

Manipur's Child Care Institutions: A Rehabilitation Perspective

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Abstract: *Children rehabilitation and social integration from the institution to the family or society is the most challenging aspect of institutional care. It involves various activities from providing food, shelter clothing, education, to planning and preparing individual plan for their rehabilitation and social integration. It engages rigorous planning about the right type of rehabilitation and social integration and provides different services to prepare for their future. This paper aims to unravel the different issues and challenges which hinders the effective rehabilitation of children in child care institutions in Manipur.*

Keywords: Children, Rehabilitation, Social Integration, Institutional Care.

1. Introduction

Every child deserved a home with a family, where they would be care for and protected, as well as an atmosphere that would allow them to thrive. Unfortunately, despite all of the privileges that they are entitled to, some children lack an atmosphere conducive to proper growth and development. Various social and economic issues have prevented children from having a family and a home where they can be loved, cared for, and protected. Poverty, parental disease, single parenthood, parental divorce, and other causes leave children with no one to look after them, leaving them uncared for and vulnerable (Kochuthresia, 1990).

In light of this problem, the children whose parents cannot fulfil their responsibilities are provided with various services. These children include orphan, abandoned, surrendered, neglected, abused, and vulnerable children, through child care institutions such as Children Homes, Shelter Homes, Specialized Adoption Agencies (SAA), and others.

Brown (2009) define “institutional care 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”. In India, Juvenile Justice (Care and Protection of Children) Act, 2015 defines “child care institutions as children home, open shelter, place of safety, specialized adoption agency and a fit facility recognized under this act for providing care and protection to children, who are in need of such services”. However, in recent years keeping in mind the child's best interest, rehabilitation has become a decisive primary aim of every child care institution. Rehabilitation means preparing the children to face the outside world when restored by providing education, skills, and other services. However, children's rehabilitation and social integration from the institution to the family or society is the most challenging aspects of institutional care. It involves various activities; from providing food, shelter, clothing, education to planning and preparing individual care plan for their rehabilitation and social integration and provides different services to prepare for their future.

Every child has a right to a family. Though a child care institution can provide a temporary home for children in need, it cannot replace a family environment in which a child receives all of the love, care, affection, and security that a child deserves. The primary goal of the institutions is to rehabilitate and incorporate the children into society. As a result, the emphasis of over-reliance on institutional care should move to more family or community-based care, with institutional care for children being the last resort after exhausting all other alternatives. Sponsorship, adoption, foster care, and aftercare are examples of non-institutional care.

Child right to family and non-institutional care is also globally advocated across various jurisdictions. Children's right to family care was recognized globally in the UN Convention on the Rights of the Child (UNCRC), 1988, and in the UN Guidelines for Alternative Care 2009 (UN Guidelines). The UNCRC provides that if a child's biological family does not have sufficient means to provide welfare, care, and protection, then that child has an absolute right to alternate family.

The government of India adopted the National Policy for Children in 2013 to promote and safeguard children's rights. The policy recognizes that children have the right to be raised in a family environment as it is beneficial to their growth. Due to this, children should never be separated from their biological family unless it is required in the children's best interest. The best interest of children is defined as “the basis for any decision taken regarding the child, to ensure fulfilment of his basic rights and needs, identity, social well-being, and physical, emotional and intellectual development” (The Juvenile Justice (Care and Protection of Children) Act, 2015).

2. Conceptual Framework of the Study

The framework (Figure: 1) illustrates the different factors influencing children's rehabilitation from institutions.

