

# Efficacy of Family-based Care As Compared to Institutional Care: A Careful Review<sup>1</sup>

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## Abstract

Family is the nucleus of the society and children are the nucleus of the family. Children are referred as supremely national asset of India. When children are in situation where family finds it difficult to protect their rights, Institutions intercede and protect as well as violate the rights of children. A significant portion of child population ranging from two to eight million in Africa, Asia, Latin America and in Eastern Europe are under institutional care . Children in institutional care are often termed as “No one’s children”, “Nobody’s children” as they are given least attention by the institution as well as society. An attempt is made to understand the functioning of institution in protecting the rights of children who are in need of care and protection. The measures for revamping the institutional care and revolutionizing family care were highlighted.

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## Introduction

Children being the nucleus of family are the asset and their rights need to be fulfilled for the development and protection of human resource of nation. In general the needs of children are often either go unnoticed or given least priority. Individual problems and social problems of any nature and severity have its implications on the protection and developmental aspects of children. The very basic data on number of children in institution care is lacking all over the world. Children in institutional care or temporary housing, children with disabilities, children living in street, children who are victim of trafficking are either undercounted or overlooked in survey data (UNICEF, 2014).

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The crucial role of voluntary organization and government in protecting the rights of children are undeniable. Nevertheless the effect of institutional care should be understood in urbane scientific method for promotion of mental health which is part of composite well-being of children for their development.

The present article proposes to achieve the following three objectives:

- To understand the forms and grounds on which children enter institutional care.
- To study the protection and violation of rights in Institutional Care.
- To suggest the course of action for better care for children in need of care and protection

### **Methodology**

This article is based on secondary data gathered from journal articles and newspaper articles. A deep understanding was made on protection of rights of children in Institutional Care.

### **Forms of Institutional Care**

The term “child care institution” means Children’s home, open shelter, observation home, special home, place of safety, Specialized Adoption Agency and a fit facility recognized under this Act for providing care and protection to children, who are in need of such services. The following are the definition provided in Juvenile Justice Act 2016 (*The Juvenile Justice (Care and Protection of Children) Act, 2015*).

- “Children’s Home - means a Children’s Home, established or maintained, in every district or group of districts, by the State Government, either by itself, or through a voluntary or non-governmental organization, and is registered as such for the care and protection including care, treatment, training, development and rehabilitation”.
- “Observation home - means an observation home established and maintained in every district or group of districts by a State Government, either by itself, or through a voluntary or non-governmental organization”.
- “Open shelter - means a facility for children, established and maintained by the State Government, either by itself, or through a voluntary or non-governmental organization”.
- “Place of safety - means any place or institution, not being a police lockup or jail, established separately or attached to an observation home or a special home, as the case may be, the person in-charge of which is willing to receive and take care of the children alleged or found to be in conflict with law, by an order of the Board or the Children’s Court, both during inquiry and ongoing rehabilitation after having been found guilty for a period and purpose as specified in the order”.
- “Special home - means an institution established by a State Government or by a voluntary or non-governmental organization, registered under section 48, for housing and providing

rehabilitative services to children in conflict with law, who are found, through inquiry, to have committed an offence and are sent to such institution by an order of the Board”.

- “Specialized Adoption Agency -means an institution established by the State Government or by a voluntary or non-governmental organization and recognized under section 65, for housing orphans, abandoned and surrendered children, placed there by order of the Committee, for the purpose of adoption”.

## **Reasons for Admission of Children in Institutional Care**

The reasons for caring children in an institution vary from family disorganization, single parenthood, parental unemployment, parental alcohol abuse, presence of domestic violence, and inadequate physical or mental health of parents, poor economic status.

