Institutional care in India: Investigating processes for social reintegration

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ABSTRACT

Globally investigations show that the social reintegration of young people transitioning out of institutional care is burdened with difficulties. This study aims to unravel the social reintegration policies and legislations of the different organisations (government and private) in India, catering to these children and youth. It has built case studies of twenty child-care and after-care homes operating in the metropolitan cities of Mumbai and Kolkata assessing their diversities in the models of care, processes of admission, availability of basic services, provisions for transition and nature of after-care support. Based on the findings, the researcher has developed a standardised social reintegration framework for intervention.

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1. Introduction

Transition out of institutional care to living independently in society is one of the most complex processes for young adults. Home to the largest population of children in the world, India houses 44 million destitute children. Among them, 12.44 million are orphans with most of them in institutional care (Government of India (GOI), n.d.-a). Unfortunately, there is no adequate information on the number of children in care except for those in statutory institutions. This makes it extremely difficult to determine the exact number of children in institutional care (GOI, n.d.-b). Assuming, if 10% of this mammoth population leave care every year, the figure crosses the one million mark. So, what happens to these children and young adults? What is their future like?

Helping these individuals move back into society and re-enter the community after a long period of dissociation is a critical aspect of their transition out of care. Being a heterogeneous group, their processes of social reintegration may vary with their cultural and ethnic backgrounds, their gender, the age at which they entered care, the type and extent of abuse or neglect, their experiences while in-care, their preparation for leaving care, and the quantity and quality of social support network available to them (Mendes, Baidawi, & Snow, 2013). This study investigates the social reintegration policies of different organisations catering to these children and subsequently develops a model framework for social work intervention. Here, social reintegration policies have been defined as the framework of services which are being implemented by child-care institutions and after-care homes to ensure effective re-entry of care-leavers into mainstream community life after spending their entire/significant portion of their childhood in care.

2. Review of literature

It must be emphasised here that most of the studies related to leaving care are based in USA and European countries. There is very little relevant data available in the Asian context including India. Therefore, in an attempt to highlight the global trends, relevant literature from developed countries like USA, UK, and Russia, has been cited along with few studies from the developing world like Ghana, Kenya, and South Africa.

2.1. Role of residential care homes in ensuring effective social reintegration

The nature of care facilities and the child's experience of being in care plays a vital role in determining their future path. Studies show that it is the residential care home which helps to develop a positive self-identity in these children and plays a significant role in shaping their future in a complex society. Consistency of support, continuity of care, meeting educational and health needs are important steps to enable these youths to overcome the challenges (Biehal, Clayden, Stein, & Wade, 1995; Frimpong-Manso, 2012; Stein, 2008). What matters more to yield positive outcomes, is the stability rather than the length of stay in a residential care home (Valle, Bravo, Alvarez, & Fernanaz, 2008).

Actually, most of these children in care have a damaging childhood with incidence of abuse and neglect. Feeling of loneliness and being away from family often negatively affect these young people and their relationship skills. The residential care home plays an important part

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in redressing these emotional injuries which is crucial for ensuring a stable future (Höjer & Sjöblom, 2014).

Stein and Dixon (2006) in their surveys conducted in Scotland have highlighted the impact of care experiences on young people leaving residential care. Their investigations have revealed that good quality residential homes ensuring stability and continuity helped these young people to develop a strong bond with their caregivers as mentors. This secured relationship promoted resilience and positive educational and career outcomes in their future. Conversely, negative attitude and indifference of teachers and caregivers, bullying and minimal priority to education inhibited care leaver's progress (Stein, 1994, 2012).

Stepanova and Hackett (2014) have examined the experiences of forty-five care-leavers in Russia. They have emphasised on the relationship of these young people with the houseparents or caregivers as a critical factor for effective social reintegration. Since as a child, the caregivers were the only adults care-leavers could communicate with, as their substitute family, the nature of this relationship framed not only their care-experience but acted as 'transition guides'. Physical isolation of the institutional setting away from the community was the other area of concern discussed by the authors which limited the children's socialisation process, affecting their self-esteem and instilled fear of living independently.

Another critical factor which has been emphasised by researchers is the age of leaving care. Being forced to leave and not having a choice impacted the social reintegration process drastically. Age has been analysed as a significant criterion for many while assessing their postcare experience (Dixon & Stein, 2003). According to a study, conducted on 77 individuals in Australia by Mendes et al. (2013) chronological age rather than developmental experience being the deciding factor for independent living has led many care-leavers to face psychological trauma very early in age.

