

# Understanding the Lives of Children in Institutional Care and its Effects on Development

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## Abstract

*The detrimental effects of growing up in institutional care are pronounced due to structural adversities faced by children. Research confirms that Child Care Institutions (CCIs) mar children's socio-emotional, cognitive development and acquisition of formative academic skills. An intervention research was undertaken for ensuring holistic development of children in a Delhi based CCI. The present paper is a part of the larger intervention research. This paper aims to provide an insight into the lives of children residing in CCI along with perceptions of significant stakeholders regarding academic challenges faced by institutionalized children. The paper further attempts to examine the effect of developmentally appropriate pedagogical interventions for children in institutions through a pre and post test approach. A sample of 14 children aged 5-10 years were purposively selected as a part of this research. Informal discussions using unstructured interview guides were conducted with 9 stakeholders to understand the concerns and issues related to academic problems encountered by children. The performance gains from pre to post assessment also inform the effectiveness of the holistic approach when compared to a compartmentalized focus on academic performance. The findings are indicative of need for strengthening existing CCIs by providing training and supportive supervision to stakeholders to ensure quality care for children.*

**Keywords:** Children in child care institutions, socio-emotional competence, literacy skills, numeracy skills, contextualized assessment tools

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## Introduction

Millions of children residing in institutional care across the globe are exposed to adversities right from early childhood with most of them having one biological parent. Due to inescapable circumstances these vulnerable children are at an increased risk and likely to experience abuse, exploitation and neglect, negatively impacting their

development across domains. Recognizing the vulnerability of these children included in categories of especially difficult circumstances is a grave concern for the governments at state, national and international level. These children require appropriate care and protection and in many cases institutional support to ensure their holistic development.

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## Child Care Institution (CCIs): Status in India

According to UNICEF approximately 2.7 million children in age group of 0-17 years are living in child care institutions around the globe (UNICEF, 2020). A national level mapping exercise of CCIs conducted in India by Jena Committee in 2016, reported a total of 1.8 lakh children residing in CCIs. In total, 9589 CCIs were mapped. The total population of children in these CCIs was close to 0.37 million. These children were grouped in total of 15 categories. The first three categories of these children were children of single parents (31.81 %), orphan children (11.0 %) and abandoned children (2.0 %). Nonetheless, a child could be categorized in more than one category. Few of other categories of children were surrendered children, sexually abused children, and those who were used in child pornography in the same order (Ministry of Women and Child Development [MWCD], 2018).

India being a signatory to the Convention on Rights of the Child continues to emphasise its commitment through various national policies for children in place. Keeping the best interests of child in mind, the National Policy for Children, 2013 reiterates the efforts of government to provide temporary or permanent provisions close to family care for children who are deprived of parental care through alternate arrangements like adoption, kinship, sponsorship in an attempt to evade institutional care.

The Juvenile Justice (Care & Protection of Children) Act, 2015 categorizes vulnerable children of India in two categories i.e. children in conflict with law (CCL), and children in need of care and protection (CNCP). CCL is defined by Section 2 (13) as a child who is alleged or found to have committed an offence and who has not completed 18 years of age on the date of commission of such offence by Juvenile Justice Board (JJB). Section 2 (14) defines CNCP as orphan and single parent children, abandoned, missing or flee children, street and working

children, children of sex workers, children of substance abusers & prisoners, children of potentially vulnerable families and families at risk, children of socially excluded groups like migrants, families living in extreme poverty, scheduled castes, scheduled tribes and other backward classes, families subjected to or affected by discrimination, minorities, drug abusers, beggars, trafficked or sexually exploited, children of physical and sexual abuse, children infected/affected by HIV/AIDS, children in conflict with law and special children or children with disabilities (NIPCCD n.d; MWCD, n.d., p.11). Care and protection to these children is provided by Integrated Child Protection Scheme (ICPS).

The standards, structures, strategies and designated statutory bodies to meet institutionalized children's needs and rights, through satisfactory consideration, assurance, development and social reintegration are also set out by the Juvenile Justice (Care and Protection) Act 2015 (JJ Act). The fundamental statutory bodies portrayed in the JJ Act 2015 are the JJB for management of children in conflict with law and Child Welfare Committee (CWC) to oversee Children in Need of Care and Protection (CNCP). The JJ Model Rules, 2016 further lays down specific guidelines for providing infrastructure and physical facilities to the children in the CCI.