- *Poor or Low Socioeconomic Status.* Poverty becomes the major factor for children getting into the institutional care and family members believe that basic needs of the child can be met through placing children in residential care (Pineiro, 2006). Not only family members many a times stakeholders who are not well aware of the importance of family care immediately make decision on placing children in institutional care even though institutionalization should be the last resort for the child.
- *Inadequate or total loss of parental care.* Family disintegration Children are placed in institution with a major reason that the parent or the family is not equipped to provide enough care and support for wide range of situation – death of one parent, presence of domestic violence, substance abuse by one or both parent, separated parent, physical or mental illness of parent, illegal relationship, extra marital relationship (Save the Children, 2014).
- *Domestic Violence.* 41 - 88 million Children in South Asia witness and become victim of domestic violence at home. South Asia witnesses higher domestic violence compared to the other regions in the world (Pineiro, 2006). Children who witness or victim of domestic violence seek the help of institutions for care and protection.
- *Substance abuse particularly alcoholism.* Alcohol abuse by parents increases the vulnerability of child abuse and neglect as well as domestic violence. Substance abuse by father or mother result in abuse and neglect of the children and thus find institutional care as the only option for coming out of the problem.
- *Children with special needs.* Intellectual disability, visual impairment, hearing impairment, children with HIV are considered as those who need intensive and perceived as institution as the best mode of service delivery. Children with special needs are perceived as burden by the family and they resort to institution as a way of relief from their responsibility.
- *Inadequate knowledge alternative family-based care / Lack of support for alternative family-based care.* The frequently opted model of care for children in difficult circumstances all over the world as well as in South Asia is Institutional care. Institutional Care becomes the common and immediate decision for rearing children despite the fact that it has tremendous maladaptive consequences on the developing child and it is costlier than other alternative care. Fox-Harding (1997) termed Institution is highly preferred as first option because of the “*rescue mentality*” (as cited in Bilson & Cox, 2007). NGO’s focus on residential care as it is easy to manage compared to other form of mode of family based

service delivery. Government support less for alternate care such as foster care, group homes, sponsorship, family strengthening programmes for children who have been orphaned, abandoned or separated from the families. (Save the Children, 2014). Support for families which widens the risk of abuse and neglect of children have not well established especially in South Asian Countries (Udayan Care, 2014).

- *Institution as business* Irrespective of the quality of care, institution fails to give importance to the best interest of the child. They justify themselves and the society as it is the best form of care for the child. Investment and regular resource from government and non-government serves as driving force for them to continue and develop the institution. (Parwon, 2006).

## **Protection of Rights in Institutional Care**

Most of the institutions meet the basic needs of the children including food, shelter, cloth, education and medical care. Studies reveal that institutional care result in meeting the basic needs of the child which the biological families fail to do so. Large scale cohort study on 2871 children who are orphaned and separated in sub-Saharan Africa, identified children under four broad models of care: institutions providing residential facilities, institutions providing residential and community-based support, institution which help in rescue, detention or other short-term residential program, family or community based care and self-care. Results concluded that institutional care were more likely to meet the basic material needs of children and each model of care had its own strength and weakness, hence tailor-made care environment can be opted for meeting the needs and fulfilling the rights of the children (Embleton et al., 2014).

Children and adolescents in institutional care exhibit adaptive and maladaptive thoughts, emotions and behaviors. Adaptive behaviors in physical well-being include not being obese, psychological well-being include resilience, coping with difficult situations and social well-being include good communication skill, assertiveness. Study on emotional competencies of three groups of adolescent – adolescents living in residential care, adolescents from normative population and adolescents from family with disadvantaged environment – revealed that there is no significant difference in level of emotional intelligence (Oriol, Sala-Roca, & Filella, 2014).

Adolescents with history of early institutional care exhibited less risk-taking and sensation-seeking behaviors (Loman, Johnson, Westerlund, & Pollak, 2013)

Despite the presence of evidence that institution cater to the need of the children, only very few institutions do meet the requirement of the child for overall development. Piles of research and many reported incidents transpire the fact that violation of rights happen in many institution throughout the world.

## **Violation of Rights in Institutional Care**

Children in institutional care are often termed as “No one’s children” (“4 lakh in childcare: State NGOs make a killing through donations,” 2014), “Nobody’s children” (“Child Welfare panels fail,

abuse continues at homes,” 2014). Institutions violate the rights of children by providing low standard of care and protection resulting in children growing into an adult with maladaptive thought feeling and behavior leading to unhealthy society.

### **Basic Needs at Low Standard**

Presence of warm, sensitive and responsive care are not noted in most of the institutions and the provision of basic physical essentials of adequate food, safety are not noted in some of the institution (McCall, Groark, & Rygaard, 2014).

Half cooked food, stale food, dirty dining area and unhygienic cooking utensils are not uncommon in institutions. Food is either insufficient or stale was served in institutions. Children are not informed about their right to have nutritious food. Very often the ill effects of intake of improper food are not reported to authorities. Only few incidents come to the notice of the general public through media because the children get admitted in hospitals for ailments.

Children were admitted for complain of fever, vomiting, abdominal pain (“10 girls of a home suffer from food poisoning,” 2015). Children are never allowed to ask for second serving (“The Pastor at the home loved to torture them,” 2014) (“We were tutored to say that we are treated well,” 2014).

One of the inmate in the government home reported that she was made to walk to bus stand with high fever making her difficult to stand on her own (“We were tutored to say that we are treated well,” 2014). Skin-related diseases are vivid among children in institutional care (“Yet another children’s home in Trichy violated rights,” 2016) (“Private children’s homes aided by corrupt system,” 2014).