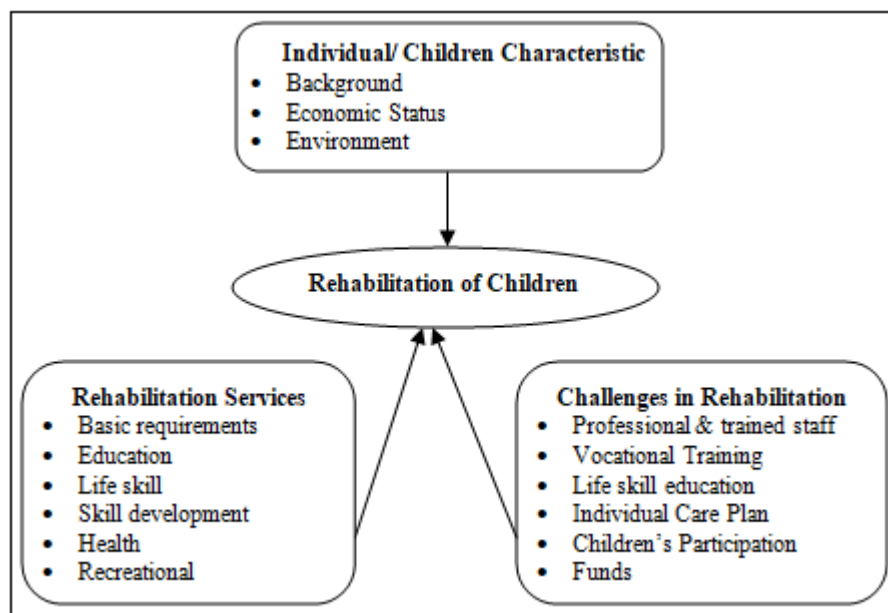


Figure 1: A Conceptual Framework

The framework explains how rehabilitation is impacted at three stages: individual/children's characteristics, rehabilitation services and challenges in children's rehabilitation. This framework will help to achieve the defined objectives and to examine the causal ties between the variables considered for the analysis.

In view of the above discussion, this paper will address:

- 1) The existing services in the child care institutions as lay down in Juvenile Justice (care and protection of Children) Act, 2015.
- 2) The methods and challenges associated with children's rehabilitation.

3. Methodology

The study was conducted in Manipur's five districts: Chandel, Churachandpur, Imphal East, Imphal West, and Ukhrul, with three Hill districts and two Valley districts. The study included child care institutions such as Children Homes, Open Shelter, and Specialized Adoption Agency. These child care facilities primarily serve children who fall into the category of children in need of care and protection. The research included twenty-two (22) child care institutions, fourteen of which were Children Homes, four Open Shelter, and four Specialized Adoption Agencies. The State government covers all of these twenty-two child care institutions. The study employs an explanatory design to have more insight in investigating issues and challenges undermining the process and services for the rehabilitation and integration of children. A purpose sampling and tools like interview and questionnaire were used in collecting data which include both the primary and secondary data.

4. Discussion and Findings

All of the institutions mentioned below were founded after India's independence. Majority of the institutions were created to care for orphans and the sick. These institutions were established to save and educate orphaned children and preserve their rights and train them for the future. The childcare facilities are registered under the provision the Juvenile Justice (Care and Protection of Children) Act, 2015, subsection (1) of section 41. Initially, the primary goal of institutional care was to provide social services such as custodial care, food, clothing, housing, and security, among other things. However, as needs change over time, the current goals of child care organisations have changed to right-based approaches such as offering developmental services such as schooling, life skills, vocational training, rehabilitation, etc. All of the institutions (except for D, F, and T, which have more children than their capability) do not surpass the capacity of the institutional treatment. It was surprising that Institution V only has one child and Institution S does not have any children.

The names of the institutional are kept anonymous to protect confidentiality. As a result, they are listed alphabetically. The institutional care A to N are Children Home, O to R is Open Shelter and S to V is Specialized Adoption Agency. The children's homes have a capacity of fifty (50), the open shelter has a capacity of twenty-five (25), and the Specialized Adoption Agency has a capacity of ten (10). Nine of the 22 institutional cares are for boys, nine are for girls, and four are for boys and girls. In a children's home or open shelter, the age ranges from 6 to 18, and in a Specialized Adoption Agency, the age ranges from 0 to 6.

Features of the Child care Institutions (Type of CCIs, Establishment and Category of Children):

