

Alternative Care for Children: Institutional Care vs Family-based Care

Seema Naaz*
Anubha Rajesh**
Aghna Shujat***

Abstract

Globally population of vulnerable children have increased manifold over the years due to various reasons. In such a scenario the children are considered as the state's responsibility. Researchers have documented that family is the best place to provide adequate care and for optimum development of a child, however, circumstances compel them to go into alternative care. Henceforth several provisions including institution and non-institution based alternative care have been made available for vulnerable children in India and across the globe. Non-institutional i.e. family-based care option for such children have been considered best, hence deinstitutionalisation is a recent debate. However, deinstitutionalisation without proper planning might stumble the state and system. Institutions, as care options, are considered as the last resort, however their role cannot be negated keeping in view the huge population of vulnerable children in India. It's thus imperative that rather than haphazardly closing institutions, efforts to empower the institutions must be made to respond to the holistic development of children, according to their ages. Researches corroborated that children in these settings encounter multitude of delays and problems in various domains and academic performance. In India, few researches are available about social-emotional, academic delays and needs of institutionalised children. Therefore, this paper presents gaps and issues children face while living in institutions and also suggest that family-based alternative care options are yet to be evolved and accepted fully by Indian society.

Keywords: Vulnerable children, Deinstitutionalisation, Alternative Care, Academic needs, Social-emotional needs

Vulnerable children: Indian Scenario

Children who experience abuse, exploitation and neglect are categorised as vulnerable children (United Nations Children's Fund [UNICEF], 2010). In India, vulnerable children come under the purview of Integrated Child

Protection Scheme (ICPS) which provides protection to them. These children are those who go through "difficult circumstances" (Ministry of Women and Child Development [MWCD], n.d., p.7). According to revised ICPS, vulnerable children involve but are not confined to only these groups of children,

* Assistant Professor, CECDR, Jamia Millia Islamia, New Delhi

** Chair Professor, CECDR, Jamia Millia Islamia, New Delhi

*** Former Research Associate, Jamia Millia Islamia, New Delhi

“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, children infected/affected by HIV/AIDS, orphans, drug abusers, beggars, trafficked or sexually exploited, children of substance abusers & prisoners, street and working children.” (MWCD, n.d., p.11)

The vulnerable children have been categorised under two groups by the JJ Act and ICPS namely children in need of care and protection (CNCP) and children in conflict with law (CCL) (MWCD, n.d.).

Child Protection, Role of Family and the State

Child protection is a total of all the efforts to be made to safeguard children from circumstances that place their healthy development and well-being at risk. According to UNICEF, child protection means “preventing and responding to violence, exploitation and abuse against children” (UNICEF, 2006, p.1). The dimensions of child protection include measures and structures that avert and retort to physical, sexual, emotional or psychological abuse, child trafficking; child labour; abuse in home, school, and community; commercial sexual exploitation; and detrimental practices, such as child marriage and female genital mutilation, etc. Also, child protection includes reaching children who are particularly vulnerable without family care, living on the streets or in situations of disasters, whether natural or manmade.

Article 18 of the United Nations Convention on the Rights of the Child (UNCRC) emphasises the important role of both parents in ensuring the well-being of their child. It further states that the government is responsible for supporting parents or legal guardians of children to take optimum care

of children (Office of the High Commissioner for Human Rights [OHCHR], n.d., para. 1). Article 20 states that if residing with parents is not in the best interest of the child and the child’s optimal development is not supported then state has the responsibility to provide special protection to such a child and ensure that the child receives adequate care and protection that further respects the child’s language and religion (OHCHR, n.d., para 1).

Alternative Care: Children in Need of Care & Protection

The UNCRC (1989) has emphasised upon promoting and protecting the rights of children through development of policy and programme. Alternative care has specifically been dealt with in Articles 9, 18, 19, 20 and 21 of UNCRC. Henceforth, the UN Guidelines on Alternative Care came into existence in 2013 to enhance the UNCRC’s implementation.

The UN Guidelines for the Alternative Care of Children also outline two basic principles for alternative care. The first principle being necessity, prevents the unwarranted placements of children outside their homes. This principle asserts the foremost priority is that children are looked after in their homes that are close to their culture, language and religion and an alternate placement is explored only if care is genuinely needed. The second principle of suitability, states appropriate care should be provided to the children when required which meets their individual and unique needs. Consequently, primacy should be given in preventing the separation of children from their families (Article 9 of the UNCRC), unless the situation is grave and children continue to experience adversities. One of the key tools in providing for alternative care for children is the concept of continuum of care, starting from the most desirable practice, i.e. family strengthening to the least desirable practice, i.e. institutionalisation.

