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ผลกระทบของการอุปการะเด็ก
ในสถานสงเคราะห์

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The Effects of Institutional Care
on Children

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บทคัดย่อ

    บทความนี้ชี้ให้เห็นถึงผลกระทบต่อพัฒนาการของเด็กที่ได้รับการอุปการะใน
สถานสงเคราะห์ในด้านต่างๆ อาทิ เช่น พัฒนาการด้านร่างกาย จิตใจ อารมณ์ สังคม
และสติปัญญา พฤติกรรม ตลอดจนความผิดปกติทางความผูกพัน นอกจากนั้นได้
กล่าวถึงทฤษฎีเกี่ยวกับแรงจูงใจและการมีส่วนร่วมของเยาวชน เพื่อให้ผู้ปฏิบัติงานใช้
เป็นแนวทางในการดำเนินงานด้านการพัฒนาเด็กและเยาวชน

คำสำคัญ : การอุปการะในสถานสงเคราะห์; ผลกระทบของการอุปการะเด็ก
       ในสถานสงเคราะห์

Abstract

    This article points out the effects of institutionalization on children
in various aspects of development such as physical development, cognitive
development, behavioral development, social and emotional development,
psychological development and attachment disorder. It also discusses
theories on youth motivation and engagement so that practitioners can
use when working on an implementation of youth development.

Keywords : institutional care; the effects of institutional care

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Introduction

Institutional care refers to the facilities and services offered by an established organization to a group of people with special needs, here, to children who are orphaned, destitute or those whose families cannot afford to care for. Various definitions of "children's institution" and "institutional care" offer different perspectives and facets of the concept and practice.

The United Nations defines *institutional care for children* as "The care in residential groups, under public or voluntary auspices and under the guidance of staff especially employed or assigned for this purpose, of children who for a variety of reasons must live apart from their own families. It is distinguished from the boarding out of children in families, commonly known as foster-home placement; from adoption, in which, through an established process, children become permanent members of the adoptive parents; and from other forms of group care away from home in which children regularly return to their own homes for a part of each day" (United Nations, 1965: 1).

Alfred Kadushin, in his book titled *Child Welfare Services* defines an institution as a "place like a boarding home" as it provides temporary substitute care, and in some cases, it can be a place of permanent care like an adoptive home. Kadushin goes on to say that an institution is unlike either a boarding home or an adoptive home, in that it offers group care. A children's institution is defined by Kadushin as "a group of unrelated children living together in the care of a group of unrelated adults" (Kadushin, 1974: 617).

Another description of children living in an institutional or a residential care home is by K. Browne in his book titled *The Risk of Harm to Young Children in Institutional Care:* "A group living arrangement for more than

ten children, without parents or surrogate parents, in which care is provided by a much smaller number of adult carers," who are often not adequately and properly trained to do their work well. Because institutional care has an "impersonal structure," young children in institutional care usually do not get warmth, affection, and attention from professional staff, who are emotionally detached from the children in their care (Browne, 2009:1).

According to the Child Protection Act of 2003, as translated by Mr.Pornchai Danvivathana, the Ministry of Foreign Affairs, and edited by Ms. Ramaimas Warjorvaara, under the commission of UNICEF Office for Thailand, Bangkok, March 2004 (http://www.refworld.org/pdfid/46b2 f91f2.pdf), the phrase "welfare centre" means a place providing care and development for over six children in need of assistance.

The Effects of Institutionalization on Children

According to various studies on the effects of institutionalization on children reviewed by Dozier et al. (2012), children in institutional care " have significant developmental deficits across every domain that has been examined" and their "social and interpersonal development is impaired, physical growth is retarded, and cognitive and language development is delayed". With regard to attachment, many studies have found that "the attachments of the majority of institutionalized children are incompletely developed or even absent", and that many of these children develop "disorganized attachments" and "indiscriminately sociable behavior," which is described as "children's lack of reticence with unfamiliar adults, willingness to approach and engage strangers, and failure to maintain proximity to attachment figures in unfamiliar settings". Their physical and cognitive development is also delayed. The longer they are institutionalized, the lower their cognitive ability (Dozier et al., 2012).

