



HOMELINK NETWORK

A STUDY ON INCAPACITATED PARENT OF CHILDREN IN INSTITUTIONAL CARE

INTRODUCTION

It has been observed that a significant proportion of these children come from households with incapacitated parents. This refers to parents who are unable to adequately care for their children due to limited resources, poverty, unwillingness, or broken relationships.

Those families that are susceptible to disintegration and breakdown, such families are likely to disintegrate due to cultural or social pressures as well as various physical, emotional or psychological crises, which are the ones where children are more vulnerable to neglect, abandonment and destitution.

OBJECTIVES

01 To know the causes of incapacitated parents

02 To understand their challenges

03 To learn the comparison between children with both parents and single parents



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CAUSES FOR IN CAPACITATED PARENTS

1. Single parent families
2. Parents who lack economic means to fulfil their parental role
3. Parents who have a chronic or terminal illness
4. Parents who are mentally ill/ challenged
5. Parents involved in crime and antisocial activities
6. Children of prisoners
7. Families of construction workers, migrants and labourers

CHALLENGES OF INCAPACITATED PARENTS

We can classify their challenges into FOUR angles, namely,

1. Social: Stigma, discrimination, victimization
2. Psychological: Isolation, negligence, hopelessness, desperation
3. Physical: Illness, disabilities or crippled, deceased
4. Economical: Poverty, Instable income

FAMILY BACKGROUND

Poor lifestyle leads to poor parenting care. We learnt the majority of children come from families that have an average monthly income of Rs. 10,000.00. This economic situation leads to inadequacy in meeting the basic needs for children. Breadwinners of this family work as daily wagers and unskilled workers.

Apart from inadequacies, it is also the infrastructure that prevents a child from getting the least privileges. This again will result into rise of need for the institutional care.



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COMPARISONS BETWEEN CHILDREN HAVING BOTH PARENTS AND SINGLE PARENTS

BOTH PARENTS

- ✓ Over Protection
- ✓ Family dispute
- ✓ Negligence
- ✓ Separation of parents
- ✓ Poverty
- ✓ Disabilities
- ✓ Working parents

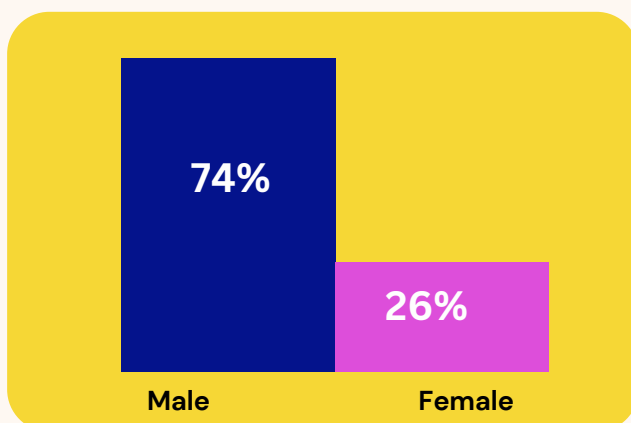
SINGLE PARENTS

- ✓ Lack of Protection
- ✓ Threat for life
- ✓ Ignorance
- ✓ Illegal relationship
- ✓ Poverty
- ✓ Disabilities
- ✓ Less income

DATA ANALYSIS OF INSTITUTIONALIZED CHILDREN BETWEEN JAN 2020 – DEC 2022

This analysis is done based on the data available on www.childmiss.net by ensuring details from 6 organizations in INM Province. The total population in 6 organizations is 240 (178 boys & 62 girls) children.

#1. GENDER WISE

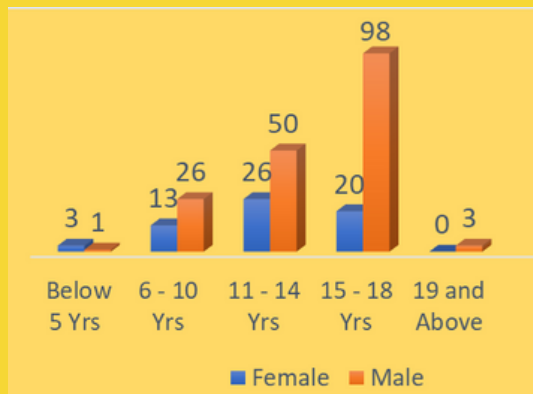


Data depicts the highest 74% of boys and 26% of girls have been contacted in the above shown years. Currently all these children are taken care of by Institutions in Chennai Hub.



