"A STUDY ON INSTITUTIONALIZED SERVICES FOR CHILDREN IN ERNAKULAM"

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ABSTRACT

Institutionalized children are the children in institutions who are in need of care and protection. The care they lack in their environment is provided through institutional services. It is essential to deliver the services offered effectively. Institutional service is an effective method in protecting the children in need of care by providing all aspects of needs for them. Children living in organizations were far from their birthplace and separated from parents and family members for protection. Studies shows that institutional care having problems on children in their behavioural and emotional development. The JJ Act of 2015 gives the standards for services in institutions. Researcher identified that most of studies focused on the developmental issues and problems and studies in Kerala context were lacking. So researcher identified relevance in studying Kerala context on the assessment of service delivery in which study focuses on the institutional service delivery and aims on identifying gaps on the services provided or delivered. Purposive sampling is used in the research through which 40 child care institutions in Ernakulam district were selected as samples. The researcher finds that majority of the organizations are delivering services as per JJ Act. Standards of services like Individualised care plan, suggestion box for complaints, vocational training were lacked in a few number of organizations. The proper monitoring system at regular intervals can help in effective service delivery.

CHAPTER I

INTRODUCTION

The UN Convention on the Rights of the Child (CRC) established the notion that children have the right to be heard and treated seriously in all situations concerning them. The Committee on the Rights of the Child, the organisation established under the terms of the Convention to review countries' progress in implementing its provisions, contends that this right should be considered as an underlying principle by which all other rights are protected and maintained. Historically, children's viewpoints and experiences have been ignored in favour of those of adults; young people thought to lack the ability and capacity to impact adult decision making, regardless of whether the decisions directly affect them. (Pais & Bissell, 2006)

1.1 CHILD

According to United Nations Convention on Rights of Child (UNCRC), of 1989 they are individuals who has not attained 18 years of age.

There has been a great increase in interest in children with emotional and behavioural disorders in recent years. To assist these childrens in overcoming their challenges, the government, statutory entities, and neighbourhood volunteer organisations have established new departments, clinics, and agencies. Much attention has been paid to the provision of evaluation, counselling, and preventative services, but little attention has been paid to how successful these services are. There may be issues with the ability to appropriately identify the reasons of the child's troubles. Of course, there may be issues

with the staff's ability to provide appropriate support to the children yet, proper care must be provided.(Helen & Boyd, 1981)

Philosophers have pondered the underlying nature of childhood and the environment that promote children's well-being for thousands of years. The ancient Greek philosophers Plato (428-347 BC) and Aristotle (384-322 BC) felt that schools and parents were responsible for teaching children the self-control that would make them productive citizens. However, both thinkers, notably Aristotle, were concerned that excessive discipline would suffocate children's initiative and uniqueness, rendering them unable to govern.

Plato and Aristotle both had theories about how knowledge was obtained. Plato contended that children are born knowing numerous physical objects, such as animals and people, as well as abstract concepts such as bravery, love, and kindness. Plato believed that children's experiences simply triggered information they had previously.(Kail & Barnfield, 2007)

Children were judged to be entitled to protection, adequate provision, and the ability to make decisions about their own life. Article 3 of the Convention emphasised the "best interests of the child" as the primary consideration governing all actions involving children, and Article 12 obligated signatory states to ensure that the child, who is capable of forming his or her own opinions, has the right to freely express those opinions in all matters affecting them. Article 12.2 requires that the child's opinions be taken into

consideration and acted upon in all decisions affecting the child, and this requirement extends to questions of research.(Nicholl, 2019)

1.2 INSTITUIONALIZED CARE

Institutional care is provided in a congregate living setting designed to address the functional, medical, personal, social, and housing requirements of people with physical, mental, and/or developmental impairments. Individuals with developmental impairments, mental retardation, persistent mental illness, and physical disabilities are more likely to receive care in institutional settings, such as orphanages, nursing homes, residential institutions, and rehabilitation centres. Care and services in institutional settings frequently include, but are not limited to, 24-hour supervision/monitoring, assistance with activities of daily living, skilled nursing care, rehabilitation, adaptive aids and equipment, psychological services, therapies, social activities, and room and board. The cost of institutional care varies according on the facility and the services provided.(Galik, 2013)

Early childhood development science is unequivocal on the relevance of early experiences, caregiver environments, and environmental risks on biological, cognitive, and behavioural development. Young children who are subjected to institutionalised care, which typically coincides with social deprivation and poor caregiver quality, are more likely to develop behavioural issues and psychopathology. Intervention studies of children who were institutionalised and then adopted or put in foster care give

evidence that a more pleasant caregiving environment may lead to improved growth, health, and development outcomes, as well as a lower risk of psychopathology overall and have the potential to repair the deleterious effects of early deprivation on hypothalamic pituitary axis functioning and neurobehavioral development. Prior research has looked at the impact of institutionalised care on neurodevelopment and found severe deficiencies. (Keil et al., 2022)

1.3 THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2015

An Act to consolidate and amend the law relating to children alleged and found to be in conflict with law and children in need of care and protection by catering to their basic needs through proper care, protection, development, treatment, social re-integration, by adopting a child-friendly approach in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established.

"Child in conflict with law" means a child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence.

"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 organisation, and is registered as such for the purposes.

"Child care institution" means Children Home, open shelter, observation home, special home, place of safety, Specialised Adoption Agency and a fit facility recognised under this Act for providing care and protection to children, who are in need of such services.

The process of rehabilitation and social integration of children under this Act shall be undertaken, based on the individual care plan of the child.

(1) The restoration and protection of a child shall be the prime objective of any Children's Home, Specialised Adoption Agency or open shelter.

(2) The Children's Home, Specialised Adoption Agency or an open shelter, as the case may be, shall take such steps as are considered necessary for the restoration and protection of a child deprived of his family environment temporarily or permanently where such child is under their care and protection.

(3) The Committee shall have the powers to restore any child in need of care and protection to his parents, guardian or fit person, as the case may be, after determining the suitability of the parents or guardian or fit person to take care of the child, and give them suitable directions

1.3.1 Types of homes under Juvenile Justice Act

• Observation Homes: These are temporary settlement set up by the state governments, by itself or under the agreement with NGO's to house children in conflict with the law during the pendency of any enquiry.

• Special Homes: These are established for long-term rehabilitation and protection of children in conflict with the law committed by the Juvenile Justice Boards (JJB).

• Children's Homes: These homes house children in need of care and protection who enter the juvenile justice system through the Child Welfare Committee. They are designed for transitional care and protection of children while their restoration order is passed by the Court, for subsequent long-term care, rehabilitation and reintegration

• Shelter Homes: These are open-door drop-in centers to provide shelter to children in difficult and incompatible circumstances. Admission in these homes can be attained though referral, or even through self-referral. They provide provisions to meet the basic developmental needs of the children.

1.4 CHILD CARE INSTITUTIONS

A Child Care Institution (CCI), commonly known as an orphanage, as defined under the Juvenile Justice Act, 2015, means Children's Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialised Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who need such services. Children in conflict with the law are provided residential care and protection in Observation Homes, Special Homes, and Places of Safety.

An Observation Home is intended for any child who is accused of breaking the law but is not placed under the care of a parent or guardian. Special Homes are for the rehabilitation of children who have done violation of the law and have been sentenced to them by the Juvenile Justice Board. The Place of Safety is intended to house a person above the age of eighteen or a minor in dispute with the law who is between the

ages of sixteen and eighteen and has been charged or convicted of a severe felony. According to UNICEF, India has roughly 30 million orphaned and abandoned children.

The Child Care Institutions in Kerala under the purview of JJ Act requires a unique solution to manage and monitor their activities. Women and Child Development Department (WCD) is providing grants for the homes management and these activities have to be recorded through this platform. The inmate's admission to the child care homes, and their transfer and release are to be recorded online and monitored centrally by the WCD. The staff working in the homes also to be enrolled through this system.

Child Care Institutions (CCIs), while being the last possible resort for safety and shelter for any child and the least desirable for long term or permanent placement, are the critical component of the JJ system, designed to provide a safe space where a child can recover from trauma, regain trust and gain skills to negotiate with the world outside the CCI. As per the JJ Act 2015, and JJ Model Rules, 2016, all CCIs, whether funded by Government or not, need to ensure safety, security, dignity and well-being of the children in the best child friendly manner as per the prescribed standards of care.

Many children in this country do not have a stable home or family. As a result, they become prone to bad conditions such as destitution, exploitation, abuse, torture, and so on. In this regard, Childcare Institutions such as Children Homes, Open Shelters, Observation Homes, Special Homes, Places of Safety, Specialized Adoption Agencies, and so on play an important role in providing a safe environment for children to grow and develop. It is

consequently critical that these institutions follow the precise rules and procedures outlined in the JJ Act, 2015 and the Rules enacted thereunder.

Infants and children raised in institutions have a higher rate of development impairment as well as unfavorable cognitive and social-emotional outcomes. Unfavorable caregiver-to-child ratios, poor surroundings, frequent turnover of professional careers, and a lack of training for caregivers on how to encourage the development of children facing stressed and helpless feelings are all established risk factors. Institutionalized children are also more likely to be sexually abused than the general population and foster children. Residential schools for children can be found in low, moderate, and high income nations ranging from North and Latin America through Europe, Asia, Africa, and the Middle East and North Africa. It is, however, challenging. (Lionetti et al., 2015)

When studying the growth of residential care trends, one can see that the kind of care and services available in these institutions during their early stages were fairly unsophisticated. They were primarily guided by two motivations: charity, and protecting society from the disruptions caused by these unwanted infants. The Indian institutional care scene followed a 'congregate method,' in which delinquents, destitute, orphans, crippled victims, and others of varied ages were gathered together and cared for under the same roof. The basic requirements for food, housing, and clothes were provided, but little attention was placed on their long-term rehabilitation. And providing meaningful rehabilitation programmes within the confines of the congregate model was nearly difficult. The improved expertise in child care practices and research results in the domain

of institutional care throughout time showed the necessity for modifying the structure of the residential care system. Eventually, the government and volunteer groups began to insist on providing a family life environment and specialized assistance so that these children may have the same developmental possibilities as children living with their parents. (Kochuthresia, 1990)

1.5 INSTITIONALIZED SERVICE FOR CHILREN

The government shall provide financial assistance to set up and administer Shelter Homes for such children. a minimum of one such Shelter Home in the State is to be notified and designated by the States/UTs as a Home for the care, detoxification and counselling of youngsters affected by substance abuse. These Shelter Homes shall offer day and night shelter facilities to the youngsters in need of support services for a temporary period. The Juvenile Justice (Care and Protection of Children) Act 2000 empowers the State Government either by itself or in collaboration with voluntary organizations to set up Children's Homes in every district or group of districts for the reception and residential care of such children. These homes shall serve as a home away from home.

The progress of the nation is dependent on the development of children. A kid should be encouraged to grow up in a home setting that fosters happiness, understanding, love, affection, and emotional support for the development of his or her individuality. The environment in which children grow influences their growth, development, and personality. Children are institutionalised for a variety of reasons, including poverty,

incompetence of parents, an unfavourable home environment, and health difficulties. Children's physical, psychological, and emotional development suffer when they are placed in institutions apart from their parents. The government required child care institutions to meet certain minimal requirements in order to provide effective rehabilitative services to children in need of care and protection.(R. Bandi, 2021)

Dormitory lodging should give way to cottage accommodation, with accommodations for house-parents who can provide love and affection to the children, as well as physical arrangements that create the ambiance of a family life. The JJ Act of 2015 specifies the basic specifications for accommodation or building in each child care facility. Each child's house must include basic amenities to suit the children's basic requirements, such as bedding, clothes, toiletries, and other incidental items.

Every institution is expected to educate all children, regardless of age or aptitude, and to keep a medical record on each kid and to provide sufficient medical facilities. There must be ample space for outdoor sports and games. (R. K. Bandi, n.d.)

1.6 CONCLUSION

Children in need of care and protection should be protected under Institutional care for their needs. There is relevance for the study in the current scenario. The children should be aware of their rights. Every institution should educate the children without considering their age and caste. Child rights should be ensured for every child and the lacking one should get these rights from the Child Care institutions. Thus, institution aims to provide

the living condition that feels like a home. Their social, emotional and basic needs should be achieved by the services provided. It is significant to check on or follow up on whether the services were delivered efficiently. Thus, by doing this research, the researcher aims to get an idea on how the staff were taking care of the children and whether they are getting enough services for the children in institutions.

The caregivers or staff of the organization should know about the rights of the children. They also should be aware on the services that provided by the institution which helps in the overall development of the child. As the children were the future assets, the study is relevant in the scenario and the topic was taken for study. The delivery of the services should be monitored accurately for the efficiency of organizations.

CHAPTER 2

REVIEW OF

LITERATURE

2.1 INTRODUCTION

Children are the individuals who are under 18 years of age. Every child has the right to education, protection and freedom to live. In some children, they are not getting the enough living condition and safe environment. They were protected under some institutions. And the Institutional care should provide the needed care, safety and protection for the institutionalized children.

The chapter discusses on the papers related to Institutionalized children in Global Context, Institutionalized children in Indian Context, Institutionalized children in Kerala context, Institutionalized care, Child Care Institutions, Need of Institutionalized Care and Problems in Institutionalization.

2.2 INSTITUIONALIZED CHILDREN IN GLOBAL CONTEXT

(Suzuki & Tomoda, 2015) studied that although early life stress is recognised to have an impact on mental health, the underlying mechanisms of its effects on depressive symptoms in institutionalised children and adolescents have received little attention. To investigate the role of attachment and self-esteem in the association with ACEs and depressive symptoms, 342 children (149 boys, 193 girls; ages 9-18 years old, mean age = 13.5 2.4) living in Japanese residential foster care facilities completed questionnaires on internal working models, self-esteem, and depressive symptoms. Their caregivers filled out ACEs surveys. The findings indicate that the adversity of child maltreatment influences depression via attachment patterns and low self-esteem in institutionalised children. The

consequences of child abuse are discussed, as recommendations for child welfare services and professional therapy for institutionalised children.