Studies on children from orphanages pointed out that the children experience growth and developmental delays caused by a lack of stimulation, insufficient prenatal care and an inadequate diet. Psychological problems including depression, attachment disorder, post traumatic stress disorder, sensory integration disorder, increased impulsivity, behavioral problems and cognitive delays have also been reported among institutionalized and post-institutionalized children (http://www.nacac.org/policy/researchchart.html).

According to a panel discussion at the high-level conference on deinstitutionalization, 'Ending placement of children in institutions' - UNICEF Montenegro 2013, foster family care and adoption are two of the three main substitute care services available for children who, for one reason or another, cannot be cared for in their own homes temporarily or permanently. Institutional care is the last resort when existing child welfare services cannot serve the best interests of the child. Thus, this service is still needed due to reasons such as difficulties in the family situation, problems of parents or the child, or a lack of suitable resource in the community, which prevent the child from having the proper care or treatment she/he requires while living in her/his own home. Placing children under the age of three in institutions harms them as they suffer delay in early brain development, and their physical development is slower than of children who live within a family environment. Thus, there is a growing feeling that institutional care is considered the last resort for disadvantaged children. Based on various studies, this article aims to provide social workers and practitioners knowledge about the universal effects of institutional care on all aspects of children's physical, intellectual, cognitive, behavioral, social and emotional, psychological development and attachment disorder. This knowledge can be of

tremendous use to those involved in institutional care as they try to take care of vulnerable and disadvantaged children.

The Effects of Institutional Care on Children's Physical Development

Browne (2009), Carter (2005), and Mulheir and Browne (2007) revealed how institutionalization impacted children's physical development negatively. In *The Risk of Harm to Young Children in Institutional Care*, Kevin Browne (2009), professor of forensic psychology and child health, underscores the fact that many young children throughout the world who are currently in institutional care are "more likely to suffer from poor health, physical underdevelopment and deterioration in brain growth, developmental delay and emotional attachment disorders". In comparison with those living in a normal family, these institutionalized young children's "intellectual, social and behavioral abilities" will not be as fully developed as those of their counterparts (Browne, 2009:1). According to Carter (2005), Mulheir and Browne (2007), and Smyke et al. (2007), children in such institutional environments experience physical and mental development delays as a result of malnutrition, lack of stimulation and emotional comfort. They have learning disabilities, poor health and low immunity to diseases.

Citing Nelson et al. (2007), Browne maintains that young children under four years in institutional care do not receive the necessary attention and care from caregivers because of unfavourable conditions – "overcrowded, clinical environments with highly regimented routines, unfavourable caregiver to child ratios, and unresponsive staff who see their roles more related to nursing and physical care than to psychological care". Browne refers to Maclean's study (2003) to reiterate that children in controlled environments tend to stare at the walls and

are deprived of normal activities. Being in such restricted environments can negatively affect their physical development and motor skills.

The Effects of Institutional Care on Children's Intellectual Development

Dozier et al. reiterate the fact that many children, the world over, have been abandoned, maltreated and orphaned; as a result, institutional care has become their refuge. They believe that institutional care "is structurally and psychologically at odds with what young children need" and that it "does indeed have pernicious effects on the development of children" because of which "we should work to develop alternatives for orphaned and abandoned children"(Dozier et al., 2012). Therefore, they recommend "foster care, adoption, or keeping families intact as preferable alternatives". Even though they are fully aware of the shortcomings of foster care, they still believe that foster care has "greater potential for reducing developmental harm than institutional care, especially for the youngest children and most vulnerable children".

Dozier et al. (2012) consider Bowlby's attachment theory crucial to their understanding of developmental issues regarding young children. According to Bowlby, in order to survive, infants of any species need to "form attachments to primary caregivers", who are normally their parents. Their primary caregivers help them develop "regulatory capabilities". They learn to form "selective attachments to primary attachment figures" and to develop "the abilities to regulate physiology, attention, and behavior". Institutionalized children, are not likely to "develop clear, classifiable attachments to their parents and age-appropriate behavioral and physiological regulation".

