Addressing Challenges of Transition from Children's Home to Independence: Udayan Care's Udayan Ghars (Sunshine Children's Homes) & Aftercare Programme

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Abstract

The L.I.F.E. Model (Living In Family Environment), is a model that attempts to create familial relationships, consistent living circumstances, and social/educational support systems necessary to move towards independent adulthood for orphaned and vulnerable children (OVC). In addition, the model addresses multiple losses, grief and related issues by employing attachment and trauma-based understandings to child rearing, while using positive psychology tools to encourage resilience and developmental growth. In the last 19 years, Udayan Care (located in New Delhi, India) through the Udayan Ghars Programme and Aftercare Services, has employed an evolved L.I.F.E. model for the children it cares for (Modi, Nayar-Akhtar, Gupta, & Karmakar, 2014). The model includes a family-like regulated support system, with long-term mentors who are set in place to help the children transition from institutional care to independent living. Typically, this takes place with the children moving out of the Sunshine Children's Homes into semi-regulated Aftercare services and then from Aftercare into the larger world. Given the normative transitions for all young persons, finding ways to effectively support institutionalised children as they transition to independent living is critical. In addition to the normative challenges, undoubtedly, institutionalised children come with a history of trauma and abandonment and often have long-term psychological difficulties that are unique to their population. Many such children end up in childcare institutions as there may be no extended family available, and the options for alternative care settings are severely limited. To understand the developmental trajectories of these children, Udayan Care has been participating in longitudinal research to describe the current and on-going changes in children's trauma, attachment, self-concept and ego-resiliency. This work has provided baseline information on the level and effectiveness of the programmes implemented at Udayan Care, and recommends future directions for addressing the children's needs. This paper explores the needs of institutionalised children as addressed by the Udayan Care Model. Such children have histories of severe neglect and need intensive efforts directed towards addressing attachment issues, affect

dysregulation, behavioural difficulties, social skills, education and life skills training.

Keywords

Institutionalised children, orphaned and vulnerable children, trauma-based understanding, research, institutionalised care

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Introduction

The story of India is one of growth, gains and gaps. With an economy that is going from strength to strength, benefiting from the demographic dividend of a young and growing workforce, this largest democracy of the world is also home to the largest number of children in the world. Yet, thousands of these children are being neglected and 'many children below the age of 14 work hazardous occupations' (Save the Children, 2016). India is home to almost 19% of the world's children. Out of 430 million children of the country in the age group of 0-18 years, about or 270 million are in the age group of 6-18 years. About 40% of these children are in difficult circumstances which include, children without family, trafficked children, street children and children who are victims of drugs, disasters and civil unrest (Das & Munka, 2011). According to a study conducted in 2011 by SOS Children's Villages of India – a premier childcare charity that manages a chain of Children's Villages across India – the population of orphan children in the country was about 20 million and approximately 4% are orphans (Chauhan, 2011). The following section highlights the scenario of child abuse and adoption in India.

India: The State of its Children

Child Abuse in India

India has the world's highest number of working children. To add to this, the country has the world's largest number of sexually abused children, 'with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and

one in every 10 children sexually abused at any point of time' (Childline India, n.d.). Subtler forms of violence against children are often rationalised on the grounds of culture and tradition. These include, but are not limited to, child marriage, genital mutilation, and economic exploitation. Furthermore, physical and psychological punishments take place in the name of disciplining children, and it can be challenging to tell where it crosses the line from *permissible* punishment to abuse. Critical situations like forced evictions, displacement due to development projects, communal riots and natural disasters take their toll on children as well. Even those who have remained within a protective net stand at the risk of falling out of it at any moment.

Missing Children in India

Due to lack of research and poor data management, the statistics on missing children in India remain inaccurate and at their worst are an underestimate of the scope of the problem. Apart from run-away children, the category of missing children also includes those who are kidnapped by family or non-family members, or are forced to run away due to adverse circumstances.

According to the National Human Rights Commission, India, on average 44,000 children are reported missing every year, out of whom as many as 11,000 remain untraced. In contrast, the Ministry of Home Affairs, India reveals some shocking data and claims that between 2011-2014, more than 325,000 children were missing and almost 100,000 were reported missing every year. More worryingly, 55% of those missing are girls and 45% of all missing children have remained untraceable. This has raised fears that the children have been killed, forced into homelessness, or prostitution (Tiwary, 2014).