(Berens & Nelson, 2015) Studied that it has been more than 80 years since child psychiatry specialists first discovered developmental deficits in children removed from their families and placed in orphanages or other facilities. Based on such results, worldwide treaties, such as the 1989 United Nations Convention on the Rights of the Child, affirm a child's right to care within a family-like setting that provides tailored assistance. Nonetheless, an estimated 8 million youngsters are currently growing up under institutionalised care. Orphaning, poverty-related abandonment, abuse in birth families, disability, and mental illness are all common grounds for institutionalisation.

Although the practise is still popular, a substantial body of scientific evidence demonstrates that institutionalisation in early infancy might cause developmental harm in a variety of categories. When children have the least access to customised caring and when deprivation coincides with early developmental sensitive times, the effects appear to be the most apparent. Early therapies that put institutionalised children in families provide hope and have resulted in significant recovery. The weight of scientific data adds urgency to initiatives to deinstitutionalize global child protection sectors and act early for individual children facing disadvantage.

(da Silva, 2011) The study's main goal was to describe the frequency of attachment disorganisation and disordered behaviours in a group of Portuguese institutionalised children and to see if these individual differences in attachment outcomes were related to differences in children's experience of early family risk and the quality of institutional

caregiving. The current study employed a multi-method and multi-level approach to examine the attachment outcomes of 85 children aged 12 to 30 months living in institutional settings in the north of Portugal, using developmental psychopathology as a framework. Overall, the findings were compatible with the attachment theory's theoretical assumptions as well as actual data from institutionalised children. The current findings indicated that this group had a high frequency of disorganisation and disordered attachment patterns.

(Van Graan & Zinn, 2015) Studied the high incidences of child sexual abuse in South Africa continue to pose significant issues for both the South African Police Service (SAPS) and South African child care institutions (CCIs). In this context, the purpose of this paper is to reflect on the collaboration between the SAPS and experts in child care facilities as a source of criminal intelligence in order to improve the prevention and investigation of child sexual offences through intelligence-led interventions. The article's data is based on research on the level of SAPS cooperation. The sample consisted of 92 child care workers from South Africa who attended these conferences. According to the research findings, effective and efficient collaboration between the SAPS and experts in child care facilities as a source of criminal intelligence might improve the prevention and investigation of child sexual offences through intelligence-led interventions. As a result, it is suggested that sexual offences against minors be addressed using a multidisciplinary strategy in order to promote criminal intelligence-led responses.

2.3 INSTITUIONALIZED CHILDREN IN INDIAN CONTEXT

(Brown, 2020) It looks at the execution of the Indian Child Welfare Act (1978), which aimed to put a stop to decades of state practises that ignored tribal sovereignty and forcefully took Native children from their tribes. They investigated how ICWA implementation staff establish a child's Indian status. They discovered three institutional factors that govern race-making activities by comparing state child welfare agencies, state courts, and federal courts: evidence standards, record-keeping requirements, and incentive systems. These qualities determine whether governmental decision-makers operationalize the term "Indian," as well as the cognitive and ideological processes that underpin such classifications. Furthermore, changes in these institutional traits result in variations in whether and how state actors participate in racialization.

(Juffer et al., 2017) They share their research in an orphanage in India. They studied 37 young children's physical and cognitive development (1–6 years; mean age 35 months). Each kid was monitored for 5 hours, once every 10 minutes, for a total of 31 observations per child. According to our findings, more than a third to half of the youngsters exhibited serious development delays (underweight, stunted growth, or microcephaly). Their mean developmental quotient was 68, with 61% of the youngsters demonstrating severe cognitive development delays. After more than a year of institutionalisation, there was no catch-up in physical and cognitive growth, according to follow-up evaluations. The conclusion was reached that children's everyday living experiences in orphanages should be classified as structural neglect, resulting in substantial developmental consequences. Placement in (foster or adoptive) family care is necessary to break the cycle of sustained traumatization and to enable the children to recover from their developmental delays.

(Nayar-Akhtar, 2015) The authors discuss their psychoanalytically informed work with an orphanage in New Delhi, India, with a focus on creating a holding environment, sensitivity to organisational structures, and investigation of trauma and attachment difficulties in institutionalised children. Theory and technical knowledge are transmitted through moments of teaching and targeted interventions. The use of technology as a supplement to training is stressed, and a future vision is presented.

(Modi et al., 2016) This chapter examines the usage of institutional care for children and adolescents in Delhi, India's megacity. In brief, the situation in Delhi is placed within the context of a national overview of India, and then the focus shifts to the provision of institutional care services for children and young people by government and non-government organisations. While efforts are being made to deinstitutionalize children and enhance family-based care and assistance, demand greatly outstrips capacity. Given the large number of homeless and destitute children, the limitations of non-institutional child care, and the difficulties associated with institutional child care, the future is seen as promoting innovative child care practises that combine the rationale of family-based child care with the positive elements of institutional child care.

(Dutta, 2016)The purpose of this research is to elucidate the social reintegration strategies and legislations of the various organisations (government and private) in India that serve these children and teenagers. It has created case studies of twenty child-care and after-care homes in Mumbai and Kolkata, analysing their differences in care models, admission processes, basic service availability, transition options, and the form of after-care assistance. Based on the findings, the researcher created a standardised framework for social reintegration intervention.

(G. Kaur, 2012) this study examines studies on the usage of institutional care in terms of cognitive development for very young children in North-West Indian states. Data on 504 institutionalised and 570 controls (both sexes) aged 11 to 17 years were obtained using a cross-sectional design. The current study attempted to test IQ and investigate the influence of institutionalisation on IQ changes with age in institutionalised and control adolescents from Punjab, Haryana, and Chandigarh. Raven's Standard Progressive Matrices were used to test intelligence, and the individuals were further divided into seven IQ groups based on Wechsler's categorization. More over half of the orphaned teenagers had intellect scores that were much lower than the national norm (IQ below 70). The lag in cognitive development of institutionalised adolescents was caused by institutionalisation.

(Saraswat & Unisa, 2017) The purpose of this study was to fill a vacuum in the knowledge of orphans and vulnerable children's (OVC) psychological well-being, as well as to comprehend self-reported psychosocial distress among OVC and subsequent coping techniques used throughout their stay in orphanages. The current study was carried out in three randomly selected orphanages in Delhi, India, between August and December 2016. The findings demonstrated psychological distress and impaired social cognition in OVC. Even while children were content to have their basic needs met, the majority of them experienced parental grief, aching for love and seeking advocacy and guidance in life. OVC had a poor self-concept and a lack of life purpose. Isolation from the outside world resulted in distrust among OVC. They were socially alienated, and disturbed.

2.4 INSTITUIONALIZED CHILDREN IN KERALA CONTEXT

(Anjali & Sathyamurthi, n.d.) Behaviour of Institutionalized children and their families studied that Institutionalization is seen as a last choice for neglected children, and its consequences appear to range from one child to the next. To explain the behavioural difficulties of institutionalised adolescents in terms of their familial history, a qualitative study technique was adopted. One of the themes was also professional aid. Four case studies were collected from a Kerala institution in the Trivandrum district, and the data was analysed using athematic analysis. As a result, the current study seeks to investigate the familial backgrounds of institutionalised adolescents as well as the behavioural and emotional difficulties that remain in hospitalised adolescents.

(J. Jose & Jacob, 2021) study investigates the significance of aftercare institutions in providing reintegration services that prepare Child Care Institutions (CCI) or re-entry into the community by establishing the required collaborative arrangements to ensure the delivery of prescribed services and supervision. The study looks at aftercare programmes in Kerala that give kids with complete education, lodging, mental health, vocational services, and material assistance after they leave CCI. This study found that lack of or insufficient aftercare assistance during transition increases the vulnerability of care leavers to homelessness, unemployment, education, drug abuse, and social marginalisation. It was also discovered that regular aftercare support is required to help these young people develop independent living skills and reintegrate into mainstream society. Finally, the study emphasises the need for rigorous interventions to promote a seamless transition to aftercare and programmes that guarantee freedom and safety to kids who use aftercare services.

(Raneesh & Mohan, 2019) studied that The registration of Child Care Institutions (CCIs) is required under the Juvenile Justice (Care and Protection) Act, 2015 Act, however the registration process is being slowed across the country due to the efforts of NGOs and other private welfare organisations. Against this backdrop, the researcher seeks to investigate the reasons underlying CCIs' reluctance to register. According to the findings of the study, CCIs believe that their organisational independence will be constrained following registration. Another finding of this study is that the majority of children's homes are operated by religious groups, and most of them are concerned that registering their institution under this legislation may harm their religious beliefs. Approximately 60% of CCIs are concerned about the financial load, and 85% are having difficulty to implement new rules.

2.5 INSTITUIONALIZED CHILDREN

(Desmond et al., 2020) Studied that Children living in institutions are at risk of poor health and development outcomes, as well as physical and emotional abuse, but data on their numbers is limited. As a result, the goal of research was to estimate the global, regional, and country-level numbers and percentages of children in institutional care. They conducted a systematic examination of peer-reviewed articles, as well as a complete analysis of surveys and unpublished material, to create a dataset on children in institutional care from 136 countries between 2001 and 2018. They used a variety of methodologies to estimate the number and percentages of children in institutional care in 191 nations in 2015, the year the SDGs were established.

(Merz et al., 2016) studied Early institutionalisation has consistently been associated with an elevated risk of persisting cognitive, scholastic, and social-emotional issues in studies of children adopted from institutions. These findings raise concerns regarding the neurocognitive processes involved in these unfavourable effects. According to theory and models based on animal research, the development of the prefrontal cortex (PFC) and executive function (EF) throughout early life may be more vulnerable to environmental effects. They discuss recent research of postinstitutionalized children that looked at EF components such inhibitory control, working memory, shifting, and planning. Then, discuss new findings on the anatomy and function of the PFC. Converging data points to both EF problems and changes in PFC development following early institutionalisation. finish by talking about potential outcomes.

(McCall & Groark, 2015) This study examines the empirical literature on the impacts of institutionalisation on the development of young children from the standpoint of global child welfare practise and policy. It examines the characteristics of typical institutions, how to assess the quality of care in institutions, the level of physical and behavioral/mental development of infants and young children while residing in institutions, the critical role of caregiver-child interactions in children's development, the potential for children to develop developmentally improve when institutional caregiver-child interactions improve or children are transferred to families, and the impact of t Several concerns, such as care as it is now performed vs. more ideal care, are discussed in a fair and evidence-based manner.

(Levin et al., 2015) studied to analyse the impact of a foster care intervention on reducing the likelihood of difficulties with social communication and restricted/repetitive behaviours, as well as the rate of autism in children hospitalised in early infancy. As part

of the Bucharest Early Intervention Project, children abandoned at birth and reared in institutions in Bucharest, Romania, were randomly allocated to a care-as-usual group (institutional care, CAUG) or put in family-centered foster care (FCG) (BEIP). The Social Communication Questionnaire (SCQ) was given to caregivers of children in both groups, as well as parents of a typically developing community sample (Never-Institutionalized group [NIG]) living in Bucharest, Romania, when they were around 10 years old. Children who scored 12 on the SCQ were evaluated clinically for autism.

(Troller-Renfree et al., 2015) studied Children reared in institutions have psychosocial deprivation, which can impair attention skills and emotion management, influencing behavioural regulation and social connections. The current study looked at visual attention biases in 8-year-old children participating in the Bucharest Early Intervention Project (BEIP). The relationship between attention biases and concurrent social consequences was also studied. Within the context of the Bucharest Early Intervention Project, 136 children abandoned at birth or shortly afterwards into institutional care were randomised to receive a high-quality foster care intervention or care-as-usual (BEIP). At the age of eight, 50 care-as-usual, 55 foster care, and 52 community controls completed a behavioural dot-probe task, and attention bias indices to threat and positive stimuli were computed.

(Ovchinnikova et al., 2019) studied that at an early age, the attunement of speech perception/discrimination to the features of one's native language is a critical stage in speech and language development. The study of these processes in young children with a history of institutionalisation is quite interesting since being raised in institutional care (IC) might cause delays in language development. The sample included 82 youngsters divided across two age groups. 17 children from the IC and 17 children from the biological-family-

care (BFC) groups were included in the younger age group (12 months). The elder (>12-month) group included 23 children from the IC group and 25 from the BFC group. Using native (Russian) and foreign (Hindi) languages, a double-oddball paradigm with three consonant-vowel syllables was employed.

(Esposito et al., 2016) studied that early deprivation and the development of neuroendocrine and central components of the mammalian stress response have been extensively studied. However, little is known regarding the influence of early deprivation on autonomic function developmental trajectories. Children adopted from institutional care aged 15-36 months were investigated during their first 16 months post-adoption (N = 60). Children raised in their biological families (N = 50) and children adopted internationally from foreign foster care (N = 46) served as comparison groups. The current study looked at baseline autonomic nervous system function trajectories after entering adoptive households. Children who have been institutionalised exhibited increased sympathetic tone as evaluated by the pre-ejection time (PEP). Individual variations in PEP shortly after adoption acted as a moderator between early deprivation and parent-reported behavioural problems.

(Caceres et al., 2021) studied that the longitudinal follow-up of these three groups of children at a mean age of 11 years, as well as between-group and cross-informant comparisons. Teachers and parents/caregivers appraised the children's social abilities, while teachers recorded their sociometric status. Adoptive parents felt that their children had normative social skills, however teachers had a more unfavourable opinion. From the viewpoints of caretakers and instructors, institutionalised youngsters scored much lower than the community group. The likelihood of having a good buddy was statistically

comparable across all three categories, with adoptees having a more negative sociometric status. Teachers observed a substantial drop in social skills for the adopted group compared to the previous data collection, but social challenges remained consistent.