Furthermore, the JJ Act characterized 'Child Care Institutions' as "Children's home, Open shelter, Observation home, Special home, Place of safety, Specialized adoption agency, and a fit facility to provide care and protection to children in need of such services". In India, CCIs are set up by government, voluntary associations and religious organizations like ashrams, madrasas and missionaries with the objective of mainstreaming CNCP. The JJ Act further emphasises the importance of restoring or placing the child with family and considering the institutionalisation of children as a last resort. If unavoidable, the JJ Act advocates for ensuring the best interests of the child focusing on their right to survival, protection,

education, rehabilitation and re-integration into the society.

The Right to Education (RTE) Act, 2009 clearly mentions all children of age of six to 14 years across nation have right to free and compulsory education. The right clearly speaks that children belonging to vulnerable groups cannot be discriminated and prevented from getting the education on any grounds (Ministry of Human Resource Development [MHRD], 2009). Furthermore, school staff and administration is also liable to provide support and guidance to these vulnerable categories of children. Their teachers and educators must be alert and help these children to cope up from adversities suffered because of previous trauma and abuse experienced. While the RTE makes no mention of children residing in institutions, the directives from CCI management ensure admission of children enrolled in CCI to be admitted in a formal school. The National Education Policy (NEP) 2020 acknowledges children in vulnerable situations and discusses the disparities that continue to exist despite a steady progress observed in recent years. The NEP, 2020 recognizes the importance of Foundational Literacy and Numeracy as a crucial prerequisite to lifelong learning to address the learning crisis among children.

The schemes, policies and Acts discussed above showcase India's commitment to rights-based approach for children thereby making efforts to protect the vulnerable categories with efforts to ensure that quality standards of care and protection are in place. With efforts to provide a conducive and caring environment for children, the government strives to ensure learning, psychosocial and emotional needs of children. Thus the focus is to provide opportunities for holistic development of children in addition to fulfilling their basic necessities like food, clothing and shelter. Ironically these policies do not get implemented in the right spirit. The Three Years Action Agenda (2017 – 2020) of the National Institution of Transforming India recognises the paucity of authentic data

pertaining to children as an effort to design and execute effective policies and schemes (NITI Aayog, 2017). The lack of a warm, stimulating and protective environment in institutional care is negatively associated with the development and learning outcomes of children residing in CCIs.

## Status of CCI'S in India

Review of diverse studies in India informs a dismal state of CCI's across India. Results from a study conducted in CCI's located in Kerala inform the low quality of services provided by government and non-government organizations. Several issues like inadequate infrastructure, weak management, poor administration, half-hearted implementation, scarce resources, lack of commitment and meager resource mobilisation result in poor delivery of health, education and rehabilitation services. In addition to this, staff recruited in the CCI's are inadequately qualified or lack training to take care of children's needs (Sreepriya, 2008). Another study conducted by the Ministry of Women and Child Development highlights the vulnerability of young children in the age group of 5-12 years as the probability of them experiencing child abuse is much more when compared to children in older categories (MWCD, 2007). Another study carried out in Tamil Nadu looked into the factors associated with care of children in CCI. Various dimensions of quality of life namely physical, psychological, social relationship and environment were assessed and found to be moderately satisfactory, emphasising the need for improvement in CCI's (Khumar & Rangasami, 2020). Poor rehabilitation measures and inadequate facilities were seen in another review of literature of CCI's. The review informs the institutionalisation of children is prevalent because the families are not able to take care of their children due to economic backwardness and not because the children are orphans. The study further highlights the need for poverty alleviation programmes and income generation activities to address the grave issue of poverty (Bandi, 2021).