Table 1: Features of Child Care Institutions

| Sl. No | Name of CCI | Type of CCI | Year of Establishment | Gender | Capacity | Present |
|--------|-------------|---------------|-----------------------|--------|----------|---------|
| 01 | A | Children Home | 1976 | Boys | 50 | 35 |
| 02 | B | Children Home | 1995 | Boys | 50 | 42 |
| 03 | C | Children Home | 1980 | Girls | 50 | 34 |
| 04 | D | Children Home | 2009 | Girls | 50 | 53 |
| 05 | E | Children Home | 1971 | Boys | 50 | 34 |
| 06 | F | Children Home | 2005 | Both | 50 | 64 |
| 07 | G | Children Home | 1977 | Boys | 50 | 48 |
| 08 | H | Children Home | 2010 | Boys | 50 | 32 |
| 09 | I | Children Home | 2011 | Boys | 50 | 08 |
| 10 | J | Children Home | 2013 | Girls | 50 | 46 |
| 11 | K | Children Home | 2007 | Girls | 50 | 44 |
| 12 | L | Children Home | 2013 | Girls | 50 | 47 |
| 13 | M | Children Home | 1979 | Boys | 50 | 47 |
| 14 | N | Children Home | 1990 | Girls | 50 | 57 |
| 15 | O | Open Shelter | 2014 | Girls | 25 | 17 |
| 16 | P | Open Shelter | 2013 | Boys | 25 | 04 |
| 17 | Q | Open Shelter | 2014 | Girls | 25 | 21 |
| 18 | R | Open Shelter | 2014 | Girls | 25 | 25 |
| 19 | S | SAA | 2011 | Both | 10 | 0 |
| 20 | T | SAA | 2001 | Both | 10 | 13 |
| 21 | U | SAA | 2011 | Both | 10 | 7 |
| 22 | V | SAA | 2011 | Both | 10 | 1 |

Reasons of Institutionalization

According to the Table No 2, most children are institutionalized due to poverty (35.8%), incapacitated parents accounts for 17.9 %. Orphaned children account for 14.5 % of all children, as do single parents (11.0 %). Victims of rape, trafficking, and child labour (6.4 %), abandoned children (4.0 %), elopement/minor marriage (4.0 %), parental disease (3.5 %), and divorce of parents (3.5 %) are the least common causes for children being institutionalized (2.9 %). It can be observed that orphan children are less in number. So, the main reason for institutionalization is due to poverty.

- Children who have gone missing or who have run away.
- Children who have been the victims of crime, war, or human trafficking.
- Children who have been involved in a minor marriage or elopement.

The guidelines outlined in the Juvenile Justice (Care and Protection of Children) Act, 2015 are adopted by all agencies. Children who fall into the categories of the children listed above are admitted to child care institutions. The majority of children in institutions, on the other hand, have either both parents or single parent. Orphans make up a tiny proportion of the population.

Table 2

| | Number | Percent |
|---|--------|---------|
| Orphan | 25 | 14.5 |
| Incapacitated Parents | 31 | 17.9 |
| Poverty | 62 | 35.8 |
| Abandoned | 7 | 4.0 |
| Illness of Parents | 6 | 3.5 |
| Single Parents | 19 | 11.0 |
| Parents' Divorce | 5 | 2.9 |
| Elopement/Minor Marriage | 7 | 4.0 |
| Victim of abuse, trafficking & Child labour | 11 | 6.4 |
| Total | 173 | 100.0 |

Criteria of Admission

- Children who are abandoned, neglected, surrendered.
- Orphaned/semi-orphaned children.
- Children who have been discovered without a home or guardians.
- Children whose parents cannot meet their obligations of providing basic needs for their children, chronically ill parents, incapacitated parents, and unfit parents (due to poverty), among others.
- Vulnerable children in the family, neighborhood, or community.
- Children who may be neglected or manipulated.

Children between the ages of 0 and 6 are admitted to the Specialized Adoption Agency (SAA). In contrast, children between the ages of 7 and 18 are admitted to the Children Home or Open Shelter Home.

Parents, family members, neighbours, Child Line, Police, Child Welfare Committee, and others bring the children. Children who are not brought or sent by the Child Welfare Committee are brought before the Committee within 24 hours and told to remain in institutional care until the Committee issues an order. Meanwhile, the Child Welfare Committee (CWC) under take enquiry of the child's background through social investigation report. If the child is found to be in need care and protection, in that case, the "child welfare committee" will either inform the family to take back the child or issue an order to the institution concerned for a more extended stay of the child depending upon the social investigation report (SIR). There are no restrictions on caste, creed, language, or religion for children seeking entry to child care institutions. However, children are held in their respective district child care institutions to facilitate contact and subsequent acts.

Registration of Child Care Institutions

According to “sub-section (1) of section 41 of the Juvenile Justice (Care and Protection of Children) Act, 2015, any child care institution, whether governmental or non-governmental, working with children in conflict with the law or children in need of care and protection, must register”. Section 41, sub-section (6), requires Child care institutions to update their registration after every five years.

The study observed that all the twenty (22) Child care institutions are registered under the Juvenile Justice (Care and Protection of Children) Act, 2015.