(Caprin et al., 2017) studied that it looked at the social skills of 92 Russian youngsters (64 of them were boys) adopted by Italian families. The youngsters, ages 8 to 14, were compared to a control group of children raised by their biological family. The evaluation of children's social ability by both parents and children was explored. According to the parents' reports, the adopted children exhibited more social functioning issues than their classmates in the control group, as well as a larger proclivity to utilise maladaptive behaviours such as Oppositive Behavior, Rule-Breaking Behavior, Aggressive Behavior, and Externalization. Adopted children, on the other hand, were less aggressive and employed prosocial behaviours to a larger extent than biological children, according to the children's assessments.

(Browne et al., 2006) studied that Young children who are institutionalised endure developmental delays, but those who are put in a loving home setting by the age of 6 months are likely to recover and catch up on their physical and cognitive development. However, issues with social behaviour and attachments may persist, increasing the risk of antisocial behaviour and mental health problems. Children under the age of three, with or without disabilities, should not be placed in residential care without the presence of a parent. When institutions are utilised as an emergency solution, the kid should be placed as quickly as possible in a foster family. Child protection legislation and interventions to cope with abusive and negligent parents should be

developed in parallel in all European nations, alongside community services and alternative care.

(Dozier et al., 2012) studied that Millions of babies and toddlers are in institutional care across the world, care that is inadequate for meeting the developmental needs of young children. This article provides a brief history of institutional care and surrogate care. They explore why institutional care contradicts children's needs and evaluate the empirical data on the consequences of institutional care on the development of young children. Finally, they analyse alternatives to institutional care and provide reform proposals.

(Johnson et al., 2006) studied that Young children who are placed in institutional care without their parents may be harmed. This study examines the scientific data on the influence of institutional care on brain growth, attachment, social behaviour, and cognitive development in a methodical manner. Analytical epidemiological study designs (with a control/comparison group) demonstrate that young children in institutional care are at risk of attachment disorder and developmental abnormalities in social, behavioural, and cognitive domains. Physical growth delays, cerebral atrophy, and aberrant brain development have also been linked. According to the findings, a lack of a one-to-one interaction with a primary caregiver is a key source of damage for children in residential care. Evidence suggests that newborns placed in institutional care will experience damage to their development.

(Browne, 2009) studied that Institutional care for young children is detrimental to children's development and has a severe impact on neural functioning during the most essential and unique phase of brain development, resulting in physical, intellectual,

behavioural, social, and emotional skill deficiencies and delays. In transition nations, at least nine out of ten children in residential care have one surviving parent, and they are mainly put in institutions for social and economic reasons, and for abuse and neglect in economically developed countries. By the age of six months, young children put in a loving home environment are likely to recover and catch up on their physical and intellectual development. Children who are put in a family beyond the age of six months are unlikely to recover entirely from their intellectual deficiencies.

(Van IJzendoorn et al., 2011) studied that Children in institutional care frequently experience "structural neglect," which might involve a lack of physical resources, poor and inconsistent staffing patterns, and socially and emotionally insufficient caregiver-child interactions. This chapter examines the negative consequences of early institutional experiences on the development of resident children. Delays in critical areas like as physical, hormonal, cognitive, and emotional development are addressed. The evidence for and against the presence of a separate set of co-occurring developmental disorders in institutionalised children is weighed, and it is determined that a "postinstitutional syndrome" has yet to be demonstrated conclusively. Finally, shared and nonshared components of the institutional environment, as well as particular genetic, behavioural, and physical traits of the individual kid, are investigated in order to determine if early institutional upbringing has irreversible consequences.

(Schütz et al., 2015) The purpose of this study was to evaluate and compare the subjective well-being of children in residential care facilities to that of children in the general population who live with their family. The youngsters ranged in age from 8 to 12 years old. Half of them are in residential care, while the other half live with their families.

Discriminant analysis was done According to the findings, all items severely discriminated against children living with their family. We contend that disparities prior to institutionalisation may be connected to transitions and life experiences. Children who experience fewer changes preserve their social relationships and have better consistency in care, which appears to enhance their feeling of well-being.

(Bick & Nelson, 2016) Studied that Children who experience hardship early in life are more likely to experience a wide range of developmental issues, impacting both cognitive and emotional adjustment. They concentrate on two types of adversity: children subjected to childhood abuse in home circumstances, and children exposed to significant psychosocial deprivation in institutional settings. He addressed how each of these events violates species-expected caring settings, presenting obstacles on the growing brain. They also examined new evidence indicating the effectiveness of early intervention in reversing neurodevelopmental repercussions of abuse or institutional raising.

(Wanglar, 2021) Studied that Children's rehabilitation and social integration is the fundamental goal, but it is also the most difficult duty for child care establishments. Understanding the concerns and obstacles can help to guarantee that children receive adequate rehabilitation and social integration. As a result, the study seeks to identify the many concerns and obstacles that impede effective child rehabilitation. The research was conducted in twenty child care establishments throughout four Manipur districts: Churachandpur, Imphal East, Imphal West, and Ukhrul. The study's findings reveal a variety of issues and challenges in child care institutions while rehabilitating children, including the ineffectiveness of some alternative care, a lack of professional and trained staff, outdated vocational and life skill training, and an unhealthy parent-child relationship.

Policymakers, concerned departments, and those working in child care institutions must pay attention to these issues in order to ensure effective child rehabilitation. Further research should include children in institutional care as well as personnel who have previously worked in institutions.

2.6 CHILD CARE INSTITUTIONS

(Colton, 2002) This paper investigates factors related to abuse, such as staff recruitment, training, and supervision failures; ineffective management and accountability systems; the development of inappropriate institutional cultures; public ambivalence toward children in care; the slow response to the threat posed to children and young people by dangerous men and other youngsters in care; and the long-term policy failure to develop coherent and integrative policies.

(Calheiros et al., 2015) The purpose of this study is to investigate the societal images connected with children and teens in residential care, as well as the related care institutions in Portugal. The current study included 176 volunteers, both with and without professional interaction with children and teenagers in residential care. Participants filled out an open-ended questionnaire about the features and characteristics of children and teens residing in residential care, as well as characteristics linked with residential care facilities. The findings demonstrate that children and teens are primarily described negatively (e.g., sad, rebellious, deprived, lonely), whereas residential care establishments are primarily described positively (e.g., cosy, secure, affectionate, comfortable).

(Maluccio et al., 1982) studied that although the notion of permanency planning has received much attention in respect to foster children, its implications for children in residential care have not been investigated. As a result, the authors examine the key aspects of permanency planning and their application to institutional care or residential treatment, highlighting numerous practical challenges and consequences.

(Kayira, 2016) Study says in recent years, there has been an increase in the number of child-care facilities. According to a UN estimate, millions of children have grown up in such facilities. The harm that child-care establishments may do children is widely established, highlighting the importance of regular and rigorous monitoring to protect the children. This article examines the ideas and strategies for effective child-care facility monitoring.

(Õun et al., 2018) studied various aspects of the quality of preschool child care establishment's impact children's development and future academic achievement. Preschool child care establishments in Estonia base their operations on the national curriculum. Several structural quality indicators have been identified at the national level. The current study aims to discover how the indicators of process quality were manifested in teachers' activities and what kinds of distinctions exist in teachers' pedagogical practise based on the structural quality indicators. The Early Childhood Classroom Observation Measure is a measure that is used to assess teachers' pedagogical practise. The study's findings demonstrated statistically significant changes in instructors' instructional actions in relation to the number of students.

(Čižikienė, 2018) This article examines the change of Lithuania's social childcare system, which seeks to eliminate institutional childcare homes by 2020 and place children in households of adoptive parents and caregivers before returning them to biological parents. However, patronage impairment is obvious throughout the transition time, so towns adopt an intermediate solution and place children in community houses that provide short-term or long-term social care. It offers social services to a social care facility, in which the community accommodates up to 8 children in a separate room (house, apartment) family-friendly environment model. When providing social services to parental care, it is critical to understand the importance of deinstitutionalisation in the social services system and to model their activities toward the home environment, keeping in mind that the process of deinstitutionalization involves a change in the formation of a permanent custody, the services that best suit the individual interests of each child, taking into account their needs for growth and improvement. This can only be accomplished through increasing social service companies' human resource capacities by offering the necessary knowledge to deliver tailored services based on results-oriented work principles.

(Schwartzman & Kneifel, 1985) It is proposed that helpers and the helping institutions that comprise the child care system frequently replicate functional and dysfunctional family patterns in their interactions with one another and with the children and families they serve / reasons for this replication and the positive and negative therapeutic consequences of it are discussed and examined / three types of family patterns are identified and their analogues in the child care system are described / (e.g., therapists, caseworkers, teachers, ward aides, probation officers). There are three types of family and helper interaction

patterns identified: a too cross-joined system, an overly complex system and a normal system.

(Hrishika & Rai, 2020) studied the relevance of the amenities supplied to children, with a focus on health care facilities at Delhi Child Care Institutions. Children who are in tough situations are divided into two groups: Children in need of care and protection who are in conflict with the law, and these children are placed in the custody of institutions where they reside for a lengthy or short amount of time depending on the child's acknowledged need. Children in institutions or children's homes require basic care, health treatment, and education. These integration and rehabilitation responsibilities must meet children's requirements and assist in removing obstacles from their route of development. According to the Juvenile Justice (Care and Protection) Act 2015, these institutions must adhere to established standards and provide services to all children. Food, safe housing, appropriate clothing, medical assistance, and other services are provided.

(Kwon et al., 2006) The study's goal was to comprehend the effects of implementing a daily two-shift roster in child care organisations. To achieve this goal, data was gathered primarily through in-depth interviews with managers, child care employees, and children at child care facilities that used a daily two-shift roster, and these data were analysed using a qualitative case study technique. The outcomes demonstrate First, child care employees had the opportunity for enjoyment, their working circumstances improved, they participated in self-development activities, and they were able to form relationships with others in their social network. However, several participants were concerned about workers' lack of accountability. Second, although the possibility of providing high-quality

care for children increases, the chance of building attachment relationships between employees and children decreases.

(E. Browne, 2017) studied that residential care should be a last alternative for children separated from their parents, after family support, community assistance, and fostering, according to the literature. As a result, the research strongly supports family deinstitutionalization and reintegration wherever possible, as well as providing additional assistance to families, as the optimal solution. Evidence suggests that many children may recover from difficulties encountered in residential care when put in family care settings, however they have a slower catch-up than their never-institutionalized counterparts. This study does not discuss deinstitutionalisation; rather, it presents a few instances of measures that have enhanced the quality of care in residential institutions as an immediate response or prelude to deinstitutionalisation.

(Storli & Hansen Sandseter, 2019) The article reflects on a Norwegian research that investigated the link between children's play, well-being, and participation, as well as how children play in indoor and outdoor settings at their early childhood education and care (ECEC) institution. The findings revealed a strong and favourable relationship between children's play and their well-being and participation. Children spent two-thirds of their free play time in ECEC engaging in various types of play, and there were substantial disparities between the sorts of play children participated in indoor vs outdoor surroundings.

2.7 NEED OF INSTITUIONALIZED CARE

(Ahuja, 2015) Different aspects of one's formative surroundings have an irreversible impact on one's psychological setup. In the absence of a family, institutions take on the responsibility of socialising youngsters. More than one-fourth of the population lives in poverty, natural disasters take their toll, unemployment is widespread, illiteracy, hunger, and inadequate housing are common. Children are the most vulnerable in such situations. Children are robbed of possibilities for development and progress. A tiny percentage of youngsters are presently covered by welfare services and have the good fortune to be accepted to institutions. The others live in extreme poverty as street children, children in confrontation with the police, rag pickers, child labourers, other vulnerable children such as beggars, children impacted by AIDS, and so on Differences in views toward life, personality traits, value systems, and even talents may frequently be linked back to the child's socioeconomic surroundings.

(Petrowski et al., 2017) studies to offer an overview of the availability and coverage of data on children in residential and foster care from 142 countries, representing more than 80% of the world's children. Using these country-level numbers, it is predicted that roughly 2.7 million children aged 0 to 17 may be in institutional care globally. The article also includes regional estimates of the number of children in residential and foster care when possible. This effort is a crucial step in systematically identifying and compiling data sources on children in alternative care, as well as providing updated global and regional estimates of the scale of the problem. Its findings help to raise awareness of the critical need for countries to develop their capacity to improve national systems for counting, monitoring, and reporting on these vulnerable children.

(Nnama-Okechukwu & Okoye, 2019) This report is based on fieldwork experience, a review of pertinent literature, and research on alternative child care systems. The reviewers want to reinvigorate not only an academic debate in the field of social work, but also a programme development innovation for social workers working in child welfare. The review's findings indicate a variety of family-based alternative child care options that social workers in Nigeria and other developing countries could examine in practise and programme intervention. Rethinking institutional care in light of appropriate alternatives may assist to avoid unnecessary separation and minimise the number of vulnerable children admitted to institutions.

Efforts must be made to thoroughly grasp the challenges that exist in every such area. The research studies attempted to focus on child welfare. A specific attention is focused on the Children in need of care and protection who are residing in child care institutions. The studies imply that by analysing the efficacy of these institutions, it will be possible to provide appropriate recommendations to make CCIs more effective in addressing the requirements of its inmates. It is also expected that such research investigations would assist these institutions in improving their quality, therefore contributing to the welfare of our country's youngsters. (Y D & Patil, 2021)

2.8 PROBLEMS IN INSTITUTIONAL CARE

(Bhuvaneswari et al., 2022) The study examines the concerns and challenges experienced by children in institutional care in India, as well as the history of childcare initiatives undertaken by the Government of India following independence. The next steps are advised

for protecting the safety of children in institutional care, improving their living surroundings, and developing conducive social and psychological settings through the empowering of care professionals with knowledge and information for good child rearing. Cooperation from the greater community is recommended by involving elderly people in institutions for children's education, arguing the need for the same. Extracurricular activities, physical workouts, and group activities are recommended for complete child growth and development. Building resilience in these children so that they can build confidence and confront life's hardships is also highlighted.

