Assessment of Child Care Institution Standards in South Asia with Emphasis on the Built Environment

Ar. Hrishikesh Purandare, Research Scholar, MIT-ADT University Pune, India,

ar.hrishipurandare@gmail.com

Dr. Ashwini Pethe, Principal, MIT-SOA, Pune, India, ashwini.pethe@mituniversity.edu.in

Abstract: **Children without parental care are more vulnerable, disadvantaged and are more at risk when it comes to the environment in which they live. The situation of South Asian orphans is quite difficult with the largest number of orphans in India. The term *Institutional care* refers providing accommodating vulnerable child in a safe and protective institutional setting under the care and supervision of professionals as per the standards under the authority of the governing bodies. The understanding of the term 'institutional care' differs across countries. Child care institutions (CCIs) should contribute to the holistic development of the child who is already in distress due to the absence of parents. Built environment is an important constituent in ensuring the overall wellbeing of a child. There is a lot of emphasis on 'Gatekeeping' by international organizations who approve that 'institutional care' should be the last resort only after all other options in the 'best interest' of the child are exhausted. Nonetheless, institutional care has been the dominant form of alternative care in South Asian countries. The study includes review of legal instruments of countries from South Asia; based on comparison of data across significant areas after exploring the role of the socio-economic and cultural context of developing countries in comparison with India. This would further assist in identifying any lacuna in the respective standards and guidelines with significance to physical infrastructure. The paper intends to amalgamate of practices in alternative care that would lead to a better outcome for children across South Asia.**

Keywords —Institutional Care, Child Care Standards, Built Environment

I. INTRODUCTION

The United Nations Children's Fund (UNICEF) defines an orphan as "a child under 18 years of age who has lost one or both parents to any cause of death". Globally there are 140 million orphans including 61 million in Asia (Orphans, n.d.). The terminology of orphans varies across countries ranging from "a child who has lost both parents" to "a child whose parents are missing or may have abandoned them". Figure 1 represents the terminology of 'orphan' based on literature review from UNICEF and its global partners.

Figure 1 Author's representation on 'Orphan' terminology based on UNICEF and global partners

Millions of orphans are in need alternative care due to their birth parents are incapable of providing them the basic physiological needs of food, shelter and safety. In search of employment, while migrating, these parents often leave their children in care of an elder sibling or with relatives. Furthermore, Middle income countries are ill equipped to cater to the health, shelter and educational needs of the orphan child.

The extent to which institutionalization affect the physical, cognitive and psychosocial wellbeing has become an international discussion.
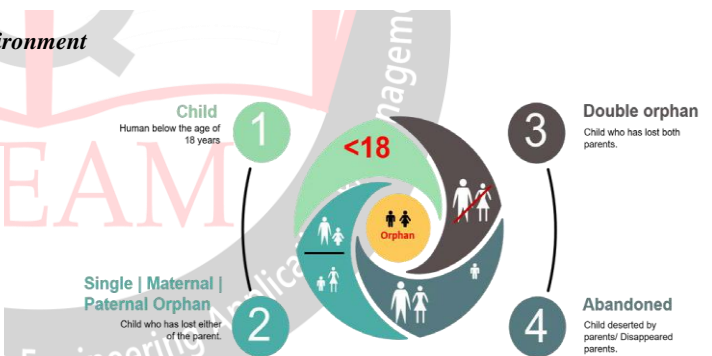
Many studies conducted with respect to institutional care in Europe conclude that depriving institutions caused damage to young children as compared to community-based foster care [1]-[2]-[3]-[4]-[5]-[6]-[31]. Some studies have also shown the before and after effects on infants; institutional care being negative whereas positive effects being observed when the child started living with foster parents [1]-[6].

Article 20(3) of the CRC (UN General Assembly, 1989) neglects to explain as to what constitutes as an "institution". In a recent follow-up study, Whetten et al (2014) established the fact that institutional care represents a wide

spectrum of models of care with varying cultural and traditional background which can be protective environments for children who have faced adverse situations. Similarly they vary in the age and gender bifurcation of children. They also vary in the funding they receive, the space in which they operate, therefore varying in quality and standards of care [7]. Whetten et al. (2009) argue that the child care institutions of the modern day have been found to be quite different from those that have been studied in the past. Some institutions have caregivers residing within the premises with the children and being paid only in the form of food and boarding; further explaining that initially institutional care has been compared to community care. However the child care institutions have been found to be offshoots of community care which perhaps was not the case of studies pertaining to earlier settings [8]. Whetten et al. (2009) stress on the uniqueness of the modern day institutional care setting which the policymakers should protect from blanket policies on institutional care [8].