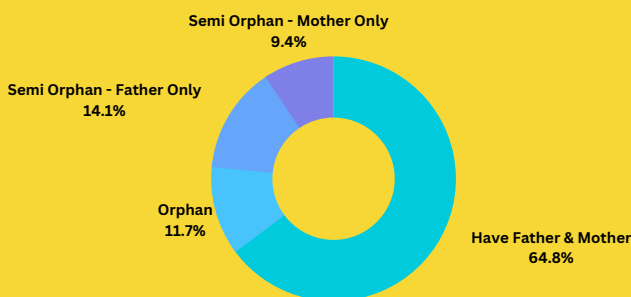
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#2. AGE GROUPS



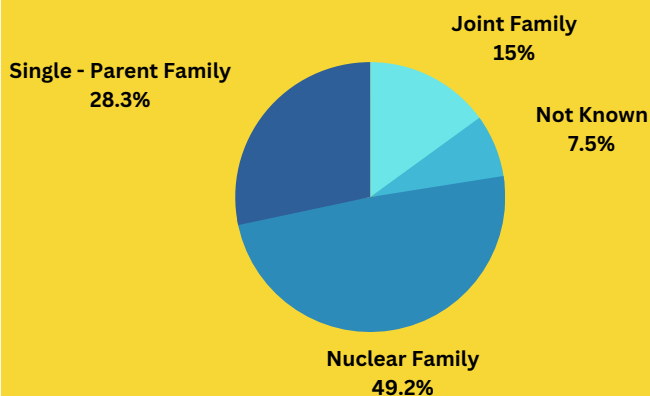
The graphs depicts the highest number 98 (41%) of boys are in the age group between 15 and 18 years. The highest number 26 (11%) of girls are in the age group between 11 and 14 years. The lowest number of boys falls in the below 5 years category and the lowest number of girls falls in the 19 and above category.

#3. ORPHAN OR PARENTAL STATUS



The chart says that 65% have both the parents whereas about 12% of children are in the orphan category. And on the other hand 23% of children are Semi Orphan. Our study also focuses on this 23% in comparison to 65% of children with both parents.

#4. TYPE OF FAMILY



The chart expresses that 49% of children do have a Nuclear Family background and 28% of children come from a single parent family. 15% of children fall under Joint Family category. It is to be noted that 8% of children are not aware of the status of their family. The majority of children don't have proper or sufficient care and protection as a result of which they are been sent to the Institutional Care.



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#5. CHILD CATEGORY

Chennai Hub is ensuring care and protection not only for 55% of Incapacitated Children but also for the rest of the 45% of children who become vulnerable due to various child related issues. After initial interaction with the children in Institutional Care, they are categorized as follows:

CATEGORIES	MALE	FEMALE
Abandoned/ Missing Child	12	08
Child Labor	00	05
HIV / AIDS Infected	05	05
Child Marriage	00	10
School Dropout Children	00	06
Dysfunctional Families	110	22
Street / Unaccompanied Children	48	03
Others	03	03

REFLECTION

After this short study, I would like to reflect further with the following queries on this subject matter:

- What are our responsibilities towards children who come from nuclear families?
- How are we going to fill the gap between the nuclear family lifestyle and the joint family lifestyle?
- What makes the families neglect boys in the current scenario and girls are not given proper care and guidance?



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- Do you agree that extramarital affairs contribute much to the need for Institutional care centres?
- How far parental inability or irresponsibility leads to children being taken care of by Institutions?
- ‘Lives of children whose parents are convicts or prisoners or in guilt are miserable’. What do we think of it?
- How pathetic are the lives of migrated children and how effectively do our institutions take care of them?
- Are we fulfilling the expectations of children whose parents are working on construction sites?
- We say that our organizations are child-centered institutions, are we fulfilling their expectations?

CONCLUSION

This study is intended to analyze, interpret and reflect on Incapacitated Parents not by excluding any conditions but by seeing from a holistic perspective. This study reveals the fact that Institutions play a vital role in shaping the lives of children. Sometimes we fail to focus on children coming from families with single parents, and we may give serious attention only to orphans. Since many of the parents are incapacitated, their children's cases should be studied in depth and recommended for institutional care or family/community-based care.



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Homelink Network

HomeLink Network is an ongoing initiative started by DB YaR Forum in 2002, to ensure appropriate, timely and real-time response to the needs of the young at risk, based on accurate documentation and data analysis supported by the best of technologies available today.

We work towards

- a. Developing data driven child care system through documentation, research and networking
- b. Systematically documenting the systems, processes, and workflow of the organizations
- c. Data led intervention planning in organizations
- d. Data-driven advocacy and engagement with stakeholders and government on children's issues
- e. Harnessing current advances in digital technologies in the service of the work with young at risk

Province of Chennai Networking Organizations working for Young-at-Risk (YaR) in various situations



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