Financial Status

Nineteen (19) of the twenty-two (22) Child care institutions are operated by non-governmental organisations (NGOs), while the remaining three (3) are run directly by the state government. The child care institutions are funded by the Department of Social Welfare, Government of Manipur, under the Integrated Child Protection Scheme (ICPS), despite the fact that they are implemented by non-governmental organisations.

It was discovered that funds were sometimes released from the responsible authority late. The institutions, especially the children, were negatively impacted by the delay in receiving funds. To meet the daily needs of the organization and the children, child care institutions had to turn to a variety of sources, including collecting funds from other sources and borrowing money from others with interest. Other methods include organizations or institutions obtaining rice, dals, clothing, shoes, and other necessities from a recognized shop without paying (this will be paid when they receive the fund from the concerned authority). This has harmed the management of the institutions, as they are now saddled with massive debt.

Physical Infrastructure

All institutions must have separate rooms for dormitory/bed space, classroom, sick room, first aid room, kitchen, dining, recreational, library, office, and counselling room, according to the Juvenile Justice (Care and Protection of Children) Model Rules, 2016.

Five institutions have space for many purposes like dining, recreation, learning etc. Only four institutions have a separate library among the twenty-two (22) child care institutions; however, the library is restricted to dictionaries, story books, maps, and general knowledge books.

In terms of having a separate sick room, it's worth noting that only four institutions have separate room. The majority of the institutions, on the other hand, do not have a separate room for sick children.

The acts mention having a separate counselling and guidance room. However, it was discovered that, except for three institutions none of the other institutions have a separate counselling and guidance room. It's typically done in an office or other public place where there's no anonymity, making children hesitate to speak up.

Food and Nutrition

Table 3: Food and Nutrition

| Sl. No | Menu Chart | No of Response (CCIs) | Percentage (%) |
|--------|-------------|-----------------------|----------------|
| 1 | Yes | 22 | 100 |
| 2 | No | 0 | 0 |
| 3 | No Response | 0 | 0 |
| 4 | Total | 22 | 100 |

All childcare facilities followed their regular food menus or charts, and the meals were prepared accordingly. Few institutions used a nutritional specialist or a doctor to create the menu plan.

Education

Table 4: Educational Status

| Sl. No | Education | No of Response (CCIs) | Percentage (%) |
|--------|-------------|-----------------------|----------------|
| 1 | Yes | 22 | 100 |
| 2 | No | 0 | 0 |
| 3 | No Response | 0 | 0 |
| 4 | Total | 22 | 100 |

All the institutions send their children to both public and private schools, but when compared, children sent to public schools are much more numerous (90%) than those sent to private schools (10%). Most of the organizations that had previously sent their children to private school had to stop for various reasons, including financial constraints and child complaints or perceptions of prejudice.

Institutions A, B, C, D, K, P, Q, R, T, and U send their students to neighbouring schools since they are within walking distance. The children went to school in groups and are followed by staff members on their way to school. Other children in institutions “E, F, G, H, I, J, L, M, N, and O” go to schools close by which is of a walking distance. As a result, students who lived far from their schools had to commute by van, or bus for schooling. There are no school-aged children in Institutions S and V.

Children's education is looked after at home by the staff, especially the instructor, and children who are behind in their studies are given special attention. The children used to support each other (bright students helping the weak students). All institutions pursue this practice; Children, especially those preparing for the High School Leaving Certificate (HSLC) and Higher Secondary Education (HSE), are given tuition both inside and outside the institutions. It was discovered that there was a staffing shortage in the field of education, as one educator was often insufficient to look after and educate 25-50 children.

Medical

Table 5: Medical Status

| Sl. No. | Name of the Institutions | Doctor |
|---------|--------------------------|-----------|
| 1 | A | Temporary |
| 2 | B | Temporary |
| 3 | C | Temporary |
| 4 | D | Temporary |
| 5 | E | Temporary |
| 6 | F | Temporary |

| | | |
|----|---|-----------|
| 7 | G | Temporary |
| 8 | H | No |
| 9 | I | Temporary |
| 10 | J | Temporary |
| 11 | K | Temporary |
| 12 | L | No |
| 13 | M | Temporary |
| 14 | N | Temporary |
| 15 | O | Temporary |
| 16 | P | Temporary |
| 17 | Q | Temporary |
| 18 | R | Temporary |
| 19 | S | No |
| 20 | T | Permanent |
| 21 | U | Temporary |
| 22 | V | Temporary |

Part-time doctors can be found at institutions: “A, B, C, D, E, F, G, I, J, K, M, N, O, P, Q, R, U, and V”. The doctor’s visit the institution once or twice a month, except for institution ‘K,’ where the doctor visits once a week. When the need arises, the doctors are called to the institutions (when the children are sick). The institution ‘T’ is the only one with a full-time physician. Furthermore, these institutions have paramedical workers (nurses) who are present all the time in the home. Surprisingly, institutions H, L, and S lack both part-time medical and paramedical personnel trained and equipped with basic knowledge of health issues, medications, and first-aid.