Continuum of care recognises family as the fundamental unit providing a supportive, caring and protective environment for

children and places institutionalisation at the last. Furthermore, significance of family for a child has been recognised by the producers of international human rights law and policy. Besides, a high priority has been accorded to continuum of care (Naaz & Meenai, 2019).

Need of Child Care Institutions versus Deinstitutionalisation

Family is considered to be the finest place for growth and development of a child. However, in case of separation of child from the family, which might be due to various reasons, the prevalent approach is to send such children to Child Care Institutions (CCIs) as provisioned in the Juvenile Justice (Care & Protection of Children) Act 2015 to provide care and protection to CNCP. This is however changing rapidly. It is being increasingly felt and there is enough scientific evidence too, that institutionalisation of children does more damage to them than any good. Children who grow up in institutions are known to suffer from cognitive, emotional and social impairments. They perform poorly in school, display behavioral problems and often suffer from anxiety and depression (Akhtar, 2018). There is also growing consensus that institutionalisation is not compatible with a human rights-based approach. According to UNCRC, provision of healthy familial environment which is full of care and love is utmost important for all encompassing development of children (OHCHR, n.d.).

There is no optimal place that nurtures and provides caring environment to a child to be raised in but a family. A family gives values, sense of belonging, self-esteem and cultural identity. Children who are brought up in families are more prepared to face the challenges of society and be social as compared to those raised in CCIs. Thus, CCIs are found to have a controlled and structured environment. Nonetheless they need to be supported for the optimal development of children.

The UNCRC directs that all efforts should be made to strengthen families to be able to continue to care for their children and where the family is incapacitated to do so, attempt should be made to place the child in family-based alternative care which includes guardianship, kinship care, adoption and foster care. It has also been emphasized that in addition to institutional care arrangements for the children, family-based alternative care options should be made available and institutionalisation should only be considered as a last resort that too for short term. While considering option of institutional care, placing children in small family-like environment like group foster homes is advised.

Each child is unique and it is essential to individually review the case of each child who requires alternative care. Henceforth, the action plan must be developed keeping the best interest of the child in view. UNCRC's Article 3 specifically emphasises upon the 'best interest of the child' while taking decision concerning them (OHCHR, n.d.).

Ironically, while on one hand we criticize institutions, there is an essential role that these institutions play. Over the years, the number of children in India who need a home and care are increasing steadily. On the other hand, the traditional support systems that have been in existence for decades where extended families play significant role in providing family-based alternative care (also known as kinship care) to the children are gradually disintegrating. Furthermore, kinship care was conventionally offered informally without intrusion of the Government (Naaz & Meenai, 2019). Hence there arises a need to have provision of formal CCIs for the CNCP to serve the underprivileged children in absence of family-based alternative care. Therefore, it raises questions on the process of deinstitutionalisation and shutting down of CCIs abruptly without addressing the need of having an alternative to these institutions which may provide family like care and environment to the

CNCP. Though these institutions are not the best places for children's development and growth as they focus on only providing them shelter and necessities. The process of deinstitutionalisation and promoting family-based alternative care must go hand in hand to provide best alternative to the children with a vision to have a robust system of family-based alternative care in place in India.

Developmental Delays: Children in Institutional Care

Globally research has confirmed that children in institutions experience a range of developmental delays. Evidence from countries, like, Ethiopia, India and Pakistan have shown prevalence of delays in physical growth, in form of stunting and malnutrition due to inadequate consumption of nutritious diet (Gultie, Sisay, & Sebsibie, 2014; Vaida, 2013). In relation to motor skills, children were found to have deficits in locomotion, eye-hand coordination, and bilateral coordination skills when assessed through standardized measures (Giagazoglou, Sidiropoulou, & Kouliousi, 2013; Roeber, Tober, Bolt, & Pollak, 2012).

