

Comparison of Institutional and Non-Institutional Orphan Care Models

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Received: 14-08-2025

Revised: 24-09-2025

Accepted: 19-10-2025

Published: 08-11-2025

ABSTRACT

Background: Orphan care remains vital in any community as it gives a guarantee of the protection, safety, and growth of the most defenseless children who happen to be parentless. In this context, giving these children proper care means they will be able to join society and, consequently, have access to a better future.

Objectives: This research through its objectives intends to establish which of the two models, institutional or non, institutional, is more effective in ensuring the well, being of children.

Methodology: The meta, analysis was employed to weigh up and contrast the results of two different orphan care models, i.e., institutional and non, institutional, by combining the relevant research findings on development, emotional well, being, and social integration of orphans. A total of 120 articles were initially selected, and after screening with predefined inclusion and exclusion criteria, 48 articles were finally reviewed. The analysis also evaluated the effect sizes and consistency in results across different care contexts.

Discussion: Institutional care has been the standard practice for orphan care in state-sponsored institutions but it adversely affects a child's, social, emotional, and mental development. However, the non-institutional care model has been recognized as a better option for orphan care, whereas the institutional care model was considered as a secondary choice.

Conclusion: In selecting an orphan care model, there is a need to prioritize the child, needs, circumstances, and best interests. The study suggests further research studies on different dimensions of orphan care of the non-institutional care model.

Keywords: Orphan care, Institutional care, Noninstitutionalized care, Orphanages, Wellbeing of children

INTRODUCTION

An estimated 200 million children globally have suffered from losing their parents. Many of these orphans belong to underprivileged families. Thus, losing a parent makes it difficult to pursue goals like getting an education, having a safe place to live, eating a healthy diet, and having a stable future (Muslim, 2024). Currently, Pakistan (Officially the Islamic Republic of Pakistan) is home to 235,099,492 people with a 96 % Muslim population. Pakistan was founded in 1947 when British India was partitioned. Urdu is the national language; however, Punjabi, Saraiki, Sindhi, Balochi, Hindko, Kashmiri and Barohi are regional languages (Government of Pakistan, 2023). Pakistan is a patriarchal society; this structure is more dominant in rural and tribal areas than in urban areas, where local cultural pluralistic practices

dominate over national laws (Shoukat, 2020). The children population of Pakistan is 102,449,594 which is 40 % of its total population (UNICEF, 2023), Pakistan is currently home to more than 4.2 million orphaned children of which .543million are living in orphanages and residential facilities (Alam et al., 2022). A child's life is forever changed when one or both parents passes away(Murtaza, 2023). Orphans are children under 18 whose parents have died, abandoned, or cannot care for them (UNICEF, 2006). According to a report by UNICEF (2011), as cited by Williamson & Greenberg (2010) and Browne (2009), An orphanage is a residential facility where a hired staff provides adequate foster care and other basic services to a group of children (Alam & Sajid, 2021).

Historical Context of Orphanages

Early institutions placed little emphasis on education or mental health, instead concentrating mostly on meeting basic needs like food and shelter. Many reasons, including poverty, sickness, and conflict, contributed to the significant rise of orphans throughout the Industrial Revolution (Liu, 2020). During the latter half of the 19th century and the early 20th century, orphanages were subject to increasingly strict monitoring, with greater emphasis placed on basic education and hygiene (Kind-Kovács, 2021). The main structure of institutional care, however, did not change much. The focus was still on compliance and regulation; children lived in large halls with little one-on-one time(Lundström et al., 2020). It has been said that this inflexible and impersonal setting hinders children's emotional development and encourages feelings of isolation and disconnection (Chinn et al., 2021). Moreover, historical accounts about orphanages often highlight harsh reality. The disgraceful circumstances at the orphanages increased illnesses such as venereal diseases, pediculosis, scabies, and the disease among the children. (van Doore & Nhep, 2023). Classical Mediterranean society viewed orphans as marginalized with official and informal help. After Christianity was legalized in the fourth century CE, the first orphanages were established as part of a larger development of church-state-supported charitable organizations (Nathan, 2013).