When basic needs of the child including health, nutrition and shelter are not given in a standard way, which may lead to disturbances in mental health of the developing child (“We were tutored to say that we are treated well,” 2014). Physical illness including frequent headache, skin infections and ailments are conveyed during interview to the observers (Mukhopadhyay & Bhalla, 2016).

Education – Children need to have their education in a public school as possible as they can since the lesser instances of abuse among children who stay in child care homes are noted when compared to children who go out to a public school (“Child rescued from unlicensed home, fourth in 3 days,” 2015). Malnourishment of children is not uncommon in most of the institutions (“Yet another children’s home in Trichy violated rights,” 2016).

A 15-year old boy died in institution run by voluntary organization sent a shock wave to his brother who also stays in the same home (“Denied care in homes, kids go into world scarred,” 2014).

Sleep problems such as resistance to sleep, sleepiness during day, waking up during sleep were frequently reported by caregivers of children aged 4 and 12 years in institution (Abou-Khadra, 2012). Stellern and his team conducted an experiment using modified version of the laboratory temperament assessment battery for Preschoolers, in which children between 15 and 35 months who were adopted after institutional care and children reared in their biological families were compared and the result revealed consistent presence of emotional biases in children who were institutionalized at early years (Stellern, Esposito, Mliner, Pears, & Gunnar, 2014).

### **Abysmal State of Infrastructure**

Few institutions has standard infrastructure and meet the basic needs of children in most systematic manner. But many institutions in Government and non- governmental sector are in need of renovation of infrastructure and for sanitation. Shortage of staff and lack of adequate infrastructure are noted in case study on institutions (Mukhopadhyay & Bhalla, 2016).

Girl children take bath in the open area, skin ailments, malnourishment, corporal punishment are few drops of violation of rights in the protective homes (“4 lakh in childcare: State NGOs make a killing through donations,” 2014). The inmates are provided with few sets of dress which are insufficient, poor security system, dirty kitchen, cooking near a pool of sewage, crumbling and unpainted walls are some of the observation made by the reporters of newspaper.

The girls defecate in the open which was admitted by the warden of the home (“Govt shuts pvt homes, its own are cesspits of despair,” 2014). In yet another home, the children were compelled to bathe and relieved themselves in the garden despite of the availability of the toilet (“The Pastor at the home loved to torture them,” 2014).

In the findings of case study of institutions, it is mentioned that children were made to drink water from the bathrooms, no doors for toilets and bathrooms, leaky roof leading to poor sanitary conditions (Mukhopadhyay & Bhalla, 2016).

### **Physical Abuse**

Physical abuse under the pretext of disciplining the children is rampant across institutions. Corporal punishment is an accepted form of disciplining the children because people are not aware of positive disciplining the children. A six year old boy was branded with a hot iron rod for nocturnal enuresis (“Children make ‘damning’ statements against persons running the home,” 2015). The reporter from Times of India helped in rescuing a 10 year old boy who was selling soap bubbles in the street. When the reporter met the child after two days as a follow up, the boy alleged that the care taker of the home beat him repeatedly for not having his daily routines (eating, sleeping and bathing). The report also revealed that the child had bruises in the face (“Boy rescued from street says he was beaten by caretaker,” 2015). Children in government homes are beaten up, harassed by the staff of the institutions (“Horror stories from shelter for runaway kids,” 2012). A 13 year old

boy was allegedly beaten up with PVC pipe for refusing to clean the toilets (“Teen abused, assaulted in Bangalore govt-run home,” 2014).

Juveniles in conflict with law who are in government and private homes undergo poor or no rehabilitation. Maladaptive behavior among adolescents are either attended by Professionals with Inadequate qualification or unattended resulting in increasing violence and aggression in Place of Safety. Juvenile in government observation make use of the body to as canvasses to ventilate their emotions by making cut in their skin using a stick or rusted iron nails. Drawing of woman and outline of marijuana leaf depicted the obsessive thought over the maladaptive emotions of the juveniles (“Juvenile offenders find voice in body art,” 2015). Juveniles are physically abused in the pretext of disciplining them during their custody. The severe the abuse the more reported incidents. Many physical abuses go unnoticed or unreported. The custodial attack on a 17 year old boy who was detained illegally by the police resulted in major health problems for the juvenile who got admitted in the hospital (“Juvenile board orders release of detained boy,” 2016).

### **Sexual Abuse**

Incident of Sexual abuse happen in juvenile justice homes such as observation homes, children homes, shelter homes. Only very few occurrences of sexual abuse in institution are reported and many go unreported.

