



INSTITUTIONAL CARE AND ITS IMPACT ON THE PHYSICAL DEVELOPMENT OF THE CHILDREN IN NEED OF CARE AND PROTECTION

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ABSTRACT

Family plays an important role in the primary socialization of children. However, in some instances, the family becomes functionally incapable or is unavailable to nurture and support the child. In such cases, residential care in the form of Child care institutes or children's homes plays an integral role in socializing children through rehabilitation and reintegration. These homes provide shelter to children in need by offering standards of care, protection, and training. This was an empirical study conducted in the 6 districts of Patiala, Jalandhar, SAS Nagar, Bathinda, Gurdaspur, and Hoshiarpur in the state of Punjab. The study attempted to offer insights into comparative aspects of vital demographic indicators. The present research paper is based on the profiling of government-run Children's Homes in Punjab, focusing on key indicators such as their locations, staff details, date of inception, legal recognition, and inmate strength. The major parameters on which the functioning of these institutions and their impact on child inmates were analysed included education, nutrition and healthcare, hygiene and sanitation, cultural activities, recreation, and daily routine. The study aimed to explore the scope and significance of Children's Homes and their contribution to shaping the lives of children in need of care and protection. This research paper is a modest attempt to add to the existing theoretical framework within the discipline of sociological assessment and to analyse state interventions in Children's Homes. It highlights the essential need to view the well-being of these children as a shared responsibility—one that demands the active involvement of every individual to ensure a better today and a more secure tomorrow for them.



KEYWORDS: Child care institutes, nutrition and healthcare, hygiene and sanitation.

INTRODUCTION

A country's future depends on how well it nurtures and supports its children. For any society aiming at progress, the overall development and well-being of its youngest citizens is essential. Children's growth can either be supported or hindered by their physical surroundings and social environment. As they move through different stages of life, the family—above all—plays a central role in guiding and shaping their development.

The United Nations Convention on the Rights of Child (United Nations, 1989) has defined under Article-1 'a child means every human being below the age of eighteen years unless under the law applicable, majority is attained earlier' (Morrow, 2011).

The Juvenile Justice (Care and Protection of Children) Act, 2000—under Chapter 1, Section 2(12)—defines a child as someone who has not yet reached the age of 18 (Juvenile Justice Act, 2015)¹.

THEORETICAL INSIGHTS

A review of studies carried out and literature available to the concerned area of research marked importance for the genesis of research design and research process.

The term child care and protection refers to restraining and responding to exploitation, abuse and violence against children in the society. Constructing healthy environs for children which helps them to develop properly. The Convention on the Rights of the Child (1989) defines the basic rights of children, comprising the right to be protected from any kind of exploitation and insecurity. Child protection ensures that every child fall in social security and safety net.

Fink (1968) has highlighted the neglect and abuse experienced by the children in care system. 'Care' refers to protecting the children in all difficult circumstances. It is used to denote private or state accommodation for victimized children. The variance between doing for (caring) and doing to (controlling) children is particularly significant when we think of the children who have been deprived of their childhood. Then childhood is framed with unfavourable material conditions which are summed up by the outcomes of poverty, social injustice and inequalities. His discussions and analysis concentrate upon the individual lives of children who are cared for within institutions.

Sinha (1981) described socialization as a procedure of culture transmission. It is the culture that authorizes the expected pattern and different roles that a child has to perform. The process of socialization needs to be understood in socio-cultural context. Socialization prepares the child for future and shapes him to attain certain skills for making his earning. He defines it as a way in which the child learns to grow. It is chiefly through social interaction the individuals perform their social roles as expected by the society.

Browne (2009) discussed that institutional care has an impersonal structure and young children usually do not get affection, warmth from the supervisors and staff members because they are not emotionally attached to the children in the child care institute. Also the staff members employed in the child care institutes lacked proper training and skill.