All the institutions referred the children to either a government or a private hospital, with the government hospital having a higher number of referrals. First aid is available in all of the institutions. While ambulance service is not accessible, the respective homes/institutions used their equipment, such as vans and cars to transport the children to the hospital.

A medical case file is opened for each child, containing all medical information such as weight, height, health conditions, history of any severe disease, HIV/AIDS status, sickness, treatment, and so on. Except for a few individual children living in “Open Shelter and Specialized Adoption Agency (SAA)”, where the child is referred temporarily, every child in the Children's Home has his or her medical records.

It was discovered and observed that, once a year, voluntary bodies (organizations, institutions, departments, clubs, individuals, etc.) held a free health camp on the institutional premises to promote children's health and physical well-being.

Social Work and Counselling Services

The child care institution staffs compile all the reports and open a case file for every individual child. The case file includes; the child’s case history, order from the child welfare committee, social investigation report, school report cards, and other related documents and individual care plan conducted and managed by caseworker or child welfare officer. These medical reports are handled by the staff nurse. These reports and documents help the staff, especially the concerned staff. Child care institutions, such as ‘I, P, R, S, T, U, and V,’ do not have their counsellor. Except for

institutions ‘D and K,’ all other institutions with a counsellor are not trained in counselling.

Sanitation and Hygiene

The Juvenile Justice Rules state that there must be enough filtered water and that filters must be installed. Twenty-one (21) of child care institutions do not have water filters installed. Inside the premises, the institutions have enough water for washing, bathing, and other uses. Some institutions have been observed sending children to fetch water from nearby water reservoirs or tanks.

Eighteen (18) of the institutions have a proper drainage system in place, as well as garbage disposal. The institutions issued mosquito nets to every child to avoid mosquito bites and diseases associated with them. Annual pest control, on the other hand, was not documented or observed.

The Act mandates that child care institutions have adequate toilets and bathrooms that are clean and airy, with one toilet for every seven (7) children and five (5) bathrooms for every fifty (50) children. However, it has been noted or discovered that twenty (20) institutions only have three bathrooms and four to five toilets. Furthermore, the bathrooms and toilets were not properly cleaned, and spider webs were visible. Children can be seen bathing outdoors due to a lack of bathrooms that are both inadequate and unsanitary. Furthermore, the water used or stored in the toilets was filthy and unsanitary, which the children were forced to use because they had no other choice. Children from one institution used water from a pond-like body of untreated, filthy, and unsanitary, with insects visible. This institution's children are susceptible to a variety of diseases and insect bites.

Children’s Committee

According to “The Juvenile Justice (Care and Protection of Children) Model Rules, 2016, any institution must have a Children's Committee comprised of three age groups: 6-10 years old, 11-15 years old, and 16-18 years old”. The Officer in Charge is responsible for forming these three Children's Committees and should assist in their formation (Juvenile Justice (Care and Protection of Children) Act, 2015). The committee's main goal is to encourage children to participate in various activities at the institution, such as scheduling daily routines, organising educational, vocational, and other recreational activities, and disclosing any concerns or issues that arise. However, the committee only remains on paper because the children were unaware of it while communicating and questioning. The Staffs prepare all of the reports that will be presented at the Management Committee meeting. As a result, the basic needs of children are rarely discussed and fulfilled.

Lack of professional and trained staff

Children in the child care institution have particular issues from different backgrounds. The children admitted to institutions are of various types; children who are abandoned and surrendered, survivor of exploitation, abuse and trafficking, minor marriage (elopement), runaway, children with incapacitated parents etc. The study, however, indicates that most workers were not professionally trained. The study found that most institutional care staffs are recruited without

understanding their expertise and experience working with children and childcare institutions. Moreover, some organizations have also employed their closed relatives or friends to fill the post. This practice profoundly influenced the social and emotional growth of the children as their issues remain unresolved. Staff incompetence may also be observed through documentation individual care plan, solving and managing children's attitude and issues etc. Only a few institutions employ staffs that have degrees related to the child.