Further, of major concern are the behavioral and mental health related problems of institutionalised children (Hawk & McCall, 2010). Factors, viz, inconsistent and inadequate responsive and sensitive care practices coupled with frequent changes in caregivers, particularly, during the first two years of life are attributed for several behavioral issues in institutionalised children and these challenges continue to persist even after adoption (Hawk & McCall, 2010). Cprek, Williamson, Mcdaniel, Brase, and Williams (2020) have established that adverse childhood experiences are known to render children vulnerable to developmental delays. Moreover, the impacts of problems faced during foundational stage of life were not only felt during early childhood, middle childhood and adolescence but also during adulthood. Sherr, Roberts, and Croome (2017)

through a retrospective study conducted with adults who were abandoned during infancy, revealed that they experienced difficulties in establishing and maintaining relationships, had trust issues and were in perpetual grief. Therefore, responsive care and positive interactions rendered to children in early years are of critical significance. Adequate provisions in terms of four aspects, namely, food security, quality of shelter, care giving and access to health services were found to be critical for psychosocial development of institutionalised children, particularly, in Low and Middle Income Countries (Huynh et al., 2019). Therefore, favorable environment irrespective of the settings is crucial for children.

The above discussion pertained to how institutional care, especially if experienced during formative years of life, cause developmental delays in children and has far-reaching impact even in adulthood. Likewise, research on academic needs of institutionalised children informs similar deficits.

Academics and Related Delays: Children in Institutional Care

Non-fulfillment of developmental needs impacts the academic and scholastic performance of children. In India, research on specific academic delays, such as comprehension and reading skills, among institutionalised children is limited. Merely, few research studies shed light on academic problems of such children; however, they only provide limited information. Kaur, Vinnakota, Panigrahi, and Manasa (2018), for instance, sampled 292 orphaned children and adolescents who were in the range of 4-17 years from Visakhapatnam in Andhra Pradesh and documented that more than two fifth children performed averagely, while more than one tenth had poor academic performance and the critical reason for the same was lack of expectations from the caregivers. Further, one important finding of this research was an association between

poor performance and lack of pro-social behaviour.

Internationally, researchers examined various academic related skills (Desmarais, Roeber, Smith, & Pollak, 2012; Hough & Kaczmarek, 2011). To elaborate, in US, Desmarais et al (2012) tested 23 post institutionalised children and 36 non-institutionalised children (who had always lived with their own families) on sentence comprehension skills and spatial working memory skills using standardised tests. On average, children in both groups were eight years of age. Before adoption, children were in institutional care in Countries, namely, China, Russia, Bulgaria, Romania and India. The results revealed that even though post institutionalised children had been residing in US for an aggregate of six years and were in supportive environment, then also, they performed poorly on these tests. The scholars submitted that these children faced problems in school-related language while their day-to-day language used in informal conversation was not affected. The scholars further put forth that special education intervention is required to incorporate activities and sessions on these two skills to address learning problems. Likewise, another research reported that institutionalised children adopted from East Europe, were able to express themselves, for instance, make a request and gain attention. While they did possess basic language skills, they made grammatical errors while speaking, and could not perform activities such as letter recognition, word matching and retell a story after recalling it. Moreover, children who were institutionalised for longer duration had poor reading performance (Hough & Kaczmarek, 2011). Keeping this in view, the authors suggested that activities which hone literacy skills of such children should commence early and adoptive parents need to engage children in varied stimulating activities, viz, read to children, enhance print awareness, and symbol recognition (Hough & Kaczmarek, 2011).

To conclude, various factors such as inconsistent care and inadequate personal attention to children in institutional care, limit children's skills to respond to cognitively engaging demands at school (Roy & Rutter, 2006). Consequently, understanding several developmental needs, viz, cognitive, language, academic and social-emotional needs and being responsive to them from early years is of utmost importance.

Conclusion & Recommendations

Statistics are indicative of increasing population of vulnerable children globally and in India, and so the number of children living in alternative care is on the upsurge. Although various instruments including UNCRC emphasise on the family's role in the care of a child, yet role of state cannot be negated. Hence, when families are unwilling or incapacitated to care for their children, these children become the state's responsibility. While it is acknowledged globally that family is the most appropriate unit for the holistic development of children, yet the vulnerable children are compelled to go in alternative care which includes institutional as well as non-institutional care options. The recent debate and agenda of deinstitutionalisation that lacks proper forethought put lumber on the state and system. On one hand there is an agenda of deinstitutionalisation i.e. closing of CCIs haphazardly with no preparation and place to go for these children living in the CCIs, and on the other is the vital role played by these CCIs in extending immediate shelter and care to the children in absence of satisfactory family-based measures cannot be shunned. Keeping the large child population and poor child protection systems in place in India, role of CCIs have been of an avenue that is never unapproachable for the CNCP. Indeed, there are shortcomings of keeping the children in institutions and institutionalisation should be considered as the last resort. Negative consequences of institutionalisation on children are known, however it too is evident that family-based alternative care options