*“... the juveniles in conflict with law and children in need of care and protection have become India’s hell holes where inmates are subjected to sexual assault and exploitation, torture and ill treatment apart from being forced to live in inhuman conditions ....” – stated Mr Suhas Chakma, Director of Asian Centre for Human Rights.*

A girl child aged 14 year delivered a girl baby was rescued from an unregistered home (“Officials’ ignorance adds to children’s woes,” 2015). The death of a boy inside the state run rescue home raised the suspicion for sodomy as he had nail marks in his neck (“Boy found murdered at rescue home, sodomy suspected,” 2015).

An adolescent girl aged 14 year was sexually abused by the marital partner of the female warden of the home repeatedly followed by pregnancy and abortion (“Child Welfare panels fail, abuse continues at homes,” 2014). A girl with hearing impairment was sexually abused and became pregnant in a shelter home (“Nari Niketan rape case: Ex-staff held,” 2015).

A girl child was rescued from trafficking and was placed in an institution for care and protection a year ago was found pregnant carrying a five month old fetus (“14-year-old in govt-certified home found 5 mths pregnant,” 2016).

A 24 yr old man sexually abused two girl children aged 10 and 11 years at knife-point at a children’s home in Pollachi near Coimbatore (“Double life term, 44-year jail for Pollachi rape accused,” 2014). The death of a boy in the home for street children lead to the suspected case of

sodomy as he had nail marks on his neck (“Boy found murdered at rescue home, sodomy suspected,” 2015b). An adolescent boy alleged that the woman caretaker of a home sexually abused him for the past one and half a year (“Woman sexually abuses minor,” 2016). Sexual abuse is much more prevalent among the juvenile offenders and young boys become the victims in the hands of older boys in the observation and juvenile rehabilitation home (“Juvenile Offernders soft targets for police looking to solve cases,” 2016).

### **Run Away**

Children in shelter home and juveniles of correctional home run away from the place for varied reasons including meeting and joining the family, maladjustment with the environment or poor rehabilitation process. Run away from children’s homes are not often reported in newspaper but juveniles running away from correctional homes are reported. 33 juveniles escaped after having a quarrel as two groups and inflicted self injury by slashing sharp objects in the throat (“Juvenile Offernders soft targets for police looking to solve cases,” 2016).

34 Juvenile boys ran away from government shelter home (“Horror stories from shelter for runaway kids,” 2012). A gang of 12 Juveniles ran away from a remand home, who are in the age group between 16 to 19 year for the conviction of offences such as theft robbery murder and burglary (“12 juveniles flee Nashik remand home; search on,” 2016). Security guard of an government run home was thrown chili powder in his eyes by a gang of inmates who were remanded for varied crimes and ran away from the home (“Five minors escape from govt home,” 2015).

Juveniles who were charged for theft cases from different places removed a portion of grill of the bathroom and ran away from the home (“12 juveniles escape from Trichi observation home,” 2015). Juvenile in conflict with law from the observation home for the maladaptive behavior of theft, housebreaking and sexual abuse of a minor girl were escaped after attacking the security personnel of the home (“5 inmates of juvenile observation home attack warden, escape,” 2016). Repeated incidents of the run away with same juvenile running away repeatedly imply the failure in the protective system and unsystematic or poor presence of rehabilitative measures.

### **Mental Health Problems**

The mental health needs are often unrecognized and unattended in most of the institutions. And as a result the child exhibits maladaptive pattern of behavior during their developmental period. Thirteen juveniles who were remanded for various activities in conflict with law beat up the security guard during the morning hours (“Juveniles beat up guard,” 2015).

Maladaptive behaviors in well-being include retarded physical growth (van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2007), sleep difficulties, psychological well-being include high prevalence of disorganized attachment to the favorite caregiver among young children (van IJzendoorn, Schuenge, & Bakermans-Kranenburg, 1999), long term emotional problems, delay in cognitive performance (Sparling, Dragomir, Ramey, & Florescu, 2005). Younger children with a



history of long-term institutional care exhibit socially indiscriminate behaviors compared to children who were never institutionalized (Gleason et al., 2014).

Severity in symptoms of attention deficit hyperactivity disorder, reactive attachment disorder, oppositional defiant disorder and pervasive developmental disorder were highly present in children under institutional care compared to children reared in families (Ayaz et al., 2012).

Hundred and thirty-six children who were cared in institution during early years in Romania were evaluated for the presence of stereotypes and its correlation with language and cognition through randomized control trial. Results concluded more prevalence of stereotypes in children and were significantly associated with lower performance on language and cognitive developmental scales (Bos, Zeanah, Smyke, Fox, & Nelson, 2010).

