

# The Conditions and Needs of China's Children's Welfare Institutes

## A Testimony of Significant Progress

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## **Abstract**

While Western reports have previously casted shadows over China's children's welfare institutes, this study conducts interviews as well as on-site visits for five geographically dispersed institutes and finds that they have undergone major change since the late 1990s. Influenced by new government policies and programs as well as social changes, China's orphanages no longer fill with female inmates but with children of both genders abandoned for their disabilities. Despite challenges associated with heavy disability statistics, participating orphanages boast excellent facilities and provide excellent nutrition, treatment, education, and post-orphanage services. Ensuing challenges include the need for additional medical specialists and more dynamic adoption and foster care systems.

**Keywords:** orphanage, children's welfare institute, China, demographics, conditions, needs

## Introduction

Western researchers and reporters have speculated the conditions of China's orphanages since the late 1990s. The publication of *Death by Default* (1996) - which accused orphanages of intentionally neglecting children - raised public concern and casted a shadow over the orphanage system (Mosher 1996). The authors' claims of intentionality, however, are difficult to validate and blur in the context of the nation's historical, social, and economic situation.

In the late 1980s, continued enforcement of the one-child policy rendered female infant abandonment an all-time high. Orphanages experienced significant increases in the number of female infants as well as mortality rates (Johnson 1993). Mortality statistics showed that, indeed, nearly half the infants - primarily female - died within the first few months of admittance to the system (Johnson, Huang, and Wang 1998). Despite these statistics, claims of intentionality blur in the context of circumstance. The under-funded and under-staffed orphanages lacked the means to treat disabilities and combat over-crowded conditions (Johnson, Huang, and Wang 1998; High 2013). Thus, there were, unsurprisingly, many cases of malnutrition, untreated disabilities, and "failure to thrive" syndrome. But who is responsible? Is there inherent fault in attitude or effort?

To better understand the attitude of the Chinese government and citizens toward abandoned children, this study focuses less on the conditions of orphanages in a time of extreme national poverty and more on the progress and conditions of Chinese orphanages today. As the economy has improved, the government has implemented many policies to spearhead positive change in the orphanage system. The Tomorrow Plan (2004) and the Blue Sky Implementation Plan (2006), for example, provide free surgery for disabled orphans and encourage construction of new welfare institutes, respectively (High 2013). These policies aim not only to create tangible change through increased resources but also to lead positive change in societal attitude toward abandoned children and the orphanage system.

Thus, this study aims to provide a holistic view of the current conditions and needs of Chinese orphanages. These findings are prefaced by information on the current demographics (i.e. disability statistics) of orphanage children – an important driver of orphanage operations and needs. Names of orphanages are replaced with descriptions between "urban" to "semi-rural" to provide insight into the areas' developments as well as to protect orphanages' identities. The terms "children's welfare institute" and "orphanage" are used interchangeably.

## Research Methodology

To understand both the historical and current nature of Chinese orphanages, literature review as well as on-site visits and interviews were conducted, respectively. Existing research provided insight into the historical conditions of China's orphanages. Both Western and Chinese literature were reviewed to minimize domestic or international perspective biases. On-site visits and two-hour-long interviews provided insight into the current demographics, conditions, and needs of China's orphanages. These visits and interviews were conducted at five state-run children's welfare institutes, spanning an urban, semi-urban, suburban, and two semi-rural areas between northeast and southeast China. The geographic dispersion of these sites allowed for a more nuanced understanding of orphanages in areas endowed with different resources.

## Results and Discussion

### *Current Demographics*

#### *Capacity and Usage*

Maximum capacities of participating orphanages range from fewer than 100 children to greater than 500 children. **Table 1** shows the current count and the maximum capacity of each orphanage. As shown, relatively urban orphanages tend to be at or exceed maximum capacity, while relatively rural orphanages tend to be well below maximum capacity. As related by the urban orphanage, rural orphanages often channel severely disabled children to urban areas for treatment unavailable in those former areas. The process generally guarantees full usage of resources at urban orphanages. Meanwhile, underutilization of rural orphanages reflects social changes that render fewer child abandonments.