According to various studies on the effects of institutionalization on children reviewed by Dozier et al. (2012), children in institutional

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care " have significant developmental deficits across every domain that has been examined" and their "social and interpersonal development is impaired, physical growth is retarded, and cognitive and language development is delayed". Their physical and cognitive development is definitely delayed. The longer they are institutionalized, the lower their cognitive ability.

The Effects of Institutional Care on Children's Cognitive Development

To understand the effects on children's cognitive development, we first need to look at Jean Piaget's Theory of Cognitive Development. In "Piaget on Childhood," written in celebration of Jean Piaget's 100th anniversary of his birth, Robert Siegler and Shari Ellis (1996) stress the significance of Swiss psychologist Jean Piaget's contributions: "Piaget's ideas remain central to current understanding of development during childhood". In 1970 Piaget proposed four stages of development and posited that the quality and quantity of "knowledge and understanding" differ.

The following table included in Feldman's *Understanding Psychology* (1996) contains the four stages and their characteristics.

Stage	Approximate Age Range	Major Characteristics
Sensorimotor	Birth -2 years	Development of object permanence, development of motor skills, little or no capacity for symbolic representation
Preoperational	2-7 years	Development of language and symbolic thinking, egocentric thinking
Concrete operational	7-12 years	Development of conservation, mastery of concept of reversibility
Formal operational	12-adulthood	Development of logical and abstract thinking

Source : Feldman, 1987 : 419

In the first stage, the sensorimotor stage, children are not yet cognizant of what surrounds them. They lack what Piaget calls "object permanence," which is "the awareness that objects and people continue to exist even if they are out of sight". During the ages of two to seven, or the preoperational stage, children begin to use language to describe "people, events, and feelings". They even become preoccupied with their own worldview. According to Piaget, children are absorbed in their "egocentric thought". To them, everyone else shares their perspective. Children at this stage cannot understand "the principle of conservation, which is the knowledge that quantity is unrelated to the arrangement and physical appearance of objects". In other words, they "do not know that the amount, volume, or length of an object does not change when its shape or configuration is changed". Between the ages of seven and twelve, during the concrete operational stage, their logical thinking in terms of "concrete, physical reality of the world" begins to develop. Their ability to think in "abstract, logical, and formal" terms does not begin until they reach the formal operational stage during the 12-adulthood period. At this stage, individuals are able to deal with problems "systematically".

Institutionalized children's cognitive development as described by Jean Piaget is disrupted: The negative effect of institutional care on the "development of the mind" has been elaborated upon by a number of studies. Beckett et al. (2006), Johnson et al. (2006), and Smyke et al. (2007) studied the effects of institutional care on children's cognitive development. According to Beckett et al. (2006), "Children who had been institutionalized for more than 6 months showed lower cognitive functioning than children who had been institutionalized less than 6 months". Johnson et al. discovered that children in institutional care

had "poor cognitive performance and lower IQ scores" than those raised in family-based care. Children in institutional care are affected not only cognitively, linguistically, and physically but also neurologically.

Smyke et al. studied the caregiving context in institution-reared and family-reared infants and toddlers in Romania. They maintained, "Children raised in institutions demonstrated marked delays in cognitive development, poorer physical growth, and marked deficits in competence. Individual differences in caregiving environment were associated with cognitive development, competence, and negative behavior among these young children being reared in institutions." (Smyke et al. , 2007).

The Effects of Institutional Care on Children's Behavioral Development

To help us understand institutionalized children's Behavioral Development, we should examine Lawrence Kohlberg's Theory of Moral Development to learn how children develop their socializing skills. In Moral Development: A Review of the Theory, Lawrence Kohlberg and his co-author Richard H. Hersh (1977) describe the three levels and six stages of the Kohlberg's theory of moral development. The terms used by Kohlberg to identify the three levels are the preconventional level, the conventional level, and the postconventional, autonomous, or principled level. At the first level, the preconventional level, children, recognizing the rules and being able to distinguish between good and bad and between right and wrong, tend to respond to such rules and labels in terms of reward and punishment. The two stages at this level are the "punishment-and-obedience orientation," when children obey the rules in order to avoid punishment, and the "instrumental-relativist orientation," when children follow the rules because of the benefits they can gain, not because of their sense of "loyalty, gratitude, or justice".