A. Statement of the problem

Brief background

Maslow posits that apart from food, water and air; **shelter** is also one of the basic human needs [11]. In developing countries like India, the primary focus is meeting the basic needs of a child. Institutional care has been a prevailing form of alternative care within the South Asian Region. India is home to 31 million orphans out of which only 250,000 children are residing in institutional care, commonly referred to as orphanages. The number of children reaching orphanages is uninspiring; one in five districts does not even have a single orphanage. The situation of orphan children living in these establishments is quite grim. Since adoption is also dismal in India, majority of the children without parental care involuntarily live in an environment where their emotional needs go unattended.

Problem statement

Most orphanages in South Asian countries deprive the child of a conducive environment for its psychosocial needs; even the basic needs like clean toilets, potable water, acceptable living conditions and hygiene is below standards, along with paucity of recreational facilities. Therefore, the guidelines regarding the requirements of the built environment need to be reviewed.

Architects and designers are not formally trained to cater to the designing aspect of children's spaces, restricting the exploratory opportunities that young children need for their psychosocial development.

B. Objectives of the study

- To understand the internationally accepted standards with respect to child care.
- To study and compare the Institutional Care Standards and guidelines prescribed by the South Asian countries.
- To find out whether the above mentioned guidelines sufficiently stipulate the requirement with respect to the built environment of the Child Care Institutions in South Asia.
- To identify the strengths and gaps of the guidelines with respect to the built environment.
- To arrive at a set of directives for future guidelines with respect to the built environment that would lead to better outcomes for children across South Asia.

C. Scope and Limitations

The study includes review of the legal instruments from India, Bangladesh, Sri Lanka, Pakistan and Nepal. However for the purpose of this study, juveniles who have committed offence and children in conflict with law have been excluded and only the child care institutions wherein children requiring care and attention have been included. Classification of age groups has been added to understand whether any specific age group related provisions are prescribed. The concept of institutional care is fairly new to Bhutan, since orphan children are raised in monasteries to be monks; therefore there are no guidelines that could be found. No reliable data was found from Afghanistan and Maldives. Due to the ongoing pandemic and restrictions on visiting child care institutions, the study was conducted based on literature review.

D. Methodology

The assessment was done on the basis of secondary research wherein all the relevant qualitative and quantitative data is available in public documents. The study is based on research conducted by doing literature reviews, surveying of existing standards and guidelines namely the Juvenile Justice (Care and Protection of Children) Act 2015 of India, Juvenile Justice Model Rules 2016 of India, Children Act 2013 of Bangladesh, National Policy for Alternative Care of Children in Sri Lanka, Guidelines and Standards of Childcare Institutions in Sri Lanka Bait-Ul-Mal 2020 of Pakistan, State of the Child Care Nepal, 2015, Children's Act 1992 of Nepal.
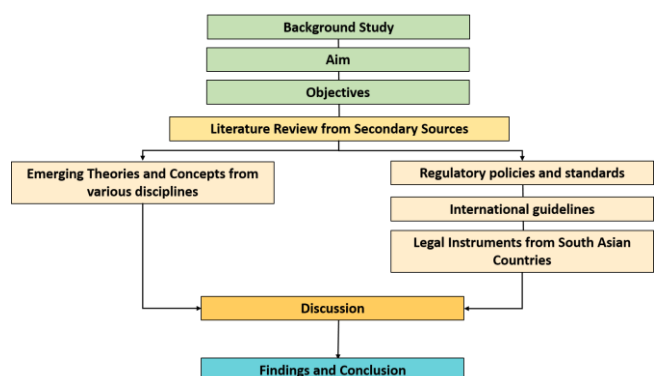

Figure 2 Methodology adopted for the study

II. LITERATURE REVIEW

This section includes literature overview of the globally accepted models of alternative care, models of care prevalent in South Asian region and relevant theories in the cognitive development of a child representing the significance of built environment for a child's needs.