**Table 1:** Count of Children and Staff at Each Orphanage

<b>Children's Welfare Institute</b>	<b># Children (Actual / Max)</b>	<b># Staff</b>
Urban	~500 / 500	~400
Semi-Urban*	~800 / 600	~260
Suburban	~200 / 400	~130
Semi-Rural-1	~40 / 80	~10
Semi-Rural-2	~200 / 500	~120

\*The semi-urban orphanage plans to move to a new, larger facility by the end of year 2016.

#### *Children's Demographics and Health - Overview*

The trailing effects of the one-child policy (orphanages with 90% female inmates) are weak (Johnson, Huang, and Wang 1998; "Shift in Orphanage Demographics", n.d.). China's orphanages are not nearly as female-heavy as in the late 20th century. The reported and observed boy-to-girl gender ratios at the urban and semi-rural-1 orphanages lie close to 1:1, and the gender ratio at the semi-rural-2 orphanage lies close to 1:1.5. Other participating orphanages did not disclose gender ratios but did not appear female-heavy either.

The health states of children in China's orphanages are poor. In fact, no participating orphanage claimed to have a single completely healthy child. Social changes render it unlikely for families now to abandon healthy, female children, and any healthy children are immediately adopted. Consequently, orphanages fill with children with sicknesses and disabilities.

The Chinese government's Tomorrow and Blue Sky Implementation plans contribute to the ~100% "disabled and abandoned" statistic. While the plans aim to improve children's welfare,

they actually incentivize abandonment – to an extent. As the plans cover children’s surgery fees and medical costs and help construct new welfare institutes, respectively, families who may otherwise choose to raise a child with disabilities - despite financial and temporal limitations - may now choose abandonment, in hopes that someone will find and bring the child to a well-resourced orphanage.

In short, with increased resources at the orphanage, more families abandon, believing that it leads to a greater chance of survival for the disabled child. An urban orphanage administrator relates a similar effect: “Every time we appear on the news, more ‘disabled and abandoned’ children appear at our front door the next morning.” That is, new coverage directly correlates with the number of children local police find on nearby streets. The publicity informs parents the location, resources, and overall attractiveness of the orphanage, incentivizing abandonment.

### *Children’s Demographics and Health - Observations*

The children have a wide array of disabilities. At a physical level, many have severe mobility impairments and confine to beds and wheelchairs. At an intellectual level, many have Down syndrome or other conditions that lead to severe cognitive delay. That said, with many conditions, such as Down syndrome, children experience both physical and intellectual delay. The following table generalizes and categorizes these disabilities and provides anecdotal and true observations of each case:

**Table 2:** Generalized Descriptions of Children with Physical and / or Intellectual Disabilities  
Note: ID = Intellectual Disability | PD = Physical Disability

	<b>Severe ID</b>	<b>No / Mild ID</b>
<b>Severe PD</b>	<p><i>Description:</i></p> <ul style="list-style-type: none"> <li>-Vegetative state*</li> <li>-Limited or no capacity to respond to caregivers or the environment</li> <li>-Dysphagia / swallowing difficulties; food and water intake involves injection through the nose</li> </ul> <p><i>Observation:</i></p> <ul style="list-style-type: none"> <li>-According to the urban orphanage, 80% of all inmates fall into this category as they have severe cases of down syndrome and / or other conditions</li> </ul>	<p><i>Description:</i></p> <ul style="list-style-type: none"> <li>-Fully or severely paralyzed but have some level of cognition</li> <li>-Cognition ranges from acknowledgment of presence to full communication with caregivers</li> </ul> <p><i>Observation:</i></p> <ul style="list-style-type: none"> <li>-A male child has neck-down paralysis, rendering him bed-ridden. Any physical movement produces sharp pains. Intellectually, he can fully communicate and can even read; however, he has below-average IQ since he has never interacted with the outside world.</li> </ul>
<b>No / Mild PD</b>	<p><i>Description:</i></p> <ul style="list-style-type: none"> <li>-Capacity to walk or maneuver a wheelchair</li> <li>-Limited independent activity; constant caregiver supervision</li> </ul> <p><i>Observation:</i></p> <ul style="list-style-type: none"> <li>-At every participating orphanage, there are a small handful of older (5 to 18-year) children that can participate in activities but rely heavily on caregiver instruction.</li> <li>-At the urban orphanage, ~15 / 500 children could receive special education, and another ~20 could participate in orphanage-organized activities.</li> </ul>	<p><i>Description:</i></p> <ul style="list-style-type: none"> <li>-Capacity to walk or maneuver a wheelchair</li> <li>-Cognitive capacity to attend local primary school</li> </ul> <p><i>Observation:</i></p> <ul style="list-style-type: none"> <li>-A male child has a slight leg length discrepancy but can maneuver a wheelchair and attend a local primary school. He can complete school assignments and has very neat handwriting.</li> </ul>

\*The vegetative state can be defined as “absence of responsiveness and awareness due to overwhelming dysfunction of the cerebral hemispheres” (Maiese, n.d.).