Orphan care in Pakistan is heavily dependent on the Islamic principles which not only emphasize care for orphans but also come with direct references to supporting them in the Quran and Sunnah while at the same time, not losing their identity and integrating them into their culture (Azeem & Wattoo, 2023). Alternative care for children in Pakistan, which is the main theme of the study, did not suddenly appear, but has a history behind it, factors such as history, society, and religion have been the foundation for its development. Initially, the extended families and local communities which have always been the main support structures, were the venues that took and cared for the children who had lost their parents or were left abandoned (Murtaza, 2023). The bad image of the orphanages which was mainly responsible for the downfall of their popularity, made the people turn to foster care and adoption in order to keep children in the family environment which was considered more suitable for their growth (Bhuvaneswari & Deb, 2016). Among the prominent volunteers who have founded the orphanages in Pakistan for the decent living of orphans and have been successful in implementing the same are SOS Children's Villages Pakistan, Edhi Foundation Orphanages, Pakistan Sweet Home, Minhaj Welfare Foundation, and Al, Khidmat Foundation Pakistan (Base, 2024).

Institutional Care models

Institutional orphan care models are organized systems and environments that offer shelter, caring, education, and support to orphaned children and those who have been abandoned or cannot be cared for by their families (Hayati, 2022). These models are vastly diversified across countries and organizations, drawing from different philosophies, resources, and socio-cultural factors. Grasping the forms of

institutional care proved dynamic in tailoring effective interventions that consider the diversity of children without parental care (Julian et al., 2019).

Strength of Institutional Orphan Care Models

In addition to providing a regulated environment, institutional care attends to children's basic requirements by offering them healthcare, education, and other necessities. It can serve as an environment of safety for kids who are being abused or neglected (R. Bandi, 2021; (Browne, 2017). It promotes socialization and provides stable living conditions, such as food, shelter, and educational support, particularly for individuals with impairments (Julian et al., 2019). In place of foster care, well-managed institutional care can have a good effect on a child's physical, cognitive, emotional, and behavioral development. The personality and expertise of caregivers are key factors in providing high-quality care that improves children's quality of life and lowers anxiety (Semya, 2021). Researches indicate that the establishment of institutional care with adequate resources can provide a safe environment when other choices are scarce (Mishra & Sondhi, 2023)

Disadvantages of institutional care

Studies have shown that children who live in institutions are more likely to have emotional, social, and behavioral problems because they don't have personal connections or a warm setting, which can slow down their development (Hermenau et al., 2017). Also, the less stimulating placement in institutions hinders mental development, which causes cognitive delays and poor school performance (Aladegboye & Olowokere, 2024; Hostinar et al., 2012). Because there aren't enough staff and training, there is also a higher chance of abuse and neglect in institutions, which makes trauma worse and leads to serious mental health problems (Hermenau et al., 2017; Sherr et al., 2017)). In addition, young adults in institutional care often have trouble living on their own because they don't have enough life skills, proper health, or job preparation (Onayemi et al., 2022). Being institutionalized has some bad effects such as having difficulty making relationships and feeling lonely.(Ismayilova et al., 2023).To provide children with a family, like environment, care models based on families are typically preferred over institutional ones.

Non-Institutional Orphan Care Model

The terms child welfare and family care refer to foster care, adoption, and kinship. Foster care is a place where kids can be temporarily safe and live in a home with approved foster parents or qualified family members when their birth parents are not able to take care of them. However, this system is not very well developed in Pakistan, where NGOs sometimes provide orphans and homeless children with a home that feels like a family (Hermenau et al., 2017). Adoption, on the other hand, is when parental rights and responsibilities are permanently given to the adoptive parents, thus creating a family that lasts. One of the main reasons for low adoption rates in Pakistan is religious and cultural factors. This underlines the importance of knowing the law and social systems when it comes to adoption (Aladegboye & Olowokere, 2024; Hostinar et al., 2012). Self, care schemes are quite cheap and they can be very useful for children, particularly the older ones, to grow their independence and become self, reliant. However, if there is no adult supervision and guidance, these services can careless children to become victims of exploitation and receive insufficient protection (Embleton et al., 2014).