Research study on three groups of children who were adopted with a history of institutional care, adopted with a history of foster care and non-adopted children were tested on neurological test (flanker) revealed that behavioral performance of children who are adopted after institutionalization had more problems with sustained attention, possibilities of deficit in processes underlying inhibitory control and error monitoring (Loman et al., 2013). Post institutional children showed difficulties with attention, impulsivity and hyperactivity (Kumsta et al., 2010). The children become highly prone to problems in attention and behavior regulation which increases with length of time in institutional care (Wiik et al., 2011).

The outcomes of conference Child Development and Child Welfare Placements held on August 2012 (Dozier et al., 2012) were listed below:

- Residential placements decreases monitoring and supervision by parenting adults. Detaching from parents and affiliation with risky peers coagulate as well as influence each other. Difficulty in developing adult competencies may arise due to non availability of adolescent's bond with parental figure. – R.Rogers Kobak
- Lack of parental attachment, protection and responsiveness during night for children result in long-term developmental problems and concludes that “group care was against nature” – Avi Sagi-Schwartz
- Higher prevalence of sexual abuse among adolescents in child welfare system (especially in residential care) was reported than adolescents of general population. Children are much more protected when in foster care than residential care. – Marinus van Ijzendoorn
- Adolescents are not permanently “damaged” in spite of the trauma they experience in child welfare system. Presence of consistent caregiver which forms a key factor for promotion of resilience is absent in grown up care setting (Engqvist & Rydelius, 2008). Not only the promotion is disturbed but group care also increases the vulnerability for delinquent behavior. Adolescent may get benefitted from short-term care in residential and should not live in for long periods of lifetime. – Joan Kaufman
- Attachment which is a very crucial factor in development resulting in sustaining of a relationship is more likely to occur in family settings – Charles Zeanah

The long term consequences on the children's future due to institutionalization are severe developmental delays, disability, irreversible psychological damage and high rate of suicide. Institutionalization results in increased vulnerability of the child to get involved in criminal activity when they grow as adult (Pinheiro, 2006)

### **Juvenile Delinquency: A Path towards Major Criminal Movement**

A juvenile who was in conflict with law became a criminal when he grew as an adult because of the abysmal rehabilitation and lack of family support. Rehabilitation and reintegration of the children are very meager and there arises a great need for imminent measures to combat the social problem of juvenile delinquency ("HC Panel punches holes in TN's Juvenile Rehab System," 2015). The crime committed by the juveniles in India are in constant rise (47%) over the last five year (2010 - 2014) and the primary responsibility in prevention, detection, investigation and prosecution lies with the state government ("Juvenile crimes up by 47% in 4 yrs, says Meneka," 2016). A teenage boy alleged for raping a 24-year old woman served two years of detention in a juvenile committed the same offence on eight-year old girl who was playing near her house as soon as was released ("Freed from juvenile home, teen rapes minor," 2016).

Government correctional homes are not fully equipped with professionals to rehabilitate the juveniles and as a result they are made to released with warning which increases the likelihood of committing the crime again ("More juvenile criminals walk free in TN than in other states," 2015).

### **Child Trafficking**

Some of the institutions get in contact with the organized crime of trafficking and mobilize the children from one part of the country to other, with the knowledge of parents and family members. Children as young as two and three were illegally cared by a home and they were kept in a separate house where an elderly woman claims that they were her grandchildren which she was not able to prove the same ("Child rescued from unlicensed home, fourth in 3 days," 2015).

### **Child Labor**

Child labor is present almost in all institutions. As the children are made to clean the campus including the toilets are considered as part of training them on independent skill training. The line drawn between training and labor is not a predefined term that exists among the general child population. Most of the time, the children do not get enough time to play and relax in the institution.

Children aged six years were made to break the floor with hammers, carry heavy workloads of broken stones on their heads in a private home ("All work, no play in this children's home," 2014).

The major form of child labor prevails in government as well as private homes are cleaning the toilets and bathrooms by the inmates itself (“Horror stories from shelter for runaway kids,” 2012). At times the acid and toilet cleaners become a health hazards for the children which affects their upper and lower limbs.

### **Non-compliance of the Rules and Regulations of JJ Act**

It is not uncommon to note that voluntary organizations follow the rules and regulations prescribed by the Act. Violations from the Act include registering the organization under JJ Act, appointment of qualified and trained professionals and caretakers, maintenance of infrastructure, providing basic amenities, training the children, protecting the children from all form of abuse, creating opportunities for meeting family members.