(Goldschmidt, 2019) The purpose of this research is to depict a psychodynamically oriented therapy connection that was created with a three-year-old child who resided in one of these facilities. The paper will show clinical evidence to demonstrate the difficulty experienced in response to the consequences of possible trauma and neglect from infancy, as well as systemic complications and unintentional relationship trauma exacerbated by institutionalised care. This research intends to add to the emerging knowledge base on relationship trauma in response institutionalisation care by exhibiting a South African perspective. Appropriate measures of helping caregivers and children in care can only be effectively done via a thorough awareness of the potential consequences of institutionalised care in early life.

(Ginige et al., 2020) study aimed to examine and analyse the emotional and behavioural concerns of children living in CCIs in Kandy District. High levels of externalising difficulties in institutionalised youngsters may signify impaired psychosocial development. Internalizing issues, on the other hand, may go unnoticed, in part because to a scarcity of

professional caregivers in SL. It is advised that caregivers be educated on how to recognise and send children with behavioural difficulties to psychiatric assistance.

(Lamm et al., 2018) Study investigated the effect of institutional upbringing on attention when preventing a planned activity Children were randomly assigned to either stay in their current institutions (Care as Usual Group) or be placed in foster family homes (Foster Care Group). The results showed that the ever-institutionalized group had shorter response times and decreased performance accuracy. A moderation analysis found that children who spent more time in institutions had higher externalising symptoms. These findings have significance for the development of treatment strategies for previously hospitalized children who exhibit externalizing behaviour issues.

(Elattar et al., 2019) The purpose of this study was to investigate the influence of orphan children's emotional and behavioural difficulties, as well as the length of their institutionalisation, on their life satisfaction. In terms of conduct difficulties and peer problems, there was a statistically significant difference between orphan children's emotional and behavioural problems and length of stay in institution. Providing social support to all children, regardless of their socioeconomic background, and Cultivating Positive Emotions to Optimize Health, Well-Being, and Life Satisfaction

(R. Kaur et al., 2018) Study says that the survey identified 49 out of 292 children and adolescents to have behavioural and emotional issues. Age, gender, cause for admission, age of admission, and years of residence in the home were all shown to be strongly linked with emotional and behavioural difficulties. The most common issues were found to be conduct difficulties (15.80%), followed by peer problems (14.70%), emotional problems

(14.70%), hyperactivity (8.60%), and low prosocial behaviour (3.40%). The current study demonstrates that orphans in institutional settings are subject to behavioural and emotional disorders. These children must be screened on a regular basis for behaviour difficulties, emotional disorders, hyperactivity, and peer problems.

(Mota et al., 2016) The study's goal is to see if the quality of relationships with institutional caregivers and teachers predicts the development of resilience and deviant behaviour in institutionalised adolescents. It also intends to test the prior association's endurance as a moderator. The findings showed that the quality of relationships with major persons was positively related to resilience and may play a role in preventing deviant behaviour. There was also a comprehensive mediation effect of resilience on the connection between relationship quality with key persons and the development of deviant behaviour. The findings show that safe havens, which express emotions of belonging and acceptance, might facilitate emotional rearrangement in institutionalised adolescents, promoting a more adaptive experience.

(Karalam & Francis, 2012) The investigations are centred on the efficacy of the psychological well-being intervention programme in their post-institutional lives. The intervention programme was established and launched in 2008 to improve institutionalised adolescent girls' personalities, support them in dealing effectively with the demands and obstacles of daily life, and assist them in developing the traits necessary for becoming a better woman. The study demonstrated that a well-executed psychosocial well-being programme may have good benefits regardless of the environmental constraints under which it is done. According to the findings, these adolescent girls developed more active and balanced personalities, were goal-oriented, more health and hygiene conscious,

improved their academic performances, continued their studies, enrolled in vocational courses, began working as supportive staff in hospitals, and learned spoken English.

2.9 SUMMING UP

Children are the future assets of our country. The base foundation of the development should be more careful. For institutionalized children, they should get the basic standards of the living for their development. Right to education, right to live, right to freedom from discrimination, right to freedom of expression of thoughts were some of the rights that should provide for the children.

Ahuja in his study in 2015 and Petrowski in 2017 were examined on the need of Institutional care for the children. Juffer in 2017 and Modi in 2016 studies on Institution children development and examines the usage of institutional care for children and adolescents in India. Kaur in 2012 also studied the developmental aspects of Institutionalized children. Ginige in 2020, Elattar in 2019, Kaur in 2018 were studied about the emotional and behavioural problems that exist in the institutionalized children.

Thus through the studies, the literature evidence shows that the Institutional setting for the children is having problems in the effectiveness of the function. Thus there is a problem exists in the functioning of Child care institutions. As the children were in need of base foundation for their growth and development, more studies should done on Institutionalized children as the problem is still existing.

2.10 RESEARCH GAP

There are many studies which were done about the institutional care and children. But the studies are less in Kerala context about the institutional services. The studies were more focused on the problems and effects of institutionalized children and post institutionalized children. Studies on service delivery on the basis of minimum standards of the Institutions were not done in the studies. Thus it is necessary to do an evaluation of Child rights ensuring in each institution through proper service delivery. This study can lead to proper monitoring on services and thus lead to effectiveness of service, programme modification for children, evaluation of proper monitoring system were can be done.

CHAPTER III
RESEARCH METHODOLOGY

3.1 Title

Study of Institutionalized Service for Children in Ernakulam District

3.2 Introduction

Research Methodology provides a detailed plan that helps researchers on track by making the process smooth and manageable. It also helps to understand the approach and methods used. The chapter deals with the research methodology in which statement of the problem and significance of the study of the research were all discussed. The chapter points out the General objective and Specific objective of the research. Conceptual definitions which were theoretical and operational were all discussed in this chapter. The chapter also mention about the universe of the study, sample of the study and sampling procedure. Inclusion criteria and exclusion criteria of the study were also defined in the chapter. And the chapter includes methods and tools of data collection, data analysis, data interpretation and Chapterisation. The challenges and limitations faced by the researcher during the research were also pointed out in the chapter.

3.3 Statement of the problem

Studies shows that In Kerala, institutional services for children in need of care and protection have very inadequate management and service delivery. Most homes lack enough infrastructure, resources, qualified and professional personnel, and adequate amenities for education, health, rehabilitation, entertainment, and the like. All of this reduces the quality of services given. As a result, the target group remains increasingly

reliant and never self-sufficient. It also does not allow kids to grow intellectually or emotionally. As a result, the services offered fall short of their intended aim. (T. T. Jose et al., 2008).

More than half of the children in the research on Behavioral and Emotional Problems in Institutionalized Children performed badly on academic achievement. Poor performance was also identified among institutionalised children in the current study for a variety of reasons. When orphans attend public school, their dubious paternity might cause problems. The kids at school quickly figure out who doesn't have parents. Local schoolchildren bullying orphans by calling them disparaging names like "child of no parent," according to orphanage managers. The second reason is that caregivers may not lead and support them. It was suggested that institutions provide recreational and social amenities that allow children to release their energies. Furthermore, the study emphasises the necessity for greater research on orphans and institutionalised youngsters in order to provide more reason for their actions. (Elebiary et al., 2010)

The findings of the studies found that the vast majority of Children in institutions exhibited inadequate adjustment, showing additional issues in the social, emotional, and educational spheres. These Children were unstable emotionally, impatient, and demanding. disobedient, uncooperative, shy, timid, sensitive, insecure aggressive, concerned, perplexing, lack of attention and interest Poor recall in studies, which hampered their progress alterations in institutional living and effective usage of its offerings. The discovery has significant practical implications that such characteristics are likely to lead to antisocial behaviour in the future behaviour.(Hunshal & Gaonkar, 2010)

For a nation's development, children who are called as future assets should be developed by attaining their needs. It is very important to take care of the institutionalized children who were lacking the family support. Institutional support should gave them the proper family atmosphere and support for them by effectively delivering the services which results in their overall development in all aspects.

3.4 Significance of the study

The relevance of the study is significant on present scenario in which children is the age group which should give more care and protection. Institutionalized facilities are provided for the children who are not getting the accurate living condition in the places they are living. For organized kids, they ought to get the fundamental principles of the living for their turn of events. Right to live, Right to freedom, Right to education should be ensured on Institutionalized services through proper service delivery. The assessment on service delivery will helps to understand the gaps. It helps in implement programmes and can give more trainings for the staff on the institutions. A proper monitoring system on the service delivery system can be evaluated through this study. Thus, the monitoring system can be made more efficient.

3.5 Aim of the study

Study aims on getting an understanding about the services provided and delivered by the child care institutions in Ernakulam district.

3.5 Research Objectives

3.5.1 General Objective

To study about the institutionalized child care services provided by the institutions for the children in Ernakulam district.

3.5.2 Specific Objectives

1. To do a profiling on Child care institutions in Ernakulam district

2. To study about the services offered by Child care institutions

3. To assess the effectiveness of service delivery for children in child care institutions

4. To identify gap and make suggestions in current service delivery

3.7 Definition of Concepts

3.7.1 Theoretical Definition

3.7.1.1 Children

The Convention on the Rights of the Child (CRC) defines Children as

"Every human being below the age of eighteen years"

3.7.1.2 Institutionalized Children

Defined by Browne (2009) as

"A group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult carers".

3.7.1.3 Child Care Institution

Defined under the JJ Act, 2015

Means Children Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialized Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who are in need of such services.

3.7.1.4 Services

Defined by Merriam Webster

The function of serving for the contribution of welfare of others.

3.7.1.5 Effectiveness

The ability to be successful and produce the intended results

3.7.1.6 Service Delivery

Service delivery is the process of providing a service to customers or internal clients of an organization.

3.7.2 Operational Definition

3.7.2.1 Children

The age group of individuals which belongs to the age below 18 years

3.7.2.2 Institutionalized Children

It is the large group of children in Institutions provided with residential care in the need of care and protection

3.7.2.3 Child Care Institution

Institutions for large group of children who need care and protection which is lacking in the place they are living

3.7.2.4 Services

The services are the minimum standards of care for Child Care institutions under Juvenile Justice Act 2000 and the Kerala Juvenile Justice Rules 2014

3.7.2.5 Effectiveness

Effectiveness is defined as the maintaining of Minimum standards of care under JJ Act in all Child care institutions

3.7.2.6 Service Delivery

Service delivery is defined as the implementation or delivery of services referred as the minimum standards of care for the institutionalized children.

3.8 Research Design

Researcher used Quantitative approach for the study and used descriptive research to design the Research. This design describes the variables identified from the data. It helps to add collective information's for the researcher and adds data to the early conducted research. More specifically, it helps answer the what, when, where, and how question regarding the research problem, rather than the why.

3.9 Universe

The universe in this study is the Child Care Institutions in Ernakulam District.

3.10 Sampling Procedure and Sample

Purposive Sampling Method is used in this Study. Purposive Sampling Method is a Non-Probability Sampling method in which units are selected because they have characteristics that need in the sample. The researcher collected the list of registered Child care institutions and permission from the District Child protection office (DCPU). 40 participants who were willing to participate in the study were only selected as sample.

3.11 Inclusion Criteria

- Registered Child Care Institutions under JJ Act in Ernakulam District

3.12 Exclusion Criteria

- Unregistered Child Care Institutions under JJ Act in Ernakulam District

- Child Care Institutions outside Ernakulam district

3.13 Tool of Data Collection

Self-prepared Interview Schedule was the tool used for research, which consists of a list of questions and answers were collected from the respondents directly.

3.14 Methods of Data Collection

<u>Primary Source</u>

Primary data is used by directly collected from respondents through Interview and observation method

<u>Secondary Source</u>

Secondary data was collected from Books, Journals, Articles, Newspapers and Websites

3.15 Data Analysis and Interpretation

Data analysis and interpretation of the Research study was conducted through SPSS software by using Inferential Statistics. Figures were generated through SPSS for the data analysis.

3.16 Limitations

- Accessibility to get permission for visiting child care institutions
- Reliability of the respondents in answering questions

3.17 Chapterisation

Chapter 1 – Introduction

Chapter 2 – Review of Literature

Chapter 3 – Methodology

Chapter 4 – Analysis and Interpretation

Chapter 5 – Findings, Suggestions and Conclusion

CHAPTER IV
DATA ANALYSIS

Figure 1

Figure showing the number of children in the organization
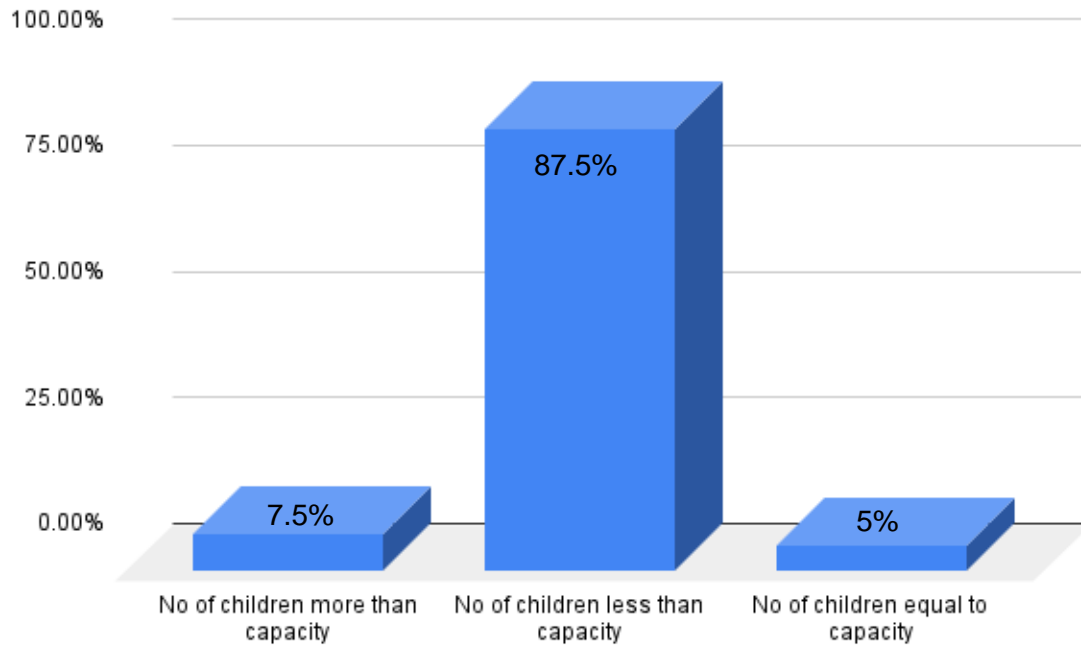
The figure shows that 87.5 % of the responded Child care institutions were having the children less than capacity. 5% shows that number of children is equal to the capacity which means that those Child care institutions are fully functional. 7.5% of the Child care institutions had the number of children more than capacity. 87% of the data shows that most of the institutions having adequate space for children. Adequate space per person in an institution influences a wide range of other well-being characteristics. It protects individual space and allows for monitoring of that space, making it safe.