METHODOLOGY

The study followed an exploratory and descriptive approach, aiming to thoroughly examine all key aspects and effectively address the research problem. The sample was taken from seven government-run Children's Homes in Punjab, all registered under the Directorate of Social Security, Women and Child Development. Data was collected from both primary and secondary sources. Primary data came through direct observation, interviews, and focused group discussions. To ensure the data aligned with the study's objectives, two structured interview schedules were developed—one for child inmates and another for the Superintendents of the Homes. Interview Schedule-A focused on questions for the children, exploring their social backgrounds and how their basic needs were being met by the Homes. Interview Schedule-B was designed for Superintendents, focusing on the institution's overall functioning and care systems. Secondary data was gathered from books, research papers, journals, newspaper articles, government documents, and updated versions of the Juvenile Justice (Care and Protection) Act, 2015. According to data from the Department of Social Security & Women and Child Development, Punjab has seven officially registered Children's Homes with a total of 245 children. These are spread across various districts: Children's Home Patiala at Rajpura, Children's Home Dusarna,

¹ Juvenile Justice (Care and Protection of Children) Act, 2000 [Internet] [Available at: <http://wcd.nic.in/acts/juveniles-justice-care-and-protection-children-act-2015>] [Retrieved on August 11, 2019 at 10:55 am].

Children's Home Bathinda, Children's Home Gurdaspur, Children's Home for Boys Hoshiarpur, Children's Home for Girls Jalandhar, and Children's Home Jalandhar. The sample for the study was selected using the census method, considering the practicality and scope of the fieldwork. It included all child residents from these seven Homes, as well as Superintendents, staff members, and caretakers. Interviews and focused group discussions were held with each participant to get a clear understanding of how these Homes function in real time. To enrich the findings, perspectives from the administrative staff of each Home were also gathered for deeper insight.

AREA AND RESPONDENT PROFILING

Chapter Three was divided into three main sections. The *first section* provided a detailed overview of the demographic and socio-economic profile of the state and the selected districts, based on Census 2011 data. It elaborated on key parameters such as geographical area, number of households, tehsils, towns, district headquarters, total population, Scheduled Caste population, literacy levels, child population, overall sex ratio, and child sex ratio. The districts selected for the study were Patiala, SAS Nagar, Bathinda, Gurdaspur, Hoshiarpur, and Jalandhar. The *second section* focused specifically on government-run Children's Homes in Punjab. There are seven such Homes, classified according to their geographical locations. Key indicators examined included location, staff details, year of establishment, legal status, funding sources, locality (urban or rural), and number of child residents. Most Homes—Children's Home Patiala, Bathinda, Dusarna, Gurdaspur, Hoshiarpur, and the Girls' Home in Jalandhar—primarily focused on child care and education. The Children's Home in Jalandhar also served as a protective shelter for runaway girls up to the age of 18. All the Homes were primarily state-funded, though private donations were also accepted. Among them, Children's Homes in Patiala, Bathinda, Gurdaspur, and both Jalandhar Homes were situated in urban areas, while the Homes in Dusarna and Hoshiarpur were located in rural regions. Notably, the Children's Home in Hoshiarpur housed the fewest children, while the Jalandhar Home had the highest number of inmates.

The *third section* analysed the socio-economic profile of the child respondents. The study sample included 245 children, of whom 41% were boys and 59% were girls. Age-wise distribution showed that 69.3% of the children were between 15–18 years. Caste-wise, 48.16% of the children belonged to Scheduled Castes. In terms of schooling, 8.5% were enrolled in private schools, while the majority—79.5%—attended government schools. A large portion, 82.8%, were from Punjab, while 13.06% hailed from other states including Bihar, Uttar Pradesh, Assam, and Delhi. Regarding family background, 27.7% came from joint families, 48.16% from nuclear families, and 24.08% did not report their family type and were thus marked as unreported. In terms of religious affiliation, 49.3% of the respondents identified as Sikh. Lastly, when categorized by circumstances, it was found that 19.5% of the children were abandoned, 16.3% were orphans, 12.2% came from single-parent households, 46.2% were runaways, 1.6% were surrendered, and 4% did not specify their status.

The findings arrived upon at from the child inmates and Superintendents have been categorized into four key areas including role of institutional care in cognitive development, provisions for physical development, behavioural development and social and cultural development. These key areas are based on the Individual Care Plan as mentioned in the Juvenile Justice (Care and Protection of Children) Act, 2015. It is a holistic plan based on age, gender and case history of child inmates. The standards of care for child inmates include education, nutrition, health and hygiene, medical care, recreation, sports and vocational training. The present paper focused on the findings related to the physical development of child inmates residing in children's homes.