## Evidence from Interventions

Evidence informs customised long-term intervention ranging from six-nine months may reduce the impact of adversities of responsive care giving on children (National Scientific Council on the Developing Child, 2012). Beside this, providing safety and protection to children in every school and ensuring that all academic institutions have a child protection policy in place should be mandatory. This is crucial because after a certain age children spend more time at school. In many instances it is considered that children are closer to their teachers/tutors and peer groups (NIPCCD n.d.). Further, benefits of early intervention are far reached and hold true for holistic development including academic domain. The earlier the children are engaged in activities to strengthen their foundational skills, better are the benefits (Marathe, n.d.; Hough & Kaczmarek, 2011). As mentioned earlier, contextualised interventions work best. For instance, to improve language skills of institutionalised children, recognising children's present semantic skills and then engaging them in identification and associative activities that are child directed, interactive and engaging is essential (Moreno-Manso, García-Baamonde, Blázquez-Alonso, & Pozueco-Romero, 2015).

In addition to early and customised interventions, appropriate pedagogical practices need to be in place to ensure successful learning. Regular, customised trainings and ongoing mentoring and support need to be provided to caregivers and teachers, to equip them with practical skills to facilitate and encourage children's learning (Bettmann, Mortensen, Akuoko, & Tatum, 2017; Wright et al, 2014). These trainings ought to encompass components like development and academic needs of children, importance of child initiated activities. These skills and knowledge are effective in getting children actively involved, staying engaged and thus enhancing performance outcomes (Bredekamp, 2011; Wright et

al, 2014). Simultaneously, supportive and mental health services need to be directed for caregivers too (Lassi, Mahmud, Syed, & Janjua, 2011). Organising rejuvenation sessions, refresher trainings and supportive supervision for all stakeholders will be meaningful.

In India, little is known about social-emotional, literacy and numeracy needs of institutionalised children. The gap further widens because of limited availability of standardised tools for vulnerable categories. It further is amplified by lack of formal training among staff for effective test administration (National Research Council, 2001). Research informs that the existing standardised tools for understanding the development of vulnerable categories of children are biased and thus flawed (National Research Council, 2008, p. 233-234). Thus it is an onus on the researchers to conduct assessments of children carefully and appropriately using tools that help resolving educational problems, rather than creating them. While evidence across time and studies confirms the negative impact of institutionalisation on children's development, the lack of consensus for standardised measures continues to reiterate the need for appropriate measures in future research.

## Objectives of Paper

### The objectives of the present paper were to:

- i. Provide an insight into the lives of children residing in CCI.
- ii. Explore perceptions of significant stakeholders regarding academic challenges faced by children residing in CCI.
- iii. Examine the effect of developmentally appropriate pedagogical interventions for literacy, numeracy skills and social-emotional competence of children through a pre and post test approach.



## Methodology

As mentioned earlier this paper reports data from a broader intervention study designed to work with children residing in a CCI. A participative consultative approach was employed to understand the concerns of significant stakeholders and existing skills of children that facilitated developing meaningful and appropriate interventions.

**Research Design:** With the objective to strengthen the literacy, numeracy and social skills of children in CCI, a mixed method approach utilising qualitative and quantitative techniques was designed to collect data from CCI as a part of pre and post intervention research.

**Sample and Methods of Data Collection:** The methodology included selection of a purposive sample of 14 children in the age range of 5-10 years, recruited from the CCI.

**Qualitative Tools:** The engagement with staff members and children at CCI was for nearly three months, inclusive of observations and informal interactions with children to understand and highlight nuances of existing practices. Participatory and non-participatory observations lasting for 3 to 4 hours were conducted in village cottage homes (kuttis) of children. The anecdotal records from observations included descriptive and reflective field notes documented to gain an insight to the lives of children residing in kuttis. The purpose of informal interactions with children was to form rapport with children and hear their voices. Establishing rapport with children over a period of 3 months was beneficial in administering assessments and conducting effective interventions with active participation of children. Four researchers conducted joint visits for data collection to ensure reliability.

Informal interviews using interview guides and a focus group discussion (FGD) were conducted with significant stakeholders (caregivers) in CCI. The stakeholders included a Superintendent, Child Welfare Officer (CWO), Housemothers, a Housefather, Tutors

and a volunteer to understand the concerns and issues related to academic problems encountered by children. Further the interviews and FGD ascertained expectations of stakeholders at CCI to design contextual assessments and meaningful interventions.