At the second level, or the conventional level, individuals consider others' expectations and wish to be accepted as members of society. The first stage of this level is the "interpersonal concordance or 'good boy-nice girl' orientation". At this stage, individuals do what others expect of them because they desire to be approved by others. At the second stage, or the 'law and order' orientation, individuals observe and follow society's rules strictly; they behave properly by "doing [their] duty, showing respect for authority, and maintaining the given social order for its own sake". At the final level, or the postconventional, autonomous or principled level, individuals try to define their own sense of morality that goes beyond what society has established. The first stage of this level is called the "social-contract, legalistic orientation". Individuals at this stage regard what is right in terms of "general individual rights and standards which have been critically examined and agreed upon by the whole society". In addition, they also consider "the right [as] a matter of personal 'values' and 'opinions'", and they feel that laws can change to benefit society as a whole. The second stage of this level is the "universal-ethical-principle orientation". At this stage, individuals view what is right as "defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency". In short, these principles are universal.

Institutionalized children seemed to exhibit "a much increased level of emotional/behavioral disturbance". Roy et al. (2004) explored "the extent to which this [emotional/behavioral disturbance] derives from genetic risk, adverse experiences before receiving substitute care, or from risks associated with substitute care experiences". After examining the data, Roy et al. point out that "to a very considerable extent, the high level of hyperactivity/inattention found in so many children being

reared in institutions is likely to be a function of the pattern of rearing rather than their biological background or experiences in early infancy". These institutionalized children were more vulnerable to hyperactivity/inattention than children in foster care or in biological families.

In 1978, Tizard et al. conducted a study on "The effect of early institutional rearing on the development of eight-year-old children". The study suggested that a policy of allowing parents to leave their children in institutions for a number of years may not be in the best interests of the child. It seemed likely that the common difficulties of many of the restored [reunified] and adopted children were due to their institutional experiences, perhaps in interaction with genetic or biological factors. Ex-institutional children in this study had problems of a particular kind in school more often than children adopted in infancy, and an explanation simply in terms of the effects of maternal stress before and after the child's birth did not seem adequate. Significant differences were found between institutionalized/previously institutionalized children and their non-institutionalized counterparts on total problem behaviors and anti-social scores. Deviations included restless behavior, poor peer relations, disciplinary problems and disruptive attention-seeking behavior.

The Effects of Institutional Care on Children's Social and Emotional Development

Erik Erikson's Theory of Stages of Psychosocial Development sheds a brighter light on how institutionalized children's social and emotional Development is negatively affected. In 'Understanding the Youth Development Model', the US Department of Education, describes youth development as "the stages that all children go through to acquire the attitudes, competencies, values, and social skills they need to

become successful adults". A renowned psychologist Eric Erikson (1902-1994) identified the eight stages of development that all children must go through - trust, which he linked to positive emotional relationship with caring adults, a strong sense of self-sufficiency, ability to exercise initiative, confidence in one's ability to master skills and navigate one's world, a well-formed sense of personal identity, a desire to be productive and contributing for future generations, the ability to experience true intimacy and a strong sense of personal integrity.

In his book titled *Understanding Psychology*, Robert S. Feldman explains that "each of Erikson's eight stages is represented as a pairing of the most positive and most negative aspects of the crisis of the period". The first stage called "the trust-versus-mistrust stage" covers the birth to one and a half years period, when infants learn to build their trust if their physical and psychological needs are fulfilled and their "interactions with the world are generally positive". The second stage, or "the autonomy-versus-shame-and doubt stage," is when children between one and a half and three years learn independence; therefore, they should be encouraged to explore freely. At this point, parents or caregivers must exert the right amount of control. If there is too much control, the children will not be able to develop their own sense of control. From three to six years, children go through "the initiative-versus-guilt stage," and at this stage they want to initiate activities on their own even though they feel a sense of guilt that "comes from unwanted and unexpected consequences of such activities". The fourth stage, or "the industry-versus-inferiority stage," covers children aged six to twelve years. At this point, a positive outcome of their development can be seen in their competency in social and academic areas. Erickson identifies the fifth stage experienced by adolescents as "the identity-versus-role