Figure 2

Figure showing child care institutions which provide awareness on child rights
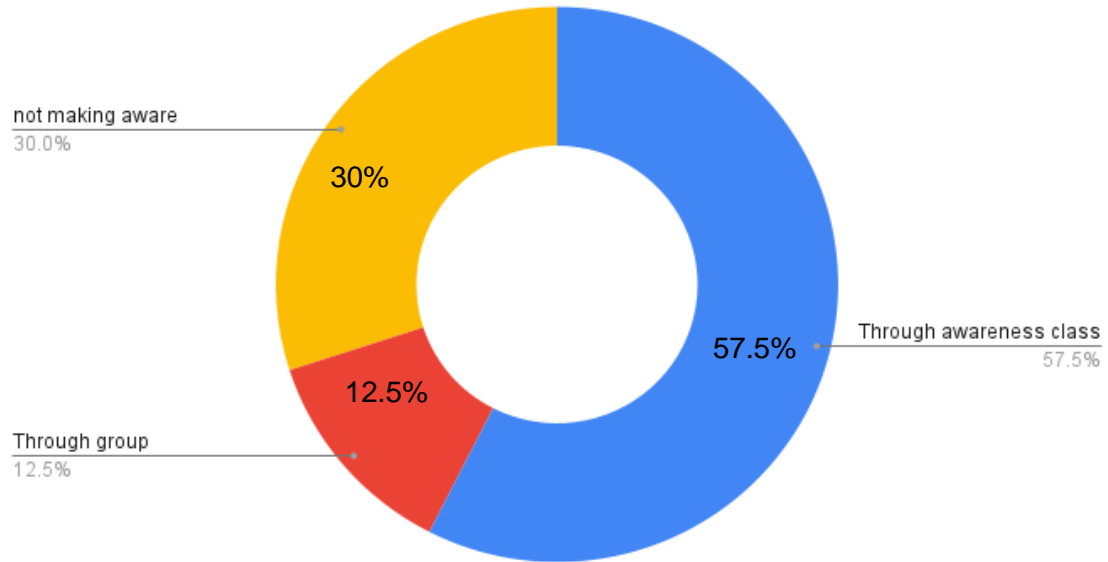
The figure shows that 57.5 % of the responded Child care institutions were providing Child rights awareness classes. 30% shows that Group discussions were conducted about the child rights. 12.5% of the Child care institutions had not making the children aware about the child rights and benefits. The child should be informed of all rights and benefits of the children. Still 12.5% were not making aware on child rights.

Figure 3

Figure showing children participation in Child care Institutions
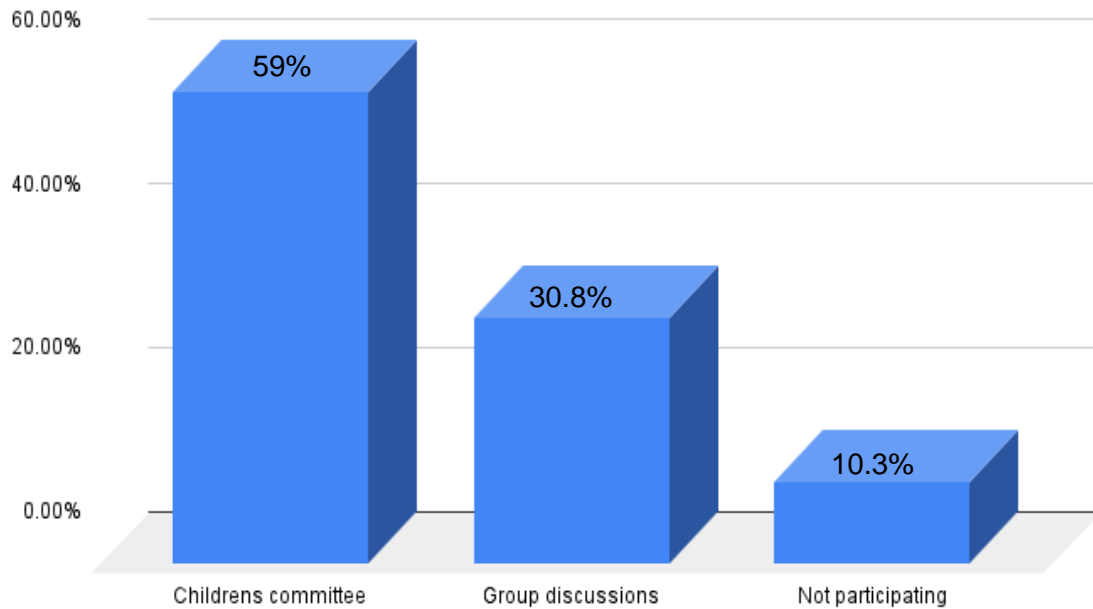
The figure shows that 59 % of the responded Child care institutions were having Childrens committee for ensuring the children's participation. 30.8% shows the institutions which provides Group discussions for children participation. 10.3% of the Child care institutions are not ensuring children's participation. According to the JJ Rules, 2016, the Person-in-Charge of each institution shall promote the formation of Children's Committees for distinct age groups, namely 6-10 years, 11- 15 years, and 16-18 years, comprised only of and for children to ensure the participation.

Figure 4

Figure showing the method of sharing complaints of children
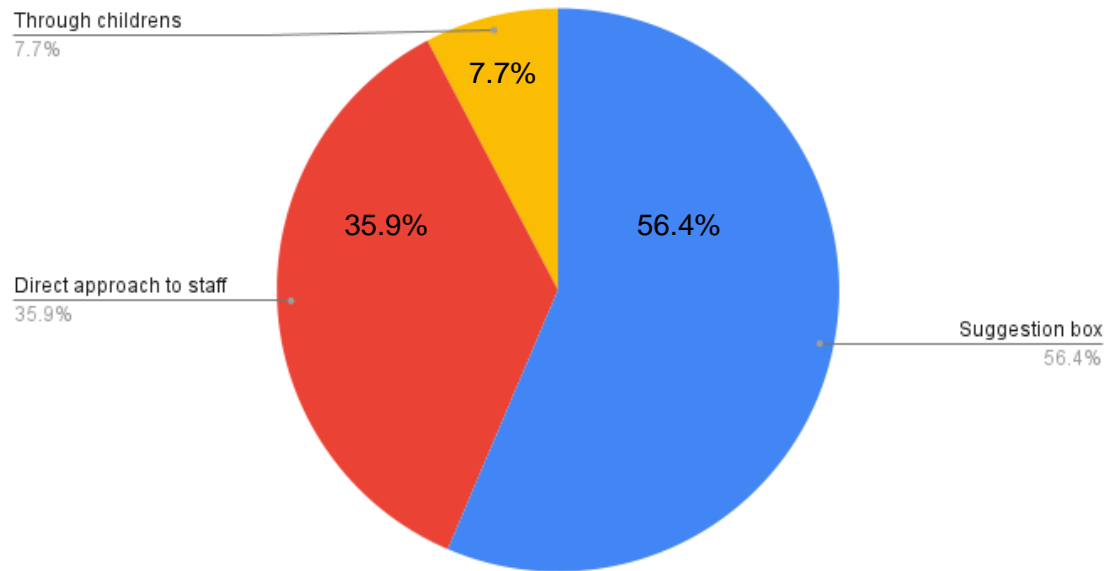
The figure shows that 56.4 % of the responded Child care institutions were having the Suggestion box facility to share the complaints and suggestions. 35.9% shows that they are sharing the complaints and suggestions by directly approaching staff. 7.7% of the Child care institutions had the Children's committee which provide a space for sharing complaints. According to the JJ Rules, 2016, the Management Committee must establish a complaint system, and a Children's Suggestion Box must be put in an easily accessible position for children. 56.4% of the respondents were only providing suggestion box.

Figure 5

Figure showing discipline maintaining method used for children
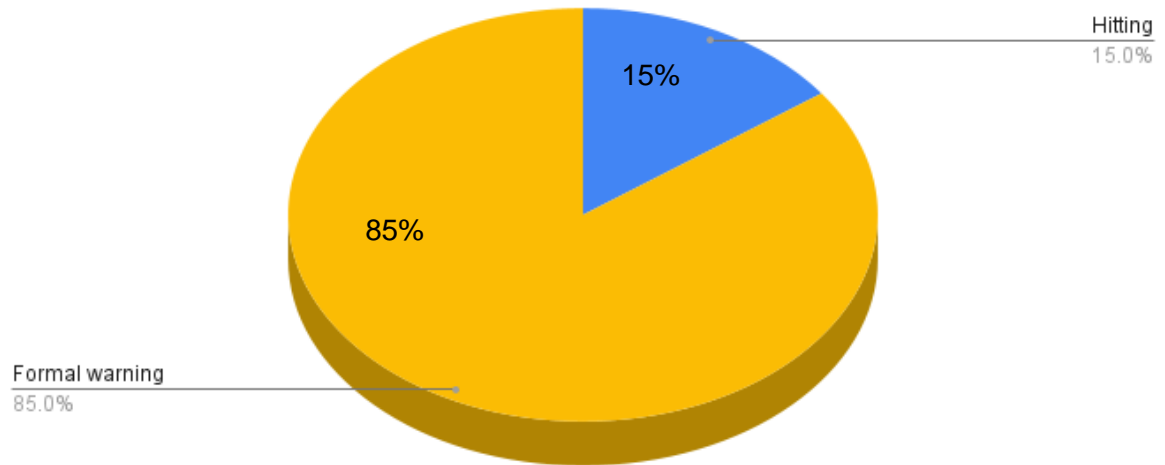
The figure shows that 85 % of the responded Child care institutions were maintaining discipline by Formal warnings. 15% shows that they are using hitting as a method of discipline maintaining of organization. 2016 JJ Rules no child should be subjected to corporal punishment or any form of mental harassment, including humiliating behaviour that undermines the child's dignity. Most of the organization were following formal warning to maintain discipline

Figure 6

Figure showing about the meal planning method for children
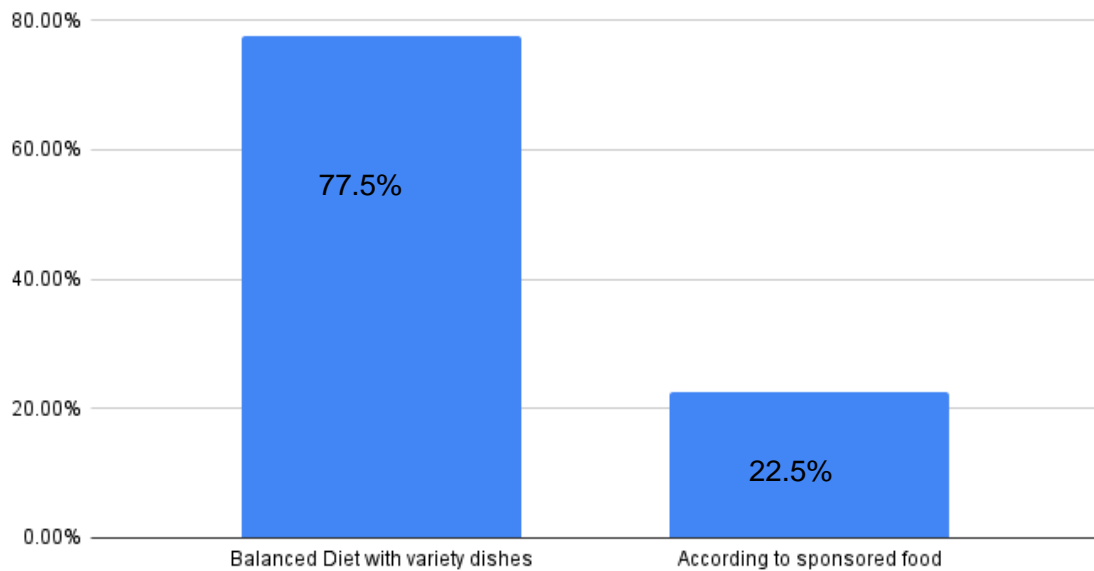
The figure shows that 77.5 % of the responded Child care institutions were having the Balanced diet plan with special foods in special days. A 22.5% respondents were having the meal plan according to sponsored food. According to the JJ Act, every Child Care Institution must provide a balanced food with a diversity of flavours in accordance with the minimum nutritional criteria and diet scale. Most of the organizations are having Balanced diet.