**Quantitative Tools:** Customised tools were developed to combat the paucity of standardised contextual tools for vulnerable children in the age group of 5-10 years. To mitigate this issue the team referred to national level documents and existing standardized tools for children when developing assessment tools. Subsequent to development of contextual tools, the researchers were provided robust training before their administration with children. Detailed instructions along with a document for administration and scoring of the tools was developed which provided a ready reference for the team. It was ensured that tools were administered utilising a child friendly approach. Administration of tool for each child was in accordance with his/her pace. All the tools were pilot tested to ensure their appropriateness and reliability. While a pilot assessment and expert consultation were conducted to ensure the accuracy of tools they could not be standardised due to limited time and small sample size. The pilot also provided opportunities for familiarising with administration of tools. The data from assessments of children provided an insight to existing developmental skills and gaps among children which further facilitated in planning meaningful interventions.

## Findings from the Study

The observations, informal interactions with children and interviews with various stakeholders provided a nuanced understanding of lives of children residing in CCI, described in detail in this section. These findings were helpful in designing a comprehensive intervention with a play way and activity based approach for children and its effect was assessed. The interventions were comprehensive in nature with a focus

to foster children's literacy, numeracy and socio-emotional skills, as requested by CCI.

### Life in CCI

The findings from the research informed that functioning of CCI was aligned with the principle of family based care with an attempt to provide a feel of familial environment. Within the premises, four independent Kuttis (brick and mortar structures) were housed adjacently. CCI's physical structure and layout was child friendly. Each Kutti had provision of two bed rooms, a living area, a kitchen, a hand washing area (where three washbasins were installed), bathrooms and a large sized multipurpose room for relaxation (where children could study, play indoor games, watch television under supervision of the housemother). There was provision of space outside each Kutti for children to play individually and in groups. Each Kutti was easily accessible and children from one Kutti could visit, play and interact with children from other Kuttis during daytime and evenings. Each Kutti housed 8 - 10 children and a housemother. The housemothers were the primary caregivers to children and lived with them 24/7. Each housemother was responsible for basic needs namely food with adequate nutrition, care, affection, safety and security of children under her care.

### Lives of Caregivers of CCI

The visits to the CCI also revealed the periodic changes in the families of children. Within short durations of visits during the research it was observed that new children were placed in the family and a couple of former children had moved out. During an interview a housemother informed, *"the movement of children in and out of CCI is a dynamic process. Whenever any child is reported by an organization or reaches police station they are usually sent to nearest CCI. Sometimes children who are below 8 years of age are identified for adoption. They leave CCI or are shifted to adoption home, if they fall in age range of adoption. For instance, Sapna*

*(5 years) came to CCI three years ago. She has recently been identified for adoption. Hence she will move to adoption home and after few days once the formalities for adoption are completed she will start residing with her adopted family."*

The interviews with significant stakeholders revealed that there were no organised mechanisms to provide support and training to stakeholders to cater to children's holistic needs, including emotional needs. Interactions with housemothers revealed that their own families were financially dependent on them, while some reported that they were not in contact with their families. One house mother shared, *"I got separated from my husband at a young age. No one from my family came forward to support me. The struggle for existence for even basic amenities has been challenging ever since. I have a son and go out once in a month to meet him. I am worried how we will manage our lives after I retire from CCI."*

In-depth conversations with housemothers further informed that they themselves experienced emotional scars and instability as few of them were widows and had no support systems. Data from interviews and observations highlighted the limited skills among housemothers to handle children's emotional needs, particularly, those with difficult behaviors. They were not able to provide a positive and caring environment of love and affection that was required for younger children.

### Children's Routine: Packaged with Academic Activities

Discussions with stakeholders revealed that children's daily schedule was packaged with academic activities. The daily routine commenced with their waking up, having breakfast and getting ready to go to school. They returned in the afternoon, freshened up, changed their clothes and had lunch. From 3-5 pm they had tuitions scheduled in CCI itself (two female tutors visited CCI on a regular basis). In between, volunteers visited

CCI just to teach children. These volunteers were students pursuing graduation in various colleges in Delhi and volunteered for the activity as part of internship. Furthermore, the academic activities organised for children were not age appropriate with negligible use of teaching learning materials. The educators used a formal approach to teaching by not considering the children's past, age and needs. Consequently, they failed to create an interest among children.

Subsequently, in the evenings, children were engaged in story reading activities. Occasionally, children were engaged in recreational activities such as music and dance lessons. Thus the discussions revealed that four-five stakeholders were involved in teaching and interacting with the children. However, these interactions were limited to academics only. Children did not get sufficient time for physical and other activities.