confusion stage". During this period, adolescents try to find out who they are, what their strengths are and what their roles are. In short, they try to discover their own identity. Their peers become more influential. The fifth stage, according to Erickson, is "a pivotal point in psychosocial development, paving the way for continued growth". As they enter adulthood, which extends from ages eighteen to thirty, they have to deal with a sense of isolation and intimacy characteristic of the sixth stage, or "the intimacy-isolation stage". The next stage is called "the generativity-versus-stagnation stage". At this point individuals want to make contributions to their "family, community, work, and society as a whole". The positive outcome leads to their feelings of pride and satisfaction with their lives. The final stage, or "the ego-integrity-versus-despair stage," is characterized by" a sense of accomplishment" without any regrets.

In their article titled 'Personality Development from Adolescence to Emerging Adulthood: Linking Trajectories of Ego Development to the Family Context and Identity Formation' Moin Syed and Inge Seiffge-Krenke (2013) reiterate Erik Erikson's definition of identity as "an internal sense of continuity and coherence across time and life domains". They summarize James E. Marcia's two key elements in youth's identity development, "exploration and commitment". As youth go through the process of exploration, they consider a variety of identity choices. When they decide to adopt a certain identity, their status is known as the "*achieved*" status. Those who have explored their identities but have not committed are known to be in the "*moratorium*" status. Those who make a commitment without going through an exploration process are called "*foreclosed*" while those who are "neither exploring their identities nor committed to an identity are *diffused*".

Browne (2009) and Quinton et al. (1984) studied the social and emotional impact on children in institutional care. According to Browne (2009), an institutional care or residential care home for children as "a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of adult carers," who are often not adequately trained to do their work well . Because institutional care has an "impersonal structure," young children in institutional care usually do not get warmth, affection and attention from professional staff, who are emotionally detached from the children in their care. Browne cites the studies done by Balbernie (2001), Schore (2001a, 2001b) which revealed that children under three years of age who are in institutional care may suffer long-lasting effects on their brain development which consequently impact their "social and emotional behavior".

Quinton et al. (1984) conducted a study titled 'Institutional rearing, parenting difficulties and marital support'. The study found that institutionally-reared women showed a markedly increased rate of poor psychosocial functioning and of severe parenting difficulties in adult life. While 25 per cent of the institutionalized women developed personality disorders, none of the [non-institutionalized] women exhibited personality disorders. In addition, institutionalized women were predisposed to lives of poverty more than the non-institutionalized women.

The Effects of Institutional Care on Children's Psychological Development

Children in institutional care are likely to develop psychological problems. According to Freud, our personality is complex. It has three related aspects: "the id, the ego, and the superego". Operating in

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accordance with the "pleasure principle," the id, present from birth, is "to reduce tension created by primitive drives related to hunger, sex, aggression, and irrational impulses" and to increase a sense of "satisfaction"/ happiness. Libido, or "psychic energy," is what propels/fuels the drives. To negotiate between the "realities of the objective, outside world," Freud identified the second aspect of our personality: the ego. The ego is capable of dealing with the world in a realistic manner while the id tends towards pleasure. Feldman explains that the ego "makes decisions, controls actions, and allows thinking and problem solving of a higher order than that the id can achieve". The superego, composed of "the conscience" and "the ego-ideal," is that part of our personality which allows us to make a distinction between right and wrong. As children learn about rights and wrongs from their parents, teachers and others around them, they infuse these lessons into their own sense of society's moral standards and principles. The two parts of the superego help us behave properly in society because we are restrained from doing something morally wrong by the conscience while we are encouraged to do good things by the ego-ideal. Since the three aspects of our personality do interact, "the ego, then, must compromise between the demands of the superego and the id, thereby enabling a person to resist some of the gratification sought by the id while at the same time keeping the moralistic superego in check so that it does not prevent the person from obtaining any gratification at all". Feldman points out that Freud also gave us a theory of personality development which describes each stage in terms of a biological function. He notes that, according to Freud, individuals develop defense mechanisms or ways to cope with anxieties and problems in order to protect themselves. They resort to repression by ignoring the problem, regression by busing infantile