Strengths of Non-Institutional Orphan Care Models

Non-institutional care models, including family-based and community-based care, allow orphaned children to have a more caring and familiar environment. They do not miss the most formative part of life

when they grow up, which is being around children and older adults. Family-based care models preserve the child's cultural and societal personality-centered essence (Embleton et al., 2014). Kinship care is more likely to improve children's well-being and mental health. (Embleton et al., 2014). Living under kinship care allows orphans to engage in family traditions and customs, preserving cultural heritage. Kinship orphans learn about their culture by establishing contact with extended relatives. Kinship care helps orphans feel connected to their culture and develop pride in it (Meng & Kai, 2009). Children are raised in a home environment that fosters happiness, empathy, love, and affection to promote their personality development. The family provides a 'perfect setting for children to achieve holistic physical, psychological, emotional, and social development. Institutionalization is the last option for children who need protection and care (Bandi, 2021). Studies inquired (1) Can institutions replace family life? (2) Should they? Global support is growing for family-based alternatives to institutional care for children and adolescents. The difficulties of non-institutionalization do not justify institutionalization; they highlight a dynamic that must be addressed to support family-based care. An influential child welfare plan should have short- and long-term goals and a continuum of care, with most family-based treatments. Only in emergencies and until family choices are available can institutional care be employed. Put institutional care as a last option (Flanagan, 2020a).

Weaknesses of Non-Institutional Orphan Care Models

AS institutionalization has negative impacts on orphans. Article 9 of UNCRC states that "*all children have the right to grow up in a safe family environment. Further to this, UN alternative care guidelines highlight that Residential care should be a matter of last resort and children and families need to be strengthened to prevent separation*" (Flanagan, 2020b).

One of the principal criticisms of the models of orphan care outside the institutional setting is that they failed to provide stability in the living situation of a child. Often, placements made in foster care are short-term and do not enjoy the blessings of permanency. Often, children have to be 'transferred' from one home to another. Not much time is left with them for any meaningful attachment (Woodall et al., 2023). This lack of continuity and consistency is greatly to the detriment of a child's emotional and psychological development, whose growth and development need stability and nurturing (Wiener, 1998). Recent evidence indicates that the prevalence or incidence of maltreatment in institution-based care is not always higher than in family-based care. This result poses questions about how well institution, based care can work with deinstitutionalization advocacy (Gray et al., 2017). When a child has to be taken away from his biological parents, or family members and "fictive kin" usually take the responsibility of caring for that child. Most of the time this is done by private agreements or formal custody which is supported by child welfare agencies. Even though it promotes family ties, there are some drawbacks, for instance, the situation of caregivers who do not get the financial and social help that they need (Murtaza, 2023).

META-ANALYSIS AS RESEARCH METHODOLOGY

Meta, analysis is a quantitative technique that is employed when the researcher wants to combine the results of several studies in order to have a more accurate and complete picture of the particular issue. The reason for executing the meta, analysis technique in this research is that it enables us to combine the results of multiple studies and thus, it can give us a more approximate picture of the different effects of various care settings experiment. An overall summary of a meta, analysis can depict overall trends and create generalizable results that can explain inconsistencies in orphan care systems and research findings from various studies (Zhang & Ma, 2023).