Figure 7

Figure showing about healthcare needs maintaining of children in homes
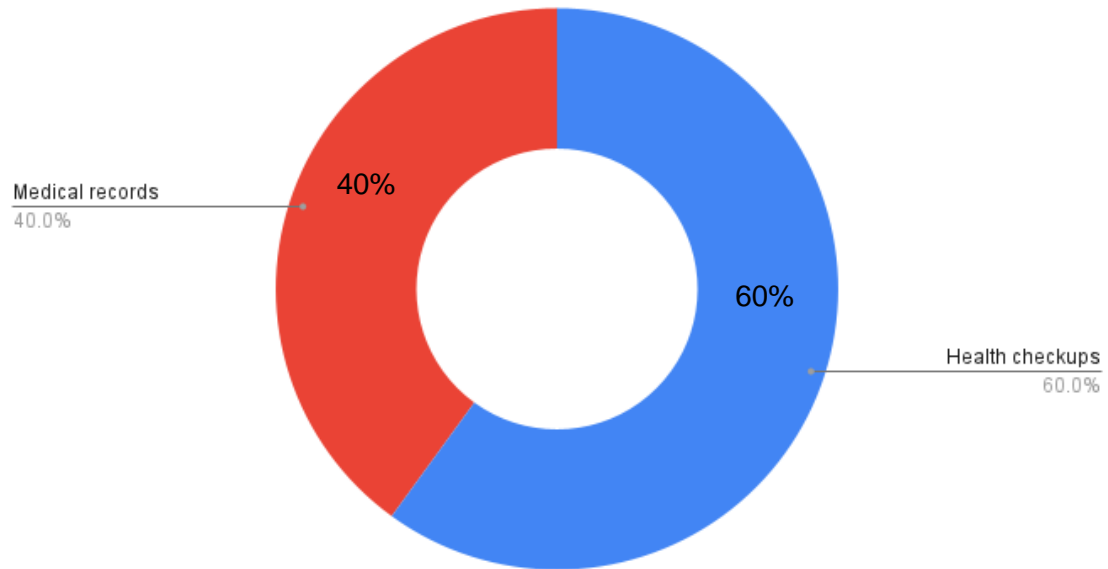
The figure shows that 60 % of the responded Child care institutions were having the Health checkups in a regular intervals for maintaining the health care needs. 40% shows that they are keeping medical records for their health care maintaining. The JJ Act mandates supervision of health of each child admitted into CCIs/Homes. From the figure it is clear that health checkup, the standard of keeping healthcare is done by more institutions. And medical records are another way they provide healthcare.

Figure 8

Figure showing methods of meeting educational needs for children
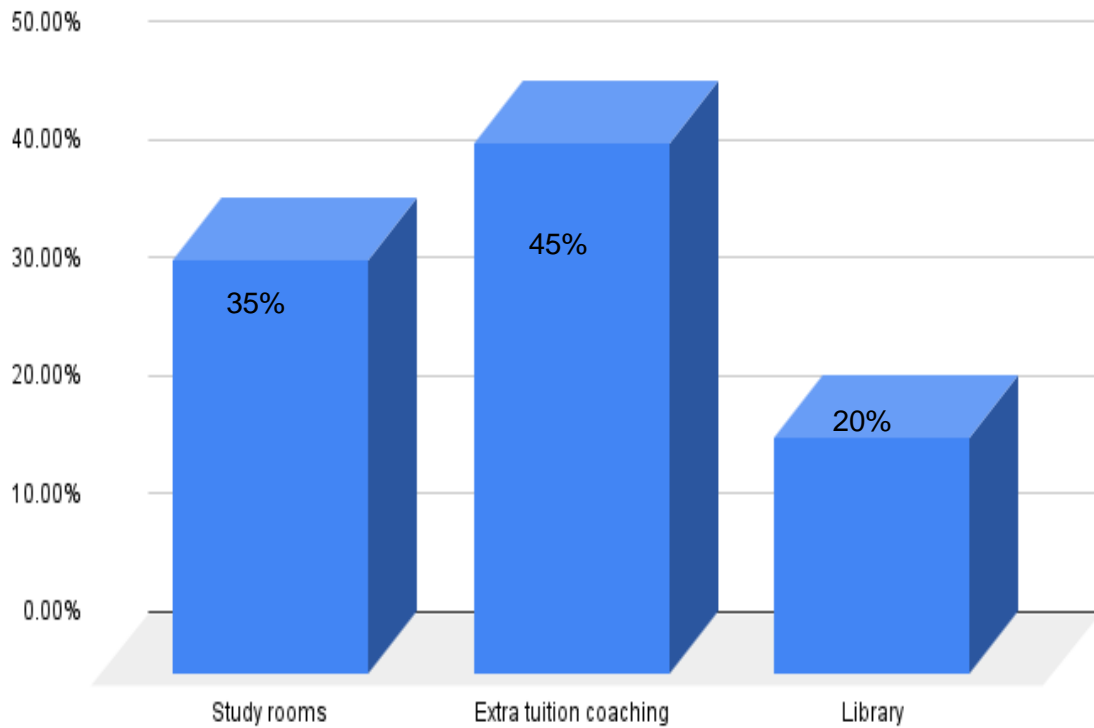
The figure shows that 45 % of the responded Child care institutions were having the extra tuition coaching to meet their educational needs. 35% shows that the respondents are having study room facilities for studies. 20% of the Child care institutions have the library facilities for education. Right of education can be met by using the facilities of the institution. Tuition facilities will help more efficiently in education. Study rooms, extra coaching, library were all can help in educational needs

Figure 9

Figure showing the ways of providing vocational trainings for the children
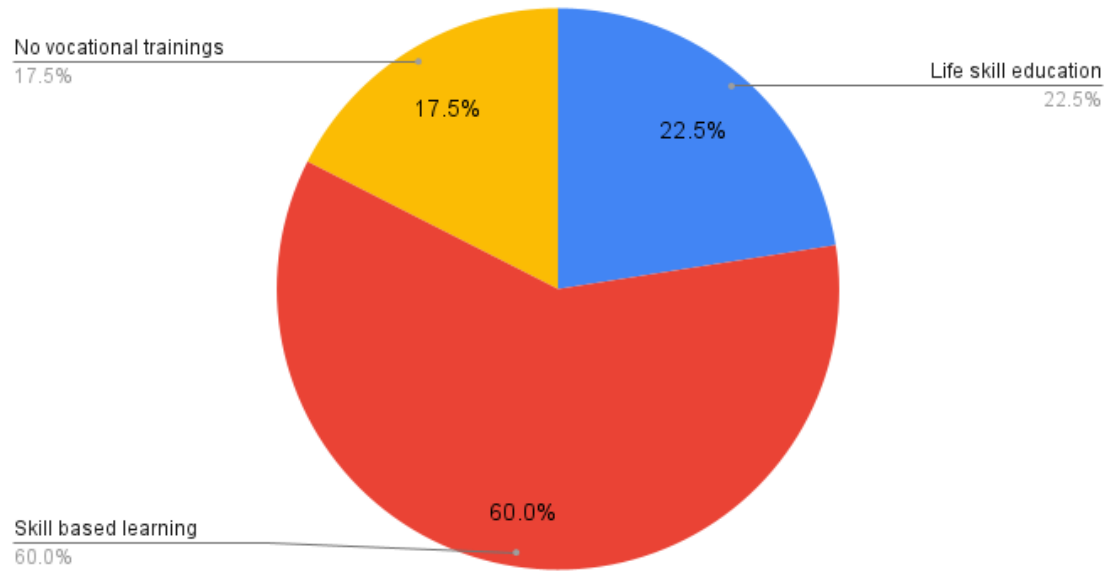
The figure shows that 60 % of the responded Child care institutions were having the skill based learnings as vocational training for the children. 22.5% shows the institutions with life skill education classes. 17.5% of the Child care institutions were not providing any vocational trainings. Vocational training, life skill education, skillful learning are all part of the rehabilitation scheme under the JJ Act. 60% were giving skill based learning where in which the children are provided with the class according to each children skill and interest.

Figure 10

Figure showing the infrastructure security facilities provided by the homes
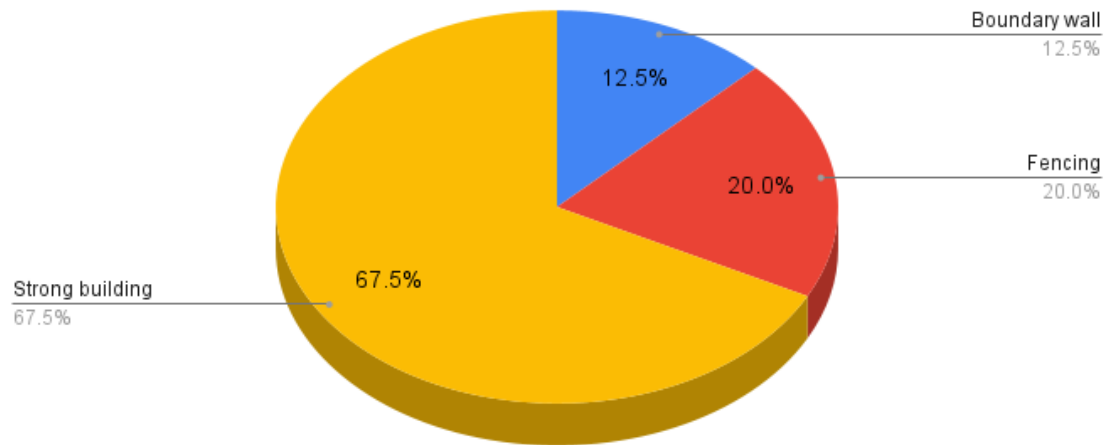
The figure shows that 67.5 % of the responded Child care institutions were having Strong building for the security needs. 20% shows that fencing is done for the security measures and 12.5% of the Child care institutions had boundary wall for their measures. Every child care institution must be equipped with the safe environment and physical infrastructure ensuring security is for safety and protection of children in the CCIs/Homes.

Figure 11

Figure showing the way of individual care maintaining for children
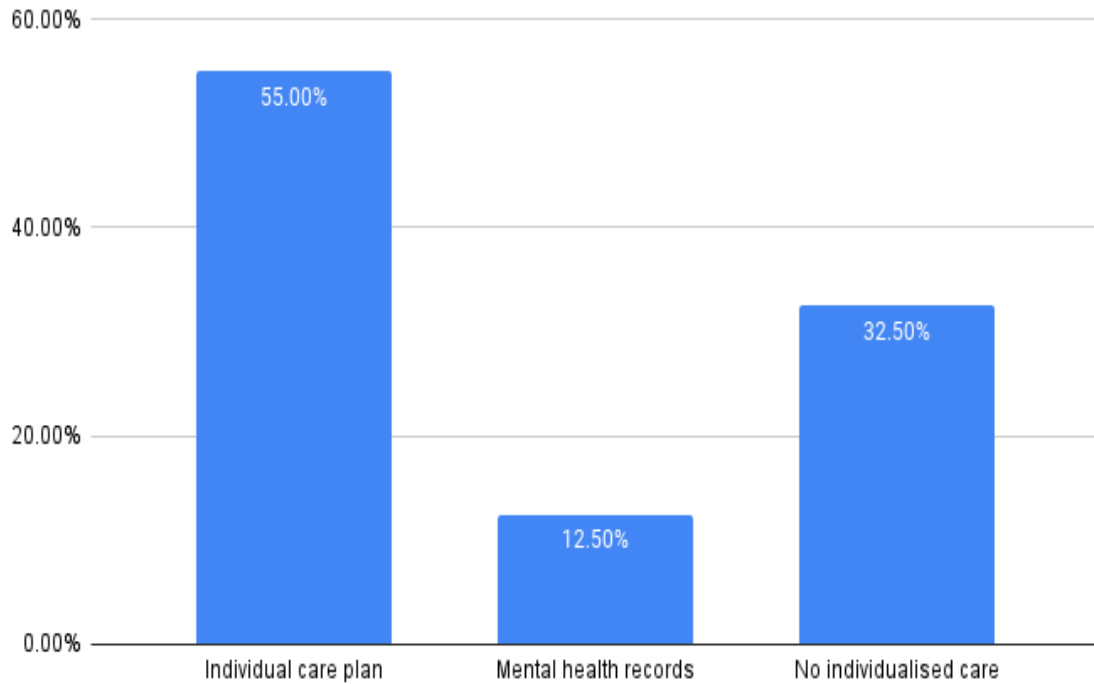
55% of the respondents were providing Individual Care plan. Mental health records are maintained by 12.5% institutions for the individual care. 32.5% institutions are not providing Individualised care. According to JJ Act, the process of rehabilitation and social integration of children shall be based on the individual care plan of the child. Individual care plan helps in systematic planning about each child.

Figure 12

Figure showing the recreational activities provided
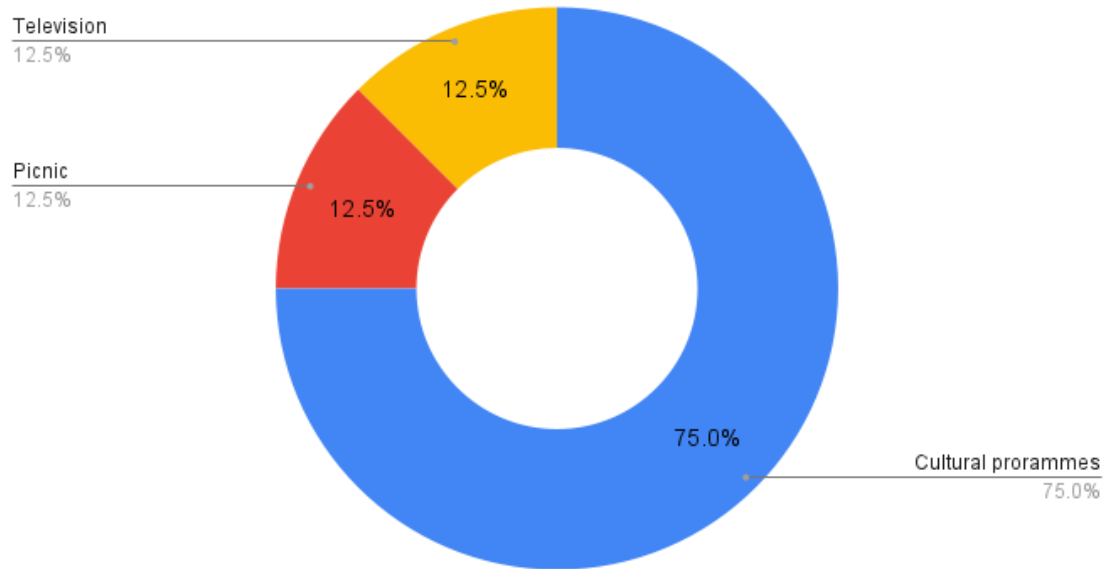
Figure shows that 75% of the child care institutions are providing Cultural programmes as recreational activities. 12.5% of the respondents were involved in picnics. And 12.5% of the respondents were using Television as recreational activity. According to JJ Act, guided recreational facilities must be available for the children which includes cultural programmes and picnics. Cultural programmes are selected by most of the organizations as their recreational activity.