A Children’s home in southern Tamil Nadu housing 33 children left all of them on the roadside as they want to flee from the inspection by the authorities. Many children were maltreated – they were asked to cook food, corporal punishment was very much predominant and even they slapped with footwear by the person who is in charge of the home. On hearing allegations about the home and officials does not want the girl children to disclose the incidents and thus left them on the roadside. The home staff informed the parents to pick the children from the home and to take them to the family for half-yearly holidays, despite the fact children had to skip the exams. (“Orphanage children left on the roadside,” 2014).

Many homes are either unregistered or unlicensed for managing the institution in taking care of children (“Officials’ ignorance adds to children’s woes,” 2015) (“Child rescued from unlicensed home, fourth in 3 days,” 2015). All the children who are in need of care and protection are not produced before CWC (“Child Welfare panels fail, abuse continues at homes,” 2014). The eight children who were rescued from the unregistered home were not produced before CWC (“Officials’ ignorance adds to children’s woes,” 2015). Around 89 girl children were provided shelter and education without authorization from the concerned officials by a home functioning for 20 years (“Judge inspects unregistered home,” 2015).

Poor maintenance of records is a major problem in most of the institutions (“Yet another children’s home in Trichy violated rights,” 2016). Children were handed over to parents without proper verification of records and not produced before CWC (“Welfare groups violating Juvenile Justice Act: CWC,” 2016). Lack of qualified counselors are very common in almost all the institutions (“State’s social defence dept headless,” 2012).

### **Non Disclosure by Children**

The innocence and ignorance of children about their right for proper care makes them more susceptible to the instructions given by the staff for disclosure of happenings in the institution. Children are well trained to respond the questions in a positive way and inform that inspectors and officials that they are well treated and are happy about the institutional stay (“We were tutored to

say that we are treated well,” 2014) (“The Pastor at the home loved to torture them,” 2014) (“Child rescued from unlicensed home, fourth in 3 days,” 2015). The children were threatened with consequences for not telling the sexual abuse happening within the home (“Children make ‘damning’ statements against persons running the home,” 2015).

Very few institutional staff extend warmth and support for the children. Most of staff in institution maintain poor relationship with the children. The case study on institution revealed that poor or no relationship between the staff and the inmates with dispassionate interaction in one of the institution and presence of cordial relationship between the superintendent and the children in another institution (Mukhopadhyay & Bhalla, 2016).

## **Family Care**

Family Care or Family based care is the natural method of bringing up the children leading to healthy development. Review of Studies have confirmed the young adults who left institutional care are less successful when compared to the young adults who were with family care (Barth, 2002). A strong association were noted between childhood multiple deprivation and adult criminal behavior, whereas children with deprived background and good parenting did not involve in crime when grown as adult (Kolvin, Miller, Scott, Gatzanis, & Fleeting, 1990). Family support and quality care in institution for children are significant for inter-generational, transformative change (Wenke, 2015). Family-based care is extremely powerful and immeasurably better than institution even if the institutional environment is a well-organised one (Carter, 2005).

Families from low socioeconomic background, families with mental illness, substance abuse, learning disability or presence of domestic violence if given care and attention by the community and society will resolve the challenges that arise because of those difficult circumstances.

Children and adolescent develop into an adult with secure attachment formation, value human relationship and understand the family life when grown in family. Apart from the benefits on the individual, family based care is more cost effective than institutional care.

## **Cost and Care**

The assessment made by Every Child reveal the data that on average the cost of institutional care twice as expensive as community residential or small group homes, three to five times more expensive as foster care and eight times more expensive than providing strengthening support to vulnerable families (Carter, 2005).

$$\begin{aligned}\text{Cost of Institutional Care} &= 2 \times \text{cost of community residential or small group homes} \\ &= 3 \text{ or } 5 \times \text{cost of foster care} \\ &= 8 \times \text{cost of social services-type support to vulnerable families.}\end{aligned}$$

