involved three St. Petersburg orphanages for children birth to 4 years.

By American standards, each offered adequate medical care, nutrition, safety, hygiene, toys and play equipment, specialized equipment for children with disabilities, adult contact hours, and staff:child ratios. Most children adopted from Russia's orphanages do as well or better than norms on the Infant-Toddler Social Emotional Assessment and other measures.

Local Ministries of Health, which have operated Russia's orphanages for decades, emphasize medical and health care, but pay little attention to the socio-emotional and psychological develop-

Tradition dictates that Russia's orphanages focus on health and medical care. U.S. and Russian scientists are demonstrating how young children thrive when their social, emotional, and psychological development are emphasized as well.

ment of the children. Caregivers traditionally promoted conformity and discipline. Most activities were completely adult-directed.

In the baby homes, children are typically segregated by age and whether or not they have a disability. Caregivers respond little to the children, even when they cry. Relationships rarely develop between caretakers and children. Older children often play by themselves, rarely interacting with one another.

Little affect is expressed by children or caregivers. Smiles and laughter are uncommon. Infants greet strangers without emotion. On the playground, it is not unusual to see children standing idle not 10 feet from an equally idle caregiver.

Blueprint For Change

Children typically arrive at the orphanages from hospitals not long after they are born. As many as 60% are con-

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sidered at risk, but may not exhibit symptoms.

The rest have clear disabilities, including infants of very low birth weight, genetic disorders, such as Down Syndrome, and diagnosed medical and physical disorders, such as cerebral palsy, fetal alcohol syndrome, and hearing and vision impairments. More than 70% are physically or mentally delayed.

Two basic interventions promoted developmentally-appropriate care and fewer caregivers.

- Training to promote more warm, sensitive, responsive care giving.
- Changes in staffing patterns and other structural changes to promote positive relationships between children and caregivers. The key was to provide fewer caregivers in the lives of children, who typically would have between 60 and 100 different caregivers over two years.

In Baby Home 13, several structural changes were made to replace the institutional culture with a more family-like environment and to promote more responsive child care.

For example:

- Group size was reduced to allow caregivers to treat children more individually.
- Changes were made so that children are cared for by a smaller and more stable set of caregivers.
- Subgroups of children were integrated by age and disability status to improve the development of children with disabilities without slowing the development of other children, and to give caregivers opportunities to pay more attention to individual children.

Child Outcomes Improve

Although the project is ongoing and not finished, the interventions in Baby Home 13 have produced several gains. For example:

- Caregivers have adjusted to the interventions and the level of depression among them has been reduced.
- Typically, developing children and children with moderate disabilities improved on the personal-social, communication, and cognitive subscales.
- Children with disabilities show signs of benefiting more from the interventions, perhaps because of greater prior neglect.
- Children's affect scores improved on a measure that rates the emotions of a child in certain situations. Positive ratings result from positive emotions such as joy, interest, excitement, and surprise.
- The physical growth of children improved. Children in Baby Home 13, where both training and

structural changes were made, improved in physical stature as a result of the psychosocial interventions.

The Baby Home collaboration has emerged as one of the few quasi-experimental demonstrations of psychosocial short stature syndrome, offering evidence that growth and physical health can be enhanced by improving the psychosocial experience of children.

"We are seeing a good dynamic in the physical health of the children," said Natalia Nikofova, M.D., Head Pediatrician and Director of Baby Home 13. "They are less ill. Babies throw up less. They are better overall in their health."

From the attitudes and behaviors of caregivers and children to the newfound warmth of Baby Home 13, the transformation of the orphanage has been dramatic.

"When you walk in and hear the laughter when before it was quiet, to see that kind of change is very fulfilling," said Christina J. Groark, Ph.D., OCD Co-Director.

references

This report was based on the following sources:

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Children, Youth & Family background is published by the University of Pittsburgh Office of Child Development (OCD), a program of the University of Pittsburgh School of Education. These reports are based on available research and are provided as overviews of topics related to children and families.

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