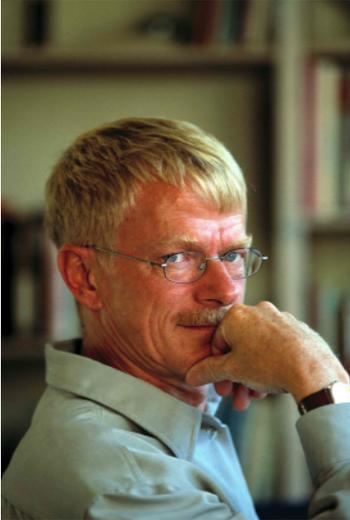


# **THE ORPHANAGE ATTACHMENT EDUCATION PROJECT NEEDS YOUR HELP!**

## **Who made the project?**



**Niels Peter Rygaard is a Danish psychologist working with deprived and attachment disturbed children since 1981. He is also an adoptive father. In this project he cooperates with the Danish Psychological Association, Copenhagen, and SOSUmedia, the School for media-based social worker training programs in Aarhus, Denmark.**

## **What is the project about?**

**In this world, there are 143.000.000 orphans. Many of these end up in orphanages. However poor environments orphanages may be, they are the only “parents” for many children.**

**After working in many countries (Peru, Canada, China, France, The Netherlands) as a supervisor and educator, I decided that orphanage staffs all over the world should be able to have a free-of-charge copy and use an educational DVD for developing their practices. I established a non-profit organization (see below) which is now running to finance and produce the DVD, and distribute through various organizations. The project is non-profit and the use of funds is controlled by The Danish Psychological Association, a parallel to APA (The American Psychologist Association).**

**Since the most important development in life is from birth to age 2, the DVD will contain a complete education program for 3<sup>rd</sup> World staffs and their leaders, directed towards the daily care and treatment of babies and infants. Simple examples, demo’s and instructions guide the staff through how to support good attachment in daily practice. The DVD will be multilingual, so that viewers can choose Romanian, Chinese, Spanish or any other native language.**

## How can you be of help?

You can do a lot without great efforts, and your help will be much appreciated.

You can:

- 1): Copy this link and mail it to an interested friend.
- 2): Send relevant info about funding or similar projects to: [npr@erhvervspsykogetherne.dk](mailto:npr@erhvervspsykogetherne.dk)
- 3): Send relevant info about how you can contribute to [npr@erhvervspsykogetherne.dk](mailto:npr@erhvervspsykogetherne.dk). Such as your skills: experience in orphanages, help with translations and speaking on the DVD, good quality photos or videos you made in orphanages, contacts you have in 3<sup>rd</sup> World countries, or what you think can help the project.
- 4): Contribute by funding. Please mail [npr@erhvervspsykogetherne.dk](mailto:npr@erhvervspsykogetherne.dk) for details.

*See the details of the project on the following pages*

**Thank you for your time! A lot of children will benefit from your help.**

# THE ORPHANAGE DVD EDUCATION PROJECT

LOW COST STAFF EDUCATION

AND REORGANIZATION OF ORPHANAGE

ROUTINES - ENHANCING HEALTHY DEVELOPMENT IN ORPHANAGE

CHILDREN



*9 year old orphanage girl celebrating her birthday. Due to early deprivation her height and weight is reduced by 1/3. Consequently the staff chose to make it her 4<sup>th</sup> birthday.*

Project Organization:  
Niels Peter Rygaard, clinical psychologist  
[www.attachment-disorder.net](http://www.attachment-disorder.net)

\*

In cooperation with the Danish Psychological Association



[www.danskspsykologforening.dk](http://www.danskspsykologforening.dk)

\*

SOSUMEDIA [www.sosumedia.dk](http://www.sosumedia.dk)

## **DVD MEDIA EDUCATION FOR ORPHANAGE STAFFS AND THEIR LEADERS**

### **Background for the project.**

Orphanage children are a large, marginalized population exposed to devastating risks. The loss of the biological parents and exposure to deprivation in undermanned orphanages increases the risk of arrested development: physically, emotionally and intellectually.

There are no reliable figures concerning the number of orphanage children, but UNICEF has an estimate of 143.000.000 3rd World children being orphans (having lost one or both parents). There is virtually no interest in these groups – scientifically, economically or otherwise.

In Europe, the former communist countries (as well as in more developed countries) have massive problems in caring for and educating this group. In a study of Romanian orphanage children adopted to Great Britain compared with in-country adoptees, Rutter (1998) found that each year of stay in a Romanian orphanage after age one meant a decrease in IQ of 10 % per year, that neurological development was delayed and insufficient, and severe social behaviour problems were frequent and for many continued into adulthood. It has been demonstrated by other studies for many years, that a high risk of exclusion from society (and criminal and generally antisocial behaviour) can be linked with early exposure to deprivation in orphanages. Former orphanage children are a large part of the prison population.

In short, the most devastating effects of orphanages are produced early in life after birth and up to age 3. These effects are not produced by poverty in itself, but by irrelevant organization and lack of education for orphanage staffs. Thus, the "Hospital model" is most commonly used. In this model, the staff member is not a caretaker, but rather an industrial worker looking after children by a number of fixed routines. The children are separated in beds and have almost no social contact. Being an orphanage staff member is a low status job, and often the level of education prior to working in an orphanage is extremely low. Healthy development is possible when growing up in an orphanage, if the culture in the organization emphasizes physical stimulation, relevant caretaking and methods that support emotional attachment to caretaker figures.