behavior to deflect problems, displacement by taking out frustrations on someone less powerful, rationalization by explaining what occurs away to protect one's self-esteem, denial by refusing to accept what happens, projection by "attributing unwanted impulses and feelings to someone else," and sublimation by turning "unwanted impulses into socially approved thoughts, feelings, or behaviors".

In their article titled 'Psychiatric symptoms of adolescents reared in an orphanage in Ankara', Nuray Kanbur, Zeynep Tuzun, Orhan Derman (2011) discuss their study on psychiatric symptoms in two groups of male adolescents. The researchers used "Brief Symptom Inventory" to measure the subjects' psychiatric symptoms—"anxiety, depression, negative self, somatization, and hostility". The data revealed that adolescents in an orphanage had more "internalized problems" than those raised in normal family environments.

The Effects of Institutional Care on Attachment Disorder

An attachment disorder is another detrimental impact of institutionalization on children. Browne cites John Bowlby's theory of attachment (1969), which emphasizes the tie between a mother and her child and the negative effects of institutional care on children's developmental process. With regard to attachment, many studies have found that "the attachments of the majority of institutionalized children are incompletely developed or even absent, and many of these children develop "disorganized attachments" and "indiscriminately sociable behavior," which is described as "children's lack of reticence with unfamiliar adults, willingness to approach and engage strangers, and failure to maintain proximity to attachment figures in unfamiliar settings". Some institutionalized children experience attachment disorder compared to

those raised in a normal family environment or those "admitted to institutional care after the age of two years" according to Wolkind (1974) and Rutter et al. (2007) cited by Browne. Browne also refers to the discovery found by the studies done by O'Connor et al. in 1999 and 2000: "The presence of attachment disorder is more common in children who have spent more of their infancy in institutional care".

As suggested in the aforementioned studies, institutional care affects children's intellectual, emotional, cognitive, and behavioral development negatively. The studies show that children in institutional care also suffer from attachment disorder, depression, low self-esteem, low confidence, anxiety, hyperactivity, inattention, emotional and social behavioral disorders.

The following theories offer social workers and agencies responsible for children and young people in institutional care a basic understanding of the challenges faced by the children and young people in their care. With that understanding they can find ways to provide the children and young people with proper care that enhances their cognitive, psychological, moral, and social development processes.

Youth's Psychological Engagement and Motivation Theories

Being involved in productive activities can help young people develop a positive behavioral pattern. To get young people engaged in various activities is a challenge. In 'How Youth Get Engaged: Grounded-Theory Research on Motivational Development in Organized Youth Programs', Nikki Pearce Dawes and Reed Larson (2011) draw on various theories as they discuss the issue of youth's psychological engagement and motivation. The first theory referred to is a "flow theory" developed by M. Csikszentmihalyi, K. Rathunde, and S. Whalen (1993) in *Talented*

Teenagers: The roots of success and failure "suggests that deep engagement (the subjective state of flow) occurs when a person experience(s) the challenges in the activity as matched to his or her skills". Suzanne Hidi and K. Ann Renninger (2006) maintain that youth become interested and engaged in activities when those activities are personally meaningful to them. If an individual does not have any stake in an activity, he or she is not likely to develop a sustained engagement, as suggested by Ryan and Deci (2000) in their article titled 'Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being'. Dawes and Larson reaffirm the significance of youth's psychological involvement in activities when they see how the activities can help them develop "a sense of personal competence," and how they can connect with a purpose that goes beyond the self. Nickki J. Pearce and Reed W. Larson (2006), in their article, 'How Teens Become Engaged in Youth Development Programs : The Process of Motivational Change in a Civic Activism Organization' also find motivational and interest theories very useful as they address the issue of youth's engagement.