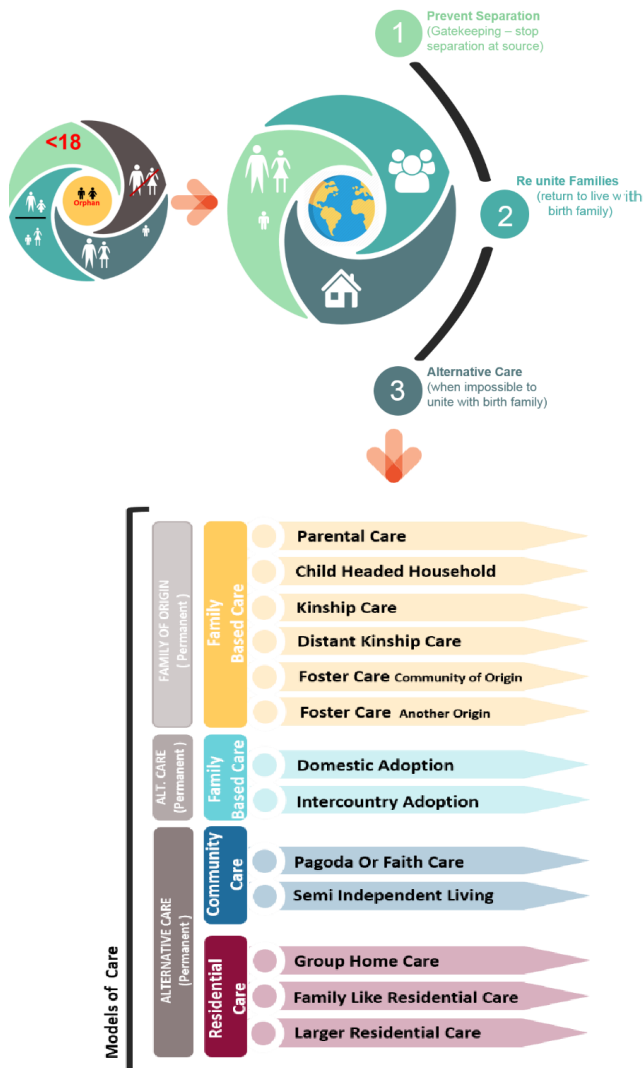### A. Global Outlook on Alternative Care

Figure 3 Author's representation of internationally accepted models of care based on literature by UNICEF and global partners.

The United Nations Convention on the Rights of the Child (UNCRC) and the Lancet Commission have conducted systematic reviews on the impact on psychological wellbeing of institutionalized children and the advantages of de-institutionalization of children. The organizations have stated the three important steps for ensuring the protection of a child. The first step is that of preventing separation, which is to ensure that the child remains or returns to a family based setting of parents. In case of no parents, the child should be sent back to other family members. The second step is to reunite the children already living in institutions with their birth family (ensuring that the child only goes back in case of provision and assurance of a protected environment). The third and the last preferred option is that of alternative care in case the above two steps are not possible (including cases of abuse and neglect). Figure 3 shows the process of gatekeeping and internationally accepted models of care based on literature by UNICEF, Better Care Network and Australian council for international development (ACFID). According to UNICEF and global experts there are recommendations to endorse "family based care alternatives" to child care institutions.

In the family based care alternative, extended family or foster care is suggested. The adoptive family or the biological relatives of the child is the first and the most important alternative to be considered for the child. The process of gatekeeping can occur at any given point, right from preventing separation to reuniting a child with its blood family while being transferred from one type of care to another. Therefore gatekeeping is basically ensuring that the child is placed in the midst of a caring, safe and stable family environment.

B. South Asia and Alternative Care

The eight countries of the South Asian Association of Regional Cooperation (SAARC) have taken up the issues related to child rights in the past two decades. Three South Asian countries viz. India, Bangladesh and Pakistan are part of the highest orphan population with India ranking highest in orphan population. Child care institution, more commonly referred to as 'orphanage' is the dominant form of formal care in South Asian region. Most of the children are admitted in the orphanages due to the inability of the parents to take care of their child. As already discussed under the terminology of 'orphan', a child may have either of the parent surviving but due to extreme poverty are pushed into institutional care in hopes of a better quality of life for them. The idea behind institutional care is to provide an alternative environment of love and care to children without parental support.