Adoption Status in India

A study by SOS Children's Villages of India found that 0.3% of children became orphans due to death of their parents, and the remaining were abandoned. The extent of impact of poverty on orphan children could be proved by their high concentration in poorer states like Uttar Pradesh, Bihar and West Bengal as compared to richer States like Punjab, Haryana, Karnataka and Tamil Nadu (Chauhan, 2011). In a country in which almost 30% of its population is poor, poverty is nevertheless a major challenge and the reason for most of the children landing in institutional care. As poor people tend to abandon their children in the face of a poor adoption process and no real foster care system, the outlook for these children is poor to guarded.

Put in perspective, the adoption rate within the country as well as adoptions by foreign nationals in India has gone down by nearly 31% in the last five years. According to data available with Central Adoption Resource Agency (CARA,

2015), there are only 411 registered agencies for adoption, with a pool of just 1,200 children. CARA has a waiting list of about 8,000 parents with no real way to increase adoption efficiency and to streamline the process. There are also fears that the squeeze on legal avenues will result in more illegal adoptions. This, in turn, could lead to more instances of child trafficking. Through the new adoption guidelines made available in August 2015, the Ministry of Women & Child Development and CARA are attempting to streamline the adoption process by putting it online and making it transparent. The new protocol issued by the Ministry allows single, divorced, and separated individuals to participate in adoption services, which was not the case prior. According to the Ministry, opening adoption services to a wider group of prospective parents will help increase adoptions within the country. In addition to allowing single individuals to adopt, the new guidelines will also include a choice regarding which child is adopted, giving prospective parents the ability to pick one of six different children at the orphanage. Records indicate that 24,263 children were adopted in India in the last five years and the corresponding figure for adoption by foreign nationals is 2,369. The abysmally low adoption rate results in children landing or remaining in institutional care.

Institutionalisation: Brief Perspective

Children in Institutions

Children in institutional care do not belong to any particular caste or creed, but share common scars inflicted by poverty, abuse, neglect, malnutrition, ill health, emotional trauma and lack of education. It is well-known that children who are categorised as Children in need of Care and Protection or Orphaned and Vulnerable Children bring with them the experiences of being abandoned, with a past full of utter deprivation, and trauma arising from physical, sexual and emotional abuse. Their lack of basic life and social skills, need for healthy attachment figures, and basic right to an education is of huge consideration. Considering the above scenario, serious intervention is needed to address the following key issues for institutionalised children.

Attachment impacts

Attachment is a severely compromised developmental domain in young and institutionalised children. It is important to provide quality care to young children in extreme conditions of social deprivation. In the stark environments of institutions, a positive relationship with caregiver is possible, although unlikely. Caregiver's sensitive responsiveness to children's distress and active engagement with them enhances the probability of formation of a more developed and organised attachment. In addition, caregiver histories influence the quality of attachments available to children. How this manifests in the

institutionalised setting is paramount to considering attachment impacts (Dowdell & Cavanaugh, 2009; Dozier, Cue, & Barnett, 1994). Essential questions about the potential for recovery of attachment, how timing of intervention relates to recovery, and which factors enhance or impede recovery, remain to be addressed – especially with respect to children with extensive histories of sexual trauma (Cornell & Hamrin, 2008; The St. Petersburg – USA Orphanage Research Team, 2008; Whetten et al., 2011).

Affect Dysregulation

Affect dysregulation, defined as the impaired ability to regulate and/or tolerate negative emotional states, has been associated with interpersonal trauma and post-traumatic stress. Affect regulation difficulties also play a role in many other psychiatric conditions, including anxiety disorders and mood disorders, specifically major depression in youth and bipolar disorder throughout the life span. Exposure to traumatic events and interpersonal trauma in childhood is associated with a wide range of psychosocial, developmental, and medical impairments in children, adolescents and adults, with emotional dysregulation being a core feature that may help to account for this heightened risk (Ainsworth et al., 1978; Bowlby, 1969/82; Bruskas, 2008; The St. Petersburg – USA Orphanage Research Team, 2008; Whetten et al., 2011).

Behavioural Difficulties

Children between six and 18 years of age are susceptible to a wide range of behaviour problems, including poor attention, externalizing and internalizing psychopathologies, and challenges in their interpersonal spheres. These problems are more likely to occur in older-adopted children who were exposed to more prolonged institutional deprivation, and they are often found to persist or increase with time in an adoptive home. Comparisons with non-institutionalised adopted children suggest that post-institutionalised children's behaviour problems are unlikely to be solely a consequence of factors associated with placement into institutional care. For example, poor prenatal care has been identified as a factor in behavioural problems experienced by adopted and institutionalised children alike (Bruskas, 2008; The St. Petersburg – USA Orphanage Research Team, 2008; Whetten et al., 2011).