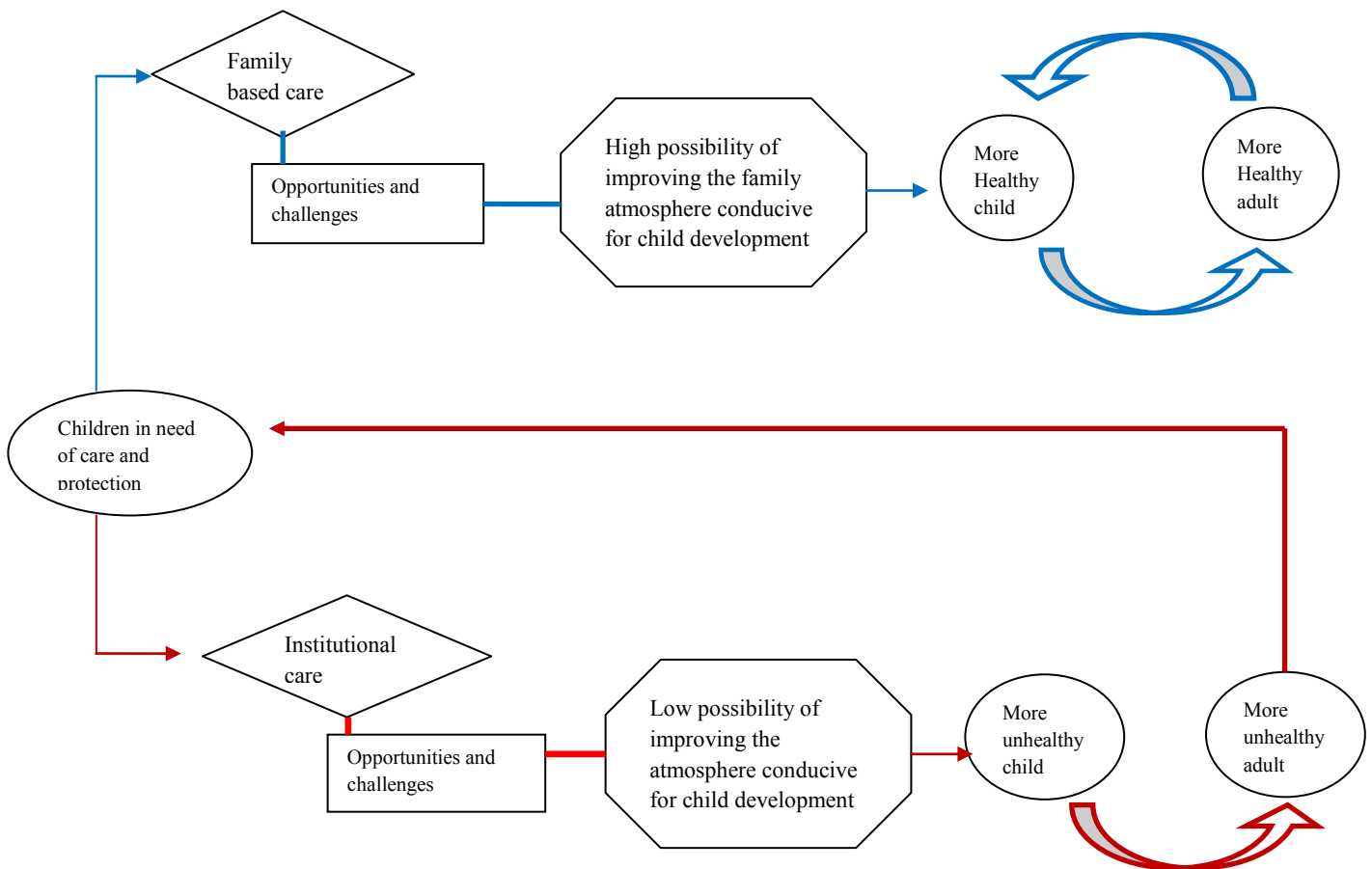
A Study in South Africa by Desmond, Chris and Jeff Gow (as cited in Williamson & Greenberg, 2010) revealed that

**Cost of Residential Care = 6 x cost of care for children in vulnerable families  
= 4 x cost of foster care or adoption**

Yet another study reveals that the experience of abuse especially sexual abuse is higher among children in institutional care (Barth, 2002).

**Sexual abuse among children in foster care or kinship care = 3.5 x more incidents of sexual abuse experienced by children in group care or institutional care**

**Fig.1: Repercussions of Institutional Care and Family Care on Society**



Though there is no study that pertains to the cost comparison of the various alternate care in India, Government of India, recognized the necessity of child development within the family environment thus incorporated the family component in the policies, laws and schemes.

The National Policy for Children 1974 has given importance to family environment for optimal growth of children and the necessity of society in supporting the family.

The Government of India adopted the National Policy for Children in 2013, to affirm the government's commitment to the right based approach in addressing the dynamic needs and challenges of children. The policy made survival, health, nutrition, development, education, protection and participation as the undeniable rights of every child and to receive highest priority. Reaffirmation in the policy includes

- *“all children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding;”*
- *“families are to be supported by a strong social safety net in caring for and nurturing their children;”*

The guiding principle of the policy also places much value on the family or family environment

*“Family or family environment is most conducive for the all-round development of children and they are not to be separated from their parents, except where such separation is necessary in their best interest”*

The fundamental principle of juvenile justice system laid in the chapter 2 of Juvenile Justice (Care and Protection of Children) Act 2015 includes Best Interest of Juvenile (principle 4), Family and responsibility (principle 5) and Institutionalization as a last resort (principle 12).