### **Major goals.**

This short introduction points to the desired outcome of the project: to *educate staff members and their leaders* in new working routines and daily organization by supporting the early attachment and stimulation level required to produce healthy citizens (The "Secure Base Model"). Also, even though small children are a minority in the orphanage population, *efforts from birth to age three will produce the most positive outcome* for the least effort.

The positive effects of education will supposedly lead to re-organization also for older children.

### **How can these goals be achieved at the lowest possible cost?**

A premise for developing methods is that *solutions must not include increased expenses in the orphanage budget*. Harsh as it may sound, the reality is that many orphanages have no possibility of expanding their budgets. Another premise is that *quality education programmes must be distributed*

*at the lowest possible costs* in order to reach as many relevant users as possible. Here, *electronic media come in as a way of spreading education, via the internet and via producing multilingual DVDs* that can be directly used by orphanage staffs and leaders.

The long-term goal of the project is to trigger a wave of orphanage staff education in Europe (and subsequently in 3<sup>rd</sup> World orphanages), and possibly to inspire an education network between orphanages and educational institutions. Another goal is to educate national instructors for orphanage organizational development. The final goal is to expand the DVD and internet distribution of education programs to 3<sup>rd</sup> World countries.

## **PROJECT COORDINATORS**

Responsible project leaders are:

**Niels Peter Rygaard**, clinical psychologist, MO and authorized by The Danish Psychologist Organization and MO ISSPD, The International Society for the Study of Personality Disorders. Works internationally with education of staff working with Attachment Disordered and deprived children. Author of books in several languages.

**The Danish Psychologist Association** has agreed to deliver the organizational framework for the project.

SOSUMedia: the **School for Social and Health Development**, Aarhus, represented by Jan Gejel, leader of the media department. The school participates in European development programs for marginalized groups in Europe. The media department specializes in producing media work relevant for these groups.

## **CONTENT OF EDUCATIONAL DVD PROGRAM**

The DVD addresses orphanage staff members and leaders. Of these, many have a low education level (some are illiterate), and the method is to give visualized simple instructions in healthy care practices and daily organization of caretaking. The sound side of the DVD gives instructions and teaching in the relevant local language.

Part 1 is to change the role of the staff member from “someone who is practicing industrial routines” to propagating the idea that the staff members are “the most important persons and caretakers in the early life of children”, thereby adding job value and social status for the staff members.

Part 2 is to demonstrate how early attachment is part of a healthy childhood in all mammals and human groups. That the parents keep close contact with the baby for the first years, and that crying, clinging and longing is a natural and positive reaction to physical separation.

Part 3 is to show daily organization in the Hospital Model and the results of deprivation. How the Hospital Model is easy to handle, apparently calms down the children, hygiene and feeding routines can be done quickly with a small staff. Followed by demonstrations of how the babies turn into

apathy, rock constantly or bang their heads into the bedpost, have poor health and lack of development. Underscore that few people know the disadvantages of this organization form, and that adverse effects are not the result of bad will in staff, but general ignorance about the effects.

Part 4 is to demonstrate the advantages and methods of the Secure Base Model. Including how the normal family caretaking traditions (such as rocking the baby and touching it) trigger brain development. Demonstrations of relevant feeding procedures and general early stimulation and demonstrating, that being isolated in a bed most of the day is counterproductive to development. Demonstrate how physical contact with other small children is a natural part of child development.

Part 5 illustrates staff discussions about how members care for their own children, and how this is generally done in the local culture. How these practices support healthy development (such as breastfeeding, using a cradle or a hammock, carrying the baby on your body, having frequent eye contact and vocalization, interaction with peers). Why staff members think and act differently when being at work towards orphanage children.

Part 6 is the efforts of staff discussing and implementing healthy caretaker procedures by reorganizing their daily routines and attitudes towards work. Including statements of heightened self-esteem, importance and meaning for the individual staff member. How certain groups of staff members take responsibility for a certain group of children, forming a “family” group, where social relations between family and child group is developed. How new routines are implemented such as “hide and seek” play, “hugging each other”, singing, sleeping in a hammock, etc.

Part 7 is staff discussing the problems and solutions regarding the changes in behaviour seen in the children. They are now much more active, but also disorganized in their behaviour as they “wake up” from deprivation. The individual iron beds have been put away, and instead milieus where children can interact, play and contact the “family” group have been installed. This is of course initially interpreted as “disturbance” and “chaos” by the staff, and some want to go back to the Hospital Model.

Part 8 is interview with the orphanage leader about the organizational changes and how they were coped with.

Part 9 is demonstrations of social life some time after reorganization, demonstration of increased growth and social competences in the children, interviews with staff members with a higher self-esteem.

Part 10 demonstrates how the isolation between orphanage and environment is broken down, by taking walks with the children in the environment, plying with local children or visiting kindergartens, etc. in order to promote integration and normalization of the children in local society.

Part 11 encourages the forming of developmental networks with other local orphanages and provides an international homepage address, where orphanages internationally, experts, NGO’s and authorities and charity groups are available.

## **PRODUCTION OF THE BASIC DVD**

The estimated time horizon for the DVD production is two years. This includes project planning, funding, contacts to one or more orphanages interested in participating, recording and editing material, production of one or more educational DVDs. In order to give PR value to the project, a film about the project for TV broadcasting is an option.

A number of private and charity organizations have consented to distribute the DVD to orphanages.

Reference:

Michael Rutter and the English and Romanian Adoptees (ERA) Study Team, "Developmental Catch-up, and Deficit, Following Adoption after Severe Global Early Privation," *Journal of Child Psychology and Psychiatry* 39, no. 4 (1998): 465-476.