Social Skills Impacts

The distress caused to a child by being separated from parents and siblings or the trauma through which he/she has undergone can leave the child with lasting psychological and behavioural problems. A lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills, including those necessary for positive parenting. It is found that even a well-run care institution finds it difficult to build the needed social

skills in its children. The following basic social skills are often missing in institutionalised children as compared to non-institutionalised ones:

✓ Basic interaction skills (e.g. smiling, making eye contact, listening etc.);

✓ Approach/avoidance skills (e.g. how to approach an individual socially or join a group versus how to negotiate safety etc.);

✓ Maintenance skills (e.g. how to share, take turns, follow rules, co-operate etc.);

✓ Friendship skills (e.g. how to show appropriate affection, involve others in decision making, etc.);

✓ Conflict resolution (e.g. how to manage disagreements in a socially acceptable manner, prosocial problem solving, compromise etc.);

✓ Empathy (e.g. how to share and understand one's own feelings and the feeling of others, how to employ empathic communication both verbal and nonverbal etc.);

✓ Communication of needs and ideas (e.g. what I need, what they need, how we think about and communicate these things etc.);

✓ Sense of humour (e.g. how to navigate and engage in humour, socially appropriate humour etc.);

✓ Assertiveness (e.g. how to say no to engaging in dangerous or antisocial behaviour, self-advocacy, advocacy for others etc.).

Education and Vocational Training

Poverty is one of key factors that contribute to the difficulties experienced by children in institutional care, as it often deprives them of education and proper vocational training. Therefore, it becomes the primary responsibility of every institution to impart quality educational and vocational training to its children. Additionally, it should be planned in such a way that when a child leaves the institutional setting, she/he/they are leaving with skills to become self-dependent and financially stable. Presently in India, more emphasis is being placed on vocational training, linking up with the National Skill Development Initiative of the Ministry of Labour and allowing free training for children in institutions on specific subjects.

Career Counselling and Job Placement

Children in care settings are often confused when it comes to choosing a right career. Proper career counselling does not only help them in clearing their doubts, but also in making proper plans for the desired career. In the absence of an efficient peer group who can guide the children in care settings, regular intervention is needed from the institution to cultivate skills that allow them to be independent. Career Counselling also helps them to know and understand themselves and the world in order to make more informed decisions related to long-term career goals and education. Efforts can be made to link the students with different government groups, or with various corporate entities and other placement agencies.

Udayan Ghar (Sunshine Home)

Since its inception in 1994, Udayan Care, a public charitable trust, has been able to give hope to more than 520 children so far in its 13 homes. There are 220 children currently being supported by Udayan in these homes, in addition to servicing them through two aftercare transitional homes and scattered site-housing for young adults. Out of these, 30 are in colleges or doing vocational courses while 30 alumni are settled in stable jobs. Out of the young adults successfully settled, 20 are now married with 22 children total.

The Model that Made it Possible: L.I.F.E.

Udayan Ghars are based on an indigenously developed, carefully researched model of group foster care, called **LIFE: Living in Family Environment**. The essence of the model is to recreate the warmth and security of a home and family for children who do not have natural families. Group fostering with smaller numbers of children in community settings (just 12 children of same gender as one unit) was developed (as opposed to the large numbers in institutions). The small group, home-like settings based in communities, overcomes some of the challenges of traditional institutional settings such as minimal to no interaction with normal community life and the subsequent lack of integration into normal patterns of development. The pillars of the Udayan Model include Familial Relationship, Consistent Living Circumstances, Social/Educational Support System/Care Planning, Regular Training & Mentoring of Care Team, and Monthly Capacity Building Workshops. These pillars are described in further detail below:

I. **Familial Relationship.** Udayan follows a group foster care model, where a group of Mentor Parents (MPs) who serve as life-time volunteers, commit themselves to nurturing the children and offering stability and hope for their future. The MPs are intended to reinforce and provide stable

attachment figures for the children with the hope that self-development is fostered in the domains of competency and self-worth. The children at Udayan Care share a great deal of bonding and love with one another through various activities that our MPs can be involved in. During festivals such as Raksha bandhan, Eid, and Diwali, they all come together and celebrate these occasions with a familial spirit. A child psychiatrist, psychotherapist, and team of counsellors and social workers affiliated with the organisation also share and foster healthy relationships with the children. This association has worked quite well in ensuring that there is a comprehensive and developmentally sensitive care plan in place for the children that addresses both critical and social issues. Before a child is ready to leave institutional care on attaining the age of 18 years, efforts are made to establish community connections prior to discharge from care, whether for housing, jobs or other engagements. Lastly, ways to remain connected to Udayan are also key for their success.