## *Conditions and Services*

The reported and observed conditions and services of participating children's welfare institutes are generally *excellent*. Each participating orphanage is equipped with administrators, doctors, nurses, special education teachers, and care-givers. Table 1 details the number of staff at each orphanage. Conditions and services of children's welfare institutes are further broken down and analyzed by physical environment, medical treatment, education, and special events.

### *Environment - Space, Equipment, and Toys*

The living and playing quarters of all five participating orphanages are clean, spacious, and colorful. Equipment includes rows of new-looking baby seats, clean-looking cribs, and covered surfaces for medical treatment. At the urban orphanage, as a testament to the amount of consideration that goes into designing the play space, different textured carpets line the floor so as to give children the feeling that they are moving through different territory.

At the suburban orphanage, there are, unfortunately, perhaps more specialized spaces for playing and learning than there are children healthy enough to enjoy these spaces. The facilities include an auditorium, mini gym, therapy center, dance studio, computer lab, music classroom, traditional classroom, and a playroom with "mini societies," some of which are shown in Figure X. The "mini societies" play room, shown in Figure Y, contains fun-size buildings, representing hospitals, libraries, post-offices, and kitchens, such that the children can learn about and explore *real society*. Although not every orphanage has these specialized spaces, all participating orphanages have clean, spacious, and colorful environments equipped with toys well suited to the children's learning and growth.

### *Food*

All participating orphanages reported adequate or more-than-adequate government funding for food. Hired nutritionists ensure that the food served is healthy and tailored to the children's various disabilities and diets. Children who suffer a disability such that they cannot swallow, for example, consume special formulas injected through the nose. Those who eat solid food consume well-balanced diets. The suburban orphanage, for example, provides children three meals as well as one fruit, one egg, and one carton of milk each day. Semi-rural-1 and semi-rural-2 orphanages provide a similar service and ensure three meals and two snacks each day.

### *Medical Treatment*

Medical treatment may be the most importance service China's children's welfare institutes provide, as ~100% of children have some form of disability. Of the participating orphanages, the urban and semi-urban orphanages are able to perform some small surgeries in-house, and the suburban and semi-rural orphanages outsource surgeries to nearby hospitals. All orphanages provide physical therapy services. The suburban orphanage details that it uses *li liao* (infrared methods), *shui liao* (water pressure methods), and physical exercise, for example, to counter diseased cells and correct aversive bone and muscle tissue conditions, respectively. Anecdotes of

successful physical therapy treatment include transformations from inability to ability to sit up to correction of inverted limbs.

There are many cases that illustrate the perseverant mentality of doctors and specialists at the orphanage. For an abandoned girl with a flipped reproductive system, for example, the semi-rural-1 orphanage applied for and supported seven surgeries before full recovery. The girl is now healthy-looking and able to walk and participate in orphanage-organized activities. Other cases that illustrate perseverance include a case of leukemia, for which the government has provided over 200,000 Yuan for treatment - and for which the orphanage continues to support; as well as a case of Jaundice, for which hospitals could not treat but the orphanage continues to treat. Thus is the nature of the persistence orphanage staff have for treating disabled children.

As for common sicknesses, treatment includes administration of prescribed drugs. Doctors and nurses are on-site and on-call 24/7.

### *Education*

For children who are of elementary school age, the orphanage provides a variety of formal and informal education opportunities. For children with IQs of 50 or above, the orphanage provides transportation services to and from nearby elementary schools. The semi-urban and suburban orphanages relate that a few children also go to schools specific for the blind and deaf. Those with IQs of below 50 - the large majority - accept special education if they are able.