Martin and Zulaika state that many reports on children living in alternative care may not all be double orphans; indicating that they may have a living parent or living family members [9]. According to a study by UNICEF, 85% of the children were found to have at least a single living parent; Sri Lanka comprising of 80% of the orphan children with one or both living parents and in the case of India the number is also quite high but there is no accurate data available (*Evolving Trends in Alternative Care for Children in South Asia*, 2018).

There is an extensive variation in the spectrum of care used for children within the South Asian region. The profile of children is also quite wide; ranging from orphans to destitute children to abandoned children to children with special needs and children from minority groups. As represented in

figure 4 based on literature by the *Lancet Commission* and *Australian council for international development* (ACFID), models of care range from child headed household to Kafalah in the 'family of origin based care' category, adoption in 'alternative family based care' category, faith care in the 'community care' category to children's villages and family like residential care in the 'residential care' category.
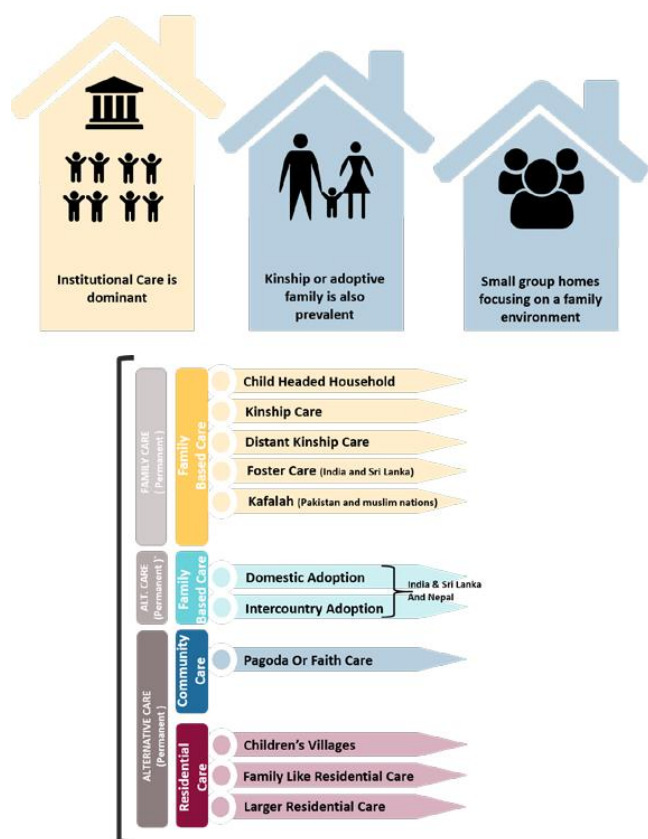

Figure 4 Author's representation based on literature by the Lancet Commission and ACFID.

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care in the 'community care' category to children's villages and family like residential care in the 'residential care' category.

The process of de-institutionalization is rather complex. It is not as simple as closing down the existing orphanages and transferring children to "family based care" or "community based care" settings. Furthermore, according to the Better Care Network and UNICEF, high quality family based or community care alternatives are lacking in developing countries. This renders the entire exercise of gatekeeping redundant because there is no availability of better forms of alternative care in the region. Weak gatekeeping criteria, lack of alternatives and very little emphasis on reuniting a child with the family. However, there are existing models of care which are seen as 'good practice' at the local level in different communities within the South Asian region, which could potentially be up-scaled. Therefore till the time Gatekeeping policies are brought into practice, institutional care will be an important form of care for the orphaned children.

C. Significance of the Built Environment for the Child's Psychosocial Development

Theories of child development by Jean Piaget (Theory of Cognitive Development, 1936), Abraham Maslow (Theory of Hierarchy of Needs, 1943), Urie Bronfenbrenner (Ecological Systems Theory, 1979) and Scannell & Gifford (Tripartite model of Place Attachment Theory, 2010) have emphasized that the immediate environment has an impact on the health and wellbeing outcomes of a person.