II. **Consistent Living Circumstances.** Udayan Care does not believe in providing experimental caring for a short duration. Its philosophy is based on consistent and permanent form of caring to the children until we can ensure that there is a safe and enduring place for them to be after leaving Udayan. The environment in the family home is always caring and supportive so that children can feel secure and stable. At most of the ghars (homes), we have our own buildings or long-term leases where we can maintain consistent standards of living. Care Plans for each individual child are prepared in consultation with the child, mentors, and staff aforementioned. Once a child reaches 15 years of age, we design a rehabilitation plan to best reflect the interest of the child with his/her participation, and based on an assessment that is multidisciplinary (i.e. it takes all aspects of their life into consideration). Based on individual background and needs, rehabilitation plans typically include provisions for lifelong support for disabled children. To the degree that it is possible, Udayan Care always remains in touch with a child's biological family and also encourages regular meetings of the children with their biological parents and family members. It is always a priority to restore the child to his/her/their family once he/she/they reach the age of majority.

III. **Social/Educational Support System/Care Planning.** Udayan Care realises the need to educate children, which is also considered as a prime responsibility of a family and the state. Based on age and background conditions, children are prepared for age appropriate class. All Udayan Ghars are established in middle class localities so that children can be integrated with the neighbourhood and can go to local schools in the community. MPs provide a sense of belongingness to the children and children sometimes visit their houses as well, which are often located

close by. Once a child is placed in their care, the care staff at each ghar prepares a care plan for the child which is a dynamic document. Heavy focus is placed on key competency development to prepare them to live independently outside care. The objective is to make the children employment-ready and to develop their skills, while maintaining a sense of normalcy and engagement rather than isolation. Focus is placed on their ability to manage their own health, finances, housing and life opportunities in order to ensure a smooth transition out of care.

IV. **Regular Training & Mentoring of Care Team.** The care team at the Udayan Ghars consist of many levels: (1) Caregivers (who are semi-literate, stay with the children 24/7 and help in all household chores and sometimes disciplining); (2) Social workers (perform legal work, and counsel the children and caregivers); (3) and Mentor Parents (work in a group and have functions of a parent, to manage finances, obtain opportunities for children for education, talent, leisure and outings). The major challenge for Udayan Care is to build the spirit of teamwork between the carers. This is done through a series of workshops facilitating understanding of their roles in the system and how they mesh to make things work for the benefit of all involved, therefore, positively impacting the children.

V. **Monthly Capacity Building Workshops.** These are organised with Mentor Mothers/Fathers, Social Workers, Counsellors, Supervisors, and Caretakers with a goal to promote emotional and social well-being in each child. Mentor parents (*despite a track record of raising their own children),* receive regular training in trauma and abuse issues so as to help the children manage in a trauma-informed, sensitive, and appropriate manner. Similarly, all the support staff receive training that is targeted at making sure the children's interests and well-being are kept in mind. The following are some of the themes covered under mental health training workshops:

- ✓ Emotional Disorders;

- ✓ Violent and Suicidal Disorders;

- ✓ Disruptive Behaviour Disorders;

- ✓ Case presentation and discussion of cases from various ghars;

- ✓ Communication with traumatised children;

- ✓ Motivation and academics;

✓ Transitioning and support.

Typically, Udayan Care organises about thirty workshops in a year, for its Mentors, professionals, and care staff, separately. All the workshops are designed to keeping in mind **attachment and trauma challenges** More than 24 of the workshops with children and adolescents are organised by professionals on various issues related to mental health, team building, tolerance, career choices, etc. These workshops, besides being very educational, are highly participatory. Also, Life Skills and Leadership Workshops are held on a regular basis. Another source for introspection and developing greater communication with each other and with adult Carer group take place in 'Monthly Family Meetings', where children set the agenda and discuss all issues pertaining to themselves and their homes. The participatory processes are good tools to teach children decision making and leadership skills and give them a sense of agency within their homes.