PHYSICAL DEVELOPMENT

As per the provision enshrined in Chapter VI Section 31 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 the facilities for hygiene and sanitation in children's home include sufficient drinking water, proper drainage system, maintenance and cleanliness of the premises,

sufficient number of well-lit and airy toilets and bathrooms, daily sweeping and wiping of all floors, proper washing of vegetables and fruits and cleaning of kitchen slabs.²

As per Superintendents and child inmates, the children's homes strictly adhered to the hygiene and sanitation standards in their precincts and were well-equipped with treated drinking water facilities, drainage system and well-lit and airy toilets. The premises, including the stay areas, the dormitories, the kitchen and dining areas and the toilets and bathrooms are well-maintained and are regularly mopped and cleaned by the janitorial staff deputed at the respective homes. The child inmates of children's homes of Jalandhar reported that they were allotted cleaning duties like sweeping and wiping the premises of the children's home in which they actively participated.

The child inmates mentioned that to maintain personal hygiene they take bath regularly, wash their hands before and after eating their meals, after using the toilet. The child inmates added that for oral hygiene they brush their teeth twice. The child inmates of children's homes Jalandhar mentioned that Superintendents and housemothers pay special attention to their hygiene. The Superintendents provide support and guidance to adolescent girl inmates at the initiation of menarche. They were time and again informed about handling of sanitary napkins and their proper disposal for maintenance of hygiene.

As per the provision enshrined in Chapter VI Section 33 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 the facilities for nutrition in children's home include four meals in a day, special meals on festivals and Sundays, menu to be prepared by nutritional expert or doctor and to follow minimum nutritional standard for physical growth of child inmates.³

As per the Superintendents and child inmates in terms of nutrition provisions in the children's home included three wholesome meals a day and special meals served on special occasions and festivals. The study also revealed that child inmates were satisfied with quality and quantity of food. As per the Superintendents, all the child inmates were provided meals as per nutritional standards prescribed under Juvenile Justice (Care and Protection of Children) Act, 2015. The study also revealed that child inmates of children's homes Jalandhar were made to participate actively in cooking activities. The children's homes did not have the availability of apt ratio of cooks and no preference was given for the individual's choices in choosing the menu for meals.

The Superintendents and child inmates mentioned that food safety at children's homes was maintained at time of preparing the food, surface and equipment were cleaned before and after cooking. The cooks took special care that kitchen area and food is protected from houseflies, insects and pests. But it was observed that cooks did not lay much emphasis on wearing clean clothes while cooking and cooks lacked adequate knowledge and understanding of food hygiene and safety. It was also found houseflies were common in the kitchen area of the children's homes. To reduce the risk of disease in the children's homes the caretakers were instructed to wash their hands before and after giving medicine to sick child inmates. But it was observed that caretakers at times were ignorant to follow the instructions.

In terms of nutrition, the positive impacts of institutional care include the provision of an assured balanced diet and contribution to physical wellbeing of child inmates. The negative impacts included over burdening child inmates with work due to the lack of adequate staff personnel like cooks in children's homes and no scope of individual's choice in food. A comparative analysis reveals that though there exist significant negative impacts of institutional care on nutrition of children enrolled under such care, yet the positive outcomes have notable bearings upon the upbringing of children and their cognitive development.

As per the provision enshrined in Chapter VI Section 34 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 the facilities for health and medical care in children's home include the provisions of a medical officer, paramedical staff, maintenance of medical records of child

² Juvenile Justice (Care and Protection of Children) Model Rules, 2016

³ Juvenile Justice (Care and Protection of Children) Model Rules, 2016

inmates, availability of first-aid kit and preventive measures in case of an outbreak of infectious diseases.⁴

As per the Superintendents and child inmates the facilities for health and medical care in the children's homes included maintenance of medical files and health cards of all the child inmates, regular visit of doctor in majority of the children's homes, presence of paramedical staff in majority of children's homes, availability of first-aid kit and extra care to the sick inmates. Despite the provisions of all the facilities related to health and medical care, all the children's homes lacked ambulatory care and a few children's homes including children's home Dusarna and Bathinda lacked paramedical staff.

