

## Module 6 – Alternative Care for Children

### Session 1: Institutional Care- The last resort

Duration: 4:17 Minutes

Let us now understand why institutional care should be the last alternative

It is universally accepted that even the best institution cannot substitute the nurturing care that a family can give to a child.

Studies and experiences have shown that a child who has been deprived of family care and brought up in a large impersonal institution may show some of the problems such as:

- Lack of individual attention, individualisation, one-to-one caring and interaction makes it difficult for a child to feel secure and bonded to one caregiver.
- “Multiple Mothering” syndrome - when a child is cared for by changing staff, the child is unable to form an attachment with any one person. This leads to a lot of emotional isolation and insecurity in the child.’
- Excessive “Routinisation” and “Regementisation” does not take into account individual needs of the child and hence the child either becomes very reticent and submissive or may react by becoming defiant and rebellious.
- Inability to form lasting, meaningful relationships.
- The child finds it difficult to trust people in authority or even peers when he has had too many negative experiences. These negativities have been shown to be carried on in adult life in various researches as much as that children coming out of institutions are maladjusted in the society.
- Due to the psychological, emotional and nutritional deprivation these children may also show poor academic performance, and other behavioural problems.
- The “Institutionalised Child Syndrome” is sometimes evident in the child’s “self-esteem”.

Some children may develop poor self-worth, which may reflect later in inter personal relationship problems.

Why institutional care as a last alternative

Let’s look at this figure shown on the screen which explains some of the Negative Impacts of Long Term Institutionalisation of the Child which includes:

- Emotional Deprivation
- Maternal Deprivation
- Anonymity & Lack of Personal Attention
- Separation Anxiety

- Low Self-Esteem
- Failure to Trust
- Difficulty in Mainstreaming & Adjusting In Society
- Inter Personal Relationship Problems
- Excessive Routinisation and Regimentation
- Development delays

Now we have understood that institutional care should be the last resort then how should we move forward.

- A paradigm shift in national policies has now been evolved to promote alternative forms of family strengthening and protection programmes for children.
- There will probably be certain situations for some children where there are no feasible options other than institutional placement. Existing institutions should therefore be improved in such a way as to provide individualised quality standards of care and safeguard the rights of the child.
- Comprehensive measures should be provided for support to families at risk, in order to assist them in their child-rearing responsibilities in the light of articles 18 and 27 of the UNCRC.
- Short term institutional care can be considered as an option during an interim period when other alternatives are being explored.
- Large institutions need to give way to small personalised “Group Homes” that provide a nurturing family like environment.
- A paradigm shift from the “Welfare” to the “Development”, from the “Needs” to the “Rights”, and from “Institutional Care” to “Non-Institutional Alternative Care “are significant changes in intervention for “Families at Risk” and CNCP.
- The UN Alternative Care Guidelines are applicable to formal care (kinship, foster care, other forms of family-based care, residential care, supervised independent living) and also encouraged for care in other settings (boarding schools, hospitals, centres for children with disabilities, etc.)
- However these are not applicable to children deprived of liberty, adopted children and informal arrangements.