The residential care home also helps to prepare these young people for independent living which is essential to enable them cope with their transition. Providing them the opportunity to learn basic life skills like domestic tasks, life style issues, budgeting along with the need for social skill preparation is significant (Stein & Wade, 2000). An inadequate ending compromised the future progression of these individuals (Pryce et al., 2015; Wade & Dixon, 2006). Abrupt termination of support made them feel helpless and hindered their access to educational, professional, housing and other transitional opportunities (Johnson & Mendes, 2014).

Frimpong-Manso (2012) in his study on Ghanian youth have emphasised on the significance of transition homes for training the youth for independent life. Another important aspect pointed out by him was providing opportunities to youth to learn cultural skills and societal values. Van Breda (2015), on the other hand, in his longitudinal study on seventeen care leavers in South Africa has highlighted the difficulties which these youths face during transition due to the lack of legislations and provisions of care-leaving services. Even though, the organisations prepared these youths for independent living, the lack of post-care facilities led to negative outcomes. Therefore, a specified after-care program has been considered very important to enable them attain emotional maturity and psychologically 'move on' (Harder, Köngeter, Zeller, Knorth, & Knot-Dickscheit, 2011; Stein, 2006). A workshop with a group of nineteen care-leavers in Kenya stressed that even after leaving care, the organisation played a vital part in helping them to pursue higher education, finding appropriate job and making housing arrangements (Magoni, Bambini, & Ucembe, 2009).

Thus, the intervention programs which start the moment the child enters the premises of a care facility culminate only when the youth is socially reintegrated into society. According to the United Nations Convention on the Rights of the Child (UNCRC), there are three principle criteria for ensuring effective institutional placement. It is possible if and when it is in the best interests of the child and ensures

- the right to protection from discrimination, neglect and exploitation;
- the right to develop his or her personality, talents and abilities to their fullest potential; and
- the right to have a say in decisions affecting the child's life, including those relating to the conditions of placement (UNICEF, 2003: Foreword).

In fact, there are studies which show that a good residential care home can provide facilities almost equivalent to those raised in a family. A Finnish based longitudinal study, which has followed children who had grown up in SOS Children's Village noted that the life of institutional children was not different from the rest of the population. The study has primarily focused on ex-institutionalised adults between 22 and 51 years of age and their life-situation in relation to education, employment and health (Dabir, Rego, & Kapadia, 2011). In another study conducted by the Positive Outcomes for Orphans (POFO) Research Team comparing institution living and orphan and abandoned community living children in the age of 6 to 12 years in 5 medium Human Development Index (HDI) nations have revealed that health, emotional and cognitive functioning, and physical growth were no worse for the former, and generally better than the latter group, when cared for by persons other than a biological parent (Whetten et al., 2014).

2.2. Institutional care and social reintegration: the Indian scenario

In the Indian situation, the Juvenile Justice (Care and Protection of Children) Act, 2000 (amended in 2006) (JJ Act) and the Integrated Child Protection Scheme (2009) (ICPS) are the primary legislations looking into the admission, care and social reintegration of children and youth in need of care and protection and those in conflict with the law. In this study, the researcher will discuss about the large segment of children in need of care and protection who end up in institutional care. Institutional care in India is provided by primarily three types of organisations — government, religious and non-governmental. Some of these non-governmental organisations are also funded by the state.

Now, the children entering the care system exit at different ages and in varied situations. The three primary ways encompass

- young children leaving care through adoption or foster care;
- older children being reunited with their families after spending varied lengths of time in care; and finally,
- young adults who exit care once they age out of the system.

In this study, social reintegration policies are associated with guiding those youths who have been in care for a substantial period of their childhood and then restored with their families or have reached an age where the state or the non-governmental organisations as a parent considers it appropriate to withdraw support and expect them to transit to independence.

In India, children, below the age of 18 years, entering the institutional care are placed in a Child Care Home (CCH), once they attain adulthood they are provided transitional care in an After-care Home (AFH) till the age of 21. But not all young adults are recipients of this transitional support. Thus, while few adults begin living independently at 18 years, others have access to extended support. The criteria for withdrawing support at 18, 21 or even higher are vague, unclear and varied.

Unfortunately, there is very scant literature available on the process of social reintegration of the youth. The few documented research obtainable depict a highly dismal scenario where their social re-integration seems to be largely ignored and neglected. The implementation of after-care provisions at the grass-root level, in institutional homes, is minimal, very limited and not regulated.

A study on residential homes in Kerala (Kochuthresia, 1990) has reported that in most cases, the children were sent back to their home or