## **Revamping the Quality Standard of Institutional Care**

### **Deinstitutionalization**

The number of institutions need to be decreased and the number of children accommodated also need to be very small. Guidelines for the Alternate Care reinstates that residential facilities should be small and organized to resemble as far as possible, a family-type or small-group situation. Care resembling family-structure with 10 to 15 children, having strong connection with community and biological family can be a path for de-institutionalization (Udayan Care, 2014).

## **Improving the Quality Care in Institution**

Childcare institutions are mushrooming across the state and some state have more number of institutions than other states (“4 lakh in childcare: State NGOs make a killing through donations,” 2014). The existing institutions can be guided by the government to focus more number of children through non-institutional or community based care and the remedy is more non-institutional care and less standardized institutional care.

A comparative study on children in high-quality foster care and government sponsored foster care did show a significant difference in internalizing disorder which stresses the need for government investing in quality intervention for vulnerable children (Tibu, Humphreys, Fox, Nelson, & Zeanah, 2014).

Child rights activist stress the need for effective and complete implementation of Integrated Child Protection Scheme which advocates non-Institutional care through foster care and sponsorships (“Private children’s homes aided by corrupt system,” 2014).

The following recommendation by the High Court need to be adhered by the institution

- Filling up vacancies in correctional homes
- Parent ward meeting
- Appointing full-time counselors
- Separate website for JJ system
- Special Rehabilitation Centre for Children who are addicted to substance abuse (“HC Panel punches holes in TN’s Juvenile Rehab System,” 2015).

The administration in the district conducts regular meetings asking them to follow the guidelines given in taking care of children and managing the homes (“Orphanage children left on the roadside,” 2014)

## **Need for monitoring the compliance of JJ Act 2015**

Monitoring mechanism need to be strengthened for improving and sustaining the quality care in institutional care. Periodical inspection added with guidance becomes a dire requisite for developing the institution in protecting the rights of the children. Juvenile Justice Act meticulously specifies all the services which are need to be provided for the children in institution. Understanding and implementing the same will yield a better care for the children. Lack of functioning of monitoring system under JJ Act and immoral officials in the protecting system who violates the child rights (“Child rights activists plan stir,” 2015) are the major pitfall in ensuring the quality standard of the institutional care.

## **Need for Monitoring the Flow and Use of Funds for the NGO's**

Child care institutions run by voluntary organizations are aided by corrupt system (“Private children’s homes aided by corrupt system,” 2014). Some NGOs are not registered under the Foreign Contribution (Regulation) Act (FCRA) 2010 (“4 lakh in childcare: State NGOs make a killing through donations,” 2014). Non-Governmental Organization receive funds from the foreign donors and many do not comply with FCRA rules, for which the Union Home Ministry banned those organization from receiving foreign monetary benefits (“More than 1,000 TN NGOs banned from getting foreign funds,” 2015).

The allocation of fund for the best interest of children becomes the last priority for the state and central government. At times, there arises a need for the chief justice to intervene and state directions for the government officials with deadline and the consequences for the contempt of court. The bench of justice ordered the authorities to look into the issue of delay in flow of funds even for urgent matters concerning the benefit of children and juveniles (“Prioritise funds for children’s homes, remarks high court,” 2015).

## **Transparency**

Transparency is one of the key elements in curbing the violation carried out by the institutions. This lack of transparency leads to disclosure of correct information to the activist who try to collect data about the institutional services (“Lack of transparency denies activists access to govt homes,” 2014).

## **Revolutionizing Family-based Care**

Every time the child comes in for support, the strengthening of the family need to be given priority everywhere (Williamson & Greenberg, 2010). The importance of Family based care for children need to be imparted among all the stakeholders. Policies and Programmes need to be framed by the local governments followed by effective implementation of the same. The greater involvement of the general public in welfare measure through family based care result in formation of healthy society. Child rights activist were involving themselves in materializing the implementation of Integrated Child Protection Scheme and for getting allocated total funds from the Government (“Child rights activists plan stir,” 2015).

## **Conclusion**

In a nutshell institutional environment becomes non-natural environment for infants and children thus augmenting the vulnerability for maladaptive development. On the other hand, family based care is found to be good in all respect for the society, better for the government and best for the child.

However limiting the number of institutions in the community and improving the care in institutions enhance the adaptive development of the children and adolescents. Slow and gradual



awareness on need for non-institutional care is gaining momentum. The rights of children who are vulnerable will get protected through Societal Development focusing on vulnerable families, Revamping Institutional Care and Revolutionizing Family-based Care.

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