Young people can succeed with the support of caring adults and peers. Peter C. Scales, Peter L. Benson, and March Mannes (2006), in their article titled, 'The Contribution to Adolescent Well-Being Made by Nonfamily Adults: An Examination of Developmental Assets as Contexts and Processes', found that assets are factors that are beneficial to successful youth development. The more assets youth "experience," the more they can flourish. The forty assets identified by Search Institute are organized "'external' assets," which include "Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time," and "internal' assets," which include "Commitment to Learning, Positive Values, Social

Competencies, and Positive Identity". The internal assets are values and skills young people develop themselves as a result of their relationship with adults and peers who provide them with the external assets. Nonfamily adults who are caring can afford to give young people many developmental assets such as "support, empowerment, and boundaries and expectations assets" and contribute tremendously to youth's well-being and success. The authors also point out that the external assets provided by nonfamily adults "contribute to socialization processes, such as guidance, affection, modeling, monitoring, belongingness, and norm setting" that can help youth avoid "engaging in patterns of high-risk behaviors".

Syed and Seiffge-Krenke (2013) reiterate Erikson's definition of identity as "an internal sense of continuity and coherence across time and life domains". They summarize James E. Marcia's two key elements in youth's identity development "exploration and commitment". As youth go through the process of exploration, they consider a variety of identity choices. When they decide to adopt a certain identity, their status is known as the "achieved" status. Those who have explored their identities but have not committed are known to be in the "moratorium" status. Those who make a commitment without going through an exploration process are called "foreclosed" while those who are "neither exploring their identities nor committed to an identity are diffused".

Urie Bronfenbrenner's Bioecological Theory of Human Development is another crucial theory that is extremely beneficial to social workers. Urie Bronfenbrenner gave an innovative theoretical framework to the combination of nature and nurture components in human development.

In "The Vision of Urie Bronfenbrenner: Adults Who Are Crazy About Kids" *Reclaiming Children and Youth*, Larry K. Brendtro (2006)

reiterates Bronfenbrenner's point that children are influenced by people who are in their immediate surroundings such as family, school, and peers. Brendtro states, "A child's behavior reflects transactions within these immediate circle of influences. One can only gain an accurate understanding of a child by attending to transactions within the family, school, peer group, and neighborhood". He further explains that the relationship between a child and other influences is a "reciprocal transaction". In other words, they influence each other. "In the family, a parent influences a child, but the child also influences the parent. Once a child enters school, the teacher impacts the student, but the student also has an effect on teacher behavior. By adolescence, the peer group can rival and sometimes surpass the family and school as an agent of influence". According to Bronfenbrenner, Brendtro points out, children are happy with themselves and others when the ecological influences are in balance. If the ecology is bad, then children will experience "conflict and maladjustment".

In "Nature-Nurture Reconceptualized in Developmental Perspective: A Bioecological Model," Bronfenbrenner and Ceci (1994) acknowledge that there is a relationship between nature and nurture: "Underlying the bioecological model is a cardinal theoretical principle emerging from research on theories of genetic transmission, namely, that genetic material does not produce finished traits but rather interacts with environmental experience in determining developmental outcomes". They add that the psychological processes are "about something" and that "something," or "psychological content" includes "people, objects, and symbols" that "exist only in the environment". Therefore, the authors note that "development involves interaction between organism and environment". Bronfenbrenner and Ceci then offer three defining properties of the bioecological model:

Proposition1: Especially in its early phases, and to a great extent throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to henceforth as *proximal processes.* Examples of enduring patterns of these processes are found in parent-child and child-child activities, group or solitary play, reading, learning new skills, problem solving, performing complex tasks, and acquiring new knowledge and know-how.

Proposition 2: The form, power, content, and direction of the proximal processed effecting development vary systematically as a joint function of the characteristics of the developing person, of the environment-both immediate and more remote-in which the processes are taking place, and of the nature of the developmental outcomes under consideration.