The meta, analysis on institutional and non, institutional orphan care included the criteria that concentrated on the studies published between 2013 and 2024 which planned their results based on clear statistical analyses like mean scores and experimental groups were consisting of more than 30 participants. Moreover, these studies must have compared the care of the orphaned in institutions like orphanages with that of non, institutionalized care i.e., foster care or family, based care. Also, the research must have evaluated the physical, psychological, and social development of children. The exclusion criteria ban those works that do not clearly differentiate between institutional and non, institutional care or lack relevant outcome data, or possess a small sample size and methodological weaknesses. Articles were reviewed to extract data from trustworthy government and NGO reports as well as scholarly sources such as Google Scholar, PsycINFO, ERIC, and PubMed. The search was conducted using terms such as "well, being of children, " "orphan care, " "institutional care, " "foster care, " "kinship care, " "adoption, " and "orphan care." To figure out the pros and cons of different care models, data analysis means that researchers look closely at the designs, methods, and results of studies. The total number of 120 articles was initially reviewed against the predefined inclusion criteria. Upon a thorough examination, 48 articles met the criteria and thus were included in the meta, analysis. The findings from these 48 papers were adequate and appropriate for generating a synthesis of the impacts of institutional and no institutional care on orphan children.

Evaluation of Effectiveness of Institutional Care Models

While institutions provide the necessary material support and good living conditions (Embleton et al., 2014) they frequently do not provide the individualized emotional support that is essential for a healthy development (Chinn et al., 2021). Those places can satisfy the basic needs, however, they do not give love and one, on, one care, which is typical of family, based care. As a result, residents may find it difficult to adapt to their new community and maintain their resilience (Embleton et al., 2014; Mishra & Sondhi, 2023). The issues are children's mental health, the requirement of institutional support, and the difficulties in the successful endeavors of removing children from institutions (Rabiev et al., 2023; Schmidt, 2009). The attempts of Russia for deinstitutionalization failed by a lack of adoption personnel (Schmidt, 2009)), and China's move to foster and kinship care has been slowed down by a lack of resources and policy support (Meng & Kai, 2009). Also, people who leave foster care often face racial prejudice and stigma that hurts their self-esteem and makes it difficult for them to fit in (Gwenzi & Ringson, 2023). Although institutions provide orphan care, investigation shows that care in the family is often better. Other professionals say that institutional care should only be chosen after careful thought since families usually provide more individualized care and better chances to foster or adopt (Hermenau et al., 2017) Overall, improving family-based services and resolving the problems with institutions is very important for making children's long-term health better (Desmond Chriss et al., 2020).

Evaluation of Effectiveness of Non-Institutional Care Models

Family-based and foster care, which are not institutionalized, offer a more personalized setting that meets the emotional and developmental needs of each child. Even if those models struggle with issues related to culture, access, and funding, their outcomes for child development are often better than those of institutional care (Murtaza, 2023). In Russia, it is widely believed that orphans must be placed in a family environment. Deinstitutionalization is interpreted as a means of not only saving families but also aiding them in getting re, integrated into society, which, in turn, points to the necessity of the presence of well, trained social workers who would provide assistance throughout the whole process (Goldman et al., 2020; Schmidt, 2009). The research team in Iraqi Kurdistan compared traditional foster care with modern homes. They discovered that children in orphanages have a higher chance of developing PTSD, thus indicating that culture has a significant impact on care (Ahmad & Mohamad, 1996). An additional piece of research

revealed that children in foster care were more successful in their studies than those in institutions. The evidence thus suggests (Miller et al., 2005). Residential care may be suitable for adolescents, however, generally, foster care is more effective for young children, and they should be the first ones to be granted care in foster homes if at all possible (Aldgate, 1989).