The special education curriculum at the suburban orphanage includes the following: self-reflection, emotional health, interaction with nature, interaction with society, and life skills. The life skills course teaches day-to-day activities, such as how to catch buses and how to shop, for example. The goal is to help the children integrate with society upon leaving the orphanage.

In addition to personal and interpersonal skills, the orphanage also teaches many skills necessary for and specific to children with disabilities. As perhaps less discussed, the orphanage teaches users of wheelchairs how to safely get into a wheelchair, how to wheel up and down ramps, how to safely maneuver through a revolving door, etc. The orphanage team makes a large number of considerations in providing a comprehensive education for the children.

### *Special Events*

All participating orphanages organize special events to enhance children's learning and growth. As the semi-rural-2 orphanage relates, they organize field trips once or twice a month. These field trips include but are not limited to fruit picking, ocean viewing, or site seeing.

In addition to group outings, orphanages also organize on-campus activities. All participating orphanages celebrate International Children's Day, for example. As the urban orphanage relates, they treat June 1st as every child's birthday and celebrate with cake and other festivities. The suburban orphanage's Children's Day celebration was perhaps the largest - held in a balloon-and-confetti-decorated gym space and hosted by the city's most notable news anchor. They



invited award-winning dance and music groups from nearby elementary schools to perform for the children at the orphanage.

### ***Next Stop: Life After the Orphanage***

The care of the orphanage extends well beyond children's leave. As the suburban orphanage explains, they have partnerships with employers and can help young adults with disabilities find employment at printing presses, grocery stores, coffee shops, and bakeries. "One young adult even went to Su Da (university) and now works at a bank," the administrator mentioned. The orphanage's career services help young adults integrate with society and find stability in life after the orphanage.

In addition to career services, the orphanage also helps with wedding planning and housing. Wedding services that partner with the orphanage often provide free services; and orphanage caregivers often serve the roles of the bride or groom's mother and father. Later on, the orphanage also provides counseling and helps settle marriage disputes. As for housing, the orphanage applies, through the government, for qualified free housing for couples who grew up in the orphanage. The orphanage's role in the wedding, marriage, and housing processes illustrates the familial role the orphanage has and always will serve in the life of the adult.

### ***Ensuing Challenges and Needs***

Given the ~100% disability statistic, orphanages' overarching need is more medical specialists and physical therapists to treat various diseases and disabilities. Four of five orphanages suggested that additional specialists and therapists was their most pressing need. While participating orphanages already employ such specialists, the varied disabilities and need for treatment on a case-by-case basis create an even higher demand. Shortages also stem from challenges in providing competitive position and pay to attract enough such professionals.

Another challenge within the orphanage system is the stagnancy, or un-adoptability, of severely disabled children. This stems in part from the constant medical treatment these children require; and in part from a culture that places emphasis on the health and success of children. The suburban and semi-rural-1 orphanages explain that few Chinese families have the financial capacity and willingness to adopt children with severe disabilities; instead, the handful of adoptions is largely international. Thus, Chinese natives' qualified capacity to adopt children with disabilities renders stagnancy in the orphanage.

### ***Moving Forward***

While the orphanage provides exceptional services, it cannot truly substitute families and homes. At the orphanage, many children fall short in developing a full set of communication and life skills. Thus, as the suburban orphanage explains, they are trying to place more children in foster care - a suitable alternative for families who can only commit to guardianship for a limited period. The movement toward foster care can help more children integrate with family and society.

## **Conclusion**

China's children welfare institutes have undergone major change since the late 1990s. Demographically, orphanages no longer fill with female inmates but with children abandoned for their disabilities. The severity of these physical and intellectual disabilities vary greatly, but a majority of the inmates, especially those with Down syndrome, experience both types of disabilities.

Despite challenges associated with heavy disability statistics, the orphanage provides excellent conditions and services. The living and playing quarters are vibrantly colored, and there are many specialized spaces for activities; hired nutritionists ensure that the food served is tailored to different diets; doctors and nurses are always on-site and on-call and provide varied treatments; education options are available, and the special education curriculum teaches many life skills; special events enhance children's learning and growth; and finally, the care of the orphanage extends well beyond the orphanage.

As for ensuing challenges, overarching needs include additional medical specialists and more dynamic adoption and foster care systems. Participating orphanages are conscious of these challenges and are doing their best to move forward.

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