Piaget (1969) in his theory of cognitive development suggests that "Children move through four stages of development; sensorimotor, pre-operational, concrete operational and formal operational stage". According to him, in the sensorimotor stage, the child begins to understand the world by coordination of experiences, Children identify themselves as separate from the environment. Piaget's second stage, the pre-operational stage is where the child make engage in 'symbolic play' or create imaginary friends which may include play houses, having tea parties etc. The quality of environment provided for 'symbolic play' to augment their level of creativity can have consequences on their later development [10].

Maslow (1943) based his theory of hierarchy of needs on five stages in the form of a pyramid, wherein on the base level the basic needs of air, water, food and shelter and sleep must be met before a child can advance to the next stage. Safety needs and belonging are the next stages respectively, wherein the child needs a safe and secure environment along with a sense of connection to friends and family. These stages form an important aspect for the development of the child [11].

Bronfenbrenner (1979) in his bioecological theory suggests that a child's environment is an 'enmeshed' arrangement. This environment is divided in various 'systems' wherein the home and school is the immediate environment of the child; a 'microsystem' which has a profound effect on the child. The child's interaction and experiences with the social as well as physical characteristics of the microsystem are crucial for their wellbeing [12].

The theory of place attachment that has gained much attention over the years, is based on the bonding that occurs an individual and their environment [13]-[14]. Scannell and Gifford (2010) in their proposed three-dimensional framework of place attachment discuss three facets of place attachment namely; person, place and process wherein they deliberate on the extent of a person's attachment to a place including place characteristics. In the 'process' facet, experiences whether unhappy or happy, sense of belonging to a place, an individual drawing similarities between self and place; and positive bond between person and place leading to proximity or closeness are addressed. These facets are important to understand the extent of a child's attachment to the environment in which it dwells [15].

The environmental attributes of crowding, privacy, noise and housing quality have an effect on the occupant of a space. Residential crowding, lack of privacy, lack of a peaceful environment and substandard housing quality have been known to have negative consequences on a child's development. Wachs argues that infants as young as two years who are living in high density homes, have shown signs of cognitive delay [16]-[17]-[18]. Lack of sleep and insufficient sleep has been known to cause a 'sense of helplessness' among children. Maxwell and Evans maintain that children in high density environments exhibit signs of social withdrawal and aggressive behavior [19]. According to Rodin, when met with a choice, some children reveal indications of 'learned helplessness' [20].

The concept of privacy has high importance in many western countries giving a sense of independence and individualism [21]. However, in homes where there is high density, it would be difficult to achieve the expected privacy. Wherever it may be difficult to provide a private space for a child, there could be a provision of a space solely for a child's particular need also known as '*functional privacy'* as identified by Michelson [22]. Wachs notes that providing a temporary space for the desired privacy of the child, termed as 'stimulus shelter' would be of advantage to a child [17].

Noise from external sources, such as placing the children's bedroom next to a busy street can affect their sleep patterns. Disturbing noise within the home environment can be attributed to overcrowding leading to irritability amongst the children.

Housing quality can affect adults and children alike. Poor quality housing with negative aspects affecting the physical health can also have psychological impact. Being unable to regulate one's own physical environment can lead to depression.

The concept of organism-environment covariance includes passive covariance, reactive covariance and active organism environment covariance [23].
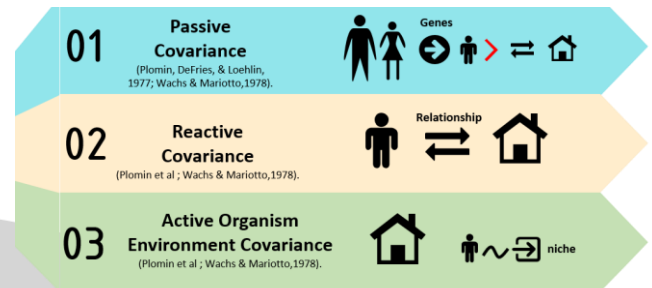

Figure 5 Author's representation based on Environmental-Organism Covariance by Plomin et al

Passive Covariance refers to the situation where parents transfer genetic characteristics along with the environment. In such a case, the particular behaviour of a certain child can be attributed to the genes than to the environmental surroundings [16]-[23].