Figure 13

Figure showing methods of providing mental health support
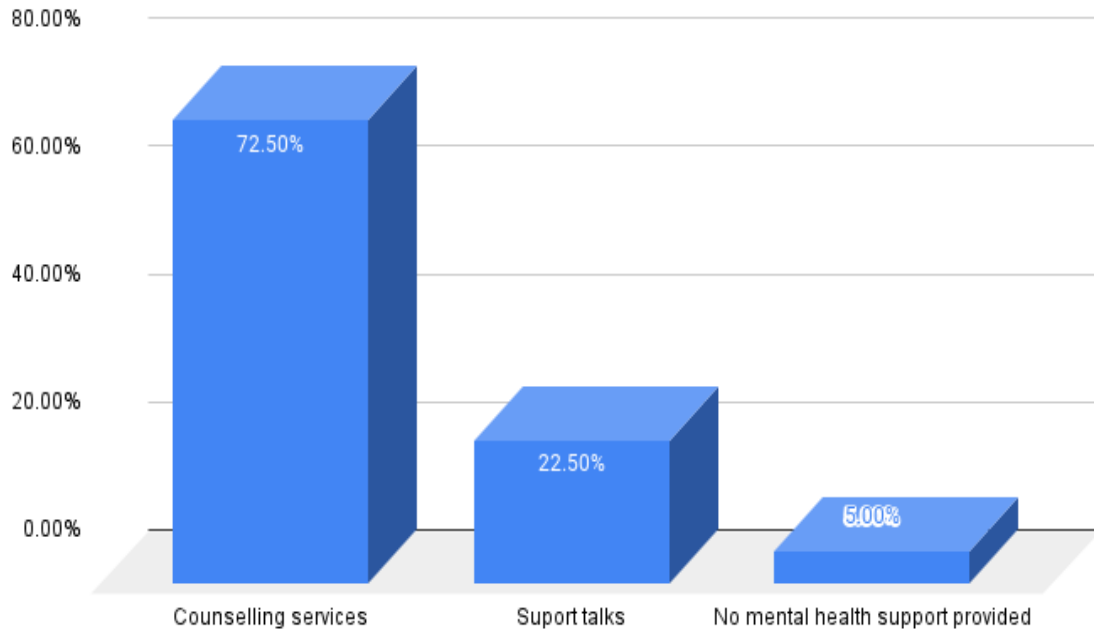
The children are provided with Counselling services in 72.5% institutions. Mental health is supported through support talks with children in 22.5% respondents. 7% of them were not providing mental health support. The mental support needs of the children should addressed with counselling sessions.

Figure 14

Figure showing the ways for social and moral development of children
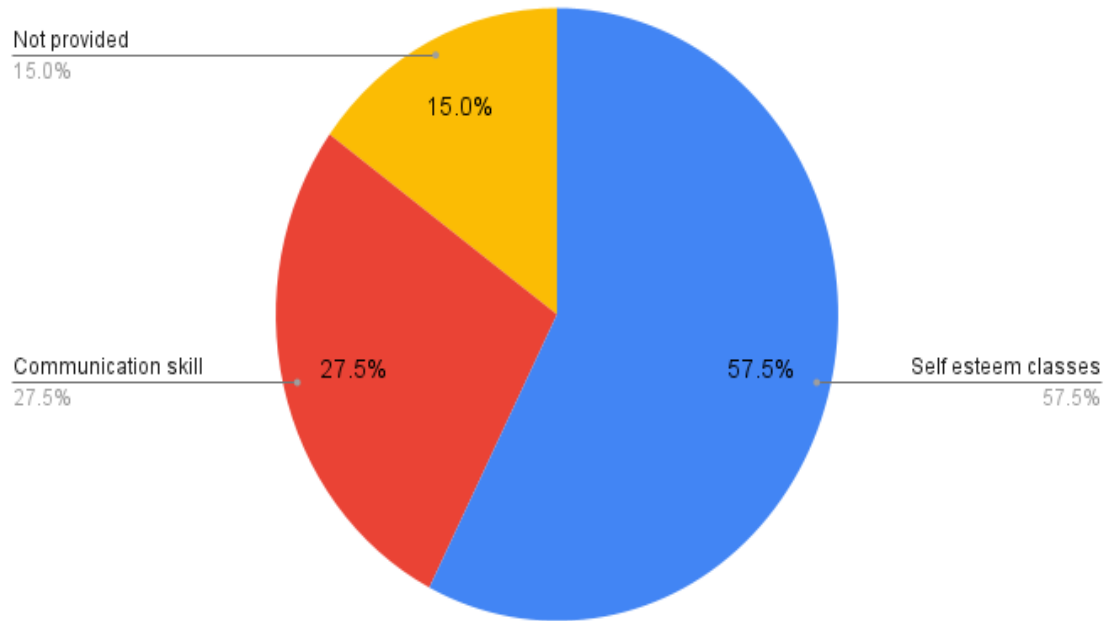
The child care institutions which provide self-esteem classes are 57.5 %. The percentage of institution which provide communication skill classes are 27.5%. The figure says that 15% of the institutions are not providing for the social and moral development. Social and moral development of the children can be developed by providing self-esteem classes, communication skill classes etc.

Figure 15

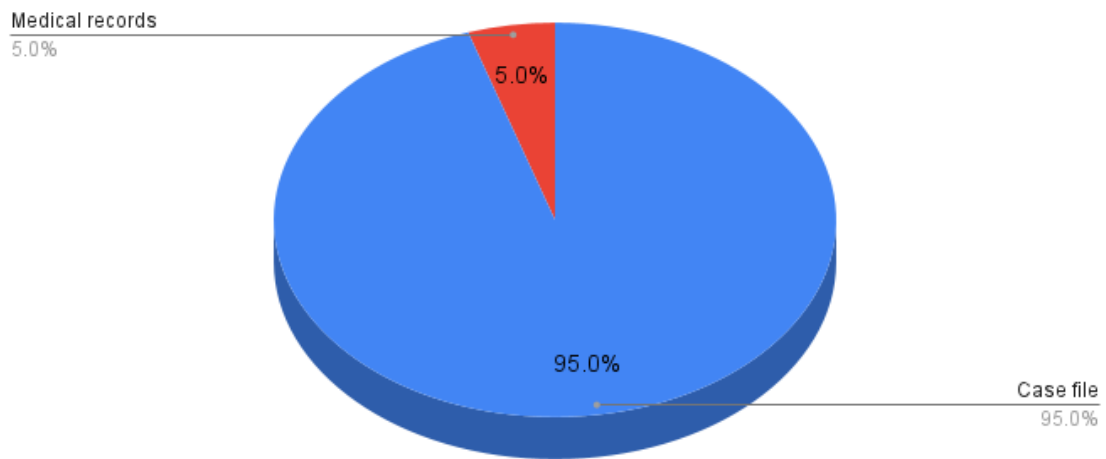Figure showing on the maintaining records of data of the children

Figure shows that the 95% of the institutions are having Case files of children and a 5% institution is having medical records. The percentage of institutions with no records are zero which depicts that every child has personal records which maintains in organization. The data and records of each individual should be kept in the institution and should be confidential.

Figure 16

Figure showing on the trainings provided for the staff of the institutions
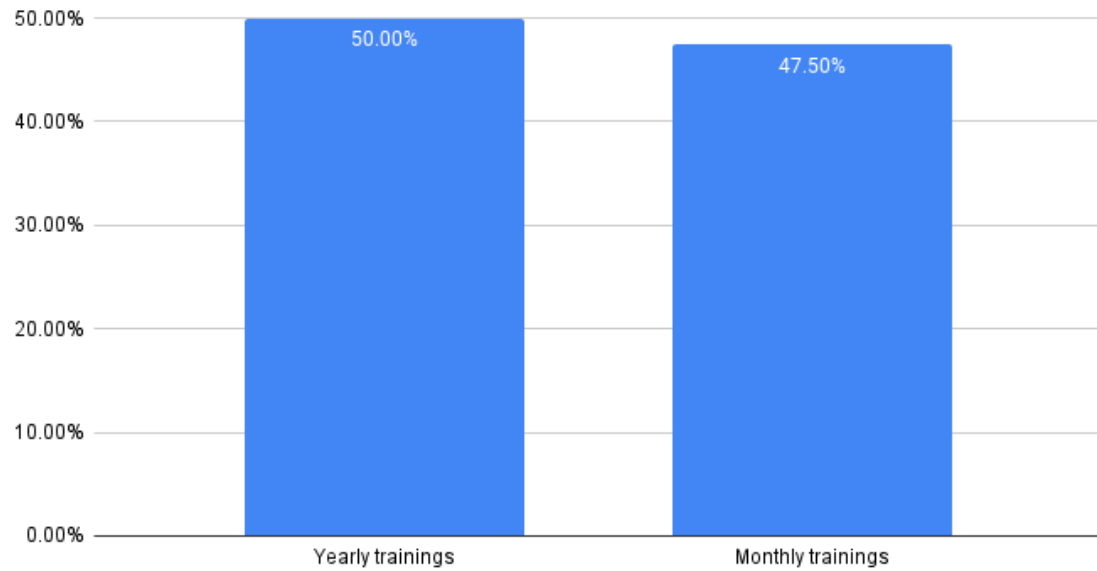
The figure shows that 51.3% of the staff were getting Yearly training, where monthly trainings were provided in 48.7% institutions. All staff should be trained on the aspects of children, needs of children and accountable for wellbeing of children.

Figure 17

Figure shows on the segregation of rooms for the children
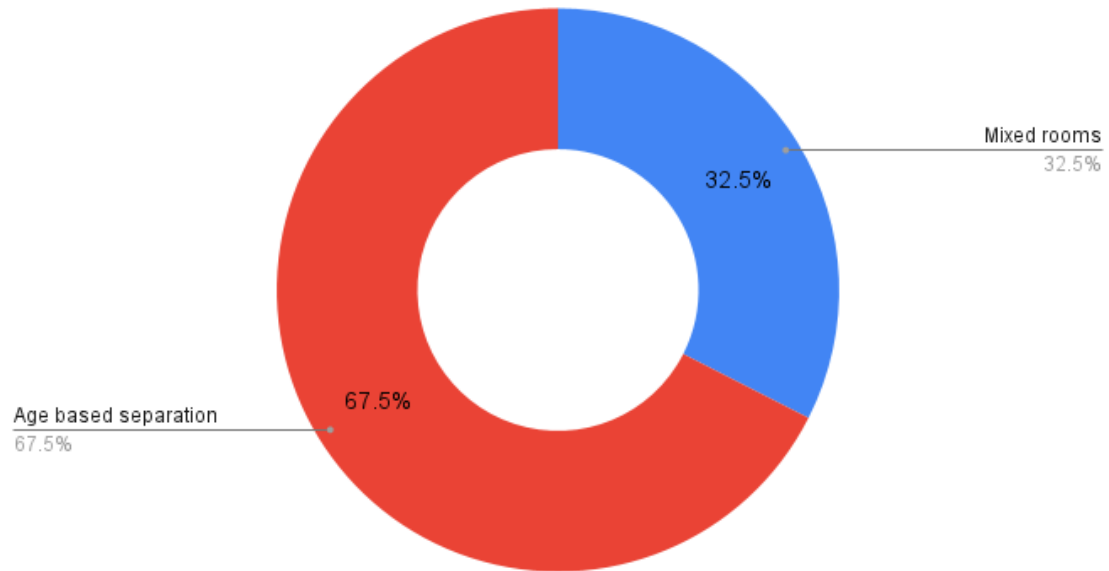
67% of the child care institutions are accommodating the children with age based segregation. 32.5% of the institutions were having mixed room facility without segregation. Provision of segregation according to age groups are important for safety and dignity of children.

Figure 18

Figure shows on the bedding facility provided for the children
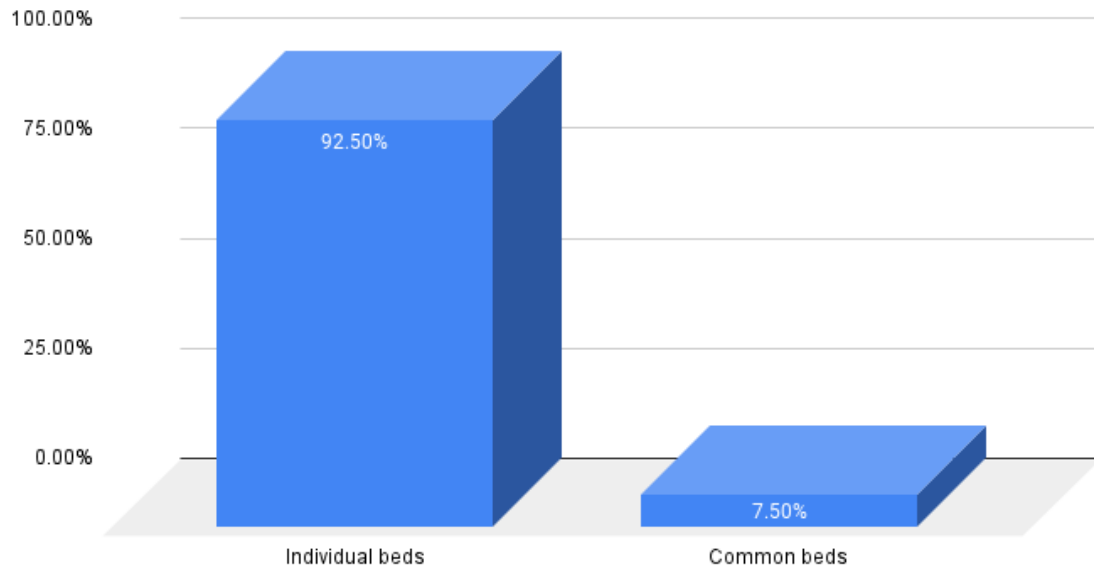
92.5% of the Child care institutions were having Individual bed facilities where 7.5% of
the respondents providing Common bed facility for children. Provision of separate beds
are important for safety and dignity of children. Each child must be provided with personal
bedding materials.