are yet to be evolved and accepted fully by Indian society. In the current scenario where families are incapacitated to extend help to these vulnerable children, institutions shall continue playing their role. However their functioning may be enhanced through research and intervention. Though there is a dearth of research conducted on social-emotional, literacy and numeracy needs of children in CCIs in India, yet the international research and little that could be found in Indian context is suggestive of compromised holistic development of these children. Major areas of concern found among children living in CCIs were 'social-emotional skills, cognition and academic performance'. Researchers have vouched for rendering early intervention to children to ensure their optimal development. Importantly, apart from children, intervention to caregivers at institutional care is warranted in order to equip them to render quality care to children.

To address the issues discussed in this paper that are creating hindrance and negatively impacting the success of the care reform, a few recommendations are made. Below discussed strategies are recommended after delving into the current scenario of deinstitutionalisation in India and adopting them may assist in making the agenda of deinstitutionalisation a reality in India:

- Repair and strengthen the existing systems of care i.e. CCIs - It is understood that family-based alternative care options have their own set of limitations and might take longer to be accepted and embraced in Indian scenario. While attempting to shift the focus from institutions to family-based alternative care, primary efforts should be made to strengthen the existing system of CCIs to provide quality care to the children.
- Building resilient communities and families — When the endmost objective is reunification and reintegration of the children in need with their families and within the familiar communities, the foremost attempts should be made to build resilient communities who will

raise children who are resilient. Providing support through income generation programmes, psycho-social support for families and children, building support networks in communities, parenting programmes for positive outcomes, and sponsorship for children are a few strategies that may be adopted.

- Additionally, a situational analysis and need assessment of the families is to be done to understand the need of families so they may be capacitated to welcome their children back and reunified; proper planning and resources to support the system and families is needed.
- Adopt a preventive approach — Focus should be shifted to prevention programmes i.e. Family Preservation and Strengthening programmes. Preventive approach should be adopted so to limit the system's dependency on alternative care options for the vulnerable children. The families at risk should be identified and supported to prevent break-up of the families and efforts should be made to strengthen their capacities of caring for their children.
- Families are the basic unit of the society and strengthening the institution of family to overcome the issues like poverty, unemployment, neglect, abuse, violence, etc., is the key to keep children within their families.
- Strengthening of families may be done through income generation and livelihood programmes, hence one of the ways could be supporting the vulnerable communities in becoming financially capable and independent to be able to care for their children and those in kin.
- Investing and promoting research — Since there is a dearth of researches conducted with children's lived experiences, it is recommended that more researches should be taken up and funded at the state and national levels to study the needs of children in institutions and interventions must be planned accordingly.

- Gatekeeping — Gatekeeping as a concept must be given importance and should be used as a tool since it has a huge potential to warrant that a child is separated from their family only when necessary and unavoidable and in the best interest of the child. Also, it has to be ensured that appropriate family and community-based options of care to meet the holistic needs of the children are made available.
- Planning and management of the resources - Deinstitutionalisation is the ideological shift that requires consideration of certain challenges for effective implementation and successful/positive outcomes. The transition from institutional care to family-based alternative care options requires robust planning, intensive strategies, dedicated skills and adequate resources. The existing child protection cadre across the country needs a makeover in terms of capacities, which will help in functioning and facilitation on the ground level smoothly.
- Sustainability of the solutions should be of foremost importance — Last but not the least, sustainability of the care options should be considered. Many alternative care options require recurring expenditure/financial support like foster care, hence sustainable solutions that are in the best interest of the children should be promoted. Additionally effective and indigenous practices that are sustainable in local cultural context need to be promoted.