Initiatives in Research and Aftercare Planning

Aftercare Programming

Aftercare programming is the key pillar in the delivery of rehabilitative services for adolescents and young adults in out-of-home care. Gradual and supported transitions out of institutionalised settings or foster care settings are key to ensure that young adults 'ageing out' of the system prosper in their lives moving forward (Catwell, Davidson, Elsley, Milligan, & Quinn, 2012, p. 99). India's Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act) and the Integrated Child Protection Scheme recognise the need for aftercare services for institutionalised children to help them 'lead an honest, industrious and useful life'. Additionally, the legislation recognizes that a transition period of an additional three years of support and services to young people reaching the age of majority are very much needed. However, despite a progressive agenda, aftercare services suffer from programmatic lacunae like inadequate infrastructure, insufficient access to services, and non-compliance with international standards and best practices.

Udayan's Role in Aftercare

It is an important goal of Udayan Care to consistently assess and re-examine our strategies in order to make our model more effective. To this end, we have started a variety of studies to examine the perceived and met mental and physical health needs of our resident children and caregivers. For example, Udayan Care presented a paper on the *Perception of Quality of Parenting and Mental Health Programme in Foster care Residential Homes: An Indian*

Experience, as a poster as a part of the Donald Cohen Fellowship at 13th International Congress of European Society for Child and Adolescent Psychiatry (ESCAP), in Florence, Italy. The paper highlighted that children's and their mentors' views of care and control were quite varied, highlighting the importance of better understanding of differences in perception of caregiving from both the adult and child perspective. Differences in gender for mental health outcomes, as well as the influence of self-concept, have also been examined in ongoing research (Ahuja Chodavadia, Kinger, Levy & Ariely, 2015a, 2015b; Ariely, Akhtar, Thaakur, Henschel, Tran & Mepukori, 2014-2015).

Since 2013, Udayan Care has been involved in a longitudinal research to evaluate the current and on-going changes in children's trauma, attachment, self-concept and ego-resiliency in Udayan Ghars in association with Dr. Monisha Akhtar, Dr. Sumedha Ariely, Dr. Deepak Gupta and Duke University. The main questions of the study are:

1. What is the mental and physical health status of Orphaned and Separated Children (OSCs) living in a residential care model?

2. What is the baseline mental and physical health status of Udayan care children, how is this changing over time and what services and support may children need considering their status?

3. How well can Western validated measures reliably help Indian OSCs examine what is going on with the children and care staff?

4. How can we contribute to a larger body of research seeking the best ways to support the large and growing OSC population on the streets in Asia and globally?

This study continually examines and recommends future directions for addressing needs of vulnerable children and youth, their preparation and successful transitions. The following are some of the on-going findings/ conclusions:

1. Despite a likelihood of deep histories of neglect and trauma that many Udayan Children may be coming from, data on these children's mental health seems cautiously encouraging. This could be due to Udayan homes' consistent physical, educational, and material support; emotional and mental health support from mentors, social workers, peers; cultural context of the Udayan Ghar environment; and self-section of children entering homes.

2. Gender differences show fluctuations in both boys' and girls' mental health outcomes over time that indicate severity for mental health outcomes related to each group are a function of multiple overlapping factors. This is consistent with Western literature (Gray et al., 2015).

3. Overall mental health results hint at complex health trajectories of children over time, emphasizing the importance of gathering longitudinal information to understand both immediate and long term areas of risk that can be prevented.

Discussion

India is unique compared to other South Asian Countries, having identified the establishment of aftercare programmes within institutionalised care, at least as a provision following from the JJ Act and Integrated Child Protection Scheme. However, there remains little infrastructure to develop and maintain the much needed aftercare programmes. In this respect, India is falling far short of meeting international standards and best practices. When compared with young adults internationally, institutionalised children in India transitioning out of care are afforded less time, and by default, less access to necessary support services. Aftercare services should prepare the young adults to face the outside world through life skills, managing emotions, new relationships and planning for their future. Investing in our disadvantaged and orphaned youth, so that they have the best chance of succeeding as independent citizens of India, is a crucial investment, both ethically, culturally, and economically. Udayan Care consistently endeavours, through research and actions, to fine tune prevention strategies, engage in multi-disciplinary interventions, build community-based support mechanisms and social protection systems to attain a more holistic approach to child and youth development. Although institutionalised and group settings are not ideal for OVC (Whetten et al., 2014), there is a great deal of research emerging that suggests holistic models similar to the one employed at Udayan, can greatly support our youth. Furthermore, not all setting types are created equal, and rigorous and ongoing research is needed to examine the differences (Whetten et al., 2009). The organisation hopes that its model of child and aftercare becomes useful for other institutions working in the domain in India and elsewhere.

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