The superintendent further expressed her apprehension regarding the engagement with diverse stakeholders. She felt it was quite likely that the different teaching strategies utilised by different stakeholders might have created a dissonance among the children. Consequently, these brief interactions of the children in CCI with many stakeholders and over-engagement with academic activities could be challenging and distressing. Frequent changes of stakeholders interacting with the children might hinder the formation of close socio-emotional bonds and consequently impact their academics and other developmental domains.

### **Stakeholders' Views about Academic Needs of Children**

Stakeholders, viz, the Superintendent, CWO, and tutors put forth that children were behind their grade expectations in terms of reading, writing and arithmetic. They informed that some children could not even read. Further they expressed their distress over children's lack of understanding about importance of education and disinterest

or lack of inclination towards academics. Nonetheless, as most of the children were previously on streets, the stakeholders did share the children's strengths as being 'street smart'. One of the stakeholders surmised that being 'street smart' could be because of their exposure to life on the street before entering institutional care. Similarly, another stakeholder revealed that children were very much aware about their rights in the CCI, for instance, their right to get food, and their right to different belongings. The stakeholders were of the view that the basic educational competencies would help shape the personalities of the children, cultivate their identity and build their knowledge and skills to fend for themselves, when they venture out of CCI. Consequently, all stakeholders emphasised on rendering educational interventions to children during two months summer vacation.

Aligning with the above discussion, the research team decided to plan a need based intervention for the children. Contextualised and customised tools developed to assess the current performance, strengths and challenges of children facilitated appropriate planning and meaningful educational interventions for effective individualised instruction for each child. The process of construction of tools is discussed in the next section.

### **Development of Contextual Tools for Assessing Developmental Skills of Children**

Desk review was undertaken to explore and identify tools to assess the literacy and numeracy and social skills of disadvantaged children (aged 5-10 years) in Indian context. Given the limited options available for standardized, contextual and age appropriate tools, the team decided to adapt and design tools to assess the literacy and numeracy skills of children in CCI.

The literacy and numeracy tools were developed based on the National Council of Educational Research and Training's School

Readiness Indicators (NCERT, 2017), and document titled Learning Outcomes at the Elementary Stage (NCERT, 2017a). *The School Readiness Instrument* by World Bank was also referred (The World Bank, n.d.). These national level documents provided direction on how the tools would be constructed and what indicators would be used. The items within the tools were contextualised to the children's environment and were placed in increasing order of complexity. Efforts were made to incorporate pictures from the

children's environment. This would facilitate children to identify with the pictures and construct meaningful sentences.

The checklist for assessment of social skills was developed in reference with documents titled *Accelerating Learning* (Development Assessment Measurement I was consulted) (Mobile Crèches, n.d.) and *A Guide for Nursery School Teachers* (NCERT, 1969). The checklist Performa was conducted with the house mothers of Village Cottage Home.

**The tools developed comprised of:**

**Figure 1.1: Tools and its Components**

| Literacy Assessment  | Numeracy Assessment  | Checklist for Assessment of Social Skills   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Listening skill</li> <li>• Speaking skill</li> <li>• Sentence formation skill</li> <li>• Reading readiness and comprehension skill</li> <li>• Creative writing</li> </ul> | <ul style="list-style-type: none"> <li>• Identification and classification (colors and shapes)</li> <li>• Seriation</li> <li>• Pattern completion</li> <li>• Sequential thinking</li> <li>• Concept: more and less</li> <li>• Match objects with numbers</li> <li>• Number repetition</li> <li>• Addition, subtraction multiplication and division (concrete objects and oral problem statement)</li> <li>• Number reading</li> <li>• Concept of time</li> <li>• Missing number</li> </ul> | <ul style="list-style-type: none"> <li>• Self-management skills</li> <li>• Self-awareness skills</li> <li>• Social awareness skills</li> <li>• Responsible decision making skills</li> <li>• Relationships skills</li> <li>• Negative skills</li> </ul> |

Subsequently, the researchers were provided robust training before administration of tools. Besides, detailed instructions along with a document for administration and scoring of the tools was developed and provided as a ready reference for the team. It was ensured that tools were administered utilising a child friendly approach. Administration of tool for each child was in accordance with his/her pace. All the tools were pilot tested to ensure their appropriateness and reliability. Content validity was ensured through several discussion sessions within the CECDR team.