Child restoration through family-care

Children are to be restored when family conditions improve or when they have completed the age of eighteen in child care institution. The child welfare officer or caseworker based on the child's individual care plan recommends to the child welfare committee for their rehabilitation and social integration. Accordingly, after reviewing the recommendation, the child welfare committee orders the child to return to the family. However, the problem with family restoration for majority of the children staying in child care institution is that most of the children are sent back to the same environment where they were abuse and neglected.

Sponsorship

The government approved the sponsorship program with the aim of rehabilitating and restoring children so that they can live in a family environment, which is the most conducive place to live. There are two (2) forms of sponsorship;

- 1) Preventive: It allows the child to stay with his or her family and carry on his or her schooling. This is an endeavor to protect the child from being institutionalized.
- 2) Rehabilitative: Children in child care institutions may be rehabilitated or returned to their families with the support given to them through sponsorship. This can be done with the assistance of a child's individual care plan by a child protection officer/caseworker in an institutional setting. This will allow the children to remain with their families rather than being placed in institutions.

The study shows that not a single child from the twenty-two childcare institutions uses the scheme to help children's institutional recovery. Two children from one institution were chosen for sponsorship but were not funded (although the selection list was declared more than a year ago). Some of the reasons why sponsorship programmes fail are;

- 1) There is no proper knowledge in the community as such people are unaware of the programme.
- 2) Some of the institutional staff cares are also not aware of the programme.
- 3) Delay in sanctioning money was another reason why the sponsorship programme fails.

Adoption

Children's rehabilitation and social integration through adoption: Adoption is a legal procedure for adopting an orphan child, abandoned and surrendered after declared legally fit for adoption by the child welfare committee (The Integrated Child Protection Scheme, 2014). Adoption ensures the child the right to have a family. In Manipur, adoption is

the most successful approach for the rehabilitation and social integration of children than to foster care, sponsorship (non-institutional care) and after care programmes. There are, however, several concerns associated with the adoption process.

Rules and Guidelines: It is stated and observed that the rules are rigid and the procedures are lengthy. While it prohibits unlawful adoption of children, they have to register on the website as Prospective Adoptive Parents (PAPs) and wait for their chance. Besides, matching is carried out by the Central Adoption Resource Agency (CARA) and not by the adoption agency concerned. If the prospective parents are pleased with the child, a home study will be performed by the Specialist Adoption Agency (SAA) of the respective state and recommend for adoption. Otherwise, the process must again start with the parents waiting for their opportunity and CARA matching the parent-child. This slows the process of adoption, where children have to live in institutional care for longer. The study also indicates that registered prospective parents waiting for their chance are so high compared to children who are adopted.

Differently able or girl child usually left out: The study found that most prospective parents prefer a male child, ideally between 0-3 years of age. Children with differently able or special needs are mostly adopted by Prospective Adoptive Parents outside the country. Therefore, children who are otherwise differently able, older children and girls are generally left out.

Foster Care

Foster care is a method of temporarily placing children with a family. These are children who are not legally declared for adoption and whose biological parents do not have the resources to support their children due to factors such as poverty, sickness, death, and so on. As a result, foster care keeps children out of institutions (The Integrated Child Protection Scheme, 2014).

The child welfare committee makes the final decision for foster care after studying the family's intent, capacity, and experiences living with children. Foster parents are also responsible for the health, education, nutrition and well-being of children compared to adoption (The Juvenile Justice (Care and Protection of Children) Act, 2015).

The study found that not a single child from the twenty-two child care institutions is placed in a foster care facility. Some institutional staff cares are unaware of the policy and programme for keeping a child in foster care. The institutional staffs that are aware of the programme are also confused with whom to approach and avail the services as it is not effective. Therefore, the staffs who prepare the individual care plan for each child do not select or recommend these methods for the rehabilitation and social integration of children because they do not function effectively. The staff caregiver also points out that people do not inquire about taking in children for foster care which is also one of the reasons for not keeping child in a foster care. This certainly violates children's right to a foster family.

After Care

Aftercare is a support mechanism for “children leaving a child care institution on completion of eighteen years of age may be provided with financial support in order to facilitate child’s re-integration into the mainstream of the society in manners as may be prescribed” Juvenile Justice (Care and Protection of Children), Act, 2015).