Reactive Covariance refers to the bidirectional relation between a child and its immediate environment. Not only does the child have an influence on its environment but the environment also has an equal influence on the child. A number of studies have assumed that the environment has an impact on the behaviour of a child but there may be a possibility that a child with behaviour disorder may be affecting the environment [16]-[23].

Active Organism Environment Covariance refer to the individual's preference when it comes to creating its own 'niche' within an already designed space. This means that even though the interior of a space may be designed to meet the child's needs; the child may seek its own 'niche' within the redesigned environment, a space which may not respond to what the designer had intended [23]-[24].

III. POLICIES AND STANDARDS ON CHILD CARE INSTITUTION

Data on policies and standards of South Asian countries have been studied as follows:

India (The Juvenile Justice (Care and Protection Of Children) Act, 2015, Juvenile Justice Model Rules 2016),

Bangladesh (The Children Act, 2013 {Act No. XXIV of

2013}), Sri Lanka (Guidelines and Standards for Childcare Institutions in Sri Lanka, National Child Protection Authority, 2013), Pakistan (Policy On DAR -UL -EHSAAS (DUE) PAKISTAN BAIT-UL-MAL(As amended 2020)

Nepal (Children's Act 1992, Central Child Welfare Board {CCWB}), Bhutan: In Bhutan, policies and standards for childcare are still a new area of work for the country. There is a lack of data from Maldives and Afghanistan with regards to policies and frameworks.

IV. DISCUSSION

Global organizations stress on the fact that institutional care should only be considered when all the options of alternative care have been exhausted. However, in developing countries in Asia, particularly South Asia, child care institutions or orphanages are the most common type of accommodation used and sometimes, the only alternative care option formally acknowledged and supported.

In the above comparative matrix, data from only five countries was available to be tabulated. India having strong policy and legal framework in place only prescribes the minimum requirements with respect to the physical infrastructure. On the one hand where Sri Lanka has separate guidelines for each sub-section ranging from Location to Security, India's Juvenile Justice model rules on the other hand do not address these in detail. Bangladesh does not prescribe any requirements with respect to the physical infrastructure or built environment. The Sri Lankan standards and guidelines does not set any benchmark to be followed by countries in South Asia, but it at least addresses all the important parameters. Dar ul Ehsaas speaks of renting of premises for accommodating orphans. This is more like a makeshift arrangement for the children without parental care. Not that the other three countries fare any better. The orphanages in many contexts are operated through already existing infrastructure, such a built environment may not provide the necessary required sense of belonging or attachment. The built form should stimulate the children's cognitive functioning while allowing them a certain degree of control and choice of socializing within the given space. Unplanned spaces and makeshift arrangements often restricts the children to the built environment. In an institutional setting, the cognitive experiences of the child are restricted to the day to day routine. Therefore the standards should also include provision to counter the same. Sener found that children's participation is an important consideration for the creation of environment in line with a child's perception to create an affinity to the built environment [25]. Kellert stresses on the provision of affective places for children that facilitate creativity and engagement [26]. Another observation from the study is that the four countries classify age groups differently which is differing from Jean Piaget's classification of age which is Sensory Motor stage (birth to

2 years), Pre-operational stage (2-7 years), Concrete operational stage (7-12 years), Formal operational stage (12- 18 years) [10].

Said states that place attachment is derived from memory; in which the child's positive interaction with the built environment create memories of fulfilment [27].

A. Accommodation

In all of the countries, the terminology for Child care institution varies, the accommodation in case of India and Bangladesh is divided into categories wherein there is provision for short term to long term care based on the situation of the child. However in the case of Sri Lanka, they have mentioned that a child without parental care shall be kept separately from a child in conflict with law.

The concept of institutionalization is fairly new to Bhutan. A child without parental care is raised by Buddhist monasteries to become monks. This however raises the question as to why Bhutan is placed in the difficult situation category. As per Pavla Gomba, head of Czech branch of UNICEF, the life of these children is challenging, with simple breakfast to memorizing texts the entire day and no ties with family nor a chance to play. Often the children are from extremely poor and whose parents are incapable of supporting them, equating the life of a child in monastic school to that of a primary orphanage (UNICEF Brings Children's Rights to Monasteries in Bhutan, 2015).