## Interventions

The information from pre-assessments of children was utilised to plan meaningful interventions for children. The interventions for children were introduced through appropriate pedagogical practices focused on creating activity based, child-centered and play-based learning experiences and further aligning them with learning outcomes prescribed by NCERT. Energisers, puppets, storytelling, story making, video stories with subtitles and comprehension activities, quiz,



extempore, antakshari were implemented through individual activities, pair activities, small group activities, big group activities and whole class activities to nurture cognitive, language and socio-emotional development in children.

The contextualised pedagogical approach ensured active participation of children, a balance between child initiated and adult directed activities, flexibility and an inclusive approach in an attempt to address individualised learning plans for all children. Small and large group activities encouraged children to work in groups collaboratively and focus on their expression in front of all children. Regular interactions and sessions with research team to boost up self esteem ensured that children not only improved in self expressions but started taking initiatives in class resulting in improved academic performance.

## Pre and Post Assessments

Data collected in the process of pre and post assessment were analysed and interpreted to develop preliminary findings, conclusions, and recommendations.

The mean, standard deviation and t values for comparison of pre and post assessment of children on literacy are presented in Table 1.1 below. The results demonstrated statistically significant improvement in the basic Hindi literacy skills among children of age 7 years. The post-test scores of these children were significantly higher in comparison to pre-test scores ( $t=5.97$ ,  $p<.01$ ). The results informed an enhancement in letter recognition, letter reading, oral sentence formulation, and reading skills among these children. However, no significant improvements were noticed in literacy skills in children aged five and six years.

**Table 1.1: Descriptive analysis of the pre and post literacy assessment**

| Test Category | Group              | n | Mean  | Std. Deviation | Mean Difference | t-value | df | p-value | r     |
|---------------|--------------------|---|-------|----------------|-----------------|---------|----|---------|-------|
| Age 5 test    | Literacy Pre-Test  | 3 | 9     | 4.58           | 4.00            | 1.92    | 2  | 0.195   | 0.619 |
|               | Literacy Post-Test | 3 | 13    | 2.65           |                 |         |    |         |       |
| Age 6 test    | Literacy Pre-Test  | 3 | 19    | 0.00           | 0.0             | 0       | 0  | Nil     | Nil   |
|               | Literacy Post-Test | 3 | 19    | 0.00           |                 |         |    |         |       |
| Age 7 test    | Literacy Pre-Test  | 9 | 18.44 | 2.2            | 2.78            | 5.97**  | 8  | 0.001   | 0.873 |
|               | Literacy Post-Test | 9 | 21.22 | 1.09           |                 |         |    |         |       |

Post interventions, feedback from CCI Superintendent for literacy skills was reassuring: *“The most apparent change in the children is that they have developed an interest in reading. Few days back a child was able to read clearly lines from a newspaper article. Moreover, they have developed an interest and curiosity towards learning.”*

Table 1.2 shows the mean, standard deviation and t values for comparison of pre and post assessment (Mean difference

= 2) of children on numeracy. In relation to children of age 5 and 6 years, the pre and post assessment results indicated that there was an increase in the performance after interventions. However, this increase was statistically insignificant due to small sample size in these two age groups (two children aged 5 years and five children aged 6 years). The performance of children of age 7 years did improve but this improvement was insignificant due to chance factor.

**Table 1.2: Descriptive analysis of the pre- and post-numeracy assessment**

| Test Category | Group              | n | Mean  | Std. Deviation | Mean Difference | t-value | df | p-value | r    |
|---------------|--------------------|---|-------|----------------|-----------------|---------|----|---------|------|
| Age 5 test    | Numeracy Pre-Test  | 2 | 9.50  | 7.77           | -2.00           | 2       | 1  | 0.295   | 0.99 |
|               | Numeracy Post-test | 2 | 11.50 | 9.19           |                 |         |    |         |      |
| Age 6 test    | Numeracy Pre-Test  | 5 | 19.0  | 10.12          | -2.80           | 0.78    | 4  | 0.48    | 0.97 |
|               | Numeracy Post-test | 5 | 21.80 | 2.16           |                 |         |    |         |      |
| Age 7 test    | Numeracy Pre-Test  | 7 | 13.14 | 2.79           | -0.28           | 0.33    | 6  | 0.752   | 0.58 |
|               | Numeracy Post-test | 7 | 13.43 | 1.90           |                 |         |    |         |      |

Similar positive results were observed in the area of socio-emotional development that are presented in the case study discussed below.