It was observed that children's homes failed to conduct workshops and counselling sessions on physical health. No regular training programs on infection control were arranged for the staff members in the children's homes. The sickroom in the children's homes lacked good ventilation and hand washing facilities leaving the chances for the spread of infections. More emphasis can be laid on the basic guidelines on prevention of communicable diseases in the children's homes.

The impacts of Institutional Care on the Physical Development of the child inmates have been appended in Table 1

TABLE: 1
Table showing the impacts of Institutional Care on the Physical Development of the child inmates

| PHYSICAL DEVELOPMENT | |
|------------------------------------------|-----------------------------------------------------------|
| POSITIVE IMPACTS | NEGATIVE IMPACTS |
| Physical wellbeing | Leaves no scope for an individual's choice in food |
| Assured balanced diet | Lack of medical staff, delays timely and appropriate care |
| Periodic health check-up | No ambulatory care |
| Provision of medical care and sanitation | |
| Cleanliness and hygiene | |

In terms of physical development, the positive impacts of institutional care revealed during the study included a contribution to physical wellbeing of child inmates, an assured balanced diet, periodic health check-up of child inmates, optimal patient focused care, provision of medical care and sanitation, maintenance of cleanliness in the children's homes and awareness related to hygiene. These provisions consequently reduce the risk of diseases, thereby resulting in better learning outcomes among the children besides contributing to their mental wellbeing, improved self-confidence and self-worth. The negative impacts included inadequate medical staff members and no ambulatory care services in the children's homes, lack of education on hygiene practices, lack of sweepers in the children's homes had burdened the work of child inmates and child inmates at times had to forsake their study and playing hours. Lack of counsellors in the children's homes had burdened the work of superintendents. There was no scope of individual's choice in food.

The study highlighted that the positive impacts have surpassed the negative impacts. A comparative analysis reveals that though there exist significant negative impacts of institutional care on physical development of children enrolled under such care, yet the positive outcomes have notable bearings upon the upbringing of children and their physical development, nutrition, health and medical care.

MULTIFARIOURS IMPACTS

The present research paper has also focused on the role of institutional care and its impacts on the overall development of children residing in Children's Homes. Children's Homes looked after the educational, nutritional, medical care, and recreational needs of child inmates. Those impacts are

⁴ Juvenile Justice (Care and Protection of Children) Model Rules, 2016

broadly discussed in terms of education, health, economic, socio-cultural, and psychological. The findings highlighted that, while institutional care cannot fully replicate a familial environment, it significantly contributes to stabilizing and enhancing children's well-being. These homes play a crucial role in integrating marginalized children into mainstream society by fostering a sense of identity, discipline, and belonging. However, continued efforts are needed to address structural gaps, improve quality of care, and ensure long-term developmental outcomes.

The study also revealed disparities in access to digital resources, personalized learning support, and exposure to practical life skills. Emotional resilience and peer support were stronger among children who engaged in structured group activities. Staff motivation and training played a key role in shaping children's emotional and social growth. Additionally, regular health check-ups and nutritional provisions helped children recover from past neglect and developmental delays. To ensure consistency in care, better coordination between institutional staff, social workers, and local authorities is essential. Future interventions must focus on child-centric policies that bridge the gap between institutional support and individualized care to ensure sustainable growth and empowerment.

The impacts of Institutional Care on the Physical Development of the child inmates have been appended in Table 2.

TABLE: 2
Table showing the impacts of Institutional Care on the Physical Development of the child inmates

| PHYSICAL DEVELOPMENT | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEALTH IMPACTS | ECONOMIC IMPACTS | |
| <ul style="list-style-type: none"> Improves health Reduces anxiety, stress and depression Reduces the risk of diseases Provisions to the basics like health, medical care and nutrition Opportunity to develop Access to public healthcare | <ul style="list-style-type: none"> No economic burden on meeting the cost of food, healthcare and fitness activities Expenses on treatment is curtailed | |
| EDUCATIONAL IMPACTS | PSYCHOLOGICAL IMPACTS | SOCIO CULTURAL IMPACTS |
| <ul style="list-style-type: none"> Improves concentration Builds cognitive and motor skills Skills act as building blocks in overall development of child inmates | <ul style="list-style-type: none"> Prevents inferiority complex Improves mental health Builds confidence Strengthen team spirit | <ul style="list-style-type: none"> Improves child's interaction Influences moral development, leadership qualities and cooperation with others Improves psycho-social outcomes including their behaviour and goal orientation |