Vocational Training

Four (4) of the twenty-two (22) child care institutions are not qualified for vocational training because they are adoption agencies. The study found that eight (8) child care institutions do not have or do not offer vocational training to the children within or outside the institutional premises. The remaining ten (10) child care institutions offer vocational training on-site. It is held every year during the summer vacation; however, most vocational training programmes are confined to embroidery, knitting, tailoring, pickle making and are only held for a few weeks or a month most. One institution offers a month-long doll-making course and two institutions offer incense stick (agarbatti) and detergent-making services.

Basic computer classes are also available, but it was noticed that they were only held for two weeks or a month, with less realistic application. Notably, beautician and music (guitar) classes are also offered, but only for a few weeks or months. Furthermore, it was held on the premises of the institution, with teachers who were mostly members of the institutional staff. It has been discovered that children who are weak in their studies are given more opportunities in vocational courses than those who are good in their studies.

There are no provisions or networks with other departments or institutions for children's job placement for those who have completed vocational training or even formal school or college at any of the twenty child care institutions.

Some children (66.5 %) expressed that while child care facilities offer vocational training, it is limited to tailoring, embroidery, pickling, and other similar activities. Furthermore, it is not performed by trained/professional personnel and is kept on the institution's premises during vacations. Basic programming classes are also offered, but since computers are scarce in institutional settings with institutional workers serving as teachers, children do not have the same realistic opportunities. Furthermore, the children revealed that the vocational training is not a credential course (certificates are not issued) and that there is no provision for job placement after the course is completed.

Tools for preparing children’s rehabilitation and social integration

The individual care plan is the most effective tool in planning and preparing the children’s rehabilitation and social integration. It is a plan prepared for each child to ensure holistic development. It involves a detailed plan covering all aspects of the child’s physical, mental and emotional growth. The plan includes personal details of the child, progress report of the child which is to be prepared every fortnight for the first three months and after that, pre-release report which is to be prepared fifteen days prior to

the child’s release and post-release of the child restoration is plan and prepared which can be family restoration, foster care, adoption or sponsorship (The Juvenile Justice (Care and Protection of Children) act, 2015). Accordingly, the institution’s child welfare officer or caseworker responsible for planning the individual care plan recommends to the child welfare committee.

However, the individual care plan is new to the staff. The staffs were instructed to follow the guidelines without proper training or instructions. Furthermore, in fifty capacity facilities, only one child care welfare officer or caseworker is responsible for preparing the individual care plan. So, preparing an individual care plan for fifty children is a difficult task as per the statement given by the institutional staff.

Children’s participation in planning activity

In the institutional care, children’s committee is to be formed for different groups of children (6 to 10 years, 11 to 15 years and 16-18 years). However, the study indicates that most child care institutions do not have the children’s committee, and surprisingly, some institutions are not even aware of it. This can be observed through the absence of children’s viewpoints and suggestions in the form of newsletters, suggestion box, wallpapers and paintings. There is no record of holding elections and monthly meetings, no children suggestion book or suggestion box nor other related documents. This explicitly undermines the right of children to engage, expressing their views and opinions. The study also reveals that only seven institutions had initiated children’s savings through institutional staff out of the twenty child care institutions.

Children with different problems placed together

The study shows that children in child care institutions come from diverse background with different problems. These children include; abandoned, surrendered, orphan, semi-orphan, children, minor marriage (elopement), children with parents, a victim of neglect, abuse, trafficking and child labour. The children are all placed together under one roof. The staff had difficulty providing special attention to address each child's needs. The study shows that children who are victims of abuse and minor marriage find it difficult to adjust to the institutional life compared with that of other children. It is observed that these children are often stigmatized by other children and even by the staff. It can be observed that children who are placed because of minor marriage (elopement) negatively influence other children in the institutions.

5. Conclusion and Suggestions

Even if biological family is the right of the child, sometimes it may not be a safe place for the child. Here comes the relevance of child care institutions. Staying for a long period in institutions can cause mental problems like “institutional syndrome” in children. So only when there is no other option of non-institutional care, placing in Child Care Institution is to be considered. However, the main problem of many of the Child Care Institution as per the study conducted are not keeping the standard of procedure prescribed by the Act. As a result, children in institutional