#### Case study: Fostering Self Esteem

Meena, a 5-year-old girl was observed to be poor in self-expression. During early visits to CCI, it was observed that Meena would not take initiative in group work, be quiet and reserved in expressing her emotions. Similar observations were shared during interactions with the house mother of CCI. She informed that Meena would be sitting alone most of the times, did not participate in activities and made no efforts to talk to her or the other children. As a result, the other children started labeling her to be quiet and sad. In their efforts to encourage Meena talk, the stakeholders from CCI in their normal conversation would unintentionally use a lot of labels such as, “*Meena tum toh kabhi bhi smile hi nahi karti ho, tum toh har samay udaas hi rehti ho*” etc. (Translation: *Meena you never smile, you are always sad*).

Regular and consistent interventions were beneficial for Meena as she started expressing herself freely in a matter of one month. This was a moment of celebration for the intervention team. Sessions were further planned to create a positive environment, free of labels to promote a conducive environment for overall development of children.

## Conclusions

The findings from the study highlight the perseverance of the government to relocate the children residing in CCI's in a family

environment. Simultaneously create a family-like environment in CCI's, if children residing in institutions do not get placed in families. Disappointingly, observations and discussions with stakeholders informed relatively large group sizes of eight to ten children residing in one kutti. The burden of taking care of a large group of children prevented caregivers (housemothers) to form close attachments with children, minimised opportunities of quality interactions, and offered limited opportunities for responsive and warm caregiver-child engagements. Frequent changes in the family prevented close-knit relations among children and were detrimental, having a far-reaching negative impact on all encompassing development of children.

Observations of children's daily routine and discussions with significant stakeholders emphasised their opinion to focus on academic achievements of children and it was a major concern for all stakeholders. Though the expectations and aspirations of stakeholders have a significant impact on children's outcomes, it is important to draw attention to over-emphasis on academics that created hindrances in holistic development of children. Observations from the research further revealed that the stakeholders, specifically the housemothers and housefather lacked the skills to attend to the children in a proactive and responsive way. Apparently, discussions with housemothers informed

that most of them had a disturbed past and distressed family history. Acknowledging and addressing their personal and emotional upheavals adequately, providing them opportunities for training would facilitate a responsive approach in taking care of the children.

Lastly, developing meaningful interventions that are need-based for children in CCI are important. A major challenge experienced by the team was identification of contextually relevant tools to understand the needs of children in CCI. Research informs that the existing standardised tools for understanding the development of vulnerable categories of children are biased and thus flawed (National Research Council, 2008, p. 233-234). The present research highlighted the need for child-friendly standardised assessment tools for vulnerable children.

## Recommendations

The findings from the study highlighted a few recommendations as a way forward to improve the quality of lives of children and their stakeholders residing in CCI. The over emphasis of stakeholders on academics requires intentional efforts to consider a shift to organize a few opportunities from structured to free play. While addressing

children's academic needs are indeed important, it needs to be complemented with children's engagement in extra-curricular activities and unstructured activities of their choice. At this point it is important to reiterate that children need to be engaged in activities that are self-initiated. Additionally, there is a need to focus on holistic development of children which can be achieved only if there continues to be progress in all domains simultaneously.

Supportive and mental health services need to be directed for caregivers too. Organising rejuvenation sessions, refresher trainings and supportive supervision for all stakeholders will be meaningful. These trainings should be continuous and ought to encompass components informing stakeholders about development and academic needs of children to equip them with practical skills to facilitate and encourage children's learning (Bettmann, Mortensen, Akuoko, & Tatum, 2017).

Investments in development of child-friendly, standardised assessment tools for the vulnerable category of children will promote effective assessment practices. These will be valuable in informing the larger academia, policymakers and government about the status, needs and progress of vulnerable children.

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