Sri Lankan standards mention that only children of a certain age group shall be kept together, this means that every four years the child will be transferred to another facility. This may not be in the best interest of the child, as firstly the child is being deprived of parental care and secondly it is living outside of parental care along with caretakers and with children of the same group. Proshansky (1983) in reference to place identity and place belongingness, says that strong emotional attachments to places are formed during childhood and to an extent persist towards adulthood. He also stressed that by changing the three socio- physical settings namely home, school and neighborhood can lead to inconsistencies with the child's relationship with the built environment further leading to tension and frustration [28].

B. Built Environment

The Indian standards have prescribed dormitories area of 1000 sq,ft for 25 children which works out to 40 sq.ft area per child which is in line with the Care for our children (CFOC) guidelines. The provision of one bathroom for a group of 10 children and one toilet for a group of 6 may be as per CFOC but seems to be insufficient, therefore two bathrooms are preferred. The Sri Lankan standards specify that the bedroom size should be of the size catering to

36 sq.ft per person which is also close to the CFOC standards. One toilet and one bath for 8 persons seems

inadequate which needs to be increased. The standards however, are distinctly divided in sections and subsections right from quality of care of the children to standards for physical environment and security. These subsections mention the importance of having stimulating environments for development of the children and also specifying that caretakers shall be trained to ensure child development. The standards also mention an important aspect of monitoring the potential of a child and directing it towards relevant pursuits, which is also what is specified by the Pakistan guidelines.

All guidelines with available data acknowledge and mention the importance of leisure and recreational activities and prescribed provisions for the same.

The environmental attributes of crowding, privacy, noise and housing quality have been overlooked by most of the guidelines. Only Sri Lankan guidelines mention the importance of respecting the dignity and privacy of the children. Crowding and noise have been found to have an impact on the occupants Eg. Lack of sleep due to noise and leads to irritability, helplessness and poor academic performance in children.

Rivlin and Wolfe discuss the research carried out in a hospital setting; wherein the increase in the count of children led to aggression and disturbing behavior [29]. Although settings may differ, it sheds light on the phenomenon of crowding. There should be consideration for spaces where children can separate themselves from a group for attaining a certain degree of privacy. Substandard Housing quality has been observed to be detrimental for adults as well as children. Studies have also correlated stress levels with low housing quality. Therefore it forms an important aspect for development of the children.

V. FINDINGS AND CONCLUSION

The data with respect to Indian orphans was found to be conflicting, the National Commission of India has given an official figure of 2.5 lacs which was found to be similar to the study carried out by Desmond et al for The Lancet Child & Adolescent Health in 2020 [30].

Global organizations and frameworks have indicated that child care institutions are to be considered only when all other forms of alternative care are exhausted. However specifically in the case of India which accounts for almost 75 percent of the South Asian orphan population has institutional care as a dominant form of formal care. While it is being said that Institutional care is equated with having detrimental effects on the child, the study using the 'Positive outcomes for Orphans' sampling method by Whetten et al found that health, cognition and wellbeing of children in child care institutions is not any worse in comparison with community care. Interestingly, according

to the findings of the study; institutionalized children were found to have higher intellectual outcomes with fewer social and emotional issues [8]. This is in stark contrast with international outlook on institutionalization. Therefore, it can be said that generalizing that institutional care is inappropriate for all children is incorrect. Age groups should be divided as per Piaget's theory since cognitive development is an important aspect in a child's response to the environment. Environmental attributes of built environment and issues related to health and wellbeing have been missed by the guidelines and need to be included as it affects the overall wellbeing of the occupant.

In the Indian context, many caregivers live with the children in the institutions itself, which is also what the Juvenile Justice act of 2015 has prescribed. This could help with increased bonding between caretakers and the children. Institutions may not be a typical family unit however, they are not what has been made to think of them.

As per Scottish Institute for Residential Child Care (SIRCC) residential care should not be universally termed as negative. There may be cases where residential care may be the best option for children who have had past negative experiences. It may be used in settings that are uplifting and constructive for the child and may be considered in its *best interest.*

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