DISCUSSION

In care for orphans, family-based care, especially in regard to children's mental, emotional, and cultural needs, has been the focus of attention. The research indicates that family-based care helps develop a connection with the community and adjusts the developmental aspects of the individual (Huynh et al., 2019; Goldman, 2020). Such surroundings not only facilitate the emotional and social growth of orphans but also shield them from the detrimental effects of institutionalization on their development (Roberts, 2016). In low or middle-income countries, cultural settings and community structures have a positive effect on the health of orphaned children. Yosef et al. (2023) study the Ethiopian family and kinship respective care models and focus on community participation and the use of culturally sensitive methods. Their results highlight the significance of the context when it comes to the different models of orphan care (Embleton et al., 2014). If properly equipped and trained, foster families. Among the various trauma-focused interventions, one such intervention, cognitive-behavioral therapy (CBT), has been proved effective in alleviating the symptoms of traumatized children, thus opening the path to resilience (Srivastava & Bharti, 2022; Thomas et al., 2020). The Pakistani community-based initiatives that were funded by the government and NGOs have resulted in the progress of family-based care. When the community financially supports certain activities it is a clear sign of the participation of the local people in solving social problems (Singletary, 2007). However, Browne points out that if there is no formal framework, these kinds of initiatives may provide care that is of less consistent quality, thus necessitating stronger governance and support structures in order to maintain the desired level of care. Community care services cannot be improved through single interventions only; instead, multifaceted approaches are needed to do so. In this regard, resource mobilization, youth volunteering, and culturally responsive training for caregivers are some of the key elements that need to be put in place (Browne, 2017). The collaboration of policymakers can lead to better governance of legal frameworks as well as the facilitation of family and community care models (Shawar & Shiffman, 2023). HOPE Whole World Africa and Orphans International Worldwide (OIWW) are examples of organizations whose community care models not only innovate but also conform to the local cultural contexts and at the same time help in the promotion of family and community-centered approaches for the children going through hardships (AFRICA, 2024; Worldwide, 2019). Through these programs, the children receive emotional and social support as the continuation of the familial bonds is ensured, and the institutionalization is kept at a minimum. The research consistently supports the notion that the best way of taking care of and providing for children is through family-based and kinship care models while institutionalized care should be phased out. Moreover, alternative methods enhance emotional and social support as well as cultural aspects of the care that are continuity and integration (Embleton et al., 2014; Mengesha, 2021; Moyo et al., 2015). The presence of adequately trained staff and a sufficient number of resources are, however, the two major factors that witness the success of these models of care. In this way, a global initiative is thus called upon to strengthen family-based care systems so as to bring about a decrease in unnecessary separations and an improvement in the care of orphans and other children in vulnerable situations (Shawar & Shiffman, 2023). Policy makers can build strong, effective care systems for these children by incorporating community resources and culturally sensitive methods.

CONCLUSION

To sum up, both the institutional and non-institutional care systems have advantages and disadvantages. The comparative study indicates that the non-institutional family care model is the better one since it facilitates the emotional bonds, provides stability, and ensures that the child receives a personalized kind of attention, thus, making the environment more supportive for children without parents. In contrast to this, the institutional care is equipped to be an indispensable alternative in a few rare cases, thus, it is able to offer a structured environment under professional supervision to those individuals who need a high level of care and those who are without sufficient family support. Therefore, the decision of choosing between these two models will depend on the needs of the orphan children specifically, i.e., firstly a family-based approach and secondly, an institutional care if only it becomes necessary.

RECOMMENDATIONS FOR POLICYMAKERS AND CHILD WELFARE ORGANIZATIONS

Improvements in the care of children have been suggested in a number of ways. First of all, the focus on the family care environment, such as foster and kinship care, which have been shown to have better results should be the main point of attention. Also, along with that, support full structures. Secondly, a strict regime of quality control and caregiver skill enhancement, especially in the areas of child development and providing the care for the children who suffered from the trauma, is necessary if one wants to see the general level of care higher. Moreover, the building up of the community network including provision of health, education, and psychosocial support services to children and their carers is as important as that. Furthermore, the care models should be flexible depending on the diverse needs of children, especially those who are incapacitated and disabled. To move forward will require continuous research and innovations in tailoring care models to various contexts and cultures. Finally, the giving of assistance to older children and adolescents who are moving out of the foster care system should consist of the provision of job opportunities and training in life skills which will make them capable of a successful transition to independent living.

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