Figure 19

Figure shows the method of providing drinking water
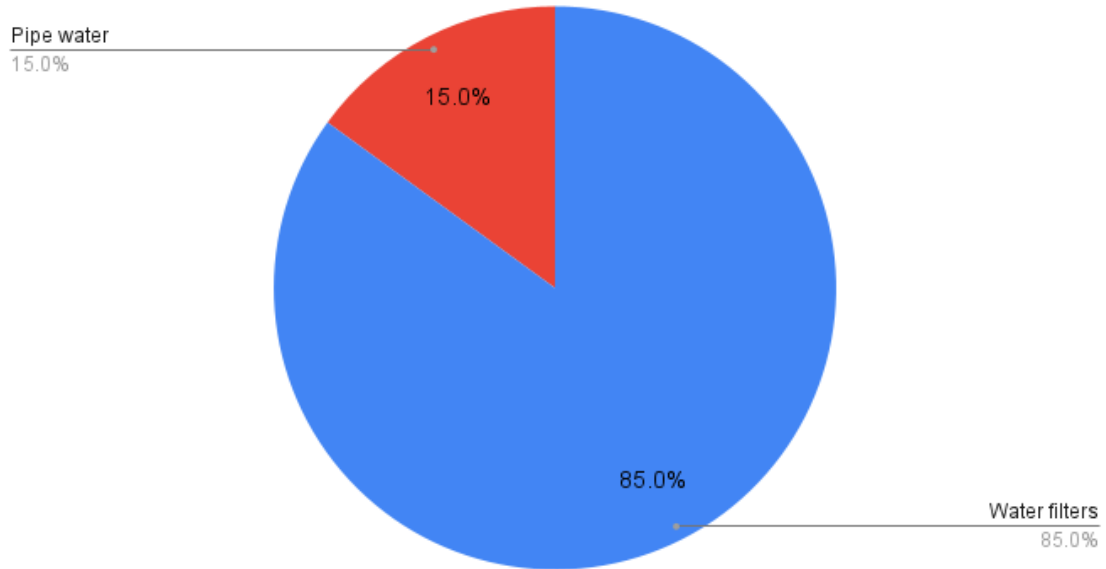
85% of the responded Child care institutions provided safe water through Water filters facility. And a small portion of 15% is using pipe water as drinking facility. JJ Act also stress on supply and storage of clean water for drinking and maintain the CCI/Home.

Figure 20

Figure shows the accessibility of children on helpline services
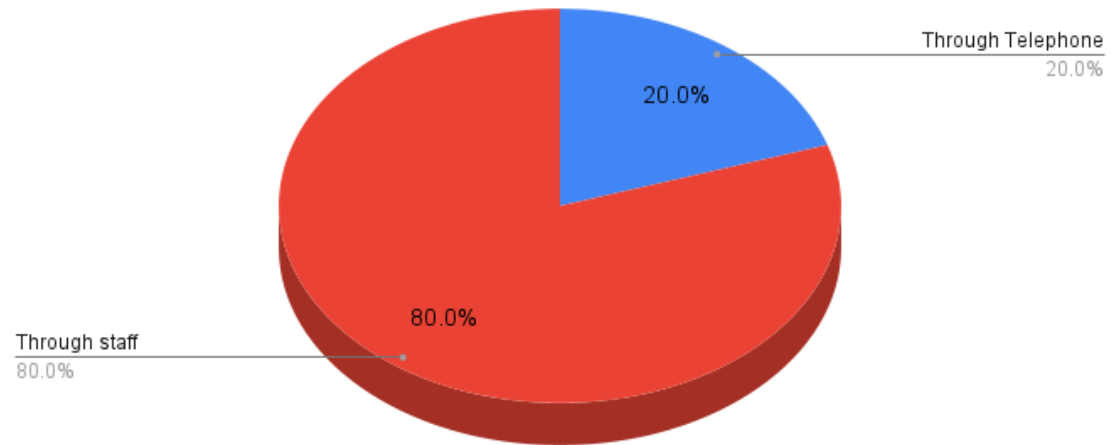
65% of the child care institutions are giving access to helpline through the staff help. 20% of the respondents were giving Telephone access where in which 20% of the respondents are not giving access to helpline services. Children must have access to know how to contact helpline services.

CHAPTER V FINDINGS, SUGGESTIONS AND CONCLUSION

INTRODUCTION

This chapter deals with the major findings obtained from the analysis of the data collected from the respondents. Suggestion, social work implications and conclusion of the study were also discussed in the chapter.

5.1 FINDINGS

The data had analyzed and the researcher got some findings based on the conducted study. My first objective was to do a profiling on Child care institutions in Ernakulam district. And the researcher found out that

- Majority of the child care institutions in the Ernakulam district had registered under Juvenile Justice Act.

- There are 68 registered child care organizations in the Ernakulam district according to the list of District Child Protection Office in the year 2022-2023

- The child care institutions should meet the minimum standards of the care for child care institutions under social justice department

- Studies are lacking in the field of monitoring the service delivery in the child care institutions in Kerala

- Profiling of the Child care institution which were having license on registration had found out

The major findings are the listing out of the registered number of institutions in Ernakulam district. And the collected data found that there are 68 organizations in the Child care institutions list. Child care institutions need registration and license for them to work.

The second objective was to study about the services offered by Child care institutions. And the study helped to found that

- According to JJ Act there is minimum standards for the child care institutions for the care of the children under Juvenile Justice Act 2000 and the Kerala Juvenile Justice Rules 2014.
- The minimum standards of the rule should be followed by the institutions for the effective working condition.
- The services of the institutional care that should delivered were described in the Juvenile Justice Act
- The admission to the institutions were strictly taken through Child Welfare Committee CWC or Court
- District Child Protection office were in charge of the monitoring and supervision of Child care institutions

The major findings says that the JJ Act minimum standards coming under the categories of Engagement, Participation, and Involvement, Safeguarding Children, Service benefits for children, Entry, Care, Restoration and Repatriation, Administration Documentation and Reporting. The rights of children, needs of children were all covered under the standards which referred as services for the institution. The services of the institution were coming rules and sections of JJ Act.

The third objective of the study was to assess the effectiveness of service delivery for children in child care institutions. By taking the interview on services delivered and after analysing the data it was found that

- Vast Majority (87.5 %) of the responded Child care institutions were having the children less than capacity. Only less (5%) shows that number of children is equal to the capacity and less number (7.5%) of the Child care institutions had the number of children more than capacity.

- More than half (57.5 %) of the responded Child care institutions were providing Child rights awareness classes and 30% shows that Group discussions were conducted about the child rights. Very few (12.5%) had not making the children aware about the child rights and benefits.

- More than half (59 %) of the responded Child care institutions were having Childrens committee, 30.8% provides Group discussions for children participation. Only less (10.3%) of the Child care institutions are not ensuring children's participation.

- More than half (56.4 %) of the population were having the Suggestion box facility to share the complaints and suggestions. 35.9% sharing the complaints by directly approaching staff. 7.7% of the population had the Children's committee

- Vast majority 85 % of the responded Child care institutions were maintaining discipline by Formal warnings. 15% shows that they are using hitting.

- Majority 77.5 % of the population were having the Balanced diet plan where 22.5% respondents were having the meal plan according to sponsored food.

- More than half 60 % of population having the Health checkups for maintaining the health care needs. 40% shows that they are keeping medical records

- Less than half 45 % of the population were having the extra tuition coaching to meet their educational needs and 35% having study room facilities and 20% have the library facilities for education.

- More than half 60 % of the population were having the skill based learnings, 22.5% having life skill education classes and 17.5% were not providing any vocational trainings.

- Majority 67.5 % of the population were having Strong building for the security needs, 20% had done fencing and 12.5% had boundary wall for their measures

- More than half 55% of the respondents were providing Individual Care plan. Mental health records are maintained by 12.5% institutions and 32.5% institutions are not providing Individualised care

- Majority 75% of the population are providing Cultural programmes as recreational activities where very little 12.5% of the respondents were involved in picnics and television.

- Vast majority (72.5%) provide with Counselling services and support talks with children in 22.5% respondents in which 7% of them were not providing mental health support.

- More than half 57.5 % respondents provide self-esteem classes where communication skill classes are 27.5%. 15% of the institutions are not providing for the social and moral development

- Vast majority 95% of them are having Case files of children and 5% institutions is having medical records.

- Half of the respondents 51.3% were getting Yearly training, where monthly trainings were provided in 48.7% institutions

- More than half 67% of respondents are accommodating the children with age based segregation where 32.5% were having mixed room facility without segregation.

- Vast majority 92.5% of the respondent organizations were having Individual bed facilities where 7.5% of the respondents providing Common bed facility for children

- Vast majority 85% of the responded Child care institutions provided safe water through Water filters and a 15% is using pipe water

- Majority 65% of the child care institutions are giving access to helpline through the staff help where 20% of the respondents were giving Telephone access. 20% of the respondents are not giving access to helpline services.

The major findings says that the half of child care institutions were delivering the services as says in the standards of child care institution in care for children. In Ernakulam district, most of the CCIs have lower occupancy than capacity of the children. More than half of the institutions have Children committee which should be formed to ensure participation of children. Every children case file is maintained in the organization on the time of admission through CWC. More than half of the organizations doing health checkups for children. Vast majority of the institutions is provided with mental health support through counselling.

The next objective of the study was to identify gap and make suggestions in current service delivery. The data finds that there is gaps in service delivery

- Few number of the Child care institutions had the number of children more than capacity which affects adequate spacing of children.

- Very few (12.5%) institutions had not making the children aware about the child rights and benefits

- 35.9% of institutions sharing the complaints by directly approaching staff instead of facility of suggestion box.

- 15% of institution shows that they are using hitting for discipline maintaining.

- 17.5% were not providing any vocational trainings in the organization for children.

- 32.5% institutions are not providing Individualised care for the resident children for proper care

- 7% of the organizations were not providing mental health support.

Major findings of the study shows that there is gap existing in the service delivery. Still a small percentage is not effectively doing the service delivery. The lack of individualised care, mental health support were showing the inefficiency in service delivery. Suggestion box should be placed in every organization for sharing complaints. Findings says that still there are few institutions which does not practise the usage of suggestion box.

5.2 SUGGESTIONS

To increase the effectiveness of service delivery, more efforts should be taken. The recommended suggestions are given below

- Strengthen the monitoring system on the supervision and inspection child care institutions. Proper monitoring system with monthly supervisions and inspections will help to make the head of the institutions more serious about the effectiveness on proper services

- More trainings can be given for the staff about the services offered and about the child aspects and needs. Trainings can be conducted in a monthly basis which helps in the effectiveness of the service delivery.

- Mental health programmes can be more promoted in child care institutions. Counselling sessions, psycho social intervention and group sessions can be given to the institutionalized children for their wellbeing.

- Social workers can be more appointed in the Child care institutions which helps in managing individualized care plans, recreational activities, and group therapy sessions and thus leads to overall mental health of the children by achieving their needs.

- Programmes and policies can be more formulated for child care institutions for the advancement in effective functioning.

- Evaluation on the service delivery of child care institutions can be done in regular intervals. It helps in getting a feedback on the service delivery

- More studies can be done in institutionalized care children to fill up the gaps found in the service delivery effectiveness.

5.3 SOCIAL WORK IMPLICATIONS

In institutionalized setting, social work implications can be done by using social work methods. Social case work can be done among the children who are having psychological needs. The problems of the children in institutionalized care can be addressed using social case work. It helps to enhance wellbeing and to meet basic needs of children. Social group work can be applied in institutionalized children in which the children with needs can be given with group sessions for the improvement. Specific behaviour problem and emotional needs can be addressed in the group work sessions. Remedial group work can be conducted the group can be used to treat problems of adjustments in personal and social relations of children. Educational group help members to learn new information and skills.

Social welfare administration can be applied as the social work method. Administrative efficiency of institutions have a great role in their effectiveness. Service delivery can be administered efficiently and programmes can be implemented in the institutions for the children by welfare administration. Social research is the important method which is used in the institutionalized services for the advancement in awareness and to study upon gaps of service delivery. More studies of institutional care will helps in making effective ways to meet the needs of children. Studies always contribute to the existing knowledge and helps in improvement of knowledge.

CONCLUSION

The study focuses on the service delivery assessment of institutional care for children. During the fieldwork period, researcher could felt a gap in service delivery in institution while working in Child care institutions. Thus reviewing the study showed that, studies are lacking in Kerala context and the studies done were connected to developmental, cognitive, emotional affects and issues of the institutionalized children. Researcher went to DCPU and collected the list of child care institutions in Ernakulam district. By using this permission, interviews were conducted with the child care organizations on their service delivery. The study helped to profile the list of child care organizations in Ernakulam district. Study helped to identify and assess the service delivery in each organization. Through the data, researcher could examine that, a small number of organizations are not delivering the minimum standards of care for children. Thus suggestions on improvement of trainings, implementations on policies and programmes were given by the researcher. The study also helped to find the gaps in service delivery.