On-line Appendix (a)

The children were assessed over two years after training on childcare, nutrition and hygiene was introduced to selected employees. However, there were two important methodological limitations. First, the children were not the same ones in both time periods and therefore there were no data on the individual children both before and after the change; rather there were inferences that relied on the comparability of the groups. Moreover, you cannot study intra-individual change when you do not know what things were like before everything was reorganised. As far as effects on the children were concerned, it should be noted that at follow-up in 1995, enuresis was still quite common and there was more aggression than was thought desirable.

On-line Appendix (b)

Unfortunately, the community group was described as family dwelling although it is clear that double orphans (ie those losing both parents) and those abandoned by their parents will have had to experience a period when they lived outside any form of family group, presumably including periods of living on the streets. It is also pertinent that reported incidents of physical or sexual abuse was actually higher for those in family-based care than for those in institutional care (Gray et al. 2015). The follow-up data after three years (Whetten et al. 2014) showed that there was huge heterogeneity in the outcome of both the institutional care group and the community care group, but with the institutional care group doing better on some of the outcome measures (such as, better health, whereas the family dwelling group showed fewer emotional difficulties).

On-line Appendix (c)

To begin with, institutions varied considerably in both the children’s age when they entered care (with a mean of 5½ years) and the extent to which the institutions provided rearing in big wards or smaller ones (with a tendency for this to be related to the children’s own behavioural problem – those with problem behaviour been more likely to be placed in small wards) (Zhang et al. 2016). In addition, there is variability in different parts of Japan. But the key problem has been the fact that, for the most part, the research does not deal with early institutional care. Accordingly, there are no findings from Japan to discuss the focus on early institutional care.