References

- Akhtar, M.C. N. 2018. Transitioning to Alternative Care and Deinstitutionalization. *Institutional Children Explorations and Beyond*, 5(1), 5-10. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/2349301120180102> (Accessed on 16th April, 2020)
- Desmarais, C., B. J. Roeber, , M. E. Smith, , & S. D. Pollak. 2012. Sentence Comprehension in Postinstitutionalized School-aged Children. *Journal of Speech, Language, and Hearing Research*, 55(1), 45-54.
- Cprek, S. E., L. H. Williamson, H. Mcdaniel, R. Brase, & C. M. Williams. 2020. Adverse Childhood Experiences (ACEs) and Risk of Childhood Delays in Children Aged 1 – 5. *Child and Adolescent Social Work Journal*, 37(1), 15-24.
- Gultie, T., E. Sisay, & G. Sebsibie. 2014. Nutritional Status and Associated Factors Among Orphan Children Below the Nutritional Status and Associated Factors among Orphan Children below the Age of Five Years in Gondar City, Ethiopia. *Journal of Food and Nutrition Sciences*, 2(4), 179-184. <https://doi.org/10.11648/j.jfns.20140204.23>
- Giagazoglou, P., M. Sidiropoulou, & C. Koulousi. 2013. Motor Developmental Delays of Institutionalised Preschool-aged Children. *Early Child Development and Care*, 183(5), 726-734. <https://doi.org/10.1080/03004430.2012.689760>
- Hawk, B., & R. B. McCall. 2010. CBCL Behavior Problems of Post-institutionalized International Adoptees. *Clinical Child and Family Psychology Review*, 13(2), 199-211. <https://dx.doi.org/10.1007%2Fs10567-010-0068-x>
- Hough, S. D., & L. Kaczmarek. 2011. Language and Reading Outcomes in Young Children Adopted from Eastern European Orphanages. *Journal of Early Intervention*, 33(1), 51-74. <https://doi.org/10.1177/1053815111401377>
- Huynh, H. V, S. P. Limber, C. L. Gray, , M. P. Thompson, I. Wasonga, V. Vann, ... K. Whetten. 2019. Factors Affecting the Psychosocial Well-being of Orphan and Separated Children in Five Low- and middle-income Countries : Which is More Important , Quality of Care or Care Setting? *PloS one*, 14(6), 1-12.
- Kaur, R., A. Vinnakota, S. Panigrahi, & R. V. Manasa. 2018. A Descriptive Study on Behavioral and Emotional Problems in Orphans and Other Vulnerable Children Staying in Institutional Homes. *Indian Journal of Psychological Medicine*, 40(2) 161-168. <https://dx.doi.org/10.4103%2FIJPSYM>.

IJPSYM_316_17

- Ministry of Women and Child Development. (n.d.). Revised Integrated Child Protection Scheme (ICPS). Retrieved from <https://wcd.nic.in/sites/default/files/revised%20ICPS%20scheme.pdf> (Accessed on 3rd April, 2020)
- Naaz, S., & Z. Meenai. 2019. Alternative Care in India: Issues and Prospects. *Rajagiri Journal of Social Development*. Rajagiri College of Social Sciences. Kochi, Kerala. Vol 11(1), 3-18.
- Office of the High Commissioner for Human Rights. (n.d.). Convention on the Rights of the Child. Retrieved from <https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf> (Accessed on 13th April, 2020)
- Roeber, B. J., C. L. Tober, D. M. Bolt, & S. D. Pollak. 2012. Gross Motor Development in Children Adopted from Orphanage Settings. *Developmental Medicine & Child Neurology*, 54(6), 527-531. <https://doi.org/10.1111/j.1469-8749.2012.04257.x>
- Roy, P., & M. Rutter.(2006). Institutional care : associations between inattention and early reading performance. *The Journal for Child Psychology and Psychiatric*, 47(5), 480-487. <https://doi.org/10.1111/j.1469-7610.2005.01526.x>
- Sherr, L., K. Roberts, & N. Croome. 2017. Emotional Distress, Resilience and Adaptability : A Qualitative Study of Adults Who Experienced Infant Abandonment. *Health Psychology and Behavioral Medicine*, 5(1), 197-213.<https://doi.org/10.1080/21642850.2017.1297238>
- The Juvenile Justice (Care and Protection of Children) Act. 2015. Retrieved from <http://cara.nic.in/PDF/JJ%20act%202015.pdf>
- UNICEF. 2010. Thematic Report 2009: Child Protection from Violence, Exploitation, and Abuse. Retrieved from https://www.unicef.org/protection/files/2009_Global_Thematic_Report_FINAL.pdf(Accessed on 3rd April, 2020)
- UNICEF. 2006. Child Protection Information Sheets. Retrieved from https://www.unicef.org/publications/files/Child_Protection_Information_Sheets.pdf (Accessed on 3rd April, 2020)
- Vaida, N. 2013. Nutritional Status of the Children Living in Orphanages in District Budgam, Jammu & Kashmir. *International Journal of Humanities and Social Sciences Invention*, 2(2), 36-41. Retrieved from [http://www.ijhssi.org/papers/v2\(2\)/version-1/G0223641.pdf](http://www.ijhssi.org/papers/v2(2)/version-1/G0223641.pdf) (Accessed on 29 July 2019)