Proposition 3: Proximal processes serve as a mechanism for actualizing genetic potential for effecting psychological development, but their power to do is also differentiated systematically as a joint function of the same three factors stipulated in Proposition 2.

In 'Toward an Experimental Ecology of Human Development', Urie Bronfenbrenner (1977) describes the ecological environment as "a nested arrangement of structures, each contained within the next": a microsystem, a mesosystem, an exosystem, and a macrosystem. According to Bronfenbrenner, a microsystem is "the complex of relations between the developing person and environment in an immediate setting containing that person (e.g., home, school, workplace, etc.)". A mesosystem, or

"a system of microsystems" is composed of " the interrelations among major settings containing the development person at a particular point in his or her life", while an exosystem is simply "an extension of the mesosystem embracing other specific social structures, both formal and informal, that do not themselves contain the developing person but impinge upon or encompass the immediate settings in which that person is found, and thereby influence, delimit, or even determine what goes on there". Both the mesosystem and exosystem embrace "the major institutions of the society" such as "the world of work, the neighborhood, the mass media, agencies of the government (local, state, and national, the distribution of goods and services, communication and transportation facilities, and informal social networks". Finally, a macrosystem, as defined by Bronfenbrenner, is "the overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exo-systems are the concrete manifestations". The macrosystems are in essence " 'blueprints' ".

Bronfenbrenner's bioecological theory of human development reconfirms the relationship between a person's genetic traits and his or her environment. A child's development is affected by those immediately close to him or her and by increasingly diverse types of influences as he or she grows up. Being aware of these environmental factors that interact with the child's genetic traits, parents or caregivers can understand and properly address issues concerning different aspects of the child's physical, psychological, social, and behavioral development and needs. When all the environmental influences are in harmony, the child will develop normally, and he/she will be happy as he or she grows up. This theory is most appropriate for planning rehabilitation strategies.

Robert McCall et al. (2012) in their study titled 'Development and Care of Institutionally Reared Children: The Leiden Conference on the Development and Care of Children without Permanent Parents' focused on children while they resided in institutions and after they were placed in "adoptive or foster families". It is well-known that institutionalized children experience developmental delays in all aspects physically, cognitively, socially, behaviorally, and emotionally. Institutionalized children tend to exhibit "indiscriminate friendliness" more than children raised in normal family settings because they want attention. Research has found that children who are transferred to family-based care at older ages experience more long-term problems than children who move to a family-based environment earlier. Institutional care is only a choice when no other choices are available to vulnerable and disadvantaged children.

Conclusion

Various studies presented in this article have shown that, no matter where they live in the world, institutionalized children have to face with the same developmental challenges. Such information offered by these scholars can help practitioners do their work more effectively and efficiently. Moreover, to assist practitioners with an implementation of youth development, experts have proposed different models that lead to the same "outcomes". The five goals necessary for youth to obtain so that they can make a successful transition to adulthood are discussed by R.M. Learner, C.B. Fisher, and R.A. Weinberg (2000) in 'Toward a science for and of the people: Promoting civil society through the application of developmental science'. The mentioned goals are as follows:

1. Competence : Positive view of one's actions in specific areas, including social, academic, cognitive, and vocational.

2. Confidence : The internal sense of overall positive self-worth and self-efficacy; positive identity; and belief in the future.

3. Connection : positive bonds with people and institutions-peers, family, school, and community-in which both parties contribute to the relationship.

4. Character : Respect for societal and cultural rules, possession of standards for correct behaviors, a sense of right and wrong (morality), spirituality, integrity.

5. Caring or Compassion : A sense of sympathy and empathy for others.

To achieve these goals, young people need support from many sources, "family, friends, schools, and other community institutions". Young people are to be provided with basic needs ("physical and psycho-logical health, food and shelter, safety, and other needs") and "a foundation of well-being". They should be included in the decision-making process and given opportunities to build leadership skills, "make a difference in their communities", and "establish a partnership between youth and family, school, and community". In addition, they should be given support to "overcome mistakes and feel safe emotionally and physically" and encouraged to interact with adults and peers in a positive manner.

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