care do not receive the type of care and protection, nurturing and stimulating environment needed for normal and healthy growth of the child. The research focuses on the services and facilities of the child care institutions in Manipur especially on children's rehabilitation. The Juvenile Justice (Care and Protection of Children) Model Rules, 2016, are not followed by most child care facilities. The services and facilities offered in the institutions are often unsatisfactory to both the staff and the children. The planning and preparation for the children's restoration are not satisfactory. Most children are kept in child care institutions without taking advantage of alternative care options such as non-institutional care (foster care, sponsorship, adoption, aftercare). Non-institutional treatment, on the other hand (except for adoption), is not effectively implemented. Thus, the state's non-institutional care is making the restoration part more challenging. As a result, child care institutions are the most viable, if not the only, option for providing services to children in need of care and protection. So, child care institutions have an important role in the overall development of children by providing child friendly environment for these children. It should aim at educating, rehabilitating and preparing children for their reintegration in to the society. It should consider institutionalization as the "last resort" and it should be in the "best interest of the child". As a result, child care institutions, caregivers, and the relevant authority should pay attention to the suggestions for effective rehabilitation of children.

The following are few suggestions put forward for bringing some changes and improvement in the policymaking and running the child care institutions effectively;

- Sponsorship programme should be improved and streamline effectively for rehabilitation or social integration of the child and prevent the children from staying in the child care institution.
- The state government should frame its own rules and guidelines for the functioning of defining the foster care procedure, criteria, and services related to the foster care that will suits the needs for effective implementation of foster care in the state. Organizing and providing training to Child Welfare Committee, Institutional care, District Child Protection Unit, Social workers and other related to foster care. The concerned authority and the institutions can organize seminars and workshops in the community on the importance of foster care. It can be advertised in news both in print and electronic media and also radio. Further, ASHA workers can be assigned to find prospective parents. This also calls for a proper training of the ASHA workers.
- After care program should be comprehensively developed with proper resources to function effectively. Information about what happen to the children after they leave the institution is needed. For this after-care programme should be initiated and expanded to all the existing child care institutions for the social integration of the children. Children above eighteen (18) years of age can be accommodated, especially those children who have no family to depend and nowhere to go.
- CCI should make facilities for vocational training, job-oriented course and life skill training with the help of trained instructor and certificate should be given on the

course completion which will be useful to them in future. Institutions must impart to the children with contemporary training which could open up ample opportunities for generating money for their livelihood. This will ensure that children are well prepared with the necessary skills and training for the future outside the institutional life and to equip themselves to become economically productive citizens. Important life skill education such as decision making, creative thinking, effective communication, interpersonal relationship, self-awareness, marketing and accounting should be imparted to the children. This will enable them to deal effectively with everyday life demand and challenges.

- Individual care plan is an essential tool for planning and preparing children's rehabilitation and social integration. The "individual care plan" should be prepared for all children in institutional care by categorizing both the short- and long-term plans.
- Grievance redressal mechanism like functioning of management committee and children's committee should be strengthen so that children get opportunity to express their views and opinions.
- The department should organize programmes for the public regarding the importance of non-institutional care like adoption, foster care, sponsorship and after care. Efforts should be made for family-based institutional care. The department must ensure that there is no procedural delay for institutional care.
- Fund should be released on time by the concerned authority for the effective running of the child care institutions. Also, funds or budget should be increased for various programmes for the children such as; computer class and vocational training.
- Professional and trained staff should be recruited with proper recruitment procedure and policy having a zeal for working and knowledge on child issues.
- Institutional care needs to improve on various areas, such as providing a playground for the children's physical activities.
- The concerned authority should establish separate homes for different children and not just keep every category of children in one home or institution.
- The state should have its policy and procedure for implementing non-institutional care to suit and meet the demand of the state situations accordingly.
- Children's suggestion about food, clothes, movies, activities, outings, etc. should be incorporated in every decision making.
- Timely and regular inspection by the Child Welfare Committee and other authorities concerned with the child care institutions.
- The concerned authority must strictly monitor the management and children committee in the institutional care.
- Parents should visit their children as per the child care institutions (visiting time) to create a friendly atmosphere with the child.
- Proper awareness of non-institutional care or alternative facilities such as sponsorship, adoption, foster care and after-care.

- Awareness programme should be organized to sensitize the people regarding the schemes and programmes available so that all can avail the facilities;
- There should be separate homes for different types of children so that proper care and attention can be given according to their needs.
- Proper monitoring on the functioning of CCIs so that problems faced by these institutions can be addressed time bound and appropriate action can be taken against those CCIs who are not following the norms of JJ Act.
- Funds should be utilized for sending children to private schools and other institutions if the child requires so.

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