Health is the level of functional and metabolic efficiency of a living being. It is a state of complete physical, mental and social wellbeing. Social environment plays a major role in an individual's health. Health of an individual is affected by unbalanced diet, infections, diseases, overcrowded houses, poverty and uncleanliness. Therefore, ensuring cleanliness can enhance productivity of an individual. In terms of physical development, institutional care has considerable health impacts on the children enrolled under such care. Health Impacts of institutional care on physical development indicate improvement in health status of child inmates. Children's homes are responsible for the provision of health, nutrition and medical care of child inmates. An access to public healthcare reduces their expenses on treatment. Child inmates experience a decline in the health related diseases. Reduction in anxiety and related mental traumas results in healthy growth of children.

Institutional care caters to the educational, nutritional, medical care and recreational needs of child inmates. It is an aid to economically backward and excluded sections of the society. The children who otherwise are victims of illness, malnourishment, illiteracy are getting an opportunity to develop in healthy environs. In terms of physical development, institutional care has considerable economic impacts on children enrolled under such care. Economic Impacts of institutional care on physical development indicate no burden on meeting the cost of food, healthcare and fitness activities. The children who are otherwise deprived of medical facilities, get an opportunity to have an access to medical treatment.

Literacy as a condition to education is an indicator of empowerment. The more literate individuals imply the sizeable participation in knowledge economy. Literacy can further contribute to health awareness and fuller participation in knowledge society. Literacy rate varies across social groups in a society. Illiterate parents are at a critical disadvantage in ensuring that their children are well educated, thus sustaining existing inequalities. In terms of physical development, institutional care has considerable educational impacts on children enrolled under such care. Educational Impacts of institutional care on physical development highlight an improvement in the concentration and building of cognitive and motor skills of child inmates. The development of skills act as building blocks in overall growth of children.

Children with poverty experience deficiencies in housing, food, safe environment and access to healthcare and are at greater risk of being exposed to trauma and stressful life events. Children suffering with chronic physical illness can experience more behavioural and emotional problems including anxiety and stress disorders. The healthcare services which otherwise are difficult to approach, are provided to children in children's homes. In terms of physical development, institutional care has considerable psychological impacts on children enrolled under such care. Psychological Impacts of institutional care on physical development indicate an improvement in mental health, building of confidence and strengthening of team spirit of child inmates.

CONCLUDING THOUGHTS

The present study brings to light the multi-dimensional impacts of institutional care on the physical development of children in need of care and protection. While a family remains the ideal environment for a child's upbringing, Children's Homes emerge as crucial alternatives for those who have been abandoned, orphaned, or left vulnerable due to adverse socio-economic circumstances. Through an in-depth exploration of hygiene, nutrition, healthcare, and daily routines across government-run Children's Homes in Punjab, the study found that, despite systemic limitations, these institutions play a vital role in safeguarding the well-being and dignity of their young residents.

The findings reflect that institutional care, when guided by structured frameworks like the Juvenile Justice (Care and Protection of Children) Act, 2015, can provide a relatively safe, nurturing, and supportive environment. Regular health check-ups, provision of balanced meals, sanitation standards, and access to basic healthcare significantly improve the physical health and resilience of children. These positive physical outcomes contribute to better educational performance, emotional regulation, and social adaptability. However, the study also reveals key challenges—including lack of specialized staff, absence of ambulatory care, and limited child-specific participation in decision-making—pointing to areas where reforms and targeted investment are urgently required. In essence, institutional care is not merely about providing shelter—it is about restoring childhoods, healing traumas, and laying a foundation for a more promising future. For these children to thrive, institutional frameworks must evolve from basic custodial models to more holistic, child-centric approaches. Strengthening institutional infrastructure, building the capacity of caregivers, ensuring regular monitoring, and involving communities can go a long way in transforming these Homes from places of survival to spaces of genuine growth and opportunity. As a society, it is our collective responsibility to ensure that no child is left behind. The findings of this study reaffirm that with the right intent, resources, and commitment, Children's Homes can serve not just as protective spaces, but as catalysts for empowerment, development and hope.

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